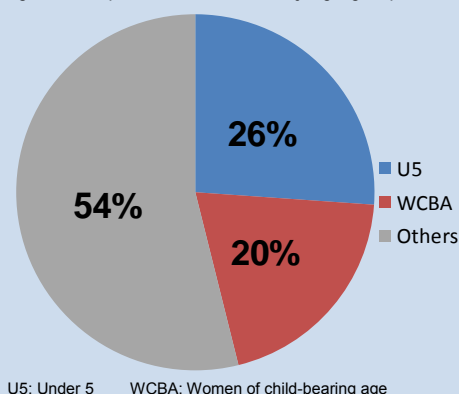




Refugee population^a

20,373 at end of period

Figure 1 Population breakdown by age-group



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



Photo: Hilaweyn refugee camp © UNHCR / Aug 2011

Key dates:

Camp opened: **August 2011**

Last nutrition survey: **None conducted**

Table 1: Top causes of mortality^b

1. Other	67%
2. LRTI	33%

Table 2: Top causes of morbidity^b

1. Other	27%
2. Watery diarrhoea	18%
3. URTI	16%
4. LRTI	12%
5. Eye disease	7%

LRTI: Lower respiratory tract infection

Sources of data

^a Source: UNHCR registration database

^b Source: MSF-H weekly reports

^c Source: Grave count (3 – 9 September)

^d Source: ACF MUAC and W/H Screening (Aug/Sep 2011)

^e Source: MSF. All children are vaccinated prior to relocation.

^f Source: UNHCR WASH Monitoring Reports

URT: Upper respiratory tract infection

Reporting period

• All indicators are for week 38, with the exception of GAM and SAM rates.

• GAM and SAM rates are based on ACF MUAC and W/H Screening of all children relocated from transit to Hilaweyn between August 5th and September 9th. The next nutrition survey will take place in October 2011.

• WASH indicators are based on monitoring reports from 4th September 2011.



Indicators at a glance:

1. Crude Mortality Rate ^c	1.0	⚠️
2. Under 5 Mortality Rate ^c	3.8	❌
3. Infant Mortality Rate	n/a	ℹ️
4. Severe Acute Malnutrition (SAM) rate ^d	26%	❌
5. Global Acute Malnutrition (GAM) rate ^d	44%	❌
6. Measles coverage ^e	>95%	✅
7. Skilled attendance at delivery	20%	❌
8. Water (litres / refugee / day) ^f	14	✅

Summary:

- The nutrition screening in Hilaweyn represent children who are not yet included in the Transit Camp nutrition programmes, so the rates do not show the real status of the new refugees coming to Hilaweyn. However these children are thereafter included in the nutrition programmes in Hilaweyn.
- In Hilaweyn the Crude Mortality level is borderline but Under Five Mortality level is above emergency threshold.
- The cause-specific deaths are taken from what is reported in HIS. There was limited cause-specific data on mortality due to under-reporting at community level.
- Number of home deliveries compared to facility deliveries continues to be of concern though clean delivery kits have been provided to all visibly pregnant women.
- UNICEF has provided 1 mobile health team to support basic treatment, community outreach, active case finding and referral. They are prioritizing zones on the camp periphery.

Public Health Priorities:

- Immediate priority remains reduction of excess mortality in Hilaweyn.
- Nutrition survey planned for mid-October 2011
- Reporting on ongoing community health activities
- Closely monitor and strengthen community-based mortality surveillance.
- Strengthen active case finding, defaulter tracing and referral as a key factor in reduction of CMR.
- Active mobilization and awareness raising on the importance of health facility delivery.
- HIS training for all health and nutrition partners planned for mid-October 2011

Legend: ✅ Standard reached ⚠️ Standard borderline ❌ Standard not reached ? Data unreliable ℹ️ 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)		1.0	< 1	⚠️	Number of outbreaks reported	0	
Under-five Mortality Rate (/10,000/day)		3.8	< 2	❌	% of outbreaks investigated < 48 hours	-	100%
Infant Mortality Rate (IMR) (/1000 livebirths)		n/a	< 60	ℹ️			
Neonatal Mortality Rate (NNMR) (/1000 livebirths)		n/a	< 40	ℹ️	EPI and Vitamin A		
Global Acute Malnutrition Rate (%)		44%	< 10%	❌	Measles vaccination coverage	100%	> 95% ✓
Severe Acute Malnutrition Rate (%)		26%	< 2%	❌			
Access and Utilisation				Supervision			
No. of health facilities	1	1 : 20,373	1 : <10,000	❌	Do regular camp coordination meetings take place?	Yes	Yes ✓
No. of consultations per trained clinician per day		n/a	< 50	ℹ️	Were any drug shortages reported during the period?	No	No ✓
Health Utilization Rate (new visits/person/year)		n/a	1 - 4	ℹ️			

Nutrition	Moderate Acute Malnutrition (MAM) <div>Emergency Standard</div>		Severe Acute Malnutrition (SAM)					
			Outpatient therapeutic program (OTP)* <div>Emergency Standard</div>		Stabilisation Centre (SC)* <div>Emergency Standard</div>		CMAM (SC and OTP combined)* <div>Emergency Standard</div>	
Number of new admissions	372		n/a		n/a		n/a	
Average length of stay	n/a	< 8 weeks <div>i</div>	n/a	< 30 days	n/a	< 10 days	n/a	< 30 days
Average weight gain (g/kg/day)	-		n/a	> 5	n/a		n/a	> 5
Discharge rate	48%	> 75% <div>✖</div>	n/a	> 75%	n/a		n/a	> 75%
Death rate	0%	< 3% <div>✔</div>	n/a	< 10%	n/a		n/a	< 10%
Default rate	22%	< 15%	n/a	< 15%	n/a		n/a	< 15%
Referral rate	31%		n/a		n/a		n/a	
Non-cured rate	-		n/a		-		n/a	

* no marasmus or kwashiorkor exits were recorded in SC or OTP during the reporting period

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 : 20,373	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)		1.0						
Coverage complete antenatal care (> 4 visits)		n/a	> 90%	i	HIV/AIDS			
% deliveries performed by caesarean section		0%	5 - 15%	✗	Condom distribution rate	n/a	> 0.5	i
% deliveries attended by skilled personnel		20%	≥ 50%	✗	% of blood units screened for HIV	n/a	100%	i
% low birth weight deliveries		20%	< 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)	14	> 10	✓
No. of sanitation campaigns conducted	-			No. of persons per usable water tap	329	< 250	✗
No. pregnant women who received clean delivery kit	-			No. of persons per drop-hole in communal latrine	89	≤ 50	✗
No. of complicated medical cases identified	-			% of population living within 200m from water point	76%	100%	✗
% of complicated medical cases referred	-	≥ 90%		% of families with latrines	63%	> 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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