



Kobe

Public Health and Nutrition Profile

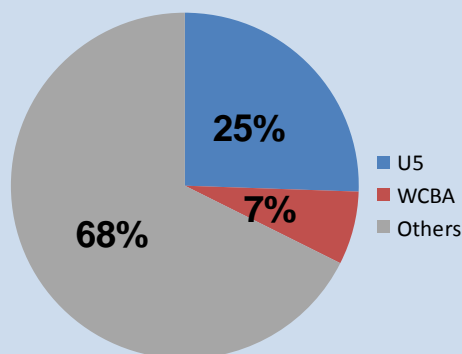
August 2011

Refugee population^a

25,268

 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 ^d	4.5	✗
2. Under 5 Mortality Rate ^d	14.9	✗
3. Infant Mortality Rate	n/a	i
4. Severe Acute Malnutrition (SAM) rate ^e	15%	✗
5. Global Acute Malnutrition (GAM) rate ^e	31%	✗
6. Measles coverage ^e	85%	⚠
7. Skilled attendance at delivery	n/a	i
8. Water (litres / refugee / day) ^f	12	✓

Table 1: Top causes of mortality^b

1. Measles	50%
2. Acute malnutrition	20%
3. LRTI	10%

LRTI: Lower respiratory tract infection

Table 2: Top causes of morbidity^c

1. Eye disease	16%
2. URTI	12%
3. Watery diarrhoea	10%
4. LRTI	9%
5. Intestinal worms	7%

URTI: Upper respiratory tract infection

Reporting period

- All indicators are for the month of July 2011, with the exception of mortality, GAM and SAM rates.
- GAM and SAM rates are based on a mass nutritional screening in August 2011. The next nutrition survey will take place in September 2011.
- CMR and U5MR are based on grave counts for the period 24 June to 9 August 2011.

Sources of data

- ^a Source: UNHCR registration database
- ^b Source: ARRA Community Health Worker reports
- ^c Source: UNHCR/ARRA HIS; MSF OTP Programme
- ^d Source: Grave counting
- ^e Source: MSF mass measles campaign and MUAC screening (August 2011)
- ^f Source: UNHCR WASH Monitoring Reports

Summary:

- The public health, nutrition and WASH situation in Kobe is critical.**
- Since the camp opened, the refugee population has experienced a catastrophic public health event, as indicated by extremely high mortality rates.
- The majority of deaths are reported to be associated with measles, acute malnutrition and lower respiratory tract infection.
- OTP performance indicators are poor. There is inadequate disaggregated reporting on SC indicators for Kobe.
- There remain gaps in reproductive health services. Women do not have adequate access to emergency obstetric care (EmOC).
- Sanitation and hygiene indicators are below acceptable standards.

Public Health Priorities:

- Immediate priority is to reduce excess mortality in Kobe.
- Mass measles vaccination for children 6 months to 15 years was completed between 11-14 August.
- Urgently establish community-based mortality surveillance, including immediate notification of maternal deaths.
- Establish immediate investigation and active case finding of measles and other serious medical conditions.
- Urgently review reasons for poor performance in SAM programme. Decentralize OTP services and establish an SC in Kobe to reduce defaulter rates.
- Strengthen EmOC and other reproductive health services for pregnant women.
- Establish a coordinated community-health programme including sanitation and hygiene promotion activities.

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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Public Health				Outbreak Alert and Response		
Health Impact	No	Indicator	Emergency Standard	Indicator	Emergency Standard	
Crude Mortality Rate (/10,000/day)		4.5	< 1	✗	Number of outbreaks reported	1
Under-five Mortality Rate (/10,000/day)		14.9	< 2	✗	% of outbreaks investigated < 48 hours	0% 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 (%)		31%	< 10%	✗	Supervision	
Severe Acute Malnutrition Rate (%)		15%	< 2%	✗	Do regular camp coordination meetings take place?	No Yes ✗
Access and Utilisation				Were any drug shortages reported during the period?		
No. of health facilities	1	1 : 25,268	1 : <10,000	✗	Yes No ✗	
No. of consultations per trained clinician per day		36	< 50	✓		
Health Utilization Rate (new visits/person/year)		2.1	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	n/a		2,588		n/a		n/a	
Average length of stay	n/a	< 8 weeks i	n/a	< 30 days i	n/a	< 10 days i	n/a	< 30 days i
Average weight gain (g/kg/day)	-		3.3	> 5 ✗	n/a		n/a	> 5 i
Discharge rate	n/a	> 75% i	9%	> 75% ✗	n/a		41%	> 75% ✗
Death rate	n/a	< 3% i	5%	< 10% ✓	n/a		12%	< 10% ✗
Default rate	n/a	< 15% i	86%	< 15% ✗	n/a		47%	< 15% ✗
Referral rate	n/a		0%		n/a		1%	
Non-cured rate	-		0%		-		2%	

* 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	0	0	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		n/a			% rape survivors who received ECP < 120h	- 100%
Number of maternal deaths investigated <48 hrs		-	100%	i	% rape survivors who received STI < 2 wks	- 100%
Crude Birth Rate (CBR) (/1000/month)		n/a			HIV/AIDS	
Coverage complete antenatal care (> 4 visits)		n/a	> 90%	i	Condom distribution rate	n/a > 0.5 i
% deliveries performed by caesarean section		n/a	5 - 15%	i	% of blood units screened for HIV	n/a 100% i
% deliveries attended by skilled personnel		n/a	≥ 50%	i		
% low birth weight deliveries		n/a	< 15%	i		

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	526	< 250 ✗
No. pregnant women who received clean delivery kit	-		No. of persons per drop-hole in communal latrine	189	≤ 50 ✗
No. of complicated medical cases identified	-		% of population living within 200m from water point	66%	100% ✗
% of complicated medical cases referred	-	≥ 90%	% of families with latrines	27%	> 50% ✗

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