

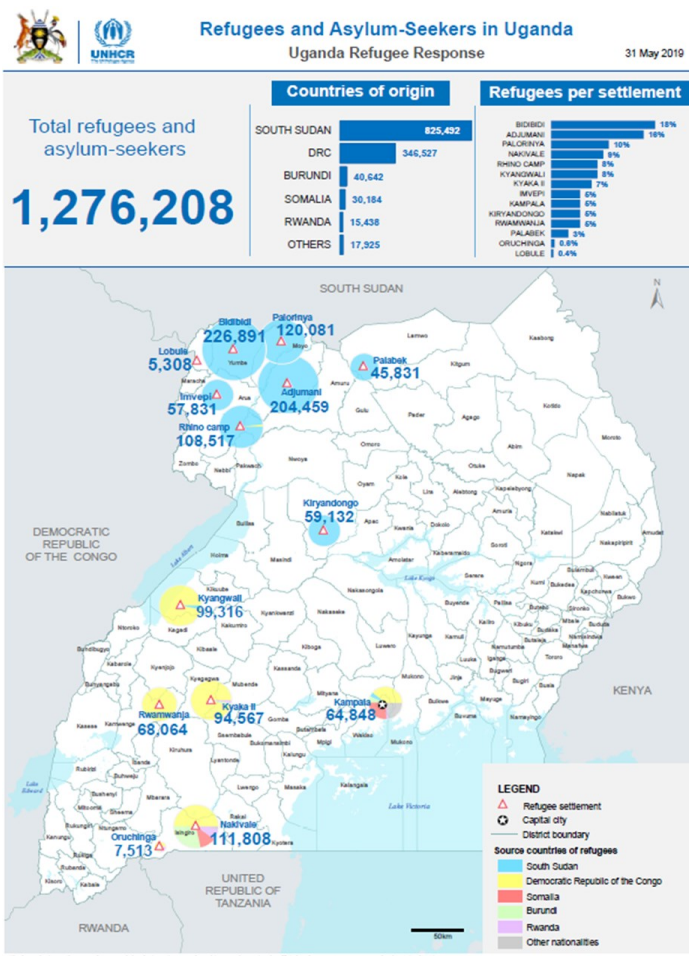


Refugees and Asylum-Seekers in Uganda
Uganda Refugee Response

31 May 2019

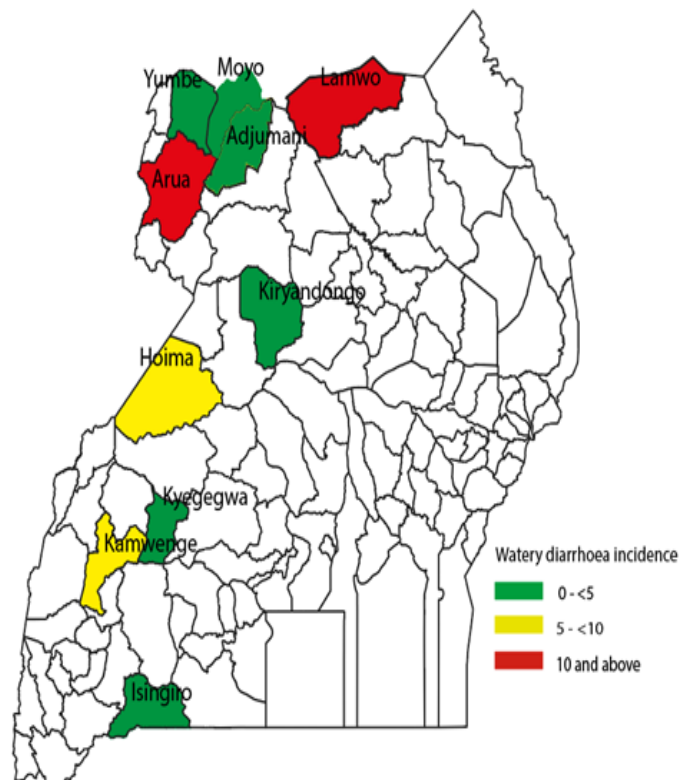
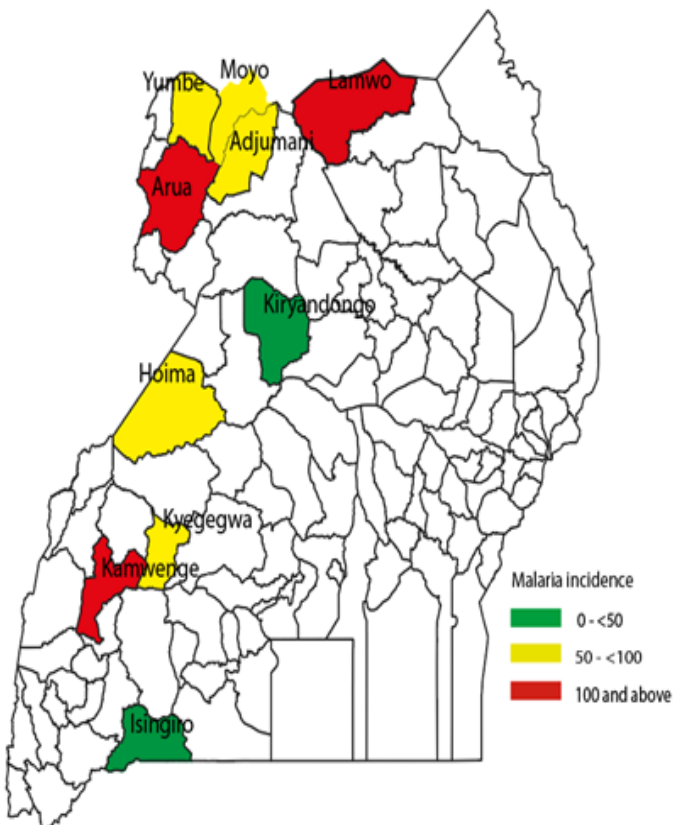


Refugee Health report
UGANDA
June 2019



Malaria incidence across settlements

Watery Diarrhoea incidence across settlements



Health & Nutrition key highlights

A total of 253,176 consultations were made in all the refugee serving health facilities in the refugee settlements in Uganda compared to 241,134 of May 2019. 78% of the consultations were Refugees and 22% were the host populations. Top morbidity causes were Malaria at 47%, skin diseases at 6%, watery diarrhoea at 3%, URTI at 12%, LRTI at 7%, eye disease at 2% and intestinal worms at 2%.

12,993 were admitted in June in the patient wards in the health clinics compared to 8182 admitted in May 2019 out of which 67% were refugees and 33% were the host population. The main causes for admissions were malaria at 60%, LRTI at 7%, watery diarrhoea at 3%, and 30% were due to other causes not categorized.

5217 (72% Refugees) children under 5 years were vaccinated against measles and 4418 (79% Refugees) completed the polio vaccination.

A total of 3845 in June compared to 4142 in May deliveries were registered during the month of which 62% were refugees and 38% were nationals

Out of the 15971 who were tested for HIV, 261 tested positive and were enrolled into HIV care and treatment. The total number of patients on ART by end of June stood at 16304 of which (35%) are refugees and (65%) are host population

A refugee leader was nominated into the CCM. The Uganda CCM is a national multi-stakeholder public private partnership. The Uganda CCM comprises of members from the Government/Public Sector, Civil Society Organizations (CSOs), Private sector, UN/Multilateral agencies and other bilateral partners. The CCM is responsible for coordinating the writing and submission of grant funding requests/applications to the Global Fund, for continued funding, selecting principal recipients (Implementers of the Grants) as well as oversight and monitoring of the implementation of the approved Global Fund (GF) grants.

Monthly refugee health and coordination meeting was held on 25th June at Ministry of Health headquarters where partners operating in the refugee settlements participated. A total of 35 participants registered including ministry of Health. Nutrition in Ebola, One health project being implemented by IDI in west Nile, Reproductive health, research findings on mental health project by Health Right International were discussed.

A total of 30 participants attended a training on Rx solution. These mainly medical stores officer, pharmacists, pharmacy technicians, records persons, and supply officers from MTI, AHA, RMF, IRC, and AIRD with well over 98% attendance registered for all the 5 days. The objectives were to; Monitoring the quantities of stock requested, ordered, received, and distributed, Recommending quantities of stock to be ordered based on historical data.

Summary of indicators



OPD consultations

Total OPD Consultations:	253,176
Refugees:	197,436 (78%)
Nationals:	55,740 (22%)
Consultation/Clinician/day:	65 (Standard: 50)
Top morbidity causes:	Malaria 47%, URTI 12%, LRTI 7%, Skin diseases 6% and Watery diarrhea 3%



Disease surveillance and outbreak

- ◆ By end of June 2019, Two Ebola case registered in Uganda so far following the outbreak in DRC. 3 alerts of Ebola were investigated and the results were all negative for VHF in Kyaka II settlement. No case has been registered in the refugee settlement so far.
- ◆ Intensified boarder point screening for EVD at all points of entry and cross boarder movement screening especially at boarder & market places



In Patient department

◆ Total admitted:	12,933
◆ Refugees:	8,686 (68%)
◆ Nationals:	4,247 (32%)
◆ Hospitalization rate:	81.2 (Std 50—150)
◆ Bed occupancy rate:	94.3% (Std 75%)



Referrals & Mortality

◆ Total referrals:	2,032	Referral rate: Emergency 0.2, District 0.7, Regional 0.5%, National 0.1
◆ Crude mortality rate:	0.12	(Standard: < 0.75)
◆ Under 5 mortality rate:	0.32	(Standard: <1.5)
◆ Infant mortality rate:	10.1	(Standard: <30)
◆ Neonatal mortality rate:	2.9	(Standard: <20)



Vaccinations

◆ Measles:	5,215	Ref: 73% Nat: 27%
◆ Polio 3:	9,549	Ref: 73% Nat: 27%
◆ DPT 3:	4,816	Ref: 73% Nat: 27%
◆ TT :	10,563	doses administered



Nutrition & Food security

◆ Number moderately malnourished:	1,599
◆ Number severely malnourished:	154
◆ SFP recovery rate:	71.8% (Standard >75%)
◆ ITC recovery rate:	82.4% (Standard >75%)



Reproductive health

◆ Proportion of 1st ANC within 1st trimester:	37%	(Std 95%)
◆ Proportion of Mothers tested for HIV in ANC:	78%	(Std 95%)
◆ Skilled deliveries by health workers	94%	(Std 95%)
◆ Complete ANC at delivery:	82%	(Std 95%)
◆ Total number of live births:	3,845	
◆ Live births—Refugees:	2,369	(62%)
◆ Live births—Nationals:	1,476	(38%)
◆ Family planning: New users:	3,909	Repeat users: 2,922

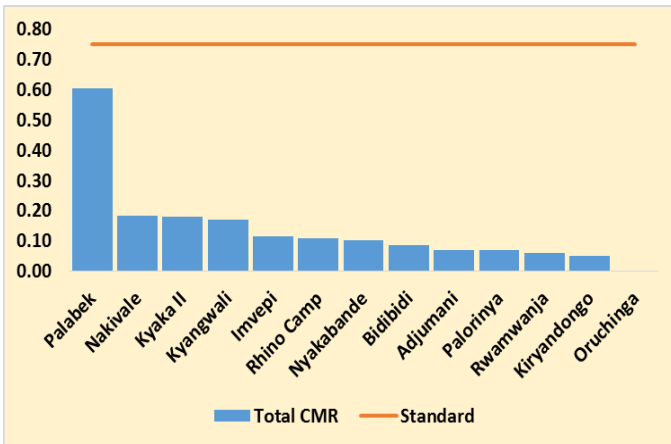


HIV/AIDS & TB

◆ #Tested for HIV:	15,971	Ref: 63% Nat: 37%
◆ #Enrolled on ART:	398	Ref: 39% Nat: 61%
◆ #Cumulative on ART:	16620	Ref: 34% Nat: 66%
◆ Condom distribution rate:	0.16	
◆ New TB cases started on treatment:	114	Ref: 62% Nat: 38%

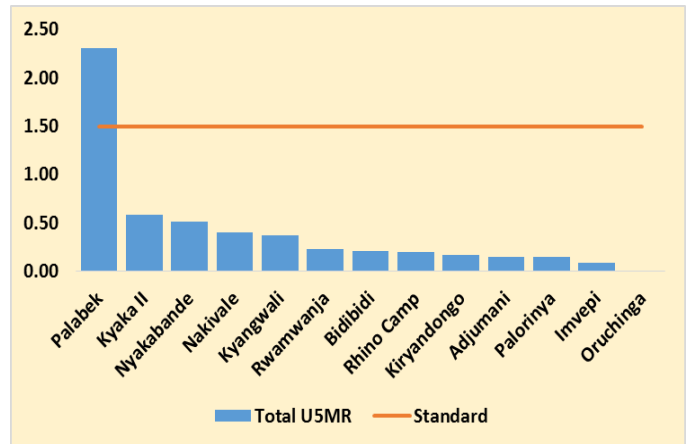
Crude Mortality rate

The number of deaths per 1,000 population across all settlements is at 0.12 which falls below the maximum standard of 0.75 death per 1000 population implying good health status of the population. No maternal deaths were



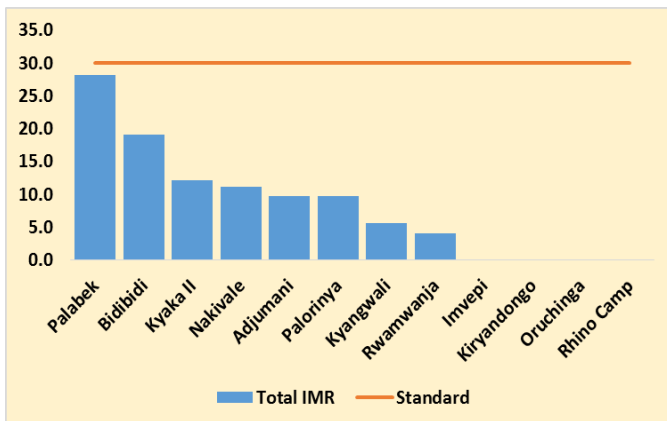
U5 Mortality rate

The number of deaths of children under 5 years per 1,000 population across all settlements is at 0.32 which falls below the maximum standard of 1.5 death per 1000 population implying good health status of the population of under 5 years except in Palabek where the rates are higher



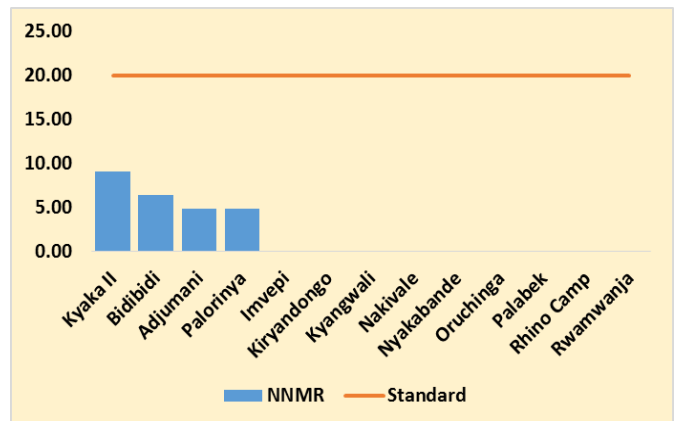
Infant Mortality rate

The number of deaths of children less than one year was at 10.1 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



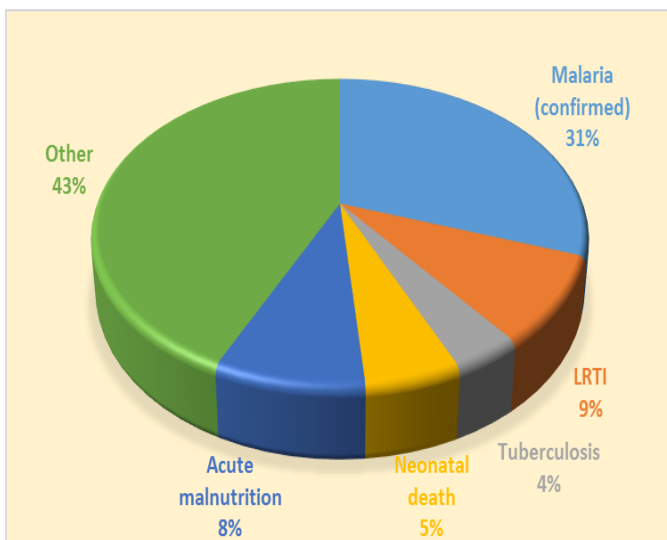
Neonatal Mortality rate

The number of deaths of children less than 28 days of life was at 2.9 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



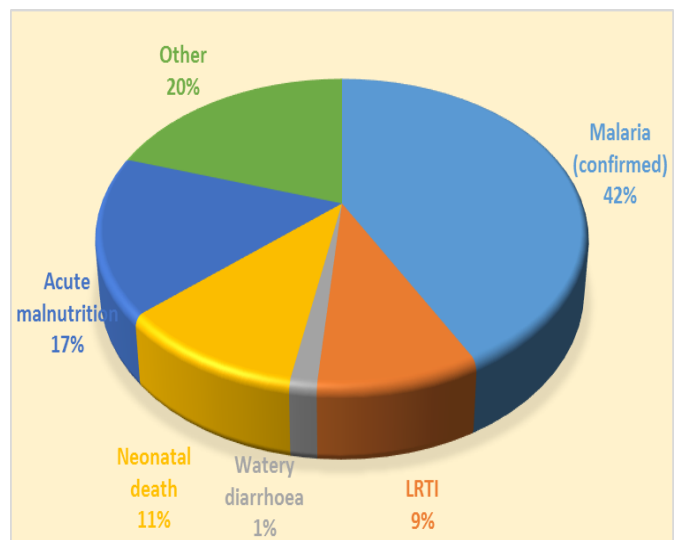
Crude mortality

For every 1000 population, 1 death is registered among the refugees in Uganda. No maternal deaths were registered in the settlements. The top mortality cause is malaria at 31% of the total causes of mortality



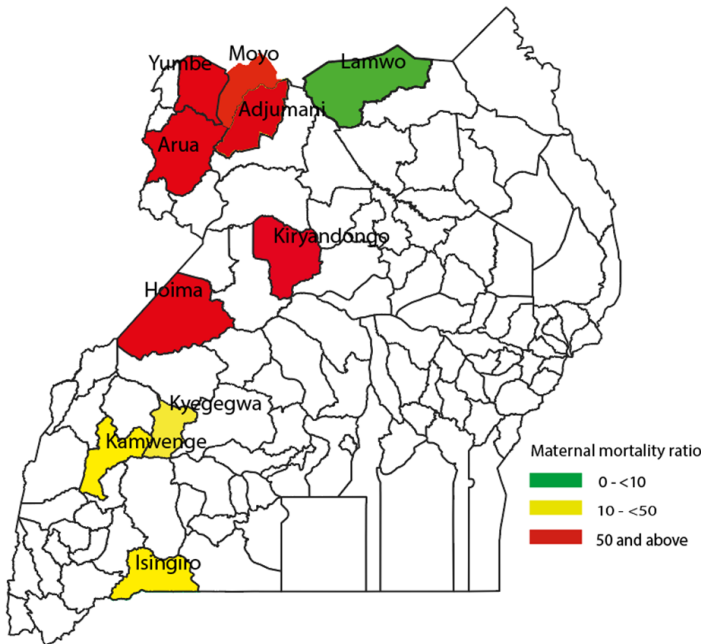
U5 mortality

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 42% , neonatal death at 11% and LRTI at 9% and acute malnutrition at 17%



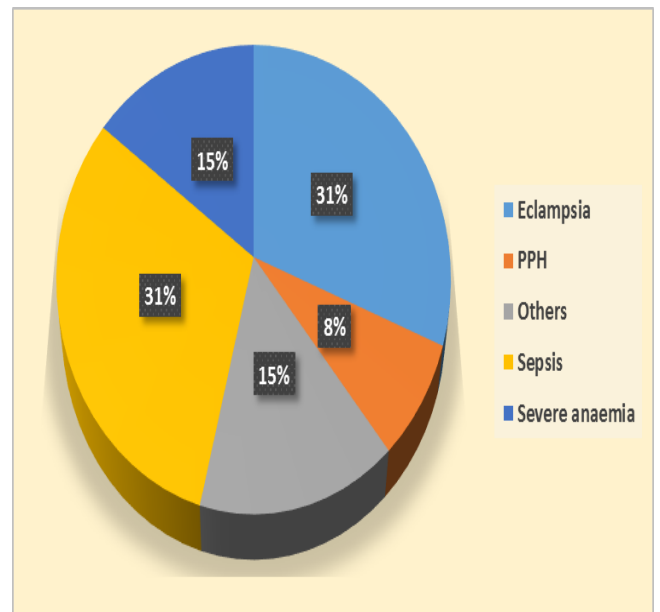
Maternal mortality rate from Jan—June 2019

Maternal mortality ratio stands at 103 by end of June in all the refugee settlements compared to 123 recorded by end of May 2019



Major causes of maternal deaths

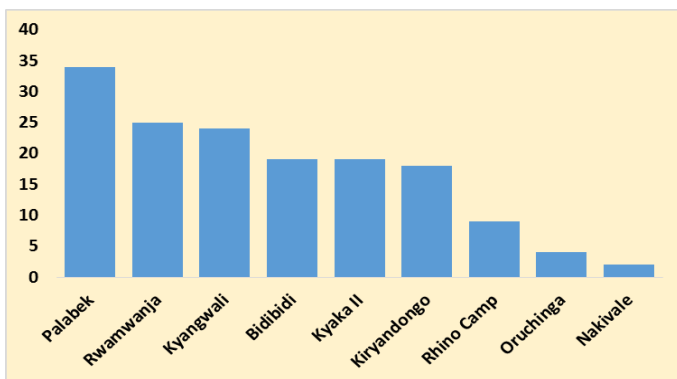
More than half of the maternal deaths are due to PPH. More than 50% of them having had 5 or more pregnancies coupled with 3rd delay at the health facilities.



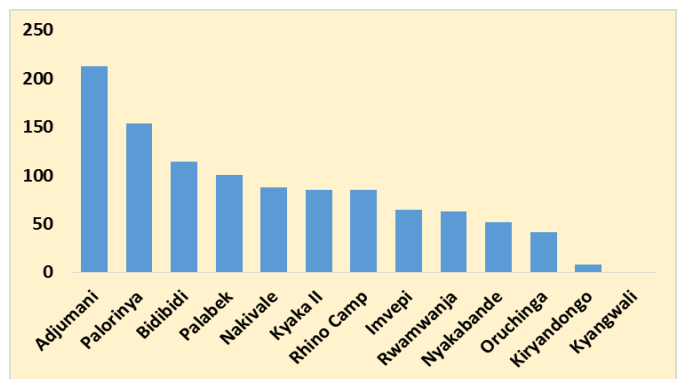
Nutrition

A total of 1599 children under 5 years were admitted into SFP and 154 into CTC. SFP overall recovery rate is at 71.8% which is less than the acceptable rates and 82.4% for CTC. 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

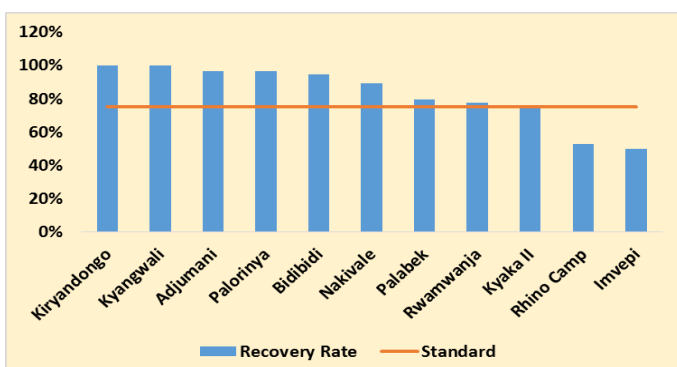
CTC Admissions



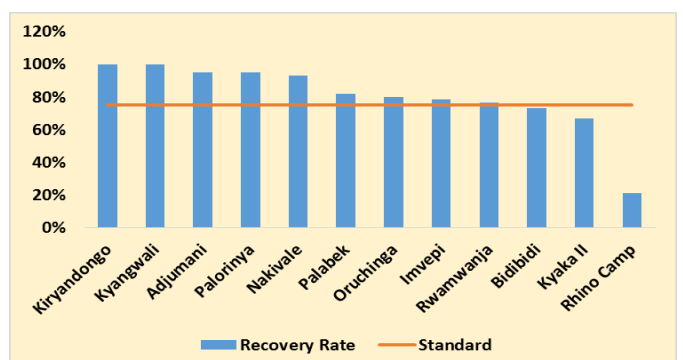
SFP admissions



CTC Recovery rates



SFP Recovery rates

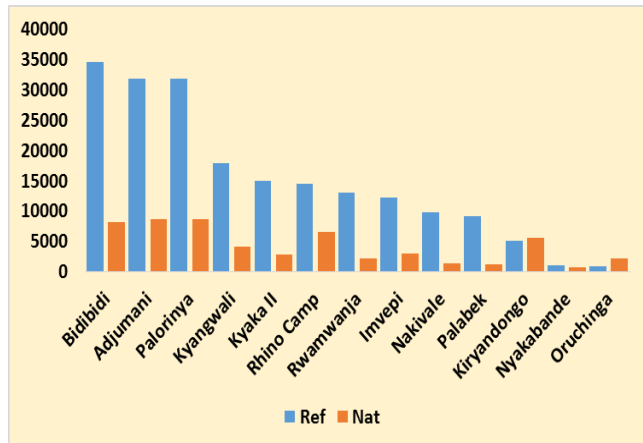


OPD Consultation

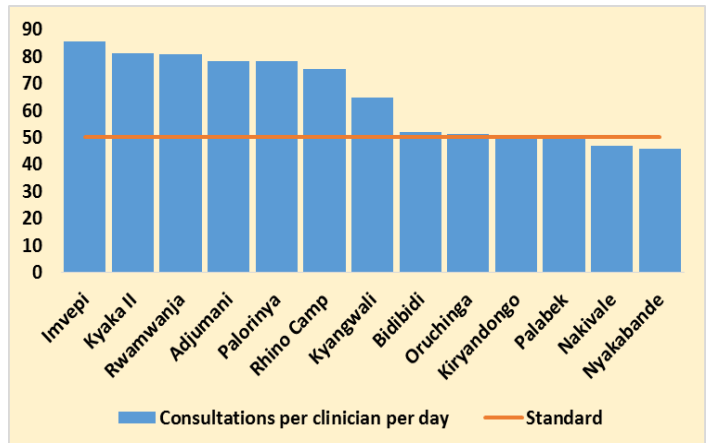
A total of 253,176 consultations were made in all the refugee serving health facilities in the refugee settlements in Uganda compared to 241,134 of May 2019. 78% of the consultations were Refugees and 22% were the host populations. Top morbidity causes were Malaria at 47%, skin diseases at 6%, watery diarrhoea at 3%, URTI at 12%, LRTI at 7%, eye disease at 2% and intestinal worms at 2%

Consultation/clinician/day is at 65 which is within the acceptable standards of 50 with refugees visiting the health facilities 1.8 times on average

OPD Consultations—Refugees vs Nationals



Consultation/Clinician/Day

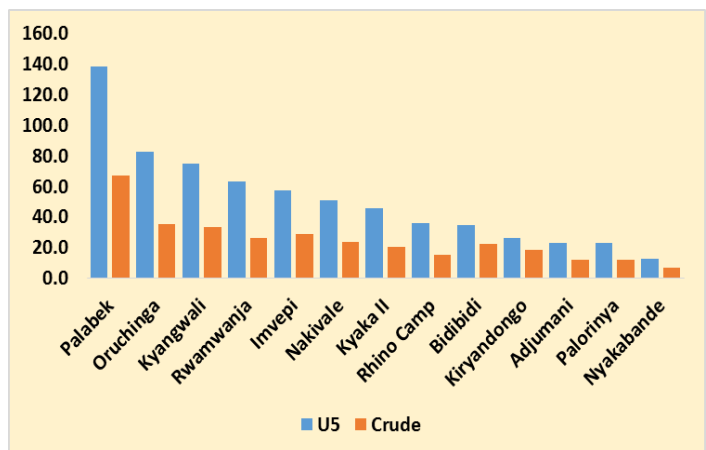
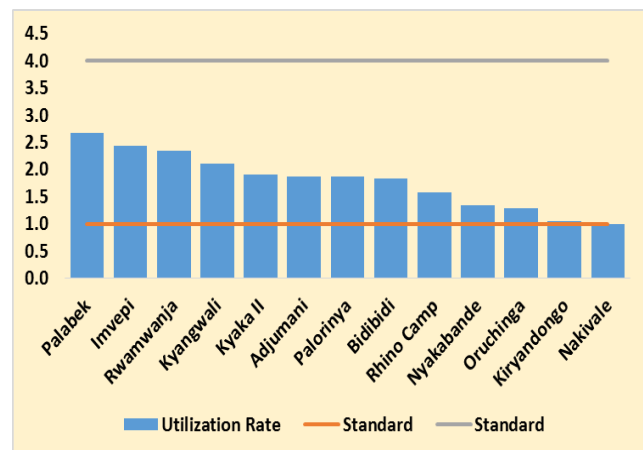


Health Facility Utilization

On average, each refugee visited the health facility 1.8 times during the month. The standard is between 1 to 4 visits per refugee. Only Nakivale 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, Rwamwanja and Oruchinga settlements.

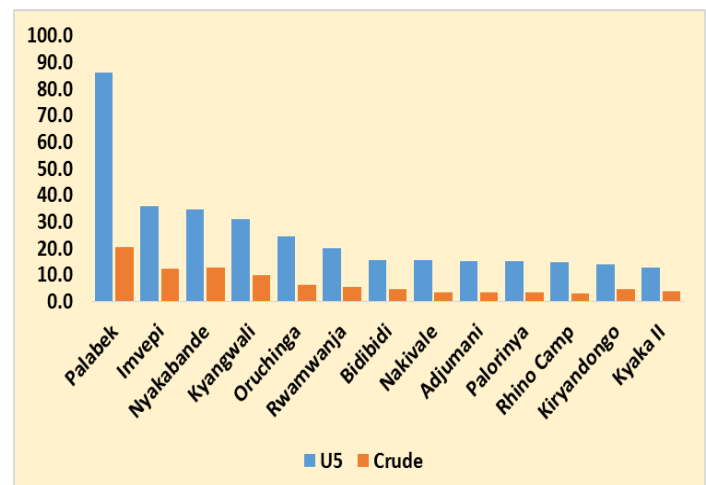
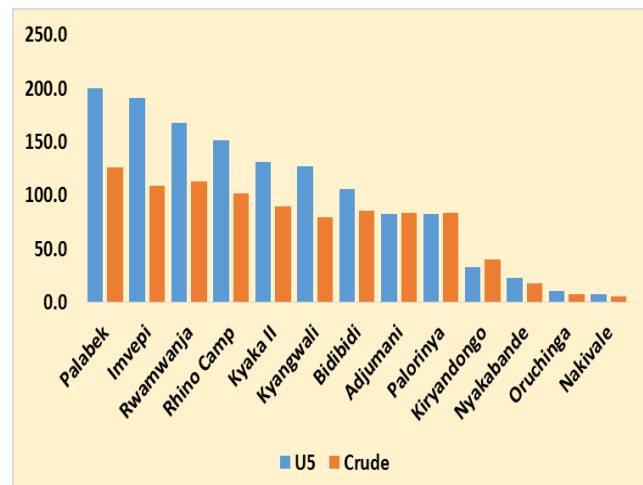


Malaria incidence

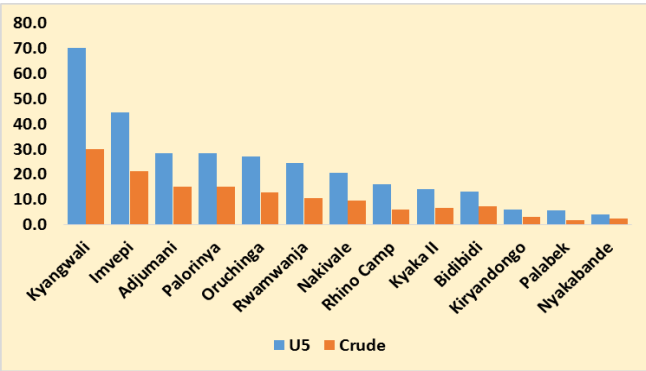
Palabek, Imvepi, Rwamwanja and Rhino camp had the highest incidences of malaria in June 2019. The incidence has significantly increased from 60 in January to 80 in June 2019. Measures such as early detection and treatment of malaria cases both in the community and at the health facilities are on going in bid to reduce the malaria burdens

Watery diarrhoea

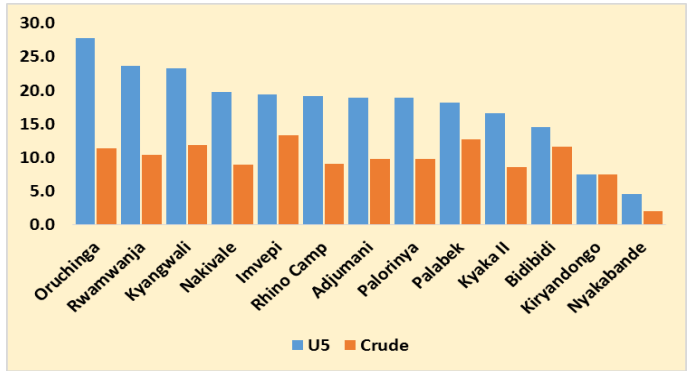
Watery diarrhoea has been a burden in settlements like Kyangwali Imvepi, Nyakabande and Palabek transit center inclusive. Efforts have been made hand in hand with the WASH sector of UNHCR to bring the incidences down with sensitization of proper hygiene, disposal of wastes and using proper storage of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



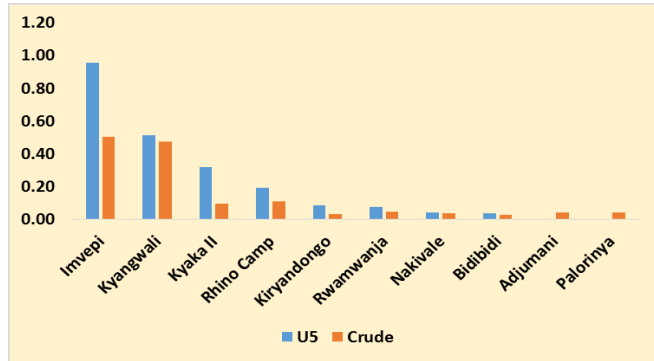
LRTI incidence



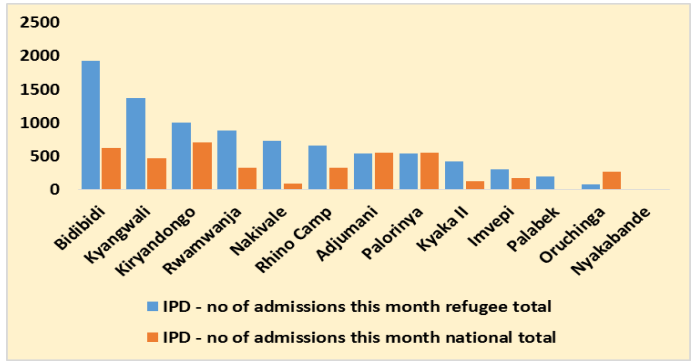
Skin infection



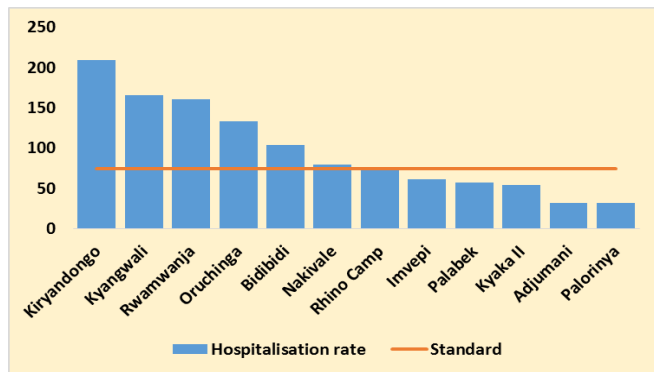
Bloody diarrhea incidence



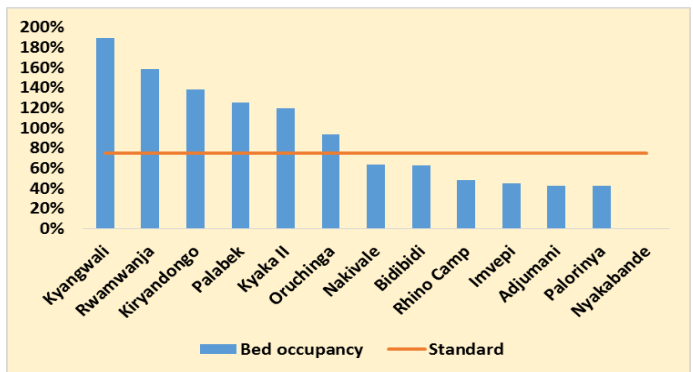
IPD admissions



Hospitalization rate

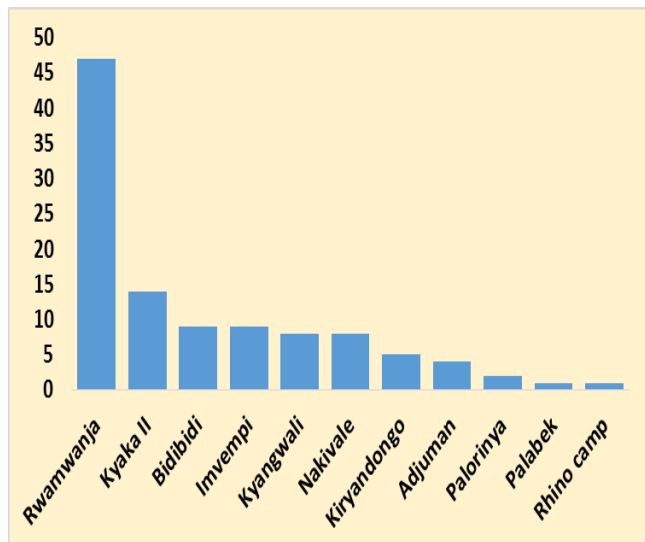


Bed occupancy rate



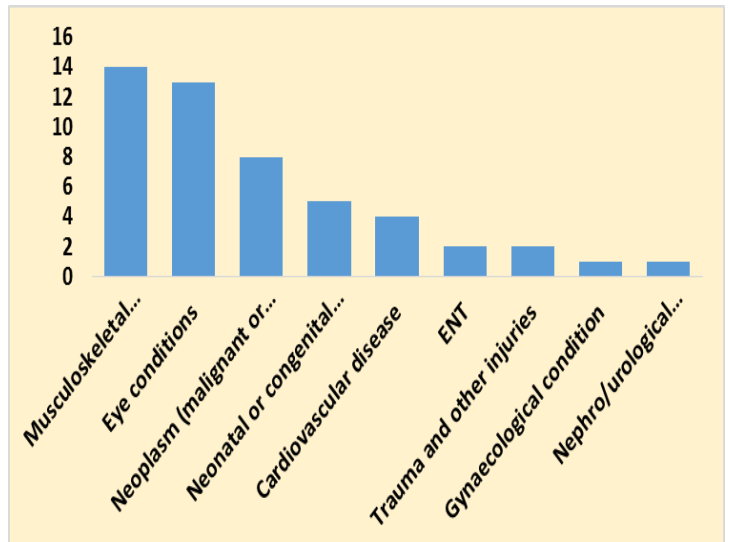
Referrals to Kampala

Kyaka II, Rwamwanja and Bidibidi settlements and the highest referral rates to the national referral hospitals. A total of 143 referrals were received in Kampala by Inter Aid Uganda



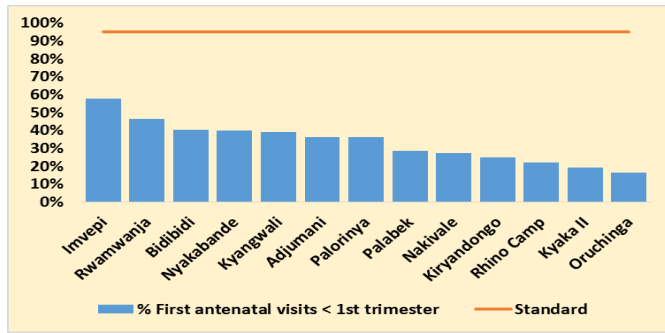
Referrals to Kampala by diagnosis category

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



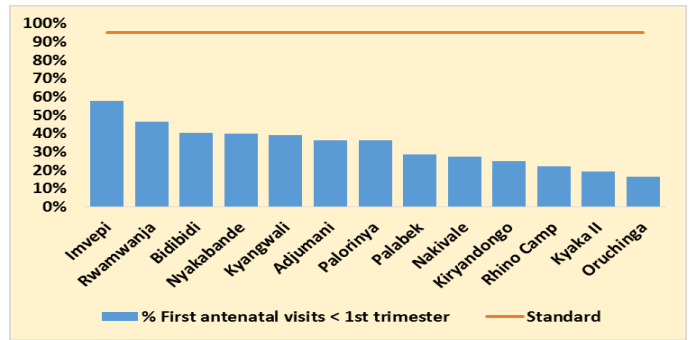
1st ANC <1st trimester

The proportion of 1st ANC within 1st trimester of pregnancy is at 39% far below the recommended 95% standard. This is due to late seeking of ANC



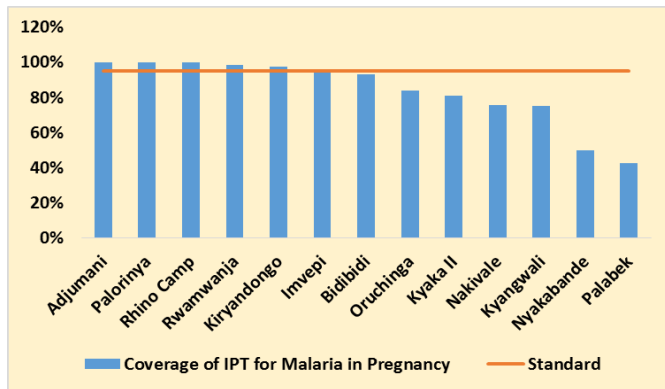
Complete ANC

82% of the mothers who delivered during the month had completed all the scheduled ANC visits.



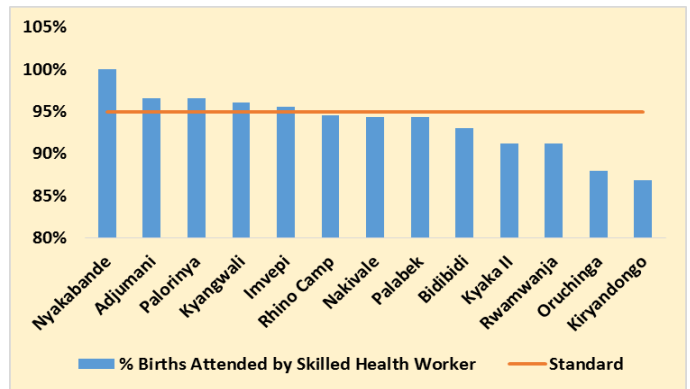
IPT for Malaria

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



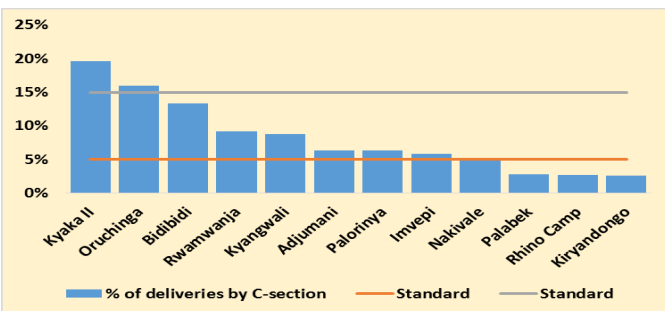
Skilled delivery

94% of the deliveries registered in the month were by skilled health workers and at the health facilities.



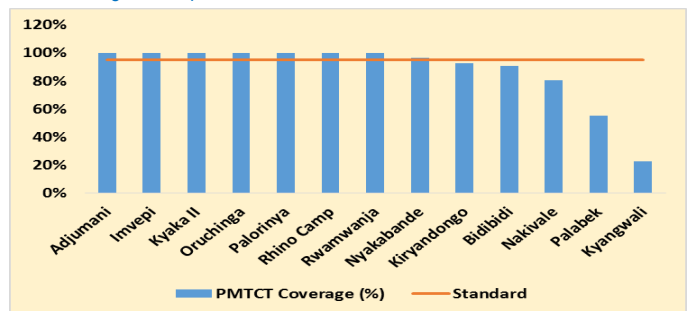
C – Section

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



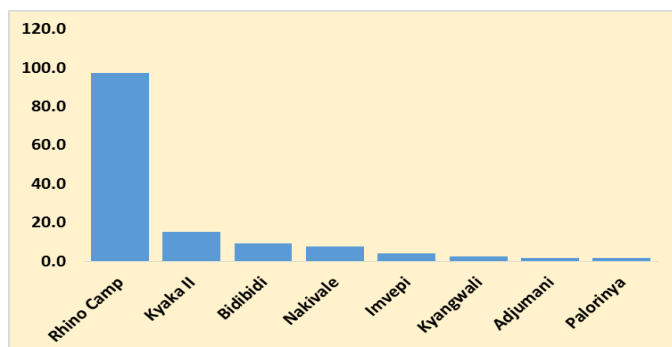
PMTCT coverage

78% 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



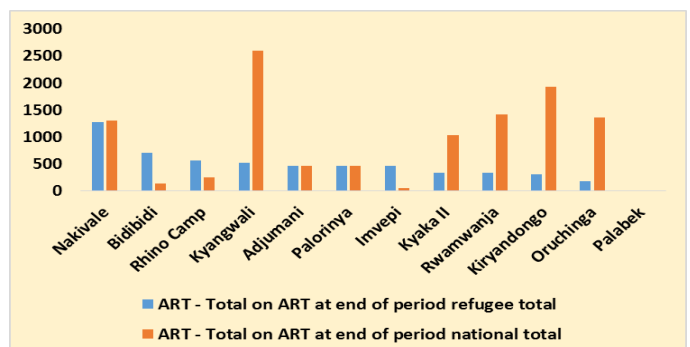
Incidence of reported rape

The highest incidence of reported rape is from Rhino camp, Oruchinga and Bidibidi 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



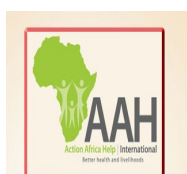
#Patients on ART

A total of 16,620 patients are receiving treatment for ART across all refugee settlements health facilities of which 34% are refugees and 66% 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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