

## **Health Assessment of Ome II IDP camp**

Ome II is located in Kilak Health Sub-District, with a population of 7,850<sup>i</sup> with about 1,570 households, children less than 1 year old, 800; children less than 5 years, 2500; and women of reproductive age (14-49 yrs), 3200.

### **Health Care delivery:**

Ome II camp has no health centre and the nearest health facility is Amuru Health Centre III, about 25km away. It is not easily accessible because of the long distance between and insecurity of the road between.

Most women and children benefited from the Sub National Immunisation days programme held on 26/27 February 2005. MSF CH carried out a mapping of the camp in order to plan for outreaches there in February; that they were ambushed after that and their field activities there were suspended. The camp has not received any outreaches.

Among the interviewees was a Community Health Worker (CHW) who revealed that there were two other CHWs. They have been trained to distribute Homapak and other drugs used to treat fever in children (up to 10years). They get their supplies from Amuru Health Centre III. The CHWs have no sundries, nor any contraceptive drugs /condoms. The Drug distributor had the following drugs in store; chloroquine, fansidar, septrin, ORS, eye ointment, panadol and iodine. Traditional Birth Attendants (trained at Amuru HCIII) carry out deliveries in the camp. No HIV/AIDS sensitisation is being done in this camp.

### **Environmental health and hygiene**

The grass-thatched huts are poorly ventilated and double as kitchens for cooking family meals. They were not well built, but they have adequate spacing between them. There was proper disposal of faeces and refuse; no faeces were seen on the compounds except those of domestic animals. The households had refuse pits for rubbish disposal, although many of them were full. Many compounds were swept clean. Many of the latrines were also full; note that the latrine coverage is about 5 households to 1 latrine.

### **Common illnesses/ailments: general**

1. Malaria
2. Diarrhoea/stomach problems due to unsafe water (spring)
3. ARIs in both adults and children
4. Intestinal worms
5. Skin diseases (scabies and ringworms)
6. Trauma/accidents
7. Madness

Among children: malaria, diarrhoea, ARIs, candidiasis of the whole gut in children under 2years, intestinal worms, skin infections

Among the adults; malaria, diarrhoea, ARIs, worms, skin infections

### **Mortality:**

No recent deaths were mentioned, but two graves within the camp compound can be counted as evidence of death.

### **Rapid assessment on nutrition ( MUAC measurement):**

- MUAC < 11 mm: 0 children ( possible in criteria for the TFC)

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<sup>i</sup> December 2004, camp leader

- 11 =< MUAC < 12.5 mm: 5 children ( Probably in criteria for the SFC)
- >=12.5 mm: 95 children (considered as normal)

There was no case of oedema found during this visit.

This prevalence indicates 0 % of children who were at very risk of death for malnutrition while 5 % of children had been at risk for malnutrition which gives a total of 5 % of the entire selected children. This result could be considered within the acceptable international norms for nutrition situation and doesn't require emergency nutrition intervention at this period.

#### **Priority needs identified by the IDPs**

- A functional health facility built in their camp
- Increase in the supply of drugs (to cover the whole population), supply sundries to deal with accidents, also train more community health workers.
- More water sources (boreholes); and protect their springs; Some children had severe cases of eye and skin infections; indications of poor hygiene, which relates to the low supply with water.
- Regular outreaches targeting the entire population (children and adults)
- Health education

#### **Priority health needs identified by assessors**

- Protection of the springs and provision of an additional borehole
- Regular integrated outreaches from Amuru HCIII, where multiple services can be provided during each visit.
- Health education
- More CORPS/community health workers should be trained.
- More drugs and sundries should be supplied to the drug distributors/CHWs to cater for everybody

#### **Aggravating factors**

- Low supply of water
- Poor quality of available water
- Black flies that cause skin eruptions (hives?)
- Lack of health education

#### **Recommendations**

- The next assessment should be carried out within three months
- Health outreaches to the camp by Amuru HCIII staff
- Construction of a borehole and protection of the existing spring

Pictures from Ome II IDP camp

