

An Assessment of Health Service Coverage in Refugee and Host Communities in Northern Uganda

KEY FINDINGS AND POLICY IMPLICATIONS

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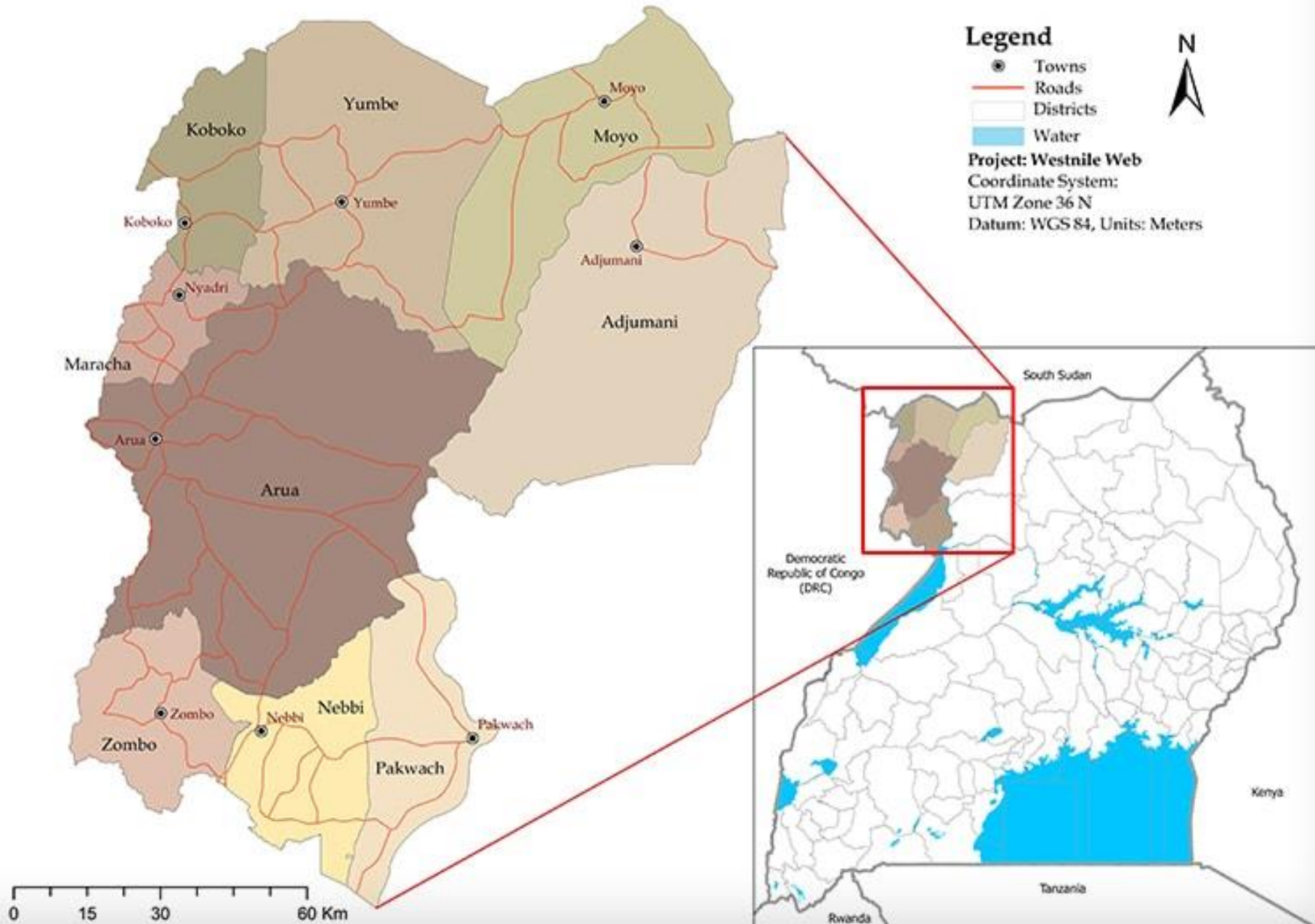
Overview

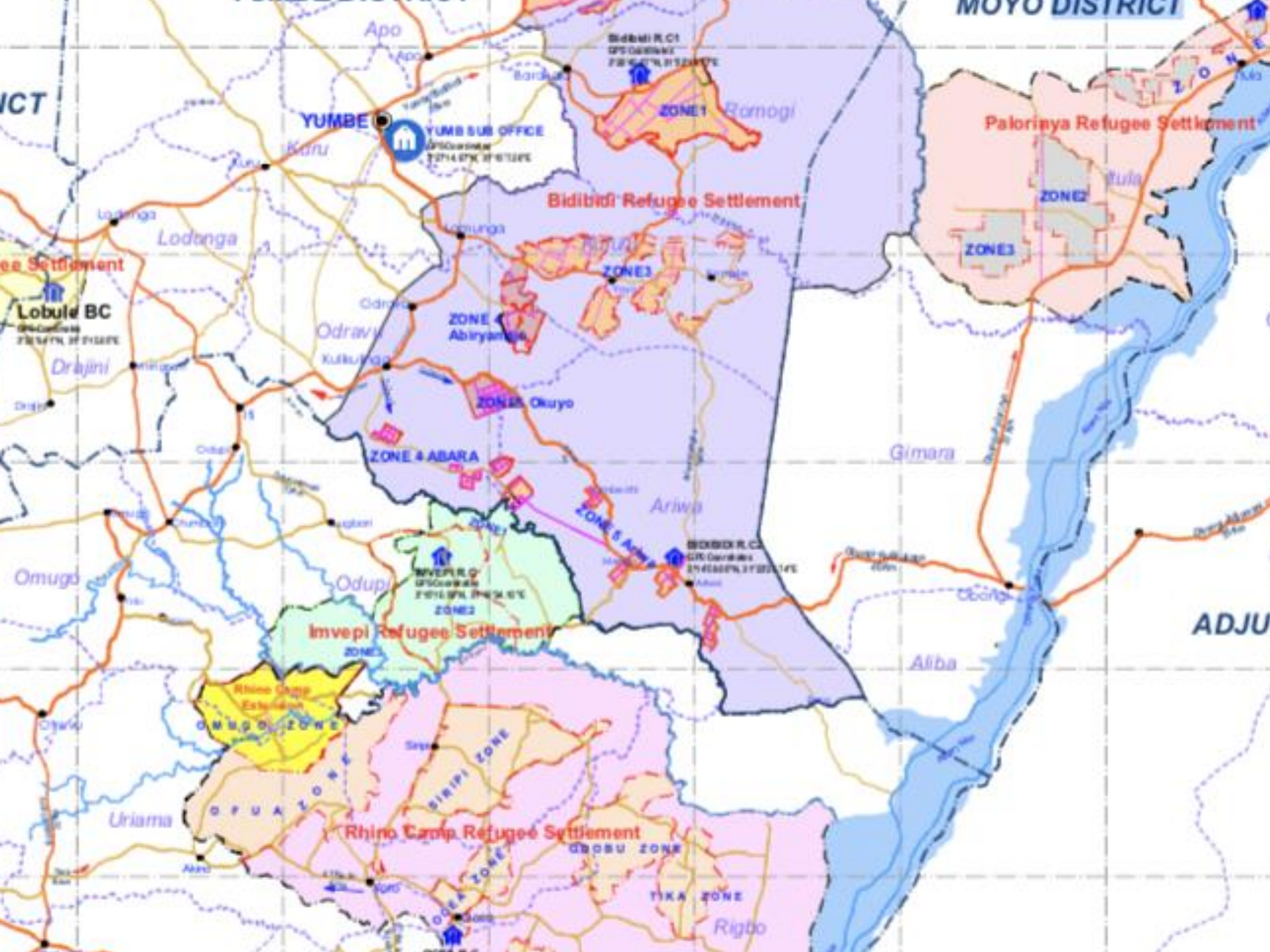
- Mixed methods assessment of primary health care services in two districts in West Nile sub-Region
- Refugee/Host comparison of coverage indicators coupled with qualitative methods to explore enablers and barriers to health service uptake
- Focus areas:
 - Maternal, Newborn and Child Health
 - Family Planning
 - Nutrition and Food Security
 - Water, Sanitation and Hygiene
- Supported World Vision Uganda's West Nile Refugee Response (WNRR) to provide M&E information for their programme
- Funding provided by Elrha's Humanitarian Innovation Fund (HIF)

Study Location

- Refugee settlements and neighboring host communities in Yumbe and Arua districts
- Refugee catchment area
 - Yumbe -- Bidibidi Refugee settlement
 - Arua -- Imvepi Refugee settlement, Omugo-Rhino Camp and Rhino Extension Camp
- Host catchment area
 - Parishes that contained or were contiguous to the refugee settlements in both districts

WESTNILE DISTRICTS AND TOWN CENTRES





Methodology

- Household probability survey with a stratified random sample using lot quality assurance sampling (LQAS) principles
 - Zones and Camps were the strata.
- Qualitative methods with refugee and host respondents in both districts, including:
 - In-depth individual interviews (n=45) and focus group discussions (n=14) with mothers and foster mothers of children under 2 years
 - Key informant interviews (n=6) with community health workers and local leaders
 - Community mapping/transect walks (4)

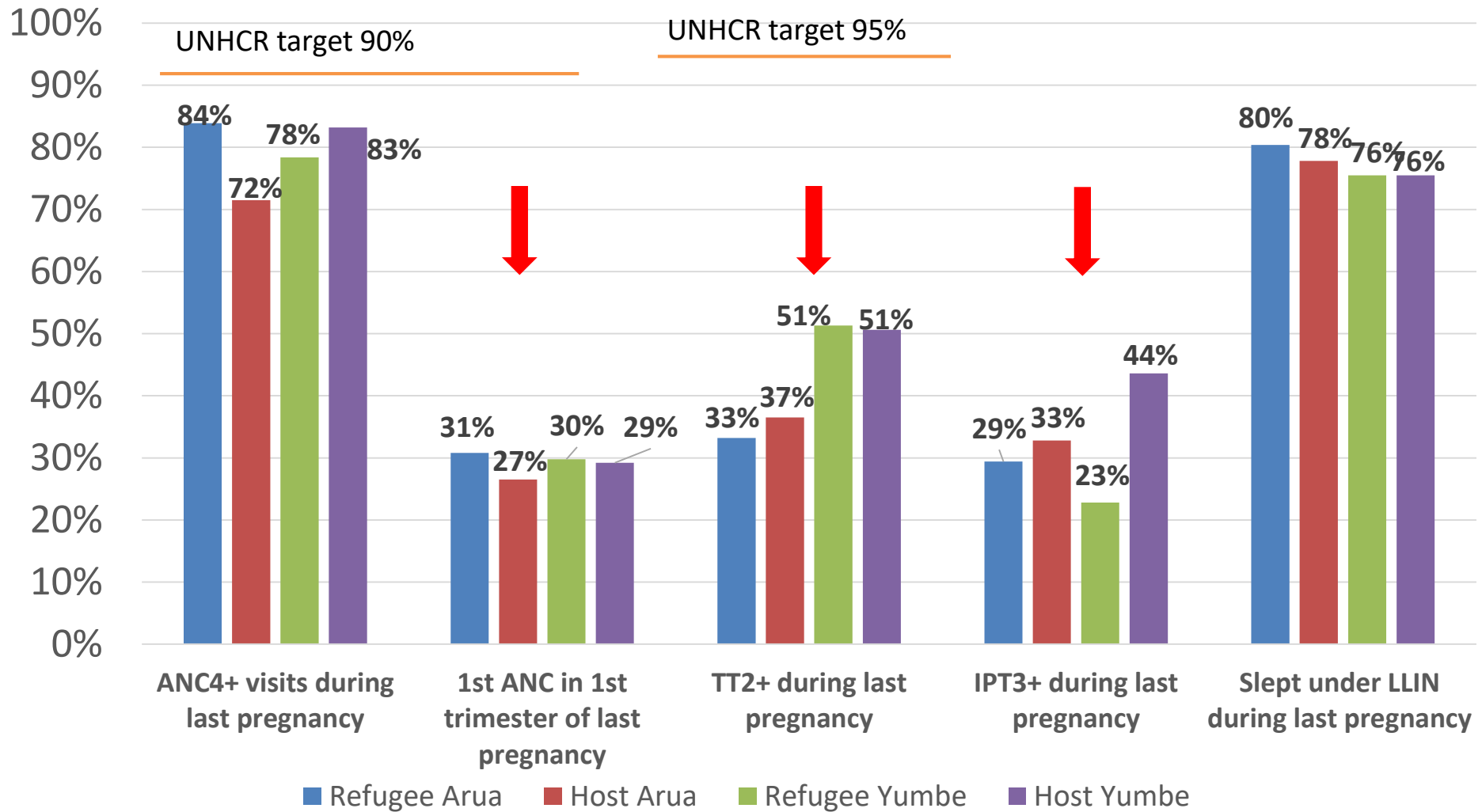
Sample size for HH survey

- Total sample size for the household survey = 1,520
- In each district, 760 respondents were interviewed, with 380 from the refugee catchment area and 380 from the surrounding host catchment area
- In each catchment area (refugee and host), we sampled 4 target groups (n=95 each):
 - mothers of infants 0-5 months
 - mothers of children 12-23 months
 - mothers of children 0-59 months
 - household heads

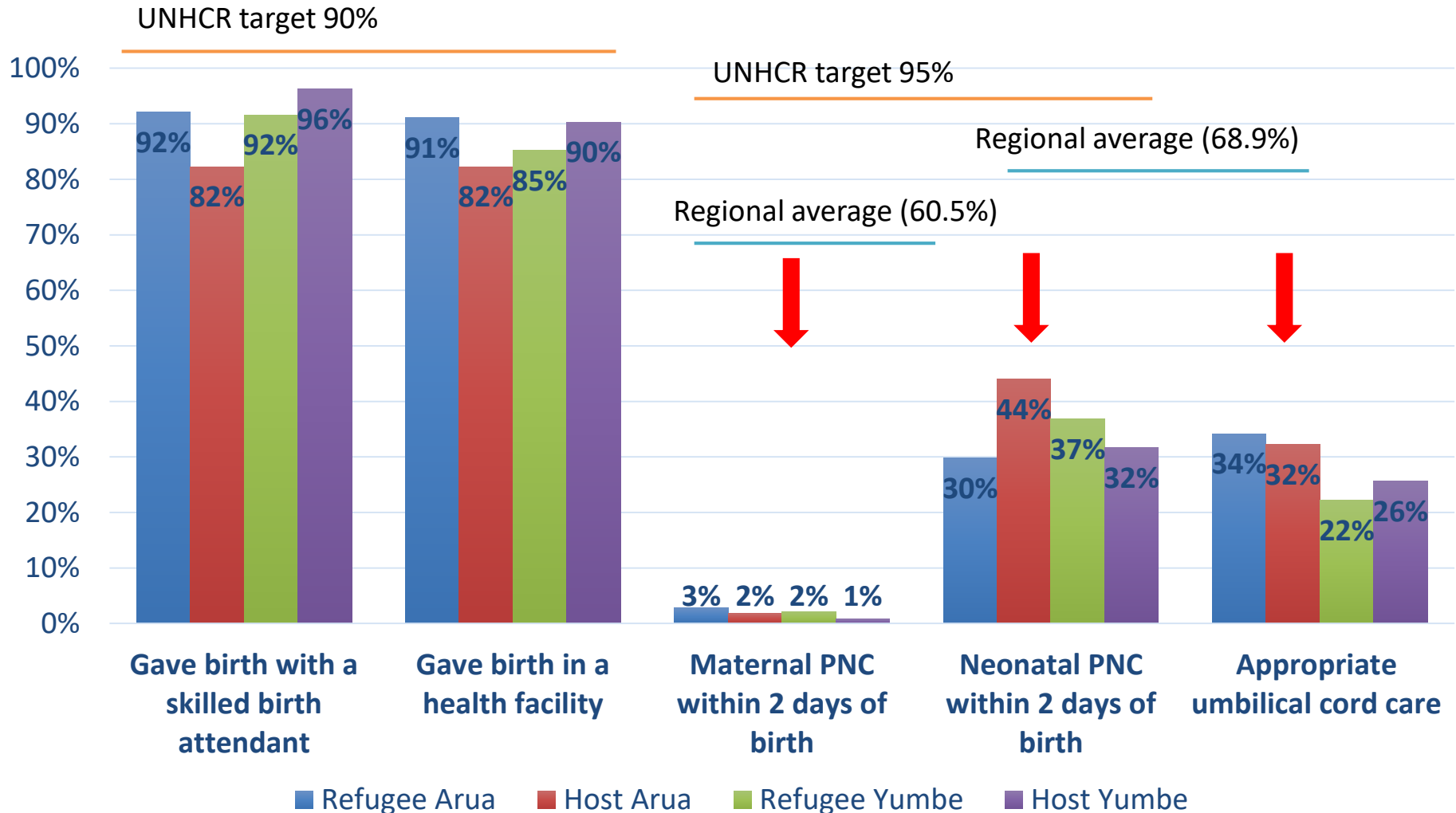


**Key Findings:
Maternal, Newborn and
Child Health**

Coverage of Antenatal Care Services



Coverage of Skilled Delivery and Postnatal Care



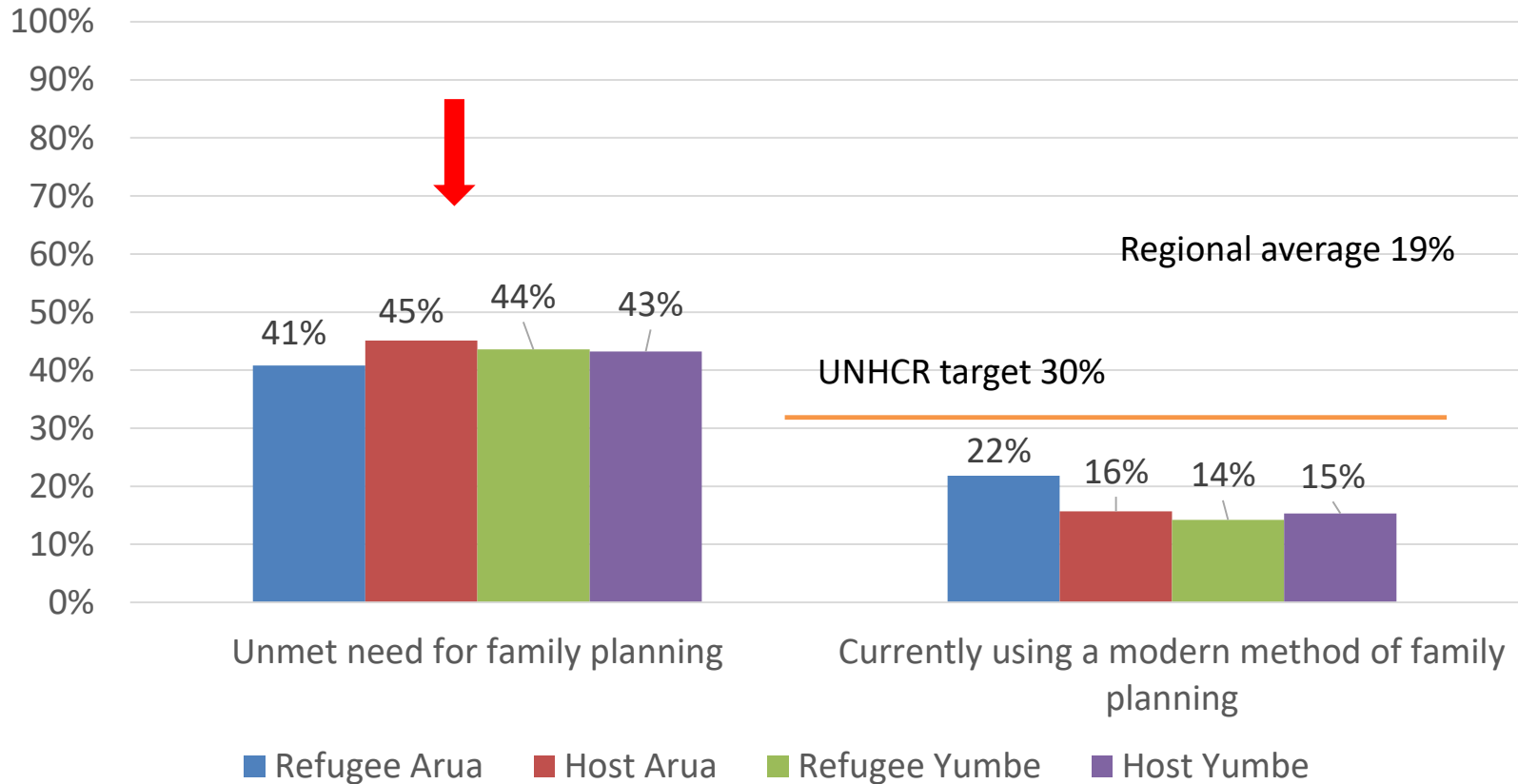
- Mixed results with little difference between refugee and host catchment areas:
 - Care seeking for **ANC4 and skilled delivery** were high across refugee and host communities in both districts, above regional averages
 - Use of **maternal and neonatal postnatal care (PNC)** was *very* poor in both groups, being well below regional averages and the UNHCR target (95%)

- Despite high coverage of ANC-4+ visits:
 - Majority of mothers started ANC late, after the 1st trimester
 - Low coverage of **tetanus toxoid (TT2)** vaccination during pregnancy
 - Low coverage **intermittent preventive treatment (IPTp-3)** for malaria prevention
 - Low TT2 and IPTp-3 could mean lack of medicines at the health facilities or failure to follow ANC protocols. Late initiation of ANC may also contribute.

- Follow up investigations needed.

Family Planning Coverage

Mothers of children 21-23 months



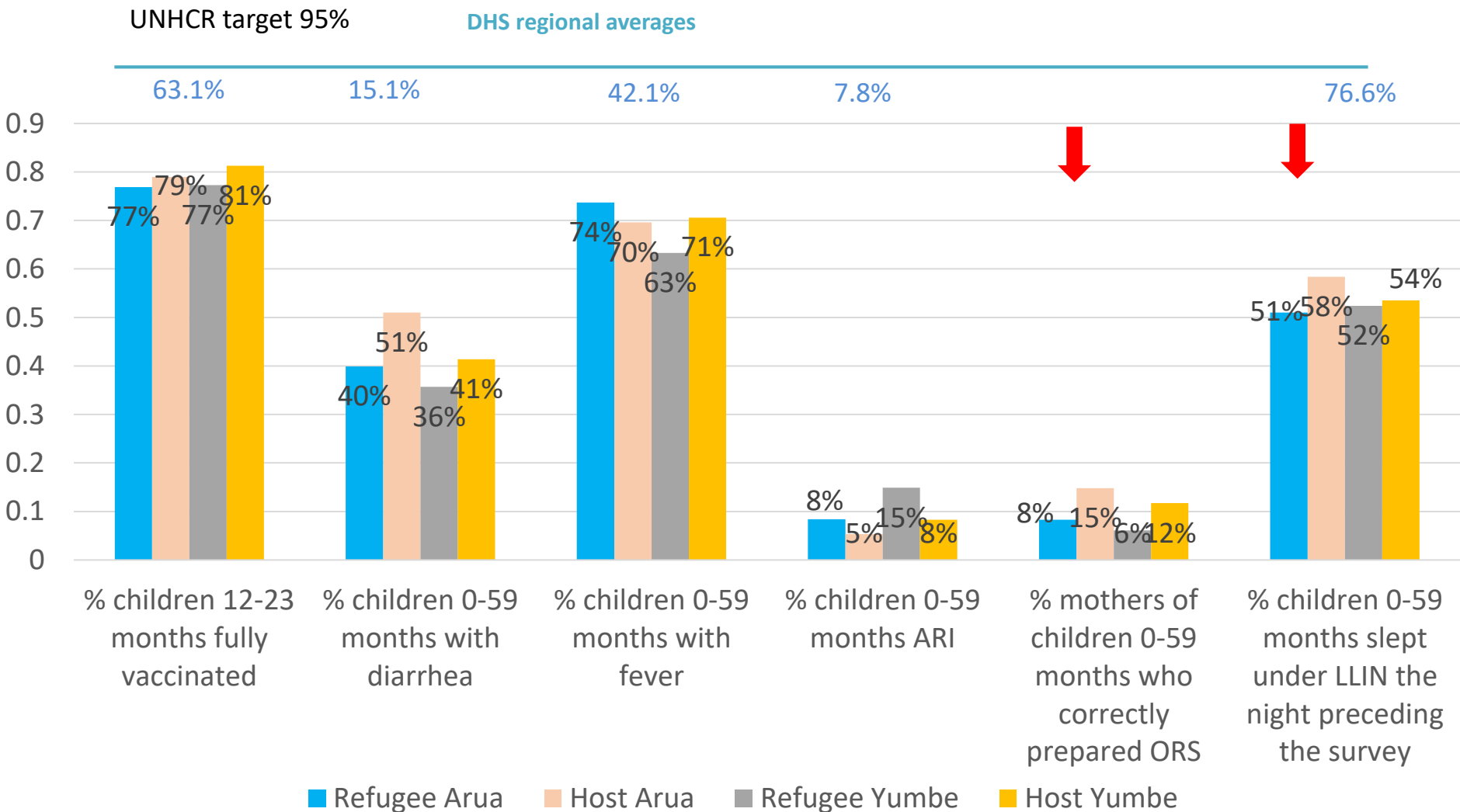
Family Planning

- **Modern contraceptive use** for refugee and host women in both districts was below the national average (34.8%) yet similar to the regional estimate (19%)
- Neither district reached UNHCR target of 30% FP coverage
- **High unmet need** for family planning in both districts (>40%) compared to national average (28.4%)
- Unmet need was similar to regional average (43.2%) which is the highest unmet need for FP of any region in Uganda
- Almost half of refugee and host women in both districts reported a need for FP methods but they did not receive any



Childhood Illnesses

Prevalence and Prevention of Childhood Illnesses



Childhood Illnesses



- Similar pattern of immunization coverage and prevalence of childhood diseases across refugee and host communities
- Coverage of **full vaccination** was equally high in both communities
 - Surpassed the regional average (63.1%) but did not reach the UNHCR target of 95%
- **Fever** had highest prevalence of the three childhood illnesses
 - Much higher than regional (42.1%) and national (33.3%) prevalence measures
 - Nevertheless, children under 5 used a **LLIN for sleeping** in approx half of households
- High prevalence of **diarrhoea** in children under 5
 - Higher than regional prevalence (15.8%)
 - Knowledge of **ORT** was very low with few mothers able to correctly demonstrate its preparation
 - Mothers cited incorrect recipe ORT preparation
 - Claim health facilities taught them



Nutrition and Food Security

Child Nutrition and Food Security

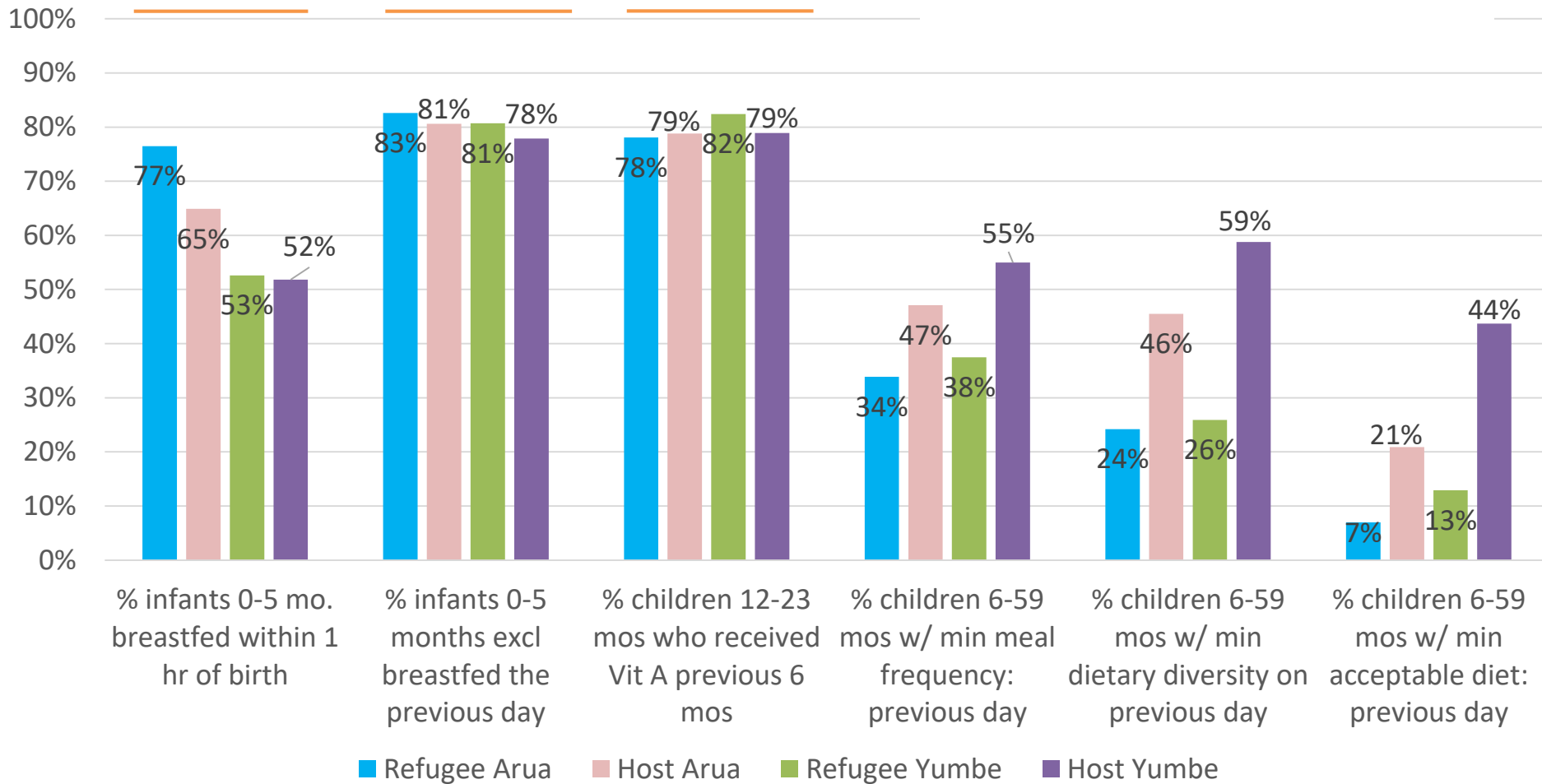


DHS averages for West Nile

UNHCR target 80%

UNHCR target 70%

UNHCR target 95%



- **Mixed breastfeeding** behaviours
 - Coverage of EBB was equally high in refugee and host communities;
 - Coverage of EBB exceeded the regional average (43%) and UNHCR target of 70%
 - Early initiation of breastfeeding was higher in refugee than host communities but failed to reach the UNHCR target (80%) – raising questions about ANC counselling.

- **Vitamin A** coverage was equally high across both communities in both districts
 - Vitamin A coverage mirrored immunization coverage in the study population
 - While high, Vitamin A did not reach the UNHCR target of 95% coverage

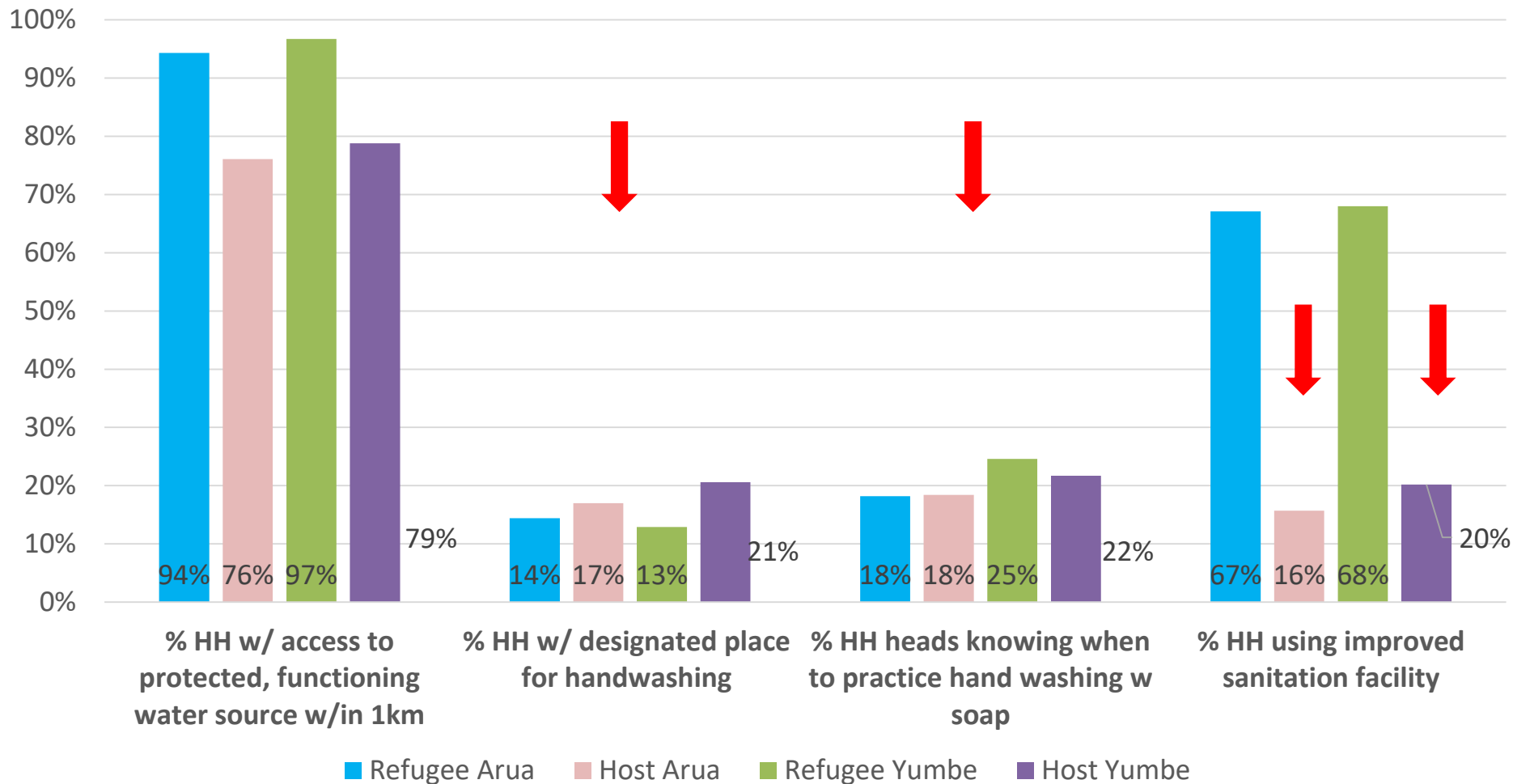
Nutrition and Food Security

- **Food security** was unacceptably low in both districts in particular among refugee children 6-59 months
- Refugee children had consistently poor **young child feeding practices**, including:
 - Inadequate meal frequency, poor level of minimum dietary diversity, and they lacked a minimum acceptable diet
 - These indicators suggest a heavy reliance of refugee communities on food distribution and poor access to markets or outside food sources
- Host children had better food security and feeding practices than refugee children and better than West Nile average
 - Host communities mention benefitting from food distribution and from the sale of food items from refugees who needed a source of income



Water and Sanitation

Coverage of Water, Sanitation & Hygiene Interventions



WASH

- Refugee communities had about 20 percentage points better access to a **functioning water source** than host counterparts
 - Refugee water access met UNHCR targets of 95% coverage
 - Water access in host communities resembled conditions in rest of Uganda (78.3%)
- Use of **improved latrines** in refugee communities was 48 percentage point or higher than nearby host communities
 - Well *above* national averages (18.7%)
 - Still *below* UNHCR standards (85%)
- **Poor hygiene practices** persisted in both groups despite high prevalence of diarrhea in children under 5-yr
 - Most households lacked a designated handwashing location with soap & water
 - Poor knowledge of handwashing practices

Summary Points

1. The West Nile Refugee Response Program in Arua and Yumbe districts showed uneven success in the provision of maternal and child health services
 - ANC attendance was high but associated services associated (TT2 and IPTp) were weak
 - High skilled delivery but very low postnatal care coverage for mother and infant
 - High prevalence of fever (suspected malaria), yet malaria prevention for children and pregnant women was insufficient
 - Despite high prevalence of childhood diarrhea, hygiene practices and ORT knowledge were poor

Summary Points

2. Majority of indicator values did not reach UNHCR standards or were low compared to regional averages
 - Only 4 indicators met or exceeded UNHCR targets: facility births, skilled delivery, exclusive breastfeeding to 6 months and access to safe water sources (refugees only)
3. Maternal and child health conditions in refugee communities resembled nearby hosts with similar patterns of coverage across both districts
 - Primary disparities were **food security and dietary diversity** (favouring hosts) and **water and sanitation** (favouring refugees)
4. High unmet need for FP – great than 40% of the female population.

Recommendations

1. Urgent need to establish recurrent monitoring and evaluation of the Refugee Response in West Nile to use decentralized data for coordination and programmatic improvements.
2. Systematic anthropometric assessments of child nutritional status and anemia prevalence studies of children < 5yr and women of reproductive age.
3. Focused attention on monitoring dietary diversity.
 - Food insecurity and poor dietary diversity increase the risk of childhood illnesses, anaemia and stunting.
4. Assessments of quality of care, and perceptions of quality of care, in health facilities in refugee hosting districts in West Nile.
5. Qualitative research to understand reasons for low PNC despite preference for skilled birth and to explore barriers leading to poor dietary diversity.

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