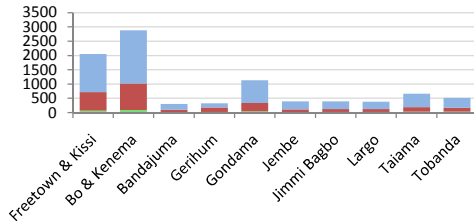


|                                    |              |                            |
|------------------------------------|--------------|----------------------------|
| <b>Total Population of Concern</b> | <b>9,049</b> | <b>Origin of refugees:</b> |
| ■ Under-fives children             | 368          | Liberia                    |
| ■ Women of reproductive age        | 2,718        | Ivory Cost                 |



#### Implementing Partners:

|                    |         |
|--------------------|---------|
| <b>Health/ HIV</b> | Network |
| <b>Nutrition</b>   | Network |
| <b>WatSan</b>      | CARITAS |



### Operational Summary

UNHCR in Sierra Leone is gradually pursuing a strategy of durable solutions with an eventual exit. The main objective for the Programme in 2009 was the Local Integration launched in 2007 aiming to increase the absorption capacity of the Ministry of Health and Sanitation, civil societies groups dealing with health issues and the communities within the locations hosting refugees: Largo, Tobanda, Gondama, Gerihum, Taiama, Jimmi bagbo, Jembe, Bandajuma in the rural areas; other refugees are living in urban areas of Bo, Kenema and Freetown.

In an effort to exit; activities targeted durable solutions for Liberian refugees who opt to locally integrate in Sierra Leone.

The quality/level of assistance provided to refugees was comparable to their host community counterpart. The point of entry into the health system was the primary level at a public peripheral facility (health post, health centre) with initial consultation and treatment provided by nurse clinicians.

The Ministry of Health and Sanitation's policies and guideline were followed in term of accessing services.

UNHCR has made major contributions toward building the capacity of the District Health Management Teams (DHMT) in term of referral and donated ambulances to Bo, Kenema DHMT in provinces and Kingharman Road Hospital in Freetown.

Three implementing partners were selected: the National Commission for Social Action (NaCSA), for coordination and shelter construction, CARITAS for vocational life skills project, income generation activities and water and sanitation, HELP S/L for latrine construction and environmental activities, NMJD for health, HIV and food activities.

MSF-B has been the usual operational partners running center in 5 settlements.

Regarding HIV/AIDS; the main objective was to strengthen the national structures in the delivery of services geared towards HIV/AIDS

#### Conclusions

There is no more camp in Sierra Leone. Since 2008 UNHCR handed over health structures to the government ensuring that the minimum standards are met during the local integration programme. Activities were planned and implemented jointly with partners and Ministry of Health. Locally integrated refugees are enjoying the same level of care as the host community without any discrimination.

Some health facilities are operating on cost recovery basis (Tobanda, Largo, Taiama, Kissi, Kenema, Bo and Freetown) and refugees from those settlements are not benefiting from MSF free services like in the 5 other sites. There is a real need for Government to ensure that MSF follows the cost recovery policy. Essential drugs supplies and drug management are not yet organized properly at central and district level. UNHCR provided special support to extremely vulnerable individual and emergencies in term of payment of bills (consultation, hospitalization, drugs); food for hospitalized and one ambulance to facilitate their transport from settlement to hospital.

#### Recommendations and Action Points

As part of the local integration process, Standard Operating Procedure for medical services was established providing provision of medical assistance will target only the extremely vulnerable cases and emergency cases of non-vulnerable. Assistance should incorporate basic health care services and referral of cases that require specialized medical attention.

NaCSA will implement activities under the programme for the extremely vulnerable refugees, Health and some aspects of Community Services, the Ministry of Social welfare should play a key role in term of providing support to victims of SGBV in collaboration with NaCSA.

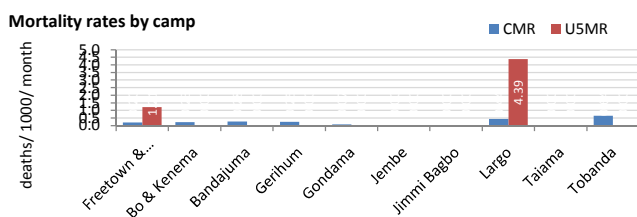
In collaboration with the Network of PLWHA, the National AIDS Secretariat and NaCSA, HIV/AIDS sensitization activities and condom distribution will continue in integrating area. Those activities will be implemented mainly by people living with HIV who have been capacitated with income generating project. Coordination and Collaboration with the District Team, Médecins Sans Frontières (MSF) and the beneficiary will be important.

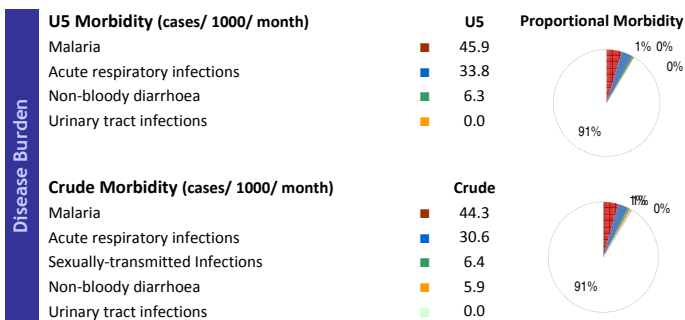
UNHCR should monitor the exit strategy process and facilitate some coordination meeting with stakeholders so that local integration can be assessed and action taken on time to address issues.

| Public Health Programme  | 2009  | Standard   |
|--|-------|------------|
| <b>Coordination</b><br>Do regular health coordination meetings take place? | Yes ✓ | Yes        |
| <b>Access to Health Services</b><br>No of HC facilities                    | 9     | 1: ≤10,000 |
| No of consultations per trained clinician per day                          | 38    | ≤ 50       |
| Utilisation Rate (new consultations/person/year)                           | 3.3   | 1-4        |
| Proportion of host population consultations                                |       | variable   |
| <b>Malaria</b><br>Has ACT been introduced as 1st-line treatment?           | Yes ✓ | Yes        |
| <b>Public Health Impact</b><br>Crude Mortality Rate (CMR) (1000/month)     | 0.21  | ≤ 1.5      |
| Under-fives Mortality Rate (U5MR) (1000/month)                             | 0.80  | ≤ 3.0      |
| Infant Mortality Rate (IMR) (1000 live births/year)                        | N/A   | ≤ 60       |
| Neonatal Mortality Rate (NMR) (1000 live births/yr)                        | N/A   | ≤ 40       |

Monthly meetings were planned at the District level and Central level, the Cholera committee was held on weekly basis during the meeting the Disease surveillance and control office was sharing the information, Planned meeting with the Ministry of health and others UN agencies were done and minutes shared. The proportion of host community is normally higher than refugee and that is reflected on some of the indicators. The government has adopted ACT as first line malaria treatment, and Global fund has been funded the drugs for the health Facilities, but yet there is lack of drug at Community Health Unit level that may have reduced the frequentation. The information from health Facilities are provided mostly by the District Health Team, the information concerning only refugee separately is a challenge.

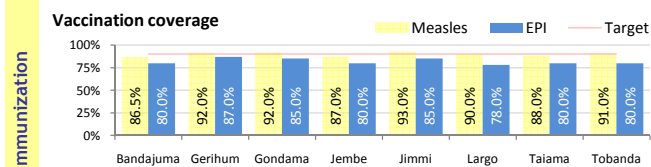
Mainly the vulnerable population were targeted with intervention and assistance was provided for non vulnerable refugees having costly medical condition who could not pay for their treatment. A referral system, especially for emergencies and the Extremely Vulnerable Individuals (EVIs) was established. The payment of medical bills including the buying of drugs for all the EVIs as well as for emergency cases was organized. An ambulance was made available for the transportation from rural area to urban hospital. For the General population, MSF provided supply in 5 areas. Clinics operation on cost recovery basis usually face drug stock outs.





Malaria has been the main morbidity follow by respiratory infection and diarrhoea. Global Fund programmes have covered malaria treatment, mosquito net distribution, TB, HIV treatment, but unfortunately ACT were not available all the time at the District level. MSF has provided ACT to Gerium, Jembe, Gondama, Jimmi bagbo and Bandajuma.

A mosquito net campaign was done in 2009. Essential drugs supplies and drug management are not yet organized properly. UNHCR intervention like water rehabilitation/construction of wells and the epidemic preparedness and response activities: hygiene campaign, distribution of cleaning equipment, installation of wash hand tank and the training of community worker in integrating area surly contributed a lot and will have more effect in 2010.



UNHCR provided logistic support to the Ministry of Health to convey vaccine during the mass campaign.

The Organisation key role to ensure that the UN agencies are supporting District accordingly and also to ensure that refugees are informed not only for vaccination campaign but routine EPI services. UNHCR monitored the solar fridge donated at Tobanda and ensured that the District is making good use of the equipment.

**Reproductive Health**

| Indicator   | Value | Standard |
|---|-------|----------|
| Coverage of complete ANC care (4 or more visits)        | N/A   | 100%     |
| Proportion births attended by skilled person            | N/A   | ≥ 50%    |
| Proportion of birth taking place in EmOC facilities     | N/A   | ≥ 50%    |
| Proportion of low birth weight deliveries (<2500g)      | N/A   | ≤ 15%    |
| <b>Family Planning</b>                                  |       |          |
| Proportion of women using contraceptives                | N/A   | ≥ 30%    |
| <b>Sexual and Gender-based Violence</b>                 |       |          |
| Incidence of rape (reported cases / 10,000/ year)       | N/A   | variable |
| Proportion of rape survivors who receive PEP <72 h      | N/A   | 100%     |
| Proportion of rape survivors who receive ECP <120 h     | N/A   | 100%     |
| Prop. of rape survivors receiving STI prophylaxis <2wks | N/A   | 100%     |

The data collection has been a weakness although the comprehensive reproductive health services were provided by the Ministry of Health and Sanitation in collaboration with UNFPA. The Ministry of Health have been capacitated for the establishment of National Data system at central level. Reproductive services were available but data are not yet available. UNHCR donated a vehicle to the Ministry of Social Welfare for Kenema District. In 2010 there is need for improved coordination in order to monitor SGBV indicators.

**HIV/AIDS**

| Indicator  | Value | Standard |
|--|-------|----------|
| <b>Protection</b>  |       |          |
| Are PoCs included in national HIV strategic plans?       | Yes   | Yes      |
| <b>Monitoring and Evaluation</b>                         |       |          |
| Are PoCs included in national HIV sentinel surveillance? | Yes   | Yes      |
| Date of last BSS/ KAPB survey                            |       |          |
| <b>Prevention</b>  |       |          |
| Condom distribution rate (Nr. of condoms/person/month)   | 2.2   | ≥ 0.5    |
| Does appropriate IEC material exist for PoCs?            | N/A   | Yes      |
| Are risk groups targeted with prevention programs?       | N/A   | Yes      |
| Proportion of donated blood units screened for HIV       | 100%  | 100%     |
| PMTCT coverage rate                                      | 10%   | 100%     |
| <b>Care and Treatment</b>                                |       |          |
| Do PoC's have equal access to ART as host community?     | Yes   | Yes      |
| Nr. of HIV Positive POCs receiving ART                   | 15    | variable |
| Prop. of HIV-pos mothers receiving cotrim. prophylaxis   | N/A   | 100%     |
| Prop. of HIV-pos infants receiving cotrim. prophylaxis   | N/A   | 100%     |

The National Response on AIDS priority area 2 includes the prevention of new infection to refugees. The Government is responsible for the provision of HIV services at the health facilities. Toward the exit strategy target, UNHCR worked closely with the National AIDS Secretariat. The support provided aims at the inclusion in the national framework of all HIV/AIDS activities and the capacity building. The following activities were implemented: Support to people living with HIV in sustainable business to enable them support family livelihood and ensure sensitization within the settlement. Two support group were provided with cassava processing machines and the proceeds from the business is helping them to support them self and also to organized sensitization session in local integrated areas. In collaboration with the Pretoria University one training on stigma and discrimination for 32 religious leaders was done. 26 Peers educator were trained and supported with bike and sensitization material (drama and cultural costumes, musical instruments. Condom distribution and one photo exhibition for community were carried out and One PMTCT center established at Tobanda. The support to the world AIDS celebration was provided. All UN agencies worked as ONE UN and come up with a joint working plan including each agencie activities.

**WASH**

| Indicator   | Value  | Standard   |
|---|--------|------------|
| <b>Surveys &amp; Assessments</b>                          |        |            |
| Date of last nutrition survey                             | Oct-08 | 1 per year |
| Date of last Joint Assessment Mission (JAM)               | Jun-06 | 1 per year |
| <b>Malnutrition</b>                                       |        |            |
| Global acute malnutrition rate (GAM)                      | 9.2%   | ≤ 5%       |
| Severe acute malnutrition rate (SAM)                      | 2.7%   | ≤ 2%       |
| Prevalence of anaemia in children under five              | N/A    | ≤ 20%      |
| Prevalence of anaemia in women of reproductive age        | N/A    | ≤ 20%      |
| Average number of kilocalories per person per day         | N/A    | 2100       |
| <b>Food Security</b>                                      |        |            |
| Does UNHCR provide complimentary food?                    | Yes    |            |
| Did the general food ration change during the year?       | No     |            |
| Did WFP report any pipeline/stock breaks during the year? | N/A    | No         |
| Are PoCs included in national Food Security strategy?     | N/A    | Yes        |
| Proportion of ration sold by PoCs to buy other food items | N/A    | ≤ 30%      |

Special feeding to 257 extremely vulnerable persons in rural areas and food distribution for shelter construction was provided in collaboration with WFP. MSF conducted a survey in 5 health facilities where they are operating (Gondama, Jembe, Jimmi bagbo, Gerihum, Bandajuma) and come up with the GAM and SAM for both refugee locally integrated and host community in 2008.

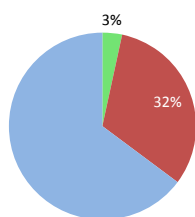
**WASH**

| Indicator  | Value | Standard |
|--|-------|----------|
| <b>Water, Sanitation and Hygiene</b>                     |       |          |
| Average quantity of potable water per person per day     | N/A   | ≥ 20L    |
| Nr. of persons per water tap                             | N/A   | ≤ 80     |
| Proportion of pop. living within 200 m from water point  | N/A   | 100%     |
| Nr. of persons per drop-hole in communal latrine         | N/A   | ≤ 20     |
| Proportion of families with latrines                     | 55%   | 100%     |
| Proportion of camps with 1 hygiene promoter/ 500 persons | 0%    | ≥ 75%    |
| Proport. of families receiving >250g soap/person/month   | N/A   | ≥ 90%    |

Two new hand dug wells fitted with cardiac pumps have been constructed; fifty two old wells rehabilitated in the local integration rural host community areas in the provinces. In all these areas, the number of persons per water well has been reduced considerably. In Sierra Leone, the communities where refugees are being intergrated do not have watter tap and communal latrine. The average quantity of potable water still inadequate considering the local population among whom the refugees are being intergrated. Thirty two people have been trained as water committee member, technicians and pump attendance, 4 for each rural settlement.

**Total Population** **2,048**

- Under-fives children 69
- Women of reproductive age 652



**Origin of refugees:**

- Liberia
- CHD, EGU, ICO, MAU, SRV

**Implementing Partners:**

**Health/ HIV** NMJD

**Nutrition** NMJD

**WatSan** CARITAS



### Public Health Programme

#### Access to Health Services

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

| 2009      | Standard |
|-----------|----------|
| Yes ✓ Yes |          |
| Yes       |          |
| 25 ✓ ≤ 50 |          |
| Yes ✓ Yes |          |
| Yes ✓ Yes |          |
| No ✗ Yes  |          |

Over 1000 refugees are located at Kissi town settlement where a community health center provides primary health care for the refugees and local population on cost recovery basis. A Standard Operating Procedure for medical services was established for the provision of medical assistance targeting only the extremely vulnerable cases (EVIs) and emergency cases. Non EVIs are enjoying the same treatment as host population and pay themselves for medical services and drugs.

### Public Health Status

#### Public Health Impact

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

| 2009         | Standard |
|--------------|----------|
| 0.20 ✓ ≤ 1.5 |          |
| 1.21 ✓ ≤ 3.0 |          |

#### Patient load

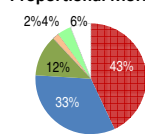
- Average number of new patients per month
- Average number of repeat patients per month
- Average number of referrals per month

|     |   |
|-----|---|
| N/A | ⓘ |
| N/A | ⓘ |
| N/A | ⓘ |

#### U5 Morbidity (%)

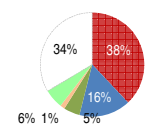
|                       | %    |
|-----------------------|------|
| Malaria               | 43.0 |
| Respiratory infection | 33.0 |
| Diarrhoea             | 12.0 |
| Dysentery             | 2.0  |
| Malnutrition          | 4.0  |

#### Proportional Morbidity



#### Crude Morbidity (&)

|                       | %    |
|-----------------------|------|
| Malaria               | 38.0 |
| Respiratory infection | 16.0 |
| Diarrhoea             | 5.0  |
| Dysentery             | 1.5  |
| STI                   | 6.0  |



### Nutrition

#### Malnutrition

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

| 2009        | Standard |
|-------------|----------|
| N/A ⓘ ≤ 5%  |          |
| N/A ⓘ ≤ 2%  |          |
| N/A ⓘ ≤ 20% |          |
| N/A ⓘ ≤ 20% |          |
| N/A ⓘ 2100  |          |

### Reproductive Health

#### Maternal and Newborn Health

- Do pregnant women have access to antenatal care?
- Do pregnant women have access to safe delivery care?
- Do women have access to family planning?

| 2009      | Standard |
|-----------|----------|
| Yes ✓ Yes |          |
| Yes ✓ Yes |          |
| Yes ✓ Yes |          |

The Ministry of Health and Sanitation provide reproductive health facilities for the general population without discrimination on cost recovery basis.

#### Sexual and Gender-based Violence

- Proportion of rape survivors who receive PEP <72 h
- Proportion of rape survivors who receive ECP <120 h

| 2009       | Standard |
|------------|----------|
| N/A ⓘ 100% |          |
| N/A ⓘ 100% |          |

### HIV/AIDS

#### Prevention

- Condom distribution rate (Nr. of condoms/person/month)
- Does appropriate IEC material exist for PoCs?
- Are risk groups targeted with prevention programs?
- Proportion of donated blood units screened for HIV
- Do pregnant & lactating women have access to PMTCT?

| 2009        | Standard |
|-------------|----------|
| 0.1 ✗ ≥ 0.5 |          |
| Yes ✓ Yes   |          |
| Yes ✓ Yes   |          |
| N/A ⓘ 100%  |          |
| Yes ✓ Yes   |          |

The indicator is showing the condoms received from UNHCR programme only. Refugee also received condoms from many sources (NGO, National AIDS Secretariat distribution, and the health facilities) which are not reflected in the indicator. The National AIDS Secretariat has established a condom committee which should ensure that the distribution is equitable across the country. HIV services are integrated in many health facilities and accessible to the city communities including refugees.

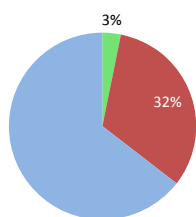
#### Care and Treatment

- Do PoC's have equal access to ART as host community?
- Nr. of HIV Positive POCs receiving ART
- Prop. of HIV-pos mothers receiving cotrim. prophylaxis
- Prop. of HIV-pos infants receiving cotrim. prophylaxis

|            |          |
|------------|----------|
| Yes ✓ Yes  |          |
| 7          | variable |
| N/A ⓘ 100% |          |
| N/A ⓘ 100% |          |

**Total Population** **2,880**

- Under-fives children 91
- Women of reproductive age 931



**Origin of refugees:**

Liberia

**Implementing Partners:**

**Health/ HIV** NMJD

**Nutrition** NMJD

**WatSan** CARITAS



**Public Health Programme**

**Access to Health Services**

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

| 2009      | Standard |
|-----------|----------|
| Yes ✓ Yes |          |
| Yes       |          |
| NA NA     | ≤ 50     |
| Yes ✓ Yes |          |
| Yes ✓ Yes |          |
| No ✗ Yes  |          |

In Kenema and Bo government hospital's out-patient unit provide primary health care and referral to in-patient care on cost recovery basis, Refugees and their host communities have access to the same facilities. Some few private health facilities are operating in the two locations. A Standard Operating Procedure for medical services was established for the provision of medical assistance targeting only the extremely vulnerable cases (EVIs) and emergency cases. Non EVIs are enjoying the same treatment as host populations and pay for medical services and drugs.

**Public Health Status**

**Public Health Impact**

- Crude Mortality Rate (CMR) (from survey) 0.23
- Under-fives Mortality Rate (U5MR) (from survey) 0.00

| 2009   | Standard |
|--------|----------|
| 0.23 ✓ | ≤ 1.5    |
| 0.00 ✓ | ≤ 3.0    |

**Patient load**

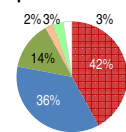
- Average number of new patients per month N/A
- Average number of repeat patients per month N/A
- Average number of referrals per month N/A

|     |   |
|-----|---|
| N/A | ⓘ |
| N/A | ⓘ |
| N/A | ⓘ |
| N/A | ⓘ |

**U5 Morbidity (%)**

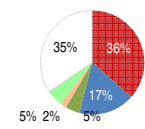
| Disease               | %    |
|-----------------------|------|
| Malaria               | 42.0 |
| Respiratory infection | 36.0 |
| Diarrhoea             | 14.0 |
| Dysentery             | 2.5  |
| Malnutrition          | 3.0  |

**Proportional Morbidity**



**Crude Morbidity (&)**

| Disease               | %    |
|-----------------------|------|
| Malaria               | 36.5 |
| Respiratory infection | 17.5 |
| Diarrhoea             | 4.5  |
| Dysentery             | 2.0  |
| STI                   | 5.0  |



**Nutrition**

**Malnutrition**

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

| 2009  | Standard |
|-------|----------|
| N/A ⓘ | ≤ 5%     |
| N/A ⓘ | ≤ 2%     |
| N/A ⓘ | ≤ 20%    |
| N/A ⓘ | ≤ 20%    |
| N/A ⓘ | 2100     |

**Reproductive Health**

**Maternal and Newborn Health**

- Do pregnant women have access to antenatal care? Yes
- Do pregnant women have access to safe delivery care? Yes
- Do women have access to family planning? Yes

| 2009      | Standard |
|-----------|----------|
| Yes ✓ Yes |          |
| Yes ✓ Yes |          |
| Yes ✓ Yes |          |

The Ministry of Health and Sanitation provide reproductive health services for the general population without discrimination on a cost recovery basis.

**Sexual and Gender-based Violence**

- Proportion of rape survivors who receive PEP <72 h N/A
- Proportion of rape survivors who receive ECP <120 h N/A

| 2009  | Standard |
|-------|----------|
| N/A ⓘ | 100%     |
| N/A ⓘ | 100%     |

**HIV/AIDS**

**Prevention**

- Condom distribution rate (Nr. of condoms/person/month) 1.8
- Does appropriate IEC material exist for PoCs? Yes
- Are risk groups targeted with prevention programs? Yes
- Proportion of donated blood units screened for HIV 100%
- Do pregnant & lactating women have access to PMTCT? Yes

| 2009      | Standard |
|-----------|----------|
| 1.8 ✓     | ≥ 0.5    |
| Yes ✓ Yes |          |
| Yes ✓ Yes |          |
| 100% ✓    | 100%     |
| Yes ✓ Yes |          |

HIV services are integrated in many health facilities and accessible to the city communities including refugees.

**Care and Treatment**

- Do PoC's have equal access to ART as host community? Yes
- Nr. of HIV Positive POCs receiving ART N/A
- Prop. of HIV-pos mothers receiving cotrim. prophylaxis N/A
- Prop. of HIV-pos infants receiving cotrim. prophylaxis N/A

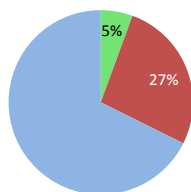
|           |          |
|-----------|----------|
| Yes ✓ Yes |          |
| N/A ⓘ     | variable |
| N/A ⓘ     | 100%     |
| N/A ⓘ     | 100%     |

#### Total Population

303

#### Origin of refugees:

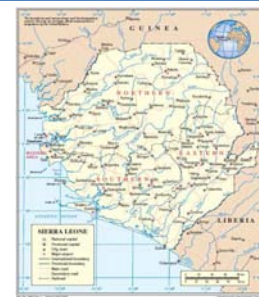
- Under-fives children 17
- Women of reproductive age 81



Established in: Jun-00

#### Implementing Partners:

- Health/ HIV NMJD
- Nutrition NMJD
- WatSan CARITAS



| Human Resources         | IP | Staffing | Standard  |
|-------------------------|----|----------|-----------|
| Medical Doctor          | 0  |          | 1:≤50,000 |
| Clinical Consultant     | 1  | 303      | 1:≤10,000 |
| Nurse (qualified)       | 1  | 303      | 1:≤10,000 |
| MCH / Midwife           | 1  | 303      | 1:≤10,000 |
| Community Health Worker | 5  | 61       | 500-1000  |
| Hygiene Promoter        | 2  | 152      | 1:≤500    |

| Access to Health Services                         | 2009 | Standard  |
|---|------|-----------|
| Nr of HC facilities                               | 1    | 1:≤10,000 |
| Nr of consultations per trained clinician per day | 45   | ≤ 50      |
| Utilisation Rate (new consultations/person/year)  | 3.5  | 1-4       |
| Proportion of host population consultations       |      | variable  |

| Malaria  | 2009 | Standard |
|--|------|----------|
| Has ACT been introduced as 1st-line treatment? | Yes  | Yes      |

| Public Health Impact                                | 2009 | Standard |
|---|------|----------|
| Crude Mortality Rate (CMR) (1000/month)             | 0.28 | ≤ 1.5    |
| Under-fives Mortality Rate (USMR) (1000/month)      | N/A  | ≤ 3.0    |
| Infant Mortality Rate (IMR) (1000 live births/year) | N/A  | ≤ 60     |
| Neonatal Mortality Rate (NMR) (1000 live births/yr) | N/A  | ≤ 40     |

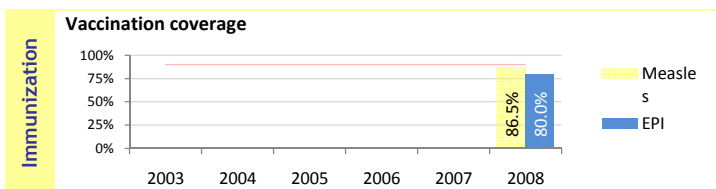
  

**Mortality Trends**

| U5 Morbidity (cases/ 1000/ month) | U5   | Proportional Morbidity |
|-----------------------------------|------|------------------------|
| Malaria                           | 45.0 | 91%                    |
| Acute respiratory infections      | 34.0 | 1%                     |
| Non-bloody diarrhoea              | 11.0 | 0%                     |
| Urinary tract infections          | 0.0  | 0%                     |

| Crude Morbidity (cases/ 1000/ month) | Crude | Proportional Morbidity |
|--------------------------------------|-------|------------------------|
| Malaria                              | 39.0  | 92%                    |
| Acute respiratory infections         | 30.0  | 1%                     |
| Non-bloody diarrhoea                 | 14.5  | 0%                     |



| Maternal and Newborn Health                         | 2009 | Standard |
|---|------|----------|
| Coverage of complete ANC care (4 or more visits)    | N/A  | 100%     |
| Proportion births attended by skilled person        | N/A  | ≥ 50%    |
| Proportion of birth taking place in EmOC facilities | N/A  | ≥ 50%    |
| Proportion of low birth weight deliveries (<2500g)  | N/A  | ≤ 15%    |

| Family Planning                          | 2009 | Standard |
|--|------|----------|
| Proportion of women using contraceptives | N/A  | ≥ 30%    |

| Sexual and Gender-based Violence                        | 2009 | Standard |
|---|------|----------|
| Incidence of rape (reported cases / 10,000/ year)       | N/A  | variable |
| Proportion of rape survivors who receive PEP <72 h      | N/A  | 100%     |
| Proportion of rape survivors who receive ECP <120 h     | N/A  | 100%     |
| Prop. of rape survivors receiving STI prophylaxis <2wks | N/A  | 100%     |

| Prevention   | 2009 | Standard |
|--|------|----------|
| Condom distribution rate (Nr. of condoms/person/month) | 5    | ≥ 0.5    |
| Does appropriate IEC material exist for PoCs?          | Yes  | Yes      |
| Are risk groups targeted with prevention programs?     | Yes  | Yes      |
| Proportion of donated blood units screened for HIV     | N/A  | 100%     |
| PMTCT coverage rate                                    | N/A  | 100%     |

| Care and Treatment                                     | 2009 | Standard |
|--|------|----------|
| Do PoCs have equal access to ART as host community?    | Yes  | Yes      |
| Nr. of HIV Positive PoCs receiving ART                 | N/A  | variable |
| Prop. of HIV-pos mothers receiving cotrim. prophylaxis | N/A  | 100%     |
| Prop. of HIV-pos infants receiving cotrim. prophylaxis | N/A  | 100%     |

| Malnutrition                                       | 2009 | Standard |
|--|------|----------|
| Global acute malnutrition rate (GAM)               | N/A  | ≤ 5%     |
| Severe acute malnutrition rate (SAM)               | N/A  | ≤ 2%     |
| Prevalence of anaemia in children under five       | N/A  | ≤ 20%    |
| Prevalence of anaemia in women of reproductive age | N/A  | ≤ 20%    |
| Average number of kilocalories per person per day  | N/A  | 2100     |

| Water, Sanitation and Hygiene                           | 2009 | Standard |
|---|------|----------|
| Average quantity of potable water per person per day    | 19   | ≥ 20L    |
| Nr. of persons per water tap                            | N/A  | ≤ 80     |
| Proportion of pop. living within 200 m from water point | N/A  | 100%     |
| Nr. of persons per drop-hole in communal latrine        | N/A  | ≤ 20     |
| Proportion of families with latrines                    | 80%  | 100%     |
| Proport. of families receiving >250g soap/person/month  | 0%   | ≥ 90%    |

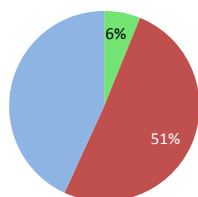
### Observations

The data are mostly from the District Medical Team. The Bandajuma Community Health Center is in Pujehun District. The estimated population is about 15,000. Refugees are gradually integrated in the host community. There are no more camps. Data are no longer collected separately for refugees and host community. Refugees are enjoying the same services and facing the some health problems with their respective host communities. The proportion of refugees is too small compared to the host community. In clinics supported by MSF-B services are free of charge. For latrines, the indicator considered the refugees families who have opted for local integration. Condom distribution and SGBV indicators are taken from refugees only.





|                           |            |
|---------------------------|------------|
| <b>Total Population</b>   | <b>327</b> |
| Under-fives children      | 20         |
| Women of reproductive age | 166        |



**Origin of refugees:**  
Liberia

**Established in:** Mar-01

**Implementing Partners:**

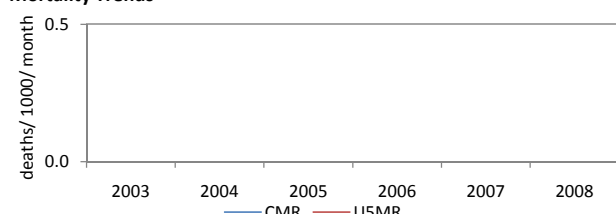
**Health/ HIV** NMJD  
**Nutrition** NMJD  
**WatSan** CARITAS



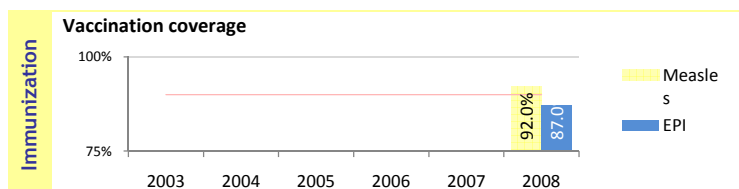
| Public Health Programme                           | Human Resources | IP  | Staffing    | Standard        |
|---|-----------------|-----|-------------|-----------------|
|   | Medical Doctor  | 0   |             |                 |
| Clinical Consultant                               | 1               | 327 | ✓           | 1:≤10,000       |
| Nurse (qualified)                                 | 1               | 327 | ✓           | 1:≤10,000       |
| MCH / Midwife                                     | 1               | 327 | ✓           | 1:≤10,000       |
| Community Health Worker                           | 5               | 65  | ✓           | 500-1000        |
| Hygiene Promoter                                  | 2               | 164 | ✓           | 1:≤500          |
| <b>Access to Health Services</b>                  |                 |     | <b>2009</b> | <b>Standard</b> |
| No of HC facilities                               |                 | 1   | ✓           | 1:≤10,000       |
| No of consultations per trained clinician per day |                 | 42  | ✓           | ≤ 50            |
| Utilisation Rate (new consultations/person/year)  |                 | 3.0 | ✓           | 1-4             |
| Proportion of host population consultations       |                 |     |             | variable        |
| <b>Malaria</b>                                    |                 |     |             |                 |
| Has ACT been introduced as 1st-line treatment?    |                 | Yes | ✓           | Yes             |

| Public Health Status                                | Public Health Impact                    | 2009 | Standard |
|---|---|------|----------|
|   | Crude Mortality Rate (CMR) (1000/month) | 0.25 | ✓        |
| Under-fives Mortality Rate (U5MR) (1000/month)      | N/A                                     | ⓘ    | ≤ 3.0    |
| Infant Mortality Rate (IMR) (1000 live births/year) | N/A                                     | ⓘ    | ≤ 60     |
| Neonatal Mortality Rate (NMR) (1000 live births/yr) | N/A                                     | ⓘ    | ≤ 40     |

#### Mortality Trends



| Disease Burden                              | U5 Morbidity (cases/ 1000/ month) | U5           | Proportional Morbidity |
|---|-----------------------------------|--------------|------------------------|
|   | Malaria                           | 45.0         | 1%                     |
| Acute respiratory infections                | 39.0                              | 0%           |                        |
| Non-bloody diarrhoea                        | 6.0                               | 0%           |                        |
| <b>Crude Morbidity (cases/ 1000/ month)</b> |                                   | <b>Crude</b> |                        |
| Malaria                                     | 49.0                              | 0%           |                        |
| Acute respiratory infections                | 37.5                              | 0%           |                        |
| Non-bloody diarrhoea                        | 3.0                               | 91%          |                        |
| Sexually-transmitted infections             | 5.0                               | 0%           |                        |



| Reproductive Health                                     | Maternal and Newborn Health                      | 2009 | Standard |
|---|--|------|----------|
|   | Coverage of complete ANC care (4 or more visits) | N/A  | ⓘ        |
| Proportion births attended by skilled person            | N/A  | ⓘ    | ≥ 50%    |
| Proportion of birth taking place in EmOC facilities     | N/A  | ⓘ    | ≥ 50%    |
| Proportion of low birth weight deliveries (<2500g)      | N/A  | ⓘ    | ≤ 15%    |
| <b>Family Planning</b>                                  |  |      |          |
| Proportion of women using contraceptives                | N/A  | ⓘ    | ≥ 30%    |
| <b>Sexual and Gender-based Violence</b>                 |  |      |          |
| Incidence of rape (reported cases / 10,000/ year)       | N/A  | ⓘ    | variable |
| Proportion of rape survivors who receive PEP <72 h      | N/A  | ⓘ    | 100%     |
| Proportion of rape survivors who receive ECP <120 h     | N/A  | ⓘ    | 100%     |
| Prop. of rape survivors receiving STI prophylaxis <2wks | N/A  | ⓘ    | 100%     |

| HIV/AIDS   | Prevention   | 2009 | Standard |
|--|--|------|----------|
|  | Condom distribution rate (Nr. of condoms/person/month) | 2    | ✓        |
| Does appropriate IEC material exist for PoCs?          | Yes  | ✓    | Yes      |
| Are risk groups targeted with prevention programs?     | Yes  | ✓    | Yes      |
| Proportion of donated blood units screened for HIV     | N/A  | ⓘ    | 100%     |
| PMTCT coverage rate                                    | N/A  | ⓘ    | 100%     |
| <b>Care and Treatment</b>                              |  |      |          |
| Do PoC's have equal access to ART as host community?   | Yes  | ✓    | Yes      |
| Nr. of HIV Positive POCs receiving ART                 | N/A  | ⓘ    | variable |
| Prop. of HIV-pos mothers receiving cotrim. prophylaxis | No PMTCT   |      | 100%     |
| Prop. of HIV-pos infants receiving cotrim. prophylaxis | No PMTCT   |      | 100%     |

| Nutrition  | Malnutrition                         | 2009 | Standard |
|--|--------------------------------------|------|----------|
|  | Global acute malnutrition rate (GAM) | 9.2% | ⚠        |
| Severe acute malnutrition rate (SAM)               | 2.7%                                 | ⚠    | ≤ 2%     |
| Prevalence of anaemia in children under five       | N/A                                  | ⓘ    | ≤ 20%    |
| Prevalence of anaemia in women of reproductive age | N/A                                  | ⓘ    | ≤ 20%    |
| Average number of kilocalories per person per day  | N/A                                  | ⓘ    | 2100     |

| WASH  | Water, Sanitation and Hygiene                        | 2009 | Standard |
|---|--|------|----------|
|   | Average quantity of potable water per person per day | 12   | ✗        |
| Nr. of persons per water tap                            | N/A  | ⓘ    | ≤ 80     |
| Proportion of pop. living within 200 m from water point | N/A  | ⓘ    | 100%     |
| Nr. of persons per drop-hole in communal latrine        | N/A  | ⓘ    | ≤ 20     |
| Proportion of families with latrines                    | 70%  | ✗    | 100%     |
| Proport. of families receiving >250g soap/person/month  | N/A  | ⓘ    | ≥ 90%    |

## Observations

The data are from the District Medical Team, Gerihum, Bo District with an estimated population of 22,000. Refugees are gradually integrated in the host community. There are no more camps. Data are no longer collected separately for refugees and host community. Refugees are enjoying the same services and facing the some health problems with their respective host communities. The proportion of refugees is too small compared to the host community. In clinics supported by MSF-B services are free of charge. For latrines, the indicator considered the refugees families who have opted for local integration. Condom distribution and SGBV indicators are taken from refugees only.

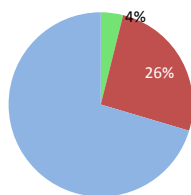


#### Total Population

1,131

#### Origin of refugees:

- Under-fives children: 44
- Women of reproductive age: 291



Established in: Jun-02

#### Implementing Partners:

- Health/ HIV: NMJD
- Nutrition: NMJD
- WatSan: CARITAS



| Human Resources         | IP | Staffing | Standard  |
|-------------------------|----|----------|-----------|
| Medical Doctor          | 1  | 1,131    | 1:≤50,000 |
| Clinical Consultant     | 2  | 566      | 1:≤10,000 |
| Nurse (qualified)       | 1  | 1,131    | 1:≤10,000 |
| MCH / Midwife           | 1  | 1,131    | 1:≤10,000 |
| Community Health Worker | 5  | 226      | 500-1000  |
| Hygiene Promoter        | 2  | 566      | 1:≤500    |

| Access to Health Services                        | 2009 | Standard  |
|--|------|-----------|
| № of HC facilities                               | 2    | 1:≤10,000 |
| № of consultations per trained clinician per day | 47   | ≤ 50      |
| Utilisation Rate (new consultations/person/year) | 4.0  | 1-4       |
| Proportion of host population consultations      |      | variable  |

| Malaria  | Yes | Standard |
|--|-----|----------|
| Has ACT been introduced as 1st-line treatment? | Yes | Yes      |

| Public Health Impact                                | 2009 | Standard |
|---|------|----------|
| Crude Mortality Rate (CMR) (1000/month)             | 0.07 | ≤ 1.5    |
| Under-fives Mortality Rate (USMR) (1000/month)      | N/A  | ≤ 3.0    |
| Infant Mortality Rate (IMR) (1000 live births/year) | N/A  | ≤ 60     |
| Neonatal Mortality Rate (NMR) (1000 live births/yr) | N/A  | ≤ 40     |

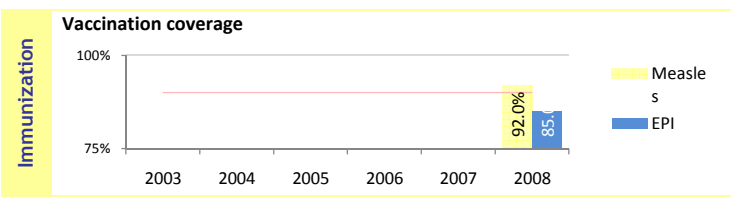
  

**Mortality Trends**

| U5 Morbidity (cases/ 1000/ month) | U5   | Proportional Morbidity |
|-----------------------------------|------|------------------------|
| Malaria                           | 44.5 |                        |
| Acute respiratory infections      | 34.0 |                        |
| Non-bloody diarrhoea              | 5.0  |                        |

| Crude Morbidity (cases/ 1000/ month) | Crude |
|--------------------------------------|-------|
| Malaria                              | 46.0  |
| Acute respiratory infections         | 35.0  |
| Non-bloody diarrhoea                 | 5.0   |
| Sexually-transmitted infections      | 5.0   |

| Maternal and Newborn Health                         | 2009 | Standard |
|---|------|----------|
| Coverage of complete ANC care (4 or more visits)    | N/A  | 100%     |
| Proportion births attended by skilled person        | N/A  | ≥ 50%    |
| Proportion of birth taking place in EmOC facilities | N/A  | ≥ 50%    |
| Proportion of low birth weight deliveries (<2500g)  | N/A  | ≤ 15%    |

| Family Planning                          | 2009 | Standard |
|--|------|----------|
| Proportion of women using contraceptives | N/A  | ≥ 30%    |

| Sexual and Gender-based Violence                        | 2009 | Standard |
|---|------|----------|
| Incidence of rape (reported cases / 10,000/ year)       | N/A  | variable |
| Proportion of rape survivors who receive PEP <72 h      | N/A  | 100%     |
| Proportion of rape survivors who receive ECP <120 h     | N/A  | 100%     |
| Prop. of rape survivors receiving STI prophylaxis <2wks | N/A  | 100%     |

| Prevention   | 2009 | Standard |
|--|------|----------|
| Condom distribution rate (Nr. of condoms/person/month) | 1.5  | ≥ 0.5    |
| Does appropriate IEC material exist for PoCs?          | Yes  | Yes      |
| Are risk groups targeted with prevention programs?     | Yes  | Yes      |
| Proportion of donated blood units screened for HIV     | N/A  | 100%     |
| PMTCT coverage rate                                    | N/A  | 100%     |

| Care and Treatment                                     | 2009 | Standard |
|--|------|----------|
| Do PoC's have equal access to ART as host community?   | Yes  | Yes      |
| Nr. of HIV Positive POCs receiving ART                 | N/A  | variable |
| Prop. of HIV-pos mothers receiving cotrim. prophylaxis | N/A  | 100%     |
| Prop. of HIV-pos infants receiving cotrim. prophylaxis | N/A  | 100%     |

| Malnutrition                                       | 2009 | Standard |
|--|------|----------|
| Global acute malnutrition rate (GAM)               | 9.2% | ≤ 5%     |
| Severe acute malnutrition rate (SAM)               | 2.7% | ≤ 2%     |
| Prevalence of anaemia in children under five       | N/A  | ≤ 20%    |
| Prevalence of anaemia in women of reproductive age | N/A  | ≤ 20%    |
| Average number of kilocalories per person per day  | N/A  | 2100     |

| Water, Sanitation and Hygiene                           | 2009 | Standard |
|---|------|----------|
| Average quantity of potable water per person per day    | 9    | ≥ 20L    |
| Nr. of persons per water tap                            | N/A  | ≤ 80     |
| Proportion of pop. living within 200 m from water point | N/A  | 100%     |
| Nr. of persons per drop-hole in communal latrine        | N/A  | ≤ 20     |
| Proportion of families with latrines                    | 50%  | 100%     |
| Proport. of families receiving >250g soap/person/month  | N/A  | ≥ 90%    |

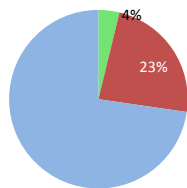
### Observations

The data are from the District Medical Team, Gondama, Bo District covering a estimated population of 25,000. Refugees are gradually integrated in the host community. There are no more camps. Data are no longer collected separately for refugees and host community. Refugees are enjoying the same services and facing the some health problems with their respective host communities. The proportion of refugees is too small compared to the host community. In clinics supported by MSF-B services are free of charge. For latrines, the indicator considered the refugees families who have opted for local integration. Condom distribution and SGBV indicators are taken from refugees only.



**Total Population** 396

- Under-fives children 15
- Women of reproductive age 93



**Origin of refugees:**  
Liberia

**Established in:** Jan-01

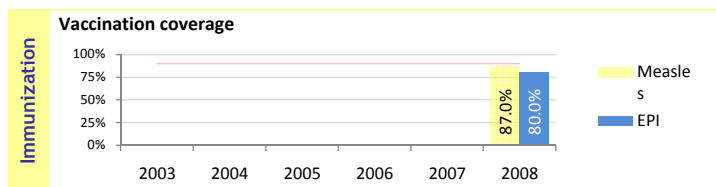
**Implementing Partners:**  
**Health/ HIV** NMJD  
**Nutrition** NMJD  
**WatSan** CARITAS



| Public Health Programme | Human Resources                                   | IP  | Staffing    | Standard        |
|-------------------------|---|-----|-------------|-----------------|
|                         | Medical Doctor                                    | 0   |             | 1:≤50,000       |
|                         | Clinical Consultant                               | 1   | 396         | 1:≤10,000       |
|                         | Nurse (qualified)                                 | 2   | 198         | 1:≤10,000       |
|                         | MCH / Midwife                                     | 1   | 396         | 1:≤10,000       |
|                         | Community Health Worker                           | 5   | 79          | 500-1000        |
|                         | Hygiene Promoter                                  | 2   | 198         | 1:≤500          |
|                         | <b>Access to Health Services</b>                  |     | <b>2009</b> | <b>Standard</b> |
|                         | No of HC facilities                               | 1   | ✓           | 1:≤10,000       |
|                         | No of consultations per trained clinician per day | 48  | ✓           | ≤ 50            |
|                         | Utilisation Rate (new consultations/person/year)  | 3.0 | ✓           | 1-4             |
|                         | Proportion of host population consultations       |     |             | variable        |
|                         | <b>Malaria</b>                                    |     |             |                 |
|                         | Has ACT been introduced as 1st-line treatment?    | Yes | ✓           | Yes             |

| Public Health Status | Public Health Impact                                | 2009 | Standard |
|----------------------|---|------|----------|
|                      | Crude Mortality Rate (CMR) (1000/month)             | N/A  | ≤ 1.5    |
|                      | Under-fives Mortality Rate (U5MR) (1000/month)      | N/A  | ≤ 3.0    |
|                      | Infant Mortality Rate (IMR) (1000 live births/year) | N/A  | ≤ 60     |
|                      | Neonatal Mortality Rate (NMR) (1000 live births/yr) | N/A  | ≤ 40     |
|                      | <b>Mortality Trends</b>                             |      |          |
|                      |   |      |          |

| Disease Burden | U5 Morbidity (cases/ 1000/ month)           | U5           | Proportional Morbidity |
|----------------|---|--------------|------------------------|
|                | Malaria                                     | 49.0         | 38%                    |
|                | Acute respiratory infections                | 34.0         | 56%                    |
|                | Non-bloody diarrhoea                        | 5.0          | 0%                     |
|                | Urinary tract infections                    | NA           | 0%                     |
|                | Intestinal worms                            | NA           | 0%                     |
|                | <b>Crude Morbidity (cases/ 1000/ month)</b> | <b>Crude</b> |                        |
|                | Malaria                                     | 47.0         | 34%                    |
|                | Acute respiratory infections                | 29.0         | 55%                    |
|                | Non-bloody diarrhoea                        | 3.0          | 7%                     |
|                | Urinary tract infections                    | NA           | 0%                     |
|                | Sexually-transmitted infections             | 6.0          | 4%                     |



| Reproductive Health | Maternal and Newborn Health                             | 2009 | Standard |
|---------------------|---|------|----------|
|                     | Coverage of complete ANC care (4 or more visits)        | N/A  | 100%     |
|                     | Proportion births attended by skilled person            | N/A  | ≥ 50%    |
|                     | Proportion of birth taking place in EmOC facilities     | N/A  | ≥ 50%    |
|                     | Proportion of low birth weight deliveries (<2500g)      | N/A  | ≤ 15%    |
|                     | <b>Family Planning</b>                                  |      |          |
|                     | Proportion of women using contraceptives                | N/A  | ≥ 30%    |
|                     | <b>Sexual and Gender-based Violence</b>                 |      |          |
|                     | Incidence of rape (reported cases / 10,000/ year)       | N/A  | variable |
|                     | Proportion of rape survivors who receive PEP <72 h      | N/A  | 100%     |
|                     | Proportion of rape survivors who receive ECP <120 h     | N/A  | 100%     |
|                     | Prop. of rape survivors receiving STI prophylaxis <2wks | N/A  | 100%     |

| HIV/AIDS | Prevention   | 2009 | Standard |
|----------|--|------|----------|
|          | Condom distribution rate (Nr. of condoms/person/month) | 2    | ≥ 0.5    |
|          | Does appropriate IEC material exist for PoCs?          | Yes  | Yes      |
|          | Are risk groups targeted with prevention programs?     | Yes  | Yes      |
|          | Proportion of donated blood units screened for HIV     | N/A  | 100%     |
|          | PMTCT coverage rate                                    | N/A  | 100%     |
|          | <b>Care and Treatment</b>                              |      |          |
|          | Do PoC's have equal access to ART as host community?   | Yes  | Yes      |
|          | Nr. of HIV Positive POCs receiving ART                 | 3    | variable |
|          | Prop. of HIV-pos mothers receiving cotrim. prophylaxis | N/A  | 100%     |
|          | Prop. of HIV-pos infants receiving cotrim. prophylaxis | 100% | 100%     |

| Nutrition | Malnutrition                                       | 2009 | Standard |
|-----------|--|------|----------|
|           | Global acute malnutrition rate (GAM)               | 9.2% | ≤ 5%     |
|           | Severe acute malnutrition rate (SAM)               | 2.7% | ≤ 2%     |
|           | Prevalence of anaemia in children under five       | N/A  | ≤ 20%    |
|           | Prevalence of anaemia in women of reproductive age | N/A  | ≤ 20%    |
|           | Average number of kilocalories per person per day  | N/A  | 2100     |

| WASH | Water, Sanitation and Hygiene                           | 2009 | Standard |
|------|---|------|----------|
|      | Average quantity of potable water per person per day    | 5    | ≥ 20L    |
|      | Nr. of persons per water tap                            | N/A  | ≤ 80     |
|      | Proportion of pop. living within 200 m from water point | N/A  | 100%     |
|      | Nr. of persons per drop-hole in communal latrine        | N/A  | ≤ 20     |
|      | Proportion of families with latrines                    | 60%  | 100%     |
|      | Proport. of families receiving >250g soap/person/month  | N/A  | ≥ 90%    |

### Observations

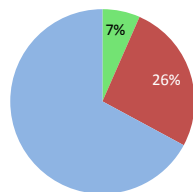
The data are from the District Medical Team. Jembe is in Bo District with an estimated population of 20,000. Refugees are gradually integrated in the host community. There are no more camps. Data are no longer collected separately for refugees and host community. Refugees are enjoying the same services and facing the same health problems with their respective host communities. The proportion of refugees is too small compared to the host community. In clinics supported by MSF-B services are free of charge. For latrines, the indicator considered the refugees families who have opted for local integration. Condom distribution and SGBV indicators are taken from refugees only.





**Total Population** **396**

- Under-fives children 26
- Women of reproductive age 104



**Origin of refugees:**  
Liberia

**Established in:** Nov-01

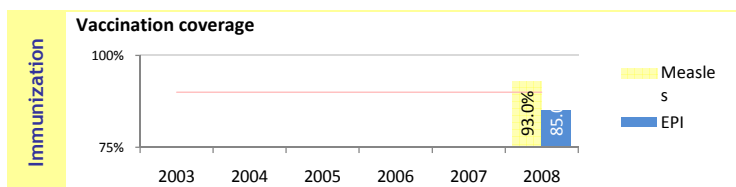
**Implementing Partners:**  
**Health/ HIV** NMJD  
**Nutrition** NMJD  
**WatSan** CARITAS



| Public Health Programme                        | Human Resources                                   | IP  | Staffing    | Standard  |                 |
|--|---|-----|-------------|-----------|-----------------|
| Public Health Programme                        | Medical Doctor                                    | 0   |             | 1:≤50,000 |                 |
|  | Clinical Consultant                               | 1   | 396         | 1:≤10,000 |                 |
|  | Nurse (qualified)                                 | 2   | 198         | 1:≤10,000 |                 |
|  | MCH / Midwife                                     | 1   | 396         | 1:≤10,000 |                 |
|  | Community Health Worker                           | 5   | 79          | 500-1000  |                 |
|  | Hygiene Promoter                                  | 2   | 198         | 1:≤500    |                 |
|  | <b>Access to Health Services</b>                  |     | <b>2009</b> |           | <b>Standard</b> |
|  | No of HC facilities                               | 1   | ✓           | 1:≤10,000 |                 |
|  | No of consultations per trained clinician per day | 40  | ✓           | ≤ 50      |                 |
|  | Utilisation Rate (new consultations/person/year)  | 4.0 | ✓           | 1-4       |                 |
| Proportion of host population consultations    |   |     | variable    |           |                 |
| <b>Malaria</b>                                 |   |     |             |           |                 |
| Has ACT been introduced as 1st-line treatment? | Yes   | ✓   | Yes         |           |                 |

| Public Health Status | Public Health Impact   | 2009                    | Standard                 |  |      |                         |                          |      |     |     |      |     |     |      |     |     |      |     |     |      |     |     |      |     |     |
|----------------------|--|-------------------------|--------------------------|--|------|-------------------------|--------------------------|------|-----|-----|------|-----|-----|------|-----|-----|------|-----|-----|------|-----|-----|------|-----|-----|
| Public Health Status | Crude Mortality Rate (CMR) (1000/month)  | N/A                     | ≤ 1.5                    |  |      |                         |                          |      |     |     |      |     |     |      |     |     |      |     |     |      |     |     |      |     |     |
|                      | Under-fives Mortality Rate (U5MR) (1000/month)   | N/A                     | ≤ 3.0                    |  |      |                         |                          |      |     |     |      |     |     |      |     |     |      |     |     |      |     |     |      |     |     |
|                      | Infant Mortality Rate (IMR) (1000 live births/year)  | N/A                     | ≤ 60                     |  |      |                         |                          |      |     |     |      |     |     |      |     |     |      |     |     |      |     |     |      |     |     |
|                      | Neonatal Mortality Rate (NMR) (1000 live births/yr)  | N/A                     | ≤ 40                     |  |      |                         |                          |      |     |     |      |     |     |      |     |     |      |     |     |      |     |     |      |     |     |
|                      | <b>Mortality Trends</b>  |                         |                          |  |      |                         |                          |      |     |     |      |     |     |      |     |     |      |     |     |      |     |     |      |     |     |
|                      |  |                         |                          |  |      |                         |                          |      |     |     |      |     |     |      |     |     |      |     |     |      |     |     |      |     |     |
|                      | <table border="1"> <caption>Mortality Trends Data</caption> <thead> <tr> <th>Year</th> <th>CMR (deaths/1000/month)</th> <th>U5MR (deaths/1000/month)</th> </tr> </thead> <tbody> <tr> <td>2003</td> <td>0.0</td> <td>0.0</td> </tr> <tr> <td>2004</td> <td>0.0</td> <td>0.0</td> </tr> <tr> <td>2005</td> <td>0.0</td> <td>0.0</td> </tr> <tr> <td>2006</td> <td>0.0</td> <td>0.0</td> </tr> <tr> <td>2007</td> <td>0.0</td> <td>0.0</td> </tr> <tr> <td>2008</td> <td>0.0</td> <td>0.0</td> </tr> </tbody> </table> |                         |                          |  | Year | CMR (deaths/1000/month) | U5MR (deaths/1000/month) | 2003 | 0.0 | 0.0 | 2004 | 0.0 | 0.0 | 2005 | 0.0 | 0.0 | 2006 | 0.0 | 0.0 | 2007 | 0.0 | 0.0 | 2008 | 0.0 | 0.0 |
|                      | Year   | CMR (deaths/1000/month) | U5MR (deaths/1000/month) |  |      |                         |                          |      |     |     |      |     |     |      |     |     |      |     |     |      |     |     |      |     |     |
|                      | 2003   | 0.0                     | 0.0                      |  |      |                         |                          |      |     |     |      |     |     |      |     |     |      |     |     |      |     |     |      |     |     |
|                      | 2004   | 0.0                     | 0.0                      |  |      |                         |                          |      |     |     |      |     |     |      |     |     |      |     |     |      |     |     |      |     |     |
| 2005                 | 0.0  | 0.0                     |                          |  |      |                         |                          |      |     |     |      |     |     |      |     |     |      |     |     |      |     |     |      |     |     |
| 2006                 | 0.0  | 0.0                     |                          |  |      |                         |                          |      |     |     |      |     |     |      |     |     |      |     |     |      |     |     |      |     |     |
| 2007                 | 0.0  | 0.0                     |                          |  |      |                         |                          |      |     |     |      |     |     |      |     |     |      |     |     |      |     |     |      |     |     |
| 2008                 | 0.0  | 0.0                     |                          |  |      |                         |                          |      |     |     |      |     |     |      |     |     |      |     |     |      |     |     |      |     |     |

| Disease Burden                  | US Morbidity (cases/ 1000/ month)           | US   | Proportional Morbidity |  |
|---------------------------------|---|------|------------------------|--|
| Disease Burden                  | Malaria                                     | 42.0 |                        |  |
|                                 | Acute respiratory infections                | 35.6 |                        |  |
|                                 | Non-bloody diarrhoea                        | 6.0  |                        |  |
|                                 | Urinary tract infections                    | NA   |                        |  |
|                                 | Intestinal worms                            | NA   |                        |  |
|                                 | <b>Crude Morbidity (cases/ 1000/ month)</b> |      | <b>Crude</b>           |  |
|                                 | Malaria                                     | 38.0 |                        |  |
|                                 | Acute respiratory infections                | 32.1 |                        |  |
|                                 | Non-bloody diarrhoea                        | 7.0  |                        |  |
|                                 | Urinary tract infections                    | NA   |                        |  |
| Sexually-transmitted infections | 7.5   |      |                        |  |



| Reproductive Health                                     | Maternal and Newborn Health                         | 2009 | Standard |  |
|---|---|------|----------|--|
| Reproductive Health                                     | Coverage of complete ANC care (4 or more visits)    | N/A  | 100%     |  |
|   | Proportion births attended by skilled person        | N/A  | ≥ 50%    |  |
|   | Proportion of birth taking place in EmOC facilities | N/A  | ≥ 50%    |  |
|   | Proportion of low birth weight deliveries (<2500g)  | N/A  | ≤ 15%    |  |
|   | <b>Family Planning</b>                              |      |          |  |
|   | Proportion of women using contraceptives            | N/A  | ≥ 30%    |  |
|   | <b>Sexual and Gender-based Violence</b>             |      |          |  |
|   | Incidence of rape (reported cases / 10,000/ year)   | N/A  | variable |  |
|   | Proportion of rape survivors who receive PEP <72 h  | N/A  | 100%     |  |
|   | Proportion of rape survivors who receive ECP <120 h | N/A  | 100%     |  |
| Prop. of rape survivors receiving STI prophylaxis <2wks | N/A   | 100% |          |  |

| HIV/AIDS | Prevention   | 2009     | Standard |  |
|----------|--|----------|----------|--|
| HIV/AIDS | Condom distribution rate (Nr. of condoms/person/month) | 2        | ≥ 0.5    |  |
|          | Does appropriate IEC material exist for PoCs?          | Yes      | Yes      |  |
|          | Are risk groups targeted with prevention programs?     | Yes      | Yes      |  |
|          | Proportion of donated blood units screened for HIV     | N/A      | 100%     |  |
|          | PMTCT coverage rate                                    | N/A      | 100%     |  |
|          | <b>Care and Treatment</b>                              |          |          |  |
|          | Do PoC's have equal access to ART as host community?   | Yes      | Yes      |  |
|          | Nr. of HIV Positive POCs receiving ART                 | N/A      | variable |  |
|          | Prop. of HIV-pos mothers receiving cotrim. prophylaxis | No PMTCT | 100%     |  |
|          | Prop. of HIV-pos infants receiving cotrim. prophylaxis | No PMTCT | 100%     |  |

| Nutrition | Malnutrition                                       | 2009 | Standard |
|-----------|--|------|----------|
| Nutrition | Global acute malnutrition rate (GAM)               | 9.2% | ≤ 5%     |
|           | Severe acute malnutrition rate (SAM)               | 2.7% | ≤ 2%     |
|           | Prevalence of anaemia in children under five       | N/A  | ≤ 20%    |
|           | Prevalence of anaemia in women of reproductive age | N/A  | ≤ 20%    |
|           | Average number of kilocalories per person per day  | N/A  | 2100     |

| WASH | Water, Sanitation and Hygiene                           | 2009 | Standard |
|------|---|------|----------|
| WASH | Average quantity of potable water per person per day    | 6    | ≥ 20L    |
|      | Nr. of persons per water tap                            | N/A  | ≤ 80     |
|      | Proportion of pop. living within 200 m from water point | N/A  | 100%     |
|      | Nr. of persons per drop-hole in communal latrine        | N/A  | ≤ 20     |
|      | Proportion of families with latrines                    | 40%  | 100%     |
|      | Proport. of families receiving >250g soap/person/month  | N/A  | ≥ 90%    |

### Observations

The data are from the District Medical Team. Jimmi Bagbo is in Bo District with an estimated population of 13,000. Refugees are gradually integrated in the host community. There are no more camps. Data are no longer collected separately for refugees and host community. Refugees are enjoying the same services and facing the same health problems with their respective host communities. The proportion of refugees is too small compared to the host community. In clinics supported by MSF-B services are free of charge. For latrines, the indicator considered the refugees families who have opted for local integration. Condom distribution and SGBV indicators are taken from refugees only.



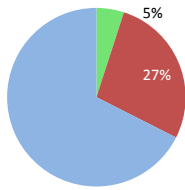
# Camp Fact Sheet 2009

## Largo

### Sierra Leone

### Public Health & HIV

|                           |            |
|---------------------------|------------|
| <b>Total Population</b>   | <b>379</b> |
| Under-fives children      | 19         |
| Women of reproductive age | 104        |



**Origin of refugees:**  
Liberia

**Established in:** Sep-02

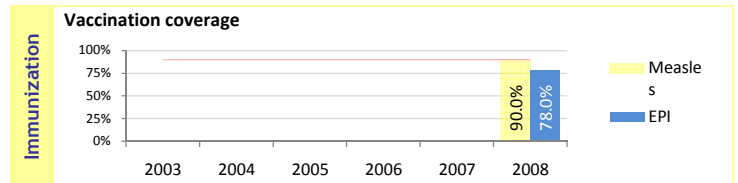
**Implementing Partners:**  
**Health/ HIV** NMJD  
**Nutrition** NMJD  
**WatSan** CARITAS



| Public Health Programme | Human Resources                                  | IP  | Staffing    | Standard        |
|-------------------------|--|-----|-------------|-----------------|
|                         | Medical Doctor                                   | 0   |             | 1:≤50,000       |
|                         | Clinical Consultant                              | 1   | 379         | 1:≤10,000       |
|                         | Nurse (qualified)                                | 1   | 379         | 1:≤10,000       |
|                         | MCH / Midwife                                    | 1   | 379         | 1:≤10,000       |
|                         | Community Health Worker                          | 2   | 190         | 500-1000        |
|                         | Hygiene Promoter                                 | 1   | 379         | 1:≤500          |
|                         | <b>Access to Health Services</b>                 |     | <b>2009</b> | <b>Standard</b> |
|                         | № of HC facilities                               | 1   | ✓           | 1:≤10,000       |
|                         | № of consultations per trained clinician per day | 32  | ✓           | ≤ 50            |
|                         | Utilisation Rate (new consultations/person/year) | 3.0 | ✓           | 1-4             |
|                         | Proportion of host population consultations      |     |             | variable        |
|                         | <b>Malaria</b>                                   |     |             |                 |
|                         | Has ACT been introduced as 1st-line treatment?   | Yes | ✓           | Yes             |

| Public Health Status | Public Health Impact                                | 2009 | Standard |
|----------------------|---|------|----------|
|                      | Crude Mortality Rate (CMR) (1000/month)             | 0.44 | ✓ ≤ 1.5  |
|                      | Under-fives Mortality Rate (U5MR) (1000/month)      | 4.39 | ✗ ≤ 3.0  |
|                      | Infant Mortality Rate (IMR) (1000 live births/year) | 0.0  | ✓ ≤ 60   |
|                      | Neonatal Mortality Rate (NMR) (1000 live births/yr) | 0.0  | ✓ ≤ 40   |
|                      | <b>Mortality Trends</b>                             |      |          |
|                      |   |      |          |

| Disease Burden | U5 Morbidity (cases/ 1000/ month)           | U5           | Proportional Morbidity |
|----------------|---|--------------|------------------------|
|                | Malaria                                     | 45.0         |                        |
|                | Acute respiratory infections                | 33.0         |                        |
|                | Non-bloody diarrhoea                        | 6.0          |                        |
|                | Urinary tract infections                    | NA           |                        |
|                | Intestinal worms                            | NA           |                        |
|                | <b>Crude Morbidity (cases/ 1000/ month)</b> | <b>Crude</b> |                        |
|                | Malaria                                     | 40.0         |                        |
|                | Acute respiratory infections                | 20.0         |                        |
|                | Non-bloody diarrhoea                        | 6.0          |                        |
|                | Urinary tract infections                    | NA           |                        |
|                | Sexually-transmitted infections             | 6.5          |                        |



| Reproductive Health | Maternal and Newborn Health                             | 2009 | Standard |
|---------------------|---|------|----------|
|                     | Coverage of complete ANC care (4 or more visits)        | N/A  | 100%     |
|                     | Proportion births attended by skilled person            | N/A  | ≥ 50%    |
|                     | Proportion of birth taking place in EmOC facilities     | N/A  | ≥ 50%    |
|                     | Proportion of low birth weight deliveries (<2500g)      | N/A  | ≤ 15%    |
|                     | <b>Family Planning</b>                                  |      |          |
|                     | Proportion of women using contraceptives                | N/A  | ≥ 30%    |
|                     | <b>Sexual and Gender-based Violence</b>                 |      |          |
|                     | Incidence of rape (reported cases / 10,000/ year)       | N/A  | variable |
|                     | Proportion of rape survivors who receive PEP <72 h      | N/A  | 100%     |
|                     | Proportion of rape survivors who receive ECP <120 h     | N/A  | 100%     |
|                     | Prop. of rape survivors receiving STI prophylaxis <2wks | N/A  | 100%     |

| HIV/AIDS | Prevention   | 2009 | Standard |
|----------|--|------|----------|
|          | Condom distribution rate (Nr. of condoms/person/month) | 3    | ✓ ≥ 0.5  |
|          | Does appropriate IEC material exist for PoCs?          | Yes  | ✓ Yes    |
|          | Are risk groups targeted with prevention programs?     | Yes  | ✓ Yes    |
|          | Proportion of donated blood units screened for HIV     | N/A  | 100%     |
|          | PMTCT coverage rate                                    | N/A  | 100%     |
|          | <b>Care and Treatment</b>                              |      |          |
|          | Do PoC's have equal access to ART as host community?   | Yes  | ✓ Yes    |
|          | Nr. of HIV Positive POCs receiving ART                 | 3    | variable |
|          | Prop. of HIV-pos mothers receiving cotrim. prophylaxis | N/A  | 100%     |
|          | Prop. of HIV-pos infants receiving cotrim. prophylaxis | N/A  | 100%     |

| Nutrition | Malnutrition                                       | 2009 | Standard   |
|-----------|--|------|------------|
|           | Global acute malnutrition rate (GAM)               | N/A  | 100% ≤ 5%  |
|           | Severe acute malnutrition rate (SAM)               | N/A  | 100% ≤ 2%  |
|           | Prevalence of anaemia in children under five       | N/A  | 100% ≤ 20% |
|           | Prevalence of anaemia in women of reproductive age | N/A  | 100% ≤ 20% |
|           | Average number of kilocalories per person per day  | N/A  | 100% 2100  |

| WASH | Water, Sanitation and Hygiene                           | 2009 | Standard   |
|------|---|------|------------|
|      | Average quantity of potable water per person per day    | 5    | ✗ ≥ 20L    |
|      | Nr. of persons per water tap                            | N/A  | 100% ≤ 80  |
|      | Proportion of pop. living within 200 m from water point | N/A  | 100%       |
|      | Nr. of persons per drop-hole in communal latrine        | N/A  | 100% ≤ 20  |
|      | Proportion of families with latrines                    | 50%  | ✗ 100%     |
|      | Proport. of families receiving >250g soap/person/month  | N/A  | 100% ≥ 90% |

### Observations

The data are from the District Medical Team. Largo is in Kenema District with an estimated population of 12,100. Refugees are gradually integrated in the host community. There are no more camps. Data are no longer collected separately for refugees and host community. Refugees are enjoying the same services and facing the same health problems with their respective host communities. The proportion of refugees is too small compared to the host community. In clinics supported by MSF-B services are free of charge. For latrines, the indicator considered the refugees families who have opted for local integration. Condom distribution and SGBV indicators are taken from refugees only.



## Taiama

### Sierra Leone

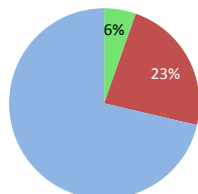
### Public Health & HIV

#### Total Population

667

#### Origin of refugees:

|                           |     |
|---------------------------|-----|
| Under-fives children      | 36  |
| Women of reproductive age | 155 |



Established in: Aug-00

#### Implementing Partners:

|             |         |
|-------------|---------|
| Health/ HIV | NMJD    |
| Nutrition   | NMJD    |
| WatSan      | CARITAS |



| Human Resources         | IP | Staffing | Standard  |
|-------------------------|----|----------|-----------|
| Medical Doctor          | 0  |          | 1:≤50,000 |
| Clinical Consultant     | 1  | 667      | 1:≤10,000 |
| Nurse (qualified)       | 1  | 667      | 1:≤10,000 |
| MCH / Midwife           | 1  | 667      | 1:≤10,000 |
| Community Health Worker | 2  | 334      | 500-1000  |
| Hygiene Promoter        | 1  | 667      | 1:≤500    |

| Access to Health Services                         | 2009 | Standard  |
|---|------|-----------|
| No of HC facilities                               | 1    | 1:≤10,000 |
| No of consultations per trained clinician per day | 30   | ≤ 50      |
| Utilisation Rate (new consultations/person/year)  | 2.5  | 1-4       |
| Proportion of host population consultations       |      | variable  |

| Malaria  | 2009 | Standard |
|--|------|----------|
| Has ACT been introduced as 1st-line treatment? | Yes  | Yes      |

| Public Health Impact                                | 2009 | Standard |
|---|------|----------|
| Crude Mortality Rate (CMR) (1000/month)             | 0.00 | ≤ 1.5    |
| Under-fives Mortality Rate (U5MR) (1000/month)      | 0.00 | ≤ 3.0    |
| Infant Mortality Rate (IMR) (1000 live births/year) | 0.0  | ≤ 60     |
| Neonatal Mortality Rate (NMR) (1000 live births/yr) | 0.0  | ≤ 40     |

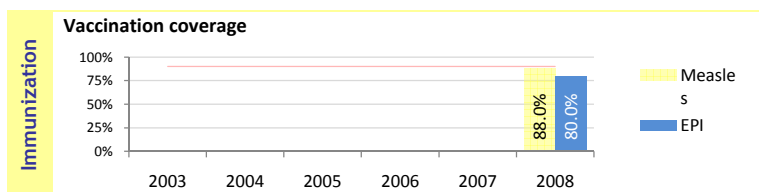
  

#### Mortality Trends

| U5 Morbidity (cases/ 1000/ month) | U5   | Proportional Morbidity |
|-----------------------------------|------|------------------------|
| Malaria                           | 48.0 | 59%                    |
| Acute respiratory infections      | 32.0 | 39%                    |
| Non-bloody diarrhoea              | 2.0  | 2%                     |
| Urinary tract infections          | NA   | 0%                     |
| Intestinal worms                  | NA   | 0%                     |

| Crude Morbidity (cases/ 1000/ month) | Crude | Proportional Morbidity |
|--------------------------------------|-------|------------------------|
| Malaria                              | 52.0  | 52%                    |
| Acute respiratory infections         | 36.0  | 36%                    |
| Non-bloody diarrhoea                 | 4.0   | 8%                     |
| Urinary tract infections             | NA    | 0%                     |
| Sexually-transmitted infections      | 8.0   | 4%                     |



| Maternal and Newborn Health                         | 2009 | Standard |
|---|------|----------|
| Coverage of complete ANC care (4 or more visits)    | N/A  | 100%     |
| Proportion births attended by skilled person        | N/A  | ≥ 50%    |
| Proportion of birth taking place in EmOC facilities | N/A  | ≥ 50%    |
| Proportion of low birth weight deliveries (<2500g)  | N/A  | ≤ 15%    |

| Family Planning                          | 2009 | Standard |
|--|------|----------|
| Proportion of women using contraceptives | N/A  | ≥ 30%    |

| Sexual and Gender-based Violence                        | 2009 | Standard |
|---|------|----------|
| Incidence of rape (reported cases / 10,000/ year)       | N/A  | variable |
| Proportion of rape survivors who receive PEP <72 h      | N/A  | 100%     |
| Proportion of rape survivors who receive ECP <120 h     | N/A  | 100%     |
| Prop. of rape survivors receiving STI prophylaxis <2wks | N/A  | 100%     |

| Prevention   | 2009 | Standard |
|--|------|----------|
| Condom distribution rate (Nr. of condoms/person/month) | 2    | ≥ 0.5    |
| Does appropriate IEC material exist for PoCs?          | Yes  | Yes      |
| Are risk groups targeted with prevention programs?     | Yes  | Yes      |
| Proportion of donated blood units screened for HIV     | N/A  | 100%     |
| PMTCT coverage rate                                    | N/A  | 100%     |

| Care and Treatment                                     | 2009 | Standard |
|--|------|----------|
| Do PoC's have equal access to ART as host community?   | Yes  | Yes      |
| Nr. of HIV Positive POCs receiving ART                 | 0    | variable |
| Prop. of HIV-pos mothers receiving cotrim. prophylaxis | 0%   | 100%     |
| Prop. of HIV-pos infants receiving cotrim. prophylaxis | 0%   | 100%     |

| Malnutrition                                       | 2009 | Standard |
|--|------|----------|
| Global acute malnutrition rate (GAM)               | N/A  | ≤ 5%     |
| Severe acute malnutrition rate (SAM)               | N/A  | ≤ 2%     |
| Prevalence of anaemia in children under five       | N/A  | ≤ 20%    |
| Prevalence of anaemia in women of reproductive age | N/A  | ≤ 20%    |
| Average number of kilocalories per person per day  | N/A  | 2100     |

| Water, Sanitation and Hygiene                           | 2009 | Standard |
|---|------|----------|
| Average quantity of potable water per person per day    | 9    | ≥ 20L    |
| Nr. of persons per water tap                            | N/A  | ≤ 80     |
| Proportion of pop. living within 200 m from water point | N/A  | 100%     |
| Nr. of persons per drop-hole in communal latrine        | N/A  | ≤ 20     |
| Proportion of families with latrines                    | 50%  | 100%     |
| Proport. of families receiving >250g soap/person/month  | N/A  | ≥ 90%    |

### Observations

The data are from the District Medical Team. Taiama is in Moyamba District with an estimated population of 17,000. Refugees are gradually integrated in the host community. There are no more camps. Data are no longer collected separately for refugees and host community. Refugees are enjoying the same services and facing the same health problems with their respective host communities. The proportion of refugees is too small compared to the host community. In clinics supported by MSF-B services are free of charge. For latrines, the indicator considered the refugees families who have opted for local integration. Condom distribution and SGBV indicators are taken from refugees only.



## Tobanda

### Sierra Leone

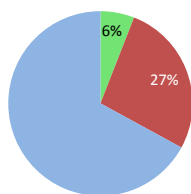
### Public Health & HIV

#### Total Population

522

#### Origin of refugees:

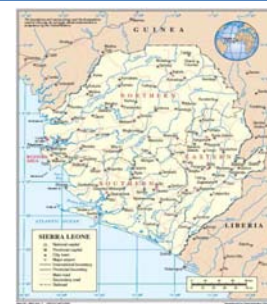
- Under-fives children 31
- Women of reproductive age 141



Established in: Mar-03

#### Implementing Partners:

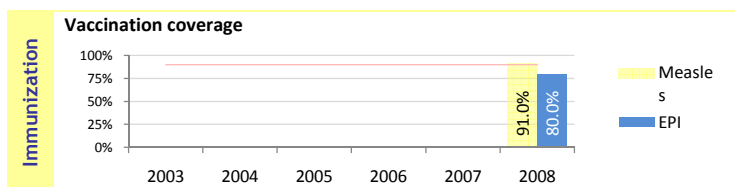
- Health/ HIV NMJD
- Nutrition NMJD
- WatSan CARITAS



| Public Health Programme                        | Human Resources                                   | IP  | Staffing    | Standard  |                 |
|--|---|-----|-------------|-----------|-----------------|
| Public Health Programme                        | Medical Doctor                                    | 0   |             | 1:≤50,000 |                 |
|  | Clinical Consultant                               | 1   | 522         | 1:≤10,000 |                 |
|  | Nurse (qualified)                                 | 1   | 522         | 1:≤10,000 |                 |
|  | MCH / Midwife                                     | 1   | 522         | 1:≤10,000 |                 |
|  | Community Health Worker                           | 2   | 261         | 500-1000  |                 |
|  | Hygiene Promoter                                  | 1   | 522         | 1:≤500    |                 |
|  | <b>Access to Health Services</b>                  |     | <b>2009</b> |           | <b>Standard</b> |
|  | Nr of HC facilities                               | 1   | ✓           | 1:≤10,000 |                 |
|  | Nr of consultations per trained clinician per day | 35  | ✓           | ≤ 50      |                 |
|  | Utilisation Rate (new consultations/person/year)  | 3.0 | ✓           | 1-4       |                 |
| Proportion of host population consultations    |   |     | variable    |           |                 |
| <b>Malaria</b>                                 |   |     |             |           |                 |
| Has ACT been introduced as 1st-line treatment? | Yes   | ✓   | Yes         |           |                 |

| Public Health Status | Public Health Impact                                | 2009 | Standard |
|----------------------|---|------|----------|
| Public Health Status | Crude Mortality Rate (CMR) (1000/month)             | 0.64 | ✓ ≤ 1.5  |
|                      | Under-fives Mortality Rate (U5MR) (1000/month)      | 0.00 | ✓ ≤ 3.0  |
|                      | Infant Mortality Rate (IMR) (1000 live births/year) | 0.0  | ✓ ≤ 60   |
|                      | Neonatal Mortality Rate (NMR) (1000 live births/yr) | 0.0  | ✓ ≤ 40   |
|                      | <b>Mortality Trends</b>                             |      |          |
|                      |   |      |          |

| Disease Burden                              | US Morbidity (cases/ 1000/ month) | US           | Proportional Morbidity |
|---|-----------------------------------|--------------|------------------------|
| Disease Burden                              | Malaria                           | 49.0         |                        |
|   | Acute respiratory infections      | 29.0         |                        |
|   | Non-bloody diarrhoea              | 9.0          |                        |
|   | Urinary tract infections          | NA           |                        |
|   | Intestinal worms                  | NA           |                        |
| <b>Crude Morbidity (cases/ 1000/ month)</b> |                                   | <b>Crude</b> |                        |
| Malaria                                     | 43.0                              |              |                        |
| Acute respiratory infections                | 25.0                              |              |                        |
| Non-bloody diarrhoea                        | 5.0                               |              |                        |
| Urinary tract infections                    | NA                                |              |                        |
| Sexually-transmitted infections             | 7.0                               |              |                        |



| Reproductive Health                                     | Maternal and Newborn Health                         | 2009 | Standard |  |
|---|---|------|----------|--|
| Reproductive Health                                     | Coverage of complete ANC care (4 or more visits)    | N/A  | 100%     |  |
|   | Proportion births attended by skilled person        | N/A  | ≥ 50%    |  |
|   | Proportion of birth taking place in EmOC facilities | N/A  | ≥ 50%    |  |
|   | Proportion of low birth weight deliveries (<2500g)  | N/A  | ≤ 15%    |  |
|   | <b>Family Planning</b>                              |      |          |  |
|   | Proportion of women using contraceptives            | N/A  | ≥ 30%    |  |
|   | <b>Sexual and Gender-based Violence</b>             |      |          |  |
|   | Incidence of rape (reported cases / 10,000/ year)   | N/A  | variable |  |
|   | Proportion of rape survivors who receive PEP <72 h  | N/A  | 100%     |  |
|   | Proportion of rape survivors who receive ECP <120 h | N/A  | 100%     |  |
| Prop. of rape survivors receiving STI prophylaxis <2wks | N/A   | 100% |          |  |

| HIV/AIDS | Prevention   | 2009 | Standard |  |
|----------|--|------|----------|--|
| HIV/AIDS | Condom distribution rate (Nr. of condoms/person/month) | 3    | ✓ ≥ 0.5  |  |
|          | Does appropriate IEC material exist for PoCs?          | Yes  | ✓ Yes    |  |
|          | Are risk groups targeted with prevention programs?     | Yes  | ✓ Yes    |  |
|          | Proportion of donated blood units screened for HIV     | N/A  | 100%     |  |
|          | PMTCT coverage rate                                    | 10%  | ✗ 100%   |  |
|          | <b>Care and Treatment</b>                              |      |          |  |
|          | Do PoC's have equal access to ART as host community?   | Yes  | ✓ Yes    |  |
|          | Nr. of HIV Positive POCs receiving ART                 | 2    | variable |  |
|          | Prop. of HIV-pos mothers receiving cotrim. prophylaxis | N/A  | 100%     |  |
|          | Prop. of HIV-pos infants receiving cotrim. prophylaxis | N/A  | 100%     |  |

| Nutrition | Malnutrition                                       | 2009 | Standard |
|-----------|--|------|----------|
| Nutrition | Global acute malnutrition rate (GAM)               | N/A  | ≤ 5%     |
|           | Severe acute malnutrition rate (SAM)               | N/A  | ≤ 2%     |
|           | Prevalence of anaemia in children under five       | N/A  | ≤ 20%    |
|           | Prevalence of anaemia in women of reproductive age | N/A  | ≤ 20%    |
|           | Average number of kilocalories per person per day  | N/A  | 2100     |

| WASH   | Water, Sanitation and Hygiene                           | 2009 | Standard |
|--|---|------|----------|
| WASH   | Average quantity of potable water per person per day    | 8    | ✗ ≥ 20L  |
|  | Nr. of persons per water tap                            | N/A  | ≤ 80     |
|  | Proportion of pop. living within 200 m from water point | N/A  | 100%     |
|  | Nr. of persons per drop-hole in communal latrine        | N/A  | ≤ 20     |
|  | Proportion of families with latrines                    | 40%  | ✗ 100%   |
| Proport. of families receiving >250g soap/person/month | N/A   | 100% |          |

### Observations

The data are from the District Medical Team. Tobanda is in Kenema District with an estimated population of 9,000. Refugees are gradually integrated in the host community. There are no more camps. Data are no longer collected separately for refugees and host community. Refugees are enjoying the same services and facing the some health problems with their respective host communities. The proportion of refugees is too small compared to the host community. In clinics supported by MSF-B services are free of charge. For latrines, the indicator considered the refugees families who have opted for local integration. Condom distribution and SGBV indicators are taken from refugees only.

