

Week 21,

18th - 25th May
2009



Highlights

- Poor response to CAP 2009 has had a negative impact on activities of humanitarian agencies and the health of the population in Karamoja and Acholi sub-region as can be seen from the poor indicators in the region.
- Mini Demographic and Health Survey has commenced in all districts in Karamoja & Acholi sub-region

I. General Situation

a. Political, Social and Security;

- Acholi and Lango sub-regions; The region is relatively calm
- Karamoja sub-region: Disarmament of armed Karamojong by UPDF still continuing though at a slow pace.

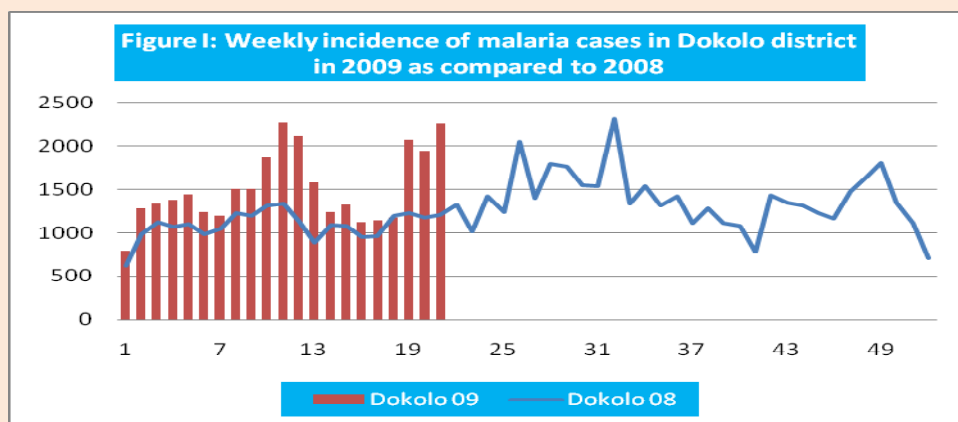
b. Main Events of Interest/Concern for Health;

- CAP 2009 midyear review; the process of reviewing CAP 2009 in Uganda has begun. District level consultation complete
- HINI; Uganda continues to be on high alert following the pronouncement of Influenza A HINI pandemic of phase 5. To date three suspected cases have been investigated and found negative.

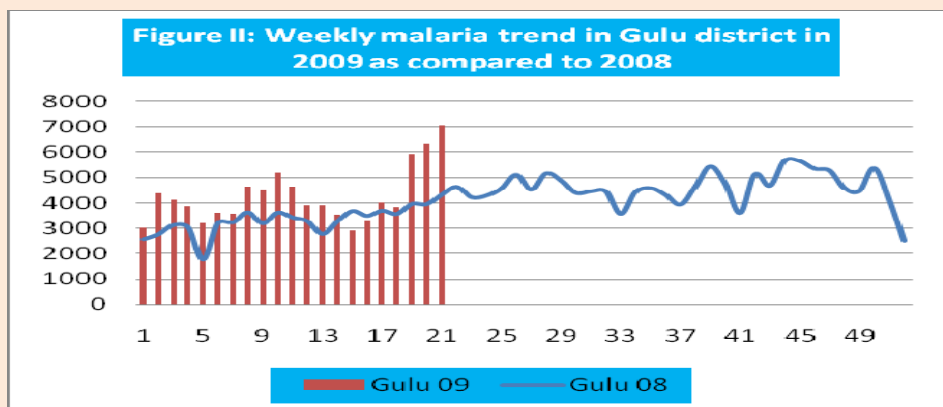
II. Analysis and Health Consequences (Health Problems and Needs of Affected Population)

Malaria:

Lango; the number of cases of clinical malaria registered in Dokolo district in epi-week 19, 20 and 21 of 2009 are over 60% higher than the number registered in 2008 for the same epi-week. See figure I for details.



Acholi; for three weeks now Gulu district continues to register high number of cases of clinical malaria in 2009 as compared to 2008. See figure II for details



Dysentery:

Lango, Acholi and Karamoja sub-region; The number of cases of dysentery registered and the trend in 2009 are similar to that of 2008 for the same epi-week for all the districts in the three sub-regions.

Hepatitis E: 18 cases of Hepatitis E were registered in Kitgum district in epi-week 21 down from

Acknowledgement

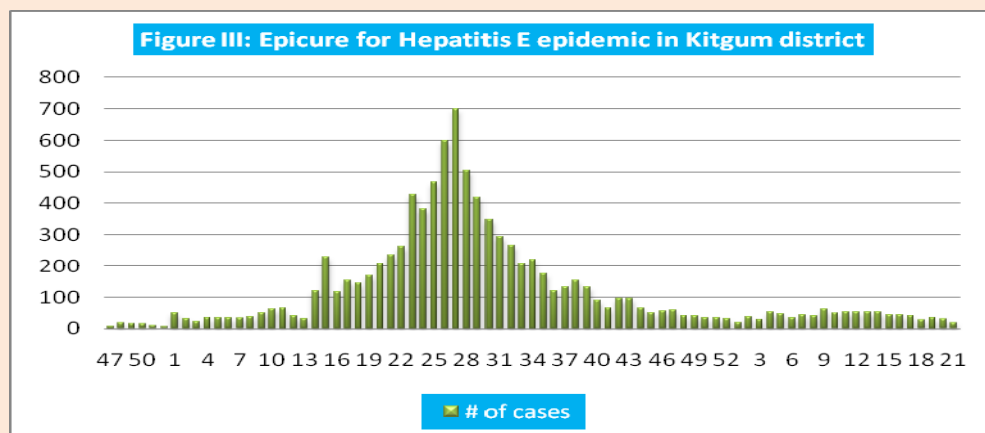
Production of this weekly activity report has been made possible by contribution from the followings



30 cases registered in epi-week 20 representing a 40% decline. Pader district registered 2 new cases of Hepatitis E in epi-week 21 down from 4 cases registered in epi-week 20. The cumulative number of cases of Hepatitis E reported in Kitgum and Pader district is 10,262 with 168 deaths (CFR 1.64%). See Table I and figure III below for details.

Table I

District	New cases	New deaths	Cumulative cases	Cumulative deaths
Kitgum	18	0	10,061	160 (1.59%)
Gulu & Amuru	0	0	21(9 positive)	0 (0)
Pader	2	0	177	8 (4.6%)
Lango	0	0	3	0
Total	20	0	10,262	168(1.64%)



HAT Measles and Meningitis; No new case reported in the week

III. Actions (WHO response, Sida grant)

Epidemic Response

Disease surveillance; WHO is continuing to support disease surveillance activity in all district of Acholi, Lango and Karamoja sub-region through provision of technical and financial support for data collection, analysis, reporting and investigations of suspected disease outbreaks.

Malaria;

WHO supported Dokolo and Gulu district to investigate the apparent increase in the number of cases of malaria reported in the last three weeks. Preliminary findings from Dokolo district indicate that the apparent increase could be partially attributed to the increase in number of health facilities from 15 to 17 as two new health facilities in the district were commissioned.

AFP;

Results from the suspected case of Polio from Pader district has been confirmed as Polio case. Who is providing financial and technical support to MoH and the office of the DHOs in the 29 high risk districts of Uganda to plan for the third round of mass Polio immunization which is scheduled for 6th to 8th June 2009.

Diarrheal disease;

WHO continues to support community mobilization activities for improve hygiene and latrine construction.

HINI:

- No suspected case registered during the week. The cumulative number of suspected cases investigated to date still remains three.
- Active surveillance continues at Entebbe airport
- 80 district officials from 40 out of 80 districts in Uganda have been sensitized on HINI
- Trained 20 volunteers from Uganda Red cross to support surveillance and communication on HINI
- Conducted 2 radio talk shows on local radio stations in Kampala
- The national Task Force continues to meet every Wednesday at 2:30 pm at MoH
- Daily meeting of the WHO core team of HINI
- Daily HINI situation updates sent to WHO-Afro
- Developed IEC materials for news paper inserts.

Hepatitis E;

- Ongoing activities;
 - Monthly district task force meeting on Hepatitis E in Kitgum district and weekly task force meeting in Pader district
 - Community sensitization through radio programs,
 - Cases management,
 - Support to water chlorination
 - Advocacy with MoH and partners for more resources to support Hepatitis E response

HAT; WHO continues to support Dokolo district to respond to HAT.

IV. Mini UDHS in Acholi and Karamoja sub-region;

- Data collection on-going in all district
- Data capturing screen developed
- Data collection expected to end on 30th July
- Preliminary result expected in mid August

V. CAP 2009 midyear review;

CAP 2009 review has begun with district level consultations. Of the US \$ 23,889,753 requested in CAP 2009 by the Health, Nutrition and HIV/AIDS cluster, only US \$ 3,226,097 was realized as of May 2009 representing 13.5%. This coupled with insufficient funding by government for health sector, continued suspension of GAVI funding for immunization and proximity of the region with southern Sudan where implementation of PHC is poor has greatly impacted on humanitarian response and the health and nutrition status of the population. For instance, routine Oral Polio Vaccine (OPV-3) coverage for Kitgum and Pader district are 77% and 79% respectively, DPT3 coverage for Kitgum and Pader district are below the figure of 80% needed to provide population coverage. According to reports from the Health and Nutrition assessment conducted by UNICEF and WFP in Karamoja sub-region, the GAM for Kaabong and Nakapiripirit district was higher than 10%. GAM for Moroto district was 9.2%. Given that this is not the peak of the hunger gap period we expect the situation to deteriorate further. All the above withstanding, the Health, Nutrition and HIV/AIDS strategy for CAP 2009 will not be changed.

VI. Other WHO activities

- Rehabilitation works in Lorengechora, Lolachat and Panyagara is near completion.
- Rehabilitation work of Nyakwae and Karenga health centres have begun.
- Supported outreach activities to Apetolim, Lomaratoit and Okududu resettlement camps
- All 5 districts have continued to conducted support supervision of the VHTs

VII. Response from others partners;

NGOs doing various health activities are ASB, Mercy corps, Food for the hungry, IRC, IMC,

COW-Foundation, UNICEF, UNFPA, CESVI, Concern, MTI, AVSI, AIS, TPO Uganda, MSU, CPAR, ICRC, GOAL, ACET and UNICEF.

VIII. Comments and Conclusions

Response by donors to CAP 2009 has been poor. Many NGOs have either stopped implementing humanitarian activities or scaled down on their programme implementation. It is envisaged that if this situation continues, coupled with the population movements from IDP to village of origin which is far away from points of delivery of social services, the humanitarian situation of the population will worsen. We advocate for more funding towards CAP 2009.

X. Plan for Coming Week

- Support MoH to respond to HINI pandemic
- Support hepatitis E epidemic response in Kitgum and Pader district
- Provide technical and financial support to MoH and UBoS in conducting mini-Demographic and Health Survey
- Provide technical and financial support to the DHOs in strengthening HMIS/IDSR

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