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.

Provision of the minimum health service package for all refugees is a key priority, with an emphasis on preventive and promotive health care for new refugee arrivals at entry points, transit and reception centers and during their initial stay in settlements. This package includes vaccination, nutrition screening, emergency referrals and provision of life-saving primary health care services, in addition to surveillance and response measures for disease outbreaks.

Health partners continue to implement programs to prevent and treat malnutrition. Capacity building of health workforce is also a priority, especially strengthening the role of community-based health workers. Their role proved to be particularly important in raising awareness on reproductive health and HIV/AIDS prevention and treatment.

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

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

- Congolese and other refugees: 0.21 (1.5)
- South Sudanese refugees: 0.09 (1.5)
- Burundian refugees: 0.43 (1.5)

### Global Acute Malnutrition rate

- Congolese and other refugees: 3.8% (≤ 5%)
- South Sudanese refugees: 10.6% (≤ 5%)
- Burundian refugees: 3.7% (≤ 5%)

### Sites holding monthly coordination meetings

- Congolese and other refugees: 100% (100%)
- South Sudanese refugees: 100% (100%)
- Burundian refugees: 100% (100%)

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Achievements data: ActivityInfo (reported by sector lead)  
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Published: August 2020
Objective: Increase equitable access to and utilization of integrated quality health services for refugees and host communities across all the phases of displacement

Outpatient utilization rate
- Congolese and other refugees: 1.7 (1.0 ≤ 4.0)
- South Sudanese refugees: 1.3 (1.0 ≤ 4.0)
- Burundian refugees: 2.3 (1.0 ≤ 4.0)

Severe Acute Malnutrition recovery rate
- Congolese and other refugees: 84% (≥ 75%)
- South Sudanese refugees: 85% (≥ 75%)
- Burundian refugees: 83% (≥ 75%)

Tuberculosis case detection per 100,000 individuals per month
- Congolese and other refugees: 40.5 (150)
- South Sudanese refugees: 45.3 (50)
- Burundian refugees: 62.5 (120)

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

Facilities accredited by Ministry of Health in refugee-hosting districts
- Congolese and other refugees: 60.5% (100%)
- South Sudanese refugees: 36.4% (100%)
- Burundian refugees: 64.0% (100%)

Health Center IV and District referral hospitals supported
- Congolese and other refugees: 65.0% (100%)
- South Sudanese refugees: 75.0% (100%)
- Burundian refugees: 100% (100%)

Consultation per clinician per day in refugee-hosting districts
- Congolese and other refugees: 61 (≤ 50)
- South Sudanese refugees: 52 (≤ 50)
- Burundian refugees: 88 (≤ 50)

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