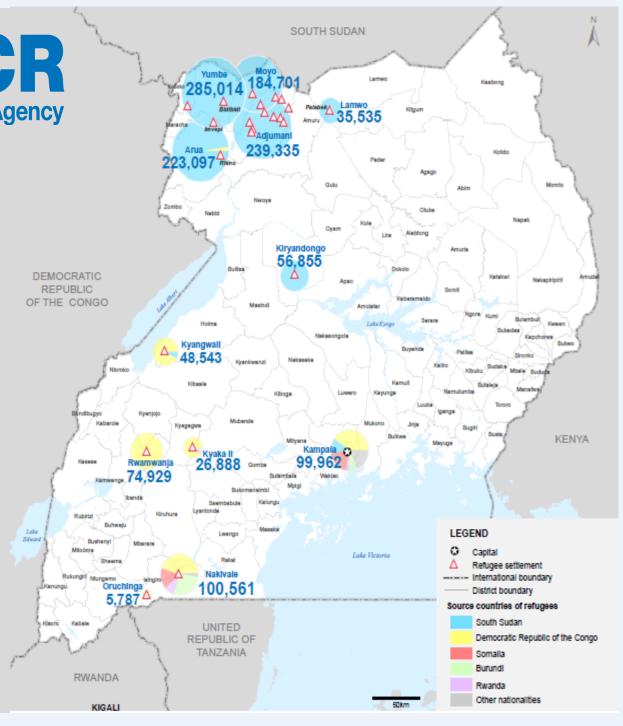


REFUGEE SETTLEMENTS
HEALTH INDICATORS ANALYSIS
DECEMBER, 2017

UGANDA

DECEMBER MONTHLY BULLETIN



1. Mortality

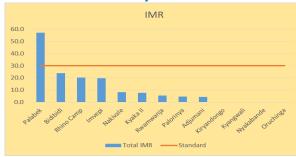
Crude Mortality rate



U5 Mortality rate

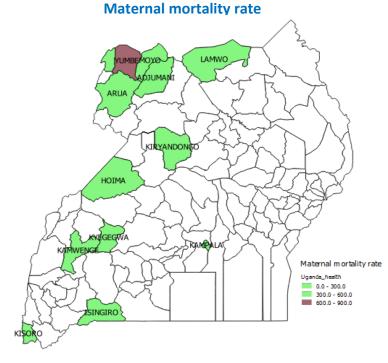


Infant Mortality rate

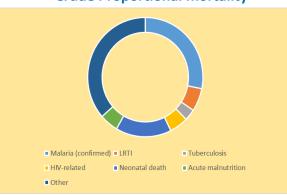


Neonatal Mortality rate

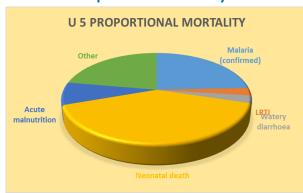




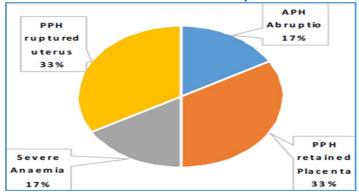
Crude Proportional mortality



U5 Proportional morbidity



Causes of Maternal mortality



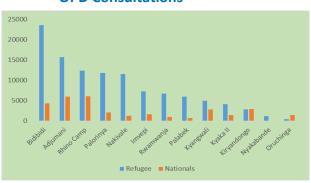
Note:

- ⇒ 1 maternal deaths were registered in Bidibidi settlements.
- ⇒ Crude, Under 5, Infant and Neonatal mortality indicators were within accepted standards
- ⇒ All the maternal deaths registered were audited and documented and an EMONC training was conducted to curb down the maternal mortality

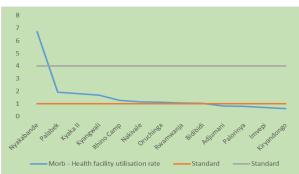
2. Morbidity

- ⇒ All suspected diseases of outbreak potential such as Measles from North and west Nile refugee settlements had negative test results from UVRI
- ⇒ A total of 140,587 consultations were made of which 108,827 (77%) were Refugees and 31,760 (23%) nationals
- ⇒ Overall consultation/Clinician/day stood at 41 (standard of 50) with Nyakabande(61), Adjumani(54) and Nakivale(53) settlements having the highest consultations/clinician/day.

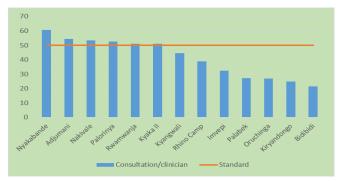
OPD Consultations



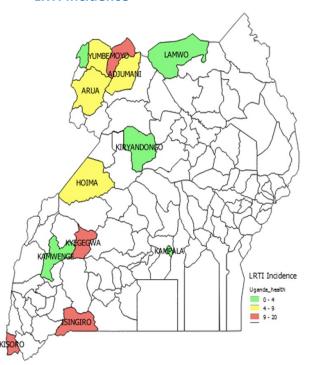
Hospital utilization rate



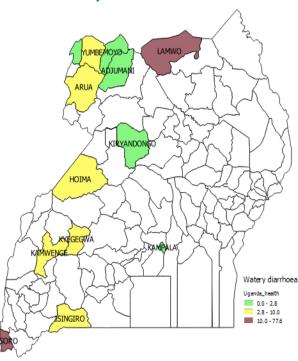
Consultation/Clinician/Day



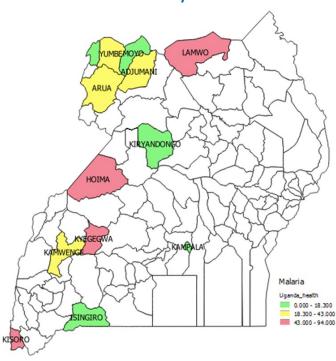
LRTI Incidence



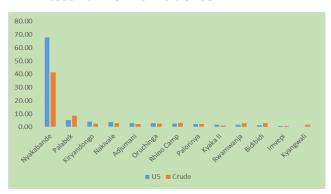
Watery diarrhoea Incidence



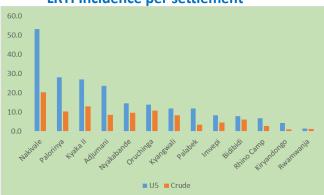
Malaria incidence by settlement



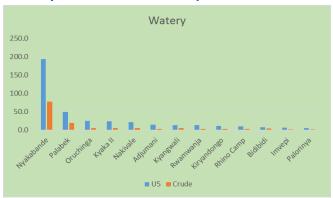
Intestinal worms incidence



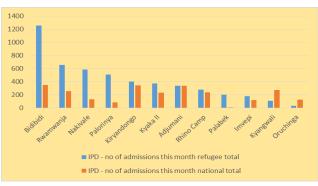
LRTI Incidence per settlement



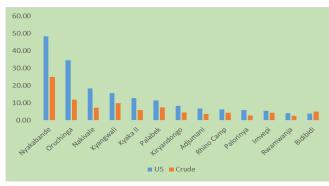
Watery diarrhoea Incidence per settlement



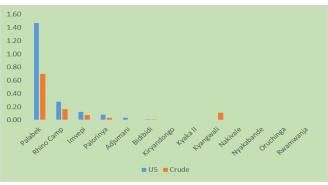
IPD Admissions



Skin diseases Incidence



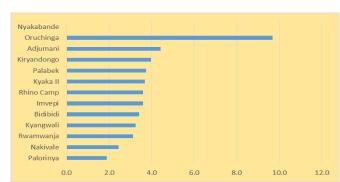
Bloody diarrhoea Incidence



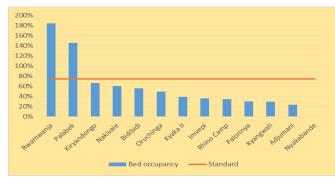
Hospitalization rate



Average length of stay

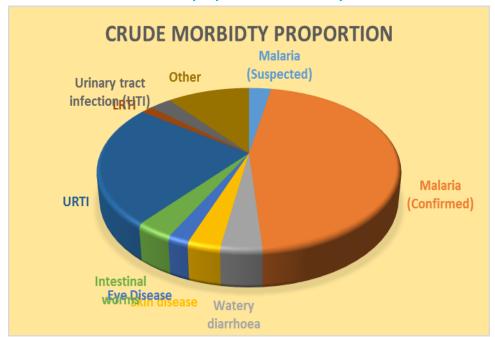


Bed occupancy rate

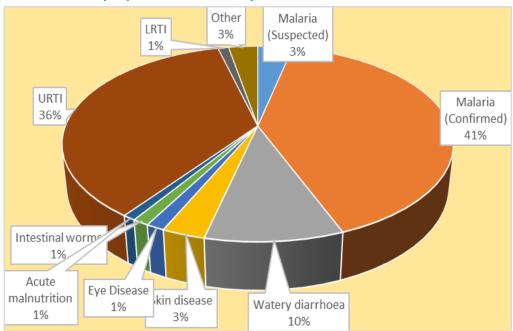


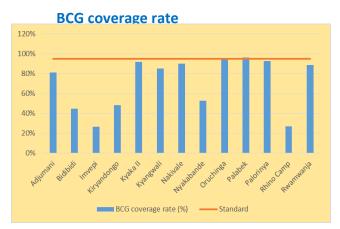
- \Rightarrow Bed occupancy rates were highest in Rwamwanja & Palabek beyond 100% due to the floor cases.
- ⇒ 34% of the total IPD admissions were nationals/host population

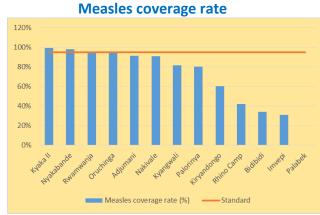
Crude proportional morbidity

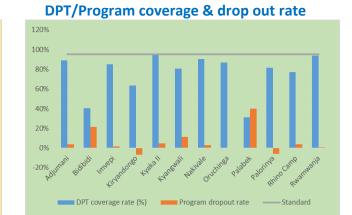


U5 proportional morbidity



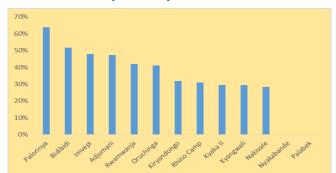






- ⇒ Only Rwamwanja and Kyaka II settlements reached the target of 95% DPT coverage with Palabek and Bidibidi having lowest scores
- ⇒ Oruchinga, Kyaka II, Nyakabande & Rwamwanja settlements achieved the target of 95% measles coverage with Imvepi, Bidibidi, Rhino camp, Kiryandongo & Palabek with least scores
- ⇒ Bidibidi, Kyangwali & Palabek settlements had a DPT/Program drop out rate greater than the standard of 10%

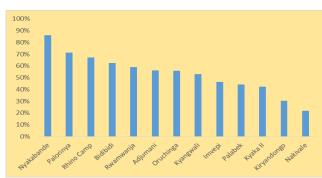
Malaria slide positivity rate



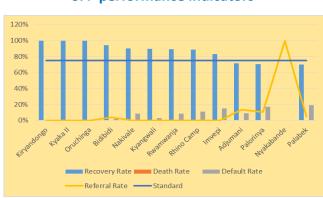
New admissions in SFP Nutrition programs



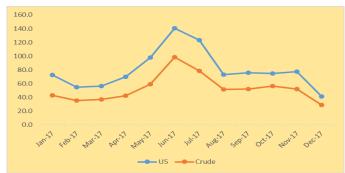
RDT malaria positivity rate



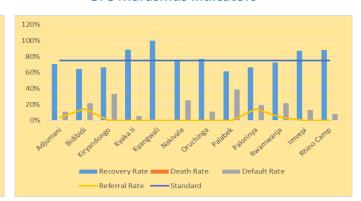
SFP performance indicators



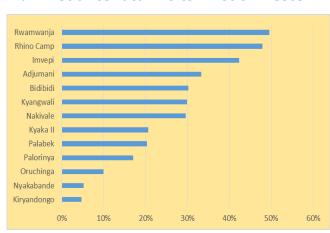
Malaria trend



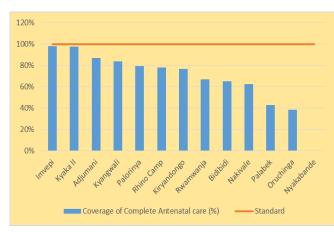
CTC Marasmus indicators



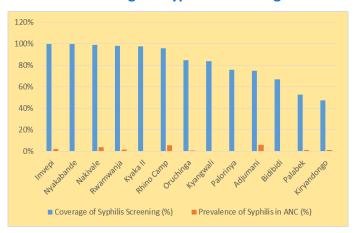
% First antenatal visits < 1st trimester



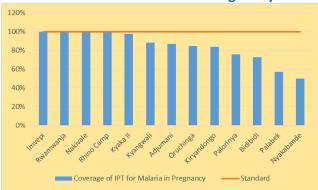
Coverage of complete ANC



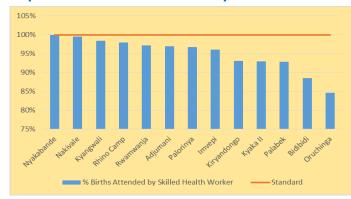
Coverage of syphilis screening



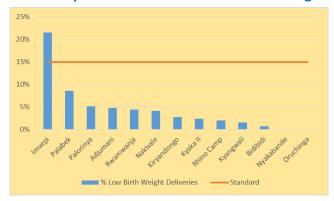
Provision of IPT for Malaria in Pregnancy



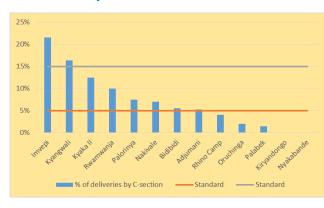
Proportion of boirths attended by skilled health workers



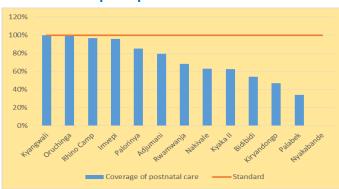
Proportion of deliveries -low birth weight



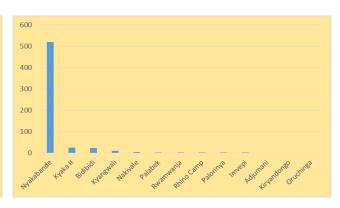
Deliveries by C-section



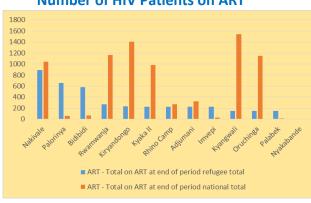
Complete postnatal care



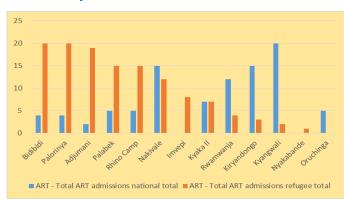
Number of reported rape cases



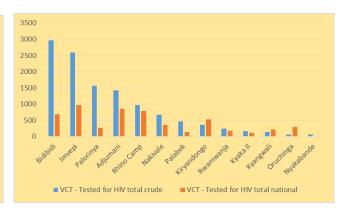
Number of HIV Patients on ART

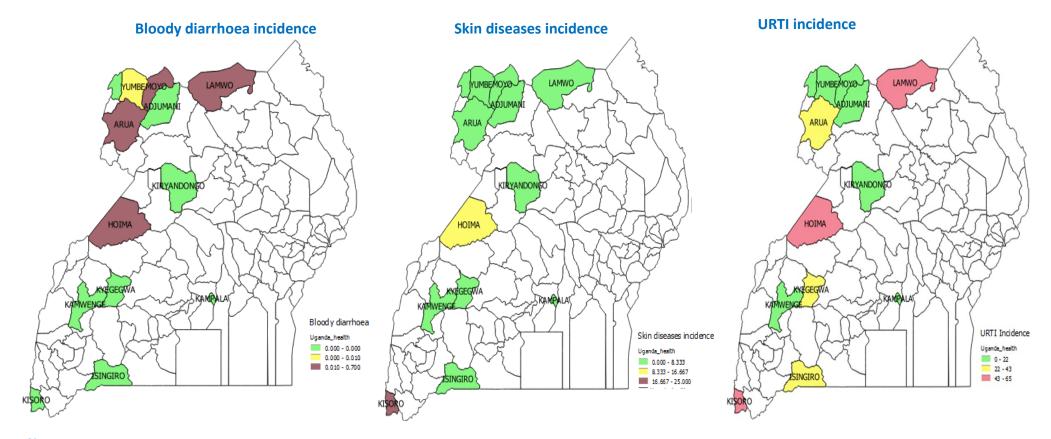


Newly enrolled on ART



Number tested for HIV





Note:

- A total of 2,958 deliveries were conducted in all refugees settlements in Uganda in the month of December 2017 out of which 158(4.8%) were by C-sections, 93% delivered at the health facilities and were attended by skilled health workers
- ⇒ Partner testing during ANC visits is generally low across all refugee settlements with an overall achievement of 38%
- ⇒ 22 TB MDR cases cumulatively are in treatment and being monitored closely for adherence with support from the community health workers

Notes:

The data used here are extracts from the monthly health service reports which are compiled by health facilities and submitted to Ministry of health—Uganda.

















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