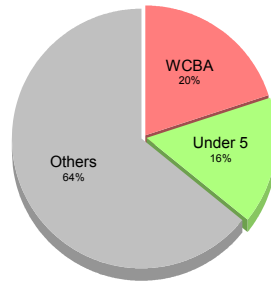


### Origin of refugees:

Somalia  
Ethiopia  
Sudan

Population: 329,825



### Implementing partners:

Health/HIV: IRC, GTZ, MSF, NCCK  
Nutrition: IRC, GTZ, MSF  
Watsan: LWF, CARE, NRC, IRC, N



## Public Health Status

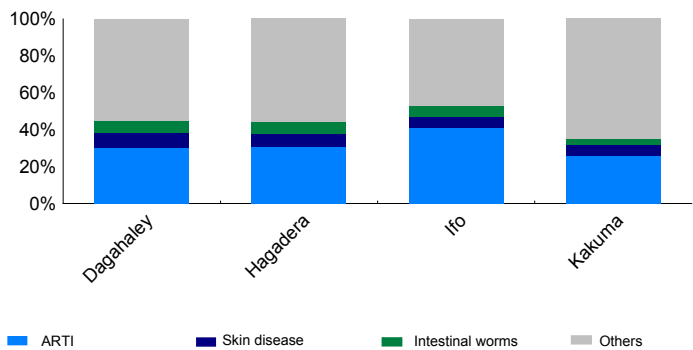
### Health Impact

Indicator	Standard	Status
Crude Mortality Rate (CMR) (/1000/month)	0.17	< 1.5
Under-five Mortality Rate (U5MR) (/1000/month)	0.56	< 3.0
Infant Mortality Rate (IMR) (/1000 livebirths)	25.8	< 60
Neonatal Mortality Rate (NNMR) (/1000 livebirths)	5.0	< 40

### Human Resources

Indicator	Value	Standard	Status
No. of Medical Doctors	18	1 : 18,324	1 : <50,000
No. of Clinical Consultants	46	1 : 7,170	1 : <10,000
No. of Nurses (qualified)	69	1 : 4,780	1 : <10,000
No. of MCH staff / Midwives	37	1 : 8,914	1 : <10,000
No. of Community Health Workers (CHW)	267	1 : 1,235	1 : 500-1,000
No. of Hygiene Promoters	12	1 : 27,485	1 : <500

Figure 1: Proportional Crude Morbidity



## Country Overview

### A. Objectives

- 1a. Health of the population improves or remain stable: This objective is to be realized through provision of PHC, Referral, Essential Drug supply, Community Health services, RH services, Lab services, immunization services and ensuring HIS is in place.
- 2a. Nutrition well-being improved: This was to be realized through growth monitoring, Nutrition status monitoring, IYCF, Complementary food supply, strengthening CTC and SC, Malaria and Anaemia reduction measures. Capacity building.
- 3a. Risk of HIV/AIDS reduced and quality of response improved: This was to be realized through ensuring equal access to prevention, care and treatment; safe blood transfusion, treatment of STI, VCT services, condom supply, and addressing issues relating to MARPs.
- 4a. Supply of potable water increased or maintained: This was to be realized through repairing/replacing of damaged water system, drilling of boreholes, water treatment and monitoring of FRC and coliforms, and improving the capacity of water system monitors and water management committees.
- 5a. Hygiene and sanitation improves and population provided with sufficient basic domestic and hygiene items: This was to be realized through construction of sanitary facilities/latrines, solid waste management, incinerators in hospitals, soap provisions, hygiene and sanitation in institutions and environmental hygiene.

### B. Progress

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

- 1b. PHC provided. Essential drugs supply smooth even with increased demand from high number of new arrivals. Immunization services provided but with stock out of BCG. % of women delivering in hospital increased from 52% to 72% - attributed to improved infrastructure and transport, number of
- 2b. Active case findings of children at risk of malnutrition strengthened. Implementation of IYCF activities, CTC and SC strengthened. RUF provided to target groups. Complementary food provided but with pipeline breaks. Growth screening, Vit A supplementation and de-worming of U5s conducted. Nutrition
- 3b. MARPs identified and provided targeted interventions and support. Condoms distributed and TC and STI prevention and treatment services provided. CCC provided ART and support services to PLWA. Bio-safety measures put in place and Blood Bank supported from National Blood Bank.
- 4b. About 30% of old system replaced in 2009. Ten elevated tanks installed. Four Boreholes drilled and gensets maintained. Water quantity maintained at about 15l/p/d. Quality of water maintained with 0 FC and FRC of 0.5 except in a section of Kakuma where water was treated at the point of use.
- 5b. Refugees provided with Communal latrine with 48% having family latrine. PoC provided with 250gm of soap per month. Institutions provided with soap for hand washing. Incinerators maintained in hospitals. Landfills for solid waste management and camp clean-up campaigns conducted. Hygiene promoters

### C. Gaps & Planning

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

- 1c. Ratio of qualified staffs to patients still very low (1:70) and more midwives needed to provide quality EmOC services. To procure measles vaccines to expand coverage to include 5-15 years old who are not include in national routine immunization, yet majority of new cases are in this age category.
- 2c. High influx through porous border - missed opportunities for timely screening and initiating treatment for children at risk. Challenges in procurement of Complementary Food due to logistic food insecurity issues. In 2010, programme will explore possibilities of linking WFP P4P to Complementary Food supply.
- 3c. Programme could not shift to new WHO guidelines on early treatment due to lack of national guidelines. Need for CD4+ Analyser for timely monitoring of patients and the treatment outcome.
- 4c. Replacement of the remaining old system and more elevated tanks needed. Harmonization of water storage container distributed in Kakuma and Dadaab. Bicycles/motorbikes for water system monitors.
- 5c. Construction of family latrines hampered by congestion in the camps. Low community participation. Construction of incinerators at each Health Post and more waste bins at the blocks level. Community mobilization to continue in 2010.

## Public Health Programmes

### Coordination

Do monthly coordination meetings take place?

Indicator	Standard	Status
Yes	Yes	✓

### Access and Utilisation

No. of health facilities  
No. of consultations per trained clinician per day  
Health Utilization Rate (new visits/person/year)  
Proportion of consultations by host population

Indicator	Standard	Status
18	1 : <10,000	✗
66	< 50	✗
1.0	1 - 4	✓
4%		

### Malaria

Is Act introduced as 1st line malaria treatment?

Indicator	Standard	Status
Yes	Yes	✓

### Key observations

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

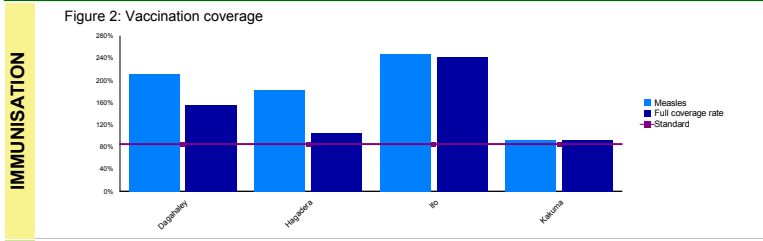
Outreach, OPD, IPD services and disease surveillance provided. The programme provided HIV awareness and prevention, PMTCT, safe blood transfusion and Anaemia and malaria control (Intermittent Presumptive Treatment among pregnant mothers, LLTN, vector control and IRS). Nutrition programme was strengthened through OTP and training on IYCF and new WHO growth. HIS in place and the programme further provided Comprehensive Reproductive Health services, laboratory services and smooth essential drug supplies.

### Limitations/constraints

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

Dadaab received about 62,000 new arrivals which continued to exert pressure on resources and infrastructure. Relocation of about 13,000 refugees to Kakuma changed the demography and population of Kakuma. Limitation of resources makes the programme use untrained refugee workers to provide some essential services.

## 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?

**IMMUNISATION**

**Surveys & Assessments**

Indicator	Standard
Date of last nutrition survey	Oct 2009
Date of last last JAM	Nov 2008

**Malnutrition**

Indicator	Value	Standard	Status
Global Acute Malnutrition Rate (%)	13.8%	< 5%	✘
Severe Acute Malnutrition Rate (%)	1.3%	< 2%	✔
Prevalence of anaemia in children under five	76%	< 20%	✘
Prevalence of anaemia in women of reproductive age	61%	< 20%	✘
Average number of kilocalories per person per day	2165	2100	✔

**Food Security**

Indicator	Value	Standard	Status
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?	Yes	No	✘
Have PoC been included in the National FS Plan?	No	Yes	✘
Prop. of ration sold by refugees to buy other food items	10%	< 30%	ⓘ

Routine immunizations and Vit A supplementation conducted throughout the year. This was coupled with routine growth screening and anthropometric (MUAC, W/H) measurement. TT for pregnant women.

Selective feeding for the U5s, pregnant and lactating women, and chronically ill cases e.g. TB & HIV/AIDS was provided. OTP and IYCF programmes were strengthened while Stabilization Centers were manned by Nutritional nurses to improve quality of care. Training on WHO new growth standard was conducted in readiness for roll out in 2010. Vit A & de-worming campaign were conducted and nutrition community workers trained on active case finding of at risk

Bi-monthly GFD, backyard gardening, Voucher system by ACF and complementary food by UNHCR. There was pipeline break in April/May 2009 while provision of Complementary Food was erratic.

Kenya- Somalia border at Liboi remain closed leading to missed opportunities for screening and commencing vaccination of new arrivals before they integrate in the camps.

The country also experienced several stock-out of BCG and Pentavalent vaccines.

The programme continues to experience outbreak of measles among children over 5 years and adults who are not targeted by

Protracted drought strained food security in the region and many new arrivals came already severely malnourished. The high congestions in the camp affected the sanitation which together with inadequate amount of water lead to increase in diarrhoeal disease with 2 bouts of cholera outbreak. Inadequate essential nutrients in General Food Distribution leading to high Anaemia

Insufficient water for backyard gardens. Some Unmet NFI needs lead to sale of some food commodities to breach the gap. Political interference prevented procurement and distribution of firewood in Dadaab in 2009.

**NUTRITION AND FOOD SECURITY**

**Maternal and Newborn Health**

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

**Family planning**

Indicator	Standard	Status
Contraceptive prevalence rate	≥ 30%	✘

**Sexual and Gender-based Violence**

Indicator	Standard	Status
Incidence of reported rape (/10,000/year)	0.99	
Prop. rape survivors who received PEP < 72h	100%	✔
Prop. rape survivors who received ECP < 120h	100%	✔
Prop. rape survivors who received STI < 2 wks	100%	✔

Provision of FP services, antenatal and postnatal services, treatment of abortion, safe delivery and emergency neonatal care. Health education and promotion of child spacing. TT to pregnant women, IPT and LLITNs for pregnant women. Provision of sanitary pads to girls and women after delivery. Maternal Death Reviews and Audits.

Health education on the effects of FGM, early marriages and SGBV. PEP kits and training on management of Rape. Material support and psychosocial support through counseling. 429 UNHCR and agency staff together with 24,471 Asylum seekers/refugees in both Dadaab & Kakuma completed SGBV training.

Community refuse or delay giving consent for emergency surgery and blood transfusion (especially if blood not from relatives) leading to anaemia complications and deaths of some. Old damaged infrastructure which was constructed over 17 years ago using temporary materials (mainly wooden) and low number of qualified midwives. Lack of cooperation from the family of the woman who died due to cultural sensitivity (especially in the Somali community) in discussing the circumstances of

Interference from masilaha courts on execution of justice to SGBV perpetrators. Culture and traditional practices. High staff turn-over

**REPRO HEALTH**

**Monitoring & Evaluation**

Indicator	Standard
Are PoCs included in national HIV strategic plans?	Yes
Are PoCs included in national HIV sent surveillance?	Yes
Date of last last KAPB/BSS	Aug 2009

**Prevention**

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

**Care and Treatment**

Indicator	Standard	Status
Do PoCs have equal access to ART as host?	Yes	✔
Number of PoCs receiving ART	389	
Prop. HIV positive mothers receiving co-trimox	100%	✘
Prop. HIV positive infants receiving co-trimox	100%	✘

VCT & PMTCT promotion, promotion of exclusive breastfeeding, provision of ARTs. Mobile VCT services. Enrollment of clients into the comprehensive care centre (CCC). Condom promotion and distribution. BSS and KAP survey were done.

High levels of denial among clients testing positive in PMTCT and VCT leading to late or no enrollment in CCC. Stigma and discrimination of PLWHA and stockout of female condoms.

**IMMUNISATION**

**Water, Sanitation and Hygiene**

Indicator	Standard	Status
Av quantity of potable water / person / day (litres)	> 20	✘
No. of persons per usable water tap	< 80	✘
No. of persons per drop-hole in communal latrine	≤ 20	⚠
Prop. of population living within 200m from water point	100%	⚠
Prop. of families with latrines	100%	✔
Prop. families receiving >250g soap / person / month	≥ 90%	✔
Prop. camps with 1 hygiene promoter / 500 persons	≥ 75%	ⓘ

Supply of water (16.3 litres/p/d achieved in Dadaab and 19 litres/p/d in Kakuma), provision of latrines to the community and schools. Communal latrine coverage was at 14 persons per latrine and family latrine coverage at 35% in Kakuma & >45% in Dadaab. Provision of soap (target of providing 250 Gm soap/p/m was achieved 100%) and health education to promote hygiene.

Frequent borehole generators breakdowns; Bursts and leaks of pipes, Community vandalising water system especially nozzles. Low number of hygiene promoters. Low number of tapstands (1: >200 as opposed to standard of 1: 80-100) leading to overcrowding.

Camp opened: 1992

Population: 97,486

Camp closed:

The source of population data in this report is:

HIS start date: Jan 2006

#### Origin of refugees:

Somalia  
Ethiopia  
Sudan

#### Implementing partners:

Health/HIV: MSF, NCKK  
Nutrition: MSF  
Watsan: CARE, NRC



### Public Health Status

#### Health Impact

Indicator	Standard	Status
Crude Mortality Rate (CMR) (/1000/month)	0.12	< 1.5
Under-five Mortality Rate (U5MR) (/1000/month)	0.30	< 3.0
Infant Mortality Rate (IMR) (/1000 livebirths)	16.6	< 60
Neonatal Mortality Rate (NNMR) (/1000 livebirths)	0.5	< 40

Figure 1: Crude and Under-five Mortality

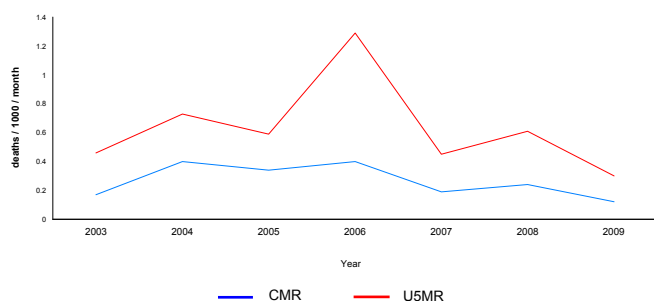


Figure 2: Crude Morbidity

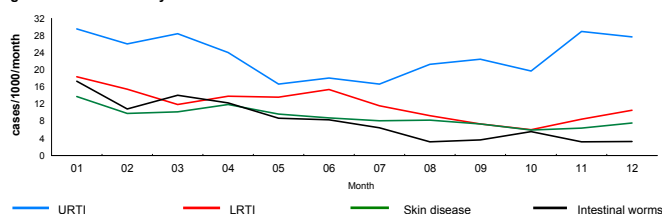
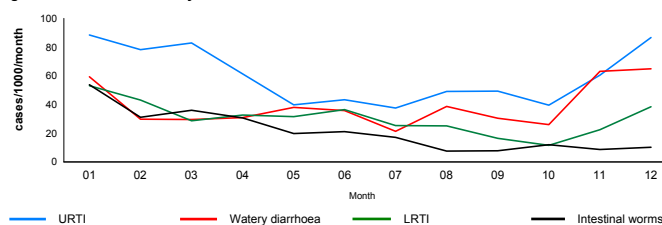


Figure 3: Under-five Morbidity



### Public Health Programmes

#### Human Resources

No.	Indicator	Standard	Status
5	1: 19,497	1: <50,000	✓
13	1: 7,499	1: <10,000	✓
16	1: 6,093	1: <10,000	✓
5	1: 19,497	1: <10,000	✗
42	1: 2,321	1: 500-1,000	✗
0	1: 0	1: <500	✓

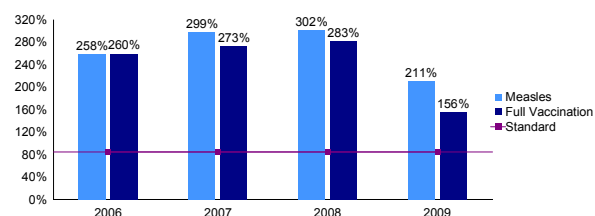
#### Access and Utilisation

No.	Indicator	Standard	Status
5	1: 19,497	1: <10,000	✗
57		< 50	⚠
1.0		1 - 4	✓
0.86%			✓

#### Malaria

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

Figure 4: Vaccination coverage



#### Maternal and Newborn Health

Indicator	Standard	Status
Coverage of complete antenatal care (4 or more visits)	74%	100% ✗
Proportion of deliveries attended by skilled personnel	89%	≥ 50% ✓
Proportion of deliveries performed by caesarean section	4%	5 - 15% ⚠
Proportion of low birth weight deliveries	3%	< 15% ✓

#### Family planning

Indicator	Standard	Status
Contraceptive prevalence rate	0%	≥ 30% ✗

#### Sexual and Gender-based Violence

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

#### Prevention

Indicator	Standard	Status
Condom distribution rate	0.04	> 0.5 ✗
Do appropriate IEC materials exist for PoCs?	Yes	✓
Are risk groups targeted with prevention programmes?	Yes	✓
Proportion of donated blood units screened for HIV	100%	ⓘ
PMTCT coverage	0%	100% ✗

#### Care and Treatment

Indicator	Standard	Status
Do PoCs have equal access to ART as host?	Yes	✓
Number of PoCs receiving ART	1	
Prop. HIV positive mothers receiving co-trimox	100%	ⓘ
Prop. HIV positive infants receiving co-trimox	100%	ⓘ

#### Water, Sanitation and Hygiene

Indicator	Standard	Status
Av quantity of potable water / person / day (litres)	13	> 20 ✗
No. of persons per usable water tap	319	< 80 ✗
No. of persons per drop-hole in communal latrine	34	≤ 20 ✗
Prop. of population living within 200m from water point	80%	100% ⚠
Prop. of families with latrines	45%	100% ✗
Prop. families receiving >250g soap / person / month	100%	≥ 90% ✓

#### Malnutrition

Indicator	Standard	Status
Global Acute Malnutrition Rate (%)	12.0%	< 5% ✗
Severe Acute Malnutrition Rate (%)	1.1%	< 2% ✓
Prevalence of anaemia in children under five	77%	< 20% ✗
Prevalence of anaemia in women of reproductive age	73%	< 20% ✗
Average number of kilocalories per person per day	2187	2100 ✓

### Observations

Health, Nutrition, HIV/AIDS Control and WASH services were provided as priority programmes in 2009. Indicators - CMR: 0.1, U5MR: 0.3 & IMR: 16.5. RH: % of deliveries in H/F increased from 63% in 2008 to 86% in 2009. GAM rate remained 12% as in 2008 while SAM dropped from 1.5% in 2008 to 1.1% in 2009 which is attributed to strengthening of OTP. Portable water provided to PoCs was about 13 l/p/d as compared to 15 in 2008. Contraceptive uptake remained very low at 1%. Anemia (Hb<11) in both U5s and women of reproductive age remained high at 77.4% & 73.1% respectively. Lowering of Hb by one unit to use 10g/dl as cutoff for anemia reduces anemia prevalence by nearly 25% for children U5s.

Camp opened: 1992

Population: 84,929

Camp closed:

The source of population data in this report is:

HIS start date: Jan 2006

#### Origin of refugees:

Somalia  
Ethiopia  
Sudan

#### Implementing partners:

Health/HIV: IRC, NCKC  
Nutrition: IRC  
Watsan: CARE, NRC



### Public Health Status

#### Health Impact

Indicator	Standard	Status
Crude Mortality Rate (CMR) (/1000/month)	0.21	< 1.5
Under-five Mortality Rate (U5MR) (/1000/month)	0.74	< 3.0
Infant Mortality Rate (IMR) (/1000 livebirths)	29.4	< 60
Neonatal Mortality Rate (NNMR) (/1000 livebirths)	11.1	< 40

Figure 1: Crude and Under-five Mortality

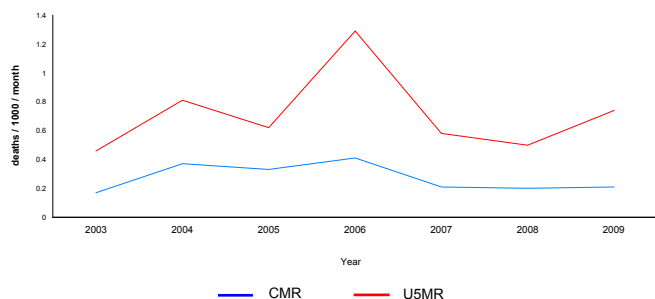


Figure 2: Crude Morbidity

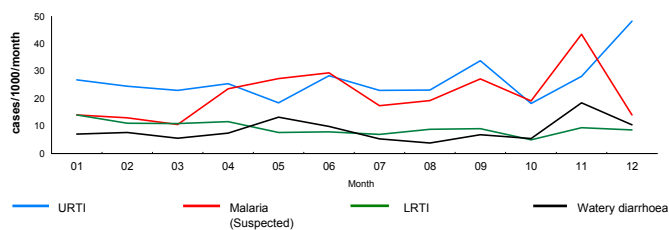
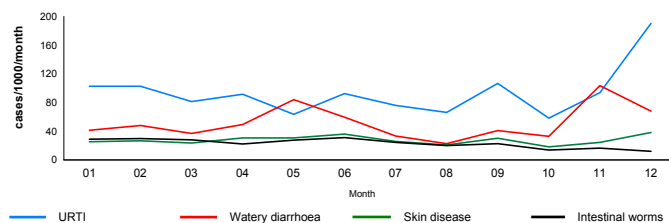


Figure 3: Under-five Morbidity



### Public Health Programmes

#### Human Resources

No.	Indicator	Standard	Status
5	1 : 16,986	1 : <50,000	✓
9	1 : 9,437	1 : <10,000	✓
18	1 : 4,718	1 : <10,000	✓
6	1 : 14,155	1 : <10,000	✗
100	1 : 849	1 : 500-1,000	✓
7	1 : 12,133	1 : <500	✗

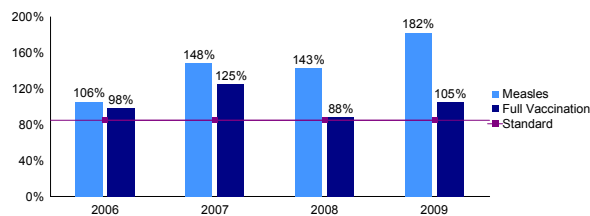
#### Access and Utilisation

No.	Indicator	Standard	Status
5	1 : 16,986	1 : <10,000	✗
53		< 50	⚠
1.0		1 - 4	✓
0.03%			✓

#### Malaria

Indicator	Standard	Status
Yes	Yes	✓

Figure 4: Vaccination coverage



IMMUNISATION

#### Malnutrition

Indicator	Standard	Status
13.6%	< 5%	✗
0.8%	< 2%	✓
71%	< 20%	✗
64%	< 20%	✗
2187	2100	✓

NUTRITION

#### Maternal and Newborn Health

Indicator	Standard	Status
85%	100%	✗
91%	≥ 50%	✓
5%	5 - 15%	⚠
5%	< 15%	✓

#### Family planning

Indicator	Standard	Status
0%	≥ 30%	✗

#### Sexual and Gender-based Violence

Indicator	Standard	Status
0.77		
80%	100%	✗
120%	100%	✓
43%	100%	✗

#### Prevention

Indicator	Standard	Status
0.00	> 0.5	✗
Yes	Yes	✓
Yes	Yes	✓
101%	100%	✓
39%	100%	✗

#### Care and Treatment

Indicator	Standard	Status
Yes	Yes	✓
33		
100%	100%	✓
0%	100%	✗

#### Water, Sanitation and Hygiene

Indicator	Standard	Status
16	> 20	✗
224	< 80	✗
23	≤ 20	⚠
80%	100%	⚠
58%	100%	✗
100%	≥ 90%	✓

REPRO HEALTH

SGBV

HIV/AIDS

WASH

### Observations

PHC, Nutrition and outreach services were provided. Indicators - CMR: 0.2, U5MR: 0.7 & IMR: 29.4. RH - % of deliveries in H/F increased from 44% in 2008 to 76% in 2009. GAM: 13.6% (12% in 2008), SAM: 0.8% (1.3% in 2008) - attributed to strengthening of OTP. Portable water provided to PoCs was about 15 l/p/d as in 2008. Contraceptive uptake remained very low at 1%. Anemia (Hb<11) in both U5s and women of reproductive age remained high at 71% & 73% respectively. The programme provided PEP without stock out, treatment for STI, PMTCT and comprehensive HIV/AIDS control programme.

**Camp opened:** 1992  
**Camp closed:**  
**HIS start date:** Jan 2006

**Population:** 84,633  
 The source of population data in this report is:

**Origin of refugees:**

Somalia  
 Ethiopia  
 Sudan

**Implementing partners:**

Health/HIV: GTZ, NCKK  
 Nutrition: GTZ  
 Watsan: CARE, NRC, NCKK



**Public Health Status**

**Health Impact**

	Indicator	Standard	
Crude Mortality Rate (CMR) (/1000/month)	0.12	< 1.5	✓
Under-five Mortality Rate (U5MR) (/1000/month)	0.44	< 3.0	✓
Infant Mortality Rate (IMR) (/1000 livebirths)	21.7	< 60	✓
Neonatal Mortality Rate (NNMR) (/1000 livebirths)	1.8	< 40	✓

Figure 1: Crude and Under-five Mortality

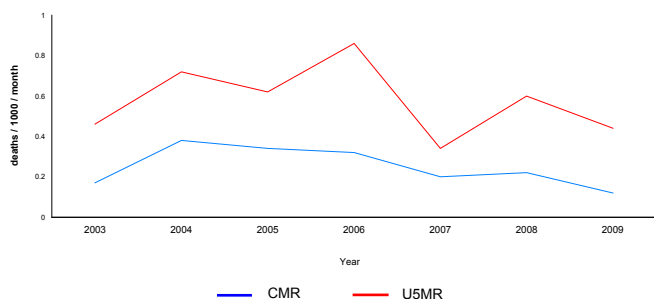


Figure 2: Crude Morbidity

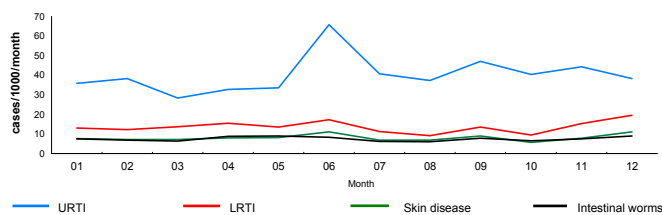
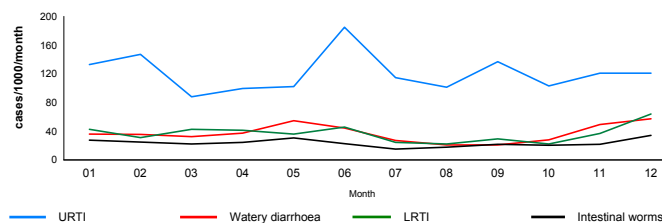


Figure 3: Under-five Morbidity



**Public Health Programmes**

**Human Resources**

	Nº	Indicator	Standard	
No. of Medical Doctors	5	1 : 16,927	1 : <50,000	✓
No. of Clinical Consultants	13	1 : 6,510	1 : <10,000	✓
No. of Nurses (qualified)	25	1 : 3,385	1 : <10,000	✓
No. of MCH staff / Midwives	25	1 : 3,385	1 : <10,000	✓
No. of Community Health Workers (CHW)	35	1 : 2,418	1 : 500-1,000	✗
No. of Hygiene Promoters	5	1 : 16,927	1 : <500	✗

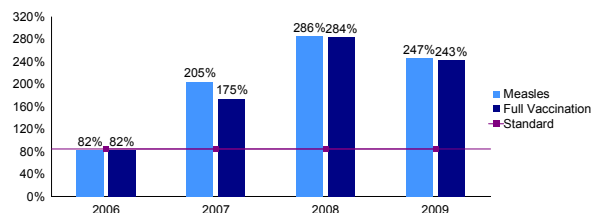
**Access and Utilisation**

	Nº	Indicator	Standard	
No. of health facilities	5	1 : 16,927	1 : <10,000	✗
No. of consultations per trained clinician per day		63	< 50	✗
Health Utilization Rate (new visits/person/year)		1.0	1 - 4	✓
Proportion of consultations by host population		0.01%		

**Malaria**

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

Figure 4: Vaccination coverage



**Malnutrition**

	Indicator	Standard	
Global Acute Malnutrition Rate (%)	12.6%	< 5%	✗
Severe Acute Malnutrition Rate (%)	0.6%	< 2%	✓
Prevalence of anaemia in children under five	81%	< 20%	✗
Prevalence of anaemia in women of reproductive age	72%	< 20%	✗
Average number of kilocalories per person per day	2187	2100	✓

**Maternal and Newborn Health**

	Indicator	Standard	
Coverage of complete antenatal care (4 or more visits)	89%	100%	✗
Proportion of deliveries attended by skilled personnel	69%	≥ 50%	✓
Proportion of deliveries performed by caesarean section	4%	5 - 15%	⚠
Proportion of low birth weight deliveries	4%	< 15%	✓

**Family planning**

	Indicator	Standard	
Contraceptive prevalence rate	1%	≥ 30%	✗

**Sexual and Gender-based Violence**

	Indicator	Standard	
Incidence of reported rape (/10,000/year)	0.66		
Prop. rape survivors who received PEP < 72h	250%	100%	✓
Prop. rape survivors who received ECP < 120h	350%	100%	✓
Prop. rape survivors who received STI < 2 wks	117%	100%	✓

**Prevention**

	Indicator	Standard	
Condom distribution rate	0.10	> 0.5	✗
Do appropriate IEC materials exist for PoCs?	Yes	Yes	✓
Are risk groups targeted with prevention programmes?	Yes	Yes	✓
Proportion of donated blood units screened for HIV		100%	ⓘ
PMTCT coverage	0%	100%	✗

**Care and Treatment**

	Indicator	Standard	
Do PoCs have equal access to ART as host?	Yes	Yes	✓
Number of PoCs receiving ART	44		
Prop. HIV positive mothers receiving co-trimox		100%	ⓘ
Prop. HIV positive infants receiving co-trimox		100%	ⓘ

**Water, Sanitation and Hygiene**

	Indicator	Standard	
Av quantity of potable water / person / day (litres)	16	> 20	✗
No. of persons per usable water tap	173	< 80	✗
No. of persons per drop-hole in communal latrine	16	≤ 20	✓
Prop. of population living within 200m from water point	80%	100%	⚠
Prop. of families with latrines	51%	100%	✗
Prop. families receiving >250g soap / person / month	100%	≥ 90%	✓

**Observations**

Health, Nutrition, HIV/AIDS Control and WASH services were provided as priority programmes in 2009. CMR: 0.1, U5MR: 0.4 & IMR: 21.7. RH: % of deliveries in H/F increased from 53% in 2008 to 68% in 2009. GAM: 12.6% (as in 2008). SAM: 0.6% (1.0% in 2008). Potable water provided to PoCs was about 16 l/p/d as compared to 15 in 2008. However, competing use of water at domestic level leave much less for use by families. Contraceptive uptake remained very low at 1%. Anemia: U5s 81% & women of reproductive age 71.6%. However, 26% of children reported as anemic had Hb between 10-10.9. PEP services provided without stock outs. Treatment for STI, PMTCT services and comprehensive



Camp opened: 1992

Population: 62,777

Camp closed:

The source of population data in this report is:

HIS start date: Jan 2006

#### Origin of refugees:

Somalia  
Sudan  
Ethiopia

#### Implementing partners:

Health/HIV: IRC, NCKC  
Nutrition: IRC  
Watsan: LWF, IRC



### Public Health Status

#### Health Impact

Indicator	Standard	Status
Crude Mortality Rate (CMR) (/1000/month)	0.29	< 1.5
Under-five Mortality Rate (U5MR) (/1000/month)	0.98	< 3.0
Infant Mortality Rate (IMR) (/1000 livebirths)	37.6	< 60
Neonatal Mortality Rate (NNMR) (/1000 livebirths)	5.5	< 40

Figure 1: Crude and Under-five Mortality

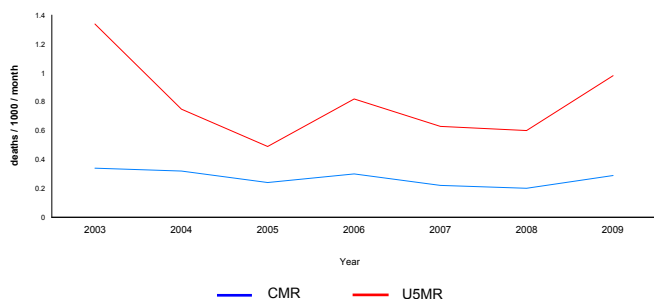


Figure 2: Crude Morbidity

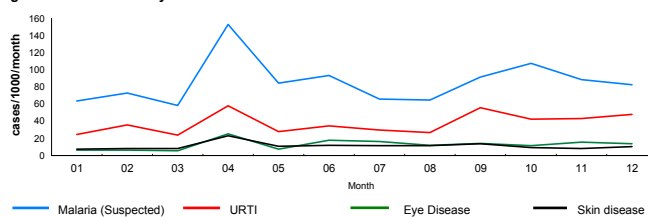
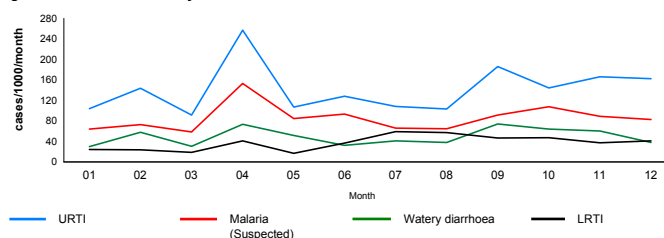


Figure 3: Under-five Morbidity



### Public Health Programmes

#### Human Resources

No.	Indicator	Standard	Status
3	1 : 20,926	1 : <50,000	✓
11	1 : 5,707	1 : <10,000	✓
10	1 : 6,278	1 : <10,000	✓
1	1 : 62,777	1 : <10,000	✗
90	1 : 698	1 : 500-1,000	✓
0	1 : 0	1 : <500	✓

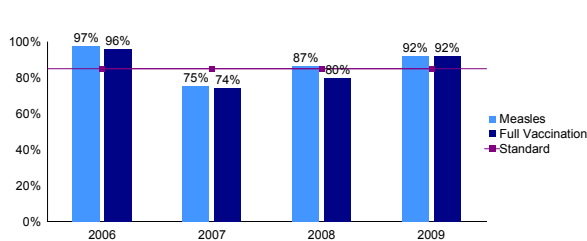
#### Access and Utilisation

No.	Indicator	Standard	Status
3	1 : 20,926	1 : <10,000	✗
90	1 : 698	< 50	✗
2.0	1 - 4	< 50	✓
13.08%	1 - 4	< 50	✓

#### Malaria

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

Figure 4: Vaccination coverage



IMMUNISATION

REPRO HEALTH

#### Maternal and Newborn Health

Indicator	Standard	Status
Coverage of complete antenatal care (4 or more visits)	76%	100% ✗
Proportion of deliveries attended by skilled personnel	93%	≥ 50% ✓
Proportion of deliveries performed by caesarean section	6%	5 - 15% ✓
Proportion of low birth weight deliveries	6%	< 15% ✓

#### Family planning

Indicator	Standard	Status
Contraceptive prevalence rate	1%	≥ 30% ✗

#### Sexual and Gender-based Violence

Indicator	Standard	Status
Incidence of reported rape (/10,000/year)	3.61	< 10 ✓
Prop. rape survivors who received PEP < 72h	69%	100% ✗
Prop. rape survivors who received ECP < 120h	117%	100% ✓
Prop. rape survivors who received STI < 2 wks	79%	100% ✗

SGBV

#### Prevention

Indicator	Standard	Status
Condom distribution rate	0.48	> 0.5 ⚠
Do appropriate IEC materials exist for PoCs?	Yes	Yes ✓
Are risk groups targeted with prevention programmes?	Yes	Yes ✓
Proportion of donated blood units screened for HIV	100%	100% ✓
PMTCT coverage	26%	100% ✗

#### Care and Treatment

Indicator	Standard	Status
Do PoCs have equal access to ART as host?	Yes	Yes ✓
Number of PoCs receiving ART	311	> 0 ✓
Prop. HIV positive mothers receiving co-trimox	0%	100% ✗
Prop. HIV positive infants receiving co-trimox	0%	100% ✗

HIV/AIDS

NUTRITION

#### Malnutrition

Indicator	Standard	Status
Global Acute Malnutrition Rate (%)	17.0%	< 5% ✗
Severe Acute Malnutrition Rate (%)	2.6%	< 2% ✗
Prevalence of anaemia in children under five	74%	< 20% ✗
Prevalence of anaemia in women of reproductive age	34%	< 20% ⚠
Average number of kilocalories per person per day	2100	2100 ✓

WASH

#### Water, Sanitation and Hygiene

Indicator	Standard	Status
Av quantity of potable water / person / day (litres)	19	> 20 ⚠
No. of persons per usable water tap	85	< 80 ⚠
No. of persons per drop-hole in communal latrine	15	≤ 20 ✓
Prop. of population living within 200m from water point	100%	100% ✓
Prop. of families with latrines	35%	100% ✗
Prop. families receiving >250g soap / person / month	100%	≥ 90% ✓

### Observations

Health, Nutrition, HIV/AIDS Control and WASH services were provided in 2009. CMR: 0.3, U5MR: 1.0 & IMR: 37.6. RH - % of deliveries in H/F remained at 93% as in 2008. GAM rate worsened from 10.1% in 2008 to 17% in 2009 while SAM increased from 1.5% to 2.6% during the same period. Amount of potable water provided to PoCs was about 16 l/p/d as compared to 15 in 2008. However, competing use of water at domestic level leave much less for use by families. Contraceptive uptake remained very low at 1%. Anemia: U5s was 81% and women of reproductive age at 71.6%. However, 26% of children reported as anemic had Hb between 10-10.9. The programme provided PEP services without stock out.