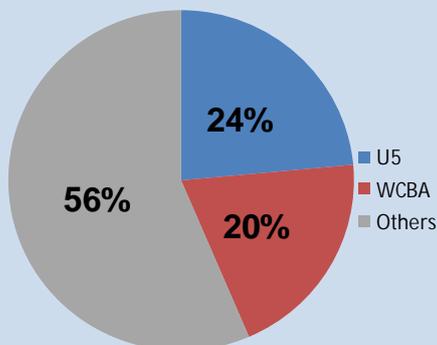




Refugee population^a
37,581 at end of period

Figure 1 Population breakdown by age-group



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



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

Key dates:

Camp opened: April 2009

Last nutrition survey: April 2011



Indicators at a glance:

1. Crude Mortality Rate ^c	0.0	?
2. Under 5 Mortality Rate ^c	0.0	?
3. Infant Mortality Rate ^d	0.0	?
4. Severe Acute Malnutrition (SAM) rate ^e	7%	✗
5. Global Acute Malnutrition (GAM) rate ^e	24%	✗
6. Measles coverage ^f	98%	✓
7. Skilled attendance at delivery ^d	100%	✓
8. Water (litres / refugee / day) ^g	12	✓

Table 1: Top causes of mortality^b

Not available

LRTI: Lower respiratory tract infection

Table 2: Top causes of morbidity^b

1. URTI	19%
2. Chronic disease	14%
3. LRTI	12%
4. Skin disease	11%
5. Urinary tract infection	11%

URTI: Upper 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
- ^e Source: Household MUAC screening (August 2011)
- ^f Source: Integrated Measles SIA rapid convenience survey result (August 2011)
- ^g Source: UNHCR WASH Monitoring Reports

Reporting period

- All indicators are for week 37, 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 4th September 2011.

Summary:

- Crude and Under 5 mortality rates are within acceptable thresholds, but should be reviewed for possible under-reporting of deaths at community-level.
- Rate of skilled attendance at delivery is commendable.
- Default rates in MAM and OTP programmes are above emergency threshold
- 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.
- Decentralization of health services.
- Improve follow up of children in nutrition programs and reduce defaulter rates.
- Laying down of water pipe from treatment plant and improving water quantity.

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)			0.0	< 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		35% > 95% ✗	
Severe Acute Malnutrition Rate (%)			7%	< 2%	✗				
Access and Utilisation					Supervision				
No. of health facilities		1	1: 37,581	1: <10,000	✗	Do regular camp coordination meetings take place?		Yes Yes ✓	
No. of consultations per trained clinician per day			33	< 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)	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	46		30		9		39	
Average length of stay	1.8 days	< 8 days ✓	n/a	< 30 days i	n/a	< 10 days i	69.9	< 30 days ✗
Average weight gain (g/kg/day)	-		n/a	> 5 i	n/a		4.2	> 5 ⚠
Discharge rate	74%	> 75% ⚠	60%	> 75% ✗	96%		65%	> 75% ✗
Death rate	0%	< 3% ✓	0%	< 10% ✓	0%		1%	< 10% ✓
Default rate	26%	< 15% ✗	32%	< 15% ✗	0%		34%	< 15% ✗
Referral rate	0%		0%		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			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)			100%	> 90% ✓	Condom distribution rate		0.0	> 0.5 ✗	
% deliveries performed by caesarean section			0%	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			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)		12	> 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		166	≤ 50 ✗	
No. of complicated medical cases identified			-		% of population living within 200m from water point		81%	100% ✗	
% of complicated medical cases referred			-	≥ 90%	% of families with latrines		30%	> 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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