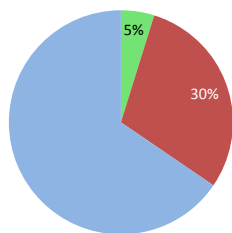


Total Population **17,881**
 Under-fives children **862**
 Women of reproductive age **5,309**



Origin of refugees:

Afghanistan
 Myanmar
 Somalia
 Others

Implementing Partners:

Health/ HIV NDYMCA/DBA
Nutrition NDYMCA
WatSan N/A



Public Health Programme
Access to Health Services
 Do PoCs have access to national health facilities?
 Do PoCs have to pay for primary health care?
 No of HC facilities where PoCs have free access
 No of consultations per trained clinician per day
 Do PoCs have access to 2nd and 3rd level care?
 Does a referral system exist?
 Are referral cases reviewed by a board (or alt. system)?

2009 **Standard**
 Yes ✓ **Yes**
 No
 Yes ✓ **≤ 50**
 Yes ✓ **Yes**
 No ✗ **Yes**

Asylum seekers and refugees in India can access government health facilities at all levels primary, secondary and tertiary level (directly or through government's referral system). Except for some services/tests for which a nominal fee must be paid, most of the services, including immunisation, ART, essential medicines, chlorine tablets/ORS/condoms are free of charge. In mid 2009 the office of the Chief of Mission in India, revised its health strategy to ensure access to health care for asylum seekers and refugees. Until then it was mostly helping refugees to overcome some of the barriers to access services through provision of information about health care centres, availability of interpreters and provision of medicines/private testing facilities in case of shortage/delays at government facilities. Health awareness sessions (including H1N1 prevention) were organized and reached out to 6723 persons of concern (PoCs). Additional 5 health camps were organized and 820 refugees/asylum seekers participated. There were no major outbreak of communicable diseases reported. One case of H1N1 was successfully treated. Interpretation services were provided for 2044 PoC, medicines/reimbursements to 255 (monthly average) and 451 newly recognised cases were provided with mosquito nets. The second part of the year was devoted to implementation of the key recommendations of the Regional Public Health and Nutrition Officer. These included an emphasis on linking PoCs with primary health care centres, inclusion of trained health staff at the IP and preparing communities for other changes in the coming year such as establishment of a Medical Referral Committee and provision of only generic medicines. USD 306,647 were spent on the health sector. The Urban HIS system will be put in place in 2010

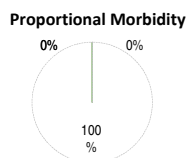
Public Health Impact
 Crude Mortality Rate (CMR) (from survey)
 Under-fives Mortality Rate (U5MR) (from survey)

2009 **Standard**
 N/A Ⓛ **≤ 1.5**
 N/A Ⓛ **≤ 3.0**

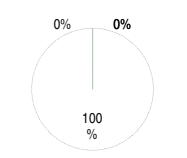
Public Health Status
Patient load
 Average number of new patients per month
 Average number of repeat patients per month
 Average number of referrals per month

N/A
 N/A
 N/A

US Morbidity (%) %
 enter Top 5 diagn. (don't enter 'others')
 enter Top 5 diagn. (don't enter 'others')
 enter Top 5 diagn. (don't enter 'others')
 enter Top 5 diagn. (don't enter 'others')
 enter Top 5 diagn. (don't enter 'others')



Crude Morbidity (&) %
 enter Top 5 diagn. (don't enter 'others')
 enter Top 5 diagn. (don't enter 'others')
 enter Top 5 diagn. (don't enter 'others')
 enter Top 5 diagn. (don't enter 'others')
 enter Top 5 diagn. (don't enter 'others')



Malnutrition
 Global acute malnutrition rate (GAM)
 Severe acute malnutrition rate (SAM)
 Prevalence of anaemia in children under five
 Prevalence of anaemia in women of reproductive age
 Average number of kilocalories per person per day

2009 **Standard**
 N/A Ⓛ **≤ 5%**
 N/A Ⓛ **≤ 2%**
 N/A Ⓛ **≤ 20%**
 N/A Ⓛ **≤ 20%**
 N/A Ⓛ **2100**

No data available on these indicators.

Reproductive Health
Maternal and Newborn Health
 Do pregnant women have access to antenatal care?
 Do pregnant women have access to safe delivery care?
 Do women have access to family planning?

2009 **Standard**
 Yes ✓ **Yes**
 Yes ✓ **Yes**
 Yes ✓ **Yes**

PEPs are not available in government facilities for SGBV. It is only available for health personnel. Most rape cases occurred in the country of origin and were not reported within 72 hours.

Sexual and Gender-based Violence
 Proportion of rape survivors who receive PEP <72 h
 Proportion of rape survivors who receive ECP <120 h

2009
 N/A Ⓛ **100%**
 N/A Ⓛ **100%**

HIV/AIDS
Prevention
 Condom distribution rate (Nr. of condoms/person/month)
 Does appropriate IEC material exist for PoCs?
 Are risk groups targeted with prevention programs?
 Proportion of donated blood units screened for HIV
 Do pregnant & lactating women have access to PMTCT?
Care and Treatment
 Do PoC's have equal access to ART as host community?
 Nr. of HIV Positive POCs receiving ART
 Prop. of HIV-pos mothers receiving cotrim. prophylaxis
 Prop. of HIV-pos infants receiving cotrim. prophylaxis

2009 **Standard**
 0.1 ✗ **≥ 0.5**
 Yes ✓ **Yes**
 Yes ✓ **Yes**
 100% ✓ **100%**
 Yes ✓ **Yes**
 Yes ✓ **Yes**
 11 **variable**
 N/A Ⓛ **100%**
 N/A Ⓛ **100%**

IEC materials are available in English and some of the major refugee languages. Also health education sessions are carried out widely by the community youth clubs.