

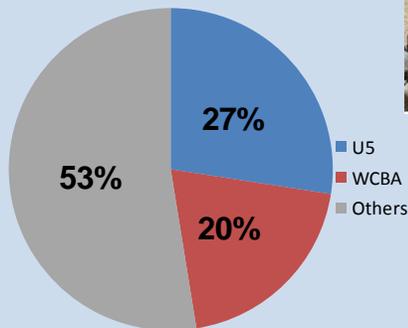


Refugee population^a

39,833

 at end of period

Figure 1 Population breakdown by age-group



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



Photo: New arrivals at Melkadida refugee camp
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Key dates:

Camp opened: February 2010

Last nutrition survey: April 2011



Indicators at a glance:

1. Crude Mortality Rate ^b	0.2	?
2. Under 5 Mortality Rate ^b	0.2	?
3. Infant Mortality Rate ^b	39	✓
4. Severe Acute Malnutrition (SAM) rate ^c	10%	✗
5. Global Acute Malnutrition (GAM) rate ^c	33%	✗
6. Measles coverage ^d	94%	⚠
7. Skilled attendance at delivery ^b	100%	✓
8. Water (litres / refugee / day) ^e	10	⚠

Table 1: Top causes of mortality^b

1. LRTI	50%
2. Acute malnutrition	17%
3. Unknown	17%
4. Other	17%

LRTI: Lower respiratory tract infection

Sources of data

^a Source: UNHCR registration database

^b Source: UNHCR/ARRA HIS

^c Source: Household MUAC screening (August 2011)

^d Source: Integrated Measles SIA rapid convenience survey result (August 2011)

^e Source: UNHCR WASH Monitoring Reports

Table 2: Top causes of morbidity^b

1. URTI	26%
2. Other	24%
3. Intestinal worms	15%
4. LRTI	11%
5. Watery diarrhoea	6%

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. The next nutrition survey will take place in October 2011.

• WASH indicators are based on monitoring reports from the 3rd October 2011.

Summary:

- Crude and Under 5 mortality rates are within acceptable thresholds
- Respiratory infections are the top causes of morbidity and mortality.
- Sanitation and hygiene indicators are borderline or below acceptable standards.

Public Health Priorities:

- Review mortality surveillance for completeness of reporting. Ensure that all deaths from community and facility-based sources are recorded in the HIS reports.
- Focus on reducing the overall malnutrition rate
- Improve follow up of children in nutrition programs and reduce defaulter rates.
- Reporting on ongoing community health activities

HIS meeting and on-job training for all health and nutrition partners planned for 12th 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)		0.2	< 1 ?	Number of outbreaks reported	0	
Under-five Mortality Rate (/10,000/day)		0.2	< 2 ?	% of outbreaks investigated < 48 hours	-	100%
Infant Mortality Rate (IMR) (/1000 livebirths)		39	< 60 ✓	EPI and Vitamin A		
Neonatal Mortality Rate (NNMR) (/1000 livebirths)		0.0	< 40 i	Measles vaccination coverage	94%	> 95% ⚠️
Global Acute Malnutrition Rate (%)		33%	< 10% ✗	Supervision		
Severe Acute Malnutrition Rate (%)		10%	< 2% ✗	Do regular camp coordination meetings take place?	Yes	Yes ✓
Access and Utilisation				Were any drug shortages reported during the period?	No	No ✓
No. of health facilities	1	1 : 39,833	1 : <10,000 ✗			
No. of consultations per trained clinician per day		24	< 50 ✓			
Health Utilization Rate (new visits/person/year)		0.6	1 - 4 ⚠️			

Nutrition	Moderate Acute Malnutrition (MAM)		Severe Acute Malnutrition (SAM)					
		Emergency Standard	Outpatient therapeutic program (OTP)	Emergency Standard	Stabilisation Centre (SC)*	Emergency Standard	CMAM* (SC and OTP combined)	Emergency Standard
Number of new admissions	n/a		129		12		141	
Average length of stay	days	< 8 weeks i	n/a	< 30 days i	n/a	< 10 days i	n/a	< 30 days i
Average weight gain (g/kg/day)	n/a		n/a	> 5 i	n/a		n/a	> 5 i
Discharge rate	0%	> 75% ✗	58%	> 75% ✗	29%		57%	> 75% ✗
Death rate	0%	< 3% ✓	0%	< 10% ✓	0%		0%	< 10% ✓
Default rate	16%	< 15% ✗	42%	< 15% ✗	71%		43%	< 15% ✗
Referral rate	84%		0%		0%		0%	
Non-cured rate	n/a		0%		-		0%	

* 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	Emergency Standard
No. of basic EmOC facilities	1	1 : 39,833	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)		1.4		HIV/AIDS			
Coverage complete antenatal care (> 4 visits)		79%	> 90% ✗	Condom distribution rate	n/a	> 0.5 i	
% deliveries performed by caesarean section		7%	5 - 15% ✓	% of blood units screened for HIV	n/a	100% i	
% deliveries attended by skilled personnel		100%	≥ 50% ✓				
% 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	228	< 250 ✓
No. pregnant women who received clean delivery kit	-		No. of persons per drop-hole in communal latrine	561	≤ 50 ✗
No. of complicated medical cases identified	-		% of population living within 200m from water point	109%	100% ✓
% of complicated medical cases referred	-	≥ 90%	% of families with latrines	9%	> 50% ⚠️

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