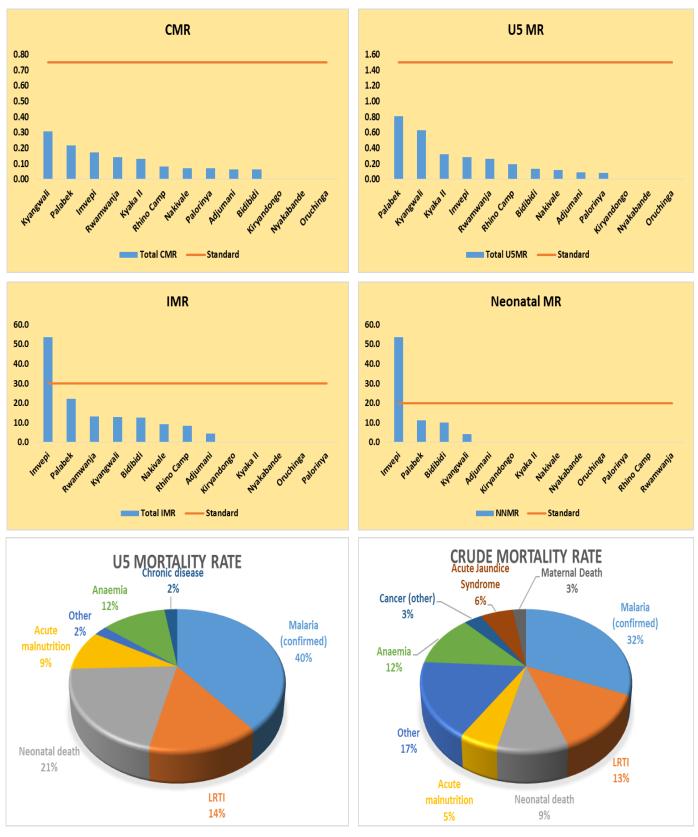


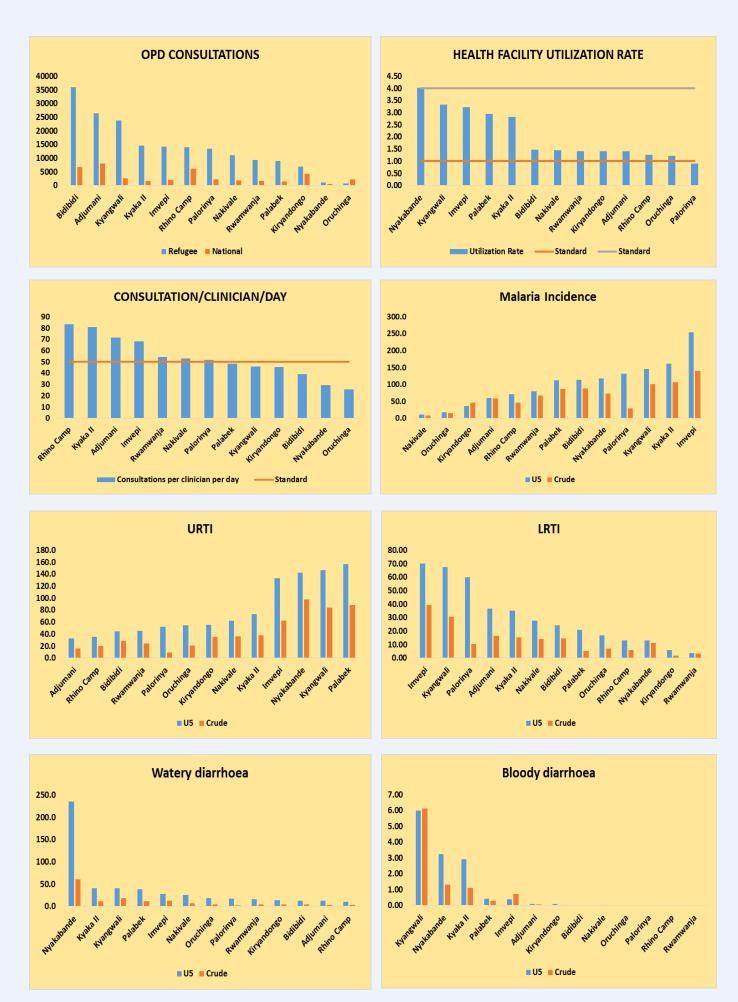
Mortality section

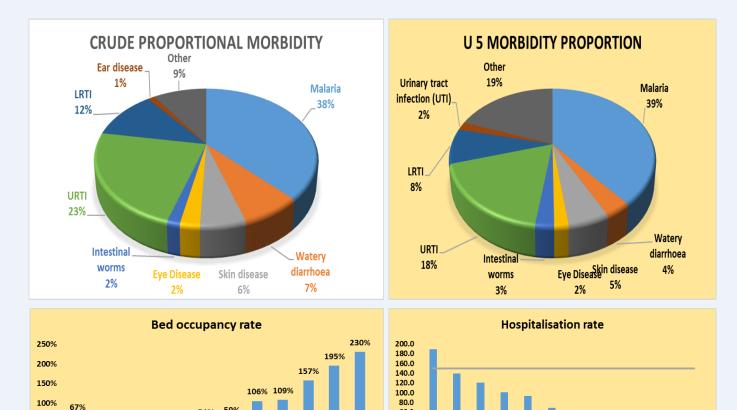


Notes:

- Top mortality causes are Malaria(32%), LRTI(13%), Neonatal death(9%), Anaemia(12%) and Acute malnutrition(5%)
- Invepi settlement had high Infant and Neonatal mortality rates above the standards of 30 for IMR and 20 for NNMR
- All other mortality indicators including Crude mortality rate and Under 5 mortality rates are within acceptable ranges

Morbidity section





• A total of 221,286 consultations were made with 81% refugees and 19% Nationals with an average consultation/ clinician/day at 54 against a standard of 50 per clinician per day. Rhino camp settlement had the highest consultation/clinician per day at 84.

60.0

40.0

20.0

0.0

lospitalisation rate

Standard

Standard

- Top morbidity conditions were malaria (38%), URTI(23%), LRTI(12%), Watery diarrhea(7%) and skin diseases(6%).
- A mass nutrition assessment was conducted in Kyangwali settlement and a total of 7,911children under 5 were screened for malnutrition out of which GAM was at 2.7 and SAM and 0.7 and the malnourished children were provided with care and treatment.

Surveillance

50%

0%

Key updates

34% 34% 38%

Bed occupancy

Kirps

Standard

- **Rift Valley Fever:** A total of 29 cases have been registered in Isingiro district with 20 suspected cases, 1 probable and 8 confirmed cases. 8 deaths have been registered at the health facilities in Isingiro district where Nakivale and Oruchinga settlements are located.
- Measles: 134 measles cases reported in the month of July bringing the total to 454 since January 2018. no death has been registered due to measles. Intensified measles vaccination has been conducted in Nakivale and Oruchinga and will be escalated to all the affected settlements.
- **Ebola:** Ebola preparedness response plan has been instituted with UNHCR being part of it. Daily surveillance and house to house case detection is taking place in refugee settlements hosting Congolese and no case has been reported yet. Coordination, social mobilization, case management and surveillance systems have all been put in place.
- Cholera: No case has been reported for over 2 months now and the outbreak has been closed with evaluations taking place. During the outbreak, a total of 2120 cases were registered with 44 deaths in Kyangwali settlement, Hoima district. In Kyaka II settlement, 132 cases with 1 death(s) were registered. Mass oral cholera vaccination was administered to all refugees in Kyangwali settlement.

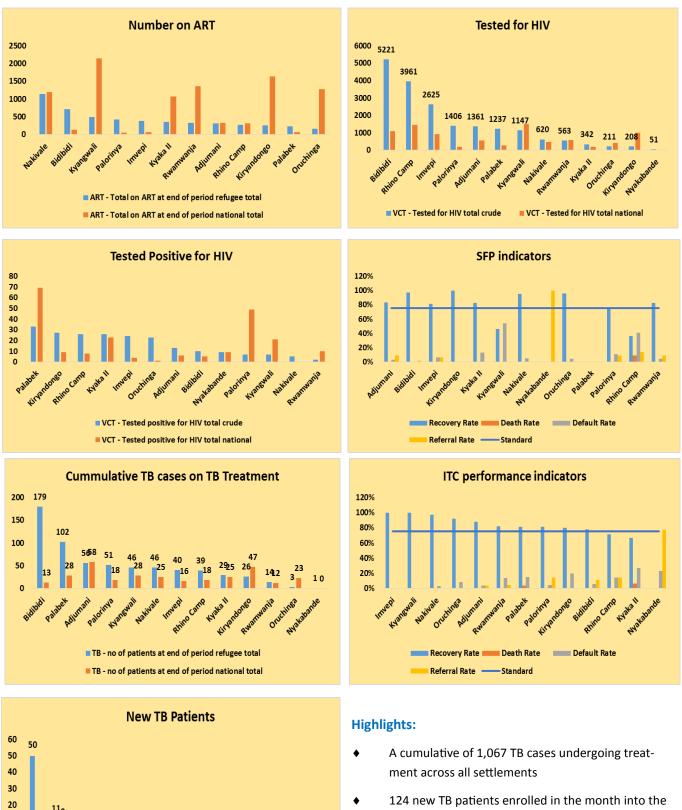
HIV/AIDs & Tuberculosis

10

0

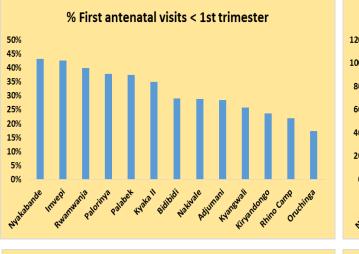
TB - no of new cases in program refugee total

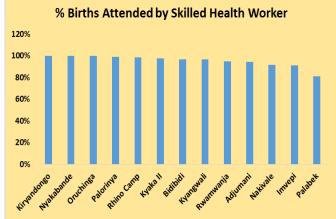
TB - no of new cases in program national total

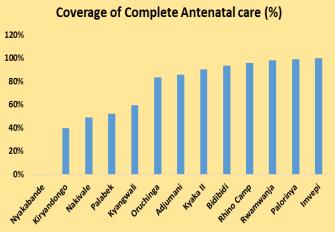


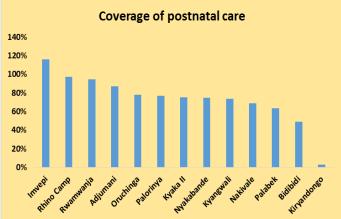
- TB treatment programme
 Bidibidi registered the highest enrollment into TB
- Bidibidi registered the highest enrollment into TB treatment during the month
- 27638 tested for HIV out of which 426 were positive and were linked to care and treatment
- Cumulatively, there are 14,732 on Art of which 35% are refugees and 65% are nationals on ART in the refugee settlement health facilities

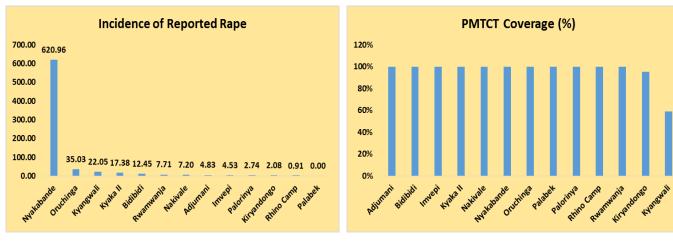
Reproductive Health











- High incidence of reported rape in Nyakabande at 620 which is an entry point at the boarder of Uganda and DRC
- Low proportions of first antenatal care visits within first trimester with an average of 32%
- PMTCT coverage low in Kyangwali and Kiryandongo where as all the other settlements had 100% score. This brings the average PMTCT score to 80%
- Skilled deliveries stood at 94% over all in the refugee settlements with Palabek settlement with the least scores
- Out of all the deliveries, 80% had completed all the scheduled antenatal visits
- A total of 3249 deliveries registered in July 2018 of which 63% were refugees bringing a total of 22262 since Jan 2018 with a proportion of 63% refugees

Notes:

The data used here are extracts from the monthly reports which are compiled by health facilities and submitted to Ministry of health—Uganda.



For more help & support, please contact;

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