



*Office of the First Lady*

## REPORT ON IMMUNISATION ENGAGEMENTS IN KAABONG DISTRICT.

14<sup>th</sup> - 20<sup>th</sup> September 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 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 1000 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 Region by providing political leadership and a strategic platform for stakeholder engagement. The goal of the programme is to ensure that all children under 1 year in the Karamoja region; are immunized against the nine vaccine-preventable diseases by May 2015.

### 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 Kaabong District in September 2014 to conduct Dialogues with key stakeholders including the District Health Management Team (DHMT), political, religious and cultural leaders as well as representatives from NGOs and development partners. The meetings focused on assessing the status of immunization in the District, building synergies to strengthen immunization efforts in the Region and setting targets to monitor and evaluate the progress of the Campaign.

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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>

## Key observations drawn by the OAFLA Team

During the visit to the District the OAFLA team made the following observations:

*a) The limited involvement of the political, religious and cultural leadership in the immunization Campaigns:* The Team observed that the involvement of the political, religious and cultural leadership is a key factor in the performance of immunization in the Region. In all the meetings these leaders pointed out that they are neither included in the mobilisation of communities nor in the Performance Review meetings on immunization. They expressed ignorance of the current trends of immunization in their areas of jurisdiction. The success of the Campaign will require stakeholder involvement in the planning, coordination and monitoring aspects of the campaign. This is because these leaders have the people's mandate; they believe in them and are willing to heed to their call and direction. They are also best placed to call for efficiency and accountability in health service delivery.

*b) Compromised population data:* There seems to be a general challenge regarding population data in Kaabong district, which is recorded as having over 150,000 more people than any other district in Karamoja. Some stakeholders attribute this to the fact that figures were inflated to justify the need for a district status, while others attribute this to the fact that communities inflated the number of family members in their homes thinking that this would increase their World Food Programme rations. These inaccurate figures are now affecting the health sector statistics including those of immunization. It is important that this issue is addressed because it will be difficult to assess progress in immunization, when the population data is compromised.

One of the measures proposed during the Meetings was for the VHTs to register all the children under five years in each village for the next one year.

*c) Transport to support the cold chain:* The one year immunization campaign will require proper and reliable transportation to ensure the cold chain is supported for effective service delivery.

*d) Lack of human resource to support the immunization coverage:* The Team observed that there are a number of interventions that require urgent attention in the area of Human Resource for the one year Campaign to register success namely:

- Increasing the number of VHTs to ensure that every village has one VHT, through sourcing funding for recruitment and training as well as replacing those who are no longer active.
- Providing continuous professional training to bridge the knowledge gap of health workers especially with regard to administering PCV vaccine.

- Addressing the negative attitude of Health Staff towards women in the community which results in women shunning the Health Units and opting for Traditional Birth Attendants (TBAs).
- Ensuring that the Sub County Chiefs monitor the implementation of outreach services and only pay staff where there is evidence of implementation as scheduled in their work plans.

**e) *The need to complete the Construction of the Kaabong District Nursing School:*** The Team visited the Kaabong District Nursing School which is in the vicinity of the Kaabong Referral Hospital. Two classroom blocks are complete with the necessary furniture and now lie in waste since the other structures await construction. It was hoped that this facility would train nurses from amongst the young people within the Karamajong communities. This would result in health services provided by people the women and men in the communities can easily communicate and identify with thus enhancing the utilization of health services. It is important that every effort is made by the Ministry of Education to complete this School.

**f) *Substance abuse in the Region:*** The Team observed that there is a high level of substance abuse in the Region namely alcoholism, which some of the leaders pointed out is one of the causes of poor parenting and neglecting immunization. It is important that sensitisation of the masses is conduct regarding the evils of alcoholism.

## 2.0 Meeting with the Technical Team Kaabong

### 2.1 Remarks by the DHO Kaabong

The DHO Kaabong, Dr. Sharif introduced the Team from the First Lady's office and commended the First Lady for the initiative towards mobilisation for enhancing immunization in the District.



*The DHO Kaabong Dr. Nalibe Sharif making his remarks*

He pointed out that Kaabong District has not been performing as well as the other Districts in the Region and that there is need to address the challenges the District faces, so as to ensure the success of the one year Campaign. He thanked the Technical Team for attending the meeting and conveyed the apologies of a number of Implementing Partners who were attending a UNICEF Review meeting in Soroti District. He then invited the representative from the 1<sup>st</sup> Lady's office to share the background to the Campaign.

He noted that as the district, the status of immunization is low at 61% compared to the national target of 95% but encouraged members to put their hands together and scale up for the good of karamajong babies and the whole country at large.

### 2.2 Remarks by the Representative of the Executive Director OAFLA

Mrs. Betty Byanyima made her remarks on behalf of the Executive Director OAFLA who she said was attending a meeting in New York. She shared about Hon. Janet Museveni's heart for the plight of the children of Karamoja, whose immunization statistics are the most worrying nationwide. The Campaign is an initiative that seeks to fast track immunization in the Region, to ensure it steps up to the national target.



She pointed out that the MOH, WHO representing the UN fraternity and OAFLA are working hand in hand to ensure that the whole of the Karamoja region increases its immunization coverage. She called for the cooperation of the DHMT, Religious and Cultural leaders as well as the political leadership of the District, pointing out that the people's response to the Campaign and the demand for services depends on their leadership and commitment.



*Mrs Betty Byanyima from OAFLA UG giving her remarks*

## **2.1 Presentation on the Status of Immunization in Kaabong**

The DHO Dr. Sharif Nalibe gave the visiting team from the 1<sup>st</sup> Lady's Office an overview of the Status of Immunization in the District. He reported that the immunization coverage is generally low because of the poor health seeking behavior of the people, inaccessibility to the hard to reach areas and the limited number of health workers, noting that once the coverage is below 90 percent there is a likelihood of outbreaks.

He talked about the existing immunization interventions namely: Family Health Days (FHDs), routine immunization and the 32 outreach services that the District has been conducting to enhance immunization and ensure that children in the hard to reach areas can access these services. He regretted the fact that the number of FHDs had dropped due to lack of funds, thus affecting the population's access to immunization services. A number of challenges still plague health service delivery. Dr. Sharif pointed out that the District has not been able to conduct immunization in some areas due to lack of transport and is now at less than 60% coverage. There are also various periods of stock outs of PCV. Furthermore, the fact that most mothers do not deliver at health units' impacts on the coverage of BCG that is administered at birth.

The monitoring and evaluation exercises conducted last year revealed that various data on immunization had been compromised by communities that inflated the number of

family members in their homes, so as to increase their World Food Programme rations. These inaccurate figures are now affecting the health sector statistics, including those on immunization. Ground checks are now being carried out to address this issue otherwise the District will depend on the National Census to provide more realistic data for future planning.

Dr. Nalibe expressed his appreciation to the Implementing Partners for their support to the DHMT and urged those present to support the Campaign. He also expressed gratitude to Hon. Janet Museveni for initiating the Campaign.



*The district Health Team having a discussion on the status of immunization in Kaabong District*

### Response to the Report

- a) ***On the poor work ethic of staff in the Health Units:*** In Kapedo Sub County there are problems with the negative attitude of the staff towards women who seek their services. In Lolelia Sub County there is staff absenteeism with only one or two committed health workers at the Health Unit. It was also noted that the medical staff do not implement the outreach services as planned and yet the Sub County Chiefs continue to pay them for these services.
- b) ***Inaccessibility to Health Units:*** 36% of the population in Kaabong lives further than the 5km radius from the nearest health unit making the case for increases in outreach services. There is urgent need for Government to lift the ban on Health Center II's to enable functionality of the existing structures and additional proximity to health units by the community.
- c) ***On the population statistics:*** There used to be registration of under fives by VHTs but this died out after sometime. It is important to revive this registration since this information helps to enhance the current M and E systems.



- d) ***On the Quarterly Performance Reviews:*** The District used to conduct Quarterly Performance Reviews for sub counties. These should be resumed so that the political leadership at the Sub County level can participate in reviewing immunization and plan for interventions to address challenges. It is also important to provide statistics on vaccine usage at all health centers in the meetings, to enable proper monitoring of service delivery.
- e) ***On the need for more VHTs:*** There are 592 villages with only 760 VHTs which means only 380 villages are catered for, while 212 villages do not have VHTs. The VHT Focal Person should identify and train more VHTs so as to increase the coverage; this will require funds and logistics. It was pointed out that some VHTs do not perform their duties and there is need to replace those who are inactive.
- f) ***On the need for a vehicle to support the cold chain:*** It is important to support the cold chain by providing a vehicle since the existing Land Cruiser is always breaking down. The MOH's vehicle broke down, while the District is still waiting for the vehicles the Global Fund pledged to all DHOs, as well as the motorcycles pledged to each HC III and motorized cycles for HC II's; this should be followed up urgently. An incident was cited where all the vaccines for a particular part of the District got bad after there were delays in re-laying and responding to information about a faulty refrigerator because of lack of transport.
- g) ***On the lack of immunization stationary:*** The National Medical Stores (NMS) needs to send supplies of Tally Sheets and Vaccine Control Books which are currently being replaced by counter books out of necessity. During the World Food Programme pledged to buy counter books for the HC II, together with World Vision and CUAMM.
- h) ***On funding for the completion of the Kaabong District Nursing School:*** It was observed that some of the challenges of staffing could be addressed in the long run by providing funding for the completion of the Kaabong District Nursing School that was begun by the Ministry of Education. The School is currently non functional because of lack of facilities since the construction is incomplete with only two classroom blocks and sanitary facilities.
- i) ***On promoting the sensitisation and mobilization of communities:*** There are information gaps in the communities. It is therefore important to scale up health education at community level through sensitisation and the use of film vans for

information dissemination every quarter. A health education plan and IEC materials should be developed on health education that is culturally appropriate.

### **Formation of the Campaign Committees**

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

The Service Delivery Campaign Committee will comprise of the DHO supported by UNICEF, CUAMM CAFH, Mercy Corps, World Food Programme and World Vision. The Campaign target was set at “an increase by 30% for every antigen” from its current coverage.

#### **b) Date of the Next Meeting**

It was agreed that the next meeting be held on 30<sup>th</sup> October 2014 and that a Monitoring and Evaluation meeting be held as per the existing schedule in October and December 2014. CUAMM and the District Bio Statistician were charged with ensuring that the Monitoring and Evaluation mechanism incorporates the Campaign.



*A group of technical staff after the meeting*

**Strategy to enhance Service Delivery:**

- Review the base line data to address the anomalies in the data in Kaabong Town Council that was presented in the Status Report.
- Enhance coordination between the DHO and the Implementing Partners by ensuring that all the Partners provide the DHO with their field work activity schedules to ensure that all the follow up programmes are integrated with immunization services. This will enable the DHO to also visit the different Health Units and distribute the vaccines on a regular basis.
- Ensure that all the health workers receive refresher training on PCV immunization and provide continuous professional education for medical personnel posted to the Health Units, to address the knowledge gaps on immunization.
- The DHO should immediately source funding for the recruitment and training of VHTs by the VHT Focal Person.

- Resume the Quarterly Review Meetings on immunization involving all stakeholders especially the Sub County Chiefs.
- Follow up with the Health Sub District In-Charges to ensure that there is 100% implementation of planned outreaches.
- Mobilise resources to ensure the provision of counter books and substitute Tally Sheets for the proper documentation and monitoring of immunization services.
- Promote efficient and effective vaccine management through utilization of Tally Sheets and the Vaccine Control Books

#### **c) Community Mobilisation Committee - CAFH Lead Partner**

The Meeting agreed that the Community Mobilisation Committee should be led by the DHO with support from Implementing Partners CAFH, the VHT Focal Person and the Health Educator. CAFH and the other Implementing Partners were said to have health mobilisation funds. This Committee will use the already existing forums, market places and the LC system to mobilize communities. They will also approach organisations such as Stanbic Bank to support the Campaign.

### **3.0 Leaders Meeting**

#### **3.1 Opening Remarks from the RDC**

The RDC Kaabong District, Mr. Simon Lolim chaired the Meeting and thanked the First Lady for her efforts in promoting the health concerns of women and children. He decried the fact that the Karamoja region was doing very badly with regards to immunization coverage and is bringing down the statistics for the MDG 4 for Uganda.



*The RDC Kaabong Mr.Simon Lolim making his remarks to district & sub-county leaders*

Immunization is pertinent for children to survive childhood. Funds come in monthly from UNICEF to provide for the antigens and service delivery; however Kaabong district is now in the “Red” regarding statistics on the “Reach Every District” (RED). He expressed concern over the lack of the completion of immunization up to DPT3 which is the yardstick for completion of all the vaccines.

He expressed concern over the low levels of outreach implementation, stating that the Health Service Teams are supposed to go out every month which is usually not the case.

*“Once we do not immunize our children, we shall not have healthy future leaders because these antigens help fight the diseases which attack people in their infancy. God will hold us accountable”* he concluded.

### **3.2 Remarks by the Representative of the Executive Director OAFLA**

The Representative of the Executive Director OAFLA Ms. Betty Byanyima thanked the District Leadership for hosting the OAFLA Team and shared the First Lady’s concerns over the immunization statistics in the Region. She pointed out that while there are challenges in service delivery in the health sector because of the unique circumstances in the Region it was nevertheless important that every effort is made to address the gaps in immunization in order to scale up the immunization services to protect the children of

Karamoja. She challenged the leadership to aggressively monitor service delivery and to take up their role in mobilizing the communities.



*Mrs Betty Byanyima making her remarks in the presence of the RDC & the District Chair*

She shared about some of the challenges in immunization identified in the Technical Stakeholders meeting pointing out the need for Sub County Chiefs to ensure that no payments are made for outreaches without verification of the work being done satisfactorily. She also called for the resumption of the Quarterly Review Meetings on immunization involving all stakeholders especially Sub County Chiefs stating that these would help to provide information on where loop holes existing in the Campaign and enable timely interventions to enhance immunization services within the next one year.

*“Together we can change the plight of the children in Kaabong and the entire Karamoja region”* she concluded.

#### **4.0 Status Report on Immunization**

The Technical Advisor CUAMM Ms. Owomuhangi presented the Status Report on Immunization on behalf of the DHO. She pointed out that Kaabong district has the largest population compared to the rest of the Region and has two health sub districts, 20 HC II's and 5 HC III's as well as 1 HC IV, which is not functional. There is a main Referral Hospital in the District.





*The CUAMM Technical Advisor Jennifer Owomuhangi presenting the status report*

The population without access to a health facility beyond 5km is 36%, with only 41.7% of the district health positions filled. She noted that in the past the District had been doing well with regards to the coverage of the measles vaccine which in 2006/7 had hit the over 90% target coverage. With regards to the RED categorization Kaabong is the second last District with the worst is being Amudat. She applauded Karenga Sub County on being the best in immunization and thanked Kapedo Sub County for its effort in moving from the 4 to 1 category an example all the sub counties should emulate.

### **Response to the Report**

- a) **On the cause of the variances in immunization coverage amongst the different sub county's.** The participants who pointed out that they were receiving a status report on immunization for the first time asked about the cause of the variances in immunization coverage from the different sub counties. They were informed that the Town Council population statistics were influenced by false information causing unrealistic results. On the other hand the positive coverage in Karenga Sub County was attributed to the presence of a Health Center IV that actively mobilizes communities and monitors immunization.
- b) **On the linkage between poor health seeking behavior and illiteracy:** It was noted that one of the challenges the Karamoja region faces is that most of the mothers are illiterate and this impacts on their health seeking behavior.

- c) **On the multiple roles of VHTs:** The VHTs are scattered with too many assignments handed to them by whoever requires community mobilisation for their programmes, this results in them negating their primary role which is the focus on health issues.
- d) **On the non -involvement of LCs in the mobilisation of communities:** It was also noted that stakeholders tend to ignore the role of the local leadership in community mobilisation leaving all the work to the VHTs. The schedules should be shared to ensure that the LCs participate effectively. The meeting noted that political leaders and Sub County Chiefs have a critical platform in the community and should not be left out of mobilisation.
- e) **On Staffing in the Health Sector:** Three quarters of the human resource in Kaabong District are from outside Karamoja; thus the challenges in staff retention. Furthermore because of the recruitment ceiling almost all the Health Sector staffs are in “acting positions”. The Meeting was however informed that the ceiling on recruitment was removed recently and adverts are coming out this month for all departments.
- f) **On the importance of monitoring the implementation of outreach activities:** The Sub County Chiefs were urged to monitor the implementation of outreach activities and to ensure that they make payments to health workers against clear evidence that the outreaches have occurred.

#### 4.1 Strategy to enhance service delivery

1. Sub County Chiefs should ask for accountability of performance on outreaches before signing cheques for payment of the services. Ensure that there is verification of performance by the LC I before payment is made.
2. Immunization schedules should be provided ahead of time.
3. The Local Leadership should participate in the dissemination meetings of Status Reports. The reports on performance should come in good time to enable action for change.
4. All stakeholders should integrate immunization messages in all the programmes they handle.

5. Every LC 1 should have well maintained and updated records of children in their areas.

## 5.0 The Role of Leaders in Immunization

Ms. Betty Byanyima made a presentation on the “Role of Leaders in Immunization”. She talked about the key role leaders’ play in the mobilisation of communities pointing out that they each have a platform of “Authority, Association and Accountability” which they should use efficiently to ensure that service delivery for immunization is well implemented, monitored and documented. Every leader should use their association with the people they lead to sensitise and mobilize them to benefit from health services since the poor coverage of immunization reflects negatively on the District Leadership.

She concluded her remarks by calling upon the leaders to do the following:

- *Use your office to ensure effective service delivery and accountability*
- *Sensitize people about the importance of immunization*
- *Address the social/cultural barriers that hinder the utilization of immunization*
- *Promote community support for mothers to access Immunization services and work with VHTs*
- *Use places of worship and cultural events for immunization activities*

### 5.1 Formation of Committees

The RDC led the leaders into the formation of a Mobilisation Committee that would spearhead the mobilisation of communities for the one year Campaign.

#### Committee Action Points

1. The Mobilisation Committee will conduct quarterly meetings
2. The mobilisation exercise should start immediately and transport should be availed for mobilisers.
3. There should be routine monitoring of service delivery.
4. The outreaches should be communicated to the out posts and there should be timely information sharing on outreaches.
5. Ensure the issue of recruiting staff is addressed.
6. All the stakeholders should integrate the immunization of children in their activities.

## 6.0 Closing Remarks by the LC V Chairman Kaabong District

The LCV Chairman Kaabong Joseph Komol expressed appreciate to Hon. Janet Museveni for mobilizing the people of Karamoja to enhance the immunization coverage in the Region.



*The LCV Kaabong Mr. Komol Joseph giving his closing remarks to the District Leaders*

On behalf of the District he expressed the commitment of all the leaders and pointed out that every effort would be made to ensure that the existing bottlenecks are addressed. He thanked the participants for attending the meeting and called upon them to read out the Political Leaders Statement of Commitment.

### Statement of Commitment

*.....We, the Kaabong District stakeholders today 16th September 2014 in the person of: the RDC, District Chairperson, the CAO, Town Clerk, LC III Chairpersons, Sub County Chiefs and CDOs, commit ourselves to spearheading, implementing and monitoring this one year campaign on Immunization; basically to improve and increase the coverage and take this campaign seriously.*

*We appreciate this Immunization Campaign of September 2014/15 and we are ready to commit ourselves to own it for the good of our people.*

*For God and My Country*



A group of district leaders after the meeting, led by the RDC, the District Chair & the CAO

## 7.0 The Religious and Cultural leaders Meeting

### 7.1 Remarks by the RDC

The RDC Kaabong, Mr. Simon Lolim chaired the Meeting and thanked the Leaders for coming to receive the OAFLA Team and to listen to their message. He likened the low coverage of immunization in the District to a matter of insecurity, since the lives of the young generation in Karamoja, are being threatened by diseases that are immunizable.



The RDC Kaabong addressing the cultural and Religious Leaders



He called upon the leaders to use their positions in the places of worship and in their cultural institutions to address the poor health seeking behavior of the Karamajong that results in women delivering at home; thus missing the opportunity of immunizing their babies at birth. He expressed his gratitude to the Minister of Karamoja Affairs, the Ministry of Health and WHO for planning for the Immunization Campaign and urged all the stakeholders to work together and pool resources for its success.

## **7.2 Remarks by the Representative of the Executive Director OAFLA**

Ms. Betty Byanyima conveyed the First Lady and Hon. Minister of Karamoja Affairs' greetings to the people of Kaabong. She explained that the First Lady is deeply concerned about the high child mortality rate and the poor immunization coverage in the Karamoja Region, both of which affect the future of the Karamajong and bring down the national level statistics. She pointed out that the OAFLA Team had come to assess the status of Immunization in the Region and had previously covered the districts of Moroto and Napak, in preparation for the one year immunization campaign.



*Mrs Betty Byanyima making her remarks*

The future of Karamoja lies in protecting the lives of the young generation and it is therefore important for every stakeholder to play their part in mobilizing and sensitizing communities, to ensure that there is demand for immunization services. On the other hand every leader should monitor service delivery in their locality, so that the children access the antigens. She called upon the leaders to share their experiences and to discuss how to turn round the immunization statistics of Kaabong district by September 2015.



*“We want to hear the challenges leading to the death of the Karamajong children, the gaps experienced in service delivery and the solutions to bring an end to the downward trend in immunization, currently being experienced in selected sub counties” she said.*

## **8.0 Status Report on Immunization**

The Technical Advisor CUAMM, Ms. Owomuhangi presented the Status Report on Immunization on behalf of the DHO. She shared statistics indicative of the fact that Kaabong District is not performing well with regards to immunization in the Region; with Kaabong Town Council, Lobalangit Sub County and Loyoro Sub County all in regression on the RED Categorization and Kalapata Sub County in the red since 2012.

She also spoke about the various initiatives that are currently in place to accelerate the coverage of immunization namely: routine integrated outreaches within 5km of the health unit, expanded outreach services to the hard to reach areas supported by CUAMM and FHDs in places of worship supported by UNICEF. She concluded with the challenges that the District faces in ensuring efficient service delivery for immunization namely: lack of transport for health workers to conduct outreaches, providing services to hard to reach areas, the stock out of specifically PCV, missed opportunities of BCG due to low facility delivery, inadequate involvement of VHTs in the mobilization of communities for services and the culture of poor health seeking behavior.

### **Response to the Report**

- 1. On issues that result in poor health seeking behavior amongst the Karamajong:**  
The participants identified the following as issues that result in poor health seeking behavior amongst the Karamajong: ignorance and high rates of illiteracy, lack of information, gold mining activities that pre-occupy mothers who spend days out the gold mines, high population mobility due to famine, heavy rain and poor infrastructure that results in communities being inaccessible to health workers and traditional beliefs as well as the preference for traditional herbs.
- 2. On the non-involvement of Religious and Cultural leaders in immunization campaigns:** The Religious and Cultural leaders regretted the fact that they were hearing of the status report for the first time and that they have not been involved in mobilization and sensitisation of communities apart from announcing the FHDs to their congregations.
- 3. On lack of information on immunizable diseases in villages:** The Meeting was informed that the general public does not have information about immunizable

diseases. Questions were asked during the meeting about whether HIV/AIDS is one such immunizable disease!

4. **On the growing concern over drunkenness in Karamoja:** The leaders raised concern over the level of indulgence in alcohol in the region. It was observed that many women and men drink and forget their duty to care for their children. There is an urgent need for male involvement in the immunization of children.
5. **On the adoption of cultural measures to ensure compliance by women to immunization:** The Cultural leaders stated that they would use the cultural means of caning those women who do not comply with immunization. The OAFLA team was however concerned that the campaign should not result in the violation of the rights of the women.
6. **On lack of transport to help women access health units:** Kamion Sub County has no public transport and therefore most women use TBAs to help them deliver.

### 8.1 Strategies for Mobilisation

1. Explain in details the 9 diseases so that people know them and their effects. Also include this in school syllabus so that children get first hand information on immunization.
2. Register all the women who have conceived by working with the VHTs so as to help the Religious and Cultural leaders to monitor them.
3. The RDC's office should coordinate the dissemination of messages.
4. The leaders should know the number of children in their villages that are qualify for immunizable.
5. Local Councilors and Pastors should be involved in immunization days. They should be facilitated to do this work.

## 9.0 The Role of Leaders in Immunization

Ms. Betty Byanyima called on the Religious and Cultural leaders to aggressively take on mobilisation of their communities to ensure that “No child in Karamoja dies of an immunizable disease”. She pointed out that the children are the future of every clan in the region and a community's failure to protect and nurture its children could very easily

lead to the wiping out of a whole generation. This she likened to the disastrous impact the HIV/AIDS scourge had on her own generation in the late 80's.

She pointed out the four major roles of leaders in the Immunization Campaign as:

- Mapping communities to ensure the registration of all children below 5 years.
- Mobilising communities to ensure increased demand for immunization.
- Messaging to ensure communities receive culturally appropriate messages
- Monitoring to ensure efficient and effective service delivery that is well documented.

Ms. Byanyima shared the story of a young man crippled by polio who stated that his illness was as a result of his mother's failure to take him for immunization. She however pointed out that this "failure" could be traced back to a number of actors who did not play their role in supporting this woman to access immunization namely: the political, cultural and religious leaders who did not sensitise her, the health workers who did not follow her up after delivery and the outreach teams who failed to identify and track the mother and her baby. She urged the leaders to work as a team to ensure that the challenges on both the demand and supply side of immunization are addressed. She assured them of the First Lady's continued support in promoting the wellbeing of the people of Karamoja.

### **Formation of the Mobilisation Committee**

The following were nominated as members of the Mobilisation Committee

1. Samson Ilukoru – Elder and Committee Chairman
2. Rashid Audi - Chief Khadi
3. Napeyok Cecilia - Woman Leader Catholic Church
4. Lokol Philip – Elder
5. Nadiye Catherine – Woman Leader
6. Namoe Maria – Woman Leader
7. Maule Robert – Religious leader

**Date of next meeting 20<sup>th</sup> September 2014**

### **Committee Action Points**

1. Organise monthly meetings
2. Community Mobilisation
3. Prepare progress reports
4. Monitoring immunization activities
5. Provide details of immunization activities at all events

6. Ensure that all children below five years are registered by the VHTs

### Statement of Commitment

*‘.....We the religious leaders and elders are very willing to work together hand in hand with our communities and the health workers and all the government staff to ensure the success of this Immunization Campaign from September 2014 to 2015; to rescue the children of Kaabong....’*



*The cultural and religious meeting after the meeting in Kaabong, chaired by the RDC*

### 10.0 Closing Remarks by the RDC

The RDC Kaabong, Mr. Simon Lolim thanked the leaders for their participation and for their contributions to the discussions. He reminded them of the fact that for everyone there is a day of accountability before the Lord and urged them to ensure that they make a positive contribution in their everyday lives so that they may not be found wanting on that day.

Mr. Lolim pointed out that women need to be persuaded to take their children for immunization. Announcements on immunization should be made in the Mosques and Churches. Issues of immunization should also be discussed during cultural meetings. He thanked the OAFLA team for the work they are doing and pledged the peoples' support and commitment towards this cause.

## 11.0 Meeting with Leaders in four Sub Counties

### 11.1 Remarks by the RDC

The RDC Kaabong Mr. Simon Lolim chaired the Meeting and informed the leaders that this was a special meeting for the Sub Counties of Lobalangit, Karenga, Kawalakol and Kapedo. He thanked the LCs 3 Councilors, the Sub County Chiefs and LC 3 Chairpersons, Religious Leaders and Cultural leaders for making the time to attend the Meeting.



*The RDC Kaabong making his remarks to political, cultural and religious leaders of the four sub counties at Karenga.*

He explained that the Church is Christ's body so the hand cannot say the leg is not important. In the Church is that each part of the body is very important. When one member hurts the whole body hurts. We need to co-exist as children of God and work together for the good of everybody.

He explained that the First Lady is saddened by the Karamoja region being at the bottom as far as immunization of children is concerned nationwide.

The infants are the future of this region since the family is the core of society. Children and mothers must be protected from immunizable diseases.



He noted the need for answers to the questions: Who is the problem? Where is the problem? Why do we have this problem? Leaders everywhere should work hard to leave a legacy and cause change wherever they are. Leaders should participate in service delivery yielding results. He concluded by posing the question: What change have you caused to society?

## 11.2 Remarks by the Representative of the Executive Director OAFLA

Ms. Betty Byanyima spoke on behalf of the Executive Director OAFLA and gave a background to the Campaign. She explained that the Campaign is a joint initiative of First Lady having been approached by the UN fraternity through the Country Director WHO because of the low levels of immunization in the Region. The MOH is also working closely with all the DHOs to ensure the Campaign is a success.



*Mrs Betty Byanyima from OAFLA UG giving her remarks*

She pointed out the fact that the First Lady has the children of Karamoja at heart, stating that her desire is to see all the children in the region immunized and living healthy lives. She then explained the objectives of the Campaign and called on the leaders to use their platforms to mobilize their communities to benefit from immunization.

## 12.0 Status Report on Immunization

The Technical Advisor CUAMM Ms. Owomuhangi presented the Status Report on Immunization on behalf of the DHO. The presentation provided information on a comparison of the different districts in the Region and how they are faring with immunization. Ms. Owomuhangi pointed out that Kaabong has one of the lowest performances in the Region and expressed dismay over the fact that Lobalangit moved



from the 3rd categorization to the red, while Loyoro has moved from being the best to the red categorization in the last one year. She stated the need to learn lessons from Kapedo and Karenga Sub Counties that are excelling in the District.

The leaders were then given an overview of the challenges of immunization in the District and the initiatives the DHMT has put in place to address these challenges and enhance immunization. Some of these are: increases in out reaches beyond the 5km radius from the Health Units, Static facility immunization and FHDs at places of worship. She urged the leaders to engage in the mobilisation and sensitisation of their communities and to also monitor the health service delivery. She called upon the representatives of the affected sub counties to provide insights into the challenges they are faced with and how they may be addressed.

### **Response to the Report**

- 1. On challenges in transporting women to hospital:** Lobalangit is in red; this is mainly because the people struggle with taking expectant mothers to Kaabong hospital since this is a hard to reach place. The ambulance is kept at the hospital with no fuel. On the other hand Kawalakol Sub County is inaccessible during the rainy season and women are forced to go to the TBAs.
- 2. On strategies used by Karenga Sub County:** In Karenga Sub County the VHTs and LC 1s work together to pass on information and mobilize communities to attend the FHDs. The other Sub Counties should work at improving the dissemination of information.

*“Karenga Sub County works as a team and we integrate our activities. If there is an activity to be conducted by a Community Development Officer, all of us come on board. When we are fighting poor hygiene and sanitation we move together. We have done the same for immunization, HIV and education; using the small resources available. For this Campaign to succeed there must be political will starting with all the LC 3 Chairpersons”*

LC 3 Chairman, Karenga Sub County.

- 3. On the negative attitude of health workers:** It was observed that patients are not comfortable in the Hospital in Kaabong and many of them move from the main hospital and go to health units in the Catholic Parish where they are well received and cared for. Health workers should restore confidence in mothers.
- 4. On strategies used by Lobalangit Sub County:** The LC 3 Chairman Lobalangit pointed out that the VHTs have been very effective in reaching each and every

household in the Sub County. They are however getting discouraged because they are made to work and are not given any remuneration by the health workers. They spare their time to talk to the people in the hard to reach areas. He also pointed out that there is an issue of inadequate antigens and some children missed immunization.

5. **On the challenges faced by the people of Kawalakol Sub County:** The Local Councilors from Kawalakol regretted the ratings they have on immunization pointing out that this was the first time they were receiving the statistics. While they noted that they had improved in the last one year from category 4 to 3 they pointed out that most of the people in the mountainous area cannot access immunization because of the difficult terrain. The Immunization teams not reach those areas. Furthermore, the Councilors are not involved in the mobilisation drives and this should be addressed for the success of the future Campaigns. They called on all the Councilors to ensure that the immunization is placed on the Council agenda and discussed in detail. Immunization issues should also be addressed in the security meetings since immunization has become a big threat to the lives of children in the District.

#### **Response from the Technical Advisor CUAMM**

The Technical Advisor CUAMM, explained the need for the political leadership to monitor and work closely with the VHTs. This is because they work on a voluntary basis; however the health workers should not hold back their allowances since this demotivates them. Appropriate action must be taken in instances where Health Inspectors fail to pay the VHTs.

The Ambulance needs funds to run effectively and the time it was at the Hospital it was under repair. It is more advisable to use the motor cycle (boda boda) system by getting a voucher from the health unit. She urged the leaders to work hand in hand with the health workers and ensure that they report anticipated shortages of antigens so that the drugs are sent ahead of time.

She advised the Sub county chiefs who all control funds for the health units to seek accountability for activities before they issue payment. The Health Units should provide work plans and report on what they have done during the DPC meetings. The records of all under fives and pregnant mothers should be given by VHTs to the LCs.

## 12.0 Presentation on the Role of leaders

Ms. Betty Byanyima made a presentation on the role of leaders in immunization in which she urged the Religious and Cultural Leaders to use their platforms of authority and influence to reach out to their communities and ensure that they are well informed about the dangers of not immunizing children and the days and places for immunization.

She urged them to take an interest in monitoring service delivery to ensure accountability especially with regard to outreaches which it is said are not implemented as regularly as they should. She observed the need for the District Health Teams to devise means of involving the Religious and Cultural leaders in mobilisation by providing them with the necessary data on progress being made and IEC materials to use to educate their communities.

She pointed out the four major roles of leaders in the Immunization Campaign as:

- Mapping communities to ensure the registration of all children below 5 years.
- Mobilising communities to ensure increased demand for immunization.
- Messaging to ensure communities receive culturally appropriate messages
- Monitoring to ensure effective service delivery that is well documented.

*“We need to use our positions to ensure that no child in Karamoja dies of immunizable diseases” she concluded.*

### Formation of the Committee

The following were nominated as members of the Mobilisation Committee which they named the Dodoth West Mobilisation Committee

1. Father Rapheal Lobere Chairperson
2. Abach Larikol - Chairperson Lobalangit
3. Lokeria Joshua N. - Elder
4. Logwee Samuel - Chairperson Kowalakol
5. Opio John Johnic - Administration Karenga
6. Lotyang Angelo - Kapedo Chairperson
7. Lokol Augustine - Lobalangit Church Teacher
8. Acherumoe Philips - Parish Chief Kawalakol

## Committee Action Points

1. Community Mobilisation
2. Monitoring immunization activities
3. Sharing information with the public on immunization
4. Registration of all the affected groups
5. Monthly meetings
6. Making progress reports
7. Timely information on immunization days

**Date of next meeting – 23<sup>rd</sup> September 2014**

## Statement of Commitment

*We the participants of this meeting slated to engage in the immunization programme from September 2014/15 commit ourselves to work as a team and integrate Immunization issues in our various activities to ensure mobilisation that causes our people to demand for services to ensure that all children in our sub counties are fully immunized.*



*A group of political, cultural and religious leaders at karenga after the meeting*

## **13.0 Closing Remarks**

### **13.1 Remarks by the RDC Kaabong**

The RDC Kaabong Mr. Simon Lolim thanked the participants for the very lively discussion and their contributions to enhancing immunization coverage in their Sub Counties. He pointed out that the Government is counting on them to ensure that every child in the District receives immunization and that every mother gives birth at a health unit to ensure that their babies do not miss out on the first vaccine.

He appreciated the work the Team from OAFLA have done in the Region and thanked them for their commitment. He expressed the District's appreciation for the Hon. Minister for Karamoja Affairs stating that her dedication and heart for the people of Karamoja is commendable. He thanked the participants for making the commitment to participate in and ensure the success of the one year immunization campaign and wished them a safe journey home.

### **13.2 Remarks by the Representative of the Executive Director OAFLA**

In her remarks Ms. Betty Byanyima the representative of the Executive Director OAFLA expressed gratitude to the Kaabong District Leadership for the cooperation her Team had received from the moment they began mobilisation for the planning meetings to the last event. She pointed out that the District had worked tirelessly to ensure that all the target groups are well represented at every Meeting. She expressed optimism that the Campaign will be a great success.

She conveyed the First Lady's gratitude to the people of Kaabong for supporting all the Government programmes in the District and informed them that she would be giving out awards to the best Districts at the end of the Campaign. She thanked the participants for their contributions to the discussions and assured them that the areas of concern would be brought to the attention by the relevant authorities.



## Pictorial





