Health Assessment for South Sudan Refugees in Adjumani District and the Need for Community workers, August 2016

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South Sudan Refugee influx in Uganda

- Fresh political conflicts in South Sudan since June, 2016
- 41,154 refugees entered Uganda in July 2016 through Elegu border, Adjumani district
- Overcrowding at the reception centers
- Overstretch on essential commodities e.g. shelter, water and health facilities
- Risk of communicable diseases outbreak
Objectives of Rapid Health Assessment

- Assess general health status of arriving refugees
- Identify potential public health risks
- Identify service delivery gaps
- Recommend public health actions for rapid response
Refugees arriving June to August 2016

Refugee Reception sites assessed
- Elegu border post
- Pagirinya 1
- Pagirinya 2
- Nyumanzi
  - Health facilities were also assessed
Location of the refugee reception centers

Uganda showing Adjumani district
Assessment tools

- WHO Standardized Health Assessment tool
- Individual level questionnaire
- Observation
# Services at the reception centers

<table>
<thead>
<tr>
<th>Available services</th>
<th>PAGIRINYA HCIII</th>
<th>PAGIRINYA HP</th>
<th>NYUMANZI HP</th>
</tr>
</thead>
<tbody>
<tr>
<td>OPD</td>
<td>√</td>
<td>√</td>
<td>√</td>
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<tr>
<td>Admission</td>
<td>√</td>
<td></td>
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<tr>
<td>Referral for EMOc</td>
<td>√</td>
<td>√</td>
<td>√</td>
</tr>
<tr>
<td>Lab</td>
<td>√</td>
<td></td>
<td></td>
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<tr>
<td>Immunization</td>
<td>√</td>
<td></td>
<td></td>
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<tr>
<td>Deliveries</td>
<td>√</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nutritional assessment</td>
<td>√</td>
<td>√</td>
<td>√</td>
</tr>
<tr>
<td>TB screening</td>
<td>Refer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PMTCT</td>
<td>Refer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HAART</td>
<td>Refer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANC</td>
<td>√</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Village Health Teams (VHTs)</td>
<td>40</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>8</td>
<td>3</td>
<td>3</td>
</tr>
</tbody>
</table>
Uptake of HIV/AIDS services

- Denial of HIV results
- Low uptake of HIV prevention services e.g. Condom use
- Stigma associated with HIV care – e.g. Obtaining ART from health facilities
Antenatal Care

- Poor uptake of PMTCT services
- Delay in consenting for emergency caesarian sections
- Preference for personal disposal of placentas for cultural reasons
Nutrition services

- Loss to follow up was more evident during huge influx of refugees
- Nutritional surveillance in place
- Malnourished children are identified in the community
Individual Interview Findings -1

- Health Problems
  - 197 Interviewed
  - 131 (67%) had health problems

- Accessing health services
  - 131 with health problems
  - 49 (37%) did not access health services
Individual Interview Findings -2

- Symptoms
  197 Interviewed
  Cough; 40 (20%)
  Diarrhoea; 16 (8%)
  Other; 61 (31%)

- Regular bed net use
  159/192 (83%) reported not using bed nets
Hygiene Practices

- Use of unsafe water at rivers

- Open defecation by adults at bushes and near water sources

- Potties provided by Danish Refugee Council (DRC) not utilized by some mothers
Water Usage by the refugees

Water considered safe

Unsafe water being used

River
Community workers for Health Promotion

- Hygiene Promoters
- Some Hygiene promoters recruited from the refugee community
- Use of megaphones for community mobilization
- Village Health Teams (VHTs)
- Interpreters – Facilitating comprehension of posters pinned at reception centers with health messages
GOOD SANITARY PRACTICES

- Target the squat-hole
- Teach young children how to use a latrine
- Clean your latrine daily
- Wash your hands with soap/ash with adequate amount of water after latrine use

BAD SANITARY PRACTICES

- Do not defaecate outside the squat-hole
- Do not defaecate in the bush
- Do not defaecate near the water source
# Shortage of Community workers

<table>
<thead>
<tr>
<th>Number of community workers</th>
<th>Refugee Reception Center</th>
<th>Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>30 Community Hygiene Promoters</td>
<td>Nyumanzi</td>
<td>13,800</td>
</tr>
<tr>
<td>35 Community Hygiene Promoters</td>
<td>Pagirinya 1 &amp; Pagirinya 2</td>
<td>40,000</td>
</tr>
<tr>
<td>40 Village Health Teams (VHTs)</td>
<td>Pagirinya 1 &amp; Pagirinya 2</td>
<td>40,000</td>
</tr>
</tbody>
</table>

**Note:** Pagirinya 1 & 2 has 30 Blocks  
1 Block is equal to 1 Village  
2 VHTs recommended per block
Conclusion

- Shortage of community workers for health promotion
- Poor hygiene
- Negative attitude towards health services
Recommendations

- Increase on the number of community workers in order to promote;
  - Access to health care services
  - Hygiene
- District Health Team needs to identify strategies that promote behavior change amongst the refugees
Public Health Action after Assessment

- Health messages were pinned up at Pagirinya HC III

- Roadside sign posts with health messages in Pagirinya 1 and 2
STOP Open Defecation
Public Health Fellowship Program – Field Epidemiology Track

Acknowledgment

- Ministry of Health
- Centers for Disease Control and Prevention (CDC)
- Makerere University School of Public Health
- The Public Health Fellowship Program secretariat
- Adjumani District Health Team
- Implementing Partners e.g. UNHCR, MTI, DRC, LWF in Adjumani district
- The Rapid Health Assessment Team