WHO UGANDA BULLETIN

World Health Organization

February 2016

eHEALTH MONTHLY BULLETIN

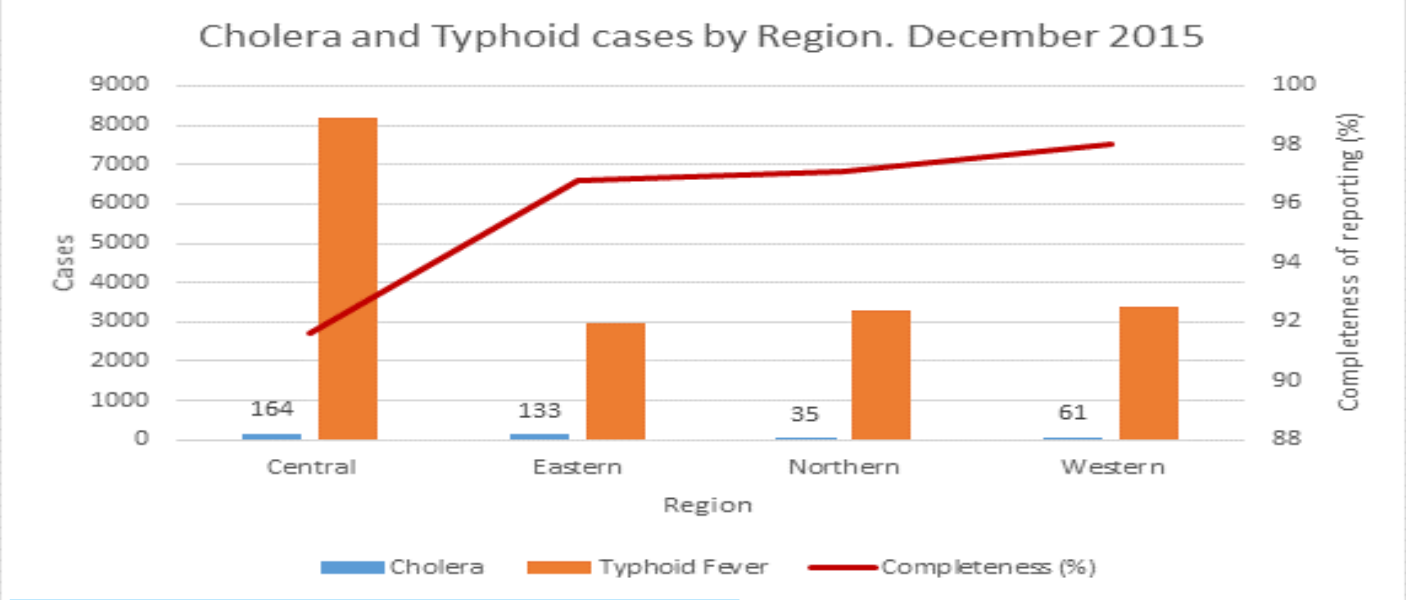
Welcome to this 1st issue of the eHealth Bulletin, a production of the WHO Country Office.

This monthly bulletin is intended to bridge the gap between the existing weekly and quarterly bulletins; focus on a one or two disease/event that featured prominently in a given month; promote data utilization and information sharing.

This issue focuses on cholera, typhoid and malaria during the Month of December 2015. Completeness of monthly reporting for December 2015 was above 90% across all the four regions.

Disease	2015		
	October	November	December
Cholera			
Typhoid fever			
Malaria			

Source: Health Facility Outpatient Monthly Reports, DHIS2, MoH



Typhoid fever

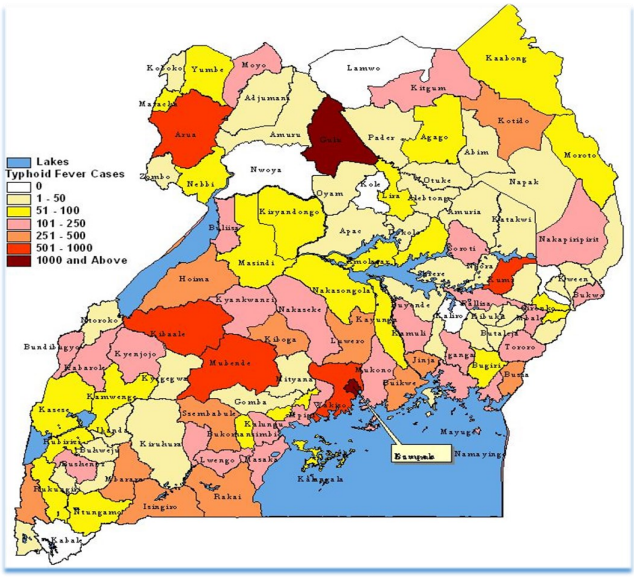
During the month of December 2015, typhoid cases were reported by nearly all districts. Central region reported the highest number, with Kampala, Wakiso, Mubende and Luweero contributing to the bulk of these numbers.

In the north, high numbers were reported by Gulu, Arua and Kotido.

Cholera

Outbreaks of cholera were also reported by several districts, across the country.

Distribution of Typhoid Fever



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District	Cholera	Typhoid Fever
Abim District		43
Adjumani District		5
Agago District	26	85
Alebtong District		1
Amolatar District		58
Amudat District		11
Amuria District		20
Amuru District		13
Apac District		3
Arua District		588
Budaka District		21
Bududa District		65
Bugiri District		94
Buhweju District		10
Buikwe District		260
Bukedea District		35
Bukomansimbi District		99
Bukwo District		191
Bulambuli District		
Buliisa District		174
Bundibugyo District		148
Bushenyi District		127
Busia District	3	282
Butaleja District		22
Butambala District		99
Buvuma District		17
Buyende District		5
Dokolo District		25
Gomba District		16
Gulu District		1013
Hoima District	45	283
Ibanda District		36
Iganga District		102
Isingiro District	1	329
Jinja District		295
Kaabong District		80
Kabale District		
Kabarole District		240
Kaberamaido District		62
Kalangala District		72
Kaliro District		
Kalungu District		152
Kampala District	13	3471
Kamuli District		185
Kamwenge District		85
Kanungu District	1	257
Kapchorwa District		8
Kasese District		97
Katakwi District	103	5
Kayunga District		57
Kibaale District	9	695
Kiboga District		275
Kibuku District		1
Kiruhura District		28
Kiryandongo District	3	68
Kisoro District		12
Kitgum District	4	169
Koboko District		26
Kole District		
Kotido District		347
Kumi District	6	502
Kween District		45
Kyankwanzi District		148
Kyegegwa District		29
Kyenjojo District		102
Lamwo District		
Lira District		95
Luuka District		5
Luwero District		304
Lwengo District	2	201
Lyantonde District		186
Manafwa District		27
Maracha District		87
Masaka District	3	154
Masindi District		53
Mayuge District		111
Mbale District	11	235
Mbarara District	1	342
Mitooma District		35
Mityana District		29
Moroto District	3	73
Moyo District		184
Mpigi District		128
Mubende District		659
Mukono District		125
Nakapiripirit District		115
Nakaseke District		212
Nakasongola District		68
Namayingo District		101
Namutumba District		19
Napak District	1	3
Nebbi District		78
Ngora District		13
Ntoroko District		13
Ntungamo District	1	72
Nwoya District		
Otuke District		31
Oyam District	1	21
Pader District		15
Pallisa District		153
Rakai District		282
Rubirizi District		63
Rukungiri District		82
Sembabule District		368
Serere District		4
Sheema District		2
Sironko District		66
Soroti District		172
Tororo District	10	117
Wakiso District	146	810
Yumbe District		71
Zombo District		33
Total	393	17810

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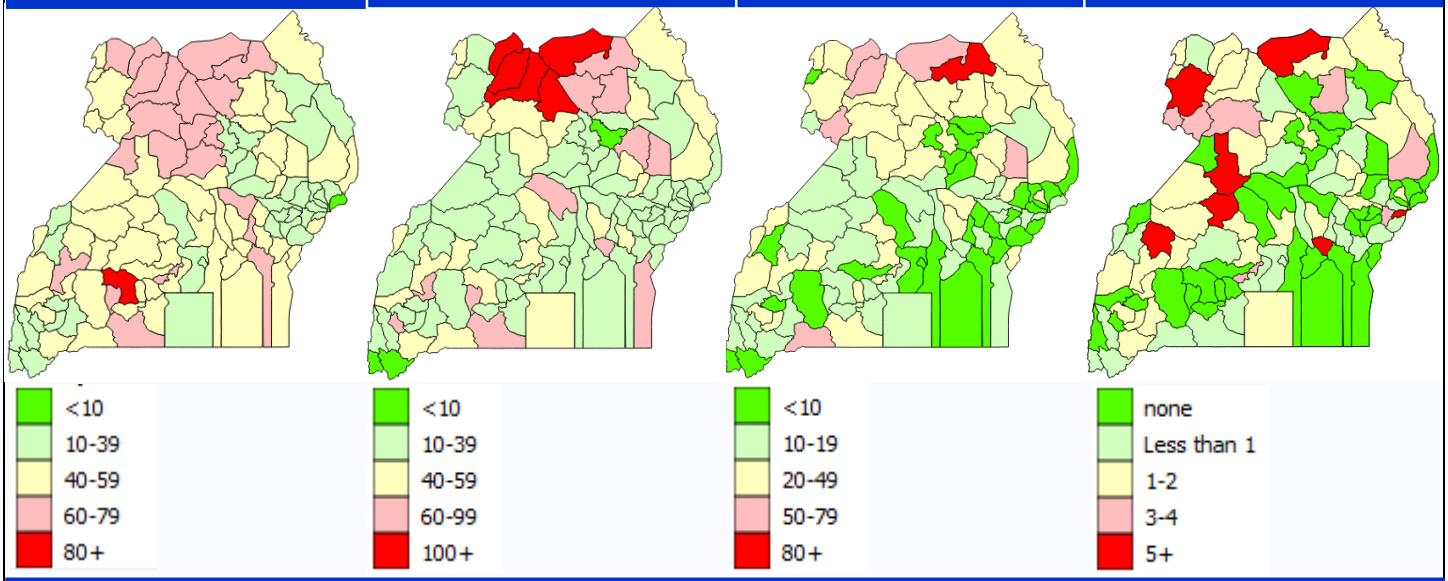
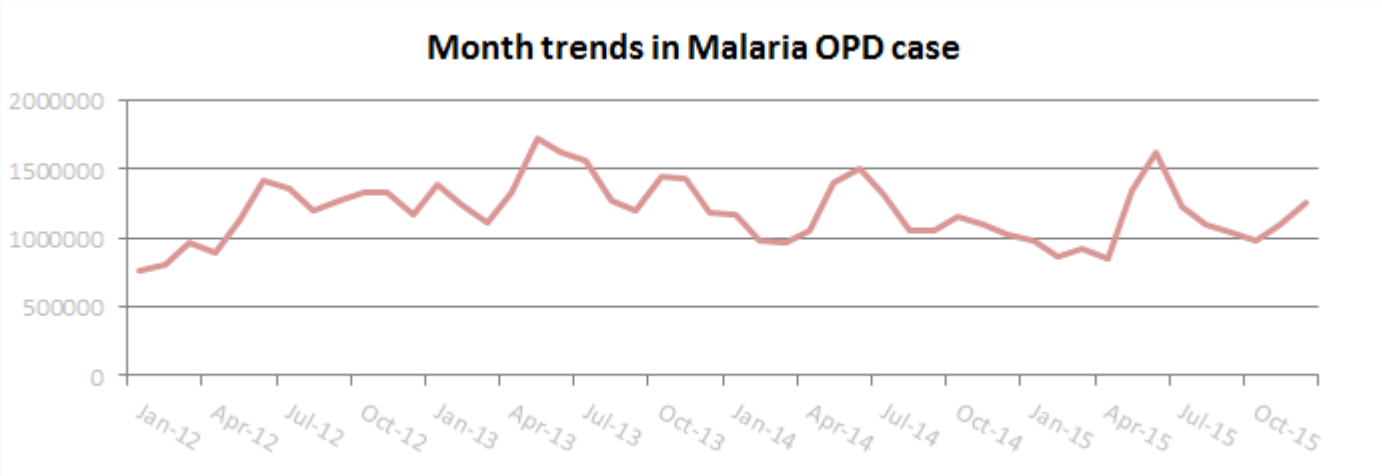
Mal Test positivity rate	Mal OPD cases per 1,000 pop	Mal IPD cases per 10,000 pop	Mal Deaths per 100,000 pop



Monthly trend in Mal cases (National)



Key Highlights

Test positivity rate (%): *High test positivity rates observed in the mid-northern and some districts of the West-Nile region*

Mal OPD cases per 1000 population: *The 10 former IRS districts in northern Uganda continue to record the highest incidence of malaria in the country*

Mal OPD cases per 1000 population: *High number of malaria in-patients observed in Pader, Moyo, Adjumani, Lamwo, Katakwi and Isingiro*

Mal Deaths per 100,000 population: About half the districts in the country recorded either no deaths or less than 1 death per 100,000 population in December of 2015

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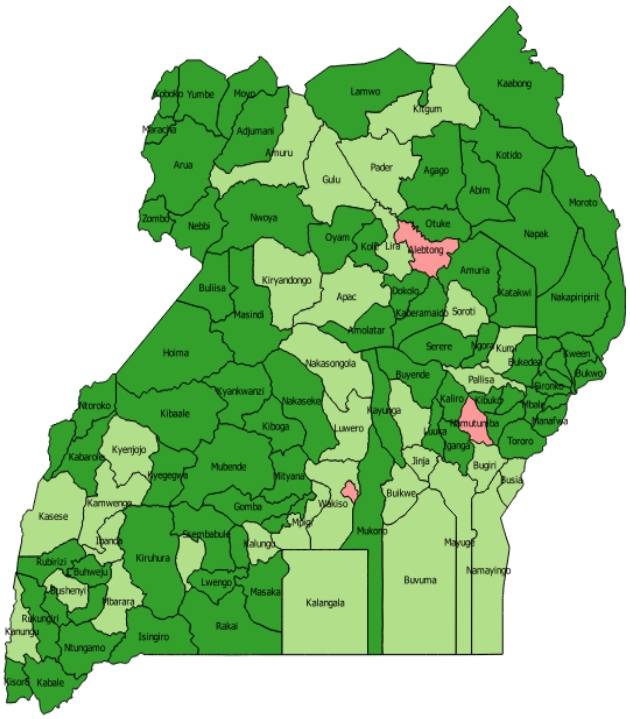
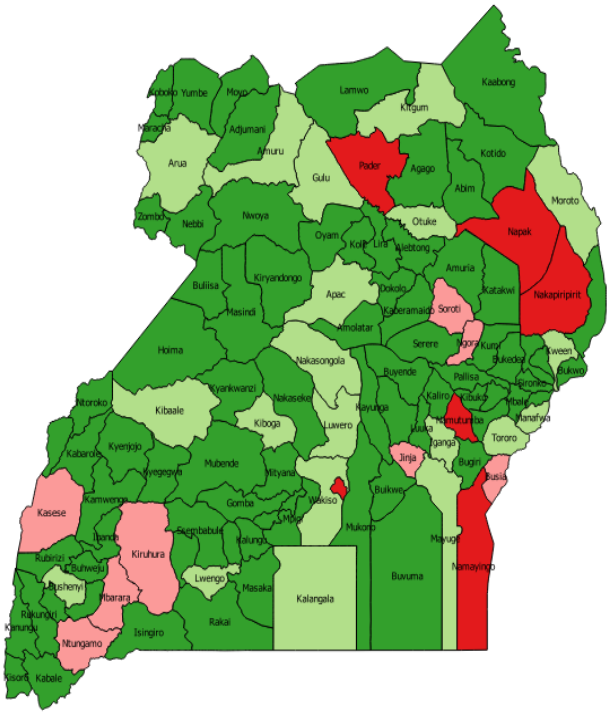
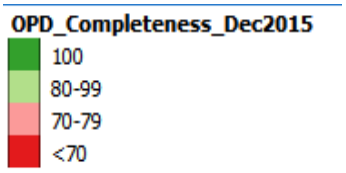
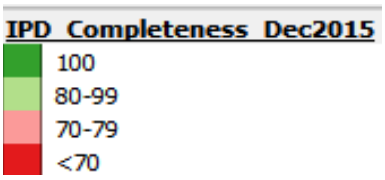
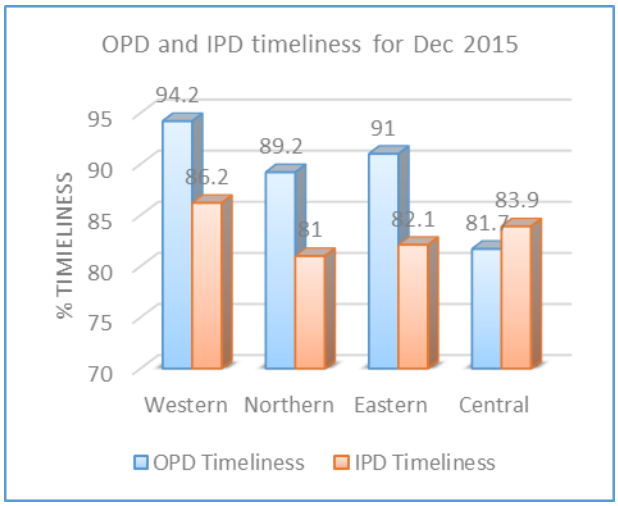
Outpatient Completeness Dec 2015	Inpatient Completeness Dec 2015
	
	

Completeness of reporting in a district for any report is measured as proportion of the "expected facilities to report" that submitted reports into DHIS2.

The two maps above show completeness of reporting in December 2015 for the Outpatient and Inpatient data by district. Nationally, while 95.7 % of the 4500 facilities submitted a monthly outpatient report, 88.7 % submitted on time. At a regional level, completeness of reporting was above 90% across all regions (Western - 98.3%, Northern - 97.1%, Eastern - 96.8% and Central-91.8%). The central region usually scores least because it has the largest number of Private Health Providers (PFP). The PFP commitment to reporting is still low with Kampala (KCCA) being most affected.

Of the 112 districts, outpatient data shows that 77 (69%) of them had 100% completeness indicating that all their facilities submitted reports through DHIS2. Only, KCCA, Namutumba and Alebtong had OPD completeness below 80%.

Inpatient reports are only expected from facilities offering Inpatient services and therefore the denominators for each district are adjusted appropriately. Of the 112 districts, 78 (69%) had 100% Inpatient completeness. Some districts, Pader, Napak, Nakapiripirit, Namutumba, Namayingo and KCCA had less than 70% IPD completeness of reports.



Timeliness for monthly are the facilities whose reports were captured into DHIS2 by the 15th of the following month (15th Jan 2016) of the expected reporting facilities.

Whereas we would expect the OPD and IPD reports to come as pairs at the time of reporting and subsequently entered both in time, it can be seen that Inpatient reports for most districts are captured later. Despite the difference, timeliness for both OPD and IPD is over 80% for most districts. We encourage reports to be entered in time to allow sufficient time for data cleaning and also use of timely data to support quick decisions.