



# Melkadida

Public Health and Nutrition Profile

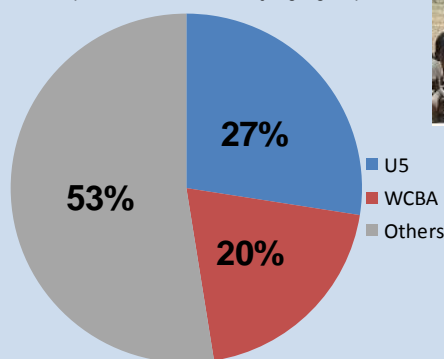
17 to 23 September  
Week 38

# 2011

Refugee population<sup>a</sup>

**39,895** at end of period

Figure 1 Population breakdown by age-group



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



Photo: New arrivals at Melkadida refugee camp  
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Key dates:

Camp opened: February 2010

Last nutrition survey: April 2011



Indicators at a glance:

1. Crude Mortality Rate <sup>b</sup>	0.1	?
2. Under 5 Mortality Rate <sup>b</sup>	0.1	?
3. Infant Mortality Rate <sup>b</sup>	39	✓
4. Severe Acute Malnutrition (SAM) rate <sup>c</sup>	10%	✗
5. Global Acute Malnutrition (GAM) rate <sup>c</sup>	33%	✗
6. Measles coverage <sup>d</sup>	94%	⚠
7. Skilled attendance at delivery <sup>b</sup>	92%	✓
8. Water (litres / refugee / day) <sup>e</sup>	12	✓

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

1. Acute malnutrition	33%
2. Other	33%
3. LRTI	33%

LRTI: Lower respiratory tract infection

#### Sources of data

<sup>a</sup> Source: UNHCR registration database

<sup>b</sup> Source: UNHCR/ARRA HIS

<sup>c</sup> Source: Household MUAC screening (August 2011)

<sup>d</sup> Source: Integrated Measles SIA rapid convenience survey result (August 2011)

<sup>e</sup> Source: UNHCR WASH Monitoring Reports

Table 2: Top causes of morbidity<sup>b</sup>

1. URTI	25%
2. Other	24%
3. Intestinal worms	13%
4. LRTI	10%
5. Eye disease	8%

URTI: 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 a house-to-house MUAC screening conducted between 4 and 7 September 2011. The next nutrition survey will take place in October 2011.

• WASH indicators are based on monitoring reports from the 4<sup>th</sup> 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.
- Respiratory infections are the top causes of morbidity and mortality.
- SAM and GAM rates are higher than expected in a more stable camp and probably reflect the presence of the new arrivals.
- The defaulter rate from the OTP Program is 38%
- Latrine coverage is very low.

## Public Health Priorities:

- Review mortality surveillance for completeness of reporting. Ensure that all deaths from community and facility-based sources are recorded in the HIS reports.
- Focus on reducing the overall malnutrition rate focusing on new arrivals if this is the most affected group.
- Improve follow up of children in nutrition programs and reduce defaulter rates.
- UNHCR will support ARRA to hasten construction and repair of latrines
- Reporting on ongoing community health activities
- HIS training for all health and nutrition partners planned for mid-October 2011

Legend: ✓ Standard reached ⚠ Standard borderline ✗ Standard not reached ? Data unreliable i Indicator cannot be calculated n/a Data not available - Data not applicable

View interactive maps and statistics online: <http://his.unhcr.org/main.locsis>

Contact  
Information

Dollo Ado

Name: Dr Allen Maina

Email: [mainaa@unhcr.org](mailto:mainaa@unhcr.org)

Phone number: +252 699 779 859

Addis Ababa

Name: Dr Mohamed Qassim

Email: [gassimm@unhcr.org](mailto:gassimm@unhcr.org)

Phone number: +251 922 526 839



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)			0.1	< 2 ?	% of outbreaks investigated < 48 hours		-	100%	
Infant Mortality Rate (IMR) (/1000 livebirths)			39	< 60 ✓					
Neonatal Mortality Rate (NNMR) (/1000 livebirths)			0.0	< 40 i	EPI and Vitamin A				
Global Acute Malnutrition Rate (%)			33%	< 10% ✗	Measles vaccination coverage		94%	> 95%	⚠
Severe Acute Malnutrition Rate (%)			10%	< 2% ✗					
Access and Utilisation					Supervision				
No. of health facilities		1	1 : 39,895	1 : <10,000 ✗	Do regular camp coordination meetings take place?		Yes	Yes	✓
No. of consultations per trained clinician per day			25	< 50 ✓	Were any drug shortages reported during the period?		No	No	✓
Health Utilization Rate (new visits/person/year)			0.7	1 - 4 ⚠					

Nutrition	Moderate Acute Malnutrition (MAM)	Emergency Standard	Severe Acute Malnutrition (SAM)				CMAM* (SC and OTP combined)	Emergency Standard
			Outpatient therapeutic program (OTP)	Emergency Standard	Stabilisation Centre (SC)*	Emergency Standard		
Number of new admissions	57		132		30		162	
Average length of stay	0.1 days	< 8 weeks ✓	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		0.2	> 5 ✗
Discharge rate	77%	> 75% ✓	45%	> 75% ✗	87%		53%	> 75% ✗
Death rate	0%	< 3% ✓	0%	< 10% ✓	0%		0%	< 10% ✓
Default rate	23%	< 15% ✗	38%	< 15% ✗	13%		47%	< 15% ✗
Referral rate	0%		0%		0%		0%	
Non-cured rate	n/a		0%		-		0%	

\* there is currently no SC in Kobe camp. SC and Overall CMAM indicators represent data for Kobe and Melkadida combined.

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 : 39,895	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)			1.3						
Coverage complete antenatal care (> 4 visits)			85%	> 90% ✗	HIV/AIDS				
% deliveries performed by caesarean section			8%	5 - 15% ✓	Condom distribution rate		n/a	> 0.5	i
% deliveries attended by skilled personnel			92%	≥ 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		228	< 250 ✓
No. pregnant women who received clean delivery kit		-		No. of persons per drop-hole in communal latrine		561	≤ 50 ✗
No. of complicated medical cases identified		-		% of population living within 200m from water point		109%	100% ✓
% of complicated medical cases referred		-	≥ 90%	% of families with latrines		9%	> 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:

