



Office of the First Lady

REPORT ON IMMUNISATION ENGAGEMENTS IN ABIM DISTRICT.

12th - 18th October 2014

ROUTINE IMMUNIZATION STRENGTHENING IN KARAMOJA REGION: ENGAGING LEADERSHIP



TABLE OF CONTENTS

1.0	Background	3
2.0	Meeting with Cultural and Religious Leaders	5
2.1	Remarks by the Resident District Commissioner (RDC)	5
2.2	Remarks by the Executive Director OAFLA	6
3.0	Presentation of the Abim District Status Report on Immunization	7
4.0	Presentation on the Role of Leaders in Immunization:	8
5.0	Meeting with the District Health Management Team and Implementing Partners	11
5.1	Remarks by the DHO Abim	11
5.2	Remarks by the Executive Director OAFLA	11
6.0	Status of immunization coverage in Abim District as of June 2014	12
7.0	Presentation of the Status Report on Immunization Abim District	13
8.1	Remarks by the RDC	15
8.2	Remarks by the Executive Director OAFLA	16
9.0	Status Report on Immunization in Abim District	16
10.0	Presentation on the Role of Leaders in Immunization	17
11.0	Conclusion	19
12.0	Annexure	20

1.0 Background

Childhood immunization is a key channel for the attainment of the Millennium Development Goal (MDG) 4 of reducing child mortality by two-thirds by the end of 2015 and other targets on preventing child mortality, stipulated in the National Development Plan. The under-five mortality rate in Uganda is still high at 90 per 1,000 live births¹ and this is highest in the Karamoja region, where out of every 1,000 live births, 174 children die before the age of five; a death rate that is about 27% higher than the national average².

The Organisation of African First Ladies Against HIV and AIDS in Uganda (OAFLA UG) has embarked on a one year programme to enhance immunization in the Karamoja Region by providing political leadership and a strategic platform for stakeholder engagement.

Specific Objectives

- To ensure universal access and utilization of immunization services in the Karamoja region by September 2015.
- To ensure that all children under 1 year in the Karamoja region are immunized against the nine vaccine-preventable diseases by September 2015.

In a bid to kick start the Karamoja Region Routine Immunization Strengthening Campaigns (KARIC), the OAFLA team visited Abim District in October 2014, to conduct Preparatory Meetings with key stakeholders. Three meetings were held as follows:

- a) Meeting with the Technical Stakeholders in the Health Sector:* The Meeting discussed the Status of Immunization in the District, technical issues, the challenges regarding service delivery and monitoring and evaluation of the Campaign.
- b) Meeting with the Political and District/ Sub County Leadership:* The Meeting discussed highlights of the Status of Immunization in the District, the Leaders' role in the Campaign and building synergies to strengthen immunization efforts in the Region.
- c) Meeting with the Religious and Cultural Leaders:* The Meeting discussed highlights of the Status of Immunization in the District, the Leaders' role in the Campaign and building synergies to strengthen immunization efforts.

The Leaders also formed Committees to carry the work forward and made "*Statements of Commitment*" on their support and participation in the Campaign.

¹ "Uganda Demographic Health survey 2011 "United States Agency for International Development MNPI: Maternal and Neonatal Program Effort Index: Policy Project. Washington, DC: United States Agency for International Development. 2006.

² <http://www.capacity.org/capacity/opencms/en/topics/health-systems/strengthening-district-health-systems-in-karamoja.html>

Key observations drawn by the OAFLA Team

The OAFLA Team made the following observations:

- a) **Lack of an EPI Focal Person:** There is urgent need for the recruitment of an Expanded Programme for Immunization (EPI) Focal Person.
- b) ***The need for Health facilities in the new re-settlement areas:*** Similar to some of the other districts visited in the Region, there are a number of densely populated re-settlement areas that have no health centers or VHTs. While outreaches are currently the means of addressing this need, it was pointed out that the population is so big and the health personnel and time frame for conducting the immunization exercise is very limited. There is need for a lift on the ban on establishing Health Centers to address this need.
- c) **Supervision of Outreaches:** The teams that conduct outreaches were said to be unrealistic in scheduling their visits to the Community and therefore unable to meet their work plans. A further concern raised was the fact that because of lack of supervision by the Sub County chiefs, a number of the outreaches are not conducted and yet funds are disbursed for these activities. It was noted that the Sub County Chiefs should monitor the Outreaches against work plans and follow up implementation before they make any payments for services.
- d) ***The limited number of health workers:*** The challenge of limited health workers at the health units cuts across the Region. The staff is overwhelmed with having to attend to the daily patients, promote activities for male involvement and carry out the routine immunization work.
- e) **Systemic challenges in cold chain management:** The District does not have a Technician to support the cold chain management. There are fridges that need repair on a regular basis and the vaccine movement is dependent on transport from partner's field trips.
- f) **Involvement of the local leadership:** The Local Councilors need to be fully informed and involved in immunization exercises. They are at times unaware and this affects mobilisation of communities and the monitoring and supervision of service delivery.
- g) **Stock out of Vaccines:** There is a stock out of the vaccine PCV which comes in small quantities. Currently BCG and Measles are in short supply nationwide.
- h) **Limited funding in the health sector:** The funds for outreaches are inadequate. The funding has been based on 50,000 people and yet the current data indicates that there are 100,000 people in Nyakwae. The DHO has a quarterly budget of only 5million shillings.

2.0 Meeting with Cultural and Religious Leaders

2.1 Remarks by the DHO Abim

The DHO Abim, Dr. Owiny gave a background to the years of insecurity faced by the people of Abim. Now that peace prevails the District has a resultant challenge of communities that have re-settled in distant places with no infrastructure, schools or health facilities. Furthermore, Parliament placed a ban on opening new Health Center IIs. The District addresses this challenge through conducting outreach services that are compromised by lack of transport and funds to ensure the desired frequency. In addition there is only one Implementing Partner QUAMM handling Immunization and the District relies on their team to support the outreach services.

Dr. Owiny nevertheless observed that despite these challenges Abim was excelling in immunization at 87% now and encouraged the District leaders to work together to address hindrances to realizing the national immunization coverage target of 95%.

2.1 Remarks by the Resident District Commissioner (RDC)

The RDC, Mr. Sylvester Opira expressed his gratitude to the Elders and Religious leaders for their commitment to community development. He shared a number of Government initiated programmes currently being implemented in the District, pointing out that the Government places great importance to the health of children.



The RDC Abim Mr. Sylvester Opira addressing the cultural and religious leaders

He explained that immunization is part of efforts to enhance poverty reduction and prosperity. He expressed optimism that the immunization programme will meet similar

success as the eradication of Guinea worms. He urged the leaders to work hard and mobilise their communities and share messages at the meetings and events they attend.

“There are market days that should be targeted using megaphones. Leaders should join forces to ensure that Abim meets the 95% national immunization target” he said.

2.2 Remarks by the Executive Director OAFLA

The Executive Director OAFLA, Mrs. Beat Bisangwa conveyed greetings from the First Lady and Hon. Minister for Karamoja Affairs, Janet Kataaha Museveni who she said respects community leaders and recognizes their influence. She expressed her appreciation for their contribution to re- settling communities and embracing peace.



The Executive Director OAFLA UG making her remarks

Mrs. Bisangwa informed the Meeting that the World Health Organisation (WHO) and the Ministry of Health (MOH) met the First Lady and expressed their concern over the high percentage of Karamajong children who are not immunized. Karamoja has the lowest statistics in the nation and the Hon. Minister believes this situation can and must change. She therefore seeks to begin discussions and advocacy work to ensure the scale up of immunization in the whole of the Karamoja region in the next one year.

Mrs. Bisangwa noted that: *“While there are a number of challenges in service delivery there is need to work within the existing resources and structures to bring Abim District back to the number one position on immunization that she held in Uganda, in 2012”.*

3.0 Presentation of the Abim District Status Report on Immunization

The Technical Advisor QUAMM Mr. Sammy Were made a presentation on the Status of Immunization in Abim District. QUAMM operates in 11 areas in the District; they are however overwhelmed by the large population in the re-settlement areas.

“17% of the people in Abim are in hard to reach areas. It is beyond imagination that Nyakwae Sub County has no health facility. We go there once in a month and they have to wait for us to return to give them maternal health and other services and yet we do not have the resources to do more. Sometimes the vehicle breaks down and they miss our services for the whole month... we leave the community hurting” he said.



The CUAMM Technical Advisor presenting the status report

He called upon the Religious and Cultural leaders to use their influence to mobilise the community. He explained the different immunizable diseases and the complications arising from having unimmunized children. He observed that Abim was one of the best in immunization nationwide but now the statistics are going down.

“In all the vaccines there is a uniform drop in all the sub counties and yet we have 2 people managing the vaccines in the District. We also have all the logistics for immunization and positive leadership” he observed.

With regards to the challenges faced in immunization, Mr. Were pointed out four main issues: the inadequate involvement of VHTs in terms of mobilisation of communities, the stock outs of PCV Vaccine, the hard to reach areas and new settlements as well as the Sub

County Chiefs' who have been slow in supervising the outreach programme; leaving immunization to a small group of health workers who are at times disloyal in their delivery of services. He also noted that the people who manage vaccines lack transport to monitor their usage and specific skills to enhance their work.

4.0 Presentation on the Role of Leaders in Immunization:

Ms. Betty Byanyima made a presentation on the “Role of leadership in Immunization” in which she explained the mandate of leaders and the important role they have in mobilizing communities and monitoring service delivery. She called on the leaders to yearn to leave a good legacy at the time of their retirement and investing their energies in ensuring that the children of Karamoja live healthy and productive lives



Mrs Betty Byanyima from OAFLA UG presenting the role of leaders in this campaign

She implored them to take on the role of “Mapping, Mobilising, Messaging and Monitoring the Campaign”, stating that with 95% immunization coverage of children in the District, a buffer of protection would wipe out chances of outbreaks.

Response to the Report

- a) ***On their commitment to the Campaign:*** The leaders pledged their commitment to sensitizing the people and telling them to take their advice seriously. An appeal was also made for the elders to promote the Registration of Births as a means of monitoring babies who qualify for immunization.
- b) ***The need to love God's people:*** The Religious leaders reminded the Meeting that life is very important and that everyone should love their neighbors', who include children. The message of immunization should be preached by everyone.

- c) Care givers delegate the responsibility for immunization to children:* The meeting noted with concern that elderly women with babies in their charge send young children to take the babies for immunization. The children play on the way and misinform their grandmothers that the babies have been immunized. This problem could be addressed through community sensitisation.
- d) Mobilisation of communities:* At times there is only one person moving in a whole parish mobilizing communities, because some of the VHTs are not active. Everyone should take it upon themselves to carry out mobilisation and to integrate the message in all meetings and forums.
- e) The need to share immunization statistics regularly:* It is important that all the stakeholders are updated about the immunization statistics, since most of the leaders said they were hearing of the data for the first time.
- f) The importance of Government campaigns:* Government campaigns can make a big difference to the wellbeing of the people. The Guinea Worm was eradicated from Karamoja through sending messages on drinking clean water. Surveillance was kept on everyone.
- g) Hard to reach areas:* There are some hard to reach areas that require transport furthermore in order to improve on mobilisation, there is need to have more megaphones.

In his response the DHO pointed out that new VHTs have been recruited and will soon be trained. The existing Teams will be given refresher training, to enable effectiveness in mobilisation. There is an overload of work for the health workers that carry out the actual immunization and the outreach areas are quiet far. It is necessary to map the area well so as to be strategic and maximize the outreaches. He also noted with concern that time management is poor in Africa and some women come very late for immunization only to find that the Health teams have left due to the long distances they have to cover.

Formation of the Mobilisation Committee

A mobilisation Committee was formed comprising of the members listed below. The Committee was charged with: following up the mobilisation for the Campaign and liaising with the District Health Management Team for information.

- | | |
|----------------------|---|
| 1) Abim Town Council | - Ayen Jackson Abura Jello |
| 2) Abim S/C | - Thomas Opio and Agwete Justino |
| 3) Alerek S/C | - Ogwang Sime and Okech Augustine |
| 4) Lotuke S/C | - Agen Kalisto and Acor Michael |
| 5) Morulem S/C | - Omugetum Fidele and Omara Alex Rithamoe |
| 6) Nyakwae S/C | - Adei Peter and Lopeyok Akwilino |
| Religious leaders: | - Rev Robert Achilla, Buruvumbi Tajudin, Father Joseph Ocherro and Pastor Ocherro Jolly |

Statement of Commitment

“We the elders, cultural and religious leaders of Abim District today, the 14th October at Abuk in the RDCs Conference Hall, commit ourselves to participate vigorously in the immunization program under the Office of the First Lady in partnership with the Ministry of Health”.

“Whereas the results of last year were not pleasing, we shall make sure we work hard and promise that in 2015 the results will be the best in the Karamoja Region”.



A group of cultural and religious leaders after the meeting, including the RDC

Closing Remarks

The ACAO Abim Mr. Olwit Nelson Otim, thanked the leaders for attending the Meeting and for their active participation. He observed that the District has the capacity to take the first position in immunization in Uganda. He expressed confidence in the fact that the Elders and Religious leaders being reliable and trustworthy people will implement mobilisation as they had done in the past.

Abim District is determined to support the First Lady and all the Government programmes. He explained that the District Leadership had already planned a meeting to address immunization and other health issues scheduled for 16th October 2014.

5.0 Meeting with the District Health Management Team and Implementing Partners

5.1 Remarks by the DHO Abim

The DHO Abim Dr. Owiny, expressed his gratitude to the Team from the First Lady's Office for organising the meeting and to the First Lady for her concern for the people of Abim. He pointed out that the District Health Management Team is ready to address the challenges in immunization and to ensure that the Campaign is successful.

5.2 Remarks by the Executive Director OAFLA

Mrs. Beat Bisangwa explained that the First Lady had sent the Team to find out how to work with the different districts to bring Karamoja to the level of the rest of the Nation with regards to Immunization. She informed the Meeting that the issue of immunization is of great concern to the First Lady and explained that the Campaign arose out of information that reached her from the WHO Country Director and officials in MOH, regarding Karamoja Region's poor performance in immunization coverage nationwide.

She pointed out that consultation with the Technical Teams in Napak, Moroto, Kaabong and Kotido, confirmed that within the context of the existing resources it is possible to meet the 95% target at the national level. She explained that the best performing district in the Region would receive an award for their good performance.

She nevertheless thanked the District Leadership for taking the 2nd position in the Karamoja Region and for their good performance in many other sectors. She noted that there is still a lot of work to be done to reach the national target. Committees need to be formed and tasks allocated to ensure efficient service delivery, monitoring and evaluation. She concluded by expressing optimism that a Campaign strategy would be developed and carried on, even after the Campaign ends next year in September 2014.

6.0 Status of immunization coverage in Abim District as of June 2014

The Meeting began by discussing challenges pertaining to immunization in the health sector and possible strategies to address them.

Challenges regarding Immunization in Abim District:

1. **Stock out of Vaccines:** There is a stock out of the vaccine PCV which is always brought in small quantities. BCG and Measles are in short supply nationwide.
2. **Limited funding:** The funds for outreaches are inadequate. The funding has been based on 50,000 people and yet the current data indicates that there are 100,000 people in Nyakwae. On the other hand the DHO has a quarterly budget of only 5million shillings.
3. **Supervision of VHTs:** The In charges of Health Center II's should be reminded of their duty to supervise the mobilisation work of VHTs.
4. **Involvement of local leadership:** At times information is not given to the LCs. Once involved the LCs transmit information to the communities in a timely manner. The District leadership should coordinate closely with the Sub Counties.
5. **Food supply:** The overwhelming statistics on Morulem Sub County are as a result of food rations that are attached to immunization. The population comes from as far as Opopong.
6. **Reliability and timely analysis of data:** The data should be managed and updated to avoid unrealistic statistics. There is also need for Quality Health Management Meetings to analyze data and enable the Health facilities to use it for planning purposes.
7. **Inadequate value for health by the communities:** The people do not value immunization and need to be constantly followed up. However some of the leaders opposed this view stating that once informed the people of Karamoja are vigilant at seeking help to address health concerns.
8. **Supervision of Outreaches:** The Sub County Chiefs should take ownership of immunization and ensure they monitor outreaches before they make any payments for services. The Sub county Chiefs should have the outreach work plans and follow them up before payment.

Additionally the current plans for outreaches are wanting with no clear follow up. The data indicates unrealistic plans that are not being implemented. The Meeting was informed that the DHO will be visiting the Sub Counties to address this issue.

9. **Low latrine coverage:** There is generally low latrine coverage; on average at 50.3% of the community and yet Polio comes from fecal matter.
10. **Insufficient involvement of religious Leaders:** In the past the Religious leaders were very actively involved in the Family Health Days (FHDs) but their enthusiasm has waned. There is need to revive their involvement.
11. **Attitude of Health Workers:** The Health workers in some areas have a negative attitude that results in mothers shunning the health services.
12. **Systemic challenges in cold chain management:** There are systemic challenges in cold chain management. The vaccine movement is compromised by fridges breaking down and there is no technician to repair them. The cold chain staff depends on partners to transport them whenever they go out to the field. Consequently when there are no programmes the vaccines are not delivered nor the fridges fixed.
13. **Lack of an EPI Focal Person:** There is urgent need for the recruitment of an Expanded Programme for Immunization (EPI) Focal Person.
14. **The Upcoming Review of the MOU with all the IPs.** The District will soon review its MOU with all IPs and will make it mandatory for them to carry out mobilisation for immunization in all the communities they serve in.

7.0 Presentation of the Status Report on Immunization Abim District

The Technical Advisor QUAMM Mr. Sammy Were presented the Report indicating that the District had dropped from 115% immunization coverage in 2011/ 2012 to 81% coverage in 2013/14. He pointed out that there is need to analyze what made the District perform well then and what has gone wrong now?

The best performing Sub County is Morulem which is served by a strong Health facility that is supported with food rations. Abim Town Council and Alerek Sub County were also said to have a relatively good coverage. The Sub County challenged with large population re-settlement areas is Nyakwae, which has a low immunization coverage. He decried the fact that unreliable data compromises the overall statistics of the District making it impossible to verify the actual status of immunization.

Response to the Report

Proposals on Action Points:

1. **Map out the hard to reach areas:** It was agreed that an exercise be conducted to map out all the hard to reach areas and the population of the under five year children. A discussion should be held with the Health Center In Charges, in the next DHMT and health workers apportioned according to the mapping findings.
2. **Conduct a Performance Analysis:** The District should conduct a performance analysis on a monthly basis against key indicators and data on the target population, to assess progress and address challenges in a timely manner.
3. **Ensure the Mass Mobilisation of Communities:** The Religious and Cultural leaders should be involved to ensure mobilisation for routine immunization. Mass mobilisation of communities should also be conducted using film vans.
4. **The Cold Chain Management:** The life span of the fridges is gone and they keep breaking down. There is need for new fridges. The District leadership should endeavor to attract more partners to support Immunization, beyond QUAMM.
5. **Timely information sharing:** The Stakeholders Monthly meetings should also focus on information sharing and data management. To ensure that the data informs the strategies to be adopted to address areas of poor performance.
6. **Recruitment of an EPI Focal Person:** The DHO informed the meeting that he would be following up the issue of recruitment of an EPI Focal Person.

The Meeting agreed to use the 95% immunization target at the national level as the District target for the Campaign.

Formation of the Service Delivery Committee

Name	Designation
1. Owiny Obin	DHO
2. Buteraba Mathias	DHI
3. Opwang Daniel	M/S
4. Ojoro Valentine	Health Inspector
5. Achengo Santina	HIV Focal Person
6. Ochen Patterson	Cold Chain
7. Okeel Emmanuel	Bio Statistician
8. Were Sammy	T/A CUAMM

9. Kyakuunzire Enoch
10. Okengo Godfrey

DHE
Store Assistant

It was agreed that this District Health Management Team should be the drivers of the Campaign and that they should establish mechanisms for M and E to guide all the follow up meetings.

8.0 Meeting with Sub County Chiefs and Local Councilors

8.1 Remarks by the RDC

The RDC Mr. Sylvester Opira thanked the Sub County Chiefs and Local Councilors for their continued support to Government Programmes. He pointed out that Abim District has been doing fairly well on a number of issues and had achieved awards in this regard. He noted that the District can get back to the helm of immunization with dedication and team work.



The RDC Mr. Sylvester Opira addressing the political leaders

He appreciated the First Lady for her support and concern for the people of Karamoja and assured her team of his commitment to the cause of immunization. He gave a background to the Government programmes and urged all the leaders to monitor their implementation for the good of the people of Abim. He urged them to always be equipped and know the challenges their electorate face to reduce existing gaps.

He observed that there is peace in Abim and now the population is moving out to areas with no health services. He pointed out the need to find solutions and prompted them to make good use of the new radio station for mobilisation.

“The real mobilisation must be done by the political leadership so that we improve the general welfare of the people. In Abim we are trying, we have energetic young men and women. We must regain our position as the District that won the National trophy for Immunization in 2012” he concluded.

8.2 Remarks by the Executive Director OAFLA

Mrs. Beat Bisangwa thanked the RDC and pointed out that Abim District has done a commendable job. She explained that the First Lady has Karamoja at heart and is questioning why the babies are not being immunized. She was informed by the Development Partners that the Region has enough resources to support immunization. She therefore has sent her team to work together with the leaders to address this issue and ensure that the coverage of immunization rises to the national target of 95%.

The Office of the First Lady has come up with a 1 year campaign to see the scaling up of Immunization in the whole region. Meetings have been planned at three levels: the technical leadership, the political and district leadership as well as the community leaders namely the religious and cultural leaders to dialogue and map a way forward.

She thanked the Leaders for their cooperation and the good will extended to the OAFLA Team during the planning and organisation of the Preparatory Campaign Meetings.

9.0 Status Report on Immunization in Abim District

Mr. Sammy Were the Technical Advisor CUAMM, presented the Status Report on Immunization in Abim District and shared information on the 9 immunizable diseases which he said children must be immunized against from the time of birth. He provided the Meeting with an analysis of the status of immunization at Sub County level which indicates that Morulem Sub County is the best in the District.

Mr. Were shared the challenges the district is facing namely: accessing the hard to reach areas and new settlements, the inadequate involvement of VHTs in the mobilisation of communities, stock out of PCV vaccines and the problems in logistical EPI delivery from District to Health units. The Meeting was further presented with the following recommendations: ensuring the maximum involvement of the Community Leaders, VHTs, technical and political leaders, maintenance of cold chain and stock levels, community mobilisation for services, the need for a Public Address System and ensuring the impassable roads are addressed.

Mr. Were concluded by pointing out the need for the Sub County Chiefs’ to monitor and verify the implementation of outreach services and other health sector service delivery

before disbursing funds for payment. He thanked the political leaders for their continued support to stakeholders in the health sector.

10.0 Presentation on the Role of Leaders in Immunization

Mrs. Betty Byanyima made a presentation on the Role of Leaders in Immunization in which she explained the important platform leaders have to reach communities. She challenged the leaders to fulfill their mandate of ensuring their communities are well informed about Government programmes and that service delivery is monitored and supervised.



Mrs Betty Byanyima addressing the political leaders on their role in the immunization campaign

She called on the leaders to play an active role in supervising the mapping of their communities so as to trace where the children of immunizable age are. Every leader should endeavor to deliver culturally relevant messages to inform the people about immunization. She pointed out that the monitoring of service delivery is a key to the success of the Campaign and urged the Sub County leadership to make certain that services are delivered before payments are made to the health workers.

She thanked the District leadership for their cooperation and urged them to reclaim their position at the top on immunization in Uganda.

Response to the Report

Mrs. Beat Bisangwa briefed the meeting of the discussions held in the District Health Management Team Meeting highlighting the challenges raised and the recommendations made. She urged the political leaders to use their platforms to address communities and ensure that they are sensitized about the value of immunization.

The LC 3 Chairman Morulem Sub County shared with the Meeting the strategies his Sub County has been adopting to improve the coverage of immunization. He spoke of building team work and a unified approach to mobilisation from the sub county to the parish and village levels. The Sub County works with the health partners and together they identify effective mobilizing from the village to the Sub County level. It is also privileged to have three Health Center IIs and one Health Center III. The health personnel provided the VHTs with bicycles and the Sub County monitors their work.

The Meeting adopted the recommendations discussed in the Technical Meeting and then proceeded to form the Mobilisation Committee and to read out their Statement of Commitment.

Formation of the Mobilisation Committee

The Mobilisation Committee was formed by the LC 3 Chairmen and the LC V Secretary for Health as follows:

Name	Sub County
1. Otto Wilson	Abim TC
2. Okoli Richard	Abim S/C
3. Abala Marino Otuu	Alerek
4. Eriaku Gelas	Morulem
5. Odongo Timothy Menya	Nyakwae
6. Ochin Daniel	Lotuke
7. Okello Godfrey	Secretary for Health LCV

Statement of Commitment

“We the sub county stakeholders commit to participate in mobilizing our communities to participate in the Karamoja Region Immunization Campaign in October 2014 to 2015.

We pledge to form Health Committees from village to sub county level and to monitor the PHC money going to the HC III to ensure it is well utilized.

We commit to work in collaboration with all the health stakeholders including VHTs, the District Health Management Team and the local leadership”.



A group of political leaders after the meeting including the RDC & CAO

11.0 Conclusion

The Preparatory Immunization Campaign Meetings in Abim District were edifying. The OAFLA Team were well received and found an energized and receptive District and Sub County Team ready to redeem their position of the “number one District” in the Region.

The Teams acknowledged the challenges they have been facing and drew recommendations to enable a more aggressive approach to mobilisation and outreaches which it is hoped will enable a greater coverage.

Pictorial



