



*Office of the First Lady*

## REPORT ON IMMUNISATION ENGAGEMENTS IN MOROTO DISTRICT (DRAFT)

17th – 23<sup>rd</sup> August 2014

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



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### Background

Childhood immunization is a key channel for the attainment of the Millennium Development Goal 4 of reducing child mortality by two-thirds by 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 Karamoja region by July 2015.
- To ensure that all children under 1 year in the Karamoja region are immunized against the nine vaccine-preventable diseases by July 2015.

In a bid to kick start the Karamoja Region Routine Immunization Strengthening Campaigns (KARIC) the OAFLA team visited Moroto in August 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 districts, building synergies to strengthen immunization efforts in the Region and setting targets to monitor and evaluate the progress of the Campaign.

### **Key observations drawn by the OAFLA Team**

1. ***Efficiency in tracking immunization;*** There was a “two day rush” as the District Team endeavored to put together a status report on immunization; giving the impression that the data on immunization may not be accurate. It is important that the tracking

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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>

of immunization efforts is done on a regular basis and that all the stakeholder's work together to update the data collection system.

2. ***Revive Family Health Days (FHDs):*** FHDS as an outreach strategy are said to be effective in mobilizing communities for immunization. The FHDS should be revived and promoted especially by working with the Religious/ Cultural leaders.
3. ***Promote Community level sensitisation:*** There is a gap in community sensitisation consequently KARIC should rally the existing resources especially human resource, to provide for Immunization Sensitisation Outreaches at community level.
4. ***Maximise VHTs:*** The VHTs are effective but not fully utilized. Efforts should be made for their sufficient motivation and to provide them with information on immunization through regular trainings. The Matany Hospital Community Outreach Model should be studied and possibly duplicated if found appropriate.
5. ***Coordinating Partners for effective immunization:*** District coordination of partners must be strengthened with each Development Partner encouraged to integrate immunization campaigns in all their activities to avoid duplication.
6. ***Re-visit the issue of providing incentives to promote immunization:*** It is important to re-visit the issue of providing incentives to promote immunization in Karamoja, since incentives have at times been found to be counter- productive. The incentives were said to lead to mothers double immunizing their children resulting in unreliable data and adverse effects in the health of children.

Furthermore the provision of incentives is not sustainable and promotes a general culture of dependency while appropriate community sensitisation yields results; as was evidenced in the recently completed EMTCT Campaign that succeeded without the use of incentives.

The Dialogues in Moroto District was very effective in providing a forum for discussion on promoting immunization in the Karamoja region. The different stakeholders were confronted by data and information on the status of immunization in the Districts and urged to use their different platforms to ensure that communities are sensitized and service delivery monitored. Reflections were made on the challenges and obstacles to ensuring that every child in Karamoja is immunized.

Strategies were laid for enhancing the community demand for immunization. Committees were put in place and duties allocated to ensure an effective way forward for the one year campaign.

## **1.0 Meeting with the District Technical Persons in Moroto District**

### **1.1 Remarks by the District Health Officer Moroto, who chaired the meeting**

The DHO Moroto welcomed all the stakeholders in the District to the Dialogue and talked about its intended purpose. He thanked the First Lady for her continuous efforts to promote the development of the people of Karamoja and her concern for babies who are the future of the Karamajong.

He expressed gratitude to the technical team for the role they have played in supporting the immunization drive in the District. He said the Ministry of Health (MOH) is committed to achieving the over 95% national target on immunization and welcomed every effort in the District towards this goal.

He noted that statistics of Karamoja are “not so bad but there is need to scale up” although there are attendant challenges with the coverage of specific vaccines. He called upon the Executive Director OAFLA Mrs. Beat Bisangwa to give a background to the August 2014/ August 2015 Immunization Campaign.

### **1.2 Remarks by the Executive Director OAFLA Uganda**

Mrs. Beat Bisangwa expressed the First Lady’s gratitude for all the efforts the people Karamoja have made towards immunizing babies, stating that her desire is that “no Karamajong baby should die from immunizable diseases”. She explained that the WHO Country Representative Dr. Alemu Wondimagegnehu appealed to the First Lady for a UN partnership in immunization in Karamoja for the universal coverage of the whole region.



*Executive Director OAFLA UG making her remarks*

Consequently OAFLA developed an Immunization Strategy involving all stakeholders in the Region which is currently being discussed. The OAFLA Team is currently undergoing

visits to the Districts to assess the situation of immunization and receive guidance on the appropriate strategies for the Campaign.

She stated that the objectives of the visit are:

- To share the immunization concept and be guided on the appropriate strategies.
- To understand the status of immunization in the region and mobilize support for ownership of the Campaign.
- To set campaign targets, guidelines and develop the M and E mechanism.

Mrs. Bisangwa urged the leaders present to adopt every measure possible to generate demand driven service delivery, noting that new ideas on community mobilisation that are practical and sustainable should be developed. She concluded her remarks by emphasizing that the Karamoja region requires culturally appropriate Information, Education and Communication (IEC) materials, including relevant visual aids that carry meaningful messages.

### **1.3 Status Report on Immunization in Moroto District**

The status report was presented by Dr. Denis Mark Ogwang the Regional Representative Doctors for Africa (CUAMM). Dr. Dennis Mark Ogwang provided a comparison of the Karamoja and National health indicators in which he noted that there is a widening gap between Karamoja and Uganda regarding the key health status indicators for children. In 2006 there was 27% more, under 5 Mortality Rates in Karamoja, as compared to the rest of Uganda and this increased to 70% in 2011. Similarly 2006 registered 38% more infant mortality in Karamoja as compared to the national level rates and in 2011 this increased to 61%.

Dr. Denis Mark Ogwang noted that the status of immunisation in Moroto district is at 69% and called upon all members to work hard and use the platforms available to achieve 95% national target.

He observed that poverty and under - development continue to create extreme vulnerabilities in particular geographic areas and as a result approximately 440 children under five, still die every month in Karamoja from preventable causes. The presentation provided information on the quarterly trends of coverage for each vaccine at sub county level in the financial year 2013/14.

Dr. Dennis Mark Ogwang talked about the current immunization activities in the district pointing out that there are routine integrated outreaches (within 5 km) as well as

expanded outreach services through 35 posts. Community linkages are made with the help of the VHTs. FHDs are also conducted in places of worship. He presented the challenges related to immunization as follows:

*a) Accessibility to communities:*

- Some of the communities are hard to reach because of their high mobility, this results in first visits with no continuity. Some of the communities cited are in the mountainous Sub County of Tapac.
- The terrain is bad and there is only one vehicle at the district. There are also new settlements – 9 in Moroto alone.

*b) Provision of Vaccines:*

- The National Medical Stores is currently unable to deliver PCV and BCG which are out of stock.
- There are occasional Stock Outs of specifically PCV vaccines. Furthermore PCV is a new vaccine so there are challenges in administering it.
- There have been missed opportunities of BCG due to low facility delivery.

*c) Mobilisation of mothers:*

- There is a general challenge of poor health seeking behavior. A few mothers come to health facilities and post-natal services are not very good.
- There is limited involvement of VHTs in the mobilization of communities for services.
- The FHDs that were organised initially with UNICEF covered 2 weekends per quarter currently there is only 1 per weekend and thus there are a number of missed mobile communities.

Dr. Denis Mark Ogwang concluded his presentation by proposing the following strategies to address these challenges:

- There is need for proper mapping of community outreach points.
- Plans should be put in place for the provision of outreach services to communities in hard to reach areas. A strategy for door to door services should be prioritized since this is known to give 100% success.
- The district should revive the provision of supplemental immunization services like FHD and accelerated routine immunization.
- The cold chain and stock levels must be monitored and maintained.
- There is need for community mobilization.

## **1.4 Issues raised from the presentation on the Status of Immunization**

### **a) On the use of incentives to promote compliance :**

There were mixed reactions on the use of incentives to promote compliance to immunization.

On the one hand it was observed that the use of incentives is very effective the example was given of Mama Kits that have been used to increase the utilization of health facilities for delivery. Mothers are encouraged to give birth at health facilities if they are assured of the provision of Mama Kits, there is therefore need for a continuous supply of these kits.

Mr. Otim Onegu supported the argument that incentives promote compliance to immunization and proposed that rewards should be attached to the completion of the immunization visits in order to promote continuity. Women who come with their spouses should be given priority and provided with mosquito nets, a practice that has been found effective in Lira District.

On the other hand a number of leaders observed that the provision of incentives has been found to be counterproductive since mothers take their children for double immunization at different health centers with the intention of receiving extra food supplements thus compromising data on immunization. There is therefore need to discuss the value of using these incentives.

One of the proposals given to address this situation is the use of different strategies to address the “food secure” and “food insecure” communities. Additionally, incentives should be given in ratios; increasing from the first to the third visits.

Dr. Denis Mark Ogwang however observed that:

“It is not the incentive that works but the nature of services provided as seen in EMTCT initiatives. It is important to communicate the availability and benefits of the service and to educate the people as well as make efforts to stabilize food security”.

### **b) On building partnerships to promote immunization:**

The importance of strengthening the district efforts to coordinate partners in the health sector was emphasized. More partners must be involved beyond UNICEF,



QUAMM and UNFPA in this immunization campaign. Efforts should be made to network with the NGOs and development partners operating in the district in order to share the objectives of the campaign and to encourage them to participate in it.

However Ms. Kwagala from UNICEF observed that Development Partners may rally support indirectly through provision of vehicles and personnel. This is because they report back to donors and their interventions have conditionalities. It is important to integrate immunization issues in the existing dialogues that focus on the youth, community's and education.

**c) On enhancing efficiency and effectiveness of service delivery:**

It is important that service delivery is enhanced using practical means; for instance the training of health workers on immunization in 2012 was carried out 10 months before the vaccines were delivered. By the time the vaccines arrived most of the trained personnel had forgotten how to administer them. Concerns were also raised about the poor communication of shortages of supplies by the National Medical Stores (NMS). In one instance gas was not supplied for three months and some stakeholders were not given timely information about this impending shortage.

While there has been an increase in the number of midwives at the Health Centers, the lack of logistics and facilitation has hampered the outreach services that would otherwise increase demand for immunization and maternal health services at community level.

**d) On community mobilisation for immunization:**

A mobilisation drive should be adopted at community level beyond bringing leaders together in hotels. Community leaders should be engaged at the grassroots to develop practical strategies relevant to their situations and communities. Work plans should be developed and adopted to ensure implementation and action.

There are concerns at the grassroots level that “development programmes are only designed for women”. Efforts should be made to form Volunteer Immunization Sensitisation Committees that are led by men. It is very important to involve the men since in Karamoja communities respect household heads. It may be necessary to give incentives for those who come in with their spouses.

The strategies that were used in the EMTCT Campaign should be adopted to promote community mobilisation for the KARIC.

## 2.0 Meeting with Moroto Political and District Leaders

The Dialogue with the district leadership was attended by a cross section of leaders; District Sub County and Division Chairpersons, CAO's and Town Clerks as well as RDCs and their deputies.

### 2.1 Remarks on the Role of Leadership in the Immunization Drive

The Executive Director OAFLA Mrs. Beat Bisangwa gave a presentation on the role of Leadership in the Immunization Drive, in which she gave a background to the status of immunization in Karamoja and elaborated on the significant role leaders play in community mobilisation at all levels.

She concluded her remarks by proposing a few initiative leaders can take to ensure that every child in Karamoja is immunized, thus contributing to the successful attainment of the MDG 4 on reducing child mortality by 2/3 by end of 2015. The strategies are:

- *Use your platform to mobilize and sensitise communities to respond to and access Health services*
- *Promote community support for mothers to access Immunization services; work with VHTs and use places of worship and cultural events for immunization*
- *Use your office to ensure effective service delivery and accountability*
- *Address the social-cultural barriers that hinder the utilization of immunization*

### 2.2 Discussion on interventions for promoting immunization by leaders

Those attending the Dialogue brainstormed on the interventions they will take to promote complete immunization coverage in their areas of influence these are:

- Conduct sensitization of communities and monitor utilization of health services
- Coordinate stakeholder interventions on immunization at district, sub county and parish level.
- Formulate by-laws and ordinances on immunization, focusing on enforcement through penalties and rewards.
- Work with partners to bridge the top- bottom communication gap and involve local communities.
- Emphasize the use of the existing structures such as VHTs.
- Encourage the local leadership to lobby and advocate for immunization from government, implementing partners and other stakeholders.
- Consolidate activities with the technical teams providing the overall supervision.



*Some of the stakeholders including the RDC, Deputy CAO and Deputy RDC during discussions*

### **2.3 Remarks by the Deputy RDC Moroto**

The Deputy RDC Moroto, Ms Helen Pukol welcomed all the leaders to the Dialogue. She thanked the First Lady for bringing the much needed Immunization Campaign to the Karamoja region and for specifically choosing Moroto district to be the first district visited. She pledged her support to ensure that KARIC succeeds within the next one year.

### **2.4 Remarks by the RDC Moroto**

The Resident District Commissioner Moroto District Mr. Abura Sam Piri welcomed all the leaders. He thanked the First Lady's office for organising KARIC and described the First Lady as a "mother that has shown true love for the people in her care".

He pointed out that the people of Karamoja will always remember the First Lady for coming up with life saving campaigns. He called upon the leaders to promote Government programmes stating that the Immunization of children is in line with Governments National Development Plan and the Millennium Development Goal 4 which everyone should promote.

### **Action Points to be delivered by end *Sept 2014***

The Dialogue discussed action points to guide the Campaign and commitments were made to achieve the following:

1. Hold harmonization meetings between the Moroto district and sub county leadership, the immunization team, opinion leaders as well as the cultural and religious leaders.

2. Organise a meeting between the District leadership and development partners to discuss their role in the Campaign and possibilities for resource mobilisation.
3. Conduct sensitization campaigns through field visits, working closely with the VHTs, LC at village and parish levels.

## 2.5 Resolution

The Dialogue was concluded with the following resolution made by all the leaders present:

*“We the leadership of Moroto district, do commit to participating actively in the August 2014/August 2015 Immunization Campaign, in collaboration with all immunization stakeholders in the district”*



*A group of political leaders, including the RDC, the Deputy RDC & CAO*



### 3.0 Meeting with Religious, Cultural and Opinion Leaders

The Religious, Cultural and Opinion Leaders discussed the challenges faced in promoting immunization in the District. They pointed out that the lack of incentives for VHTs hinders their effective utilisation as community mobilisers. There are hard to reach places that hinder accessibility by the Immunization Outreach teams and many nomadic communities that are always in search of economic activities. The leaders also identified logistical challenges, citing cases of insufficient vaccine supply.



*The cultural and religious leaders after their meeting, including the CAO & the DHO*

A discussion was held regarding the best interventions for addressing the challenges raised above. Below are the strategies that were proposed:

#### 3.1 Strategies to address challenges in immunization:

- Map out the communities to position outreaches.
- Make provision to support supplemental immunization services.
- Strengthen all approaches to ensure efficient and effective community mobilisation.
- Ensure the maintenance of stock and cold chains.

The Opinion leaders expressed concern over the increase in cases of malaria and pneumonia; calling for interventions to ensure this problem is addressed. It was also observed that there is great value in conducting mobilisation around the community calendars. With regard to service delivery, it was pointed out that health workers should endeavor to exercise patience and work closely with the VHTs to enable a wider coverage of the community during mobilisation. The Religious leaders committed themselves to increasing the frequency of sensitisation programmes on immunization and called for more involvement of Catechists and other religious leaders.



*The Bishop Moroto Diocese and other religious leaders discussing the status of immunization in Moroto District*

The Dialogue consulted the leadership of Matany Hospital on their outreach programme which they noted attracts more community members than the Government Hospital in Moroto. It was observed that the Matany Hospital has 7 medical doctors 3 of whom are specialists, as compared to the 2 doctors in Moroto Hospital. Their community health workers are carefully selected, well trained with very good people skills, supervised and well facilitated. The Matany hospital also adopts an efficient M and E system with regular feedback. The need to assess the model of operation in the Matany Hospital and learn from their systems of administration there was recognised.

From a cultural perspective the Dialogue was informed that male involvement is key, if whole communities in Karamoja are to heed to the Immunization Drive. It was also noted that the cultural hindrances to immunization must be addressed and Elders and other traditional leaders must be sensitized and urged to support the Campaign. Furthermore, special strategies must be devised to enable the mobile communities access health services.

### **3.2 Proposals made by the Opinion, Religious and Cultural leaders on the strategies they will adopt to promote immunization:**

#### **a) Using already existing activities to mobilize the flock:**

- Activities used during Women and Children's ministry work should integrate issues on sanitation, health and immunization.
- Pass on immunization messages during Jesus film
- Integrate messages in sermons as well as duawat by Imams.

#### **b) Mobilise those in their circles of influence to share immunization messages:**

- Use lactating mothers as models for others
- Work with the African Brotherhood in remote areas to integrate immunization in their ministries
- Encourage Muslim community members to sensitize others.

#### **c) Develop appropriate messages:**

- Messages should incorporate explanations on fever and swelling resulting from immunization and what to do to address these effects e.g. provide Paracetamol and provide information about instances of being crippled as result of nerve reaction.
- Develop appropriate messages.

#### **d) Other key strategies:**

- Form committees for M and E
- Cultural and Religious leaders involvement in disaster preparedness
- Promote innovation while hard to reach areas should be prioritized.

### **3.3 Formation of the Immunization Community Mobilization Committee**

#### ***Religious Leaders Team:***

- **Anglican** Bishop Joseph Abura / Ven. Joseph Aleper
- **Catholic** - Bishop Damiano Guzzetti / Sr. Dinavense Tushabomwe
- **Moselm** Hajji Akida Lokure / Ismail Lomongin
- **Pentecostal** Rev Robert Olupot / Pastor Hellen Grace Lomongin

#### ***Cultural Leaders Team:***

- Rupa – Mr. Longora John, Achok Veronica
- Katikékile – Felix Lokeris, Namwoe Elizabeth
- South Division – Lomilo Joseph, Amina Mashaka
- North Division – Jackson Anyala, Eunice Nangiro
- Nandunget – Odong Martin, Maria Lochoro
- Tapac – Lomiyat Kron, Kuri Regina

### 3.4 Closing remarks by the Deputy CAO Moroto

The Deputy CAO Moroto District Mr. Emmanuel Ofwono thanked all the leaders for responding quickly to the invitation to hold dialogues on the Campaign for Immunization in Karamoja Region. He pointed out that the Opinion, Cultural and Religious leaders play an important role in mobilizing communities since the people believe in them. He therefore encouraged them to take their role in the Campaign seriously saying that he is optimistic that KARIC would yield good results.



*The Deputy CAO Moroto District making closing remarks*

He thanked the First Lady's office for involving and engaging leaders at all levels in KARIC and pledged the Districts commitment to work tirelessly to save the children of Karamoja.

### Conclusion

The Dialogues in Moroto District were very effective in providing a forum for discussion on promoting immunization in the Karamoja region. The different stakeholders were confronted by data and information on the status of immunization in the Districts and urged to use their different positions of leadership and platforms, to ensure that communities are sensitized and service delivery monitored. Reflections were made on the challenges and obstacles to ensuring that every child in Karamoja is immunized and



strategies were laid for enhancing the community demand for immunization. In both districts committees were put in place and duties allocated to ensure an effective way forward for the one year campaign.

**Pictorial:**





