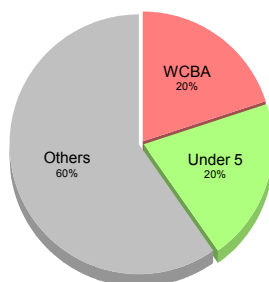


Origin of refugees:

Somalia
Sudan
Eritrea

Population: 61,364



Implementing partners:

Health/HIV: ARRA, IRC, ZOA, MCDO
Nutrition: ARRA, ZOA
Watsan: ARRA, IRC, LWF



Public Health Status

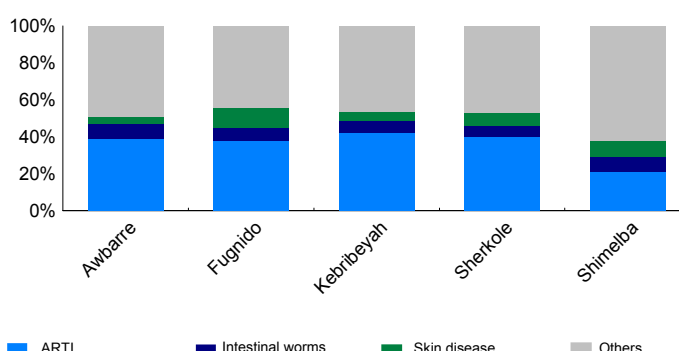
Health Impact

Indicator	Standard	Status
Crude Mortality Rate (CMR) (/1000/month)	0.12	< 1.5
Under-five Mortality Rate (U5MR) (/1000/month)	0.26	< 3.0
Infant Mortality Rate (IMR) (/1000 livebirths)	8.8	< 60
Neonatal Mortality Rate (NNMR) (/1000 livebirths)	5.4	< 40

Human Resources

Indicator	No	Standard	Status
No. of Medical Doctors	6	1 : 10,227	1 : <50,000
No. of Clinical Consultants	0	1 : 0	1 : <10,000
No. of Nurses (qualified)	38	1 : 1,615	1 : <10,000
No. of MCH staff / Midwives	17	1 : 3,610	1 : <10,000
No. of Community Health Workers (CHW)	166	1 : 370	1 : 500-1,000
No. of Hygiene Promoters	60	1 : 1,023	1 : <500

Figure 1: Proportional Crude Morbidity



Country Overview

A. Objectives

- 1a. Ensure timely responses in emergencies arising from new influx of refugees.
- 2a. Ensure that the refugees have access to early diagnosis, prompt and effective treatment, effective prevention methods to common illness in accordance with international standards and norms.
- 3a. Reduce morbidities and mortalities due to common diseases like malaria, malnutrition, diarrhea, HIV and ARI.
- 4a. Improve coordination with other UN agencies, implementing partners and the government and enhance multi-sectoral approach in service delivery.
- 5a. Improve monitoring and evaluation of health care services provided to the refugee

B. Progress

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

- 1b. UNHCR established a taskforce composed of the other UN agencies, the government and IPs to respond to the new influx of refugees. Timely Responses have resulted in controlling excess morbidity and mortality above the threshold of 1.0 per 10,000/day. However, expedition of transfer to the camp proper
- 2b. UNHCR provided adequate supplies of drugs, medical supplies and equipments in order to ensure that refugees receive early diagnosis & treatment for common illnesses. ACT has been introduced, > 60% of cases of malaria are laboratory confirmed, IMCI drugs are made available and stock out of drugs are
- 3b. Prevention efforts in order to reduce common illnesses like malaria, malnutrition, diarrhea, HIV and ARI have been in place. However there has been increase in malaria & diarrhea in some of the camps. Though not significant, GAM has increases slightly. However, prevalence of anemia in the non-pregnant women has
- 4b. UNHCR participated in the task force & core group meetings for nutrition, health & HIV by other UN agencies. As a result of improved coordination, UNHCR was able to secure material for emergency responses, RH and immunization. Monthly interagency coordination meeting by UNHCR is running well.
- 5b. Improved monitoring and evaluation has been achieved through joint missions and establishing program review mechanism. UNHCR also assigned focal points in the camps to monitor health, nutrition, HIV, food security and related activities.

C. Gaps & Planning

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

- 1c. Increasing the capacity for camp development, improving the implementation of certain sectors by selecting a capable IP should be considered for timely transfer of the refugees to the camp where they receive adequate service.
- 2c. UNHCR will sustain activities in 2009. Unexpected demands as a result of increase in the influx as well as unusual increase in incidences of some of the diseases like malaria should be addressed by pre-positioning adequate emergency supplies.
- 3c. UNHCR will closely work with local authorities in controlling malaria as low prevention & control effort on the local community will have an impact on the refugee. Issues like high incidence rate of diarrhea in some camps should be addressed through intensive WASH activities in addition to providing adequate
- 4c. Because of low interest and presence inadequate presence around the refugee camps, joint mission is mainly undertaken with WFP and to some extent UNICEF. In 2010 UNHCR, will advocate for more joint missions by other UN agencies like WHO, UNFPA and UNAIDS.
- 5c. Receiving good quality and timely HIS has affected our monitoring effort. This has resulted because of unjustifiable reason by some camps to provide HIS directly to UNHCR. UNHCR discussed with ARRA at higher management level, and ARRA has taken action to improve the quality and timeliness of

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	Standard	Status
No. of health facilities	1 : 8,766	1 : <10,000
No. of consultations per trained clinician per day	28	< 50
Health Utilization Rate (new visits/person/year)	2.0	1 - 4
Proportion of consultations by host population	18%	

Malaria

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

The response in providing coordinated response to the influx of Somali refugees in public health at both site have been successfully achieved without major incidence. Moreover, the introduction of MSF and Save-USA as implementing partners is an indication that the government is openness in involving other agencies in assistance in public health during emergency. Health service utilization by the refuge has improved in 2009 compared to 2008. Malaria has increased

Despite a good coordination in response to the influx of Somali refugees, timely movement of the refugees to the camp proper, where comprehensive public health services were provided was not possible due to low implementation in some sectors like water and sanitation. This year there has been an unusual increase of the incidence of malaria, particularly in Shimeba despite prevention efforts. One factor identified was absence of similar efforts to control malaria in the local.

			Key observations	Limitations/constraints																																																															
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IMMUNISATION	Public Health Programmes Figure 2: Vaccination coverage 		According to nutrition Survey undertaken between May – July 2009, The overall measles immunization coverage among the under five children was found to be 92.4%. Immunization coverage was maintained above 90% in all camps except in Sheder where it was only 80.8%.	It was not possible to fully establish routine immunization service in the newly established Bokolmayo refugee camp because of absence of adequate supplies of vaccine from the local health authorities. However, mass immunization, vit- A supplementation and deworming has been undertaken for children 6 month - 15 years on arrival from Somali. UNHCR, in collaboration with ARRA & UNICEF, is trying to establish routine immunization program by providing cold chain																																																															
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Camp opened: 2007
Camp closed:
HIS start date: Jan 2008

Population: 10,436
 The source of population data in this report is:

Origin of refugees:
 Somalia

Implementing partners:
 Health/HIV: IRC, MCDO
 Nutrition: ARRA, ZOA
 Watsan: LWF, ARRA



Public Health Status

Health Impact

Indicator	Standard	Status
Crude Mortality Rate (CMR) (/1000/month)	0.09	< 1.5
Under-five Mortality Rate (U5MR) (/1000/month)	0.22	< 3.0
Infant Mortality Rate (IMR) (/1000 livebirths)	9.4	< 60
Neonatal Mortality Rate (NNMR) (/1000 livebirths)	0.0	< 40

Figure 1: Crude and Under-five Mortality

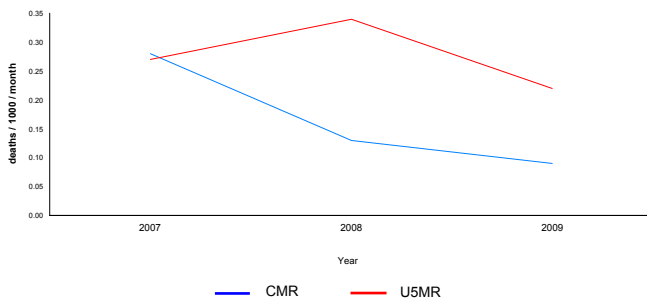


Figure 2: Crude Morbidity

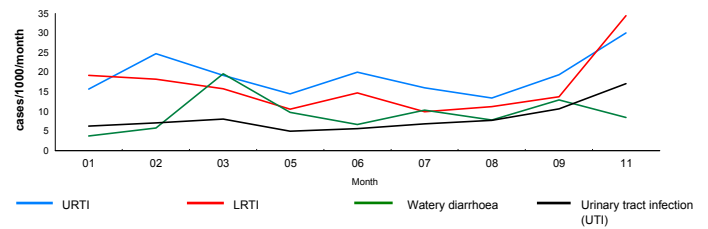
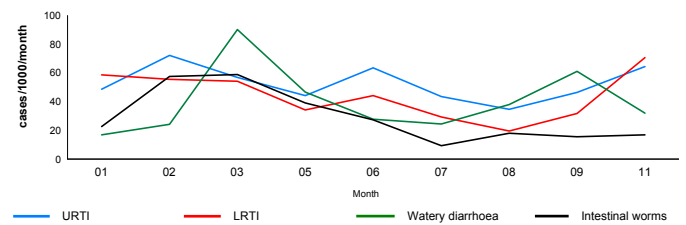


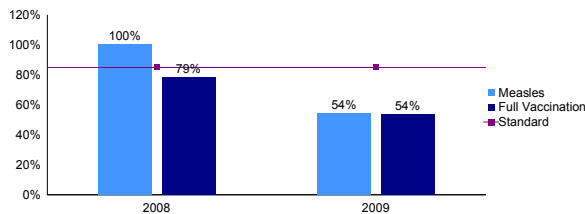
Figure 3: Under-five Morbidity



Public Health Programmes

Indicator	No	Indicator	Standard	Status
Human Resources				
No. of Medical Doctors	1	1 : 10,436	1 : <50,000	✓
No. of Clinical Consultants	0	1 : 0	1 : <10,000	✓
No. of Nurses (qualified)	6	1 : 1,739	1 : <10,000	✓
No. of MCH staff / Midwives	3	1 : 3,479	1 : <10,000	✓
No. of Community Health Workers (CHW)	26	1 : 401	1 : 500-1,000	⚠
No. of Hygiene Promoters	10	1 : 1,044	1 : <500	✗
Access and Utilisation				
No. of health facilities	1	1 : 10,436	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		1.97%		✓
Malaria				
Is Act introduced as 1st line malaria treatment?		Yes	Yes	✓

Figure 4: Vaccination coverage



Indicator	Value	Standard	Status
Malnutrition			
Global Acute Malnutrition Rate (%)	10.2%	< 5%	✗
Severe Acute Malnutrition Rate (%)	1.2%	< 2%	✓
Prevalence of anaemia in children under five	32%	< 20%	⚠
Prevalence of anaemia in women of reproductive age	15%	< 20%	✓
Average number of kilocalories per person per day	2450	2100	✓

Indicator	Standard	Status
Maternal and Newborn Health		
Coverage of complete antenatal care (4 or more visits)	96%	100%
Proportion of deliveries attended by skilled personnel	83%	≥ 50%
Proportion of deliveries performed by caesarean section	0%	5 - 15%
Proportion of low birth weight deliveries	10%	< 15%
Family planning		
Contraceptive prevalence rate	1%	≥ 30%
Sexual and Gender-based Violence		
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%

Indicator	Standard	Status
Prevention		
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	84%	100%
Care and Treatment		
Do PoCs have equal access to ART as host?	Yes	Yes
Number of PoCs receiving ART	2	
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)	17	> 20
No. of persons per usable water tap	76	< 80
No. of persons per drop-hole in communal latrine	26	≤ 20
Prop. of population living within 200m from water point	85%	100%
Prop. of families with latrines	40%	100%
Prop. families receiving >250g soap / person / month	100%	≥ 90%

Observations

In 2009, the health center has moved from temporary to a permanent infrastructure. Health service utilization in the camp has increased to 1.1 per person per year (0.8 in 2008). A comprehensive reproductive health service and HIV program has been established. Availability of human resources like the medical doctor and midwives has improved compared to that of 2008.

Camp opened: 1993

Population: 21,314

Camp closed:

The source of population data in this report is:

HIS start date: Oct 2006

Origin of refugees:

Sudan

Implementing partners:

Health/HIV: ARRA, ZOA

Nutrition: ARRA

Watsan: ARRA



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)	0.17	< 3.0
Infant Mortality Rate (IMR) (/1000 livebirths)	3.5	< 60
Neonatal Mortality Rate (NNMR) (/1000 livebirths)	1.7	< 40

Figure 1: Crude and Under-five Mortality

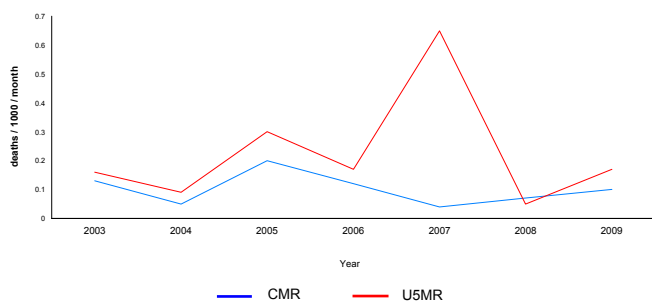


Figure 2: Crude Morbidity

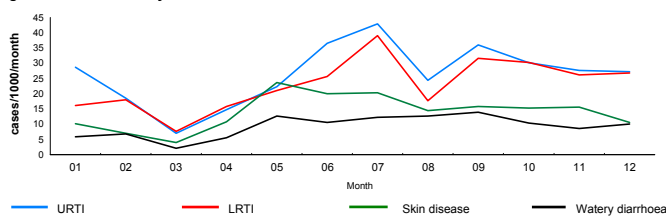
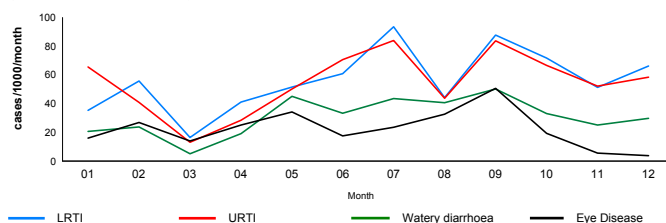


Figure 3: Under-five Morbidity



Public Health Programmes

Human Resources

No.	Indicator	Standard	Status
1	1 : 21,314	1 : <50,000	✓
0	1 : 0	1 : <10,000	✓
12	1 : 1,776	1 : <10,000	✓
4	1 : 5,328	1 : <10,000	✓
50	1 : 426	1 : 500-1,000	⚠
10	1 : 2,131	1 : <500	✗

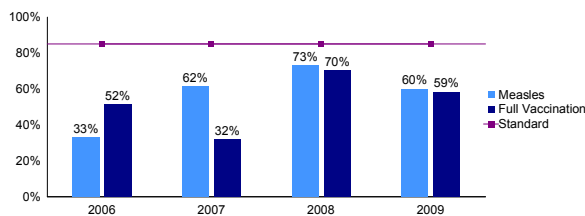
Access and Utilisation

No.	Indicator	Standard	Status
2	1 : 10,657	1 : <10,000	⚠
26	< 50	< 50	✓
1.0	1 - 4	1 - 4	✓
7.51%			✓

Malaria

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

Figure 4: Vaccination coverage



Malnutrition

Indicator	Standard	Status
Global Acute Malnutrition Rate (%)	11.4%	< 5% ✗
Severe Acute Malnutrition Rate (%)	0.7%	< 2% ✓
Prevalence of anaemia in children under five	42%	< 20% ✗
Prevalence of anaemia in women of reproductive age	28%	< 20% ⚠
Average number of kilocalories per person per day	2450	2100 ✓

Maternal and Newborn Health

Indicator	Standard	Status
Coverage of complete antenatal care (4 or more visits)	95%	100% ⚠
Proportion of deliveries attended by skilled personnel	99%	≥ 50% ✓
Proportion of deliveries performed by caesarean section	0%	5 - 15% ✗
Proportion of low birth weight deliveries	2%	< 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%	100% ✓
Prop. rape survivors who received ECP < 120h	100%	100% ✓
Prop. rape survivors who received STI < 2 wks	100%	100% ✓

Prevention

Indicator	Standard	Status
Condom distribution rate	0.32	> 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	97%	100% ⚠

Care and Treatment

Indicator	Standard	Status
Do PoCs have equal access to ART as host?	Yes	Yes ✓
Number of PoCs receiving ART	254	
Prop. HIV positive mothers receiving co-trimox	11%	100% ✗
Prop. HIV positive infants receiving co-trimox	16%	100% ✗

Water, Sanitation and Hygiene

Indicator	Standard	Status
Av quantity of potable water / person / day (litres)	18	> 20 ⚠
No. of persons per usable water tap	102	< 80 ✗
No. of persons per drop-hole in communal latrine	23	≤ 20 ⚠
Prop. of population living within 200m from water point	100%	100% ✓
Prop. of families with latrines	50%	100% ✗
Prop. families receiving >250g soap / person / month	100%	≥ 90% ✓

Observations

Incidence rate of malaria per 1000/month was increased from 1.8 in 2008 to 5.1 in 2009. No clear factors have been identified. However, mosquito net retention after 1 year of distribution varied between 55 – 75 % in different areas of the camp. Distribution targeting the general population was undertaken in August 2009. The proportional morbidity due to malaria has increased from 2.0 in 2008 to 4.0% in 2009 making malaria the seventh leading cause of morbidity. Malaria accounted for 7% (2) confirmed deaths, the sixth leading cause of death. The proportion of confirmed cases of malaria has increased from 21.5% in 2008 to 61.3 in 2009.

Camp opened: 1991

Population: 16,496

Camp closed:

The source of population data in this report is:

HIS start date: Oct 2006

Origin of refugees:

Somalia

Implementing partners:

Health/HIV: ARRA, MCDO, IRC

Nutrition: ARRA, ZOA

Watsan: ARRA, Jijiga Water Supply, W



Public Health Status

Health Impact

Indicator	Standard	Status
Crude Mortality Rate (CMR) (/1000/month)	0.09	< 1.5
Under-five Mortality Rate (U5MR) (/1000/month)	0.11	< 3.0
Infant Mortality Rate (IMR) (/1000 livebirths)	4.4	< 60
Neonatal Mortality Rate (NNMR) (/1000 livebirths)	2.2	< 40

Figure 1: Crude and Under-five Mortality

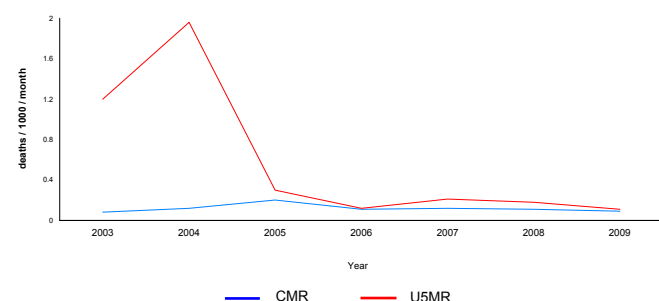


Figure 2: Crude Morbidity

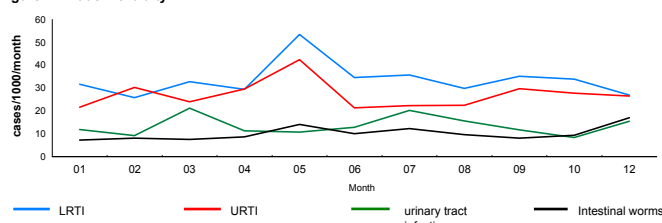
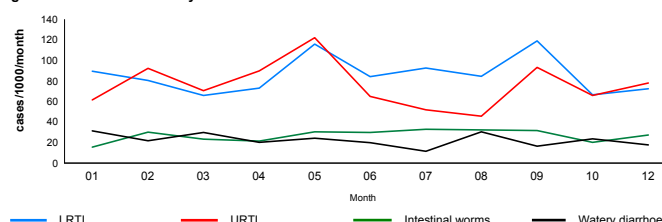


Figure 3: Under-five Morbidity



Public Health Programmes

Human Resources

No.	Indicator	Standard	Status
1	1 : 16,496	1 : <50,000	✓
0	1 : 0	1 : <10,000	✓
7	1 : 2,357	1 : <10,000	✓
3	1 : 5,499	1 : <10,000	✓
30	1 : 550	1 : 500-1,000	✓
6	1 : 2,749	1 : <500	✗

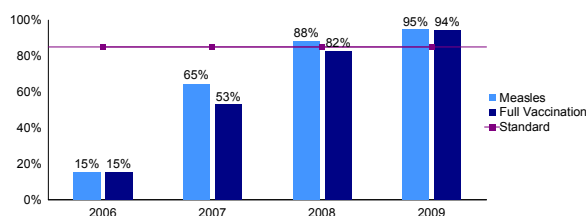
Access and Utilisation

No.	Indicator	Standard	Status
1	1 : 16,496	1 : <10,000	✗
31	< 50	< 50	✓
2.0	1 - 4	1 - 4	✓
7.81%			✓

Malaria

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

Figure 4: Vaccination coverage



Malnutrition

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

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)	0.00	✓
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	> 0.5	✗
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	100%	⚠

Care and Treatment

Indicator	Standard	Status
Do PoCs have equal access to ART as host?	Yes	✓
Number of PoCs receiving ART		✓
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)	> 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

A massive electrification project is nearly completed. However, water still continued to be a problem in the camp. Jerry valley is managed by the clan based local authorities, and the management has continued to be problematic resulting in occasional interruptions of water supply. Contrary to this, incidence rate of diarrhea remained to be low, 5.2 per 1000/ month. The incidence rate of diarrhea was 6.7 per 1000/month in 2008. Incidence rate of malaria was 1.4 per 1000/month, and slightly increase compared to 2008 (1.0 per 1000/month). In 2009, 67.4% of the cases have been confirmed by laboratory. Laboratory confirmation was only 8.1% in 2008

Camp opened: 1997
Camp closed:
HIS start date: Oct 2006

Population: 3,271
 The source of population data in this report is:

Origin of refugees:

Sudan

Implementing partners:

Health/HIV: ARRA, IRC
 Nutrition: ARRA
 Watsan: ARRA, IRC



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)	0.53 < 3.0	✓
Infant Mortality Rate (IMR) (/1000 livebirths)	38.5 < 60	✓
Neonatal Mortality Rate (NNMR) (/1000 livebirths)	0.0 < 40	✓

Figure 1: Crude and Under-five Mortality

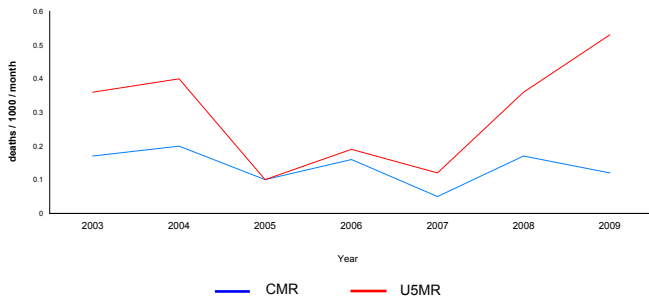


Figure 2: Crude Morbidity

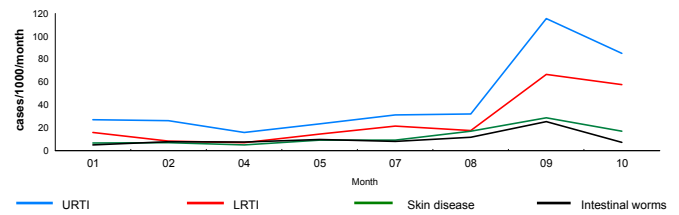
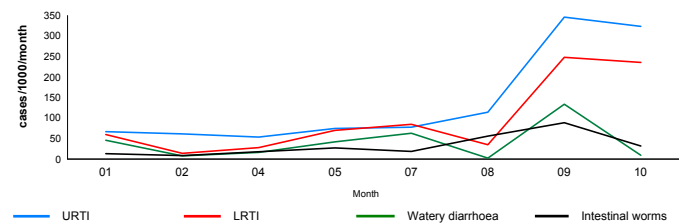


Figure 3: Under-five Morbidity



Public Health Programmes

Human Resources

No.	Indicator	Standard	Status
1	1 : 3,271	1 : <50,000	✓
0	1 : 0	1 : <10,000	✓
4	1 : 818	1 : <10,000	✓
2	1 : 1,636	1 : <10,000	✓
10	1 : 327	1 : 500-1,000	✗
4	1 : 818	1 : <500	✗

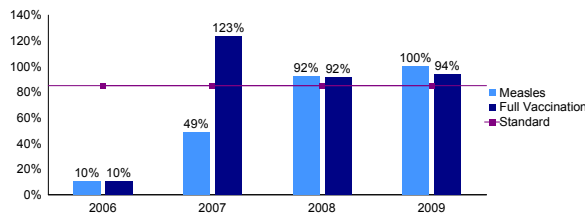
Access and Utilisation

No.	Indicator	Standard	Status
1	1 : 3,271	1 : <10,000	✓
33	< 50	< 50	✓
2.0	1 - 4	1 - 4	✓
39.08%			✓

Malaria

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

Figure 4: Vaccination coverage



Malnutrition

Indicator	Standard	Status
Global Acute Malnutrition Rate (%)	7.9% < 5%	✗
Severe Acute Malnutrition Rate (%)	0.3% < 2%	✓
Prevalence of anaemia in children under five	22% < 20%	⚠
Prevalence of anaemia in women of reproductive age	6% < 20%	✓
Average number of kilocalories per person per day	2450 2100	✓

Maternal and Newborn Health

Indicator	Standard	Status
Coverage of complete antenatal care (4 or more visits)	89% 100%	✗
Proportion of deliveries attended by skilled personnel	85% ≥ 50%	✓
Proportion of deliveries performed by caesarean section	2% 5 - 15%	✗
Proportion of low birth weight deliveries	4% < 15%	✓

Family planning

Indicator	Standard	Status
Contraceptive prevalence rate	-9% ≥ 30%	✗

Sexual and Gender-based Violence

Indicator	Standard	Status
Incidence of reported rape (/10,000/year)	7.22	
Prop. rape survivors who received PEP < 72h	100% 100%	✓
Prop. rape survivors who received ECP < 120h	100% 100%	ⓘ
Prop. rape survivors who received STI < 2 wks	0% 100%	✗

Prevention

Indicator	Standard	Status
Condom distribution rate	5.80 > 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	82% 100%	✗

Care and Treatment

Indicator	Standard	Status
Do PoCs have equal access to ART as host?	Yes Yes	✓
Number of PoCs receiving ART	15	
Prop. HIV positive mothers receiving co-trimox	0% 100%	✗
Prop. HIV positive infants receiving co-trimox	0% 100%	✗

Water, Sanitation and Hygiene

Indicator	Standard	Status
Av quantity of potable water / person / day (litres)	36 > 20	✓
No. of persons per usable water tap	77 < 80	✓
No. of persons per drop-hole in communal latrine	10 ≤ 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

Malaria has been the six leading cause of morbidity. However, there is no reported mortality due to malaria. Mosquito net retention one year after distribution has remained around 82.0%, and supplementary distribution has been conducted in around July. The incidence rate of malaria per 1000/month has decrease from 14.5 in 2008 to 6.4 in 2009. 77.7% of the cases have been confirmed by laboratory test. The camp has among the highest consultations by the national which is around 39.0%

Camp opened: 2004

Population: 9,847

Camp closed:

The source of population data in this report is:

HIS start date: Oct 2006

Origin of refugees:

Eritrea

Implementing partners:

Health/HIV: ARRA, IRC

Nutrition: ARRA, ZOA

Watsan: ARRA, IRC



Public Health Status

Health Impact

Indicator	Standard	Status
Crude Mortality Rate (CMR) (/1000/month)	0.23	< 1.5
Under-five Mortality Rate (U5MR) (/1000/month)	1.38	< 3.0
Infant Mortality Rate (IMR) (/1000 livebirths)	49.7	< 60
Neonatal Mortality Rate (NNMR) (/1000 livebirths)	49.7	< 40

Figure 1: Crude and Under-five Mortality

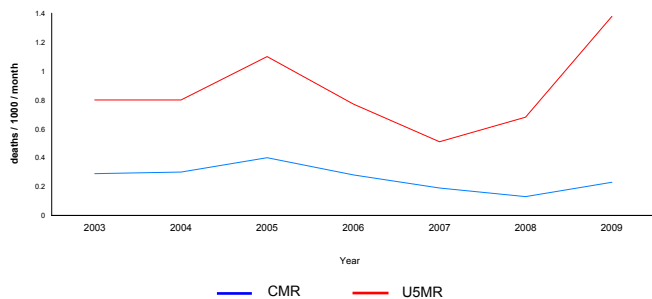


Figure 2: Crude Morbidity

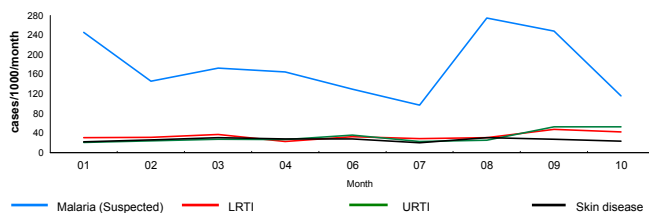
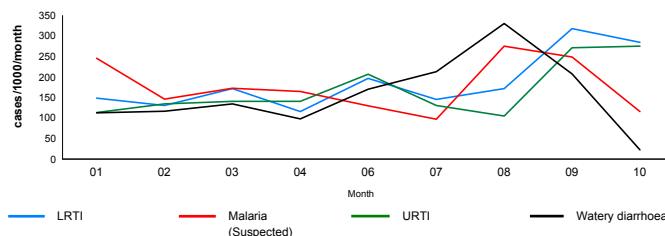


Figure 3: Under-five Morbidity



Public Health Programmes

Human Resources

No.	Indicator	Standard	Status
1	1 : 9,847	1 : <50,000	✓
0	1 : 0	1 : <10,000	✓
5	1 : 1,969	1 : <10,000	✓
3	1 : 3,282	1 : <10,000	✓
30	1 : 328	1 : 500-1,000	✗
10	1 : 985	1 : <500	✗

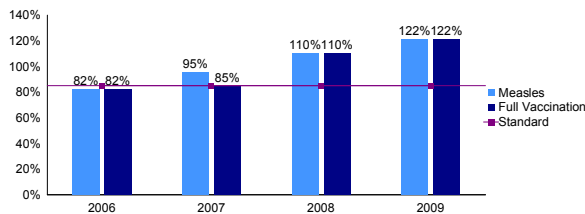
Access and Utilisation

No.	Indicator	Standard	Status
1	1 : 9,847	1 : <10,000	✓
29	< 50	< 50	✓
4.0	1 - 4	1 - 4	✓
31.54%			✓

Malaria

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

Figure 4: Vaccination coverage



Malnutrition

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

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)	2.53	✓
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	> 0.5	✓
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	100%	✗

Care and Treatment

Indicator	Standard	Status
Do PoCs have equal access to ART as host?	Yes	✓
Number of PoCs receiving ART	25	✓
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)	> 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

In 2009, the incidence rate of malaria has increased from 13.4 in 2008 to 57.0 per 1000/month making malaria the leading cause of morbidity in the camp. However, no death has been reported due to malaria. Mosquito net retention 1 year after distribution was found to be around 72%. Moreover, supplementary distribution has been conducted between August and September. The only reason identified for the increase is absence of similar effort in the local program in controlling malaria. One third of the users of health facility in Shimelba are the locals. Similarly, the incidence rate of diarrhea has increased from 20.0 in 2008 to 32.4 per 1000/month in 2009.