

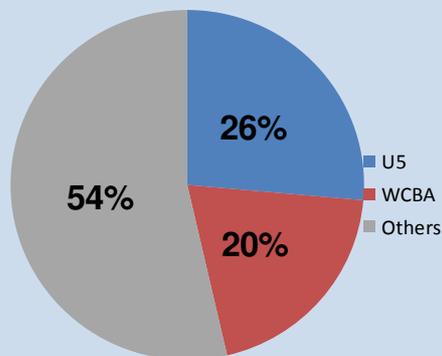


## Refugee population<sup>a</sup>

# 21,966

 at end of period

Figure 1 Population breakdown by age-group



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

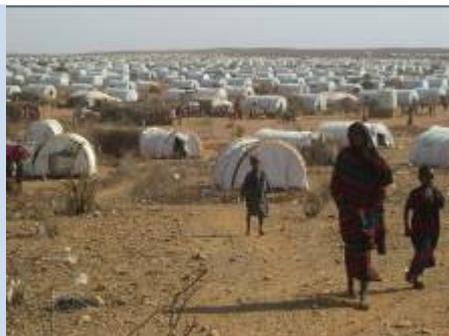


Photo: Hilaweyn refugee camp © UNHCR / Aug 2011

### Key dates:

Camp opened: **August 2011**

Last nutrition survey: **None conducted**



### Indicators at a glance:

1. Crude Mortality Rate <sup>c</sup>	<b>0.1</b>	✓
2. Under 5 Mortality Rate <sup>c</sup>	<b>0.5</b>	✓
3. Infant Mortality Rate	<b>n/a</b>	i
4. Severe Acute Malnutrition (SAM) rate <sup>d</sup>	<b>26%</b>	✗
5. Global Acute Malnutrition (GAM) rate <sup>d</sup>	<b>44%</b>	✗
6. Measles coverage <sup>e</sup>	<b>&gt;95%</b>	✓
7. Skilled attendance at delivery	<b>100%</b>	✓
8. Water (litres / refugee / day) <sup>f</sup>	<b>16</b>	✓

Table 1: Top causes of mortality<sup>b</sup>

1. Watery diarrhoea	50%
2. Acute malnutrition	50%

Table 2: Top causes of morbidity<sup>b</sup>

1. LRTI	20%
2. Other	20%
3. Watery diarrhoea	16%
4. URTI	11%
5. Ear disease	8%

LRTI: Lower respiratory tract infection

#### Sources of data

<sup>a</sup> Source: UNHCR registration database

<sup>b</sup> Source: MSF-H weekly reports

<sup>c</sup> Source: Grave count (3 – 9 September)

<sup>d</sup> Source: ACF MUAC and W/H Screening (Aug/Sep 2011)

<sup>e</sup> Source: MSF. All children are vaccinated prior to relocation.

<sup>f</sup> Source: UNHCR WASH Monitoring Reports

URT: 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 ACF MUAC and W/H Screening of all children relocated from transit to Hilaweyn between August 5<sup>th</sup> and September 9<sup>th</sup>. The next nutrition survey will take place in October 2011.

• WASH indicators are based on monitoring reports from 3<sup>rd</sup> October 2011.

### Summary:

1. Notably significant reductions in the Crude and Under-5 mortality rates were observed in Hilaweyn camp. Both these indices are below the emergency threshold. These achievements were associated with the increased level of health and nutrition services in the camp and increased co-ordination across these sectors.
2. In addition to the MSF-H health centre in Hilaweyn, an UNICEF mobile clinic is also providing services in strategic locations across the camp for those refugees who are being settled in relatively remote locations distant from the MSF-H clinic.
3. ACF has 2 satellite MAM/BF sites operational and one is presently under construction.

### Public Health Priorities:

1. Closely monitor and strengthen community-based mortality surveillance in order to transition away from grave counting procedures for deaths that take place in the camp.
2. Strengthen access and coverage of health and nutrition services in Kobe in collaboration with the implementing partners.
3. Strengthen active case finding, defaulter tracing and referral as a key factor in reduction of Crude and U-5 mortality rates.
4. Active mobilization and awareness-raising on the importance of health facility delivery.
5. Nutrition survey training planned for week of 15<sup>th</sup> October 2011.

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)		0.1	< 1 ✓	Number of outbreaks reported	0	
Under-five Mortality Rate (/10,000/day)		0.5	< 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	>95%	> 95% ✓
Global Acute Malnutrition Rate (%)		44%	< 10% ✗	Supervision		
Severe Acute Malnutrition Rate (%)		26%	< 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 : 21,966	1 : <10,000 ✗			
No. of consultations per trained clinician per day		n/a	< 50 i			
Health Utilization Rate (new visits/person/year)		n/a	1 - 4 i			

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	302		166		8		n/a	
Average length of stay	n/a	< 8 weeks i	n/a	< 30 days i	n/a	< 10 days i	30.6	< 30 days ✗
Average weight gain (g/kg/day)	-		n/a	> 5 i	n/a		2.4	> 5 ✗
Discharge rate	26%	> 75% ✗	33%	> 75% ✗	61%		33%	> 75% ✗
Death rate	0%	< 3% ✓	n/a	< 10% i	6%		2%	< 10% ✓
Default rate	51%	< 15% ✗	64%	< 15% ✗	32%		65%	< 15% ✗
Referral rate	6%		0%		0%		0%	
Non-cured rate	-		0%		-		0%	

\* no marasmus or kwashiorkor exits were recorded in SC or OTP during the reporting period

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 : 21,966	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)		0.4		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		0%	5 - 15% ✗	% of blood units screened for HIV	n/a	100% i
% deliveries attended by skilled personnel		100%	≥ 50% ✓			
% low birth weight deliveries		100%	< 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)	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: ✓ 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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