



Melkadida

Public Health and Nutrition Profile

03 - 09 December
Week 49

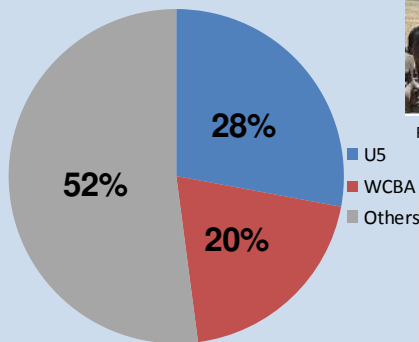
2011

Refugee population^a

40,185

 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
© UNHCR / Aug 2011



Key dates:

Camp opened: February 2010

Last nutrition survey: April 2011

Indicators at a glance:

1. Crude Mortality Rate ^b	0.1	?
2. Under 5 Mortality Rate ^b	0.4	?
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	67%	✓
8. Water (litres / refugee / day) ^e	12	✓

Table 1: Top causes of mortality^b

1. Watery diarrhoea	100%
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Table 2: Top causes of morbidity^b

1. URTI	26%
2. Intestinal worms	18%
3. Other	12%
4. Skin disease	7%
5. Watery diarrhoea	7%

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

URT: Upper respiratory tract infection
Reporting period

• All indicators are for week 49, 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.
- Defaulter rate is still high in nutrition programme
- Sanitation and hygiene status is below standard, continues significant improvement to reach standard

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.locsis>

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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)		0.1	< 1	Number of outbreaks reported	0	
Under-five Mortality Rate (/10,000/day)		0.4	< 2	% of outbreaks investigated < 48 hours	-	100%
Infant Mortality Rate (IMR) (/1000 livebirths)		0.0	< 60	EPI and Vitamin A		
Neonatal Mortality Rate (NNMR) (/1000 livebirths)		n/a	< 40	Measles vaccination coverage	16%	> 95%
Global Acute Malnutrition Rate (%)		33%	< 10%	Supervision		
Severe Acute Malnutrition Rate (%)		10%	< 2%	Do regular camp coordination meetings take place?	Yes	Yes
Access and Utilisation				Were any drug shortages reported during the period?	No	No
No. of health facilities	1	1 : 40,185	1 : <10,000			
No. of consultations per trained clinician per day		70	< 50			
Health Utilization Rate (new visits/person/year)		1.3	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	-		75		16		91	
Average length of stay	n/a	< 8 weeks	n/a	< 30 days	n/a	< 10 days	14.2	< 30 days
Average weight gain (g/kg/day)	-		n/a	> 5	n/a		0.1	> 5
Discharge rate	n/a	> 75%	57%	> 75%	56%		70%	> 75%
Death rate	n/a	< 3%	0%	< 10%	6%		2%	< 10%
Default rate	n/a	< 15%	20%	< 15%	19%		28%	< 15%
Referral rate	n/a		0%		19%		0%	
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 : 40,184	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)		1.5		HIV/AIDS			
Coverage complete antenatal care (> 4 visits)		81%	> 90%	Condom distribution rate	n/a	> 0.5	i
% deliveries performed by caesarean section		0%	5 - 15%	% of blood units screened for HIV	n/a	100%	i
% deliveries attended by skilled personnel		67%	≥ 50%				
% low birth weight deliveries		20%	< 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:

