

WHO- Health Action in Crisis (HAC) programme carried out the following activities during the last two weeks of June 2007:

### Health systems strengthening

#### Village Health Teams

##### Pader:

- In order to aid the home based management of fever, 1 440 blisters of yellow & 1040 blister of blue Co-Artem were delivered to Patongo, Adilang, Lira Kato and Lira Palwo;
- 128 pairs of gumboots for VHT members involved in community health programs in Lira Palwo
- In **Gulu** upscale of training of VHTs is due to begin on 02 July 07, to cover return areas as a priority and underserved areas previously identified.

#### CBDS Roll out in Kitgum

Roll out of Community Based Disease Surveillance is ongoing in Kitgum district. Two trainings were conducted in Olebi (108 trainees) and Pangira (32 trainees) new settlement sites in Lokung sub-county from 25 – 29 June 2007, bringing the number of sub-counties where CBDS Focal Persons have been trained to 9 [out of 18]. This brings the total number trained to 664. See details below:

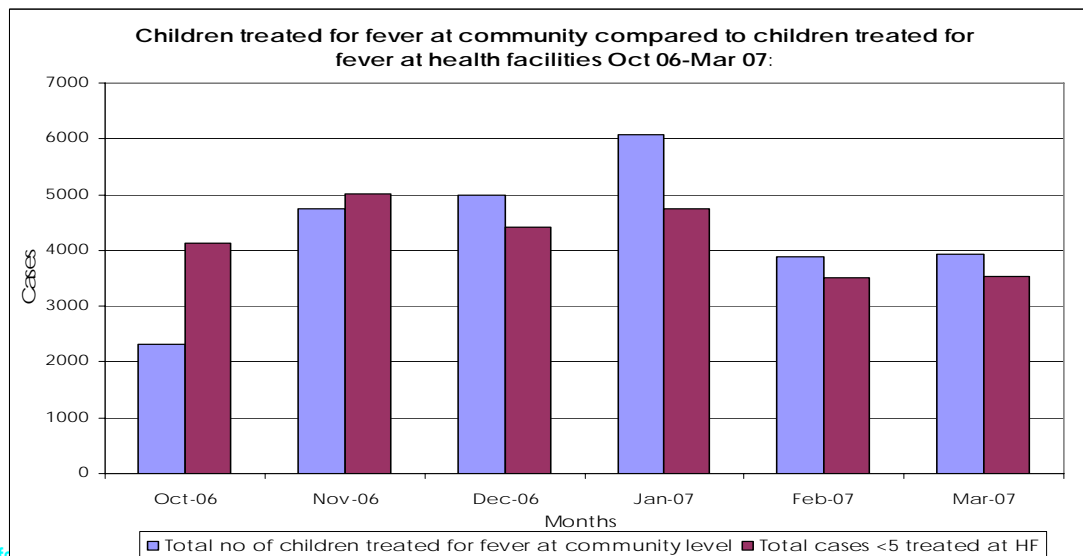
Sub-county	Camp	Total Population	No. House holds	No. of Villages	No. of CBDS Trained
Akwang	Akwang	17,619	4,017	21	42
Omiya-Anyima	Omiya-Anyima	17,610	3,764	54	108
Paloga	Paloga	6,944	1,722	27	54
Madi-Opei	Madi Opei	11,135	2,691	25	50
Palabek Kal	Palabek Kal	21,575	10,399	31	62
Palabek Gem	Palabek Gem	11,731	5,654	29	58
Padibe West	Madi-Kiloch	17,630	4,042	18	36
	Padibe West			30	60
Padibe East	Padibe East	17,376	4,164	43	86
Lokung	Olebi	19,983	5,458	38	76
	Pangira	7,422		16	32
<b>Total</b>					<b>664</b>

Recommendations for the improvement of CBDS include holding of regular review meetings and provision of non monetary incentives to volunteers.

In **Pader**: CBDS training for selected VHT members have so far been completed in 16 of the 19 sub-counties in the district.

### Assessments and gap filling

- An assessment of VHT performance was carried out in Gulu district ; the following are highlights of the findings;
  - Of 333 VHTs trained, 210 were carrying out home based management of fever using Co-Artem and reporting
  - Between October 06 and March 07, a total of 25, 940 children were treated for fever using community Co-Artem. Of this number, 56% were treated within 24 hours, 80% of the children treated recovered, 3.4 % were referred, 25 children died.
  - The number of children treated for fever at health facilities is reducing gradually, as the number of children treated at community increases. See *the graph below*.



- In Lira, renovation of staff quarters at Amugo health centre (HC) II is ongoing; see progress made in pictures below.



Amugo HC II staff quarter before renovation (front view) in March 2007 and after renovation (rear view) June 2007



WHO team & district health educators field testing cholera IECs in Pokot, Amudat, Nakapiripirit district

- In liaison with District Health Educators from Karamoja, translation of IEC materials for cholera prevention and control into Ngakarimajong and Pokot languages was carried out in Moroto and field tested in Nakapiripirit district. Subsequently they were successfully field tested in manyattas in Amudat and Tokora Sub-counties of Nakapiripirit District.
- WHO, through MoH is providing support to training and installation of electronic HMIS in Karamoja, Lango and Acholi sub-regions to aid in the improvement of surveillance.
- A quarterly surveillance meeting with Amuru district was held to discuss challenges, progress made and plans for interventions.
- A WHO/MoH supported Service Availability Mapping is being carried out in the 5 Lango districts from 25 June to

4 July 07.

- In Pader, 20 health workers were trained by MoH with support of WHO in clinical management of rape victims.

### Disease Surveillance and Epidemic Preparedness & response:

#### 1. Diarrhoeal diseases:

##### Cholera:

- **Kitgum:** No case of cholera has been reported during the week ending 24 June 2007. After over 3 months from the last major epidemic, EPR committee meetings have been tapered to once a month [subject to revision upon the prevailing conditions]. Social mobilization and public health promotion/ education activities are ongoing as well as heightened surveillance.
- **Gulu/Amuru:** The two suspected cases of cholera that were admitted on the 20 June 2007 were discharged on 24 June having improved greatly. Laboratory investigation results from the Central Public Health Laboratories for the suspected case that was admitted in Atiak HC IV on the 20<sup>th</sup> June 2007 were negative for cholera causing organisms. However, the signs and symptoms were typical of cholera. Since the specimen was taken after treatment with antibiotics, and took three days before reaching the laboratory, it was likely to miss the organisms.

**Dysentery** has continued to persist in the community due to poor sanitation and hygiene practices in camps.

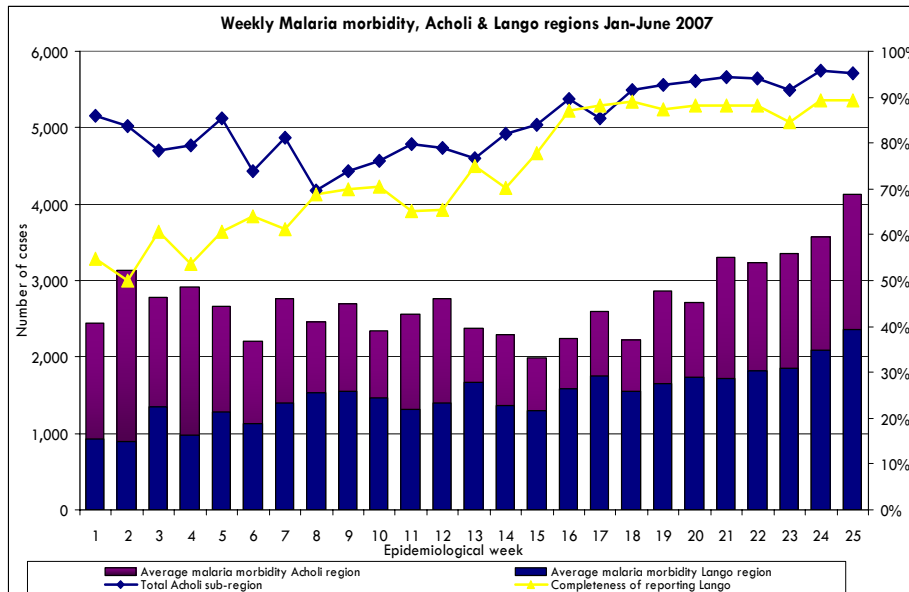
- A total of 228 suspected cases of bacillary dysentery were reported during week 25 and 210 in week 25 in both Gulu and Amuru. There was a 55% increase in incidence during week 24-the incidence ranges from 100-250 cases per week and may be stable in the population over a long period of time. It is expected to drop once a study on dysentery is completed and an appropriate intervention put in place.
- Dysentery continues to be reported in large numbers in Kitgum, with 109 cases registered in epi-week 25; up from 92 cases the previous week.
- In Pader: 132 cases were reported during week 25, compared to 136 cases the previous week; dysentery remains one of the most important causes of morbidity.

**2. Schistosomiasis:** In Kitgum during the last two weeks, a total of 38 cases of schistosomiasis have been reported while in Amuru, 19 cases were reported during the same time period.

**3. Malaria:**

**Gulu/Amuru:** There was an increase in incidence of 36% and 2.2% in Amuru and Gulu respectively. The increased incidence could be as a result of increased rainfall in the region.

**Kitgum:** The increasing trend of malaria morbidity in Kitgum district is unrelenting. The district recorded an 11% increase in malaria caseload in week 25 when 3,383 cases were registered compared to 3,037 cases the previous week. This is particularly worrying in light of the IRS activity conducted in Kitgum district in April/ May 2007. This situation will be examined critically.



**Pader:** Malaria remains the most important cause of morbidity and mortality in the district. This week 5195 cases were reported while 4450 cases were reported during the previous week (24).

The graph above compares the weekly malaria morbidity of Lango and Acholi sub-region districts as well as their completeness of reporting; the trend of malaria morbidity is generally increasing, with the Acholi region reporting higher incidence.

**Lango sub-region:**

The reported malaria cases in Lango region increased by 13% over the last 2 weeks. In Lira district alone, malaria increased by 41% and Amolatar by 44%. The increase is possibly due to increased rainfall (i.e. mosquitoes) and improvement in level of reporting. Completeness of reporting improved by about 5% for the region over the last 2 weeks. The current malaria control measures (especially ITNs and Home Based Management of Fever) need to be intensified to respond to the observed increase in incidence/morbidity.

**5. Other diseases:** No cases of Neo natal tetanus or Guinea worm have been reported this week. One case of clinically suspected meningitis was reported by Dokolo HC IV but lumbar puncture was not performed for analysis of CSF. The case was referred to Lwala hospital in Kaberamaido district.

**African Human Trypanosomiasis:**

- One new case of HAT was reported during the week by Lira district with one death. The case was being managed by Alebtong HAT treatment centre.
- However, note that the majority of HAT cases from Dokolo district go directly to Lwala treatment centre in Kaberamaido district and are reflected in its weekly report.

**Acute flaccid paralysis (AFP):**

- One case of AFP was reported during epi-week 25 by Amolatar district. The case is being investigated for polio. Stool samples were taken to Uganda Virus Research Institute Entebbe for viral isolation.
- In Dokolo district, an AFP case under investigation died due to febrile illness before 60 days of clinical assessment. He had an obvious quinine injection abscess in the gluteal region from the affected limb, which most likely was the cause of the paralysis. Dokolo district surveillance focal person carried out active search in the surrounding homes and no AFP was found. AFP surveillance is at high alert in this village.
- WHO Lira sub-office has set up surveillance for HAT for Lango and Teso regions and the data is up dated and shared on a monthly basis.

**Meningococcal Meningitis:**

- One suspected case of meningitis was reported last week in Awach HC IV. The patient was a 13 year old female, a resident of Paromo village, Paduny parish in Awach sub-county. She presented with a stiff neck and severe headache. A clinical diagnosis of meningococcal meningitis was made and she was treated,

however, due to lack of adequate laboratory services and appropriate drugs, she was referred to Gulu hospital for investigations and further management.

- One case of clinically suspected meningitis was reported by Dokolo HC IV but lumbar puncture was not performed for analysis of CSF. The case was referred to Lwala hospital in Kaberamaido district.
- **Measles:** The lab results for the two suspected cases from Amuru district reported in the last two weeks have not been received from UVRI. No other cases of suspected measles have been reported otherwise.

**Weekly Epidemiological (HMIS) reporting:** WHO continues to support Acholi and Lango sub-region in management of Health Management Information Systems (HMIS) by providing technical and logistic assistance to the District Surveillance Focal Points, Health Sub-district level and all health facilities.

**Completeness and timeliness of weekly reporting;**

- **Acholi sub-region:** Gulu maintained 95% or more HFs reporting for the last six weeks, but dropped during week 25 to 90%, Amuru continues to maintain 100% completeness of reporting, while Kitgum reported completeness at 88% for 2 weeks running, climbing up to 96% during week 25. In Pader, completeness is at 95%, a drop from 98% (week 24) compared to 84% (week 23)-its performance continues to be erratic. Targeted support supervision is planned for defaulting health facilities in a bid to improve their performance.
- Completeness of weekly reporting for the 5 districts in **Lango sub-region** has remained above 80%. In week 24 the average completeness of reporting in Lango sub-region was 89%, compared to 84% (week 23), with Amolatar, Dokolo and Oyam sustaining 100% reporting during week 24. In week 25 the average completeness of reporting in Lango sub-region was 88% with Amolatar, Dokolo and Oyam sustaining 100% reporting and Lira 97%. In Lira the active involvement of the Chief Administrative Officer and the District Health Officer has led to drastic improvement of reporting in the last 2 weeks.

**Population movement:** There are significant changes in the return pattern as several IDP camps have been degazetted in Oyam and Lira districts:-

- Lira IDP population remaining in the 7 camps is 39, 100 (compared to 346, 904 in 40 camps in Dec'06)
- In Oyam district an assessment by the DDMC estimated that there are only 18, 710 IDPs are left in the remaining 9 camps (compared to 108,199 in Dec. 2006 in 18 camps). 9 camps were de-gazetted in June '07.
- In Apac district, the assessment reported less than 1,000 people in Alito and about 1,200 in Opeta IDP camps. In Opeta the composition is 400 Extremely Vulnerable Individuals (EVIs) and 800 members of the host community (who may not leave the area); this is compared to 19, 991 living in the two camps in Dec. 2006.

**Coordination:**

- In Karamoja:
- In liaison with members of the health, nutrition & HIV/AIDS cluster WHO conducted a Rapid Health Assessment in Lomaratoit & Loyep returnee settlement camps in Moroto District. The following was noted; inadequate health services, prevalent malnutrition, poor shelter and lack of basic non food items, poor sanitation & hygiene , lack of water and pit latrines



Lomaratoit camp, Moroto

- the first HIV/AIDS SWG cluster technical meeting for Moroto District; the second Health, nutrition & HIV cluster meeting was held during the last two weeks of June 07 as well.
- WHO participated together with MoH, UNICEF, UBOS and other partners in planning the next health and mortality survey scheduled to take place in Lango and Acholi sub-region in August 2007

**Acknowledgements**

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