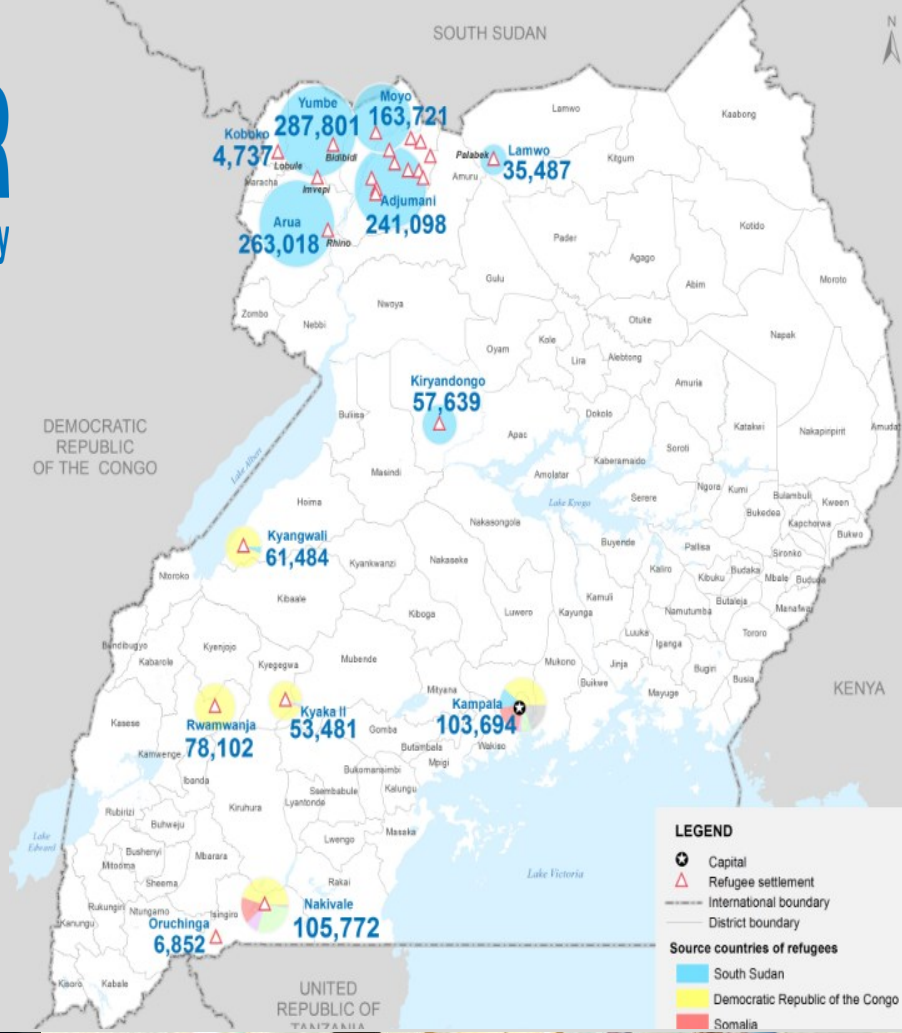




UNHCR
The UN Refugee Agency

REFUGEE SETTLEMENTS HEALTH INDICATORS ANALYSIS MAY, 2018

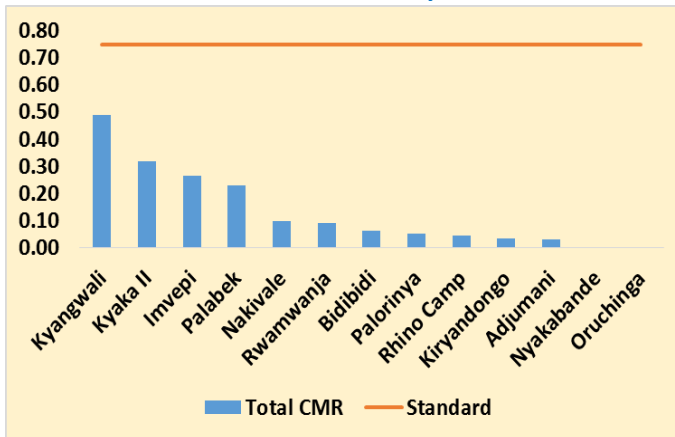
UGANDA



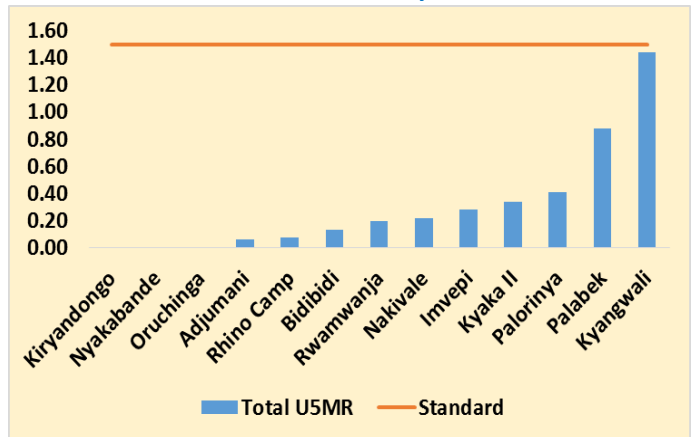
Health status of the population

Mortality

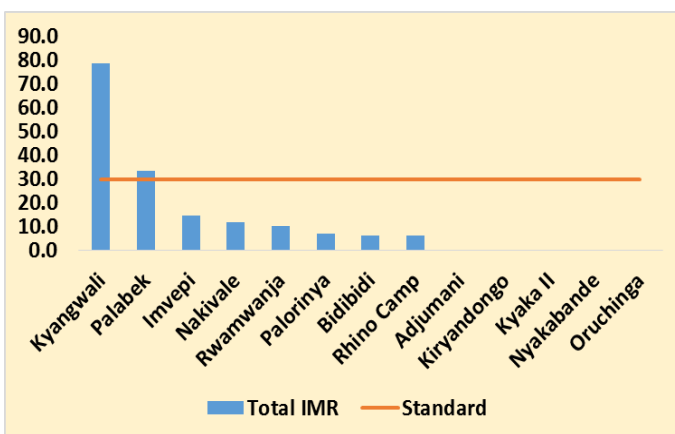
Crude mortality rate



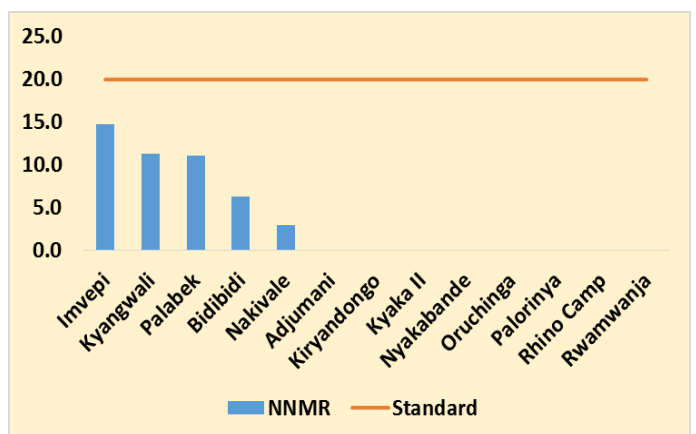
Under 5 mortality rate



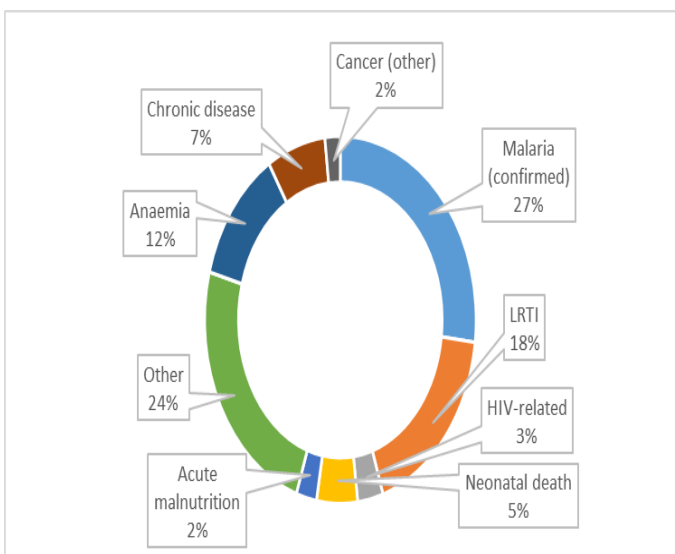
Infant mortality rate



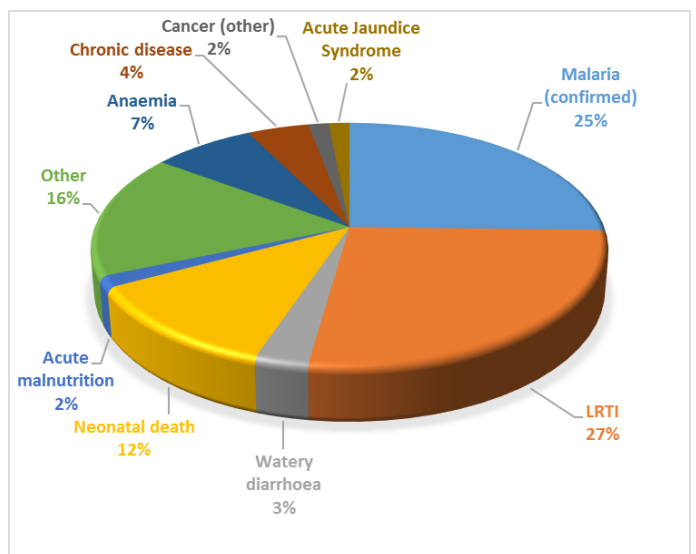
Neonatal mortality rate



Under 5 proportional mortality

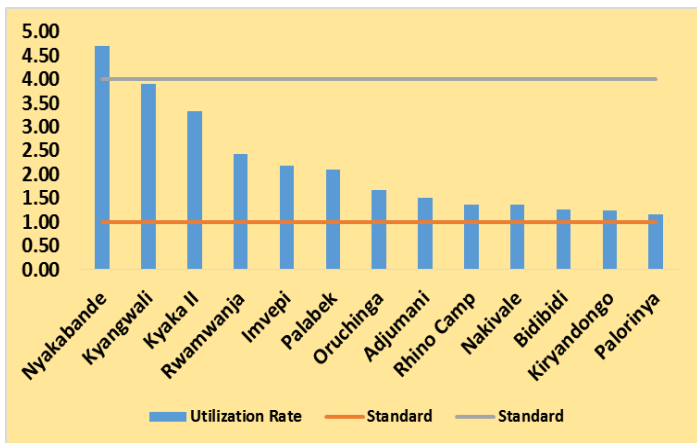


Under 5 proportional mortality

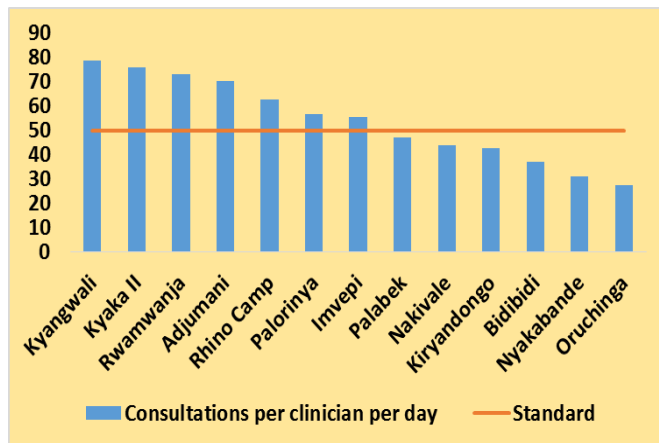


- ◆ High mortality rates registered in Kyangwali due to; limited access to health care services for new arrivals, limited access to In-patient services and weak VHT/community health services in identifying and referring patients to the health facilities.
- ◆ These have been addressed by establishing and equipping an In-patient ward which is accessible, adequate number of VHTs have been recruited, trained and equipped to ensure early identification and referral of patients. Line listing of all cases of disease and deaths is being done to ensure prompt follow up and actions and each household is attached to a VHT to ensure routine health monitoring

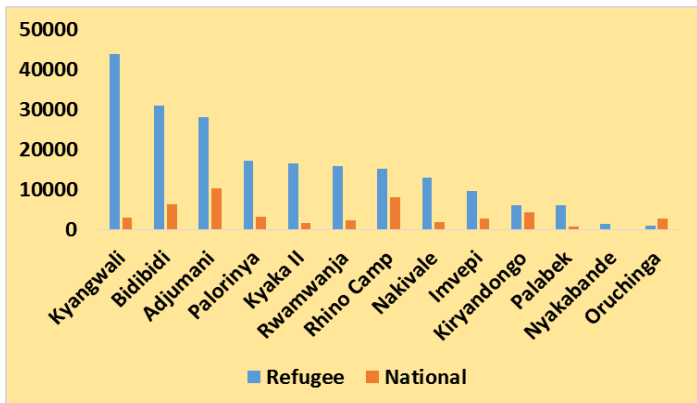
Health facility utilization rate



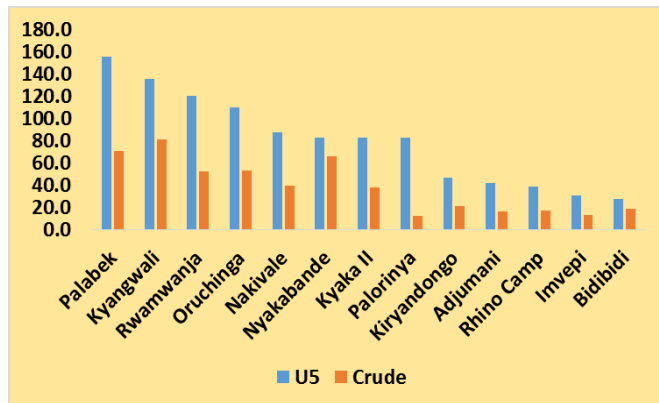
Consultations/Clinician/Day



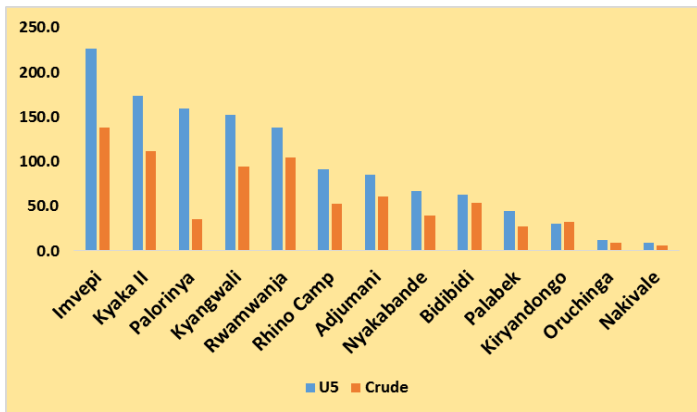
OPD Consultations



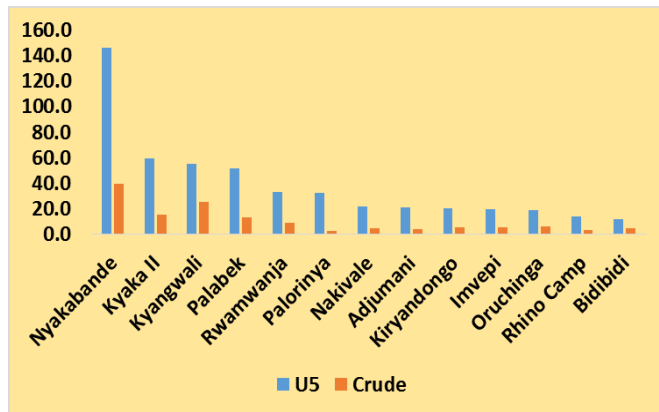
URTI incidence



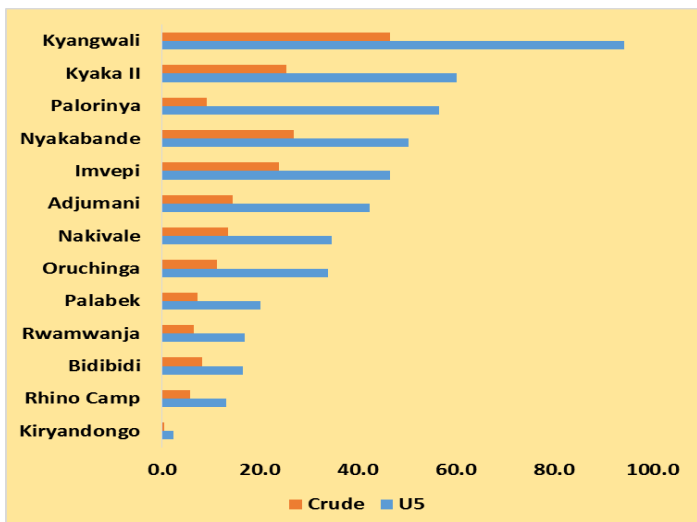
Malaria incidence



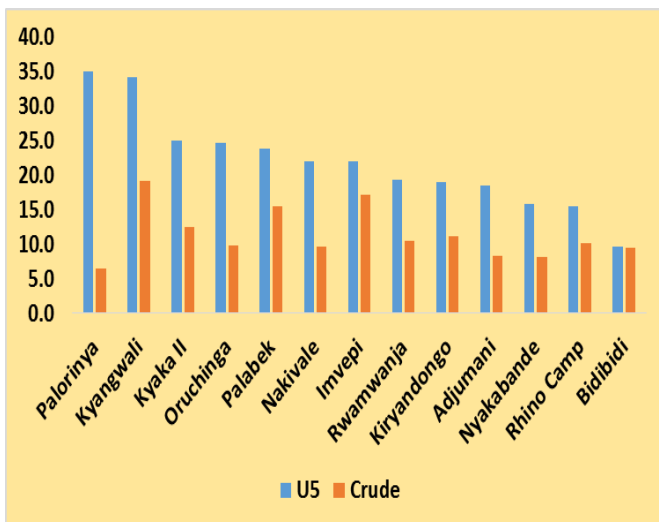
Watery diarrhoea incidence



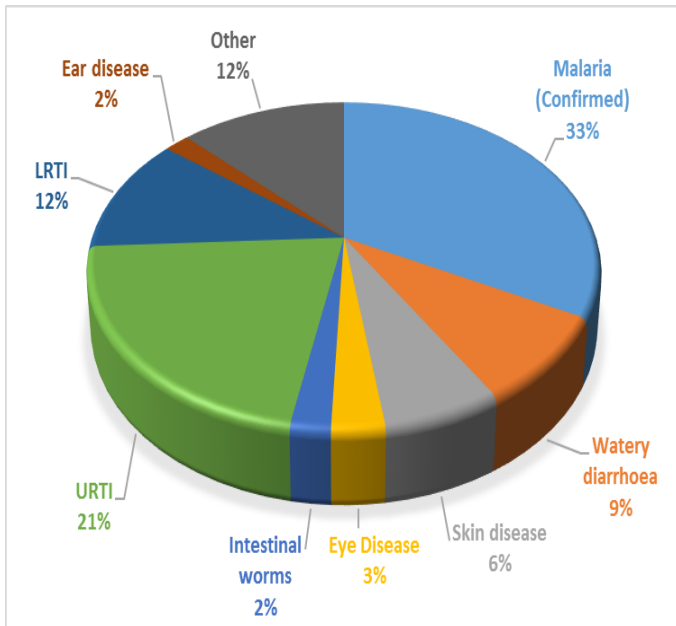
LRTI incidence



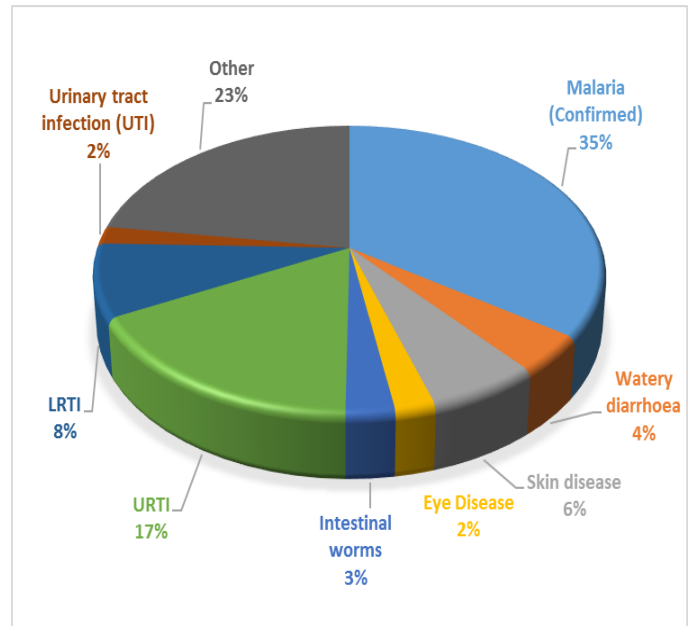
Skin diseases incidence



Under 5 proportional morbidity



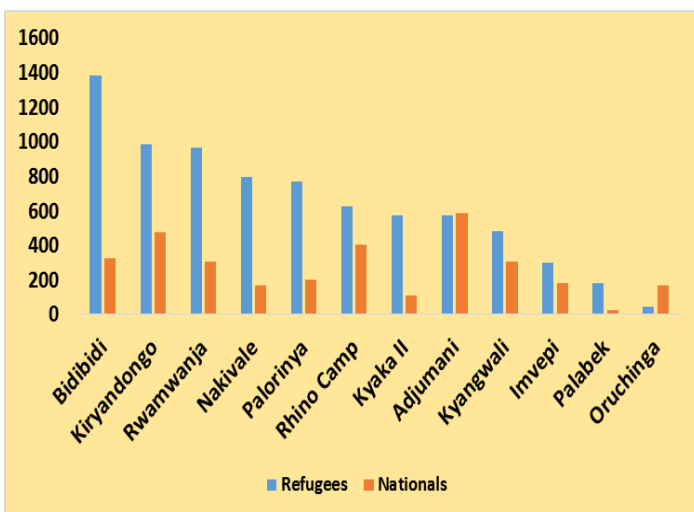
Crude proportional morbidity



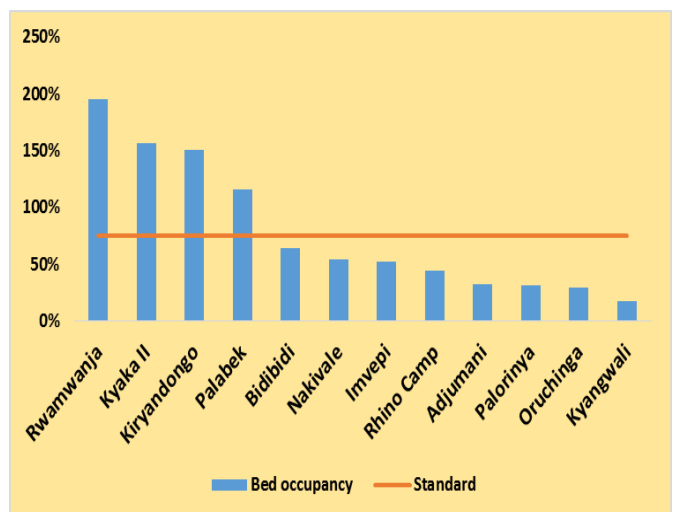
Integrated Disease Surveillance

- ◆ Community surveillance has been stepped up following an outbreak of Ebola in the neighboring DRC but no case of VHF has been detected with one suspect reported from Rhino camp but the UVRI test results were Negative
- ◆ Since the outbreak of Bloody diarrhoea in Kyangwali in the 8th week of 2018, a total of 3746 cases have been registered in the settlements with the major causes being Shigella and Schistosomiasis. Water points were treated, water guards provided to households, increase in latrine coverage in the settlements to reduce the burden. Vector Control Division is planning mass drug administration after assessment of prevalence.
- ◆ Animal bites were reported from Kiryandongo(12), Kyaka II(1), Palabek(2), Nakivale(2) and Rwamwanja(3) settlement in the month of May 2018. Stray dogs were killed, families with domesticated dogs were sensitized and dogs vaccinated.
- ◆ 1 TB MDR case was reported in Palorinya settlement. Contacts were traced and assessed for Tuberculosis while sensitization was done
- ◆ 1 Cholera case was registered in May 2018 in week 19 in Kyangwali settlement but since then no case has been reported
- ◆ There are reported measles outbreaks in 36 district of which 7 are refugee hosting. In the settlements we have reported Nakivale (13), Rwamwanja (19), Kiryandongo (29), Kyaka,(22) Rhino camp(2), Imvepi(2) and Bidibidi(7). The routine vaccination has been intensified in the refugee settlements, and a multi-antigen campaign is planned by MoH, UNHCR, WHO and UNICEF

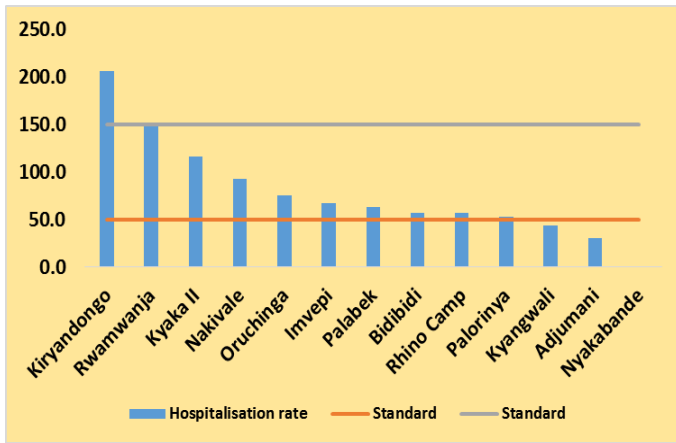
IPD Admissions



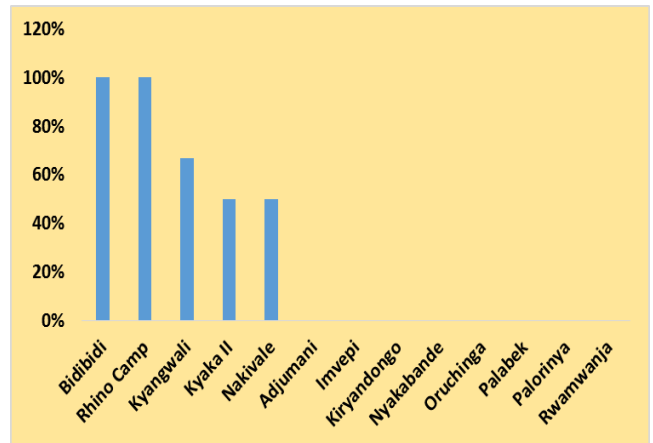
BED Occupancy rate



Health facility utilization rate

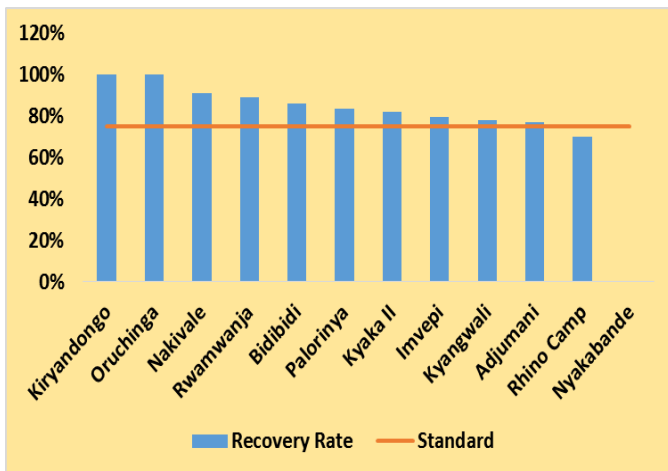


% US Deaths < 24 hours

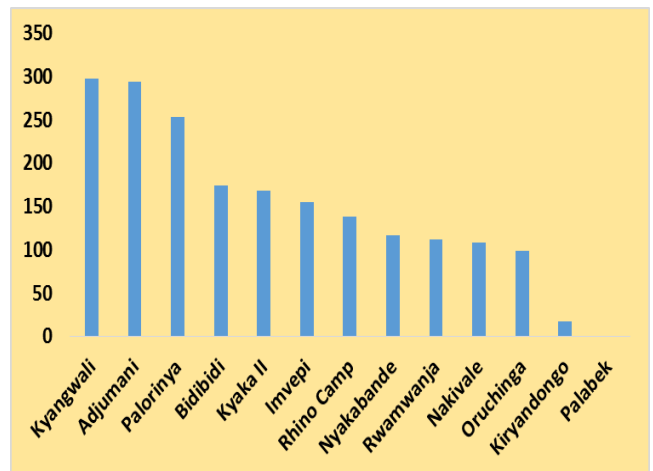


Nutrition status of the population improved

SFP recover rate



SFP Admissions



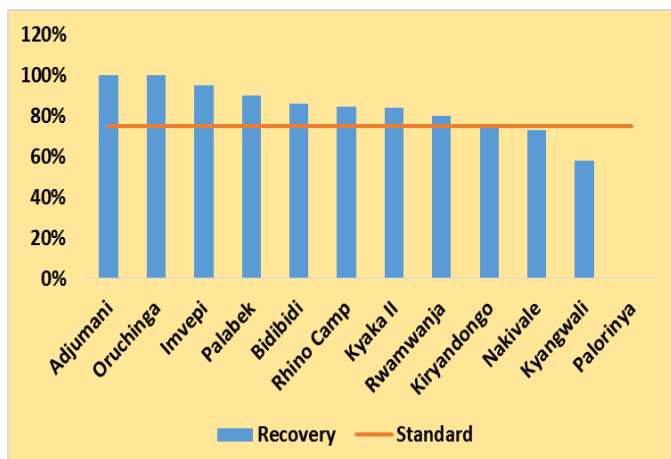
Supplementary feeding Programme

- ◆ A total of 1936 were enrolled into the supplementary feeding programme in May 2018
- ◆ 1561 were exited from the programme of which 75.5% were discharged cured compared to the sphere standard of 75%, 0.1% were discharged dead, 12.6% defaulted and 11.8 were referred to other secondary and tertiary health facilities
- ◆ One death was registered in Palorinya settlement during the implementation period

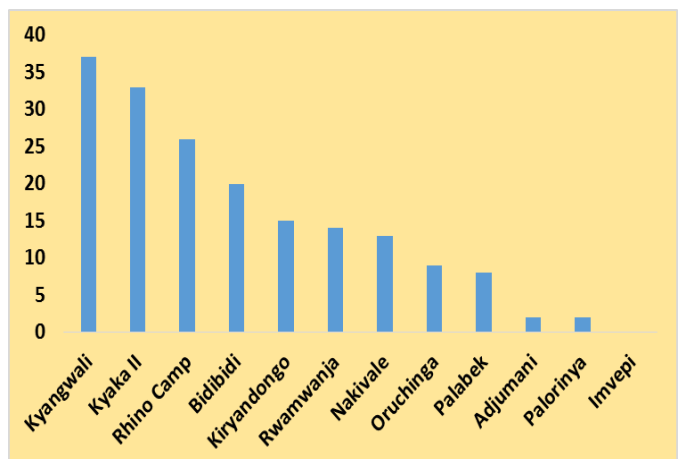
OTC

- ◆ A total of 179 children under 5 years were admitted in OTC while 140 were exited from the programme
- ◆ Out of the 140 exits, 79% were successfully treated, 4% died, 4% defaulted while 12% were referred to secondary and tertiary health facilities

OTC recovery rate/successful treatment

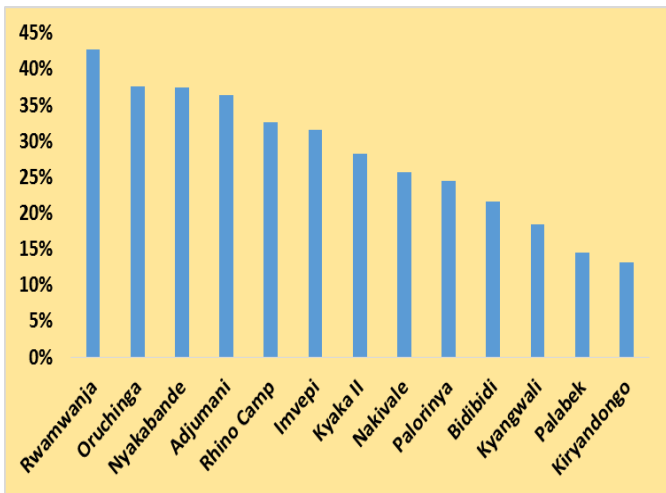


OTC Admissions

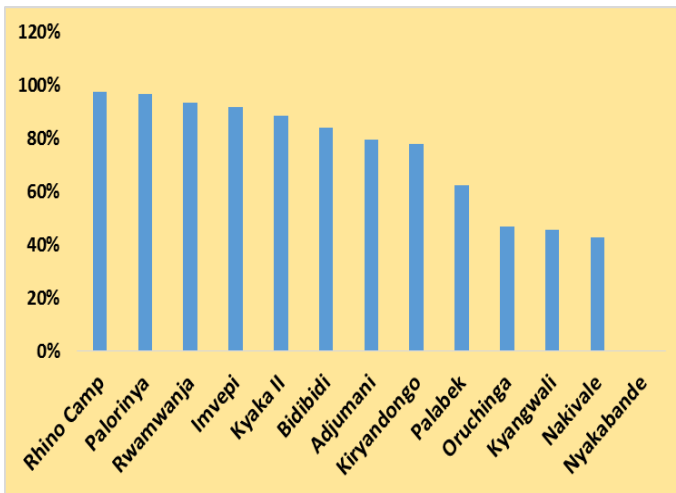


Reproductive Health & HIV services improved

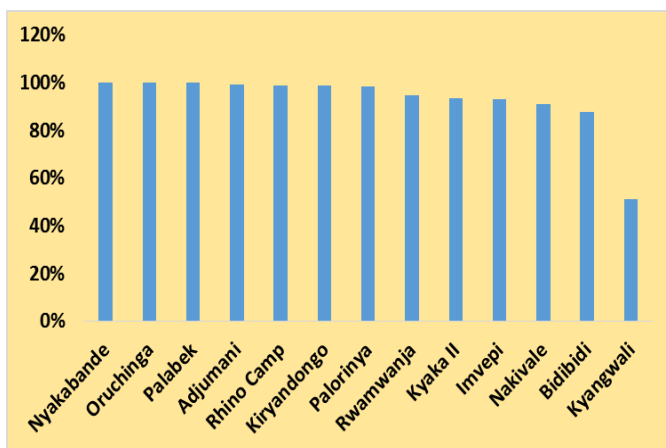
% First antenatal visits < 1st trimester



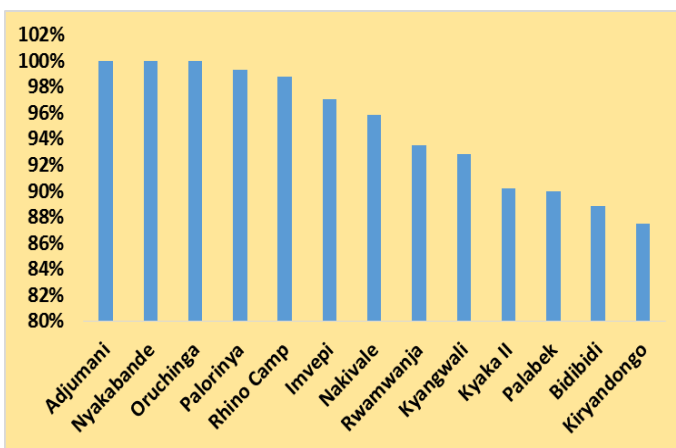
Coverage of Complete Antenatal care (%)



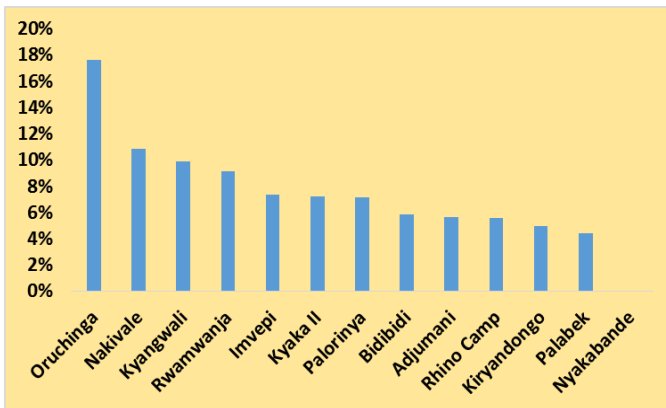
Coverage of IPT for Malaria in Pregnancy



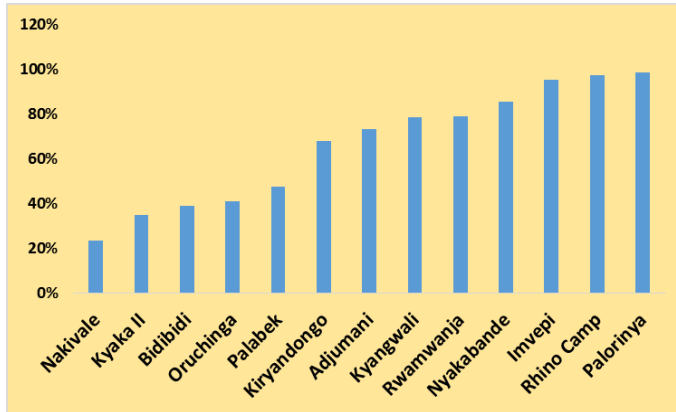
% Births Attended by Skilled Health Worker



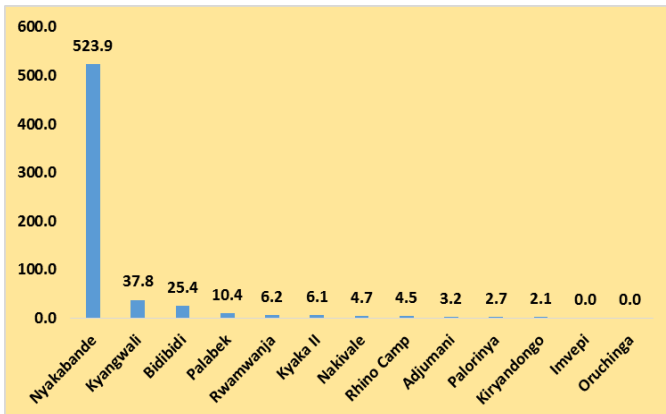
% of deliveries by C-section



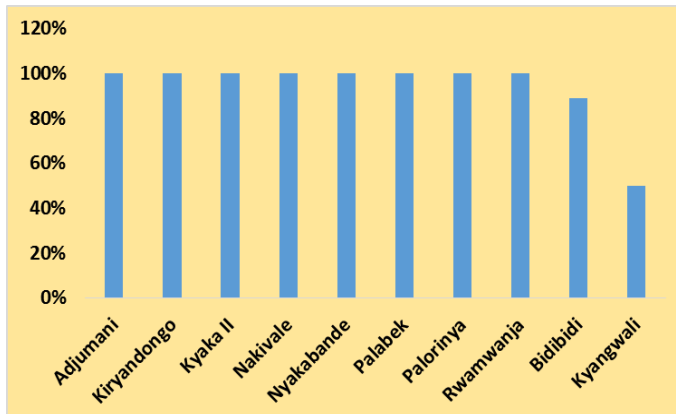
Coverage of postnatal care



Incidence of Reported Rape

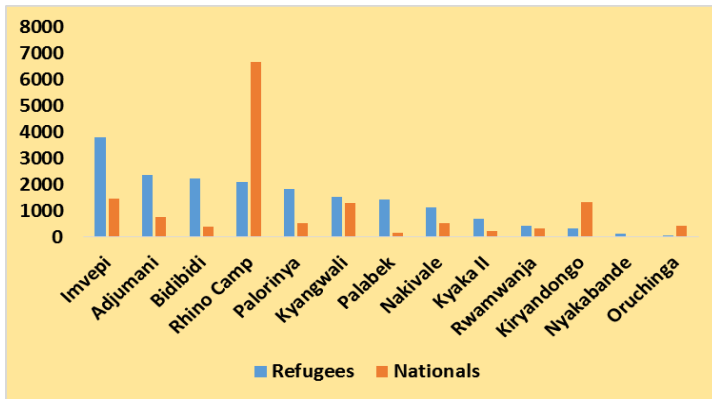


% who received PEP <72 hrs

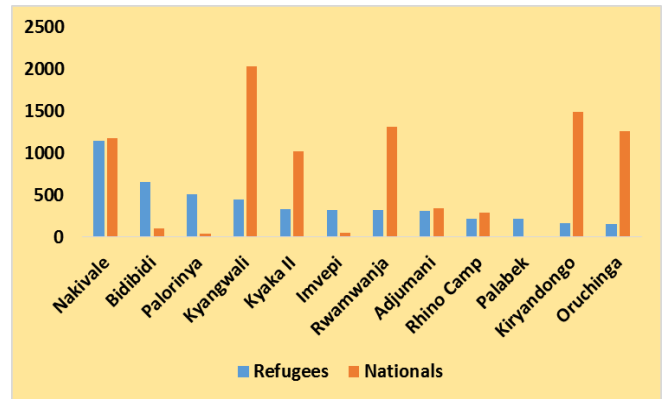


HIV/AIDs & Tuberculosis

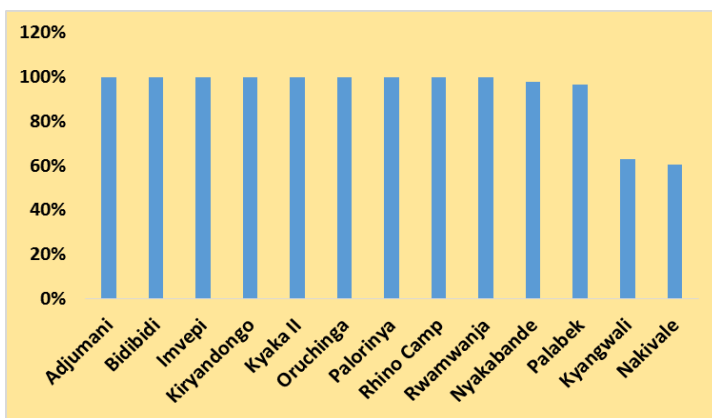
Number tested for HIV



Number cumulative on ART



PMTCT Coverage (%)



HIV services

- ◆ A total of 32,281 were tested for HIV and 442 turned HIV positive and were all linked to care & treatment
- ◆ PMTCT services are provided to all pregnant mothers attending ANC , delivering and during postpartum
- ◆ Condoms and also distributed alongside safe medical male circumcision as measures of preventing HIV transmission

Challenges & gaps

- ◆ Inadequate supply of HIV test kits that has hindered HIV testing services across settlements in Uganda
- ◆ Insufficient infrastructure including staff accommodation with an average of 2 staff sharing one room
- ◆ Delay/Lack of accreditation of health facilities by ministry of Health that hinders health service provision

Notes:

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



For more help & support, please contact;

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