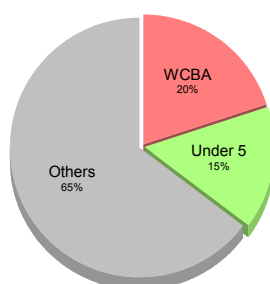


Origin of refugees:

Somalia
Ethiopia
Eritrea

Population: 12,080



Implementing partners:

Health/HIV: AMDA, APEF, MoH
Nutrition: AMDA
Watsan: ONARS, AMDA

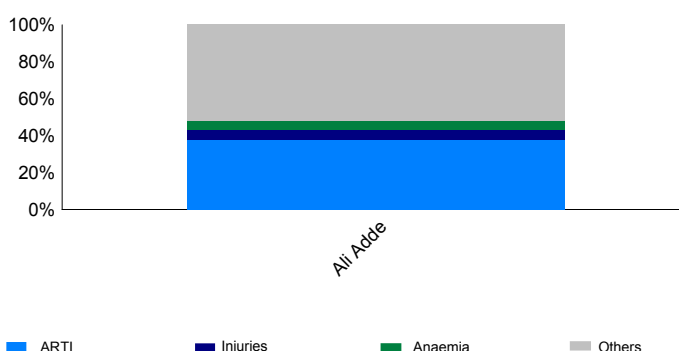


Public Health Status

Health Impact

Indicator	Standard	Status	
Crude Mortality Rate (CMR) (/1000/month)	0.27	< 1.5	✓
Under-five Mortality Rate (U5MR) (/1000/month)	0.48	< 3.0	✓
Infant Mortality Rate (IMR) (/1000 livebirths)	25.0	< 60	✓
Neonatal Mortality Rate (NNMR) (/1000 livebirths)	8.3	< 40	✓

Figure 1: Proportional Crude Morbidity



Human Resources

Indicator	Value	Standard	Status	
No. of Medical Doctors	1	1 : 12,080	1 : <50,000	✓
No. of Clinical Consultants	3	1 : 4,027	1 : <10,000	✓
No. of Nurses (qualified)	2	1 : 6,040	1 : <10,000	✓
No. of MCH staff / Midwives	1	1 : 12,080	1 : <10,000	✓
No. of Community Health Workers (CHW)	11	1 : 1,098	1 : 500-1,000	⚠
No. of Hygiene Promoters	3	1 : 4,027	1 : <500	✗

Country Overview

A. Objectives

- 1a. Support and promote HIV/AIDS program policies and programmes to reduce morbidity, mortality and stigmatization and to enhance the quality of life among PoCs to UNHCR.
- 2a. Support and promote malaria policies and control programme to reduce morbidity and mortality and to enhance the quality of life for refugees with the chronic disease (e.g. TB).
- 3a. Support and promote nutrition and food security programme to reduce morbidity and mortality and to enhance the prevention interventions among the vulnerable groups in camp.
- 4a. Ensure that refugees have access to timely and effective preventive and curative services delivered by qualified persons, and integrate reproductive health in a multi-sectoral approach in the camp.
- 5a. Support and promote WASH activities to reduce the transmission of disease associated with insufficient WASH services, through an emphasis on community participation and strengthening the capacity of IP and community.

B. Progress

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

- 1b. Training on universal precautions and management of STI. 95% of VCT clients who were tested for HIV received their result and were post-test counseled. Women counselors were trained and started work in the VCT centre. A youth center was constructed in the camp and a campaign was organized during
- 2b. Improved capacity of the laboratory staff led to a reduction in the number of suspected malaria cases (17%) that were reported. Good protection of pregnant women was achieved (92% coverage of IPT for malaria in pregnancy). Registers to monitor patients with chronic disease were setup.
- 3b. UNHCR complemented pulses and tuna fish on a quarterly basis to the monthly ration provided by WFP, in order to reduce malnutrition rate and improve food security. Community managed treatment of acute malnutrition was established. The coverage in all programmes is above 75%. Children <5, pregnant and
- 4b. The capacity of the midwife to manage antenatal and post natal services was improved. Equipment and lights were provided in the maternity ward. Proportion of birth attended by skilled persons increased (94%) and the coverage of antenatal tetanus immunisation is over standard 92%.
- 5b. About 90 cubic of water is produced per day from existing borehole and delivered to refugees. The incidence of watery diarrhoea decreased in 2009 (10.6/1000/month) compared with 2008 (16.3/1000/month). Awareness raising messages in hygiene and sanitation were regularly delivered by CHW.

C. Gaps & Planning

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

- 1c. The medical IP has very little experience in the HIV program. An approach for boys and men needs to be established, including the religious leaders in sensitization and focusing on interventions for high risk groups. Adequate education materials need to be developed.
- 2c. Organize a refresher training for nurses on the national protocol and institute a system of following up the use of bed nets. Ensure the prompt screening of TB cases and institute a new approach for TB management in accordance with the national protocol.
- 3c. AMDA staff have little to no professional training in health care and nutrition, the majority are the refugees and members of the local population who have very little education and experience. The monthly supplementary food provision from WFP is below the actual number of beneficiaries in the nutrition
- 4c. Provide adequate room for maternity services and recruit a new midwife in accordance UNHCR standard. Refresh all medical staff on the management of SGBV. Develop and provide adequate material on PMTCT. Organize an awareness campaign among refugees (section leaders, women groups) on ANC and
- 5c. UNHCR needs to build the capacity of IP on management of WASH program. Support a new approach to the management of garbage disposal method by donkey carts. Reinforce the capacity of the community for participating in construction of latrines.

Public Health Programmes

Key observations

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

Limitations/constraints

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

Coordination

Do monthly coordination meetings take place? Yes **Yes** ✓

Access and Utilisation

Indicator	Value	Standard	Status	
No. of health facilities	1	1 : 12,080	1 : <10,000	⚠
No. of consultations per trained clinician per day	41	< 50	< 50	✓
Health Utilization Rate (new visits/person/year)	3.0	1 - 4	1 - 4	✓
Proportion of consultations by host population	2%			

Malaria

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

Negotiations with MOH still did not lead to common use of the new health centre. The new HIS 2009 was set up after training of all health staff in July, which led to improvements in completeness and timeliness of reporting. Training of 1 midwife, 3 nurses and 3 nurses assistants was held on consultations in OPD. SOPs for referral in the camp were drafted.

Poor management in the medical IP, particularly in the sharing of responsibilities between the office and camp based staff. Difficulties of the IP to accept and follow advice and technical assistance from UNHCR. Inadequate health infrastructure and insufficient qualified health staff.

			Key observations	Limitations/constraints
Public Health Programmes				
IMMUNISATION	<p>Figure 2: Vaccination coverage</p>	<p>Child Health days organised in collaboration with Unicef and MoH. These included vaccination , deworming (82%), supplementation Vit A (76%) and supplementary iron for the pregnant women (61%). Good management (early identification, strategies of surveillance) of the measles outbreak in April / May led to the detection of 8 suspected cases including 2 positives which are all newcomers. Although the program dropout rate (13%) decrease</p>	<p>Poorly motivated vaccination team. Weak synergy between nutrition program, reproductive health and community service for looking for the dropouts or defaulters cases; project monitoring and work relations. No adequate space for screening of the newcomers in the camp until they settle in the camp subsections. No refrigerator in Ali Addeh.</p>	
NUTRITION AND FOOD SECURITY	<p>Surveys & Assessments</p> <p>Date of last nutrition survey: Dec 2008 Date of last last JAM: Oct 2009</p> <p>Malnutrition</p> <p>Global Acute Malnutrition Rate (%): 12.7% < 5% ❌ Severe Acute Malnutrition Rate (%): 2.9% < 2% ❌ Prevalence of anaemia in children under five: 67% < 20% ❌ Prevalence of anaemia in women of reproductive age: 45% < 20% ❌ Average number of kilocalories per person per day: 2100 2100 ✔️</p> <p>Food Security</p> <p>Does UNHCR provide complementary food? Yes Did the content of the GFR change during the year? Yes Did WFP report any pipeline breaks during the year? No No ✔️ Have PoC been included in the National FS Plan? No Yes ❌ Prop. of ration sold by refugees to buy other food items: 15% < 30% ✔️</p>	<p>Indicator Standard</p> <p>ved SFP performance (recovery rate 82%, default rate 10%, coverage 68%) in comparision with 2008. Distribution the new product (Nutri-butter) to tchildren 6 to 24 months was started after an acceptability study.</p> <p>The monthly food ration supplied by WFP is about 2100 Kcal/day and acceptable. UNHCR and IP (LWF) provide assistance to promote income generating activities and improve food security in the camp.</p>	<p>Under staffing and weak coordination among medical and nutrition team in the health centre. Lack of financial resources to meet the nutritional needs in the camp.</p> <p>The general ration is limited to plant origin proteins and micronutriements. Refugees have little access to fresh vegetables, fruits and animal source food. There are limited options for self-reliance activities to obtain additional income and improve household food security.</p>	
REPRO HEALTH	<p>Maternal and Newborn Health</p> <p>Coverage of complete antenatal care (4 or more visits): 31% 100% ❌ Proportion of deliveries attended by skilled personnel: 94% ≥ 50% ✔️ Proportion of deliveries performed by caesarean section: 2% 5 - 15% ❌ Proportion of low birth weight deliveries: 5% < 15% ✔️</p> <p>Family planning</p> <p>Contraceptive prevalence rate: 2% ≥ 30% ❌</p>	<p>Indicator Standard</p> <p>Refresher training provided to the midwife and TBA on the new approach to ANC services. In Ali Addeh camp, many pregnant women seek antenatal care late. The % coverage of postnatal service and family planning remains low but more deliveries are now supported by the skilled staff in the health centre (approx. 94%).</p>	<p>Inadequate infrastructure for maternity care. Cultural constraints prevent pregnant women from seeking antenal care at the earliest stage. Insufficient qualified staff in the RH service: One midwife for all RH activities (ANC, planning familial, deliveries) PMTCT and HIS. No involvement of men in the family planning program.</p>	
SGBV	<p>Sexual and Gender-based Violence</p> <p>Incidence of reported rape (/10,000/year): 7.28 Prop. rape survivors who received PEP < 72h: 0% 100% ❌ Prop. rape survivors who received ECP < 120h: 0% 100% ❌ Prop. rape survivors who received STI < 2 wks: 14% 100% ❌</p>	<p>Indicator Standard</p> <p>Elaboration of a project on gender issues for the refugees. Established the communication system between IP through their focal points. The incidence of reported rape is 7.3/10000/year. Briefing the medical doctor of AMA on the medical process. UNHCR has now a focal point of SGBV in protection who has started to establish an SOP for SGBV in the camp.</p>	<p>The IP medical staff have no educational background and experience on management of the SGBV program. No availability of PEP kit in the health center. Women, young girls and other persons remain afraid to report cases of rape or violence.</p>	
HIV/AIDS	<p>Monitoring & Evaluation</p> <p>Are PoCs included in national HIV strategic plans? Yes Yes Are PoCs included in national HIV sent surveillance? No Yes Date of last last KAPB/BSS: Apr 2007</p> <p>Prevention</p> <p>Condom distribution rate: 0.09 > 0.5 ❌ Do appropriate IEC materials exist for PoCs? No Yes ❌ Are risk groups targeted with prevention programmes? Yes Yes ✔️ Proportion of blood units screened for HIV: 100% PMTCT coverage: 77% 100% ❌</p> <p>Care and Treatment</p> <p>Do PoCs have equal access to ART as host? Yes Yes ✔️ Number of PoCs receiving ART: 12 Prop. HIV positive mothers receiving co-trimox: 100% Prop. HIV positive infants receiving co-trimox: 100%</p>	<p>Indicator Standard</p> <p>Support provided to two refugees associations to improve their capacity in training peers educators (25 in total). Increased number of people who visited the VCT and received their results (95%). Trained and added women counselors among the VCT staff. Introduced a second HIV screening test after training the laboratory technician in the national VCT algorithm..</p>	<p>Inadequate room in VCT to provide counseling in a private and dignified manner. Cultural and religious barriers limit the distribution of condoms in public. Weak capacity of the IP to manage the planned activities.</p>	
WASH	<p>Water, Sanitation and Hygiene</p> <p>Av quantity of potable water / person / day (litres): 16 > 20 ❌ No. of persons per usable water tap: 71 < 80 ✔️ No. of persons per drop-hole in communal latrine: 17 ≤ 20 ✔️ Prop. of population living within 200m from water point: 50% 100% ❌ Prop. of families with latrines: 20% 100% ❌ Prop. families receiving >250g soap / person / month: 100% ≥ 90% ✔️ Prop. camps with 1 hygiene promoter / 500 persons: % ≥ 75% ❌</p>	<p>Indicator Standard</p> <p>The average quantity of potable water/person/day (15 l) and the coverage of families with latrines (20%) are under the standard. The quality of water is not checked regularly in the camp. 45% of latrines are currently - or will soon be - full in the camp.</p>	<p>The number of refugees continues to increase but the capacity of environment for increasing the discharge and quantity of water is limited. Challenges remain to involve the community in the construction of the latrines (new approach of IP) for lack of motivation and knowledge.</p>	

Camp opened: 1990

Population: 12,080

Camp closed:

The source of population data in this report is:

HIS start date: Jan 2008

Origin of refugees:

Somalia
Ethiopia
Eritrea

Implementing partners:

Health/HIV: AMDA, APEF, ES
Nutrition: AMDA
Watsan: ONARS, AMDA



Public Health Status

Health Impact

Indicator	Standard	Status
Crude Mortality Rate (CMR) (/1000/month)	0.27	< 1.5
Under-five Mortality Rate (U5MR) (/1000/month)	0.48	< 3.0
Infant Mortality Rate (IMR) (/1000 livebirths)	25.0	< 60
Neonatal Mortality Rate (NNMR) (/1000 livebirths)	8.3	< 40

Figure 1: Crude and Under-five Mortality

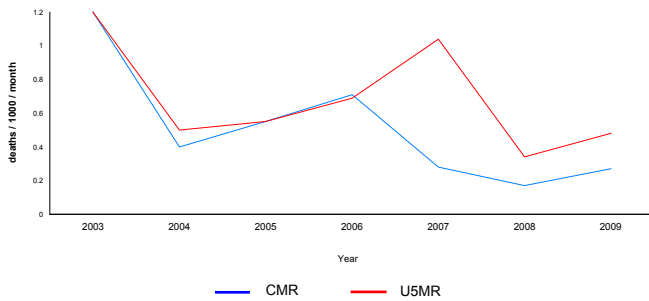


Figure 2: Crude Morbidity

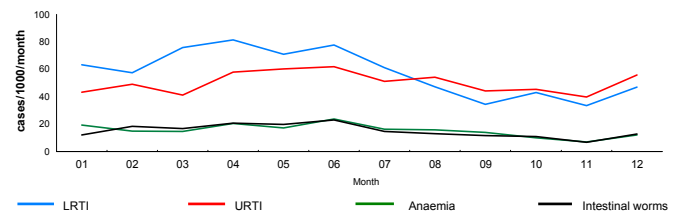
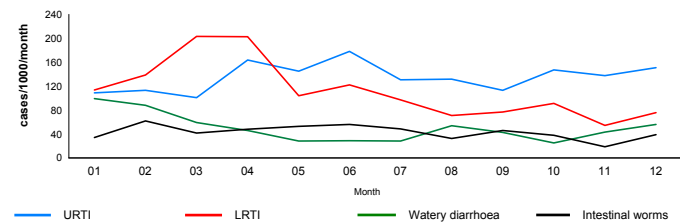


Figure 3: Under-five Morbidity



Public Health Programmes

Human Resources

No.	Indicator	Standard	Status
1	1 : 12,080	1 : <50,000	✓
3	1 : 4,027	1 : <10,000	✓
2	1 : 6,040	1 : <10,000	✓
1	1 : 12,080	1 : <10,000	⚠
11	1 : 1,098	1 : 500-1,000	⚠
3	1 : 4,027	1 : <500	✗

Access and Utilisation

No.	Indicator	Standard	Status
1	1 : 12,080	1 : <10,000	⚠
41	< 50	< 50	✓
3.0	1 - 4	1 - 4	✓
1.58%			✓

Malaria

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

Maternal and Newborn Health

Indicator	Standard	Status
Coverage of complete antenatal care (4 or more visits)	31%	100%
Proportion of deliveries attended by skilled personnel	94%	≥ 50%
Proportion of deliveries performed by caesarean section	2%	5 - 15%
Proportion of low birth weight deliveries	5%	< 15%

Family planning

Indicator	Standard	Status
Contraceptive prevalence rate	2%	≥ 30%

Sexual and Gender-based Violence

Indicator	Standard	Status
Incidence of reported rape (/10,000/year)	7.28	
Prop. rape survivors who received PEP < 72h	0%	100%
Prop. rape survivors who received ECP < 120h	0%	100%
Prop. rape survivors who received STI < 2 wks	14%	100%

Prevention

Indicator	Standard	Status
Condom distribution rate	0.09	> 0.5
Do appropriate IEC materials exist for PoCs?	No	Yes
Are risk groups targeted with prevention programmes?	Yes	Yes
Proportion of donated blood units screened for HIV	100%	100%
PMTCT coverage	77%	100%

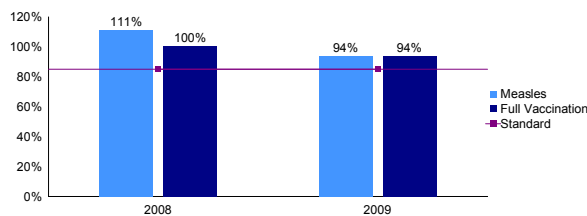
Care and Treatment

Indicator	Standard	Status
Do PoCs have equal access to ART as host?	Yes	Yes
Number of PoCs receiving ART	12	
Prop. HIV positive mothers receiving co-trimox	100%	100%
Prop. HIV positive infants receiving co-trimox	100%	100%

Water, Sanitation and Hygiene

Indicator	Standard	Status
Av quantity of potable water / person / day (litres)	16	> 20
No. of persons per usable water tap	71	< 80
No. of persons per drop-hole in communal latrine	17	≤ 20
Prop. of population living within 200m from water point	50%	100%
Prop. of families with latrines	20%	100%
Prop. families receiving >250g soap / person / month	100%	≥ 90%

Figure 4: Vaccination coverage



Malnutrition

Indicator	Standard	Status
Global Acute Malnutrition Rate (%)	12.7%	< 5%
Severe Acute Malnutrition Rate (%)	2.9%	< 2%
Prevalence of anaemia in children under five	67%	< 20%
Prevalence of anaemia in women of reproductive age	45%	< 20%
Average number of kilocalories per person per day	2100	2100

Observations

Two vaccination campaigns were organized in collaboration with MoH and UNICEF for children U5 and pregnant and lactating women. An HIS refresher training was organized for health staff, and the system achieved 100% completeness from June-Dec 2009. In Nutrition, the CTC approach was established and coverage improved to 81% and default rate to 10%. WASH remains a big challenge (only 20% of families have their own latrines and monitoring of water quality remains weak).