

Progress Report on WHO/HAC Activities in Uganda

1. Background

Eighteen years of conflict in northern Uganda has resulted in the displacement of over 90% of the population in Gulu, Kitgum and Pader districts into internal displaced peoples (IDP) camps. Congestion, overcrowding, inadequate healthcare services, poor water and sanitation facilities, violence and insecurity in the camps predispose the IDP population to high morbidity and mortality rates. WHO has been supporting the MOH, DDHS and other local and international partners to mitigate the health impact of the conflict in northern Uganda for an extended period. In order to provide better support to the population in need and strengthen emergency preparedness and response capacity in the country in general and northern Uganda in particular, WHO established the health action in crisis (HAC) office in Kampala and opened a sub-office based in Gulu in late 2004. Due to lack of human resources, the activities of the sub-office were constrained for most of 2005. However, activities scaled up in late 2005 following the arrival of two international focal points for HAC (based in Kampala and Gulu).

This short progress report documents the progress made to date by WHO/HAC team in responding to the high mortality and morbidity among IDPs in northern Uganda. It covers the period from December to March 2005.

2. Milestones: What has been achieved so far?

2.1 Joint Interagency Response to the Northern Uganda

- A mortality survey¹ carried out in the Acholi sub-region in July 2005 showed crude mortality rate (CMR) of 1.54 and under five mortality rate of 3.18/10,000/day. The figures in Kitgum and Pader are double the emergency threshold for both CMR and U5 MR. The outcome of this survey raised a lot of concern about the humanitarian situation in northern Uganda within

Figure I: Collaborative effort: WHO, UNICEF and DHT in a planning meeting for the joint interagency project



and outside the country. With this concern also came significant expectations that WHO take the lead in terms of health care co-ordination and delivery to the IDPs in the north. In December 2005, WHO in collaboration

- with UNICEF and UNFPA developed a joint proposal to address the key causes of high mortality and morbidity in the north and submitted this to DFID, which approved it in January 2006. The

- The objectives of this proposal are in line with the objectives of the Health Sector Strategic

¹ Health and mortality survey among IDPs in Gulu, Kitgum and Pader district in Northern Uganda. MoH/WHO/UNICEF/WFP/UNFPA/IRC, July 2005.

Plan, the HIV/AIDS National Strategic Framework (including the Action Plan for the National Committee on AIDS in Emergency Settings), the CAP and UNDAF.

- The proposal has a duration of 6 months seeks to support the internally displaced persons (IDPs) in the 5 conflict-affected districts of Gulu, Kitgum, Pader, Lira and Apac in northern Uganda through implementation of evidence-based targeted interventions including: malaria, child health (including immunisation), reproductive health (including family planning, post abortion care, safe motherhood, adolescent reproductive health, EmOC, and SGBV), HIV/AIDS/STIs/TB, epidemic preparedness and response. The proposal also aims at strengthening the response capacity of the district health system and health co-ordination in the 5 districts.

Following the approval of 11.8 million USD and start of implementation, WHO has made the following achievements:

- i. About 3.6 million USD, the portion under WHO's management in the joint proposal was received in February.
- ii. The human resources needed to implement the project have been identified and now WHO has -6 NPOs(3 of whom are directly placed in the DDHS office of each of the 3 districts and providing direct support to the DDHS),
 - 6 drivers
 - 1 Information Assistant
 - 1 Admin/Logistician in place in the 3 districtsPlans are far advanced to recruit 3 additional logisticians, 3 surveillance/monitoring officers and 1 epidemiologist.
- iii. Implementation of the joint project has commenced in earnest with training of health workers on TB/HIV, collaborative activities in Kitgum, Pader and Lira districts, meningitis epidemic preparedness and response activities in Kitgum and Gulu districts and a national meeting of stakeholders to review the national reproductive health policies.
- iv. A joint meeting (MOH, WHO, UNICEF and UNFPA) to present the joint project to the districts took place on the 21st February in Gulu. This meeting discussed the joint proposal document and identified priority areas and actions to be addressed by the different actors in the coming weeks
- v. Joint MOH/DHT/UN Agencies meetings to discussed improved response to the high morbidity and mortality due to malaria in the north. Other issues discussed also included IRS application in the camps and incentive pay to attract and retain staff in the North
- vi. Frequent visits by programme officers in the WCO including the WR

2.2 Tuberculosis Prevention and Control

In December 2005, the Norwegian government provided about 283,000 USD to support WHO activities among the IDPs in northern Uganda. Given the fact that tuberculosis (and HIV) is a major health problem in the north, this fund was earmarked to support TB control and co-ordination activities of WHO in the north. Part of this fund was used to provide emergency TB drug supply to address the TB drug shortage experienced in the northern districts in late January and February. A supply for 50 persons was immediately procured locally from the joint medical stores (JMS) and rapidly deployed to Gulu district where the drug shortage was most acute. A larger stock valued at 60,000 USD was procured from Geneva and is expected in the country presently.

2.3 Sexual and Gender Based Violence (SGBV)

Also in December 2005, the Finnish government provided approximately 414,000 USD to support implementation of activities aimed at addressing SGBV, which is a significant problem in the IDP camps of the north. The proposal and work plan for this project has been completed and activities commenced with a meeting to review national reproductive health and SGBV policies.

2.4 Additional Support for Joint Interagency Proposal

The Swedish government through its embassy in Kampala, who were supportive of the approach adopted by the joint interagency proposal and plans for the north has also agreed to provide about 1.3 million USD to WHO as part of the CAP 2006 for northern Uganda. This fund will be used to extend the joint interagency proposal till the end of 2006 and expand the scope of the project to include mental health and right of IDPs to health. A proposal to this effect has been submitted to the Swedish embassy in Kampala.

2.5 Health Services Availability Mapping

As part of the efforts to identify and fill health gaps among the IDPs in the north and improve co-ordination, plans to conduct health services availability mapping in Gulu, Kitgum and Pader districts have reached an advanced stage. A protocol, camp and health facility questionnaires and terms of reference for the survey has been completed and a consortium of experts from the MOH, Ugandan Bureau of Statistic (UBoS) and WHO have started to implement activities. The main objective of the exercise is to assess the availability, distribution and functionality of essential public and private health services in the districts of Gulu, Kitgum and Pader. This exercise will be concluded by the end of April 2006.

2.6 Epidemic Preparedness and Response and Disease Surveillance

2.6.1 Suspected Meningitis Outbreak Response

Suspected Meningitis Epidemic Outbreak in Kitgum

- In January 2006, we responded to a suspected outbreak of meningitis in Kitgum district by sending a team to conduct an outbreak investigation. Outcome of the investigations showed that there were only sporadic cases of meningitis, which had not reached the epidemic threshold in the area. As risk factors for the evolution of an epidemic were present WHO Kitgum through its NPO provide technical and financial support to the district to strengthen both community and health facility based surveillance for meningitis, train health workers on appropriate case management of meningitis, distribute case definitions and meningitis treatment guidelines and support community mobilization activities. In addition, drugs and other medical and laboratory supplies were stock piled in the Gulu sub-office to respond to escalation of the situation.

Suspected Meningitis Epidemic Outbreak in Gulu and Karamoja region

- Gulu district also started reporting cases of cerebrospinal meningitis in late January 2006. The WHO Gulu sub-office immediately supported the DDHS to set up a meningitis technical working committee comprising WHO, UNICEF, the DHT and some NGOs to manage the suspected outbreak. Initial investigations done showed that the cases were sporadic and had not reached epidemic proportions however, as risk factors were present, WHO provided support to strengthen the district surveillance system, conduct active case searches and community follow-up of cases, train health workers on case definition, diagnosis and

Figure II: DHO and WHO Staffs conducting health education on cholera in an IDP camp



management, provide treatment and other medical and laboratory consumables to Lacor and Gulu hospitals in Gulu town, distribute case definitions and treatment guidelines and strengthen the laboratory. By late February/early March the number of cases started increasing and Unyama camp which is situated to the northeast of Gulu town had crossed the epidemic threshold of two confirmed cases in one week in a camp and a decision to vaccinate was taken. Laboratory results of the confirmed cases showed that serotype W135 was present in the area. Preparations for the mass vaccination campaign are presently ongoing.

- In addition to these outbreaks, support was also provided by HAC to address 2 extensive outbreaks of meningitis in Nakapiripirit and Moroto in the karamoja region. Assessment missions were supported, over 150,000 people were vaccinated and oily chloramphenicol provided for case management

2.6.2 Suspected Outbreak of Severe Acute Diarrhoea in West Nile region and Hoima district

WHO also responded to a report of an outbreak of severe acute diarrhea in the west Nile region of the country. There is an ongoing outbreak of cholera in Yei, a south Sudanese town which has road links and heavy human traffic with northern Uganda.

- In Koboko, a district which borders south Sudan reported about 37 cases (most of whom are south Sudanese) of severe acute diarrhea disease had occurred in the district between 3rd February and 3rd March 2006. The cases are scattered across the district as the refugees fleeing the outbreak in the Sudan settled wherever their relatives were. The MOH and UNHCR responded by providing some IVF fluids and drugs to support case management. In Adjumani 4 suspected cases with symptoms suggestive of severe acute diarrhea disease were also reported in February but no new cases have been reported since the last week of February.

WHO Kampala and Gulu are closely following up the situation. One of the NPOs is on standby ready to be deployed to Koboko or Adjumani in case the situation escalates. The ongoing active surveillance and community mobilisation for meningitis in Gulu and Kitgum districts were expanded to include severe acute diarrhea since the area is approaching the onset of the rains when outbreaks are common. Plans to procure and pre-position essential drugs and supplies in Gulu in preparedness for any major outbreak have reached advanced stages and cholera treatment guidelines will be distributed to the health facilities shortly.

- WHO also provided technical and material support to Hoima district to combat an outbreak of cholera. A long term plan is also being planned for a water quality surveillance and treatment system for the district in collaboration with the district authorities

Figure III: WHO staff conducting a health assessment in an IDP camp



2.7 Disease Surveillance and Health Management Information System (HMIS)

In January 2005, WHO Gulu conducted a review of the new HMIS and disease surveillance system in Gulu district and conducted a series of visits to heads of health sub-districts to learn more about the constraints in regards to timely reporting, analysis, dissemination and utilization of surveillance data. Outcome of the

reviewed triggered an HMIS training for new records officers in the health sub-districts. In addition WHO supported the dissemination of the key elements of the HMIS and donated three computers to Gulu, Kitgum and Pader DDHS to support disease surveillance activities in the area. Telephone lines with internet connection will also be provided to the DDHS in the near future to facilitate timely surveillance data collection and communication with the sub-districts and health facilities in the area. In addition WHO supported the training of the district data manager to upgrade his computer skills and enable him to take over the role of entering and analyzing weekly notifiable disease data in 2006.

Furthermore as part of the meningitis outbreak response, support was also provided to strengthen active disease surveillance and weekly notifiable disease surveillance system

2.8 HRM and Logistics

There has been a tremendous expansion of WHO/HAC human resources since late last year. Two HAC focal points for Kampala WCO and Gulu sub-office in northern Uganda were installed in late November. With their arrival HAC activities in Kampala and northern Uganda has scaled up. Four new NPOs have been recruited for Pader, Kitgum and Gulu districts bringing the number of NPOs present in each of the districts to two. The NPO HAC will focus on co-ordination and reproductive health while the NPO disease control will be based in the district health office and work closely with the DDHS to support the implementation of the joint interagency proposal. Although office accommodation for WHO in Kitgum and Pader will not be ready until April, the NPOs of this district are already in place and working with the respective DDHS

2.9 HAC Newsletter

A monthly WHO/HAC newsletter which, provides updates about the health situation, trends and new developments in northern Uganda is being regularly produced by the WHO Gulu sub-office. This newsletter which is widely distributed is also a forum for disseminating information about WHO activities in northern Uganda to the partners and donors. The last edition (January/February) is focused on disease surveillance in northern Uganda.

3. Looking Backwards: Conclusions and Major Lessons Learnt

Despite the many constraints, WHO has made tremendous progress in establishing its presence and visibility in northern Uganda in the last three months. The organization is now present and providing

Figure IV: Exemplary leadership: The WR on a field trip to an IDP camp with the Gulu office staff



technical and financial support in the delivery of health care services to the IDPs in Gulu, Kitgum and Pader districts. The closer proximity to the DHTs in these districts has also enhanced the co-ordination roles of the organization as can be seen from the foregoing. Despite these achievements, there are still many challenges especially in Teso and Karamoja sub regions, areas where the organization is yet to establish its presence. Insecurity and lack of human and logistic resources remain key challenges to the operations of the organization in northern Uganda.

4. Looking Forwards: Visions and Plans for the Future

1. Establish WHO presence in Lira and Apac districts and Karamoja region. As a follow up from the IDD mission, it has been decided to provide oversight to Lira district from Gulu and Pader in view of the possibility of return by some IDPs
2. Take the lead role in the health aspect of the government plan to resettle the IDPs in Teso and Lango sub-regions. One of the NPOs in Pader has been sent to participate in the assessment of the health facilities and environment in the return areas
3. Work closely with the MOH to develop a comprehensive national epidemic preparedness and response plan
4. Improve WHO visibility in Uganda through wide circulation of updates, activity reports and the HAC newsletter among donors and partners and full participation of WHO in all donor and stakeholders meetings at the national level
5. Recruitment of additional staff for the programme namely a communicable diseases epidemiologist for the Gulu sub-office and one disease surveillance/monitoring and evaluation officer each to support the DHTs in Gulu, Kitgum and Pader districts.
6. Conduct meningitis mass vaccination campaigns in Unyama camp and Gulu municipality of Gulu districts to control the epidemic outbreak of meningitis in the district.
7. Continue cholera epidemic preparedness activities in northern Uganda
8. Continue with the implementation of the DFID, Norwegian and Finnish proposal
9. Conclude mapping of health services provision in northern Uganda.