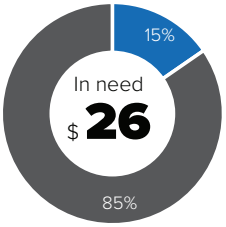
UNHCR
The UN Refugee Agency

Rwanda
Health Sector Dashboard
January - June 2024

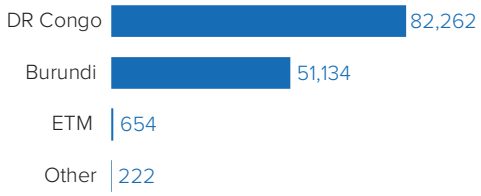
Fundings *(as of 31 march 2024)*



RECEIVED
$ 4
MILLION

GAP
$ 22
MILLION

Population *(June 2024)*



03 Partners

Action Against Hunger
Alight
Save the Children

RRP Indicators Monitoring

	Achieved	Target	Progress	Gap
# of children 0-59 months with acute malnutrition (SAM and MAM) admitted for treatment	1,002	1,750	57%	43%
# of children aged 9 months to 5 years who have received a measles containing vaccine	3,310	3,650	91%	9%
# of consultations provided for health care services	178,881	298,000	49%	51%
# of pregnant and lactating women admitted in Blanket Supplementary Feeding Programme	3,692	5,500	67%	33%

UNHCR Result Framework Indicators Monitoring

OA10: HEALTH	Achieved	Target	Progress	Gap
Nutrition services provided				
# of TB and HIV patients receiving food supplement	1,152	1,250	92%	8%
# of children admitted into targeted supplementary feeding programme (TSFP)	1,562	2,000	78%	22%
# of children admitted into therapeutic feeding programme (CMAM: OTP and SC)	200	400	50%	50%
# of children aged 6 to 23 months admitted in Blanket Supplementary Feeding Programme	4,982	5,300	94%	6%
# of pregnant and lactating women admitted in Blanket Supplementary Feeding Programme	3,692	5,500	67%	33%
Primary health care, reproductive health care and HIV services provided				
# of PHC consultations	178,881	298,000	60%	40%
# of PoCs receiving ART	1,152	1,200	96%	4%
# of children aged 15-59 months fully vaccinated	1,545	3,650	42%	58%
# of consultation per clinician per day	48	45	107%	
# of consultations in UNHCR supported mental health and psychosocial support services	3,824	8,000	48%	52%
# of women who have access to preventing Mother-to-Child Transmission (PMTCT) services	90	150	60%	40%
Access to referral services supported				
# of new referrals for refugees and asylum seekers to secondary level	2,074	5,100	41%	59%
# of new referrals for refugees and asylum seekers to tertiary level	325	1,000	33%	67%

For more information, please contact : Jeanne Mumporeze <mumporez@unhcr.org> UNHCR Associate Public Health Officer, Cyrille Ble <ble@unhcr.org>, Information Management Officer

Main Activities

- Additional to routine activities at outpatient department, other health related interventions were provided. These include health promotion and prevention activities in all camp locations, transit and reception centers;
- Primary healthcare consultation, Reproductive health/HIV services, Nutrition, Non Communicable diseases, mental health and psychosocial support;
- The provision of essential medicines and medical supplies: UNHCR under DI has been and continued to procure essential medicines and medical supplies to be used in all camp locations, transit and reception centers.
- Referral to secondary and tertiary level provided with priority to emergence and lifesaving interventions;
- Support to urban refugees with CBHI premiums and facilitation for urban asylum seekers to access healthcare services.

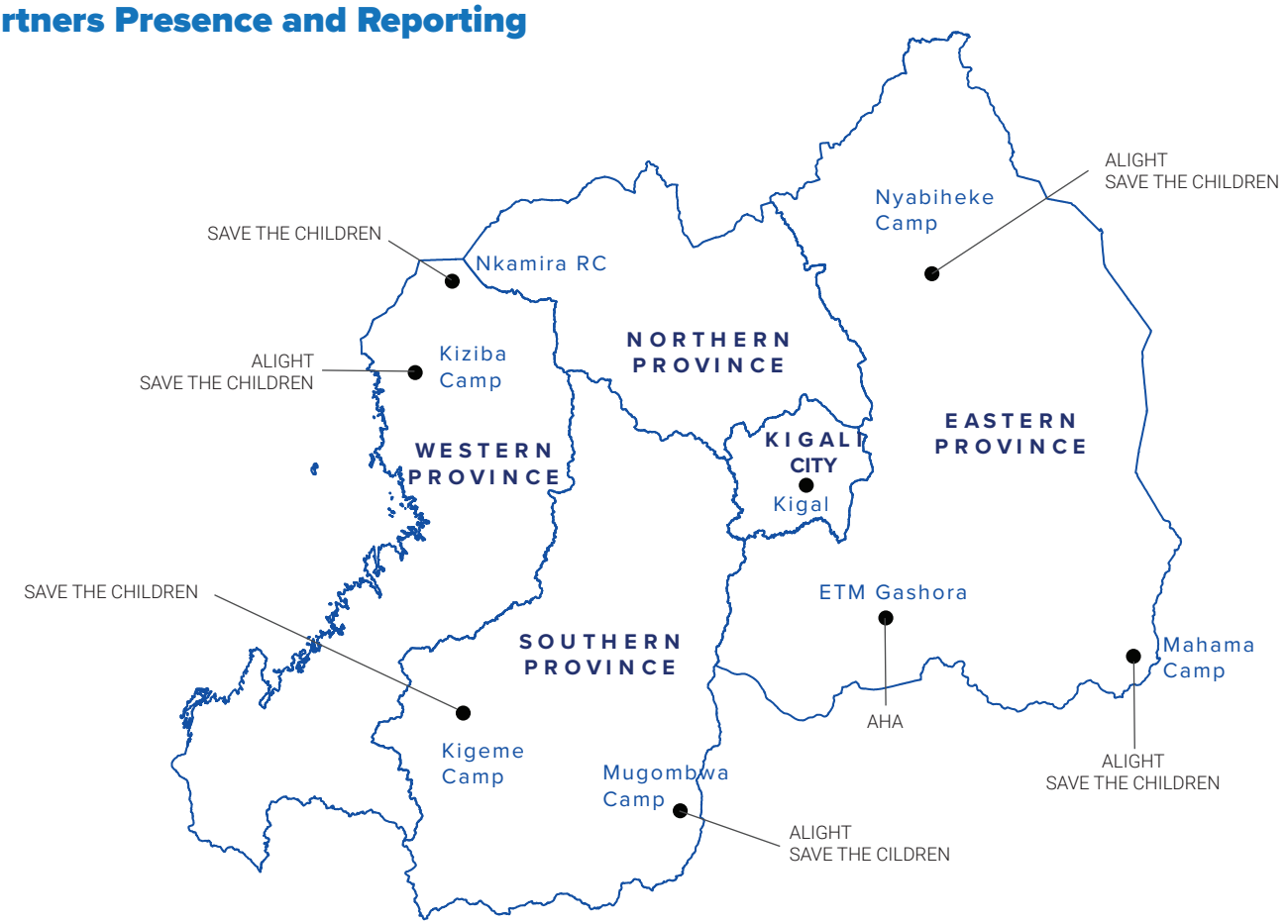
Key Achievements

- The general refugee population benefited from promotional, preventive healthcare services;
- **989** children Burundian, Congolese and asylum seekers in ETM and Nkamira TCs between 6-59 months were admitted for moderate and severe acute malnutrition treatment.
- **3,233** children between 6-59 months have received a measles containing vaccine;
- **143,341** primary care consultations conducted in all camp locations including Gashora ETM including 6, 782 consultations to individuals from the host communities.
- **7,380** pregnant and lactating women admitted into Blanket supplementary Feeding Program to prevent malnutrition.

Constraints and Gaps

- Health care providers staff were cut at partner level and this has affected the quality of delivered services especially the waiting time at facility level;
- Only one health staff at UNHCR covering for the entire operation;
- Some interventions at community level were not very consistent because the funding has affected on the number of community volunteers;
- Referral healthcare service to beneficiaries was affected and priority was given to emergence and lifesaving interventions;
- Asylum seekers staying longer in Nkamira TC, which has an impact on nutrition interventions to under 5 children, pregnant and lactating women because the setting does not allow the good nutrition practices for the specific target group; which might be the major cause of some of the malnutrition cases.

Partners Presence and Reporting



For more information, please contact : Jeanne Mumporeze <mumporez@unhcr.org> UNHCR Associate Public Health Officer, Cyrille Ble <ble@unhcr.org>, Information Management Officer