



Melkadida

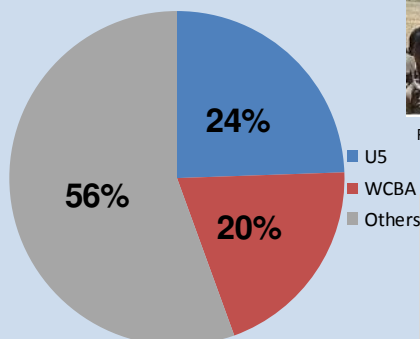
Public Health and Nutrition Profile

21 – 27 January 2012
Week 4

Refugee population^a

40,632 at end of period

Figure 1 Population breakdown by age-group



U5: Under 5 WCBA: Women of child-bearing age



Photo: New arrivals at Melkadida refugee camp
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Key dates:

Camp opened: **February 2010**

Last nutrition survey: **April 2011**



Indicators at a glance:

1. Crude Mortality Rate ^b	0.0	?
2. Under 5 Mortality Rate ^b	0.0	?
3. Infant Mortality Rate ^b	0.0	?
4. Severe Acute Malnutrition (SAM) rate ^c	10%	✗
5. Global Acute Malnutrition (GAM) rate ^c	33%	✗
6. Measles coverage ^d	16%	✗
7. Skilled attendance at delivery ^b	88%	✓
8. Water (litres / refugee / day) ^e	12	✓

Table 1: Top causes of mortality^b

1. Watery diarrhoea	50%
2. Other	50%

Table 2: Top causes of morbidity^b

1. Intestinal worms	20%
2. URTI	13%
3. Other	13%
4. Skin disease	11%
5. Dental conditions	10%

LRTI: Lower respiratory tract infection
Sources of data

^a Source: UNHCR registration database

^b Source: UNHCR/ARRA HIS

^c Source: Household MUAC screening (August 2011)

^d Source: Integrated Measles SIA rapid convenience survey result (August 2011)

^e Source: UNHCR WASH Monitoring Reports

URTI: Upper respiratory tract infection
Reporting period

• All indicators are for week 4, with the exception of GAM and SAM rates.

• GAM and SAM rates are based on a house-to-house MUAC screening conducted between 4 and 7 September 2011. The next nutrition survey will take place in October 2011.

• WASH indicators are based on monitoring reports from the 4th September 2011.

Summary:

- Crude and Under 5 mortality rates are within acceptable emergency thresholds, but should be reviewed for possible under-reporting of deaths at community-level.
- Respiratory infections are the top causes of morbidity
- SAM and GAM rates are higher than expected in a more stable camp and probably reflect the presence of the new arrivals.
- Sanitation status is significantly improved

Public Health Priorities:

- Decentralized integrated health and nutrition approach
- Review mortality surveillance for completeness of reporting. Ensure that all deaths from community and facility-based sources are recorded in the HIS reports.
- Implement the recent recommendation and action plan on Nutrition and which agreed with UNHCR, ARRA, UNICEF, WFP and other implementing partners in Dollo Ado.
- Disease surveillance, outbreak preparedness and response plan in place
- Improvement of sanitation including installment of latrine, awareness of hygiene, garbage collection and disposal at camp level
- Roll out of UNHCR HIS among the implementing partners and strengthening reporting system and documentation at the camp level
- Waste management system in place and meeting standards

Legend: ✓ Standard reached ⚠ Standard borderline ✗ Standard not reached ? Data unreliable ⓘ Indicator cannot be calculated n/a Data not available - Data not applicable

View interactive maps and statistics online: <http://his.unhcr.org/main.locs3>

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Public Health						
Health Impact	No	Indicator	Emergency Standard	Outbreak Alert and Response	Indicator	Emergency Standard
Crude Mortality Rate (/10,000/day)		0.0	< 1	Number of outbreaks reported	0	
Under-five Mortality Rate (/10,000/day)		0.0	< 2	% of outbreaks investigated < 48 hours	-	100%
Infant Mortality Rate (IMR) (/1000 livebirths)		0.0	< 60			
Neonatal Mortality Rate (NNMR) (/1000 livebirths)		n/a	< 40	EPI and Vitamin A		
Global Acute Malnutrition Rate (%)		33%	< 10%	Measles vaccination coverage	16%	> 95%
Severe Acute Malnutrition Rate (%)		10%	< 2%			
Access and Utilisation				Supervision		
No. of health facilities	1	1 : 40,632	1 : <10,000	Do regular camp coordination meetings take place?	Yes	Yes
No. of consultations per trained clinician per day		60	< 50	Were any drug shortages reported during the period?	No	No
Health Utilization Rate (new visits/person/year)		1.0	1 - 4			

Nutrition	Moderate Acute Malnutrition (MAM)		Severe Acute Malnutrition (SAM)					
	Emergency Standard		Outpatient therapeutic program (OTP)	Emergency Standard	Stabilisation Centre (SC)*	Emergency Standard	CMAM* (SC and OTP combined)	Emergency Standard
Number of new admissions	2		3		2		5	
Average length of stay	n/a	< 8 weeks	n/a	< 30 days	n/a	< 10 days	19.4	< 30 days
Average weight gain (g/kg/day)	-		n/a	> 5	n/a		0.1	> 5
Discharge rate	100%	> 75%	17%	> 75%	n/a		20%	> 75%
Death rate	n/a	< 3%	0%	< 10%	n/a		0%	< 10%
Default rate	n/a	< 15%	9%	< 15%	100%		10%	< 15%
Referral rate	n/a		74%		n/a		70%	
Non-cured rate	n/a		0%		-		0%	

* there is currently no SC in Kobe camp. SC and Overall CMAM indicators represent data for Kobe and Melkadida combined.

Reproductive Health and HIV							
Maternal and Newborn Health	No	Indicator	Emergency Standard	Sexual and Gender-based Violence	No	Indicator	Emergency Standard
No. of basic EmOC facilities	1	1 : 40,632	1 : <500,000	Incidence of reported rape (/10,000/year)	0	0.0	?
No. of comprehensive EmOC facilities	0	0	1 : <500,000	% rape survivors who received PEP < 72h	-	100%	
Number of maternal deaths		0		% rape survivors who received ECP < 120h	-	100%	
Number of maternal deaths investigated <48 hrs		n/a	100%	% rape survivors who received STI < 2 wks	-	100%	
Crude Birth Rate (CBR) (/1000/month)		3.3					
Coverage complete antenatal care (> 4 visits)		65%	> 90%	HIV/AIDS			
% deliveries performed by caesarean section		0%	5 - 15%	Condom distribution rate	n/a	> 0.5	i
% deliveries attended by skilled personnel		88%	≥ 50%	% of blood units screened for HIV	n/a	100%	i
% low birth weight deliveries		12%	< 15%				

PEP: Post-exposure prophylaxis; ECP: Emergency Contraceptive Pill; STI: Sexually Transmitted Infection

Community Health Activities			Water, Sanitation and Hygiene		
	Indicator	Emergency Standard		Indicator	Emergency Standard
No. of health education and hygiene sessions conducted	-		Avg quantity of potable water / person / day (litres)	12	> 10
No. of sanitation campaigns conducted	-		No. of persons per usable water tap	228	< 250
No. pregnant women who received clean delivery kit	-		No. of persons per drop-hole in communal latrine	561	≤ 50
No. of complicated medical cases identified	-		% of population living within 200m from water point	109%	100%
% of complicated medical cases referred	-	≥ 90%	% of families with latrines	9%	> 50%

Legend: Standard reached Standard borderline Standard not reached Data unreliable Indicator cannot be calculated n/a Data not available - Data not applicable

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UNHCR gratefully acknowledges the support of the following partners:

