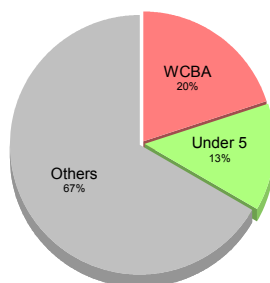


Origin of refugees:

DRC

Population: 7,271



Implementing partners:

Health/HIV: AHA/MoHSS

Nutrition: AHA/MoHSS

Watsan: AHA/MoHSS



Public Health Status

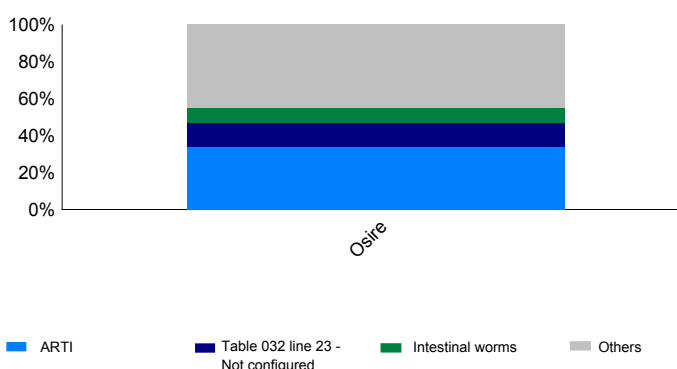
Health Impact

Indicator	Standard	Status	
Crude Mortality Rate (CMR) (/1000/month)	0.16	< 1.5	✓
Under-five Mortality Rate (U5MR) (/1000/month)	0.51	< 3.0	✓
Infant Mortality Rate (IMR) (/1000 livebirths)	30.8	< 60	✓
Neonatal Mortality Rate (NNMR) (/1000 livebirths)	0.0	< 40	✓

Human Resources

Indicator	Value	Standard	Status	
No. of Medical Doctors	1	1 : 7,271	1 : <50,000	✓
No. of Clinical Consultants	1	1 : 7,271	1 : <10,000	✓
No. of Nurses (qualified)	3	1 : 2,424	1 : <10,000	✓
No. of MCH staff / Midwives	2	1 : 3,636	1 : <10,000	✓
No. of Community Health Workers (CHW)	10	1 : 727	1 : 500-1,000	✓
No. of Hygiene Promoters	1 : 0	1 : 0	1 : <500	✓

Figure 1: Proportional Crude Morbidity



Country Overview

A. Objectives

1a. Food security and nutritional wellbeing improved.

2a. Risk of HIV/AIDS reduced and quality of response improved.

3a. Supply of potable water increased or maintained.

4a.

5a.

B. Progress

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

1b. A JAM and a nutritional survey were conducted in June 2009, showing similar prevalence of malnutrition to two years ago. Only cases of moderate malnutrition are seen on a routine basis.

2b. IEC materials are on hand, PMTCT uptake is 100% and ARTs are available at the camp for refugees and nationals.

3b. Additional water taps and latrines have been constructed. Solar panels and pumps have also been replaced.

4b.

5b.

C. Gaps & Planning

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

1c. By mid 2009 the daily ration has been reduced 50% due to WFP funding constraints. All refugees have land available for farming. Community health workers will keep on monitoring the nutritional situation.

2c. Funds to scale up HIV prevention activities in Osire remain limited. National partners like the University of Namibia AIDS Research Unit will be involved.

3c. There is sufficient water for human consumption. However, there is insufficient water for gardening and this situation might create a problem with the reduction of the food ration.

4c.

5c.

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? No Yes ✗

Access and Utilisation

Indicator	Value	Standard	Status	
No. of health facilities	1	1 : 7,271	1 : <10,000	✓
No. of consultations per trained clinician per day	53	< 50	⚠	
Health Utilization Rate (new visits/person/year)	2.0	1 - 4	✓	
Proportion of consultations by host population	7%			

Malaria

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

The Ministry of Health and Social Services (MOHSS) is in charge of medical assistance to refugees in Namibia. Many skilled refugees (a medical doctor and several nurses) have managed to register as professionals in the government system and are working right now in the health sector in and out of Osire camp.

Until midyear, African Humanitarian Action was still supporting some health activities in Osire. The complete handover to MOHSS was smooth but some delays were unavoidable.

			Key observations	Limitations/constraints
			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?
	Public Health Programmes			
IMMUNISATION	<p>Figure 2: Vaccination coverage</p> <p>Legend: Measles (blue bar), Full coverage rate (purple bar), Standard (red line)</p>	Routine vaccination has been on going during the year. The first annual round of National Immunization Days took place from the 16th to the 19th June 2009 and resulted in a total of 1051 children immunized against polio and 932 against measles.	Nothing to be reported.	
NUTRITION AND FOOD SECURITY	<p>Surveys & Assessments</p> <p>Date of last nutrition survey: Jun 2009 Date of last last JAM: Jun 2009</p> <p>Malnutrition</p> <p>Global Acute Malnutrition Rate (%): 5.3% < 5% (red X) Severe Acute Malnutrition Rate (%): < 2% (blue i) Prevalence of anaemia in children under five: 28% < 20% (yellow triangle) Prevalence of anaemia in women of reproductive age: 4% < 20% (green check) Average number of kilocalories per person per day: 2100 2100 (green check)</p> <p>Food Security</p> <p>Does UNHCR provide complementary food? No Did the content of the GFR change during the year? No Did WFP report any pipeline breaks during the year? No Have PoC been included in the National FS Plan? Yes Prop. of ration sold by refugees to buy other food items: % < 30%</p>	<p>Indicator Standard</p> <p>61.5% of the settlement population is food insecure (7.5% severely food insecure) and is still heavily dependent on food aid to survive. WFP will continue providing food in Osire. Next JAM will take place in 2011.</p>	Nothing to be reported.	
REPRO HEALTH	<p>Maternal and Newborn Health</p> <p>Coverage of complete antenatal care (4 or more visits): 60% 100% (red X) Proportion of deliveries attended by skilled personnel: 96% ≥ 50% (green check) Proportion of deliveries performed by caesarean section: 0% 5 - 15% (red X) Proportion of low birth weight deliveries: 0% < 15% (green check)</p> <p>Family planning</p> <p>Contraceptive prevalence rate: ≥ 30% (blue i)</p>	<p>Indicator Standard</p> <p>Different family planning methods are available at Osire clinic. All complicated deliveries, inclusive of teenagers, are referred to the district hospital, but the outcomes are not currently registered at the camp level.</p>	A total of 18 pregnancies from girls between 15-19 years had taken place in 2009 equivalent to 12 % of all births. All teenage pregnancies have been from girls of Angolan origin; it is related to cultural practices difficult to tackle.	
SGBV	<p>Sexual and Gender-based Violence</p> <p>Incidence of reported rape (/10,000/year): 0.00 Prop. rape survivors who received PEP < 72h: 100% (blue i) Prop. rape survivors who received ECP < 120h: 100% (blue i) Prop. rape survivors who received STI < 2 wks: 100% (blue i)</p>	<p>Indicator Standard</p>		
HIV/AIDS	<p>Monitoring & Evaluation</p> <p>Are PoCs included in national HIV strategic plans? Yes Yes Are PoCs included in national HIV sent surveillance? No Yes Date of last last KAPB/BSS: Dec 2008</p> <p>Prevention</p> <p>Condom distribution rate: 0.84 > 0.5 (green check) Do appropriate IEC materials exist for PoCs? Yes Yes (green check) Are risk groups targeted with prevention programmes? Yes (green check) Proportion of blood units screened for HIV: 100% (blue i) PMTCT coverage: 100% (blue i)</p> <p>Care and Treatment</p> <p>Do PoCs have equal access to ART as host? Yes Yes (green check) Number of PoCs receiving ART: Prop. HIV positive mothers receiving co-trimox: 100% (blue i) Prop. HIV positive infants receiving co-trimox: 100% (blue i)</p>	<p>Indicator Standard</p> <p>40 refugees are currently enrolled on antiretroviral treatment through the government program free of charge. The ART program visits Osire camp once a month. The HIV task force in the camp is very active and is now receiving support from some Namibian HIV institutions.</p>	The refugee VCT counselor has repatriated and a new person has taken over. Stigma towards persons living with HIV is still high. Some refugees are reluctant to start ART treatment.	
WASH	<p>Water, Sanitation and Hygiene</p> <p>Av quantity of potable water / person / day (litres): 29 > 20 (green check) No. of persons per usable water tap: 67 < 80 (green check) No. of persons per drop-hole in communal latrine: 12 ≤ 20 (green check) Prop. of population living within 200m from water point: 100% 100% (green check) Prop. of families with latrines: % 100% (blue i) Prop. families receiving >250g soap / person / month: 100% ≥ 90% (green check) Prop. camps with 1 hygiene promoter / 500 persons: % ≥ 75% (blue i)</p>	<p>Indicator Standard</p> <p>Water is chlorinated on quarterly basis. In the first quarter of 2009, a new water tank was constructed. Although water is sufficient for cooking, bathing and drinking, it is reported to be insufficient for gardening and crop production. Almost 50% of households use a traditional pit latrine and 37% use an open pit.</p>	The misuse of water was reported to be a concern in the settlement and a water committee consisting of community members, community leaders and WatSan staff was established to educate and raise awareness in the community on the use of water. Latrines still remain a concern, as it is below the UNHCR standards. However, construction of new latrines has been discouraged by the Ministry of Environment and Tourism as this would lead to ground water contamination.	

Camp opened: **Population:** 7,271
Camp closed: The source of population data in this report is:
HIS start date: Jul 2009

Origin of refugees: DRC
Implementing partners:
 Health/HIV: AHA/MoHSS
 Nutrition: AHA/MoHSS
 Watsan: AHA/MoHSS



Public Health Status

Health Impact

	Indicator	Standard	
Crude Mortality Rate (CMR) (/1000/month)	0.16	< 1.5	✓
Under-five Mortality Rate (U5MR) (/1000/month)	0.51	< 3.0	✓
Infant Mortality Rate (IMR) (/1000 livebirths)	30.8	< 60	✓
Neonatal Mortality Rate (NNMR) (/1000 livebirths)	0.0	< 40	✓

Figure 1: Crude and Under-five Mortality

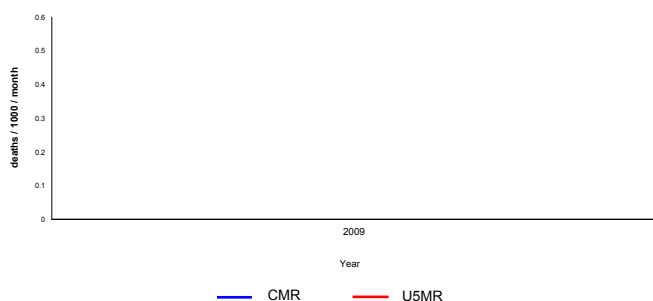


Figure 2: Crude Morbidity

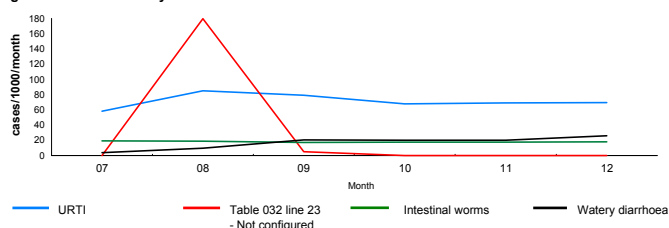
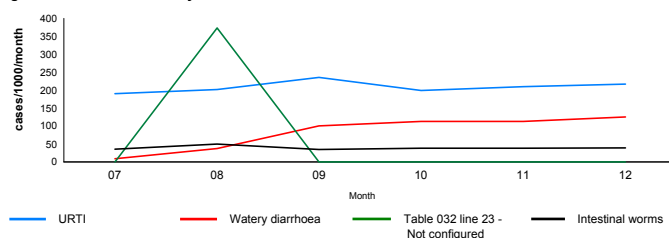


Figure 3: Under-five Morbidity



Public Health Programmes

Human Resources	Nº	Indicator	Standard	
No. of Medical Doctors	1	1 : 7,271	1 : <50,000	✓
No. of Clinical Consultants	1	1 : 7,271	1 : <10,000	✓
No. of Nurses (qualified)	3	1 : 2,424	1 : <10,000	✓
No. of MCH staff / Midwives	2	1 : 3,636	1 : <10,000	✓
No. of Community Health Workers (CHW)	10	1 : 727	1 : 500-1,000	✓
No. of Hygiene Promoters	1	0	1 : <500	✓

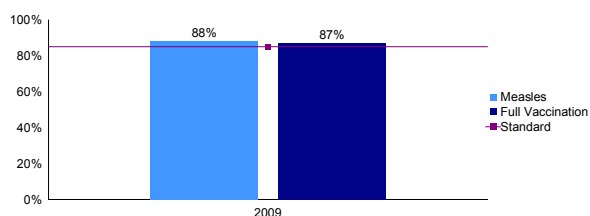
Access and Utilisation

No. of health facilities	1	1 : 7,271	1 : <10,000	✓
No. of consultations per trained clinician per day		53	< 50	⚠
Health Utilization Rate (new visits/person/year)		2.0	1 - 4	✓
Proportion of consultations by host population		7.18%		

Malaria

Is Act introduced as 1st line malaria treatment?	Yes	Yes		✓
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Figure 4: Vaccination coverage



Malnutrition

Global Acute Malnutrition Rate (%)	5.3%	< 5%	✗
Severe Acute Malnutrition Rate (%)		< 2%	⚠
Prevalence of anaemia in children under five	28%	< 20%	⚠
Prevalence of anaemia in women of reproductive age	4%	< 20%	✓
Average number of kilocalories per person per day	2100	2100	✓

Maternal and Newborn Health	Indicator	Standard	
Coverage of complete antenatal care (4 or more visits)	60%	100%	✗
Proportion of deliveries attended by skilled personnel	96%	≥ 50%	✓
Proportion of deliveries performed by caesarean section	0%	5 - 15%	✗
Proportion of low birth weight deliveries	0%	< 15%	✓

Family planning

Contraceptive prevalence rate		≥ 30%	⚠
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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%	⚠

Prevention

Condom distribution rate	0.84	> 0.5	✓
Do appropriate IEC materials exist for PoCs?	1	Yes	✗
Are risk groups targeted with prevention programmes?	Yes	Yes	✓
Proportion of donated blood units screened for HIV		100%	⚠
PMTCT coverage		100%	⚠

Care and Treatment

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

Water, Sanitation and Hygiene

Av quantity of potable water / person / day (litres)	29	> 20	✓
No. of persons per usable water tap	67	< 80	✓
No. of persons per drop-hole in communal latrine	12	≤ 20	✓
Prop. of population living within 200m from water point	100%	100%	✓
Prop. of families with latrines		100%	⚠
Prop. families receiving >250g soap / person / month		≥ 90%	✓

Observations

The second half of 2009 saw the handover of the health sector from AHA to the Ministry of Health and Social Services in Otjiwarongo district. Osire camp health centre is managed by a team of Namibian and refugee staff members. No major refugee movements have taken place during 2009.