



The Present Context

While health indicators in Uganda are steadily improving – the country is ranked 144 out of 177 on the UNDP Human Development Index scale – the humanitarian situation remains dire in the northern conflict-affected Acholi sub region. After two decades of war, social structures, community resilience and coping mechanisms have broken down. The situation is characterized by armed violence, large-scale displacement and limited assistance: difficult food relief, little health care, and no water or sanitation. The result is extreme food insecurity and spiralling mortality in camps hosting internally displaced. As of mid 2005, there was an estimated 1.8 million IDPs and 220,000 refugees, 187,000 of them from Sudan.

UNICEF estimates that 80% of the IDPs are women and children. The "war of children against children", as it has been called, continues: the Lord's Resistance Army (LRA) have abducted 25,000 children since the beginning of the conflict, and another 40,000 commute between the countryside and towns at night to escape rape, abduction, or death. Attacks on humanitarian workers and renewed ambushes on civilians further hinder relief operations to a population heavily reliant on assistance.

Included in: CAP 2006

Crisis involving: The North of the Country

Millennium Development Goals in Uganda

| Eradicate extreme poverty & hunger | Achieve universal primary education | Promote gender equality | Reduce child mortality | Improve maternal health | Combat HIV/AIDS, malaria etc. | Ensure environmental sustainability | Global partnership for development |
|------------------------------------|-------------------------------------|-------------------------|------------------------|-------------------------|-------------------------------|-------------------------------------|------------------------------------|
| Far behind | ... | On track/ Far behind | Lagging | ... | ... | Far behind | ... |

Note: Information is based on one to two specific targets for each major goal. The selection of goals and targets in the table is based principally on data availability.

Source: UNDP, Human Development Report. 2002.

Main Public Health Issues and Concerns

Health Status

- A 2005 health and mortality surveyⁱ conducted in Gulu, Kitgum and Pader districts revealed crude and under-five mortality rates well above emergency thresholds (1 and 2/10,000/day) at 1.54 and 3.18/10,000/day respectively due to primarily to malaria, fever, HIV and violence. Another survey carried out in Karamoja sub-region revealed a crude mortality rate of 3.9/10,000/day.
- In the conflict-affected districts, all these threats are magnified in relation to national averages:
 - Immunization rates for vaccine preventable diseases, especially measles, are very low;
 - The leading cause of morbidity in both the displaced and local populations is malaria;
 - Maternal mortality is estimated at 600 to 700/100,000 live births per year and is associated with low ante-natal care attendance, low institutional delivery rate and poor emergency obstetric referral;
 - In Kitgum, Global Acute Malnutrition (GAM) rates for children under five range between 7 and 18%;
 - 69% of under-fives in Pader and 46% in Kitgum have malaria, 59% in Pader and 31% in Kitgum suffered from diarrhoea and 58% in Pader and 40% in Kitgum from pneumonia;
 - Lack of potable water carries increased risk for diarrhoeas, dysentery, cholera hepatitis and typhoid;
 - HIV sentinel surveillance site in Gulu indicate up to 11.3% prevalence rate among pregnant women;
 - Most diseases are preventable through well-proven life saving interventions targeting children under-five and women of childbearing age that can be delivered by health units and within communities.

Disclaimer

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- Uganda's under-five mortality rate is estimated at 140 per 1,000 live births (it was 263 in 2001). Malnutrition is an underlying factor in more than half of all under five deaths annually. Morbidity and mortality rates from other common childhood illnesses are equally high, malaria, diarrhoea, measles and pneumonia being among the top of the list.
- Nationwide, HIV/AIDS, with an average prevalence of infection of 5.4% is the leading cause of death in adults followed by TB and malaria. The country is on the list of countries for treatment scale-up of the WHO 3 by 5 Initiative.
- A recent WHO report revealed that about nine million Ugandans are at risk of contracting sleeping sickness, which affects 14 out of the 56 districts. Only 20% of the population in affected areas have access to detection and treatment to this fatal disease.

Health System

- Nationwide, the health infrastructure is poor, especially in rural areas where the majority of the population lives; 51% of households don't have access to health care. The Government has a Health Sector Strategic Plan (HSSP) that should provide for the needs of village dwellers, but its full implementation is conditioned by the need to build up human resources, currently insufficient.
- Basic health services are still lacking in the overcrowded camps of the conflict-affected areas. Less than 30% of the population in the Acholi sub region live within 5km of a functional health facility, and the proportion of those filled by appropriate health staff is very low (Pader 45%, Kitgum 47% and Gulu 60%).
- Health care delivery depends upon humanitarian assistance for drugs and other supplies. Access to these districts is difficult and local health workers have inadequate skills. Most staff remain at district headquarters, leaving the rural health units under the management of under qualified staff. The few staff posted to the rural health units commute from the district headquarters or work for less than three days a week. Breakdowns in activities are frequent with the closure of many peripheral health units and the migration of health workers to safer areas.
- Poverty, delay in seeking treatment, lack of equipment in health units, shortage of essential drugs, poor communication and insecurity further exacerbate the situation.
- Psychosocial support to address trauma is inadequate – especially for abducted children who have been rescued.
- The Ministry of Health (MoH) staffing levels are insufficient, and the necessary finances to enable them to conduct mobile clinics to access the affected populations are not available.
- Despite the protracted crisis, health planning has failed to shift to an emergency mode that would address the most urgent needs.
- Similarly, the response of some of the partners – NGOs and donors who continue to support the MoH – has been based on a short-term model, and it now needs to be adapted to the chronic nature of the situation.

Main Sector Priorities

The health sectors objectives outlined in the CAP 2006 include:

- Strengthening capacities for the delivery of a comprehensive health care package (immunization, child health, sexual and reproductive health, nutrition, family planning and prevention and treatment of HIV, malaria and tuberculosis,) at all levels in the conflict-affected districts;
- Enhancing health and nutrition data collection and analysis for monitoring and effective response;
- Strengthening the health system through capacity building, support for the retention of qualified staff, and improved availability of drugs and equipments in health facilities;
- Supporting coordination mechanisms at district and camp level including mapping of activities, analysis of gaps, joint planning and monitoring of intervention and impact assessment;
- Strengthening epidemic preparedness and response in all conflict-affected districts, with special attention to cholera;
- Supporting ongoing camp decongestion process in accordance with the National IDP Policy.

ⁱ MoH/WHO/UNICEF/WFP/UNFPA/IRC Health and Mortality Survey, July 2005.
<http://www.who.int/hac/crises/uga/sitreps/Ugandamortsurvey.pdf>

More information can be obtained from the [CE-DAT](#), a database on the human impact of complex emergencies part of the SMART initiative launched in June 2002 by a consortium of UN agencies, NGOs and academic institutions.