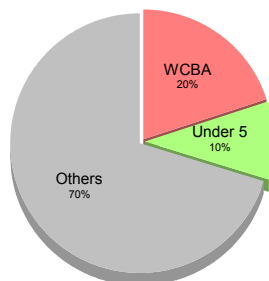


## Origin of refugees:

Eritrea  
Ethiopia  
Somalia

Population: 98,369



## Implementing partners:

Health/HIV: HAI,  
Nutrition: HAI  
Watsan: ESCO



## Public Health Status

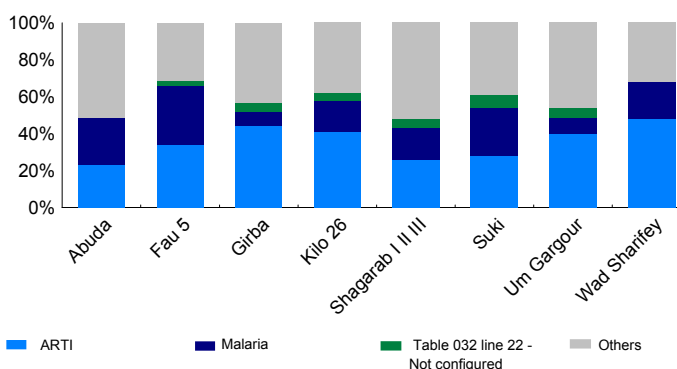
### Health Impact

Indicator	Standard	Status
Crude Mortality Rate (CMR) (/1000/month)	0.34	< 1.5
Under-five Mortality Rate (U5MR) (/1000/month)	1.53	< 3.0
Infant Mortality Rate (IMR) (/1000 livebirths)	40.2	< 60
Neonatal Mortality Rate (NNMR) (/1000 livebirths)	3.3	< 40

### Human Resources

Indicator	Standard	Status
No. of Medical Doctors	8	1 : 12,296
No. of Clinical Consultants	41	1 : 2,399
No. of Nurses (qualified)	73	1 : 1,348
No. of MCH staff / Midwives	35	1 : 2,811
No. of Community Health Workers (CHW)	92	1 : 1,069
No. of Hygiene Promoters	1 : 0	1 : <500

Figure 1: Proportional Crude Morbidity



## Country Overview

### A. Objectives

- Provision of high standard IMCI (Integrated Management of Childhood Illness) services to refugee children in all camps. Improvement of drug management system through capacity building. Revision of the SOP on medical referrals.
- Expansion of Community Based Management of Acute Malnutrition (CMAM) and supply of RUTF to all camps; Nutrition Survey in all camps followed by JAM. Initiate IYCF practice in all camps.
- Improvement of the capacity building of health IPs on HIV related services at health facility level. Implementation of IGAD/IRAPP HIV/AIDS support program in the selected (Wad Sherifey) camp.
- Ensure appropriate care and treatment for all rape survivors. Improve women delivery and child birth services with emphasis on EmOC. Ensure that sufficient resources provided to supporting HCR's reproductive health activities.
- Reduce diseases associated with poor WatSan services through effective WatSan policies and programmes

### B. Progress

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

- 16 Medical Officers and Assistant-Medical Officers trained (TOT) on Standard IMCI by facilitators from the MoH. Relevant refresher training as well as training on C-IMCI took place at all camp levels. The relevant department of MoH regularly the implementation, monthly report being submitted from the camps.
- Nutritionists and clinicians from all camps trained/re-trained on CMAM and IYCF, community mobilizations done with full involvement of home visitors. The programs launched and expanded successfully to all camps. Mother support groups formed as well
- 25 health service providers (Counselors and Lab techn/Assist) trained on VCT by MOH. 2 medical assistants, 4 midwives, 2 lab technicians, 2 counselors, 1 vaccinator and 2 CHWs, supervisors trained on PMTCT & PEP (IGAD).
- All camps provided with the following: vacuum extractors, PEP kits, delivery tables, MVA and sterilizers and FP supplies. 24 MDs and Health visitors trained as (TOT) by MoH on different methods family planning, followed by training of midwives.
- New submersible installed in the existing boreholes, new centrifugal pumps installed and new generators purchased in 4 camps. The average water supply coverage is 24/pers/day. Installation of solar pumps in Shagarab. Latrine coverage remains 25%.

### C. Gaps & Planning

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

- In 2009, the signature of LoA between UNDP and UNHCR followed by release of the GF budget for malaria will allow us to upgrade the capacity (staffing, lab equipments, and training) and strengthen the vector control.
- Conduct a joint UNHCR/WFP Nutrition Survey with involvement of MOH. Advocate for funds to implement anemia control program
- With the support of the SNAP/MOH and using IGAD funds (for Shagarab) initiate a comprehensive HIV related services in integrated manner into the existing PHC strategy with due consideration for expansion of VCT and PMTCT services to all camps, referral system between TB and HIV services.
- In 2010, priority will be given to the trainings/refresher trainings of MDs, midwives and other clinicians from all camps on, Clinical Management of Rape Survivors (using (PEP), EmOC with special consideration to the skills on how to use MVA.
- It is paramount to continue building the capacity of the new recruited IP and encouraging the involvement of beneficiaries.

## 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?

Indicator	Standard	Status
Yes	Yes	✓

### Access and Utilisation

Indicator	Standard	Status
No. of health facilities	16	1 : 6,148
No. of consultations per trained clinician per day	34	< 50
Health Utilization Rate (new visits/person/year)	2.0	1 - 4
Proportion of consultations by host population	33%	

### Malaria

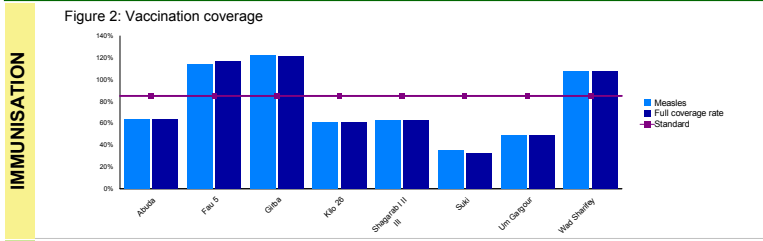
Is Act introduced as 1st line malaria treatment?

Indicator	Standard	Status
Yes	Yes	✓

Improvement of IMCI services through capacity building and monitoring by MoH, training on EPR, drug management, construction of a new clinic for new arrivals in Shagarab, revision of SOP on medical referrals, procurement of two ambulances to improve medical referrals. LoA and budget reviewed and finalized for GF/Malaria grant.

Limited budget for medical referrals to the National hospitals remains a seriously challenge and delays in releasing budget installments to IPs hinder the implementation of some activities as initially planned. Implementation of GF/Malaria is delaying because of legal procedures from UNDP side.

## 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	Feb 2009
Date of last JAM	May 2009

**Malnutrition**

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	1575	2100 ❌

**Food Security**

Does UNHCR provide complementary food?	No	
Did the content of the GFR change during the year?	Yes	
Did WFP report any pipeline breaks during the year?	No	✅
Have PoC been included in the National FS Plan?	No	❌
Prop. of ration sold by refugees to buy other food items	%	< 30% ⬆️

Inclusion of refugee children in following: three polio immunization campaigns, one measles campaign and under five health promotion in which Vit A and Mebendazole were distributed. Improvement of cold chain in Kilo 26 and Wad Sherifey with general electricity supply to both camps.

Recruitment of a Nutritionist (UNV). The key activity of nutrition services carried out this year are: nutrition survey (all camps), implementation of CMAM in all camps (RUTF available for all year). As per one of JAM recommendations, blanket feeding for children was carried out in Shagarab, Umgargour, Girba and Abuda camps.

During the last revision of UNHCR/WFP Joint Plan of Actions, our health unit jointly with the program, field and colleagues with the livelihood units have advocated for the updating of the vulnerable list (by including people omitted in the current list) in line with the targeting system of the WFP food distribution.

Lack of constant electric power supply affects the cold chains in most of the camps. Our Ips have to rely on the collaboration with the local MOH structures. Delays in supplying the vaccines from these structures to the camps are observed sometimes. Therefore, the immunization calendar of the targeted age groups is not always followed as needed; as result, the standard coverage is not reached in some camps.

Due to the delay in identifying the candidate to fill in the position of IUNV nutritionist, we have delayed the initiation of IYCF strategy in the camps. Also an external consultant was hired to conduct the nutrition survey.

Health IPs have reported about some vulnerable such as chronically ill people who were omitted from the list of the vulnerable targeted for the WFP food distribution. Therefore, the lack of adequate food intake impairs their health status.

**NUTRITION AND FOOD SECURITY**

**Maternal and Newborn Health**

Indicator	Standard	
Coverage of complete antenatal care (4 or more visits)	136%	100% ✅
Proportion of deliveries attended by skilled personnel	98%	≥ 50% ✅
Proportion of deliveries performed by caesarean section	3%	5 - 15% ❌
Proportion of low birth weight deliveries	0%	< 15% ✅

**Family planning**

Contraceptive prevalence rate	1%	≥ 30% ❌
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**Sexual and Gender-based Violence**

Indicator	Standard	
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% ⬆️

Clinicians and midwives from all camps have been trained on EmOC (2nd round). Training on Family Planning for medical doctors by MoH; medical assistant trained on FP at camp level. UNHCR availed new delivery tables and sterilization material for all camps and provided budget for recruitment of 2 RH managers for 2 health Ips.

Health Coordinators from all camps actively participated in the workshop organized by UNHCR on the Standard Operating Procedures (SOP) for Prevention and Response to SGBV. Clinicians from all camps have trained on Clinical Management of Rape Survivors by UNFPA.

Most of the refugee women prefer delivering at home despite the health education conducted during the ANC. While finding out the reasons behind the preference of home delivery, we have been told that this is just a cultural habit / tradition of the areas of origin of our beneficiaries.

The relevant services had not been established in the camps. Therefore, no report of SGBV case has been registered at the health facility level. Also, delay in receiving the PEP Kits ordered by the health unit through international procurement prevented the initiation of community mobilization on and the starting of the clinical management of rape survivors despite the training of clinicians from all camps.

**REPRO HEALTH**

**Monitoring & Evaluation**

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

**Prevention**

Condom distribution rate	0.09	> 0.5 ❌
Do appropriate IEC materials exist for PoCs?	Yes	Yes ✅
Are risk groups targeted with prevention programmes?		Yes ✅
Proportion of blood units screened for HIV		100% ⬆️
PMTCT coverage	0%	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% ⬆️

Capacity building of health partners' staff on HIV/AIDS related services through training workshops. VCT activities initiated in Shagarab, Kilo 26 and Wad Sherifey; in addition, PMTCT initiated in Wad Sherifey where IGAD/IRAPP project was implemented. Construction of VCT centre started in Kilo 26 and Um Gargour.

Inadequate capacity of health Ips to deliver HIV/AIDS related services. Low level of awareness on HIV/AIDS related issues among refugee population.

**HIV/AIDS**

**Water, Sanitation and Hygiene**

Indicator	Standard	
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%	⬆️

New submersible installed in the existing boreholes, new centrifugal pumps installed and new generators purchased in 4 camps. The average water supply coverage is 24/pers/day. Installation of solar pumps in Shagarab. Latrine coverage remains 25%.

It took time for the new identified IP to be conversant with the program..

Camp opened: 1981

Population: 4,057

Camp closed:

The source of population data in this report is:

HIS start date: Jul 2007

#### Origin of refugees:

Eritrea  
Ethiopia

#### Implementing partners:

Health/HIV: SRCS  
Nutrition: SRCS  
Watsan: ESCO



### Public Health Status

#### Health Impact

Indicator	Standard	Status
Crude Mortality Rate (CMR) (/1000/month)	0.35	< 1.5
Under-five Mortality Rate (U5MR) (/1000/month)	1.40	< 3.0
Infant Mortality Rate (IMR) (/1000 livebirths)	28.2	< 60
Neonatal Mortality Rate (NNMR) (/1000 livebirths)	0.0	< 40

Figure 1: Crude and Under-five Mortality

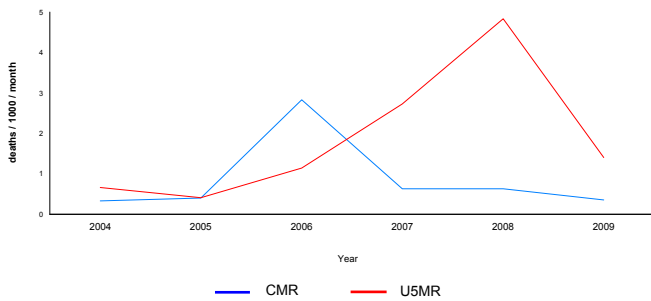


Figure 2: Crude Morbidity

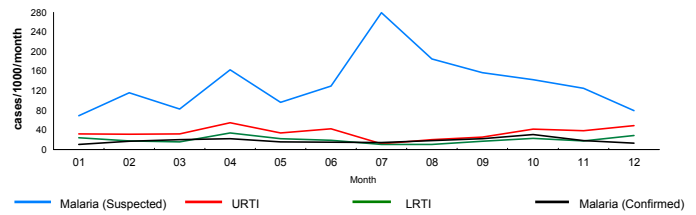
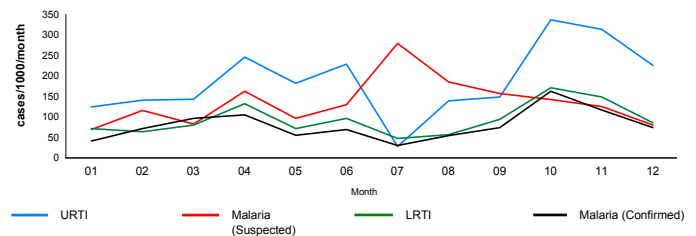


Figure 3: Under-five Morbidity



### Public Health Programmes

#### Human Resources

No.	Indicator	Standard	Status
1	1 : 4,057	1 : <50,000	✓
2	1 : 2,028	1 : <10,000	✓
5	1 : 811	1 : <10,000	✓
3	1 : 1,352	1 : <10,000	✓
5	1 : 811	1 : 500-1,000	✓
1	1 : 0	1 : <500	✓

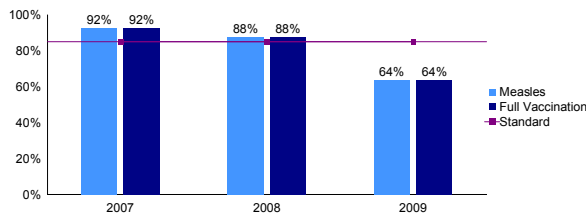
#### Access and Utilisation

No.	Indicator	Standard	Status
1	1 : 4,057	1 : <10,000	✓
39	< 50	< 50	✓
3.0	1 - 4	1 - 4	✓
44.82%			✓

#### Malaria

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

Figure 4: Vaccination coverage



IMMUNISATION

#### Malnutrition

Indicator	Standard	Status
Global Acute Malnutrition Rate (%)	14.1%	< 5% ✗
Severe Acute Malnutrition Rate (%)	2.4%	< 2% ✗
Prevalence of anaemia in children under five	49%	< 20% ✗
Prevalence of anaemia in women of reproductive age	< 20%	< 20% ✓
Average number of kilocalories per person per day	1575	2100 ✗

NUTRITION

#### Maternal and Newborn Health

Indicator	Standard	Status
Coverage of complete antenatal care (4 or more visits)	90%	100% ✗
Proportion of deliveries attended by skilled personnel	94%	≥ 50% ✓
Proportion of deliveries performed by caesarean section	0%	5 - 15% ✗
Proportion of low birth weight deliveries	1%	< 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	0.00	> 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)	> 20	> 20 ✓
No. of persons per usable water tap	< 80	< 80 ✓
No. of persons per drop-hole in communal latrine	≤ 20	≤ 20 ✓
Prop. of population living within 200m from water point	100%	100% ✓
Prop. of families with latrines	100%	100% ✓
Prop. families receiving >250g soap / person / month	≥ 90%	≥ 90% ✓

REPRO HEALTH

SGBV

HIV/AIDS

WASH

### Observations

Training of Medical doctor and Medical Assistants on facility based IMCI. CMAM established and IYCF practices initiated.

Camp opened: 1995

Population: 1,410

Camp closed:

The source of population data in this report is:

HIS start date: Jul 2007

#### Origin of refugees:

Eritrea  
Ethiopia

#### Implementing partners:

Health/HIV: GHF  
Nutrition: GHF  
Watsan: ESCO



### Public Health Status

#### Health Impact

Indicator	Standard	Status
Crude Mortality Rate (CMR) (/1000/month)	0.65	< 1.5
Under-five Mortality Rate (U5MR) (/1000/month)	1.37	< 3.0
Infant Mortality Rate (IMR) (/1000 livebirths)	69.0	< 60
Neonatal Mortality Rate (NNMR) (/1000 livebirths)	0.0	< 40

Figure 1: Crude and Under-five Mortality

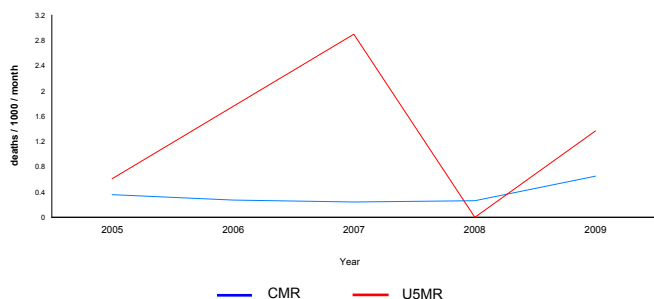


Figure 2: Crude Morbidity

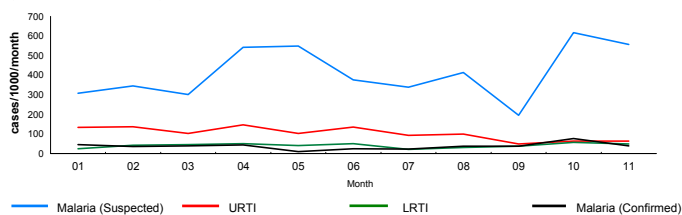
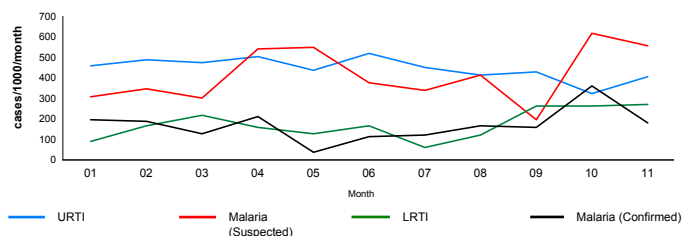


Figure 3: Under-five Morbidity



### Public Health Programmes

#### Human Resources

No.	Indicator	Standard	Status
1	1 : 1,410	1 : <50,000	✓
3	1 : 470	1 : <10,000	✓
5	1 : 282	1 : <10,000	✓
2	1 : 705	1 : <10,000	✓
2	1 : 705	1 : 500-1,000	✓
1	1 : 0	1 : <500	✓

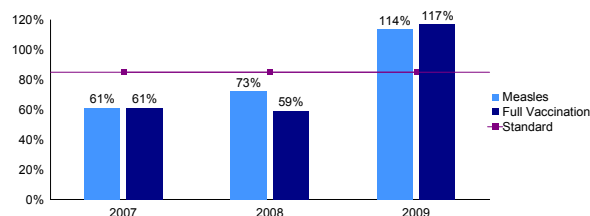
#### Access and Utilisation

No.	Indicator	Standard	Status
1	1 : 1,410	1 : <10,000	✓
27	< 50	< 50	✓
5.0	1 - 4	1 - 4	⚠
63.78%			⚠

#### 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 (%)	8.3%	< 5% (✗)
Severe Acute Malnutrition Rate (%)	1.3%	< 2% (✓)
Prevalence of anaemia in children under five	53%	< 20% (✗)
Prevalence of anaemia in women of reproductive age	< 20%	< 20% (⚠)
Average number of kilocalories per person per day	1575	2100 (✗)

#### Maternal and Newborn Health

Indicator	Standard	Status
Coverage of complete antenatal care (4 or more visits)	90%	100% (⚠)
Proportion of deliveries attended by skilled personnel	93%	≥ 50% (✓)
Proportion of deliveries performed by caesarean section	14%	5 - 15% (✓)
Proportion of low birth weight deliveries	10%	< 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	100% (⚠)
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	0.00	> 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		
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)	> 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%	100% (⚠)
Prop. of families with latrines	100%	100% (⚠)
Prop. families receiving >250g soap / person / month	≥ 90%	⚠

### Observations

Improvement of the health services providers' capacity through trainings: 1 MD and 2 MA on IMCI.

Camp opened: 1979

Population: 9,231

Camp closed:

The source of population data in this report is:

HIS start date: Jul 2007

**Origin of refugees:**

Eritrea

**Implementing partners:**

Health/HIV: HAI  
Nutrition: HAI  
Watsan: ESCO



**Public Health Status**

**Health Impact**

Indicator	Standard	Status
Crude Mortality Rate (CMR) (/1000/month)	0.14	< 1.5
Under-five Mortality Rate (U5MR) (/1000/month)	0.77	< 3.0
Infant Mortality Rate (IMR) (/1000 livebirths)	13.2	< 60
Neonatal Mortality Rate (NNMR) (/1000 livebirths)	0.0	< 40

Figure 1: Crude and Under-five Mortality

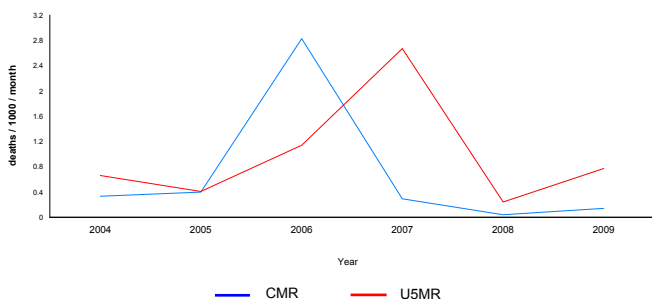


Figure 2: Crude Morbidity

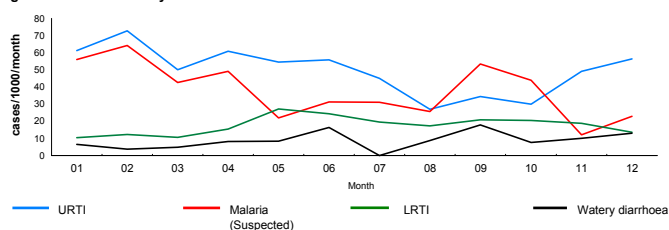
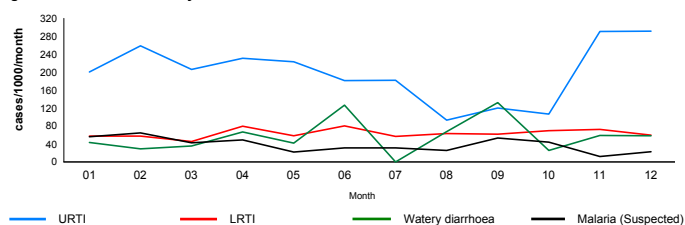


Figure 3: Under-five Morbidity



**Public Health Programmes**

**Human Resources**

No.	Indicator	Standard	Status
1	1 : 9,231	1 : <50,000	✓
4	1 : 2,308	1 : <10,000	✓
6	1 : 1,538	1 : <10,000	✓
3	1 : 3,077	1 : <10,000	✓
10	1 : 923	1 : 500-1,000	✓
1	1 : 0	1 : <500	✓

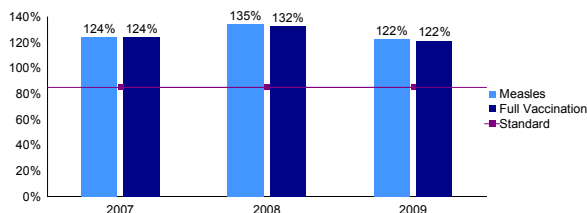
**Access and Utilisation**

No.	Indicator	Standard	Status
1	1 : 9,231	1 : <10,000	✓
49	< 50	< 50	✓
2.0	1 - 4	1 - 4	✓
44.28%			✓

**Malaria**

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

Figure 4: Vaccination coverage



IMMUNISATION

**Malnutrition**

Indicator	Standard	Status
Global Acute Malnutrition Rate (%)	16.1%	< 5%
Severe Acute Malnutrition Rate (%)	1.7%	< 2%
Prevalence of anaemia in children under five	56%	< 20%
Prevalence of anaemia in women of reproductive age	< 20%	< 20%
Average number of kilocalories per person per day	1575	2100

NUTRITION

**Maternal and Newborn Health**

Indicator	Standard	Status
Coverage of complete antenatal care (4 or more visits)	99%	100%
Proportion of deliveries attended by skilled personnel	98%	≥ 50%
Proportion of deliveries performed by caesarean section	1%	5 - 15%
Proportion of low birth weight deliveries	2%	< 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)	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	0.00	> 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		
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)	> 20	> 20
No. of persons per usable water tap	< 80	< 80
No. of persons per drop-hole in communal latrine	≤ 20	≤ 20
Prop. of population living within 200m from water point	100%	100%
Prop. of families with latrines	100%	100%
Prop. families receiving >250g soap / person / month	≥ 90%	≥ 90%

REPRO HEALTH

SGBV

HIV/AIDS

WASH

**Observations**

Upgrading health services providers' capacity trough trainings: 1 MD and MA on standard IMCI, 7 CHWs on C-IMCI, 3 midwives on EmOC and 6 Nut/Assistant Nutritionists on community management of acute malnutrition.



**Camp opened:** 1979

**Population:** 13,192

**Camp closed:**

The source of population data in this report is:

**HIS start date:** Jul 2007

#### Origin of refugees:

Eritrea  
Ethiopia  
Somalia

#### Implementing partners:

Health/HIV: HAI  
Nutrition: HAI  
Watsan: ESCO



### Public Health Status

#### Health Impact

Indicator	Standard	Status
Crude Mortality Rate (CMR) (/1000/month)	0.33	< 1.5
Under-five Mortality Rate (U5MR) (/1000/month)	0.74	< 3.0
Infant Mortality Rate (IMR) (/1000 livebirths)	21.4	< 60
Neonatal Mortality Rate (NNMR) (/1000 livebirths)	0.0	< 40

Figure 1: Crude and Under-five Mortality

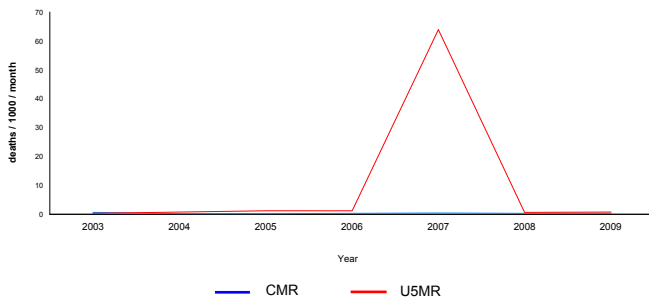


Figure 2: Crude Morbidity

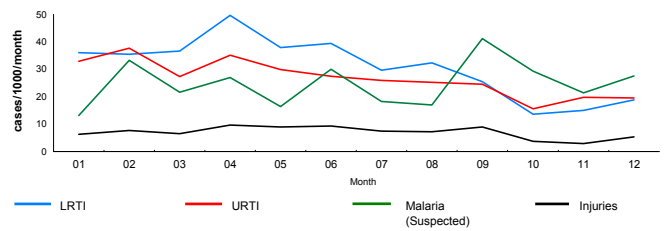
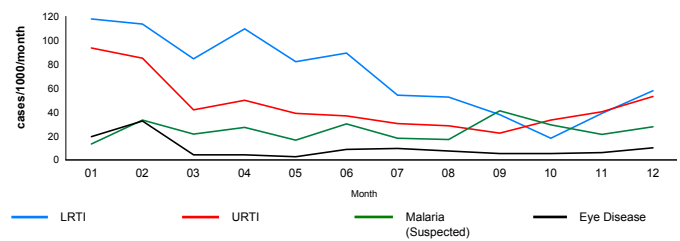


Figure 3: Under-five Morbidity



### Public Health Programmes

#### Human Resources

No.	Indicator	Standard	Status
1	1 : 13,192	1 : <50,000	✓
3	1 : 4,397	1 : <10,000	✓
10	1 : 1,319	1 : <10,000	✓
5	1 : 2,638	1 : <10,000	✓
12	1 : 1,099	1 : 500-1,000	⚠
1	0	1 : <500	✓

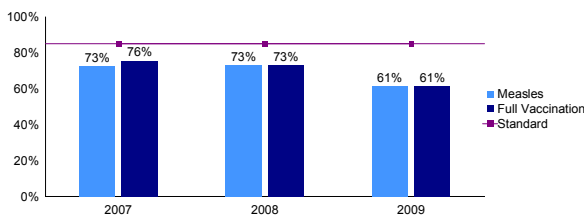
#### Access and Utilisation

No.	Indicator	Standard	Status
1	1 : 13,192	1 : <10,000	✗
44	< 50	< 50	✓
2.0	1 - 4	1 - 4	✓
36.84%			✓

#### Malaria

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

Figure 4: Vaccination coverage



IMMUNISATION

#### Malnutrition

Indicator	Standard	Status
Global Acute Malnutrition Rate (%)	14.2%	< 5%
Severe Acute Malnutrition Rate (%)	0.6%	< 2%
Prevalence of anaemia in children under five	60%	< 20%
Prevalence of anaemia in women of reproductive age	< 20%	< 20%
Average number of kilocalories per person per day	1575	2100

NUTRITION

#### Maternal and Newborn Health

Indicator	Standard	Status
Coverage of complete antenatal care (4 or more visits)	100%	100%
Proportion of deliveries attended by skilled personnel	100%	≥ 50%
Proportion of deliveries performed by caesarean section	0%	5 - 15%
Proportion of low birth weight deliveries	0%	< 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)	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	0.50	> 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		
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)	> 20	> 20
No. of persons per usable water tap	< 80	< 80
No. of persons per drop-hole in communal latrine	≤ 20	≤ 20
Prop. of population living within 200m from water point	100%	100%
Prop. of families with latrines	100%	100%
Prop. families receiving >250g soap / person / month	≥ 90%	≥ 90%

### Observations

1MD and MA on standard IMCI, Nut/Assistants Nutritionists on case management of acute malnutrition and health workers on CMAM. Construction of new pipe lines from the treatment units to the Hospital.

Camp opened: 1985

Population: 24,035

Camp closed:

The source of population data in this report is:

HIS start date: Jul 2007

### Origin of refugees:

Eritrea  
Ethiopia  
Somalia

### Implementing partners:

Health/HIV: HAI  
Nutrition: HAI  
Watsan: ESCO



## Public Health Status

### Health Impact

Indicator	Standard	Status
Crude Mortality Rate (CMR) (/1000/month)	0.57	< 1.5
Under-five Mortality Rate (U5MR) (/1000/month)	1.98	< 3.0
Infant Mortality Rate (IMR) (/1000 livebirths)	48.8	< 60
Neonatal Mortality Rate (NNMR) (/1000 livebirths)	1.3	< 40

Figure 1: Crude and Under-five Mortality

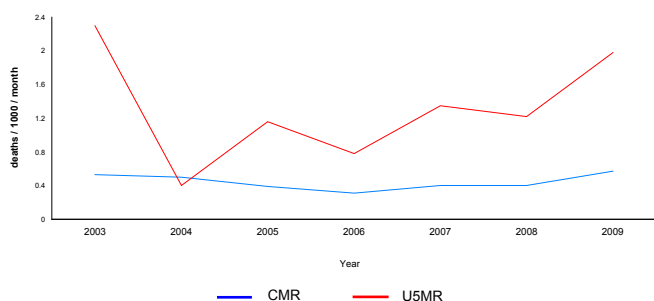


Figure 2: Crude Morbidity

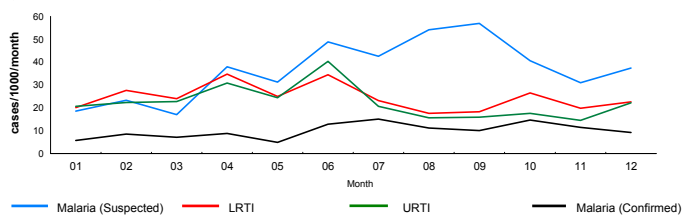
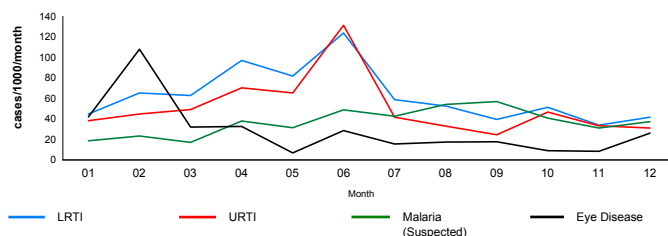


Figure 3: Under-five Morbidity



## Public Health Programmes

### Human Resources

No.	Indicator	Standard	Status
1	1 : 24,035	1 : <50,000	✓
10	1 : 2,404	1 : <10,000	✓
18	1 : 1,335	1 : <10,000	✓
8	1 : 3,004	1 : <10,000	✓
17	1 : 1,414	1 : 500-1,000	✗
1	1 : 0	1 : <500	✓

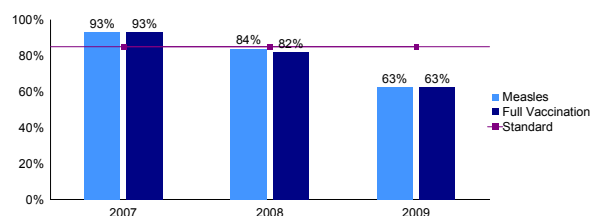
### Access and Utilisation

No.	Indicator	Standard	Status
4	1 : 6,009	1 : <10,000	✓
39	< 50	< 50	✓
2.0	1 - 4	1 - 4	✓
3.27%			✓

### Malaria

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

Figure 4: Vaccination coverage



IMMUNISATION

REPRO HEALTH

### Maternal and Newborn Health

Indicator	Standard	Status
Coverage of complete antenatal care (4 or more visits)	200%	100%
Proportion of deliveries attended by skilled personnel	100%	≥ 50%
Proportion of deliveries performed by caesarean section	3%	5 - 15%
Proportion of low birth weight deliveries	0%	< 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%

SGBV

### Prevention

Indicator	Standard	Status
Condom distribution rate	0.05	> 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		
Prop. HIV positive mothers receiving co-trimox	100%	100%
Prop. HIV positive infants receiving co-trimox	100%	100%

HIVAIDS

### Malnutrition

Indicator	Standard	Status
Global Acute Malnutrition Rate (%)	20.1%	< 5%
Severe Acute Malnutrition Rate (%)	3.6%	< 2%
Prevalence of anaemia in children under five	51%	< 20%
Prevalence of anaemia in women of reproductive age		< 20%
Average number of kilocalories per person per day	1575	2100

WASH

### 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%	100%
Prop. of families with latrines	100%	100%
Prop. families receiving >250g soap / person / month	≥ 90%	

## Observations

Training of 1 MD and 4 MA on IMCI, 13 CHWs on C-IMCI, 9 midwives on EmOC, 15 health workers and Nutrition assistant on management of acute malnutrition and 13 health workers on CMAM. As results, all health services, have been upgraded with due attention to the mental health component and emergency obstetrics care (MMR remain = 0.0 ). Also, the water supply starts improving. Solar pump was installed to supply 3 elevator tanks in the camp.

**Camp opened:**  
**Camp closed:**  
**HIS start date:** Jul 2007

**Population:** 3,036  
 The source of population data in this report is:

**Origin of refugees:**  
 Eritrea  
 Ethiopia

**Implementing partners:**  
 Health/HIV: GHF  
 Nutrition: GHF  
 Watsan: ESCO



## Public Health Status

Health Impact	Indicator	Standard	
Crude Mortality Rate (CMR) (/1000/month)	0.09	< 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

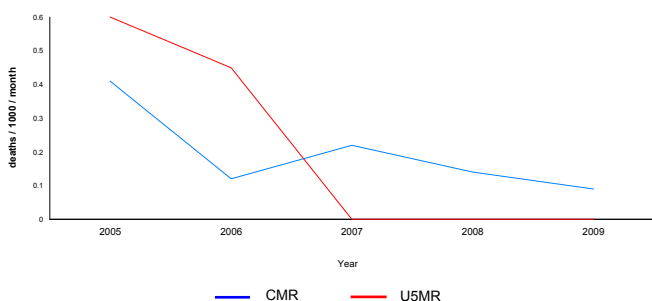


Figure 2: Crude Morbidity

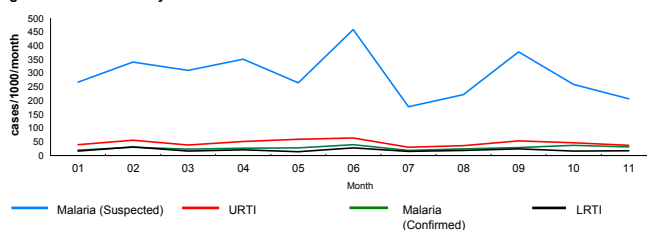
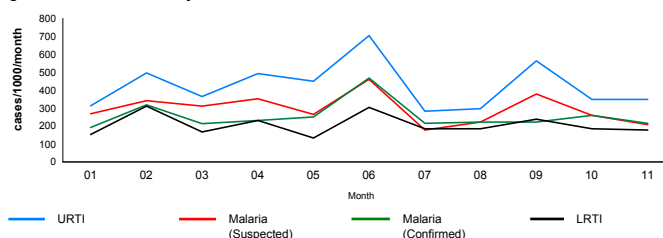


Figure 3: Under-five Morbidity



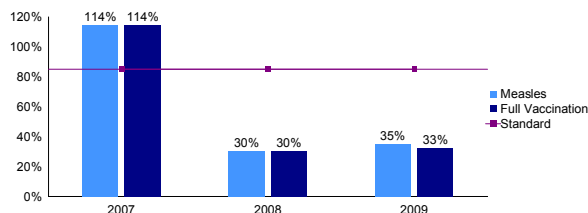
## Public Health Programmes

Human Resources	Nº	Indicator	Standard	
No. of Medical Doctors	1	1 : 3,036	1 : <50,000	✓
No. of Clinical Consultants	4	1 : 759	1 : <10,000	✓
No. of Nurses (qualified)	5	1 : 607	1 : <10,000	✓
No. of MCH staff / Midwives	3	1 : 1,012	1 : <10,000	✓
No. of Community Health Workers (CHW)	4	1 : 759	1 : 500-1,000	✓
No. of Hygiene Promoters	1	0	1 : <500	✓

Access and Utilisation	Nº	Indicator	Standard	
No. of health facilities	3	1 : 1,012	1 : <10,000	✓
No. of consultations per trained clinician per day		16	< 50	✓
Health Utilization Rate (new visits/person/year)		3.0	1 - 4	✓
Proportion of consultations by host population		63.33%		

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

Figure 4: Vaccination coverage



### REPRO HEALTH

Maternal and Newborn Health	Indicator	Standard	
Coverage of complete antenatal care (4 or more visits)	195%	100%	✓
Proportion of deliveries attended by skilled personnel	30%	≥ 50%	⚠
Proportion of deliveries performed by caesarean section	7%	5 - 15%	✓
Proportion of low birth weight deliveries	2%	< 15%	✓

Family planning	Indicator	Standard	
Contraceptive prevalence rate	0%	≥ 30%	✗

Sexual and Gender-based Violence	Indicator	Standard	
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%	ⓘ

### SGBV

Prevention	Indicator	Standard	
Condom distribution rate	0.00	> 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%	ⓘ

### HIVAIDS

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

### WASH

Water, Sanitation and Hygiene	Indicator	Standard	
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%	ⓘ

## NUTRITION

Malnutrition	Indicator	Standard	
Global Acute Malnutrition Rate (%)	6.0%	< 5%	✗
Severe Acute Malnutrition Rate (%)	1.5%	< 2%	✓
Prevalence of anaemia in children under five	70%	< 20%	✗
Prevalence of anaemia in women of reproductive age		< 20%	ⓘ
Average number of kilocalories per person per day	1575	2100	✗

## Observations

Improvement of the health services providers' capacity through trainings: 1 MD, MA and 1 nurse on IMCI. The referral services have been improved with an ambulance received from UNHCR. Replacement of one generator. Adequate quality and quantity water supply to the refugees in this camp.



Camp opened: 1976

Population: 10,688

Camp closed:

The source of population data in this report is:

HIS start date: Jul 2007

### Origin of refugees:

Eritrea  
Ethiopia

### Implementing partners:

Health/HIV: HAI  
Nutrition: HAI  
Watsan: ESCO



## Public Health Status

### Health Impact

Indicator	Standard	Status
Crude Mortality Rate (CMR) (/1000/month)	0.26	< 1.5
Under-five Mortality Rate (U5MR) (/1000/month)	0.89	< 3.0
Infant Mortality Rate (IMR) (/1000 livebirths)	19.6	< 60
Neonatal Mortality Rate (NNMR) (/1000 livebirths)	0.0	< 40

Figure 1: Crude and Under-five Mortality

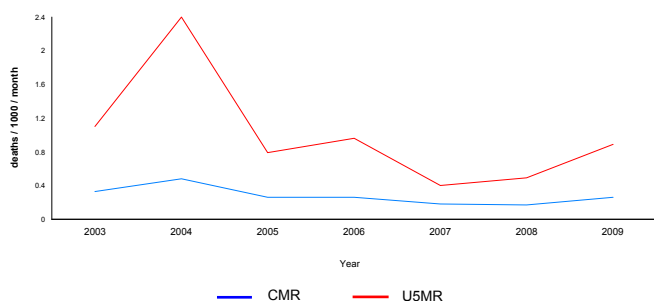


Figure 2: Crude Morbidity

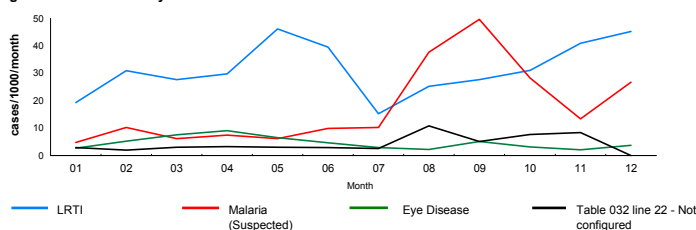
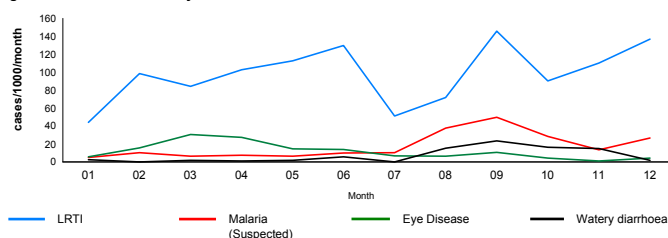


Figure 3: Under-five Morbidity



## Public Health Programmes

### Human Resources

No.	Indicator	Standard	Status
1	1 : 10,688	1 : <50,000	✓
6	1 : 1,781	1 : <10,000	✓
6	1 : 1,781	1 : <10,000	✓
4	1 : 2,672	1 : <10,000	✓
12	1 : 891	1 : 500-1,000	✓
1	0	1 : <500	✓

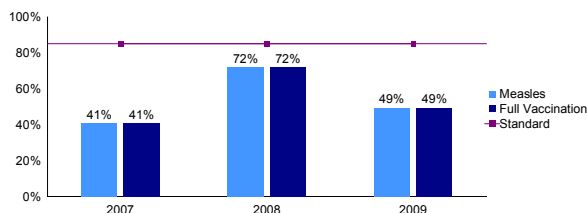
### Access and Utilisation

No.	Indicator	Standard	Status
1	1 : 10,688	1 : <10,000	⚠
	15	< 50	✓
	1.0	1 - 4	✓
	20.20%		✓

### 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 (%)	26.0%	< 5% ✗
Severe Acute Malnutrition Rate (%)	7.9%	< 2% ✗
Prevalence of anaemia in children under five	66%	< 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)	91%	100% ⚠
Proportion of deliveries attended by skilled personnel	100%	≥ 50% ✓
Proportion of deliveries performed by caesarean section	1%	5 - 15% ✗
Proportion of low birth weight deliveries	0%	< 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	0.01	> 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

Indicator	Standard	Status
Do PoCs have equal access to ART as host?	Yes	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

6 Assistants Nutritionists have been trained on community management of acute malnutrition, 2 MCH staff members on EmoC and 2 health workers oriented on CMAM.. As results, the nutrition services with proper HIS data collection have been improved in the camp. In addition, the quantity of the water supplied has increased from less than 10 to 10 L/pers/day.

Camp opened: 1982

Population: 32,720

Camp closed:

The source of population data in this report is:

HIS start date: Jul 2007

**Origin of refugees:**

Eritrea  
Ethiopia

**Implementing partners:**

Health/HIV: SRCS  
Nutrition: SRCS  
Watsan: ESCO



**Public Health Status**

**Health Impact**

Indicator	Standard	Status
Crude Mortality Rate (CMR) (/1000/month)	0.28 < 1.5	✓
Under-five Mortality Rate (U5MR) (/1000/month)	2.34 < 3.0	✓
Infant Mortality Rate (IMR) (/1000 livebirths)	74.2 < 60	✗
Neonatal Mortality Rate (NNMR) (/1000 livebirths)	16.5 < 40	✓

Figure 1: Crude and Under-five Mortality

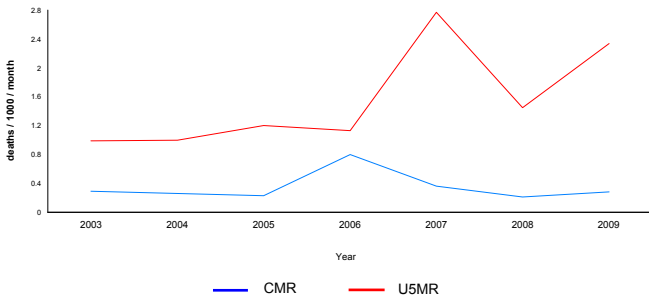


Figure 2: Crude Morbidity

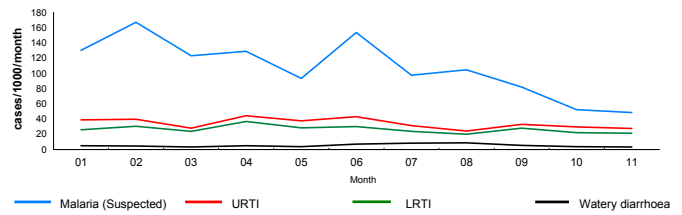
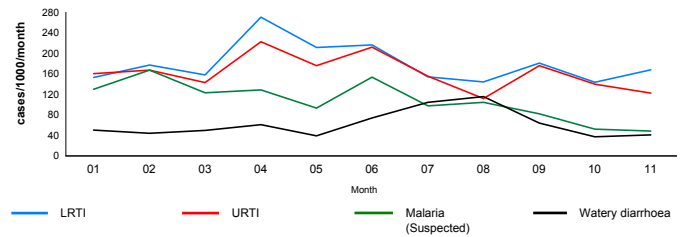


Figure 3: Under-five Morbidity

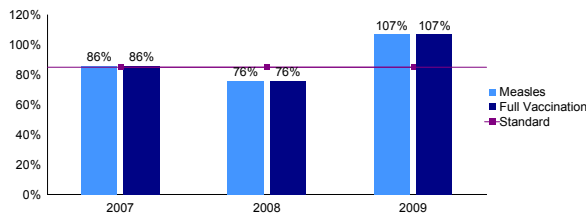


**Public Health Programmes**

Indicator	No	Indicator	Standard	Status
<b>Human Resources</b>				
No. of Medical Doctors	1	1 : 32,720	1 : <50,000	✓
No. of Clinical Consultants	9	1 : 3,636	1 : <10,000	✓
No. of Nurses (qualified)	18	1 : 1,818	1 : <10,000	✓
No. of MCH staff / Midwives	7	1 : 4,674	1 : <10,000	✓
No. of Community Health Workers (CHW)	30	1 : 1,091	1 : 500-1,000	⚠
No. of Hygiene Promoters	1	0	1 : <500	✓
<b>Access and Utilisation</b>				
No. of health facilities	4	1 : 8,180	1 : <10,000	✓
No. of consultations per trained clinician per day		42	< 50	✓
Health Utilization Rate (new visits/person/year)		2.0	1 - 4	✓
Proportion of consultations by host population		28.60%		
<b>Malaria</b>				
Is Act introduced as 1st line malaria treatment?		Yes	Yes	✓

Indicator	Standard	Status
<b>Maternal and Newborn Health</b>		
Coverage of complete antenatal care (4 or more visits)	99%	100% ⚠
Proportion of deliveries attended by skilled personnel	99%	≥ 50% ✓
Proportion of deliveries performed by caesarean section	6%	5 - 15% ✓
Proportion of low birth weight deliveries	0%	< 15% ✓
<b>Family planning</b>		
Contraceptive prevalence rate	0%	≥ 30% ✗
<b>Sexual and Gender-based Violence</b>		
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% ⚠

Figure 4: Vaccination coverage



Indicator	Value	Standard	Status
<b>Malnutrition</b>			
Global Acute Malnutrition Rate (%)	13.2%	< 5%	✗
Severe Acute Malnutrition Rate (%)	1.2%	< 2%	✓
Prevalence of anaemia in children under five	59%	< 20%	✗
Prevalence of anaemia in women of reproductive age		< 20%	⚠
Average number of kilocalories per person per day		2100	⚠

Indicator	Standard	Status
<b>Prevention</b>		
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	0%	100% ✗
<b>Care and Treatment</b>		
Do PoCs have equal access to ART as host?	Yes	Yes ✓
Number of PoCs receiving ART		
Prop. HIV positive mothers receiving co-trimox		100% ⚠
Prop. HIV positive infants receiving co-trimox		100% ⚠

Indicator	Standard	Status
<b>Water, Sanitation and Hygiene</b>		
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**

Implementation of IGAD Regional HIV/AIDS Partnership program: VCT and PMTCT services are running smoothly. IMCI and CMAM services improved. IYCF practices established