Public Health and Nutrition Profile

Figure 1 Population breakdown by age-group

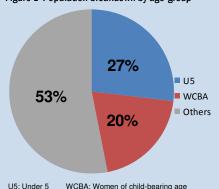




Photo: Hilaweyn refugee camp © UNHCR / Aug 2011

Key dates:

August 2011 Camp opened:

None conducted Last nutrition survey:

Table 1: Top causes of mortality^b

Not available

LRTI: Lower respiratory tract infection

Sources of data

- ^a Source: UNHCR registration database
- ^b Source: MSF-H weekly reports
- ^c Source: Grave count (3 9 September)
- ^d Source: ACF MUAC and W/H Screening(Aug/Sep 2011)
- ^e Source: MSF. All children are vaccinated prior to relocation.

Table 2: Top causes of morbidityb

1. URTI	29%
2. LRTI	29%
3. Watery diarrhoea	20%
4. Other	5%
5. Ear disease	5%

URTI: Upper respiratory tract infection

Reporting period

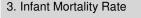
- All indicators are for week 45, with the exception of GAM and SAM rates.
- GAM and SAM rates are based on ACF MUAC and W/H Screening of all children relocated from transit to Hilaweyn between August 5th and September 9th. The next nutrition survey will take place in October 2011.
- WASH indicators are based on monitoring reports from 3rd October 2011



Indid	cators	at a	glance:	
			D. G	

. Crude Mortality Rate ^c	n
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\sim	1.11	_	Mortality	D-1-C	
~	iinaer	ר	Mortality	Rate	



5. Global Acute Malnutrition

4. Severe Acute Malnutrition

6. Measles coverage^e

(SAM) rated

(GAM) rated

>95%

Skilled attendance at delivery

100%

8. Water (litres / refugee / day)

16



Summary:

- 1. The nutrition screening in Hilaweyn represent children who are not yet included in the Transit Camp nutrition programmes, so the rates do not show the real status of the new refugees coming to Hilaweyn, However these children are therafter included in the nutrition programmes in Hilaweyn.
- In Hilaweyn the Crude Mortality level is borderline but Under Five Mortality level is above emergency threshold.
- The cause-specific deaths are taken from what is reported in HIS. There were 7 deaths reported this week.
- Unreported home deliveries continue to be of concern though clean delivery kits have been provided to all visibly pregnant women.
- ACF has a third satellite MAM/BF site operational.
- ACF has 2 satellite MAM/BF sites operational.

Public Health Priorities:

- Immediate priority remains reduction of excess mortality in Hilaweyn.
- Nutrition survey planned for 15th October 2011
- Closely monitor and strengthen community-based mortality 3. surveillance.
- Strengthen active case finding, defaulter tracing and referral as a key factor in reduction of CMR.
- Active mobilization and awareness raising on the importance of health facility delivery.
- HIS meeting and on-job training for all health and nutrition partners planned for 12th October 2011

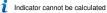
Legend:













Data not applicable

View interactive maps and statistics online: http://his.unhcr.org/main.locsis

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^f Source: UNHCR WASH Monitoring Reports

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)		n/a	< 60	i				
Neonatal Mortality Rate (NNMR) (/1000 livebirths)		n/a	< 40	i	EPI and Vitamin A			
Global Acute Malnutrition Rate (%)		44%	< 10%	×	Measles vaccination coverage	>95%	> 95%	√
Severe Acute Malnutrition Rate (%)		26%	< 2%	×				
Access and Utilisation					Supervision			
No. of health facilities	1	1:25,092	1:<10.00	0 🗙	Do regular camp coordination meetings take place?	Yes	Yes	√
No. of consultations per trained clinician per day		5	< 50	√	Were any drug shortages reported during the period?	No	No	V
Health Litilization Rate (new visits/nerson/year)		4.0		~/				

	Moderate Acut	lerate Acute			Severe Acute Malnutrition (SAM)							
Nutrition	Malnutrition (MAM)	Emergency Standard		Outpatient therapeutic program (OTP)*	Emergency Standard	<i>(</i>	Stabilisation Centre (SC)*	Emergency Standard	CMAM (SC and OTP combined)*	Emergency Standard		
Number of new admissions	286			33			139		172			
Average length of stay	n/a	< 8 weeks	i	n/a	< 30 days	i	n/a	< 10 days 🧜	36.5	< 30 days	×	
Average weight gain (g/kg/day)	-			n/a	> 5	i	n/a		2.1	> 5	×	
Discharge rate	28%	> 75%	×	100%	> 75%	✓	100%		100%	> 75%	✓	
Death rate	0%	< 3%	✓	0%	< 10%	√	0%		0%	< 10%	✓	
Default rate	56%	< 15%	×	0%	< 15%	✓	0%		0%	< 15%	✓	
Referral rate	15%			0%			0%		0%			
Non-cured rate	-			0%			-		0%			

^{*} no marasmus or kwashiorkor exits were recorded in SC or OTP during the reporting period

Maternal and Newborn Health	№ Indicator Emergency Standard
No. of basic EmOC facilities	1 1:25,0921:<500,000 🗸
No. of comprehensive EmOC facilities	0 0 1:<500.000
Number of maternal deaths	0
Number of maternal deaths investigated <48 hrs	- 100%
Crude Birth Rate (CBR) (/1000/month)	0.2
Coverage complete antenatal care (> 4 visits)	n/a > 90% i
% deliveries performed by caesarean section	0% 5 - 15% 🗶
% deliveries attended by skilled personnel	100% ≥ 50% 🗸
% low birth weight deliveries	0% < 15% ?

Sexual and Gender-based Violence	Nº	Indicator	Emerg	
Incidence of reported rape (/10,000/year)	0	0.0		?
% rape survivors who received PEP < 72h		- '	100%	
% rape survivors who received ECP < 120h		-	100%	
% rape survivors who received STI < 2 wks			100%	
HIV/AIDS				
Condom distribution rate		n/a	> 0.5	i
% of blood units screened for HIV		n/a	100%	i

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

Community Health Activities	Indicator	Emergency Standard	Water, Sanitation and Hygiene	Indicator	Emerge Standa	
No. of health education and hygiene sessions conducted	-		Avg quantity of potable water / person / day (litres)	16	> 10	✓
No. of sanitation campaigns conducted	-		No. of persons per usable water tap	329	< 250	×
No. pregnant women who received clean delivery kit	-		No. of persons per drop-hole in communal latrine	127	≤ 50	×
No. of complicated medical cases identified	-		% of population living within 200m from water point	76%	100%	×
% of complicated medical cases referred	-	≥ 90%	% of families with latrines	39%	> 50%	×

Legend:



















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