

Health, Nutrition and HIV/AIDS Cluster Monthly Report: October 2007

Goal of the Cluster: To further improve the health, HIV/AIDS and nutritional status and uphold the right to health of those living in the IDP camps, the returning and the returned populations and in Karamoja with evidence based health actions.

1. Summary of Activities

1.1 Health

Floods in Eastern and Northern Uganda

- Emergency health, nutrition and HIV/AIDS response to the floods is ongoing
- Drug inventory assessment completed for Teso sub-region and the outcome was used to project drug needs for the next 3 months. Based on these needs, drug worth about 171m UGX were procured and distributed to Amuria, Katakwi, Kumi and Bukedea districts. Drug inventory for Bugisu sub-region planned for November
- Additional 7 cholera kits, 20 new emergency health kits, 65 cartons of ORS, 1,400 mama kits were distributed to the districts of Teso and Bugisu sub-region
- The Integrated Diseases Surveillance and Response (IDSR) system weekly reporting has improved from 68% to 98% in Teso sub-region and is now being used to monitor disease outbreaks. Malaria is the biggest cause of morbidity followed by diarrhoea disease however there are no outbreaks in the affected areas. A cholera epidemic contingency plan has been developed
- Malaria epidemic risk assessment was conducted in Teso during the month, the recommendations of the assessment are currently being used to guide the malaria prevention and control efforts in the areas
- Twenty five (25) VHTs from 15 camps in Amuria and 20 in Katakwi were trained to provide health promotion activities.
- With the support of OCHA, 5 KM radius mapping of healthcare coverage for the districts of Amuria and Katakwi was conducted. Areas without coverage has been identified for outreaches and mobile clinic
- Assessment of gaps in health staff has been completed in Amuria, Katakwi, Kaberamaido, Kumi, Bukedea and Soroti. This will be discussed with donor partners to see how the identified gaps can be filled from the training schools
- The cluster has fielded an additional 3 programme officers (one in Mbale to cover Bugisu, 1 in Kumi to cover Kumi and Bukedea and 1 in Katakwi to cover Amuria and Katakwi. An international logistician was also deployed to Soroti during the month to provide technical support to the affected districts.
- A joint mission of MOH (DG and Commissioner, CHS), WHO, DFID and PSI visited Soroti and Katakwi districts on Tuesday 16th October to assess the response efforts with a view to identifying the critical gaps

Drug distribution by foot in Kaberamaido Joint rapid health assessment in Kaberamaido



Joint mission in Soroti



2. General Remarks

Health, Nutrition and HIV/AIDS Recovery Strategy and Plan for Northern Uganda

- Following the official launching of the PRDP and at the request of the MOH, a consultant was recruited by the cluster to develop a health, nutrition and HIV/AIDS early recovery strategy and plan
- The aim of the strategy and plan is to strengthen and operationalize the health component of the PRDP by using an evidence-based approach to identify and cost key priorities in health, nutrition and HIV/AIDS
- The consultant spent about three weeks in the country during the month and made wide consultations with government (MOH, MOFPED, OPM and districts), UN (UNICEF, UNDP, UN-OCHA), donor partners (DFID, BTC and Embassy of Japan), NGOs (AVSI and IRC) and the World Bank
- Draft 1 of the strategy is ready and will be disseminated to stakeholders early next month

SAM Dissemination

- The results of the health Services Availability Mapping (SAM) conducted in Lango sub-region was disseminated on October 18th
- Highlights of the results are as follows:
 - ✚ 98% of all health facilities in Lango sub-region are outside IDP camps
 - ✚ None of the HC IVs in Apac, Dokolo and Oyam and HC IIIs in all districts had basic EmOC as stipulated by the Health Sector Strategic Plan II (HSSP II).
 - ✚ 30% of all health facilities in the area reported drug stock-outs in the first quarter of 2007.
 - ✚ Only 3.4% and 34% of health facilities in the sub-region met the local government staffing norms for doctors and nurses.
- These results further underscores the need to urgently scaling up health, nutrition and HIV/AIDS services in the return areas of northern Uganda

2008 CHAP/CAP

- Health, nutrition and HIV/AIDS situation analysis and CAP project sheets finalized and submitted to UN-OCHA

3. Conclusions

Implementation of cluster activities has gone very well during the month. Enabling factors include the commitment and participation of cluster members at national and district levels, support from the WR, HC and OCHA, good planning by the cluster and very positive response from the donors mainly DFID, Sida, and ECHO.

4. Plan for Next Month

1. Continue with emergency response to the floods
2. Conduct drug inventory in the flood affected districts of Bugisu
3. Disseminate draft 1 of the health, nutrition and HIV/AIDS transition and early recovery strategy
4. Finalize and disseminate the results of the Lango SAM
5. Commence work on the next edition of the cluster newsletter