

Readiness of public health facilities to manage depression among urban refugees and host populations in Kampala District, Uganda

Brian Kirumira^{1,*}, Innocent Okot¹, Francis Xavier Kasujja¹, Sidon Bigirwamukama¹, Elizabeth Nakiyingi², Noah Kiwanuka Ssekamatte¹, Juliet Kiguli¹, Richard Mangwi Ayiasi³

¹Makerere University School of Public Health, Kampala, Uganda, ²Northeastern University, School of Public Health and Health Sciences, Boston, USA, ³Department of Public Health, Faculty of Health Sciences, Muni University, Arua, Uganda

***Corresponding author:** Brian Kirumira, Makerere University School of Public Health **Email:**

briankirumirak@gmail.com

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Introduction

Depression is a leading cause of disability worldwide, with a significant burden in Africa, particularly among urban refugees. Uganda hosts over 1.7 million refugees, creating substantial mental health challenges in urban centres like Kampala. This study assessed the readiness of Kampala's public health facilities to manage depression among urban refugees and the host population, incorporating insights from mental health practitioners on existing bottlenecks.

Methods

A health facility-based sequential explanatory mixed-methods design was employed between June and August 2023. We conducted a census of nine public health facilities in Kampala, categorizing them by the level of care they provide: two secondary-care hospitals, three primary-care centers capable of minor surgeries and blood transfusions, and four basic primary-care clinics. Data collection involved a structured questionnaire adapted from the WHO's SARA framework and rapid hospital readiness checklist, along with key informant interviews with 16 mental health practitioners. Quantitative data were analyzed using descriptive statistics in SPSS 26.0. Qualitative data from

interviews were analyzed thematically using Atlas.ti Version 9.0.

Results

Readiness was critically low and varied widely (30.0%–76.7%), with only one primary-care center meeting the 70% preparedness threshold. Secondary-care hospitals showed no significant advantage over primary-care facilities (55.0% vs. 51.2%). Qualitative findings revealed interconnected systemic barriers: a critical shortage of mental health staff, gaps in policy implementation, inadequate training, and a fundamental lack of resources, including essential equipment and financing.

Conclusion

Public health facilities in Kampala are largely unprepared to manage depression. This systemic deficit necessitates targeted interventions, including equipping all facilities with standard screening tools and antidepressants, establishing mandatory in-service training, and creating dedicated mental health budget lines to build a functional care system for refugees and the host population.