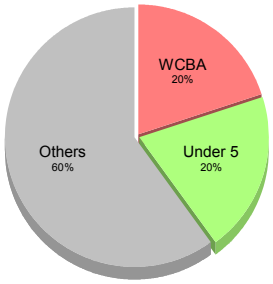
Tanzania

Country Fact Sheet **2009**

Origin of refugees:

Burundi
DRC

Population: 121,891



Implementing partners:

Health/HIV: TRCS
Nutrition: TRCS
Watsan: TWESA

Public Health Status

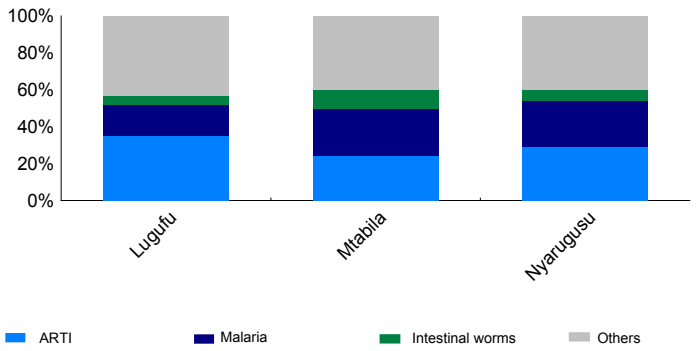
Health Impact

	Indicator	Standard	
Crude Mortality Rate (CMR) (/1000/month)	0.34	< 1.5	✓
Under-five Mortality Rate (U5MR) (/1000/month)	0.91	< 3.0	✓
Infant Mortality Rate (IMR) (/1000 livebirths)	29.0	< 60	✓
Neonatal Mortality Rate (NNMR) (/1000 livebirths)	4.0	< 40	✓

Human Resources

	№			
No. of Medical Doctors	10	1 : 12,189	1 : <50,000	✓
No. of Clinical Consultants	25	1 : 4,876	1 : <10,000	✓
No. of Nurses (qualified)	38	1 : 3,208	1 : <10,000	✓
No. of MCH staff / Midwifes	42	1 : 2,902	1 : <10,000	✓
No. of Community Health Workers (CHW)	137	1 : 890	1 : 500-1,000	✓
No. of Hygiene Promoters	115	1 : 1,060	1 : <500	✗

Figure 1: Proportional Crude Morbidity



Country Overview

A. Objectives

1a. Provision of quality primary health care to the PoC that meets UNHCR/international standards and provide appropriate protection against communicable diseases using globally acceptable preventive measures.

2a. Provision of HIV/AIDS prevention and treatment programs that aim at an increase in access to VCT,PMTCT ,ART ,safe blood transfusions ,adequate medical supplies for universal precautions at the facilities and ensuring adequate supplies of condoms.

3a. Ensure access to appropriate maternal and newborn health preventive services to PoCs and that they are cared by well trained/skilled health professionals in a continuum of services.

4a. Ensure that refugee nutrition and household food security is maintained and food aid is provided in accordance to the agreed food basket so that nutritional status of the population is kept in acceptable standards.

5a. The main objective for WatSan sector was to ensure that, refugees in all camps continue to receive clean and safe water above the minimum UNHCR standards and the refugees are living in a good hygienic environments.

B. Progress

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

1b. The quality of Primary health care services in the camps were maintained within acceptable UNHCR/International standards.The CMR was 0.3 deaths/1000/month and U5MR was 0.9 deaths/1000/month.About 30,000 LLITNS were distributed to all vulnerable groups and there was adequate supplies of ACT

2b. Refugees were provided with HIV/AIDS interventions similar to the host population.The number of VCT attendees were 6640,PMTCT coverage was 100%,Number of refugees on ART was 46,Condom distribution rate stands at 0.7 condoms/person/month and cultural appropriate IEC on HIV/AIDS

3b. Refugee women have access to free antenatal care and comprehensive EmONC services during deliveries.Coverage of complete antenatal care was 100%,postnatal care was 100%,Coverage of IPT for malaria in pregnancy was 100%,proportion of deliveries at health facility was 100% and

4b. The general food ration was maintained at 2100 Kcal/person/day.Food and nutrition monitoring activities were done through Food basket monitoring and Beneficiary contact monitoring.The nutrition survey was not done as per last JAM (2008) recommendations.

5b. Refugees including Nyarugusu camp which received refugees from Lugufu continued to receive water above 29 liters per person per day. Latrines coverage was above 90% in all camps. PHAST training was done in Nyarugusu and Mtabila camps. All these activities were done with support from High Commissioner's

C. Gaps & Planning

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

1c. Staff training on identified gaps,intesify recruitment of new staff to cover vacant posts.Solicit more funds to strengthen communicable disease control through community health workers and use of cultural appropriate IEC materials.Expansion of services(IPD) to meet the needs following camp consolidation.

2c. Proper data collection and documentation of activities done under HIV/AIDS care need to be strengthened so as to avoid under-reporting on services provided.Timely disbursement of funds to partners to allow proper implementation of activities.Strengthen sensitization on VCT use as the entry point

3c. Sourcing of contraceptive supplies and offer sustainable access to a range of modern contraceptive methods.Promotion of male involvement in reproductive health issues.Refresher trainings on medical-legal and psychosocial support to SGBV survivors and distribution of updated guidelines on SGBV

4c. Advocacy for improving refugee coping mechanisms through opening of closed markets and petty businesses in the camps.Promotion of kitchen gardening and provision of fruit tree seedlings.Provide nutrition and food security community education program to refugees.

5c. Health program to school children is going on for them to properly utilize the sanitation facilities in place. At the same time, UNHCR has a programme for year 2010 to construct latrines to primary schools in Nyarugusu camp to bridge a gap created by the pupils from the closed Lugufu camp.

Public Health Programmes

Coordination

	Indicator	Standard	
Do monthly coordination meetings take place?	Yes	Yes	✓

Access and Utilisation

	№			
No. of health facilities	11	1 : 11,081	1 : <10,000	⚠
No. of consultations per trained clinician per day		50	< 50	✓
Health Utilization Rate (new visits/person/year)		3.0	1 - 4	✓
Proportion of consultations by host population		6%		

Malaria

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

Key observations

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

Refugees and the local community around the camps have continued to access free primary health care services in the camps that met the required UNHCR/international standards.Malaria prevention activities were given high priority during the period and there were two cycles of targeted distribution of LLITNS,Malaria medicines and diagnostics were all in adequate supplies during the period and no stock outs reported by the facilities.

Limitations/constraints

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

Rapid staff turn over following scaling down of the operation has led to loss of long serving and experienced staff and hence some how affected the quality of services rendered.Seasonal variation in Malaria morbidity significantly contributed to variations in use of resources.Integration phase during camp consolidation posed a challenge to the public health sector as the new arrivals had semi permanent shelters on arrival to the new site.

Legend: ✓ standard reached ⚠ standard borderline ✗ standard not reached ⓘ missing data

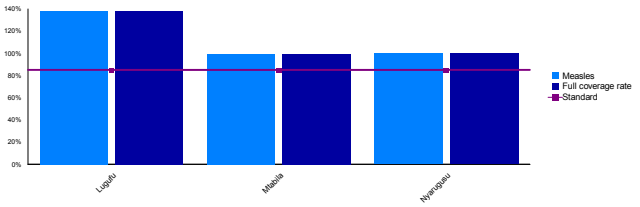
UNHCR The UN Refugee Agency

Public Health Programmes

		Key observations	Limitations/constraints
		What were the key activities carried out during the year? To what extent did the activities achieve expected results?	What external factors and/or conditions outside your direct control affected implementation of Public Health Programmes planned activities?

IMMUNISATION

Figure 2: Vaccination coverage



EPI/Immunization services were successfully implemented with the support from UNICEF on required supplies and capacity building/training of the service providers.The Pentavalent vaccine was introduced and put in use during the period.The fully vaccination coverage rate was 100% and coverage of antenatal TT immunisation was 100%.Two rounds of NID were done and the coverage in the camps was 99%.

Staff turnover,partners's donor funds delays and supplies stock out posed a challenge in accomplishing EPI planned activities.Logistic constraints(due to the bulky supply of the pentavalent vaccines) led to irregular supply of the newly introduced Pentavalent vaccine hence variations in the Pentavalent vaccination coverage during the end of the year 2009.

NUTRITION AND FOOD SECURITY

Surveys & Assessments	Indicator	Standard	
Date of last nutrition survey	Sep 2008		
Date of last last JAM	Nov 2008		
Malnutrition			
Global Acute Malnutrition Rate (%)	2.3%	< 5%	✓
Severe Acute Malnutrition Rate (%)	0.1%	< 2%	✓
Prevalence of anaemia in children under five	24%	< 20%	⚠
Prevalence of anaemia in women of reproductive age	13%	< 20%	✓
Average number of kilocalories per person per day	2100	2100	✓
Food Security			
Does UNHCR provide complementary food?	No		
Did the content of the GFR change during the year?	No		
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	3.65%	< 30%	✓

The general food ration was maintained at 2100Kcal/person/day in most of the distribution cycles.Cooking demonstrations were done in some events when Maize meal was replaced by sorghum.Advocacy for the utilization of SFP to supplement general food ration was done.Staff were oriented to new treatment protocol for the severely malnourished in community based therapeutic care.Hot meals/food based support were given to all returnees during

Collection ,analysis and response to nutrition and food security were done during the period,this included Food basket monitoring and Beneficiary contact monitoring surveys. Awareness sessions on nutrition and food security issues were made at the health facilities and in the community.Refugee food committee meetings and meeting of refugee leaders on food aid and food security were held.There has been an increase in yields from kitchen gardening activities.

Inadequate standardized IEC materials for the nutrition program posed a challenge in raising community awareness on nutrition issues.Staff turn over led to loss of experienced and skilled human resource in the nutrition program .Poor infant feeding practices is still prevailing in the refugee community despite of the on going community sensitization on best infant feeding practices.Pipeline breaks were effected as of end of December 2009 and expected to continue during first half of 2010.

Closure of markets,prohibition of farming activities and sale of labour greatly affected the refugees coping mechanisms.Camp consolidation and closures interrupted the planned JAM.

REPRO HEALTH

Maternal and Newborn Health	Indicator	Standard	
Coverage of complete antenatal care (4 or more visits)	99%	100%	⚠
Proportion of deliveries attended by skilled personnel	91%	≥ 50%	✓
Proportion of deliveries performed by caesarean section	10%	5 - 15%	✓
Proportion of low birth weight deliveries	6%	< 15%	✓
Family planning			
Contraceptive prevalence rate	2%	≥ 30%	✗

Refugees and the local community had access to reproductive health services in the camps.A number of health staff got refresher trainings on various aspects of reproductive health with additional training support from UNICEF.The coverage of complete antenatal care was 100% ,postnatal care 96%,IPT 100%,syphilis screening 98% and contraceptive prevalence was 2%.

Cultural beliefs & norms remained to be a challenge in acceptance of modern family planning methods.Irregularities in the supply of modern family planning methods led to limited choices to the clients of family planning services. Poor involvement of males greatly affected female/women's decisions on reproductive health issues despite of the on going campaigns on male involvement in reproductive health.

SGBV

Sexual and Gender-based Violence	Indicator	Standard	
Incidence of reported rape (/10,000/year)	4.02		
Prop. rape survivors who received PEP < 72h	49%	100%	✗
Prop. rape survivors who received ECP < 120h	48%	100%	✗
Prop. rape survivors who received STI < 2 wks	80%	100%	✗

Monthly SGBV meetings were done,Survivors of rape were given appropriate medical,legal and psychosocial support.Refresher trainings on clinical management of rape survivors were done,Community was sensitized on prevention of SGBV , early reporting of incidences,availability of PEP,ECP and STI prophylaxis to rape survivors. Available IEC materials on SGBV prevention and response were distributed in the camps .

Late reporting led to delays in providing required assistance to the survivors.Inadequate cultural appropriate IEC materials challenged the sensitization campaigns.Stigma and discrimination to survivors is still prevailing in the refugee community and affected the reporting of some of the cases.

HIV/AIDS

Monitoring & Evaluation	Indicator	Standard	
Are PoCs included in national HIV strategic plans?	Yes	Yes	
Are PoCs included in national HIV sent surveillance?	Yes	Yes	
Date of last last KAPB/BSS	Oct 2005		
Prevention			
Condom distribution rate	0.67	> 0.5	✓
Do appropriate IEC materials exist for PoCs?	Yes	Yes	✓
Are risk groups targeted with prevention programmes?	Yes	Yes	✓
Proportion of blood units screened for HIV	100	100%	✓
PMTCT coverage	101%	100%	✓
Care and Treatment			
Do PoCs have equal access to ART as host?	Yes	Yes	✓
Number of PoCs receving ART	61		
Prop. HIV positive mothers receiving co-trimox	52%	100%	✗
Prop. HIV positive infants receiving co-trimox	22%	100%	✗

GLIA / OPEC funded HIV/AIDS project activities were implemented during the period.High risk groups were targeted in the program activities and refugee had access to VCT,PMTCT and ART services similar to the host population.A total of 61 refugees were on ART and the rest of the HIV positive had regular follow up clinics at the camp facilities.IEC materials were made and distributed in the camps.Condoms supply were adequate and the distribution rate was 0.7/person/month

The delay in receiving donor funds (GLIA/OPEC funds) led to delays in implementation of the planned activities.Camp closure and consolidation also interrupted the proper implementation of planned activities.Female condoms are not yet popular despite of the effort made to promote them hence low use of them by the refugee community.Stigma and discrimination to PLWHAs is still prevailing in the refugee community.

WASH

Water, Sanitation and Hygiene	Indicator	Standard	
Av quantity of potable water / person / day (litres)	34	> 20	✓
No. of persons per usable water tap	84	< 80	⚠
No. of persons per drop-hole in communal latrine	33	≤ 20	✗
Prop. of population living within 200m from water point	97%	100%	⚠
Prop. of families with latrines	94%	100%	⚠
Prop. families receiving >250g soap / person / month	100%	≥ 90%	✓
Prop. camps with 1 hygiene promoter / 500 persons	%	≥ 75%	ℹ

In year 2009, Lugufu camp was closed and about 24,000 refugees were moved to Nyarugusu camp. This was predicted a year before and therefore the water system in Nyarugusu were upgraded. Oxfam storage tanks were procured and installed, Water intakes were rehabilitated and water pumps repaired. Following camp zone consolidation; cleaning of the vacated zones were done and squatting slabs retrieved for re-use in new zones.

There was high staff turn over caused by uncertainities of job security. This caused the remaining staff to be over woked in rendering WASH services to the beneficiaries according to the UNHCR standards.

Lugufu

Tanzania

Camp Fact Sheet **2009**

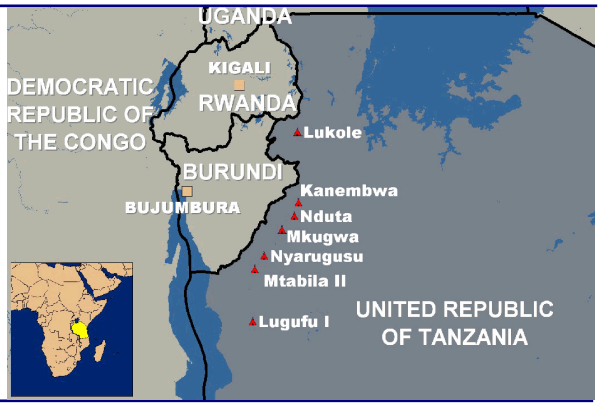
Camp opened: 1996

Camp closed:

HIS start date: Jan 2006

Population: 24,542

The source of population data in this report is:



Origin of refugees:

DRC

Implementing partners:

Health/HIV: TRCS
Nutrition: TRCS
Watsan: TRCS

Public Health Status

Health Impact

	Indicator	Standard	
Crude Mortality Rate (CMR) (/1000/month)	0.31	< 1.5	✓
Under-five Mortality Rate (U5MR) (/1000/month)	1.06	< 3.0	✓
Infant Mortality Rate (IMR) (/1000 livebirths)	29.8	< 60	✓
Neonatal Mortality Rate (NNMR) (/1000 livebirths)	3.9	< 40	✓

Figure 1: Crude and Under-five Mortality

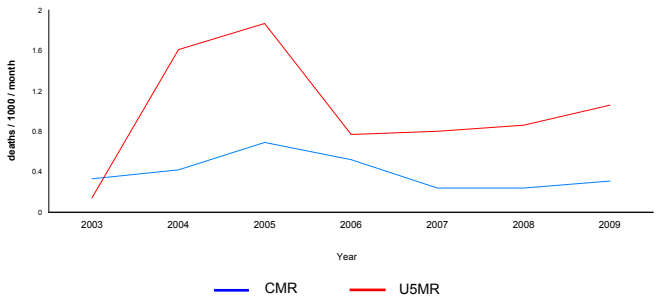


Figure 2: Crude Morbidity

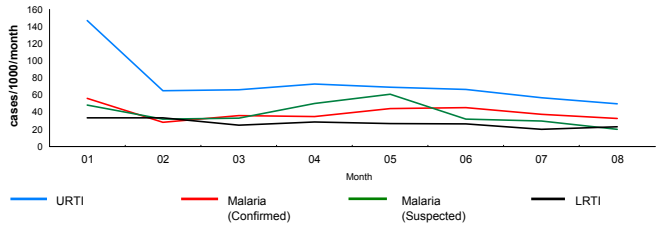
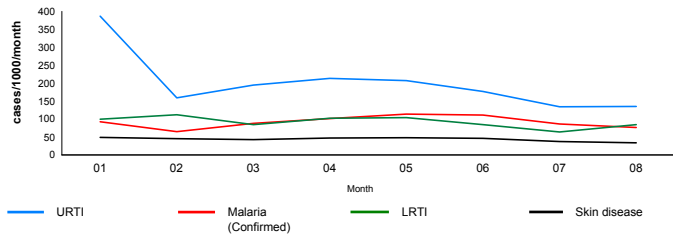


Figure 3: Under-five Morbidity



Public Health Programmes

Human Resources

	№	Indicator	Standard	
No. of Medical Doctors	3	1 : 8,181	1 : <50,000	✓
No. of Clinical Consultants	6	1 : 4,090	1 : <10,000	✓
No. of Nurses (qualified)	7	1 : 3,506	1 : <10,000	✓
No. of MCH staff / Midwifes	6	1 : 4,090	1 : <10,000	✓
No. of Community Health Workers (CHW)	29	1 : 846	1 : 500-1,000	✓
No. of Hygiene Promoters	30	1 : 818	1 : <500	✗

Access and Utilisation

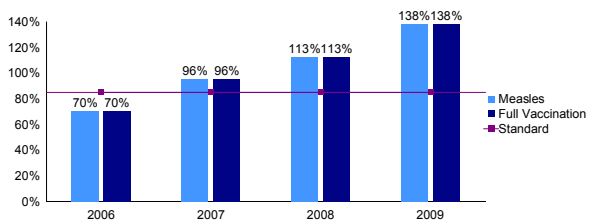
No. of health facilities	4	1 : 6,136	1 : <10,000 ✓
No. of consultations per trained clinician per day		44	< 50 ✓
Health Utilization Rate (new visits/person/year)		3.0	1 - 4 ✓
Proportion of consultations by host population		5.11%	

Malaria

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

IMMUNISATION

Figure 4: Vaccination coverage



NUTRITION

Malnutrition

Global Acute Malnutrition Rate (%)	1.4%	< 5%	✓
Severe Acute Malnutrition Rate (%)	0.1%	< 2%	✓
Prevalence of anaemia in children under five	21%	< 20%	⚠
Prevalence of anaemia in women of reproductive age	9%	< 20%	✓
Average number of kilocalories per person per day	2100	2100	✓

REPRO HEALTH

Maternal and Newborn Health

	Indicator	Standard	
Coverage of complete antenatal care (4 or more visits)	98%	100%	⚠
Proportion of deliveries attended by skilled personnel	45%	≥ 50%	⚠
Proportion of deliveries performed by caesarean section	8%	5 - 15%	✓
Proportion of low birth weight deliveries	5%	< 15%	✓

Family planning

Contraceptive prevalence rate	1%	≥ 30%	✗

SGBV

Sexual and Gender-based Violence

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

HIV/AIDS

Prevention

Condom distribution rate	1.01	> 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	104%	100%	✓

Care and Treatment

Do PoCs have equal access to ART as host?	Yes	Yes	✓
Number of PoCs receving ART	15		
Prop. HIV positive mothers receiving co-trimox	11%	100%	✗
Prop. HIV positive infants receiving co-trimox	0%	100%	✗

WASH

Water, Sanitation and Hygiene

Av quantity of potable water / person / day (litres)	38	> 20	✓
No. of persons per usable water tap	74	< 80	✓
No. of persons per drop-hole in communal latrine	35	≤ 20	✗
Prop. of population living within 200m from water point	100%	100%	✓
Prop. of families with latrines	96%	100%	⚠
Prop. families receiving >250g soap / person / month	100%	≥ 90%	✓

Observations

Refugees and local around the camp had access to basic primary health care including HIV/AIDS prevention services, food and nutrition support were provided as per UNHCR/SPHERE standards.WASH activities and assistance continued to be provided.Health and nutrition status of the refugees were not undermined during repatriation and relocation activities that led to the closure of Lugufu camp in September 2009.There was no any outbreak reported during 2009.

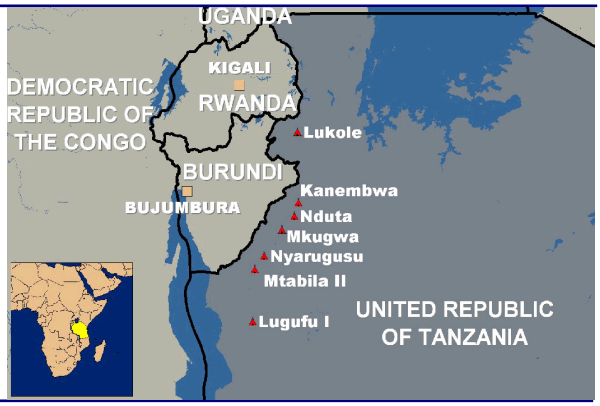
Mtabila

Tanzania

Camp Fact Sheet **2009**

Camp opened: 1994
Camp closed:
HIS start date: Jan 2006

Population: 36,009
The source of population data in this report is:



Origin of refugees:
Burundi

Implementing partners:
Health/HIV: TRCS
Nutrition: TRCS
Watsan: TWESA

Public Health Status

Health Impact

	Indicator	Standard	
Crude Mortality Rate (CMR) (/1000/month)	0.23	< 1.5	✓
Under-five Mortality Rate (U5MR) (/1000/month)	0.60	< 3.0	✓
Infant Mortality Rate (IMR) (/1000 livebirths)	22.8	< 60	✓
Neonatal Mortality Rate (NNMR) (/1000 livebirths)	8.0	< 40	✓

Figure 1: Crude and Under-five Mortality

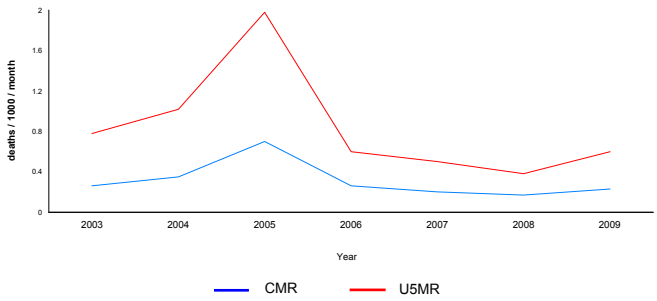


Figure 2: Crude Morbidity

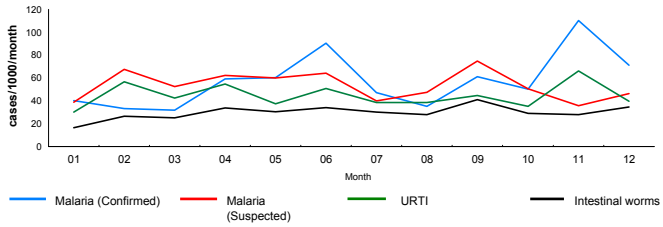
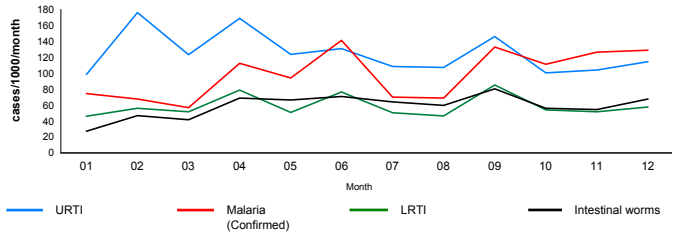


Figure 3: Under-five Morbidity



Public Health Programmes

Human Resources

	№	Indicator	Standard	
No. of Medical Doctors	3	1 : 12,003	1 : <50,000	✓
No. of Clinical Consultants	9	1 : 4,001	1 : <10,000	✓
No. of Nurses (qualified)	6	1 : 6,002	1 : <10,000	✓
No. of MCH staff / Midwifes	12	1 : 3,001	1 : <10,000	✓
No. of Community Health Workers (CHW)	47	1 : 766	1 : 500-1,000	✓
No. of Hygiene Promoters	47	1 : 766	1 : <500	✗

Access and Utilisation

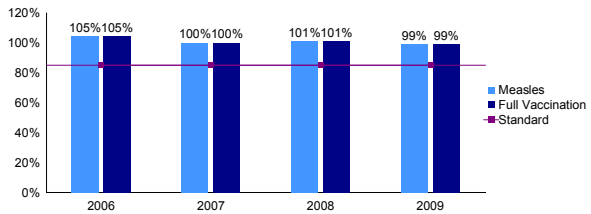
No. of health facilities	2	1 : 18,004	1 : <10,000 ✗
No. of consultations per trained clinician per day		64	< 50 ✗
Health Utilization Rate (new visits/person/year)		3.0	1 - 4 ✓
Proportion of consultations by host population		5.22%	

Malaria

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

IMMUNISATION

Figure 4: Vaccination coverage



NUTRITION

Malnutrition

Global Acute Malnutrition Rate (%)	2.1%	< 5%	✓
Severe Acute Malnutrition Rate (%)	0.1%	< 2%	✓
Prevalence of anaemia in children under five	16%	< 20%	✓
Prevalence of anaemia in women of reproductive age	7%	< 20%	✓
Average number of kilocalories per person per day	2100	2100	✓

REPRO HEALTH

Maternal and Newborn Health

	Indicator	Standard	
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	8%	5 - 15%	✓
Proportion of low birth weight deliveries	6%	< 15%	✓

Family planning

Contraceptive prevalence rate	1%	≥ 30%	✗

SGBV

Sexual and Gender-based Violence

Incidence of reported rape (/10,000/year)	4.19		
Prop. rape survivors who received PEP < 72h	40%	100%	✗
Prop. rape survivors who received ECP < 120h	15%	100%	✗
Prop. rape survivors who received STI < 2 wks	81%	100%	✗

HIV/AIDS

Prevention

Condom distribution rate	0.59	> 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	100%	100%	✓

Care and Treatment

Do PoCs have equal access to ART as host?	Yes	Yes	✓
Number of PoCs receving ART	22		
Prop. HIV positive mothers receiving co-trimox	100%	100%	✓
Prop. HIV positive infants receiving co-trimox	0%	100%	✗

WASH

Water, Sanitation and Hygiene

Av quantity of potable water / person / day (litres)	35	> 20	✓
No. of persons per usable water tap	91	< 80	⚠
No. of persons per drop-hole in communal latrine	56	≤ 20	✗
Prop. of population living within 200m from water point	96%	100%	⚠
Prop. of families with latrines	96%	100%	⚠
Prop. families receiving >250g soap / person / month	100%	≥ 90%	✓

Observations

Refugees and local community in camp neighbourhood continued to access free primary health care services that met UNHCR/SPHERE standards.Food and nutrition support services were also provided.WASH activities also continued to be provided as per UNHCR standards.Uncertainty on the closure of Mtabila camp caused some staff to resign, thereby reducing the pace of implementing of some of the planned activities in the camp. Refugee food security was also affected by closure of markets, prohibition of farming activities and sale of labour. There was no outbreak in 2009.

Nyarugusu

Tanzania

Camp Fact Sheet **2009**

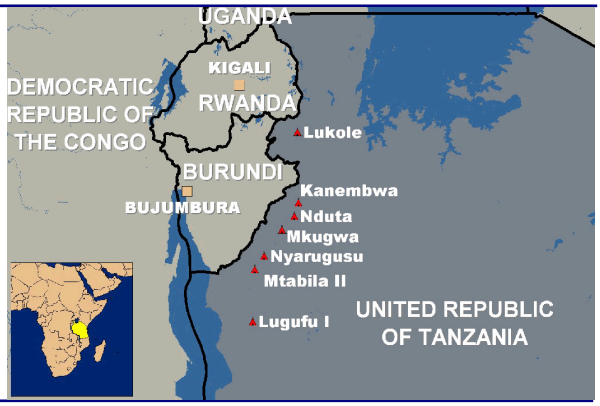
Camp opened: 1996

Camp closed:

HIS start date: Jan 2006

Population: 61,340

The source of population data in this report is:



Origin of refugees:

DRC

Implementing partners:

Health/HIV: TRCS
Nutrition: TRCS
Watsan: TWESA

Public Health Status

Health Impact

	Indicator	Standard	
Crude Mortality Rate (CMR) (/1000/month)	0.44	< 1.5	✓
Under-five Mortality Rate (U5MR) (/1000/month)	1.11	< 3.0	✓
Infant Mortality Rate (IMR) (/1000 livebirths)	34.4	< 60	✓
Neonatal Mortality Rate (NNMR) (/1000 livebirths)	0.5	< 40	✓

Figure 1: Crude and Under-five Mortality

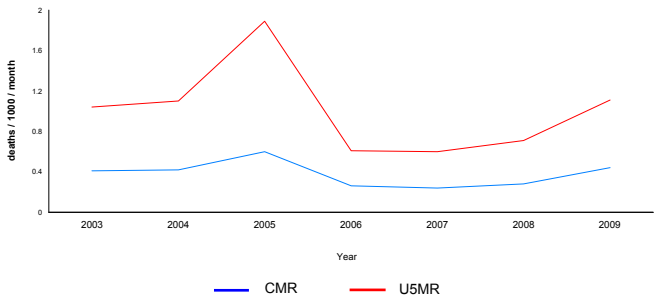


Figure 2: Crude Morbidity

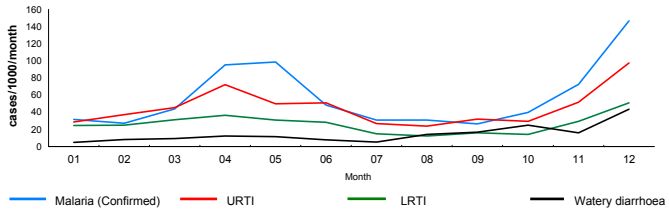
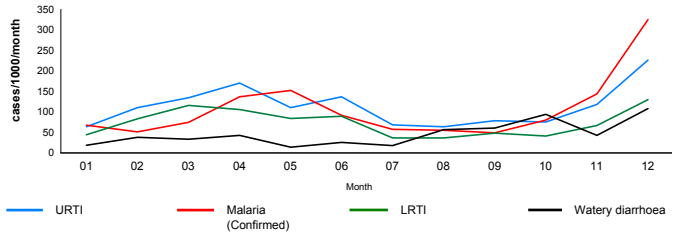


Figure 3: Under-five Morbidity



Public Health Programmes

Human Resources

	№	Indicator	Standard	
No. of Medical Doctors	4	1 : 15,335	1 : <50,000	✓
No. of Clinical Consultants	10	1 : 6,134	1 : <10,000	✓
No. of Nurses (qualified)	25	1 : 2,454	1 : <10,000	✓
No. of MCH staff / Midwifes	24	1 : 2,556	1 : <10,000	✓
No. of Community Health Workers (CHW)	61	1 : 1,006	1 : 500-1,000	⚠
No. of Hygiene Promoters	38	1 : 1,614	1 : <500	✗

Access and Utilisation

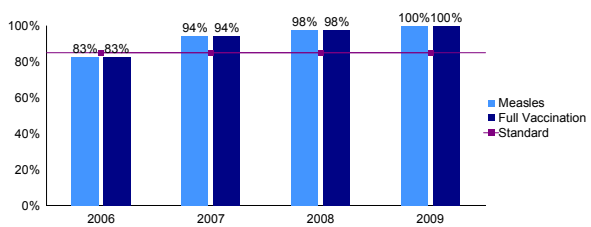
No. of health facilities	5	1 : 12,268	1 : <10,000 ⚠
No. of consultations per trained clinician per day		40	< 50 ✓
Health Utilization Rate (new visits/person/year)		2.0	1 - 4 ✓
Proportion of consultations by host population		6.63%	

Malaria

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

IMMUNISATION

Figure 4: Vaccination coverage



NUTRITION

Malnutrition

Global Acute Malnutrition Rate (%)	2.2%	< 5%	✓
Severe Acute Malnutrition Rate (%)	0.1%	< 2%	✓
Prevalence of anaemia in children under five	25%	< 20%	⚠
Prevalence of anaemia in women of reproductive age	6%	< 20%	✓
Average number of kilocalories per person per day	2100	2100	✓

REPRO HEALTH

Maternal and Newborn Health

	Indicator	Standard	
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	12%	5 - 15%	✓
Proportion of low birth weight deliveries	7%	< 15%	✓

Family planning

Contraceptive prevalence rate	4%	≥ 30%	✗

SGBV

Sexual and Gender-based Violence

Incidence of reported rape (/10,000/year)	5.33		
Prop. rape survivors who received PEP < 72h	33%	100%	✗
Prop. rape survivors who received ECP < 120h	43%	100%	✗
Prop. rape survivors who received STI < 2 wks	48%	100%	✗

HIV/AIDS

Prevention

Condom distribution rate	0.62	> 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	100%	100%	✓

Care and Treatment

Do PoCs have equal access to ART as host?	Yes	Yes	✓
Number of PoCs receving ART	24		
Prop. HIV positive mothers receiving co-trimox	57%	100%	✗
Prop. HIV positive infants receiving co-trimox	71%	100%	✗

WASH

Water, Sanitation and Hygiene

Av quantity of potable water / person / day (litres)	29	> 20	✓
No. of persons per usable water tap	87	< 80	⚠
No. of persons per drop-hole in communal latrine	9	≤ 20	✓
Prop. of population living within 200m from water point	95%	100%	⚠
Prop. of families with latrines	90%	100%	⚠
Prop. families receiving >250g soap / person / month	100%	≥ 90%	✓

Observations

Refugees and locals in the neighbourhood continued to receive primary health care services throughout the year including HIV/AIDS services. Food and nutrition support were provided to beneficiaries as per UNHCR/SPHERE standards. WASH activities and assistance were continued to be provided as per UNHCR standards. There was relocation of about 24,000 refugees from Lugufu to Nyarugusu camp. During the relocation movements, health, nutrition and WASH support were given to the refugees throughout the relocation movements. There was cholera outbreak in Nyarugusu camp in October 2009 that was contained in one month period