



# HEALTH AND WASH PROGRAMS

## ICRC Projections for 2008 in Northern Uganda

*The International Committee of the Red Cross (ICRC) has been present in Uganda since 1979 and has a field presence in five northern districts of Gulu, Oyam, Amuru, Kitgum and Pader.*



*ICRC's Dr. Willy Mukungi talks to patients waiting for consultations at Kitgum Hospital - November 2007.*

Christian Kettiger/ICRC

## ICRC Health program for 2008

The ICRC will continue its support to 14 health centres and one hospital in Northern Uganda in 2008.

Since the North of Uganda has seen positive political developments (thanks to the ongoing peace talks between the Uganda government and the Lord's Resistance Army), the ICRC's health programme aims to bridge the gap between emergency response and development funds to governmental institutions.

### **Primary Health Care (PHC) comprehensive approach**

The ICRC's strategy is to reinforce the efforts of district health authorities in their work aimed at redeploing a comprehensive primary health care network in their territories. This strategy includes capacity building of relevant staff, training and/or supervision, as well as regular medicine refurbishment. In respect to the national policies, Traditional Birth Attendants (TBA), Village Health Teams (VHT) and Health Unit Management

Committees (HUMC) will be empowered and trained to enhance community responsibility in health, an essential aspect of a PHC system as articulated in the Bamako Initiative.

The ICRC is involved in 14 health centres II and III, spread across the four districts of Acholiland:

- a) Pawel, Bibia and Tegot health centres in Amuru district
- b) Labworomor and Lugore health centres in Gulu district
- c) Lagot, Dibolyec and Anaka health centres in Kitgum district
- d) Omot, Alim, Arum, Awere, Lagile and Porogali in Pader district.

According to the level of each health centre, the ICRC guarantees access to safe and clean water and, with the support of the community, is rehabilitating health centre buildings, rehabilitating or building staff quarters, Ventilated Improved Pit (VIP) latrines with shower, fences, general pits for health centres II and

### MISSION

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maternity and incinerators for the health centres III. All these works are carried out in the respect of district procedures and detailed in the relevant memoranda of understanding.

The ICRC maintains a permanent mobilisation of the District Health Team (DHT) to provide regular services to the structures by ensuring availability of professional human resources and by preventing ruptures in stock of medicines.

The ICRC also supports the DHT in delivering its existing and recognised training to enhance services such as goal-oriented antenatal care, training of HUMC, infection control, and drug management.



Stephane Du Montier/ICRC

TBA empowerment in Gulu District

According to priorities (such as malaria, respiratory tract infections, sexually transmitted diseases or diarrhoea) which are recognised at the health centre level, the use of national protocols is reinforced while regular immunisation services as antenatal care consultations are / will be delivered. All PHC activities at the health centres have quantified objectives according to target population of the relevant catchment areas.

The ICRC has a regular presence in these health centres in order to develop the relationship between communities and their health centres. VHTs are regularly supervised and trained to refer patients to health centres at an early stage of their disease, while TBAs are trained to recognise - in a timely manner - delivery risks and to refer mothers appropriately to health centres.

On a monthly basis, a general meeting is held at the level of the health centre to describe the activities of health centres, to analyse the results and to share common objectives with the VHT, TBA and HUMC. VHTs and TBAs are educators and mobilisers who help their communities to reach their health centres' objectives.

### Kitgum Government Hospital (KGH)

Since the beginning of 2006, the ICRC started its support to the KGH by ad hoc supplies of medical items and the construction of the main pharmacy. In 2008, the aim of our presence is the same as in the PHC programme: to bridge the gap between emergency organisations and development funds to governmental institutions.

This 200-bed hospital has a motivated management ready to work together with the ICRC in 3 different aspects:

- Rehabilitation of water, electricity and sewage networks

- Administrative support
- Clinical support in 6 units (OPD, Maternity, Paediatrics, Pharmacy, Laboratory and Operation Theatre).

Rehabilitation works started in 2007 and cover the whole hospital, which will have a new water network – water supply, new pumping system, new water tank with tower, rain-harvesting tanks – and sanitation network – new general pit, incinerator and fencing – and electricity in all units.

#### HEALTH FACT BOX 2007

120,384 people in 14 catchment areas had access to Primary Health Care and benefited from community-based activities such as health education and malaria prevention campaigns.

14 district health centres, in 4 districts, were supported with on-the-job training, essential medicine and basic medical equipment. This allowed 118,049 consultations to be done.

24,054 households in 14 catchment areas were supplied with insecticide-treated mosquito nets as pregnant mothers attended antenatal care consultations in the 14 health centres.

Child days were supported by reinforcing vaccination and de-worming program for the 54'172 children in the 14 catchment areas. It was done twice in 2007.

350 TBAs were regularly supervised to reinforce the referral of pregnant mothers to the health centres and to mobilise young mothers for vaccination.

600 VHTs were trained and supervised to educate and mobilise the population of the catchment areas for better access to the health centres. They received IEC materials to support their targeted activities.

The ICRC started a pilot project in Kitgum Government Hospital (KGH) and established a permanent presence of four expatriates (ICRC provides regular ad hoc supplies to the hospital pharmacy and clinical training to the clinical officers of Maternity, Paediatrics, OPD, Laboratory and Operation Theatre). During this period, 972 operations were conducted in KGH with a further 72,220 Out Patient consultations, 3,400 deliveries and 11,334 admissions.



Christian Kettiger/ICRC

ICRC staff evacuate a patient from Akwang to St. Joseph's Missionary Hospital in Kitgum

Support to the KGH management started in 2007, with the ICRC avoiding any kind of substitution by supporting them only according to documented needs. The good cooperation led to the signing of a Memorandum of Understanding that runs up to the end of 2008.

The ICRC is interacting with all concerned district authorities to facilitate procedures concerning KGH administrative issues as human resources, annual tenders and regular medicine supplies or material refurbishment.

By having 2 expatriates (a doctor and a midwife) in the 6 units, the ICRC is supporting the Medical Superintendent and the heads of unit, in the application of the national guidelines and protocols for diagnosing, admitting and also treating properly the numerous patients of the KGH.

The ICRC is mobilising all KGH stakeholders to take advantage of this unique opportunity to offer quality services to all patients in need in Kitgum Government Hospital.

## ICRC Water, Sanitation and Hygiene (WASH) program



*Latrine construction at Pabbo camp in Amuru District*

The ICRC, through its water, sanitation, hygiene and habitat programs, continues to improve the provision of clean and safe water and strives to improve hygiene conditions in the internally displaced persons' (IDP) camps in Northern Uganda.

The ICRC has been actively involved in these programs (water supply, sanitation, hygiene and habitat) in the IDP camps in the four districts of Amuru, Gulu, Kitgum and Pader in Acholiland since the beginning of 2006.

After thorough assessments, the interventions are needs-driven and prioritized, in close coordination and agreement with the respective district water offices.

The ICRC is keenly following the evolution of the population movement in Northern Uganda from big mother camps to de-

congestion camps, satellite camps, return areas and home villages.

In the course of 2008, the ICRC will be engaged in hygiene promotion in at least 22 camps in four districts of Acholiland:

- a) In Amuru district, the ICRC will be engaged in hygiene promotion in Ober Abic, Mutema and Pawel Lalem return sites as well as in Pabbo and Bibia camps.
- b) In Gulu district, hygiene promotion will be in Binya, Orafoyo, Paibona and Mede camps.
- c) In Kitgum district, the ICRC will be involved in Labworoyeng, Aweno Olwi, Ngomoromo and Pangira camps.
- e) In Pader district, hygiene promotion activities will be conducted in Alim, Arum, Geregere, Kwonkic, Lagile, Bar Ayom, Lacor, Gore and Koyo Lalogi camps.

It is highly anticipated that some extra sites may be taken on for the hygiene promotion activities. It is also envisaged that camps/sites could be dropped/stopped, depending on the needs, population movements and community involvement.

The ICRC conducts hygiene promotion in partnership with the Uganda Red Cross Society (URCS). Trained Hygiene Promoters and/or Village Health Team (VHT) members in the settlements implement and support the program.

Sanitation, and particularly latrine construction, is an integral part of hygiene promotion. The ICRC supports the program by providing tools and construction materials. The latrines are designed for a maximum of three households per stance.

The ICRC provides water supply as needed in all the sites where it is involved in hygiene promotion.

The ICRC projects to rehabilitate some 60 water points and drill some 50 new boreholes, in order to tend towards:

- a) a minimum access of 15 litres of safe water per person per day
- b) a maximum distance of 500 metres (for camps) or 1,500 metres (for rural settings) from a household to the nearest water point.

These ICRC guidelines and criteria for intervention take into account the Sphere standards and the goals set by national authorities in Uganda.

Of the 50 boreholes projected to be drilled in 2008, 23 are to be drilled in Kitgum district by May 2008, in the following locations:

*Gem Mede (1), Lalak (1), Larobi (1), Lumule (2), Ocettoke (1), Okol Kal (2), Oryang Ojuma (1), Pajong (1), Putuke (2), Ayoma (3), Koch Gweng pa mon (1), Labworomor (2), Lamola (3), Kitgum town (1) and Oboko (1).*



Christian Kettiger/ICRC

*Drilling a borehole at Alyek camp in Pader -November 2007*

**WATER FACT BOX 2007**

*31 new boreholes drilled in 22 camps.*

*78 boreholes were rehabilitated in 42 camps.*

*2,003 pit latrine stances constructed in 20 camps.*

*17 camps benefit from regular Public Health and Hygiene Promotion sessions.*

The ICRC will simultaneously carry out assessments in the other three districts from which it will draw an action plan for the year.

Water user committees will be formed and trained to manage and maintain each water point. Tools and spare parts will be availed as necessary.

**OTHER ACTIVITIES OF THE ICRC IN UGANDA**

- provides non food items, (including seeds and agriculture tools, hygiene material, school kits, etc ...) for over 700,000 IDPs still living in 64 IDP camps and their surrounding areas, in five districts in Northern Uganda (Gulu, Kitgum, Pader, Amuru and Oyam).
- visits places of detention all over the country including military barracks, police stations and prisons. It monitors treatment, judicial guarantees and material conditions of those arrested in connection with internal conflict, disturbances or national security. Observations and recommendations are discussed in confidentiality with the concerned authorities.
- maintains a confidential dialogue with arms carriers in order to monitor respect of the civilian population.
- promotes respect for and implementation of International Humanitarian Law (IHL) with Uganda's armed and police forces, universities and political authorities. This includes support to the Uganda People's Defence Force (UPDF) and to the Uganda Police Force (UPF) in implementing internationally recognised Humanitarian Principles into their training and standard operating procedures
- cooperates with the Uganda Red Cross Society (URCS) in providing material, financial and technical assistance. This includes re-establishing family links throughout Uganda or with neighbouring countries for those separated by armed conflicts.

**The ICRC also keeps up coordination efforts and a constructive exchange of information with other humanitarian agencies (UN and NGOs) in order to avoid duplication of services.**

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