

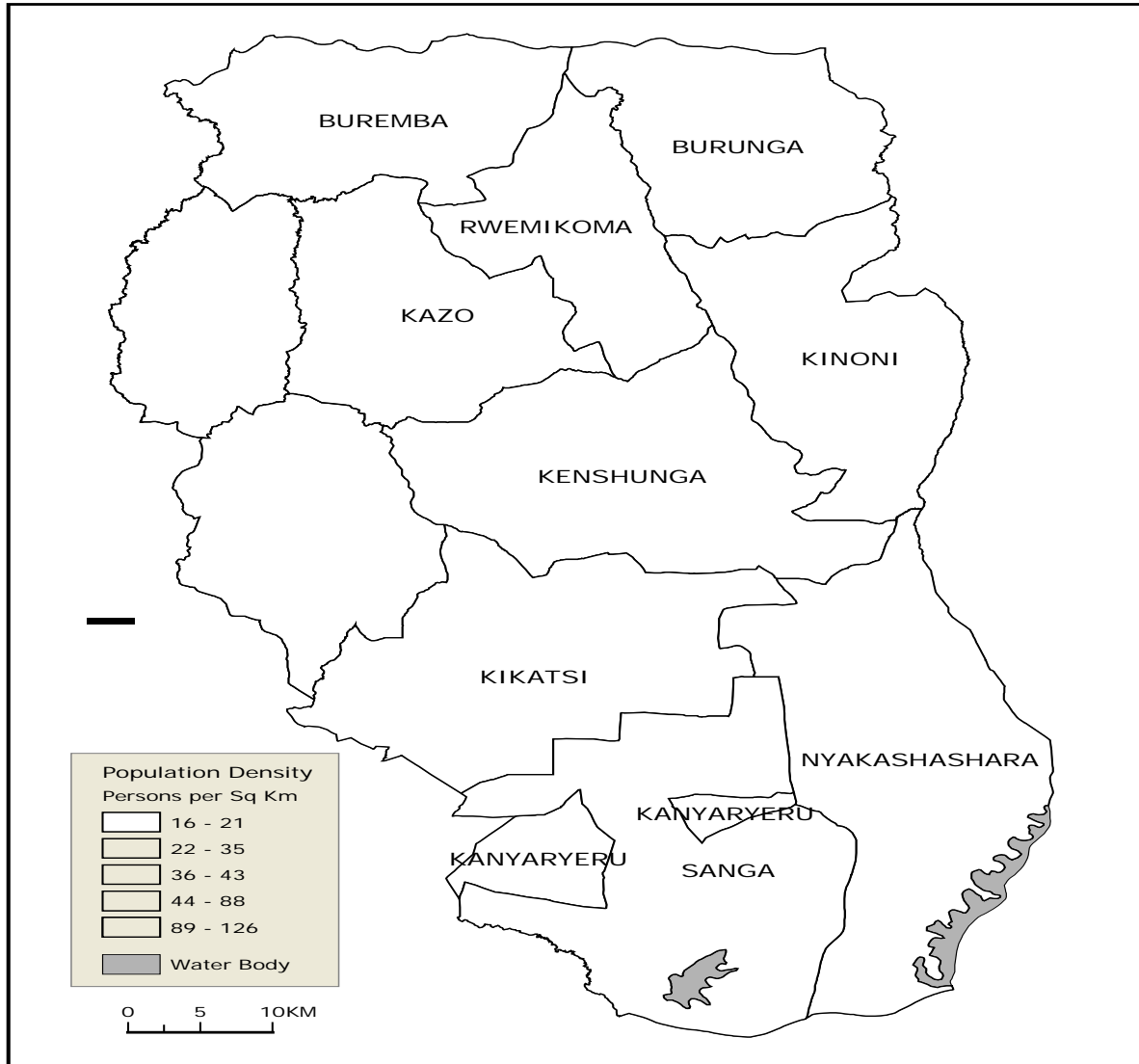
Working on Malaria without CSOs – an experience of a DHO. Kiruhura

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Presentation outline

- Background
- Administrative and Health structures
- Demographics and Malaria burden
- CSOs and NGO Activities

Kiruhura District Map



31st March to 2nd April 2009

Working on Malaria Without CSOs
at Hotel Africana, Kampala

Background

- Kiruhura District is one of the newly created Districts in Southwestern Uganda which was carved out of the former Greater Mbarara. It is now 3 1/2 years old still in its infancy and has a projected population of 260,794 people. It is a ***rural district*** with virtually ***no power and water***. It is located about 240km from the capital city of Uganda, Kampala.
- It has the biggest surface area of **4103.5 sq. km** bigger than the 3 current Districts of Mbarara, Ibanda and Isingiro.

Climate and Vegetation

- Average annual rainfall**1000mm**
- Temperature : Range**17deg C to 30 deg C**
- Bi-modal pattern of rain seasons.....**Mid-August to November and March to May**

Vegetation

- The District has Savannah Woodlands type of Vegetation with a wide cover of thorny shrubs. The district has **little water bodies** (Lakes; Kacheera and Mburo respectively with no natural forests.

Location

- Kiruhura District lies in the cattle corridor in South Western Uganda. It borders with Ibanda and Kamwenge in the North West, Mbarara District in the West, Isingiro District in the South, Rakai District in the South East, Lyantonde District in the East, Kyenjojo and Sembabule Districts in the North and North East respectively.
- The District headquarters are located in Kiruhura Town Council.

Administrative structures

- **Counties (HSDs).....2**
- **Sub counties12**
- **Town council.....1**
- **Parishes.....59**
- **Wards3**

Health structures

UNIT	Number	Name of
Hospital	01	Rushere Community Hospital (PNFP)
Health Centre IV	01	Kazo (Non functional)
Health Centre III	13	

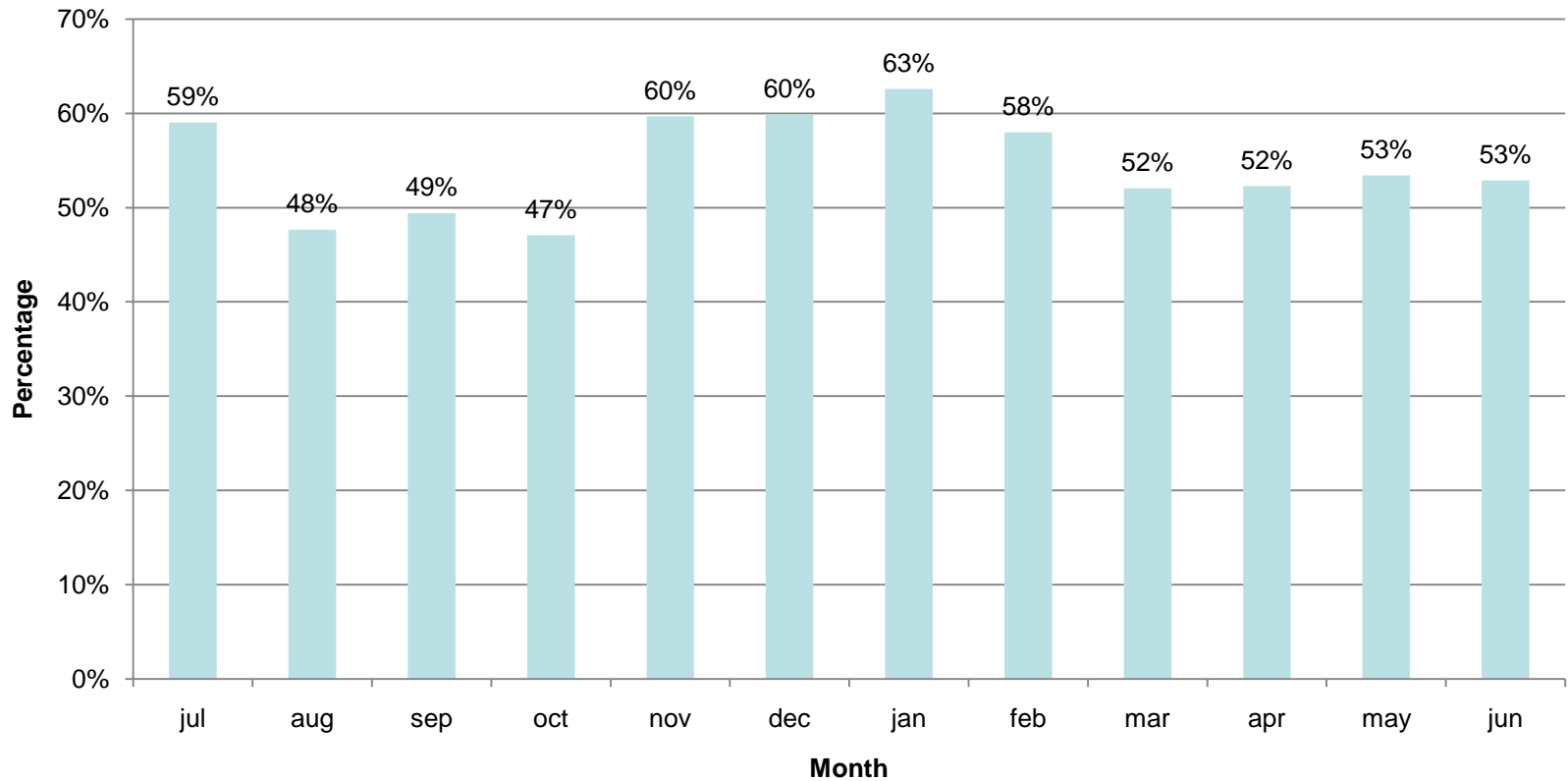
Health Structures

- 2 HSDs- Kazo and Nyabushozi
- 1 Hospital- Rushere Community Hospital
- 1 Health Centre IV -Kazo HC IV (***Not Functional***)
- 13 Health Centre IIIs-(2PNFPs, 11 Public)
- 19 Health Centre IIs (F) and 4 Non-functional ones

Demographics

Category			Population
Total Population	(A)		260,794
Women in child bearing age	(B)	0.202	52,680
# of pregnant women	(C)	0.05	13,040
# of Deliveries	(D)	0.0485	12,649
Children < 1yr	(E)	0.043	11,214
Children > 5yrs	(F)	0.202	52,680
Suspected TB cases	(G)	0.003	782

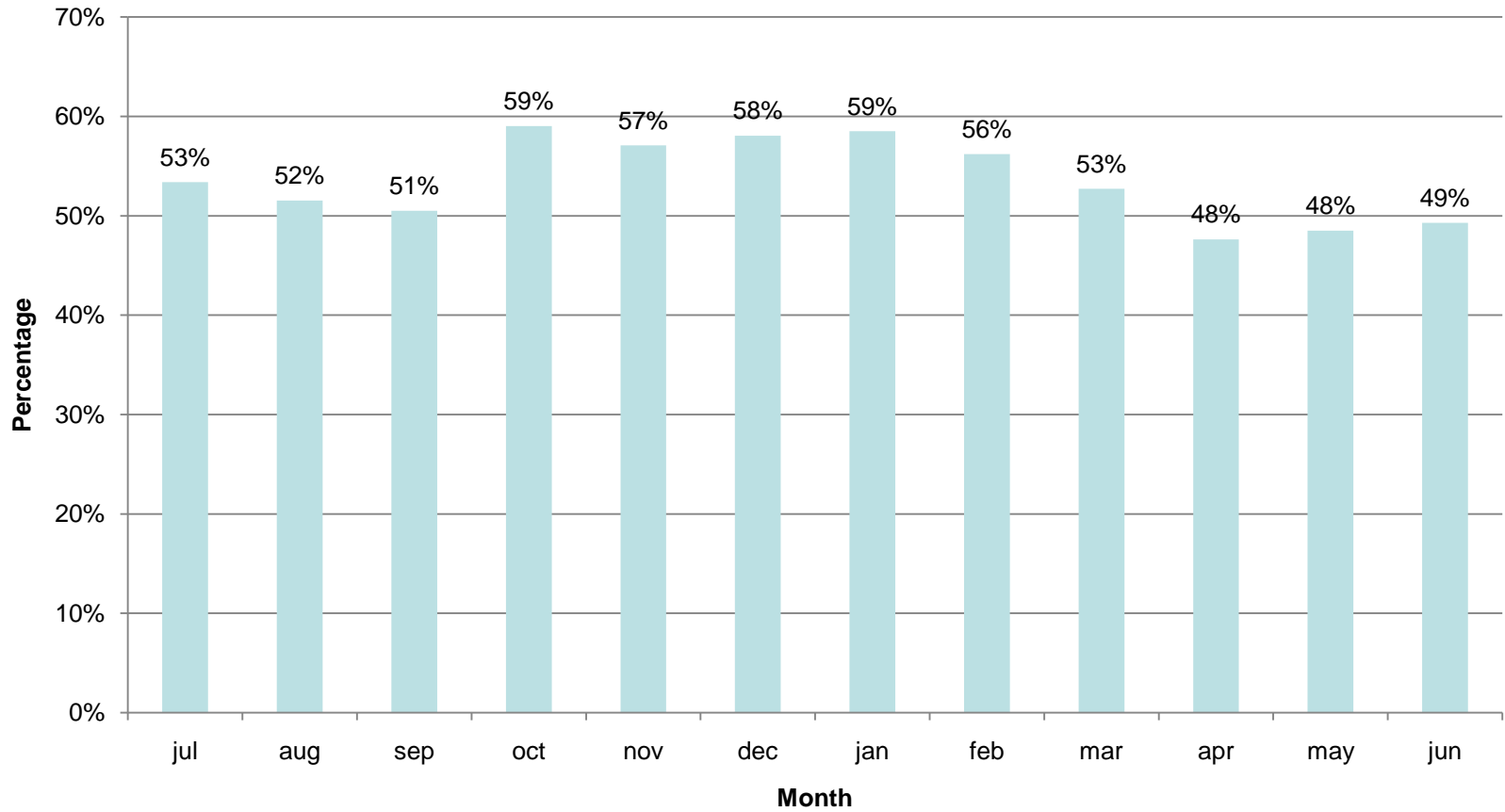
Morbidity due to Malaria - FY 06/07



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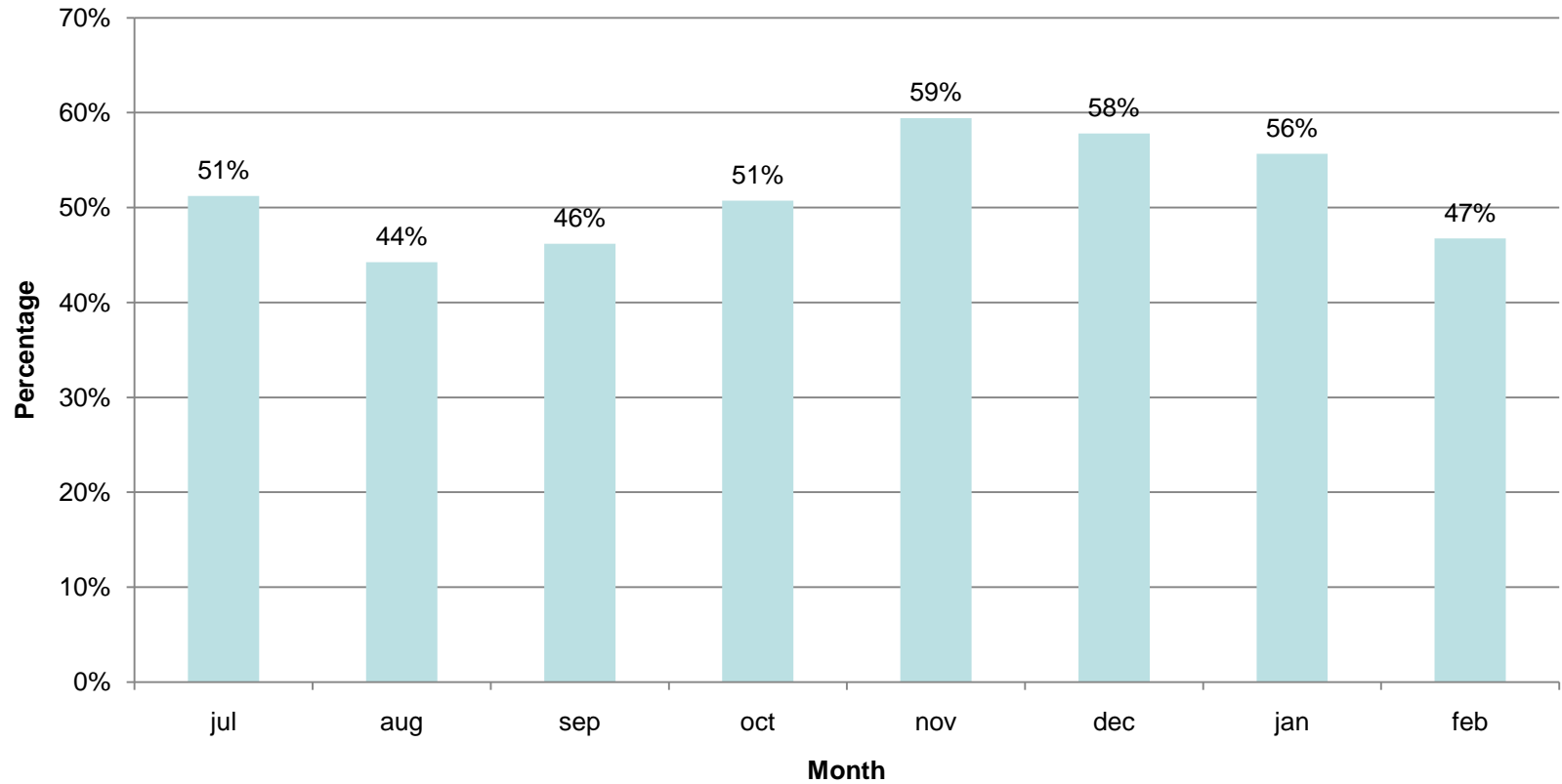
Morbidity due to Malaria - FY 07/08



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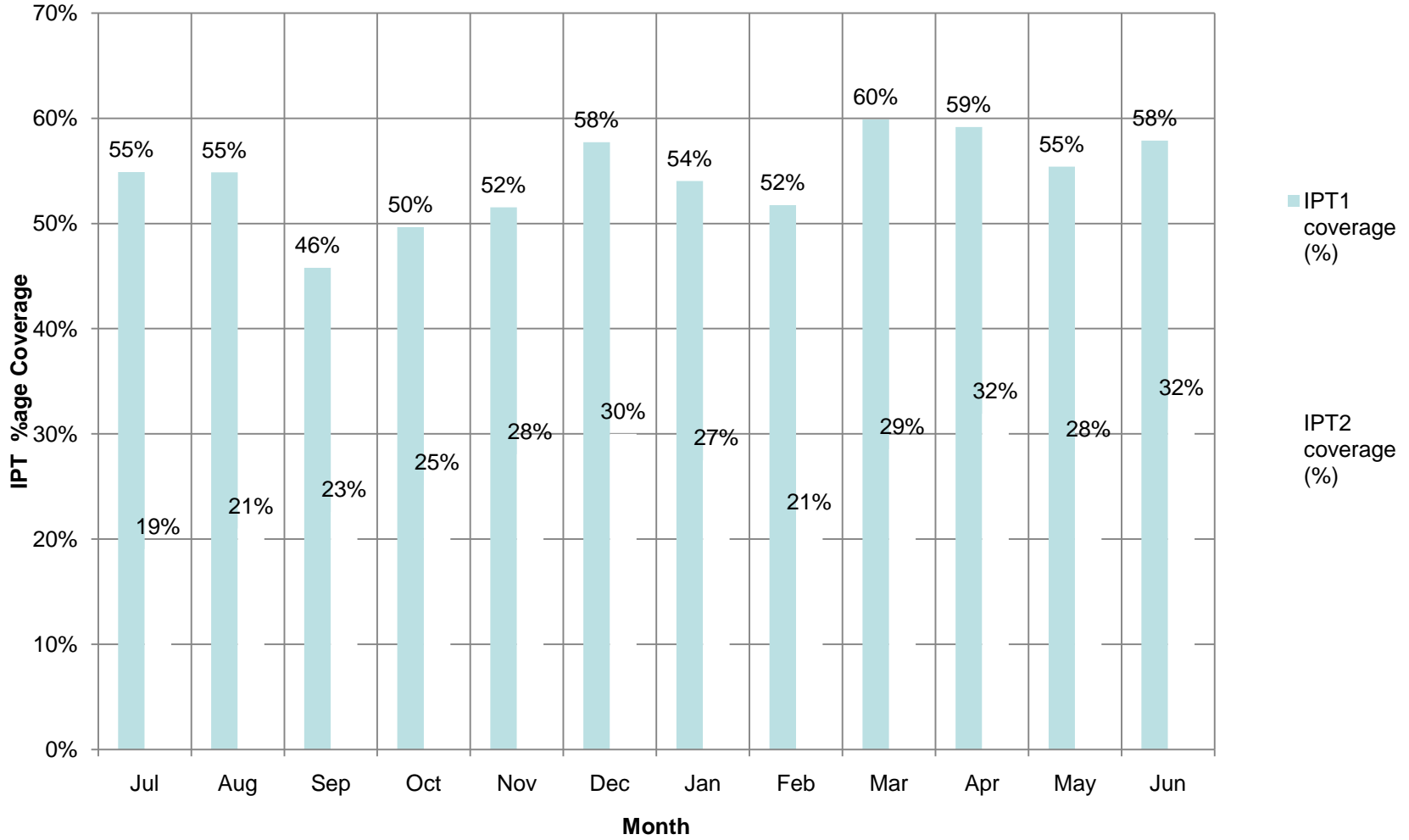
Morbidity due to Malaria - FY 08/09



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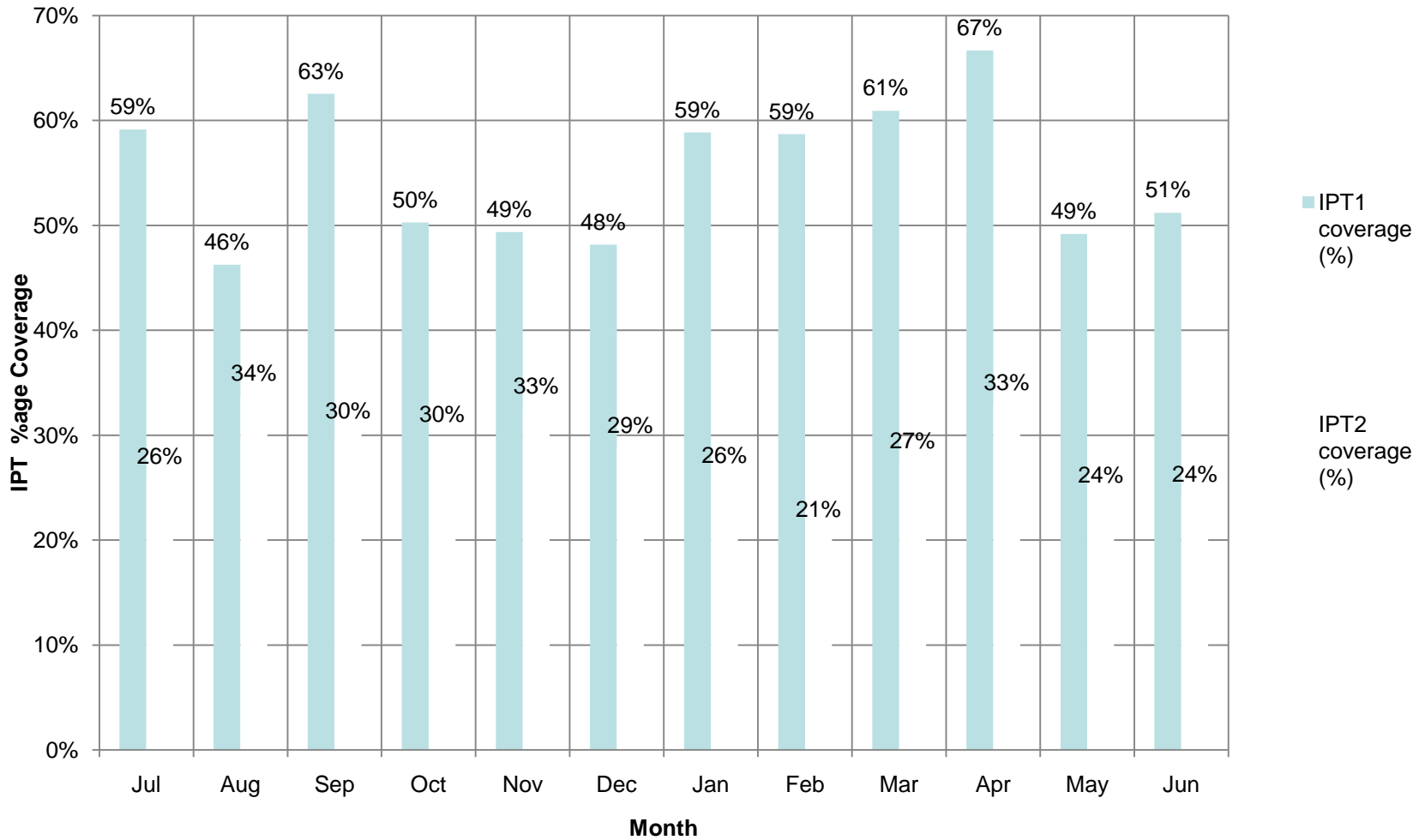
IPT1 & IPT2 Coverages for FY 06-07



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IPT1 & IPT2 Coverages for FY 07-08



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Summary of Basic Malaria Data

- OPDs->59% are Malaria cases
- IN-PTS: 06-07 FY.....71% were Malaria cases of all admissions
- IN PTS DEATHS: 06-07 FY....67% were due to Malaria of all Admissions
- IN-PTS: 07-08 FY....50% Malaria cases of all admissions
- IN PTS DEATHS: 07-08 FY....46% were due to Malaria of all Admissions

CSOs/NGOs ACTIVITIES

- To date none is really active in the control of malaria.
- Previously it was UPHOLD , PSI, AFFORD, EGPAF-for pregnant Mothers and a local NGO-Kaaro Rural Development Agency (Distributed LLINs to Buremba S/C)
- UPHOLD was supporting the HBMF program in which about 1,000 (1,014) CMDs were involved. These active ones were able to treat **56%** of U5s 05/06 FY and **52%** of U5s in 06-07FY before project ended in 2007.
- UPHOLD was also supporting Data collection and compilation; quarterly meets of CMDs with the Health workers and supervision of CMDs work.

Malaria Control Measures

- Preventive/Promotive
 - Health Education
 - LLINs (CSOs)
 - IPT in pregnant women and HIV (MoH)
 - Curative: Co-artem (MoH)-NMS

We mainly depend on MoH for our support` for the essential medicines. We grateful but support is inadequate.

Critical challenges and Questions

- Critical challenges and questions
 - Staffing levels vs disease burden
 - Staffing training (basic + CME)
 - Diagnosis both clinical and Laboratory
 - CMDs no longer active- no “HOMAPAK Coartem”. Think about the now jobless Community Doctor’s-CMDs
 - Drugs – insufficient supplies -> frequent stock-outs and high cost on open market

cont'd

- Critical challenges and questions
 - LLINs (pregnant women, U5s, HIV, rest of population)
 - No. distributed(12,000) + current need.
 - Health education
 - Funding - Solely (only) from govt and not sufficient

cont'd

- Critical challenges and questions
 - District covers a vast area -> difficulties in co-ordination
 - Sparse population -> difficult to reach with services
 - Homapak removed but no replacement provided yet
(Expired Homapak still in stores awaiting disposal)

cont'd

- Critical challenges and questions - continued
 - Low coverage (40%) for IPT II
 - VHTs are not well established
 - No or Inadequate research + minimal utilization of existing HMIS data

Cont'd

- Questions to challenge participants on their role
 - MOH
 - Policy supports establishment of HC III vs HC II but HC II more practical in vast area /sparse population (E.g Rurambira HC II manned by a N/Asst is about 40km from Nyakashashara HC III)
 - Funding – drugs/sundries, personnel, LLINs
 - DDT/IRS-when is the action?

Cont'd

- Questions to challenge participants on their role
 - UN agencies –WHO/UNICEF
 - Support data utilization and operations research
 - DDT/IRS
 - Human resource attraction and retention

Cont'd

- Questions to challenge participants on their role
 - NGOs/CSOs
 - LLINs
 - IRS

Appreciation

- The fight against Malaria is no simple one, however we wish to sincerely thank the Ministry of Health and our other development partners for the support rendered and continuing to accord us in the fight against this epidemic.

“Akatono okayana kali munkwawa”- you argue while keeping under the arm pit that little you have already got.

***KIRUHURA TOO NEEDS YOUR SERVICES
AND MUCH SUPPORT LIKE GULU!!!***

***THANKS AND GOD BLESS
YOU ALL.***

Service Need

- These badly need your support.
- After an Outreach for IMMUNISATION late in the evening in a place called Kitongore in Kanoni Sub county, Kiruhura District.

