



World Health Organization

## Emergency and Humanitarian Action, Uganda



October 2008

Monthly Programme Update

### Highlights

- Hepatitis E outbreak in Northern Uganda on the down ward trend but significant numbers of cases are still being reported from Kitgum district.
- Coordination remains a priority as plans begins to strengthen government capacity to assume full leadership of health, nutrition and HIV/AIDS coordination at districts and national levels
- Health Information Management and Integrated Diseases Surveillance and Response Systems (HMIS/IDSR) strengthened in northern Uganda
- Community health, nutrition and HIV/AIDS services delivery strengthened through training of additional Village Health Teams (VHTS)

## 1. General Situation: Political, Social and Security

- In the north, the general security situation remains stable despite the stalemate in the peace talks.
- The security situation in Karamoja remains delicate with reported incidence of violence clashes and cattle raids across the all districts of the region. Disarmament initiated by the government is ongoing with reports of lethal encounters between government forces and the Karamajong warriors

## 2. Programme Implementation

### a. Activities

#### Emergency Health, Nutrition and HIV/AIDS Response Project (Sida)

##### In Kitgum District, WHO/EHA

- Provided technical, financial and logistical support to the District Health Team (DHT) to conduct technical IDSR/ HMIS support supervision and on-job training to health workers in 27 health facilities. The supervision and on-job training was intended to improve on the sensitivity of the surveillance system

following the confirmation of Polio in Southern Sudan. A total of 5 border immunization posts have been identified. Alongside, sensitization of community leaders was done in all sub-counties on the threat of importation of Polio from Southern Sudan and preventive measures that need to be undertaken.

- Supported the District Health Office to distribute credit line medicines delivered by NMS. The medicines included anti-Malarial (Co-artem) which had ran out of stock in most health facilities.
- Provided the District Biostatistician with 1 Lap top computer to further improve



During support supervision, WHO/HAC staff hold meetings with Health Facility staff

HMIS/IDSR reporting

- Supported the District Health Office with mama kits which were distributed to peripheral health facilities while others were distributed to hard-to-reach areas during provision of outreach services.
- Continued to provide technical, financial and logistical support towards Hepatitis E interventions - in the areas of coordination, surveillance/ case management, WASH and social mobilization. Support to human resource includes recruitment of temporary staff (3 WASH Consultants/ Social Mobilization Specialists, 4 Clinical officers and 5 Comprehensive Nurses)

### In Gulu and Amuru

- Support was provided for the investigation of HEV cases and monitoring of the HEV situation and the status of water and sanitation in the sub-counties adjacent to Kitgum district.
- Amuru district was supported to conduct review meetings at the HSD level. Support was also provided for the supervision of the TB DOTs program
- Support to mental health project continued with a meeting to review the achievements, lessons learned and key recommendations of the ongoing mental health project in the northern Uganda being conducted in Kampala. A plan for the next phase of the project was also developed during the meeting.

### In Pader District, WHO/HAC

- Provided technical support to the District Rapid Response team to investigate rumours of severe diarrhea



The NPO/ DC in Pader district with the in-charge of Pajule HC II on a visit a suspected Hepatitis E case in wududa camp in Pajule.

disease in Alwo camp, Orena Parish, Adilanga S/County. The findings indicated the disease to be Acute Respiratory Infection

- Participated and facilitated the DHT to carry out joint supervision and monitoring of the hepatitis E outbreak control intervention in the Sub counties of Atanga, Acholibur, Kilak, Pader Town Council and Paimol

### In Lango sub region the programme;

- Technically and financially supported Ministry of Health to carry out a capacity building workshop on HIV and AIDs in Lira district
- Supported Lira district in the transportation of essential medicines from Joint Medical Stores in Kampala to Lira and the distribution of the vaccines/gases

to the health facilities for the Child Health Days Plus

### In all districts of Northern Uganda and Karamoja

- The programme continued to provide technical, financial and logistical support to Health Management Information System and Integrated Disease surveillance and Response system (HMIS/IDSR). Support is being provided to facilitate communication between health facilities and the district health teams, and transportation for support supervision and collection of data.
- In addition all District Surveillance Focal Points are being technically supported to analyze and disseminate the information on completeness and timeliness of reporting and diseases trends for each health facility.

### Flood Risk and Vulnerability Reduction Project in Teso and Mount Elgon

- Conducted a refresher training of 105 VHTs from Usuk sub-county of Katakwi district and 99 VHTs from Acowa sub-county of Amuria district
- Provided weekly IDSR booklets to Bukwo, Kapchorwa, Mbale, Bududa, Manafwa, Sironko, Katakwi, Kaberamaido and Amuria districts.
- Provided 158 copies of village health record books to the VHTs and oriented them on how to record information. 59 copies were delivered to Manafa, 71 to Sironko and 28 to Kumi
- Trained 24 newly recruited health workers on Emergency Preparedness and Response (EPR) and Integrated Disease Surveillance and Response in Katakwi district
- Provided a desktop computer with accessories (printer and UPS power back-up) to Bukwo district to strengthen IDSR data analysis and dissemination

### Emergency Health and Nutrition Response in Karamoja (CERF)

With support from CERF, the programme supported the districts of Karamoja region by;

- Developing and circulating a draft concept note on nutrition surveillance strategy
- Training 19 health personnel in Data management roles (including DSFP), basic computer skills & e-HMIS; on Nut software planned
- Printing HMIS and IDSR forms and distributed to all health units
- Procured and delivered 13 Village phonesto all the 5 districts in the region
- Provided all the 10 Health Sub districts with complete set of computers
- Provided airtime to all the Health Sub Districts for IDSR



The NPO HAC handovers HMIS and IDSR forms to the District Health Officer Moroto district

- Trained 76 Health workers as trainers for Village Health Teams
- Sensitized 90 district and sub county authorities on Village Health Team (VHT) concept. To this effect, selection of candidates was also carried out in Lokopo and Iriiri sub counties.
- Financially supported the regional laboratory technician based in Moroto to assess the state of laboratory services in the region. The technician is expected to visit all the laboratories in Karamoja. The outcome could contribute to planning for laboratory support in the region.
- Sensitized 38 district leaders in Moroto district on the VHT

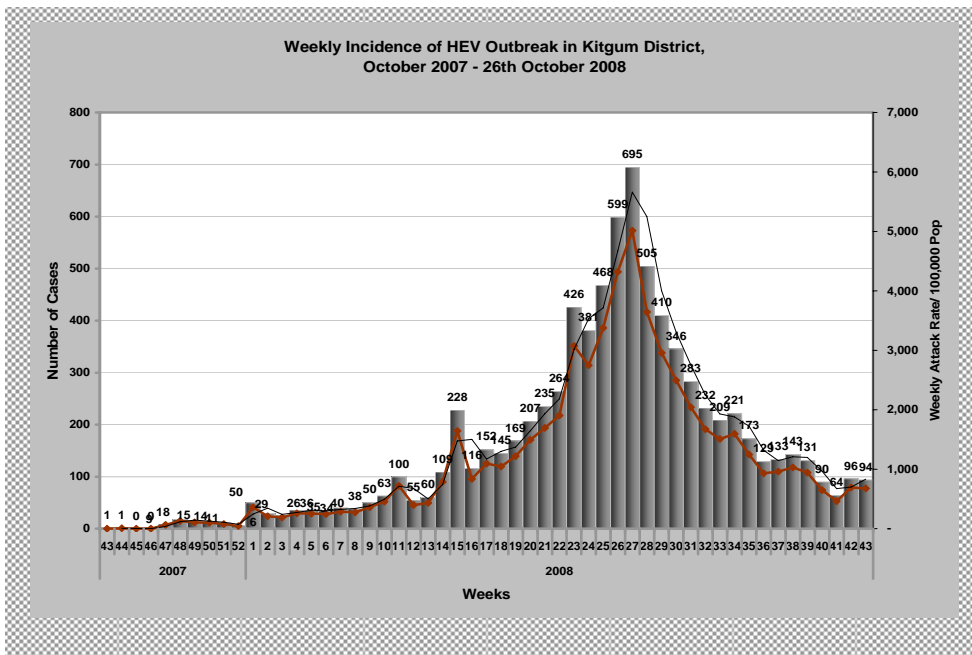
concept

- Ongoing rehabilitation and equipping of 5 health facilities in collaboration with the district local government and Institute for Cooperation and Development

Others

- Participated in a CERF workshop which was conducted in Nairobi
  - Participated in the EHA/AFRO annual review meeting in Zanzibar
- b. Surveillance Data Analysis and Emergency Preparedness and Response**

- In Karamoja sub region, The average completeness of reporting across all the 91 health units remained generally above 90%, this is above the recommended 80% completeness of reporting
- In Lango sub region all the 118 health facilities in Lango sub-region reported during the month hence achieving 100% completeness of reporting
- In Gulu and Amuru the timeliness of reporting remains high at 100% for Amuru and between 95 and 100% for Gulu. The number of Malaria cases have increased significantly in the last weeks of the month and monitoring is going on in collaboration with the district
- In Kitgum district the outbreak of hepatitis E in Kitgum District has now attained the one year mark since the first case was notified on 25 October 2007.
- Cumulative number of cases is 8,807 with 130 deaths giving a CFR OF 1.5%. The reduction in the epidemic trend registered over the past couple of weeks has leveled off [see fig below]. The stagnation in the decline in the epidemic trend could be attributed to, among others: the excessive rainfall in the face of limited access to safe water in the return sites/ villages compounded by low latrine coverage (open defecation is widely



practiced); failure to sustain critical intervention measures like chlorination; meanwhile sanitation situation and community hygiene practices and behaviors have largely remained poor.

- Malaria and dysentery have remained the highest cause of morbidity in the Lango sub-region and Kitgum district

**c. Constraints**

- Low funds absorption capacity of districts

which has slowed down the speed of programme implementation

- Poor supply chain management often resulting in drug stock-outs at the health facility and community levels
- Inadequate staffing levels and absenteeism resulting in irregular operations of health facilities
- Poor access to some areas due to heavy rains and insecurity
- In Kitgum district, the Sudanese communities coming into Uganda - especially those from the North eastern axis of Tseretenya, Ikotos & Torit - are refusing their children to be immunized at borders posts. The Offices of the Resident District Commissioner and Immigration have been engaged to explore ways of

ensuring compliance.

- High operational costs given the needs for escorts in Karamoja.

### **3. Partnership, Collaboration with other sectors, Coordination and Resource Mobilization (MOH, UN & NGOs)**

- 3W matrix completed for all partners implementing health , nutrition and HIV/AIDS activities in Karamoja sub region
- Participated in the food distribution phase out strategy workshop that was organized by World Food Programme (WFP) in Gulu Town. Among the recommendations made was that all partners to support TFC & SFC especially in areas noted to have high GAM levels ( Acholibur & Lira Palwo).
- Worked with cluster partners like UNICEF, MSF, GOAL, AVSI, Concern, COOPI, ASB, MTI, Mercy corps, to support hepatitis E epidemic response activities and Child day plus
- Participated in a 5 day Hygiene Promotion Workshop organized by the Water Sanitation and Hygiene Cluster (WASH). The workshops main objective was ‘to enhance effective delivery of hygiene promotion during emergency and beyond via revision of hygiene promotion tool and approaches’ drew participants from 9 districts in Northern Uganda. Specifically, WHO/HAC was tasked with the responsibility of strengthening the hygiene promotion Participatory Hygiene and Sanitation Transformation tool by introduction of other key components like communication skills and SANWEALTH tools.
- Technically supported and participated in a District HIV/AIDS Quarterly Review meeting in Kitgum district, where the issue of quality assurance was raised – particularly on the standards of counseling and HIV tests conducted by Agencies providing outreach HCT services.
- Participated in support supervision of WASH interventions in the sub counties affected by hepatitis E in Kitgum
- Coordinated the Health, Nutrition and HIV/AIDS cluster meetings in Northern Uganda, Karamoja and Kampala
- Participated in Disaster management committee and security management meetings in all the districts

### **4. Administration and Finance Issues**

- All EHA Uganda vouchers and obligation documents until the end of September 2008 have been forwarded to EHA Imprest and Obligations in AFRO, the documents for October will be forwarded in the first week of November
- Fixed-term contracts for 8 EHA staff still pending; these staff are currently recruited on SSA contract which strains programme resources

### **5. Support needed from EHA / AFRO**

- Technical support needed from IST Harare to finalize plan for pilot testing of nutrition surveillance in Karamoja
- Follow-up all pending EHA Uganda contracts

### **6. Plans for next month**

#### **In Karamoja**

- Continue to support IDSR/HMIS reporting in all districts
- Support the District Health Teams to complete sensitization of sub county authorities in all 5 districts of the region on the VHT concept
- Support all districts to complete on-job orientation of the health workers on the VHT concept in and train

VHTs

- Work with Bokora HSD to ensure outreaches to the returnees
- Procure additional incentives and supplies for the Village Health Teams and support nutritional surveillance activities

#### In Acholi sub-region

- Support the distribution of Community coartem to all health facilities in Acholi sub region
- Support in the Malaria Focal Person to identify a few health facilities that can be used to monitor malaria incidences using RDT in an effort to document the effect of IRS exercise in the areas
- Support and participate in activities that will lead to mass drug administration in areas of Awere & Atanga S/County in order to control river blindness
- Continue to provide technical support to in the prevention and preparedness for the Hepatitis E / cholera outbreak and in developing Contingency Plans as necessary – the threat of floods has reduced.

#### In Lango sub-region

- Support districts to monitor malaria situation especially Oyam and Apac to show the impact of Indoor Residual Spraying (IRS) using the inpatient malaria slide positively data to depict the trends.
- Support MoH in training district IRS Monitoring Teams and Health Workers on Integrated Management of Childhood Illnesses for Pediatric HIV when ready.
- Continue to support the districts to detect and respond to disease outbreaks.
- Support Dokolo district to respond to Human African Trypanosomiasis (HAT)
- Facilitate the DHT to conduct support supervision to lower level health facilities
- Support the ongoing Child Days-Plus exercise

#### Acknowledgements

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Sida



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