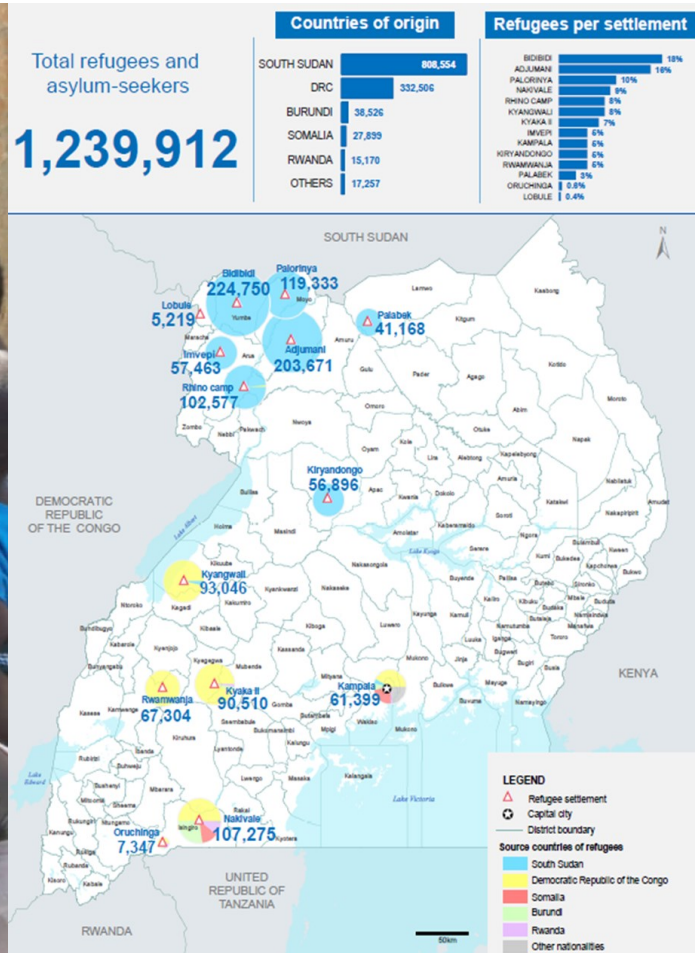
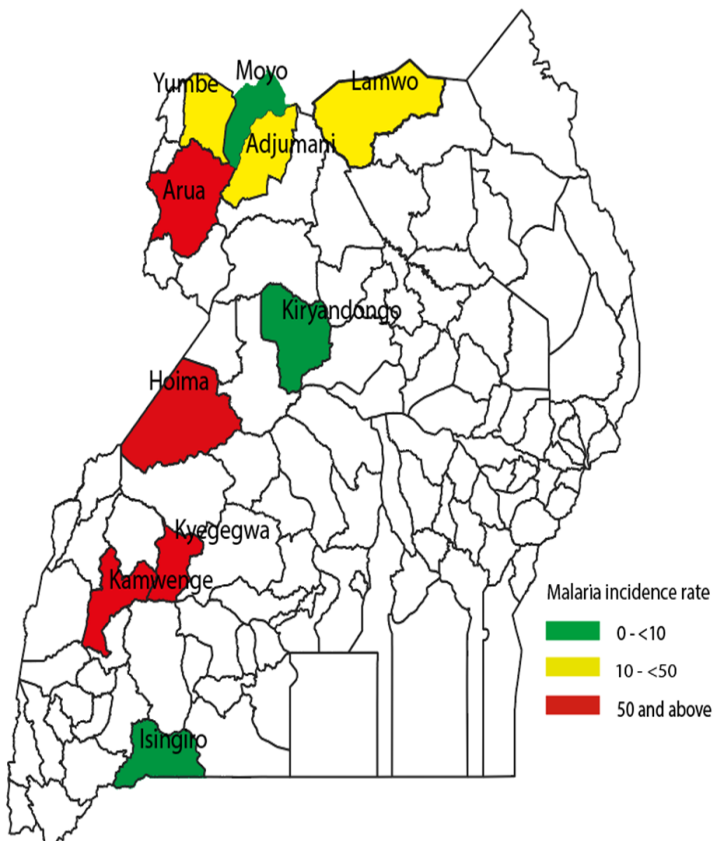




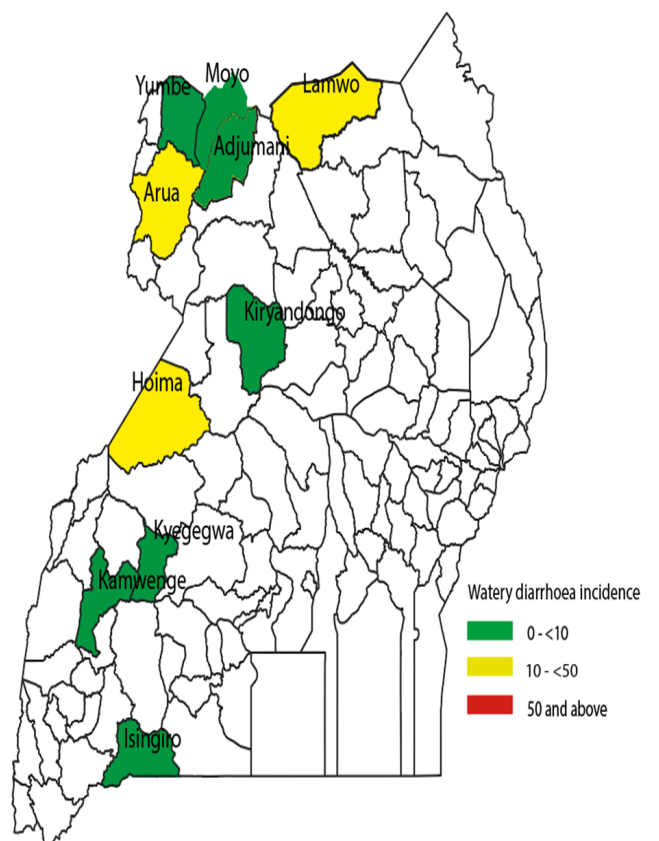
Refugee Health report UGANDA March 2019



Malaria incidence across settlements



Watery Diarrhoea incidence across settlements



Health & Nutrition key highlights

In Adjumani district, 185 measles cases, inclusive of nine (4.9%) refugees have so far been reported and managed in Adjumani district from 01 February to 31 March 2019. A Total of seven deaths, including a one year old refugee child, has so far been reported (case fatality rate of 3.8%). The cumulative attack rate for the district is 50 measles cases per 100,000 population.

Following achievement of 27,907 (95%) and 31,527 (92%) coverage for measles and polio vaccination during the first round of the multi-antigen vaccination campaign in February 2019 respectively, the second round of multi-antigen vaccination campaign was conducted in Imvepi and Rhino camp refugee settlements from Friday 29th March to Sunday 31st March. Infants and children 6- 59 months received BCG, Polio, DPT, Hepatitis B, Haemophilus Influenza B and those that missed the first round received measles vaccination.

Measures put in place to control the outbreak included: cases management in health facilities for detecting the cases; health education in health facilities and community sensitization; active and passive search for measles cases; vitamin A supplementation of all children aged 6 –59 months; targeted immunization of all children aged 6 – 59 months in affected sub counties; and, multi- antigen vaccination campaign in refugee settlement for children aged 6 – 59 months with coverage of 96%; and routine immunization continued in all immunizing facilities for children aged 6 -12 months

Summary of indicators



OPD consultations

Total OPD Consultations:	162,735
Refugees:	127,074 (78%)
Nationals:	35,661 (22%)
Consultation/Clinician/day:	46(Standard: 50)
Top morbidity causes:	Malaria 26.8%, URTI 16.6%, LRTI 7.6%, Skin diseases 6.8% and Watery diarrhea 4.5%



Disease surveillance and outbreak

- ◆ No Ebola case registered in Uganda so far following the outbreak in DRC. 4 alerts of Ebola were investigated and the results were all negative for VHF in Bundibugyo district (Boarder point district)
- ◆ 4 more measles cases were registered in the month of March 2019 in Adjumani making a total of 71 measles cases since the outbreak in February 2019.



In Patient department

◆ Total admitted:	7,910
◆ Refugees:	5,328 (67%)
◆ Nationals:	2,582 (33%)
◆ Hospitalization rate:	55 (Std 50—150)
◆ Bed occupancy rate:	67.9% (Std 75%)



Referrals & Mortality

◆ Total referrals:	1,883
◆ Referral rate:	Emergency 0.3, District 0.6, regional 0.7%, National 0.1
◆ Crude mortality rate:	0.1 (Standard: < 0.75)
◆ Under 5 mortality rate:	0.16 (Standard: <1.5)
◆ Infant mortality rate:	17.2 (Standard: <20)



Vaccinations

◆ Measles:	4,040	Ref: 71%	Nat: 29%
◆ Polio 3:	4,934	Ref: 69%	Nat: 31%
◆ DPT 3:	4,783	Ref: 68%	Nat: 32%
◆ TT :	8,423 pregnant mothers		



Nutrition & Food security

◆ Number moderately malnourished:	1,070
◆ Number severely malnourished:	93
◆ SFP recovery rate:	87.4% (Standard >75%)
◆ ITC recovery rate:	84.7% (Standard >75%)



Reproductive health

◆ Proportion of 1st ANC within 1st trimester:	35%
◆ Proportion of Mothers tested for HIV in ANC:	95%
◆ Skilled deliveries by health workers	95%
◆ Complete ANC at delivery:	80%
◆ Total number of live births:	3,851
◆ Live births—Refugees:	2,163 (64%)
◆ Live births—Nationals:	1,216 (36%)

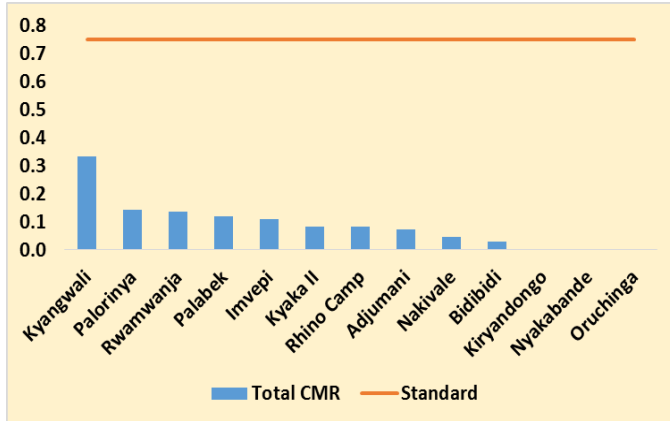


HIV/AIDS & TB

◆ #Tested for HIV:	13,002	Ref: 64%	Nat: 36%
◆ #Tested HIV positive:	241	Ref: 35%	Nat: 65%
◆ #Enrolled on ART:	383	Ref: 45%	Nat: 55%
◆ #Cumulative on ART:	16,103	Ref: 37%	Nat: 63%
◆ Condom distribution rate:	0.16		
◆ New TB cases started on treatment:	88		

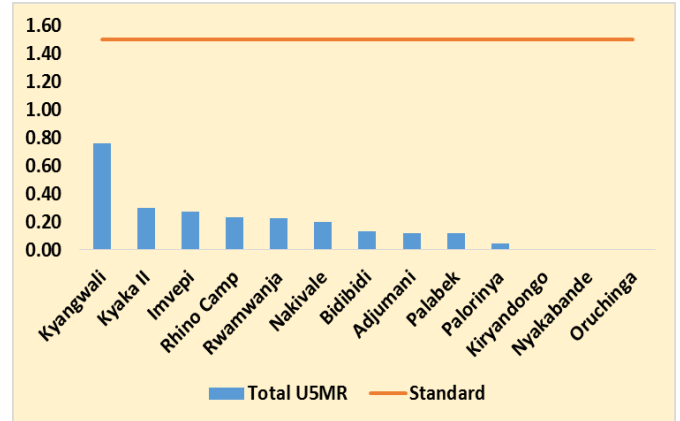
Crude Mortality rate

The number of deaths per 1,000 population across all settlements is at 0.1 which falls below the maximum standard of 0.75 death per 1000 population implying good health status of the population. 2 maternal deaths were registered in Palorinya and Kyangwali settlement



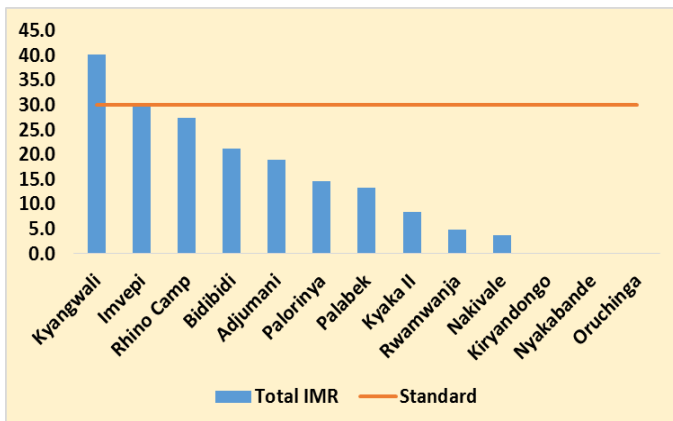
U5 Mortality rate

The number of deaths of children under 5 years per 1,000 population across all settlements is at 0.16 which falls below the maximum standard of 1.5 death per 1000 population implying good health status of the population of under 5 years



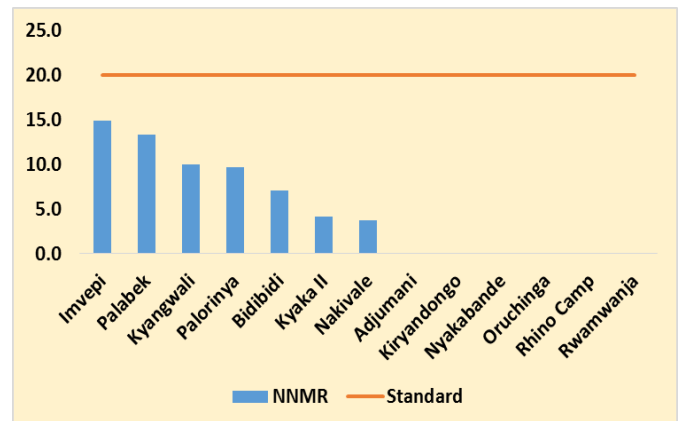
Infant Mortality rate

The number of deaths of children less than one year was at 17.2 deaths per 1000 live births registered which falls within the acceptable ranges of less than 30 deaths of children less than one year implying good health status of the population



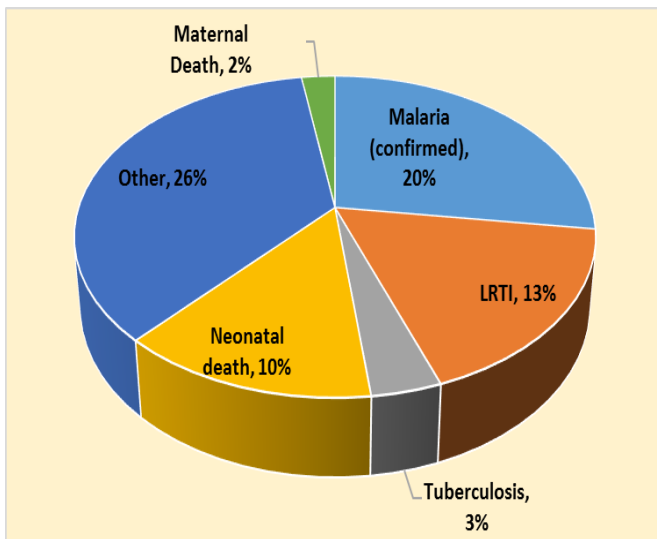
Neonatal Mortality rate

The number of deaths of children less than 28 days of life was at 5.1 of every 1000 live births registered which falls within the acceptable ranges of less than 20 deaths of children less than one year implying good health status of the population



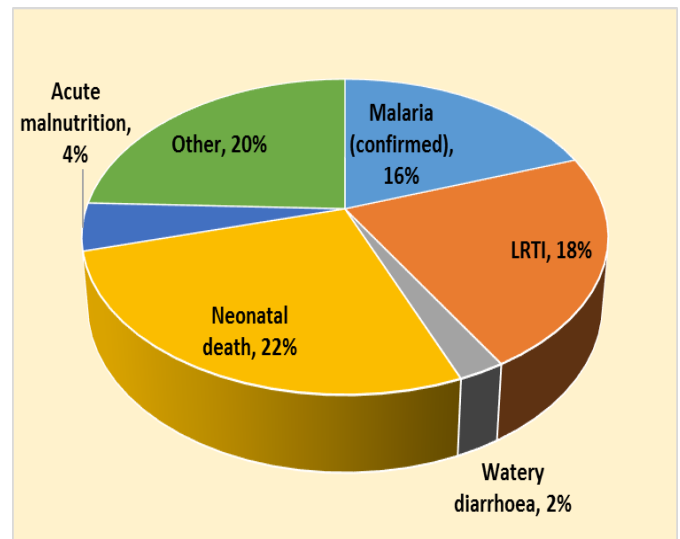
Crude mortality

For every 1000 population, 1 death is registered among the refugees in Uganda. 2 maternal deaths were registered in Kyangwali and Palorinya settlement. The top mortality cause is malaria at 20% of the total causes of mortality



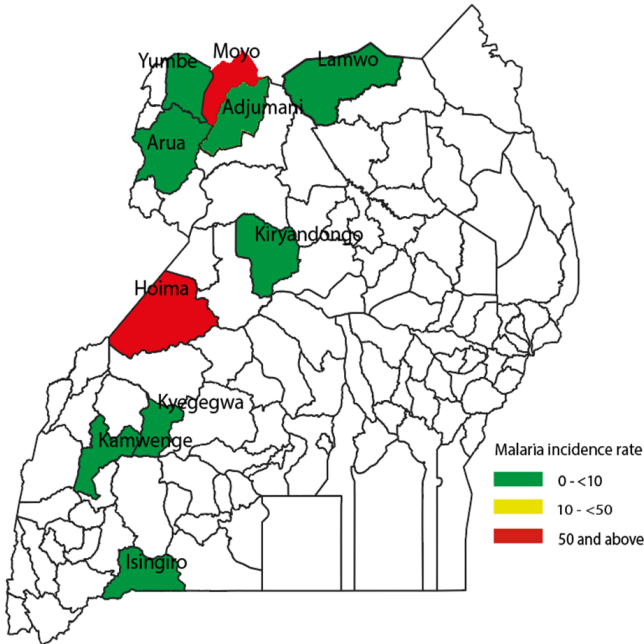
U5 mortality

For every 1000 population of children under 5 years, 1 death is registered among the refugees in Uganda. The top mortality cause is malaria at 16% , neonatal death at 22% and LRTI at 18%



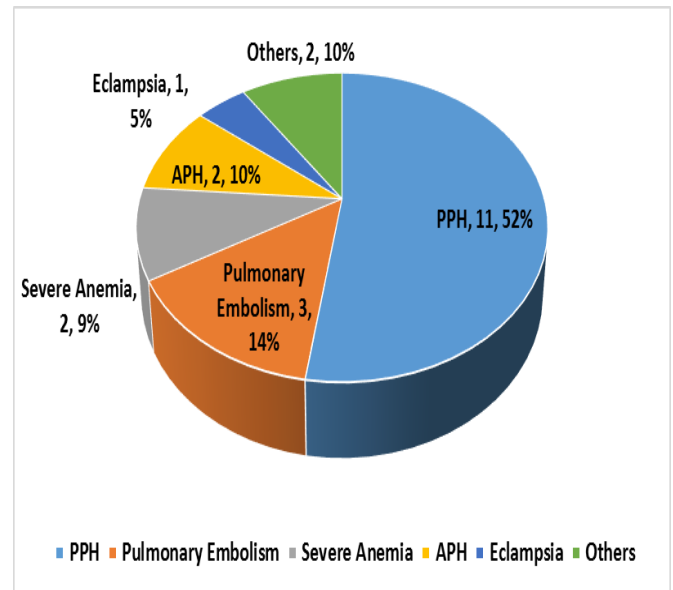
Maternal mortality rate

2 maternal deaths were registered in March 2019 in Kyangwali(1) and Palorinya(1). This brings the total maternal deaths to 10 since January 2019. Nakivale(1), Kyangwali(4), Bidibidi(1), Imvepi(1), Palorinya(1) and Kyaka (2)



Major causes of maternal deaths

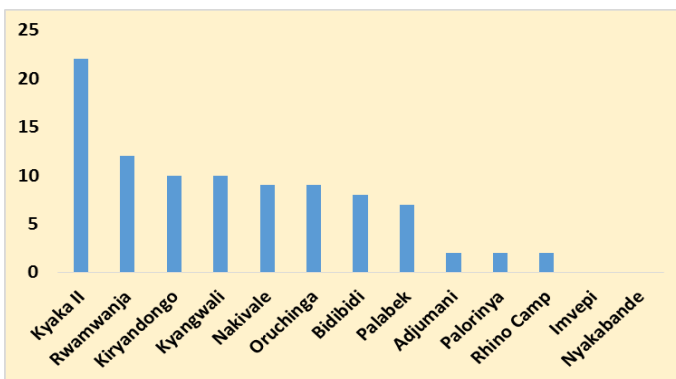
More than half of the maternal deaths are due to PPH. More than 50% of them having had 5 or more pregnancies coupled with 3rd delay at the health facilities.



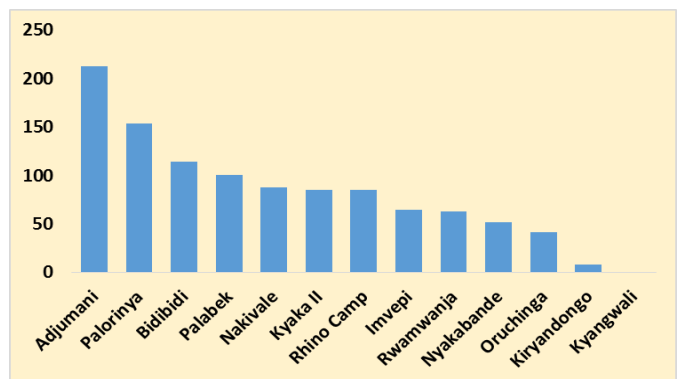
Nutrition

A total of 1070 children under 5 years were admitted into SFP and 93 into CTC. SFP overall recovery rate is at 88% with all settlements within acceptable rates. High default rates were cited in Imvepi and Oruchinga settlements and follow up strategies with community health structures have been strengthened. Adjumani and Bidibidi had the least Cure/recovery rates

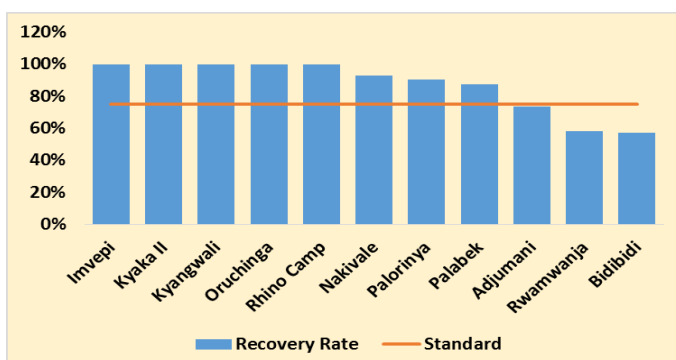
CTC Admissions



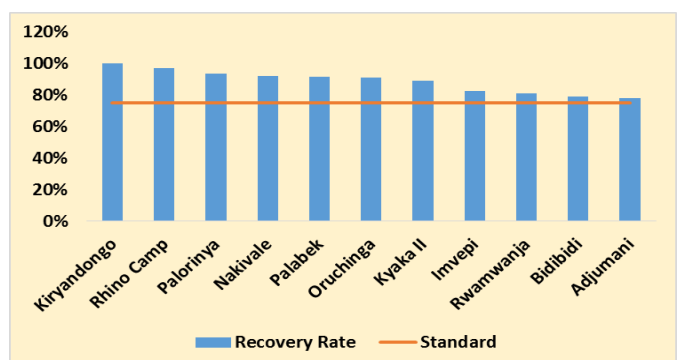
SFP admissions



CTC Recovery rates



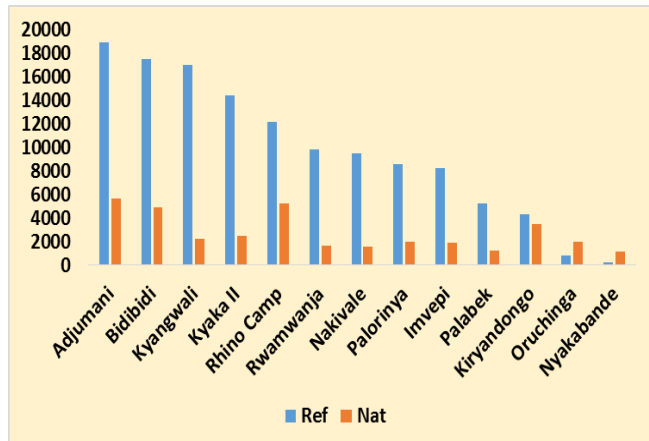
SFP Recovery rates



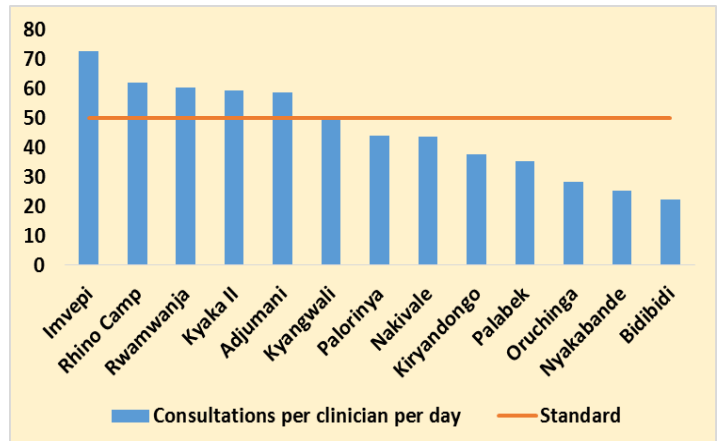
OPD Consultation

162,735 consultations were made across all the health facilities in UNHCR operation in the refugee settlements of which 78% were refugees and 22% host population. The top morbidity causes were Malaria 26.8%, URTI 16.6%, LRTI 7.6%, Skin diseases 6.8% and Watery diarrhea 4.5%. Consultation/clinician/day is at 44 which is within the acceptable standards of 50 with refugees visiting the health facilities 1.3 times on average

OPD Consultations—Refugees vs Nationals

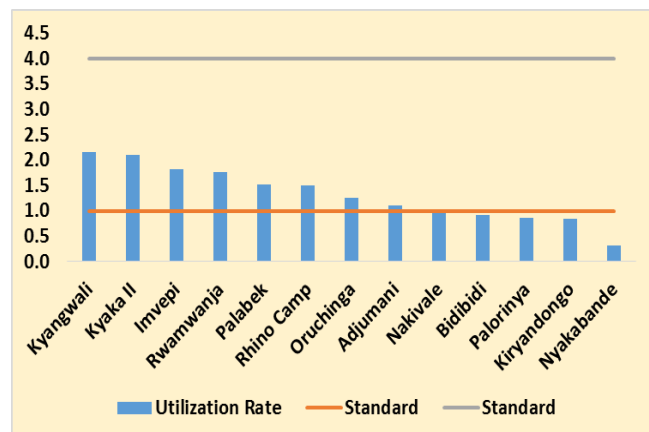


Consultation/Clinician/Day



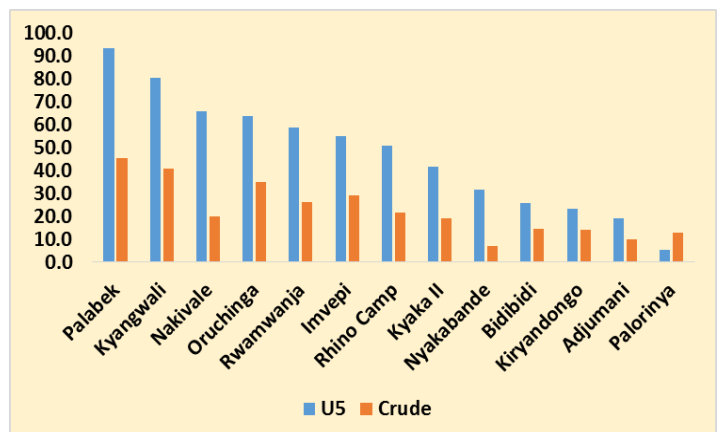
Health Facility Utilization

On average, each refugee visited the health facility 1.3 times during the month. The standard is between 1 to 4 visits per refugee. Bidibidi, Kiryandongo, Nyakabande and Palorinya did not reach the standard of 1 visit per refugee among all the settlements and community sensitization/awareness campaigns are being conducted for refugees to promptly seek health care services



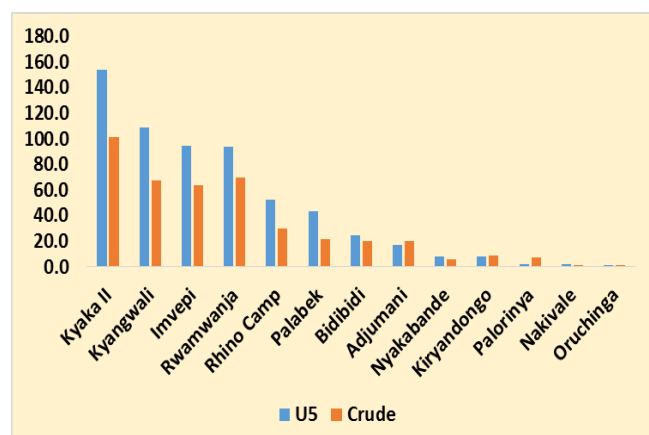
URTI incidence

Upper respiratory track infection had the highest incidence in Palabek, Kyangwali, Nakivale and Oruchinga settlements. The incidence has reduced from 23 in January to 19 in March 2019



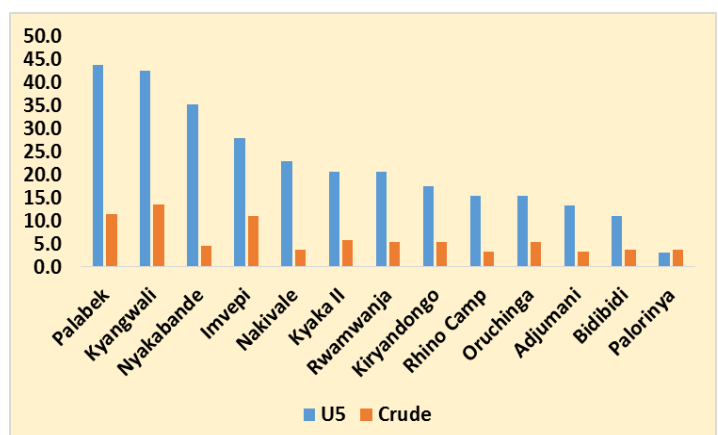
Malaria incidence

Kyaka II, Kyangwali, Imvepi and Rwamwanja had the highest incidences of malaria in March 2019. The incidence has significantly reduced from 68 in January to 31 in March 2019. Measures such as early detection and treatment of malaria cases both in the community and at the health facilities are on going in bid to reduce the malaria burdens

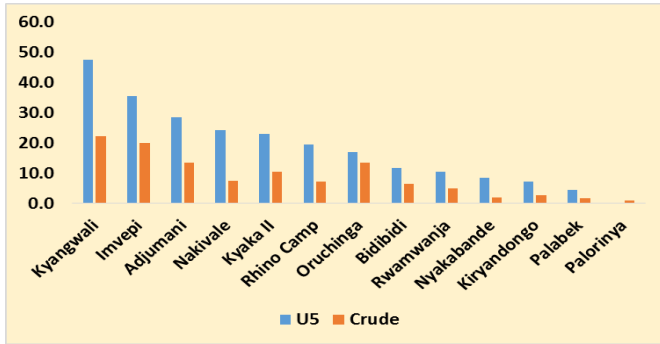


Watery diarrhoea

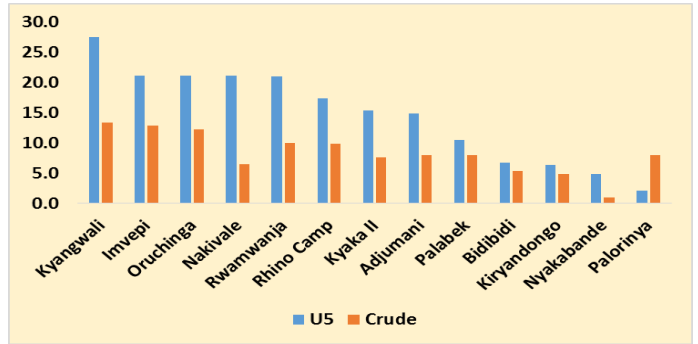
Watery diarrhoea has been a burden in settlements like Kyangwali Palabek and Nyakabande transit center inclusive. Efforts have been made hand in hand with the WASH sector of UNHCR to bring the incidences down with sensitization of proper hygiene, disposal of wastes and using proper storage of drinking water across all the settlements



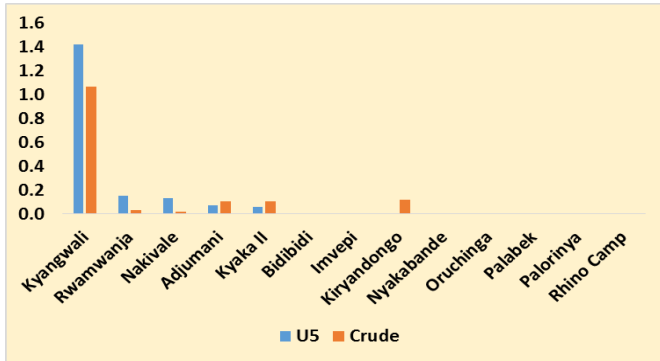
LRTI incidence



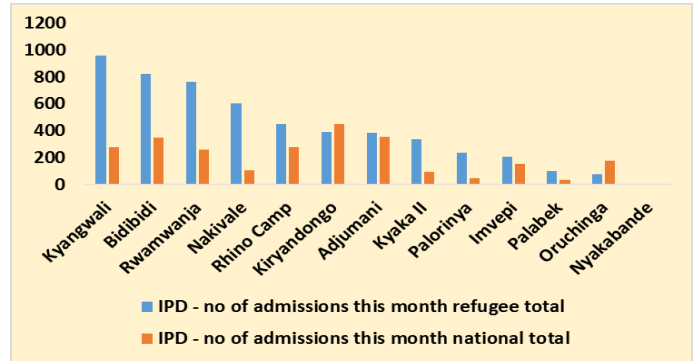
Skin infection



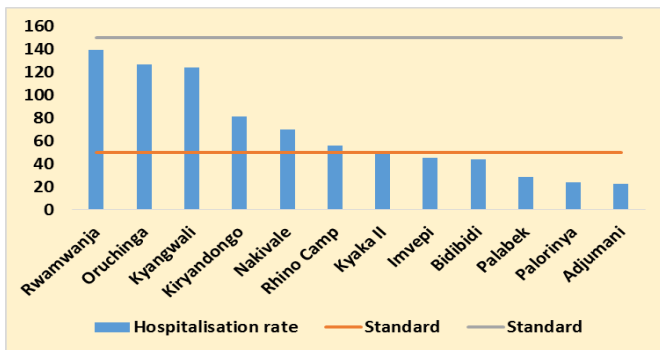
Bloody diarrhea incidence



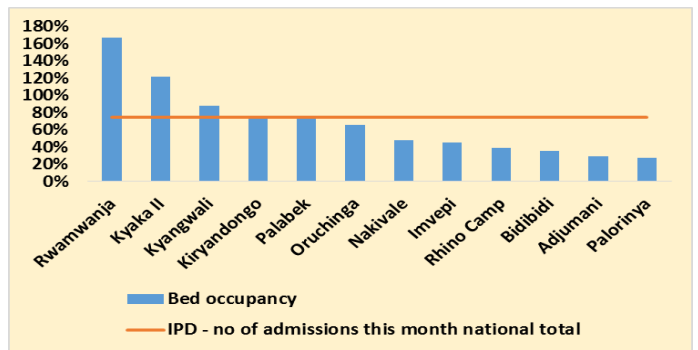
IPD admissions



Hospitalization rate

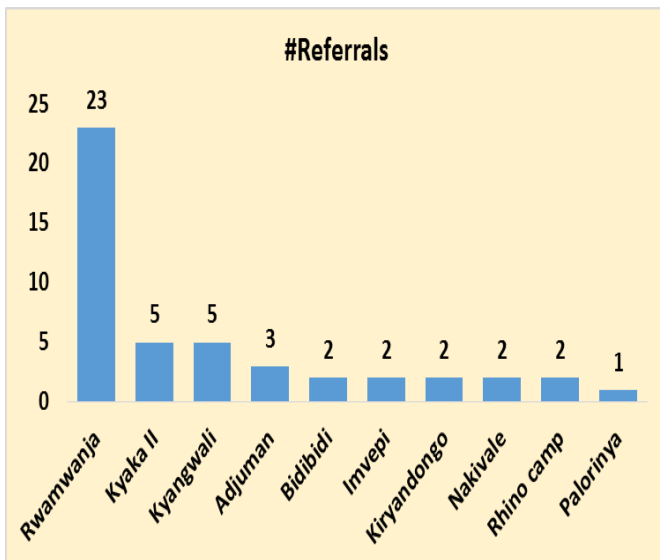


Bed occupancy rate



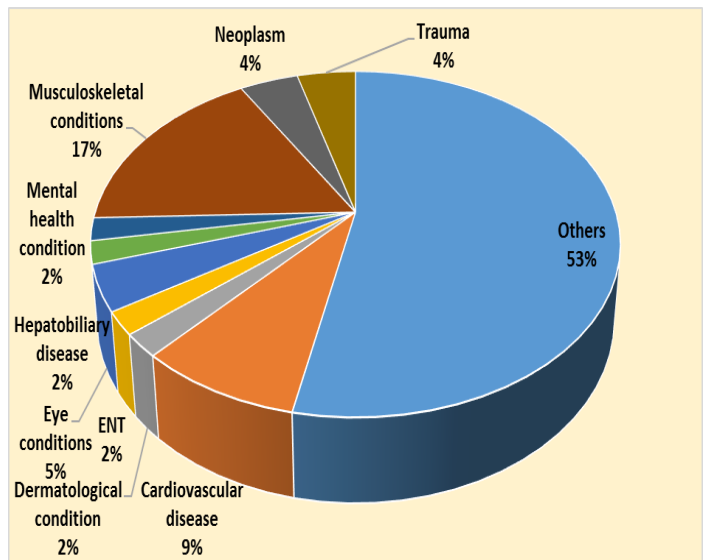
Referrals to Kampala

Kyaka II, Adjumani, Rwamwanja and Kyangwali settlements and the highest referral rates to the national referral hospitals



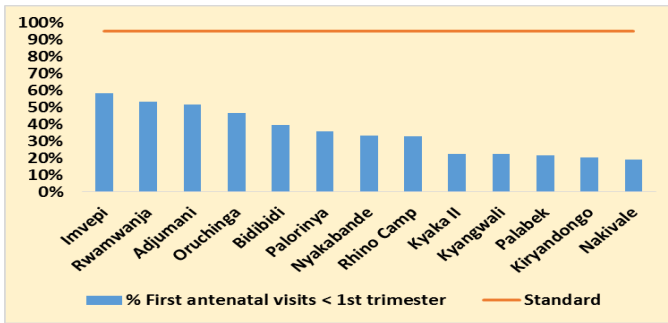
Referrals to Kampala by diagnosis category

Musculoskeletal and Neoplasm diseases are the major causes of referrals to the national referral hospitals



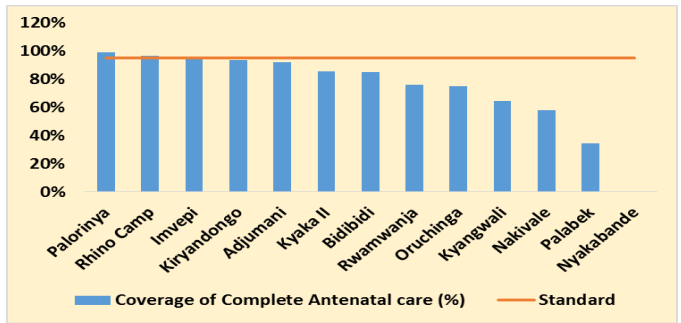
1st ANC <1st trimester

The proportion of 1st ANC within 1st trimester of pregnancy is at 35% far below the recommended 95% standard. This is due to late seeking of ANC for the first time during pregnancy



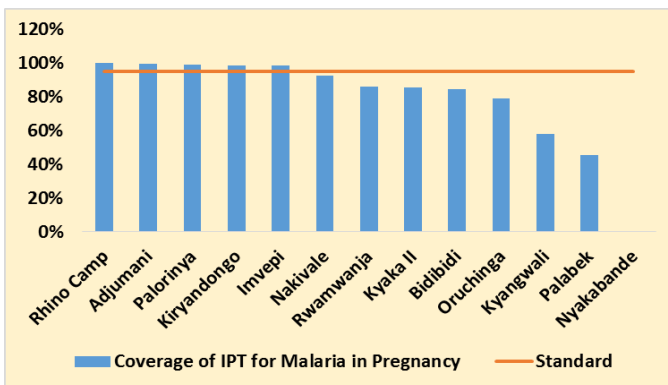
Complete ANC

80% of the mothers who delivered during the month had completed all the scheduled ANC visits.



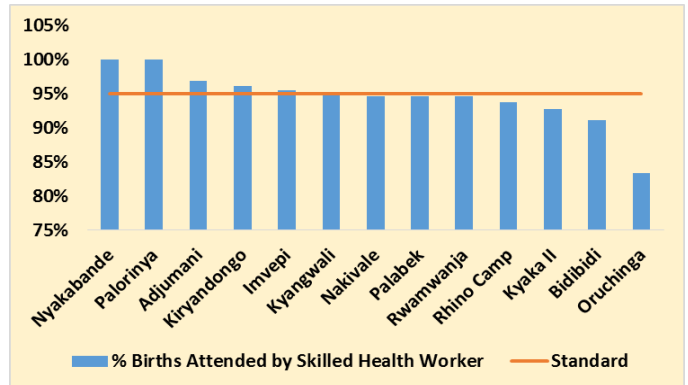
IPT for Malaria

86% of the mothers who delivered had received malaria preventive treatment to protect them from malaria during pregnancy against the recommended 95% target



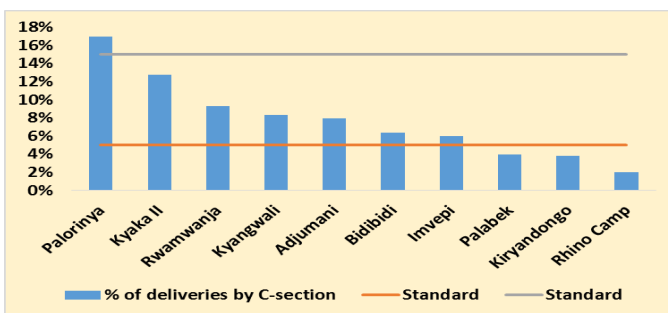
Skilled delivery

95% of the deliveries registered in the month were by skilled health workers and at the health facilities.



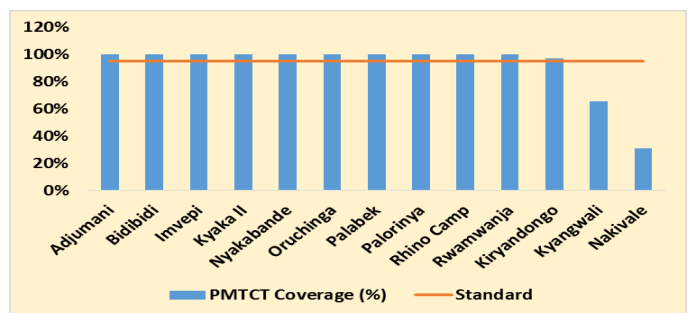
C – Section

8% of the total deliveries were by Caesarean sections which falls within the acceptable ranges of 5% to 15%



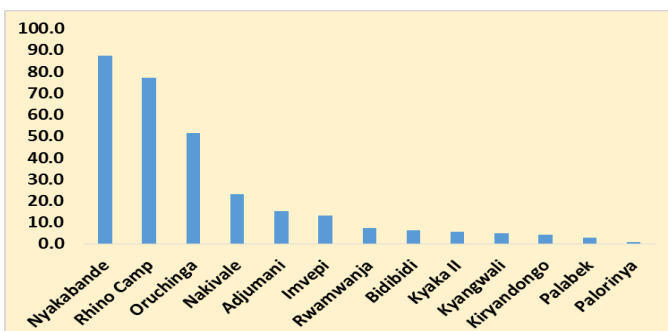
PMTCT coverage

95% of the total first ANC visitors were tested for HIV in order to prevent transmission of HIV from mother to child during pregnancy by initiating all HIV positive mothers on ART



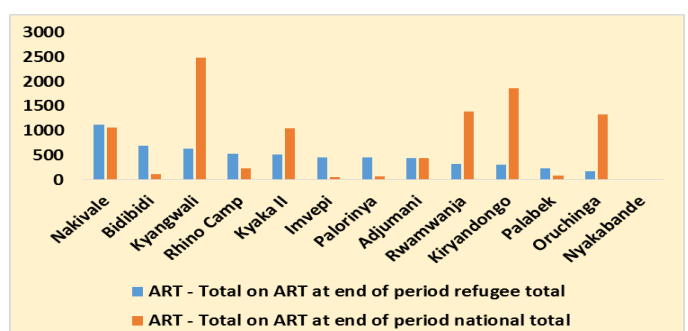
Incidence of reported rape

The highest incidence of reported rape is from Nyakabande transit center, Rhino camp, Oruchinga and Nakivale settlements. Those who report within 72 hours of the incidence are all provided with post exposure prophylaxis to prevent them from contracting HIV and also emergency contraceptive prevalence to prevent pregnancy among female of reproductive age and STI presumptive treatment



#Patients on ART

A total of 16,103 patients are receiving treatment for ART across all refugee settlements health facilities of which 37% are refugees and 63% host population. All those tested positive for HIV are enrolled into the therapy for life.



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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