



# Bokolmany

Public Health and Nutrition Profile

14 - 20 January  
Week 3

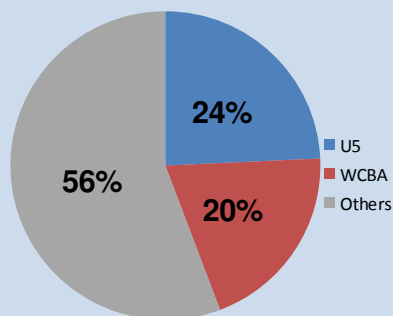
# 2012

## Refugee population<sup>a</sup>

# 38,541

 at end of period

Figure 1 Population breakdown by age-group



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



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

### Key dates:

Camp opened: **April 2009**

Last nutrition survey: **April 2011**



## Indicators at a glance:

1. Crude Mortality Rate <sup>c</sup>	0.0	?
2. Under 5 Mortality Rate <sup>c</sup>	0.0	?
3. Infant Mortality Rate <sup>d</sup>	0.0	?
4. Severe Acute Malnutrition (SAM) rate <sup>e</sup>	7%	✗
5. Global Acute Malnutrition (GAM) rate <sup>e</sup>	24%	✗
6. Measles coverage <sup>f</sup>	42%	✗
7. Skilled attendance at delivery	100%	✓
8. Water (litres / refugee / day) <sup>g</sup>	10	⚠

Table 1: Top causes of mortality<sup>b</sup>

Not available

LRTI: Lower respiratory tract infection

### Sources of data

<sup>a</sup> Source: UNHCR registration database

<sup>b</sup> Source: UNHCR/ARRA HIS; MSF SAM programme

<sup>c</sup> Source: UNHCR/ARRA HIS; MSF

<sup>d</sup> Source: UNHCR/ARRA HIS

<sup>e</sup> Source: Household MUAC screening (August 2011)

<sup>f</sup> Source: Integrated Measles SIA rapid convenience survey result (August 2011)

<sup>g</sup> Source: UNHCR WASH Monitoring Reports

Table 2: Top causes of morbidity<sup>b</sup>

1. Chronic disease	18%
2. Mental illness	18%
3. URTI	14%
4. LRTI	14%
5. Intestinal worms	12%

URT: Upper respiratory tract infection

### Reporting period

• All indicators are for week 3, with the exception of GAM and SAM rates.

• 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 3<sup>rd</sup> October 2011.

## Summary:

1. Crude and Under 5 mortality rates are within acceptable emergency thresholds, but should be reviewed for possible under-reporting of deaths at community-level.
2. Global and Severe Acute Malnutrition rates are above acceptable emergency thresholds.
3. Water sanitation and hygiene indicators are borderline or below acceptable standards.

## Priority actions:

1. Decentralized integrated health and nutrition approach
2. Review mortality surveillance for completeness of reporting. Ensure that all deaths from community and facility-based sources are recorded in the HIS reports.
3. Implement the recent recommendation and action plan on nutrition and which agreed with UNHCR, ARRA, UNICEF, WFP and other implementing partners in Dollo Ado
4. Disease surveillance, outbreak preparedness and response plan in place
5. Improvement of water distribution system through pipe and quantity, installment of latrines, awareness of hygiene and sanitation, garbage collection and disposal at camp level
6. Roll out of UNHCR HIS among the implementing partners and strengthening reporting system and documentation at the camp level
7. Waste management system in place and meeting standards

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

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

## Contact Information

### Dollo Ado

Name: Dr U Aye Maung  
Email: [maungu@unhcr.org](mailto:maungu@unhcr.org)  
Phone number:

### Addis Ababa

Name: Dr Allen Maina  
Email: [mainaa@unhcr.org](mailto:mainaa@unhcr.org)  
Phone number: +251 910282402



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 ?	<b>EPI and Vitamin A</b>		
Global Acute Malnutrition Rate (%)		24%	< 10% ✘	Measles vaccination coverage	42%	> 95% ✘
Severe Acute Malnutrition Rate (%)		7%	< 2% ✘			
<b>Access and Utilisation</b>				<b>Supervision</b>		
No. of health facilities	1	1: 38,541	1: <10,000 ✘	Do regular camp coordination meetings take place?	Yes	Yes ✓
No. of consultations per trained clinician per day		20	< 50 ✓	Were any drug shortages reported during the period?	No	No ✓
Health Utilization Rate (new visits/person/year)		0.5	1 - 4 ✘			

Nutrition	Moderate Acute Malnutrition (MAM)		Severe Acute Malnutrition (SAM)						
	No	Indicator	Emergency standard	Outpatient therapeutic program (OTP)	Emergency standard	Stabilisation Centre (SC)	Emergency standard	CMAM (SC and OTP combined)	Emergency standard
Number of new admissions		81		20		2		22	
Average length of stay		8.9	< 8 days ✘	n/a	< 30 days i	n/a	< 10 days i	4.3	< 30 days ✓
Average weight gain (g/kg/day)		-		n/a	> 5 i	n/a		0.9	> 5 ✘
Discharge rate		97%	> 75% ✓	52%	> 75% ✘	40%		40%	> 75% ✘
Death rate		0%	< 3% ✓	0%	< 10% ✓	0%		0%	< 10% ✓
Default rate		1%	< 15% ✓	5%	< 15% ✓	0%		10%	< 15% ✓
Referral rate		0%		0%		60%		5%	
Non-cured rate		-		40%		-		45%	

Reproductive Health and HIV							
Maternal and Newborn Health	No	Indicator	Emergency standard	Sexual and Gender-based Violence	No	Indicator	Emergency standard
No. of basic EmOC facilities	1	1: 38,541	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)		0.8					
Coverage complete antenatal care (> 4 visits)		100%	> 90% ✓	<b>HIV/AIDS</b>			
% deliveries performed by caesarean section		0%	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; STI: Sexually Transmitted Infection

Community Health Activities			Water, Sanitation and Hygiene		
	Indicator	Emergency standard		Indicator	Emergency standard
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:** ✓ Standard reached ⚠ Standard borderline ✘ Standard not reached ? Data unreliable i Indicator cannot be calculated n/a Data not available - Data not applicable

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

UNHCR gratefully acknowledges the support of the following partners:

