

SUCCESS STORY – PALABEK, LAMWO

Background:

Palabek refugee settlement, located in Palabek Ogilli Sub County in Lamwo district was established in early 2017 to receive refugees from South Sudan. The settlement currently host about 53,600 refugees and asylum seekers mainly from South Sudan.

The initial arrangement was that all refugees from the border points were received and transported to the reception point at base camp within the settlement. Later, the reception point was transferred to Lokung and subsequently UNHCR and OPM set up operations there and all partners supporting the reception of refugees followed suit. This majorly included IRC offering first aid, nutrition screening, immunization/vaccination as well as clinical consultation services through a health center II post that was established there. For the new arrivals with protection concerns, Lutheran World Federation attended to them with support from UNHCR.

Through 2018 to early 2019, health service provision was stable with all performance indicators in the normal ranges until May – October when there was a sudden massive influx of refugees and asylum seekers from South Sudan. Most of the refugees were women and children under five years of age. As per standard protocol for receiving refugees, all of them were hosted at the Lokung reception center which at the planning of its set-up was meant to have a capacity of 1500 persons hosted in the hostels. The number of new arrivals coming into the country rose quickly leading to a sudden rise in the population at the reception point in Lokung to three times its maximum holding capacity (4500 POCs).

Coupled with sudden influx was a delay to repatriate the refugees from the reception point to the settlement due to delays in availing land by the host community members. Subsequently, the facilities at the reception centre were over-stretched beyond the planned capacity due to the big numbers. With these congestions, WASH services, personal hygiene and nutrition well-being were all greatly compromised and this led to a deterioration of the over-all health status especially for the new arrivals. Those repatriated to the settlement got resettled in Zone 5B where no preparations had been readily put in place for resettlement of large numbers of refugees. There were very few WASH facilities and poor personal hygiene practices and inappropriate waste disposal was evident. As a result of this, there was an upsurge in water related illness at that time. Additionally, there was a nation-wide upsurge in the malaria incidence coupled with a general country-wide unavailability of blood components for safe transfusion for those who developed severe anemia.

With reference to the nutrition screening data, many of the children under five were detected to be having Severe Acute Malnutrition and were enrolled onto the appropriate nutrition programs at the facilities. Those with medical complications were further referred to the ITC unit at Padibe HCIV. At the same time, most children under five that were detected with SAM had common complications such as severe anemia, severe dehydration, and electrolyte and micronutrient deficiencies. At Padibe HCIV, there was no streamlined referral system in place to follow-up with referred cases and IRC had very few seconded staff who could ably support this follow-up. Many children succumbed to the complications as shared above and this greatly elevated the U5MR and CMR to above emergency thresholds for humanitarian settings.

The rapid deterioration in the quality of health services delivery in Palabek was quickly detected by the rising mortality rates as reflected in the HIS reports and this attracted the attention of all key stakeholders in humanitarian response. Many joint support supervision missions were made to Palabek and improvement plans comprising of all recommended actions were. All the health and nutrition partners were put to task to ensure that the action points in the improvement plan were implemented as a way to address the concerns there-in.

Below are some of the actions that were taken to improve the state of health and nutrition services in Palabek;

- Re-organizing of duty schedules to ensure senior officers are available to offer technical support. This involved stationing of a full-time medical officer and two senior clinical officers as well as additional nutrition nurses to boost up the human resource thus ensuring timely interventions and regular review of sick patients at the Padibe HC IV ITC.
- Review of all mortalities that occurred especially at the ITC in Padibe helped identify the gaps and thus informed decision making and capacity building of staff.
- Frequent capacity building to the field teams to address gaps in relation to quality of care. These was done through CMEs, case by case discussions during ward rounds and trainings.
- Strengthening M&E systems through approaches such as frequent data review meetings and quarterly data quality assessments and audits. These helped us identify gaps and improve on the quality of data and reporting
- Multi sectoral approach: Strengthening of coordination with health and nutrition sector and nutrition technical working group at the district level as well as the WASH and livelihood partners enabled us to work collaboratively as a team and have a greater impact.
- Close inventory monitoring of nutrition commodities and other supplies. This helped in timely forecasting thus minimizing stock-outs of nutrition commodities and ensured their availability throughout the year.
- Establishment of the stabilization unit at Paluda HCIII in the settlement. This made it more accessible to handle Severe Acute Malnutrition (SAM) cases and reduce referrals to Padibe HCIV in addition to achieving high number of cured clients. Todate 64 patients have been successfully managed at Paluda HC III with no deaths
- Human resource: with funding support from UNHCR and ECHO, we had additional technical human resource recruited to enhance our program activities. The teams have had tremendous contribution in enhancing quality of health care. Some health workers were seconded to government facilities where refugees seek services such as Ogilli HCIII, Padibe HCIV and Kitgum General Hospital.
- Streamlining referral mechanisms with proper coordination from settlement to the government facilities. This is coupled with improved welfare management for refugees at the referral sites. As such those admitted at the ITC are able to stay there until they are officially discharged without escaping.
- Strengthening of community structures and engagements. This involved addition of two more health assistants and identification of more VHT's to cater for the blocks that lacked access to a health worker. This has boosted surveillance in the communities with early referrals being made for medical attention. Through outreaches and dialogues, a lot of misconceptions in relation to service delivery have been streamlined

- Close collaboration with UNHCR and WFP focal points for health and nutrition. Their technical support has had tremendous positive impact on the quality of health and nutrition services being offered
- Tremendous reduction in GAM rates as indicated in the different surveys is linked to improved linkages to livelihood and reduced or no influx of refugees as seen since lock-down was declared in March, 2020. This can also be associated to the improved active case finding at community level through the VHTs and the lead mothers who were trained on MUAC screening. The correlation could also be linked to extension of services to other health units near to the POCs in response to distance challenges that we had for Zone 5B.
- Improved community engagements through leaders and community structures to address the root causes of malnutrition. These engagements have helped shape community's understanding of the root causes of malnutrition and also appreciate the solutions.
- Formation of the mother care groups: The formation and frequent engagements of the mother care and drama groups for health and nutrition messaging in the community led to improved health seeking behavior and this contributed tremendously to the reduction in the mortalities.
- The use of the mother led MUAC by the mothers who were trained has been instrumental in early identification and referral of malnourished children for early medical and nutrition intervention thus averting mortalities

To date, the strong partnerships and inter-agency collaborations are the back-borne of our strength as health and nutrition partners in Palabek, coupled with the commitment from the donor communities to see improvement in relation to health and nutrition.

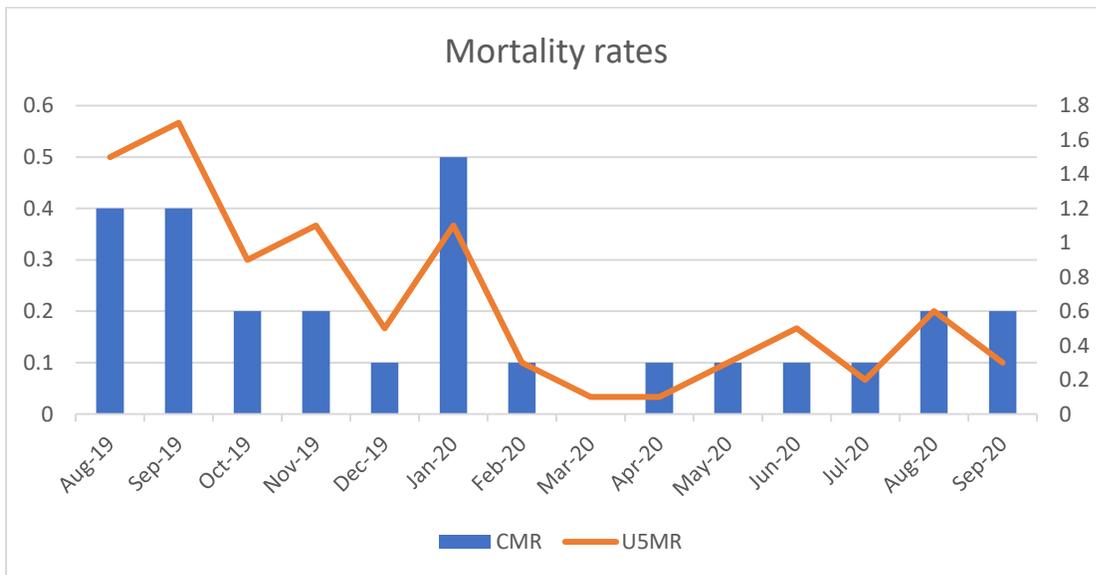


Figure 1: Graph showing mortality rates in Palabek for the past 1 year ; cut-off standard for CMR =0.75 (left) and for U5MR=1.5 (right)

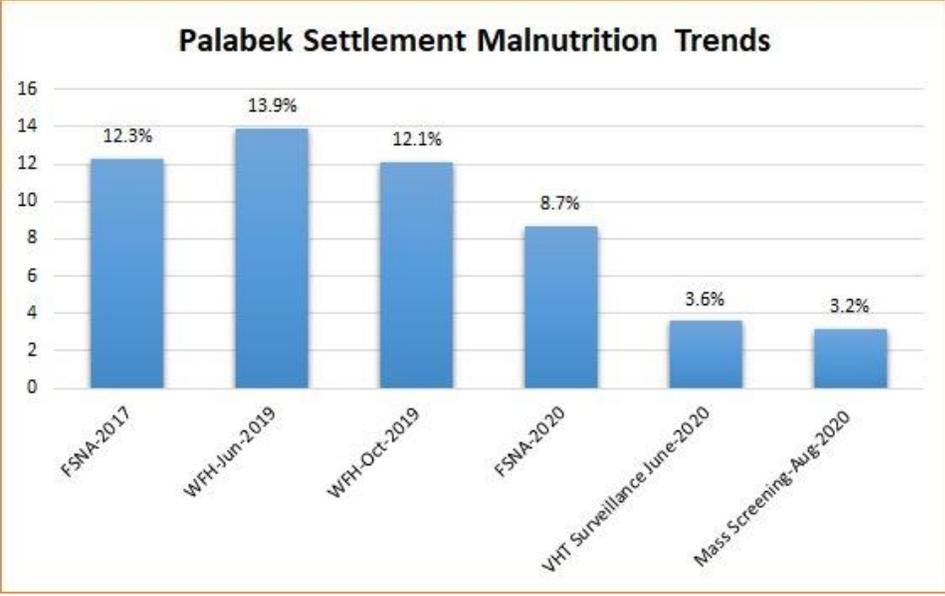


Figure 2: Trends in the GAM rates as from the various nutrition surveys in Palabek refugee settlement, Lamwo

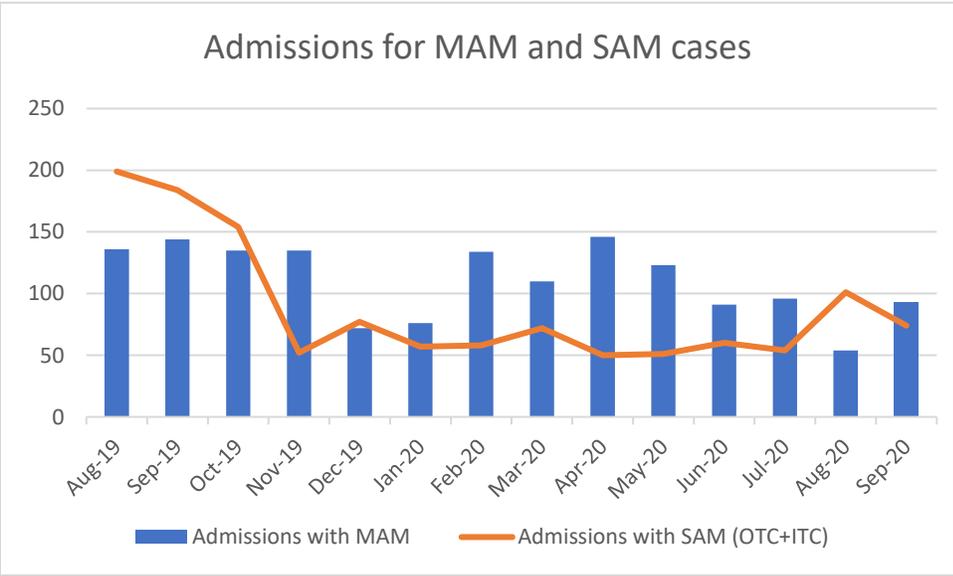


Figure 3: Graph showing admissions for MAM and SAM cases into the SFP and OTC/ITC programs respectively

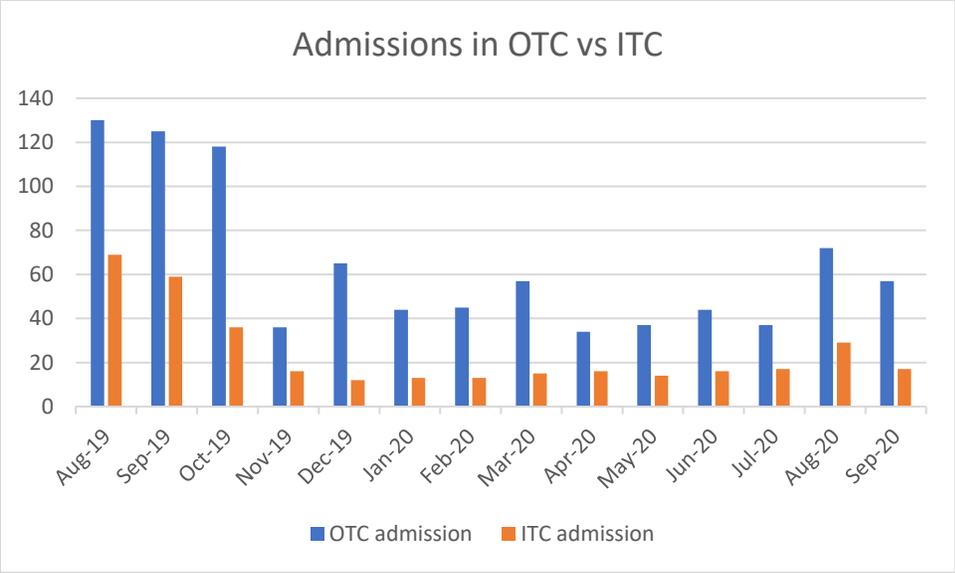


Figure 4: Graph showing SAM admissions into the relevant OTC/ITC programs

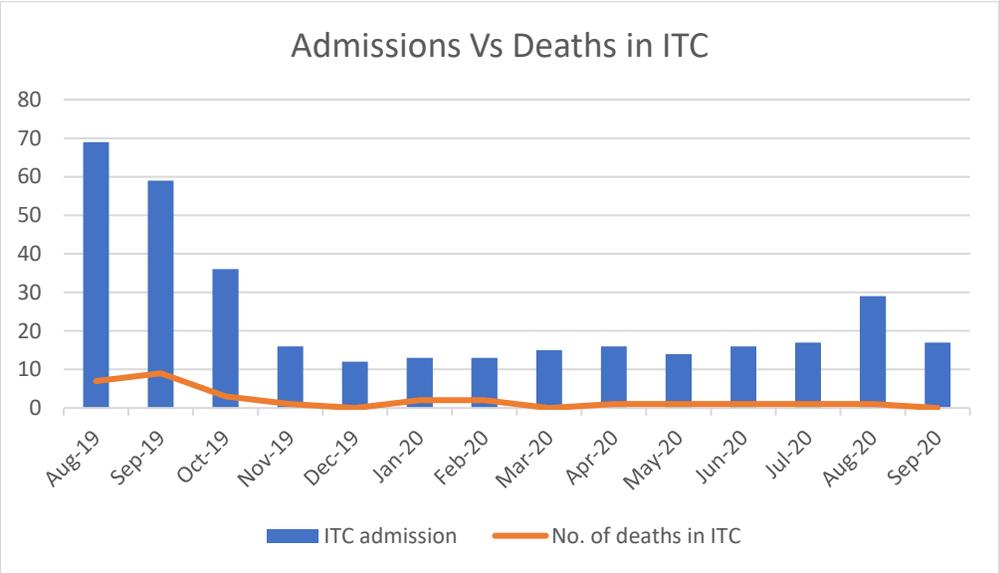


Figure 5: Graph showing the correlation between admissions and deaths from the ITC program



Figure 6: Echo and UNHCR teams paying courtesy to DHO during one of the monitoring visit to Palabek.



Figure 7: Commemoration of World AIDS Day in December, 2019



Figure 8; The old OPD structure at Paluda HCIII



Figure 9: The new maternity building constructed with UNHCR funds



Figure 10: IRC CD Elijah interacting with health worker's at Paluda HCIII in December, 2019



Figure 11: Commissioning of the permanent structures at Paluda HCIII by joint UN-mission



Figure 12: Cooking demonstration at Padibe HCIV nutrition stabilization unit. This is done monthly to teach mothers best ways of food preparation when they go home

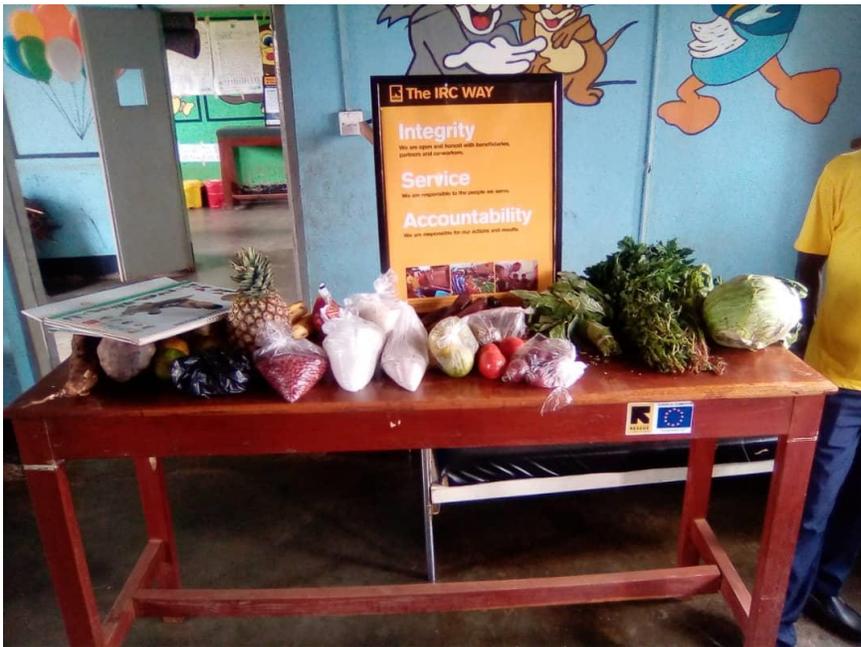


Figure 13: Food items for a cooking demonstration session at Padibe HCIV



Figure 14: Members of the Lamwo District Nutrition Coordination Committee after a meeting in July, 2020



Figure 15: Members of the nutrition mother care-groups creating awareness on nutrition through music, dance and drama



Figure 16: Practical sessions during Capacity building on Mother-led MUAC screening in January, 2020



Figure 17: A team from European Union (ECHO) and WFP having a dialogue session with members of the nutrition mother care-groups at Paluda HCIII in December, 2019. A recommendation was made to train the mothers on nutrition screening using MUAC tapes. This was implemented in January 2020.



Figure 18: CME on revised IMAM guidelines focusing on ITC management of SAM clients with medical complications done by the Medical Officer and Nutrition Officer



Figure 19: Feedback session after on-site supervision by UNHCR and WFP nutrition focal points in December, 2019



Figure 20: A meeting with members of the nutrition mother care-groups in 2019



Figure 21: Cooking demonstration at Paluda HCIII nutrition stabilization unit in April, 2020



Figure 22: Cooking demonstration at Awich HCII in May 2020



Figure 23: Awareness creation during the 2020 World Breastfeeding week. This year's theme was "Safe Breastfeeding for a healthier nation"



Figure 24: Radio talk show during the 2020 World breastfeeding week.