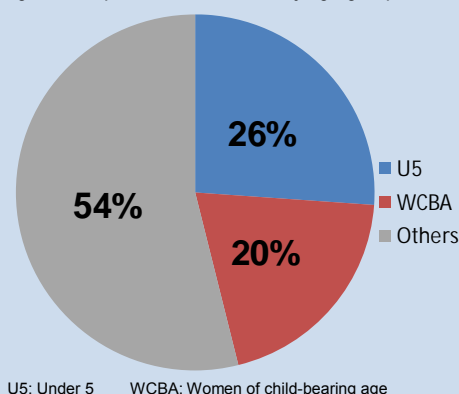




Refugee population^a

19,082 at end of period

Figure 1 Population breakdown by age-group



U5: Under 5 WCBA: Women of child-bearing age



Photo: Hilaweyn refugee camp © UNHCR / Aug 2011

Key dates:

Camp opened: **August 2011**

Last nutrition survey: **None conducted**



Indicators at a glance:

1. Crude Mortality Rate ^c	1.9	✗
2. Under 5 Mortality Rate ^c	6.5	✗
3. Infant Mortality Rate	n/a	i
4. Severe Acute Malnutrition (SAM) rate ^d	19%	✗
5. Global Acute Malnutrition (GAM) rate ^d	47%	✗
6. Measles coverage ^e	>95%	✓
7. Skilled attendance at delivery	100%	✓
8. Water (litres / refugee / day) ^f	14	✓

Table 1: Top causes of mortality^b

1. LRTI	29%
2. Measles-like symptoms	29%
3. Acute malnutrition	21%
4. Unknown	14%
5. Watery diarrhoea	7%

LRTI: Lower respiratory tract infection

Sources of data

^a Source: UNHCR registration database

^b Source: MSF-H weekly reports

^c Source: Grave count (10 – 16 September)

^d Source: ACF MUAC and W/H Screening of new arrivals only (Aug/Sep 2011)

^e Source: MSF. All children are vaccinated prior to relocation but no post relocation assessment done to ensure no missed opportunities

^f Source: UNHCR WASH Monitoring Reports

Table 2: Top causes of morbidity^b

1. Other	43%
2. Watery diarrhoea	16%
3. LRTI	13%
4. URTI	12%
5. Eye disease	9%

URT: Upper respiratory tract infection

Reporting period

• All indicators are for week 37, with the exception of GAM and SAM rates.

• GAM and SAM rates are based on ACF MUAC and W/H Screening of all children relocated from transit to Hilaweyn between August 5th and September 9th. The next nutrition survey will take place in October 2011.

• WASH indicators are based on monitoring reports from 16th September 2011.

Summary:

1. In Hilaweyn the Crude and Under Five Mortality levels remain above emergency thresholds.
2. Cause of mortality is based on facility and community based reports. There is ongoing training of CHWs to report symptoms more accurately eg measles
3. There were 5 facility deaths and 9 community deaths reported through shroud distribution at the Health Centre (6 reported <5 yrs). On distribution the cause of death is asked and hence reported.
4. Four (4) community reported deaths (under 5 years) describe measles like illness. Vaccination status not confirmed. No measles related facility death
5. Report on SAM indicators will be updated in the coming week

Public Health Priorities:

1. Immediate priority remains reduction of excess mortality in Hilaweyn.
2. Investigate morbidity due to unknown category
3. Closely monitor and strengthen community-based mortality surveillance.
4. Review reporting of measles deaths by CHWs to ensure accuracy
5. Strengthen active case finding, defaulter tracing and referral as a key factor in reduction of CMR.
6. Review data collection by CHWs to ensure that all community-based deliveries are recorded in the HIS.
7. HIS training for all health and nutrition partners planned for early October 2011

Legend: Standard reached Standard borderline Standard not reached Data unreliable Indicator cannot be calculated n/a Data not available - Data not applicable

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Public Health									
Health Impact	No	Indicator	Emergency Standard		Outbreak Alert and Response	Indicator	Emergency Standard		
Crude Mortality Rate (/10,000/day)		1.9	< 1	✖	Number of outbreaks reported	0			
Under-five Mortality Rate (/10,000/day)		6.5	< 2	✖	% of outbreaks investigated < 48 hours	-	100%		
Infant Mortality Rate (IMR) (/1000 livebirths)		n/a	< 60	i					
Neonatal Mortality Rate (NNMR) (/1000 livebirths)		n/a	< 40	i	EPI and Vitamin A				
Global Acute Malnutrition Rate (%)		47%	< 10%	✖	Measles vaccination coverage	100%	> 95%	✔	
Severe Acute Malnutrition Rate (%)		19%	< 2%	✖					
Access and Utilisation					Supervision				
No. of health facilities	1	1 : 19,082	1 : <10,000	✖	Do regular camp coordination meetings take place?	Yes	Yes	✔	
No. of consultations per trained clinician per day		n/a	< 50	i	Were any drug shortages reported during the period?	No	No	✔	
Health Utilization Rate (new visits/person/year)		n/a	1 - 4	i					

* no marasmus or kwashiorkor exits were recorded in SC or OTP during the reporting period

Community Health Activities		Indicator	Emergency Standard	Water, Sanitation and Hygiene		Indicator	Emergency Standard
No. of health education and hygiene sessions conducted	-			Avg quantity of potable water / person / day (litres)	14	> 10	✔
No. of sanitation campaigns conducted	-			No. of persons per usable water tap	376	< 250	✘
No. pregnant women who received clean delivery kit	-			No. of persons per drop-hole in communal latrine	84	≤ 50	✘
No. of complicated medical cases identified	-			% of population living within 200m from water point	86%	100%	✘
% of complicated medical cases referred	-	≥ 90%		% of families with latrines	63%	> 50%	✔

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