



*Office of the First Lady*

## REPORT ON IMMUNISATION ENGAGEMENTS IN AMUDAT DISTRICT.

8<sup>th</sup>-9<sup>th</sup> December 2014

### ROUTINE IMMUNIZATION STRENGTHENING IN KARAMOJA REGION: ENGAGING LEADERSHIP



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## 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 births<sup>1</sup> 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 average<sup>2</sup>.

The Organisation of African First Ladies Against HIV and AIDS in Uganda (OAFLA U) 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.

As part of the Karamoja Region Routine Immunization Strengthening Campaigns, the OAFLA team visited Amudat District in December 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.

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<sup>1</sup> "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.

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

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

**Some key issues raised during the Meetings:**

- a) ***Distorted population data:*** The district population statistics were distorted in the past when the number of family members was falsified get food rations. The Census provisional results indicate a much smaller population for the District. This situation impacts on the portrayal of the poor levels of Immunization in the District.
- b) **The low facility deliveries:** There have been missed opportunities of BCG due to low facility deliveries. The percentage of mothers who deliver at the Health Facilities and those who attend Antenatal Clinics is still very low. The people in most parts of Karamoja have poor health seeking behavior with limited or no male involvement in the health care of their families.
- c) **Poor road network:** Some of the hindrances to mobilisation and outreaches are the poor roads and the lack of public transport. There is need for a concerted effort to ensure that the critical roads leading to health facilities are worked upon.
- d) **Information sharing with the political/religious and cultural leadership:** The political, religious and cultural leadership are not provided with the District statistics on immunization. It was observed that meetings should be held to provide this information to all leaders and to plan together for effective mobilisation.
- e) **The Lack of a District Hospital:** The District does not have a Government Hospital it depends on the Hospital run by the Anglican Church which has limited capacity to handle the large number of patients that come for health care. There is need to construct a Government Hospital to supplement these efforts.
- f) **The Cold Chain Management:** There is need for 4 fridges to ensure cold chain management in areas where there are no vaccine storage facilities. The lack of these facilities has greatly affected immunization coverage.
- g) ***The negative impact of FGM at delivery:*** It was observed that women who undergo FGM find it difficult to deliver their babies. While women are encouraged to attend ANC and to deliver at the health units, the attendance is still very low.
- h) ***Attendance to Antenatal Clinics and HIV Stigma:*** It was observed that most women detest ANC because of the fear of the stigma that goes with finding they are HIV positive. A lot of sensitisation has to take place in order for them to appreciate the benefit of attending antenatal clinics.

## 2.0 Meeting with the District Technical Team and the Political Leadership

### 2.1 Remarks by the RDC Amudat

The RDC Amudat Mr. Steven Bewayo welcomed the participants and thanked the OAFLA U Team for organising the meeting which he said was timely. He informed the Meeting that the District leadership had learnt that the Population and Housing Census had found the district population to be much smaller than the projected figures and going by the new demographics the Amudat has been doing reasonably well in immunization.



*The RDC Amudat District, Mr. Steven Bewayo addressing the leaders at Amudat District Headquarters.*

He pointed out that the health sector is affected by a lack of Health Center II's and the President had advised those districts without adequate Health Center II's to establish Health Center III's in their stead. The RDC also called for an increase in the number of midwives and medical staff serving in the District, pointing out that there are challenges in staff recruitment resulting from the absence of a District Service Commission.

The RDC decried the low pit latrine coverage which is the poorest country wide and urged the leaders present to mobilize communities to build pit latrines in their homes. He pointed out that the people should be discouraged from demanding for wheel barrows as an incentive to increase the latrine coverage.

He declared the meeting opened and wished the participants good deliberations.

## 2.2 Remarks by Representative of the Executive Director OAFLA

Mrs. Betty Byanyima expressed the First Lady's appreciation to all the leaders of Amudat District for their continued support to Government Programmes. She provided a background to the Campaign pointing out 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.



*Ms Betty Byanyima from OAFLA UG making her remarks*

Karamoja has the lowest statistics in the nation and there is need to address the health concerns in the Region. She explained that the Campaign draws together leaders from a wide spectrum of society, to encourage them to begin discussions and advocacy work to ensure the scale up of immunization in the whole of the Region by November 2015.

She called on the Meeting to discuss the challenges they are faced with in the area of Immunization and to provide possible strategies to address them within their means.

## 3.0 Presentation of the Amudat District Status Report on Immunization

The DHO Amudat presented the Status Report on Immunization he explained that Amudat was curved out of Nakapiripirit and over 85% of the population lives more than 5 km away from the nearest health facility, making access to health services a challenge for mothers and their babies.



The District is under staffed with only one Doctor in the district and 48% of the staffing positions filled in the health sector. There are 244 VHTs from 122 villages, 90% of whom are illiterate, with only 201 consistently reporting to their Peer Supervisors.

With regards to the RED Categorisation the Meeting was informed that Loroo Sub County requires the most attention with regards to scaling up immunisation and mobilising communities to access services. The DHO also pointed out that in most of the Sub Counties the ANC attendance is low with health facility deliveries below 10%. This affects the administration of the antigens given to babies at day zero.



*The DHO, presenting the status report to the stakeholders.*

Dr. Patrick Sakagi explained some of the challenges faced by the district as: highly mobile communities and populations mushrooming in newly formed villages, poor roads leading to challenges in accessing health facilities during the rainy season, difficulties in attracting human resource as well as high attrition rates amongst health workers. Finally he pointed out that the District lacks fridges and standby gas cylinders for cold chain maintenance.

#### **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 three factors of leadership as:

- Authority that is derived from the appointing authority,
- Association that the leader initiates and nurtures as they interact with and serve their communities and;
- Accountability that is expected of effective leadership.

Leaders are called to be accountable firstly to God, themselves with regards to leading with a clear conscience and finally and most importantly accountability in their charge. She urged the leaders to work towards ensuring that they serve their people well and mobilise them to participate in Government programmes.

Ms. Byanyima informed the Leaders that the immunization programme requires them to work with other leaders to ensure that their communities are: mapped to ascertain where the mothers and their babies are and mobilised to ensure they access health services. She called on them to provide culturally relevant messages to their communities and to ensure that all immunisation and other health services are monitored for efficiency and effectiveness. She concluded her remarks by appreciating the work the leaders have done in promoting good health practices amongst the communities.

#### 4.1 Response to the Report

The following issues were raised in response to the Report:

- a) *The poor health seeking culture of the people:* The people generally have a poor health seeking culture preferring to depend on herbs and Traditional Birth Attendants (TBAs).
- b) *The low latrine coverage:* There are homesteads that do not have latrines even amongst the key leaders in the sub counties.
- c) *Information sharing on immunisation:* The Health Management Committees have been slack in sharing information with district and sub county leaders to enable them understand the immunization coverage and monitor service delivery.
- d) *Areas for focus for an effective immunization programme:* The Meeting was informed that there are five main areas that increase the effectiveness of any immunisation programme. These are:
  - Planning and Management of services,
  - Reaching the target population,
  - Linking community with services,
  - Support supervision and;
  - Monitoring and use of data for action

#### 4.2 Action Points

After the discussion the Meeting decided on the following action points:

1. Integrate immunization in all service delivery activities in the District.
2. Ensure timely reporting/ regular supervision DHT and other stakeholders
3. Advocate for the construction of feeder roads that feed into the district roads.



4. The DHO Amudat to lobby for the establishment of a radio station in the District and the use of mobile film vans to mobilise communities.
5. CAO to follow up MOH regarding the establishment of new health centres
6. The DPC to enforce a policy on Pit Latrines in every homestead in Amudat
7. The CAO,DHO and RDC together with OAFLA to negotiate for a special focus and priority on Amudat District in the area of health
8. The LC3 Chairpersons and LC2 Councilors to carry out serious mobilisation from parish level calling upon people to go for health services.
9. Work with the UPDF to mobilise communities
10. Engage the VHTs to carry out door to door mobilization
11. Carry out regular Quarterly Review meetings on Immunization
12. VHTs to map pregnant women and children under five years by Feb 2015

#### **4.3 Formation of the Service Delivery Committee**

##### **a) Service Delivery Committee**

- The DHO and the District Health Team
- The CUAAM Technical Advisor
- The RDC

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.

##### **b) The Mobilisation Committee**

- The LC V Chairman-Hon.Bwatum William
- Chairperson Social Services Committee - Vecky Achochoro
- Secretary for Social Services – Ms Anna Chepusio
- The LC 3 Chairpersons
- Sub County Chiefs
- LC Representatives of PWD – Dorcas Chelain and Loesekori Joseph
- LC Youth Representatives – Lochul Emmanuel and Alungat Joyce

**District Target on Immunization:** The District Health Team led by the DHO and district leaders led by the RDC and CAO agreed to set a target of 100%.

It was agreed that the DHO should be the driver of the Campaign and that his team will establish mechanisms for M and E to guide all the follow up meetings.

**Date of the Next Meeting** It was decided that the next Meeting should coincide with the District Health Management Team's quarterly meeting at the end of January 2015.

#### **4.4 Statement of Commitment by the District Leadership**

*We the leaders of Amudat District do commit ourselves with one heart to support the Immunization campaign courtesy of the First Lady we shall move as one unit and reach our 100% target. We will walk the talk and talk the walk for God and our Country.*

#### **5.0 Meeting with the Religious and Cultural Leaders**

##### **5.1 Remarks by the CAO Amudat**

The CAO Amudat Mr. Muwonge opened the Meeting and welcomed the Religious and Cultural leaders. He pointed out that there is great need to awaken and re-energise immunization in Amudat District. He informed the Meeting that the First Lady loves the people of Karamoja; consequently she desires that they benefit from health services that will protect their children as they grow.



*The CAO AMUDAT addressing the leaders on issues of immunization and health.*

He urged the leaders to use their platform to mobilise their communities and sensitise them about the importance of immunisation and the construction of pit latrines in every homestead. He appealed to them to work closely with the RDC, Local Councilors, DHO and implementing partners to maximise the Campaign.

## 5.2 Remarks by the Representative of Executive Director OAFLA

Mrs. Betty Byanyima talked about the important role leaders' play in the mobilisation of communities for service delivery. She provided a background to the Campaign and the key role the First Lady, MOH and the WHO have played to ensure its success.

She called upon the leaders to work within the existing resources since there are no extra funds to support the Campaign, explaining that the best performing district in the Region would receive an award for their good performance.

She wished them fruitful deliberations pointing out that immunisation campaigns are about real lives and every effort should be made to protect the lives of the Karamajong children during the early years of her childhood.

## 6.0 Presentation of the Status Report on Immunization Amudat District

The DHO Amudat Dr. Patrick Sagaki explained the importance of immunization and the use of each antigen that must be dispensed to babies before they are one year old. He shared the statistics of the District, pointing out that the Population and Housing Census statistics brought out the fact that the District statistics were smaller than anticipated and that this has been affecting the immunization coverage results in the past.



*The DHO AMUDAT presenting the status report to cultural and religious leaders*

He thanked the Religious and Cultural leaders from Amudat Sub County for the good performance in mobilising communities to access immunisation services and pointed out that Loroo Sub County is still lagging behind the other areas. He explained that a mother's attendance to the ANC results in information sharing that leads to her return for immunization once her baby is born. He regretted the fact that out of 100 women only

41 attend the first ANC and only 9% of the women in the District attend ANC for the required four visits.

He pointed out some of the challenges the district faces as: low antenatal attendance which leads to lack of information on the various antigens, poor roads with no public transport readily available, limited numbers of medical staff who have to attend to the health facility services and ensure outreaches take place, the lack of VHTs in the mobile communities and the poor mobilization of communities to access health services especially routine immunization.

He informed the leaders that only 6% of the homes in Amudat have pit latrines noting that the religious and cultural leaders have a big role to play, to promote the use of pit latrines and to encourage women to deliver in Hospitals.

### Response to the Report

- a) ***The District boarder line disputes disrupt immunization:*** Komret village at the foot of the mountain is at the boarder of Amudat and Nakapiripirit. The two districts are in dispute over this area and people can no longer access services from either district. There are no health centers and no schools, yet there a big population resides there because of the fertile land in the area.
- b) ***The poor water coverage in the District:*** Hygiene and health facilities are affected by the poor water coverage.
- c) ***The limited health facilities:*** The District does not have a government Hospital it depends on the NGO hospital. Furthermore Amudat Sub County has only one Health Center II this affects the coverage since the patients spill over to the Hospital overwhelming the existing staff.
- d) ***Transportation for health teams and vaccines:*** It is important to provide motorbikes for the health staff to transport vaccines and access hard to reach areas.
- e) ***The Family Health Days (FHDs):*** The FHDs have been very instrumental in drawing in communities for immunisation these should be revived.
- f) ***On the negative impact of FGM at delivery:*** It was observed that women who undergo FGM find it difficult to deliver their babies. Women are therefore encouraged to attend ANC and deliver at the health units but the attendance is still very low.

*g) On ANC and HIV Stigma:* It was observed that most women detest attending ANC because of the fear of finding out their HIV status that will lead to stigma in their communities. A lot of sensitisation has to take place in order for them to appreciate the benefit of attending antenatal clinics.

## 9.0 Presentation on the Role of Leaders in Immunization

A presentation on “The Role of Leaders in Immunization” was made by Ms Betty Byanyima in which she talked about the platform leaders have to reach communities. She explained the fact that communities believe in their Religious and Cultural leaders because they are appointed and passed on to them by authorities that they respect and honor. She challenged the leaders to honor this trust and respect, by mobilising the people to respond to service delivery, serving them and ensuring that they receive the right information through culturally relevant messages on immunisation.



*The cultural and religious leaders raising their hands as a sign of commitment.*

She further talked about the need to map women and children in their communities so that their attendance to health facilities is monitored. Furthermore leaders at all levels should monitor the services health workers provide in order to ensure that they fulfill their duties, noting that there are many complaints about poor health services that are not appropriately addressed in a timely manner because of lack of information.

She thanked the Religious and Cultural leaders for the cooperation they have displayed while working with Government officers and urged them to carry on the same spirit during the Immunisation Campaign.

## **Action Points:**

After the discussion the Meeting decided on the following action points:

1. Increase the number of VHTs and engage them in mapping the pregnant women and in carrying out door to door mobilisation
2. Ensure that there are no stock outs of immunisation vaccines and other logistics
3. Plan for regular quarterly data audits and ensure timely reporting as well as regular supervision of the DHTs.
4. All stakeholders should lobby for media presence in the District
5. Conduct advocacy meetings at Parish level

## **Formation of the Mobilisation Committee**

### **1. Karita Sub County**

**Elders:** Tomei Kweli and Bdale Albino

**Religious Leaders:** Renotolim Bonfesi and Kamoi Jackson

**LC I:** Maruk Michael and Tomele Nguria

### **2. Amudat Sub County**

**Elders:** Domo Micheal

**Religious:** Ngolenyong Elisa, Lobira Samuel and Chepurai Elizabeth

**LC 1:** Rimoi Sakaria and Michael Pirakwang

### **3. Amudat T/C**

**Elders:** Paulo Lokwaese and Achero Abraham

**Religious Leaders:** Chepotumgwo Mary and Lokeno Swale

**LC I:** Webuwulu John and David Lowmwaikou

### **4. Loroo Sub County**

**Elders:** Komole Lowaten and Kiza Mary

**Religious Leaders:** Lomoto Lochuman

## LC 1: Domo Abraham and Lokorianyany Philip

### Statement of Commitment by the Religious and Cultural Leaders

The Religious and Cultural leaders regretted the laxity on their part in urging communities to immunization their children and pledged their overwhelming support to the Campaign as evidenced in the Statement of Commitment below:

*"We the religious and cultural leaders of Amudat District do hereby commit ourselves with all the energy and support from God to support the immunization campaign in our district being supported by the office of the First Lady.*

*For good service let us entrust ourselves to God for the good of the community.*

### Conclusion

The Meetings held in Amudat District were very edifying. The Leaders in attendance were overwhelmed by the information about the poor coverage of immunisation in their district and the fact that they are lagging behind in most aspects of service delivery.

The leaders were delighted to receive information about the fact that the statistics on immunisation coverage in Amudat had increased with the new demographics from the preliminary results of the Census. They were also happy to learn about what is required of them during the Campaign and determined to change the status quo in the District. They all exhibited willingness to work as a team to scale up the immunisation coverage of Amudat.





