



# Bokolmanyu

Public Health and Nutrition Profile

24 to 30 September  
Week 39

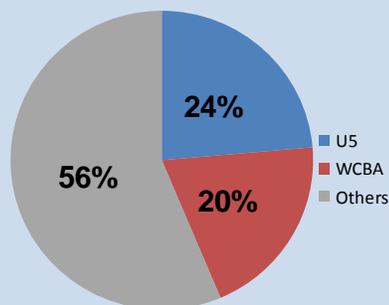
# 2011

Refugee population<sup>a</sup>

## 37,680

 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

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

1. LRTI	33%
2. Watery diarrhoea	33%
3. Hypertension	33%

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. URTI	19%
2. LRTI	15%
3. Chronic disease	13%
4. Intestinal worms	11%
5. Skin disease	10%

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 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.

### Indicators at a glance:

1. Crude Mortality Rate <sup>c</sup>	0.1	?
2. Under 5 Mortality Rate <sup>c</sup>	0.3	?
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>	98%	✓
7. Skilled attendance at delivery	100%	✓
8. Water (litres / refugee / day) <sup>g</sup>	10	⚠

### Summary:

- Crude and Under 5 mortality rates are within acceptable thresholds, but should be reviewed for possible under-reporting of deaths at community-level.
- Global and Severe Acute Malnutrition rates are above acceptable emergency thresholds.
- 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.
- Improve follow up of children in nutrition programs and reduce defaulter rates.
- Strengthening community surveillance and improve follow up of children in nutrition programs to reduce defaulter rates.
- Handover of SFP from MSF-S to SCF to be finalized ASAP.
- Handover of blanket feeding programme from ARRA to SCF to be finalized ASAP.
- Laying down of water pipe from treatment plant and improving water quantity.
- HIS meeting and on-job training for all health and nutrition partners planned for 12<sup>th</sup> October 2011

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)		0.1	< 1 ?	Number of outbreaks reported	0	
Under-five Mortality Rate (/10,000/day)		0.3	< 2 ?	% of outbreaks investigated < 48 hours	-	100%
Infant Mortality Rate (IMR) (/1000 livebirths)		0.0	< 60 ?	EPI and Vitamin A		
Neonatal Mortality Rate (NNMR) (/1000 livebirths)		0.0	< 40 ?	Measles vaccination coverage	98%	> 95% ✓
Global Acute Malnutrition Rate (%)		24%	< 10% ✗	Supervision		
Severe Acute Malnutrition Rate (%)		7%	< 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: 37,680	1: <10,000 ✗			
No. of consultations per trained clinician per day		37	< 50 ✗			
Health Utilization Rate (new visits/person/year)		0.5	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	75		29		16		45	
Average length of stay	n/a	< 8 days i	n/a	< 30 days i	n/a	< 10 days i	0.5	< 30 days ✓
Average weight gain (g/kg/day)	-		n/a	> 5 i	n/a		0.4	> 5 ✗
Discharge rate	89%	> 75% ✓	68%	> 75% ✗	n/a		80%	> 75% ✗
Death rate	0%	< 3% ✓	0%	< 10% ✓	n/a		0%	< 10% ✓
Default rate	11%	< 15% ✓	17%	< 15% ✗	n/a		20%	< 15% ✗
Referral rate	0%		0%		n/a		0%	
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	1	1: 37,680	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)		1.2		HIV/AIDS			
Coverage complete antenatal care (> 4 visits)		100%	> 90% ✓	Condom distribution rate	0.0	> 0.5 ✗	
% deliveries performed by caesarean section		9%	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	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% ✓

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