

Rapid Assessments Case Study: Internally Displaced in Riverina



Introduction

RIVERINA is an African country with a population of 20 million people and divided into 4 Administrative Regions (see Map). The main geographic features include a major river (the Mano) which starts in a mountain range in the North and flows to the sea in the South. The Capital Delta City is near the coast and has a rapidly growing population currently estimated at 1.5 million. There are three ethnic groups: the Alphas reside mainly in the East and are small farmers. The Betas live in the West and are also farmers, while the Gammas live in the semi-arid region north of the mountains and are pastoralists. The population of Delta City is approximately 60% Alphas, 30% Betas, and 10% Gammas. The Government is currently dominated by members of the Alpha ethnic group.

During the past 20 years, large numbers of Alphas have settled on the Western side of the Mano river, living on small plots of land granted by the Government. Civil disturbances in the Northern part of Region 3 commenced on January 5th, with some destruction of property and reported loss of lives. On January 8th, the Governor of Region 2 radios from the regional capital Alphaville (200 km north of Delta City) that an estimated 50,000 Alphas have crossed the River Mano in the past 3 days, but most have moved in with relatives in villages. On January 15th, he reports that two large groups of Alphas have settled on land near the river, approximately 6,000 at Saba and 4,000 at Dobo. He adds that new arrivals are averaging about 500/day at Saba and 200/day at Dobo. Local villagers at Saba are protesting that the displaced are camping on their fields and are soiling the river water. (Saba is approximately 100kms North of Alphaville).

On January 16th, the Mayor of Delta City reports that approximately 3,000 Alpha refugees have recently arrived on the outskirts of the city and are living in makeshift shanties with no water or sanitation facilities and are looking for work and in some cases begging.

Objectives:

1. List health problems common among displaced populations.
2. Identify sources of health information on persons living in displaced persons camps.
3. Calculate crude and age-specific mortality rates.
4. Use morbidity, mortality, and nutrition data to identify and prioritize specific health problems in a displaced population and plan interventions.

Context Part I

You have recently returned to Riverina after completing your MPH and have been assigned to the newly-created Rapid Response Unit of the Ministry of Health in Delta City. The Director-General of the MOH calls you into her office on January 17th and informs you that the Council of Ministers wants a rapid health assessment performed in the areas of Region 2 where there is a reported influx of displaced Alphas fleeing the disturbances in Region 3. The OCHA representative has offered assistance by the UN agencies and has provided one Land Cruiser for the assessment.

Question 1

What particular health problems might you expect among the internally displaced persons in the camps of Riverina?

Question 2

What key information will you gather in Delta City prior to your departure?

Question 3

List four objectives of your assessment?

Question 4

You arrive in Alphaville on January 19. At a meeting in the district health commissioner's office, the local representative of Love the Children (LTC) says that the malnutrition rate in Saba is 20%. List four questions that you will ask about the source of this figure.

Context Part 2

You arrive at the Saba Camp on January 21. Saba is located on a flat plain adjacent to the River Mano. Prior to the arrival of the displaced persons, the area consisted of maize fields and a few small groves of trees. There is a gravel road leading into the camp and the area is criss-crossed with truck tire tracks. About two-thirds of the displaced persons appear to have built makeshift shelters of grass and leaves; the remainder are living in tents provided by the Riverina Red Cross. You note that there is a large crowd of women on the bank of the river washing clothes and collecting water in an assortment of containers. A little further upstream you see a number of men and children bathing.

Question 5

In general, what physical aspects of a refugee camp are of immediate concern to those organizing relief? What might be the main problems associated with the site of Saba Camp?

Question 6

How might you go about assessing health problems in Saba camp? Who would you talk to? What type of data would you collect? What sources of data would you use?

Context Part 3

On the morning of January 22, you visit the small clinic where a Riverinan doctor from the district hospital is working. Adjacent to the clinic is a bamboo structure which is a small hospital with 20 beds. The LTC feeding center is situated next to the hospital, and is crowded with mothers and children. The doctor explains that she is keeping a record of deaths occurring in the hospital and the camp administrator also gives her a daily list of deaths occurring outside the hospital.

Table I

On the morning of January 22, you visit the small clinic where a Riverinan doctor from the district hospital is working. Adjacent to the clinic is a bamboo structure which is a small hospital with 20 beds. The LTC feeding center is situated next to the hospital, and is crowded with mothers and children. The doctor explains that she is keeping a record of deaths occurring in the hospital and the camp administrator also gives her a daily list of deaths occurring outside the hospital.

Table 1: Total deaths reported in Saba Camp, January 15-21.

Date	# deaths					
	<u>Hospital</u>		<u>Community</u>		<u>Total</u>	
	<5 yr	>5 yr	<5 yr	>5 yr	<5 yr	>5 yr
Jan 15	1	0	2	0	3	0
Jan 16	1	1	2	1	3	2
Jan 17	3	1	3	1	6	2
Jan 18	1	0	0	0	1	0
Jan 19	2	0	2	1	4	1
Jan 20	1	1	2	0	3	1
Jan 21	1	0	3	1	4	1

In Delta City, you were given a UNICEF report that stated the annual crude death rate in Riverina to have been 19.5 deaths per 1000 during the previous year.

Question 7

Estimate both crude and under-five death rates for the period January 15-21 in Saba camp, based on the information on the population and the rate of new arrivals presented in the Introduction on Page 1. Interpret these data.

Question 8

Is it fair to compare the death rates in Saba with national data? What are the possible causes of variation in numbers of deaths from day to day? How might you suggest the mortality reporting system be improved?

Table 2**Outpatient diagnoses made, Saba Camp, Jan 15-21.**

Diagnosis			Total
	<5 years	>5 years	
Fever & headache	215	124	339
Pneumonia	30	24	54
Diarrhea	310	135	445
Dysentery	93	76	169
Measles	7	1	8
Aches and pains	20	110	130
Malnutrition	35	5	38
Anemia	15	65	80
Injuries	34	47	81
Skin infections	112	103	215
Other	54	62	116

Table 3**Inpatient admissions and deaths, Jan 15-21.**

Diagnosis	Admissions		Deaths	
	<5	>5	<5	>5
	Diarrhea	35	12	6
Dysentery	7	6	1	0
Injury	3	5	0	1
Pneumonia	4	1	1	0
Suspected meningitis	4	1	1	1
Anemia	0	3	0	0
Fever (unknown origin)	3	4	1	0
Other	5	4	0	0

Note that the UNICEF report cited above gives the following region-specific measles immunization coverage rates for children aged 12-23 months during the previous year:

Region 1:	76%	Region 2:	68%
Region 3:	58%	Region 4:	45%

Question 9

How do you interpret these data? (Do not attempt to calculate incidence rates. Rather, give an overall assessment of what you think the major morbidity problems are or potentially could be, given the above data.)

