



Bokolmany

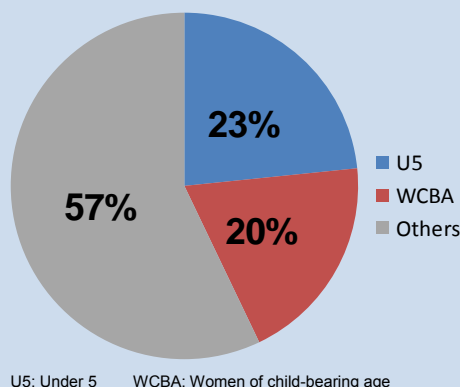
Public Health and Nutrition Profile

August **2011**

Refugee population^a

37,423 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**

Table 1: Top causes of mortality^b

1. Acute malnutrition	55%
2. LRTI	29%
3. Watery diarrhoea	8%
4. Unknown	5%
5. Malaria	3%

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 SAM programme; MSF Community Health Worker reports

^d Source: UNHCR/ARRA HIS

^e Source: UNHCR/ENN Nutrition Survey (April 2011)

^f Source: UNHCR WASH Monitoring Reports

Table 2: Top causes of morbidity^b

1. LRTI	18%
2. URTI	15%
3. Intestinal worms	10%
4. Malaria	9%
5. Skin disease	7%

URT: Upper respiratory tract infection

Reporting period

• All indicators are for the month of July 2011, with the exception of GAM and SAM rates.

• GAM and SAM rates are based on the latest nutritional survey which was conducted in April 2011. The next nutrition survey will take place in September 2011.



Indicators at a glance:

1. Crude Mortality Rate ^c	0.6	✓
2. Under 5 Mortality Rate ^c	2.0	⚠
3. Infant Mortality Rate ^d	54	?
4. Severe Acute Malnutrition (SAM) rate ^e	11%	✗
5. Global Acute Malnutrition (GAM) rate ^e	33%	✗
6. Measles coverage ^e	73%	✗
7. Skilled attendance at delivery ^d	98%	✓
8. Water (litres / refugee / day) ^f	10	⚠

Summary:

- The public health, nutrition and WASH situation in Bokolmany is of concern.
- Under 5 mortality and acute malnutrition rates are above acceptable emergency thresholds.
- The majority of deaths are associated with acute malnutrition and lower respiratory tract infection.
- Nutrition performance indicators for MAM and SAM programmes are poor.
- There remain gaps in reproductive health services. Women do not have adequate access to basic emergency obstetric care (EmOC).
- Sanitation and hygiene indicators are borderline or below acceptable standards.

Priority actions:

- Mass measles vaccination for children 6 months to 15 years is planned for 22-26 August.
- Mass nutrition screening and polio vaccination was completed on 12-13 August. Results of nutrition screening to be examined carefully to review SAM and MAM enrollment rates.
- Urgently review reasons for poor performance in nutrition programmes. Decentralize OTP services to reduce defaulter rates.
- Improve screening and management of acute malnutrition in children over 5.
- Complete construction of secondary level hospital in Bokolmany as soon as possible to address gaps in access to emergency obstetric care.
- Establish a coordinated community-health programme including sanitation and hygiene promotion activities.

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)		0.6	< 1	✓	Number of outbreaks reported	1			
Under-five Mortality Rate (/10,000/day)		2.0	< 2	✗	% of outbreaks investigated < 48 hours	100%	100%	✓	
Infant Mortality Rate (IMR) (/1000 livebirths)		54	< 60	?					
Neonatal Mortality Rate (NNMR) (/1000 livebirths)		0.0	< 40	?	EPI and Vitamin A				
Global Acute Malnutrition Rate (%)		33%	< 10%	✗	Measles vaccination coverage	73%	> 95%	✗	
Severe Acute Malnutrition Rate (%)		11%	< 2%	✗					
Access and Utilisation					Supervision				
No. of health facilities	1	1 : 37,423	1 : <10,000	✗	Do regular camp coordination meetings take place?	Yes	Yes	✓	
No. of consultations per trained clinician per day		50	< 50	⚠	Were any drug shortages reported during the period?	No	No	i	
Health Utilization Rate (new visits/person/year)		0.6	1 - 4	✗					

Nutrition	Moderate Acute Malnutrition (MAM)	Emergency standard	Severe Acute Malnutrition (SAM)				CMAM (SC and OTP combined)	Emergency standard	
			Outpatient therapeutic program (OTP)	Emergency standard	Stabilisation Centre (SC)	Emergency standard			
Number of new admissions	306		291		35		326		
Average length of stay	9 weeks	< 8 days ✗	71 days	< 30 days ✗	13 days	< 10 days ✗	n/a	< 30 days i	
Average weight gain (g/kg/day)	-		3.3	> 5 ✗	15.1		n/a	> 5 i	
Discharge rate	55%	> 75% ✗	60%	> 75% ✗	74%		55%	> 75% ✗	
Death rate	0%	< 3% ✓	2%	< 10% ✓	10%		5%	< 10% ✓	
Default rate	39%	< 15% ✗	38%	< 15% ✗	9%		39%	< 15% ✗	
Referral rate	6%		7%		0%		1%		
Non-cured rate	-		0%		-		0%		

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	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		1			% rape survivors who received ECP < 120h	-	100%		
Number of maternal deaths investigated <48 hrs		0	100% ✗		% rape survivors who received STI < 2 wks	-	100%		
Crude Birth Rate (CBR) (/1000/month)		1.8							
Coverage complete antenatal care (> 4 visits)		100%	> 90% ✗		HIV/AIDS				
% deliveries performed by caesarean section		0%	5 - 15% ✗		Condom distribution rate		0.0	> 0.5 ✗	
% deliveries attended by skilled personnel		98%	≥ 50% ✓		% of blood units screened for HIV		n/a	100% i	
% low birth weight deliveries		2%	< 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)	10	> 10 ⚠
No. of sanitation campaigns conducted	-		No. of persons per usable water tap	416	< 250 ✗
No. pregnant women who received clean delivery kit	-		No. of persons per drop-hole in communal latrine	48	≤ 50 ⚠
No. of complicated medical cases identified	-		% of population living within 200m from water point	54%	100% ✗
% of complicated medical cases referred	n/a	≥ 90% i	% of families with latrines	93%	> 50% ✓

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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