Kobe
Public Health and Nutrition Profile

Refugee population[a]

25,831 at end of period

Figure 1 Population breakdown by age-group

- 26% U5
- 20% WCBA
- 54% Others

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]	0.4	❓
2. Under 5 Mortality Rate[c]	0.8	❓
3. Infant Mortality Rate	n/a	ℹ️
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	18%	❌
8. Water (litres / refugee / day)[f]	15	✅

Table 1: Top causes of mortality

1. LRTI	43%
2. Acute malnutrition	29%
3. Watery diarrhoea	14%
4. Bloody diarrhoea	14%

LRTI: Lower respiratory tract infection

Table 2: Top causes of morbidity[b]

1. URTI	37%
2. Intestinal worms	13%
3. LRTI	12%
4. Watery diarrhoea	5%
5. Skin disease	3%

URTI: Upper 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

Reporting period

- All indicators are for week 44, 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

Summary:

1. On a very positive note, this week the CMR has for the first time, since Kobe camp was opened, fallen to below the emergency threshold of 1/10,000/day.

2. The cause-specific deaths are taken from what is reported in HIS. There was limited cause-specific data on mortality this week

3. Respiratory tract infections were top causes of morbidity

4. There were 3 community deliveries and no facility based deliveries. Efforts are ongoing to encourage mothers to deliver at health facility.

Public Health Priorities:

1. Continue with systems in place to reduce excess mortality in Kobe.

2. Move from grave counting to reporting of deaths by community and other health workers. Closely monitor and strengthen community-based mortality surveillance.

3. Strengthen active case finding, defaulter tracing and referral as a key factor in reduction of CMR.

4. Active mobilization and awareness raising on the importance of health facility delivery.

5. Hasten construction of additional latrines and laying down of water pipe from the water treatment plant.

6. HIS meeting and on-job training for all health and nutrition partners planned for 12th October 2011

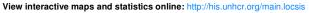7. Nutrition survey planned for 15th October 2011

Legend: ✅ Standard reached   ⚠️ Standard borderline   ❌ Standard not reached   ❓ Data unreliable   ℹ️ Indicator cannot be calculated   n/a Data not available   - Data not applicable

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Contact Information	**Dollo Ado**	Name: Dr Allen Maina		**Addis Ababa**	Name: Dr Mohamed Qassim
		Email: mainaa@unhcr.org			Email: qassimm@unhcr.org
		Phone number: +252 699 779 859			Phone number: +251 922 526 839

UNHCR
The UN Refugee Agency

Public Health

Health Impact

	№	Indicator	Emergency Standard	
Crude Mortality Rate (/10,000/day)		0.4	< 1	?
Under-five Mortality Rate (/10,000/day)		0.8	< 2	?
Infant Mortality Rate (IMR) (/1000 livebirths)		n/a	< 60	i
Neonatal Mortality Rate (NNMR) (/1000 livebirths)		n/a	< 40	i
Global Acute Malnutrition Rate (%)		37%	< 10%	✖
Severe Acute Malnutrition Rate (%)		16%	< 2%	✖

Access and Utilisation

	№	Indicator	Emergency Standard	
No. of health facilities	1	1 : 25,831	1 : <10,000	✖
No. of consultations per trained clinician per day		86	< 50	✖
Health Utilization Rate (new visits/person/year)		2.1	1 - 4	✔

Outbreak Alert and Response

	Indicator	Emergency Standard	
Number of outbreaks reported	0		
% of outbreaks investigated < 48 hours	-	100%	

EPI and Vitamin A

	Indicator	Emergency Standard	
Measles vaccination coverage	85%	> 95%	⚠

Supervision

	Indicator	Emergency Standard	
Do regular camp coordination meetings take place?	Yes	Yes	
Were any drug shortages reported during the period?	No	No	

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	3		212			2			214		
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	100%	> 75%	75%	> 75%	⚠	20%			76%	> 75%	✔
Death rate	0%	< 3%	0%	< 10%	✔	40%			2%	< 10%	✔
Default rate	0%	< 15%	0%	< 15%	✔	40%			22%	< 15%	✖
Referral rate	0%					n/a			0%		
Non-cured rate	0%		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

Maternal and Newborn Health

	№	Indicator	Emergency Standard	
No. of basic EmOC facilities	1	1 : 25,831	1 : <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)		0.5		
Coverage complete antenatal care (> 4 visits)		6%	> 90%	✖
% deliveries performed by caesarean section		0%	5 - 15%	✖
% deliveries attended by skilled personnel		18%	≥ 50%	✔
% low birth weight deliveries		12%	< 15%	✔

Sexual and Gender-based Violence

	№	Indicator	Emergency Standard	
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

	Indicator	Emergency Standard
Condom distribution rate	n/a	> 0.5
% of blood units screened for HIV	n/a	100%

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

Community Health Activities

	Indicator	Emergency Standard
No. of health education and hygiene sessions conducted	-	
No. of sanitation campaigns conducted	-	
No. pregnant women who received clean delivery kit	-	
No. of complicated medical cases identified	-	
% of complicated medical cases referred	-	≥ 90%

Water, Sanitation and Hygiene

	Indicator	Emergency Standard	
Avg quantity of potable water / person / day (litres)	15	> 10	✔
No. of persons per usable water tap	170	< 250	✔
No. of persons per drop-hole in communal latrine	49	≤ 50	✔
% of population living within 200m from water point	146%	100%	✔
% 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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