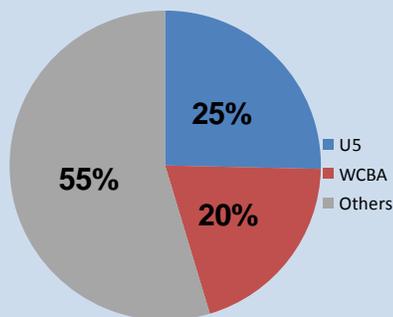


Refugee population^a

25,648 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	0.4	✓
2. Under 5 Mortality Rate ^c	0.8	✓
3. Infant Mortality Rate	n/a	i
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	n/a	i
8. Water (litres / refugee / day) ^f	15	✓

Table 1: Top causes of mortality

Not available

LRTI: Lower respiratory tract infection

Sources of data

^a Source: UNHCR registration database

^b Source: MSF weekly reports

^c Source: Grave counting

^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	26%
2. LRTI	19%
3. Intestinal worms	16%
4. Watery diarrhoea	11%
5. STI	5%

URTI: Upper respiratory tract infection

Reporting period

• All indicators are for week 39, 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 3rd October 2011

Summary:

- On a very positive note, this week the CMR has for the first time, since Kobe camp was opened, fallen to below the emergency threshold of 1/10,000/day.
- The cause-specific deaths are taken from what is reported in HIS. There was limited cause-specific data on mortality this week
- Respiratory tract infections were top causes of morbidity
- There were 3 community deliveries and no facility based deliveries. Efforts are ongoing to encourage mothers to deliver at health facility.

Public Health Priorities:

- Continue with systems in place to reduce excess mortality in Kobe.
- Move from grave counting to reporting of deaths by community and other health workers. Closely monitor and strengthen community-based mortality surveillance.
- Strengthen active case finding, defaulter tracing and referral as a key factor in reduction of CMR.
- Active mobilization and awareness raising on the importance of health facility delivery.
- Hasten construction of additional latrines and laying down of water pipe from the water treatment plant.
- HIS meeting and on-job training for all health and nutrition partners planned for 12th October 2011
- Nutrition survey planned for 15th October 2011

Legend: ✓ Standard reached ⚠ Standard borderline ✗ Standard not reached ? Data unreliable i Indicator cannot be calculated n/a Data not available - Data not applicable

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Contact
Information

Dollo Ado

Name: Dr Allen Maina
Email: mainaa@unhcr.org
Phone number: +252 699 779 859

Addis Ababa

Name: Dr Mohamed Qassim
Email: gassimm@unhcr.org
Phone number: +251 922 526 839



Public Health					
Health Impact	No	Indicator	Emergency Standard	Outbreak Alert and Response	Indicator Emergency Standard
Crude Mortality Rate (/10,000/day)		0.4	< 1	Number of outbreaks reported	0
Under-five Mortality Rate (/10,000/day)		0.8	< 2	% of outbreaks investigated < 48 hours	- 100%
Infant Mortality Rate (IMR) (/1000 livebirths)		n/a	< 60		
Neonatal Mortality Rate (NNMR) (/1000 livebirths)		n/a	< 40	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 : 25,648	1 : <10,000	Do regular camp coordination meetings take place?	Yes Yes
No. of consultations per trained clinician per day		81	< 50	Were any drug shortages reported during the period?	No No
Health Utilization Rate (new visits/person/year)		2	1 - 4		

Nutrition	Moderate Acute Malnutrition (MAM)*	Emergency Standard	Severe Acute Malnutrition (SAM)					
			Outpatient therapeutic program (OTP)	Emergency Standard	Stabilisation Centre (SC)**	Emergency Standard	CMAM** (SC and OTP combined)	Emergency Standard
Number of new admissions	7		98		15		113	
Average length of stay	n/a	< 8 weeks	n/a	< 30 days	n/a	< 10 days	n/a	< 30 days
Average weight gain (g/kg/day)	-		n/a	> 5	n/a		n/a	> 5
Discharge rate	n/a	> 75%	66%	> 75%	n/a		66%	> 75%
Death rate	n/a	< 3%	0%	< 10%	n/a		0%	< 10%
Default rate	n/a	< 15%	24%	< 15%	n/a		24%	< 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	Indicator Emergency Standard
No. of basic EmOC facilities	1	1 : 25,648	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)		0.5			
Coverage complete antenatal care (> 4 visits)		n/a	> 90%	HIV/AIDS	
% deliveries performed by caesarean section		0%	5 - 15%	Condom distribution rate	n/a > 0.5
% deliveries attended by skilled personnel		n/a	≥ 50%	% of blood units screened for HIV	n/a 100%
% low birth weight deliveries		0%	< 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)	15	> 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	49	≤ 50
No. of complicated medical cases identified	-		% of population living within 200m from water point	146%	100%
% of complicated medical cases referred	-	≥ 90%	% of families with latrines	102%	> 50%

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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UNHCR gratefully acknowledges the support of the following partners: