

Sector overview

The Public Health strategy envisions a country where refugees, and host community of all ages have healthy lives in which their well-being is promoted in line with Sustainable Development Goal 3. Refugee health services are delivered in line with the Uganda Health Policy, Uganda Health Sector Development plan II, Health Sector Integrated Refugee Response Plan, the 2017 World Health Assembly (WHA) resolution 70.15 and comprehensive refugee response framework and Uganda pledges to Global Refugee Forum.

Analysis of results

During the quarter, refugees accessed health services at 89 static health facilities and outreach posts. The response continued to receive new arrivals with the majority from DRC. 1,548 children and 644 pregnant and breastfeeding women were identified with malnutrition and treated successfully across the active transit and reception centers receiving new arrivals. High GAM levels were reported specifically among new arrivals at critical levels ( $\geq 15\%$ ) in 4 of the 5 transit/reception centers, with only Kiryandongo RC at 11.5%. To prevent further deterioration of the nutrition status at transit centers and reception centers, blanket supplementary feeding was activated in Nyakabande, Kabazana, and Matanda, reaching 8,885 children and 2,424 women. 13,434 children received measles vaccinations on arrival.

Three active outbreaks were responded to; Mpox outbreak continuing from last year with 3active cases in Kiryandongo and a cumulative total of 19 cases and no death, Cholera outbreak in Kiryandongo settlement with 45 refugee cases and 2 deaths , Measles outbreak with 8 active cases in Kiryandongo (7) and Nyakabande (1) who were successfully treated

A total of 477,273 (358,815 refugees,118,458 nationals) accessed OPD services, 35,545 admissions (21,745 refugees, 13,800 nationals), 14,672 live births (8,290 refugees, 6,382 nationals) with skilled deliveries at 99% compared to the 97% achieved in Q4 2024. 21,949 children received lifesaving vaccinations (11,777DPT3, 14,681OPV3, 21,049measles,) while 4,457 malnourished children (77.4% refugee, 22.6% national) and 1,430 malnourished pregnant and breastfeeding women (74.5% refugee, 25.5% national) were identified and enrolled for treatment across all the refugee settlements.

As a result of these lifesaving interventions, the under-five and crude mortality rates reduced from 0.09 in Q4 of 2024 to 0.08 in Q1 of 2025. Consultations per clinician per day reduced from 56 in Q4 2024 to 43 in Q1 2025 corresponding to the reduction in the number of malaria cases seen at the facilities because of the community health interventions.

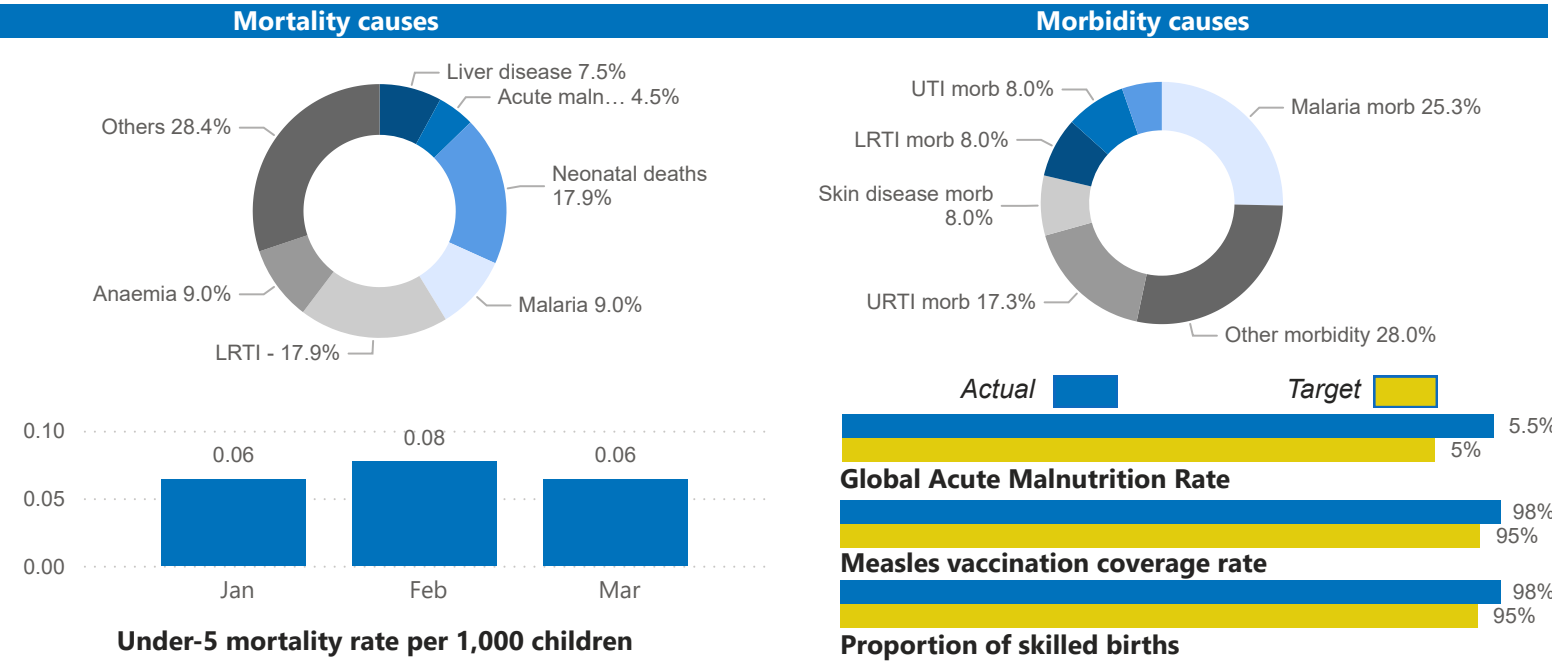
The health sub program integrated refugee response plan II consultations continued with key stakeholders engaged to make input to the draft.

The Key challenges

- Reduced funding to UNHCR and partners impacted health response activities with human resources, medicines and supplies availability significantly impacted.
- A significant increase in the number of asylum seekers received at transit centers and reception centers, especially those receiving the DRC caseload, further elevating the health and nutrition needs.
- Withdrawal of therapeutic supplementary feeding programme implementation in 8 settlements and maternal child health nutrition programme closure in all locations, compounded by critical levels of malnutrition have been reported in Q1 at these transit centers and reception centers.
- Increased number of outbreaks, Cholera, MPox and measles strained the already limited resources available

The Sector Priorities for Q2 2025

- Continuity of TSFP for new arrivals on treatment upon departure from the reception centers to their locations of settlement
- Outbreak response for cholera, measles, Mpox
- Finalization of the HSIRRP II





# Health & Nutrition Dashboard

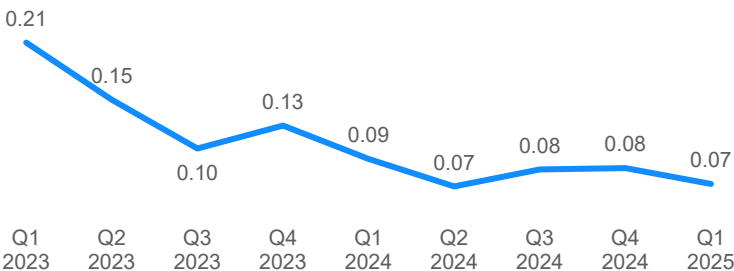
## Uganda Refugee Response Plan (RRP) 2024-2025

Reporting Quarter

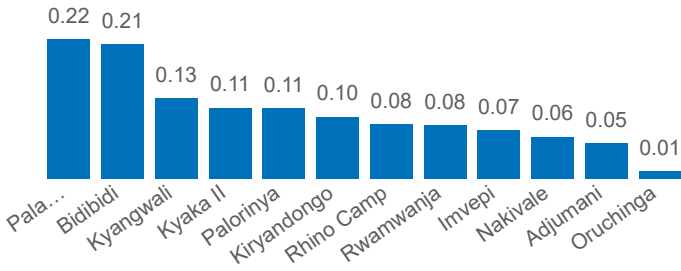
All

### Key sector achievements

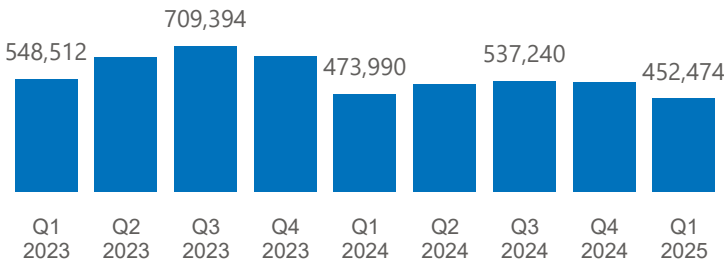
Under 5 mortality rate (<1.5 deaths/1000 population)



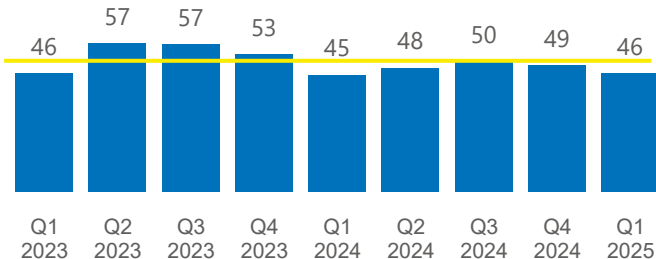
Under 5 mortality rate (<1.5 deaths/1000 population)



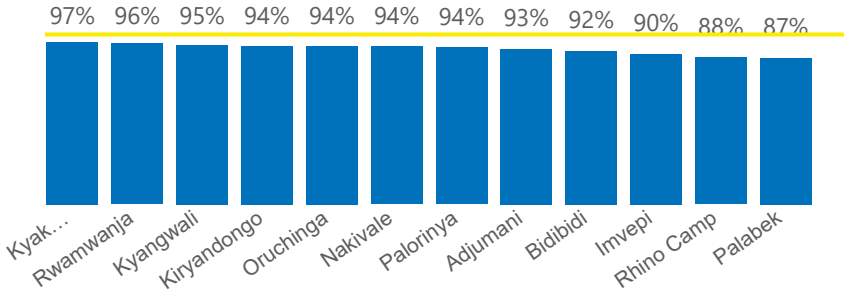
Number of Consultations



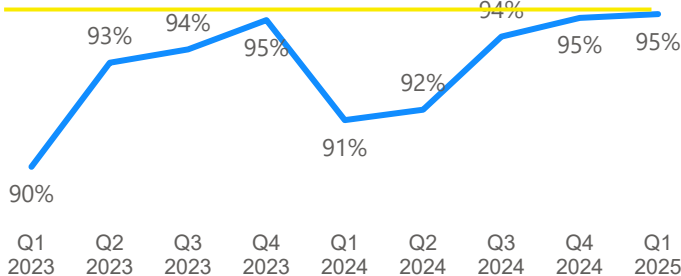
Consultation/Clinician/Day



Viral load suppression rate



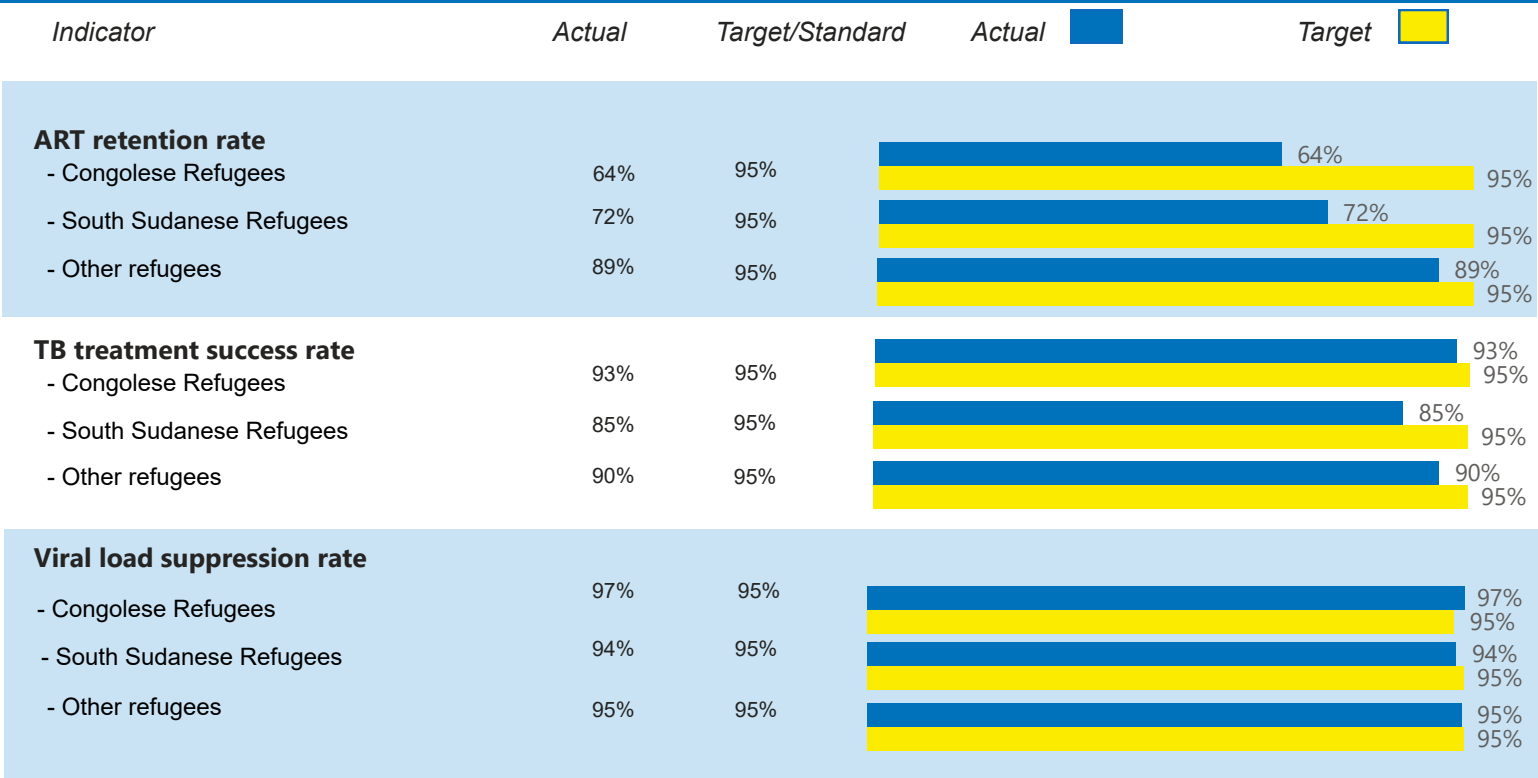
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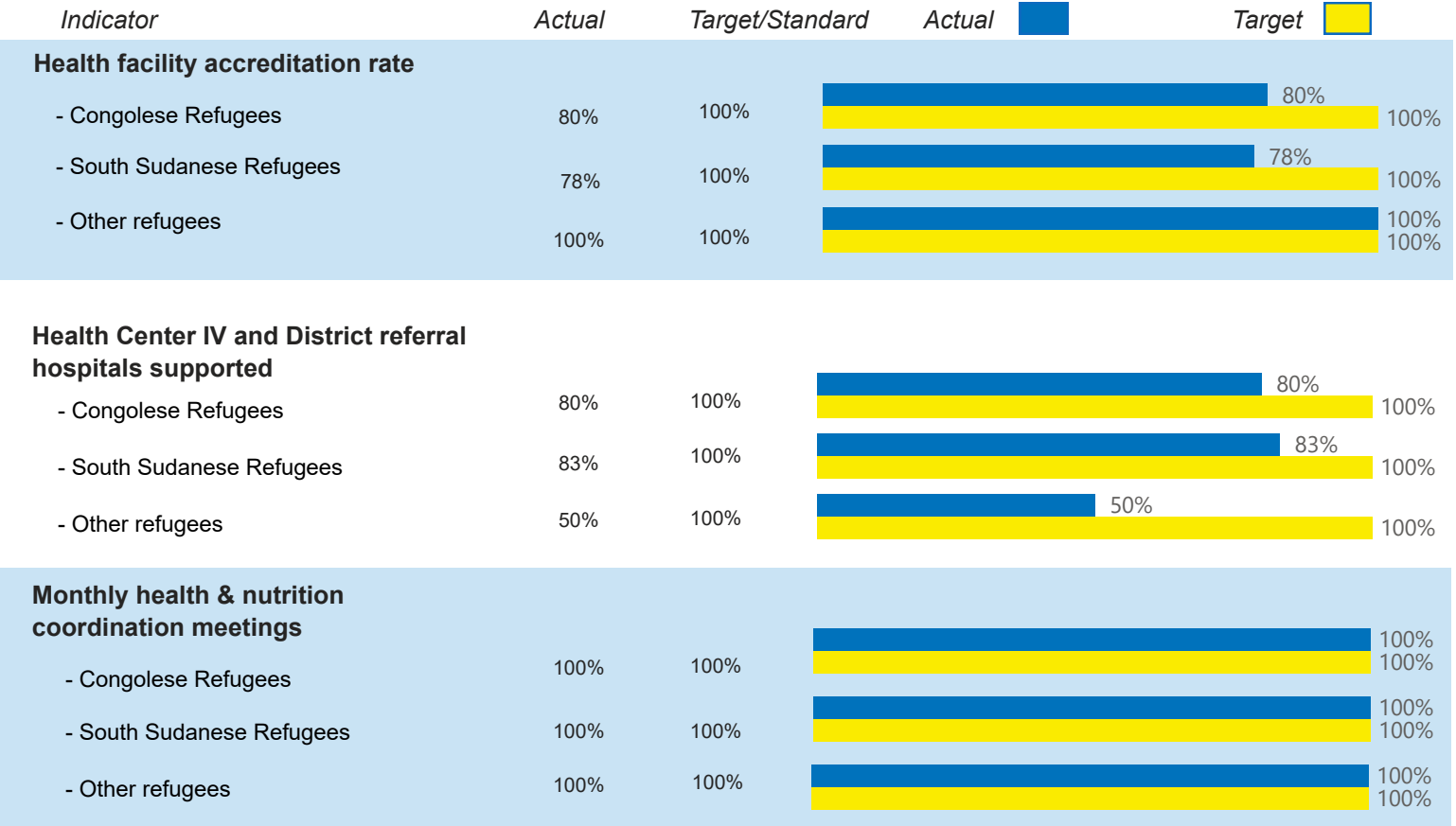
### OUTCOME 1: Improved access to adequate preventive, promotive and curative services for communicable and non communicable diseases

Indicator	Actual	Target/Standard	Actual	Target
Under-5 mortality rate per 1,000 children per month				
- Congolese Refugees	0.11	1.5	0.11	1.50
- South Sudanese Refugees	0.12	1.5	0.12	1.50
- Other refugees	0.05	1.5	0.05	1.50
Global Acute Malnutrition rate				
- Congolese Refugees	1.9%	5%	1.9%	5%
- South Sudanese Refugees	8.3%	5%	8.3%	5%
- Other refugees	2.6%	5%	2.6%	5%
Consultations per clinician per day				
- Congolese Refugees	67	50.0	67	50
- South Sudanese Refugees	49	50.0	49	50
- Other refugees	46	50.0	46	50

OUTCOME 2: Improved HIV-TB prevention, care and treatment services



OUTCOME 3: Strengthening the national health care system capacity to cope with the increasing demand for health services by refugees and host population.



  
Funding

\$105M  
Total required

\$45M  
Received

\$60M  
Gap

## Operational presence - Health & Nutrition partners - 67

**Primary Health Care - 16**  
**Surveillance - 3**  
**ASRH & GBV - 11**

**Nutrition & food security - 20**  
**Mental Health & Psychosocial support - 5**  
**HIV & TB - 2**

**Health systems strengthening - 2**  
**Coordination & Supervision - 5**  
**Referral services - 6**

