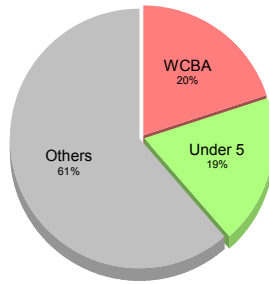


Origin of refugees:

Somalia
Iraq
Ethiopia

Population: 50,708



Implementing partners:

Health/HIV: CSSW, IDF, SHS, YRC, M
Nutrition: SHS, CSSW, WFP, ADR
Watsan: SHS, CARE,



Public Health Status

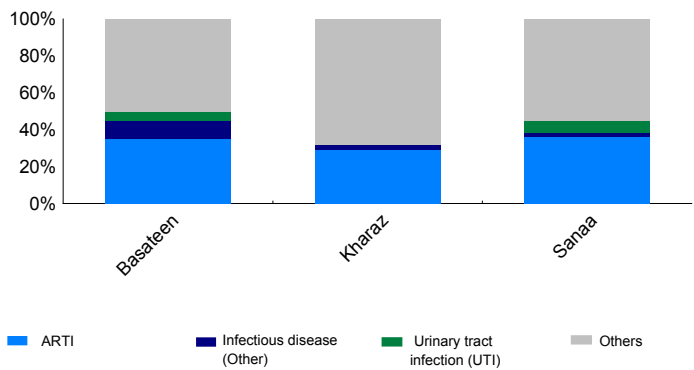
Health Impact

Indicator	Standard	Status
Crude Mortality Rate (CMR) (/1000/month)	0.10	< 1.5
Under-five Mortality Rate (U5MR) (/1000/month)	0.26	< 3.0
Infant Mortality Rate (IMR) (/1000 livebirths)	16.2	< 60
Neonatal Mortality Rate (NNMR) (/1000 livebirths)	13.0	< 40

Human Resources

Indicator	No.	Standard	Status
No. of Medical Doctors	16	1 : 3,169	1 : <50,000
No. of Clinical Consultants	8	1 : 6,338	1 : <10,000
No. of Nurses (qualified)	10	1 : 5,071	1 : <10,000
No. of MCH staff / Midwives	12	1 : 4,226	1 : <10,000
No. of Community Health Workers (CHW)	38	1 : 1,334	1 : 500-1,000
No. of Hygiene Promoters	31	1 : 1,636	1 : <500

Figure 1: Proportional Crude Morbidity



Country Overview

A. Objectives

- To ensure POCs of UNHCR have universal access to primary health care include MHPSS on the same levels /equivalent to Yemeni and in accordance to International and national standards and protocols. Appropriate epidemic preparedness and response (EPR) is in place..
- To ensure that the refugee nutrition and household food security is maintained and food aid is provided in accordance to the agreed food basket.Nutritional status of the population is kept in acceptable level. Ensure appropriate IYCF.evidence and intervention on anaemia and malnutrition available.
- To prevent and control the spread of HIV/AIDS pandemic in the refugee camps and reduce suffering from HIV/AIDS through provision of VCT, PMTCT and treatment and care services, fighting stigma and discrimination.
- To ensure that PoCs of UNHCR have access to quality and culturally reproductive health include SGBV response in urban and camp setting on the same levels /equivalent to Yemeni and in accordance to International and national standards and protocols , and have access to MISIP for SRH.to new arrivals.
- To ensure that POCs of UNHCR have access to sufficient, clean and safe water supply in accordance to UNHCR standards and indicators. Refugee health is protected through improved hygienic practices and environmental sanitation.

B. Progress

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

- Refugees had continued to receive basic curative, preventive and promotion services. The quality of services has been maintained to acceptable standards. Psychiatric doctor provided service 30-40 cases per week at each site. EPR strengthened, isolation unit constructed, and WHO IDD kits procured.Universal
- Refugees in camp received 2,100kcal/person/days.. Nutrition, anaemia and malaria surveys conducted in June 2009. Severe malnutrition management initiated and implemented in Kharaz and Sana'a. Fish product as complementary feeding, home gardening, SFP improvement, growth monitoring and mass
- Refugees have access to ARVs, and VCT at a level similar to the surrounding population. New PMTCT centre opened in UNHCR supported urban clinics. Condom distribution rate was done. Prevention of HIV/AIDS through Y-peer education implemented. Advocacy on refugee right and HIV/AIDS and
- POCs of UNHCR had also access to 24/7 EMONC and MISIP for SRH in urban and camp, and coastal areas respectively. Training on EMONC provided for IP staffs in collaboration with MOH. Two ambulances, medical equipment and supplies provision were done. Integration and rehabilitation of MCH unit
- Refugees had free access to adequate, clean and safe water (42lits /person/day) that ensured stable health . Hygiene promotion activities initiated and 31 hygiene promoters trained and IEC materials on WASH produced and distributed. Chlorination of water wells and 3100 water filters procured for

C. Gaps & Planning

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

- Close technical support and capacity building of IPs staff to improve coverage and quality of PHC and MHPSS needed. UNHCR will continue to work close the MOH and other UN agencies to mainstream urban refugee health program within MOH.
- Improved skills to health and nutrition workers on CMAM and improve the quality and coverage of nutrition programmes needed. Micronutrient product acceptability test and provision of product for anaemia reduction and control are crucial in the operation. The prevalence of anaemia and malnutrition rates are
- IP and referral hospital staff and government official training on identified gaps needs to continue. UNHCR continues to advocate for Human rights of PLWHA at country level. Camp refugee no access to VCT and PMTCT should be addressed.More work need to STI prevention and control
- More work is needed to improve uptake of FP and PNC, and vital statistic registration
- Improved WatSan status of POCs of UNHCR in Basateen are required in the operation.

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
No. of health facilities	1 : 16,903	1 : <10,000
No. of consultations per trained clinician per day	38	< 50
Health Utilization Rate (new visits/person/year)	1.0	1 - 4
Proportion of consultations by host population	25%	

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?

The CMR and U5MR keep below UNHCR standard. One outbreak among new arrivals occurred and 100% were investigated within 48hrs. POCs had access to free health service in urban, camp and reception settings. All refugees had also referral service to MOH hospitals for a higher level management. Two new ambulances provided for urban programme which leads to all clinics have 24hr ambulance service. Universal LLITN coverage achieved in Basateen and Kharaz .

Limitations/constraints

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

Referral coordination between public health hospitals is still a challenge with NGOs working in the camps. Management of chronic diseases management pose a budgetary constraint. The closure of MOH health facilities around camp leads high host consultation in refugee clinic. Constant influx of new arrivals with chronic disease including Tuberculosis burden health facilities those are already overstretched.

			Key observations	Limitations/constraints																																												
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IMMUNISATION	<p>Figure 2: Vaccination coverage</p> <table border="1"> <caption>Data for Figure 2: Vaccination coverage</caption> <thead> <tr> <th>Area</th> <th>Measles (%)</th> <th>Full coverage rate (%)</th> <th>Standard (%)</th> </tr> </thead> <tbody> <tr> <td>Basateen</td> <td>~70</td> <td>~30</td> <td>80</td> </tr> <tr> <td>Kharaz</td> <td>~15</td> <td>~15</td> <td>80</td> </tr> <tr> <td>Sanaa</td> <td>~0</td> <td>~0</td> <td>80</td> </tr> </tbody> </table>	Area	Measles (%)	Full coverage rate (%)	Standard (%)	Basateen	~70	~30	80	Kharaz	~15	~15	80	Sanaa	~0	~0	80	Provision of immunization in all operation areas were done for PoCs in collaboration with the MOH Full vaccine coverage rates reached more than 90% in all areas. Most new arrivals of under than five children received with measles and polio in coastal area. Measles and Polio mass campaign conducted two per year. Outreach activities done to enhance coverage and reduce defaulter. Access to EPI improved in new EPI unit	Movement of refugee and take children with mothers when go for work pose difficulty to reach children for vaccination.																													
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Camp opened:
Camp closed:
HIS start date: Jul 2008

Population: 14,995
 The source of population data in this report is:

Origin of refugees:
 Somalia
 Ethiopia

Implementing partners:
 Health/HIV: CSSW, MOH, UNICEF
 Nutrition: CSSW, SHS UNICEF, MOH,
 Watsan: CARE, UNICEF, LWSCA



Public Health Status

Health Impact

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

Figure 1: Crude and Under-five Mortality

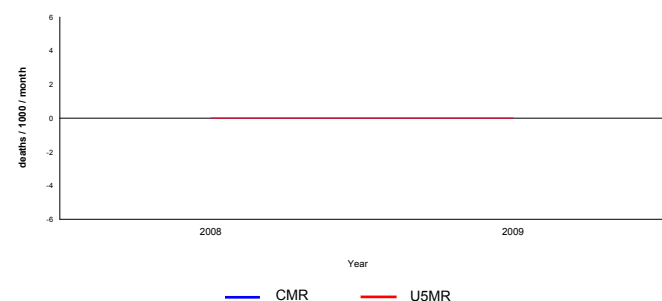


Figure 2: Crude Morbidity

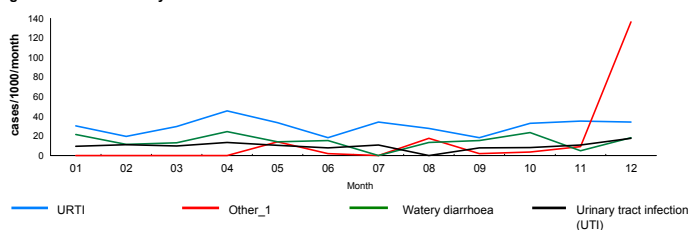
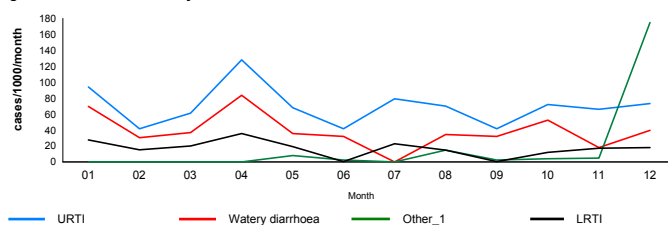


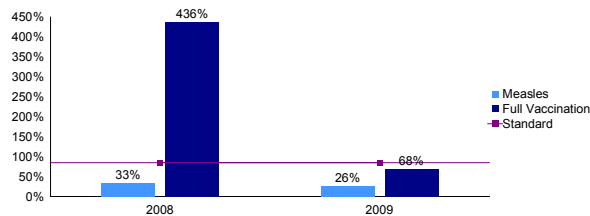
Figure 3: Under-five Morbidity



Public Health Programmes

Indicator	No	Indicator	Standard	Status
Human Resources				
No. of Medical Doctors	6	1 : 2,499	1 : <50,000	✓
No. of Clinical Consultants	3	1 : 4,998	1 : <10,000	✓
No. of Nurses (qualified)	2	1 : 7,498	1 : <10,000	✓
No. of MCH staff / Midwives	7	1 : 2,142	1 : <10,000	✓
No. of Community Health Workers (CHW)	13	1 : 1,153	1 : 500-1,000	⚠
No. of Hygiene Promoters	20	1 : 750	1 : <500	⚠
Access and Utilisation				
No. of health facilities	1	1 : 14,995	1 : <10,000	✗
No. of consultations per trained clinician per day	56		< 50	⚠
Health Utilization Rate (new visits/person/year)	1.0		1 - 4	✓
Proportion of consultations by host population	33.70%			
Malaria				
Is Act introduced as 1st line malaria treatment?	Yes	Yes	Yes	✓

Figure 4: Vaccination coverage



Indicator	Value	Standard	Status
Malnutrition			
Global Acute Malnutrition Rate (%)	9.2%	< 5%	✗
Severe Acute Malnutrition Rate (%)	0.2%	< 2%	✓
Prevalence of anaemia in children under five	48%	< 20%	✗
Prevalence of anaemia in women of reproductive age		< 20%	⚠
Average number of kilocalories per person per day	0	2100	✗

Indicator	Standard	Status	
Maternal and Newborn Health			
Coverage of complete antenatal care (4 or more visits)	95%	100%	⚠
Proportion of deliveries attended by skilled personnel	68%	≥ 50%	✓
Proportion of deliveries performed by caesarean section	2%	5 - 15%	✗
Proportion of low birth weight deliveries	8%	< 15%	✓
Family planning			
Contraceptive prevalence rate	0%	≥ 30%	✗
Sexual and Gender-based Violence			
Incidence of reported rape (/10,000/year)	2.67		
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%	100%	✓

Indicator	Standard	Status	
Prevention			
Condom distribution rate	0.02	> 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	43%	100%	✗
Care and Treatment			
Do PoCs have equal access to ART as host?	Yes	Yes	✓
Number of PoCs receiving ART	4		
Prop. HIV positive mothers receiving co-trimox		100%	⚠
Prop. HIV positive infants receiving co-trimox		100%	⚠

Indicator	Standard	Status
Water, Sanitation and Hygiene		
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%	⚠

Observations

The basic curative and preventive service including mental health were provided to refugee and host community. New outreach activities helped to achieved immunization coverage more than 90%. The ratio of consultations for host community is 34%. So more effort is needed to support the MOH health centre in Basateen. Improvement refugee access to water and sanitation facilities which could help reduce outbreak, morbidity and mortality in Basateen. Universal distribution of mosquito nets covered refugee and host. The quality can be improved by avoiding duplication reporting system.

Camp opened: 2000

Population: 12,753

Camp closed:

The source of population data in this report is:

HIS start date: Jul 2008

Origin of refugees:

Somalia
Ethiopia

Implementing partners:

Health/HIV: CSSW, UNICEF, MOH
Nutrition: CSSW, UNICEF, MOH, WFP
Watsan: SHS, UNICEF



Public Health Status

Health Impact

Indicator	Standard	Status
Crude Mortality Rate (CMR) (/1000/month)	0.40	< 1.5
Under-five Mortality Rate (U5MR) (/1000/month)	1.07	< 3.0
Infant Mortality Rate (IMR) (/1000 livebirths)	42.3	< 60
Neonatal Mortality Rate (NNMR) (/1000 livebirths)	33.8	< 40

Figure 1: Crude and Under-five Mortality

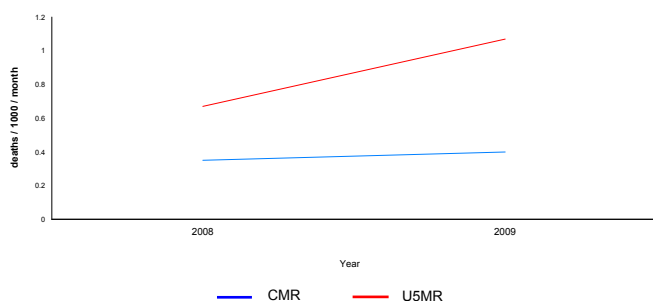


Figure 2: Crude Morbidity

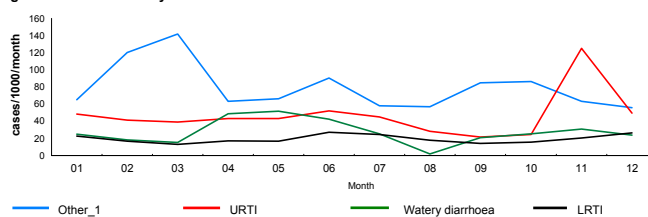
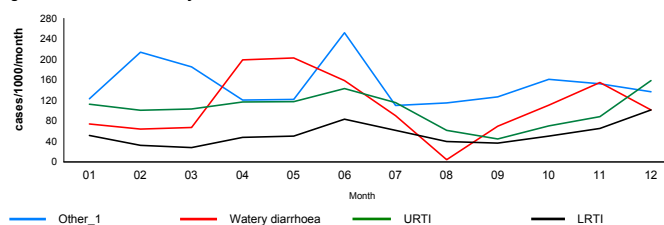


Figure 3: Under-five Morbidity



Public Health Programmes

Human Resources

No.	Indicator	Standard	Status
3	1 : 4,251	1 : <50,000	✓
4	1 : 3,188	1 : <10,000	✓
6	1 : 2,126	1 : <10,000	✓
3	1 : 4,251	1 : <10,000	✓
10	1 : 1,275	1 : 500-1,000	✗
11	1 : 1,159	1 : <500	✗

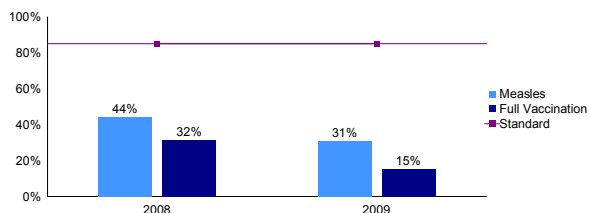
Access and Utilisation

No.	Indicator	Standard	Status
1	1 : 12,753	1 : <10,000	✗
31	< 50	< 50	✓
3.0	1 - 4	1 - 4	✓
32.60%			✓

Malaria

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

Figure 4: Vaccination coverage



Malnutrition

Indicator	Standard	Status
Global Acute Malnutrition Rate (%)	7.2%	< 5% ✗
Severe Acute Malnutrition Rate (%)	0.5%	< 2% ✓
Prevalence of anaemia in children under five	78%	< 20% ✗
Prevalence of anaemia in women of reproductive age	94%	< 20% ✗
Average number of kilocalories per person per day	2100	2100 ✓

Maternal and Newborn Health

Indicator	Standard	Status
Coverage of complete antenatal care (4 or more visits)	96%	100% ⚠
Proportion of deliveries attended by skilled personnel	95%	≥ 50% ✓
Proportion of deliveries performed by caesarean section	1%	5 - 15% ✗
Proportion of low birth weight deliveries	3%	< 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)	9.57	
Prop. rape survivors who received PEP < 72h	110%	100% ✓
Prop. rape survivors who received ECP < 120h	133%	100% ✓
Prop. rape survivors who received STI < 2 wks	183%	100% ✓

Prevention

Indicator	Standard	Status
Condom distribution rate	0.03	> 0.5 ✗
Do appropriate IEC materials exist for PoCs?	Yes	Yes ✓
Are risk groups targeted with prevention programmes?	Yes	Yes ✓
Proportion of donated blood units screened for HIV	100%	100% ⚠
PMTCT coverage	100%	100% ⚠

Care and Treatment

Indicator	Standard	Status
Do PoCs have equal access to ART as host?	Yes	Yes ✓
Number of PoCs receiving ART	0	
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)	42	> 20 ✓
No. of persons per usable water tap	80	< 80 ✓
No. of persons per drop-hole in communal latrine		≤ 20 ⚠
Prop. of population living within 200m from water point	100%	100% ✓
Prop. of families with latrines	99%	100% ⚠
Prop. families receiving >250g soap / person / month	0%	≥ 90% ✗

Observations

The basic curative and preventive service including mental health and HIV/AIDS prevention were provided to POCs. New outreach activities helped to achieved immunization coverage more than 90%. In collaboration MOH & UNICEF, OTP implemented which helped to provide treatment for severe malnutrition. The ratio of consultations for host community is 32%. Epidemic response and preparedness were strengthened and helped to reduction of outbreak. Survey on malaria prevalence, universal coverage for LLITN and indoor insecticide spraying and management of case by ACT were covered refugee and host community. Provision of soap and coverage of private latrines need

Camp opened:
Camp closed:
HIS start date: Jul 2008

Population: 22,960
 The source of population data in this report is:

Origin of refugees:
 Somalia
 Ethiopia
 Iraq

Implementing partners:
 Health/HIV: IDF, MOH
 Nutrition: IDF, MOH
 Watsan:



Public Health Status

Health Impact

	Indicator	Standard	
Crude Mortality Rate (CMR) (/1000/month)	0.00	< 1.5	✓
Under-five Mortality Rate (U5MR) (/1000/month)	0.00	< 3.0	✓
Infant Mortality Rate (IMR) (/1000 livebirths)	0.0	< 60	✓
Neonatal Mortality Rate (NNMR) (/1000 livebirths)	0.0	< 40	✓

Figure 1: Crude and Under-five Mortality

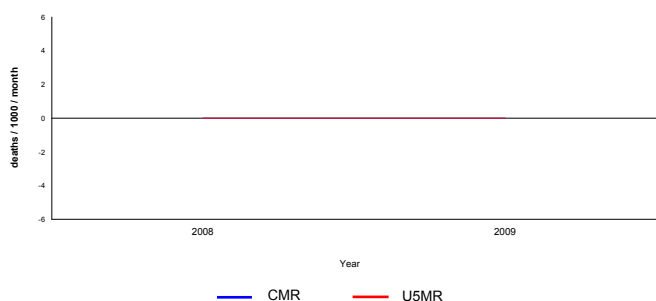


Figure 2: Crude Morbidity

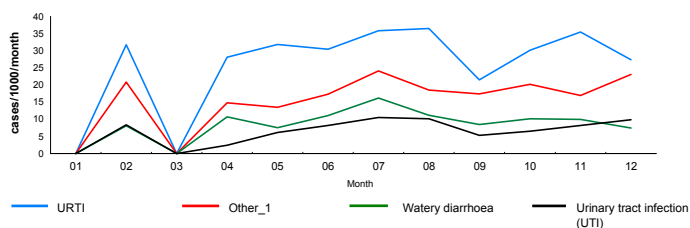
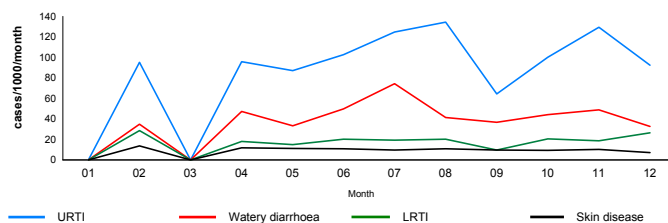


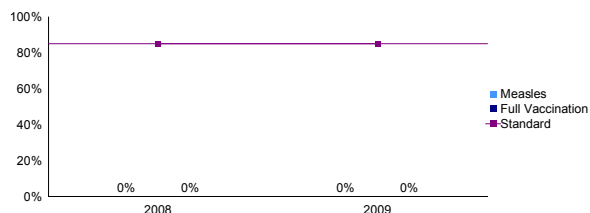
Figure 3: Under-five Morbidity



Public Health Programmes

	Nº	Indicator	Standard	
Human Resources				
No. of Medical Doctors	7	1 : 3,280	1 : <50,000	✓
No. of Clinical Consultants	1	1 : 22,960	1 : <10,000	✗
No. of Nurses (qualified)	2	1 : 11,480	1 : <10,000	⚠
No. of MCH staff / Midwives	2	1 : 11,480	1 : <10,000	⚠
No. of Community Health Workers (CHW)	15	1 : 1,531	1 : 500-1,000	✗
No. of Hygiene Promoters	0	1 : 0	1 : <500	✓
Access and Utilisation				
No. of health facilities	1	1 : 22,960	1 : <10,000	✗
No. of consultations per trained clinician per day		23	< 50	✓
Health Utilization Rate (new visits/person/year)		1.0	1 - 4	⚠
Proportion of consultations by host population		0.00%		
Malaria				
Is Act introduced as 1st line malaria treatment?		Yes	Yes	✓

Figure 4: Vaccination coverage



	Indicator	Standard	
Malnutrition			
Global Acute Malnutrition Rate (%)	10.9%	< 5%	✗
Severe Acute Malnutrition Rate (%)	0.8%	< 2%	✓
Prevalence of anaemia in children under five	44%	< 20%	✗
Prevalence of anaemia in women of reproductive age	31%	< 20%	⚠
Average number of kilocalories per person per day	0	2100	✗

	Indicator	Standard	
Maternal and Newborn Health			
Coverage of complete antenatal care (4 or more visits)	80%	100%	✗
Proportion of deliveries attended by skilled personnel	70%	≥ 50%	✓
Proportion of deliveries performed by caesarean section	15%	5 - 15%	✓
Proportion of low birth weight deliveries	7%	< 15%	✓
Family planning			
Contraceptive prevalence rate	0%	≥ 30%	✗
Sexual and Gender-based Violence			
Incidence of reported rape (/10,000/year)	0.44		
Prop. rape survivors who received PEP < 72h		100%	ⓘ
Prop. rape survivors who received ECP < 120h	0%	100%	✗
Prop. rape survivors who received STI < 2 wks	0%	100%	✗

	Indicator	Standard	
Prevention			
Condom distribution rate	0.04	> 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		100%	ⓘ
Care and Treatment			
Do PoCs have equal access to ART as host?	Yes	Yes	✓
Number of PoCs receiving ART	0		
Prop. HIV positive mothers receiving co-trimox		100%	ⓘ
Prop. HIV positive infants receiving co-trimox		100%	ⓘ

	Indicator	Standard	
Water, Sanitation and Hygiene			
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%	ⓘ

Observations

The basic curative and preventive service including mental health were provided to refugee and host community. More work has to be done to get immunization data from health centre close to IDF clinic where refugees receive vaccine. Improvement refugee access to water and sanitation facilities can help reduce outbreak, morbidity and mortality. HCR in partnership with MOH/UNFPA/IDF need to work to improve the uptake of family planning and other maternal and child health services. The quality can be improved by avoiding duplication reporting system.