



## Zaatari Health Information System

### Summary Report

#### Fourth Quarter 2024

## I. Introduction

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Health information system (HIS) has been implemented in Zaatari camp since the end of 2012. The report for the fourth quarter of 2024 covers the period 28 September to 27 December 2024 (Week 40 – Week 52) with data from all health facilities in Zaatari camp reporting on HIS on weekly basis including IMC ER, KSR/HA Clinic, IRC Clinic, SAMS Clinic, JHAS Maternity Center, QRC Clinic, AMR QC Clinic, and AMR Maternity and Childhood Center. The latter operating until end of October only. The population figure used for calculating indicators is the median for the reporting period; 76,578.

## II. Mortality

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Forty-six mortalities were reported during the fourth quarter of 2024 from Zaatari camp with a Crude Mortality Rate (CMR) of (0.20/1,000 population/month; 2.4/1,000 population/year). Among the 46 deaths, 12 (26%) were in children under 5, of which 7 were neonatal with a neonatal mortality rate (NNMR) of 13.8/1,000 livebirths.

Neonatal deaths, cardiovascular diseases, cancer, and accidents were the top causes of mortality with proportional mortalities of 15%, 11%, 11%, and 11%, respectively.

Mortalities reported on HIS are obtained from Zaatari Camp Central Death Registry which includes deaths that took place inside the camp and deaths at referral health facilities outside the camp. Nevertheless, the system does not capture death cases that occur out of the camp who have not followed the usual referral pathways.

## III. Morbidity

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The health facilities in Zaatari camp with outpatient department (OPD) activities operated on average 5 days per week. On each day the health facilities were functioning, there were 38 full time clinicians covering the OPD with a rate of 30 consultations per clinician per day and is within the acceptable standard (<50 consultations per clinician per day).

### 1. Acute health conditions

Twelve alerts were investigated during the reporting period for diseases of outbreak potential including bloody diarrhea, acute jaundice syndrome, suspected meningitis, and suspected measles.

Upper respiratory tract infections (URTI), dental conditions, and urinary tract infections were the main reasons to seek medical care for an acute health condition with proportional morbidities of 29%, 12%, and 7%, respectively.

### 2. Chronic health conditions

Hypertension, diabetes and musculoskeletal disorders were the main reasons to seek medical care for a chronic health condition with proportional morbidities of 28%, 21%, and 14%, respectively.

### 3. **Mental health conditions**

Mental health consultations accounted for 3.1% of total OPD consultations. Moderate-severe emotional disorders and epilepsy/seizures were the two main reasons to seek mental health with proportional morbidities of 30% and 34%, respectively.

### 4. **Injuries**

Consultations for injuries accounted for approximately 2.5% of total OPD consultations.

## **IV. Inpatient Department Activities (In-Camp)**

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Inpatient department activities are conducted by JHAS/UNFPA maternity center in Zaatari camp. 511 new inpatient admissions were reported with a bed occupancy rate of 19% and a hospitalization rate of (2.2/1,000 population/month; 26.7/1,000 population/year). All admissions were obstetric admissions.

## **V. Referrals to Secondary and Emergency Healthcare (Out-of-Camp)**

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Total referrals to hospitals outside the camp for secondary and emergency healthcare were 3,501 with a referral rate of 15.2/1,000 population/month.

## **VI. Reproductive Health**

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### 1. **Antenatal care**

During the fourth quarter, 1,336 pregnant women were reported to have made their first antenatal care (ANC) visit, of which only 63% of those were reported to have made the visit during the first trimester. The number of reported first ANC visits is two times higher than the number of deliveries during the same period and can be attributed to women accessing antenatal care in multiple locations and thus being reported more than once.

### 2. **Delivery care**

Reported coverage of complete antenatal care at time of delivery (4 or more ANC visits), antenatal tetanus immunization, and anemia screening in pregnancy are 100%. This is above the acceptable standard of  $\geq 90\%$  for the three coverage indicators.

Reported livebirths were 508 during the fourth quarter with a crude birth rate of (2.2/1,000 population/month, 26.5/1,000 population/year) and all of which were attended by a skilled health worker. Caesarian section accounted for 38% of all deliveries. Low birth weight accounted for 3% of the livebirths.

### 3. **Postnatal care**

Postnatal care (PNC) coverage during the reporting period is 70%.