Emergency and Humanitarian Action, Uganda

November 2008

Monthly Programme Update

Highlights

♦ Epidemic outbreak of cholera in Nakivale refugee settlement camp
♦ Rapid Epidemiological Mapping of Onchocerciasis survey completed in Kitgum and Pader districts.
♦ Response to Hepatitis E outbreak in Northern Uganda continues as trends stagnate in Kitgum and increase in Pader district
♦ A drive to eradicate Human African Trypanosomiasis (HAT) launched in Dokolo district

General Situation: Political, Social and Security

♦ Refugees from Democratic Republic of Congo (DRC); As of 30th November 2008, over 27,000 refugees had crossed from DRC into Uganda. Those who crossed have settled in Nakivale refugee settlement camp,
Matanda transit centre and among the host communities in Uganda.

- **Karamoja region**: Disarmament initiated by the government of Uganda is ongoing in Karamoja region with reports of few incidences of armed clashes between government forces and Karamojongs.
- **Acholi sub-region**: The anticipated signing of the final peace agreement between the Government of Uganda and leader of the Lords Resistant Army did not take place as planned on the 29th November 2008.

**Programme Implementation**

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

**Kitgum District**

- Provided technical, financial, logistic and human resource support to Hepatitis E control interventions in Kitgum district through coordination of response, support to surveillance/Care management and deployment of human resource (3 WASH Consultants/Social Mobilization Specialists, 4 Clinical officers and 5 Comprehensive Nurses) to support social mobilization and case management.
- Supported Village Health Teams/Community Based Disease Surveillance officers to conduct community mobilization on improve hygiene practices, the use of chlorine to chlorinate water and use of latrines in the community.
- In response to the epidemic outbreak of wild Polio virus in Southern Sudan WHO supported the office of the District Health Office (DHO) Kitgum to establish vaccination points near the Sudan border through delivering of fridges and gas cylinders to health facilities.
- Technically supported MoH to conduct Rapid Epidemiological Mapping of onchocerciasis in the district. Preliminary findings from the survey indicate that 12 of the 17 villages surveyed (70.6%) are endemic to onchocerciasis. The prevalence of skin lesions in the survey villages was between 46-84%.

**Gulu and Amuru**

- Provided technical, financial and logistic supported to Amuru district to investigate death of children in the community due to unknown febrile illness. Preliminary report reveals that malaria was the main cause of death among children in return areas. This was due to lack of drugs for home base management of fever.

**Pader District**

- Provided technical and financial support to the District Health Team to coordinate, supervise and monitor the ongoing hepatitis E epidemic control interventions and trends.
- Supported MoH to conduct Rapid Epidemiological Mapping of onchocerciasis in Awere Sub County.
Preliminary findings from the survey indicate that Onchocerciasis is endemic in 10 of the 13 sub-villages surveyed (77%). The prevalence of skin lesions ranges from 26% to 78% in the survey area.

- Supported the District Health Team to transport and distribute Community coartem and carry out drug stock inventory in 11 health facilities.
- Financially supported the training of 2352 Village Health Teams (VHT)/Community medicine Drug distributors, 522 teachers and 21 Health Assistants / VHT Supervisors on mass drug administration for the prevention and control of Neglected Tropical Diseases (NTDs).
- Financially supported the District Malaria Focal Person to carry out support supervision.
- Financially supported the monthly VHTs review meeting in Paimol Sub County.

**Lango sub region;**

- Technically and financially supported the district to carry out support supervision.

**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 (HMIS/IDSR) through provision of airtime to facilitate communication between health facilities and the district health teams, transport for support supervision, collection of data from health units, provision of HIMS/IDSR tools and technical support to the District Surveillance Focal Points person to analyze and disseminate health information.

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

- Sensitized 1,050, sub county authorities including LC 1 chairpersons on the Village Health Team (VHT) selection approach, organizing a meeting with the leaders in Kotido, Kabong and Abim districts.
- Trained 695 VHTs in Nakapiripirit and Kaabong districts and each facilitated with gumboot, T shirt and a health education job aide.
- Orientated health workers on the VHT concept in Moroto, Kotido, Kaabong and Abim.
- Rehabilitated 3 Health units namely; Lorengechora HC II, Lolachat HC III and Panyagara HC II sites.
In preparation to the possible epidemic outbreak of meningitis or acute watery diarrhea, 6 cholera kits and 5 meningitis kits were delivered to districts in Karamoja region with each district receiving at least one kit. Epidemic outbreak of meningitis is common in the region especially during the dry spells that run from November to March each year.

Supported outreaches to returnees in the resettlement site of Apetolim, Lomaratoit and Nabwal. 426 patients and 47 pregnant mothers received care.

Supported the regional laboratory technician based in Moroto Hospital to conduct assessment of laboratories in Karamoja region. Gaps in supplies identified were filled.

- Supported the Health Sub Districts (HSDs) with fuel and airtime to strength surveillance activities
- Other areas supported by the WCO in Karamoja sub region include;
  - Training of health workers on Drug supplies management and those in Nakapiripirit on TB/HIV collaboration
  - Training of Midwifes on Life saving skills

**Response to epidemic outbreak of cholera in Nakivale refugee settlement camp where refugee from the Democratic Republic of Congo are currently camped**

- Investigated rumor of epidemic outbreak of cholera in Nakivale refugee settlement camp of which stool sample was positive for Vibro Cholera in 4 of 7 samples collected.
- Procured and propositioned one cholera kit capable of treating 100 patients in Nakivale refugee camp
- Printed and distributed IEC materials and brochures on Cholera
- Printed and distributed treatment guidelines to health facilities
- Provided support to the DHO to strengthen surveillance in all 3 districts which are currently hosting refugees

**Surveillance Data Analysis and Emergency Preparedness and Response**

**Karamoja sub region;** The average completeness of reporting across all the 91 health units remained high above 80% as recommended by HSSP II. Supported surveillance activities in the district by providing IDSR registers to all health units, computer and printer to 10 Health Sub Districts and village phones to Kotido and Abim district

**Lango sub-region;** Completeness of IDSR reporting is above 80%. Malaria and dysentery continue to be the first and second leading cause of morbidity however, the weekly incidence of Malaria in the sub region is steadily declining
for four consecutive week. The cumulative number of cases and death are 9078 and 135 respectively with a CFR of 1.5%.

**Nakivale refugee settlement camp**: Epidemic outbreak of cholera in Nakivale refugee settlement camp continues. A cumulative total of 50 cases with 2 deaths have been recorded to date.

**Constraints**

- Poor supply chain management often resulting in drug stock-outs especially of the essential drugs at the health facility and community levels
- Inadequate staff and staff absenteeism resulting in irregular operations of health facilities
- Poor access to clean water, schools and other basic services as people return to their original villages has lead to split of families

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

- Participated in coordination meetings for the Human Rights day preparatory meeting in Kotido
- On-going inter-sectoral collaboration at the district Technical Planning Committee meetings.
- Participated in support supervision carried out in Lira, Apac and Amolatar by health partners.
- Participated in the Training of trainers, training of teachers / Community Medicine Distributors on Neglected Tropical diseases done in Apac.
- participated in consultative meeting with Pader district stake holders on general food distribution phase out in District
- Participated in the mental health meeting in Amuru and Gulu where the review of training guidelines commenced
- participated in the launch and symposium of Gender violence that took place in Pader district

**Gulu and Amuru district**: timeliness of reporting remains high at 100% for Amuru and above 90% for Gulu. The number of Malaria cases and death in children is beginning to decrease with the onset of the dry season. Dysentery cases is also declining in both districts.

**Kitgum district**: completeness of reporting is above 80%. The number of cases of Hepatitis E registered on weekly bases has stagnated at about 50.
supported the District Health Team in coordinating and planning for the commemoration of the 2008 World AIDS Day at Omot Sub County

- Participated in a sensitization meeting of district leaders on the planned round 3 of IRS exercise scheduled for January 2009.

- Shared weekly hepatitis E outbreak reports with Water, Sanitation and Hygiene cluster partners like UNICEF, MSF, GOAL, AVSI, Concern, COOPI, ASB, MTI, Mercy corps so as to mobilize support & response in the control of the epidemic in the district.

- In Kitgum district assessment of gaps continue as well as requests for assistance from different agencies NFIs to the hepatitis E affected communities

- Participated in Disaster management committee and security management meetings in all the districts

- Participated in Child labour workshop

Administration and Finance Issues

- Fixed-term contracts for 8 EHA staff still pending; these staff are currently recruited on SSA contract which strains programme resources

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

Plans for next months

Karamoja

- Continue providing support to strengthening of IDSR/HMIS reporting in all the 5 districts.

- Supports districts to train VHTS in Iriiri, Panyagara, Nyakwae and Morulem sub counties

- Complete preparatory activities for setting up sentinel sites for Nutritional surveillance.

- Procure medicine boxes for the VHTs

- Provide supplies for outreaches activities

- Deliver the remaining cholera and meningitis kits to the districts

Acholi sub-region

- Facilitate CBDS review meetings in all sub counties in Kitgum

- Support supervision of selected health facilities especially those that report late or fail to submit HMIS/IDSR report

- Continue supporting district with radio talk shows and spots for polio and hepatitis E

- Support distribution of drugs to health facilities

- Support Malaria Focal Person to establishment sentinel sites for monitor malaria incidences using RDT to document the effect of IRS in the areas

- Continue to provide technical, financial and logistical support to Health Management Information System and Integrated Disease surveillance & Response system (HMIS/IDSR)

Lango sub-region

- Support MoH in training district IRS Monitoring Teams

- Support districts to detect and respond to disease outbreaks.
WHO Emergency and Humanitarian Action, Uganda

- Support Dokolo district to implement Human African Trypanosomiasis (HAT) activities
- Support WHO consultant who is carrying out the maternal audit and GBV training in Lira and Apac

**Western Uganda**
- Continue to support response to the influx of refugees from Democratic Republic of Congo in Western Uganda

**Acknowledgements**

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

For further information, please contact:
Dr. Joaquim Saweka WHO Representative Uganda; Tel. +256 41 335500, Mobile +256 752 760 214  Email: sawekaj@ug.afro.who.int