Monthly Programme Update

Highlights

♦ Three cases of wild Polio virus confirmed in Amuru district, Acholi sub-region
♦ Plan to conduct mini Demographic and Health survey in Acholi and Karamoja sub-regions on-going
♦ Continued Support to Human African Trypanosomiasis (HAT) control activities in Dokolo district
♦ The Hepatitis E outbreak in Kitgum district is still on, and response continued
♦ HAC staff retreat held
1. General Situation: Political, Social and Security

- Security situation in northern Ugandan districts remained stable
- In Karamoja the security situation remained poor especially the peripheral areas of the main towns with incidences of raids, rape and violent clashes.
- Disarmament initiated by the government is ongoing

2. Programme Implementation
   a. Activities

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

In Kitgum District the programme;

- Continued providing technical, financial and logistical support towards Hepatitis E intervention through supporting the placement of District Health Team (DHT) members to most affected sub counties in order to support/ guide sub-county activities including supervision of Village Health Teams (VHTS) to enhance community mobilization/public health education.
- Supported VHTs with incentives in order to intensify household hygiene education and promotion.
- Supported the District Health Team to conduct HMIS quarterly review meetings in the 2 Health Sub Districts. The meeting examined the current HMIS performance, key challenges and drafted way forward and action points. Immediate improvement in HMIS performance was registered following the review meetings, with average completeness of reporting of 95%. Technically and financially supported the supplemental polio activity. This was successfully completed with the district attaining 97.6% coverage.

In Gulu and Amuru

- Financially and technically supported Gulu district to investigate a case of acute flaccid paralysis in Awer camp in Amuru district
- Financially supported transportation of stool sample of AFP case to Uganda Virus Research Institute (URVI) in Entebbe where the Wild Polio Virus was isolated.
- Supported Amuru and Gulu districts to carry active case search of notified diseases and their contacts.
Supported Gulu district with HMIS reporting tools. Documenting challenges faced by return population in accessing health care.

**In Pader District, WHO/HAC**

- Provided technical support to the District Health Team to coordinate, supervise and monitor Hepatitis E epidemic control interventions through weekly coordination meetings.
- Technically and logistically supported the DHT to investigate all suspected Hepatitis E cases.
- Technically and logistically supported the District Rapid Response Team to investigate five suspected cases of acute diarrhea.
- Financially supported the District mental Focal person to meet and sensitize the communities of Atanga, Lagutu and Awere sub County on use of the anti epileptic drugs.
- Technically supported the District supplies officer to carry out technical support supervision on medical and other supplies in the weak performing health facilities in the district.

**In Lango sub region the programme:**

- Technically supported the 5 districts in the region to quantify HMIS/IDSR requirements for 2009. Findings have been submitted to the WCO for consideration for funding.
- Continued to support Dokolo district with sleeping sickness control through training of 132 Village Health Teams in Kangai sub-county.
- Supported mass screening of communities for sleeping sickness in selected subcounties in Dokolo district as a result of which 4 cases of Sleeping Sickness detected.
-Supported a radio talk show on Gender Based Violence in Lira district and trained 20 health workers from Lira referral hospital on prevention/response to Gender Based Violence.
- Through the WCO supported Lira district to transport medicines & supplies from Joint Medical Stores in Kampala to Lira.

In 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). Support is being provided to facilitate communication between health facilities and the district health teams, and transportation for support supervision and data collection. In addition all District Surveillance Focal Points are being technically supported to analyze and disseminate information on completeness and timeliness of reporting and diseases trends for each health facility.

Emergency Health and Nutrition Response in Karamoja (CERF)

With support from CERF, the programme supported Karamoja sub region through;

- Rehabilitation of Lorengechora, Nyakae, Karenga, Lolachat and Panyagara ongoing. Agreement for pareformance of work has been signed between WCO and district engineer Moroto district. The purpose of this agreement is to enable the engeneer supervise the water system repair in Moroto hospital

b) Surveillance Data Analysis and Emergency Preparedness and Response

In Karamoja sub region;

- HMIS/ IDSR performance during the month of February has been very good in the region, WHO office will continued to facilitate the districts with airtime and village phones

In Lango sub region

- Completeness and timeliness of weekly reporting has been sustained to a high level of 99%
- 5 suspected cases of measles reported in Dokolo (3), Amolatar (1) & Oyam (1) Awaits results from UVRI.

In Gulu and Amuru;

- The timeliness of reporting remains high at 100% for Amuru and above 94% for Gulu.
- Three cases of AFP have been confirmed in Amuru district

In Pader district, completeness in IDSR reporting stayed above 85%

In Kitgum district, The trend of Hepatitis E epidemic has largely levelled off in the month of February 09 with an average of 40 cases being registered per week; . A cumulative number of
9,570 cases has been registered with 148 deaths (CFR of 1.54%). The stagnation in the epidemic trend indicates that the current control measures being implemented are not adequate enough to contain and control the epidemic outright.

c) Constraints

Across all the regions:

♦ Limited access to safe water and sanitation has remained a major gap in the containment of Hepatitis E outbreak.
♦ Understaffing and staff absentism has remained a big constraints to delivery of health services Gaps in staff accommodation remain a big challenge. Many health workers posted to newly renovated health facilities in return areas continue to commute from their homes and towns. This encourages absenteeism.
♦ Difficulties in attracting and retaining doctors especially at HC IVs. Some form of incentive may be required
♦ Increase in number of animal bites reported but no antirabies vaccine in Lango sub region.
♦ No office space and storage facilities for drugs in Amolatar, Oyam and Dokolo districts.
♦ Lack of transportation facilities to carry out surveillance activities in Apac.

In Karamoja;

♦ The persistent, sluggish performance of the health system is affecting delivery of health services
♦ The high over head costs especially escorsts
♦ Communication problems due to internet failure

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

♦ Supported and participated in the health, nutrition and HIV/AIDs Cluster coordination and sub working group meetings
♦ Participated in the joint monitoring and evaluation of activities funded through DFID with the British Department of International Cooperation
♦ Participated in updating the Lira district Meningitis Preparedness plan which was circulated to partners for funding and support
Participated in Uganda Medical Association Conference where WR Uganda gave a key note address in Karamoja, lango and Acholi sub regions the programme participated in the monthly Humanitarian coordination meeting.

Coordinate the weekly District Epidemic Task Force meetings where updates on Hepatitis E are provided. This is helping in mobilizing support & response in the control of the epidemic in the District.

Participated in an orientation workshop of midwives on the new Prevention of Mother to Child Transmission of of HIV/AIDs policies in Kitgum district.

In Pader, the programme participated in a meeting with UNEPI team from MOH and supported them in compiling the Support supervision report that was disseminated to the Pader Extended District Health Management team (EDHMT).

4. Administration and Finance Issues

5. Support needed from EHA / AFRO

Support WCO / WHO SO to continue to providing technical and financial support for IDSR/HMIS activities.

Support the presence and operational capacity in the field to strengthen coordinated Public Health management for optimal immediate impact, collective learning and health sector accountability.

6. Plans for next month

Continue to support Hepatitis E interventions
Support IDSR/HMIS activities; conduct quarterly review meetings at HSD levels
Support DHT to conduct integrated support supervision
Monitor 3rd round IRS exercise
Coordination of Health, Nutrition and HIV/AIDS Cluster activities

In Karamoja

Continue monitoring the renovation works in the region being supported by WHO
Roll out the VHT training in the remaining districts
Support IDSR/HMIS activities; conduct quarterly review meetings at HSD levels
Support DHT to conduct integrated support supervision
Coordination of Health, Nutrition and HIV/AIDS Cluster activities

In Acholi sub-region

Continue to support Hepatitis E interventions
Support DHT to conduct integrated support supervision
Training of District IRS Monitoring team
Coordination of Health, Nutrition and HIV/AIDS Cluster activities
Continue to be on high alert following confirmation of polio case in Amuru District. Routine immunization is being strengthened in the districts through intensified support supervision.

Update the health cluster 3W matrix

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

Technically support the Pader DHT to strengthen Polio surveillance following the confirmation of polio case in Amuru District.

Offer support supervision to the Health Centres on Medicine logistical Management.

In Lango sub-region

Continue to technically support IDSR/HMIS reporting in all the 5 districts of Lango;

Continue to support the districts in coordination of health sector activities during the transition from cluster to sector approach; emphasis on capacity building to facilitate smooth hand-over.

Support the MoH & WCO during the training of the IRS monitoring / evaluation teams in all the districts;

Continue to provide technical and financial support to Dokolo in HAT control.

Plan for and conduct a joint review meeting with all the districts to share achievements and challenges in 2008 and way forward in 2009 – concept paper submitted to WCO for consideration.

Continue to advocate for functionalising theatres in HC IVs in Lango sub-region.

Set up sentinel sites in selected health facilities in Lango sub-region to improve on malaria diagnosis by introducing Rapid Diagnostic Tests (RDTs) to ascertain the proportion of reported febrile illness due to malaria.

To support the rehabilitation of the abandoned Alenga HC II maternity ward in Apac depending on the availability of funds.

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