

Current situation

The halt in the Juba peace talks between the Government of Uganda and the rebels of the Lord's Resistance Army (LRA) and the expiry of the Cessation of Hostilities Agreement (28 Feb 07) may prove to be a setback to resettlement activities in North & North Eastern Uganda, which have been progressing well in the last few months.

Health service provision continues to be a challenge in the areas of return, resettlement and early recovery. Many health facilities were closed for a long time and need a lot of renovation work, new staff, new equipment, medicines & supplies and health staff have not increased significantly in the last year. They remain well below the MoH staffing norms and although there have been pledges to increase salaries of health workers in Northern Uganda, the actual implementation will not cause the desired effect of attracting, retaining and improving the performance of the health workers and following that, efficacy of salary increments as a single effort to improve human resources remains to be seen.

The DHTs want the salary increment implementation be tagged on performance of the individual health workers and not given as a salary increment for all, as has been recommended by MOH.

The majority of the population in Northern Uganda remains displaced; however in recent times, the IDPs are moving to satellite camps and smaller settlement to get closer to their land.

- In **Lira** district only 4 out of original 37 camps remain with sizeable populations of between 10,000 and 30,000 in each. The IDPs remaining in the 13 gazetted camps are estimated at 100,000 representing 50% of total IDPs living in camps at the height of insurgency. It is estimated that 40 % of IDPs in **Oyam** (about 51,000) have returned to the villages leaving about 77,000 in 20 camps. In Apac district, there are a few IDPs in only two camps.
- To facilitate the better service delivery during the early recovery process in **Lango** region, WHO supported CPAR to construct maternity units at Okwongo Health centre, Lira and Acokara Health centre, Oyam which shall be commissioned on 12 March 2007. WHO, through CARITAS, is beginning renovation work at Amugo and Akura Health centre Ills in Lira. WHO has provided equipment and supplies for the new maternity units.
- WHO has provided funds and technical assistance for refresher training of VHTS in the lango sub region. This is to ensure basic health service provision in hard-to-reach and return areas.
- **Gulu/Amuru** districts now report 93 new settlement sites, including about 13 villages where people are now living and/or clearing. Note that Gulu/Amuru has the biggest population in the Acholi region, as well as the largest number of non functional health facilities. Staff have been posted to Pabwo Health centre II, which shall open soon. WHO shall begin construction of a maternity there shortly.
- **Kitgum**: WHO is part of the support supervision teams that have been involved in assessing the repair and rehabilitation, staff, equipment and supply needs for health facilities that had previously been closed due to insecurity in preparation for population movements.
- In **Pader**: WHO supported the drawing up of health plans for the phase of return with the District health team. This was followed by deployment of staff to 7 new/formerly non functional health units; Oguta II, Porogali II, Olum II, Ligiligi II, Paiula II, Ogonyo II and Okinga II (which is under construction) ; drugs have been supplied to these units. The additional units bring the total number of health facilities in Pader to 37. With over 150 settlements being reported as occupied/or being cleared for occupation, this opening of additional health facilities is timely and more still need to be opened to improve the community's access to services.
- In the Acholi sub-region WHO is facilitating training of Village Health Teams and planning to upscale VHT services to new settlements and camps. Joint support supervision is planned for the month of March.

Non Functional Health facility in Amuru district: there is a need to renovate many such facilities



Health systems strengthening

- **VHTs**: 124 VHTs were trained in Awere Sub-county and 287 community Co-Artem registers were delivered in Pader Town council, Atanga and Kalongo. The Community Drug Medicine Distributors will now begin to treat malaria in children at community level.
- Monthly meetings for Community Medicine Distributors (CMDs) were held in Lira Palwo and Patongo health centres. In Patongo all the VHTs were invited to attend a quarterly review meeting during which they received 299 gumboots and shared updates of their activities.
- In Gulu and Amuru districts WHO and district teams made an inventory of VHTs to compare numbers selected and trained. Only 15.4% and 27.4% were trained in Gulu and Amuru respectively. The inventory was carried out as part of the plan to upscale VHTs in the districts.
- WHO supported the MOH to organize a national harmonization workshop on VHTs during the month.

At this workshop, it was agreed among others that VHT should be piloted in selected districts in the country and source of fund for VHT must be clearly identified for sustainability. It was also proposed that Inter-agency Coordination Committee should be formed to carry out this process; a follow up meeting is planned for the month of March. Note that WHO-HAC has been instrumental in rolling out VHT concept in the conflict affected region.

VHTs receive registers, medicine, medicine boxes, gum boots & t-shirts. They hold monthly meetings with Health facilities where they restock.

Malaria control:

- In Pader, Kitgum and Apac districts, WHO provided 43,100 Insecticide Treated Nets for districts of Kitgum, Pader and Apac. An additional 73,900 nets shall be given to the districts of Oyam, Dokolo, Gulu and Amuru. Distribution is being carried out by PSI.
- Co-Artem availability survey was carried out by WHO and District Health Teams (DHT) in Gulu and Amuru. Findings show that 50% of the HFs run out of the drug a month after supply, most affected age group by stock out is 7-12 yrs, daily OPD attendance is very high, requisition and delivery of Co-Artem from National Medical Stores (NMS) is slow. Discussions between the DHT, WHO Malaria Country office program and NMS are expected to improve supply of Co-Artem.
- **Reproductive health:** WHO provided support to the 6 Northern Uganda districts reproductive health services through provision of 20,000 mama kits through PSI.
- **Support supervision:**
 - **WHO Lira** participated in a 2-day joint integrated support supervision with Lira DHT and other health partners to all the health units in Moroto HSD, Lira district. Among the issues noted was a lack of second line treatment for malaria, oral quinine as well as paediatric combinations of anti-TB drugs. Weekly and monthly HMIS reporting was inconsistent for many health units. All health units had adequate stock of Co-Artem.
 - **WHO Kitgum:** participated in support supervision visits to Palabek Ogili and St Peter & Paul Padibe Maternity Centre with the DHT and partners.

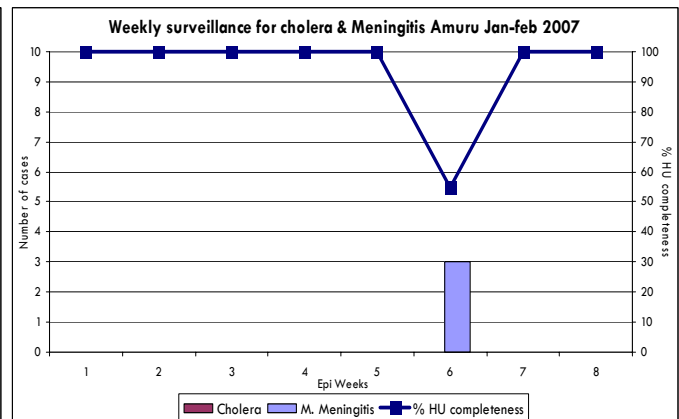
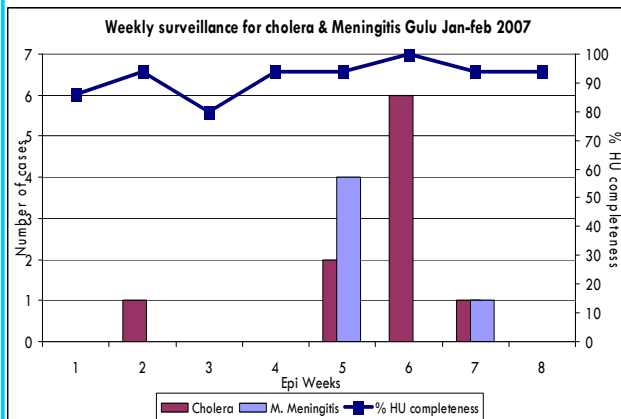
Information/Education & Health Promotion:

- WHO provided IEC materials, sponsored radio messages on reproductive health, TB/HIV, diarrhoeal diseases and shared technical information with partners in Gulu/Amuru, Kitgum, Pader and Lira districts.
- To build local capacity, WHO donated 100 books on treatment of severely malnourished children to Gulu University Medical School library.

Gap filling

Disease Surveillance and Epidemic Preparedness & response:

- Since the beginning of 2007, the districts of Gulu and Amuru have continued to be on high alert for meningococcal meningitis owing to an outbreak early last year and on going outbreaks in neighbouring West Nile districts.
- **Gulu district:** 11 new cases of cholera and 5 cases of meningococcal meningitis were confirmed in Gulu during February 2007. 40 Health workers from Gulu and Amuru were reoriented in detection, diagnosis, treatment, and prevention of the disease.
- **Amuru district:** reported 3 cases of meningococcal meningitis during the month. One of the cases had a history of travel to Arua. Zero cases of cholera were reported.



- **In Kitgum:** During the month of February, 37 new cases of cholera were reported bringing the cumulative number of cases to 1,709 and 31 deaths (since epi week 15, 2006). The case fatality rate is 1.8% and the

attack rate is 0.6%. Social mobilization, chlorination of water and surveillance are continuing at camp level and in Kitgum Town Council.

Pader:

- Three suspected cases of meningitis were investigated in Atanga health centre III. A team of WHO/DHT and MSF Holland investigated the rumour. Laboratory samples were obtained from all 3 patients. Preliminary lab findings suggested Haemophilus Influenza in one patient while the others had no organisms seen on microscopy. WHO provided Atanga with supplies of transport media, oily chloramphenicol and LP needles.
- During the month of February, 8 new cases of cholera were reported, the last case on 10 February. 156 cumulative cases and 15 deaths have been reported since Epi week 41, 2006. Two suspected cases of cholera investigated in Patongo by WHO/DHT were found to be negative of *vibrio cholerae* on culture & sensitivity tests carried out by Lacor Hospital laboratory.

Oyam district:

- WHO, together with the District Health Officer, Oyam investigated 6 suspected cases of meningococcal meningitis reported in Otwal camp (taken to Anyeke HCIV). CSF Samples taken from one patient showed no organisms, however, they were sent to Central Public Health Laboratories for confirmation. The rest of the patients showed no symptoms or signs of meningitis. WHO provided transport media, oily chloramphenicol and LP needles.

West Nile:

- The last week of February saw a decline in number of cases. Arua/ Maracha-Terego, Koboko and Moyo districts' registered the most significant reduction, while moderate reduction was noted in Yumbe district. Adjumani district showed an increase during this period.
- A representative from International Coordinating Group (ICG) visited and held discussions with District Health Teams and officials from WHO, UNICEF, MOH and MSF while in the field. ICG coordinates and provides vaccines for control of epidemic meningitis. The aim of this visit was to discuss, at the national and local level, with the MoH and the national representations of the ICG partnership, on how constructively meningitis interventions could be improved in the future.
- All the districts in West Nile sub-region are still carrying out active surveillance and case management. WHO continues to provide technical, logistic and financial support to the districts in the area of coordination, case management, active surveillance and laboratory confirmation of cases and mass vaccination. So far WHO has procured over 1.2 million doses of the meningitis A and C vaccines for use in the region.

DISTRICT	CUMULATIVE CASES	TOTAL DEATH
ARUA/MARACHA-TEREGO	1249	36
KOBOKO	149	4
YUMBE	307	14
ADJUMANI	229	7
MOYO	92	4
NEBBI	3	0
TOTAL	2029*	65*

* These are cumulative totals for February 2007

- The table below shows a summary of the vaccination coverage in West Nile;

District	No. of S/Cs Vaccinated	Number Vaccinated	% Coverage
Arua/Maracha-Terego	20	496,204	108.6
Koboko	5	128,467	115.3
Yumbe	5	93,759	61.0
Moyo	4	38,692	39.4
Adjumani	5	100,060	52.0

- **In Masindi:** WHO supported MoH to investigate an outbreak of pneumonic plague, provided technical support and supplies for treatment during the outbreak. 22 suspected plague cases and 10 deaths (7 community deaths and 3 health facility deaths) were reported in Masindi district during February 2007. The Index case had been living in Nebbi and developed symptoms the day after she moved to Masindi; 6 members of this family were infected and died.
- The cases that reported to Kiryandongo Hospital were managed in an isolation ward with doxycycline and chloramphenicol. 200 people, members of the households of patients and neighbouring households, received chemoprophylaxis. The last case was reported on 27 February.

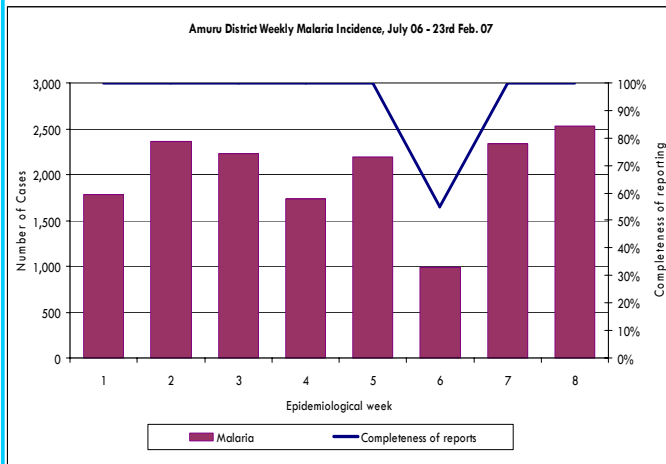
In Kotido: WHO provided epidemic response support for an outbreak of meningitis through; provision of drug supplies, transportation of samples, training of medical staff, technical support and active surveillance. The cumulative number of cases is 109, with a Case Fatality Rate of 10%.

Rift Valley Fever (RVF): WHO is supporting surveillance for Rift Valley Fever and provided support to a multi sectoral team comprising FAO, MOH, CDC, UVRI led by Commissioner for livestock, MAAIF to go to the Kenyan border to conduct outbreak investigations, assess capacities of the districts to detect and respond to any outbreaks of the diseases, initiate training for district veterinary and health officers, and bring back human and animal samples for analysis. No cases of Rift Valley Fever have been confirmed in Uganda; however, there is an ongoing outbreak in North-eastern Kenya.

Weekly Epidemiological (HMIS) reporting: WHO continues to support Gulu/Amuru, Kitgum & Pader in management of Health Management Information Systems (HMIS) by providing technical and logistic assistance to the District Surveillance Focal Points, Health Sub-district level and all health facilities in Kitgum, Pader, Amuru and Gulu Districts. District specific concerns include;

Gulu/Amuru:

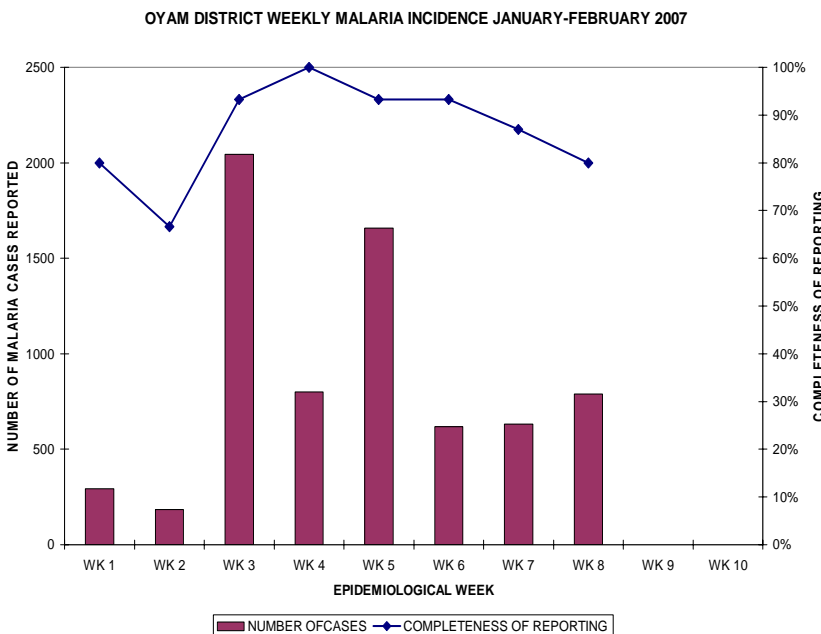
- Amuru district maintained 100% completeness of reporting for 7 weeks out of 8, only dropping to 55% in Epi week 6. In Gulu district completeness was at an average of 80%. This may be explained by increased population movements in the district.



- Reporting in Gulu district seems to have stabilised during the last eight weeks, in comparison to last year (2006) when it was fluctuating. Malaria morbidity in Gulu/Amuru is generally reducing as the dry season progresses.

Lira:

WHO assessed the level of completeness of weekly reporting for the districts of Lira and Oyam and met with surveillance focal points & their records officers:



- Completeness of weekly reporting for Oyam district fluctuates between 87 and 93% for most of the weeks. Malaria trends remain inconsistent. Efforts are being made to improve on quality, timeliness and completeness of data by regular supervision of district.
- Efforts are being made to improve HMIS reporting in Oyam, Dokolo, Lira & Amolatar districts. Computers were provided by WHO to district health offices as part of this effort.
- WHO is supporting surveillance for Sleeping sickness in Lira; a treatment centre has been opened at Alebtong HCIV, where 300 reported cases are receiving treatment.

TB activities: 4 microscopists were trained at Pajule Health centre IV with support from the WHO/DFID funds. This training is targeted increasing the number of TB testing centres hence improving services availability.

The health and human rights Survey:

- WHO carried out a Health and Human rights in 25 IDP camps in the Northern Uganda districts of Kitgum & Pader. It is expected to assess awareness of the right to health and identify entry points and barriers for free and meaningful participation of rights holders in the assessment and analysis, planning and design, implementation, monitoring and evaluation of health interventions.
- The study will result in a report/guidance document that will enhance understanding among stakeholders about how the integration of gender and human rights in humanitarian action can contribute to improved health interventions. The study and the report will encourage more responsive health interventions based on community participation and feed-back.

Health & Human rights survey, Pader February 2007



Coordination:

Health, Nutrition & HIV Cluster

- WHO Lira coordinated Health, Nutrition & HIV meetings in Lira and met with District Health Officer, Oyam to plan to start having coordination meetings there. The health cluster together developed a contingency plan for return, part of a District Disaster Management Committee (DDMC) plan.
- Cluster coordination: WHO and other members of the health cluster reviewed the cluster strategy and work plan for 2007, drafted a contingency plan for the cluster in light of the impasse in the ongoing peace talk and identified key indicators for monitoring cluster progress.
- WHO and partners UNOCHA, MSF, Oxfam and CUAMM met to plan health cluster interventions in Karamoja region in which WHO will support the following activities;
 - WHO has recruited and will deploy a staff specifically for Karamoja region
 - WHO will support strengthening of HMIS (training of staff, provision of computers and accessories in each of the five districts). Another meeting is scheduled for early March 07.

Acknowledgements

The progress achieved so far by WHO/HAC Uganda was made possible by contributions from partners and staff both individually and collectively. Of importance to note are the government of Britain (through DFID), Sweden (through Sida), Finland, Norway, EU (through ECHO), who provided funds for the operations.

The efforts and support of WHO/HAC teams in headquarters and the African regional office (AFRO) and Uganda WCO led by the WHO representative also deserve a lot of commendation. We are very grateful for their technical and logistic support, as well as that of the MOH, District Health Officers (DHOs) and District Health Teams (DHTs) in the conflict affected districts of Northern Uganda.