



Bidibidi Refugee Settlement, Uganda

Date: July 30, 2018	Prepared by: Naku Charles Lwanga
I. Demographic Information	
1. City & Province: Bidibidi, Yumbe District, Uganda	
2. Organization: Real Medicine Foundation Uganda (www.realmedicinefoundation.org)	
3. Project Title: Bidibidi Refugee Settlement	
4. Reporting Period: April 1, 2018 – June 30, 2018	
5. Project Location (region & city/town/village): Bidibidi, Yumbe District, West Nile sub-region, Uganda	
6. Target Population: Current statistics indicate that there are 286,859 refugees and asylum seekers now living in Bidibidi Refugee Settlement, and including other South Sudanese refugees in the area, as well as the host population of Yumbe, the project targets over 400,000 people. The refugee population in Uganda has increased rapidly due to the influx of South Sudanese fleeing violence, scarcity of food, and financial instability in their country. The UNHCR reported over 41,000 new arrivals from South Sudan in two weeks (March 1–14, 2017), and Goboro border continued to receive more than 1,000 refugees daily. Bidibidi Refugee Settlement, opened in early August 2016 and still being built from the ground up, is now filled to capacity and has been closed to new arrivals, except for reuniting family members.	
II. Project Information	
7. Project Goal: Assist refugee and host populations by treating the most prevalent health conditions in Bidibidi Refugee Settlement, with special attention to malaria and malnutrition at more than 30 health centers and through community outreaches in Bidibidi Refugee Settlement.	
8. Project Objectives: Improve the health status of people of concern living in Bidibidi Refugee Settlement, as well as the host community: <ul style="list-style-type: none"> • Maintain adequate amounts of medicine, medical supplies, and cleaning supplies in Bidibidi Refugee Settlement. • Procure and transport medicine, medical supplies, and cleaning supplies to Bidibidi Refugee Settlement. • Support health service delivery by employing medical personnel. • Support security and smooth operation of health centers by employing non-medical personnel (such as data clerks, guards, and cleaners). • Provide optimal access to reproductive health, HIV/AIDS, and cervical cancer services. • Provide optimal access to nutrition services for people of concern, especially pregnant and lactating women. • Provide optimal access to surgery as needed. 	

- Strengthen and continue to improve operation management and coordination.
- Increase accessibility of healthcare services.
- Create and facilitate an efficient referral mechanism.
- Screen all refugees for illness, immunize all under-5 children, and provide medical treatment to all those who arrive ill.
- Procure and provide pregnancy testing kits.
- Conduct postmortem examinations and provide postmortem reports to concerned parties.
- Provide respectful burial services for deceased persons of concern.

9. Summary of RMF-sponsored activities carried out during the reporting period under each project objective (note any changes from original plans):

- Continued to provide high-quality health services to persons of concern through the Outpatient department, Inpatient department, inpatient therapeutic care, outpatient therapeutic care, community outreaches, and referral services.
- Throughout the reporting period, RMF purchased and delivered medicines to the health facilities on a monthly basis to treat patients. RMF also purchased laboratory supplies to test for diseases. Medicines and testing helped save lives.
- Food supplements were procured to support the nutrition program.
- During the reporting period, RMF purchased other hospital supplies to support the program, including furniture and waste receptacles.
- RMF provided a constant flow of cleaning supplies, which enabled our diligent sanitary team to keep health facilities clean. The cleanliness of RMF-managed health facilities is among the reasons why many patients prefer receiving care from us.
- Treatment was provided to all patients that came to the health facilities. Patients with conditions that could not be handled at the health facilities within the settlement were referred to district and regional referral points, respectively.
- Continued conducting community health outreaches to extend medical treatment and health education to the community, especially to people of concern in more distant villages of Bidibidi Refugee Settlement.
- Continued managing highly motivated medical and support staff teams to provide optimal care to the patients.
- Salaries and wages for RMF-supported staff were paid in a timely manner, which helped keep staff members motivated.
- RMF has continued to sustain a medical team at the Goboro border point, providing medical screening, immunization, treatment, and ambulance services to refugees who arrive exhausted.
- RMF has continued to sustain medical staff that were hired to support health centers neighboring Bidibidi Refugee Settlement. This has helped reduce the constraints felt in these health centers due to the dramatic increase in population and is contributing to peaceful coexistence between the refugee and host populations. District health facilities benefiting from this program include Yumbe Hospital, Barakala Health Centre III, and Kulikulinga Health Centre III.
- RMF continued to provide HIV/AIDS testing, counseling, and ARV services and encourage all patients to practice healthy lifestyles. The team also continued to trace patients who were previously on ART and work to reinstate them on treatment. The ART clinic is growing.
- Boosted the HIV/AIDS awareness program in the community; awareness was promoted among school-going children during the reporting period. HIV prevention activities included the distribution of condoms, moonlight counseling, testing, and sensitization. In addition, the ART clinic conducted an HIV/AIDS awareness week in the settlement as a step to fulfill the 90-90-90 policy of the Ministry of Health.
- RMF continued to facilitate and manage routine immunization exercises in zones 1, 3, and 4 of Bidibidi Refugee Settlement. All the under-5 children arriving at the settlement are also immunized. This is a strategy to secure the future of these children, which is threatened by deadly diseases. The program was carried out at both outreach and static points.
- Continued to facilitate the disease surveillance teams' activities so that the medical department will not be taken by surprise in case of an outbreak. Any suspected samples of cholera, measles, and polio are rushed to the national laboratory for confirmation. This is partly why no outbreak was experienced during the reporting period.

- Community health officers and Village Health Teams (VHTs) were trained on community-based disease surveillance, patient referral, and health promotion strategies.
- RMF facilitated community leaders' dialogues to help community leaders become ambassadors of good health practices. This will strengthen the preventive health initiative and thus reduce the cost of curative health.
- Continuous cervical cancer screening and education is ongoing at the health facilities.
- All RMF-managed health facilities continued to provide antenatal, maternity, and family planning services, thus promoting institutional deliveries and safe motherhood, as opposed to village-based deliveries. We have been able to achieve safe motherhood targets, thanks in part to the dignity kits provided by UNHCR and distributed by RMF at the health facilities during delivery. In addition, malnourished pregnant and lactating women benefited from nutritional foods and education.
- In collaboration with Yumbe District, RMF conducted a mass hepatitis B screening and vaccination of the refugees in Bidibidi Refugee Settlement.
- Conducted a mass rotavirus vaccination campaign for children 6 weeks of age within the settlement under Ministry of Health guidelines and supervision. During the exercise, mothers were also vaccinated.
- Conducted follow-ups on TB cases in the community to ensure that patients are taking their medication as instructed. Through outreaches and home visits, we are working to prevent patients developing multidrug-resistant tuberculosis (MDR-TB).
- Throughout the reporting period, pregnant mothers benefited from nutrition services.

10. Results and/or accomplishments achieved during this reporting period:

- Conducted **26 integrated outreaches** during the reporting period.
- With funding from UNHCR, RMF has successfully implemented the construction of permanent structures for 4 health centers: Bidibidi Reception Health Centre III, Bangatuti Health Centre III, Jomorogo Health Centre III, and Komgbe Health Centre III.
- Sufficient medical, laboratory, and cleaning supplies were procured and delivered to the health facilities throughout the reporting period.
- The nutrition department continues to fight malnutrition in Bidibidi Refugee Settlement through the implementation of a supplementary nutrition program and nutrition education for pregnant and lactating mothers, as well as through the rehabilitation of malnourished children at the inpatient therapeutic care points.
- Successfully conducted deliveries during the reporting period: **838 deliveries** were conducted, of which 651 were refugees and 187 nationals.
- On June 20th, RMF joined UNHCR, OPM, and other implementing partners in the World Refugee Day celebrations at Bidibidi Reception Centre in the settlement. Through an integrated outreach at this event, RMF provided first aid to attendees.
- Throughout the reporting period, the referral mechanism was well maintained despite the fact that the district hospital (nearest referral point) was closed due to ongoing renovation. We linked up with other health facilities within West Nile, including Yumbe Health Centre IV and Midigo Health Centre IV, for effective referrals.
- Health facility utilization is progressing, and the health status of the population is improving, as indicated by the decreased number of consultations during the reporting period. From April to June 2018, RMF carried out **66,539 medical consultations** in Bidibidi Refugee Settlement, treating 56,853 refugees and 9,686 nationals.
- The IPDs (Inpatient departments) received **2,723** admissions (2,297 refugees and 426 nationals).
- During the reporting period, RMF conducted HIV/AIDS counseling and testing. **7,100** clients were tested (6,373 refugees and 727 nationals). Of those, 23 nationals and 33 refugees tested HIV-positive and have been enrolled in ART treatment.
- RMF continued distributing condoms as a tool to promote HIV prevention. During the reporting period, **112,551** condoms were distributed through community outreach and the STI clinic.
- The nutrition department is steadily growing and saving lives. Thanks to support from LDS Charities and Convoy of Hope, pregnant and lactating women (PLW) have been especially helped.
- During the reporting period, the settlement conducted a new MUAC screening survey, and the findings will be ready in the third quarter. These are expected to show that the SAM and GAM rates have improved significantly following the numerous interventions undertaken by various stakeholders. (The SAM rate

was previously recorded at 1.2%, improving from 2.6%, where it had been since 2016. The GAM rate was recorded at 4.2%, improving from 6.2%. The recovery rate stands at 95%.)

- RMF, in collaboration with Health Home Initiative, is operating an Occupational Therapy/Physiotherapy department, which has contributed to improving the health status of the people of concern.
- During the reporting period, no disease outbreak was experienced. This is an indication that the surveillance team is working effectively and preventive measures are getting stronger.
- RMF's outstanding health service provision in Bidibidi Refugee Settlement is creating positive feedback and respect for the organization.
- RMF maintained a highly skilled and motivated medical team and support staff to accomplish our objectives.
- Throughout the reporting period, RMF was able to continue sustaining a medical team that is conducting medical screening and providing basic treatment and ambulance services to all South Sudanese refugees entering Uganda through Gaboro border point.
- Government health facilities within the vicinity of the settlement have been supported with RMF medical staff members so that they are able to handle the influx of new patients.
- RMF has continued to provide respectful burial services to refugees who die in the settlement. They are buried in one place, where exhuming will be easy if loved ones wish to rebury them in their home country when peace comes.
- RMF continues to promote the peaceful coexistence of refugees and nationals through provision of integrated healthcare services, creating strong linkages, and harmonizing operations with district local government. During the reporting period, refugee and host communities continued to interact peacefully.
- Continuous medical education (CME) sessions were fully carried out during this reporting period.
- Medical screenings of new refugees arriving at the settlement were effectively completed.

11. Impact this project has on the community (who is benefiting and how):

- The program is helping to build a healthy, empowered, working community. Community members have gained knowledge of preventive health through community sensitization, community health officers, and VHTs, and since they are healthier, they can work consistently and get involved in more income generating activities.
- RMF's meaningful contributions to refugee protection are winning more confidence from UNHCR, the Ugandan government, and other partners. Thanks to our high-quality work, RMF has been trusted with additional responsibilities in the refugee program, including the management of IGAD funds to implement TB and HIV/AIDS related activities in West Nile, as well as construction of 4 health centers in Bidibidi Refugee Settlement on behalf of the UNHCR and government of Uganda (recently completed). This mutual collaboration is a credit to RMF as an organization.
- RMF's work in Bidibidi Refugee Settlement also is attracting more partners who have offered contributions to the refugee program through RMF.
- The government of Uganda feels encouraged to support refugees since they see RMF's involvement. Our program helps to reduce the burden on the central and local governments and keep Uganda's doors open to refugees.
- The project is promoting peaceful coexistence between refugees and nationals. Since our services benefit both refugees and the host community, they have increased the level of interaction between groups and helped to dispel the prejudices and possible tension that would exist between refugees and the host community. Nationals can see the benefit of settling refugees in their communities.
- The project has provided employment to professionals from both the refugee and host populations. Almost 1,000 medical and support staff members have been employed by the project, and the salaries and wages they earn have a positive multiplier effect in the community.
- Because of the project, businesses have grown in the area, including food, retail, and hardware shops. Additionally, supplementary medicines, cleaning supplies, and laboratory supplies are purchased locally, and when RMF began constructing permanent buildings for 4 health centers, some refugees and community members engaged in making bricks, preparing aggregates, and excavating sand, etc. These all boost the local economy.
- The program has helped keep refugees in Bidibidi Refugee Settlement; refugees often leave other settlements, where they do not receive reliable health services. In this case, refugees feel safe because

medical services are available. This has, in turn, also reduced the number of traffic accidents happening within and outside the settlement.

- The project has helped to save many lives and eliminate unnecessary deaths.
- The program is promoting a change in health seeking behaviors and attitudes. Some refugees who had poor attitudes towards seeking medical assistance at health facilities are gradually beginning to understand the advantage of seeking health care from professionals, which is evidenced by the progress of attendance at the health facilities.
- The project is promoting behavior change with regards to HIV/AIDS. HIV-positive patients are encouraged to start and stay on treatment, and HIV-negative patients are encouraged to take preventive measures.
- Refugees who secured employment in the project have been able to improve their lives. Some have been able to use iron sheet roofing when constructing their homes.
- The project is also benefiting the government through taxes received from staff members and local services taxes.
- The health centers have maintained a high level of cleanliness.
- RMF has continued to deliver health services according to the tripartite agreement between UNHCR, OPM, and RMF. Thus, RMF is upholding its mandate as UNHCR Health Implementing Partner in Bidibidi Refugee Settlement, Yumbe District. RMF continues to extend health services to the Gaboro border as well.

12. Number of indirect project beneficiaries (geographic coverage):

About **350,000 refugees** from South Sudan and **over 60,000 people in the host community**

13. If applicable, please list the medical services provided:

- Maternity Services
- Laboratory Services
- TB, HIV/AIDS Treatment, Care, and Support
- Nutrition Services
- General Health Care
- Ambulance Services
- Expanded Program on Immunization
- Community Outreach Services
- Physiotherapy

14. Please list the most common health problems treated through this project.

- Malaria
- Respiratory Tract Infections
- Watery Diarrhea
- Urinary Tract Infections
- Fractures

15. Notable project challenges and obstacles.

- The road network is very poor, which delays the delivery of referrals and increases costs of vehicle maintenance and repair. During the rainy season, parts of the road are submerged in water as seasonal rivers are formed. This affects the referral system as well as the quality of services delivered, increasing the risk of losing clients due to delays on the road.
- The operation needs an additional coordination van to deploy staff members to outreach points and coordinate the activities of the program.
- Additional funding is needed to construct more staff houses.
- Leaking roofs in many of the health facilities have created challenges for RMF's team members. New structures are needed to replace the plastic roofs installed during the emergency phase of the settlement. Only 4 out of 13 health centers now have permanent structures.

- The nutrition program aiding pregnant and lactating women ended as per the proposal. This has left a gap in the operation which needs to be bridged to maintain the nutrition indicators that have been achieved.
- The management of the severe acute malnutrition cases for the persons above 59 months remains a challenge, as this particular age group is not accounted for in the available budgets. A special program is needed to provide for that category.
- Malaria remains the leading cause of morbidity and mortality in the settlement due to an inadequate number of mosquito nets. The distribution of mosquito nets targeted only the most vulnerable groups (under-5 children and pregnant women). More nets are needed to cover a ratio of at least one mosquito net to two people.

16. If applicable, plans for next reporting period:

- Continue to provide medical services and outreach.
- Continue to purchase medicines, as well as medical, laboratory, and cleaning supplies for the health centers.
- Continue to pay salaries of all RMF medical and non-medical staff in Bidibidi.
- Take over implementation of health care in Zone 2 and 5 of Bidibidi Refugee Settlement.

17. If applicable, summary of RMF-sponsored medical supply distribution and use:

Medicines, medical supplies, and laboratory supplies for the health centers in Zone 1, Zone 3, and Zone 4 of Bidibidi Refugee Settlement

18. Success story(s) highlighting project impact:

Please refer to Appendices:

- Appendix A: Fully Processed Health Information System (HIS) Reports April–June 2018
- Appendix B: Health Activities in the Community and Health Centers
- Appendix C: Nutrition Activities
- Appendix D: Transportation and Infrastructural Challenges in Yumbe
- Appendix E: Official Commissioning of New Buildings for Use

19. Photos of project activities (file attachment is fine):

Please refer to Appendices:

- Appendix A: Fully Processed Health Information System (HIS) Reports April–June 2018
- Appendix B: Health Activities in the Community and Health Centers
- Appendix C: Nutrition Activities
- Appendix D: Transportation and Infrastructural Challenges in Yumbe
- Appendix E: Official Commissioning of New Buildings for Use

III. Financial Information

20. Detailed summary of expenditures within each budget category as presented in your funded proposal (file attachment is fine). Please note any changes from plans.

Sent separately.

Appendix A: Fully Processed Health Information System (HIS) Reports April–June 2018

April 2018 HIS Morbidity Report (Zone 1, Zone 3, and Zone 4 of Bidibidi Refugee Settlement):

3.0 Morbidity

3.1 Consultation

Type	Ref		National		Total
	M	F	M	F	
New Visits	6142	9213	1055	1690	18100
Revisits	97	131	15	9	252
a. Total	6239	9344	1070	1699	18352

Consultation Indicators	
Number of full-time trained clinicians	19
Number of full days OPD functioning	28
b. Health facility utilisation rate	1.1
c. Consultations per clinician per day	34
d. Proportion of consultations to Nationals	15%

3.2 Morbidity

Diagnosis (new visits)	Refugee										National				Total Crude
	< 5		Total < 5	e. U5 Incid	f. U5 %Morb	≥ 5		Total Crude	e. Crude Incid.	f. Crude % Morb	< 5		≥ 5		
	M	F				M	F				M	F	M	F	
1. Malaria (suspected)	208	155	363	6.8	6%	405	618	1386	8.1	7%	23	17	22	38	100
2. Malaria (confirmed)	713	691	1404	26.3	24%	1371	1792	4567	26.7	23%	277	231	267	357	1132
3. URTI	534	555	1089	20.4	18%	624	903	2616	15.3	13%	111	89	89	170	459
4. LRTI	274	272	546	10.2	9%	332	510	1388	8.1	7%	72	63	35	62	232
5. Skin disease	214	217	431	8.1	7%	353	492	1276	7.5	6%	42	56	37	58	193
6. Eye Disease	135	125	260	4.9	4%	199	304	763	4.5	4%	22	16	34	33	105
7. Dental conditions	20	20	40	0.7	1%	47	123	210	1.2	1%	4	1	16	20	41
8. Intestinal worms	88	82	170	3.2	3%	170	307	647	3.8	3%	5	9	42	51	107
9. Watery diarrhoea	230	298	528	9.9	9%	164	190	882	5.2	4%	65	64	30	41	200
10. Bloody diarrhoea	0	4	4	0.1	0%	3	1	8	0.0	0%	0	0	0	1	1
11. Tuberculosis (suspected)	0	0	0	0.0	0%	1	1	2	0.0	0%	0	0	0	2	2
12. Acute flaccid paralysis / Polio	0	0	0	0.0	0%	0	0	0	0.0	0%	0	0	0	0	0
13. Measles	0	0	0	0.0	0%	0	0	0	0.0	0%	0	0	0	0	0
14. Meningitis	0	0	0	0.0	0%	0	0	0	0.0	0%	0	0	0	0	0
15. HIV/AIDS	0	0	0	0.0	0%	7	8	15	0.1	0%	0	0	0	2	2
16. STI (non-HIV/AIDS)	1	4	5	0.1	0%	12	317	334	2.0	2%	0	0	1	44	45
17. Acute malnutrition	82	87	169	3.2	3%	6	2	177	1.0	1%	6	8	0	1	15
18. Anaemia	9	11	20	0.4	0%	16	23	59	0.3	0%	5	6	6	13	30
19. Chronic disease	10	16	26	0.5	0%	104	193	323	1.9	2%	3	3	13	26	45
20. Mental illness	4	3	7	0.1	0%	65	49	121	0.7	1%	1	2	11	10	24
21. Injuries	20	31	51	1.0	1%	153	90	294	1.7	1%	6	4	26	12	48
22. Ear disease	36	50	86	1.6	1%	90	149	325	1.9	2%	10	10	8	16	44
23. Urinary tract infection (UTI)	91	90	181	3.4	3%	150	595	926	5.4	5%	12	19	32	154	217
24. Septicaemia	52	54	106	2.0	2%	64	87	257	1.5	1%	9	7	9	6	31
25. Schistosomiasis	0	0	0	0.0	0%	0	0	0	0.0	0%	0	0	0	0	0
26. Not configured	0	0	0	0.0	0%	0	0	0	0.0	0%	0	0	0	0	0
27. Other	204	219	423	7.9	7%	766	1916	3105	18.2	16%	62	64	164	441	731
Total	2925	2984	5909	110.6	100%	5102	8670	19681	115.1	100%	735	669	842	1558	3804

May 2018 HIS Morbidity Report (Zone 1, Zone 3, and Zone 4 of Bidibidi Refugee Settlement):

3.0 Morbidity

3.1 Consultation

Type	Ref		National		Total
	M	F	M	F	
New Visits	6870	10740	1230	1885	20725
Revisits	118	174	22	17	331
a. Total	6988	10914	1252	1902	21056

Consultation Indicators	
Number of full-time trained clinicians	20
Number of full days OPD functioning	28
b. Health facility utilisation rate	1.2
c. Consultations per clinician per day	38
d. Proportion of consultations to Nationals	15%

3.2 Morbidity

Diagnosis (new visits)	Refugee								Total Crude	e. Crude Incid.	f. Crude % Morb	National				Total Crude
	< 5		Total < 5	e. U5 Incid	f. U5 %Morb	≥ 5		< 5				≥ 5				
	M	F				M	F	M				F	M	F		
1. Malaria (suspected)	157	165	322	6.0	5%	283	503	1108	6.5	5%	11	14	15	35	75	
2. Malaria (confirmed)	1146	1099	2245	42.0	33%	2235	3784	8264	48.3	35%	334	312	290	554	1490	
3. URTI	576	600	1176	22.0	17%	987	1499	3662	21.4	16%	116	119	107	175	517	
4. LRTI	383	391	774	14.5	11%	363	482	1619	9.5	7%	71	54	93	133	351	
5. Skin disease	199	198	397	7.4	6%	503	586	1486	8.7	6%	54	67	104	128	353	
6. Eye Disease	67	62	129	2.4	2%	103	172	404	2.4	2%	14	19	36	46	115	
7. Dental conditions	3	2	5	0.1	0%	35	81	121	0.7	1%	2	1	14	33	50	
8. Intestinal worms	88	86	174	3.3	3%	161	257	592	3.5	3%	35	34	51	65	185	
9. Watery diarrhoea	252	266	518	9.7	8%	175	212	905	5.3	4%	98	98	33	72	301	
10. Bloody diarrhoea	0	0	0	0.0	0%	0	0	0	0.0	0%	0	0	0	0	0	
11. Tuberculosis (suspected)	0	0	0	0.0	0%	7	2	9	0.1	0%	0	0	2	0	2	
12. Acute flaccid paralysis / Polio	0	0	0	0.0	0%	0	0	0	0.0	0%	0	0	0	0	0	
13. Measles	0	0	0	0.0	0%	0	0	0	0.0	0%	0	0	0	0	0	
14. Meningitis	0	0	0	0.0	0%	0	0	0	0.0	0%	0	0	0	0	0	
15. HIV/AIDS	0	0	0	0.0	0%	4	7	11	0.1	0%	0	0	1	5	6	
16. STI (non-HIV/AIDS)	0	9	9	0.2	0%	22	351	382	2.2	2%	0	1	2	73	76	
17. Acute malnutrition	31	31	62	1.2	1%	2	1	65	0.4	0%	11	18	1	0	30	
18. Anaemia	8	6	14	0.3	0%	3	4	21	0.1	0%	1	2	0	0	3	
19. Chronic disease	10	3	13	0.2	0%	150	281	444	2.6	2%	3	8	19	56	86	
20. Mental illness	3	0	3	0.1	0%	84	48	135	0.8	1%	0	0	24	10	34	
21. Injuries	27	15	42	0.8	1%	120	102	264	1.5	1%	6	4	45	28	83	
22. Ear disease	43	36	79	1.5	1%	76	135	290	1.7	1%	11	9	27	36	83	
23. Urinary tract infection (UTI)	116	107	223	4.2	3%	168	561	952	5.6	4%	22	24	37	122	205	
24. Septicaemia	20	107	127	2.4	2%	47	97	271	1.6	1%	4	11	7	5	27	
25. Schistosomiasis	0	0	0	0.0	0%	0	0	0	0.0	0%	0	0	0	0	0	
26. Not configured	0	0	0	0.0	0%	0	0	0	0.0	0%	0	0	0	0	0	
27. Other	220	234	454	8.5	7%	66	1804	2324	13.6	10%	49	48	175	453	725	
Total	3349	3417	6766	126.7	100%	5594	10969	23329	136.4	100%	842	843	1083	2029	4797	

June 2018 HIS Morbidity Report (Zone 1, Zone 3, and Zone 4 of Bidibidi Refugee Settlement):

3.0 Morbidity

3.1 Consultation

Type	Ref		National		Total
	M	F	M	F	
New Visits	9480	13627	1556	2125	26788
Revisits	110	151	37	45	343
a. Total	9590	13778	1593	2170	27131

Consultation Indicators	
Number of full-time trained clinicians	21
Number of full days OPD functioning	35
b. Health facility utilisation rate	1.6
c. Consultations per clinician per day	37
d. Proportion of consultations to Nationals	14%

3.2 Morbidity

Diagnosis (new visits)	< 5		Total < 5	Refugee		≥ 5		Total Crude	e. Crude Incid.	f. Crude % Morb	National				Total Crude
	M	F		e. U5 Incid	f. U5 %Morb	M	F				< 5	≥ 5	M	F	
1. Malaria (suspected)	97	98	195	3.7	2%	130	181	506	3.0	2%	35	41	41	61	178
2. Malaria (confirmed)	1658	1706	3364	63.0	38%	3660	4605	11629	68.0	37%	481	485	469	715	2150
3. URTI	678	741	1419	26.6	16%	1218	1618	4255	24.9	14%	227	227	271	351	1076
4. LRTI	530	544	1074	20.1	12%	629	1014	2717	15.9	9%	157	161	169	206	693
5. Skin disease	216	218	434	8.1	5%	563	580	1577	9.2	5%	62	81	172	162	477
6. Eye Disease	75	89	164	3.1	2%	192	233	589	3.4	2%	29	14	55	80	178
7. Dental conditions	5	4	9	0.2	0%	56	91	156	0.9	0%	3	1	17	43	64
8. Intestinal worms	103	110	213	4.0	2%	280	299	792	4.6	3%	45	41	85	100	271
9. Watery diarrhoea	325	336	661	12.4	8%	210	356	1227	7.2	4%	88	77	85	108	358
10. Bloody diarrhoea	0	0	0	0.0	0%	0	0	0	0.0	0%	0	0	0	0	0
11. Tuberculosis (suspected)	0	0	0	0.0	0%	0	2	2	0.0	0%	0	0	1	0	1
12. Acute flaccid paralysis / Polio	0	0	0	0.0	0%	0	0	0	0.0	0%	0	0	0	0	0
13. Measles	0	0	0	0.0	0%	0	0	0	0.0	0%	0	0	0	0	0
14. Meningitis	0	0	0	0.0	0%	0	0	0	0.0	0%	0	0	0	0	0
15. HIV/AIDS	0	0	0	0.0	0%	4	12	16	0.1	0%	0	0	8	10	18
16. STI (non-HIV/AIDS)	20	30	50	0.9	1%	24	375	449	2.6	1%	2	3	10	128	143
17. Acute malnutrition	8	8	16	0.3	0%	0	0	16	0.1	0%	1	1	0	0	2
18. Anaemia	27	26	53	1.0	1%	17	23	93	0.5	0%	6	4	10	9	29
19. Chronic disease	3	0	3	0.1	0%	169	358	530	3.1	2%	1	4	59	58	122
20. Mental illness	7	3	10	0.2	0%	92	58	160	0.9	1%	3	0	3	2	8
21. Injuries	29	33	62	1.2	1%	138	107	307	1.8	1%	13	13	52	38	116
22. Ear disease	19	35	54	1.0	1%	114	189	357	2.1	1%	6	7	29	33	75
23. Urinary tract infection (UTI)	157	133	290	5.4	3%	234	679	1203	7.0	4%	23	29	118	183	353
24. Septicaemia	33	29	62	1.2	1%	48	119	229	1.3	1%	4	8	4	13	29
25. Schistosomiasis	0	0	0	0.0	0%	0	0	0	0.0	0%	0	0	0	0	0
26. Not configured	0	0	0	0.0	0%	0	0	0	0.0	0%	0	0	0	0	0
27. Other	312	339	651	12.2	7%	1296	2672	4619	27.0	15%	104	84	252	481	921
Total	4302	4482	8784	16.4	100%	9074	13571	31429	183.8	100%	1290	1281	1910	2781	7262

Appendix B: Health Activities in the Community and Health Centers



Integrated community outreaches conducted by the team bring services closer to the people in our areas of service.



HIV/AIDS awareness programs are conducted in schools and surrounding communities



Administering an oral vaccine to a young child during one of the integrated outreaches in Bidibidi Refugee Settlement



RMF Senior Data Manager (center) examining medical records during a supportive supervision exercise to ensure the quality of data collected

Appendix C: Nutrition Activities



Before: Baby Night Abau arrived at Bidibidi Health Centre III suffering from severe acute malnutrition and severe malaria.



After: RMF nutrition team member following up with Night Abau after successful treatment.



Cooking demonstration showing women how to prepare local, nutritious foods



RMF Village Health Team (VHT) member screening a child for malnutrition during the mass MUAC screening in June 2018

Appendix D: Transportation and Infrastructural Challenges in Yumbe



This ambulance that was carrying staff broke down, hindering the operation's activities.



RMF's Luzira Health Centre III was hit by strong winds and left in a poor and unusable state. Inside the aging, damaged temporary structure

Appendix E: Official Commissioning of New Buildings for Use



Official commissioning of Bidibidi Reception Health Centre III (one of four permanent health centers built by RMF in the settlement). Participants included the UNHCR Head of Yumbe Sub-Office, Bidibidi Camp Commandant (OPM), UNHCR Regional Public Health Officer, and officials from the Ministry of Health and Real Medicine Foundation.



Planting a memorial tree to mark the official commissioning and use of Bidibidi Reception Health Centre III