

Sectors Indicators Matrix: Gambella Emergency Response (as of 01-October-2014)

Sectors	Registration as of 01-Oct-14		Child Protection as of 01-Oct-14					Public Health as of 01-Oct-14			Nutrition Between 01-Sep and 30-Sep-14		Water, Sanitation and Hygiene (WASH) as of 03-Oct-14			
	Registered Refugees		Number of Unaccompanied Minors (UAMs)	Number of Separated Children	BIAs (for all children)	# of Social Workers	# of children attending child friendly spaces	Crude Mortality Rate	Under 5 Mortality Rate	# of Maternal deaths	Global Acute Malnutrition rate (GAM)	Severe Acute Malnutrition Rate (SAM)	Litres water / person / day	Number of persons / latrines	Maximum number of persons per tap	Number of refugees per hygiene promoter
Registration at entry points (Level 1)	Refugee population at camps (Level 2)															
Units	persons	persons	persons	persons		persons	persons	/10,000/day		persons	%	%	Litres			1:500
STANDARD								< 1	< 2		< 10%	< 1%	> 15 lpd	< 50	< 250 ppt	< 500 refugees
CAMPS INDICATORS																
TIERKIDI	NA	48,643	1,422	2,613	17	50	2,200	0.06	0.12	0	15.1	4.1	10	40	282	496
KULE	NA	45,966	813	3,177	0	31	5,808	0.16	0.25	0	9.6	1	11	38	213	499
LEITCHUOR	NA	47,806	1,374	4,224	9	32	4,708	0.03	0	0	8.5	3.1	15	91	249	455
OKUGO	NA	6,063	52	189	0	0	0	-	-	-	-	-	18	5	66	217
PUGNIDO	NA	45,020	812	2,334	3	31	1,860	-	-	-	-	-	12	27	128	406
NIPNIP	NA	2888*	-	-	-	-	-	0.00	0	0	12.5	2	-	92	200	-
ENTRY POINTS / TRANSIT CENTERS INDICATORS																
PAGAK	5,843	NA	-	-	-	-	-	0.06	0.29	0	-	-	18	71	213	267
BURBIEY	8,008	NA	-	-	-	-	-	-	-	-	7	2.8	13	77	222	400
AKOBO	3,298	NA	-	-	-	-	-	-	-	-	-	-	11	13	275	78
PAMDONG	2,467	NA	-	-	-	-	-	0.00	0	0	-	-	16	51	206	411
Sources	UNHCR, ARRA		UNHCR, Save The Children, Plan International, IMC				UNHCR, MSF-F, ARRA, MSF-H, SCI			UNHCR, ACF, GOAL, CONCERN		UNHCR, DRC, NCA, ACF, NRC, LWF, IRC, ADRA, OXFAM, WVE, ZOA, ERCS, MSF-H				

Sector	Education Indicators - as of 01-Oct-2014															
	Population	Pre-Primary Education Enrollment (3 - 6 years)			Primary Education Enrollment (7 - 14 years)			Secondary Education Enrollment (15 - 18 yrs)		TOTAL Enrollment of School Age Children (3 - 18 years)						
Indicators	Total Population	School Age Population (3 - 6 years)	# of students per Facilitator	# of students per Class room / LS	School Age Population (7 - 14 years)	Enrollment (Boys & Girls)	# of students per Facilitator	# of students per Class room / LS	School Age Population (15 - 18 years)	Enrollment (Boys & Girls)	School Age population (3-18 years)	Enrollment	School Age Girls (3 - 18 years)	Enrollment	School Age Boys (3 - 18 years)	Enrollment
Units	persons	persons			persons	%			persons	%	persons	%	persons	%	persons	%
STANDARD			30	30		100%	40	40		100%		100%		100%		100%
CAMPS INDICATORS																
TIERKIDI	48,643	10,223	46	55	14,550	67	170	324	3,318	0	28,091	41	13,763	28	14,328	54
KULE	45,966	9,135	300	225	11,425	91	84	105	3,211	0	23,771	52	11,588	44	12,183	59
LEITCHUOR	47,806	10,196	103	775	15,277	39	67	492	2,776	0	28,249	32	13,913	27	14,336	37
PUGNIDO	45,020	8,750	95	109	12,680	70	71	87	3,749	15	25,179	64	12,400	59	12,779	68
Sources	UNHCR		UNHCR, Save The Children, Plan International, ARRA						UNHCR, Save The Children, Plan International, ARRA							

OTHER HEALTH INDICATORS - as of 01-Oct-2014						
Selective and Non-Selective Vaccination and Vitamin A supplementation						
Indicators	Standard	Overall Gambella coverage (in %)	Entry Points (in %)			
			Pagak	Burbiey	Akobo	
Measles (6months - 15 yrs) (total # of children vaccinated)	>95%	96	82	88	77	
OPV (0-15 yrs) (total # of children vaccinated)	>95%	79	52	87	94	
Vit A (6 months-5yrs) (total # of children supple.)	>95%	100	100	93	100	
Sources	UNICEF, ARRA, RHB, MSF-F, MSF-H, SCI					

Indicators	Morbidity Indicators						Comments
	Camp	Tierkidi		Leitchuor		Nip Nip	
	Kule	Pagak	Pamdong	Pagak	Pamdong		
Watery diarrhoea (Incidence)	4.60	2.8	1.7	7.3	3.4	3.4	Diarrhoea is within control
Bloody Diarrhoea (Incidence)	0.90	1.30	0.44	2.40	0.3	0.3	Peak of the malaria season in Pagak with a high incidence rate
Malaria (Incidence)	14.2	21.4	7.3	16.3	37.8	8.5	
Source	UNHCR, ARRA, SCI, IMC, MSF-F, MSF-H						

Legend:  Standard Met  Standard Not Met
NA : Not Applicable * L2 registration has not been started due to flooding

EXPLANATORY NOTES:

SUMMARY:

This matrix is prepared and published monthly, representing what happened in various sectors in the particular reference month. This indicators matrix is a step towards showing a comprehensive picture of the current situation in Gambella region and establishing a basis for initial trend and gap analysis. In order to better understand the matrix, following are the explanatory notes on few of the sector indicators:



NUTRITION:

- GAM and SAM proxy for the month has been obtained from the nutrition monthly summary of mid-upper arm circumference (MUAC) of the Weekly MUAC screening conducted in the camps, reception centres, transit centres and entry points
- It should be noted that the nutrition survey results quantified using weight for height (WFH) indicator still remain the most reliable estimations of GAM and SAM levels which were still above the emergency threshold by both UNHCR (GAM>10%, SAM>1%) and WHO (GAM>15%, SAM>2%), which is consistent with malnutrition levels observed for the same population in South Sudan, although slightly higher due to aggravating circumstances.
- It needs to be noted that for South Sudanese population, it has always been observed that MUAC gives a lower prevalence of GAM and SAM than WFH due to the influence of low sitting to standing ratio (long legs and short trunk) giving a higher prevalence when using WFH.
- The data presented should not be comparable to the previous months (July, August) since data presented for camps was based on Weight for Height Z score(WHZ).
- In addition, there is a challenge with interpreting results obtained by MUAC as it is subject to measurement bias and also precision depending on the sample size in each series of measurement.



WATER, SANITATION AND HYGIENE (WASH):

The WASH indicators show significant progress in the period from primo September to primo October for Kule and Tierkidi camps:

1. Latrine ratio have been maintained within standard of 50 persons/latrine due to construction of latrines by NRC, Oxfam and MSF-H
2. Number of Hygiene promoters has also attained the standard as 26 additional hygiene promoters were recruited and trained by NRC
3. Extension of water points has also improved the indicator of number of persons per tap to below emergency standards.

Other important points:

- The indicators for the camps are broadly administrative indicators i.e. the indicators are currently relying on total camp population (entire protected refugee population) as the denominator however indicators for entry points/transit centers are calculated on the population actually residing in the camp and accessing WASH services being offered.
- Household indicators from Knowledge, Attitude and Practise (KAP) survey in early September indicated that there was provision of 14.8 litres per person per day (lpd) in Kule, 16.28 lpd in Tierkidi and 20.9 lpd in Lietchuor. This is correlated by observations at water taps whereby there was no queuing and storage tanks were having water at any one time.
- At entry points and transit centers, we normally have varying refugee numbers characterized by spikes and valleys, which requires a delicate balance on maintaining an optimal level of infrastructural investment to ensure that resources are not misappropriated. Ideally, refugees are not expected to have a prolonged stay, and when this happens it affects the level of WASH assistance accessible.



EDUCATION:

The education indicators for Gambella show significant progress in the period from primo September to primo October for the three camps of Kule, Tierkidi and Leitchuor:

1. The overall enrolment rate for the age group 3-18 has jumped from 31% to 41%.
 - a) Primary enrolment has increased from 45% to 63% a remarkable increase, which is due to an intensive Back-to-School campaign by Implementing Partners working with Lower Primary, as well as newly started Upper Primary classes.
 - b) Pre-primary enrolment has also increased slightly from 21% to 23%. This age group (3-6) was not targeted in the above mentioned campaign.
2. Boys and girls enrolment have jumped with 14% and 5% respectively.
 - a) 49% of all boys between the age of 3-18 years are now enrolled as compared to 35% at the start of September, a significant improvement.
 - b) For girls, the number has increased from 27% to 32% but the gap compared to boys has sadly widened from 8% to 17%. Especially in view of the recent targeted drive to enroll, it is a matter of grave concern that girls are now lagging even more behind.
3. The enrolment rate for Secondary Education is 0% since this service is still not available in any of the camps, although there are concrete plans to begin secondary classes.



HEALTH:

Crude and Under 5 mortality rates have been within the SPHERE standards for several weeks despite being at the peak of malaria season. Good case management by partners of diseases such as severe malaria, dehydration secondary to diarrhoea and complications of severe malnutrition, coupled with strengthened surveillance and prevention efforts have contributed to the low mortality.

Morbidity indicators:

Diarrhoea: Low incidence of diarrhoea might be explained by strengthened WASH activities and sensitization by community outreach agents.

Malaria: Gambella is endemic for malaria and we are currently at the peak of the season. Incidence rate has gradually been rising over time which is expected during this season. The high incidence in Pagak can be explained by the lack of LLIN distribution at this site. Poor utilization of mosquito nets has also been reported in some camps.

Vaccination:

The coverage for Vit A and Polio is 100% at the entry points of Pagak, Akobo and overall Gambella coverage. Generally, the number of children vaccinated for polio should be greater than those vaccinated for measles due to age category difference as polio vaccination is for all children less than 15 yrs and measles starts from 6 months until 15 years. However, in Gambella, this is not reflected in the total coverage/number of vaccinated children with the following noted reasons:

- The OPV vaccination started much later than measles vaccination.
- OPV campaign was suspended for one month due to OCV campaign to prevent possibility of the two oral vaccine unknown interactions.
- The earlier new arrivals who missed OPV were later captured in nationwide OPV/measles campaigns (under 5 years target).