



Office of the First Lady

REPORT ON IMMUNISATION ENGAGEMENTS IN KOTIDO DISTRICT.

28th September – 4th October 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 births¹ 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 average².

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 Kotido 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.

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) The good performance of Kotido District:** It was edifying to note the good performance of Kotido District in terms of the following:
- The District's ranking as second in the Region in immunization and the fact that its RED categorization at sub county level is not retrogressive.
 - The fact that there is good coverage by the VHTs in the original areas of operation they had, before the new settlements arose.
 - The cold chain and vaccine maintenance is running smoothly.
 - There are no stock-outs reported over the supply of vaccines.
 - The District has a functional data collection system that is updated regularly and that the DHO uses to monitor performance in all the Health Units.
- b) The challenge of lack of Medical Staff in Kotido:** The DHO plays the double role of medical practice and administration in the District; indeed he was called on twice to the theatre during the meetings. This coupled with the fact that most of the staff at the health units comprise of non- medical staff, calls for the urgent recruitment of health workers and doctors to enhance service delivery at the health units.
- c) The new settlements require a comprehensive outreach strategy:** In order for the Immunization Campaign to succeed one of the key areas of focus should be on the proposal made to address the population in the new settlements. The District should develop a strategy identifying the new settlements and VHTs must be recruited, trained and equipped as soon as possible.
- d) The poor health seeking behavior:** The majority of the people have poor health seeking behavior with limited or no male involvement in the health care of their families. There is need for a change of attitude and messages targeting both men and women on the importance of immunization, including being hygienic and utilizing health facilities for the good of their families.
- e) Local Councilors have been left out of the mobilisation of communities with regard to health issues:** The issue of the exclusion of political leaders in the mobilisation of their communities with regard to health campaigns, has caused concern amongst them. This is especially so since they feel the VHTs have taken up their roles in this

regard. While it was made clear that the LCs should not wait to be invited to fulfill their mandate to mobilize communities and monitor service delivery, as provided for in the Local Government Act, it is important that the District Health Office makes the effort to involve them in the Campaign. The proposals to resume Performance Review meetings that bring together the technical and political leaders to address issues of immunization and to keep them informed about the District statistics regularly, makes for a good beginning.

- f) The culture of drinking alcohol in the Karamoja region:* There is growing concern that throughout the Karamoja Region both in interactions with communities and the leadership, that the culture of alcohol consumption poses a big challenge to development. It is important to consider aggressively addressing the issue of substance abuse in the Region that is clearly getting out of hand.
- g) The lack of Immunization Stationary:* It is disturbing to note once again that the NMS has had stock outs namely the tally sheets and the Child Health Cards that are normally distributed together with the commodities for immunization. The Cards and Tally Sheets are important in tracking immunization and it is important that this issue is followed up at the national level urgently.

2.0 Meeting with Technical Team Kotido District

2.1 Remarks by the DHO Kotido

The DHO Kotido, Dr. Philip Olinga welcomed the team to Kotido District which he said is the second best in the Region in immunization coverage. He noted that there is still room for improvement especially since the health teams find it difficult to cover the new settlements that have been created beyond the regular settlement areas; outside the 5km radius of the outreach teams.

He acknowledged the apologies of the Implementing Partners and district health personnel who were said to be in Soroti attending a Regional UNICEF Review Meeting.

2.2 Remarks by the Representative of the Executive Director OAFLA

Ms. Betty Rutare Byanyima made remarks on behalf of the Executive Director OAFLA Mrs. Beat Bisangwa, who was away on official duty in the USA. She conveyed greetings from the 1st Lady and Minister of Karamoja Affairs Hon. Janet Kataaha Museveni who she said has the children of Karamoja at heart.

She thanked the stakeholders for their tireless efforts and for successfully conducting Immunization Campaigns in Kotido District, stating that their efforts are not in vain. She then gave a background to the Immunization Campaign stating that the Country Director World Health Organisation (WHO) and the Ministry of Health (MOH) had approached Hon. Janet Museveni requesting her to conduct a Campaign to enhance the immunization coverage of the Karamoja Region.

She explained the objectives of the Campaign and pointed out the need to work together to ensure that any challenges that have led to the low coverage in the Region are addressed within the next one year September 2014 to September 2015.

3.0 Presentation of the Kotido District Immunization Status Report

“The population of Kotido District is 257,606 people and it is the district with the highest access to health care with only 9% of the population without access to health services”. Kotido District immunization status is at 91%, 4% short of the national 95% target.

The DHO Dr. Olinga, informed the Meeting that while 30% of the health staffing is not filled, it must be noted that the positions filled mainly constitute non-clinical staff. The District has 165 villages each of which have 2 VHTs that were recruited with support from UNICEF and UNFPA. Health Units are responsible for immunization of a catchment area of 5km and there are 5 to 8 Government funded immunization outreaches on a monthly basis per health unit.

Dr. Olinga reported that there are no challenges in the supplies and storage of commodities for immunization, apart from the complete stock out of Child Health Cards that causes the District to rely on photocopying. The District however is faced with a number of challenges. The biggest sub county with a population of 100,000 people has only 4 health units and there are only 2 medical personnel in each health unit. There are also new settlements that have come up because of the prevailing security. As a result the community has moved beyond the coverage area, in some cases over 60km away from the health facilities and there is no transport to reach these communities. Provision of bicycles would go a long way in improving the ability of the health workers to reach the communities. Currently CUAMM has been assisting the Immunization Teams with transport to reach the communities.

He explained that the National Medical Store (NMS) is supposed to provide Tally Sheets, Child Health Cards and TT Cards that help to follow up on the immunization status of the babies. He noted that 70% of the children in the District are delivered at home and yet contact with mothers at birth is the only assurance that their babies will access the first vaccine. He commended the VHTs for their work in mobilizing children and noted that their role in immunization needs to be strengthened through skills in tracking children who are not fully immunized so as to offer the necessary advice.

The other challenge is in the poor health seeking behavior of the population. The men think it is women's work to make sure the children are taken for immunization. Male involvement in the health of their children would help to increase the coverage.

Response to the Report

- a) Tracking unimmunized children:* The VHTs should conduct a mapping exercise to identify where the children who require immunization are located and trace them. The VHTs currently have a register of the children and they know the number of children per household.

It is important to develop a skills training for VHTs to be able to identify those who are partially immunized. The VHTs should be given a check list to monitor why there is a drop in immunization after the first vaccine.

- b) The poor health seeking behavior:*** The health units are inaccessible because there is no public transport, bicycle or motor cycles. The DHO is challenged by the presence of TBAs who are very powerful. They benefit from deliveries because they are given goats. On the other hand women who deliver at the health facility are given a baby kit which includes bed sheets for the baby and a blanket.
- c) Coverage of the new settlements:*** There is need to recruit and train VHTs to cover the new settlements since the last recruitment was in 2010. The DHO requires funding to conduct VHT training and to provide them with bicycles, equipment and the extra drugs. The health units are supposed to display the immunization schedule.
- d) Cold chain maintenance and vaccine management:*** It was proposed that orientation trainings be conducted for the staff at the Health Units to enhance their skills in vaccine management. This is important because some of the staff qualified from the health training institutions do not know how to take care of vaccines and administer immunization.

Setting up Campaign Committees

a) Service Delivery Committee

It was agreed that the DHO would work with the health team present in the meeting together with IPs who would be informed on their return from Soroti to form the Campaign Committee on Service Delivery. Key assignments were then allocated to the different members of the Committee as stated below:

The following were assigned the duties below:

1. The District Bio Statistician Mr. Jim Owiny and Dr. Grace Kabagaya the CUAMM Technical Advisor will establish the baseline by 26th September 2014
2. Tracking the respective service providers will be handled by the District, Sub County and Health Unit.
3. The District target was set at 95% for each vaccine from whatever percentage the current coverage is at. The tracking mechanism for each sub county will be developed by District Bio Statistician
4. The Sub County Health Unit In-charge will be tasked to make a presentation on the Immunization Status Report to the LCIII Council and mobilize communities.
5. The District Council will inform the lower councils to include a discussion on the Report in their meetings.

6. The Monitoring and Evaluation will continue using the quarterly review meetings for Health In- charges and the DHMTs as well as the Bio Statistician. Similarly the immunization work has funding for the next five years.
7. The Final Report will be developed by the Bio Statistician.

Strategy to enhance service delivery

- Review the performance data by each health unit and identify the poorly performing health units, assess why and address the issues.
- Follow up the implementation of outreaches.
- The DHO will source funding for training 40 health workers by October 18th 2014.
- Map the outreach locations/catchment population so as to set the targets for the health units. Assess availability of access to outreach locations per health unit in order to determine the need for transport. The Medical Officer and the Clinical Officer will handle this by 30th September 2014.
- DHO to discuss with World Vision the need to coordinate the distribution of food and the delivery of health services in the community.
- Ensure the availability of Child Health Reports and tally sheets. The DHO to write to NMS. OAFLA to follow up by including this information in the Report.
- The DHO to source funds to ensure translation of IEC materials to support the Campaign.

b) Monitoring and Evaluation of the Campaign

The Technical Committee will hold 2 hour quarterly Immunization Campaign Review Meetings beginning with the 2nd week of December 2014. The issue of immunization will also be discussed in regular DHT meetings.

4.0 Meeting with the District Leadership Kotido

4.1 Remarks by the Resident District Commissioner

The RDC Kotido District, Mr. Peter Logila chaired the Meeting and explained that ii was called to throw light on the status of Immunization in the District and to lay strategies on how to boost the immunization coverage for the children of Kotido. The Immunization Campaign will last from September 2014 to September 2015.



The RDC Mr. Peter Logila making his remarks, next to the District Chairperson

4.2 Remarks by the Representative of the Executive Director OAFLA

Ms. Betty Byanyima spoke on behalf of Mrs. Beat Bisangwa. She explained the objectives of the Campaign, stating that the aim is to ensure that all children under 1 year in the Karamoja region are immunized against the nine vaccine-preventable diseases by September 2015. She pointed out that there are no resources set aside for the work that lies ahead and called on all the stakeholders to mobilize the available resources and work together to ensure the success of the Campaign.



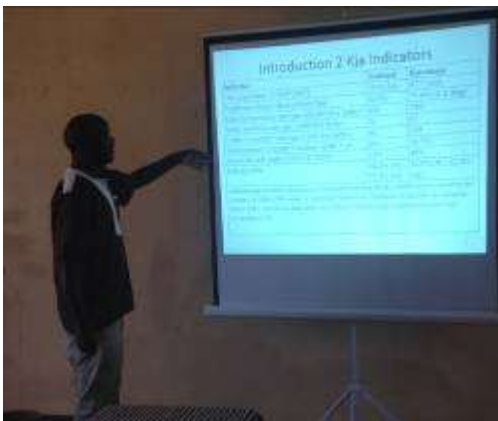
Mrs Betty Byanyima from OAFLA UG addressing the political leaders in Kotido District

She informed the leaders that the issue of child mortality is a great concern to the First Lady and explained that the Campaign arose out of information that reached her from the WHO Country Director, that the Karamoja Region was the least performing in immunization coverage nationwide. She nevertheless thanked Kotido District for their good performance and called upon the District leaders to ensure they meet the national target of over 90% coverage for all the immunizable disease, within the next one year.

5.0 Status of immunization coverage as of June 2014

The DHO, Dr. Philip Olinga gave a regional perspective of the Status of Immunization in Karamoja and then narrowed down on the sub counties in the District that require attention because of their ratings in the Reach Every District (RED) Categorization. This categorization is based on the rate at which mothers drop out between the DPT1 and the DPT 3 vaccines.

The DHO used a table and graphs that indicated that the Sub Counties with the lowest coverage as Panyagara, Nakapelimoru and Kotido Town Council. He noted that Town Councils are normally very challenging to handle with any campaign because of the fluid day and night population and the fact that families leave home early and get back at night. With regard to the challenges faced by these Sub Counties he observed that Panyagara Sub County has a population of over 90,000 people with not more than 20 health workers and in Nakapelimoru Sub County the population is growing and moving out to distant areas.



The DHO Dr. Phillip Olinga presenting the status report to stakeholders in Kotido District

He called upon the leaders to address the challenges of: the poor male involvement, the poor health seeking behavior of the people in the District, the ever growing new settlements and the hard to reach areas.

Response to the Report

1. ***On the exclusion of LCs in immunization campaigns:*** The leaders expressed surprise over the low coverage of Kotido TC, which has health units within 2km from the people. It was noted that mobilisation has been affected by the fact that politicians were distanced from the Health Management Committees and are not involved in the immunization campaigns which are left to the VHTs.

It was observed that one third of the District's population is in Panyagara Sub County. Nakapelimoru Sub County is also highly populated causing a strain on the existing health units. There is need to find out why the LCs are not informed about the Immunization Status in their Sub Counties regularly so that action can be taken to address the poor coverage. The District had a mobile clinic sometime back and there is need for the Local government to revive it and exploit such interventions

2. ***On the importance of drawing best practices from the well performing districts:*** It is important that the best performing districts and sub counties interact with and hold exchange visits with the low performing sub counties, to show case their success and others learn from them.
3. ***On the lack of commitment evidenced in demands for allowances and fuel to mobilize children:*** Most sub counties perform badly because the leaders demand for fuel and allowances before mobilizing. Lack of commitment amongst leaders also results in laxity in mobilizing communities. Indeed a number of LCs from the best performing sub counties pointed out that they do not wait to be called upon to mobilize communities during the Family Health Days (FHDs) and during routine campaigns; they just do so as part of their work.

Response from the DHO

1. ***On the exclusion of Local Governments from involvement in immunization campaigns:***
 - Politicians are not part of the Health Management Committee because they are supposed to supervise it. The LCs are mandated to mobilize communities for all Government programmes and to monitor health services. They should not wait to be called upon to do so. The health programmes are always communicated to the District and Sub County leadership.
 - Kacheri Sub County was recommended for sending regular reports to the DHO regarding health issues and the problems faced by the health units. The leaders

were encouraged to be proactive. Routine immunization is not supported by donors but by Government and the only funds available are the allowances of health workers immunizing the children.

2. *On the importance of drawing best practices from the well performing districts:*

The sub counties that have excelled in immunization coverage do it through hard work although some sub counties have inherent disadvantages that cause them not to perform well. Town councils are the most difficult areas for mass mobilisation the urban areas are a real problem. During the mass polio and measles campaigns some of the town dwellers including civil servants locked out immunizers.

3. *On the lack of commitment evidenced in demands for allowances and fuel to mobilize children:* Children in Karamoja should not die because of lack of fuel and allowances. There is need to improve on the performance and lay strategies to see how the Town Council can become one of the best performing areas in the District. A lot of emphasis should be on sensitisation with special interventions for those who are in the market place.

6.0 The Role of Leaders in Immunization

Mrs. Betty Byanyima made a presentation on “The Role of Leaders in Immunization”. She explained that leadership is essential to achieving total immunization coverage in the Region and no change can be sustained without strong leadership. Leaders have the mandate, confidence and trust of the people and are best placed to mobilize them. Leadership is about: using ones positioning and authority to influence constituents, harnessing the power of association and ensuring accountability for service delivery. She urged the leaders to work together as a team to ensure that every child in the Karamoja region below 1 year is fully immunized by September 2015; pointing out that the low coverage in the Karamoja region brings down the statistics in the rest of the Country.



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

She called upon the leaders to own the Campaign and avoid focusing on allowances in order to mobilize the communities. The need to monitor health services and to follow up outreach programmes by Local Councilors and the Sub County Chiefs is important in improving the coverage in the District. She called on 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*

The presentation was followed by a session in which the leaders made proposals regarding strategies for enhancing immunization in the District.

Strategies to enhance immunization in Kotido District.

1. Promote a change in attitude and behavior through the mobilisation and sensitisation of communities. Inform them about the importance of immunization and the consequences of not immunizing children.

2. Ensure timely information sharing about immunization amongst the key stakeholders.
3. Devise strategies to send out information to the communities. The LCs should take on the responsibility of mobilizing communities and utilize public gatherings like Church services and celebrations to pass on the information.
4. Establish a forum in which the political and technical leaders can interface and strategize on promoting the Campaign and monitoring it. The Elders must change their mindsets and promote inclusive mobilisation.

The Meeting was concluded with a word of appreciation from Betty Byanyima and the RDC. The leaders then formed a Campaign Steering Committee and set the date of the next meeting. They also read a Statement of Commitment which they formulated together, placing their immunization coverage target at 100%.

Steering Committee and Date of next meeting

Date of Next meeting - 1st October 2014.

Statement of Commitment by the leaders

“.....We the leaders of Kotido District having received a Status Report on Immunization and having understood our roles and responsibilities, commit to participate in the Immunization Campaign to achieve 100% immunization coverage in Kotido district by the end of September 2015 and beyond....”.

7.0 Meeting with the Religious and Cultural leaders

7.1 Remarks by the RDC Kotido District

The RDC Kotido District, Mr. Peter Logila expressed his gratitude to the leaders for their continued cooperation with Government on issues of development. He explained that they were being involved in the immunization of the children of Karamoja because of the influence they hold in their communities. He explained that the Meeting provides an opportunity for them to hear about the status of immunization amongst the communities they lead and to strategize on how they will use their positions of leadership to ensure that it improves.



The RDC Kotido Mr. Peter Logila making his remarks to the cultural and religious leaders.

7.2 Remarks of the representative of the Executive Director OAFLA

Ms. Betty Byanyima thanked the leaders for choosing to identify with the health concerns of their communities. She expressed the First Lady's gratitude to them for the good work they are doing and for the good performance of Kotido District that is ranked 2nd in Immunization in the Region.

She gave a brief background to the Campaign stating its objectives and the fact that it is hoped that by September 2015 all the children under one year of age would be fully immunized. She called on them to discuss the challenges they find in mobilizing their communities and to work together to provide solutions that will ensure the success of the Campaign stating that:

"For the duration of the Campaign and thereafter, no Karamajong child should die of immunizable diseases!"

8.0 Report of the Status of Immunization in Kotido District

The DHO Kotido, Dr. Philip Olinga thanked the Religious and Cultural leaders for the good work they are doing to mobilize the community for immunization. He lauded them for the positive response received by his office, whenever they come for immunization and for doing their part unconditionally. He attributed the District's success to their contribution. He however pointed out that the Status Report reveals that a lot more work must be done in the sub counties of Panyagara, Nakapelimoru and Kotido Town Council, in order for the District to rank number one in 2015. He noted that these sub counties register immunization coverage ranging from 50-60% while the District target is 95%.

“This is a big challenge since if a disease breaks out in Panyagara, even where the District is doing very well in the other sub counties, it will affect the rest of the District” he said.



Dr. Phillip Olinga addressing the cultural and religious leaders on the status of immunization in Kotido District.

Dr. Olinga illustrated the progress being made in immunization at sub county level and used the RED Categorization to draw the leaders' attention to the fact that a number of children do not complete their full immunization. This is mainly due to: the poor health seeking behavior of the people, the poor coverage of the new settlements as well as inadequate follow up of mothers. He explained that the DHMT has planned a number of strategies to address these issues and to ensure that the health workers and vaccines are available during the Campaign period.

“We shall rely on you to mobilize the community and to convince them to believe in immunization the same way they believe in the Gospel. They must be told that immunization saves lives. I believe if we work together we shall be able to achieve this!” He concluded.

Response to the Report

1. On the lack of involvement of religious and cultural leaders in the health sector:

The participants expressed their gratitude to the 1st Lady for realizing the important role they play in mobilisation. They pointed out that they are not included in meetings during the mobilisation for Government Programmes. They expressed concern over the new settlements and called for facilitation of health workers to reach these communities.

2. *On the need for information for effective mobilization of communities:* All the leaders called for simplified information on immunization. They wanted to know the age groups of children who are required to be immunized and the consequences of not immunizing a child. They also sought information on the different immunizable diseases and how they manifest.
3. *On the need for Government health care for elders who are sickly:* An elder protested that Government had forgotten about the elders who are also sickly. He pointed out that elders should be assisted since they are “getting finished” because of AIDS. There are also issues of mosquito nets that do not keep out the mosquitoes and the health units that lack drugs.
4. *On whether the immunization statistics are not distorted by tainted statistics:* One of the leaders doubted the statistics in the three Sub Counties that were cited in the RED categorization, stating that they may have been tainted by the fact that families give false information whenever the need for registration arises in the hope of getting additional food rations. In future the District should refer to the upcoming census results.
5. *On increasing the immunization days:* There are only two immunization days and at times the mothers come after the health workers have left because of challenges in communication. It is also important to increase the number of days to allow time for follow up of the stubborn people who do not bring the children.

Response from the DHO

1. *On the lack of involvement of religious and cultural leaders in the health sector:* The leaders were appreciated over their contribution to community mobilisation in spite of the fact that they have not been deliberately targeted. They were assured that they would be fully involved and informed about the immunization days on a regular basis.
2. *On the need for information for effective mobilization of communities:* The DHO will be developing a special information package within the next 2 weeks with illustrations on immunization, to assist the leaders in their efforts to mobilize. Dr. Olinga then gave information on immunization, the ages for each vaccine and the consequences of each disease.

- 3. On whether the Immunization Status Report is not distorted by tainted population data:** The DHO acknowledged the fact that there have been reports of inflated figures during registration and efforts are in place to address this issue through basic child registration to be done by the VHTs.
- 4. On increasing the number of immunization days:** The immunization days are tagged to the availability of funds, since the health workers have to be given allowances for the work they do in the field. It is therefore difficult to increase the number of days.

9.0 Presentation on the Role of Leaders in Immunization

Ms. Betty Byanyima gave a presentation on “The Role of Leaders in Immunization”. She talked about the importance communities attach to the leadership in their places of worship and cultural institutions and the influence they have over them. She urged the leaders to use their platforms to share the importance of immunization, mobilize communities to demand for the services and track information on children who are eligible for immunization.

Ms. Byanyima pointed out that Religious and Cultural leaders come into positions of authority because of their appointment through God and the people. They further have influence because of the unique association they have with communities by virtue of the fact that the people respect and identify with them. She called upon them to therefore use their positions of leadership to hold those in the district and sub county leadership accountable to delivering efficient and effective health services.



Mrs Betty Byanyima addressing the cultural and religious leaders on their role in this immunization campaign.

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*

Steering Committee Members

The participants then elected their Steering Committee Members as follows:

Committee Members

- | | |
|------------------------------------|-----------------------|
| 1. Lokong Koima cultural leader | - Nakapelimoru |
| 2. Loiki Paul Cultural leader | - Panyangara |
| 3. Moding Rosemary Cultural Leader | - Kotido Town Council |
| 4. Lomoe Pudamoe Cultural Leader | - Rengen Sub County |
| 5. Morunyang Apalongorok | - Kotido Sub County |
| 6. Nabunei Lolwa | - Kacheri Sub County |
| 7. District Khadi | - Kotido District |
| 8. Sister Biana Anena | - Kotido District |

Date of next meeting:

The date of next meeting - 4th October 2014

Statement of the Commitment

‘....We the elders, cultural and religious leaders of various communities in Kotido District, do hereby resolve to commit ourselves to support whole heartedly the Campaign to promote a comprehensive immunization program for our children.

....We resolve to work with all the stakeholders, especially the health workers so that immunization exercises take place on the prescribed days. We further resolve to generally support all programmes which promote the health of our communities and finally to work towards the betterment of the conditions of life for all our people in Kotido and the Karamoja Region as a whole....’



A group of cultural and religious leaders after the meeting.

10.0 Closing Remarks

10.1 Remarks by the RDC

The RDC Kotido District Mr. Peter Logila thanked the leaders for responding to the First Lady's call to step up immunization in the District. He expressed optimism that the Campaign will yield results and that all the leaders will use their platform to reach out to the communities. He urged them to hold those in charge of service delivery accountable and ensure that the demand for immunization generated will be met by efficient and effective service delivery, by keeping the DHO informed of the nature of services rendered.

He expressed his appreciation to the team from the First Lady's Office and to the DHO for organising the Campaign and for their participation in the meetings.

10.2 Remarks by the Representative of the Executive Director OAFLA

The Representative of the Executive Director OAFLA, Ms. Betty Byanyima appreciated the RDC for giving of his time to chairing the District meetings and for all the cooperation her team had received from the District leadership. She thanked him for committing to coordinating the Campaign and assured him of OAFLA's support.

She thanked the DHO for the good performance of immunization in the District and for his support in mobilizing the technical team. She expressed hope that the Steering Committees will achieve the 95% immunization target that they have set, by September 2015. She expressed the gratitude of the First Lady to the Religious and Cultural leaders for their continued support to Government programmes and wished them all safe travel to their areas of abode.

Pictorial



