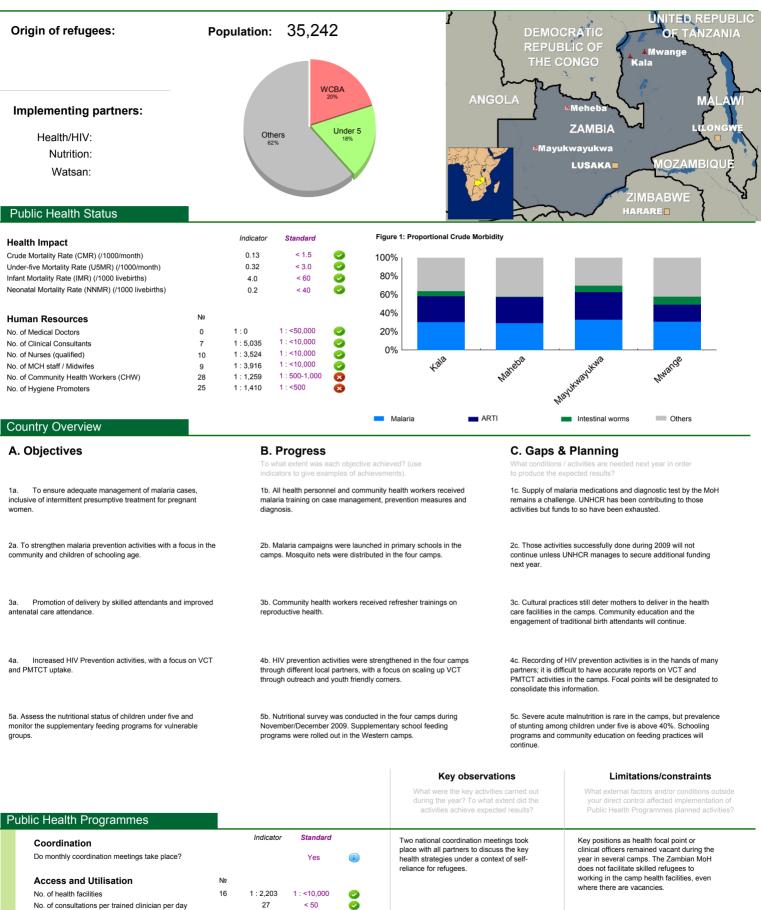
Zambia

Country Fact Sheet

2009



1.0

14%

standard reached

1 - 4

Yes

standard borderline

Ø

Health Utilization Rate (new visits/person/year)

Proportion of consultations by host population

Is Act introduced as 1st line malaria treatment?

Legend:

Malaria

HIS V

1.6.12.20100324

😣 standard not reached 🥡

missing data

a

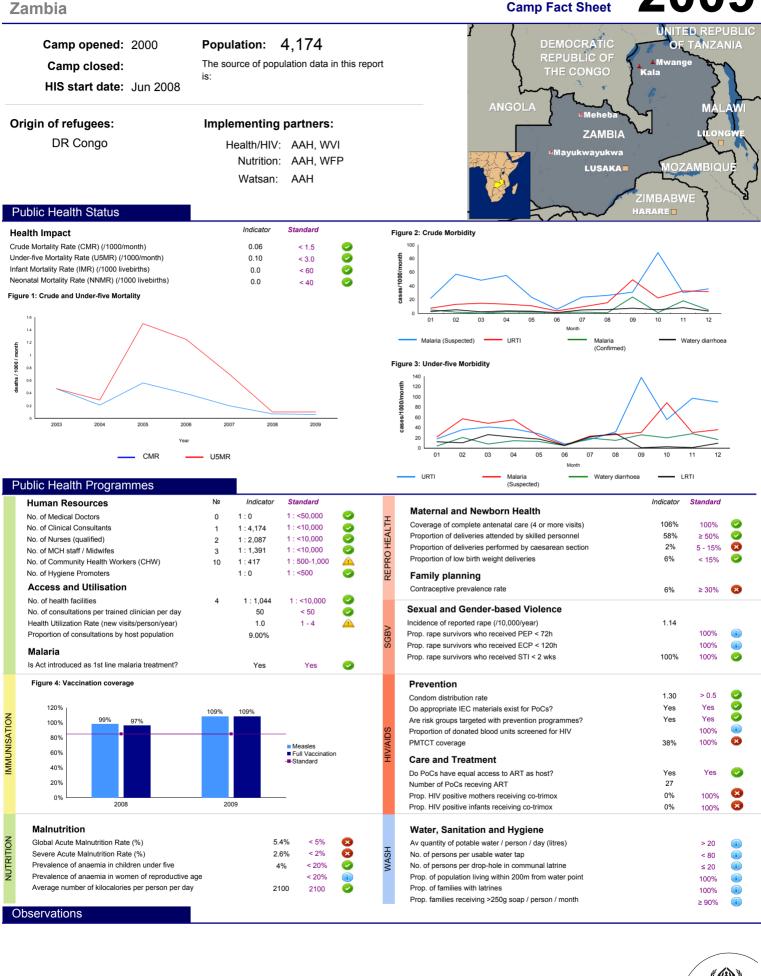
UNHC

					Key observations	Limitations/constraints
					What were the key activities carried out	What external factors and/or conditions outside
					during the year? To what extent did the activities achieve expected results?	your direct control affected implementation of Public Health Programmes planned activities?
F	Public Health Programmes					
IMMUNISATION	Figure 2: Vaccination coverage	under	■ Messies ■ Full coverage -■-Standard	e rate	All camps reported measles immunization coverage above 80% during the nutritional survey conducted in December.	Mayukwayukwa experienced difficulties in compiling the immunization statistics. Reluctance from the district managers to integrate data from national health information system (HIS) into UNHCR HIS.
	1 ¹⁵¹	Indicator	Standard		Following the recommendations from 2008	The majority of the refugees in the Northern
NUTRITION AND FOOD SECURITY	Surveys & Assessments Date of last nutrition survey Date of last last JAM	Nov 2009 Dec 2009			Nutritional surveys, a school feeding program was implemented in Meheba and Mayukwayukwa to decrease school drop-outs and prevalence of stunted children.	camps remain reliant on food aid.
CU	Malnutrition			_		
SE	Global Acute Malnutrition Rate (%)	6.4%	< 5%	8		
8	Severe Acute Malnutrition Rate (%)	2.7%	< 2% < 20%			
õ	Prevalence of anaemia in children under five Prevalence of anaemia in women of reproductive age		< 20%			
9	Average number of kilocalories per person per day	2100	2100	0	See above	See above
AN		2100	2.00			
NO	Food Security					
Ē	Does UNHCR provide complementary food?					
F	Did the content of the GFR change during the year?					
z	Did WFP report any pipeline breaks during the year?		No	i		
	Have PoC been included in the National FS Plan?		Yes	i		
	Prop. of ration sold by refugees to buy other food items	%	< 30%	í		
	Maternal and Newborn Health	Indicator	Standard		Community health workers underwent refresher training on reproductive health.	Cultural practices prevent women to deliver in camp health facilities. Referrals of complicated
-		72%	100%	•	Health workers were trained on clinical	deliveries to district hospitals remain
Ē.	Coverage of complete antenatal care (4 or more visits) Proportion of deliveries attended by skilled personnel	47%	≥ 50%		management of rape.	challenging due to distances and transport
Ā	Proportion of deliveries performed by caesarean section	1%	5 - 15%			constraints.
Ξ	Proportion of low birth weight deliveries	5%	< 15%	ō		
R						
REPRO HEALTH	Fomily planning					
"	Family planning Contraceptive prevalence rate	6%	≥ 30%			
		0,0	2 00 /0		Task forces on SGBV have remained active during the year. Refresher training on clinical management of rape was carried out in the	Police involvement in the management of SGBV remains challenging.
	Sexual and Gender-based Violence	Indicator	Standard		four camps.	
	Incidence of reported rape (/10,000/year)	0.70				
B	Prop. rape survivors who received PEP < 72h	0%	100%	8		
SGI	Prop. rape survivors who received ECP < 120h	0%	100%	×		
	Prop. rape survivors who received STI < 2 wks	33%	100%	\otimes		
	Monitoring & Evaluation	Indicator	Standard		Refugees access ART through district	High turnover of implementing partners and
	Are PoCs included in national HIV strategic plans?		Yes		programs or mobile teams deployed to the camps. Condom distribution in different outlets	their key staff members has impacted in the programs. Delays from UNHCR side on
	Are PoCs included in national HIV sent surveillance?		Yes		facilitates condom utilization.	releasing HIV funding particularly during the
	Date of last last KAPB/BSS					first quarter of the year.
	Prevention					
S	Condom distribution rate	0.93	> 0.5	0		
	Do appropriate IEC materials exist for PoCs?	Yes	Yes	0		
HIV/AIDS	Are risk groups targeted with prevention programmes?	Yes	Yes	2		
т	Proportion of blood units screened for HIV PMTCT coverage	58 58%	100%	8		
	0	0070	100%	•		
	Care and Treatment					
	Do PoCs have equal access to ART as host?	Yes	Yes	0		
	Number of PoCs receving ART Prop. HIV positive mothers receiving co-trimox	208 65%	100%	8		
	Prop. HIV positive infants receiving co-trimox	92%	100%			
	Water Sanitation and Husions	Indicator	Standard		Upgrading of water systems took place in	It is difficult to keep the hygiene promoters
	Water, Sanitation and Hygiene			i	some of the camps. All four camps remained cholera free during the year. Utilization of pit	motivated, since they compete for incentives with the HIV peer educators.
	Av quantity of potable water / person / day (litres) No. of persons per usable water tap		> 20 < 80	• •	latrines is above 90% in all camps. The most	
R	No. of persons per drop-hole in communal latrine		< 80 ≤ 20		common source of drinkable water in the four camps is boreholes (56%)	
WASH	Prop. of population living within 200m from water point		100%			
>	Prop. of families with latrines		100%	í		
	Prop. families receiving >250g soap / person / month		≥ 90%	ĩ		
	Prop. camps with 1 hygiene promoter / 500 persons		≥ 75%	i		

Kala

Zambia

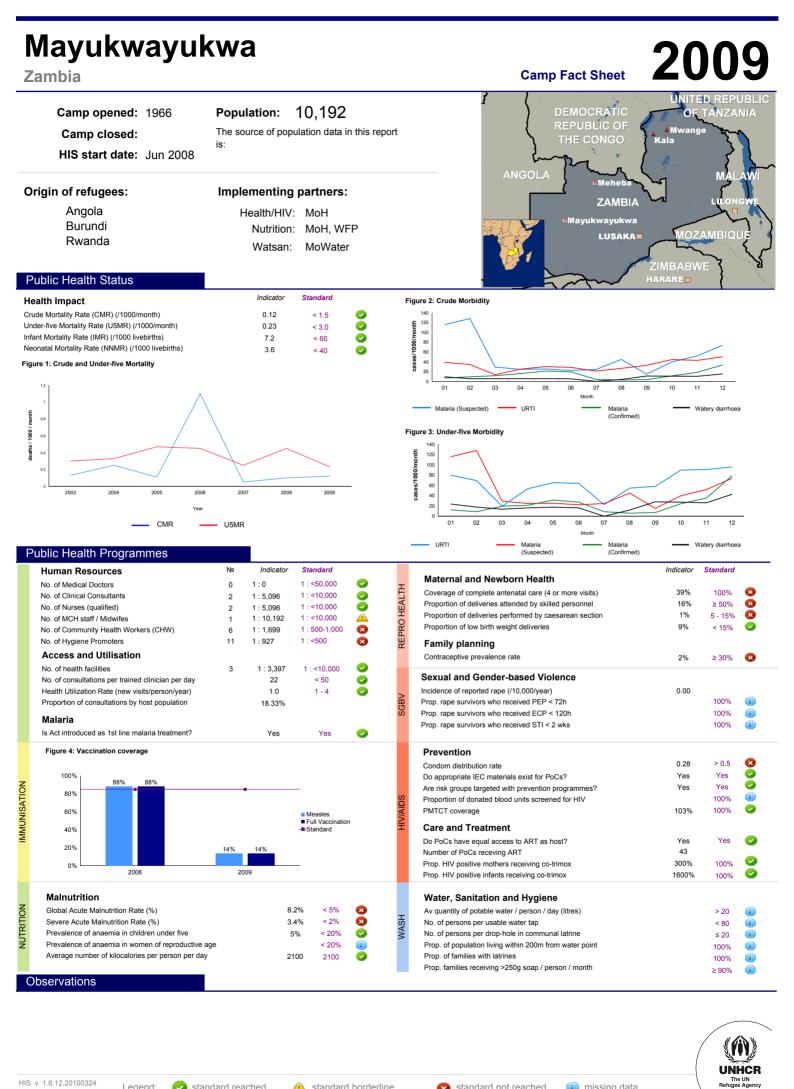
2009



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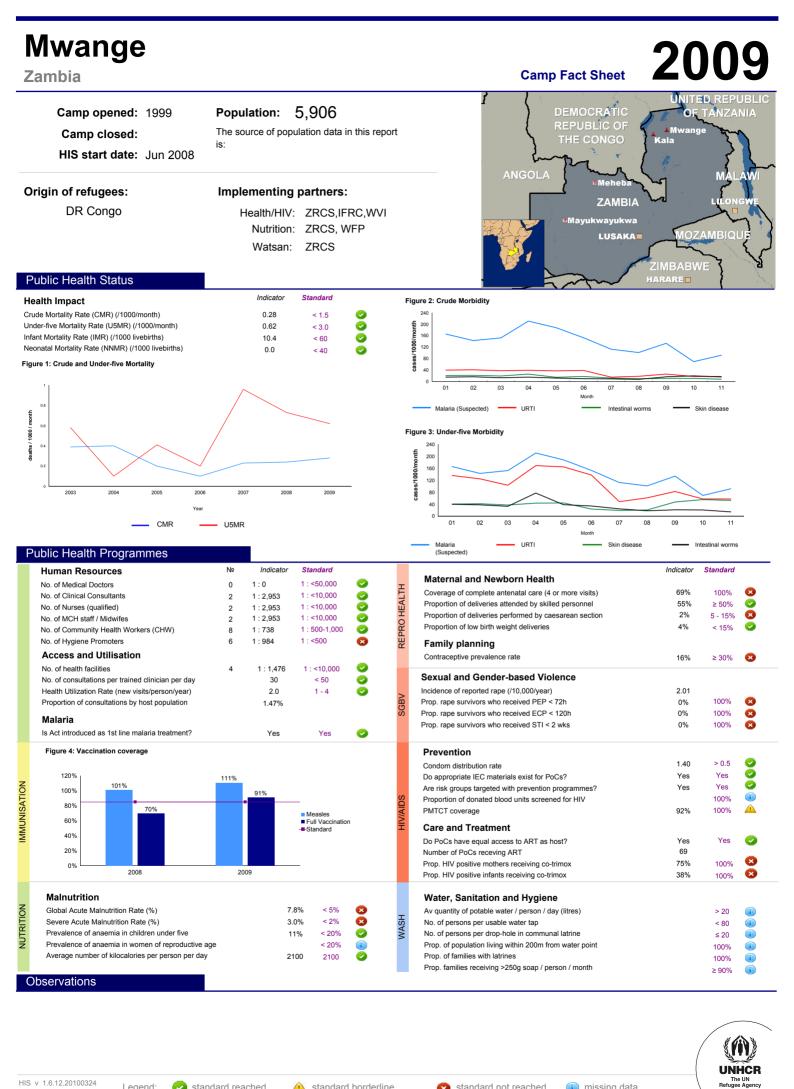
UNHCR The UN ugee Agency

ambia		Camp Fact Sheet	2009
Camp opened: 1971 Camp closed: HIS start date: Jun 2008	Population: 14,970 The source of population data in this reports:	THE CONGO	UNITED REPUBL OF TANZANIA Mwange Kala
rigin of refugees: Angola Burundi DR Congo	Implementing partners: Health/HIV: MoH Nutrition: MoH, WFP Watsan: MoWater	ANGOLA ZAMBIA Mayukwayukwa LUSAKA	MALAW LILONGWE MOZAMBIQUE ZIMBABWE
Public Health Status ealth Impact ude Mortality Rate (CMR) (/1000/month) dder-five Mortality Rate (USMR) (/1000/month) ant Mortality Rate (IMR) (/1000 livebirths) unatal Mortality Rate (NNMR) (/1000 livebirths) ure 1: Crude and Under-five Mortality	Indicator Standard 0.08 < 1.5	Figure 2: Crude Morbidity	HARARE 0 09 10 12 Watery diarrhoea
0.25 0.20 0.15 0.00 2004 2005 2006 Year	2007 2008 2009	Figure 3: Under-five Morbidity	8 09 10 12
Human Resources No. of Medical Doctors No. of Clinical Consultants No. of Nurses (qualified) No. of MCH staff / Midwifes No. of Community Health Workers (CHW) No. of Hygiene Promoters Access and Utilisation No. of health facilities	№ Indicator Standard 0 1:0 1:<50,000	URTI Malaria (Suspected) Malaria (Confirmed) Maternal and Newborn Health Confirmed) Coverage of complete antenatal care (4 or more visits) Proportion of deliveries attended by skilled personnel Proportion of deliveries performed by caesarean section Proportion of low birth weight deliveries Family planning Contraceptive prevalence rate Sexual and Gender-based Violence	Watery diarrhoea Indicator Standard 53% 100% ≤ 43% ≥ 50% △ 0% 5 - 15% ≤ 4% < 15%
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HIS v 1.6.12.20100324 20/04/2010

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