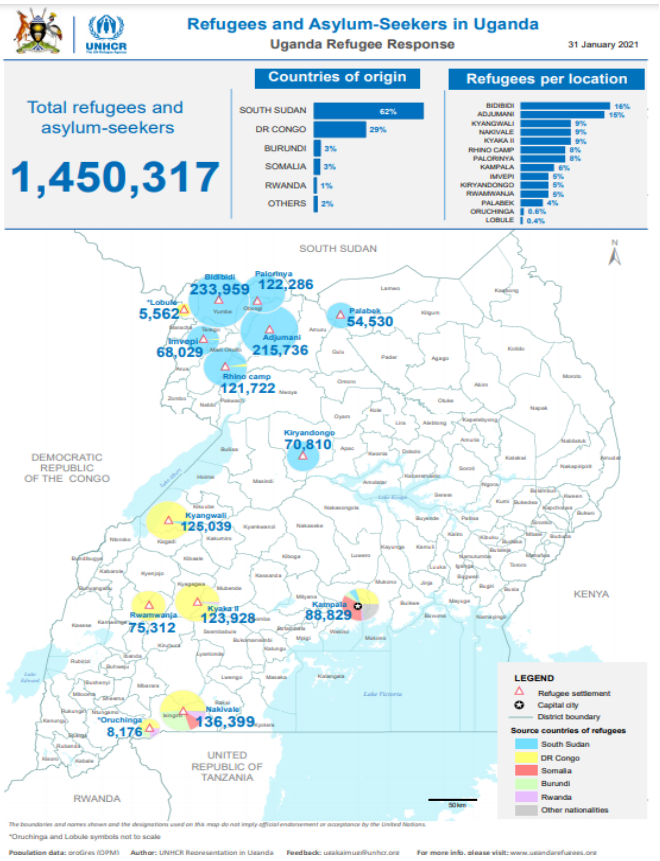
Refugee Health & Nutrition report

Uganda—Q1 (Jan to March 2021)



Health & Nutrition highlights

Food Security and Nutrition Assessment

UNHCR is in the final stages of concluding the 2020 Refugee Food Security and Nutrition Assessment and in the planning phase for the dissemination. Ministry of Agriculture Animal Industry and Fisheries (MAAIF) with support from MOH, UNHCR, WFP, FAO, and partners were engaged in the Integrated Food Security Phase Classification for Acute Malnutrition (IPC AMN) in all refugee settlements and Kampala. IPC AMN classifies regions based on their severity of acute malnutrition and projects the outlook based on key assumptions.

Public Health engagements

Ministry of Health, OPM and UNHCR held meeting with the districts from the South-West region to develop the district transition plan from NGOs partners to district local government. These transition plans are among the disbursement linked indicators for the World Bank supported UGIFT programme.

UNHCR Completed Urban Partner (AHA) 2020 end year monitoring exercise and shared report with the partner. Donor expenditure report on the Inter-government authority on development (IGAD) were submitted to UNHCR HQ

COVID-19 cases & vaccination

By end of March 2021, a total of 399 refugees had tested positive for COVID-19 since the start of the pandemic in March 2020. Of these, 8 died, 391 had been successfully treated with no active cases undergoing treatment. There is continued surveillance in the communities and sensitization.

A total of 1,185 health workers, 500 teachers, 999 refugees & 169 other humanitarian workers. Inorder to bring the services closer to refugees, health workers in the refugee settlements have been trained on the COVID_19 vaccination and supplies availed to the facilities.

Health & Nutrition key highlights

- A total of 519,062 consultations were made across all the health facilities in UNHCR operation in the refugee settlements of which 76% were refugees and 24% host population. The top morbidity causes were Malaria 23%, URTI 12%, LRTI 11%, Skin diseases 10% and Watery diarrhea 3.8%. On average, each refugee visited the health facility twice in the quarter and each clinician was seeing on average 46 patients per day which is above the recommended 50 patients per clinician per day
- There is an upsurge of malaria in the Mid-West and West Nile settlement that increased the number of consultations and workload at the health facilities. This partly contributed to increase in morbidity and mortality in the refugee settlements resulting from absence of blood.
- 24,200 admissions were made across all refugee settlements in Uganda from January to March 2021 of these 67% were refugees. Bed occupancy rate was at 61.4% below the standard of atleast 75%. Hospitalization rate was at 51% which is within the recommended standard of 50<=150 hospitalization
- Crude mortality rate stood at 0.1 (Standard: < 0.75) and Under 5 mortality rate was at 0.12 (Standard: <1.5) and are all within the normal ranges and within UNHCR acceptable standards. Major causes of Mortality were Malaria 21%, LRTI 20%, Acute malnutrition 5%, and diarrhoea at 6% among others.
- 16,819 pregnant mothers attended ANC for the first time and 16,146 (96%) of them were tested for HIV and got to know their HIV status. 10,020 live births registered with of which 65% were refugees and 35% host population. 94% had completed atleast 4 scheduled ANC visits by the time of delivery. Majority (96%) of these deliveries were conducted by skilled health workers at health facilities and 4% were reported to have delivered from home or on the way to the health facilities. Mean while, 12% of the deliveries were done by C-sections at Emoc facilities.
- 14,939 children were vaccinated against measles of which 68% were refugee children and 32% Nationals
- 28,619 were tested for HIV and 467 tested positive for HIV and were linked for care and treatment in the health facilities managed by UNHCR. Cumulatively, 17,579 HIV patients are being treated in the refugee settlements with 37% refugees and 63% host population
- 2 Monthly health and nutrition coordination meetings were held in all the locations co-chaired by the hosting districts and Ministry of Health

Summary of indicators

OPD consultations

Total OPD Consultations: 519,062

Refugees: 395,883 (76%)

Nationals: 123,179 (24%)

Consultation/Clinician/day: 46 (Standard: 50)

Top morbidity causes: Malaria: 23%, Skin diseases: 11%, URTI 12%

Disease surveillance and outbreak

COVID-19— Following the outbreak of COVID-19 pandemic in Uganda in March 2020, a total of 403 refugees have been tested positive of which 395 were successfully treated and discharged, 8 deaths were registered and no active patient undergoing treatment by the end of Q1 2021

In Patient department

- ***Total admitted:*** 24,200
- **Refugees:** 16,131 (67%)
- **Nationals:** 8,069 (33%)
- **Hospitalization rate:** 51% (Std 50—150)
- **Bed occupancy rate:** 61.4% (Std 75%)

Referrals & Mortality

- **Total referrals:** 7082
- **Crude mortality rate:** 0.1 (Standard: < 0.75)
- **Under 5 mortality rate:** 0.12 (Standard: <1.5)
- **Infant mortality rate**: 8.53 (Standard: <30)

Vaccinations

- **Measles:** 14,939 **Ref:** 68% **Nat:** 32%
- **Polio 3:** 14,469 **Ref:** 68% **Nat:** 32%
- **DPT 3:** 14,617 **Ref:** 67% **Nat:** 33%
- **TT :** 32,497 doses administered

Nutrition & Food security

- **Number moderately malnourished**: 2,244
- **Number severely malnourished:** 376
- **SFP recovery rate:** 89% (Standard >75%)
- **ITC recovery rate:** 84% (Standard >75%)

Reproductive health

- **Proportion of 1st ANC within 1st trimester:** 40% (Std 95%)
- **Proportion of Mothers tested for HIV in ANC:** 94% (Std 95%)
- **Skilled deliveries by health workers** 96% (Std 95%)
- **Complete ANC at delivery:** 94% (Std 95%)
- **Total number of live births:** 10,020
- **Live births—Refugees:** 6,556 (65%)
- **Live births—Nationals:** 3,464(35%)
- **Family planning: New users:** 8,045 **Repeat users:** 7,209

HIV/AIDs & TB

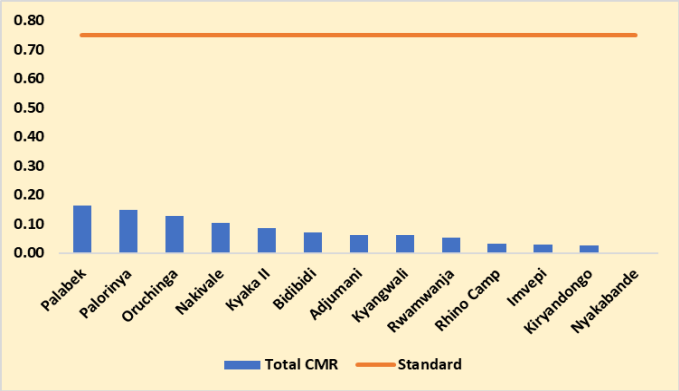
- **#Tested for HIV:** 28,619 **Ref:** 61% **Nat:** 39%
- **#New on ART:** 971 **Ref:** 51% **Nat:** 49%
- **#Cumulative on ART:** 17,579 **Ref:** 37% **Nat:** 63%
- **Condom distribution rate:** 0.16
- **New TB cases started on treatment:** 863 **Ref:** 70% **Nat:** 30%

Mortality

Driver for mortality in settlements are the increase in the malaria incidence, absence of blood at the regional blood banks. So far 8 deaths due to COVID-19 have been registered and 5 maternal deaths from Nakivale(2), Kyaka II(1), Kyangwali(1) and Imvepi(1). Death audits have been conducted to establish the causes of deaths for the neonatal and perinatal deaths.

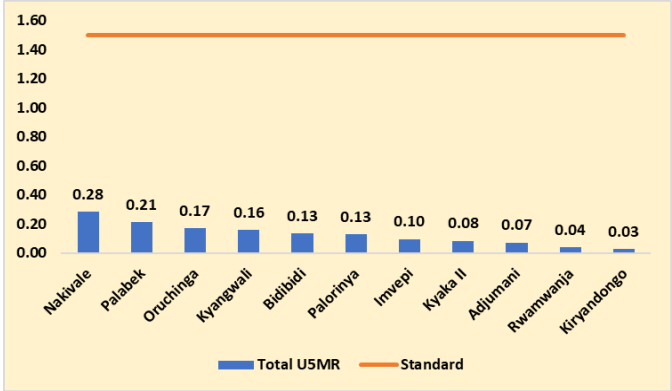
Crude Mortality rate

The number of deaths per 1,000 population across all settlements is at 0.1 which falls below the maximum standard of 0.75 death per 1000 population implying good health



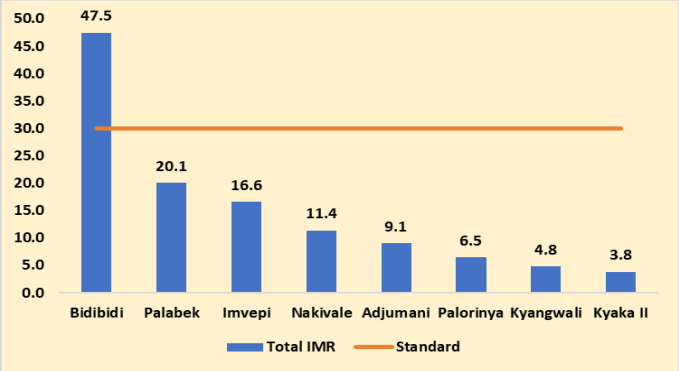
U5 Mortality rate

The number of deaths of children under 5 years per 1,000 population across all settlements is at 0.12 which falls below the maximum standard of 1.5 death per 1000 population implying good health status of the population of under 5 years



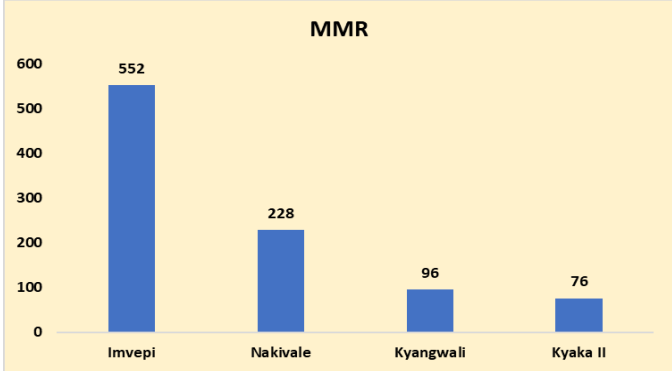
Infant Mortality rate

The number of deaths of children less than one year was at 8 deaths per 1000 live births registered which falls within the acceptable ranges of less than 30 deaths except Bidibidi were the rate was higher at 47.5



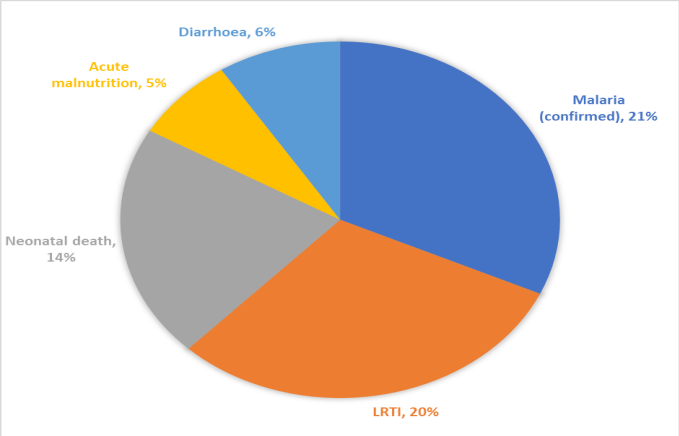
Maternal Mortality rate

A total of 5 maternal deaths have so far been registered by end of Q1 2021. these were from Nakivale(2), Kyaka II(1), Kyangwali (1) and Imvepi (1). The overall MMR is at 50/100,000 live births



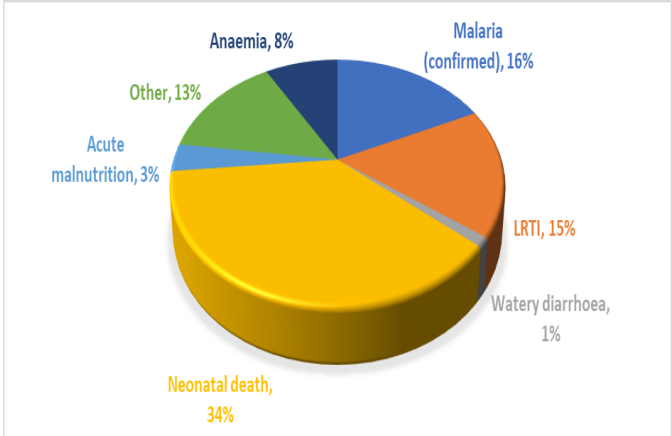
Crude mortality

For every 1000 population, 1 death is registered among the refugees in Uganda. . The top mortality cause is malaria at 23%, LRTI at 11% and malnutrition at 6.5% of the total causes of mortality



U5 mortality

For every 1000 population of children under 5 years, 1 death is registered among the refugees in Uganda. The top mortality cause is malaria at 29% , neonatal death at 13% and LRTI at 17% and acute malnutrition at 12%



OPD Consultation

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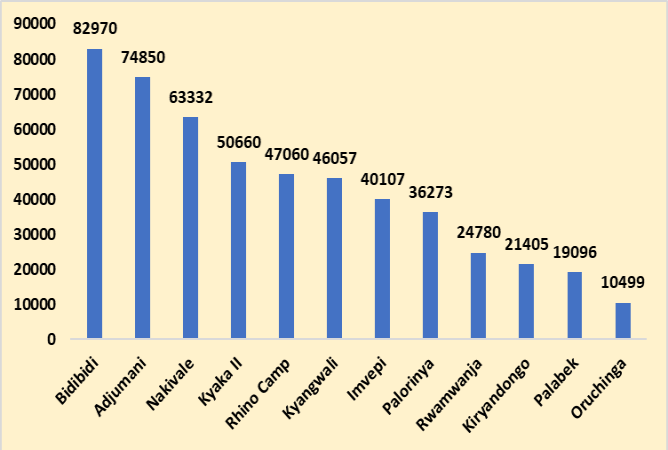
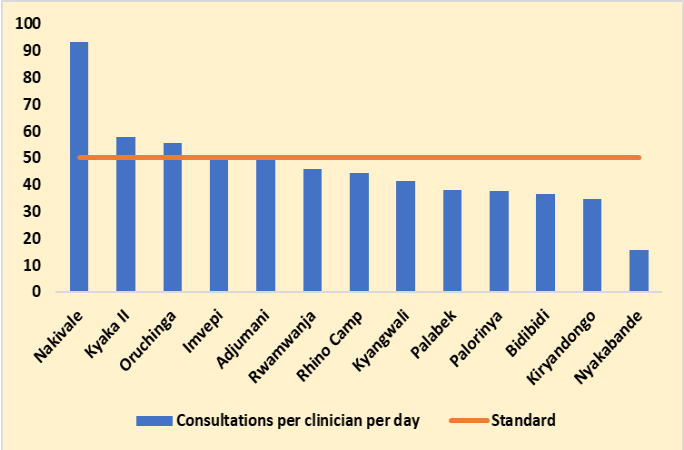
OPD Consultations—Refugees vs Nationals

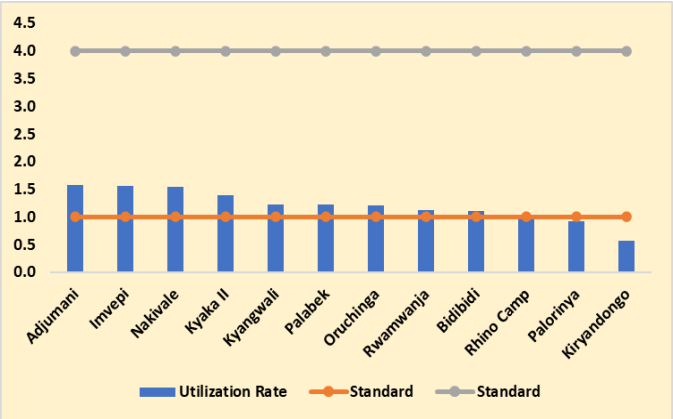


Consultation/Clinician/Day



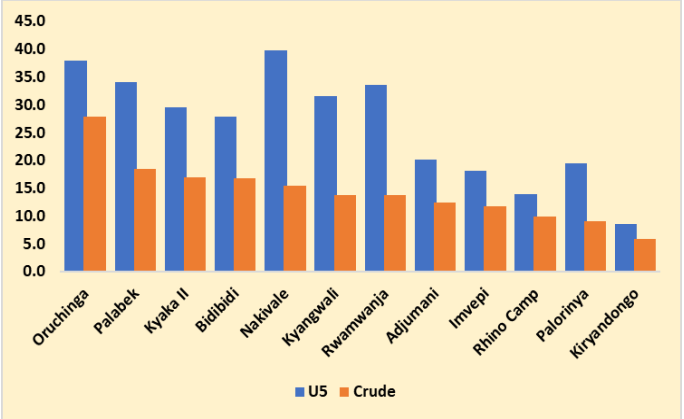
Health Facility Utilization

On average, each refugee visited the health facility 1.2 times during the quarter. The standard is between 1 to 4 visits per refugee. Only Palorinya & Kiryandongo did not reach the standard of 1 visit per refugee and community sensitization/awareness campaigns are being conducted for refugees to promptly seek health care



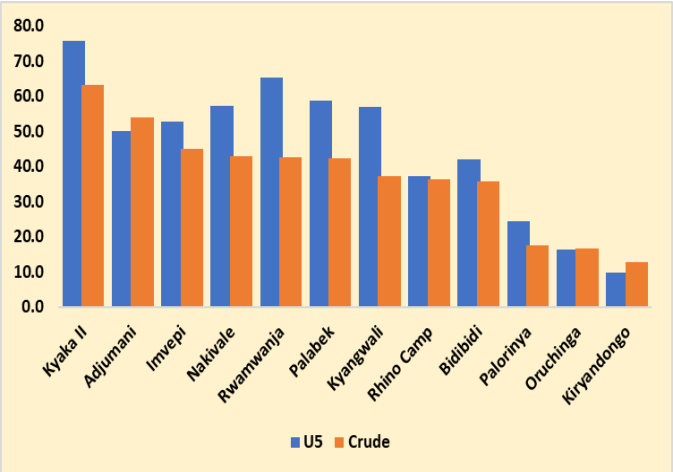
URTI incidence

Upper respiratory track infection had the highest incidence in Oruchinga, Palabek, Kyaka II, Kyangwali, Nakivale and Rwamwanja settlements.



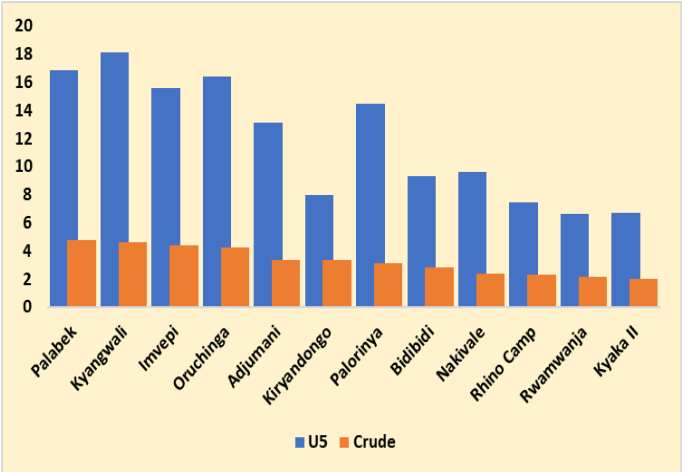
Malaria incidence

Kyaka II, Adjumani and Imvepi had the highest incidences of malaria from Jan to March 2020. Measures such as early detection and treatment of malaria cases both in the community and at the health facilities are on going in bid to reduce the malaria burdens

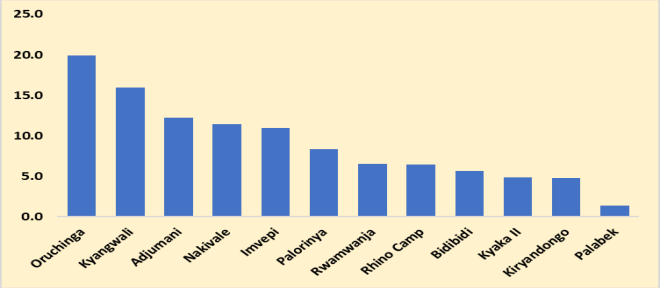


Watery diarrhoea

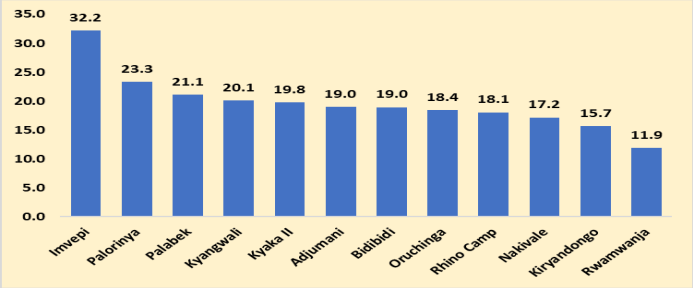
Watery diarrhoea has been a burden in settlements of Palabek, Kyangwali, Imvepi, & Oruchinga. Efforts have been made hand in hand with the WASH sector of UNHCR to bring the incidences down with sensitization of proper hygiene, disposal of wastes and using proper storage of drinking water across all the settlements



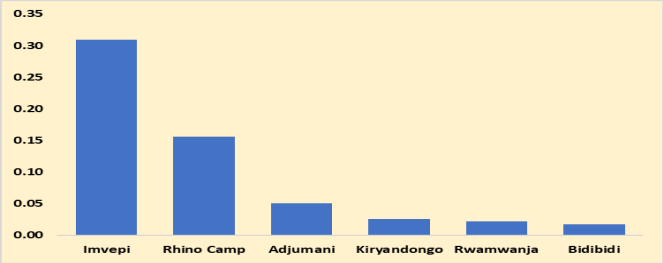
LRTI incidence



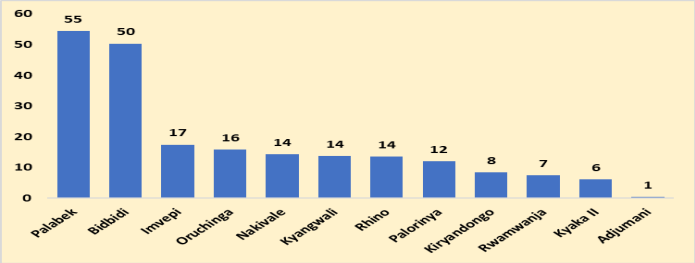
Skin infection



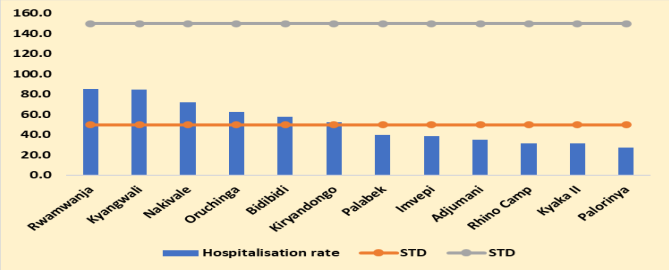
Bloody diarrhea incidence



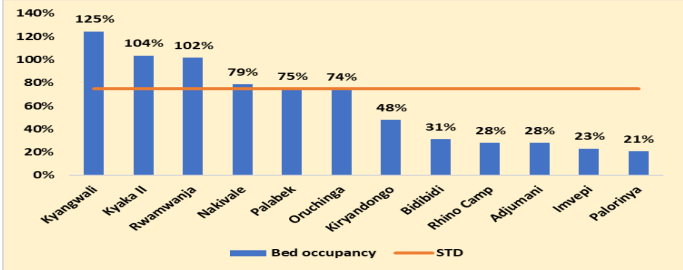
Mental illness



Hospitalization rate



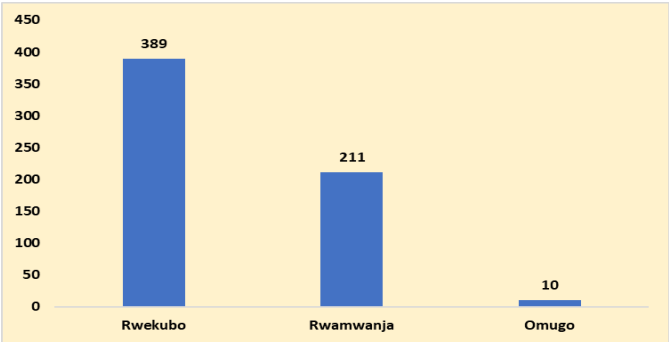
Bed occupancy rate



Surgeries within the refugee settlements

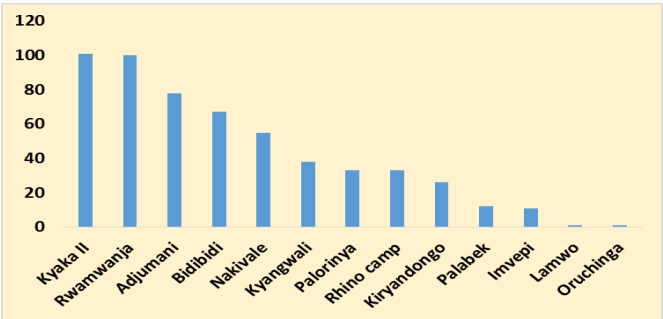
UNHCR provides supports to health facilities with theaters within the refugee settlements. 610 C– sections were done in 3 of the supported health facilities within the refugee settlements. 10 were from Omugo HC IV in Terego district, 211 from Rwekubo HC IV in Isingiro district and 389 from Rwamwanja HC III in Rwamwanja settlement—Kamwenge district

C sections within the refugee settlements



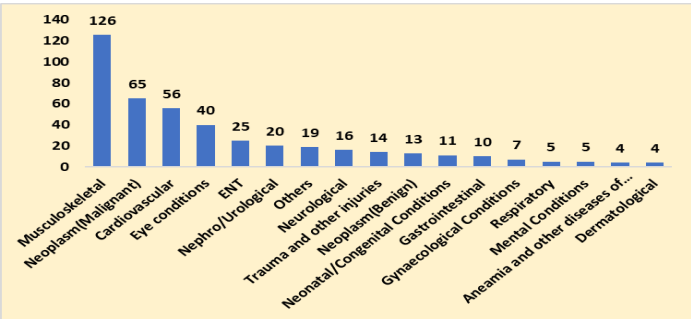
Referrals to Kampala

Kyaka II, Rwamwanja and Bidibidi settlements and the highest referral rates to the national referral hospitals. A total of 143 referrals were received in Kampala by Inter Aid Uganda



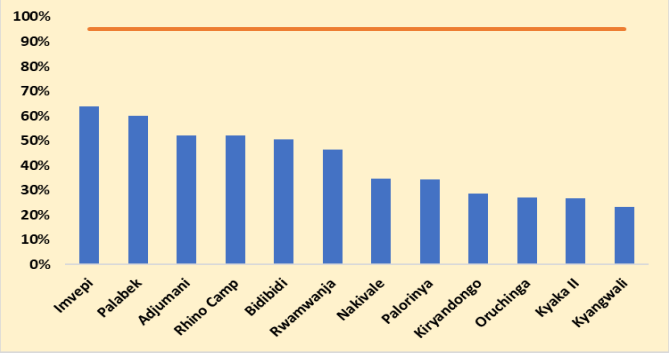
Referrals to Kampala by diagnosis category

Musculoskeletal, Neoplasm and cardiovascular diseases are the major causes of referrals to the national referral hospitals



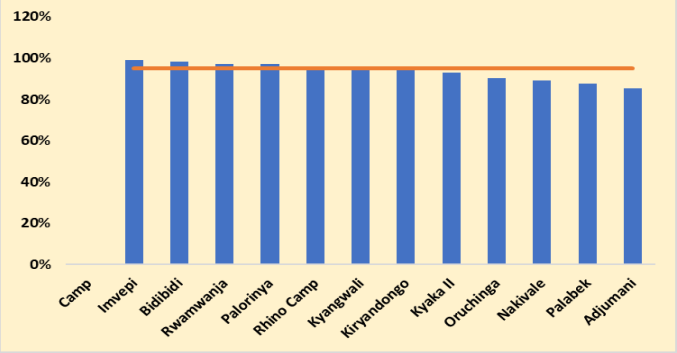
1st ANC <1st trimester

The proportion of 1st ANC within 1st trimester of pregnancy is at 40% far below the recommended 95% standard. This is due to late seeking of ANC for the first time during pregnancy



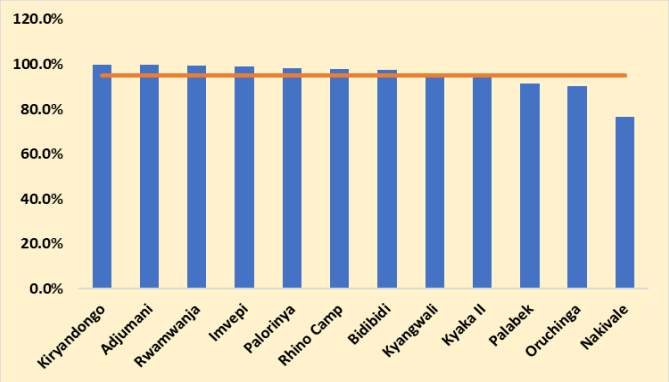
Complete ANC

94% of the mothers who delivered during the month had completed all the scheduled ANC visits.



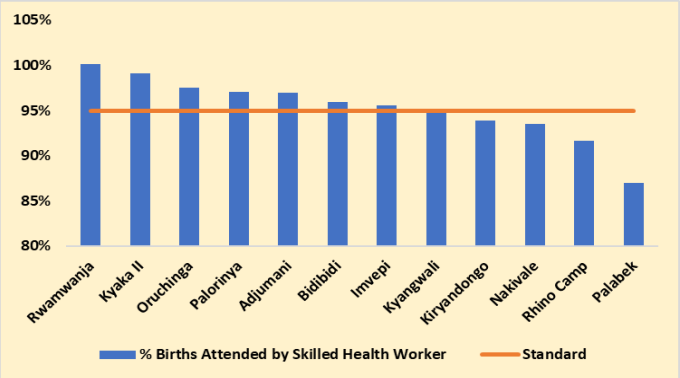
IPT for Malaria

94% of the mothers who delivered had received malaria preventive



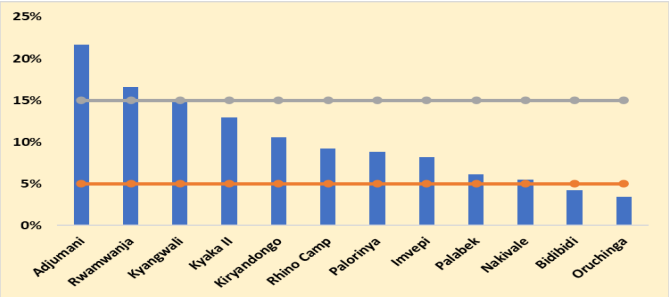
Skilled delivery

96% of the deliveries registered in the month were by skilled health workers and at the health facilities.



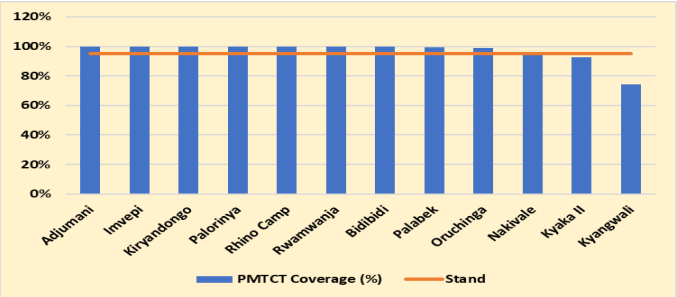
C – Section

12% of the total deliveries were by Caesarean sections which falls within the acceptable ranges of 5% to 15%



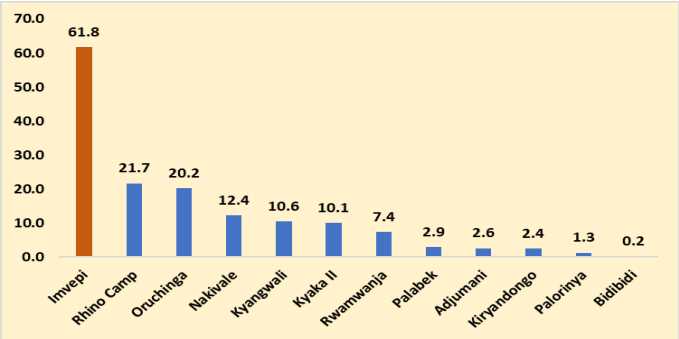
PMTCT coverage

94% of the total first ANC visitors were tested for HIV inorder to prevent transmission of HIV from mother to child during pregnancy by testing al mothers for HIV



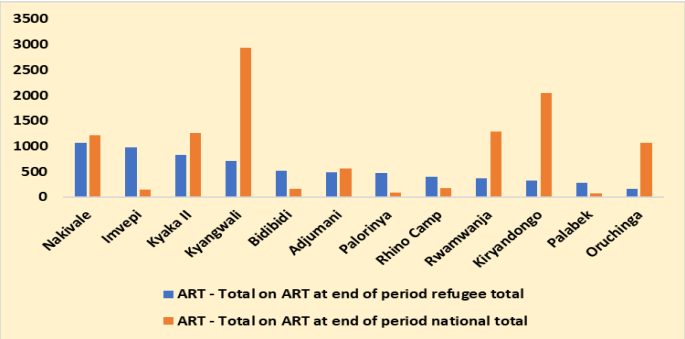
Incidence of reported rape

The highest incidence of reported rape is from Imvepi settlement Those who report within 72 hours of the incidence are all provided with post exposure prophylaxis to prevent them from contracting HIV and also emergency contraceptive pills and STI presumptive treatment



#Patients on ART

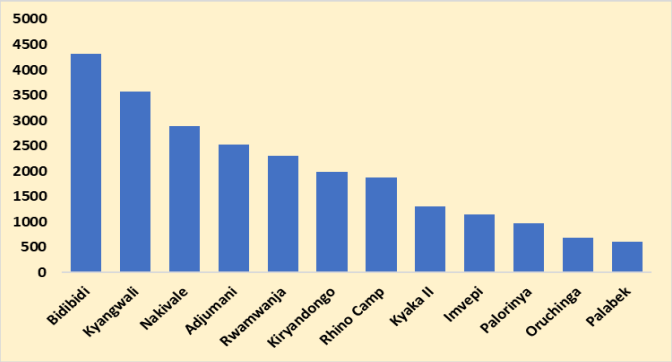
A total of 17,579 patients are receiving treatment for ART across all refugee settlements health facilities of which 37% are refugees and 63% host population. All those tested positive for HIV are enrolled into the therapy for life .



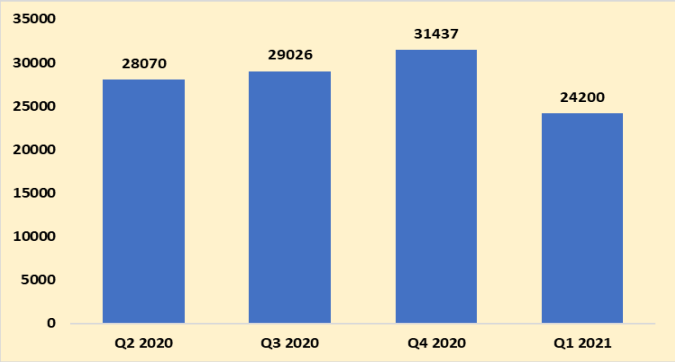
IPD Admissions

A total of 24,200 admissions were registered in the first quarter of 2021 of which 67% were refugees and 33% were nationals. On average, every person admitted stayed for 4 days in the ward before being discharged with bed occupancy rate of 61% with Kyaka II, Kyangwali and Rwamwanja recording the highest bed occupancy rate

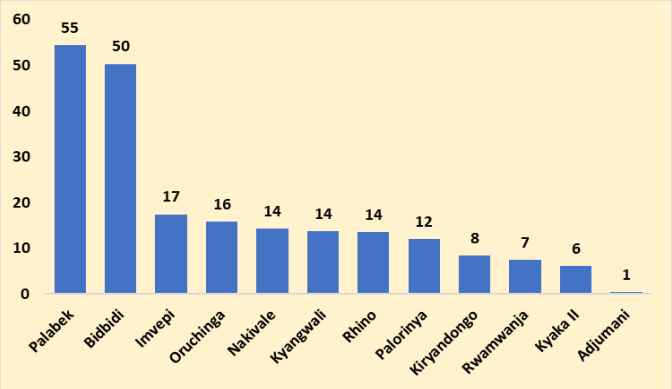
IPD Admissions



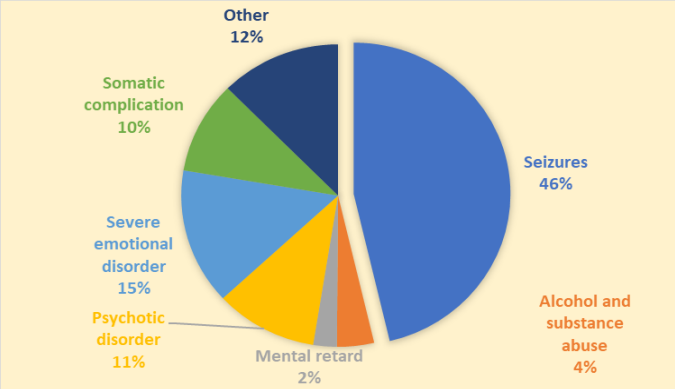
Quarterly admission trend—2020/21



Mental illness by settlement

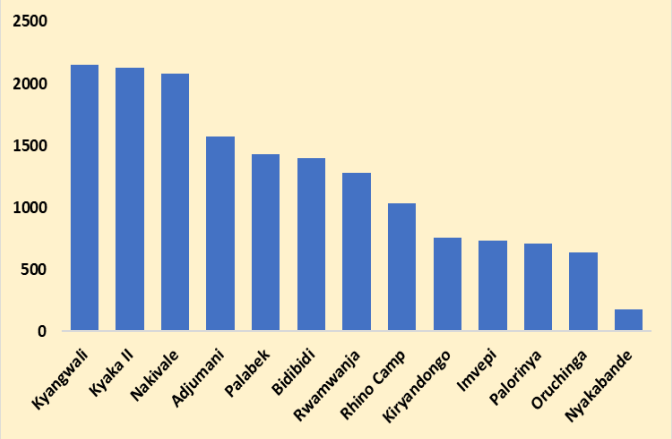


Mental illness/ by condition

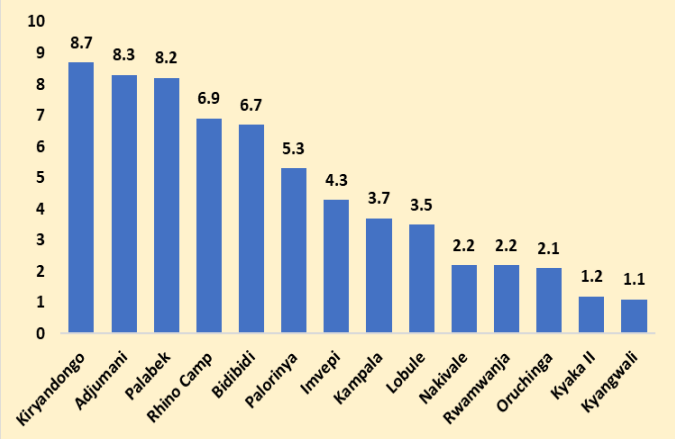


Nutrition

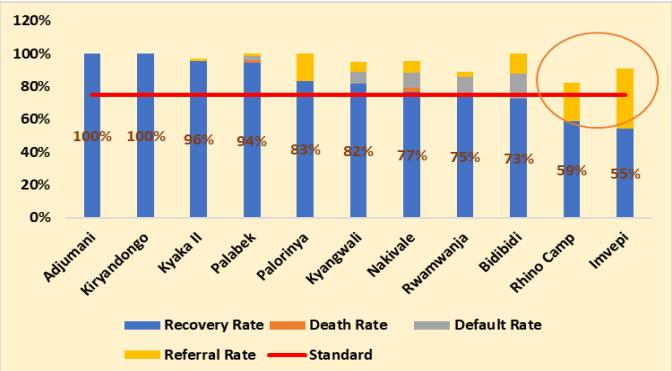
CMAM admissions



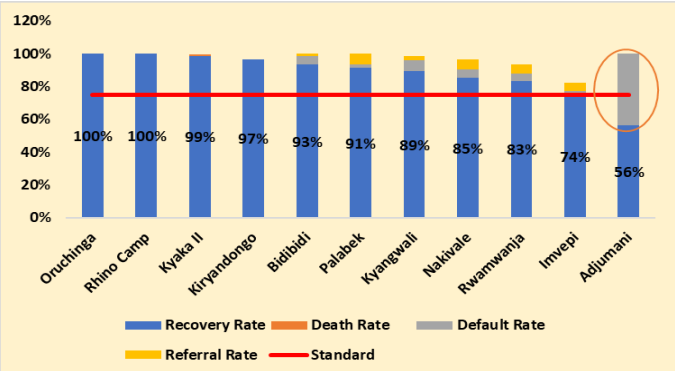
GAM from FSNA



ITC performance



SFP performance



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.

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