

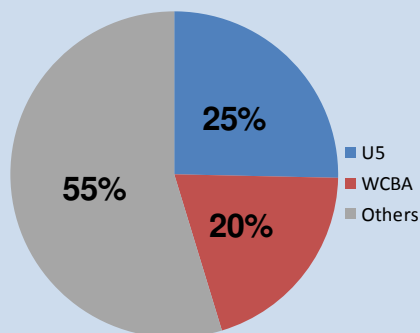


Refugee population^a

25,686

 at end of period

Figure 1 Population breakdown by age-group



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



Photo: Kobe refugee camp © UNHCR / Aug 2011

Key dates:

Camp opened: **24 June 2011**

Last nutrition survey: **None conducted**



Indicators at a glance:

1. Crude Mortality Rate ^c	0.1	
2. Under 5 Mortality Rate ^c	0.0	
3. Infant Mortality Rate	n/a	
4. Severe Acute Malnutrition (SAM) rate ^d	16%	
5. Global Acute Malnutrition (GAM) rate ^d	37%	
6. Measles coverage ^e	85%	
7. Skilled attendance at delivery	100%	
8. Water (litres / refugee / day) ^f	15	

Table 1: Top causes of mortality

Not available

Table 2: Top causes of morbidity^b

1. URTI	28%
2. Intestinal worms	18%
3. LRTI	16%
4. Skin disease	5%
5. Other	5%

URTI: Upper respiratory tract infection

Reporting period

- All indicators are for week 40, 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.
- WASH indicators are based on monitoring reports from 3rd October 2011

LRTI: Lower respiratory tract infection

Sources of data

- ^a Source: UNHCR registration database
- ^b Source: MSF weekly reports
- ^c Source: Grave counting
- ^d Source: Household MUAC screening (September 2011)
- ^e Source: MSF mass measles campaign and MUAC screening (August 2011)
- ^f Source: UNHCR WASH Monitoring Reports

Summary:

- This week the Crude and Under-5 mortality rates have continued to decrease and are both below the emergency threshold standards though there is a need to further develop the monitoring / surveillance and reporting systems concerning deaths within the camp.
- There was limited cause-specific data on mortality this week. No cases of measles have been reported in Kobe.
- Global and Severe Acute Malnutrition rates remain above the acceptable threshold for emergency situations.
- Upper respiratory tract infections were the top cause of morbidity.
- The water and sanitation conditions were improved with 15L/refugee/day having been achieved in the camp.

Public Health Priorities:

- Strengthen access and coverage of health and nutrition services in Kobe in collaboration with the implementing partners.
- Move from grave counting to reporting of deaths by community and other health workers. Closely monitor and strengthen community-based mortality surveillance.
- Strengthen active case finding, defaulter tracing (especially for nutrition programmes) as well as for referrals in order to achieve further reduction of CMR and the U-5 mortality rate.
- Active mobilization and awareness-raising on the importance of health facility delivery.
- Continue construction of additional latrines and laying down of water pipe from the water treatment plant.
- Nutrition survey training planned for week of 15th October 2011

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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Public Health				Outbreak Alert and Response		
Health Impact	No	Indicator	Emergency Standard	Indicator	Emergency Standard	
Crude Mortality Rate (/10,000/day)		0.1	< 1 ?	Number of outbreaks reported	0	
Under-five Mortality Rate (/10,000/day)		0.0	< 2 ?	% of outbreaks investigated < 48 hours	-	100%
Infant Mortality Rate (IMR) (/1000 livebirths)		n/a	< 60 i	EPI and Vitamin A		
Neonatal Mortality Rate (NNMR) (/1000 livebirths)		n/a	< 40 i	Measles vaccination coverage	85%	> 95% ⚠️
Global Acute Malnutrition Rate (%)		37%	< 10% ❌	Supervision		
Severe Acute Malnutrition Rate (%)		16%	< 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 : 25,686	1 : <10,000 ❌			
No. of consultations per trained clinician per day		69	< 50 ❌			
Health Utilization Rate (new visits/person/year)		1.7	1 - 4 ✓			

Nutrition	Moderate Acute Malnutrition (MAM)*	Emergency Standard	Severe Acute Malnutrition (SAM)					
			Outpatient therapeutic program (OTP)	Emergency Standard	Stabilisation Centre (SC)**	Emergency Standard	CMAM** (SC and OTP combined)	Emergency Standard
Number of new admissions	7		113		14		113	
Average length of stay	n/a	< 8 weeks	n/a	< 30 days i	n/a	< 10 days i	n/a	< 30 days i
Average weight gain (g/kg/day)	-		n/a	> 5 i	n/a		n/a	> 5 i
Discharge rate	n/a	> 75%	72%	> 75% ⚠️	75%		66%	> 75% ❌
Death rate	n/a	< 3%	n/a	< 10% ✓	1%		0%	< 10% ✓
Default rate	n/a	< 15%	24%	< 15% ❌	1%		24%	< 15% ❌
Referral rate	n/a				n/a		0%	
Non-cured rate	-		0%		-		0%	

* no exits were recorded from MAM during the reporting period

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

Reproductive Health and HIV				Sexual and Gender-based Violence		
Maternal and Newborn Health	No	Indicator	Emergency Standard	Indicator	Emergency Standard	
No. of basic EmOC facilities	1	1 : 25,686	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		-	100%	% rape survivors who received STI < 2 wks	-	100%
Crude Birth Rate (CBR) (/1000/month)		0.5		HIV/AIDS		
Coverage complete antenatal care (> 4 visits)		n/a	> 90% i	Condom distribution rate	n/a	> 0.5
% deliveries performed by caesarean section		0%	5 - 15% ❌	% of blood units screened for HIV	n/a	100%
% deliveries attended by skilled personnel		100%	≥ 50% ✓			
% low birth weight deliveries		0%	< 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)	15	> 10 ✓
No. of sanitation campaigns conducted	-		No. of persons per usable water tap	170	< 250 ✓
No. pregnant women who received clean delivery kit	-		No. of persons per drop-hole in communal latrine	49	≤ 50 ✓
No. of complicated medical cases identified	-		% of population living within 200m from water point	146%	100% ✓
% of complicated medical cases referred	-	≥ 90%	% of families with latrines	102%	> 50% ✓

Legend: ✓ Standard reached ⚠️ Standard borderline ❌ Standard not reached ? Data unreliable i 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:

