Zaatari Health Information System
Summary Report
First Quarter 2026

I. Introduction

The Health Information System (HIS) has been actively implemented in **Za'atari camp** since the end of 2012.

This comprehensive report covers the reporting period from **27 December 2025 to 27 March 2026 (Weeks 1 to 13)**. Data is compiled on a weekly basis from all operational health facilities within the camp, guaranteeing complete health surveillance and monitoring.

The reporting framework includes a total of seven clinics, one emergency room, and one maternity emergency center:

- IMC Emergency Room.
- IRC Clinic.
- SAMS Clinic.
- JHASi Maternity Emergency Center.
- AMR Qatari Clinic.
- Health Appeal Saudi Clinic
- Qatari Clinic.

The baseline population figure used for calculating all health indicators and metrics throughout this reporting period is the median average of **50,506 individuals**.

II. Mortality

During the first quarter of 2026, a total of **20 mortalities** were reported from Zaatari camp, yielding a **Crude Mortality Rate (CMR)** of **0.1 per 1,000 population per month** (equivalent to **1.2 per 1,000 population per year**).

Key maternal, newborn, and child mortality tracking indicators reveal:

- Among the 20 documented deaths, **5 cases (29%)** occurred in children under 5 years of age.
- Out of the 5 under-5 deaths, **4 were neonatal deaths**, resulting in a **Neonatal Mortality Rate (NNMR)** of **13.6 per 1,000 live births**.

This NNMR represents a significant and critical increase compared to reports from the same period last year, which recorded an NNMR of **0.0 per 1,000 live births** in Q1 2025.

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.

The leading drivers of mortality in the camp were equally distributed across three main clinical categories:

- **Cardiovascular Diseases:** 20% proportional mortality.
- **Ischemic Heart Diseases:** 20% proportional mortality.
- **Neonatal Deaths:** 20% proportional mortality.

When compared to historical data from the same period last year, the primary causes of death remain identical, with the distinct and notable exception of the surge in neonatal mortalities.

The mortalities for adults, averages show lower rates compared with the same period of last year's reports.

III. Morbidity

During the first quarter of 2026, health facilities in Zaatari camp with outpatient department (**OPD**) activities operated on an average of **5.8 days per week**.

On each operational day, approximately **27.6 full-time clinicians** covered the OPD services. The clinical team maintained an average consultation rate of **29 patient consultations per clinician per day**. This workload remains well within the acceptable international humanitarian standard of (**fewer than 50 consultations per clinician per day)**, indicating substantial clinical capacity and a balanced distribution of care across the camp's primary health facilities.

1. Acute health conditions

During the reporting period, disease surveillance mechanisms successfully investigated **seven alerts** for diseases with outbreak potential, including watery diarrhea, bloody diarrhea, acute jaundice syndrome, suspected meningitis, and suspected measles. The profile of these alarms remains consistent with the reasons cited in previous reports.

The primary drivers for beneficiaries seeking medical care for acute health conditions were:

- **Upper Respiratory Tract Infections (URTI):** 27% proportional morbidity.
- **Dental Conditions:** 10% proportional morbidity.
- **Skin Diseases:** 7% proportional morbidity.

While the primary reasons for acute consultations align with historical trends, a significant decrease in the proportion of URTI cases was observed when compared directly to the first-quarter report from last year.

2. Chronic health conditions

The primary drivers for patients seeking care for long-term or chronic health conditions were heavily concentrated around three main non-communicable presentations:

- **Hypertension:** 32% proportional morbidity.
- **Diabetes:** 22% proportional morbidity.
- **Musculoskeletal Disorders:** 11% proportional morbidity.

These leading causes of chronic consultations remain entirely consistent with established annual trends and mirror the averages documented in previous camp reports.

3. Mental health conditions

Mental health consultations accounted for **2.7% of total OPD consultations** within the camp during this quarter.

Among the psychiatric and neurological presentations requiring care, the three leading diagnoses were:

- **Epilepsy / Seizures:** 29% proportional morbidity.
- **Chronic Psychosis:** 14% proportional morbidity.
- **Moderate-to-Severe Depression:** 10% proportional morbidity.

These figures remain stable and follow expected seasonal trends, aligning closely with the annual rates documented in previous health reports.

4. Injuries

Consultations for injuries accounted for approximately **2.8% of total OPD consultations** during the reporting period.

- **90%** of all injury-related visits were directly caused by accidents.

Accidental trauma remains the most common underlying cause for beneficiaries seeking health services within this category, reflecting consistent domestic and environmental risk patterns inside the camp.

IV. Referrals to Secondary and Emergency Healthcare (Out-of-Camp)

Total referrals to secondary and emergency healthcare facilities outside the camp stood at **1,549 cases**.

- **Referral Rate:** 10.2 per 1,000 population per month (equivalent to 122.4 per 1,000 population per year).

A significant decrease in the external referral rate was noticed compared directly with previous reports from the same period last year.
This downward trend is a direct consequence of severe **budget limitations**, which required tightening health sector protocols and strictly limiting external medical referrals to **emergency and life-saving cases only**.

V. Reproductive Health

1. Antenatal care

During the first quarter of 2026, a total of **496 pregnant women** were reported to have made their first antenatal care (**ANC**) visit.

Key reproductive health tracking indicators reveal:

- Only **81%** of these registered women were reported to have initiated their first ANC visit during the first trimester, highlighting a critical window for targeted community awareness regarding timely care.
- The total number of reported first ANC visits is **two times higher** than the number of deliveries recorded during the exact same period. This variance is primarily attributed to women accessing antenatal care across multiple locations, validating that reproductive health services are highly accessible across multiple distinct clinics within the camp.

In general, the baseline numbers of women accessing their first ANC appointment showed a **significant decrease** when contrasted against reports from the same period last year.
This downward shift will be highlighted as a key agenda item for strategic analysis in upcoming health coordination meetings

2. Delivery care

During the reporting period, delivery care services recorded notable coverage metrics alongside specific clinical trends:

- Reported coverage for complete antenatal care at the time of delivery (4 or more ANC visits), antenatal tetanus immunization, and anemia screening during pregnancy all reached **100%**. This performance stands well above the standard humanitarian benchmark of **≥90%** for all three indicators; however, this perfect percentage is primarily driven by duplicate cross-reporting across multiple clinic locations due to the high accessibility of services.
- A total of **295 live births** were reported during the first quarter, yielding a **Crude Birth Rate (CBR)** of **1.9 per 1,000 population per month** (equivalent to **22.8 per 1,000 population per year** based on the 50,506-baseline population). Crucially, **100%** of all deliveries were attended by a skilled health worker, with zero home deliveries recorded.
- Caesarean sections accounted for **36%** of all deliveries during this quarter. This figure is significantly higher than the standard international humanitarian benchmark of 15%, and the Health Unit is actively collaborating with the camp's **Sexual and Reproductive Health Sub-Working Group (SRH-SWG)** to investigate the underlying clinical or social causes.
- Low birth weight cases accounted for only **1%** of total deliveries reported in this quarter, demonstrating highly positive fetal development outcomes.

3. Postnatal care

• Postnatal care (**PNC**) coverage during the reporting period was low, standing at **15%**. Methodologically, it is noted that quarterly snapshots are highly volatile, and PNC coverage is more accurately reflective when evaluated via bi-annual and annual cumulative figures.

• This represents a significant decrease in rates compared with last year's reports. A formal review by the **SRH-SWG** clarified that the drop is primarily due to a structural modification in the HIS indicator framework, which changed the definition of complete coverage from 3 required PNC visits to **4 PNC visits**.
Field tracking shows most women do not attend the 4th optional visit unless an underlying maternal or neonatal clinical complication arises.

• To address this gap, health partners will implement targeted community awareness campaigns to emphasize the vital importance of completing all 4 PNC visits for long-term maternal and newborn health. Additionally, active tracking protocols will be established to follow up on defaulters and re-engage missing PNC beneficiaries.