

1. Health Coordination

During the month, WHO/HAC participated in several coordination meetings aimed at improving health response coordination at the national and district levels. In Karamoja, a meeting was held with CUAMM an Italian NGO to discuss the proposed Karamoja-Food and Services project. The meeting highlighted the challenges of sustainability and dependency syndrome that will arise out of this approach to health services delivery. The organization also attended the district quarterly surveillance/HMIS review meetings in the districts of Abim, Kaabong, Kotido and Nakapiripirit. In Lango sub region, WHO/HAC participated in the HIV/AIDS Sub-Working Group (SWG) and District Disaster Management Committee (DDMC) meeting in Lira. In Kitgum district, the programme organized an emergency meeting to discuss the ongoing outbreak of Hepatitis E in Madi Opei sub-county and continued sharing updates on the outbreak response. WHO/HAC also disseminated IEC materials and information on Ebola to all districts of northern Uganda. In Pader and Gulu the organization organized and participated in the monthly Health, Nutrition & HIV/AIDS cluster meeting, while in Gulu, WHO also participated in an Ebola task force meeting

2. Gap Identification and Filling

In preparedness for threats of meningitis and Ebola epidemic outbreaks, the programme provided hard and soft copies of meningitis epidemic field guide, Ebola fact sheets and brochures and WHO guidelines for surveillance and response to Ebola hemorrhagic fever to the District Health Teams (DHTs) in all five districts of Karamoja.

The programme continued to provide technical, financial and logistic support to the DHTs of the flood affected districts of Teso and Bugisu sub-regions. During the month, a health vulnerability and risk reduction plan was developed as an exit strategy from the area by the end of January 2008. In Teso sub-region, the organization compiled the health staffing gaps in all the districts in the region, carried out health facilities mapping of all the districts to guide the mobile clinics in the region and provided technical support to the DHTs in response and control of the measles outbreak in Kumi & Bukedea Districts.

In Bundibugyo district, the programme is providing technical, financial and logistic support to the ongoing Ebola epidemic response. Currently 2 HAC National Programme Officers (NPO) are based in the district and are providing technical support to the DHT in the areas of Ebola case management, active surveillance and contact tracing. In Lango sub-region, the organization participated in the development of Ebola preparedness plans for Lira and Oyam districts while support was also provided to investigate alert cases of Ebola in both districts.

In Kitgum, WHO/HAC is currently supporting the DHT and partners to investigate and respond to an outbreak of hepatitis E in the district. Funds and technical support were provided to train 100 Village Health Teams (VHTs) on identification and referral of hepatitis E cases to the health facilities, while support was also provided to community mobilization and active case search using the Community-based Disease Surveillance System (CBDS).

3. Health System Strengthening

To strengthen the health system in northern Uganda, WHO/HAC technically and financially supported several training activities in the districts during the month. Fifty health workers were given on-the-job training on isolation and management of Ebola patients in Kitgum hospital while Personal Protective Equipments (PPEs) were provided to Kitgum and St. Josephs hospitals. Also in Kitgum support supervision of TB DOTS activities to review TB performance in the district was conducted.

In Karamoja sub region, the programme supported training of health workers in Kotido district on case management of meningitis, carried out on-the-job technical support supervision and training in all the districts in the region and provided Kotido district with meningitis case management and investigation supplies.

In Pader, financial support was provided to facilitate VHT meetings in Pajule, Paimol and Wol sub-counties.



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4. Measurement of ill health (HMIS/IDSR and Assessments)

4.1 Activities Implemented

In Karamoja WHO/HAC participated in a multisectoral rapid assessment of Apeitolim resettlement camp in Moroto. Gaps identified in health services in the camps include lack of adequate curative and preventive health services and lack of immunization services. To improve on the completeness and timeliness of HMIS/IDSR reporting in the region, district quarterly surveillance/HMIS review meetings were supported in Abim, Kaabong, Kotido and Nakapiripirit.

In Lango sub-region the programme participated in support supervision of Agulurude HC II, Loro HC II, Pope John XXIII hospital in Aber and Ngai HC III which are the poor performing health units in Oyam District in terms of weekly IDSR reporting while in Kitgum district, the programme supported the district to assess Lagoro HC III to establish the suitability of the health facility to provide PMTCT services.

4.2 IDSR Data

As part of its core function, WHO/HAC continues to support HMIS/IDSR activities in all districts of northern Uganda and Karamoja through the provision of technical, financial and logistic support to the district surveillance focal persons to conduct support supervision activities.

4.2.1 Completeness of reporting

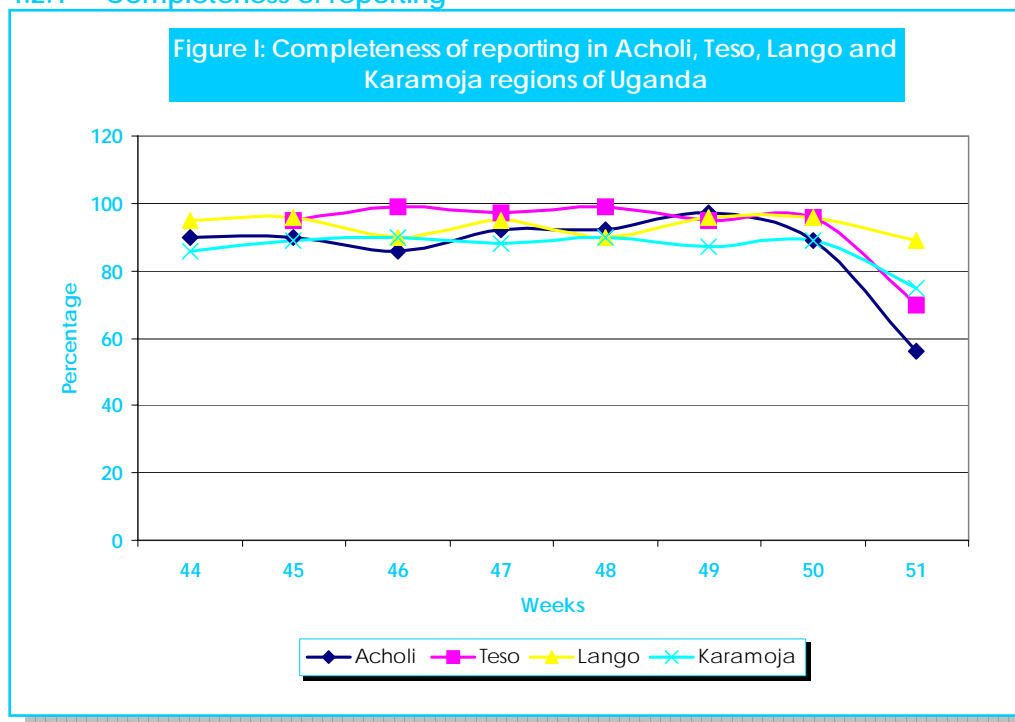


Figure 1 above shows a reduction in the completeness of reporting from week 50 to 51 perhaps due to the absence of most health workers from their duty stations during the festive period. In Karamoja sub-region completeness and timeliness of reporting dropped by 18.6% in December. In Lango sub-region reporting dropped by 7.8% while in Teso sub region, reporting dropped by 37.1%.

4.2.2 Disease trends:

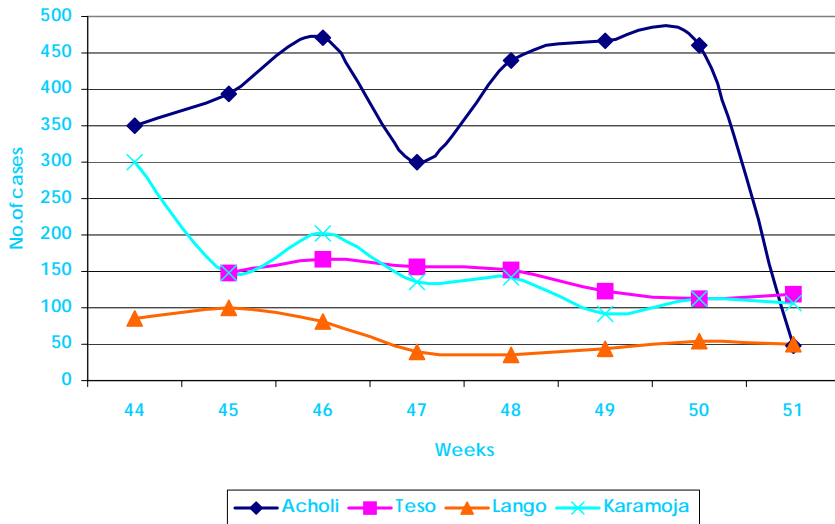
Diarrhoea diseases

No confirmed cases of cholera were reported in Acholi, Lango, Karamoja and Teso during the month however, all the districts in the regions are on high alert for any cholera out break. In Lango a suspected case of cholera which was reported by Lira Regional Referral Hospital laboratory was confirmed negative for Vibrio Cholera at the Central Public Health Laboratory (CPHL) in Kampala.

Figure 2 below shows a slight decrease in the reported cases of dysentery in majority of the districts except in the Acholi sub-region that reported the highest number of cases. This may be due in part to

reduction in completeness of reporting witnessed around the same time. In week 51, Karamoja reported a total of 107 cases of dysentery, Teso 119 while Kitgum and Lango registered a slightly lower number of cases of 47 and 49 respectively.

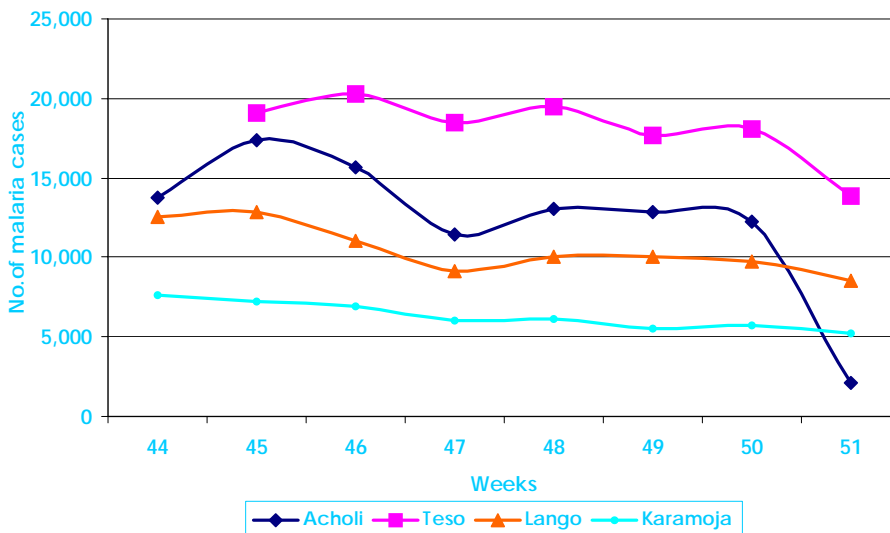
Figure II: No. of dysentery cases reported in Acholi, Teso, Lango and Karamoja regions of Uganda



Malaria:

The malaria case load for the 3rd week of December for the 6 districts of Teso region declined by 31% from the 2nd week of December. Karamoja and Lango sub regions each registered a decline in the number of Malaria cases of 10.6%, and 14% respectively. Again this may be linked to reduction in completeness of reporting

Figure III: No. of malaria cases reported in Acholi, Teso, Lango and Karamoja regions of Uganda



Other priority diseases

Lango region reported 1 case each of measles, AFP and meningitis, 16 cases of chicken pox and 30 cases of animal bites. Acholi did report 1 case of measles, 15 cases of schistosomiasis, 19 of animal bites, 2 of meningitis, 72 cases of Hepatitis E and 44 of chicken pox. In Karamoja region 11 cases of Kalazar were reported.

5. Conclusions

In general implementation of WHO/HAC activities have gone well during the month. Enabling factors include the commitment and hard-work of programme, support from the WR, regional office and HQ. Key challenges during the month include closing down of many health facilities and government offices during the festive period which resulted in reduction in services provision and completeness of HMIS/IDSR reporting. Other challenges include the frequent stock-out of drugs especially, co-artem, ARVs and HIV testing kits in most health facilities of northern Uganda and district health worker absenteeism from their duty post. These challenges need to be addressed in 2008 to improve health services provision in northern Uganda and Karamoja.

6. Plan for January 2008

1. Continue to support the Ebola and Hepatitis epidemic response activities in Bundibugyo and Kitgum districts respectively
2. Implement the health vulnerability and risk reduction plan in Teso and Bugisu sub-regions and scale down WHO's presence in the area
3. Prepare for the Regional Director's visit to Lira at the end of the month
4. Possibly hold a programme retreat to review the achievements of 2007 and plan for 2008
5. Provide technical support to the DHT to improve completeness and timeliness of reporting of HMIS/IDSR to above 80%

7. Acknowledgements

The progress achieved so far by WHO/HAC Uganda was made possible through contributions from the following partners:

