



World Health Organization/Uganda UGANDA CRISIS Weekly Report 21-25 June 2004



DISCLAIMER: The information contained in this report is based on information provided by inhabitants of the locations visited and the observations of the staff member who conducted the assessment. The contents of this report do not necessarily reflect the opinion of WHO.

Three IDP settlements were visited: Labuje and Orom in Kitgum district, and Atanga in Pader district. It was not possible to visit the second settlement in Pader due to complications during travel.

1.0 Labuje IDP Settlement

Information was obtained from the settlement leader and three of the executive members of the settlement.

- The settlement is situated approximately 6 km from Kitgum town.
- The settlement was formed in August 2003.
- The settlement has a population of approximately 14,188 people coming from 3,110 households. There are 6,817 males and 7,371 females; 2,138 children under age five and 5,200 children under age 12, according to a census completed in June 2004.
- In the areas of reproductive health (RH), antenatal, postnatal, family planning, voluntary counseling and testing (VCT), prevention of mother-to-child transmission of HIV/AIDS (PMTCT) and intermittent treatment of malaria in pregnancy (ITP), services can be obtained in either the nearby St Joseph's Hospital (3 km away) or Kitgum Hospital (6 km away). Most mothers do not bother to go. Traditional birth attendants (TBAs) attend to most deliveries, unless complications occur. Bed nets are given to mothers after they attend the antenatal clinic in St Joseph's Hospital. Mama kits are not available for distribution to expectant mothers, and the TBAs are using old delivery kits. Some TBAs are not trained.
- Immunization can also be carried out from the neighboring hospitals, with the exception of last month, when each hospital organized immunization sessions lasting three to four days. Immunization coverage for DPT₁Hep+Hip₃ was 81.8 per cent, and Measles₃ coverage was 90.9% of children under one year old. Measles has not yet appeared in the settlement.
- Regarding malaria control efforts, there are 19 drug distributors in the settlement, but malaria is the most common cause of morbidity and mortality in the settlement, especially in children. There has been slight reduction of malaria cases in the settlement. Nets have not been distributed in the settlement.
- Regarding HIV/AIDS prevention, St Josephs Hospital organized a viewing of a relevant video. Youth have formed an anti-HIV/AIDS drama group, but it is not popular with the

- settlement inhabitants. International Rescue Committee (IRC) provided condoms to settlement leaders only once, and they have been out of stock for some time. Sensitization for VCT and PMTCT has never been undertaken in the settlements.
- A health education session on sanitation issues was done only once.
 - Water supply: three boreholes are in the settlement--one is motorized with an output of 30 000 liters per day; the output from the other two boreholes is unknown. Families are allowed one jerry can (20 liters) of water at a time on a first come, first served basis. The water is mainly used for drinking and cooking. Bathing and washing of clothes are done in the nearby river.
 - Sanitation is very poor in the settlement. There were 87 crest/mobile and 33 community pit latrines in the settlement. A few families have also dug pit latrines for use by their children. The settlement compound, however, exhibited a faecal smell and plenty of houseflies. The latrines as well were not clean, especially the floors, which had heavy faecal contamination. There were also some rubbish pits in the settlement.
 - Common causes of illness in the settlement according to the leaders were as follows, in order of importance:
 - For children, malaria, diarrhea and vomiting, malnutrition (with a rate of 18% among children under age 5), skin infection, and oral candidiasis.
 - In adults, malaria, diarrhea and vomiting, and cough.
 - There is a Health Center II located in the settlement staffed by an Enrolled Nurse and a Nursing Assistant. The former is on a maternity leave, and the latter only comes to the settlement occasionally because she works without pay as a volunteer. The drug stock in the unit was fair, but some essentials, such as ORS, were out of stock.

1.1 Action

- WHO will discuss with District Health Teams the possibility of making ORS available immediately as diarrhea and vomiting are common illnesses in the settlement.
- WHO asked settlement leaders if any of the current settlement inhabitants previously worked as vaccinators, but the leaders were unsure. They agreed to raise the problem with the DHT and suggest two options: the extension of outreach from the hospitals, or provision of vaccination training to two people from the settlement.
- Regarding reproductive health (RH), WHO will discuss the possibility of conducting an outreach from the hospitals with the DHT and other health partners in the district.
- WHO educated the settlement leaders on the importance of proper disposal of faeces, good personal and food hygiene, and drinking of boiled water in order to prevent diarrhea and vomiting. The leaders resolved to share the knowledge with the others but requested assistance in providing additional crest/mobile toilets.

2.0 Orom IDP Settlement

- The current population is 16,364 people.
- The settlement is about 50 km from Kitgum town and 20 km from Kalongo Hospital.
- Orom settlement has a functional Health Center II staffed by one Enrolled Nurse, one Nursing Assistant, and one Community Health Worker. A Health Center III is under construction.
- Regarding water supply, there are currently two boreholes, one of which is currently not functioning. Most people obtain water from a dirty pond nearby, which is present only after it rains heavily but disappears in dry weather. People bathe and water their cattle in the same location. Outputs from the boreholes are low. The water shortage also greatly affects provision of services, such as conducting deliveries, in the health unit.
- Waste disposal: most of the inhabitants of the settlement dispose of faeces in the nearby bush. The businessmen who conducted business in the trading center before the settlement was formed own most of the private pit latrines built in the settlement. Only

- family members and close associates of these businessmen use these latrines. A six-stance pit latrine, formerly meant for people in a local market, is now being used as a community latrine. Households are now being encouraged to dig and build two-stance latrines for their own use. Households are also being encouraged to build bathing shelters and dig garbage pits.
- Health education activities were recently undertaken on the topics of proper sanitation and personal hygiene. Health education on other relevant health problems has not taken place.
 - The most common health problems in the settlement include:
 - For children, malaria (which caused seven deaths in the past two months), diarrhea, and measles (with seven cases registered in the settlement in the last two weeks).
 - For adults, diarrhea, sometimes blood-stained, is the most significant problem, followed by malaria.
 - Reproductive Health (RH): The antenatal clinic in the health center sees approximately 60 new patients and 40 repeat patients per month. An average of five deliveries occur in the unit per month, but most deliveries are conducted by TBAs in the settlements. There are 12 trained TBAs, but only eight are active. Other TBAs are untrained. Mothers come to the antenatal clinic at the late stage of pregnancies. In FP, where only Depo-Provera and oral contraceptive pills are provided, attracts only two to four clients per month. Condoms are available in the health unit, but there is no community distribution mechanism. Both insecticide treated bed nets (ITN) and ITP are provided during antenatal visits. Sensitization is also provided about VCT and PMCTC, and those interested are advised to visit Namukora HC IV.
 - Regarding prevention and control of HIV/AIDS, there is minimal activity against HIV/AIDS, except as already enumerated under RH.
 - Immunization activities are carried out twice per month, and five outreaches are conducted per month. All antigens were available, and the gas fridge was well maintained. Immunization coverage at the settlement for Measles₃ is 91.7 per cent, and DPT₁Hep+Hib₃ is 83.3 per cent.
 - Malnutrition is estimated at 8.3 per cent in children under age five. A majority of the household eat only once per day, and children are not given preferential feeding in relation to adults.
 - Malaria control in the settlement is provided through the ITN given to mothers during registration for antenatal clinic and through 20 drug distributors, which were trained for home-based management of malaria in children. Homapak has never been made available to them.

2.1 Action

- WHO provided a brief health education talk to settlement leaders and other settlement residents on the importance of drinking boiled water, if possible, and practicing proper personal and food hygiene, as well as proper disposal of both adults' and children's faeces in order to overcome the problem of diarrhea, vomiting, and intestinal worm infestation. After a brief question-and-answer session, the leaders agreed to mobilize the community for digging and use of latrines. WHO explained to the community the reason for the high number of miscarriages in the settlements; mothers visit the clinic for antenatal care at a late stage of pregnancy, and mothers who fall ill do not visit a qualified health worker immediately. Malaria must be the cause because the settlement is located near a pond. Expectant mothers must therefore sleep under mosquito nets.
- Deliveries are presently conducted without a water supply, so the new HU III will be constructed with a water tank that will store rainwater from roofs.
- The PHC will discuss with DHT why Homapaks were not made available to trained drug distributors.

Constraint: The DDHS informed WHO that all of the DHT members were preparing departmental health activities to be carried out next financial year, and as a result a debriefing did not occur for all DHT staff and the health partners in Kitgum district. WHO communicated major findings to the DDHS, who agreed to call a meeting with the full group at the next opportunity.

3.0 Pader District

The WHO PHC spoke with the DDHS by telephone in order to explain the reasons for the WHO visit to Pader district and discuss the development of an activity plan to improve the health indicators for IDPs.

Movements in the district must be accompanied by military escort, and it was impossible for the PHC to reach district headquarters. Kitgum town became the base of operations.

4.0 Atanga IDP Settlement

- In Atanga IDP settlement, there are 25 800 people living in 6187 households.
- The settlement is situated approximately 50 km on Kitgum-Gulu road. Within 17 km from Kitgum town, the road is filled with many potholes, but the rest of the road is smooth.
- WFP is the major source of food supply to the inhabitants of the settlement. People eat once per day. Free food is also provided to lactating mothers in the first six months after delivery, pregnant mothers in the last trimester, malnourished children, patients with proven HIV/TB infection especially when they are very weak, and elderly people. The malnutrition rate for children under age five was estimated at 16.7 per cent.
- There is a HC III within the settlement staffed by one Nursing Assistant, one Record Assistant, and four Community Health Workers. The health unit was poorly stocked because it is difficult to reach district headquarters. Drugs for the unit are reportedly available in the district headquarter. The HU has a supplementary feeding center run by International Medical Corps based in Kitgum town. Children with weight/height 70-79 per cent (or MUAC <12cm) benefit from this program. Those with weight/height below 70 per cent (or MUAC <11cm) are referred to the therapeutic feeding center in Pajule (Pader district), St Joseph's Hospital in Kitgum, or Lacor Hospital in Gulu.
- Common diseases include:
 - For children under age five, malaria (36.7 per cent), oral candidiasis, and diarrhea (14.2 per cent), cough (10.2 per cent) and skin infections (6.7 per cent).
 - For adults, malaria, cough, diarrhea and worms are prevalent.
- Water supply to the settlement is obtained from six boreholes and three unprotected springs. The latter dries up during dry weather. Collection from water points is regulated at one jerry can per person, though this rule is not always enforced.
- There are 291 pit latrines in the settlement with a total of about 500 stances. The latrine walls collapse during the rainy season, which reduced the number of available latrines to 394 before the onset of rains. IRC provided 30 crest latrines, and the rest belong to the community. A tour of the settlement revealed that children's faeces are scattered all over the compound. It was reported that some women, because of some traditional beliefs, prefer to go to the bush as well.
- Reproductive Health: The nursing assistant sees about 80 expectant mothers each month. She also provides intermittent treatment of malaria during pregnancy to those who come to the clinic. Deliveries are carried out by TBAs. Mama kits are supplied by International Medical Corps (IMC) and provided to all pregnant mothers in the third trimester. There is no family planning service provision in the settlement.
- Immunization is carried out in each block (divisions within the settlement) once per week. A measles epidemic occurred in the settlement in March to June, 2003, which caused

many deaths. Thereafter, massive immunization of all children was carried out. The settlement leaders now ensure that all children are immunized. The immunization coverage for Measles and DPT₁Hep+Hip₃ are 87.5 per cent and 77.6 per cent respectively.

- Sensitization of the leaders in the settlement about HIV/AIDS was conducted once, facilitated by AIM. Condoms are available and distributed through the community health workers.

2.1 Action

- There was a concern among the population on the 'new disease' they call "two Lango", which is oral and anal candidiasis commonly seen in babies having diarrhoea. The disease occurs because of low immunity in the babies as a result of malnutrition. WHO educated residents on the importance of proper feeding of babies and the need to seek treatment promptly when they are sick, as well as the importance of finishing the immunization schedule within one year.
- WHO will discuss with the DDHS whether it is possible to use other NGOs in Kitgum to take supplies to this unit.
- WHO sensitized the leaders on the need for the community to observe clean personal and food hygiene, proper disposal of all faeces, as well as drinking clean/boiled water in order to prevent diarrhea and intestinal worms.

MAP DISCLAIMER: *The presentation of material on the maps contained herein does not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or areas or of its authorities, or concerning the delineation of its frontiers or boundaries. Map source: Perry Castaneda Library Map Collection, University of Texas at Austin.*