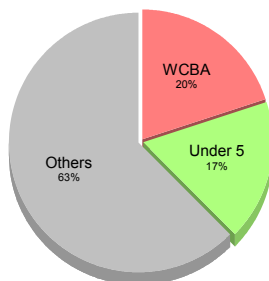


## Origin of refugees:

DRC

Population: 52,205



## Implementing partners:

Health/HIV: ARC, AHA  
Nutrition: WFP, UNHCR  
Watsan: ARC



## Public Health Status

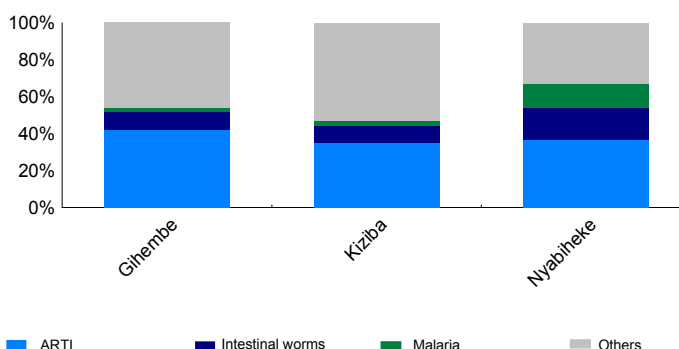
### Health Impact

Indicator	Standard	Status
Crude Mortality Rate (CMR) (/1000/month)	0.19	< 1.5
Under-five Mortality Rate (U5MR) (/1000/month)	0.40	< 3.0
Infant Mortality Rate (IMR) (/1000 livebirths)	26.9	< 60
Neonatal Mortality Rate (NNMR) (/1000 livebirths)	7.9	< 40

### Human Resources

Indicator	Value	Standard	Status
No. of Medical Doctors	3	1 : 17,402	1 : <50,000
No. of Clinical Consultants	17	1 : 3,071	1 : <10,000
No. of Nurses (qualified)	65	1 : 803	1 : <10,000
No. of MCH staff / Midwives	3	1 : 17,402	1 : <10,000
No. of Community Health Workers (CHW)	127	1 : 411	1 : 500-1,000
No. of Hygiene Promoters	45	1 : 1,160	1 : <500

Figure 1: Proportional Crude Morbidity



## Country Overview

### A. Objectives

1a. Access to water: average quantity of water available per person/day is average standards in all camps (20 Gihembe, 20 Kiziba, 18 Nyabiheke). Number of persons per water tap has improved to the standards in all camps. (SIR)

2a. All camp-based refugees have access to adequate quantity and quality of food covering at least 2,100 kcal/ person/day. All camp-based refugees have access to adequate quantity and quality of food covering at least 2,100 kcal/ person/day.

3a. Camp-based refugees have access to clean latrines, showers, and garbage pits for domestic purposes plus providing them with the necessary facilities to maintain them.

4a. All refugees continue to have access to Primary Health care services, preventive, curative and current standard of health including reproductive health which should be at the level of services provided to host population.

5a. Malnutrition and major public health risks are reduced in all sites, with a specific attention to malaria, reproductive health, HIV-AIDS, and micronutrients/nutrition/food security.

### B. Progress

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

1b. Camp population received the average minimum of 20 liters of water /person/day in Gihembe camp during 2009, 20 liters in Kiziba camps, and 18 liters in Nyabiheke camp and less than 63 people share one tap in Gihembe, 125 persons per water tap in Nyabiheke camp and 63 people share one tap in Kiziba

2b. Refugees in all camps and transit centers were provided with 2100 kcal composed of (CSB) and maize grain, maize flour or rice, pulses (either split peas or red beans), oil, corn-soya blend salt provided by WFP.

3b. User latrine ratio was 1:21 in Gihembe camp and 21 persons shared one latrine pit in Kiziba camp, 104 new latrines of 6 holes built and 36 latrines reconstructed in Gihembe camp and 76 VIP new latrines of 6 holes were constructed and 36 VIP latrines were rehabilitated.

4b. Mortality rate did not exceed national rate or, 1 per 1,000 live births per month in all camps, Crude maternal mortality was 0% in both all camps, Reduced number of referral patients by 10 % in Nyabiheke camp

5b. Malnourished children, pregnant and lactating mothers, were provided with selective feeding program by WFP and the health 'ips', People living with HIV/AIDS (PLWHA) in all camps received supplementary foods and fresh food from WFP on a weekly basis.

### C. Gaps & Planning

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

1c. In Gihembe camp, water shortages occur due to frequent electric and water cuts at ELECTROGAZ level. In Kiziba the liners of two 70m<sup>2</sup> water tanks have been damaged and need repair.

2c. Due to shortage in the WFP pipeline the rations have had to reduce to 320g of maize grain, 100g of pulses, 30g oil, 40g CSB and 5g oil since September 2008 which sometimes become insufficient for the period provided.

3c. The construction of a sufficient number of latrines is hampered due to land scarcity and rocky terrain that makes digging holes very difficult. The few latrines available for the camp populations (mostly communal toilets), fill quickly and in some cases need to be closed.

4c. Health facilities in Nyabiheke camp are constructed in plastic sheets which are very hot during the hot weather. The laboratory should be equipped to enable to diagnose TBC, lack of funds for HIV program for the urban refugees. In Kiziba camp, areas of concern are the maternity ward which is very small

5c. Nutritional assistance to diabetic persons does not address their nutrition needs; 'ips' budget needs to be adjusted to allow them to provide required diet

## Public Health Programmes

### Coordination

Do monthly coordination meetings take place?

Indicator	Standard	Status
Yes	Yes	✓

### Access and Utilisation

Indicator	Value	Standard	Status
No. of health facilities	3	1 : 17,402	1 : <10,000
No. of consultations per trained clinician per day	32	< 50	✓
Health Utilization Rate (new visits/person/year)	2.0	1 - 4	✓
Proportion of consultations by host population	2%		

### Malaria

Is Act introduced as 1st line malaria treatment?

Indicator	Standard	Status
Yes	Yes	✓

### Key observations

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

All refugees continue to have access to Primary Health care services (basic health services in each camp with adequate medicine, laboratory services and trained personnel) both preventive and curative and current standard of health including reproductive health was maintained at least at the level of services provided to Rwandans. It has showed significant decrease of morbidity and mortality rate.

### Limitations/constraints

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

Due to the prevailing global financial crisis, basic health provision will somehow face some hindrance in essential and special drug supply, laboratory equipments and reagents and shortage of instruments. Medical and community health workers trainings will be affected

			<b>Key observations</b>	<b>Limitations/constraints</b>																																												
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<b>IMMUNISATION</b>	<p>Figure 2: Vaccination coverage</p> <table border="1"> <caption>Data for Figure 2: Vaccination coverage</caption> <thead> <tr> <th>Camp</th> <th>Measles (%)</th> <th>Full coverage rate (%)</th> <th>Standard (%)</th> </tr> </thead> <tbody> <tr> <td>Gihembe</td> <td>~85</td> <td>~80</td> <td>80</td> </tr> <tr> <td>Kiziba</td> <td>~25</td> <td>~50</td> <td>80</td> </tr> <tr> <td>Nyabiheke</td> <td>~50</td> <td>~50</td> <td>80</td> </tr> </tbody> </table>	Camp	Measles (%)	Full coverage rate (%)	Standard (%)	Gihembe	~85	~80	80	Kiziba	~25	~50	80	Nyabiheke	~50	~50	80	The data being generated by HIS data base shows very low rate of immunization activities but this could be due to the fact that not all data collected at the camp was accepted directly to the system especially those with old versions was rejected when imported. Then the fact is all under 5 children have vaccinated against poliomyelitis, measles, TB, Meningitis and others and coverage of the vaccination in all camps is almost 100%.	Currently there is no hindrance factor to implement the vaccination program as it always done on regular basis according to the national vaccination program protocols.																													
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Camp opened: 1997

Population: 19,261

Camp closed:

The source of population data in this report is:

HIS start date: May 2008

**Origin of refugees:**

DRC

**Implementing partners:**

Health/HIV: ARC  
Nutrition: WFP, UNHCR  
Watsan: ARC



**Public Health Status**

**Health Impact**

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

Figure 1: Crude and Under-five Mortality

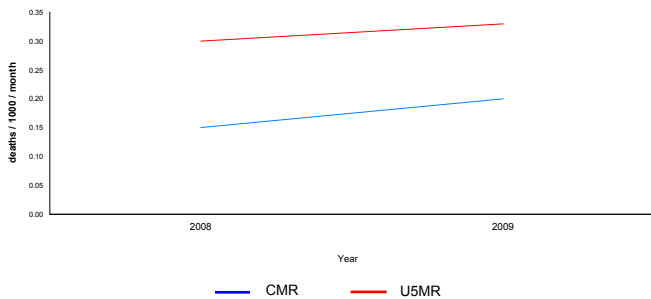


Figure 2: Crude Morbidity

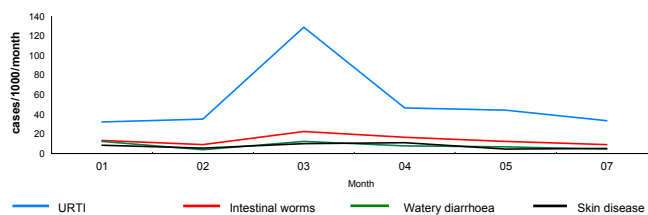
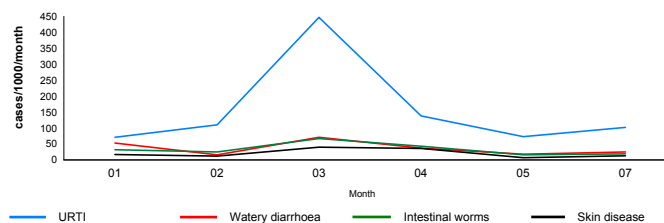


Figure 3: Under-five Morbidity



**Public Health Programmes**

**Human Resources**

No.	Indicator	Standard	Status
1	1 : 19,261	1 : <50,000	✓
6	1 : 3,210	1 : <10,000	✓
28	1 : 688	1 : <10,000	✓
1	1 : 19,261	1 : <10,000	✗
48	1 : 401	1 : 500-1,000	⚠
18	1 : 1,070	1 : <500	✗

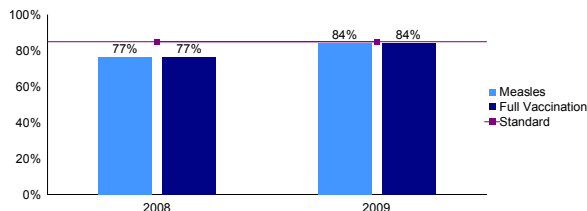
**Access and Utilisation**

No.	Indicator	Standard	Status
1	1 : 19,261	1 : <10,000	✗
25	< 50	< 50	✓
2.0	1 - 4	1 - 4	✓
0.00%			✓

**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 (%)	< 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	✓

**Maternal and Newborn Health**

Indicator	Standard	Status
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**

Indicator	Standard	Status
Contraceptive prevalence rate	≥ 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	> 0.5	✓
Do appropriate IEC materials exist for PoCs?	Yes	✓
Are risk groups targeted with prevention programmes?	Yes	✓
Proportion of donated blood units screened for HIV	100%	ⓘ
PMTCT coverage	100%	⚠

**Care and Treatment**

Indicator	Standard	Status
Do PoCs have equal access to ART as host?	Yes	✓
Number of PoCs receiving ART	67	✓
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)	> 20	⚠
No. of persons per usable water tap	< 80	✓
No. of persons per drop-hole in communal latrine	≤ 20	✓
Prop. of population living within 200m from water point	100%	✓
Prop. of families with latrines	100%	✓
Prop. families receiving >250g soap / person / month	≥ 90%	✓

**Observations**

Camp based provision of Primary Health care services (preventive and curative), HIV/AIDS integration in the community, reproductive health and community health outreach was strengthened to meet the level of services provided to host population. General mortality rate including under five mortality rate was significantly declined to the remarkable level. Current contraceptive rate is 8.4% in Gihembe camp with hope to increase by two fold as the education on FP and awareness is going to be strengthened. Incidence of STI was 1.09%, low birth weight babies (2.5kgs) is 1.9% in Gihembe camp

Camp opened: 1996

Population: 18,697

Camp closed:

The source of population data in this report is:

HIS start date: May 2008

**Origin of refugees:**

DRC

**Implementing partners:**

Health/HIV: AHA  
Nutrition: WFP, UNHCR  
Watsan: ARC



**Public Health Status**

**Health Impact**

Indicator	Standard	Status
Crude Mortality Rate (CMR) (/1000/month)	0.15	< 1.5
Under-five Mortality Rate (U5MR) (/1000/month)	0.22	< 3.0
Infant Mortality Rate (IMR) (/1000 livebirths)	8.7	< 60
Neonatal Mortality Rate (NNMR) (/1000 livebirths)	0.0	< 40

Figure 1: Crude and Under-five Mortality

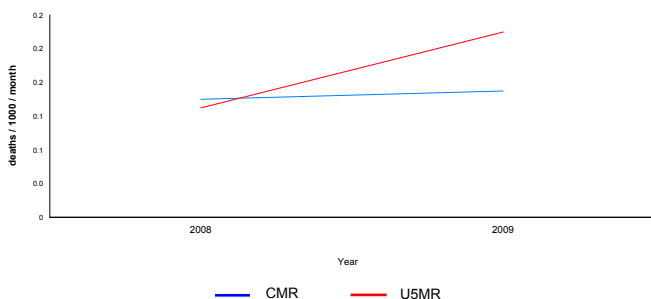


Figure 2: Crude Morbidity

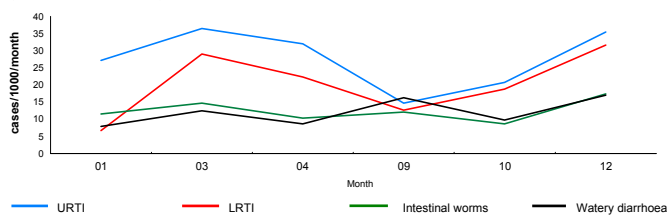
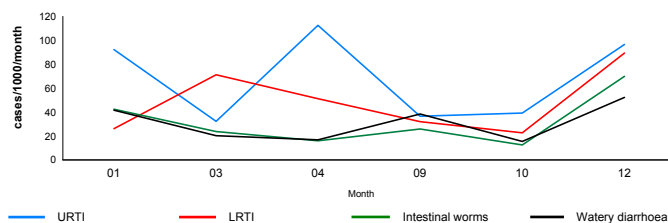


Figure 3: Under-five Morbidity



**Public Health Programmes**

**Human Resources**

No.	Indicator	Standard	Status
1	1 : 18,697	1 : <50,000	✓
5	1 : 3,739	1 : <10,000	✓
19	1 : 984	1 : <10,000	✓
1	1 : 18,697	1 : <10,000	✗
42	1 : 445	1 : 500-1,000	⚠
12	1 : 1,558	1 : <500	✗

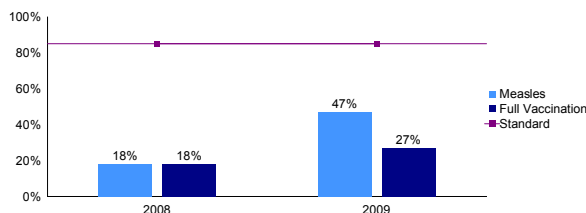
**Access and Utilisation**

No.	Indicator	Standard	Status
1	1 : 18,697	1 : <10,000	✗
33	< 50	< 50	✓
1.0	1 - 4	1 - 4	✓
6.48%			✓

**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 (%)	9.1%	< 5% ✗
Severe Acute Malnutrition Rate (%)	2.6%	< 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	2100 ✓

**Maternal and Newborn Health**

Indicator	Standard	Status
Coverage of complete antenatal care (4 or more visits)	24%	100% ✗
Proportion of deliveries attended by skilled personnel	90%	≥ 50% ✓
Proportion of deliveries performed by caesarean section	8%	5 - 15% ✓
Proportion of low birth weight deliveries	0%	< 15% ✓

**Family planning**

Indicator	Standard	Status
Contraceptive prevalence rate	78%	≥ 30% ✓

**Sexual and Gender-based Violence**

Indicator	Standard	Status
Incidence of reported rape (/10,000/year)	6.47	
Prop. rape survivors who received PEP < 72h	0%	100% ✗
Prop. rape survivors who received ECP < 120h	17%	100% ✗
Prop. rape survivors who received STI < 2 wks	83%	100% ✗

**Prevention**

Indicator	Standard	Status
Condom distribution rate	1.11	> 0.5 ✓
Do appropriate IEC materials exist for PoCs?	Yes	Yes ✓
Are risk groups targeted with prevention programmes?	Yes	Yes ✓
Proportion of donated blood units screened for HIV	100%	100% ⓘ
PMTCT coverage	90%	100% ⚠

**Care and Treatment**

Indicator	Standard	Status
Do PoCs have equal access to ART as host?	Yes	Yes ✓
Number of PoCs receiving ART	70	
Prop. HIV positive mothers receiving co-trimox	0%	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	> 20 ✓
No. of persons per usable water tap	58	< 80 ✓
No. of persons per drop-hole in communal latrine	21	≤ 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**

Refugees had access to health facilities, clean, latrines, showers, and garbage pits for domestic purposes plus providing them with the necessary equipments to maintain hygiene. Construction of new water sources in progress, more than 45 new VIP latrines of 8 holes constructed, more than 8 new dischargeable latrines constructed, 25 latrines were decommissioned and 42 latrines rehabilitated in Kiziba camp.

Camp opened: 2005

Population: 14,247

Camp closed:

The source of population data in this report is:

HIS start date: Jun 2008

**Origin of refugees:**

DRC

**Implementing partners:**

Health/HIV: ARC  
Nutrition: WFP, UNHCR  
Watsan: ARC



**Public Health Status**

**Health Impact**

Indicator	Standard	Status
Crude Mortality Rate (CMR) (/1000/month)	0.23	< 1.5
Under-five Mortality Rate (U5MR) (/1000/month)	0.62	< 3.0
Infant Mortality Rate (IMR) (/1000 livebirths)	50.5	< 60
Neonatal Mortality Rate (NNMR) (/1000 livebirths)	20.2	< 40

Figure 1: Crude and Under-five Mortality

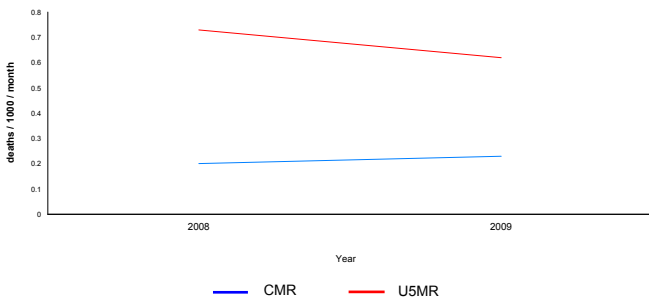


Figure 2: Crude Morbidity

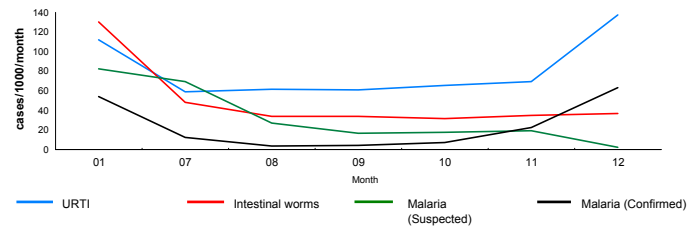
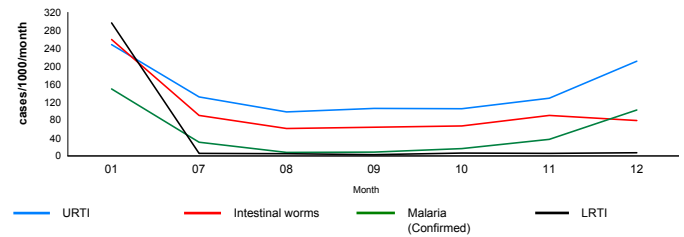


Figure 3: Under-five Morbidity

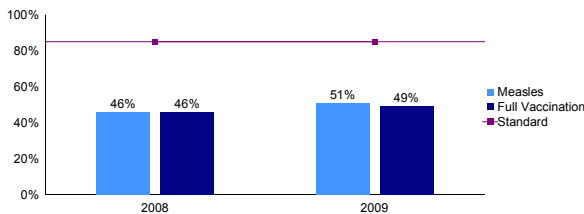


**Public Health Programmes**

Indicator	No	Indicator	Standard	Status
<b>Human Resources</b>				
No. of Medical Doctors	1	1 : 14,247	1 : <50,000	✓
No. of Clinical Consultants	6	1 : 2,374	1 : <10,000	✓
No. of Nurses (qualified)	18	1 : 792	1 : <10,000	✓
No. of MCH staff / Midwives	1	1 : 14,247	1 : <10,000	✗
No. of Community Health Workers (CHW)	37	1 : 385	1 : 500-1,000	⚠
No. of Hygiene Promoters	15	1 : 950	1 : <500	✗
<b>Access and Utilisation</b>				
No. of health facilities	1	1 : 14,247	1 : <10,000	✗
No. of consultations per trained clinician per day		36	< 50	✓
Health Utilization Rate (new visits/person/year)		3.0	1 - 4	✓
Proportion of consultations by host population		0.00%		✓
<b>Malaria</b>				
Is Act introduced as 1st line malaria treatment?		Yes	Yes	✓

Indicator	Standard	Status
<b>Maternal and Newborn Health</b>		
Coverage of complete antenatal care (4 or more visits)	14%	100%
Proportion of deliveries attended by skilled personnel	86%	≥ 50%
Proportion of deliveries performed by caesarean section	2%	5 - 15%
Proportion of low birth weight deliveries	5%	< 15%
<b>Family planning</b>		
Contraceptive prevalence rate	1%	≥ 30%
<b>Sexual and Gender-based Violence</b>		
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
<b>Prevention</b>		
Condom distribution rate	0.73	> 0.5
Do appropriate IEC materials exist for PoCs?	Yes	Yes
Are risk groups targeted with prevention programmes?	Yes	Yes
Proportion of donated blood units screened for HIV		100%
PMTCT coverage	99%	100%
<b>Care and Treatment</b>		
Do PoCs have equal access to ART as host?	Yes	Yes
Number of PoCs receiving ART	51	
Prop. HIV positive mothers receiving co-trimox	0%	100%
Prop. HIV positive infants receiving co-trimox	0%	100%

Indicator	Standard	Status
<b>Malnutrition</b>		
Global Acute Malnutrition Rate (%)	10.6%	< 5%
Severe Acute Malnutrition Rate (%)	3.5%	< 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	2100

Indicator	Standard	Status
<b>Water, Sanitation and Hygiene</b>		
Av quantity of potable water / person / day (litres)	19	> 20
No. of persons per usable water tap	120	< 80
No. of persons per drop-hole in communal latrine	21	≤ 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**

Malnourished, People living with HIV/AIDS, people with chronic illness, lactating mothers have access to supplementary and fresh food distribution as a new strategy boost their immunity. In Nyabiheke camp, the rates of GAM and SAM were respectively 10.6% and 3.5% while the stunting rate is 49.3%. This is 2008 nutritional survey results as in 2009 there were no survey conducted. The results is below the standards but the situation or the level of malnutrition should have improved as no major shortage of food occurred.