



Public Health Challenges and Interventions for Disaster Victims in the Elgon Region, Eastern Uganda: A Comprehensive Review

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Abstract

The Elgon region in Eastern Uganda frequently experiences landslides and floods, posing ongoing threats to public health, especially among disaster-affected populations. This review examines the health risks resulting from these recurrent disasters, documents response interventions by various organizations, and highlights significant gaps in the current disaster response framework. The review finds that, although efforts by the Uganda Red Cross, WHO, UNICEF, and other bodies have improved access to basic healthcare and vaccinations, challenges in healthcare infrastructure, mental health support, food security, and early warning systems persist. Strengthening health facilities, integrating long-term mental health services, ensuring food security, and improving early warning and preparedness measures are recommended to enhance resilience against future disasters.

Introduction

The Elgon region's topography and dense population contribute to its vulnerability to disasters, primarily landslides and floods. Climate change and environmental degradation further exacerbate these risks, creating complex public health challenges for displaced communities. Disruptions to healthcare, sanitation, and food supply systems have led to increased risks of infectious diseases, malnutrition, and mental health issues. Given these challenges, this review synthesizes existing literature to assess the effectiveness of public health interventions and identify gaps, providing recommendations for building resilience and reducing health risks in Uganda's Elgon region.

The Problem

Disasters in the Elgon region severely disrupt access to essential services such as healthcare, clean water, and sanitation. Populations in disaster-affected areas face heightened risks of communicable diseases due to overcrowded conditions, inadequate shelter, and limited healthcare services. Additionally, malnutrition rates rise as agricultural production is disrupted, leading to food shortages. Mental health issues, often overlooked, are pervasive among disaster victims, who experience trauma from displacement, loss of property, and uncertainty about the future (Uganda Red Cross Society, 2020, p. 10-12; WHO, 2021, para. 4).

Methodology

This review synthesizes findings from 8 programme and assessment reports focusing on the health impacts of disasters in Uganda with focus to Elgon region. Selection criteria included reports published within the last 5 years, with an emphasis on empirical studies, epidemiological analyses, and case studies.



Review of Literature

a). Interventions So Far

Emergency Shelter and Relief: The Uganda Red Cross Society (URCS), in partnership with local governments, frequently provides emergency shelters, food supplies, and hygiene kits to disaster-stricken areas. These immediate relief services mitigate health risks from poor sanitation and unclean drinking water (URCS, 2020, p. 8).

Vaccination and Disease Surveillance; The World Health Organization (WHO) and Uganda's Ministry of Health (MoH) have led targeted vaccination drives to prevent cholera, typhoid, and malaria, particularly during flood-prone seasons. WHO's disease surveillance program aids in early detection and outbreak management (WHO, 2021, para. 6; MoH, 2021, p. 22).

Nutrition and Food Security Programs; UNICEF has implemented emergency nutrition programs, providing therapeutic food for children and expectant mothers affected by food scarcity. Collaborative feeding programs have also been set up in high-risk areas (UNICEF Uganda, 2021, p. 14-16).

Community Health Education; Community health programs emphasize hygiene practices like handwashing and safe drinking water. Organizations such as CARE Uganda and the URCS have organized workshops to prevent hygiene-related diseases in vulnerable areas (CARE Uganda, 2021, para. 3).

Psycho-Social Support Services; Non-governmental organizations, including Plan International, provide mental health counseling and psycho-social support to disaster victims, focusing on trauma recovery for children and families affected by displacement (Plan International, 2020, p. 33).

b). Gaps in Response

Healthcare Infrastructure Limitations; The lack of permanent health facilities in disaster-prone areas leads to reliance on mobile clinics, which are insufficient to meet the needs of affected populations. Many clinics face shortages in medical supplies and personnel, limiting their effectiveness (GIZ Uganda, 2020, para. 2).

Mental Health Support; Psycho-social support remains short-term and inadequate to address long-lasting mental health issues. Trained mental health professionals are scarce, especially in rural areas, which limits access to sustained care (Save the Children, 2021, p. 19).

Food Insecurity; While organizations like UNICEF and WFP address immediate food needs, long-term food security initiatives are underdeveloped, and there is an over-reliance on emergency food supplies (Action Against Hunger, 2021, p. 18).

Early Warning and Preparedness Systems; Limited early warning systems and disaster preparedness training have left communities vulnerable to recurring disasters. Investments in warning systems and community training are necessary to reduce preventable losses (WHO, 2021, p. 8).



Conclusion

Recurrent disasters in the Elgon region require a multi-layered public health response to reduce health risks and enhance community resilience. Despite some progress in providing basic healthcare and emergency relief, critical gaps remain in mental health, long-term food security, healthcare infrastructure, and preparedness. By addressing these gaps with targeted interventions, the Elgon region can develop a more resilient public health response.

Recommendations

1. **Strengthen Healthcare Infrastructure;** Develop permanent healthcare facilities in high-risk areas to ensure consistent access to care. Increase the capacity of mobile clinics with medical supplies, transportation, and trained staff to respond effectively during disasters (URCS, 2020, p. 10).
2. **Expand Mental Health Services;** Create long-term mental health programs by training community-based counselors and partnering with NGOs specializing in trauma care. This approach will improve accessibility to mental health support for disaster survivors (Plan International, 2020, p. 33).
3. **Implement Sustainable Food Security Programs;** Invest in agricultural resilience and community nutrition programs that emphasize sustainable practices and reduce dependence on emergency food aid. These initiatives should include drought-resistant crops and local food production (WFP Uganda, 2021, p. 24).
4. **Upgrade Early Warning Systems;** Establish a robust early warning system and conduct community disaster preparedness workshops. Training local leaders and using technology to monitor risks will empower communities to act swiftly in response to disaster threats (WHO, 2021, para. 8).

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