



## Zaatari Health Information System

### Summary Report

#### 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 2024 covers the period 29 December 2023 to 27 December 2024 (Week 01 – Week 52) with data from all health facilities in Zaatari camp reporting on HIS on weekly basis including IMC ER, IMC Clinic operating until end of June, KSR/HA Clinic, IRC Clinic, SAMS Clinic, JHAS Maternity Center, QRC Clinic, AMR QC Clinic, and AMR Maternity and Childhood Center operating until end of October. The population figure used for calculating indicators is the median for the reporting period; 78,341.

### II. Mortality

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One hundred and fifty mortalities were reported during 2024 from Zaatari camp with a Crude Mortality Rate (CMR) of (0.16/1,000 population/month; 1.9/1,000 population/year). Among the 150 deaths, 47 (31%) were in children under 5, of which 31 were neonatal with a neonatal mortality rate (NNMR) of 14.5/1,000 livebirths.

Neonatal deaths, cardiovascular diseases, and cancer were the top causes of mortality with proportional mortalities of 21%, 16%, and 9%, 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 31 consultations per clinician per day and is within the acceptable standard (<50 consultations per clinician per day).

#### 1. Acute health conditions

Fifty-nine alerts were investigated during the reporting period for diseases of outbreak potential including watery diarrhea, bloody diarrhea, acute jaundice syndrome, acute flaccid paralysis, 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 27%, 11%, and 6%, 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 27%, 22%, and 11%, respectively.

## 3. **Mental health conditions**

Mental health consultations accounted for 2.8% 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 31%, respectively.

## 4. **Injuries**

Consultations for injuries accounted for approximately 3.0% 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. 2,154 new inpatient admissions were reported with a bed occupancy rate of 23% and a hospitalization rate of (2.3/1,000 population/month; 27.5/1,000 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 13,661 with a referral rate of 14.5/1,000 population/month.

## **VI. Reproductive Health**

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### 1. **Antenatal care**

During 2024, 4,809 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 2,141 during the fourth quarter with a crude birth rate of (2.3/1,000 population/month, 27.3/1,000 population/year) and all of which were attended by a skilled health worker. Caesarian section accounted for 39% of all deliveries. Low birth weight accounted for 3% of the livebirths.

### 3. **Postnatal care**

Postnatal care (PNC) coverage during the reporting period is 79%.