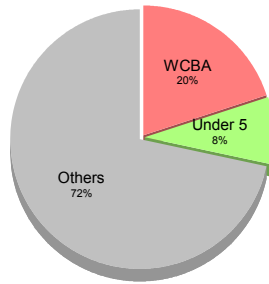


Origin of refugees:
Bhutan

Population: 85,830



Implementing partners:

Health/HIV: AMDA
Nutrition: AMDA
Watsan: LWF

Public Health Status

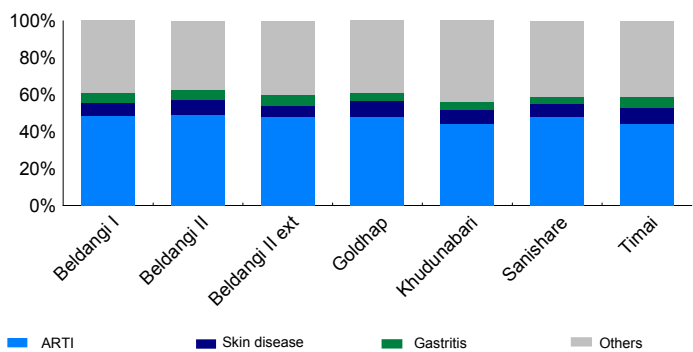
Health Impact

Indicator	Standard	Status
Crude Mortality Rate (CMR) (/1000/month)	0.33	< 1.5
Under-five Mortality Rate (U5MR) (/1000/month)	0.33	< 3.0
Infant Mortality Rate (IMR) (/1000 livebirths)	13.8	< 60
Neonatal Mortality Rate (NNMR) (/1000 livebirths)	4.6	< 40

Human Resources

Indicator	No	Standard	Status
No. of Medical Doctors	7	1 : 12,261	1 : <50,000
No. of Clinical Consultants	50	1 : 1,717	1 : <10,000
No. of Nurses (qualified)	7	1 : 12,261	1 : <10,000
No. of MCH staff / Midwives	14	1 : 6,131	1 : <10,000
No. of Community Health Workers (CHW)	117	1 : 734	1 : 500-1,000
No. of Hygiene Promoters	65	1 : 1,320	1 : <500

Figure 1: Proportional Crude Morbidity



Country Overview

A. Objectives

- 1a. Ensure quality, cost effective and sustainable primary health care in all refugee camps including safe motherhood and IMCI
- 2a. Ensure effective prevention of HIV/AIDS and STIs
- 3a. Provision of an adequate nutrition program, which effectively addresses the occurrence of malnutrition and micronutrient deficiency among children under five
- 4a.
- 5a.

B. Progress

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

- 1b. Supervision, monitoring and feedback on programme activities to the PHCs staff were regular throughout the year. Significant improvement in the health status of the PoCs i.e. the health impact indicators were better than the last year- CMR 0.3 (0.4-2008), U5MR-0.3 (0.4-2008), IMR- 13.4 (22.4-2008) and
- 2b. Regular monitoring of the STI/ VCT services in the camps. Established VCT and STI centre in the government health post in Damak funded by UNHCR targeting both mobile refugees & local people. Strengthened working collaboration with the local NGOs to reach out to the high risk groups with targeted interventions.
- 3b. The GMP coverage was 94.3% in 2009 (88% in 2008). As per the CDC survey, Anemia prevalence among U5 children decreased from 43.6% in 2008 to 35.9% in 2009. Similarly, GAM was also decreased from 9.2% (Oct 2008) to 7.2% in May 2009. CMAM programme has been introduced to address SAM in a
- 4b.
- 5b.

C. Gaps & Planning

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

- 1c. Departure of the trained and experience refugee health workers for resettlement threatened to interrupt 24 hours services in the camps. Provision of vocational training to the refugee volunteers and the local residents from the surrounding host community is being
- 2c. Inadequate multi-sectoral response for livelihood opportunities to the PLWHs. Explore the possibilities to extend IG activities to improve the livelihood of the PLWHs. Re-enforce advocacy for the inclusion of refugees in the National
- 3c. Lack of awareness among the mothers / caretakers of U5 children on proper infant feeding practices. Promote good nutrition practices by developing & adopting relevant IEC materials. Strengthen group counseling to the pregnant & lactating mothers on basic nutrition & proper feeding
- 4c.
- 5c.

Public Health Programmes

Coordination

Do monthly coordination meetings take place?

Indicator	Standard	Status
Yes	Yes	✓

Access and Utilisation

Indicator	No	Standard	Status
No. of health facilities	7	1 : 12,261	1 : <10,000
No. of consultations per trained clinician per day	56	< 50	⚠
Health Utilization Rate (new visits/person/year)	3.0	1 - 4	✓
Proportion of consultations by host population	1%		

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?

Health care services were delivered as per the agreed standards in all the 7 refugees camps. The capacity of the PHC staff was strengthened through training including on-the-job coaching. Tailored thematic training was carried out to build the capacity of the new staff replacing the skilled ones departed on third country resettlement. Regular supply of the essential drugs/supplies was ensured. Improvement was noticed in the health impact indicators compared to 2008.

Limitations/constraints

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

Delays in replacement of the trained & experienced refugee health workers departed for third country resettlement.

Decreased motivation for work of the refugee health workers set for third country resettlement process.

		Key observations	Limitations/constraints
Public Health Programmes		What were the key activities carried out during the year? To what extent did the activities achieve expected results?	What external factors and/or conditions outside your direct control affected implementation of Public Health Programmes planned activities?
IMMUNISATION	Figure 2: Vaccination coverage 	Monthly vaccination as per the national EPI programme was carried out in all camps for all U5 children. District Public Health Office (DPHO) of Ministry of Health and Population provided all necessary vaccines and supplies for immunization. Fully vaccinated coverage was 96.7% (95.4% in 2008) and measles vaccination coverage was 96.8% (96.6% in 2008).	Frequent strikes affected prompt transportation of the vaccines from DPHO to AMDA base office and on one occasion from AMDA base office to one of the camp PHCs.
NUTRITION AND FOOD SECURITY	Surveys & Assessments Date of last nutrition survey: May 2009 Date of last last JAM: Jun 2008 Malnutrition Global Acute Malnutrition Rate (%): 7.2% (< 5%) Severe Acute Malnutrition Rate (%): 1.4% (< 2%) Prevalence of anaemia in children under five: 36% (< 20%) Prevalence of anaemia in women of reproductive age: 14% (< 20%) Average number of kilocalories per person per day: 2100 (2100) Food Security Does UNHCR provide complementary food?: Yes Did the content of the GFR change during the year?: No Did WFP report any pipeline breaks during the year?: Yes (No) Have PoC been included in the National FS Plan?: No (Yes) Prop. of ration sold by refugees to buy other food items: N/A% (< 30%)	Monthly GMP for U5 children was carried out to identify and enroll malnourished children in SFP. The joint WFP and UNHCR micronutrient supplementation programme for children 6-59 months of age was successfully carried out. In December 2009, Community Based Management of Acute Malnutrition (CMAM) programme was introduced according to the new WHO growth standards (Z-scores) to identify and manage severely acute malnourished children. Basic food ration of 2100 Kcal/person/day was provided to all refugees throughout the year. In addition, 260 grams of seasonal vegetables per person/week was also distributed to increase palatability of the basic food ration. Food basket monitoring was routinely carried out in all camps by WFP. The Multi-storey pot gardening project targeting pregnant and lactating women was expanded. Some 1,636 refugee women benefited from the project.	High turnover of nutrition staff and delays in the recruitment of new staff interrupted smooth implementation of activities including training. Due to insufficient donor funding, WFP temporarily reduced the quantity of rice for 2 weeks (reduced from 400gm of rice/person/day to 200gm rice/person/day) in October 2009
REPRO HEALTH	Maternal and Newborn Health Coverage of complete antenatal care (4 or more visits): 94% (100%) Proportion of deliveries attended by skilled personnel: 100% (≥ 50%) Proportion of deliveries performed by caesarean section: 15% (5 - 15%) Proportion of low birth weight deliveries: 7% (< 15%) Family planning Contraceptive prevalence rate: 23% (≥ 30%)	RH services in all the PHCs were strengthened through regular training, monitoring and supervision. Adequate essential drugs/ supplies were ensured. MCH staff were sensitized to re-enforce early detection & management of obstetric cases, group counseling to mothers and community mobilization for addressing life threatening delays. All maternal deaths of 2009 were thoroughly reviewed and technical support provided to the IP for improving gaps and All reported SGBV survivors received appropriate clinical care, psychological support and follow-up care in a timely manner as per the established protocol. Maintained supply chain management of PEP, ECP and STI drugs in the camps. Provided refresher training to all MCH staff on the clinical management of rape survivors and communication skills while dealing with children.	Resettlement of the skilled and experienced refugee midwives threatened to interrupt smooth implementation of 24 hours service delivery in the camps, being addressed through gradually replacing the refugee positions by national staff. Despite sensitization campaigns and regular follow-up system, there was tendency of the survivors and their family members for delay in seeking medical assistance.
SGBV	Sexual and Gender-based Violence Incidence of reported rape (/10,000/year): 2.64 Prop. rape survivors who received PEP < 72h: 79% (100%) Prop. rape survivors who received ECP < 120h: 95% (100%) Prop. rape survivors who received STI < 2 wks: 92% (100%)		
HIV/AIDS	Monitoring & Evaluation Are PoCs included in national HIV strategic plans?: No (Yes) Are PoCs included in national HIV sent surveillance?: No (Yes) Date of last last KAPB/BSS: Nov 2005 Prevention Condom distribution rate: 0.49 (> 0.5) Do appropriate IEC materials exist for PoCs?: Yes (Yes) Are risk groups targeted with prevention programmes?: Yes (Yes) Proportion of blood units screened for HIV: 100% (100%) PMTCT coverage: 45% (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: 0% (100%) Prop. HIV positive infants receiving co-trimox: 0% (100%)	Upgraded the capacity of the staff and community leadership structures through relevant training. Referral of PLWHs for care & treatment to the Government hospitals ensured. HIV education and prevention activities targeted to the high risk groups were carried out both in the camps and surrounding host community. Increased STI & VCT services utilization in the camps through strengthening outreach activities & coordination among CBOs.	Access to HIV prevention and education to the high risk groups (mobile refugee population) is limited as only three outreach educators are covering the whole district. Less political commitment of the local government authorities for the sustainability of STI & VCT services established in Damak. Resource limitation with the District AIDS Coordination Committee resulted inadequate monitoring of the HIV/AIDS activities in the district.
WASH	Water, Sanitation and Hygiene Av quantity of potable water / person / day (litres): 26 (> 20) No. of persons per usable water tap: 91 (< 80) No. of persons per drop-hole in communal latrine: 78 (≤ 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: 100% (≥ 90%) Prop. camps with 1 hygiene promoter / 500 persons: % (≥ 75%)	Maintained distribution of adequate potable water on an average of 25 ltr/person/day. Awareness campaigns on hygiene and sanitation were regularly carried out by the community health workers & sanitation volunteers. Scheduled clean-up campaigns in the camps were done with the support of agencies and CBOs. Additional bore holes were drilled and broken existing ones were repaired as per need. A joint water and sanitation project has been started to benefit	Decreased motivation and sense of ownership among the refugee community for the sanitation promotion activities/campaigns due to third country resettlement.

Camp opened: 1992

Population: 9,897

Camp closed:

The source of population data in this report is:

HIS start date: Sep 2007

Origin of refugees:

Bhutan

Implementing partners:

Health/HIV: AMDA

Nutrition: AMDA

Watsan: LWF



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

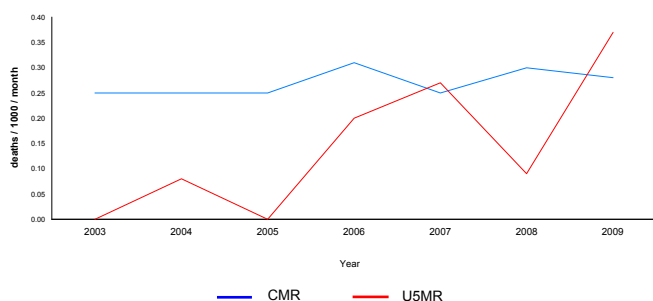


Figure 2: Crude Morbidity

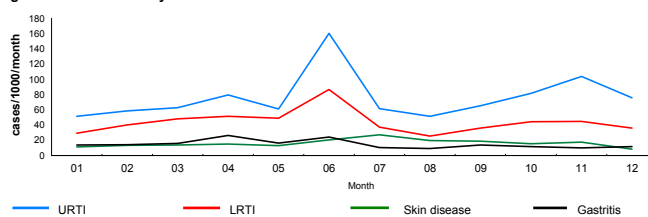
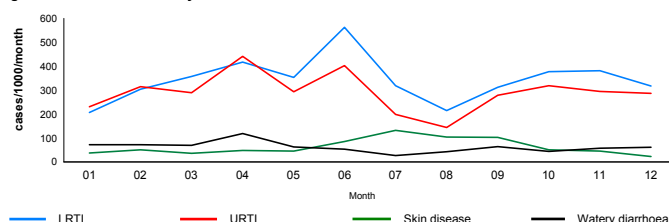


Figure 3: Under-five Morbidity



Public Health Programmes

Human Resources

No.	Indicator	Standard	Status
1	1 : 9,897	1 : <50,000	✓
4	1 : 2,474	1 : <10,000	✓
1	1 : 9,897	1 : <10,000	✓
2	1 : 4,948	1 : <10,000	✓
13	1 : 761	1 : 500-1,000	✓
5	1 : 1,979	1 : <500	✗

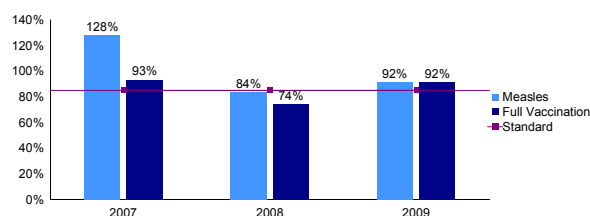
Access and Utilisation

No.	Indicator	Standard	Status
1	1 : 9,897	1 : <10,000	✓
44	< 50	< 50	✓
3.0	1 - 4	1 - 4	✓
0.22%			✓

Malaria

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

Figure 4: Vaccination coverage



REPRO HEALTH

Maternal and Newborn Health

Indicator	Standard	Status
Coverage of complete antenatal care (4 or more visits)	94%	100% ⚠
Proportion of deliveries attended by skilled personnel	100%	≥ 50% ✓
Proportion of deliveries performed by caesarean section	12%	5 - 15% ✓
Proportion of low birth weight deliveries	4%	< 15% ✓

Family planning

Indicator	Standard	Status
Contraceptive prevalence rate	16%	≥ 30% ✗

Sexual and Gender-based Violence

Indicator	Standard	Status
Incidence of reported rape (/10,000/year)	3.70	
Prop. rape survivors who received PEP < 72h	100%	100% ✓
Prop. rape survivors who received ECP < 120h	67%	100% ✗
Prop. rape survivors who received STI < 2 wks	75%	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	39%	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% ✓

SGBV

HIV/AIDS

WASH

Water, Sanitation and Hygiene

Indicator	Standard	Status
Av quantity of potable water / person / day (litres)	26	> 20 ✓
No. of persons per usable water tap	85	< 80 ⚠
No. of persons per drop-hole in communal latrine	45	≤ 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	100%	≥ 90% ✓

Malnutrition

Indicator	Standard	Status
Global Acute Malnutrition Rate (%)	7.2%	< 5% ✗
Severe Acute Malnutrition Rate (%)	1.4%	< 2% ✓
Prevalence of anaemia in children under five	36%	< 20% ⚠
Prevalence of anaemia in women of reproductive age	14%	< 20% ✓
Average number of kilocalories per person per day	2100	2100 ✓

Observations

The sputum smear-positivity rate is low in this camp compared with the other camps. The number of slides examined for treatment completed TB cases were recorded with the number of new slides examined at the beginning of the year. Corrective measures were taken and an orientation was given to all PHCs staff on TB case detection and management by IOM in mid 2009.

Camp opened: 1992

Population: 17,335

Camp closed:

The source of population data in this report is:

HIS start date: Sep 2007

Origin of refugees:

Bhutan

Implementing partners:

Health/HIV: AMDA

Nutrition: AMDA

Watsan: LWF



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

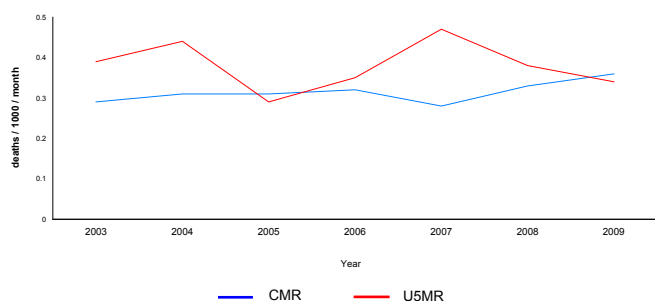


Figure 2: Crude Morbidity

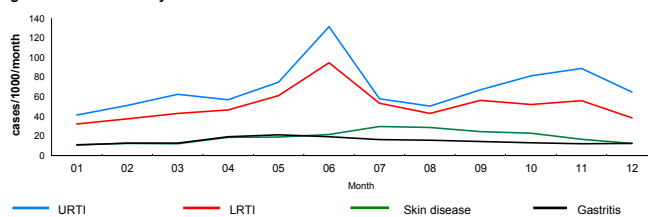
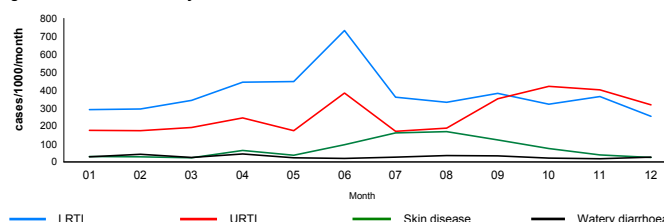


Figure 3: Under-five Morbidity



Public Health Programmes

Human Resources

No.	Indicator	Standard	Status
1	1 : 17,335	1 : <50,000	✓
6	1 : 2,889	1 : <10,000	✓
1	1 : 17,335	1 : <10,000	✗
2	1 : 8,668	1 : <10,000	✓
21	1 : 825	1 : 500-1,000	✓
9	1 : 1,926	1 : <500	✗

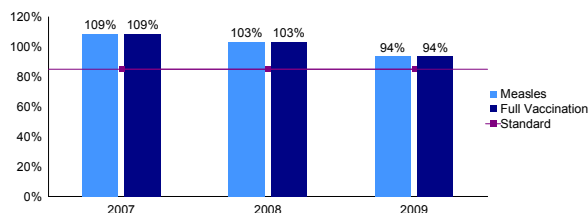
Access and Utilisation

No.	Indicator	Standard	Status
1	1 : 17,335	1 : <10,000	✗
61	< 50	< 50	✗
3.0	1 - 4	1 - 4	✓
0.00%			✓

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)	3.06	✓
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	0	ⓘ
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

There were three maternal deaths; detailed investigations of the maternal deaths were carried out and findings and recommendations shared with the stakeholders. The IP (AMDA) reviewed and re-enforced the management of MCH services in the camp based on the lessons learnt from past mistakes.

Camp opened: 1992

Population: 14,890

Camp closed:

The source of population data in this report is:

HIS start date: Sep 2007

Origin of refugees:

Bhutan

Implementing partners:

Health/HIV: AMDA

Nutrition: AMDA

Watsan: LWF



Public Health Status

Health Impact

Indicator	Standard	Status
Crude Mortality Rate (CMR) (/1000/month)	0.37	< 1.5
Under-five Mortality Rate (U5MR) (/1000/month)	0.40	< 3.0
Infant Mortality Rate (IMR) (/1000 livebirths)	15.4	< 60
Neonatal Mortality Rate (NNMR) (/1000 livebirths)	9.2	< 40

Figure 1: Crude and Under-five Mortality

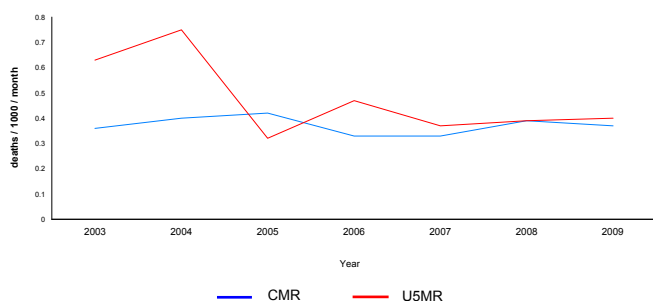


Figure 2: Crude Morbidity

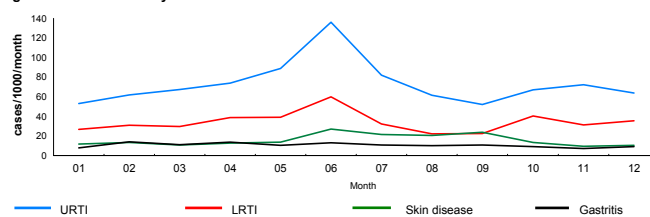
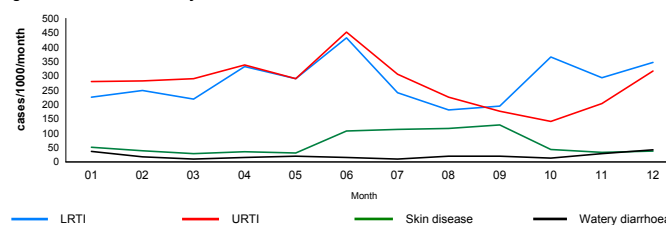


Figure 3: Under-five Morbidity



Public Health Programmes

Human Resources

No.	Indicator	Standard	Status
1	1 : 14,890	1 : <50,000	✓
9	1 : 1,654	1 : <10,000	✓
1	1 : 14,890	1 : <10,000	✗
2	1 : 7,445	1 : <10,000	✓
17	1 : 876	1 : 500-1,000	✓
7	1 : 2,127	1 : <500	✗

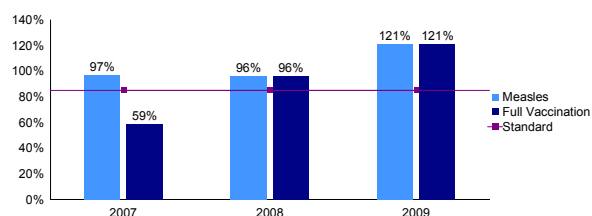
Access and Utilisation

No.	Indicator	Standard	Status
1	1 : 14,890	1 : <10,000	✗
45	< 50	< 50	✓
3.0	1 - 4	1 - 4	✓
0.24%			✓

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 (%)	1.4%	< 2% ✓
Prevalence of anaemia in children under five	36%	< 20% ⚠
Prevalence of anaemia in women of reproductive age	14%	< 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)	95%	100% ⚠
Proportion of deliveries attended by skilled personnel	100%	≥ 50% ✓
Proportion of deliveries performed by caesarean section	14%	5 - 15% ✓
Proportion of low birth weight deliveries	4%	< 15% ✓

Family planning

Indicator	Standard	Status
Contraceptive prevalence rate	24%	≥ 30% ✗

Sexual and Gender-based Violence

Indicator	Standard	Status
Incidence of reported rape (/10,000/year)	2.43	
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	0.57	> 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	44%	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)	23	> 20 ✓
No. of persons per usable water tap	76	< 80 ✓
No. of persons per drop-hole in communal latrine	74	≤ 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	100%	≥ 90% ✓

Observations

HIS and monthly supervision by the Camp Medical Officer, AMDA focal persons and UNHCR technical staff with regular feed back to the field staff was ensured. The ratio of contacts treated for syndromic STI cases increased from 59 % (2008) to 83% in 2009.

Camp opened: 1992

Population: 6,356

Camp closed:

The source of population data in this report is:

HIS start date: Sep 2007

Origin of refugees:

Bhutan

Implementing partners:

Health/HIV: AMDA

Nutrition: AMDA

Watsan: LWF



Public Health Status

Health Impact

Indicator	Standard	Status
Crude Mortality Rate (CMR) (/1000/month)	0.17	< 1.5
Under-five Mortality Rate (U5MR) (/1000/month)	0.13	< 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

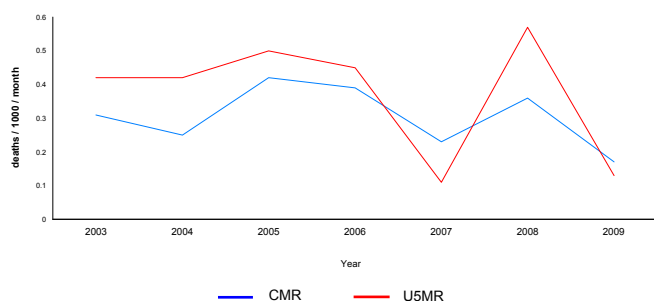


Figure 2: Crude Morbidity

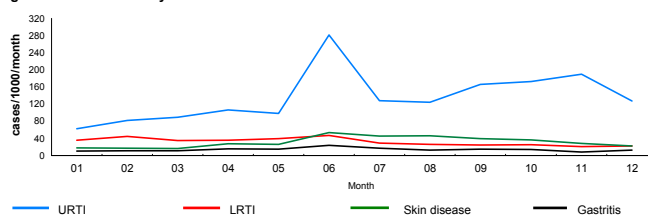
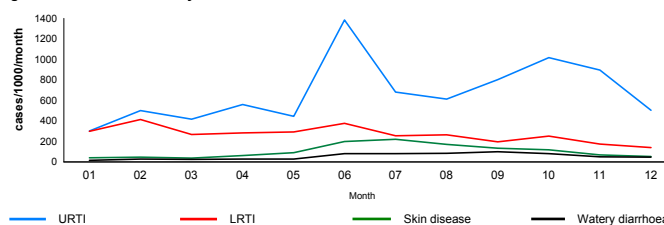


Figure 3: Under-five Morbidity



Public Health Programmes

Human Resources

No.	Indicator	Standard	Status
1	1 : 6,356	1 : <50,000	✓
7	1 : 908	1 : <10,000	✓
1	1 : 6,356	1 : <10,000	✓
2	1 : 3,178	1 : <10,000	✓
11	1 : 578	1 : 500-1,000	✓
8	1 : 794	1 : <500	✗

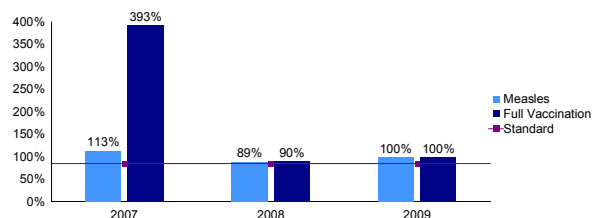
Access and Utilisation

No.	Indicator	Standard	Status
1	1 : 6,356	1 : <10,000	✓
54	< 50	< 50	⚠
4.0	1 - 4	1 - 4	⚠
1.73%			

Malaria

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

Figure 4: Vaccination coverage



REPRO HEALTH

Maternal and Newborn Health

Indicator	Standard	Status
Coverage of complete antenatal care (4 or more visits)	87%	100% ✗
Proportion of deliveries attended by skilled personnel	100%	≥ 50% ✓
Proportion of deliveries performed by caesarean section	19%	5 - 15% ✗
Proportion of low birth weight deliveries	12%	< 15% ✓

Family planning

Indicator	Standard	Status
Contraceptive prevalence rate	40%	≥ 30% ✓

Sexual and Gender-based Violence

Indicator	Standard	Status
Incidence of reported rape (/10,000/year)	1.35	
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	0.41	> 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	61%	100% ✗

Care and Treatment

Indicator	Standard	Status
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%	100% ✓
Prop. HIV positive infants receiving co-trimox	100%	100% ✓

HIVAIDS

WASH

Water, Sanitation and Hygiene

Indicator	Standard	Status
Av quantity of potable water / person / day (litres)	25	> 20 ✓
No. of persons per usable water tap	74	< 80 ✓
No. of persons per drop-hole in communal latrine	133	≤ 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	100%	≥ 90% ✓

Malnutrition

Indicator	Standard	Status
Global Acute Malnutrition Rate (%)	7.2%	< 5% ✗
Severe Acute Malnutrition Rate (%)	1.4%	< 2% ✓
Prevalence of anaemia in children under five	36%	< 20% ⚠
Prevalence of anaemia in women of reproductive age	14%	< 20% ✓
Average number of kilocalories per person per day	2100	2100 ✓

Observations

Maximum numbers of the refugees were resettled in third country from this camp compared to other camps. Few pregnant mothers departed for RST before completing the ANC and PNC which resulted decreased the coverage of ANC and PNC. One Marasmus children was identified and referred to Nutrition rehabilitation center under CMAM programme.

Camp opened: 1992

Population: 12,054

Camp closed:

The source of population data in this report is:

HIS start date: Sep 2007

Origin of refugees:

Bhutan

Implementing partners:

Health/HIV: AMDA
Nutrition: AMDA
Watsan: LWF



Public Health Status

Health Impact

	Indicator	Standard	
Crude Mortality Rate (CMR) (/1000/month)	0.30	< 1.5	✓
Under-five Mortality Rate (U5MR) (/1000/month)	0.40	< 3.0	✓
Infant Mortality Rate (IMR) (/1000 livebirths)	14.0	< 60	✓
Neonatal Mortality Rate (NNMR) (/1000 livebirths)	0.0	< 40	✓

Figure 1: Crude and Under-five Mortality

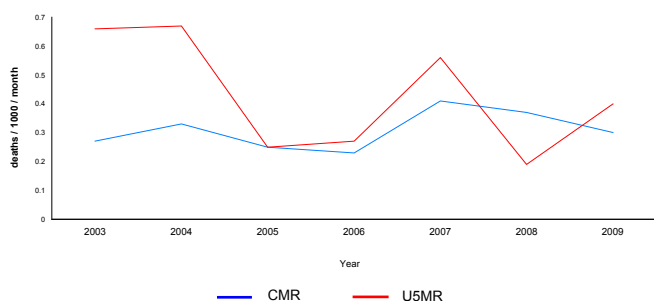


Figure 2: Crude Morbidity

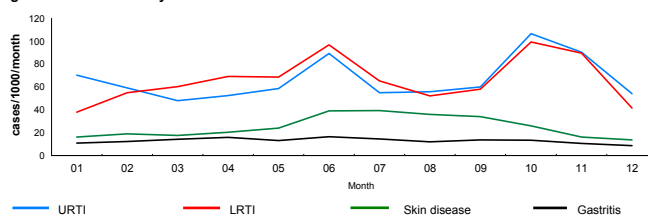
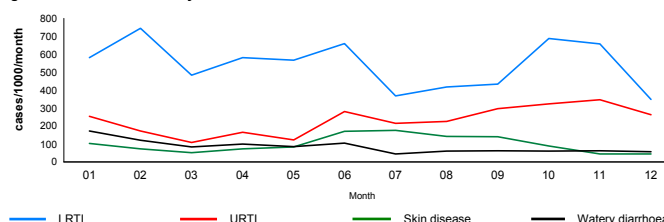


Figure 3: Under-five Morbidity



Public Health Programmes

Human Resources

	Nº	Indicator	Standard	
No. of Medical Doctors	1	1 : 12,054	1 : <50,000	✓
No. of Clinical Consultants	7	1 : 1,722	1 : <10,000	✓
No. of Nurses (qualified)	1	1 : 12,054	1 : <10,000	⚠
No. of MCH staff / Midwives	2	1 : 6,027	1 : <10,000	✓
No. of Community Health Workers (CHW)	17	1 : 709	1 : 500-1,000	✓
No. of Hygiene Promoters	15	1 : 804	1 : <500	✗

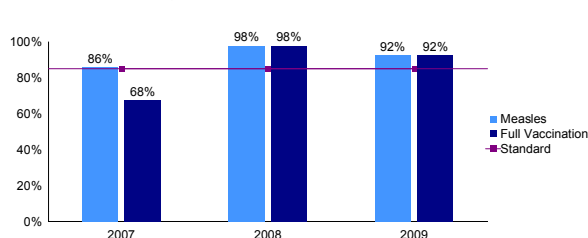
Access and Utilisation

	Nº	Indicator	Standard	
No. of health facilities	1	1 : 12,054	1 : <10,000	⚠
No. of consultations per trained clinician per day		78	< 50	✗
Health Utilization Rate (new visits/person/year)		4.0	1 - 4	✓
Proportion of consultations by host population		3.86%		

Malaria

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

Figure 4: Vaccination coverage



IMMUNISATION

REPRO HEALTH

Maternal and Newborn Health

	Indicator	Standard	
Coverage of complete antenatal care (4 or more visits)	98%	100%	⚠
Proportion of deliveries attended by skilled personnel	100%	≥ 50%	✓
Proportion of deliveries performed by caesarean section	13%	5 - 15%	✓
Proportion of low birth weight deliveries	12%	< 15%	✓

Family planning

	Indicator	Standard	
Contraceptive prevalence rate	24%	≥ 30%	✗

Sexual and Gender-based Violence

	Indicator	Standard	
Incidence of reported rape (/10,000/year)	0.80		
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	
Condom distribution rate	0.47	> 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	45%	100%	✗

Care and Treatment

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

HIV/AIDS

Malnutrition

	Indicator	Standard	
Global Acute Malnutrition Rate (%)	7.2%	< 5%	✗
Severe Acute Malnutrition Rate (%)	1.4%	< 2%	✓
Prevalence of anaemia in children under five	36%	< 20%	⚠
Prevalence of anaemia in women of reproductive age	14%	< 20%	✓
Average number of kilocalories per person per day	2100	2100	✓

WASH

Water, Sanitation and Hygiene

	Indicator	Standard	
Av quantity of potable water / person / day (litres)	19	> 20	⚠
No. of persons per usable water tap	112	< 80	✗
No. of persons per drop-hole in communal latrine	94	≤ 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	100%	≥ 90%	✓

Observations

The number of consultations per trained clinician per day was highest and the referral rate was lowest in this camp compares to other camps. Community awareness campaigns on rational use of drugs, personal hygiene and home based management of communicable diseases were carried out through out the year.

Camp opened: 1992

Population: 16,745

Camp closed:

The source of population data in this report is:

HIS start date: Sep 2007

Origin of refugees:

Bhutan

Implementing partners:

Health/HIV: AMDA

Nutrition: AMDA

Watsan: LWF



Public Health Status

Health Impact

Indicator	Standard	Status
Crude Mortality Rate (CMR) (/1000/month)	0.36	< 1.5
Under-five Mortality Rate (U5MR) (/1000/month)	0.33	< 3.0
Infant Mortality Rate (IMR) (/1000 livebirths)	19.7	< 60
Neonatal Mortality Rate (NNMR) (/1000 livebirths)	3.3	< 40

Figure 1: Crude and Under-five Mortality

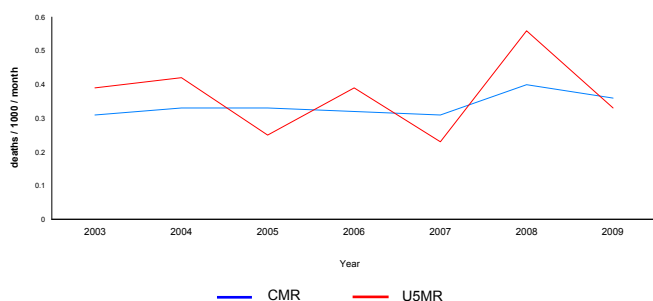


Figure 2: Crude Morbidity

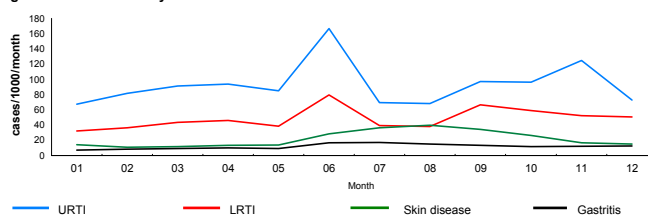
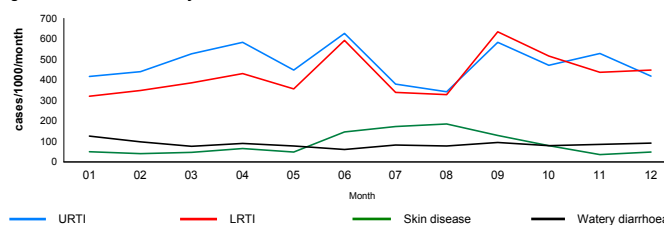


Figure 3: Under-five Morbidity



Public Health Programmes

Human Resources

No.	Indicator	Standard	Status
1	1 : 16,745	1 : <50,000	✓
10	1 : 1,674	1 : <10,000	✓
1	1 : 16,745	1 : <10,000	✗
2	1 : 8,372	1 : <10,000	✓
27	1 : 620	1 : 500-1,000	✓
12	1 : 1,395	1 : <500	✗

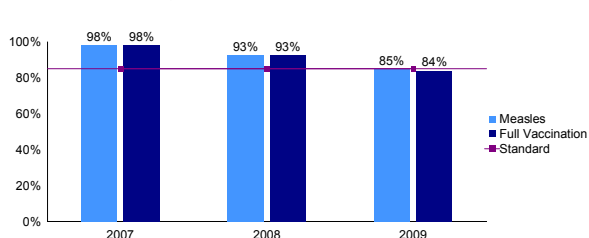
Access and Utilisation

No.	Indicator	Standard	Status
1	1 : 16,745	1 : <10,000	✗
54	< 50	< 50	⚠
4.0	1 - 4	1 - 4	✓
0.11%			✓

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 (%)	1.4%	< 2% ✓
Prevalence of anaemia in children under five	36%	< 20% ⚠
Prevalence of anaemia in women of reproductive age	14%	< 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)	97%	100% ⚠
Proportion of deliveries attended by skilled personnel	100%	≥ 50% ✓
Proportion of deliveries performed by caesarean section	14%	5 - 15% ✓
Proportion of low birth weight deliveries	8%	< 15% ✓

Family planning

Indicator	Standard	Status
Contraceptive prevalence rate	25%	≥ 30% ✗

Sexual and Gender-based Violence

Indicator	Standard	Status
Incidence of reported rape (/10,000/year)	2.16	
Prop. rape survivors who received PEP < 72h	75%	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	0.62	> 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	44%	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)	25	> 20 ✓
No. of persons per usable water tap	100	< 80 ⚠
No. of persons per drop-hole in communal latrine	68	≤ 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	100%	≥ 90% ✓

Observations

The children scheduled for EPI vaccination resettled with their family before completing the full regiment and due to this vaccine coverage was less in this camp in compare with other camps. Some under 5 years children from SFP resettled before gaining adequate weight for discharge and recorded as referral which decreased the recovery rate lower than the standard.

Camp opened: 1992

Population: 8,553

Camp closed:

The source of population data in this report is:

HIS start date: Sep 2007

Origin of refugees:

Bhutan

Implementing partners:

Health/HIV: AMDA

Nutrition: AMDA

Watsan: LWF



Public Health Status

Health Impact

Indicator	Standard	Status
Crude Mortality Rate (CMR) (/1000/month)	0.39	< 1.5
Under-five Mortality Rate (U5MR) (/1000/month)	0.20	< 3.0
Infant Mortality Rate (IMR) (/1000 livebirths)	9.5	< 60
Neonatal Mortality Rate (NNMR) (/1000 livebirths)	4.7	< 40

Figure 1: Crude and Under-five Mortality

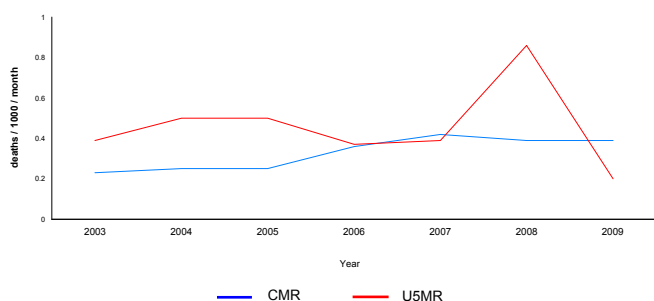


Figure 2: Crude Morbidity

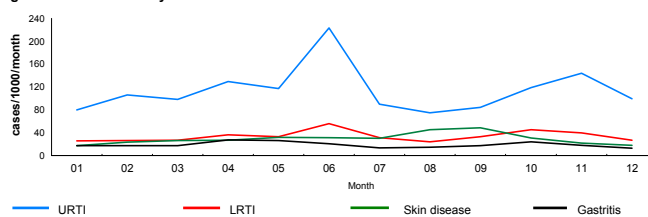
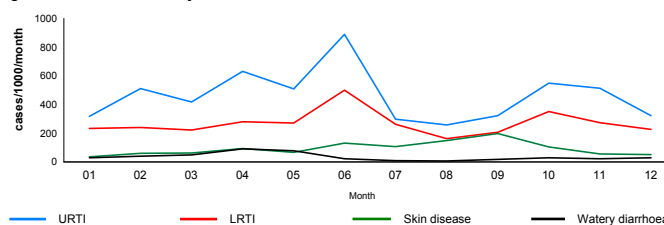


Figure 3: Under-five Morbidity



Public Health Programmes

Human Resources

No.	Indicator	Standard	Status
1	1 : 8,553	1 : <50,000	✓
7	1 : 1,222	1 : <10,000	✓
1	1 : 8,553	1 : <10,000	✓
2	1 : 4,276	1 : <10,000	✓
11	1 : 778	1 : 500-1,000	✓
9	1 : 950	1 : <500	✗

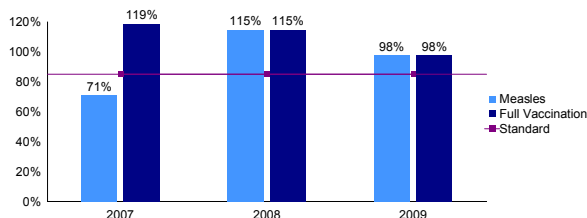
Access and Utilisation

No.	Indicator	Standard	Status
1	1 : 8,553	1 : <10,000	✓
58	< 50	< 50	⚠
4.0	1 - 4	1 - 4	⚠
4.80%			⚠

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)	96%	100% ⚠
Proportion of deliveries attended by skilled personnel	100%	≥ 50% ✓
Proportion of deliveries performed by caesarean section	14%	5 - 15% ✓
Proportion of low birth weight deliveries	7%	< 15% ✓

Family planning

Indicator	Standard	Status
Contraceptive prevalence rate	18%	≥ 30% ✗

Sexual and Gender-based Violence

Indicator	Standard	Status
Incidence of reported rape (/10,000/year)	5.40	
Prop. rape survivors who received PEP < 72h	40%	100% ✗
Prop. rape survivors who received ECP < 120h	100%	100% ✓
Prop. rape survivors who received STI < 2 wks	80%	100% ✗

SGBV

Prevention

Indicator	Standard	Status
Condom distribution rate	0.62	> 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	43%	100% ✗

HIVAIDS

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% ⚠

WASH

Water, Sanitation and Hygiene

Indicator	Standard	Status
Av quantity of potable water / person / day (litres)	42	> 20 ✓
No. of persons per usable water tap	94	< 80 ⚠
No. of persons per drop-hole in communal latrine	59	≤ 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	100%	≥ 90% ✓

NUTRITION

Malnutrition

Indicator	Standard	Status
Global Acute Malnutrition Rate (%)	7.2%	< 5% ✗
Severe Acute Malnutrition Rate (%)	1.4%	< 2% ✓
Prevalence of anaemia in children under five	36%	< 20% ⚠
Prevalence of anaemia in women of reproductive age	14%	< 20% ✓
Average number of kilocalories per person per day	2100	2100 ✓

Observations

The health impact indicators were better than the last year. Proportion of consultations by nationals was higher in this camp compared to others due to easy access and better service available in the camp PHC compared to the local health facilities in surrounding host community.