



Zaatari Health Information System

Summary Report

First Quarter 2024

I. Introduction

Health information system (HIS) has been implemented in Zaatari camp since the end of 2012. The report for the first quarter of 2024 covers the period 30 December 2023 to 29 March 2024 (Week 01 – Week 13). It includes data from all health facilities in Zaatari camp reporting on HIS on weekly basis including seven clinics, one emergency room and one maternity center. This includes IMC Emergency Room, IMC Comprehensive Clinic, Saudi Clinic, IRC Clinic, SAMS Clinic, JHAS Maternity Center, AMR Qatari Clinic, AMR Maternity and Childhood Center, and Qatari Clinic The latter operating for eleven weeks in the first quarter. The population figure used for calculating indicators is the median for the reporting period; 78,512.

II. Mortality

During the first quarter of 2024, 42 mortalities were reported from Zaatari camp with a Crude Mortality Rate (CMR) of (0.2/1,000 population/month; 2.1/1,000 population/year).

Among the 42 deaths, 14 (33%) were in children under 5, of which 9 were neonatal with a neonatal mortality rate (NNMR) of 15.3/1,000 livebirths.

Cardiovascular diseases, neonatal deaths, and cancer were the top causes of mortality with proportional mortalities of 26%, 21% and 10% 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

The health facilities in Zaatari camp with outpatient department (OPD) activities operated on average 5.1 days per week. On each day the health facilities were functioning, there were 43 full time clinicians covering the OPD with a rate of 35 consultations per clinician per day and is within the acceptable standard (<50 consultations per clinician per day).

1. Acute health conditions

Ten 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 influenza-like illness (ILI) were the main reasons to seek medical care for an acute health condition with proportional morbidities of 32%, 10% and 8% 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 26%, 20% and 12% respectively.

3. Mental health conditions

Mental health consultations accounted for 2.3% of total OPD consultations. Moderate-severe emotional disorders and epilepsy/seizures were the two main reasons to seek mental health with proportional morbidities of 31% and 28% respectively.

4. Injuries

Consultations for injuries accounted for approximately 2.6% of total OPD consultations.

IV. Inpatient Department Activities (In-Camp)

Inpatient department activities are conducted by JHAS/UNFPA maternity center in Zaatari camp. 590 new inpatient admissions were reported with a bed occupancy rate of 84% and a hospitalization rate of (2.5/1,000 population/month; 30/1,000 population/year). All admissions were obstetric admissions.

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

Total referrals to hospitals outside the camp for secondary and emergency healthcare were 3,620 with a referral rate of 15.4/1,000 population/month.

VI. Reproductive Health

1. Antenatal care

1,211 pregnant women were reported to have made their first antenatal care (ANC) visit, of which only 67% 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.

589 live births were reported with a crude birth rate of 2.5/1,000 population/month. 38% of all deliveries were performed by caesarian section. Low birth weight counted for 4% of the livebirths. All deliveries were attended by a skilled health worker.

3. Postnatal care

Postnatal care (PNC) coverage during the reporting period is 120%. PNC coverage is more reflective as a bi-annual and annual figures.