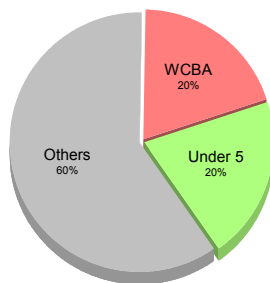


Origin of refugees:

- DRC
- Sudan
- Rwanda

Population: 143,189



Implementing partners:

- Health/HIV: GTZ, AAH, AHA, DHO
- Nutrition: GTZ, AAH, AHA, DHO
- Watsan: GTZ, AAH



Public Health Status

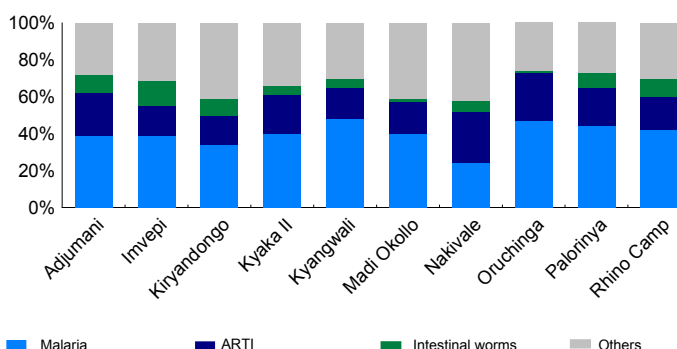
Health Impact

Indicator	Standard	Status
Crude Mortality Rate (CMR) (/1000/month)	0.24	< 1.5
Under-five Mortality Rate (U5MR) (/1000/month)	0.67	< 3.0
Infant Mortality Rate (IMR) (/1000 livebirths)	24.7	< 60
Neonatal Mortality Rate (NNMR) (/1000 livebirths)	1.8	< 40

Human Resources

Indicator	Value	Standard	Status
No. of Medical Doctors	5	1 : 28,638	1 : <50,000
No. of Clinical Consultants	17	1 : 8,423	1 : <10,000
No. of Nurses (qualified)	64	1 : 2,237	1 : <10,000
No. of MCH staff / Midwives	43	1 : 3,330	1 : <10,000
No. of Community Health Workers (CHW)	161	1 : 889	1 : 500-1,000
No. of Hygiene Promoters	162	1 : 884	1 : <500

Figure 1: Proportional Crude Morbidity



Country Overview

A. Objectives

- 1a. Improve the health status of the refugees and host population through provision of quality, accessible and sustainable health care services with focus on malaria control and child health
- 2a. Prevent and control the spread of HIV/AIDS pandemic in the refugee camps and reduce suffering from HIV/AIDS through provision of VCT, PMTCT and improve access treatment and care services
- 3a. Support and promote reproductive health activities in order to reduce morbidity and mortality and enhance the quality of life among PoCs to UNHCR
- 4a. Ensure that the refugee nutrition and household food security is maintained and food aid is provided in accordance to the agreed food basket so that the nutritional status of the population is kept in acceptable standards and indicators
- 5a. Ensure that PoCs have equitable access to adequate safe water and good sanitation and hygiene practices

B. Progress

To what extent was each objective achieved? (use indicators to give examples of achievements).

- 1b. There was an overall improvement in the delivery of health services, CMR was 0.2/1,000/month, U5MR was 0.7/1,000/month, IMR was 24.7/1,000/month, NNMR was 1.8/1,000/month. However, child health services particularly EPI deteriorated. It is important to note that some of the HIS indicators were not
- 2b. The HIV/AIDS programme improved in 2009. PMTCT coverage, Paediatric HIV/AIDS improved. The prevalence of reported rape cases increased, working with sex workers in refugee settlement, access to prevention, quality ART care also improved in 4 refugee sites. Submission were made to Inter-
- 3b. Complete ANC coverage increased sharply (from 79% to 96%). Proportion of women using contraception rose slightly (from 8.5% to 11%). Incidence of reported rape rose significantly from 0.6 to 3.73 but proportion of rape survivors who receive ECP <120 h decreased from 66.8% to 64%.
- 4b. GAM rate, 4.3% and SAM rate, 1.6%. At the SFP, recovery rate was 93.6%. At the TFC recovery rate was 77.6% for Marasmus and 88.9% for Kwashiorkor. In 2009, there was JAM conducted which was very significant because there had been no robust JAM for about 6 years.
- 5b. Water provided was 15 litres/person/day. Pit latrine coverage 70.7%.

C. Gaps & Planning

What conditions / activities are needed next year in order to produce the expected results?

- 1c. Continue and strengthen health education activities. Improve the quality of EPI, grow monitoring, deworming and vit A supplementation. Use of IMCI approach for management of cases. Conduct training and workshop on different child health topics. Train health workers on malaria prevention and treatment
- 2c. Intensify resource mobilization to ensure equity in access across the all refugee settlements. Focus on activities that address Gender and HIV.
- 3c. Community mobilisation of using health facility for delivery. Advocate for more resources allocation. Recruit additional staff. Improve FP uptake. Provide capacity building for health staff. Provide education about post natal care and new born care. Promote exclusive breastfeeding. Establish routine haemoglobin
- 4c. Provide nutritional education at HF level and community level. Continue to promote exclusive breastfeeding. Conduct standard nutrition, IYCF and anemia survey. Capacity building of health workers about malnutrition and cases management. Establish CTC in all the settlements. Promotion and support of livelihood
- 5c. Review the site planning and mapping of Nakivale settlements in regards to how the refugees have been settled. Advocacy for more funds for WASH activities such as soap distribution per month in line with UNHCR standards.

Public Health Programmes

Key observations

What were the key activities carried out during the year? To what extent did the activities achieve expected results?

Limitations/constraints

What external factors and/or conditions outside your direct control affected implementation of Public Health Programmes planned activities?

Coordination

Do monthly coordination meetings take place? No Yes

Access and Utilisation

Indicator	Standard	Status
No. of health facilities	1 : 4,091	1 : <10,000
No. of consultations per trained clinician per day	59	< 50
Health Utilization Rate (new visits/person/year)	1.0	1 - 4
Proportion of consultations by host population	52%	

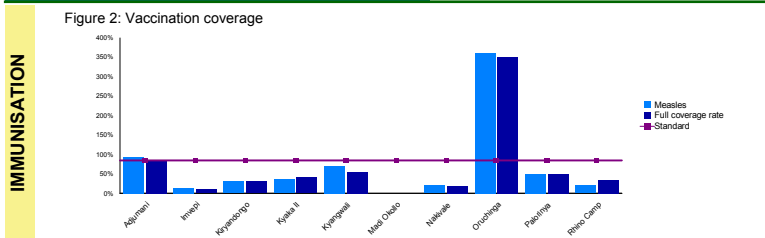
Malaria

Is Act introduced as 1st line malaria treatment? Yes Yes

The total number of consultations during the reporting year was 310,627 of which 51% (from 54%) were by host population. The average consultation per clinician per day across all settlements was 39 (from 35). The average health facility utilisation rate was 1.2 (from 1) new visit/refugee/year). Malaria remains one of the leading causes of mortality and morbidity across all the settlements. Malaria related donations (Drugs, supplies) were received in 2009.

Limited staffing within UNHCR and partners coupled with high staff turn over particularly with the partners in the field.

Public Health Programmes



Key observations

What were the key activities carried out during the year? To what extent did the activities achieve expected results?

Limitations/constraints

What external factors and/or conditions outside your direct control affected implementation of Public Health Programmes planned activities?

IMMUNISATION

Surveys & Assessments

Indicator	Standard
Date of last nutrition survey	Aug 2009
Date of last last JAM	Nov 2009

Malnutrition

Indicator	Standard
Global Acute Malnutrition Rate (%)	< 5%
Severe Acute Malnutrition Rate (%)	< 2%
Prevalence of anaemia in children under five	< 20%
Prevalence of anaemia in women of reproductive age	< 20%
Average number of kilocalories per person per day	2100

Food Security

Indicator	Standard
Does UNHCR provide complementary food?	No
Did the content of the GFR change during the year?	Yes
Did WFP report any pipeline breaks during the year?	Yes No
Have PoC been included in the National FS Plan?	No Yes
Prop. of ration sold by refugees to buy other food items	< 30%

The full coverage rate across all settlement was 30.8% (from 82.2%). The average coverage measles rate was 33.1% (from 88 %). Grow monitoring utilisation rate was very low (9.3%). Average vaccine wastage rate across all settlement was significantly higher than the recommended standard. Coverage of postnatal Vitamin A distribution was 216.2% (from 176.9%).

Nutrition survey including anaemia was conducted all the settlements. The GAM was 3.3% and SAM was 0.5%. There is a high prevalence of anaemia 54.35% among under fives and 52.7% among pregnant women. At the TFC the cure rate was 88.2% (from 77.6%) for Marasmus and 92.9% (from 88.9%) for Kwashiorkor.

Refugees have access to land for residential and agriculture purposes. A Joint Food Assessment Mission (JAM) composed of Government of Uganda, WFP, UNHCR, Donors was carried out in 2009. The food ration was maintained but is to be standardized across all the refugee settlements. New arrivals and PSNs received 100% food rations from WFP.

Irregular supply of vaccines and gas from Ministry of Health for maintenance of cold chain. Capacity building for child health at community and facility levels is needed.

Lack of adequate funds and capacity to carry out good nutrition & anaemia surveys. None of the settlement has started CTC. Irregular food pipe line from WFP which affected the selective feeding programmes

Most of the refugees are receiving half ration from WFP. Maternal & Child Health nutrition program was stopped in June 2008.

NUTRITION AND FOOD SECURITY

Maternal and Newborn Health

Indicator	Standard
Coverage of complete antenatal care (4 or more visits)	62% 100%
Proportion of deliveries attended by skilled personnel	62% ≥ 50%
Proportion of deliveries performed by caesarean section	4% 5 - 15%
Proportion of low birth weight deliveries	3% < 15%

Family planning

Indicator	Standard
Contraceptive prevalence rate	-3% ≥ 30%

Sexual and Gender-based Violence

Indicator	Standard
Incidence of reported rape (/10,000/year)	8.26
Prop. rape survivors who received PEP < 72h	46% 100%
Prop. rape survivors who received ECP < 120h	111% 100%
Prop. rape survivors who received STI < 2 wks	83% 100%

Coverage of complete ANC was borderline is 62% (from 96%). Only 14% of the pregnant mothers report in the first trimester, with the coverage of IPT still low at 67% (from 95%). Proportion of births attended by skilled health worker was 62% (from 68%) and proportion on delivery at EmCO facility was (64%) (from 67%). Coverage of Postnatal care is still very low at 28%. Contraceptive prevalence rate is very low at 3%.

Incidence of reported rape increased to 8.3/10000/year (from 3.73). Reported cases were only from Nakivale, Kyaka II, and Kyagwari refugee settlements. On average of 46% (from 64%) of female rape survivors received ECP within 120 hours. Over 111% of rape survivors received PEP this is either an error or the service providers are not sure of when/who give Post exposure Prophylaxis.

Lack of fund to provide capacity building of health staff. Lack of staff in ANC and others reproductive health services and high workload. Irregular supply of vaccines, reagent (RPR) and gas for health unit. Lack of IEC materials to disseminate information during reproductive health activities. Low uptake of family planning due to lack of knowledge, some cultural believe and limited male involvement.

The SGBV cases are highly under-reported, even in situations where reporting takes place, it happens late when PEP can not be administered. Community SGBV prevention activities are strong in 3 settlements and these are the only ones reporting cases; absence of SGBV funds and partners to role out services to other settlements has partly contributed.

REPRO HEALTH

Monitoring & Evaluation

Indicator	Standard
Are PoCs included in national HIV strategic plans?	Yes Yes
Are PoCs included in national HIV sent surveillance?	Yes Yes
Date of last last KAPB/BSS	Aug 2009

Prevention

Indicator	Standard
Condom distribution rate	1.45 > 0.5
Do appropriate IEC materials exist for PoCs?	Yes Yes
Are risk groups targeted with prevention programmes?	Yes Yes
Proportion of blood units screened for HIV	2 100%
PMTCT coverage	73% 100%

Care and Treatment

Indicator	Standard
Do PoCs have equal access to ART as host?	Yes Yes
Number of PoCs receiving ART	340
Prop. HIV positive mothers receiving co-trimox	43% 100%
Prop. HIV positive infants receiving co-trimox	8% 100%

HIV prevention, care, treatment and support activities took place. HIV surveillance - sentinel surveillance in 4 refugee sites and HIV Behaviour Surveillance survey in Kyaka II took place. Preparatory activities for AIDS Indicator Survey took place. Condom distribution rate is 1.4/person/month. All the blood is screened centrally by the national blood bank. PMTCT 73% (from 62%). 4 ART clinics are fully equipped and function.

Only 4 of the 9 refugee settlements received HIV/AIDS funding. Even those settlements that received funding, the release of funds was delayed. In settlements where PoCs access services directly from government hospitals HIV/AIDS data is lost. Partnership with PEPFAR was initiated although did not translated into immediate funding.

SGBV

Water, Sanitation and Hygiene

Indicator	Standard
Av quantity of potable water / person / day (litres)	20 > 20
No. of persons per usable water tap	126 < 80
No. of persons per drop-hole in communal latrine	34 ≤ 20
Prop. of population living within 200m from water point	38% 100%
Prop. of families with latrines	68% 100%
Prop. families receiving >250g soap / person / month	0% ≥ 90%
Prop. camps with 1 hygiene promoter / 500 persons	% ≥ 75%

Although the average quantity of potable water per person per day was 22 litres, the potable water situation is of particular concern in Oruchinga, Nakivale, Kyaka II, Kyagwari and Adjumani. Need for community sensitisation on latrine construction and use.

Lack of adequate fund. Inadequate staff to address and implement WASH activities. The settlement planning and lay out leads to a long distance from the water points (boreholes). The topography of the settlements leads to low yield of some of the boreholes.

WASH

Camp opened: 1989

Population: 8,497

Camp closed:

The source of population data in this report is:

HIS start date: Jun 2007

Origin of refugees:

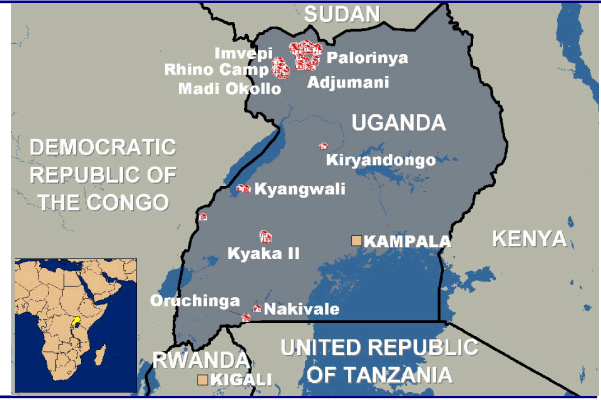
Sudan

Implementing partners:

Health/HIV: AHA

Nutrition: AHA

Watsan: AAH



Public Health Status

Health Impact

Indicator	Standard	Status
Crude Mortality Rate (CMR) (/1000/month)	0.11	< 1.5
Under-five Mortality Rate (U5MR) (/1000/month)	0.49	< 3.0
Infant Mortality Rate (IMR) (/1000 livebirths)	21.5	< 60
Neonatal Mortality Rate (NNMR) (/1000 livebirths)	4.3	< 40

Figure 1: Crude and Under-five Mortality

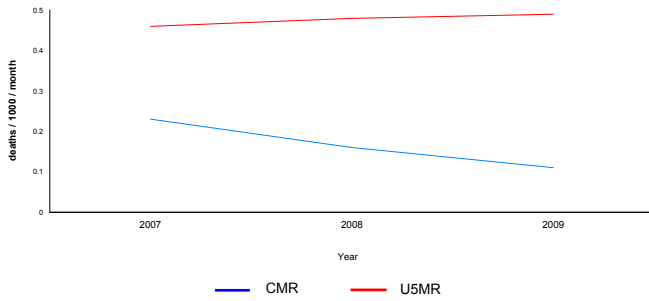


Figure 2: Crude Morbidity

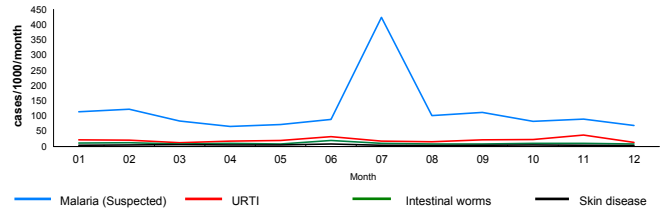
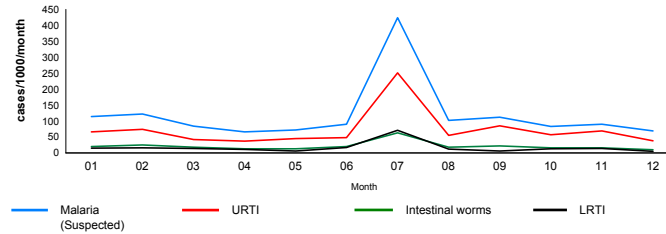


Figure 3: Under-five Morbidity



Public Health Programmes

Human Resources

No.	Indicator	Standard	Status
1	1 : 8,497	1 : <50,000	✓
2	1 : 4,248	1 : <10,000	✓
16	1 : 531	1 : <10,000	✓
10	1 : 850	1 : <10,000	✓
39	1 : 218	1 : 500-1,000	✗
39	1 : 218	1 : <500	✓

Access and Utilisation

No.	Indicator	Standard	Status
13	1 : 654	1 : <10,000	✓
	8	< 50	✓
	1.0	1 - 4	⚠
	81.01%		

Malaria

Indicator	Standard	Status
Is Act introduced as 1st line malaria treatment?	Yes	✓

Maternal and Newborn Health

Indicator	Standard	Status
Coverage of complete antenatal care (4 or more visits)	64%	100%
Proportion of deliveries attended by skilled personnel	76%	≥ 50%
Proportion of deliveries performed by caesarean section	0%	5 - 15%
Proportion of low birth weight deliveries	8%	< 15%

Family planning

Indicator	Standard	Status
Contraceptive prevalence rate	-7%	≥ 30%

Sexual and Gender-based Violence

Indicator	Standard	Status
Incidence of reported rape (/10,000/year)	0.00	
Prop. rape survivors who received PEP < 72h	100%	100%
Prop. rape survivors who received ECP < 120h	100%	100%
Prop. rape survivors who received STI < 2 wks	100%	100%

Prevention

Indicator	Standard	Status
Condom distribution rate	1.05	> 0.5
Do appropriate IEC materials exist for PoCs?	Yes	Yes
Are risk groups targeted with prevention programmes?	Yes	Yes
Proportion of donated blood units screened for HIV	100%	100%
PMTCT coverage	0%	100%

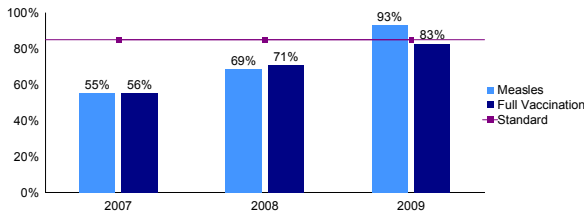
Care and Treatment

Indicator	Standard	Status
Do PoCs have equal access to ART as host?	Yes	Yes
Number of PoCs receiving ART	54	
Prop. HIV positive mothers receiving co-trimox	100%	100%
Prop. HIV positive infants receiving co-trimox	100%	100%

Water, Sanitation and Hygiene

Indicator	Standard	Status
Av quantity of potable water / person / day (litres)	17	> 20
No. of persons per usable water tap	204	< 80
No. of persons per drop-hole in communal latrine		≤ 20
Prop. of population living within 200m from water point	79%	100%
Prop. of families with latrines	61%	100%
Prop. families receiving >250g soap / person / month	%	≥ 90%

Figure 4: Vaccination coverage



Malnutrition

Indicator	Standard	Status
Global Acute Malnutrition Rate (%)	4.7%	< 5%
Severe Acute Malnutrition Rate (%)	0.0%	< 2%
Prevalence of anaemia in children under five	75%	< 20%
Prevalence of anaemia in women of reproductive age	56%	< 20%
Average number of kilocalories per person per day	1320	2100

Observations

Assessment for the Mongula health centre (mini hospital) has been done and rehabilitation is scheduled for 2010. There was an irregular supply of gas for the cold chain. There was a shortage of contraceptives from the DHO store. Discussion for the integration process started in last quarter of 2009 and implementation of the handover is expected in June 2010. PMTCT services are provided by the government hospital. Delayed submission of HIS reports occurred in 2009.

Camp opened: 1995

Population: 2,829

Camp closed:

The source of population data in this report is:

HIS start date: Jun 2007

Origin of refugees:

Sudan
DRC

Implementing partners:

Health/HIV: DHO Arua
Nutrition: DHO Arua
Watsan: DED



Public Health Status

Health Impact

Indicator	Standard	Status
Crude Mortality Rate (CMR) (/1000/month)	0.00 < 1.5	✓
Under-five Mortality Rate (U5MR) (/1000/month)	0.00 < 3.0	✓
Infant Mortality Rate (IMR) (/1000 livebirths)	0.0 < 60	✓
Neonatal Mortality Rate (NNMR) (/1000 livebirths)	0.0 < 40	✓

Figure 1: Crude and Under-five Mortality

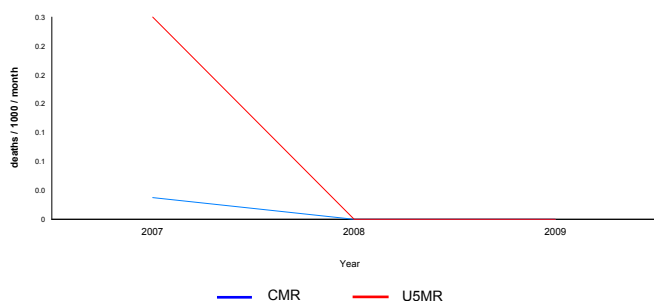


Figure 2: Crude Morbidity

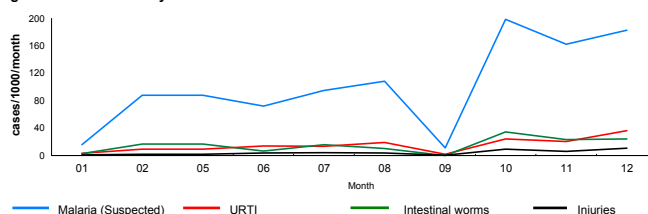
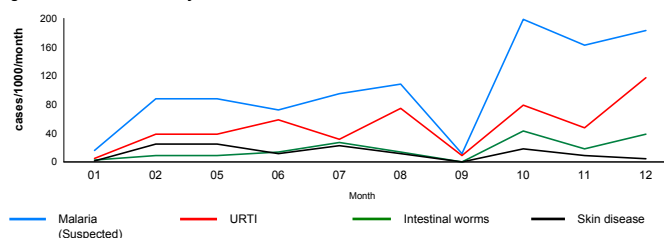


Figure 3: Under-five Morbidity



Public Health Programmes

Human Resources

No.	Indicator	Standard	Status
0	1 : 0	1 : <50,000	✓
2	1 : 1,414	1 : <10,000	✓
4	1 : 707	1 : <10,000	✓
3	1 : 943	1 : <10,000	✓
10	1 : 283	1 : 500-1,000	✗
10	1 : 283	1 : <500	✓

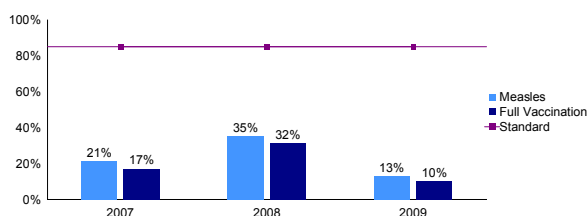
Access and Utilisation

No.	Indicator	Standard	Status
3	1 : 943	1 : <10,000	✓
9	< 50	< 50	✓
1.0	1 - 4	1 - 4	⚠
84.07%			

Malaria

Indicator	Standard	Status
Is Act introduced as 1st line malaria treatment?	Yes	✓

Figure 4: Vaccination coverage



IMMUNISATION

REPRO HEALTH

Maternal and Newborn Health

Indicator	Standard	Status
Coverage of complete antenatal care (4 or more visits)	190%	100% ✓
Proportion of deliveries attended by skilled personnel	90%	≥ 50% ✓
Proportion of deliveries performed by caesarean section	0%	5 - 15% ✗
Proportion of low birth weight deliveries	0%	< 15% ✓

Family planning

Indicator	Standard	Status
Contraceptive prevalence rate	0%	≥ 30% ✗

Sexual and Gender-based Violence

Indicator	Standard	Status
Incidence of reported rape (/10,000/year)	0.00	
Prop. rape survivors who received PEP < 72h	100%	100% ✓
Prop. rape survivors who received ECP < 120h	100%	100% ✓
Prop. rape survivors who received STI < 2 wks	100%	100% ✓

SGBV

Prevention

Indicator	Standard	Status
Condom distribution rate	0.00	> 0.5 ✗
Do appropriate IEC materials exist for PoCs?	Yes	Yes ✓
Are risk groups targeted with prevention programmes?	Yes	Yes ✓
Proportion of donated blood units screened for HIV	2%	100% ✗
PMTCT coverage	9%	100% ✗

HIVAIDS

Care and Treatment

Indicator	Standard	Status
Do PoCs have equal access to ART as host?	Yes	Yes ✓
Number of PoCs receiving ART	15	
Prop. HIV positive mothers receiving co-trimox	100%	100% ✓
Prop. HIV positive infants receiving co-trimox	100%	100% ✓

WASH

Water, Sanitation and Hygiene

Indicator	Standard	Status
Av quantity of potable water / person / day (litres)	35	> 20 ✓
No. of persons per usable water tap	39	< 80 ✓
No. of persons per drop-hole in communal latrine		≤ 20 ✓
Prop. of population living within 200m from water point	10%	100% ✗
Prop. of families with latrines	58%	100% ✗
Prop. families receiving >250g soap / person / month	%	≥ 90% ✓

NUTRITION

Malnutrition

Indicator	Standard	Status
Global Acute Malnutrition Rate (%)	4.8%	< 5% ✓
Severe Acute Malnutrition Rate (%)	1.1%	< 2% ✓
Prevalence of anaemia in children under five	54%	< 20% ✗
Prevalence of anaemia in women of reproductive age	33%	< 20% ⚠
Average number of kilocalories per person per day	1320	2100 ✗

Observations

Majority of the patients seen are nationals (84%) probably attributed to the repatriation; refugee from Ikafe and Madi Okollo were consolidated in Imvepi and Rhino camps. HIV/AIDS services are poor in the health facilities. Health centre buildings and sanitary facilities are dilapidated. Accommodation for health staff is inadequate. Frequent breakdown of EPI refrigerators for vaccines, and irregular supply of gas and drugs to health units. There is need to build capacity for child health and support immunization activities. Delayed submission of HIS reports occurred in 2009.

Camp opened: 1995

Population: 5,919

Camp closed:

The source of population data in this report is:

HIS start date: Jun 2007

Origin of refugees:

Sudan
Kenya

Implementing partners:

Health/HIV: DHO Masindi
Nutrition: DHO Masindi
Watsan: DHO Masindi



Public Health Status

Health Impact

Indicator	Standard	Status
Crude Mortality Rate (CMR) (/1000/month)	0.17	< 1.5
Under-five Mortality Rate (U5MR) (/1000/month)	0.23	< 3.0
Infant Mortality Rate (IMR) (/1000 livebirths)	17.5	< 60
Neonatal Mortality Rate (NNMR) (/1000 livebirths)	0.0	< 40

Figure 1: Crude and Under-five Mortality

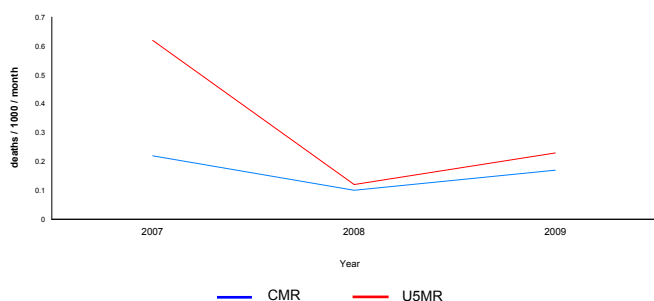


Figure 2: Crude Morbidity

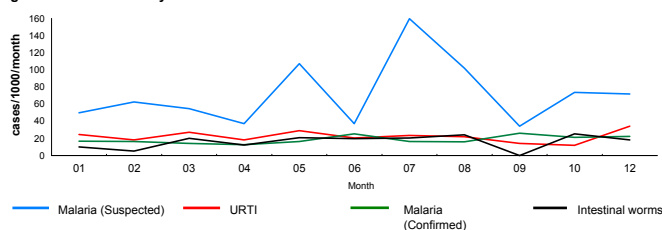
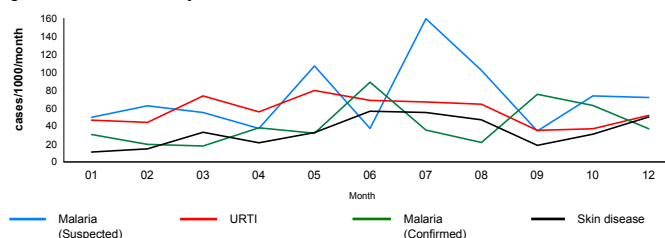


Figure 3: Under-five Morbidity



Public Health Programmes

Human Resources

No.	Indicator	Standard	Status
0	1 : 0	1 : <50,000	✓
2	1 : 2,960	1 : <10,000	✓
6	1 : 986	1 : <10,000	✓
3	1 : 1,973	1 : <10,000	✓
40	1 : 148	1 : 500-1,000	✗
40	1 : 148	1 : <500	✓

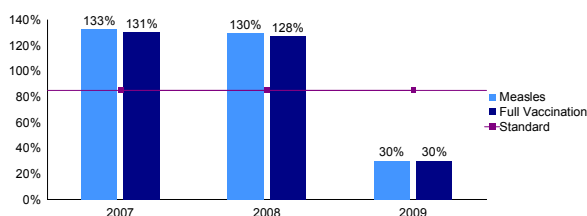
Access and Utilisation

No.	Indicator	Standard	Status
1	1 : 5,919	1 : <10,000	✓
40	< 50	< 50	✓
2.0	1 - 4	1 - 4	✓
40.95%			✓

Malaria

Indicator	Standard	Status
Is Act introduced as 1st line malaria treatment?	Yes	Yes ✓

Figure 4: Vaccination coverage



REPRO HEALTH

Maternal and Newborn Health

Indicator	Standard	Status
Coverage of complete antenatal care (4 or more visits)	20%	100%
Proportion of deliveries attended by skilled personnel	93%	≥ 50%
Proportion of deliveries performed by caesarean section	0%	5 - 15%
Proportion of low birth weight deliveries	7%	< 15%

Family planning

Indicator	Standard	Status
Contraceptive prevalence rate	0%	≥ 30%

Sexual and Gender-based Violence

Indicator	Standard	Status
Incidence of reported rape (/10,000/year)	0.00	
Prop. rape survivors who received PEP < 72h	100%	100%
Prop. rape survivors who received ECP < 120h	100%	100%
Prop. rape survivors who received STI < 2 wks	100%	100%

Prevention

Indicator	Standard	Status
Condom distribution rate	1.44	> 0.5
Do appropriate IEC materials exist for PoCs?	Yes	Yes
Are risk groups targeted with prevention programmes?	Yes	Yes
Proportion of donated blood units screened for HIV	100%	100%
PMTCT coverage	145%	100%

Care and Treatment

Indicator	Standard	Status
Do PoCs have equal access to ART as host?	Yes	Yes
Number of PoCs receiving ART	20	
Prop. HIV positive mothers receiving co-trimox	50%	100%
Prop. HIV positive infants receiving co-trimox	0%	100%

SGBV

HIVAIDS

WASH

Water, Sanitation and Hygiene

Indicator	Standard	Status
Av quantity of potable water / person / day (litres)	26	> 20
No. of persons per usable water tap	29	< 80
No. of persons per drop-hole in communal latrine	33	≤ 20
Prop. of population living within 200m from water point	75%	100%
Prop. of families with latrines	70%	100%
Prop. families receiving >250g soap / person / month	%	≥ 90%

Malnutrition

Indicator	Standard	Status
Global Acute Malnutrition Rate (%)	2.0%	< 5%
Severe Acute Malnutrition Rate (%)	0.0%	< 2%
Prevalence of anaemia in children under five	78%	< 20%
Prevalence of anaemia in women of reproductive age	53%	< 20%
Average number of kilocalories per person per day	1320	2100

Observations

The main challenges were the integration of the health centers into the district health service in term of staffing which affected delivery of services (ANC, HIV/AIDS, SGBV). It also affected the quality and the timeliness of the HIS reports.

Camp opened: 1983

Population: 15,984

Camp closed:

The source of population data in this report is:

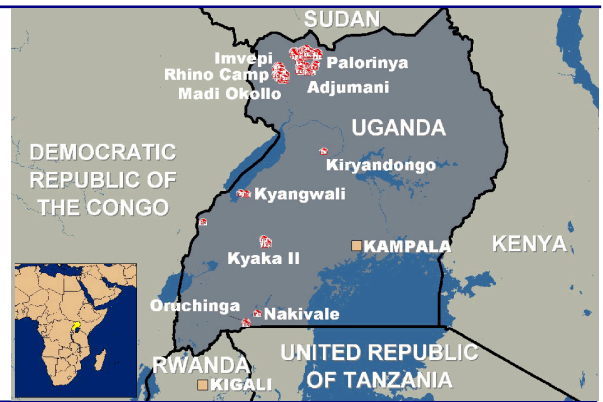
HIS start date: Jun 2007

Origin of refugees:

DRC
Rwanda
Sudan

Implementing partners:

Health/HIV: GTZ
Nutrition: GTZ
Watsan: GTZ



Public Health Status

Health Impact

Indicator	Standard	Status
Crude Mortality Rate (CMR) (/1000/month)	0.58	< 1.5
Under-five Mortality Rate (U5MR) (/1000/month)	1.33	< 3.0
Infant Mortality Rate (IMR) (/1000 livebirths)	41.9	< 60
Neonatal Mortality Rate (NNMR) (/1000 livebirths)	0.0	< 40

Figure 1: Crude and Under-five Mortality

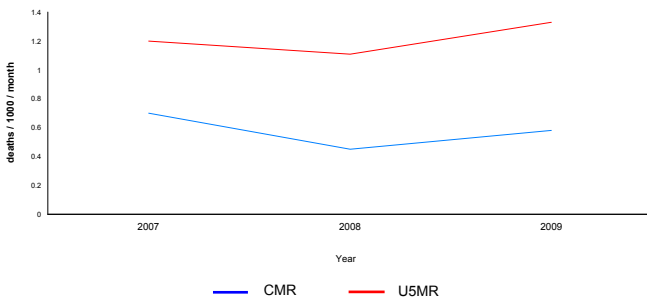


Figure 2: Crude Morbidity

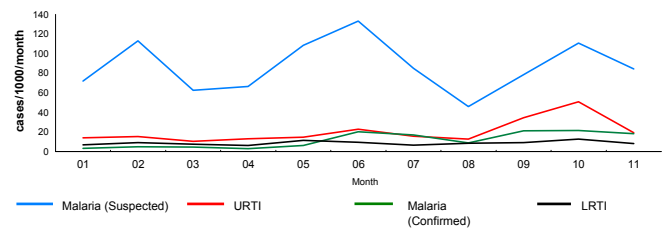
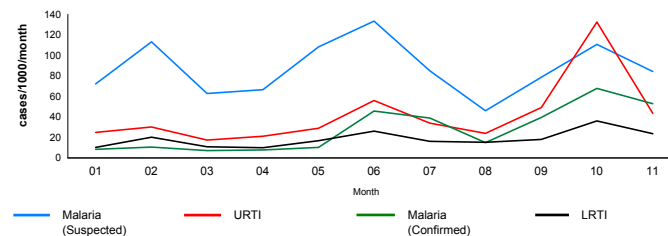


Figure 3: Under-five Morbidity



Public Health Programmes

Human Resources

No.	Indicator	Standard	Status
1	1 : 15,984	1 : <50,000	✓
4	1 : 3,996	1 : <10,000	✓
5	1 : 3,197	1 : <10,000	✓
5	1 : 3,197	1 : <10,000	✓
16	1 : 999	1 : 500-1,000	✓
15	1 : 1,066	1 : <500	✗

Access and Utilisation

No.	Indicator	Standard	Status
2	1 : 7,992	1 : <10,000	✓
37	< 50	< 50	✓
1.0	1 - 4	1 - 4	✓
42.35%			✓

Malaria

Indicator	Standard	Status
Is Act introduced as 1st line malaria treatment?	Yes	Yes ✓

Maternal and Newborn Health

Indicator	Standard	Status
Coverage of complete antenatal care (4 or more visits)	69%	100% ✗
Proportion of deliveries attended by skilled personnel	77%	≥ 50% ✓
Proportion of deliveries performed by caesarean section	9%	5 - 15% ✓
Proportion of low birth weight deliveries	2%	< 15% ✓

Family planning

Indicator	Standard	Status
Contraceptive prevalence rate	0%	≥ 30% ✗

Sexual and Gender-based Violence

Indicator	Standard	Status
Incidence of reported rape (/10,000/year)	18.43	
Prop. rape survivors who received PEP < 72h	28%	100% ✗
Prop. rape survivors who received ECP < 120h	83%	100% ✗
Prop. rape survivors who received STI < 2 wks	118%	100% ✓

Prevention

Indicator	Standard	Status
Condom distribution rate	2.31	> 0.5 ✓
Do appropriate IEC materials exist for PoCs?	Yes	Yes ✓
Are risk groups targeted with prevention programmes?	Yes	Yes ✓
Proportion of donated blood units screened for HIV	100%	100% ✓
PMTCT coverage	103%	100% ✓

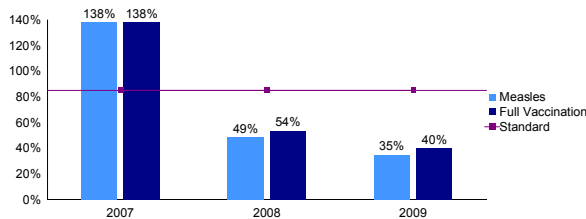
Care and Treatment

Indicator	Standard	Status
Do PoCs have equal access to ART as host?	Yes	Yes ✓
Number of PoCs receiving ART	72	
Prop. HIV positive mothers receiving co-trimox	31%	100% ✗
Prop. HIV positive infants receiving co-trimox	2%	100% ✗

Water, Sanitation and Hygiene

Indicator	Standard	Status
Av quantity of potable water / person / day (litres)	16	> 20 ✗
No. of persons per usable water tap	338	< 80 ✗
No. of persons per drop-hole in communal latrine		≤ 20 ✓
Prop. of population living within 200m from water point	20%	100% ✗
Prop. of families with latrines	86%	100% ✓
Prop. families receiving >250g soap / person / month	%	≥ 90% ✓

Figure 4: Vaccination coverage



Malnutrition

Indicator	Standard	Status
Global Acute Malnutrition Rate (%)	1.5%	< 5% ✓
Severe Acute Malnutrition Rate (%)	0.0%	< 2% ✓
Prevalence of anaemia in children under five	34%	< 20% ⚠
Prevalence of anaemia in women of reproductive age	14%	< 20% ✓
Average number of kilocalories per person per day	1320	2100 ✗

Observations

IGAD HIV/AIDS support project was initiated in 2009; CMAM was initiated in Kyaka II with support from Kyegegwa Health centre. The Consultation per clinician, and health utilization rate are within the range. Discussion have been held to support Kyegegwa H/C with theatre facilities, and maternity ward. The settlement experienced unreported maternal deaths. There is need to build capacity of health workers to support child health at facility level and community level. Water and sanitation situation needs is poor and a geological water survey is planned.

Camp opened: 1967

Population: 20,620

Camp closed:

The source of population data in this report is:

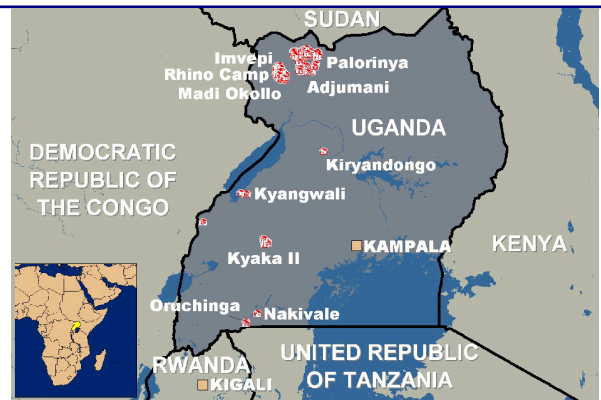
HIS start date: Jun 2007

Origin of refugees:

DRC
Sudan
Rwanda

Implementing partners:

Health/HIV: AAH
Nutrition: AAH
Watsan: AAH



Public Health Status

Health Impact

Indicator	Standard	Status
Crude Mortality Rate (CMR) (/1000/month)	0.42	< 1.5
Under-five Mortality Rate (U5MR) (/1000/month)	1.16	< 3.0
Infant Mortality Rate (IMR) (/1000 livebirths)	20.9	< 60
Neonatal Mortality Rate (NNMR) (/1000 livebirths)	1.3	< 40

Figure 1: Crude and Under-five Mortality

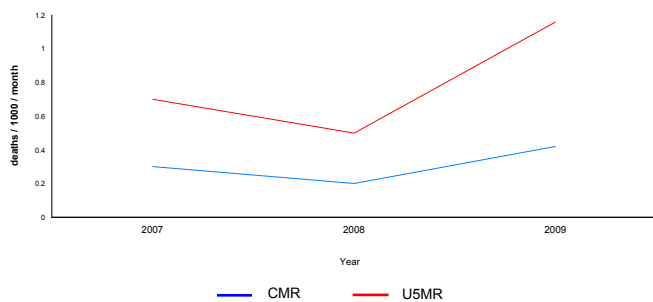


Figure 2: Crude Morbidity

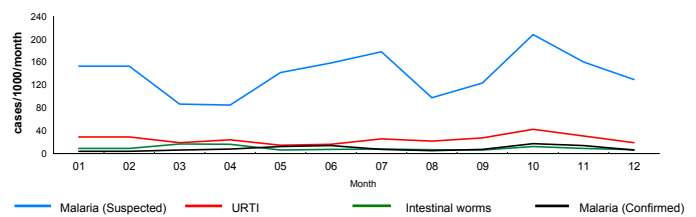
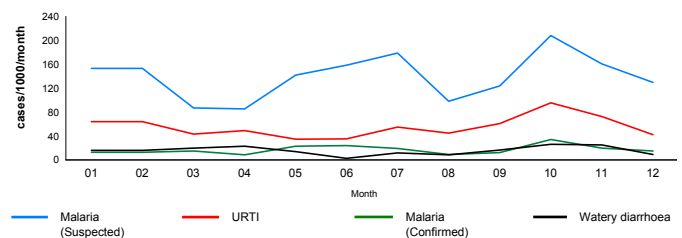


Figure 3: Under-five Morbidity



Public Health Programmes

Human Resources

No.	Indicator	Standard	Status
1	No. of Medical Doctors	1 : 20,620	1 : <50,000
3	No. of Clinical Consultants	1 : 6,873	1 : <10,000
9	No. of Nurses (qualified)	1 : 2,291	1 : <10,000
9	No. of MCH staff / Midwives	1 : 2,291	1 : <10,000
9	No. of Community Health Workers (CHW)	1 : 2,291	1 : 500-1,000
9	No. of Hygiene Promoters	1 : 2,291	1 : <500

Access and Utilisation

No.	Indicator	Standard	Status
4	No. of health facilities	1 : 5,155	1 : <10,000
	No. of consultations per trained clinician per day	65	< 50
	Health Utilization Rate (new visits/person/year)	1.0	1 - 4
	Proportion of consultations by host population	42.26%	

Malaria

Indicator	Standard	Status
Is Act introduced as 1st line malaria treatment?	Yes	Yes

Maternal and Newborn Health

Indicator	Standard	Status
Coverage of complete antenatal care (4 or more visits)	26%	100%
Proportion of deliveries attended by skilled personnel	38%	≥ 50%
Proportion of deliveries performed by caesarean section	0%	5 - 15%
Proportion of low birth weight deliveries	1%	< 15%

Family planning

Indicator	Standard	Status
Contraceptive prevalence rate	0%	≥ 30%

Sexual and Gender-based Violence

Indicator	Standard	Status
Incidence of reported rape (/10,000/year)	5.73	
Prop. rape survivors who received PEP < 72h	40%	100%
Prop. rape survivors who received ECP < 120h	100%	100%
Prop. rape survivors who received STI < 2 wks	55%	100%

Prevention

Indicator	Standard	Status
Condom distribution rate	3.50	> 0.5
Do appropriate IEC materials exist for PoCs?	Yes	Yes
Are risk groups targeted with prevention programmes?	Yes	Yes
Proportion of donated blood units screened for HIV	100%	100%
PMTCT coverage	125%	100%

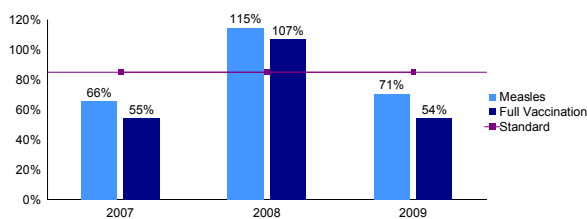
Care and Treatment

Indicator	Standard	Status
Do PoCs have equal access to ART as host?	Yes	Yes
Number of PoCs receiving ART	15	
Prop. HIV positive mothers receiving co-trimox	75%	100%
Prop. HIV positive infants receiving co-trimox	0%	100%

Water, Sanitation and Hygiene

Indicator	Standard	Status
Av quantity of potable water / person / day (litres)	15	> 20
No. of persons per usable water tap	30	< 80
No. of persons per drop-hole in communal latrine		≤ 20
Prop. of population living within 200m from water point	30%	100%
Prop. of families with latrines	70%	100%
Prop. families receiving >250g soap / person / month	%	≥ 90%

Figure 4: Vaccination coverage



Malnutrition

Indicator	Standard	Status
Global Acute Malnutrition Rate (%)	4.1%	< 5%
Severe Acute Malnutrition Rate (%)	0.9%	< 2%
Prevalence of anaemia in children under five	59%	< 20%
Prevalence of anaemia in women of reproductive age	21%	< 20%
Average number of kilocalories per person per day	1320	2100

Observations

The immunization coverage is better than other settlements; the consultation per clinician per day is still high (65) with a very low coverage of reproductive health services. Construction of two high yielding boreholes has improved the safe water coverage.

Camp opened: 1959

Population: 78,326

Camp closed:

The source of population data in this report is:

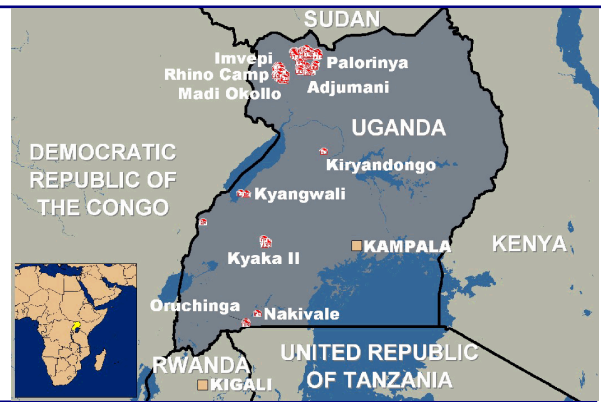
HIS start date: Jun 2007

Origin of refugees:

DRC
Rwanda
Somalia

Implementing partners:

Health/HIV: GTZ
Nutrition: GTZ
Watsan: GTZ



Public Health Status

Health Impact

Indicator	Standard	Status
Crude Mortality Rate (CMR) (/1000/month)	0.15	< 1.5
Under-five Mortality Rate (U5MR) (/1000/month)	0.36	< 3.0
Infant Mortality Rate (IMR) (/1000 livebirths)	18.6	< 60
Neonatal Mortality Rate (NNMR) (/1000 livebirths)	2.9	< 40

Figure 1: Crude and Under-five Mortality

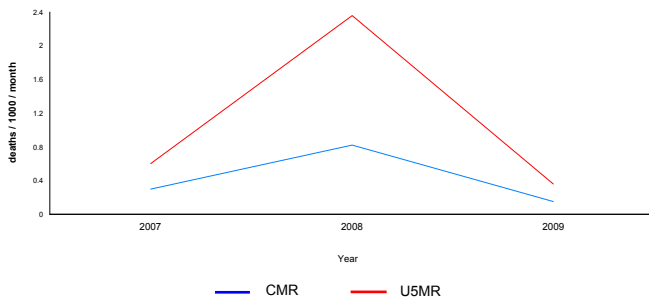


Figure 2: Crude Morbidity

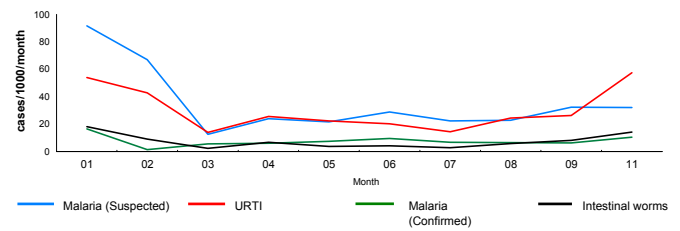
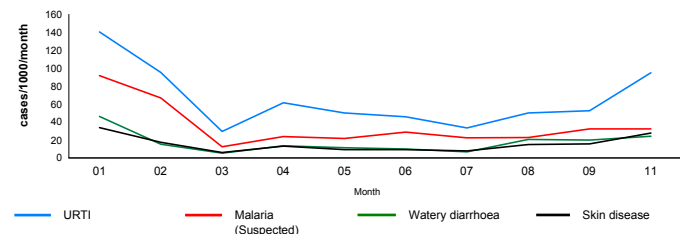


Figure 3: Under-five Morbidity

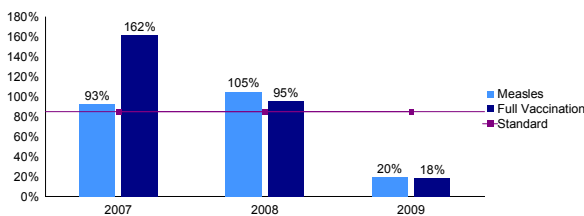


Public Health Programmes

Indicator	No	Indicator	Standard	Status
Human Resources				
No. of Medical Doctors	1	1 : 78,326	1 : <50,000	✗
No. of Clinical Consultants	1 : 0	1 : 0	1 : <10,000	✓
No. of Nurses (qualified)	1 : 0	1 : 0	1 : <10,000	✓
No. of MCH staff / Midwives	1 : 0	1 : 0	1 : <10,000	✓
No. of Community Health Workers (CHW)	1 : 0	1 : 0	1 : 500-1,000	✗
No. of Hygiene Promoters	1 : 0	1 : 0	1 : <500	✓
Access and Utilisation				
No. of health facilities	3	1 : 26,109	1 : <10,000	✗
No. of consultations per trained clinician per day	113	113	< 50	✗
Health Utilization Rate (new visits/person/year)	1.0	1.0	1 - 4	✓
Proportion of consultations by host population	16.25%	16.25%		
Malaria				
Is Act introduced as 1st line malaria treatment?	Yes	Yes	Yes	✓

Indicator	Standard	Status
Maternal and Newborn Health		
Coverage of complete antenatal care (4 or more visits)	78%	100%
Proportion of deliveries attended by skilled personnel	66%	≥ 50%
Proportion of deliveries performed by caesarean section	5%	5 - 15%
Proportion of low birth weight deliveries	3%	< 15%
Family planning		
Contraceptive prevalence rate	1%	≥ 30%
Sexual and Gender-based Violence		
Incidence of reported rape (/10,000/year)	11.37	
Prop. rape survivors who received PEP < 72h	53%	100%
Prop. rape survivors who received ECP < 120h	120%	100%
Prop. rape survivors who received STI < 2 wks	74%	100%

Figure 4: Vaccination coverage



Indicator	Standard	Status
Prevention		
Condom distribution rate	0.75	> 0.5
Do appropriate IEC materials exist for PoCs?	Yes	Yes
Are risk groups targeted with prevention programmes?	No	Yes
Proportion of donated blood units screened for HIV	100%	100%
PMTCT coverage	58%	100%
Care and Treatment		
Do PoCs have equal access to ART as host?	Yes	Yes
Number of PoCs receiving ART		
Prop. HIV positive mothers receiving co-trimox	78%	100%
Prop. HIV positive infants receiving co-trimox	33%	100%

Indicator	Standard	Status
Malnutrition		
Global Acute Malnutrition Rate (%)	2.2%	< 5%
Severe Acute Malnutrition Rate (%)	0.3%	< 2%
Prevalence of anaemia in children under five	30%	< 20%
Prevalence of anaemia in women of reproductive age	11%	< 20%
Average number of kilocalories per person per day	1320	2100

Indicator	Standard	Status
Water, Sanitation and Hygiene		
Av quantity of potable water / person / day (litres)	15	> 20
No. of persons per usable water tap		< 80
No. of persons per drop-hole in communal latrine		≤ 20
Prop. of population living within 200m from water point		100%
Prop. of families with latrines		100%
Prop. families receiving >250g soap / person / month		≥ 90%

Observations

Most of the new arrivals from DRC in the last quarter of Nakivale were transferred to Nakivale & Kyagwali. The consultations/clinician/day is high (113). The population using communal latrines are those in institutions such as schools and hospitals. The soap distributed is targeted only for females aged 12-49 years on quarterly basis as part of the sanitary kit. However, this also depends on the availability of soap. Sometimes it sanitary kits are distributed without soap.

Camp opened: 1959

Population: 2,025

Camp closed:

The source of population data in this report is:

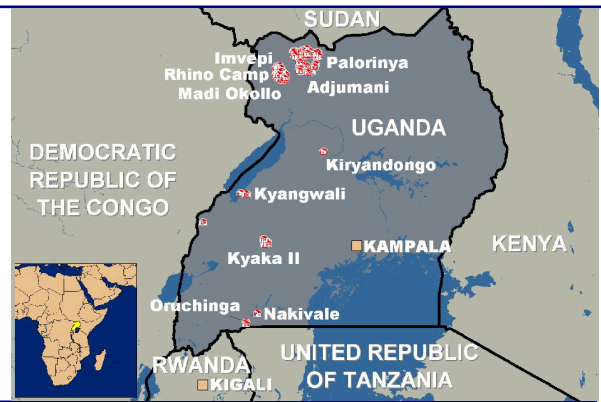
HIS start date: Jun 2007

Origin of refugees:

DRC
Rwanda
Somalia

Implementing partners:

Health/HIV: GTZ
Nutrition: GTZ
Watsan: NSAMIZI



Public Health Status

Health Impact

Indicator	Standard	Status
Crude Mortality Rate (CMR) (/1000/month)	0.85	< 1.5
Under-five Mortality Rate (U5MR) (/1000/month)	3.07	< 3.0
Infant Mortality Rate (IMR) (/1000 livebirths)	45.8	< 60
Neonatal Mortality Rate (NNMR) (/1000 livebirths)	0.0	< 40

Figure 1: Crude and Under-five Mortality

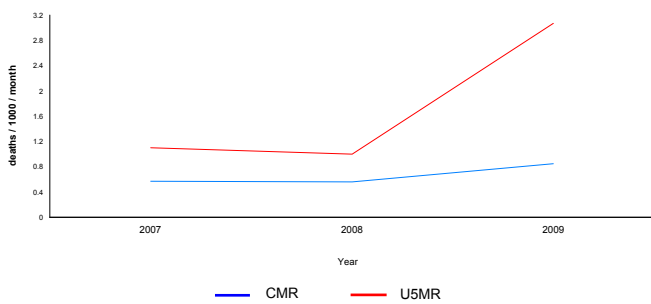


Figure 2: Crude Morbidity

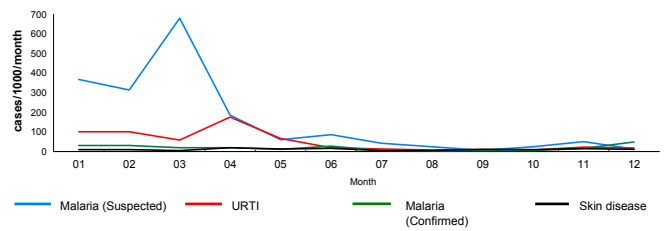
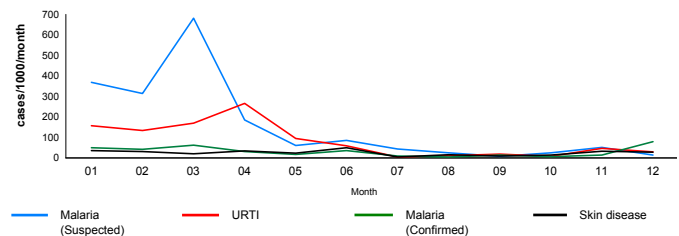


Figure 3: Under-five Morbidity



Public Health Programmes

Human Resources

No.	Indicator	Standard	Status
0	1 : 0	1 : <50,000	✓
1	1 : 2,025	1 : <10,000	✓
4	1 : 506	1 : <10,000	✓
2	1 : 1,012	1 : <10,000	✓
2	1 : 1,012	1 : 500-1,000	⚠
4	1 : 506	1 : <500	⚠

Access and Utilisation

No.	Indicator	Standard	Status
1	1 : 2,025	1 : <10,000	✓
	211	< 50	✗
	2.0	1 - 4	✓
	71.10%		✓

Malaria

Indicator	Standard	Status
Is Act introduced as 1st line malaria treatment?	Yes	✓

Maternal and Newborn Health

Indicator	Standard	Status
Coverage of complete antenatal care (4 or more visits)	83%	100%
Proportion of deliveries attended by skilled personnel	63%	≥ 50%
Proportion of deliveries performed by caesarean section	1%	5 - 15%
Proportion of low birth weight deliveries	0%	< 15%

Family planning

Indicator	Standard	Status
Contraceptive prevalence rate	-1%	≥ 30%

Sexual and Gender-based Violence

Indicator	Standard	Status
Incidence of reported rape (/10,000/year)	0.00	
Prop. rape survivors who received PEP < 72h	100%	100%
Prop. rape survivors who received ECP < 120h	100%	100%
Prop. rape survivors who received STI < 2 wks	100%	100%

Prevention

Indicator	Standard	Status
Condom distribution rate	3.69	> 0.5
Do appropriate IEC materials exist for PoCs?	Yes	Yes
Are risk groups targeted with prevention programmes?	Yes	Yes
Proportion of donated blood units screened for HIV	100%	100%
PMTCT coverage	40%	100%

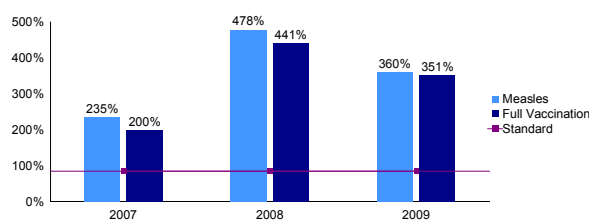
Care and Treatment

Indicator	Standard	Status
Do PoCs have equal access to ART as host?	Yes	Yes
Number of PoCs receiving ART	150	
Prop. HIV positive mothers receiving co-trimox	100%	100%
Prop. HIV positive infants receiving co-trimox	0%	100%

Water, Sanitation and Hygiene

Indicator	Standard	Status
Av quantity of potable water / person / day (litres)	9	> 20
No. of persons per usable water tap	245	< 80
No. of persons per drop-hole in communal latrine	44	≤ 20
Prop. of population living within 200m from water point	40%	100%
Prop. of families with latrines	98%	100%
Prop. families receiving >250g soap / person / month	%	≥ 90%

Figure 4: Vaccination coverage



Malnutrition

Indicator	Standard	Status
Global Acute Malnutrition Rate (%)	3.1%	< 5%
Severe Acute Malnutrition Rate (%)	2.3%	< 2%
Prevalence of anaemia in children under five	37%	< 20%
Prevalence of anaemia in women of reproductive age	11%	< 20%
Average number of kilocalories per person per day	1320	2100

Observations

Additional facilities for staff accommodation needed. Continued delays in referral of obstetric emergencies from the communities and referral system week: need one additional ambulance.. Inadequate water supply additional funding needed in order to improve provision of water. The soap distributed is targeted only for females aged 12-49 years on quarterly basis as part of the sanitary kit. However, this also depends on the availability of soap. Sometimes it sanitary kits are distributed without soap.

Camp opened: 1995

Population: 2,432

Camp closed:

The source of population data in this report is:

HIS start date: Jun 2007

Origin of refugees:

Sudan
DRC

Implementing partners:

Health/HIV: ADEO
Nutrition: ADEO
Watsan: AAH



Public Health Status

Health Impact

Indicator	Standard	Status
Crude Mortality Rate (CMR) (/1000/month)	0.00 < 1.5	✓
Under-five Mortality Rate (U5MR) (/1000/month)	0.00 < 3.0	✓
Infant Mortality Rate (IMR) (/1000 livebirths)	0.0 < 60	✓
Neonatal Mortality Rate (NNMR) (/1000 livebirths)	0.0 < 40	✓

Figure 1: Crude and Under-five Mortality

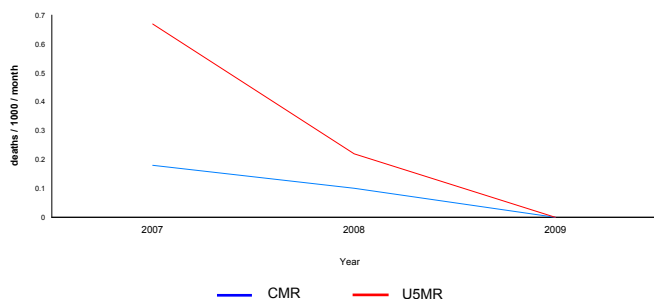


Figure 2: Crude Morbidity

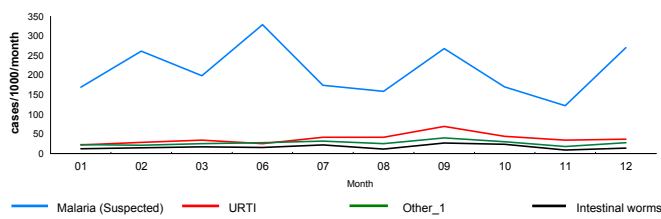
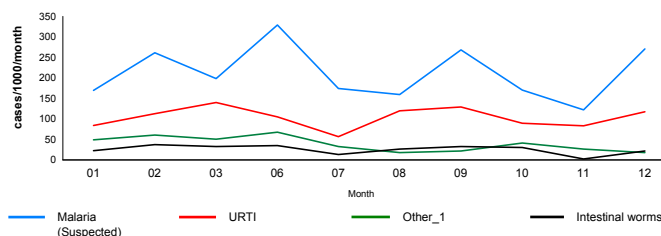


Figure 3: Under-five Morbidity



Public Health Programmes

Human Resources

No.	Indicator	Standard	Status
1	1 : 2,432	1 : <50,000	✓
3	1 : 811	1 : <10,000	✓
11	1 : 221	1 : <10,000	✓
7	1 : 347	1 : <10,000	✓
18	1 : 135	1 : 500-1,000	✗
18	1 : 135	1 : <500	✓

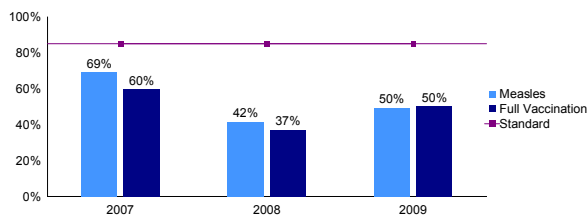
Access and Utilisation

No.	Indicator	Standard	Status
4	1 : 608	1 : <10,000	✓
16	< 50	< 50	✓
1.0	1 - 4	1 - 4	✓
77.96%			✓

Malaria

Indicator	Standard	Status
Is Act introduced as 1st line malaria treatment?	Yes	✓

Figure 4: Vaccination coverage



REPRO HEALTH

Maternal and Newborn Health

Indicator	Standard	Status
Coverage of complete antenatal care (4 or more visits)	80%	100% ✗
Proportion of deliveries attended by skilled personnel	75%	≥ 50% ✓
Proportion of deliveries performed by caesarean section	4%	5 - 15% ⚠
Proportion of low birth weight deliveries	1%	< 15% ✓

Family planning

Indicator	Standard	Status
Contraceptive prevalence rate	0%	≥ 30% ✗

Sexual and Gender-based Violence

Indicator	Standard	Status
Incidence of reported rape (/10,000/year)	0.00	
Prop. rape survivors who received PEP < 72h	100%	100% ⚠
Prop. rape survivors who received ECP < 120h	100%	100% ⚠
Prop. rape survivors who received STI < 2 wks	100%	100% ⚠

Prevention

Indicator	Standard	Status
Condom distribution rate	0.13	> 0.5 ✗
Do appropriate IEC materials exist for PoCs?	Yes	Yes ✓
Are risk groups targeted with prevention programmes?	Yes	Yes ✓
Proportion of donated blood units screened for HIV	100%	100% ⚠
PMTCT coverage	22%	100% ✗

Care and Treatment

Indicator	Standard	Status
Do PoCs have equal access to ART as host?	Yes	Yes ✓
Number of PoCs receiving ART	4	
Prop. HIV positive mothers receiving co-trimox	0%	100% ✗
Prop. HIV positive infants receiving co-trimox	100%	100% ✓

SGBV

HIV/AIDS

WASH

Water, Sanitation and Hygiene

Indicator	Standard	Status
Av quantity of potable water / person / day (litres)	21	> 20 ✓
No. of persons per usable water tap	106	< 80 ✗
No. of persons per drop-hole in communal latrine	25	≤ 20 ⚠
Prop. of population living within 200m from water point	48%	100% ✗
Prop. of families with latrines	38%	100% ✗
Prop. families receiving >250g soap / person / month	%	≥ 90% ⚠

Malnutrition

Indicator	Standard	Status
Global Acute Malnutrition Rate (%)	2.1%	< 5% ✓
Severe Acute Malnutrition Rate (%)	0.0%	< 2% ✓
Prevalence of anaemia in children under five	79%	< 20% ✗
Prevalence of anaemia in women of reproductive age	58%	< 20% ✗
Average number of kilocalories per person per day	1320	2100 ✗

Observations

Following repatriation of Sudanese refugees the health, the programme was handed over to the Moyo District Authorities at the end of December 2009. Zero reporting of SGBV and the knowledge on reporting is very low among the service providers and community. There is need to build capacity for child health at facility level and community level and support immunisation activities. Delayed submission of HIS reports occurred in 2009.

Camp opened: 1994

Population: 5,545

Camp closed:

The source of population data in this report is:

HIS start date: Jun 2007

Origin of refugees:

Sudan
DRC

Implementing partners:

Health/HIV: DHO Arua
Nutrition: DHO Arua
Watsan: DED



Public Health Status

Health Impact

Indicator	Standard	Status
Crude Mortality Rate (CMR) (/1000/month)	0.00 < 1.5	✓
Under-five Mortality Rate (U5MR) (/1000/month)	0.00 < 3.0	✓
Infant Mortality Rate (IMR) (/1000 livebirths)	0.0 < 60	✓
Neonatal Mortality Rate (NNMR) (/1000 livebirths)	0.0 < 40	✓

Figure 1: Crude and Under-five Mortality

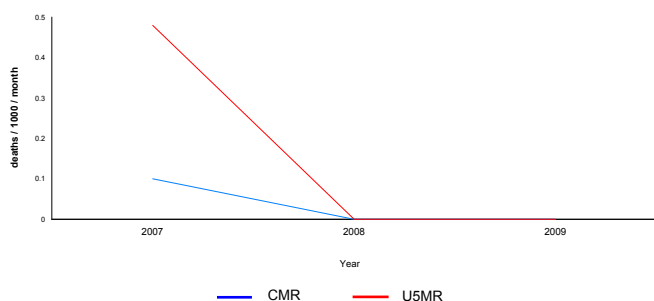


Figure 2: Crude Morbidity

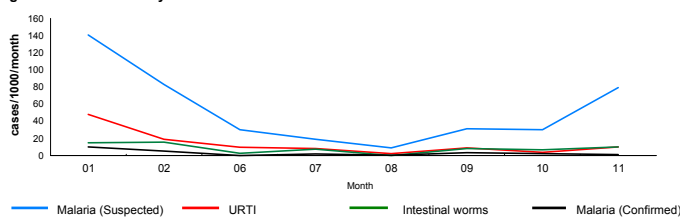
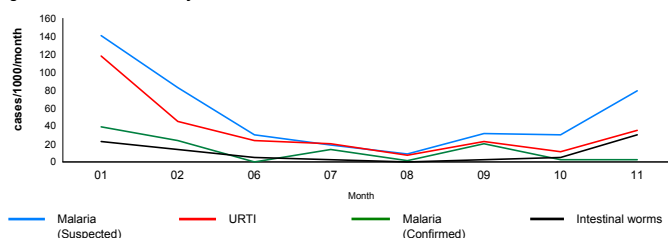


Figure 3: Under-five Morbidity



Public Health Programmes

Human Resources

No.	Indicator	Standard	Status
0	1 : 0	1 : <50,000	✓
0	1 : 0	1 : <10,000	✓
9	1 : 616	1 : <10,000	✓
4	1 : 1,386	1 : <10,000	✓
27	1 : 205	1 : 500-1,000	✗
27	1 : 205	1 : <500	✓

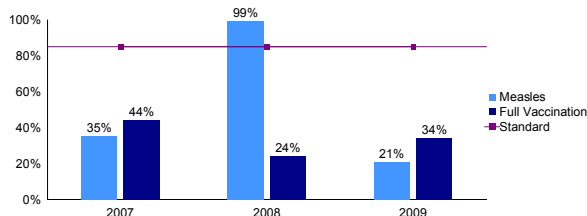
Access and Utilisation

No.	Indicator	Standard	Status
4	1 : 1,386	1 : <10,000	✓
12	< 50	< 50	✓
1.0	1 - 4	1 - 4	⚠
86.53%			✓

Malaria

Indicator	Standard	Status
Is Act introduced as 1st line malaria treatment?	Yes	✓

Figure 4: Vaccination coverage



Malnutrition

Indicator	Standard	Status
Global Acute Malnutrition Rate (%)	< 5%	✓
Severe Acute Malnutrition Rate (%)	< 2%	✓
Prevalence of anaemia in children under five	< 20%	✗
Prevalence of anaemia in women of reproductive age	< 20%	⚠
Average number of kilocalories per person per day	2100	✗

Maternal and Newborn Health

Indicator	Standard	Status
Coverage of complete antenatal care (4 or more visits)	100%	✗
Proportion of deliveries attended by skilled personnel	≥ 50%	✓
Proportion of deliveries performed by caesarean section	5 - 15%	✗
Proportion of low birth weight deliveries	< 15%	✓

Family planning

Indicator	Standard	Status
Contraceptive prevalence rate	≥ 30%	✗

Sexual and Gender-based Violence

Indicator	Standard	Status
Incidence of reported rape (/10,000/year)	0.00	✓
Prop. rape survivors who received PEP < 72h	100%	ⓘ
Prop. rape survivors who received ECP < 120h	100%	ⓘ
Prop. rape survivors who received STI < 2 wks	100%	ⓘ

Prevention

Indicator	Standard	Status
Condom distribution rate	> 0.5	✗
Do appropriate IEC materials exist for PoCs?	Yes	✓
Are risk groups targeted with prevention programmes?	Yes	✗
Proportion of donated blood units screened for HIV	100%	ⓘ
PMTCT coverage	100%	✗

Care and Treatment

Indicator	Standard	Status
Do PoCs have equal access to ART as host?	Yes	✓
Number of PoCs receiving ART	10	✓
Prop. HIV positive mothers receiving co-trimox	100%	ⓘ
Prop. HIV positive infants receiving co-trimox	100%	ⓘ

Water, Sanitation and Hygiene

Indicator	Standard	Status
Av quantity of potable water / person / day (litres)	> 20	✓
No. of persons per usable water tap	< 80	✓
No. of persons per drop-hole in communal latrine	≤ 20	ⓘ
Prop. of population living within 200m from water point	100%	✗
Prop. of families with latrines	100%	✗
Prop. families receiving >250g soap / person / month	≥ 90%	✗

Observations

Majority of the patients see are nationals (84%) probably attributed to the repatriation; refugee from Ikafe and Madi Okollo were consolidated in Imvepi and Rhino camps. High staff turnover both at the coordination level and field has affected the quality of health services delivered to the refugees. Frequent breakdown of EPI refrigerators for vaccines, and irregular supply of gas to health units. HIS not updated by the district on monthly basis. Lack of preparedness to manage epidemics and delays by MOH to deliver vaccines timely. Sensitisation and training of health workers on SGBV prevention and response needed. Delayed submission of HIS reports occurred in 2009. The soap distributed is targeted only