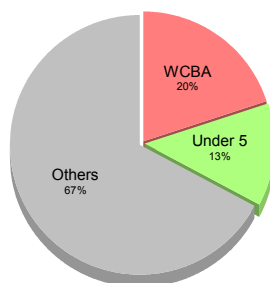


Origin of refugees:
Myanmar

Population: 144,567



Implementing partners:

Health/HIV: AMI, ARC, IRC, MI, SMR
Nutrition: TBBC, AMI, ARC, IRC, M
Watsan: ARC, IRC, MI, Sd, COER



Public Health Status

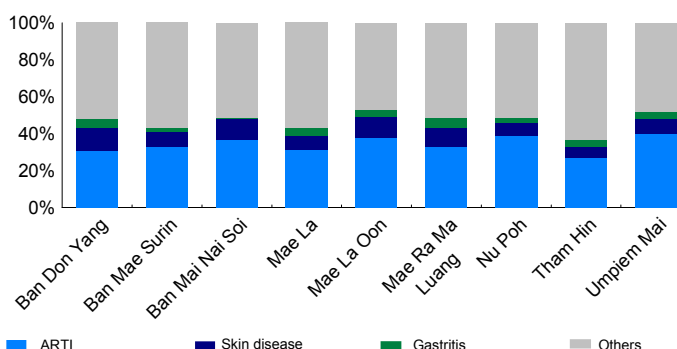
Health Impact

Indicator	Standard	Status
Crude Mortality Rate (CMR) (/1000/month)	0.32	< 1.5
Under-five Mortality Rate (U5MR) (/1000/month)	0.46	< 3.0
Infant Mortality Rate (IMR) (/1000 livebirths)	13.5	< 60
Neonatal Mortality Rate (NNMR) (/1000 livebirths)	7.2	< 40

Human Resources

Indicator	Value	Standard	Status
No. of Medical Doctors	17	1 : 8,504	1 : <50,000
No. of Clinical Consultants	179	1 : 808	1 : <10,000
No. of Nurses (qualified)	235	1 : 615	1 : <10,000
No. of MCH staff / Midwives	160	1 : 904	1 : <10,000
No. of Community Health Workers (CHW)	314	1 : 460	1 : 500-1,000
No. of Hygiene Promoters	275	1 : 526	1 : <500

Figure 1: Proportional Crude Morbidity



Country Overview

A. Objectives

- 1a. To deliver safe and effective preventive, promotive and curative health services, targeting the most important causes of illnesses and death among the refugee population.
- 2a. To guarantee the right of refugee to a healthy life style by ensuring availability of and access to adequate quantity and quality of food.
- 3a. To provide a sufficient quantity of safe water for each refugee to meet domestic and individual needs.
- 4a. To ensure healthy and sanitary conditions for refugees by installing sufficient numbers of suitably located excreta and waste disposal facilities.
- 5a. To strengthen and improve refugee camp health information system through the provision of standardized HIS tools, timely analysis and feedback to partners regarding data quality and facilitate timely response to possible diseases outbreaks through established surveillance mechanisms.

B. Progress

To what extent was each objective achieved? (use indicators to give examples of achievements).

- 1b. Reduced mortality rates particularly IMR & NNMR is an evident of good programming and implementation of public health programs in all camps. Majority of indicators are inline with set standard. Utilization of services by both refugees and host communities is high due to better access and improved quality.
- 2b. Global acute malnutrition (AGM) among children has reduced and it reflects availability/access of adequate quantity/quality food to the refugee population along Thai-Burma border camps.
- 3b. More than 97% of refugees have access to safe water for individual and domestic use.
- 4b. An average 99% of refugee families have latrines. Efforts for safe disposal of waste has been made in all camps.
- 5b. Global refugee HIS has been implemented in all nine camps using standard HIS tools. Weekly and monthly HIS bulletins were produced and shared with partners. Agency and camp staff were trained on data collection, reporting and analysis and regular monitoring. Quality of HIS is improved.

C. Gaps & Planning

What conditions / activities are needed next year in order to produce the expected results?

- 1c. Despite the efforts made by health partners effective control of epidemics could not be achieved due to lack of resources and poor coordination with local authorities. There is a need for coordinated efforts for the control of epidemics. High cost of referrals is also a growing concern of all health agencies.
- 2c. However the GAM is low among under five children along Thai-Burma border camps, rate of global chronic malnutrition is still high (36.2%) and efforts should be made to work through more nutrition education and livelihood programs.
- 3c. However there is better access to safe water to refugees, there is a need for regular maintenance of water system and education on making water safe from the source to households.
- 4c. Efforts should be made for reaching 100% latrines coverage for refugee families and education on hygiene and sanitation needs to be strengthened for reducing incidence of diarrhoea, skin infections and malaria.
- 5c. Refresher and on the job trainings to agency and camp staff will be necessary due to high turnover of staffs. Additional resources including computers and camp based HIS staff are needed to shift data entry from month to week and this will improve timeliness of reporting and minimize handling errors.

Public Health Programmes

Key observations

What were the key activities carried out during the year? To what extent did the activities achieve expected results?

Limitations/constraints

What external factors and/or conditions outside your direct control affected implementation of Public Health Programmes planned activities?

Coordination

Do monthly coordination meetings take place?

Indicator	Standard	Status
Yes	Yes	✓

Access and Utilisation

Indicator	Value	Standard	Status
No. of health facilities	16	1 : 9,035	1 : <10,000
No. of consultations per trained clinician per day	35	< 50	✓
Health Utilization Rate (new visits/person/year)	3.0	1 - 4	✓
Proportion of consultations by host population	3%		

Malaria

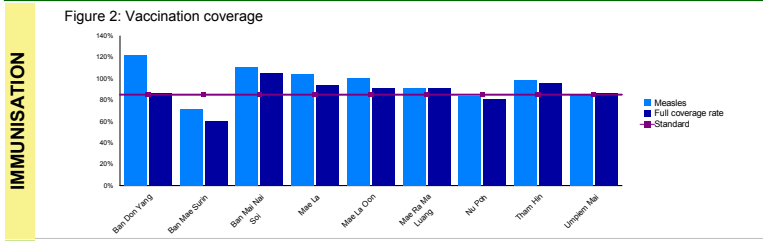
Is Act introduced as 1st line malaria treatment?

Indicator	Standard	Status
Yes	Yes	✓

Basic and refresher training were organised for medics and other camp based health staff, as a result of these trainings diagnosis and treatment was improved. Training on HIS was significant on using common case definition and standardized tools for recording and reporting health data from camps. All most all indicators relating to public health are inline with set standard during 2009.

Ongoing resettlement of refugees has significant impact on health service delivery. Majority of experienced health workers have resettled or desire to be resettled become a challenge for health agencies for finding suitable replacement. Due to this reason, some camps have higher# of consultations per trained clinician per day. Arrival of new refugees have changed population dynamics which has impacts on diseases transmission.

Public Health Programmes



Key observations
 What were the key activities carried out during the year? To what extent did the activities achieve expected results?

Limitations/constraints
 What external factors and/or conditions outside your direct control affected implementation of Public Health Programmes planned activities?

IMMUNISATION

Surveys & Assessments

Indicator	Standard
Date of last nutrition survey	Sep 2009
Date of last last JAM	

Malnutrition

Global Acute Malnutrition Rate (%)	2.7%	< 5%	✓
Severe Acute Malnutrition Rate (%)		< 2%	ⓘ
Prevalence of anaemia in children under five		< 20%	ⓘ
Prevalence of anaemia in women of reproductive age		< 20%	ⓘ
Average number of kilocalories per person per day	2056	2100	⚠

Food Security

Does UNHCR provide complementary food?	No		
Did the content of the GFR change during the year?	Yes		
Did WFP report any pipeline breaks during the year?	No	No	✓
Have PoC been included in the National FS Plan?	No	Yes	✗
Prop. of ration sold by refugees to buy other food items	25%	< 30%	✓

Immunization coverage reached standard during 2009 and Measles vaccination coverage was 97 % border-wide in 2009.

The rate of global acute malnutrition is lower than the standard but rate of chronic malnutrition is still high along Thai-Burma border camps.

Availability of and access to adequate quantity and quality of food through out the period in 2009.

Continues inflow of refugees in all camps is still a challenge for health agencies. This is also a reason for less than 100 % immunization coverage, often new arrival comes with incomplete vaccination and unlikely to complete all vaccines with in the age of one year.

Although coverage of SFP and TFP is satisfactory during 2009, performance of SFP was observed very poor in all camps. The prognosis of SFP despite food supplement for more than 12 weeks was very poor and is a growing concern to look at further operational research on poor performance of SFP program particularly among under five children.

Price hike specially of rice and beans in 2009. Despite the increased price of commodities, the daily intake of 2050 Kcl was maintained through out the period. Local production of vegetables through CAN initiatives was significant during 2009.

NUTRITION AND FOOD SECURITY

Maternal and Newborn Health

Indicator	Standard	
Coverage of complete antenatal care (4 or more visits)	100%	⚠
Proportion of deliveries attended by skilled personnel	≥ 50%	✓
Proportion of deliveries performed by caesarean section	5 - 15%	⚠
Proportion of low birth weight deliveries	< 15%	✓

Family planning

Contraceptive prevalence rate	20%	≥ 30%	✗
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Sexual and Gender-based Violence

Indicator	Standard		
Incidence of reported rape (/10,000/year)	0.47		
Prop. rape survivors who received PEP < 72h	117%	100%	✓
Prop. rape survivors who received ECP < 120h	100%	100%	✓
Prop. rape survivors who received STI < 2 wks	129%	100%	✓

RCH indicators showed better results compared to previous years. Contraceptive prevalence rate was observed lower during 2009 and this is mainly due to changes in reporting system. CPR in Mae la and Tham Hin camps was observed very low and need critical review and better strategies for reaching unmet needs in 2010

Reporting of SGBV incidents has improved in 2009 but delivery of services for the victims of SGBV is still limited due to late reporting to health facilities.

Due to new arrivals, achieving 100% target is unlikely in 2009. Some camps have very low coverage of complete ANC and need further review for improvements in 2010.

Majority of cases report late to health facilities and not eligible to receiving PEP and emergency contraceptives and prophylaxis of STI as well. There is need for better coordination among SGBV and health providers for improving services to the victims of SGBV.

REPRO HEALTH

Monitoring & Evaluation

Are PoCs included in national HIV strategic plans?	Yes	Yes	
Are PoCs included in national HIV sent surveillance?	No	Yes	
Date of last last KAPB/BSS			

Prevention

Condom distribution rate	0.10	> 0.5	✗
Do appropriate IEC materials exist for PoCs?	Yes	Yes	✓
Are risk groups targeted with prevention programmes?	No	Yes	✗
Proportion of blood units screened for HIV	100	100%	✓
PMTCT coverage	88%	100%	✗

Care and Treatment

Do PoCs have equal access to ART as host?	Yes	Yes	✓
Number of PoCs receiving ART	122		
Prop. HIV positive mothers receiving co-trimox	29%	100%	✗
Prop. HIV positive infants receiving co-trimox	14%	100%	✗

The coverage of VCT services in many camps found very poor during 2009 compared to PMTCT. Condom distribution rate was observed very poor in all camps. Co-trimoxazole coverage for those who have HIV +ve live birth is very low and need efforts to increase coverage in 2010.

Health agencies should review VCT programs and develop strategies for better coverage. Further operational research and awareness campaigns are necessary for promoting condom use in all camps. Refugees are covered under a special program funded by GFATM and are not integrated into national program and if the GFATM ends ART will not be available to refugees in Thailand.

HIV/AIDS

Water, Sanitation and Hygiene

Indicator	Standard		
Av quantity of potable water / person / day (litres)	58	> 20	✓
No. of persons per usable water tap	67	< 80	✓
No. of persons per drop-hole in communal latrine	41	≤ 20	✗
Prop. of population living within 200m from water point	100%	100%	✓
Prop. of families with latrines	97%	100%	⚠
Prop. families receiving >250g soap / person / month	69%	≥ 90%	✗
Prop. camps with 1 hygiene promoter / 500 persons	%	≥ 75%	ⓘ

Indicators relating to water and sanitation and hygiene were found close to standard. It is evident that there is good access to safe drinking water and excreta/waste disposal in all camps.

Long distribution line of water supply is seen as a problem for regular monitoring of water quality and maintenance in some camps. Use of unsafe water by camp residents for domestic purposes is constant problem in many camps.

Ban Don Yang

Thailand

Camp Fact Sheet

2009

Camp opened: 1997

Population: 3,960

Camp closed:

The source of population data in this report is:

HIS start date: May 2008

Origin of refugees:

Myanmar

Implementing partners:

Health/HIV: ARC

Nutrition: TBBC, ARC

Watsan: ARC



Public Health Status

Health Impact

Indicator	Standard	Status
Crude Mortality Rate (CMR) (/1000/month)	0.51 < 1.5	✓
Under-five Mortality Rate (U5MR) (/1000/month)	1.52 < 3.0	✓
Infant Mortality Rate (IMR) (/1000 livebirths)	69.9 < 60	⚠
Neonatal Mortality Rate (NNMR) (/1000 livebirths)	35.0 < 40	✓

Figure 1: Crude and Under-five Mortality

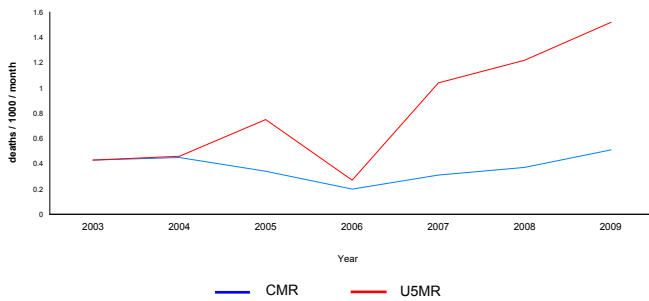


Figure 2: Crude Morbidity

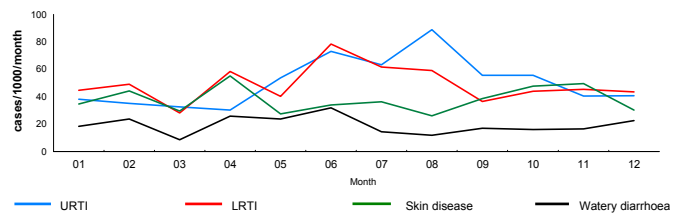
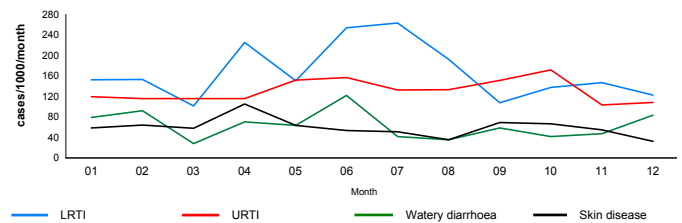


Figure 3: Under-five Morbidity



Public Health Programmes

Human Resources

No.	Indicator	Standard	Status
1	1 : 3,960	1 : <50,000	✓
16	1 : 248	1 : <10,000	✓
0	1 : 0	1 : <10,000	✓
8	1 : 495	1 : <10,000	✓
8	1 : 495	1 : 500-1,000	⚠
20	1 : 198	1 : <500	✓

Access and Utilisation

No.	Indicator	Standard	Status
1	1 : 3,960	1 : <10,000	✓
14	< 50	< 50	✓
4.0	1 - 4	1 - 4	✓
4.28%			✓

Malaria

Indicator	Standard	Status
Is Act introduced as 1st line malaria treatment?	Yes	✓

Maternal and Newborn Health

Indicator	Standard	Status
Coverage of complete antenatal care (4 or more visits)	100%	100% ✓
Proportion of deliveries attended by skilled personnel	≥ 50%	101% ✓
Proportion of deliveries performed by caesarean section	5 - 15%	4% ⚠
Proportion of low birth weight deliveries	< 15%	6% ✓

Family planning

Indicator	Standard	Status
Contraceptive prevalence rate	≥ 30%	28% ⚠

Sexual and Gender-based Violence

Indicator	Standard	Status
Incidence of reported rape (/10,000/year)	0.00	0.00 ✓
Prop. rape survivors who received PEP < 72h	100%	100% ✓
Prop. rape survivors who received ECP < 120h	100%	100% ✓
Prop. rape survivors who received STI < 2 wks	100%	100% ✓

Prevention

Indicator	Standard	Status
Condom distribution rate	> 0.5	0.20 ✗
Do appropriate IEC materials exist for PoCs?	Yes	Yes ✓
Are risk groups targeted with prevention programmes?	No	Yes ✓
Proportion of donated blood units screened for HIV	100%	100% ✓
PMTCT coverage	100%	58% ✗

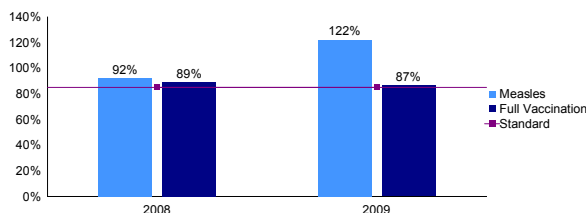
Care and Treatment

Indicator	Standard	Status
Do PoCs have equal access to ART as host?	Yes	Yes ✓
Number of PoCs receiving ART	3	3 ✓
Prop. HIV positive mothers receiving co-trimox	100%	100% ✓
Prop. HIV positive infants receiving co-trimox	100%	100% ✓

Water, Sanitation and Hygiene

Indicator	Standard	Status
Av quantity of potable water / person / day (litres)	> 20	112 ✓
No. of persons per usable water tap	< 80	28 ✓
No. of persons per drop-hole in communal latrine	≤ 20	235 ✗
Prop. of population living within 200m from water point	100%	100% ✓
Prop. of families with latrines	100%	88% ⚠
Prop. families receiving >250g soap / person / month	≥ 90%	30% ✗

Figure 4: Vaccination coverage



Malnutrition

Indicator	Standard	Status
Global Acute Malnutrition Rate (%)	< 5%	2.0% ✓
Severe Acute Malnutrition Rate (%)	< 2%	2.0% ⚠
Prevalence of anaemia in children under five	< 20%	< 20% ✓
Prevalence of anaemia in women of reproductive age	< 20%	< 20% ✓
Average number of kilocalories per person per day	2100	2100 ✓

Observations

PHC services were provided through OPD & IPD and arrangements were made with local hospitals for referral of severe cases. Training of health workers on clinical, RCH and HIS. Regular EPI and polio campaign was done. Community health education and distribution of ITNs was done in 2009. Population health workers ratios was inline with standard but number of clinical consultants, hygiene promoters and midwives were found much higher than the standard. 12 % of families have been living without latrines. High IMR and Very low PMTCT coverage. (Note: ARC and TBBC are operational partners and population include both regd & unregd refugees)

Ban Mae Surin

Thailand

Camp Fact Sheet

2009

Camp opened: 1991

Population: 3,784

Camp closed:

The source of population data in this report is:

HIS start date: May 2008

Origin of refugees:

Myanmar

Implementing partners:

Health/HIV: IRC
Nutrition: IRC, TBBC
Watsan: IRC



Public Health Status

Health Impact

Indicator	Standard	Status
Crude Mortality Rate (CMR) (/1000/month)	0.34	< 1.5
Under-five Mortality Rate (U5MR) (/1000/month)	0.76	< 3.0
Infant Mortality Rate (IMR) (/1000 livebirths)	27.8	< 60
Neonatal Mortality Rate (NNMR) (/1000 livebirths)	18.5	< 40

Figure 1: Crude and Under-five Mortality

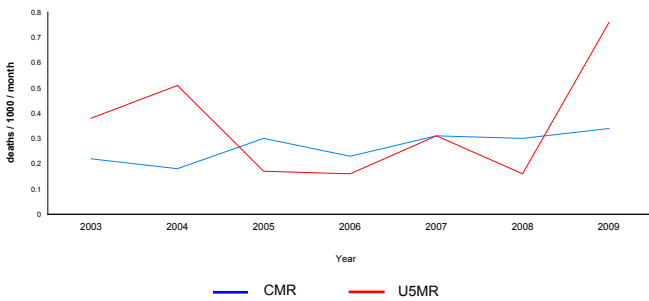


Figure 2: Crude Morbidity

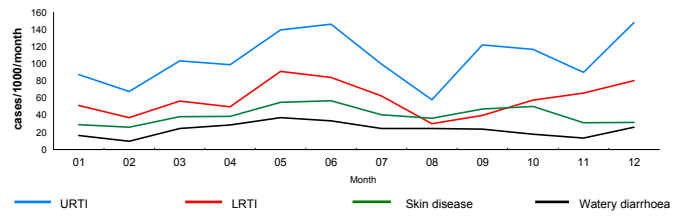
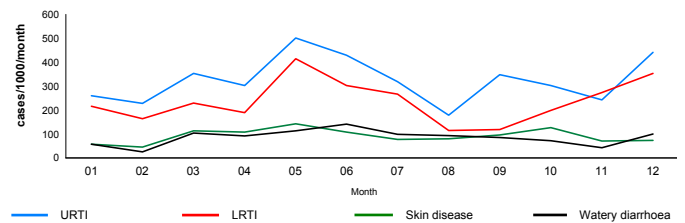


Figure 3: Under-five Morbidity



Public Health Programmes

Human Resources

No.	Indicator	Standard	Status
1	1 : 3,784	1 : <50,000	✓
9	1 : 420	1 : <10,000	✓
0	1 : 0	1 : <10,000	✓
9	1 : 420	1 : <10,000	✓
8	1 : 473	1 : 500-1,000	⚠
14	1 : 270	1 : <500	✓

Access and Utilisation

No.	Indicator	Standard	Status
1	1 : 3,784	1 : <10,000	✓
42	< 50	< 50	✓
5.0	1 - 4	1 - 4	⚠
0.05%			⚠

Malaria

Indicator	Standard	Status
Is Act introduced as 1st line malaria treatment?	Yes	✓

Maternal and Newborn Health

Indicator	Standard	Status
Coverage of complete antenatal care (4 or more visits)	59%	100%
Proportion of deliveries attended by skilled personnel	101%	≥ 50%
Proportion of deliveries performed by caesarean section	3%	5 - 15%
Proportion of low birth weight deliveries	8%	< 15%

Family planning

Indicator	Standard	Status
Contraceptive prevalence rate	16%	≥ 30%

Sexual and Gender-based Violence

Indicator	Standard	Status
Incidence of reported rape (/10,000/year)	0.00	
Prop. rape survivors who received PEP < 72h	100%	100%
Prop. rape survivors who received ECP < 120h	100%	100%
Prop. rape survivors who received STI < 2 wks	100%	100%

Prevention

Indicator	Standard	Status
Condom distribution rate	0.01	> 0.5
Do appropriate IEC materials exist for PoCs?	Yes	Yes
Are risk groups targeted with prevention programmes?	No	Yes
Proportion of donated blood units screened for HIV	100%	100%
PMTCT coverage	55%	100%

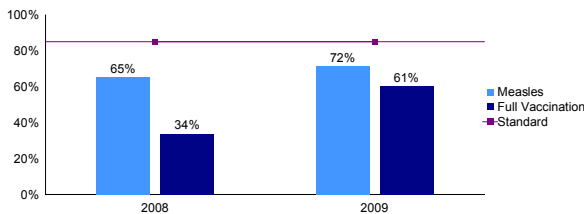
Care and Treatment

Indicator	Standard	Status
Do PoCs have equal access to ART as host?	Yes	Yes
Number of PoCs receiving ART		
Prop. HIV positive mothers receiving co-trimox	100%	100%
Prop. HIV positive infants receiving co-trimox	100%	100%

Water, Sanitation and Hygiene

Indicator	Standard	Status
Av quantity of potable water / person / day (litres)	50	> 20
No. of persons per usable water tap	97	< 80
No. of persons per drop-hole in communal latrine	0	≤ 20
Prop. of population living within 200m from water point	100%	100%
Prop. of families with latrines	100%	100%
Prop. families receiving >250g soap / person / month	100%	≥ 90%

Figure 4: Vaccination coverage



Malnutrition

Indicator	Standard	Status
Global Acute Malnutrition Rate (%)	2.2%	< 5%
Severe Acute Malnutrition Rate (%)	0.4%	< 2%
Prevalence of anaemia in children under five	< 20%	< 20%
Prevalence of anaemia in women of reproductive age	< 20%	< 20%
Average number of kilocalories per person per day	2050	2100

Observations

PHC services were provided through OPD and IPD. Arrangements were made for effective referrals with local Thai hospitals. Regular EPI and polio campaign was done. Training was organized for medics, RCH staff and other health workers. Regular supervision and monitoring was done. Health worker population ratio was found higher than standard but some key indicators are below the standard, particularly coverage of EPI, PMTCT, complete ANC, CPR and condom distribution rate are below the standard. Although mortality indicators are inline with standard, U5MR was found increased in 2009 compared to 2008. (Note: IRC/TBBC are Operational Partners)

Camp opened: 1991

Population: 15,161

Camp closed:

The source of population data in this report is:

HIS start date: May 2008

Origin of refugees:

Myanmar

Implementing partners:

Health/HIV: IRC
Nutrition: IRC, TBBC
Watsan: IRC



Public Health Status

Health Impact

Indicator	Standard	Status
Crude Mortality Rate (CMR) (/1000/month)	0.27	< 1.5
Under-five Mortality Rate (U5MR) (/1000/month)	0.29	< 3.0
Infant Mortality Rate (IMR) (/1000 livebirths)	5.6	< 60
Neonatal Mortality Rate (NNMR) (/1000 livebirths)	0.0	< 40

Figure 1: Crude and Under-five Mortality

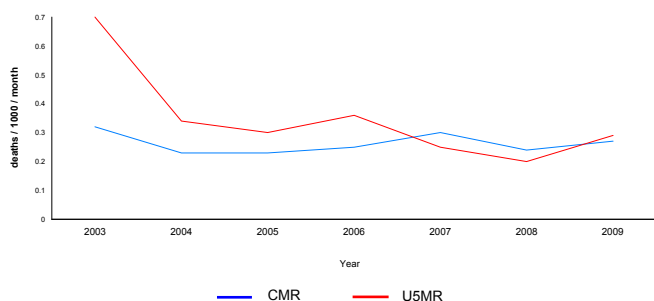


Figure 2: Crude Morbidity

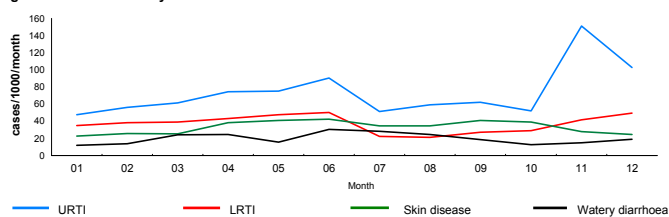
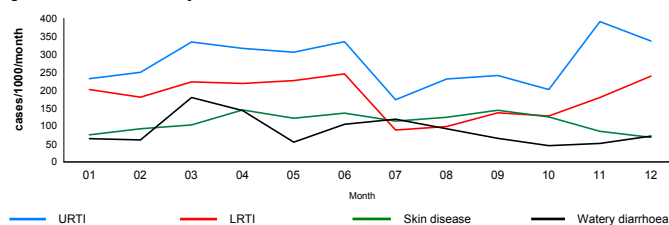


Figure 3: Under-five Morbidity



Public Health Programmes

Human Resources

No.	Indicator	Standard	Status
4	1 : 3,790	1 : <50,000	✓
14	1 : 1,083	1 : <10,000	✓
0	1 : 0	1 : <10,000	✓
32	1 : 474	1 : <10,000	✓
23	1 : 659	1 : 500-1,000	✓
61	1 : 249	1 : <500	✓

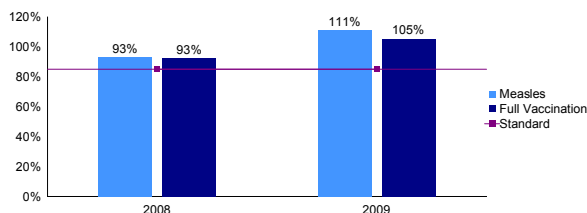
Access and Utilisation

No.	Indicator	Standard	Status
2	1 : 7,580	1 : <10,000	✓
41	< 50	< 50	✓
3.0	1 - 4	1 - 4	✓
0.00%			✓

Malaria

Indicator	Standard	Status
Is Act introduced as 1st line malaria treatment?	Yes	Yes ✓

Figure 4: Vaccination coverage



Malnutrition

Indicator	Standard	Status
Global Acute Malnutrition Rate (%)	1.6%	< 5% ✓
Severe Acute Malnutrition Rate (%)	< 2%	< 2% ✓
Prevalence of anaemia in children under five	< 20%	< 20% ✓
Prevalence of anaemia in women of reproductive age	< 20%	< 20% ✓
Average number of kilocalories per person per day	2050	2100 ⚠

Maternal and Newborn Health

Indicator	Standard	Status
Coverage of complete antenatal care (4 or more visits)	93%	100% ⚠
Proportion of deliveries attended by skilled personnel	99%	≥ 50% ✓
Proportion of deliveries performed by caesarean section	5%	5 - 15% ⚠
Proportion of low birth weight deliveries	5%	< 15% ✓

Family planning

Indicator	Standard	Status
Contraceptive prevalence rate	20%	≥ 30% ✗

Sexual and Gender-based Violence

Indicator	Standard	Status
Incidence of reported rape (/10,000/year)	0.57	
Prop. rape survivors who received PEP < 72h	0%	100% ✗
Prop. rape survivors who received ECP < 120h	0%	100% ✗
Prop. rape survivors who received STI < 2 wks	0%	100% ✗

Prevention

Indicator	Standard	Status
Condom distribution rate	0.05	> 0.5 ✗
Do appropriate IEC materials exist for PoCs?	Yes	Yes ✓
Are risk groups targeted with prevention programmes?	No	Yes ✓
Proportion of donated blood units screened for HIV	100%	100% ✓
PMTCT coverage	35%	100% ✗

Care and Treatment

Indicator	Standard	Status
Do PoCs have equal access to ART as host?	Yes	Yes ✓
Number of PoCs receiving ART	3	
Prop. HIV positive mothers receiving co-trimox	100%	100% ✓
Prop. HIV positive infants receiving co-trimox	100%	100% ✓

Water, Sanitation and Hygiene

Indicator	Standard	Status
Av quantity of potable water / person / day (litres)	50	> 20 ✓
No. of persons per usable water tap	116	< 80 ✗
No. of persons per drop-hole in communal latrine	0	≤ 20 ✓
Prop. of population living within 200m from water point	100%	100% ✓
Prop. of families with latrines	100%	100% ✓
Prop. families receiving >250g soap / person / month	100%	≥ 90% ✓

Observations

PHC services were provided through OPDs and IPDs and referral was arranged for severe cases to local Thai hospitals. Training on clinical, RCH, HIS and preventive issues were organized for medics, midwives and community health workers. Routine immunization and polio campaign was implemented. Regular monitoring and supervision was done. Most of the indicators relating to public health status and programs reached standard. Some key areas particularly HIV/AIDS, SGBV and family planning are lagging behind needs more attention in 2010. (Note: IRC and TBBC are operational partners)

Camp opened: 2005

Population: 16,998

Camp closed:

The source of population data in this report is:

HIS start date: May 2008

Origin of refugees:

Myanmar

Implementing partners:

Health/HIV: Malteser International

Nutrition: MI, TBBC

Watsan: Malteser International



Public Health Status

Health Impact

Indicator	Standard	Status
Crude Mortality Rate (CMR) (/1000/month)	0.21	< 1.5
Under-five Mortality Rate (U5MR) (/1000/month)	0.43	< 3.0
Infant Mortality Rate (IMR) (/1000 livebirths)	12.8	< 60
Neonatal Mortality Rate (NNMR) (/1000 livebirths)	10.6	< 40

Figure 1: Crude and Under-five Mortality

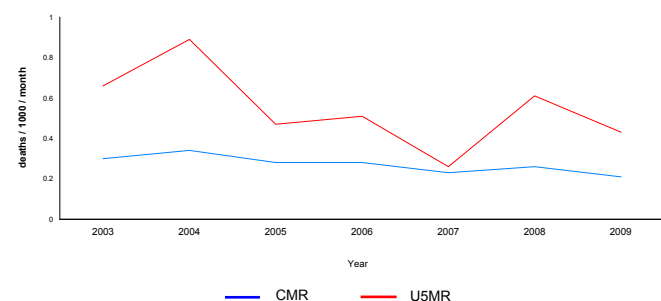


Figure 2: Crude Morbidity

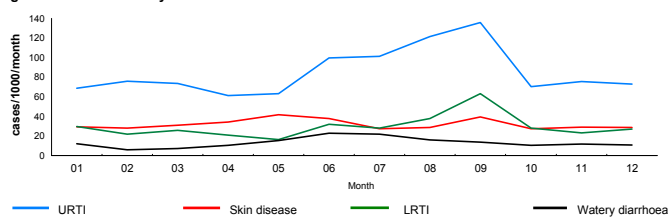
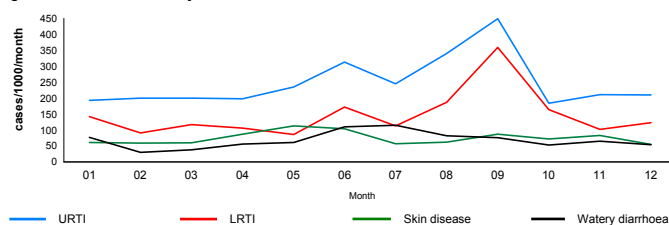


Figure 3: Under-five Morbidity



Public Health Programmes

Human Resources

No.	Indicator	Standard	Status
1	1 : 16,998	1 : <50,000	✓
22	1 : 773	1 : <10,000	✓
39	1 : 436	1 : <10,000	✓
14	1 : 1,214	1 : <10,000	✓
40	1 : 425	1 : 500-1,000	⚠
40	1 : 425	1 : <500	✓

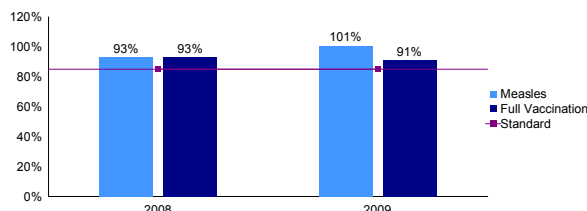
Access and Utilisation

No.	Indicator	Standard	Status
2	1 : 8,499	1 : <10,000	✓
41	< 50	< 50	✓
3.0	1 - 4	1 - 4	✓
2.73%			✓

Malaria

Indicator	Standard	Status
Is Act introduced as 1st line malaria treatment?	Yes	✓

Figure 4: Vaccination coverage



Malnutrition

Indicator	Standard	Status
Global Acute Malnutrition Rate (%)	3.7%	< 5%
Severe Acute Malnutrition Rate (%)		< 2%
Prevalence of anaemia in children under five		< 20%
Prevalence of anaemia in women of reproductive age		< 20%
Average number of kilocalories per person per day	2050	2100

Maternal and Newborn Health

Indicator	Standard	Status
Coverage of complete antenatal care (4 or more visits)	96%	100%
Proportion of deliveries attended by skilled personnel	88%	≥ 50%
Proportion of deliveries performed by caesarean section	2%	5 - 15%
Proportion of low birth weight deliveries	14%	< 15%

Family planning

Indicator	Standard	Status
Contraceptive prevalence rate	19%	≥ 30%

Sexual and Gender-based Violence

Indicator	Standard	Status
Incidence of reported rape (/10,000/year)	0.00	
Prop. rape survivors who received PEP < 72h	100%	100%
Prop. rape survivors who received ECP < 120h	100%	100%
Prop. rape survivors who received STI < 2 wks	100%	100%

Prevention

Indicator	Standard	Status
Condom distribution rate	0.02	> 0.5
Do appropriate IEC materials exist for PoCs?	Yes	Yes
Are risk groups targeted with prevention programmes?	No	Yes
Proportion of donated blood units screened for HIV	100%	100%
PMTCT coverage	100%	100%

Care and Treatment

Indicator	Standard	Status
Do PoCs have equal access to ART as host?	Yes	Yes
Number of PoCs receiving ART	2	
Prop. HIV positive mothers receiving co-trimox	100%	100%
Prop. HIV positive infants receiving co-trimox	100%	100%

Water, Sanitation and Hygiene

Indicator	Standard	Status
Av quantity of potable water / person / day (litres)	50	> 20
No. of persons per usable water tap	43	< 80
No. of persons per drop-hole in communal latrine	0	≤ 20
Prop. of population living within 200m from water point	100%	100%
Prop. of families with latrines	100%	100%
Prop. families receiving >250g soap / person / month	100%	≥ 90%

Observations

PHC services were provided through OPDs and IPDs. Arrangements were made for referral of severe cases with local Thai hospitals. Training to medics, nurses, midwives and other health workers on clinical, RCH, HIS and community health issues. Monitoring and supervision was done regularly by agency staffs. Majority of indicators relating to public health status and programs reached standard. Some indicators relating to family planning and HIV/AIDs needs to be improved in 2010. (Note: MI is implementing partner)

Camp opened: 1984

Population: 43,645

Camp closed:

The source of population data in this report is:

HIS start date: May 2008

Origin of refugees:

Myanmar

Implementing partners:

Health/HIV: AMI, SMRU, PPAT

Nutrition: AMI, SMRU, TBBC

Watsan: Solidarities



Public Health Status

Health Impact

Indicator	Standard	Status
Crude Mortality Rate (CMR) (/1000/month)	0.33	< 1.5
Under-five Mortality Rate (U5MR) (/1000/month)	0.36	< 3.0
Infant Mortality Rate (IMR) (/1000 livebirths)	5.1	< 60
Neonatal Mortality Rate (NNMR) (/1000 livebirths)	1.5	< 40

Figure 1: Crude and Under-five Mortality

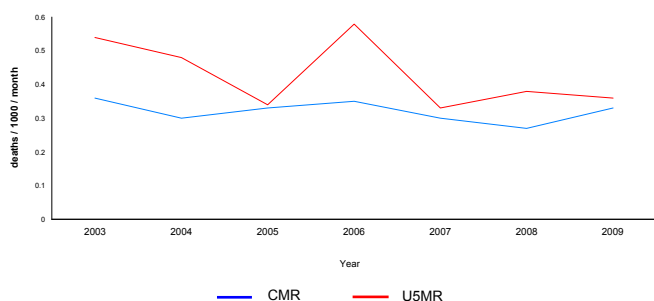


Figure 2: Crude Morbidity

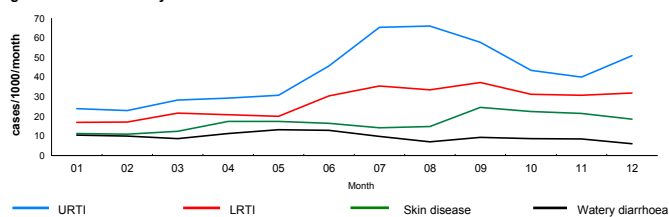
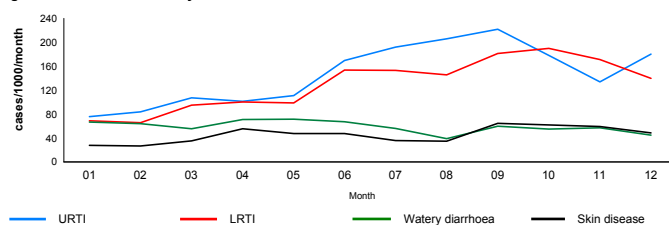


Figure 3: Under-five Morbidity



Public Health Programmes

Human Resources

No.	Indicator	Standard	Status
5	1 : 8,729	1 : <50,000	✓
47	1 : 929	1 : <10,000	✓
87	1 : 502	1 : <10,000	✓
20	1 : 2,182	1 : <10,000	✓
114	1 : 383	1 : 500-1,000	⚠
42	1 : 1,039	1 : <500	✗

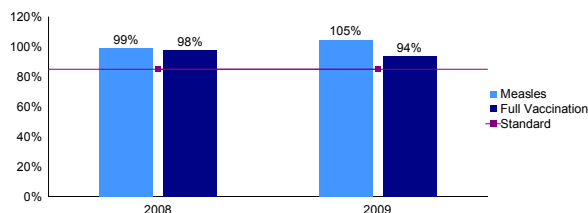
Access and Utilisation

No.	Indicator	Standard	Status
2	1 : 21,822	1 : <10,000	✗
30	< 50	< 50	✓
2.0	1 - 4	1 - 4	✓
3.00%			✓

Malaria

Indicator	Standard	Status
Is Act introduced as 1st line malaria treatment?	Yes	Yes ✓

Figure 4: Vaccination coverage



Malnutrition

Indicator	Standard	Status
Global Acute Malnutrition Rate (%)	< 5%	3.2% ✓
Severe Acute Malnutrition Rate (%)	< 2%	Missing data ⚠
Prevalence of anaemia in children under five	< 20%	Missing data ⚠
Prevalence of anaemia in women of reproductive age	< 20%	Missing data ⚠
Average number of kilocalories per person per day	2100	2050 ⚠

Maternal and Newborn Health

Indicator	Standard	Status
Coverage of complete antenatal care (4 or more visits)	100%	100% ✓
Proportion of deliveries attended by skilled personnel	≥ 50%	99% ✓
Proportion of deliveries performed by caesarean section	5 - 15%	5% ⚠
Proportion of low birth weight deliveries	< 15%	15% ✓

Family planning

Indicator	Standard	Status
Contraceptive prevalence rate	≥ 30%	6% ✗

Sexual and Gender-based Violence

Indicator	Standard	Status
Incidence of reported rape (/10,000/year)	1.15	1.15 ✓
Prop. rape survivors who received PEP < 72h	100%	100% ✓
Prop. rape survivors who received ECP < 120h	100%	100% ✓
Prop. rape survivors who received STI < 2 wks	100%	100% ✓

Prevention

Indicator	Standard	Status
Condom distribution rate	> 0.5	0.11 ✗
Do appropriate IEC materials exist for PoCs?	Yes	Yes ✓
Are risk groups targeted with prevention programmes?	No	Yes ✓
Proportion of donated blood units screened for HIV	100%	100% ✓
PMTCT coverage	100%	99% ⚠

Care and Treatment

Indicator	Standard	Status
Do PoCs have equal access to ART as host?	Yes	Yes ✓
Number of PoCs receiving ART	68	68 ✓
Prop. HIV positive mothers receiving co-trimox	100%	0% ✗
Prop. HIV positive infants receiving co-trimox	100%	0% ✗

Water, Sanitation and Hygiene

Indicator	Standard	Status
Av quantity of potable water / person / day (litres)	> 20	51 ✓
No. of persons per usable water tap	< 80	156 ✗
No. of persons per drop-hole in communal latrine	≤ 20	19 ✓
Prop. of population living within 200m from water point	100%	100% ✓
Prop. of families with latrines	100%	98% ⚠
Prop. families receiving >250g soap / person / month	≥ 90%	30% ✗

Observations

PHC services were provided through OPDs and IPDs and referral of severe cases was arranged with local hospitals. Routine immunization and preventive health activities were carried out regularly. Health facility population ratio was less than the standard and lowest utilization rates. High number of CHWs but performance of preventative activities are sub standard particularly FP, condom distribution. (Note: Implementing partners:AMI, Operational partners: PPAT,SMRU/TBBC/Solidarities)

Camp opened: 1995

Population: 17,494

Camp closed:

The source of population data in this report is:

HIS start date: May 2008

Origin of refugees:

Myanmar

Implementing partners:

Health/HIV: Malteser International

Nutrition: MI, TBBC

Watsan: Malteser International



Public Health Status

Health Impact

Indicator	Standard	Status
Crude Mortality Rate (CMR) (/1000/month)	0.35	< 1.5
Under-five Mortality Rate (U5MR) (/1000/month)	0.49	< 3.0
Infant Mortality Rate (IMR) (/1000 livebirths)	21.7	< 60
Neonatal Mortality Rate (NNMR) (/1000 livebirths)	13.8	< 40

Figure 1: Crude and Under-five Mortality

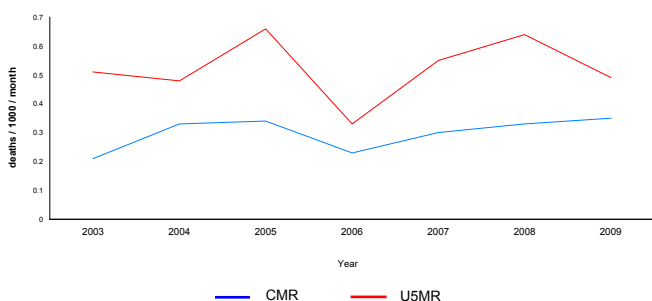


Figure 2: Crude Morbidity

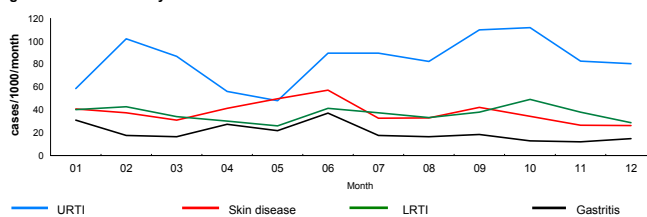
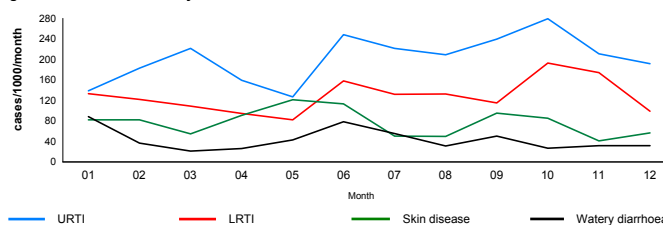


Figure 3: Under-five Morbidity



Public Health Programmes

Human Resources

No.	Indicator	Standard	Status
1	1 : 17,494	1 : <50,000	✓
24	1 : 729	1 : <10,000	✓
38	1 : 460	1 : <10,000	✓
14	1 : 1,250	1 : <10,000	✓
41	1 : 427	1 : 500-1,000	⚠
4	1 : 4,374	1 : <500	✗

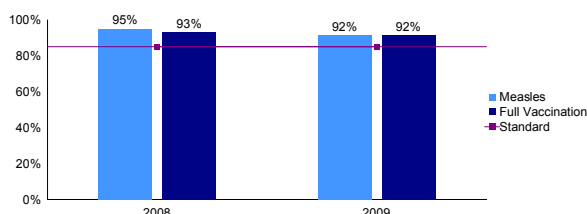
Access and Utilisation

No.	Indicator	Standard	Status
4	1 : 4,374	1 : <10,000	✓
35	< 50	< 50	✓
4.0	1 - 4	1 - 4	✓
1.46%			✓

Malaria

Indicator	Standard	Status
Is Act introduced as 1st line malaria treatment?	Yes	Yes ✓

Figure 4: Vaccination coverage



Malnutrition

Indicator	Standard	Status
Global Acute Malnutrition Rate (%)	< 5%	4.5% ✓
Severe Acute Malnutrition Rate (%)	< 2%	ⓘ
Prevalence of anaemia in children under five	< 20%	ⓘ
Prevalence of anaemia in women of reproductive age	< 20%	ⓘ
Average number of kilocalories per person per day	2100	2050 ⚠

Maternal and Newborn Health

Indicator	Standard	Status
Coverage of complete antenatal care (4 or more visits)	100%	98% ⚠
Proportion of deliveries attended by skilled personnel	≥ 50%	71% ✓
Proportion of deliveries performed by caesarean section	5 - 15%	3% ✗
Proportion of low birth weight deliveries	< 15%	7% ✓

Family planning

Indicator	Standard	Status
Contraceptive prevalence rate	≥ 30%	16% ✗

Sexual and Gender-based Violence

Indicator	Standard	Status
Incidence of reported rape (/10,000/year)		0.56 ⓘ
Prop. rape survivors who received PEP < 72h	100%	100% ⓘ
Prop. rape survivors who received ECP < 120h	100%	100% ⓘ
Prop. rape survivors who received STI < 2 wks	100%	100% ✓

Prevention

Indicator	Standard	Status
Condom distribution rate	> 0.5	0.03 ✗
Do appropriate IEC materials exist for PoCs?	Yes	Yes ✓
Are risk groups targeted with prevention programmes?	No	Yes ✗
Proportion of donated blood units screened for HIV	100%	100% ✓
PMTCT coverage	100%	100% ⚠

Care and Treatment

Indicator	Standard	Status
Do PoCs have equal access to ART as host?	Yes	Yes ✓
Number of PoCs receiving ART		0 ⓘ
Prop. HIV positive mothers receiving co-trimox	100%	100% ⓘ
Prop. HIV positive infants receiving co-trimox	100%	100% ⓘ

Water, Sanitation and Hygiene

Indicator	Standard	Status
Av quantity of potable water / person / day (litres)	> 20	50 ✓
No. of persons per usable water tap	< 80	43 ✓
No. of persons per drop-hole in communal latrine	≤ 20	0 ✓
Prop. of population living within 200m from water point	100%	100% ✓
Prop. of families with latrines	100%	100% ✓
Prop. families receiving >250g soap / person / month	≥ 90%	100% ✓

Observations

PHC services were provided through OPDs and IPDs. Referral of severe cases was arranged with local Thai hospitals. Medics, nurses, midwives received training on clinical, RCH and HIS in 2009. Routine immunization and growth monitoring was done regularly. Majority of indicators relating to public health status and programs reached standard. Some indicators relating to family planning and HIV/AIDS were below the standard and need to be improved in 2010. (Note: MI is implementing partner)

Camp opened: 1997

Population: 17,534

Camp closed:

The source of population data in this report is:

HIS start date: May 2008

Origin of refugees:

Myanmar

Implementing partners:

Health/HIV: AMI, ARC

Nutrition: AMI, ARC, TBBC

Watsan: ARC



Public Health Status

Health Impact

Indicator	Standard	Status
Crude Mortality Rate (CMR) (/1000/month)	0.30 < 1.5	✓
Under-five Mortality Rate (U5MR) (/1000/month)	0.49 < 3.0	✓
Infant Mortality Rate (IMR) (/1000 livebirths)	10.3 < 60	✓
Neonatal Mortality Rate (NNMR) (/1000 livebirths)	2.1 < 40	✓

Figure 1: Crude and Under-five Mortality

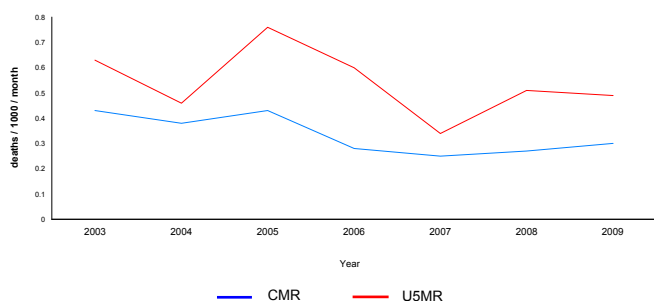


Figure 2: Crude Morbidity

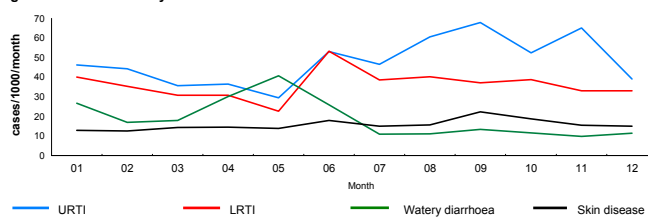
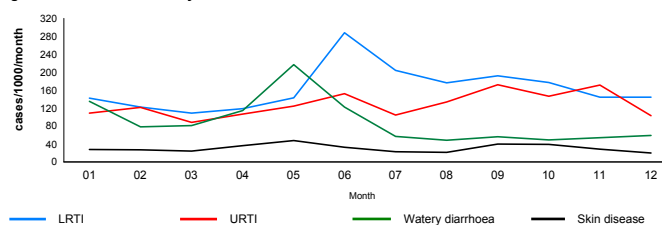


Figure 3: Under-five Morbidity



Public Health Programmes

Human Resources

No.	Indicator	Standard	Status
1	1 : 17,534	1 : <50,000	✓
22	1 : 797	1 : <10,000	✓
26	1 : 674	1 : <10,000	✓
24	1 : 731	1 : <10,000	✓
24	1 : 731	1 : 500-1,000	✓
35	1 : 501	1 : <500	⚠

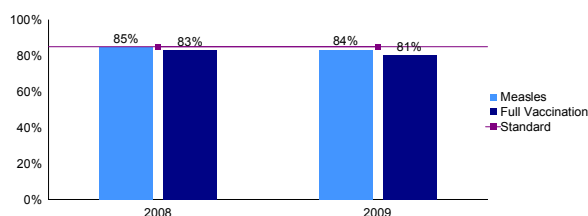
Access and Utilisation

No.	Indicator	Standard	Status
1	1 : 17,534	1 : <10,000	✗
39	< 50	< 50	✓
2.0	1 - 4	1 - 4	✓
10.97%			✓

Malaria

Indicator	Standard	Status
Is Act introduced as 1st line malaria treatment?	Yes	✓

Figure 4: Vaccination coverage



Malnutrition

Indicator	Standard	Status
Global Acute Malnutrition Rate (%)	1.9% < 5%	✓
Severe Acute Malnutrition Rate (%)	< 2%	ⓘ
Prevalence of anaemia in children under five	< 20%	ⓘ
Prevalence of anaemia in women of reproductive age	< 20%	ⓘ
Average number of kilocalories per person per day	2050 2100	⚠

Maternal and Newborn Health

Indicator	Standard	Status
Coverage of complete antenatal care (4 or more visits)	99% 100%	⚠
Proportion of deliveries attended by skilled personnel	99% ≥ 50%	✓
Proportion of deliveries performed by caesarean section	5% 5 - 15%	⚠
Proportion of low birth weight deliveries	12% < 15%	✓

Family planning

Indicator	Standard	Status
Contraceptive prevalence rate	28% ≥ 30%	⚠

Sexual and Gender-based Violence

Indicator	Standard	Status
Incidence of reported rape (/10,000/year)	0.00	✓
Prop. rape survivors who received PEP < 72h	100%	ⓘ
Prop. rape survivors who received ECP < 120h	100%	ⓘ
Prop. rape survivors who received STI < 2 wks	100%	ⓘ

Prevention

Indicator	Standard	Status
Condom distribution rate	0.15 > 0.5	✗
Do appropriate IEC materials exist for PoCs?	Yes Yes	✓
Are risk groups targeted with prevention programmes?	No Yes	✗
Proportion of donated blood units screened for HIV	100% 100%	✓
PMTCT coverage	95% 100%	⚠

Care and Treatment

Indicator	Standard	Status
Do PoCs have equal access to ART as host?	Yes Yes	✓
Number of PoCs receiving ART	8	✓
Prop. HIV positive mothers receiving co-trimox	100%	ⓘ
Prop. HIV positive infants receiving co-trimox	100%	ⓘ

Water, Sanitation and Hygiene

Indicator	Standard	Status
Av quantity of potable water / person / day (litres)	82 > 20	✓
No. of persons per usable water tap	32 < 80	✓
No. of persons per drop-hole in communal latrine	55 ≤ 20	✗
Prop. of population living within 200m from water point	100% 100%	✓
Prop. of families with latrines	97% 100%	⚠
Prop. families receiving >250g soap / person / month	30% ≥ 90%	✗

Observations

PHC services were provided through OPD and IPD and referral of severe cases was arranged with local Thai hospitals. Medics, nurses, midwives received training on clinical, RCH and HIS in 2009. Immunization and growth monitoring was done regularly. Community health education activities were carried out by health workers. Majority of indicators relating to public health status and programs reached standard. Health facility utilization rate was low and could be due to high number of population per health facility. Some indicators relating to HIV/AIDs and sanitation need attention in 2010. (Note: ARC and TBBC operational partner. AMI is implementing partner)

Camp opened: 1997

Population: 7,951

Camp closed:

The source of population data in this report is:

HIS start date: May 2008

Origin of refugees:

Myanmar

Implementing partners:

Health/HIV: IRC
 Nutrition: IRC, TBBC
 Watsan: IRC



Public Health Status

Health Impact

Indicator	Standard	Status
Crude Mortality Rate (CMR) (/1000/month)	0.39	< 1.5
Under-five Mortality Rate (U5MR) (/1000/month)	0.48	< 3.0
Infant Mortality Rate (IMR) (/1000 livebirths)	21.2	< 60
Neonatal Mortality Rate (NNMR) (/1000 livebirths)	21.2	< 40

Figure 1: Crude and Under-five Mortality

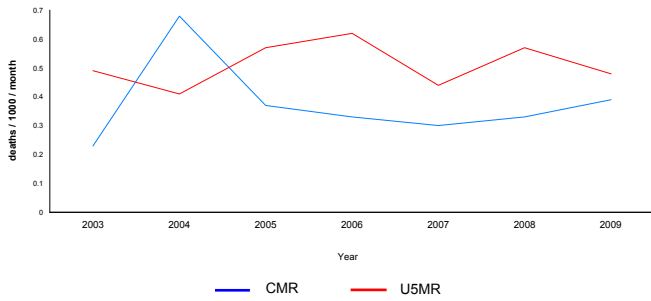


Figure 2: Crude Morbidity

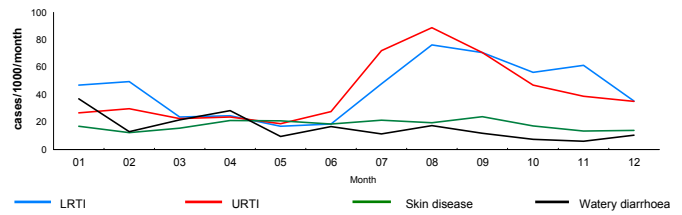
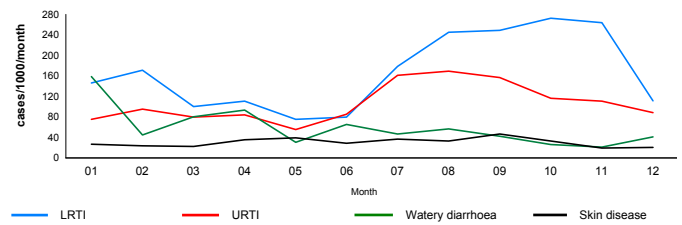


Figure 3: Under-five Morbidity

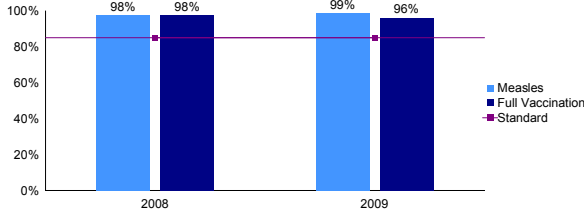


Public Health Programmes

Indicator	Standard	Status
Human Resources		
No. of Medical Doctors	1 : 3,976	1 : <50,000
No. of Clinical Consultants	1 : 497	1 : <10,000
No. of Nurses (qualified)	1 : 398	1 : <10,000
No. of MCH staff / Midwives	1 : 568	1 : <10,000
No. of Community Health Workers (CHW)	1 : 468	1 : 500-1,000
No. of Hygiene Promoters	1 : 468	1 : <500
Access and Utilisation		
No. of health facilities	1 : 7,951	1 : <10,000
No. of consultations per trained clinician per day	34	< 50
Health Utilization Rate (new visits/person/year)	4.0	1 - 4
Proportion of consultations by host population	0.09%	
Malaria		
Is Act introduced as 1st line malaria treatment?	Yes	Yes

Indicator	Standard	Status
Maternal and Newborn Health		
Coverage of complete antenatal care (4 or more visits)	99%	100%
Proportion of deliveries attended by skilled personnel	100%	≥ 50%
Proportion of deliveries performed by caesarean section	9%	5 - 15%
Proportion of low birth weight deliveries	7%	< 15%
Family planning		
Contraceptive prevalence rate	11%	≥ 30%
Sexual and Gender-based Violence		
Incidence of reported rape (/10,000/year)	0.00	
Prop. rape survivors who received PEP < 72h		100%
Prop. rape survivors who received ECP < 120h		100%
Prop. rape survivors who received STI < 2 wks		100%

Figure 4: Vaccination coverage



Indicator	Standard	Status
Malnutrition		
Global Acute Malnutrition Rate (%)	3.0%	< 5%
Severe Acute Malnutrition Rate (%)		< 2%
Prevalence of anaemia in children under five		< 20%
Prevalence of anaemia in women of reproductive age		< 20%
Average number of kilocalories per person per day	2050	2100

Indicator	Standard	Status
Prevention		
Condom distribution rate	0.12	> 0.5
Do appropriate IEC materials exist for PoCs?	Yes	Yes
Are risk groups targeted with prevention programmes?	No	Yes
Proportion of donated blood units screened for HIV		100%
PMTCT coverage	98%	100%
Care and Treatment		
Do PoCs have equal access to ART as host?	Yes	Yes
Number of PoCs receiving ART	11	
Prop. HIV positive mothers receiving co-trimox	0%	100%
Prop. HIV positive infants receiving co-trimox	0%	100%

Observations

PHC services were provided through OPD and IPD. Referral of severe cases was arranged with local Thai hospital. Immunization and growth monitoring was done regularly. Health education activities were carried out by CHWs. Medics, Nurses and midwives received training on Clinical, RCH and HIS issues in 2009. Majority of indicators relating to public health status and program reached standard in 2009. Some indicators relating to family planning and HIV/AIDS need to be improved in 2010. (Note: IRC is operational partner)

Camp opened: 1999

Population: 18,040

Camp closed:

The source of population data in this report is:

HIS start date: May 2008

Origin of refugees:

Myanmar

Implementing partners:

Health/HIV: AMI, ARC

Nutrition: AMI, ARC, TBBC

Watsan: ARC



Public Health Status

Health Impact

Indicator	Standard	Status
Crude Mortality Rate (CMR) (/1000/month)	0.33	< 1.5
Under-five Mortality Rate (U5MR) (/1000/month)	0.37	< 3.0
Infant Mortality Rate (IMR) (/1000 livebirths)	17.5	< 60
Neonatal Mortality Rate (NNMR) (/1000 livebirths)	7.8	< 40

Figure 1: Crude and Under-five Mortality

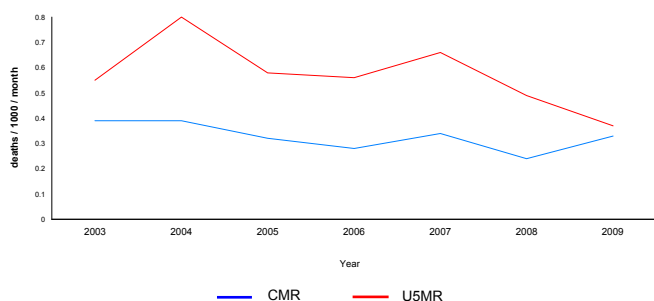


Figure 2: Crude Morbidity

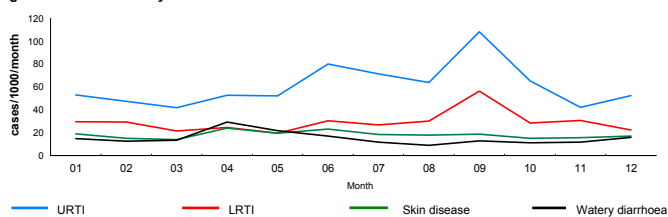
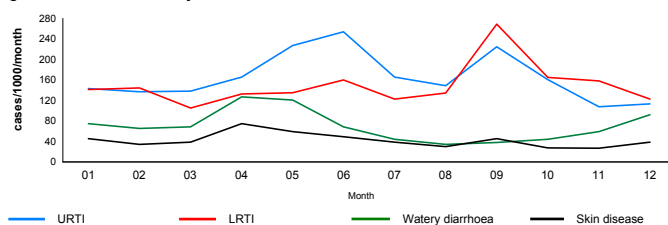


Figure 3: Under-five Morbidity



Public Health Programmes

Human Resources

No.	Indicator	Standard	Status
1	1 : 18,040	1 : <50,000	✓
9	1 : 2,004	1 : <10,000	✓
25	1 : 722	1 : <10,000	✓
25	1 : 722	1 : <10,000	✓
39	1 : 463	1 : 500-1,000	⚠
42	1 : 430	1 : <500	✓

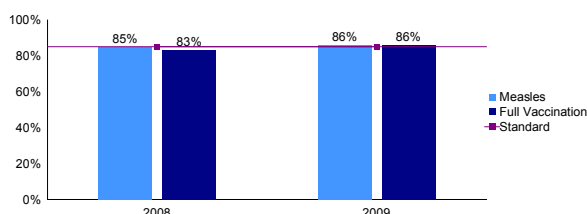
Access and Utilisation

No.	Indicator	Standard	Status
2	1 : 9,020	1 : <10,000	✓
41	< 50	< 50	✓
2.0	1 - 4	1 - 4	✓
0.75%			✓

Malaria

Indicator	Standard	Status
Yes	Yes	✓

Figure 4: Vaccination coverage



Maternal and Newborn Health

Indicator	Standard	Status
97%	100%	⚠
91%	≥ 50%	✓
7%	5 - 15%	✓
8%	< 15%	✓

Family planning

Indicator	Standard	Status
39%	≥ 30%	✓

Sexual and Gender-based Violence

Indicator	Standard	Status
0.00		✓
100%	100%	ⓘ
100%	100%	ⓘ
100%	100%	ⓘ

Prevention

Indicator	Standard	Status
0.19	> 0.5	✗
Yes	Yes	✓
No	Yes	✗
100%	100%	✓
92%	100%	⚠

Care and Treatment

Indicator	Standard	Status
Yes	Yes	✓
27		✓
100%	100%	✓
0%	100%	✗

Water, Sanitation and Hygiene

Indicator	Standard	Status
38	> 20	✓
60	< 80	✓
61	≤ 20	✗
100%	100%	✓
91%	100%	⚠
30%	≥ 90%	✗

Malnutrition

Indicator	Standard	Status
2.1%	< 5%	✓
< 2%	< 2%	ⓘ
< 20%	< 20%	ⓘ
< 20%	< 20%	ⓘ
2050	2100	⚠

Observations

PHC services were provided through OPDs and IPD. Referral of severe cases was arranged with local Thai hospital. Immunization and growth monitoring activities were carried out on a regular basis. Training for medics, nurses, midwives was organised for clinical, RCH and HIS issues. CHWs carried out community health activities including control and prevention of communicable diseases. Majority of indicators relating to public health status and programs reached standard. Some indicators relating to HIV/AIDS & WASH are below standard and need to be improved in 2010. (Note: AMI implementing partner, ARC and TBBC operational partners.)