



Health & Nutrition Dashboard

Quarter 4

Uganda Refugee Response Plan (RRP) 2022-2023

January - December 2022

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 community health workers. Malaria continues to top the causes of morbidity with a proportion of 43 per cent of morbidity cases. This contributes to the high number of consultations at the clinics making the consultation per clinician per day high at 56. An outbreak of Measles was registered in Palabek where a total of 114 cases were registered and successfully treated with no death. 03 cases of suspected bacterial meningitis were also registered in Palorinya settlement in December 2022. All cases were successfully treated and discharged.

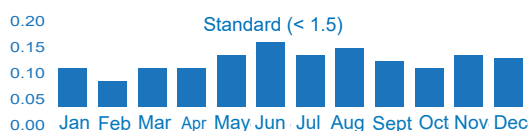
There was an outbreak of Ebola Virus Disease (EVD) in Uganda in the last quarter of 2022. No case was registered among the refugees in Uganda during this outbreak. A community health information system has been deployed in the settlements of Kyaka II and Kiryandongo to help improve on community health disease surveillance as a pilot tool and will be rolled out to other settlements after successful piloting.

Challenges and key priorities

Shortages of medicines were experienced in the last quarter of 2022 due to a breakdown in the national medical supply system and there is need for UNHCR to always have a buffer stock to fill the gaps.

Strengthening of health and nutrition screening of refugees and asylum seekers at points of entry to avoid importing diseases of outbreak potential into the country.

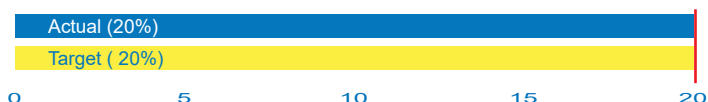
Key indicators



Under-5 mortality rate per 1,000 children



Global Acute Malnutrition rate

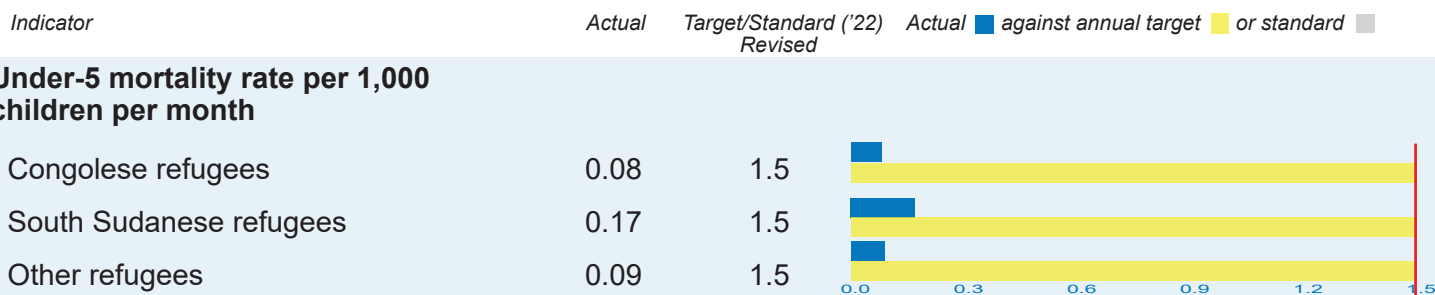


Stunting rate among children U5

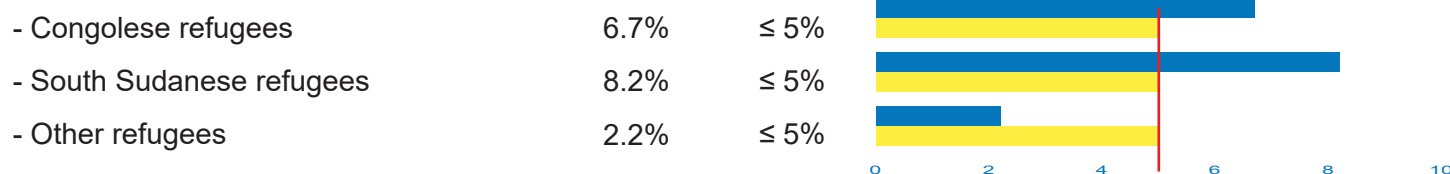


Anaemia rate among children U5

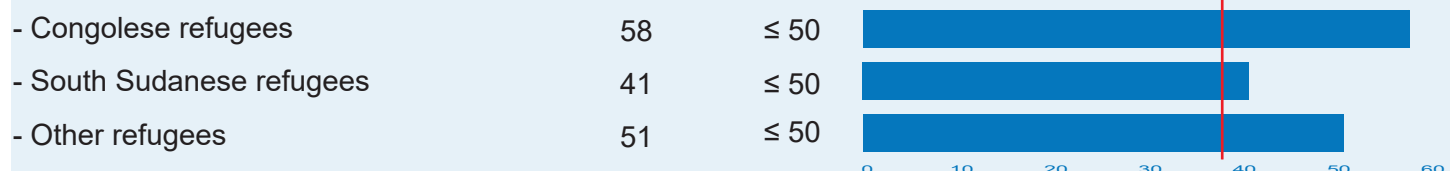
Outcome: Improved access to adequate preventive, promotive and curative services for communicable and non communicable diseases.



Global Acute Malnutrition rate



Consultation per clinician per day



Achievements data: HMIS (reported by sector lead)

Sector contacts: Dr. Tom Aliti (Ministry of Health)
aliti68@yahoo.co.uk
+256772574789

Author: UNHCR Representation in Uganda

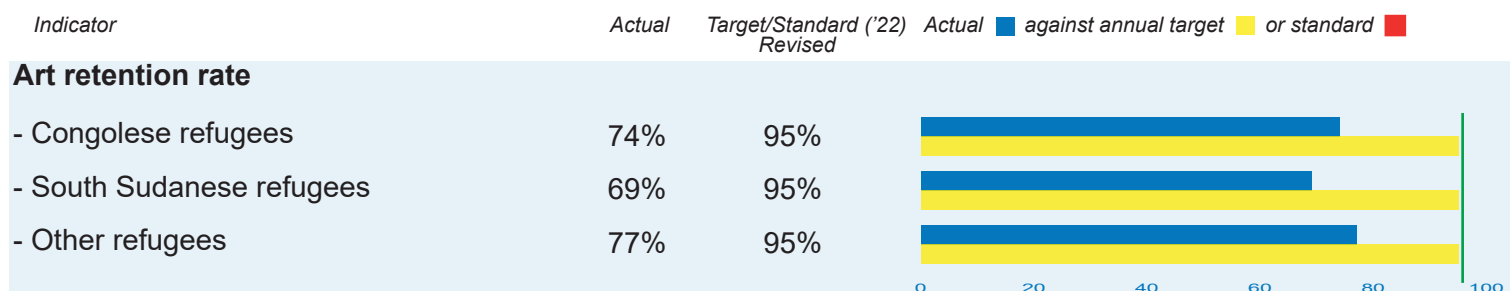
Julius Kasozi (UNHCR)
kasozi@unhcr.org
+256772701123

Feedback: ugakaimug@unhcr.org

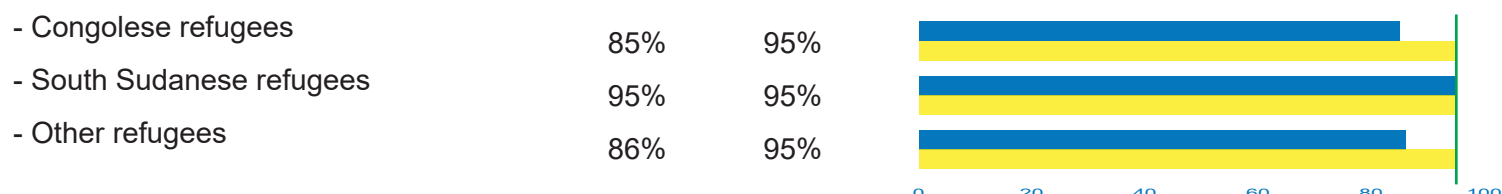
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For more info: www.ugandarefugees.org

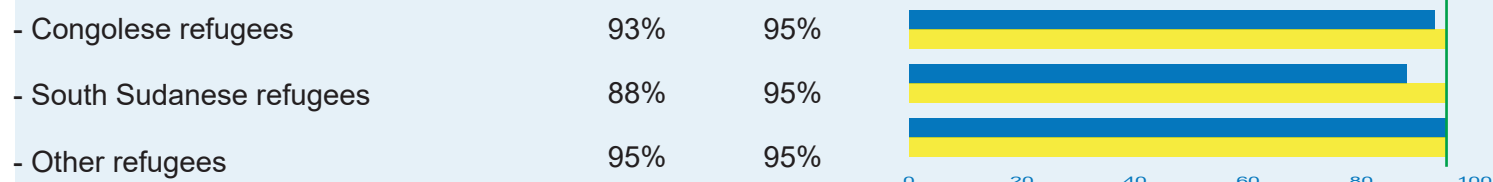
Outcome: Improved HIV-TB prevention, care and treatment services



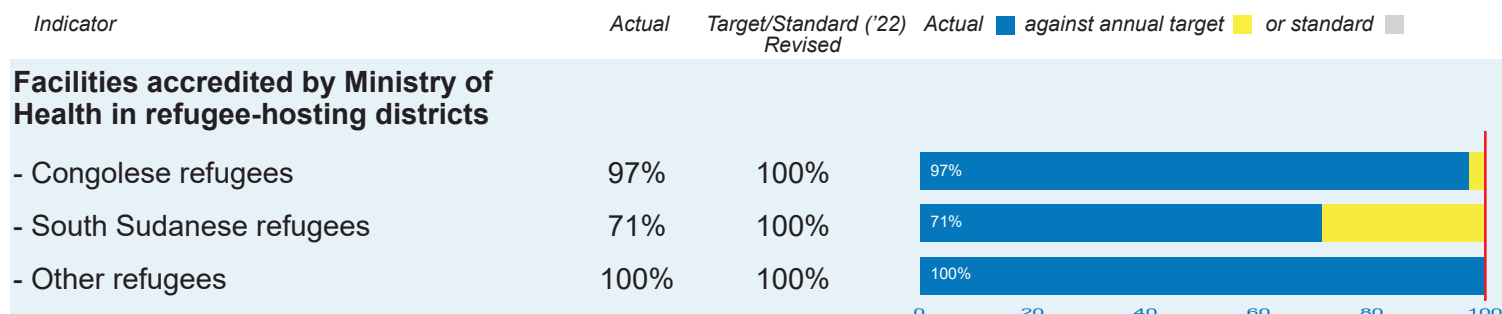
TB treatment success rate



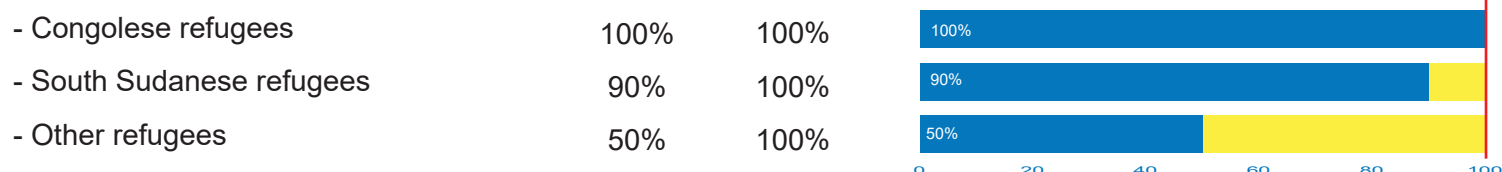
Viral load suppression rate



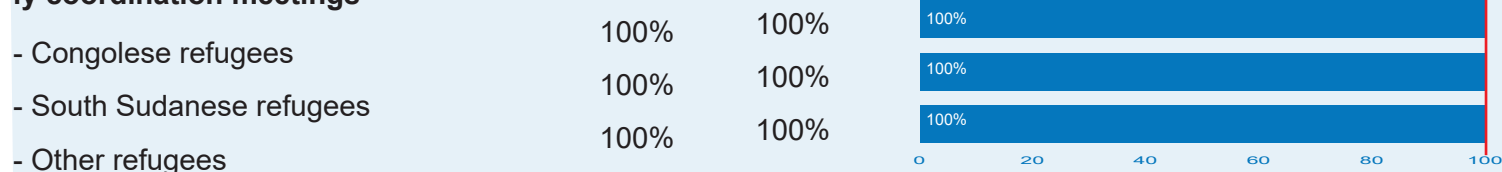
Outcome: Strengthening the national health care system capacity to cope with the increasing demand for health services by refugees and host population.



Health Center IV and District referral hospitals supported



Refugee settlements holding monthly coordination meetings



Funding



\$ 91M

Total Required

\$16.3M

Received (18%)

\$74.7M

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

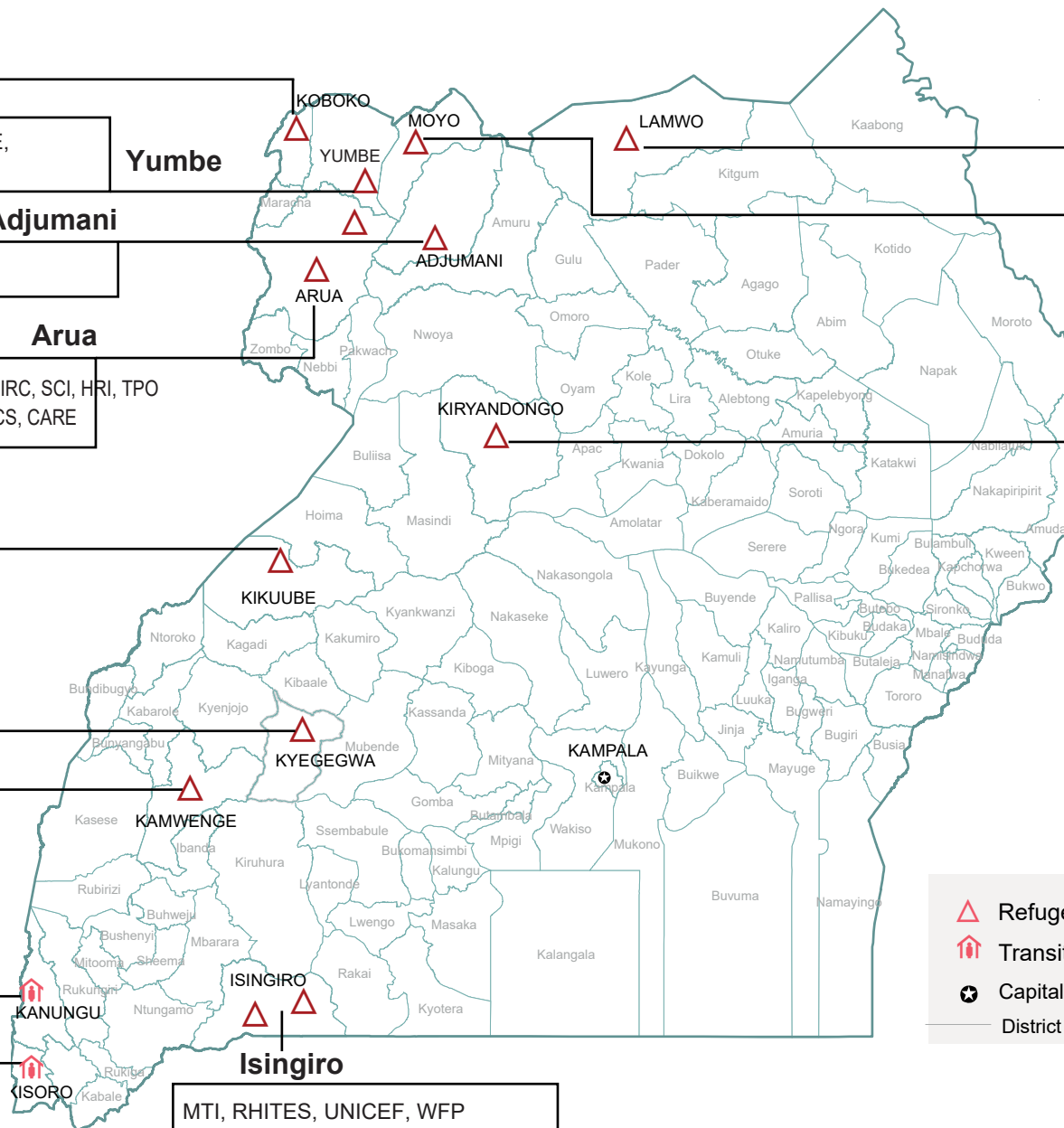
FH, IRC, MSF-CH, UNFPA, UNICEF, WFP, WHO

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