



Kobe

Public Health and Nutrition Profile

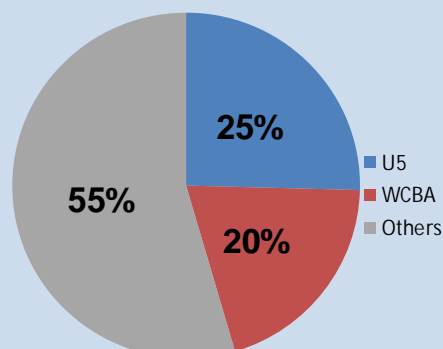
10 to 16 September
Week 37

2011

Refugee population^a

25,738 at end of period

Figure 1 Population breakdown by age-group



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



Photo: Kobe refugee camp © UNHCR / Aug 2011

Key dates:

Camp opened: 24 June 2011

Last nutrition survey: None conducted



Indicators at a glance:

1. Crude Mortality Rate ^c	1.1	⚠️
2. Under 5 Mortality Rate ^c	4.4	❌
3. Infant Mortality Rate	n/a	ℹ️
4. Severe Acute Malnutrition (SAM) rate ^d	16%	❌
5. Global Acute Malnutrition (GAM) rate ^d	37%	❌
6. Measles coverage ^e	85%	⚠️
7. Skilled attendance at delivery	18%	❌
8. Water (litres / refugee / day) ^f	16	✅

Table 1: Top causes of mortality

1. Fever	26%
2. Unknown	26%
3. Watery diarrhoea	22%
4. LRTI	13%
5. Measles	13%

LRTI: Lower respiratory tract infection

Sources of data

^a Source: UNHCR registration database

^b Source: MSF weekly reports

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

^d Source: Household MUAC screening (September 2011)

^e Source: MSF mass measles campaign and MUAC screening (August 2011)

^f Source: UNHCR WASH Monitoring Reports

Table 2: Top causes of morbidity^b

1. URTI	21%
2. Intestinal worms	18%
3. LRTI	14%
4. Watery diarrhoea	8%
5. Chronic disease	7%

URTI: 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 a house-to-house MUAC screening conducted between 4 and 7 September 2011.

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

Summary:

1. The CMR in Kobe is borderline.
2. Default rate is 34% and though it remains high, there has been an improvement from 57% reported for the period 30 July to 9 September
3. Out of 11 deliveries reported this week, 10 were home deliveries and 2 deliveries were attended by a skilled worker.
4. Report on MAM indicators will be updated in the coming week

Public Health Priorities:

1. Immediate priority remains reduction of excess mortality in Kobe.
2. Closely monitor and strengthen community-based mortality surveillance.
3. Strengthen active case finding, defaulter tracing and referral as a key factor in reduction of CMR.
4. Investigate mortality due to unknown category
5. Community awareness/ education on importance of health facility delivery. Continue distribution of clean delivery kits to visibly pregnant women.
6. Hasten construction of additional latrines. Water pipe laying from water treatment plant to the camp is expected to be complete by end of September 2011.
7. HIS training for all health and nutrition partners planned for first week of October 2011

Legend: ✅ Standard reached ⚠️ Standard borderline ❌ Standard not reached ? Data unreliable ℹ️ Indicator cannot be calculated n/a Data not available - Data not applicable

View interactive maps and statistics online: <http://his.unhcr.org/main.locsis>

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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)		1.1	< 1	⚠️	Number of outbreaks reported	0	
Under-five Mortality Rate (/10,000/day)		4.4	< 2	❌	% of outbreaks investigated < 48 hours	-	100%
Infant Mortality Rate (IMR) (/1000 livebirths)		n/a	< 60	ℹ️			
Neonatal Mortality Rate (NNMR) (/1000 livebirths)		n/a	< 40	ℹ️	EPI and Vitamin A		
Global Acute Malnutrition Rate (%)		37%	< 10%	❌	Measles vaccination coverage	85%	> 95% ⚠️
Severe Acute Malnutrition Rate (%)		16%	< 2%	❌			
Access and Utilisation					Supervision		
No. of health facilities	1	1 : 25,738	1 : <10,000	❌	Do regular camp coordination meetings take place?	Yes	Yes
No. of consultations per trained clinician per day		59	< 50	⚠️	Were any drug shortages reported during the period?	No	No
Health Utilization Rate (new visits/person/year)		1.4	1 - 4	⚠️			

Nutrition	Moderate Acute Malnutrition (MAM)*		Severe Acute Malnutrition (SAM)			
			Outpatient therapeutic program (OTP)	Emergency Standard	Stabilisation Centre (SC)**	Emergency Standard
Number of new admissions	292		165		n/a	n/a
Average length of stay	n/a	< 8 weeks	n/a	< 30 days ℹ️	n/a	< 10 days ℹ️
Average weight gain (g/kg/day)	-		30	> 5 ℹ️	n/a	
Discharge rate	n/a	> 75%	63%	> 75% ❌	n/a	36% > 75% ❌
Death rate	n/a	< 3%	0%	< 10% ✔️	n/a	0% < 10% ✔️
Default rate	n/a	< 15%	34%	< 15% ❌	n/a	63% < 15% ❌
Referral rate	n/a				n/a	0%
Non-cured rate	-		0%		-	0%

* no exits were recorded from MAM during the reporting period

** there is currently no SC in Kobe camp. SC and overall CMAM indicators represent data for Kobe and Melkadida combined.

Reproductive Health and HIV							
Maternal and Newborn Health	No	Indicator	Emergency Standard		Sexual and Gender-based Violence	No	Indicator
No. of basic EmOC facilities	0	0	1 : <500,000	❌	Incidence of reported rape (/10,000/year)	0	0.0
No. of comprehensive EmOC facilities	0	0	1 : <500,000	❌	% rape survivors who received PEP < 72h	-	100%
Number of maternal deaths		0			% rape survivors who received ECP < 120h	-	100%
Number of maternal deaths investigated <48 hrs		-	100%		% rape survivors who received STI < 2 wks	-	100%
Crude Birth Rate (CBR) (/1000/month)		1.7					
Coverage complete antenatal care (> 4 visits)		n/a	> 90%	ℹ️	HIV/AIDS		
% deliveries performed by caesarean section		0%	5 - 15%	❌	Condom distribution rate	n/a	> 0.5
% deliveries attended by skilled personnel		18%	≥ 50%	❌	% of blood units screened for HIV	n/a	100%
% low birth weight deliveries		9%	< 15%	✔️			

PEP: Post-exposure prophylaxis; ECP: Emergency Contraceptive Pill; STI: Sexually Transmitted Infection

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)	16	> 10 ✔️
No. of sanitation campaigns conducted	-		No. of persons per usable water tap	170	< 250 ✔️
No. pregnant women who received clean delivery kit	-		No. of persons per drop-hole in communal latrine	56	≤ 50 ⚠️
No. of complicated medical cases identified	-		% of population living within 200m from water point	150%	100% ✔️
% of complicated medical cases referred	-	≥ 90%	% of families with latrines	88%	> 50% ✔️

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