# Health & Nutrition Dashboard

## Uganda Refugee Response Plan (RRP) 2024-2025

Reporting Quarter

Q1 2024

## Key sector achievements

The sector is on track to achieve its main objective of ensuring full transition 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 and GoU GRF pledges of 2023

**Achievements**

During reporting period, the under-five and crude mortality rates were kept low at 0.12 and 0.05 (per 1000 people) per month, respectively, while the standard is below 1.5 and 0.75. This falls within the desired standards. The leading causes of mortality among the general population are; Malaria (13%), Neonatal deaths (16%), Lower respiratory tract infection (11%), Anemia (4%) and Liver diseases (6%) among the general population.

A total of 467,355 consultations were registered in Q1 2024 (29% nationals & 71% refugees). With each clinician receiving on average 46 consultations a day against the standard of <50. The major disease burdens were Malaria (30%), Upper respiratory tract infection (12%), Lower respiratory tract infection (9%), Skin diseases (6%) and urinary tract infection (5%) of the general population

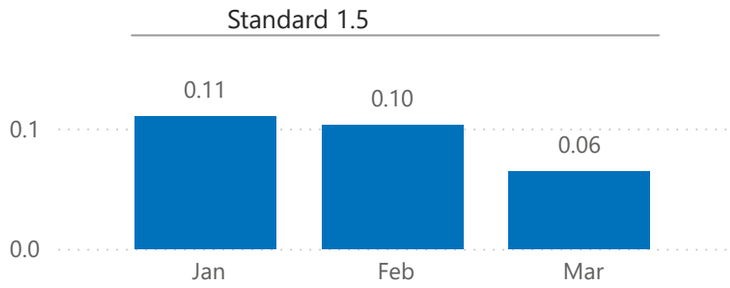
A total of 11,684 (6,193 refugees & 5,491 nationals) live births were registered in the quarter of which 98% were attended by skilled health workers and 14% by caesarean section.

29,761 were tested for HIV across all settlements of which 208 were tested positive for HIV and enrolled into HIV care and treatment. This is good progress with 95% of all those who tested positive linked to receive treatment and will lead to the achievement of having 0ver 95% of HIV cases identified and enrolled on treatment

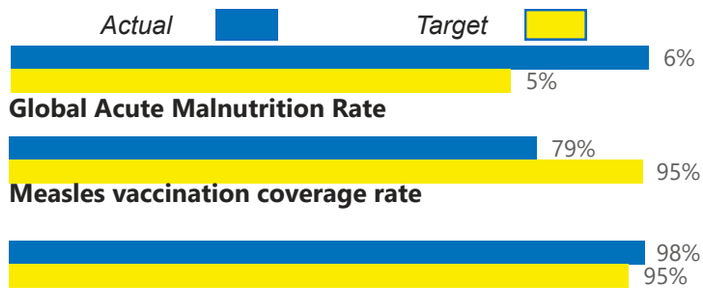
**Challenges**

Existence of temporary infrastructures that need to be constructed. 86% of these facilities are coded in government system and 14% still need to be accredited and upgraded to serve the refugees. There is lack of privacy in provision of health services in temporary structures and this has led to poor health care seeking behavior especially for pregnant mothers to attend ANC and delivery services.

## Key performance indicators

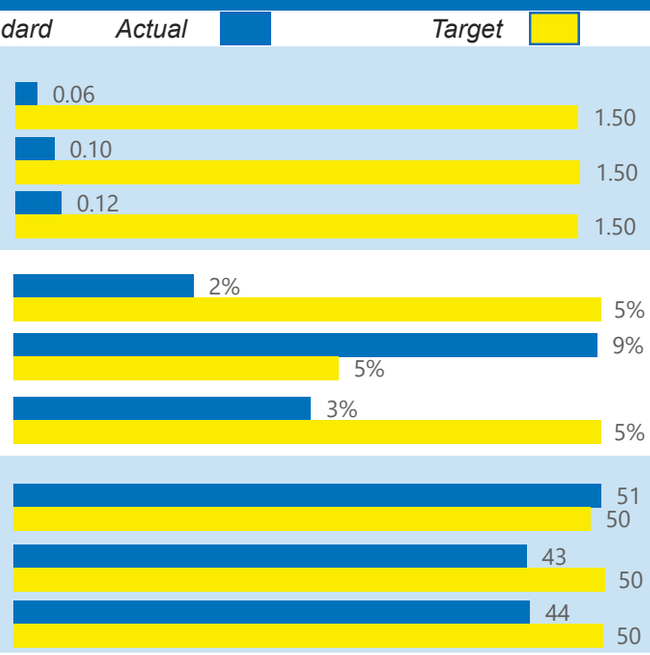



**Under-5 mortality rate per 1,000 children**




## OUTCOME 1: Improved access to adequate preventive, promotive and curative services for communicable and non communicable diseases

| Indicator | Actual | Target/Standard |
|---|---|---|
| **Under-5 mortality rate per 1,000 children per month** | | |
| - Congolese Refugees | 0.06 | 1.5 |
| - South Sudanese Refugees | 0.10 | 1.5 |
| - Other refugees | 0.12 | 1.5 |
| **Global Acute Malnutrition rate** | | |
| - Congolese Refugees | 2% | 5% |
| - South Sudanese Refugees | 9% | 5% |
| - Other refugees | 3% | 5% |
| **Consultations per clinician per day** | | |
| - Congolese Refugees | 51 | 50.0 |
| - South Sudanese Refugees | 43 | 50.0 |
| - Other refugees | 44 | 50.0 |




**Achievement data source:** HMIS/IRHIS (reported by sector lead)
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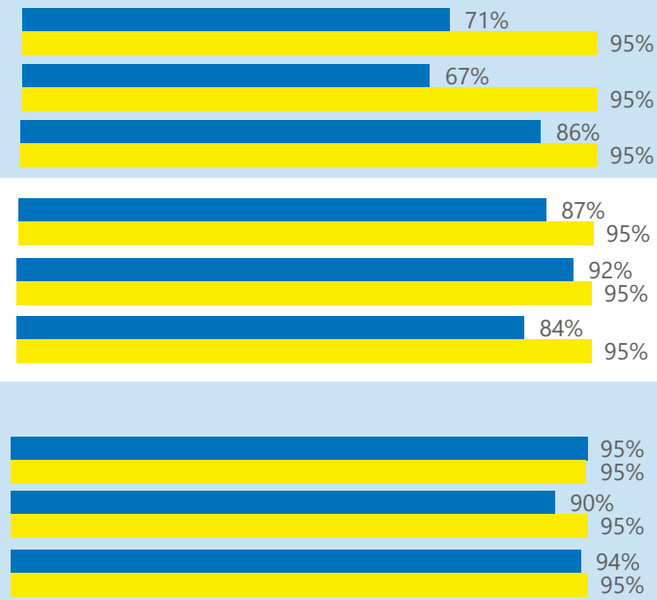
## OUTCOME 2: Improved HIV-TB prevention, care and treatment services

| Indicator | Actual | Target/Standard |
|---|---|---|
| **ART retention rate** | | |
| - Congolese Refugees | 71% | 95% |
| - South Sudanese Refugees | 67% | 95% |
| - Other refugees | 86% | 95% |
| **TB treatment success rate** | | |
| - Congolese Refugees | 87% | 95% |
| - South Sudanese Refugees | 92% | 95% |
| - Other refugees | 84% | 95% |
| **Viral load suppression rate** | | |
| - Congolese Refugees | 95% | 95% |
| - South Sudanese Refugees | 90% | 95% |
| - Other refugees | 94% | 95% |




## OUTCOME 3: Strengthening the national health care system capacity to cope with the increasing demand for health services by refugees and host population.

| Indicator | Actual | Target/Standard |
|---|---|---|
| **Health facility accreditation rate** | | |
| - Congolese Refugees | 80% | 100% |
| - South Sudanese Refugees | 78% | 100% |
| - Other refugees | 100% | 100% |
| **Health Center IV and District referral hospitals supported** | | |
| - Congolese Refugees | 80% | 100% |
| - South Sudanese Refugees | 83% | 100% |
| - Other refugees | 50% | 100% |
| **Monthly health & nutrition coordination meetings** | | |
| - Congolese Refugees | 100% | 100% |
| - South Sudanese Refugees | 100% | 100% |
| - Other refugees | 100% | 100% |

**Funding**

**$105M** Total required

**$45M** Received

**$60M** Gap

Scan QR code to access the interactive dashboard

# Operational presence - Health & Nutrition partners - 67

**Primary Health Care - 16**
**Surveillance - 3**
**ASRH & GBV - 11**

**Nutrition & food security - 20**
**Mental Health & Psychosocial support - 5**
**HIV & TB - 2**

**Health systems strengthening -2**
**Coordination & Supervision - 5**
**Referral services - 6**

ACF, ARRH, AVSI, KDLG, MSU, PALM Corps, RICE-WN, TPO

ACF, ACORD, HHA, IRC, PALM Corps, UNHCR, UNICEF, WFP, YRRH, Yumbe DLG

AFI, ARRH, CARE, IRC, MSF, MSU, PALM Corps, PMI Uganda, RICE-WN, SCI, Terego DLG, TPO, UNFPA, UNHCR, UNICEF, URCS, WFP, WHH, WHO

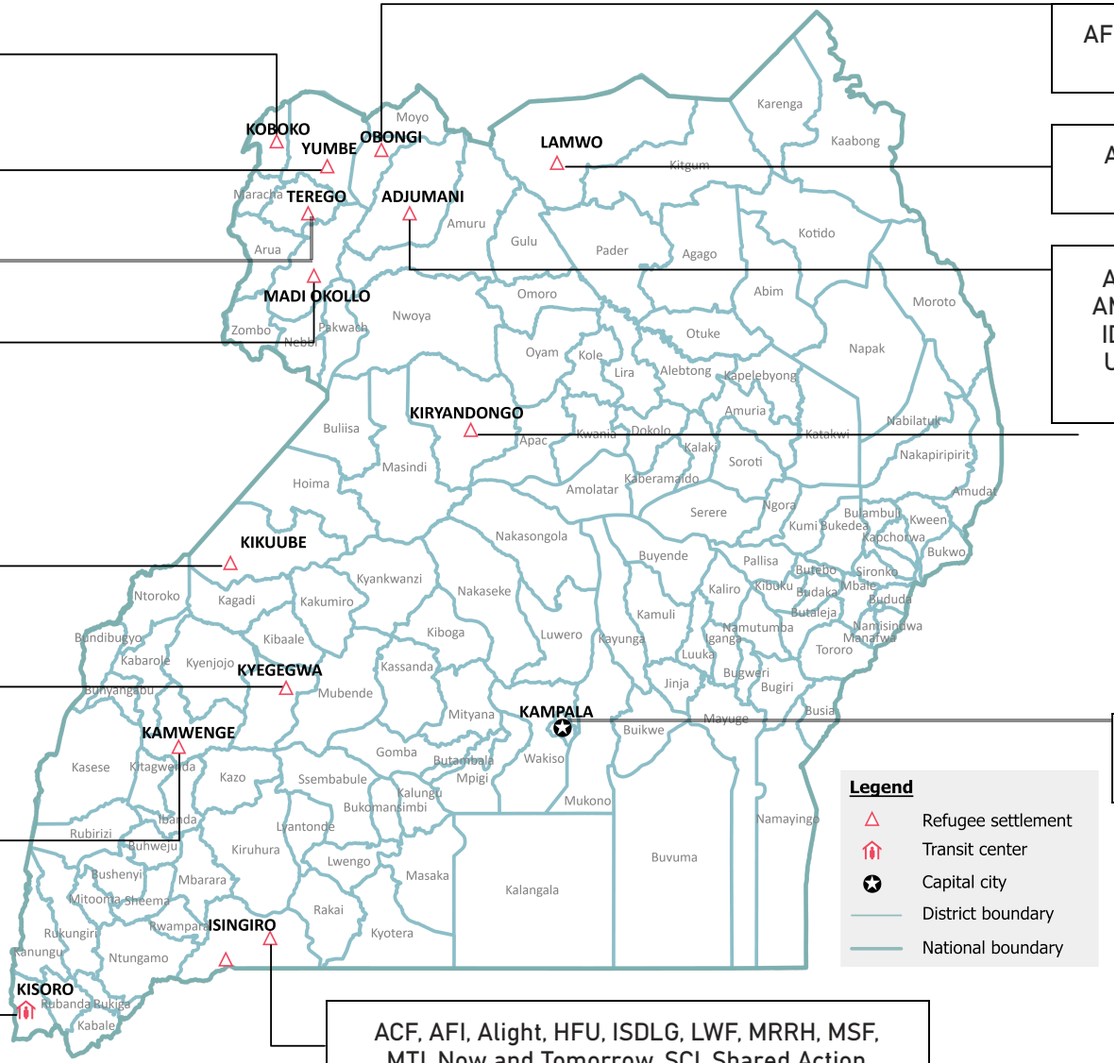
AFI, AMREF, ARRH, CARE, IRC, Madi Okollo DLG, MSF, MSU, PALM Corps, Plan, RICE-WN, SCI, TPO, UNFPA, UNHCR, UNICEF, URCS, WFP, WHH, WHO

ACF, FCA, HFU, Hoima RRH, Kikuube DLG, LWF, MTI, UNHCR, UNICEF, WFP

ADRA, AHA, CARE, FCA, FPRRH, HI, IOM, Kabarole research Resource center, Kyegegwa DLG, LWF, MTI, Nsamizi, OPM, Ripple Effect, TPO, UNFPA, UNHCR, UNICEF, WFP, WVI

ADRA, AVISI, FPRRH, Kamwenge DLG, LWF, MTI, NARO, Nsamizi, SCI, UNHCR, UNICEF, WFP

Kisoro DLG, MTI, UNHCR, UNICEF, WFP




**Legend**
- Refugee settlement
- Transit center
- Capital city
- District boundary
- National boundary

AFOD, ARRH, IsraAID, LWF, MTI, Obongi DLG, SCI, UNFPA, UNHCR, UNICEF, WFP

ACORD, FH, Gulu RRH, IRC, Lamwo DLG, LWF, UNHCR, UNICEF, WFP

ACF, ACODEV, Adjumani DLG, AFI, AFOD, AMREF, AVISI, AVSI, CARE, FFH, Gulu RRH, IDI, LWF, MTI, PACHEDO, REACH A HAND UGANDA, RHU, SCI, TUTAPONA, UNHCR, UNICEF, WFP

AHA, KCCA, UNHCR, UNICEF

ACF, AFI, Alight, HFU, ISDLG, LWF, MRRH, MSF, MTI, Now and Tomorrow, SCI, Shared Action Uganda, TPO, TUTAPONA, UNHCR, UNICEF, WFP