



Overview

The under 5 mortality rate was low at 0.12 compared to the standard of less than 1.5 deaths per 1,000 population. This was achieved because of the developed capacity of health workers, and early diagnosis and treatment by the VHTs in the communities. An additional 421 received the training.

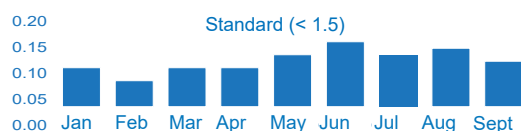
There has been an upsurge in malaria cases across the country, as well as in the refugee settlements. This saw an increase in the outpatient attendance and admissions at the health facilities. It led the high number of consultations per clinician per day, to rise to above 50 which is the recommended number. Sensitization is being done in the communities, mosquito nets are in the pipeline to be redistributed, and early diagnosis and treatment at the community level is being done.

The Ebola outbreak of Ebola that has escalated to some of the refugee hosting districts, has posed a great challenge to health service delivery. In Kyaka II settlement, Kyegegwa district, continues to be intensified and surveillance though, no case has been registered yet, in any of the refugee settlements.

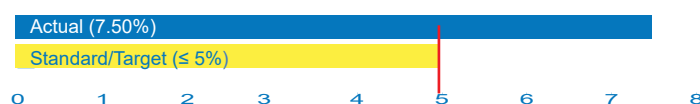
Challenges and key priorities

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

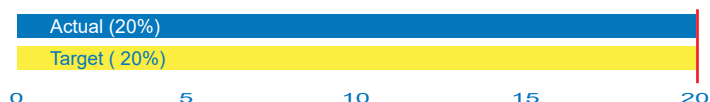
Key indicators



Under-5 mortality rate per 1,000 children



Global Acute Malnutrition rate

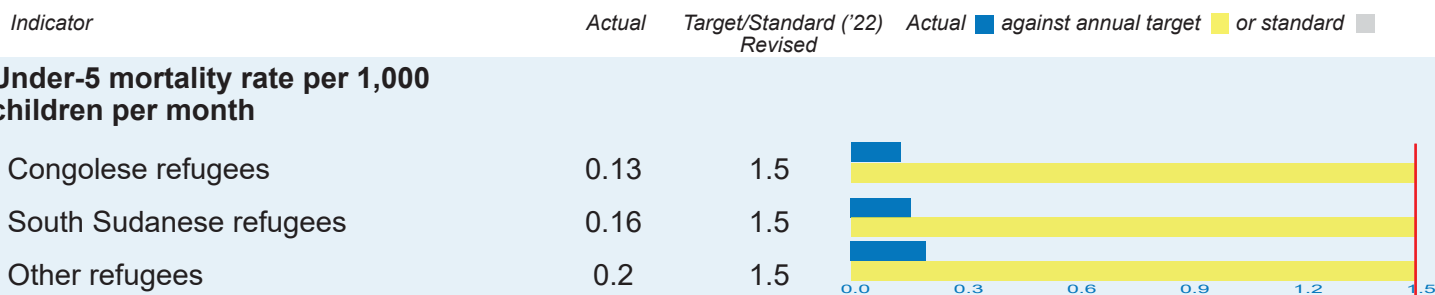


Stunting rate among children U5

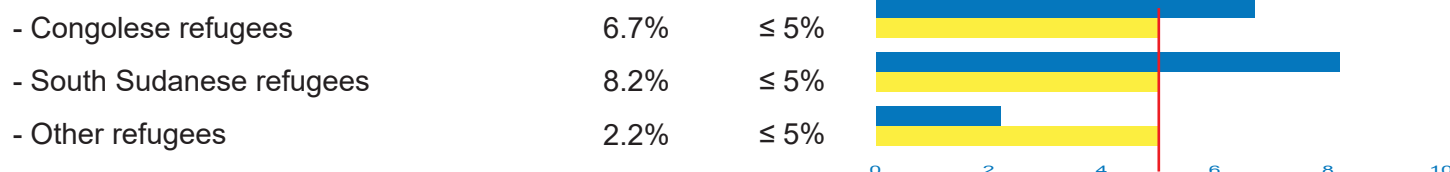


Anaemia rate among children U5

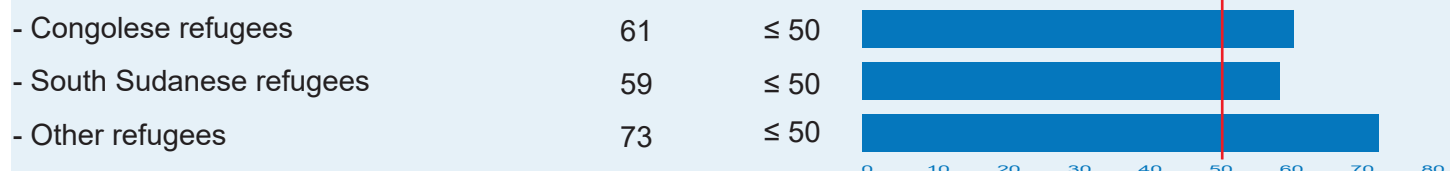
Outcome: Improved access to adequate preventive, promotive and curative services for communicable and non communicable diseases.



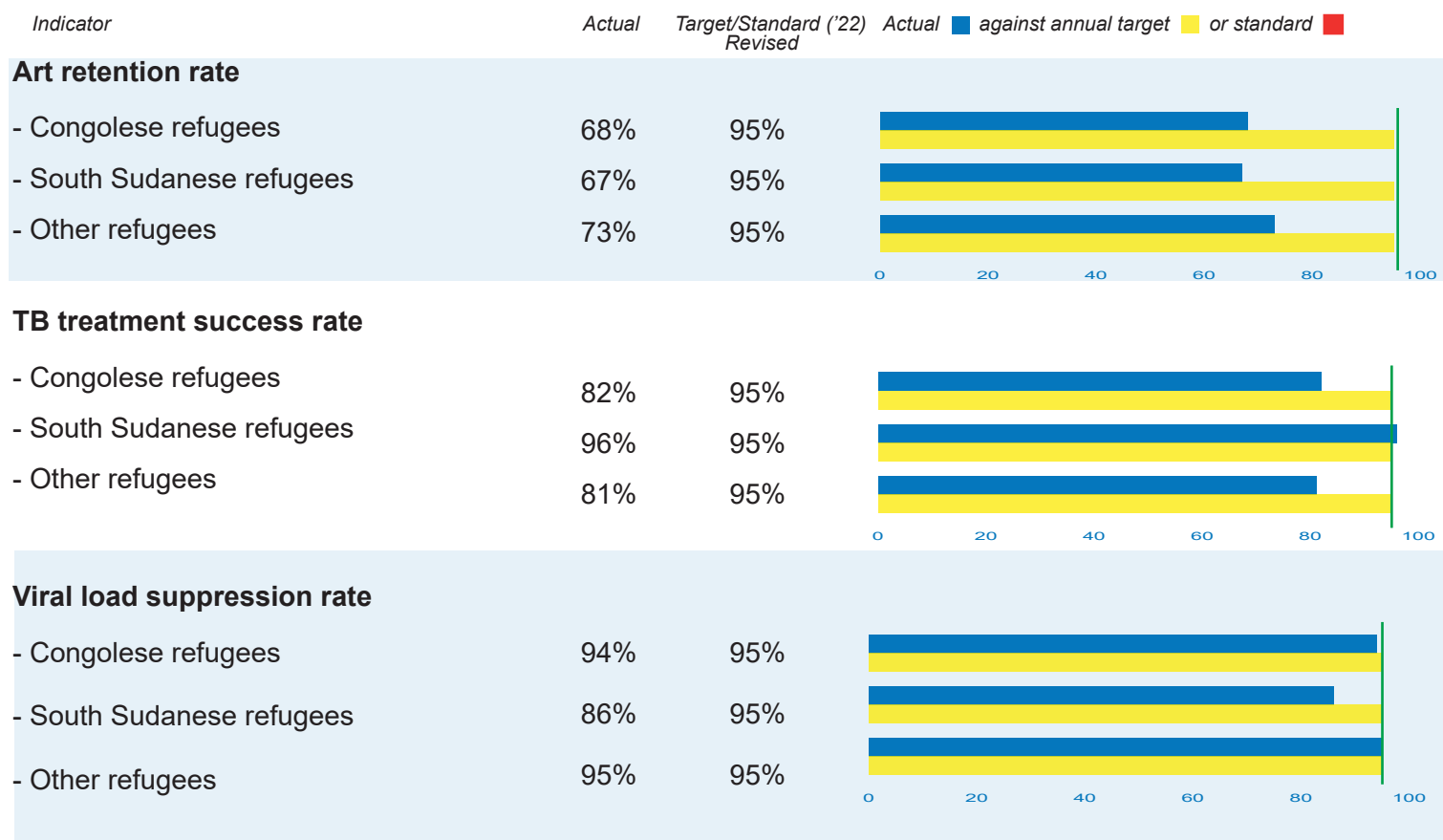
Global Acute Malnutrition rate



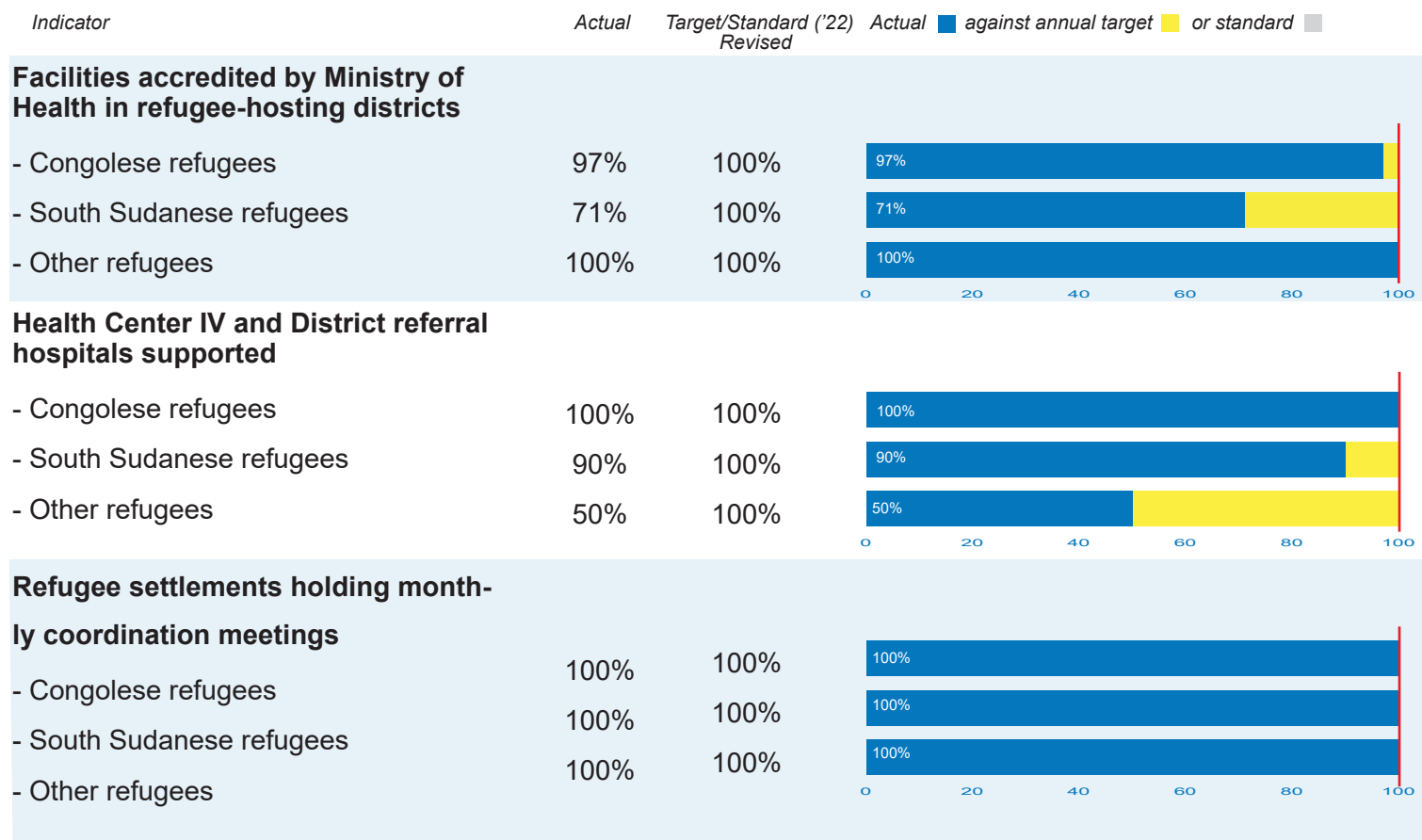
Consultation per clinician per day



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  **\$ 91M**

Total Required

\$15.7M **\$75.3M**

Received (17%) Gap (83%)

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

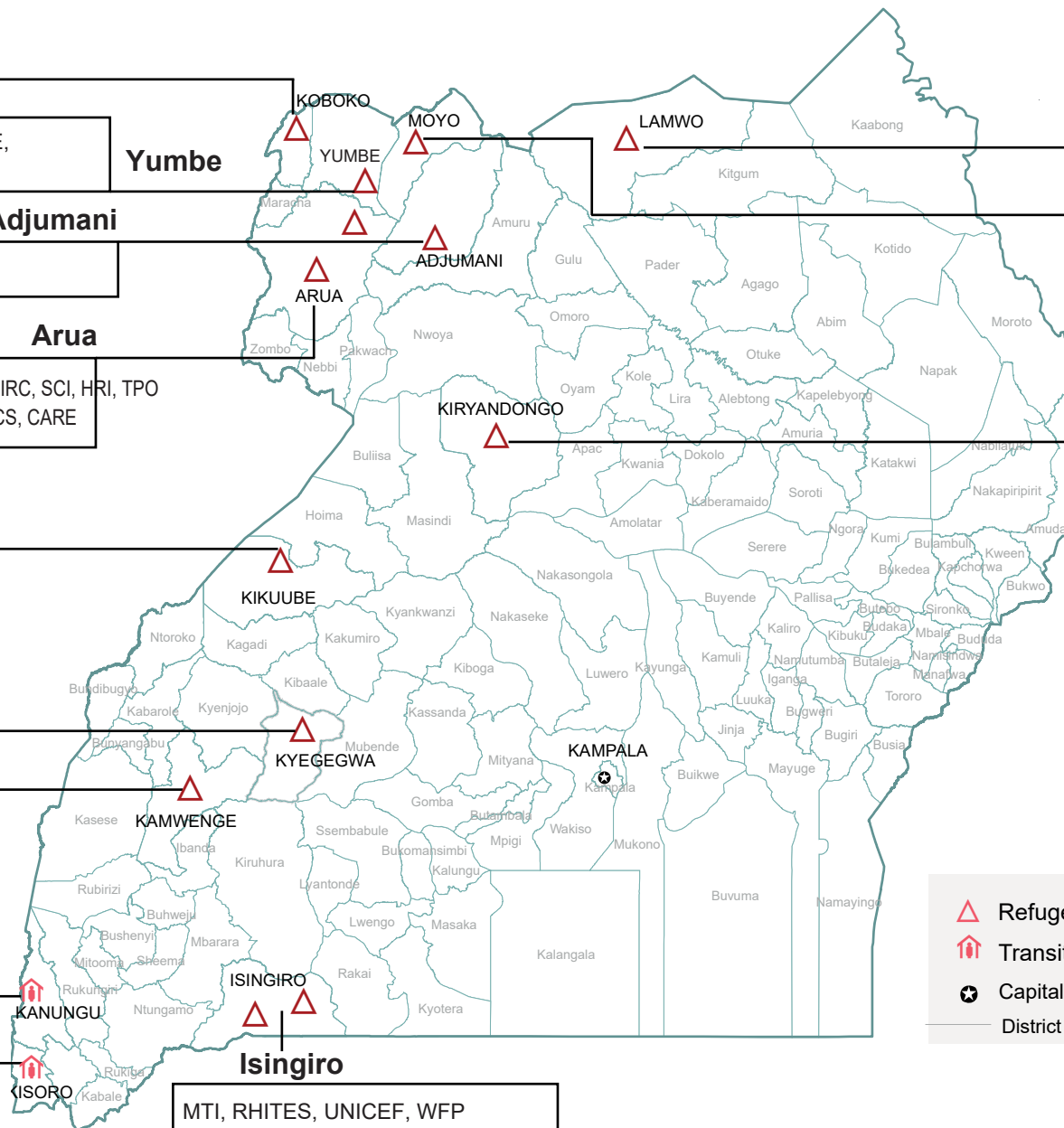
FH, IRC, MSF-CH, UNFPA, UNICEF, WFP, WHO

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