



Overview

The sector's main objective is to ensure full integration of comprehensive primary health care services for refugees into national and local government systems, in line with the Health Sector Integrated Refugee Response Plan (2019-2024), launched in January 2019.

Achievements

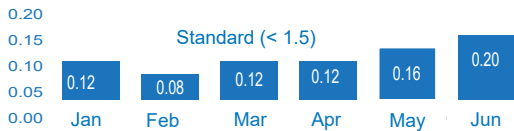
The under 5 mortality rate was low at 0.1 compared to the standard of less than 1.5 deaths per 1,000 population. This was achieved because of strengthened community health interventions using the Village Health Teams (VHTs) to carry out disease surveillance in addition to testing and treating children for childhood illness such as diarrhoea, malaria and respiratory tract infections in the communities. This intervention is being scaled up in all settlements.

The Food Security and Nutrition Assessment (FSNA) was conducted in May 2022. The results revealed a high rate of Global Acute Malnutrition (GAM) at 7.5 per cent among the refugees, and anaemia at 44.4 per cent among children under 5 years. There are high rates of anaemia in the settlements, and it is the major cause of death among children under 5 years. Consultation per clinician per day is high majorly in settlements where the Congolese refugees are being settled.

Challenges and Key Priorities

Only 85 per cent of the health facilities have been accredited and integrated into national systems. This is because some of the facilities are still either temporary or semi-permanent and cannot meet the requirement for accreditation by the Ministry of Health. There is a need to upgrade the facilities, starting with infrastructure development.

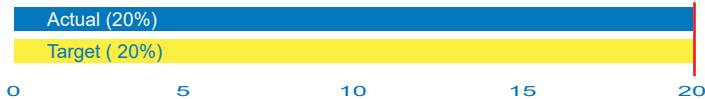
Key indicators



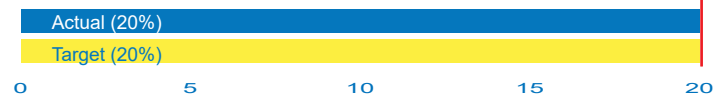
Under-5 mortality rate per 1,000 children



Global Acute Malnutrition rate

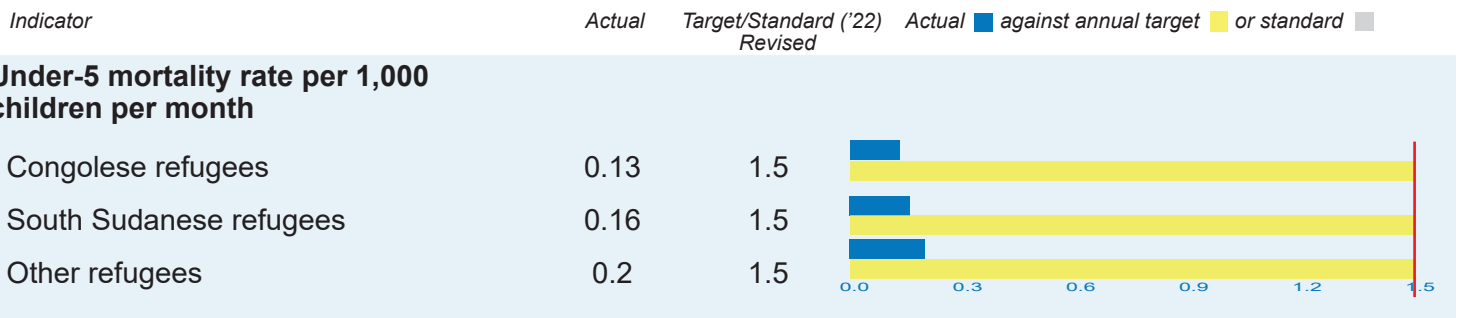


Stunting rate among children U5

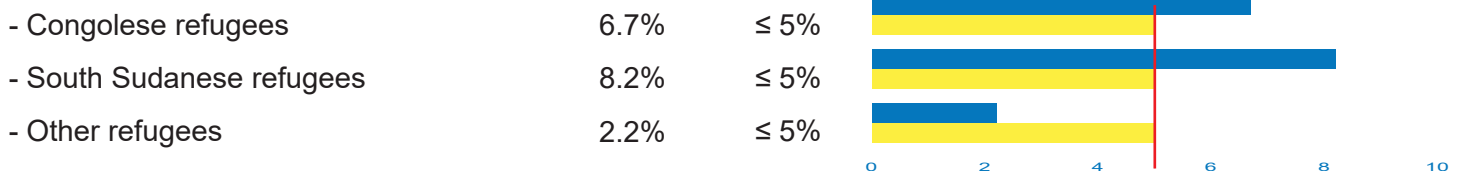


Anaemia rate among children U5

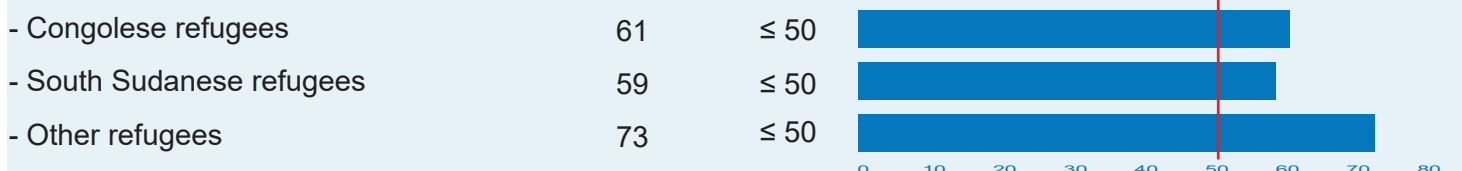
Outcome: Improved access to adequate preventive, promotive and curative services for communicable and non communicable diseases.



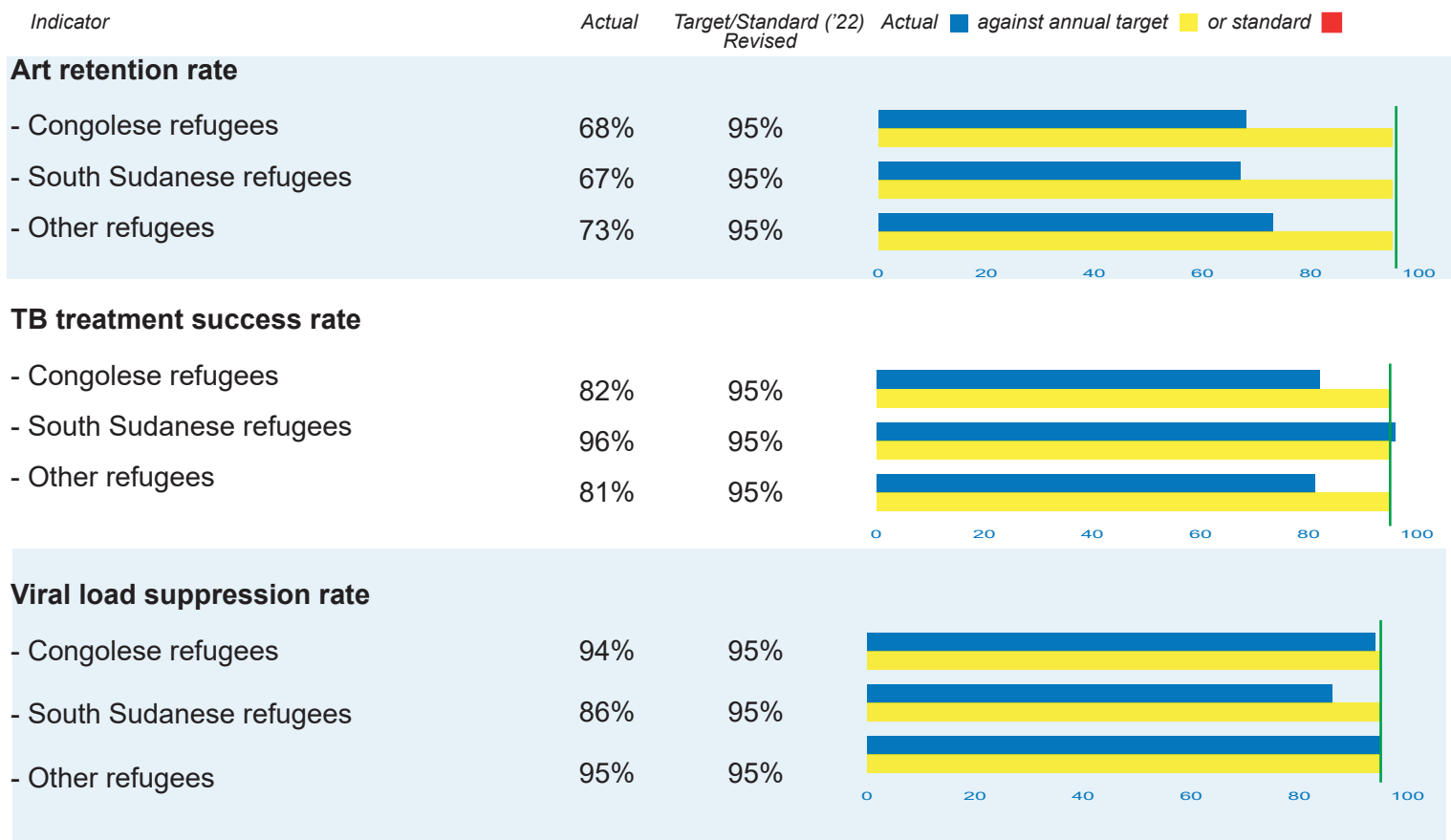
Global Acute Malnutrition rate



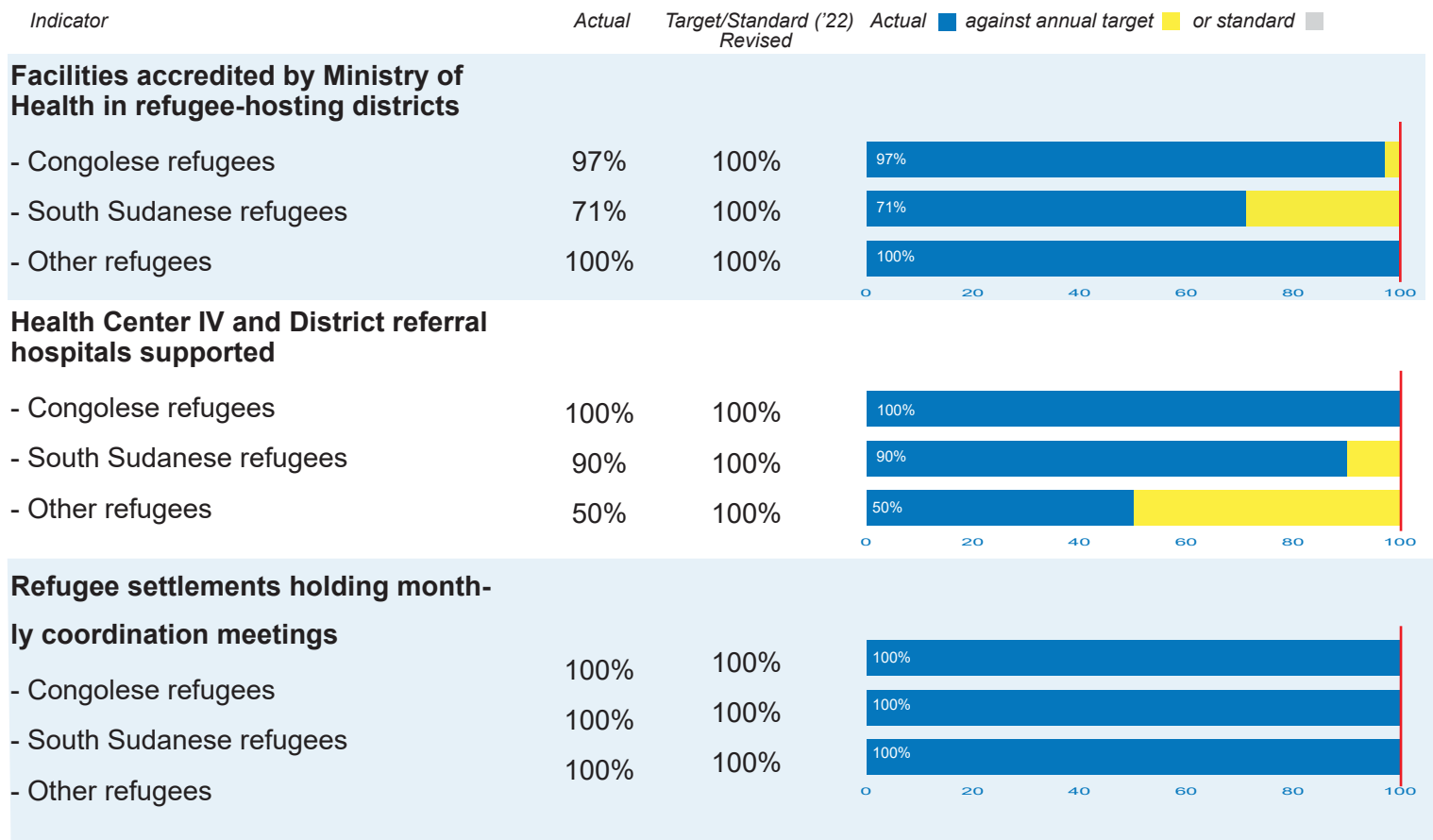
Consultation per clinician per day



Outcome: Improved HIV-TB prevention, care and treatment services



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



Funding



\$ 13.2M

Total Required

\$13.2M

Gap (83.7%)

\$67.7M

Operational Presence

Koboko

KDLG, UNICEF, WFP, UNFPA

ACF, HI, IDI, IRC, MDM, MSF-F, PLAN, PACE, SCI, TPO, UNFPA, UNICEF, WFP, WHO

Yumbe

Adjumani
MTI, TPO, UNFPA, UNICEF, WFP, WHO

Arua

ACF, AMREF, CEFORD, CUAMM, IDI, MSF-F, MSF-H, IRC, SCI, HRI, TPO
UNFPA, UNICEF, URCS, WFP, WHO, GRI, ADLG, URCS, CARE

Kikuube

LWF, UNFPA, UNICEF, WFP, WHO, MTI

Kyegegwa

ACORD, MTI, IRC, DRC, OXFAM, UNFPA, UNICEF, URCS, WFP

Kamwenge

MTI, UNFPA, UNICEF, WFP, WHO

Kanungu

IDI, MTI, UNFPA, CARE, UNICEF, WFP, WHO, GRI, URCS, SCI, MSF-F

Kisoro

MTI, UNICEF, WFP

Isingiro

MTI, RHITES, UNICEF, WFP

Lamwo

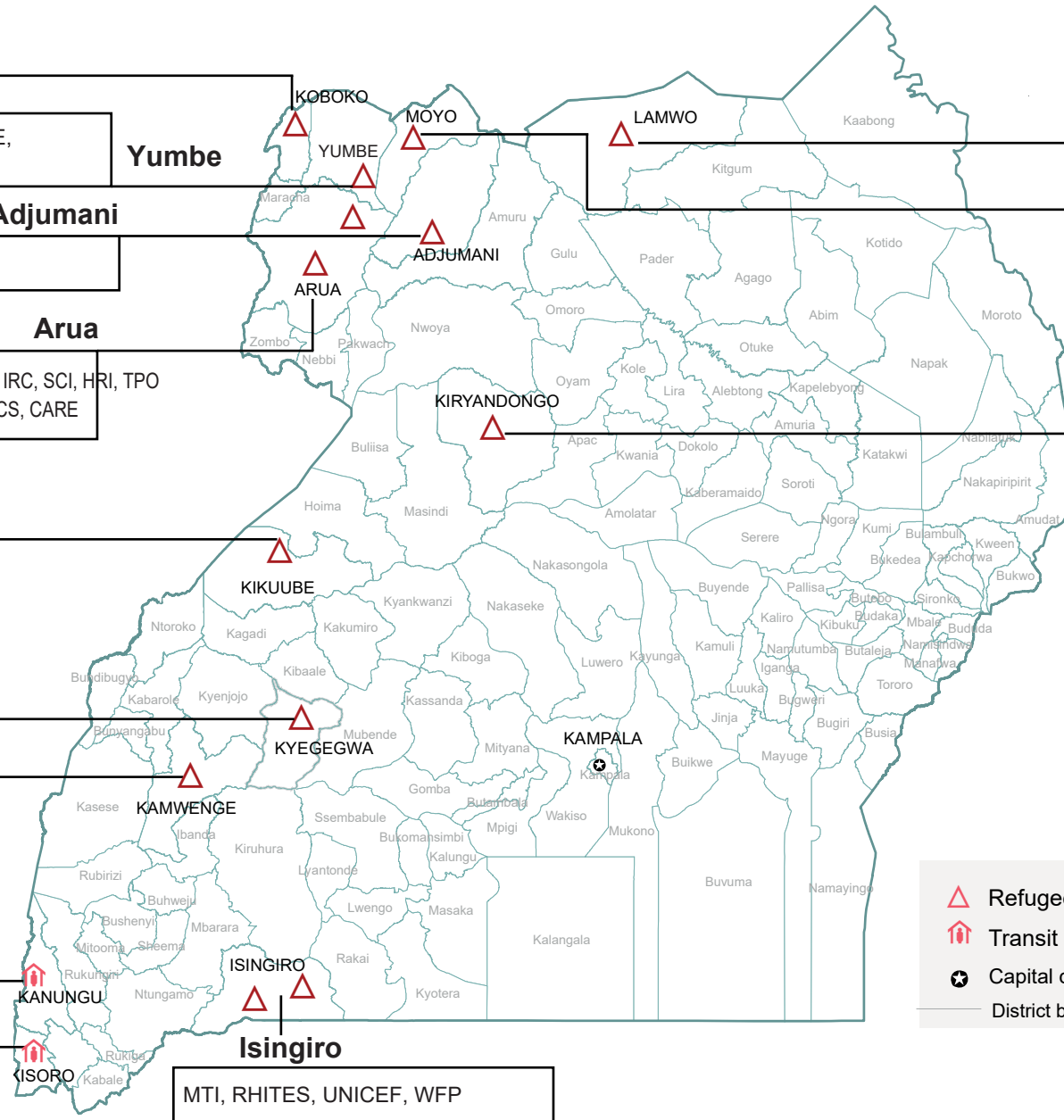
FH, IRC, MSF-CH, UNFPA, UNICEF, WFP, WHO

Moyo

IDI, MTI, UNFPA, UNICEF, WFP, WHO

Kiryandongo

UNFPA, UNICEF, WFP, WHO, KDLG



The boundaries and names shown and the designations on this map do not imply official endorsement or acceptance by the United Nations

Partners

ACF | ACORD | AFOD | AHA | AMREF | CEFORD | CUAMM | DRC | FH | HHI | IDI | IRC | LWF | MSF-CH | MSF-F | MSF-H | MTI | OXFAM | PACE | RHITES | RMF | SCI | TPO | UNFPA | UNHCR | UNICEF | URCS | WFP | WHO