



Bokolmany

Public Health and Nutrition Profile

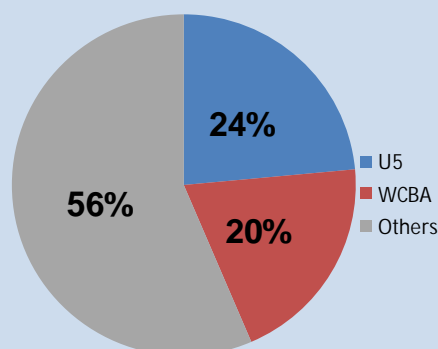
10 to 16 September
Week 37

2011

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 Bokolmany 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

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	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
Number of new admissions	46		30		9	
Average length of stay	1.8 days	< 8 days ✓	n/a	< 30 days i	n/a	< 10 days i
Average weight gain (g/kg/day)	-		n/a	> 5 i	n/a	
Discharge rate	74%	> 75% ⚠	60%	> 75% ✗	96%	> 75% ✗
Death rate	0%	< 3% ✓	0%	< 10% ✓	0%	< 10% ✓
Default rate	26%	< 15% ✗	32%	< 15% ✗	0%	< 15% ✗
Referral rate	0%		0%		0%	
Non-cured rate	-		0%		-	

Reproductive Health and HIV						
Maternal and Newborn Health	No	Indicator	Emergency standard	Sexual and Gender-based Violence	No	Indicator
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				
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		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	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 Indicator cannot be calculated n/a Data not available - Data not applicable

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UNHCR gratefully acknowledges the support of the following partners:

