



Overview

The Health Sector's main objective is to promote equitable access to health promotion, disease prevention and care for refugees, subject to national laws and practice. The provision of a package of minimum health services for all refugees is a key priority, with an emphasis on preventive and promotive health care for new refugee arrivals at entry points, transit and reception centers and during their initial stay in settlements.

These services include vaccination, nutrition screening, emergency referrals and provision of life-saving primary health care services, in addition to surveillance and response measures for outbreak of disease. Primary health care delivery in Mantapala has witnessed a steady expansion since the initial outset of the crisis in 2017. From an initial tent in the beginning of 2018, the health post at Base Camp grew to four tents offering preventive, promotive and curative health services. A fully-fledged Health Centre was opened in Block 12 in June 2019. Serious cases are referred to St Paul's Hospital in Nchelenge. Health partners continue to implement programs to prevent and treat malnutrition. Continued capacity-building of health workforce is also a priority, especially strengthening the role of community-based health workers. Their role is particularly important in raising awareness on reproductive health and HIV/AIDS prevention and treatment.



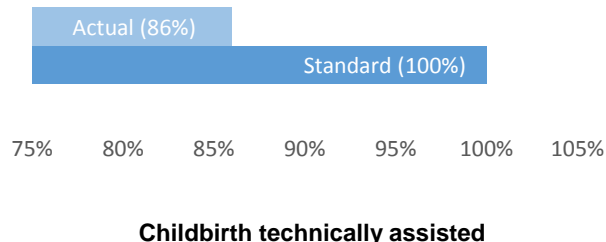
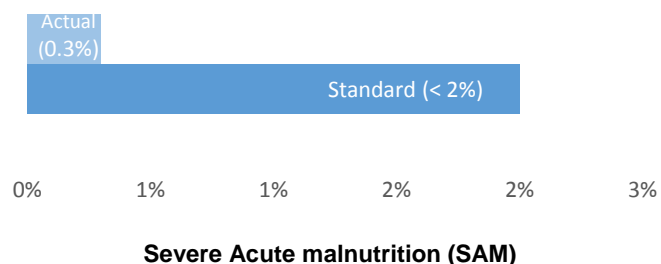
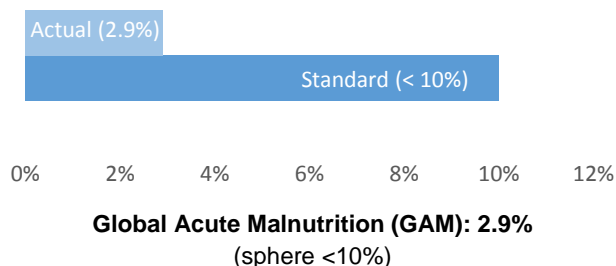
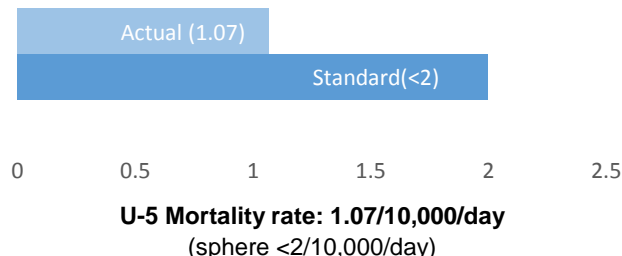
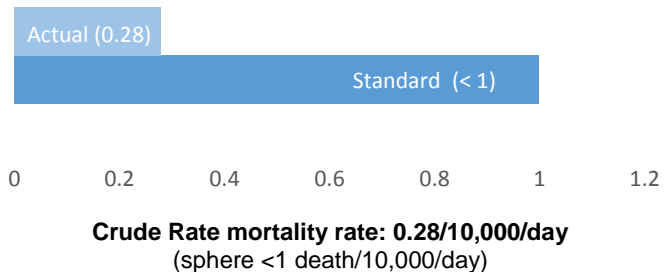
Nutrition volunteers in Mantapala being briefed prior to community sensitization and active case-finding

In the beginning of 2019, an unusually high number of deaths was reported. The Under-Five mortality rate (U5MR) rapidly increased to more than double the baseline level, which indicated a significant public health emergency. In response, a nutrition assessment was conducted by UNICEF/ the Ministry of Health in February, followed in mid-March, by a comprehensive joint health assessment by an inter-agency team led by the Commissioner for Refugees with the technical support of UNHCR. A series of measures were immediately put in place by the District Health Office and partners, which introduction of Corn-Soya Blend in the food ration, availing of two clinical officers to support consultations and motorcycles to facilitate outreach activities.

By mid-June 2019, mental health issues were more frequently reported and, an exercise identifying persons with specific needs in May-June, revealed over 100 possible cases of mental health concerns in the settlement. The need for a comprehensive mental health and psychosocial support (MHPSS) assessment had been established, other outstanding needs include access to psycho-social counselling for persons with post-traumatic stress disorder and treatment of mental health disorders.



Key indicators



Achievements and impact

- Crude mortality rate: 0.28/10,000/day (sphere <1 death/10,000/day)
- U-5 Mortality rate: 1.07/10,000/day (Sphere <2/10,000/day)
- Utilization of health service rate: 1.7 visits/ person/ year (Sphere: 1-4 visits/ person/ year)
- Childbirth technically assisted: 86%
- Referrals: 250
- Total pregnant women tested 1,044 out of 4066 women in procreation age or a coverage of 26% the HIV incidence is 2.6%
- Total other people tested: 3,899 (3226 Congolese and 673 Zambians) out of 11,915 individuals Congolese or a coverage of 27% and 5,000 Zambians.
- Total number of people under ART: 64
- Global Acute Malnutrition (GAM): 2.9% (Sphere: <10%)
- Severe Acute malnutrition (SAM): 0.3%



Identified needs and remaining gaps

- The current stock of medicines is provided by Nchelenge district. There is frequent stock-out of pediatric formulations for anti-malaria, analgesics antibiotics, fansidar, as well as, iron supplements given to pregnant women at ANC to prevent malaria. There is no insulin to manage diabetics, and no essential anti-hypertensive drugs. Furthermore, there are inadequate supplies to maintain infection prevention.
- Insufficient staffing and supervision: The health post has no permanent staff. Its staff are working on part-time basis from different Nchelenge health posts. The health center can only be staffed through the Ministry of Health only when the Health Post is gazetted and meets the standard of Ministry of Health. There is insufficient supportive supervision and refresher training for health staff.
- The health infrastructure requires an equipped laboratory, in-patient ward and an observation ward. The absence of a laboratory means that staff only do presumptive diagnoses.

Partners

- United Nations High Commissioner for Refugees (UNHCR)
- Commissioner for Refugees (COR) / Ministry of Home Affairs (MHA)
- Ministry of Health (MoH)
- United Nations Children's Fund (UNICEF)
- Africa Action Help (AAH)
- CARE International
- Zambian Red Cross (ZRC)



Patients at reception area of new health center in Mantapala on 24th June 2019