

Hospitals and clinics in refugee camps - Uganda

Theme: Health

Timeline: 1 year to 3 years

Key objectives:

- Management and day-to-day support of a hospital in a camp for 166,000 South Sudanese refugees
- Management and day-to-day support of a large primary health care center in a camp for 78,000 Congolese refugees.

Key activities:

Activity 1: Hospital in Parolinya Camp, North Uganda

The health facility is located in the Parolinya Camp, the third-largest refugee camp in Uganda.

Palorinya refugee settlement was established in December 2016 and is located in Moyo district in the West Nile region of Uganda. The settlement currently hosts approximately 166,000 South Sudanese refugees with a total surface area of 37.58 square kilometres and is currently closed to new arrivals.

Limited access to basic healthcare services is experienced by refugees and the host community. Refugees have reported a shortage of operational facilities, trained personnel and medical supplies; with many refugees also claiming the referral system is inadequate. Poor facilities have resulted in overcrowding and many patients unable to receive treatment.

Office of the Prime Minister of Uganda, Ugandan MOH and UNHCR are looking for an NGO partner that would be able to operate this facility, in collaboration with the local District Health Office (for the Moyo District) and upgrade it from HC3 to HC4 level.

PCPM believes this poses an excellent opportunity to provide much needed and tangible Hungarian humanitarian support to the South Sudanese refugees. The critical need here is to ensure stable financing of this facility and therefore such project should not be for less than three years and preferably be even longer.

Coordination and reporting would be done predominantly with the District Health Office (Moyo), which is the "owner" of the facility.

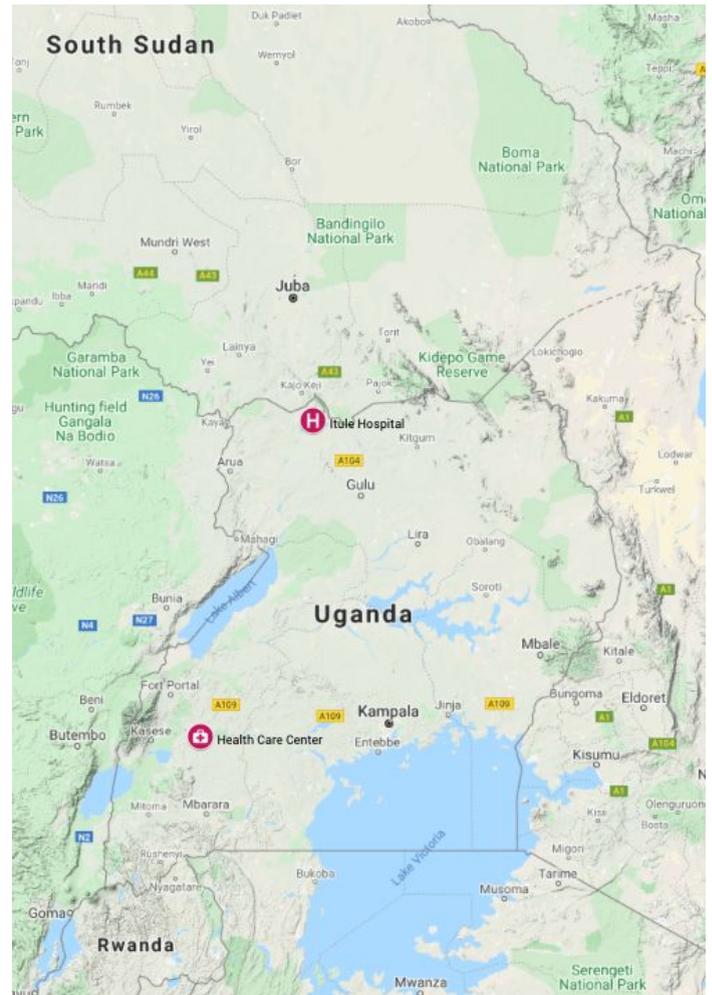
Approximate number of patients: 62,600 patients per year: 200 persons per day x 313 working days (6 days per week). The number of patients is likely to be significantly higher due to high demand for child nutrition services.

Operation of such hospital, would require financing of the following activities:

- 1) Upgrading the facility from HC3 to HC4 with construction of several additional buildings (surgical department, expanded inpatient department, etc.), and major equipment input, including the entire operating theater and X-ray. This component alone is estimated at €560,000, inclusive of a project vehicle

Country: Uganda

Camps for South Sudanese and Congolese refugees



Project locations in refugee camps in Uganda



Primary Health Care Center in Bidibidi refugee camp. Such temporary facilities are built on bare ground, under plastic sheets (tarpaulins).

and an ambulance, but the costs would need to be verified after a site visit;

- Salaries for doctors, medical personnel, purchase of medicines and supplies, fuel for the generator, support staff, operating costs, etc. The estimated annual cost of operating such hospital is €1 million per year, although it is based on Ugandan MOH blueprints that may vary on the ground.

The baseline medical personnel would need to include:

- 8 senior doctors, including surgeons, anesthesiologists, and other specialists,
- 8 junior doctors
- 8 clinical officers
- 15 nurses
- 18 midwives
- 18 hospital and project support staff

Direct management of the Itula Hospital would have following three advantages;

- Supporting the main health facility in a very large refugee camp for South Sudanese refugees, cooperating directly with the Ugandan authorities;
- PCPM could construct a camp adjacent to the clinic, which would allow foreign medical personnel and volunteers to work at the hospital, further increasing project visibility;
- The hospital is not far from Moyo Airstrip, which has several flights to Kampala per week, thus allowing relatively easy access for monitoring visits.

Activity 2: Large health center (HC3) in Rwamwanja Camp for DRC / Congolese refugees

Activities proposed in this section are based on a direct request from the UNHCR Office in Kampala (Health Sector section).

Rwamwanja settlement was established in 1964 to host refugees from Rwanda, but closed in 1995 when many repatriated. The settlement was reopened in 2012 to host refugees fleeing insecurity in the Democratic Republic of Congo due to violence in North and South Kivu. The settlement, currently hosting over 78,000 refugees, is at full capacity and no longer receives new arrivals.

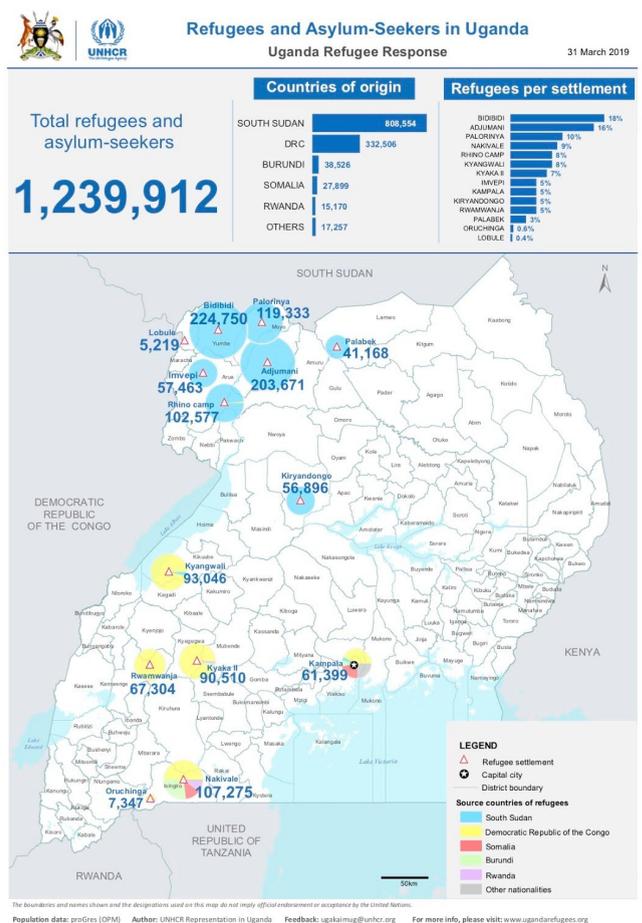
The camp has one of the worst levels of medical care in Uganda. Lack of specialized doctors, language barriers, overcrowding in health facilities and the need to sometimes pay prior to being seen by doctors have resulted in reports of poor examinations and thus many patients not receiving the appropriate treatment and care. Both refugees and Ugandan population have reported the health centers are ill equipped particularly with regards to antenatal care leading to cases in which women gave birth on the floor or on the way to the centers.

Office of the Prime Minister of Uganda, Ugandan MOH and UNHCR are looking for a donor / NGO partner that would be able to support this facility, operated on a day-to-day basis by Uganda-registered NGO. PCPM believes this poses an excellent opportunity to provide much needed and tangible ROC humanitarian support to the DRC (Congolese) refugees. The critical need here is to ensure stable financing of this facility (although half of



Temporary health center in Bidibidi Refugee Camp reconstructed by PCPM with the use of Refugee Housing Units (RHUs) in 2018.

Both outpatient and inpatient departments have 8 RHUs that house consultation and examination rooms, wards, pharmacy, laboratory, etc. The facility is covered with additional roof to limit heat exposure.



Official UNHCR map of refugee settlements (camps) in Uganda. Please note Kampala is not a refugee settlement.

what is required for Itula HC4 hospital) and therefore such project should not be for less than three years and preferably be even longer.

Coordination and reporting would be done predominantly with the NGO, which would in turn coordinate with the District Health Office and UNHCR.

Approximate number of patients: 31,300 patients per year: 100 persons per day x 313 working days (6 days per week). The number of patients is likely to be significantly higher due to high demand for child nutrition services.

Operation of such hospital, would require financing of the following activities:

- 1) Minor upgrades and equipment provision. This component would include purchase of a project vehicle and an ambulance, but the costs would need to be verified after a site visit;
- 2) Salaries for doctors, medical personnel, purchase of medicines and supplies, fuel for the generator, support staff, operating costs, etc. The estimated annual cost of operating such hospital is €600,000 per year, although it is based on Ugandan MOH blueprints that may vary on the ground.

The baseline medical personnel would need to include:

- 4 senior doctors, including surgeons, anesthesiologists, and other specialists,
- 4 junior doctors
- 4 clinical officers
- 8 nurses
- 8 midwives
- 9 hospital and project support staff.

Support to the Rwamwanja HC3 clinic would have following three advantages;

- 1) The ICDF would be activity involved in responding to the largest (and still growing) refugee crisis in Africa, while at the same time supporting a health facility in a large refugee camp;
- 2) PCPM could construct a camp adjacent to the clinic, which would allow foreign medical personnel and volunteers to work at the hospital, further increasing project visibility;
- 3) Rwamwanja HC3 clinic is operated by a local partner, which handles coordination with local officials and UNHCR, thus limiting the need for project staff and any undue pressure from the authorities.

The project makes reference to the following two types of healthcare centers in Uganda:

- Health Clinic level 3 (HC3 or HCIII), that includes outpatient department (up to 200 patients per day), small inpatient department (10 beds), maternity ward (10 beds), no surgical capacity, basic laboratory.
- Health Clinic level 4 (HC4 or HC IV), that includes outpatient department (200+ patients per day), inpatient department (20+ beds), maternity ward (20+ beds), surgical theater with general anesthesia, laboratory.

Project rationale:

Uganda hosts 1.2 million refugees from South Sudan and the Democratic Republic of Congo. Due to the protracted nature of these two refugee crises, the typical humanitarian response transitions into stabilization



Training for a hospital staff in Midigo, adjacent to Bidibidi refugee camp, in newborn resuscitation, delivered by PCPM Emergency Medical Team personnel in 2018.



PCPM Emergency Medical Team staff also provided surgical support and on-job training for Ugandan surgeons in Bidibidi refugee camp.



Primary Health Care Center in Africa's largest refugee camp (Bidi Bidi), upgraded by PCPM in 2018.

interventions. This is particularly visible in the Healthcare Sector, where numerous facilities can now be converted into either semi-permanent or permanent facilities. We hope this key intervention is in line with ICDF's stabilization / recovery focus.

Much of the proposed activities are focused in and around Bidibidi, Uganda's largest refugee camp (population is 230,000) and currently the largest in Africa (exceeding Kenya's Dadaab camp). In comparison with other refugee camps, health services in Bidibidi are of reasonably good standard. However, quality of care in other camps is significantly lower, particularly in the camps of Parolinya (adjacent to Bidibidi), Palabek in North Uganda (for South Sudanese refugees, third largest camp in the country) and Rwamwanja in Western Uganda (for Congolese refugees).



PCPM Emergency Medical Team (EMT) doctor with a child recently treated from malnutrition. Bibi Bidi camp, Northern Uganda.

Related PCPM activities:

PCPM has operated in Uganda since 2017, in collaboration with Uganda's Ministry of Health, Office of the Prime Minister (in charge of the refugee camps) and UNHCR. PCPM has gained experience both in construction of temporary clinics, having constructed 3 semi-permanent Health Clinics (level 3) with the use of 100 IKEA houses brought from Poland.

Indicative project budget (in USD):

Budget line	Activity 1: Hospital	Activity 2: Large clinic
Facility expansion, new equipment (non-recurrent cost)	\$360,000	\$110,000
Hospital personnel & support staff	\$728,904	\$420,264
Medicines, supplies & operations	\$205,200	\$143,004
Project support cost (7%)	\$90,587	\$47,129
TOTAL (expansion + operations)	\$1,384,691	\$720,397
TOTAL (non-recurrent)	\$999,941	\$602,697

PCPM contact persons:

dr Wojtek WILK, CEO
wwilk@pcpm.org.pl

Mrs. Zofia KWOLEK, Fundraising Director
zkwolek@pcpm.org.pl

¹ Refugee camps are officially referred to in Uganda as Refugee Settlements and both names are used in this document.