



Overview

The sector's main objective is to ensure full integration 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.

Achievements

The under 5 mortality rate was low at 0.1 compared to the standard of less than 1.5 deaths per 1,000 population. This was achieved because of strengthened community health interventions using the Village Health Teams (VHTs) to carry out disease surveillance in addition to testing and treating children for childhood illness such as diarrhoea, malaria and respiratory tract infections. This intervention will be scaled up in all settlements

There are high rates of anaemia in the settlements and it is the major cause of death among children under 5 years. Anaemia typing has been done by sector partners to establish the anaemia type that is most prevalent. The health facility delivery rate stands at 95%, this has been achieved as a result of sensitization at the health facilities, VHT engagement in mapping of pregnant mothers and integrated outreaches taken to the communities with maternal child health services as part of the packages.

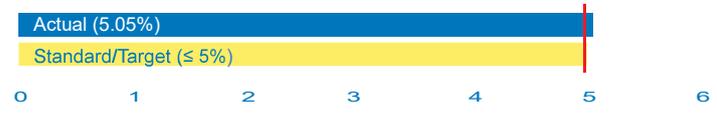
Challenges and key priorities

Only 76% of the health facilities have been accredited and integrated into national systems. This is because some of the facilities are still either temporary on semi-permanent and cannot meet the requirement for accreditation by the Ministry of Health. There is a need to upgrade the facilities, starting with infrastructure development.

Key indicators



Under-5 mortality rate per 1,000 children



Global Acute Malnutrition rate



Health facility delivery rate



Measles vaccination rate

Objective: Provide emergency life-saving health and nutrition interventions for new refugee arrivals and strengthen outbreak preparedness and response

Indicator Actual Target/Standard ('21) Actual against annual target or standard Revised

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

Indicator	Actual	Target/Standard ('21)
- Congolese and other refugees	0.11	1.5
- South Sudanese refugees	0.09	1.5
- Burundian refugees	0.21	1.5

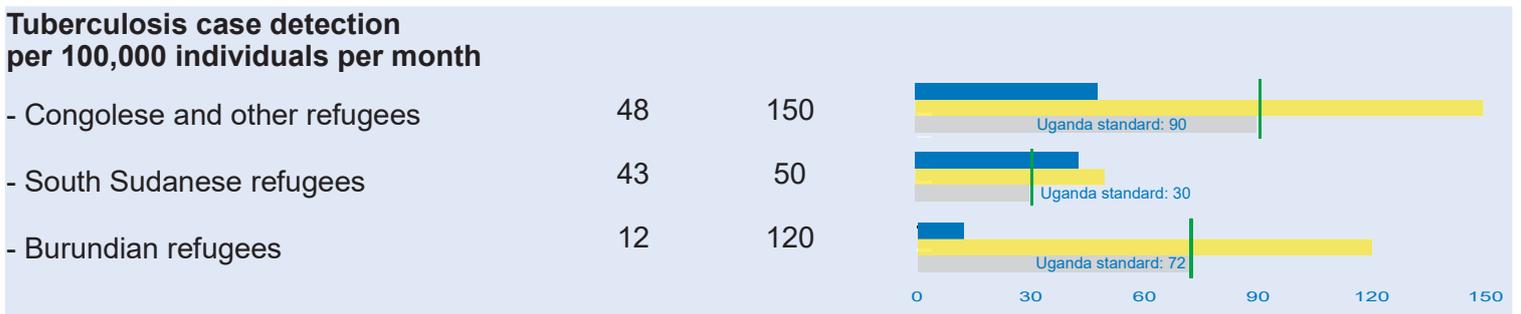
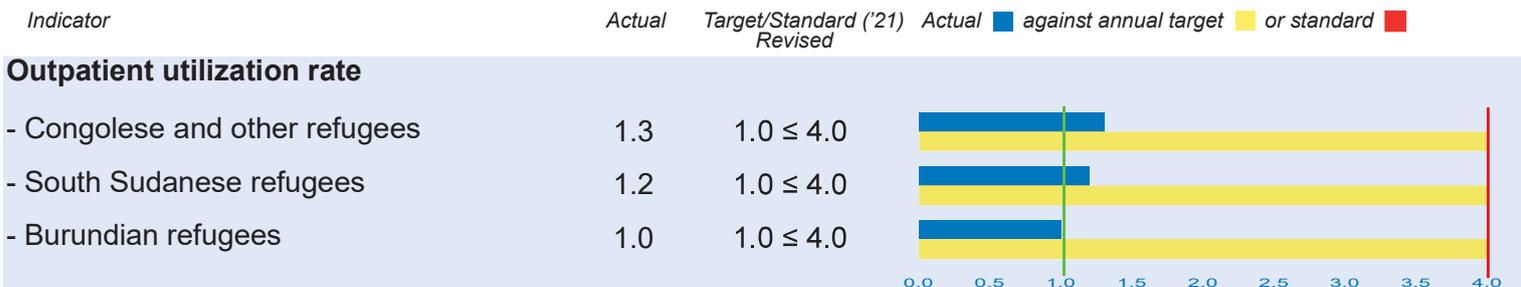
Global Acute Malnutrition rate

Indicator	Actual	Target/Standard ('21)
- Congolese and other refugees	1.39%	$\le 5\%$
- South Sudanese refugees	6.96%	$\le 5\%$
- Burundian refugees	2.77%	$\le 5\%$

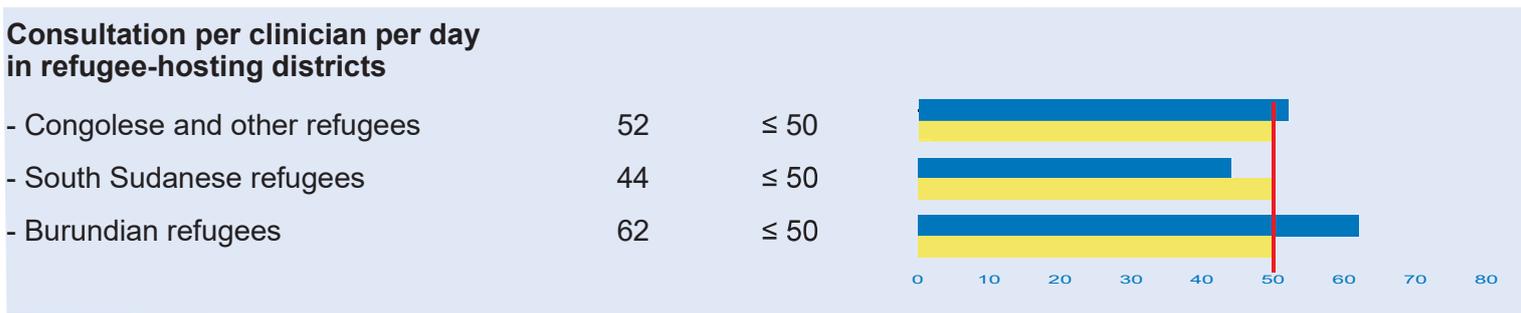
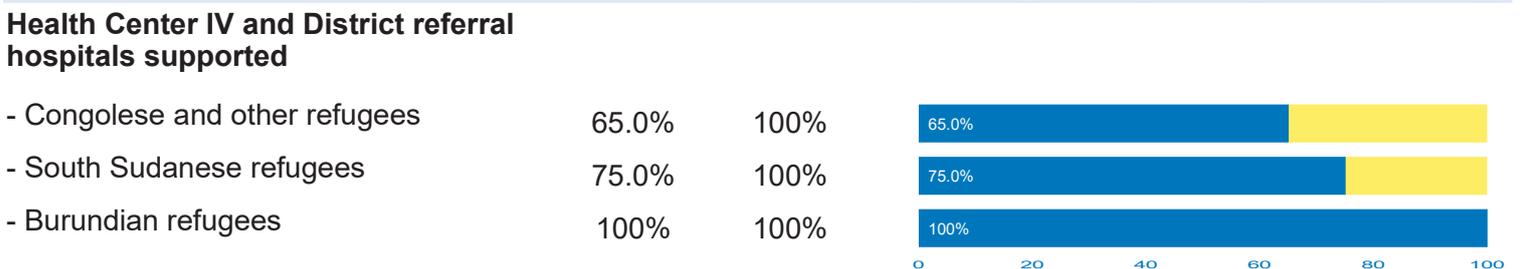
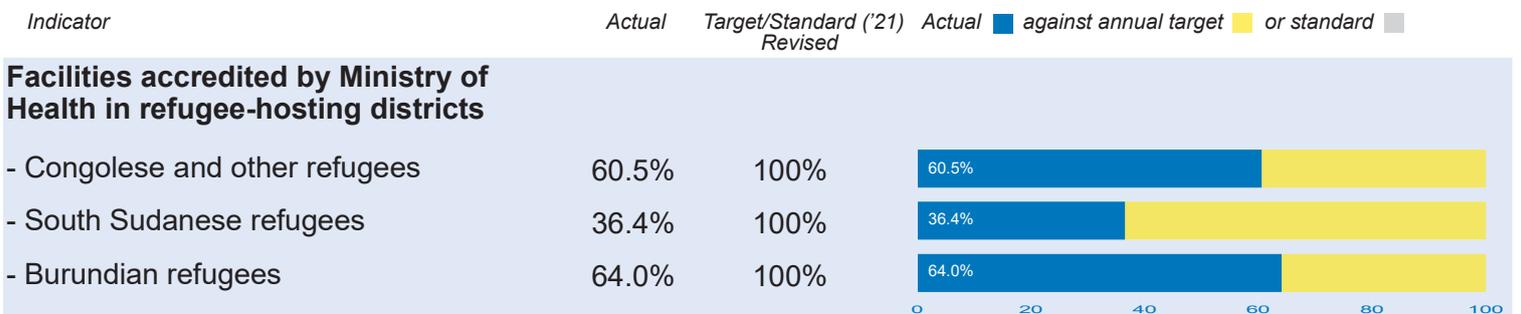
Sites holding monthly coordination meetings

Indicator	Actual	Target/Standard ('21)
- Congolese and other refugees	100%	100%
- South Sudanese refugees	100%	100%
- Burundian refugees	100%	100%

Objective: Increase equitable access to and utilization of integrated quality health services for refugees and host communities across all the phases of displacement



Objective: Strengthen the health care system to cope with the increased demand for health services by refugees and host population



Health and Nutrition Funding required (2021)
Health and Nutrition Funding received (2021)

\$ 83.9M
\$ 50.0M

Operational Presence

Koboko

KDLG, UNICEF, WFP, UNFPA

ACF, HHI, IDI, IRC, MDM, MSF-F, PLAN, PACE, SCI, TPO, UNFPA, UNICEF, WFP, WHO

Yumbe

Adjumani

MTI, TPO, UNFPA, UNICEF, WFP, WHO

Arua

ACF, AMREF, CUAMM, IDI, MSF-F, MSF-H, IRC, SCI, HRI, TPO UNFPA, UNICEF, URCS, WFP, WHO, GRI, ADLG, URCS, CARE

Kikuube

LWF, UNFPA, UNICEF, WFP, WHO, MTI

Kyegegwa

ACORD, MTI, IRC, DRG, OXFAM, UNFPA, UNICEF, URCS, WFP

Kamwenge

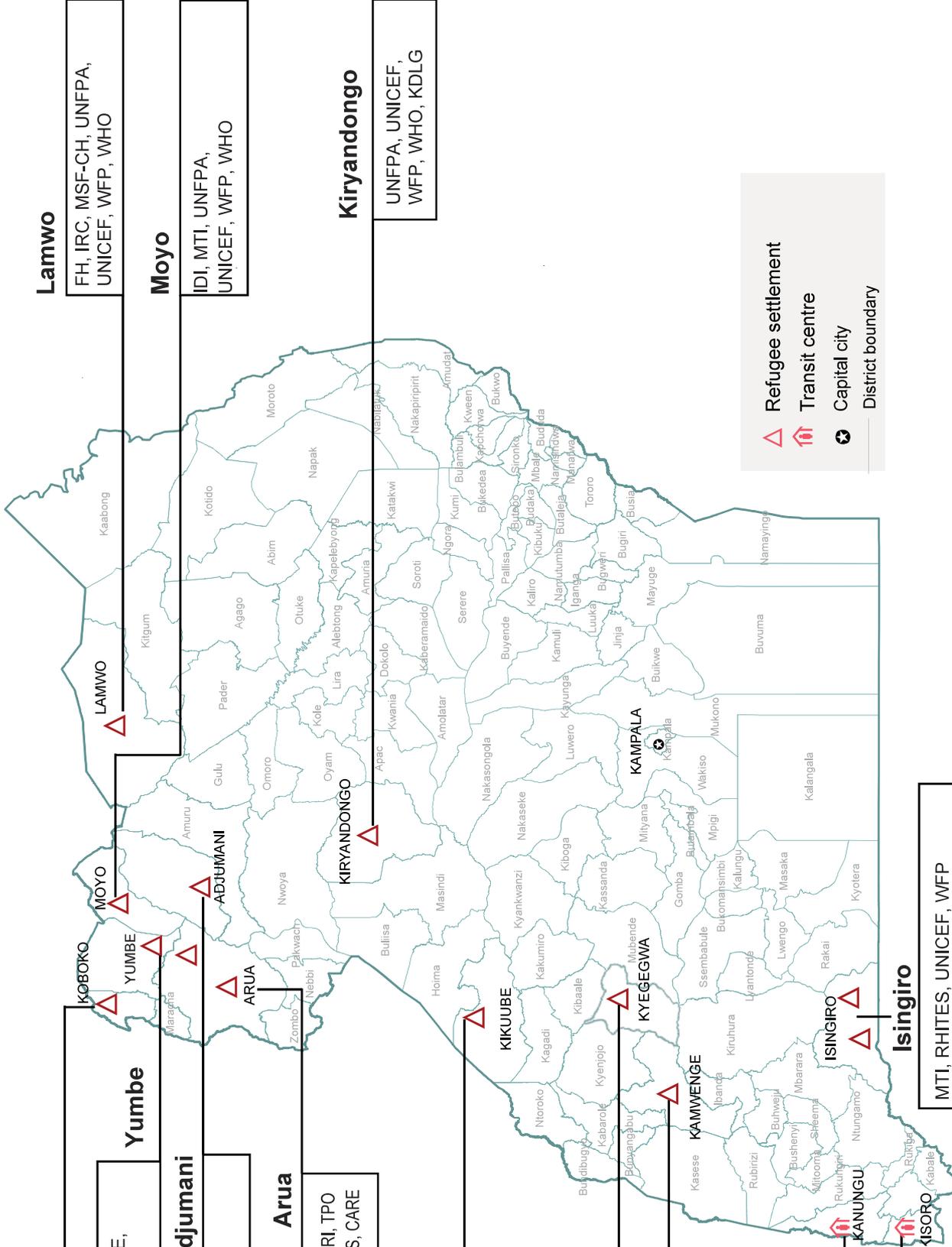
MTI, UNFPA, UNICEF, WFP, WHO

Kanungu

IDI, MTI, UNFPA, CARE, UNICEF, WFP, WHO, GRI, URCS, SCI, MSF-F

Kisoro

MTI, UNICEF, WFP



The boundaries and names shown and the designations on this map do not imply official endorsement or acceptance by the United Nations

Partners

ACF | ACORD | AFOD | AHA | AMREF | CUAMM | DRG | FH | HHI | IDI | IRC | LWF | MSF-F | MSF-CH | MSF-H | MTI | OXFAM | PACE | RHITES | RMF | SCI | TPO | UNFPA | UNHCR | UNICEF | URCS | WFP | WHO