CONSULTATION TO THE GUINEA WORM ERADICATION PROGRAM OF UGANDA, MAY 18 - JUNE 13, 1997

To: The Record, June 23. 1997
From: Karl Kappus, CDC, Atlanta

SUMMARY: From May 20 to June 13, I worked with the Uganda Program to evaluate the ongoing mobilization to cash rewards for case reporting and to evaluate the status of case containment operations in the most endemic districts. Many of the fine qualities of this program, the staff, and their performance continue to be apparent. Implementation of cash rewards for case reporting, now underway in all but the most endemic districts, should facilitate movement into the final stages of ending dracunculiasis transmission. However, changes in the arrangements for the reward system would substantially improve the efficiency of the developing process. Timely extension of modified arrangements for rewards to Kitgum District should be planned to accelerate ending transmission there. More urgently, immediate corrections for difficulties observed in the most endemic districts of Kotido and Moroto are needed to reduce the numbers of cases that would otherwise occur in 1998.

OBJECTIVES:

* Monitor mobilization to cash rewards for reporting of Guinea worm cases in Districts at high risk.
* Review case containment measures in locations with recent cases
* Make recommendations to the Uganda Guinea Worm Eradication Program through Global 2000.

ITINERARY:

May 18 depart Atlanta
May 20 arrive Kampala via London
May 21 to Lira
May 22 to Kampala
May 23 - 24 on leave
May 25 Kampala
May 26 Soroti
May 27 Kotido
May 29 Moroto
May 30 Kampala
June 2 Mbale day trip
June 4 Arua
June 5 Kampala
June 6 Kotido
June 8 Moroto
June 10 Kapchorwa, Kampala
June 12 depart Kampala
June 13 arrive Atlanta

ACTIVITIES AND OBSERVATIONS:

On arrival we found the Global 2000 staff had efficiently prepared a tentative field schedule and arranged for transportation. Although the primary focus of the consultations was facilitation of cash rewards for reporting of Guinea worm cases, concern was raised by large numbers of uncontained cases reported from Kotido District. Assisting case detection and containment in Karamoja also became a priority.

After orientation in Kampala, I traveled to Lira on May 21, Lira District was one of the less endemic districts where health staff had been recently mobilized to pay rewards. On arrival I discovered that the Guinea Worm Coordinator was

in Kampala and the District Medical Officer was in hospital. Two officials greeted me and discussed the status of dracunculiasis in the district. Although they had detailed information about Guinea worm cases in the district during the previous year, they knew nothing about cash rewards. They explained that the other members of the District Health Committee (less the GW Coordinator and DMO) were in a meeting and invited me to join them. Only two of the ten officials at the district meeting said they knew of the arrangements for the rewards. Apparently, many of those who had been involved in the reward mobilization were from subcounties near Kotido District and the reward news had not reached the other members of the health team. Clearly, awareness was not widespread at the district level. Members of the health team suggested that information about the reward should be broadcast in local languages.

Another concern involved the guidelines that specified how the reward money could be spent. Most of the districts had been given the equivalent of $500 dollars in cash to be spent in finding and containing cases. The draft guidelines had been changed to allow districts to spend these funds on travel, per diem and other expenses that might be connected with verifying a case claim. In practice, this allowed these funds to be spent on intra district travel expenses for staff even when no cases occurred if the expenses were associated with a case claim.. Thus, a district could expend all its funds without the GW Secretariat's knowledge or approval. Given the difficulty that most offices seemed to have in holding cash even briefly, guidelines that required saving of some funds exclusively for payment to verified cases was indicated.

We interviewed the Lira GW Coordinator on his return to the district on the May 22. He was fully informed about the cash rewards but understood that only cases that were reported during the first 24 hours after emergence were eligible for rewards.

We returned to Kampala and prepared to travel to Karamoja (Kotido and Moroto Districts) where most Ugandan cases had been reported in the last two years. Previous observations had shown many interventions that were highly effective at reducing transmission of dracunculiasis in other endemic districts were less so in Karamoja. Quality of supervision and accuracy of reported information had also been areas of concern in Karamoja. Consequently, more emphasis had been given to Abate application as an intervention in Karamoja.

On May 26, a reward mobilization meeting had been scheduled in Soroti on the route to Kotido and we hoped to observe the mobilization. We arrived in Soroti too late to observe the reward mobilization but participants indicated the meeting goals were achieved. In Kotido, the District Coordinator had been dismissed early in May and the DMO had traveled to Kampala. Two supervisors comprised the provisional surveillance team for Kotido, one was a subcounty supervisor from Kotido temporarily assigned to Kotido and the other was a health educator from Kotido. We visited several endemic villages and interviewed cases as well as subcounty and district supervisors and checked on the performance of the district abate team. The Abate team had initiated applications only late in April treating fewer than 20 of the 138 targeted ponds in that month. Application in May were more complete and the team expected to treat all the targeted ponds by the end of the month We also participated in one of the daily meetings of the district GW task force.
The "surveillance team" was doing an excellent job of finding cases but much improvement in the activities of supervisors and village volunteers will be needed before the claimed containment of cases becomes credible. Although we observed water collection at many ponds it was rare to see filters used; claims were also made that water was filtered in household compounds but we could not find anyone who had observed this. Records of cases were frequently written only at the end of the month, supervisory visits were often limited to once or twice a month even in villages with many cases,and we found evidence of untreated cases untreated cases. Although I did not see anyone with an emergent Guinea worm enter a water source, the supervisors on the surveillance team said that they saw and warned against this frequently. On two occasions when health educators were addressing village assemblies I asked them to inquire about villager's beliefs concerning the etiology of dracunculiasis. The people who responded indicated that Guinea worms were in and came from water but they rejected the role of individuals in contaminating water sourcesand claimed that Guinea worm had been present for a long time or always. Subsequent discussions with Karamojong in Moroto indicated that similar beliefs were held in that district too.

We traveled to Moroto on May 30 and met the District GW Coordinator. Together with the corresponding Subcounty Supervisor we visited a village with recent cases to monitor supervision and we reviewed records for Abate application

which is handled by the subcounty supervisors in Moroto District. We discussed the common difficulties with delayed case finding, infrequent filter use, and infrequent supervisory visits. Abate had been applied by this supervisor in what appeared to be reasonable amounts but the calculations on the records did not agree with the amounts applied and the records had not been reviewed by the District Coordinator.

After returning to Kampala, I made a day trip to Mbale District to observe reward mobilization but the scheduled activity was canceled.

On June 4 I flew to Arua to discuss their implementation of cash rewards for case reporting and attend some of their monthly meeting on June 5 before flying back to Kampala. Despite insecurity that had restricted travel by staff during the year, the Arua District Coordinator, Medical Officer and subcounty supervisors seemed to have kept close containment around the few cases during 1997 and they were motivated and well prepared to begin offering cash rewards.

On June 6 I traveled to Kotido by road and attended the monthly district meeting there on Saturday, June 7. The meeting showed the effort the DMO and the district health team were currently devoting to improving case containment and to Abate application; every subcounty supervisor had his cases and containment situation individually reviewed and criticized by the DMO and by the surveillance team, a process that continued uninterrupted until it was too dark to read. On Sunday, June 8, we continued the review with a focus on Abate application with the District health supervisors, the Abate team, and the DMO. The major outcome of the meeting was to identify a senior supervisor to supervise Abate application and to set out a strategy for listing water sources with priority for current treatment. The DMO promised to continue his monitoring of the program through daily meetings with the team until an appropriate Guinea Worm coordinator could be selected.

Leaving the Kotido meeting by early afternoon, we drove directly to Moroto town where we chanced to see the newly assigned DMO, who had recently completed his MPH including epidemiology instruction by CDC staff. He told us that the monthly district meeting, which we had planned to attend the next day, had been rescheduled for later in the week. After discussion with the DMO and the District Coordinator, it was decided that the next day would be the best time for the meeting after all and vehicles were sent to notify the subcounty supervisors. The meeting on June 9 was fully attended and the status of each subcounty supervisor's activities were reviewed. In discussions with the District Coordinator and me, the DMO agreed that priority should be given Abate application in view of the difficulty of ensuring containment with other interventions and that an expert Abate team would be organized for all applications. We agreed that the Coordinator should have an assistant who could concentrate on supervision for the Abate team. Finding a solution to the difficulty the program was having in getting its funds through the District offices was complicated: even the local bank had no cash at all. Monthly payments for village volunteers and subcounty had been disbursed from cash that I had carried to the District. The DMO promised to search for a dependable way to fund program activities so that cash money would not have to be delivered.

Returning to Kampala on June 10, we detoured via Kapchorwa to attend the scheduled reward mobilization there but found it had been postponed. On June 11, a plane had been chartered to fly to Kitgum so that members of the Secretariat could participate in their monthly meeting and recognize the contributions of the District Coordinator who had recently escaped from capture by rebels. Unfortunately the plane broke down and the flight was postponed until an appropriate date could be arranged. On June 12, I met separately with Dr Mpigika, the National Coordinator, Lloyd Donaldson, the UNICEF officer concerned with the Guinea Worm Program, and with Mark Pelletier, the G2000 Technical Representative to discuss observations and recommendations for the program.

RECOMMENDATIONS

GENERAL:

To improve monitoring and supervision of field operations between subdistrict and district and between central and district levels; require consistent participation of active, headquarters staff at monthly district meetings (especially in

Kotido and Moroto during months of high activity) and participation of appropriate district staff at monthly subcounty meetings. Arrange to have brief records of the dates when these meetings are held, which staff attended, and any matters of note that were discussed.

Inconsistent or delayed payments for village volunteers and subcounty supervisors can hamper program activities. In fact, such difficulties in April and May have delayed implementation of containment measures in Kotido and Moroto Districts. Although some of these difficulties stem from complex causes, such as decentralization and vagaries of district administration as well as slow release of budgeted funds; headquarters staff should plan and work closely with district coordinators to anticipate and avoid delays in disbursements.

KARAMOJA:

With the success of the program in greatly reducing cases in the other highly endemic districts, the absence of such results in Moroto and especially Kotido Districts is apparent. The program should focus its resources on containing as many of the cases as possible during this season. Given the challenges of quickly changing the behavioral patterns that have slowed the program in Karamoja, strong emphasis must be given to fully targeted and effective utilization of Abate during the current months of high transmission. These districts are now beginning to consistently apply Abate to water sources with the highest priority. In Kotido, arrangements are now underway to begin active supervision for Abate applications on a day to day basis. Abate applications have been actively supervised by the Coordinator in Moroto, but he will need assistance to adequately follow this activity during the season when many ponds are targeted.

REWARDS:

Implementation of an effective system of cash rewards represents the future for the Uganda GW Program - it must be well designed and monitored. The current guidelines are a fine beginning but they include a fatal flaw, funds for cash rewards are not reserved from expenditure for other purposes. An immediate memorandum from the National Coordinator to the districts should clarify that some portion (150,000 Shillings?) of the disbursed funds are to be given only to verified cases and to those eligible persons who report such cases. The reserved funds should not be spent for other needs, not even for expenses related to case detection and verification. The mobilization sessions now underway to inform district medical staff about the rewards are only a beginning toward raising public awareness of the rewards. More effective methods, such as radio messages in local languages, should be utilized soon. Evaluation to quantitatively determine the levels of awareness in various locations should follow only after the publicity measures are been deployed. A modified version of the reward system should be extended to Kitgum District to motivate complete case detection despite the ongoing insecurity in the District.

CONSULTATION TO THE GUINEA WORM ERADICATION PROGRAM OF UGANDA, JULY 20 - AUGUST 30, 1996

To: The Record, September 16, 1996
From: Karl Kappus, CDC, Atlanta

OBJECTIVES:
*Monitor implementation of case containment strategies in endemic districts

*Assist Secretariat to continue full operation during absence of Resident National Technical Consultant

*Make recommendations to the Uganda Guinea Worm Program through Global 2000

ITINERARY:
Kampala 21 - 24 July
Moroto District 24-28 July
Kampala 28 July to 6 August
Kotido District 7-11 August (Kitgum visit by air on 10 August)
Moroto District 11-13 August
Kampala August 13-24 August
Kotido and Moroto Districts 24-28 August
Kampala 28-29 August

BACKGROUND: Progress of the Uganda program has been rapid: from the country with the most cases except for Nigeria in 1993 (42,847 cases) Uganda held sixth place in 1995 (4,810)when case containment was implemented. The decline continued in 1996, the total of cases from January to August 1996 was 69% below the corresponding 1995 total. The decline has been even more rapid in Kitgum, historically the most endemic district of Uganda, which accounted for 60% of cases in 1995 but only 20% in 1996.

The other side of the coin lies in Karamoja: Kotido and Moroto Districts which together reported 79% of the cases in 1996. This consultation provided an opportunity to inspect and evaluate the status of interventions in Karamoja. At the same time the dates of my visit bridged the departure of the G2000 Resident Advisor followed by a three-week interim and the arrival of the new G2000 Advisor. I hoped to support program operations during the gap and to help orient the new Advisor on arrival.

SUMMARY OF FIELD ACTIVITIES: Most of the observations noted in this report occurred during three visits to endemic areas in Kotido, Moroto and Kitgum Districts. Observations and recommendations regarding the operation of the Secretariat or office management in Kampala were discussed directly with the National Coordinator, National Field Coordinator and the new Global 2000 Resident Director.

During July 24-28, we traveled with the Moroto Guinea Worm Coordinator to some of the more endemic locations in the north and then to less endemic areas in the south of the District. We interviewed village residents, village volunteers, and subcounty coordinators about management of cases of GWD, water collection practices, and Abate treatment of ponds.

Regarding case management, the supervisors indicated that bandaging was well received by persons with emergent GW; however many villagers expressed a common belief that the bandage and ointment slowed the expulsion of the worm and that villagers usually avoided the bandaging or removed it. All agreed that paracetamol tablets were valued and sought by the villagers. We saw many villagers collect water from several ponds; none used a filter. Supervisors claimed that filtering was done at the compounds; we heard differing opinions from villagers about this claim and were not able to observe behavior in the compounds.

Abate teams were not working on the days we were in the field but we examined recent application records for the ponds we visited. The records were complete and calculations were generally accurate. We lacked equipment to measure pond dimensions but at one pond we noted that people and animals wading near the edge of one pond were in about a meter of water although the deepest reading on the record was half that depth. At another village the volunteer and other residents had emergent worms but the shallow pond supplying the village was untreated because it was said that the pond would dry up before transmission could occur. However, this pond had already been used for more than a month and showed no indication of drying. We found other ponds treated in the absence of reported cases while some high risk ponds were not treated. We planned to discuss priority ranking for Abate applications with district staff at the next month's meeting.

We made a highly encouraging observation about one of the most important aspects of the program. We found a village volunteer at the pond supplying the most endemic village in the District. He said that he and the second volunteer assigned to the village took turns watching the pond to exclude persons with GWD. At other ponds, the Karamojong we interviewed were consistently knowledgeable about the cause of GWD and many indicated that they would prevent someone with GW from entering their pond.

From August 7-13 I visited Kotido, Kitgum, and Moroto Districts; attended their monthly meetings and visited villages in Kotido District to monitor activities there. A review of the status of every endemic subcounty was presented at each of these monthly district meetings. Each district team and their respective DMO was requested to speed submission of receipts and expense vouchers on a monthly basis so that funding could be obtained without delays. Delays in receipt of UNICEF funding was an important, underlying issue that was infrequently mentioned.

However, as a result of the funding delay, village volunteers had not been paid for two consecutive months in Kitgum and at least one month in Kotido and Moroto. Other results of the funding delays included unpaid supervisors and unavailable fuel for field vehicles. Monitoring of problems in payments to village volunteers, and of attendance and staff monitoring of subcounty meetings would have been facilitated if forms designed to document these aspects of the monthly meetings were used. Unfortunately, these records were no longer being kept by any of the three districts.

We flew in and out of Kitgum town to attend that monthly meeting because insecurity made road travel dangerous. Despite insecurity the subcounty supervisors managed to get to the meeting and it was claimed that almost all their subcounty meetings had been well attended by the village volunteers. This continues to be the most closely organized and structured district meeting. Insecurity does appear to have prevented the district supervisors from attending several of these meetings and probably kept some application teams from the field. Rebels had also stripped many treatment kits and household filters from endemic villages.

In Kotido and in Moroto, a major focus of the monthly meeting was targeting of priority water sources for Abate application. After discussion of this complex topic, the participants were encouraged to use simple criteria to develop a monthly lists of "must" and "may" treat ponds. It also became clear that to apply Abate in a focused and effective manner in these districts will require more continuing attention to targeting and monitoring from both the district and secretariat levels.

We visited several of the most endemic villages in Kotido to monitor Abate application and other interventions in company with the District Coordinator and an unusually competent translator who supervised field work for a local primary care network. We observed that, as in Moroto, residents knew how GW was transmitted and were prepared to keep anyone with emergent GW out of ponds. As in Moroto, we never saw anyone filtering water at the ponds. We heard mixed opinions on the utility of bandaging GW, with residents in some villages accepting the practice but others rejecting it.

When we came upon the district Abate team they were already dispensing concentrate, although we knew that they had been at the pond for less than 20 minutes. We checked their measurement form records which were complete and consistent and asked for a repeat measurement to demonstrate. The team measured the pond competently and rapidly in about 45 minutes. Examination of gear showed that they had not previously measured any pond that day although the team had completed measurement records for and applied Abate to six ponds. These observations were corroborated

sure that this information is reviewed by a representative from the Secretariat at every monthly district meeting and confirmed in the field on occasion.

7. Require a brief, written summary for the record for all field visits by Secretariat staff so that activities can be better coordinated and observations will not be lost.

8. Limit the amount of incentive paid by the Secretariat for each Abate application to the sum agreed with UNICEF and budgeted.

CONSULTATION TO THE GUINEA WORM ERADICATION PROGRAM OF UGANDA, JULY 6 - AUGUST 22, 1997

TO: The record, August 28, 1997
FROM: Karl Kappus, CDC, Atlanta

SUMMARY: Although Guinea Worm has been eliminated from most of the country, the campaign to eradicate the disease from Uganda has shown uneven results. Progress has been remarkably rapid in most endemic areas of the North, especially in Kitgum District, historically the most endemic in Uganda. However, the Northeast, represented by the two districts of Karamoja, has not had the success seen in the rest of the country.

The strategies that have worked successfully in other parts of Uganda have not been very effective in Kotido and Moroto. Improvements are needed in the organization and staffing of the district programs, the choice of and strategies for deploying available interventions, and the monitoring and support the district efforts receive from the central level. Health education has effectively informed villagers in Karamoja that GW is acquired from drinking pond water and that it can be avoided by filtering or by drinking borehole water. Health education does not seem to have persuaded most villagers to filter pond water or to drink only safe water, nor does it seem to have persuaded most villagers that GW is present in water only when persons with emergent worms enter ponds. One consequence is the functional absence of the idea that it is essential to keep persons with GW out of water. Intervention with Abate in ponds has been well accepted by the communities, but there have been difficulties in consistent application, due in part to the paucity of individuals with capacity to perform the necessary procedures.

The UGWEP should focus on eliminating GW from Kotido and Moroto Districts. Closer support and supervision and changes in strategy to emphasize the basic community health messages are indicated. Abate application should be centralized in each district and carried out by one well trained team with a highly competent, motivated supervisor who is able to employ rapid techniques for accurate pond measurement.

OBJECTIVES:

*Review implementation of interventions in locations with recent cases
*Assist UGWEP in operations during the temporary absence of the Resident Technical Advisor
*Make recommendations to the UGWEP through Global 2000.

ITINERARY:

6 July depart Atlanta
8 July arrive Entebbe/Kampala via Gatwick
10 July attend District meeting in Moroto
11 July fly to Kitgum and attend District meeting, visit District meeting in Kotido, fly to Entebbe/Kampala

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22 July drive to Kotido
23 July drive to Moroto
25 July drive to Kampala
5 August drive to Kotido (field visits, attend District meeting on 8th)
8 August drive to Moroto (attend District meeting, field visits)
11 August fly to Kitgum, attend District meeting and fly to Entebbe/Kampala
21 August depart Entebbe/Kampala to Gatwick
22 August arrive Atlanta

ACTIVITIES AND OBSERVATIONS:

On arrival in Uganda on 8 July I was informed that there and been some disorder in the UGWEP (Uganda Guinea Worm Eradication Program) office and the National Coordinator had been hospitalized. Within a day, all vehicles, office equipment, records, and data archives were located and secured. We were able to confirm that the checking account and cash on hand from Global 20000 funds were secure and that no unauthorized transactions had occurred. Locating and inspecting the status of the checking account book and disbursements from the MOH account funded by UNICEF was more difficult. Two weeks passed before the check book for the Ministry account was directly examined by MOH supervisors and yet more time was required to document disbursements.

The difficulty in obtaining even critical information about the MOH account was symptomatic of the extent to which information about these funds, plans for their use and their actual disbursement was sequestered. This information was so closely held that neither the Resident Technical Advisor nor most of the salaried staff knew which funds had been sent to support UGWEP activities in the endemic districts. Measures were taken to correct this problem later in July and are described below.

Another concern was the status of the field programs in the most endemic districts. This was especially true In Moroto and Kotido Districts where an incompletely prepared beginning of cash rewards had been proposed in June and publicity materials had been distributed. It was not clear whether these two districts had begun to pay such rewards despite their lack of planning and infrastructure to systematically support such arrangements. On July 10 I visited Moroto and attended their monthly meeting. On July 11 I visited briefly in Kotido during their monthly meeting before flying to Kitgum and attending their monthly meeting. Kitgum District was requested to draft a plan and budget for cash rewards to be announced at their next monthly meeting. None of these districts were offering cash rewards, but, in some confusion, radio announcements for rewards had been mistakenly broadcast in each district. No problems were noted at the July meetings, but in August, supervisors in Kotido District claimed that some residents refused to report cases due to a belief that health officials were being paid for the cases but not distributing the rewards.

In mid-July the Secretariat received an urgent radio request from Kotido for another 10 tins of Abate concentrate (200 l.) but only 2 tins were brought out of the store. When I inquired we

found that these were the last two in the storeroom. This was a shock, given the importance of Abate as an intervention in Karamoja and that Kotido alone had used more than 12 tins in the previous month. The lack of Abate seemed to raise no concern from the staff and no one seemed to be responsible for monitoring the supply. After the staff was energized, we found that Abate was available for sale in Kampala (about $550 per tin), that some could be shipped from Nairobi but that moving the shipment through customs would take time, and that Kitgum and Moroto Districts had enough Abate in excess of their projected requirements that they could donate to Kotido. I returned briefly to Moroto and Kotido Districts from July 21 to 25. The purpose of that visit was to modify the strategy for Abate application so that treatment would focus on high risk ponds rather than all sources of drinking water, but I also visited a few endemic villages in each district. In July, about 180 ponds were targeted for Abate in Kotido but many of these served villages that had no cases for months. From May to July, case detection had improved greatly in most subcounties of Kotido and the numbers of current cases and villages with cases had declined seasonally. Although recent rains had created many new temporary ponds, we decided that ponds serving villages with good case ascertainment, with no cases for at least one month, and with little risk of contamination by travelers would not be treated unless one of these factors changed. The anticipated result will be a sharp decline in the number of ponds targeted in the coming months as cases numbers drop to seasonal lows. If this occurs, enough Abate could be obtained from Kitgum and Moroto Districts so that no outside supply will be required until 1998.

During this trip to Karamoja, the Moroto Coordinator and I made an unannounced visit to an Abate team working near an endemic village around Matany, in the heart of the endemic area. We found that the team had not measured any ponds during that day but had copied measurements records from the previous year. When the pond was measured it required twice the amount of Abate that had originally been applied. Significantly, the team showed little interest in measurement techniques that could have reduced their work to a fraction during re-measurement of the pond in future months.

At the Secretariat office, we considered administrative procedures were considered to encourage open sharing of information and integrated management of the UGWEP. On August, administrative procedures (attached) to improve management of the UGWEP were agreed upon by representatives of MOH, UNICEF and Global 2000. The procedures were designed to open planning for field program and disbursement of funding so that all members of the Task Force could contribute to the process.

From August 5 to 7, I traveled to Kotido, visited endemic villages and monthly subcounty meetings with members of the District health team and an independent translator, whom I hired , and participated in the monthly District meeting on August 8. One of the villages we visited in Kotido District was believed to have recent cases and weak supervision. As expected, we found untreated cases, but as we attempted to clean and bandage the cases from one family compound we worked in an attached cattle pen. We treated the cases with difficulty as they were sitting on wet manure which virtually defeated our efforts at cleaning the lesions. A suggestion that we move the patients to a cleaner site on grass outside was rejected because to do so might expose

them to the danger of being seen by a witch. Apparently this was a major concern in this village and, although we were told that more cases needed bandaging in other compounds, they could not be brought to us and we had to leave before we saw those cases. I attended the Moroto District monthly meeting on August 9 and visited endemic villages in that District on August 10. At the Moroto meeting subcounty supervisors indicated that case reporting was slowed by two problems; the belief of some that rewards for reported cases were being collected by health officials and the fear of some that reporting cases might lead to their being eyed by witches. On August 11, the National Field Coordinator and I flew from Moroto to Kitgum, attended their monthly District meeting and returned to Kampala. The Kitgum meeting was, as usual, well conducted but it was apparent that District supervisors had not been able to travel to the endemic villages because of insecurity. We announced the availability of cash rewards and payment of transport costs for cases and reporters presenting at the office of the Kitgum District Medical Officer.

In Kampala we worked with the staff to prepare a budget plan for activities through calendar 1997. I debriefed and discussed my recommendations with UGWEP staff, the Director of Operations, and the UNICEF project officer.

RECOMMENDATIONS:

STRATEGY

* Focus on building field teams in Kotido and Moroto that rapidly detect new cases and link this to closely integrated, targeted Abate intervention. Abate application should be carried out by centralized teams led by highly competent, trustworthy supervisors..

* Implement rewards for case reporting in the rest of Uganda. Set the reward amounts high enough to give sufficient incentive, require immediate reporting to the Secretariat, monitor containment closely and direct timely support to any location where reporting or containment need to be confirmed.

SECRETARIAT

* Detail and budget work plans for the remainder of the calendar year

* Arrange for any revisions to work plans to be reviewed, and approved by the GW Task Force.

* Announce nationwide rewards (except for Kotido and Moroto Districts) for reporting of GW cases; the GW Day would be an appropriate time for this announcement

* Increase the cash reward for reporting of GW cases to 10,000 Shillings

* Require the endemic districts to submit brief reports of attendance and agenda for each of their subcounty meetings to the Secretariat representative at the monthly district meeting

* Encourage the endemic districts to have complete report data ready for the Secretariat representative by the close of their monthly district meetings; even if unusual events make it necessary to send delayed reports, core information for the national Uganda summary should always be available at the monthly meeting.

* Discuss establishing a third category of village, "under surveillance" to supplement the endemic and nonendemic categories; this category would be used for a village considered at risk of becoming endemic; i.e., there is some possibility that an imported case contaminated a water source.

*Locate and recruit, in conjunction with the GW Task Force, distinguished, broadly representative candidates for the National Certification Committee.

DISTRICTS

KARAMOJA

* Arrange for a central Abate teams headed by a specially trained supervisor to concentrate on application in Kotido and in Moroto District. The Abate supervisors would be trained to use accurate techniques to speed estimation of pond volume.

* Focus health education on the message "keep Guinea Worm out of water" and make sure that villagers understand that ponds are contaminated when persons with emergent Guinea Worms enter them.

* Repair vehicles and motor bikes used for UGWEP in both districts. Provide another 4-wheel-drive vehicle for Moroto District. Replace old bicycles for subcounty supervisors in both districts.

* Encourage shared attendance at district meetings for Kotido and Moroto so that technical information can be shared and field operations coordinated between the districts.

KITGUM

* Initiate payment of cash rewards for case reporting immediately.

* Plan a district GW day to announce the cash reward and celebrate the progress of the district program.

TO: The Record

FROM: John Okidi and Karl Kappus for UGWEP

SUBJECT: Agreements among MOH, UNICEF and Global 2000 representatives regarding management of UGWEP Secretariat

The points listed below to govern activities of the Uganda Guinea Worm Eradication Program **(UGWEP)** were discussed and agreed upon at a meeting held on 1 August, 1997 at the offices of UNICEF in Kampala. The participants included Dr. S. Zaramba, Director of Operations **M.O.H,** Mrs Josephine Onya, Principal Assistant Secretary, **M.O.H**, Mr J Okidi, Health Inspector and UGWEP Field Coordinator for the Uganda M.O.H, Ms. K. Cravero, Country Representative and Mr. L. Mbidde Health Officer, for **UNICEF**, Uganda: Dr K Kappus, **UGWEP** Acting Resident Technical Advisor and consultant for **Global 2000.**

*All requests for writing of checks on the **UGWEP** account must be reviewed by the Director of Operations, **M.O.H** before submission to approved signatories for **M.O.H.**

*All requests for check authorization on the **UGWEP** account must be co-signed by **UGWEP** representatives of **MOH** and of **Global 2000** before they will be reviewed for approval by the Director of Operations; the usual **UGWEP** representatives will be the National Coordinator and the Resident Technical Advisor.

*Requests will be accompanied by a note indicating and keyed to the pertinent budget category of the **UGWEP** work plan - if the request represents a departure from the budgeted plan an explanation will be detailed.

*The **UGWEP** plan of action and budgeted work plan are to be updated monthly and the revised documents reviewed and approved by **UGWEP** Task Force; a copy of any revisions will be given to the Director of Operations.

*An accounts clerk is to be designated by **M.O.H** to maintain timely, accurate records for the UGWEP account in the Secretariat office; this may require about one days duty weekly.

*Accounting by Global 2000 of disbursements from their Uganda account in support of the **UGWEP** will be available for review by the Director of Operations or designated **UNICEF** representative on request.

*The **UGWEP** account and records will be brought up to date and reconciled with bank statements as soon as possible and will be available for review by representatives of **MOH, UNICEF** or **Global 2000.** As a first step, a through briefing on the modalities of this account will be given to the Director of Operations, **MOH** at his earliest convenience. On the basis of this exercise it will be decided whether or not a formal audit is necessary. Any formal audit of the account will be conducted only after the National Coordinator has recovered from illness and returned to full duty.