



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.

208 health workers were trained on Integrated management of Acute malnutrition.

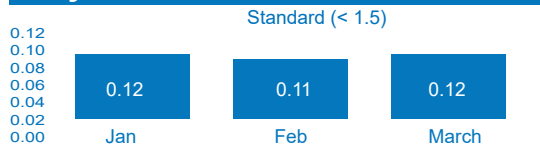
There are high rates of anaemia in the settlements and it is the major cause of death among children under 5 years. Behaviour change activities using the Mother care groups have been supported in the settlements thru ICCM and backyard gardening.

The health facility delivery rate stands at 95%, this has been achieved as a result of training on eMONC that was conducted and 119 midwives trained. VHT engagement in mapping of pregnant mothers and integrated outreaches taken to the communities with maternal child health services as part of the packages.

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 still either temporary on 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

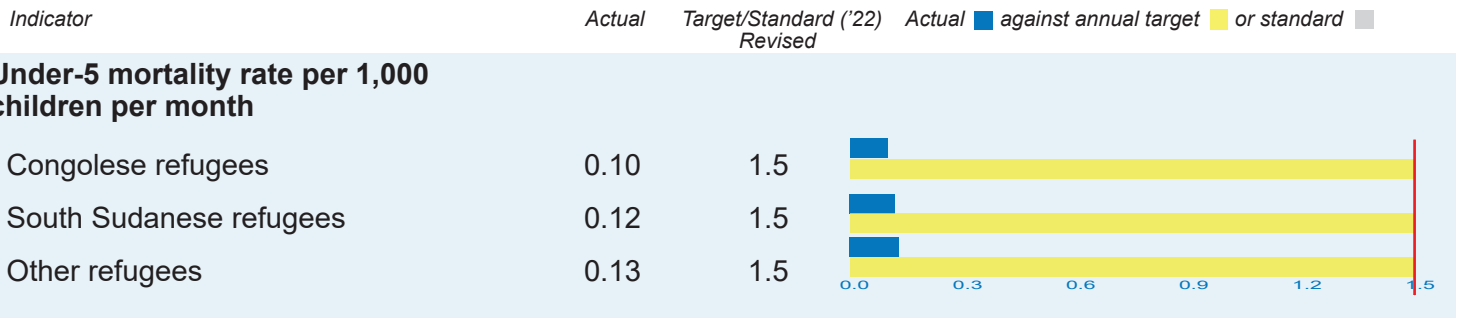


Health facility delivery rate

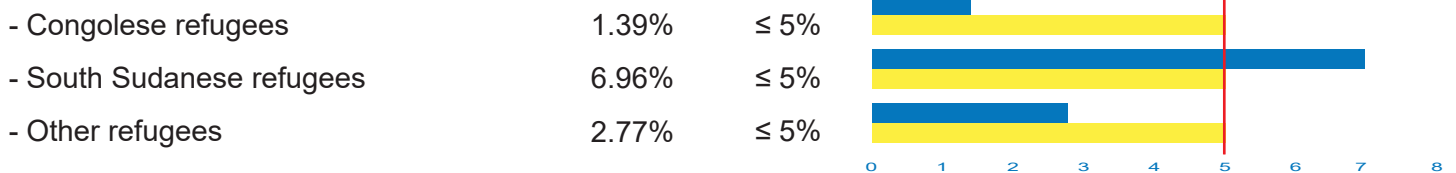


Measles vaccination rate

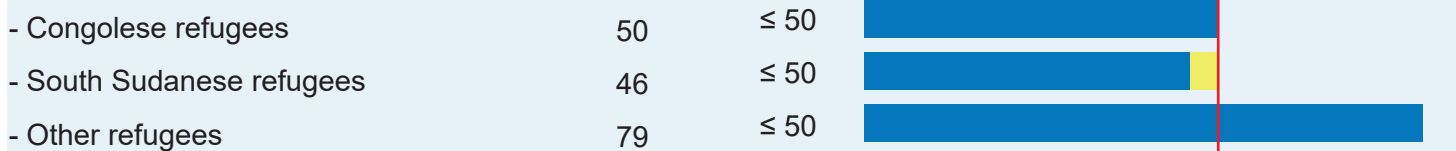
Outcome: Improved access to adequate preventive, promotive and curative services for communicable and non communicable diseases.



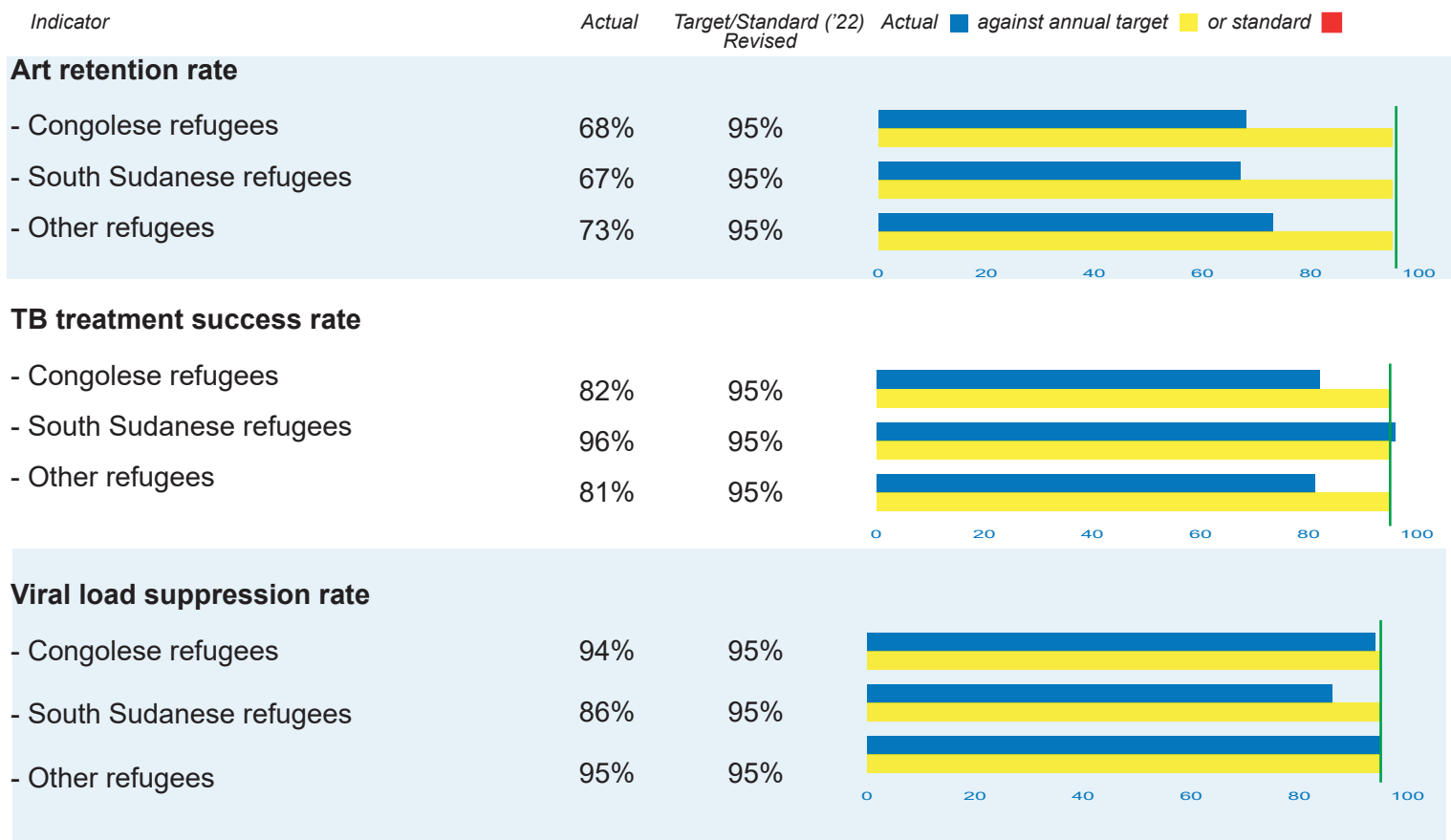
Global Acute Malnutrition rate



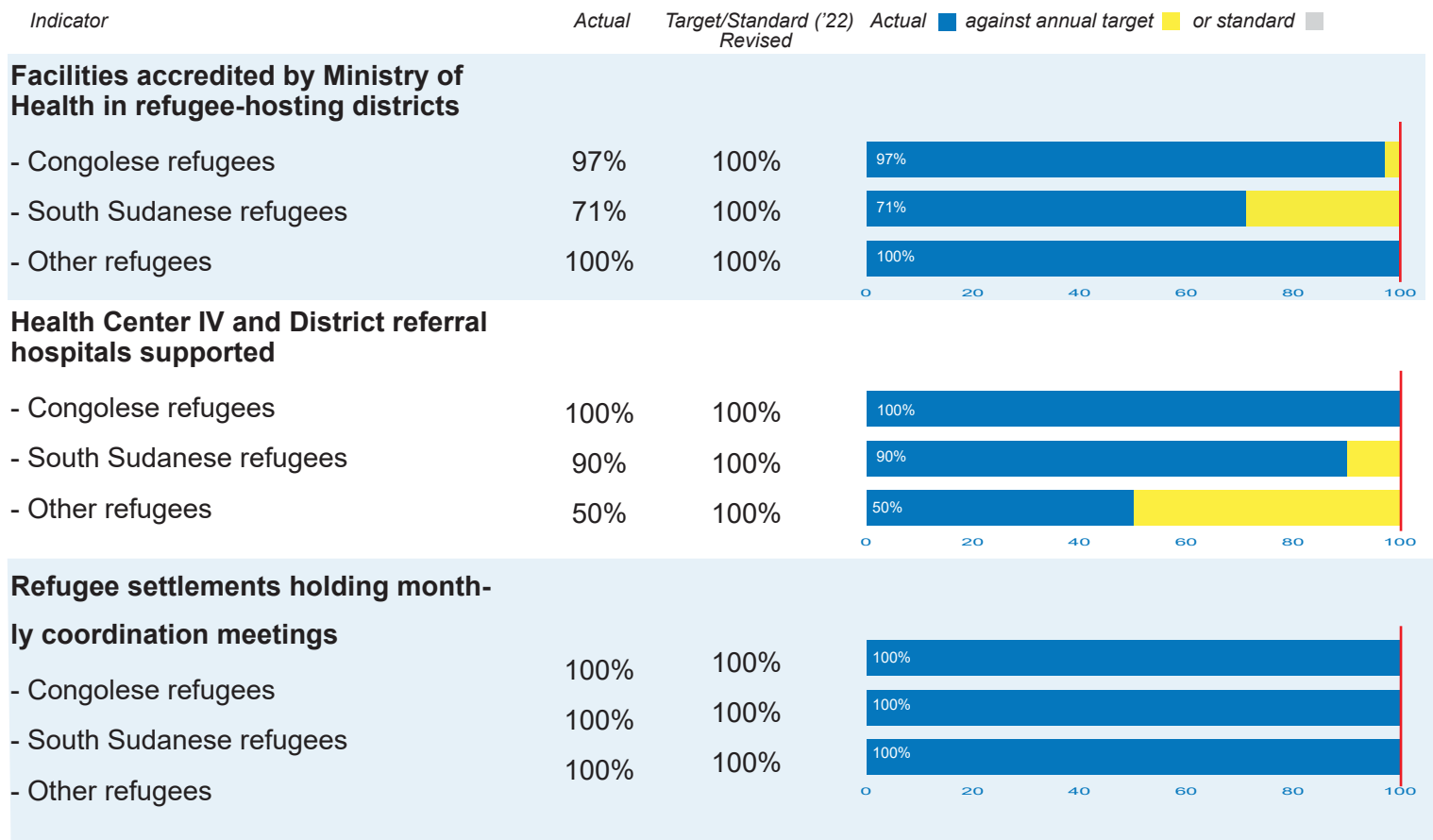
Consultation per clinician per day



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



\$ 10.1M

Total Required

\$10.1M

\$80.9M

Gap (88.9%)

Operational Presence

Koboko

KDLG, UNICEF, WFP, UNFPA

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

MTI, TPO, UNFPA, UNICEF, WFP, WHO

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

LWF, UNFPA, UNICEF, WFP, WHO, MTI

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

MTI, UNFPA, UNICEF, WFP, WHO

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

MTI, UNICEF, WFP

Yumbe

Adjumani

Arua

Kikuube

Kyegegwa

Kamwenge

Kanungu

Kisoro

Isingiro

MTI, RHITES, UNICEF, WFP

Lamwo

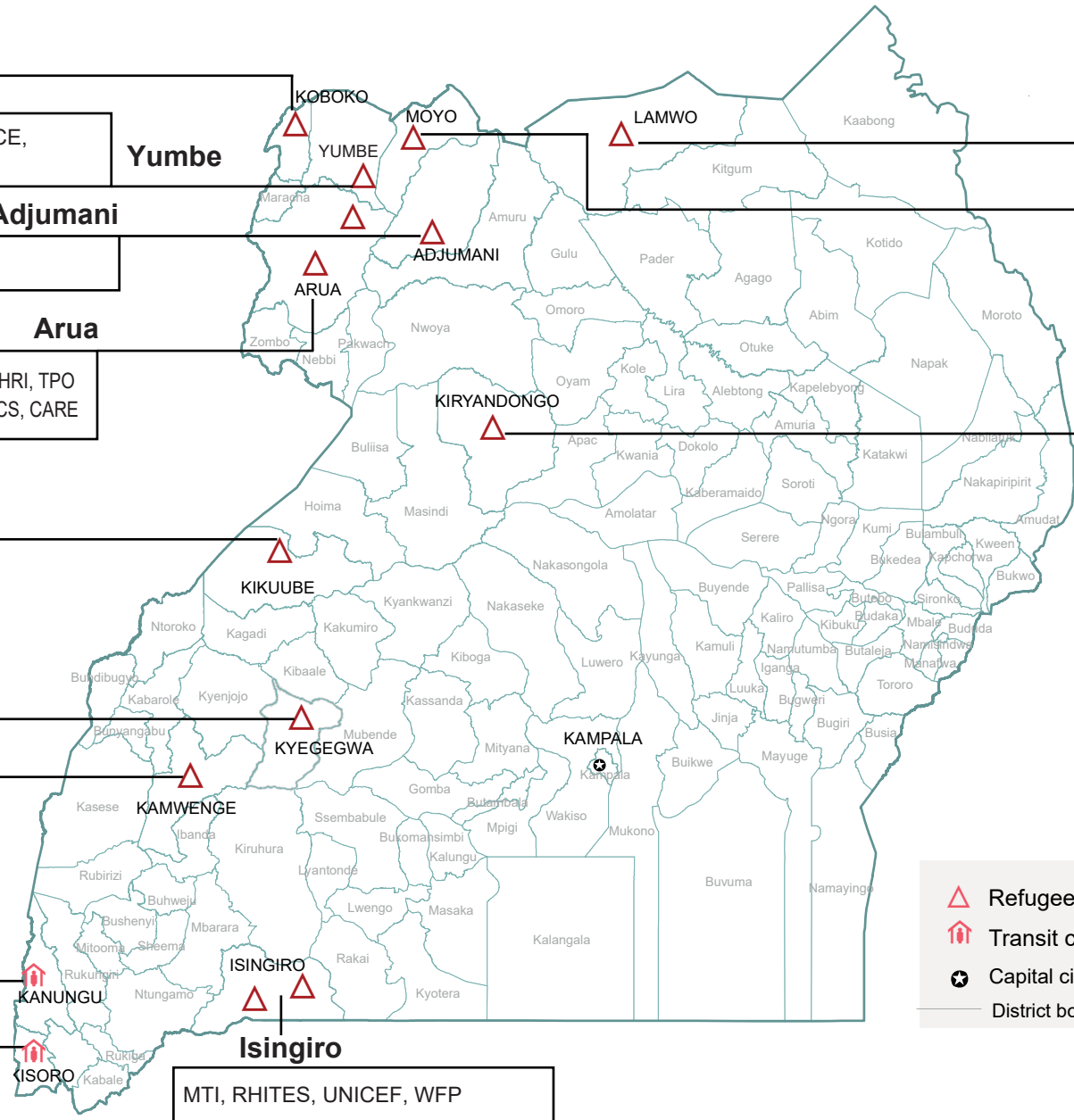
FH, IRC, MSF-CH, UNFPA, UNICEF, WFP, WHO

Moyo

IDI, MTI, UNFPA, UNICEF, WFP, WHO

Kiryandongo

UNFPA, UNICEF, WFP, WHO, KDLG



- Refugee settlement
- Transit centre
- Capital city
- District boundary

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 | 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