Public Health and Nutrition Profile

01 to 07 October Week 40 2011

Refugee populationa

37,691 at end of period

Figure 1 Population breakdown by age-group

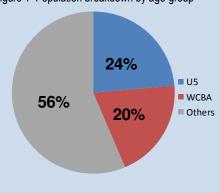




Photo: Mass polio vaccination and nutrition screening in Bokolmanyo camp © UNHCR / Aug 2011

Key dates:

April 2009 Camp opened:

April 2011 Last nutrition survey:



Table 1: Top causes of mortality^b

Not available

LRTI: Lower respiratory tract infection

Sources of data

- ^a Source: UNHCR registration database
- ^b Source: UNHCR/ARRA HIS; MSF SAM programme
- ^c Source: UNHCR/ARRA HIS; MSF
- d Source: UNHCR/ARRA HIS
- Source: Household MUAC screening (August 2011)
- f Source: Integrated Measles SIA rapid convenience
- survey result (August 2011)

 g Source: UNHCR WASH Monitoring Reports

Table 2: Top causes of morbidity^b

1. URTI	24%
2. Chronic disease	17%
3. Urinary tract infection	14%
4. LRTI	13%
5. Intestinal worms	11%

URTI: Upper respiratory tract infection

Reporting period

- All indicators are for week 40, with the exception of
- GAM and SAM rates are based on a house to house MUAC screening in August 2011. The next nutrition survey will take place in October 2011.
- WASH indicators are based on monitoring reports from 3rd October 2011.



Indicators at a glance:

- 1. Crude Mortality Rate^c 0.0
- 2. Under 5 Mortality Rate^c 0.0
- 3. Infant Mortality Rated 0.0
- 4. Severe Acute Malnutrition
- 5. Global Acute Malnutrition (GAM) rate^e
- 6. Measles coverage^t

(SAM) rate^e

- 7. Skilled attendance at delivery
- 100%
- 8. Water (litres / refugee / day) ⁹



Summary:

- Crude and Under 5 mortality rates are within acceptable thresholds, but should be reviewed for possible underreporting of deaths at community-level.
- Global and Severe Acute Malnutrition rates remain above the acceptable emergency threshold for emergency situations.
- Sanitation and hygiene indicators are borderline or below acceptable standards.

Priority actions:

- Review mortality surveillance for completeness of reporting. Ensure that all deaths from community and facility-based sources are recorded in the HIS reports.
- Improve follow up of children in nutrition programs and reduce defaulter rates.
- Strengthening community surveillance and improve follow up of children in nutrition programs to reduce defaulter rates.
- Handover of SFP from MSF-S to SC-US is in progress.
- Handover of blanket feeding programme from ARRA to SC-US is likewise in progress.
- Improvement of the water distribution system is being carried out through laying additional pipes from the treatment plant to the distribution sites.





Standard reached A Standard borderline Standard not reached







Indicator cannot be calculated

n/a Data not available

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)		0.0	< 1	?	Number of outbreaks reported	0		
Under-five Mortality Rate (/10,000/day)		0.0	< 2	?	% of outbreaks investigated < 48 hours	-	100%	
Infant Mortality Rate (IMR) (/1000 livebirths)		0.0	< 60	?				
Neonatal Mortality Rate (NNMR) (/1000 livebirths)		0.0	< 40	?	EPI and Vitamin A			
Global Acute Malnutrition Rate (%)		24%	< 10%	×	Measles vaccination coverage	98%	> 95%	~
Severe Acute Malnutrition Rate (%)		7%	< 2%	X				
Access and Utilisation					Supervision			
No. of health facilities	1	1: 37,691	1:<10,000	×	Do regular camp coordination meetings take place?	Yes	Yes	√
No. of consultations per trained clinician per day		26	< 50	✓	Were any drug shortages reported during the period?	No	No	V
Health Utilization Rate (new visits/person/year)		0.5	1 - 4					

	Moderate Acute		Severe Acute Malnutrition (SAM)									
Nutrition	Malnutrition (MAM)	Emergency standard		Outpatient therapeutic program (OTP)	Emergency standard		Stabilisation Centre (SC)	Emergency standard		CMAM (SC and OTP combined)	Emergend standar	
Number of new admissions	75			29			16			45		
Average length of stay	n/a	< 8 days	i	n/a	< 30 days	i	n/a	< 10 days	i	n/a	< 30 days	i
Average weight gain (g/kg/day)	+			n/a	> 5	i	n/a			n/a	> 5	i
Discharge rate	n/a	> 75%	i	n/a	> 75%	i	n/a			n/a	> 75%	i
Death rate	n/a	< 3%	i	n/a	< 10%	i	n/a			n/a	< 10%	i
Default rate	n/a	< 15%	i	n/a	< 15%	i	n/a			n/a	< 15%	i
Referral rate	n/a			n/a			n/a			n/a		
Non-cured rate	-			n/a			-			n/a		

Reproductive Health and HIV			
Maternal and Newborn Health	№ Indicator Emergency standard	Sexual and Gender-based Violence	Nº Indicator Emergency standard
No. of basic EmOC facilities	1 1:37,691 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)	1.5		
Coverage complete antenatal care (> 4 visits)	100% > 90%	HIV/AIDS	
% deliveries performed by caesarean section	7% 5 - 15% 🗸	Condom distribution rate	0.0 > 0.5
% deliveries attended by skilled personnel	100% ≥ 50% 🗸	% of blood units screened for HIV	n/a 100% i
% low birth weight deliveries	0% < 15% ?		
		PEP: Post-exposure prophylaxis: ECP: Emergency Contraceptive Pill: 5	STI: Sexually Transmitted Infection

Community Health Activities	Indicator	Emergency standard	Water, Sanitation and Hygiene	Indicator	Emerge standa	
No. of health education and hygiene sessions conducted	-		Avg quantity of potable water / person / day (litres)	10	> 10	
No. of sanitation campaigns conducted	-		No. of persons per usable water tap	312	< 250	×
No. pregnant women who received clean delivery kit	-		No. of persons per drop-hole in communal latrine	83	≤ 50	×
No. of complicated medical cases identified	-		% of population living within 200m from water point	80%	100%	×
% of complicated medical cases referred	-	≥ 90%	% of families with latrines	60%	> 50%	✓

Legend:



















