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.

WHO visited two internally displaced persons (IDP) settlements, Amuru and Pabbo, in Gulu District. The reports of the visit are given below.

1.0 Amuru Settlement

- Population: estimated at 41,000.
- Location: 40 km from Gulu.
- The camp is accessible by an unpaved road. Accompanied by WFP convoy and escorted by the military, the journey to the camp lasted approximately two hours from Gulu. Official visits must have a military escort.
- The camp consists of huts crowded together, with three to five people living in each hut.
- Sanitation is very poor. Latrines are made of shallow pits and are situated at the periphery of the huts. Few adults use private latrines and most of the children use nearby bushes. The camp compound and nearby bushes are heavily contaminated by faeces, and the latrine floors also have heavy faecal contamination.
- Malaria is a major cause of mortality and morbidity, especially in children. Anti-malarial drugs (HOMAPAK) have been out of stock for the last two months. Pregnant mothers and mothers of newborns are given bed nets to ward off mosquitoes. There are no other anti-malarial activities in the camps.
- Water is supplied to the camp by 28 shallow wells, all of which are crowded at one end of the camp. Water samples were occasionally taken by African Medical & Research Foundation (AMREF), but camp leaders are not aware of the results.
- One health education activity was completed last month by a team from the DDHS. Otherwise, health education activities are not done in the camps.
- Food supply to the camp is mainly through the World Food Programme (WFP). According to camp leaders, each household is given 50 kg maize seeds, 10 kg beans and half a liter of cooking oil in about 3-4 months. Most families have only one meal per day. The malnutrition rate is estimated at about 19% in children below five years of age.
- Health: There is a Health Center III in the camp. The following Health Centers in the sub-county are closed: Labongo Ogali HCII, Okung-gedi HCII Panok-rac HCI. The staffing is poor and most stay in Gulu Town. Drug supply is delayed because of the policy requiring military escort for all medical supplies. Some drugs were out of stock, but most drug...
supplies were available. Homapak for distribution for children with malaria were absent. There were no ORS packets.

- Immunization is carried out daily in the health unit, but only four outreach activities took place in a month. The camp leaders do not remember when they last saw cases of measles. Vaccinators carry out immunization. There is poor mobilization for vaccination. All the eight antigens were present in the health center. There is a gas freeze, whose temperature was well maintained and recorded.
- There are no HIV/AIDS control and prevention activities in the camp. The health unit has some condoms, but it lacks mechanisms for making them accessible to those in need.
- The health unit provides antenatal services (with 123 new cases in April and 83 in May), but deliveries per month average only 24, compared to an average of over 140 by traditional birth attendants. Relatives make referrals in obstetrical emergencies. The delivery room has one delivery bed, four beds for first stage labour, and only two delivery kits are available. Protectives are old and there was no provision for disposal of "sharps."

1.1 Actions Taken/to be Taken

- Explained to the camp leaders the link between poor sanitation and the common cases of diarrhoea and vomiting that affects both adults and children living in the camp. To stop diarrhoea and vomiting, good personal and food hygiene, proper disposal of both adults and children’s faeces, and proper disposal of refuge to reduce the population of flies are practices that must be encouraged. They agreed to enforce these practices.
- WHO agreed to discuss with the District Health Team the absence of the Homapak and Oral Rehydration Salts (ORS).
- AMREF is to be contacted to provide feedback to the camp leaders on the results of the water sample.
- Praised the health workers for the proper maintenance of the refrigerator for the vaccines and urged them to make sure all children in the camp receive their vaccination within one year. Emphasis should be given to all the children who come from other camps, which might not have had access to vaccinators.
- Advised the health workers to try to use the community, especially youth, to distribute the condoms available to those in need. Suggested the use of the vaccinators who are willing. They should first be trained in its use.
- Discussed with the health worker present in the camp the importance of identifying mothers at risk during pregnancy. They agreed to meet with the camp leaders to help with mobilization and encouragement of expectant mothers in attending antenatal clinics.

1.2 Recommendations

- There is a need to improve staffing through posting staff meant for the closed health units to work in the functional health unit in the camp.
- Reproductive Health and HIV/AIDS control and prevention activities need to be started in the camp, if necessary, through training of community resource persons (CORPS).
- Health Education activities need to be concentrated on hygiene and sanitation and other health conditions pertaining to the camp.
- Anti-malarial activities should be supported.
2.0 Pabbo Settlement

- This is the largest camp in the district, with a population estimated at 63,000 people.
- Pabbo Camp is about 37 km from Gulu Town on the Great-North Road to Juba. The road is unpaved with many potholes.
- There is an Health Centre II in the camp and Health Centre III, a branch of Lacor Hospital, located within two kilometers from the camp.
- In the Health Centre II, the following activities are carried out:
  - OPD: new cases of over 1500 per month.
  - Malnutrition rehabilitation: supplementary feeding is provided to an average of 50 new cases per month. Association of Charitable Foundations (ACF) runs this programme with food obtained from WFP. Children treated here are not severely malnourished, but those who are severely malnourished are referred to the hospitals in Gulu town.
  - Reproductive Health: antenatal attendance is heavy, but deliveries are mainly carried out by TBAs (Traditional Birth Assistants). There is no privacy in the health unit. There is one delivery bed, two delivery kits and the protective wears are fair. However, there is no sharps disposal container. Mama kits are given to all expectant mothers at 36 weeks. Bed nets are given to expectant mothers during enrollment and ITP is given as recommended. FP is (Depo, oral pills) given by the midwives, and Marie Stoppes provides tubular ligation and Norplant services once a month. Emergency obstetrical cases are referred to Lacor Hospital trough HCIII. Mothers are sensitized on VCT/PMTCT, and those who are able go to the hospitals in Gulu Town.
  - HE activities are not routinely given.
  - Immunization: static is daily at the unit and there are four outreaches per month. HE unit has a working gas refrigerator, which is well maintained. All antigens were available.
  - Malaria: Malaria Consortium provides Homapak regularly, which is distributed through 62 trained drug distributors. These distributors also were trained to provide counseling services to HIV/AIDS clients.
  - Disease surveillance activities are weak, and epidemics are not routinely investigated due to insecurity.
  - Medical supplies from the DDHS's office are regular and the health unit was fairly well stocked.
  - Medical equipments were old and insufficient in numbers.
- **Constraint** experienced during the visit to the camp was a heavy downpour of rain, which covered the entire period of the visit. There was no meeting with the camp leaders nor visit to the camp to assess how the displaced people were living.

2.1 Action

- On malnourished children, health workers were encouraged to train mothers how to prepare a balanced diet using locally available traditional foods and not to rely solely on the foods they receive from the unit.
- On the lack of providing health education to the community, WHO advised them to organize brief talks on common health problems in the area at a time when patients are waiting for medical attention, and to give also brief personal counseling to the individual patients according to the problems they present.
- Advised the health workers to use the administration set-up in the camp for disease surveillance by going through the camp leaders if possible, or they can use the drug distributors.
- Expectant mothers are to be mobilized for attending antenatal clinics through the camp leaders, and those at risk are referred to hospitals early.
2.2 Recommendations

There is a need to strengthen HE, disease surveillance, anti-malarial activities, RH, especially attendance to deliveries by trained health personnel, emergency obstetrical care to the poor majority, and to introduce Voluntary Counselling and Testing /prevention of mother-to-child HIV transmission/Post Exposure Prophylaxis activities.

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