

## Global Refugee Forum 2019 Template for Good Practices

Please send this template and any attachments to the Global Refugee Forum Coordination Team at [hqgrf@unhcr.org](mailto:hqgrf@unhcr.org) **as early as possible** to facilitate the consolidation and presentation of good practices in time for the Global Refugee Forum.

Good practices can be shared on the Global Refugee Forum website and then included in the digital portal, which is currently under development. **We encourage the submission of videos and photos.** Please complete a separate template for each good practice.

**Name of entity sharing good practice**

Ministry of Health (Uganda)

**Name and position of contact person**

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**Partners**

United Nations High Commissioner for Refugees, UNICEF, WHO,

**Name of good practice**

*Integration of Refugee Health Services into the Ministry of Health national services*

**Country/ Region:**

UGANDA

**Year(s) of implementation and duration:**

2019-2024

**Document related to the good practice model/approach:**

We encourage the submission of videos and photos.

Attached     Available at:

photos

### General description of the good practice:

The Health response to refugees in Uganda is integrated with that of the host communities. The response is guided by;

- [Health Sector Development Plan \(HSDP\) 2015/16 - 2019/20](#) provides the strategic direction and guides the operations in the health sector in the medium term, highlighting how it will contribute to Uganda's 2nd National Development Plan (NDP II) and the 2nd National Health Policy (NHP II) and so to the overall Vision 2040.
- Uganda's Health Sector Integrated Refugee Response Plan (HSIRRP) which is an addendum to the HSDP, supplementing service delivery in the refugee hosting communities, to meet the needs of everyone in the targeted areas.

## Main activities of the good practice:

**Policy level** - Uganda's Health Sector Integrated Refugee Response Plan (HSIRRP) to guide service delivery in the refugee hosting districts. UNHCR has representation at the Health Policy Advisory Committee (HPAC), UNHCR attends the Technical Working Groups, and UNHCR is a member of the Health Development partner group. UNHCR and Refugees are represented on the Global Fund Country Coordination Mechanism to help influx refugee needs inclusion in the country proposal submission.

**Leaderships and coordination** – Ministry of Health and District Health Offices at the peripheral level chair the coordination of the refugee health services. The refugee health NGOs are part of the district extended health teams in the refugee hosting districts. A steering committee for HSIRRP has been established and a secretariat established.

**Integration in the Ministry of Health vertical programmes** – refugees have been included in the HIV/AIDS, malaria, TB programmes, nutrition and neglected tropical diseases. Refugees are included in the quantification and deliver of the required supplies and items.

**Infrastructure** – 72% of the 101 health facilities are government owned and medicines and supplies are delivered and health workers seconded by government. Government has upgraded 8 mini - hospitals (Health centre IV) near the refugee settlements to provide surgical services to refugees and nationals located in the vicinity of the settlements. These have reduced the pressure on the regional referral hospital and increased access to referral services.

**Refugee health information system** – ministry of health reviewed the national health management information system to include refugees to help with MoH monitor the refugee health services access and make data available for planning.

Outbreak preparedness and response activities – Ministry of health integrated refugees into the national preparedness and response plans, activities and funding. Ministry of health led the response for Cholera outbreak in refugees and preparedness activities for Ebola activities

- i.
- ii. Integration of service delivery for refugees and Ugandan nationals (host community)
- iii. Integration of the health work force providing services for refugees and Ugandan nationals (host community)
- iv. Streamlining medicine and medical supplies deliveries to health facilities within the refugee settlements and host community
- v. Integration of refugees into the National health information system including reporting of disaggregated data
- vi. Improving health financing to support public health interventions in the refugee settlements
- vii. Improved leadership, coordination and management for refugee health response

**Results of the good practice:**

- I. Refugees benefit from national services at the same level as the host population
- II. Health status of refugees has remained stable and within acceptable international standard despite the massive influx of up to 6,000 new refugees arriving daily.
- III. Improved access and coverage of health services for refugees and host communities
- IV. A resilient health system and sustainable National health system developed for refugees and host communities

**Challenges in implementing the good practice and how they are being addressed:**

- I. Despite the willingness, the integration is putting a strain on Uganda's health system resources. Currently Ministry of Health is approaching donors for budgetary support to finance the plan.