

Situation Report on the Refugee Situation in Western Uganda

(Prepared by Joint Health, Nutrition and HIV/AIDS Cluster Assessment Team Comprising CESVI, MSF-F, Merlin, UNHCR and WHO)

General Situation (Political, Security and Social)

- The general situation is said to be calm at the moment and influx of refugees has stopped in Kisoro district
- The initial figure of 10,000 refugees seems to be an over estimation of the situation; field visits did not show huge numbers of refugees
- Most of the refugees are currently staying with relatives and friends in the border villages on the Ugandan side with those whose original homes are close to the border crossing back into DRC to look for food during the day
- Some of the refugees are being relocated to Nakivale refugee settlement

Health Situation and Problems

- Four health facilities have been visited so far to assess the impact of refugee influx into the area on health (Busanza HC IV, Kinanira HC III, Gasovu and Nteko HC III)
- Key health issues include:
 - ✓ Increased OPD attendance in Busanza HC IV, Kinannira and Gasovu HC III and increased number of Congolese refugees attending Gasovu and Nteko HC III (see chart below)
 - ✓ Increasing number of malaria cases in all 4 health facilities since September 2008 (maybe due to refugee influx or seasonal increase) (see chart below)
 - ✓ Fairly good infrastructures in all health centres except Nteko HC III (water, electricity, latrines, functional OPDs)
 - ✓ Poor staffing levels in all health facilities (between 21% to 68% of expected)
 - ✓ Lack of drugs to cater for the increased catchment population due to refugee influx
 - ✓ Some of the refugees are coming from Rutshuru district of DRC where an outbreak of polio was confirmed in April 2008 hence the risk of polio importation. Two rounds of polio SIAs were conducted on the Uganda side (including Kisoro district) around May/June this year

General Conclusion

- Health services not overstretched in Busanza HCIV but increasingly getting overloaded in Kinanira HCIII, Gasovu HCIII and to some extent in Nteko HCIII; the Kisoro district health office lacks the capacity to cope with the increasing patient load in these units
- Currently the refugee influx has resulted in overload of sanitation facilities (latrines) in the area but food and water situation is still relatively okay but the situation may worsen in the coming days

- If there is large influx of refugees, the health infrastructures in the area is sufficient except in Nteko HCIII but additional staffing, drugs and essential medical supplies are urgently required

Initial Recommendations

- There is need to intensify immunisation activities especially targeting the refugees
- Urgent need to conduct food security and nutrition assessment in the areas where refugees are currently staying
- Intensive health education using the Community Drug Distributors (CDDs) to educate the refugees and host populations on hygiene, water and sanitation and importance of immunisation is required
- Provision of adequate quantities of essential drugs and medical supplies to health facilities in the area
- Establishment of health post in Ishasha and Nyakabande refugee holding centre is recommended to provide services to incoming refugees 24 hours a day
- Integrated Disease Surveillance and Response (IDSR) needs to be strengthened in the area to effectively monitor disease trends
- Need to pre-position emergency health kits in case in preparedness for more influx or any epidemic outbreak
- Laboratory diagnosis of malaria should strengthened in the area using microscopes or RDTs



