



Office of the First Lady

## REPORT ON IMMUNISATION ENGAGEMENTS IN NAKAPIRIPIT DISTRICT

10<sup>th</sup> -11<sup>th</sup> December 2014

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



## TABLE OF CONTENTS

1.0	Background .....	3
2.0	Meeting with the District Technical Team .....	5
3.0	Presentation of the Nakapiripirit District Status Report on Immunization .....	5
4.0	Meeting with the District Leadership, Political Leaders and Sub County Chiefs.....	7
5.0	Presentation of the Status Report on Immunization Nakapiripirit District .....	9
6.0	Presentation on the Role of Leaders in Immunization .....	11
7.0	Meeting with the Religious and Cultural Leaders .....	13
	Conclusion.....	17

## 1.0 Background

Childhood immunization is a key channel for the attainment of the Millennium Development Goal (MDG) 4 of reducing child mortality by two-thirds by the end of 2015 and other targets on preventing child mortality, stipulated in the National Development Plan. The under-five mortality rate in Uganda is still high at 90 per 1,000 live births<sup>1</sup> and this is highest in the Karamoja region, where out of every 1,000 live births, 174 children die before the age of five; a death rate that is about 27% higher than the national average<sup>2</sup>.

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

### Specific Objectives

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

As part of the Karamoja Region Routine Immunization Strengthening Campaigns, the OAFLA team visited Nakapiripirit District in December 2014, to conduct Preparatory Meetings with key stakeholders. Three meetings were held as follows:

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

---

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

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

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

**Some of the Key Issues raised during the Meetings:**

- a) *Absenteeism of the Health Workers:*** The leaders in the various meetings reported that the Health Workers are absent from duty for long periods. Mothers who come for health care after walking long distances turn to TBAs after finding the health workers absent from work.
- b) *The conflict regarding district boundaries with Amudat:*** There are conflicts over the district boundaries and communities living at the boarder of the two districts fall victim sometimes with no access to services or at times with the two districts clashing as they end up providing the same services at the same time.
- c) *The challenges in cold chain management:*** Some of the health facilities lack refrigerators thus limiting the number of places that can provide Immunization services.
- d) *Building linkages between the HCs and the sub county leadership:*** The Meeting observed that there is need for the Sub County leadership to take ownership of the immunisation programme. The HCs should keep the Sub County Chief informed about the immunisation outreaches in order to ensure effective service delivery before staff payments are done.
- e) *The establishment of HC III:*** The HC II's are being upgraded to HC III. The CAO's office is taking stock and keeping note of the HC II's that are operational. Where there are no HC III they will be upgraded. However these changes will take time since they have to go through the relevant procedure and the Local Councils must endorse this action.
- f) *The poor latrine coverage:*** The District is performing very poorly on latrine coverage. One finds a whole Local Council with leaders who do not have latrines in their homes. It is now necessary to arrest those people who ease themselves in the rivers and to enforce the construction of latrines in homes. The NGOs that come to implement an activity in the District, should all include a component on promoting advocacy on latrine usage, hygiene and sanitation.
- g) *Substance Abuse:*** There is also a lot of substance abuse with mothers giving their children alcohol to keep them quiet. Women under the influence of alcohol lead irresponsible lives and forget to take their babies for immunisation.

## **2.0 Meeting with the District Technical Team**

### **2.1 Remarks by the DHO Nakapiripirit**

The DHO Nakapiripirit Dr. John Anguzu appreciated the First Lady for her efforts to promote the welfare and wellbeing of the people of Karamoja. He pointed out that the Karamoja region has bad health indicators and yet the leaders committed themselves to meet the Millennium Development Goals; one of them being child health. He urged the technical team to work together to promote immunization in the District; pointing out that without the District Health Management Team the Campaign would not succeed.

He appreciated the DHOs efforts especially since some health units were reported as performing well, but noted that there is room for improvement.

He thanked the OAFLA U team for coming and for their commitment to the wellbeing of the Karamajong.

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

Mrs. Betty Byanyima expressed the First Lady's appreciation to all the leaders of Nakapiripirit District for their continued support to Government Programmes. She provided a background to the Campaign pointing out that the World Health Organisation (WHO) and the Ministry of Health (MOH), met the First Lady and expressed their concern over the high percentage of Karamajong children who are not immunized.

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

Mrs. Byanyima called on the Meeting to discuss the challenges in the area of Immunization and to provide strategies for addressing them within their own means.

## **3.0 Presentation of the Nakapiripirit District Status Report on Immunization**

The DHO Dr. Anguzu provided the Meeting with a brief background to the District Statistics on Immunisation, which he said had improved remarkably ever since the provisional results of the Population and Housing Census indicated that the District had been operating using demographics that do not reflect the true number of people in Nakapiripirit. The District population was found to be much lower than the population size depended upon over the years.

He pointed out that the border line communities shared with Amudat district sometimes lose out on immunization activities because both districts have failed to agree on the boarder lines, this situation also affects the district performance. Dr. Anguzu noted that a number of HCs in the District perform well on the BCG coverage and achieved above 90% coverage in 2013/14 namely: Nabilatuk Mission, Lolachat, Nayonaiangikalio, Nakapiripirit, Amaler, Namalu, Natirae, Nabulenger and Lemusui HCs. However Lorengedwad and Tokora Health facilities achieved between 80%-90%, while the remaining HCs scored below 50% coverage of BCG.



*The district health team led by the DHO and implementing partners after the meeting.*

Child immunisation is also still low in Moruita HC II, the 407 Brigade and Namalu prison. These HCs are unique in that they serve the army and the prisons. Most of the mothers in 407 Brigade prefer to access health services at the nearby HC III. Similarly while the Prisons has a HC III it is managed by a nursing aid and therefore most parents prefer to send their children to the next HC that is Amaler HC III.

Dr. Anguzu explained that with the new Census Statistics the District immunization coverage for BCG is above 90%, DPT3 above 90% and above 85% for measles.

With regards to the challenges faced in immunization the DHO pointed out the following:

- The micro plans of the health units are not followed due to lack of transport
- Some health workers have just finished school and they require orientation, training and mentoring
- There are gaps in the reports in the HMIS; the tally sheets providing conflicting figures from the HMIS i.e. Family Health Day's immunization figures are not reflected in the HMIS
- The GAVI funds for supporting immunization are not received regularly.

He concluded his remarks by urging the technical team to work as a team with the political leadership of the district in order to further scale up immunization in the District. He expressed optimism that with the Campaign in place and the new Census statistics the district will no longer take the 7<sup>th</sup> place in the Region with regard to immunization.

At the end of the Meeting the immunization coverage target was set at 100%.

*The Meeting ended here because of time constraints and the members joined the district and political leaders for the rest of the Meeting where the Service delivery Committee was later formed as will be indicated in the latter part of this Report.*

## 4.0 Meeting with the District Leadership, Political Leaders and Sub County Chiefs

### 4.1 Remarks by the RDC

The RDC Nakapiripirit welcomed the leaders to the Meeting and thanked the First Lady for her initiative on Immunization in the Region. He explained that the Meeting provides the opportunity for the District leadership to take stock of the status of immunization and discuss how best to address the challenges they face in scaling up immunization.



*The RDC making his remarks to the political leaders including CAO and District Chairperson.*



He challenged the political leaders to mobilise their communities and promote health care, otherwise there will be no people to vote for them in the future. He concluded by stating that:

“By November 2015 we should make sure that the nine killer diseases are cleared from our district. Together we can do it, since other districts in the Region have succeeded”.

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

Ms. Betty Byanyima thanked the District leaders for attending the Meeting stating that their presence is an indication of the seriousness they attach to the wellbeing of the children of Karamoja. She extended the First Lady’s greetings and thanked them on her behalf for the work they are doing to improve service delivery in the health sector.

She then gave a background to the Campaign stating that the WHO and the MOH met the First Lady and expressed their concern over the high percentage of Karamajong children who are not immunized. Karamoja has the lowest statistics in the nation and that she believes this situation can and must change. She had therefore sent a Team to discuss the status of Immunization in the whole of the Karamoja Region and address avenues for the scale up of immunization in the next one year.



*Ms Betty Byanyima making her remarks.*

Ms. Byanyima informed the Meeting that this was the last district visited during the initial phase of meetings with district leaders in the Region and that the previous day a team of DHOs from the whole Region had met the First Lady in Morulinga to brief her on the progress made during the initial phase of the Campaigns.



## 5.0 Presentation of the Status Report on Immunization Nakapiripirit District

The Technical Advisor CUAAM John Bosco Tundo presented the Status Report on Immunization and gave a brief background to the district demographics. He explained that with the Population and Housing Census preliminary results the percentage of immunization coverage in all the sub counties in the district had increased remarkably an indication that the demographics used in the past were misleading and distorting the immunization coverage.



*The T.A CUAMM presenting the status report of immunization to the leaders.*

He provided the meeting with a number of statistics including the overall statistics on BCG and DPT which indicate that the District was performing well apart from some sub counties such as Loregae, Lorengedwat, Nabilatuk, and Moruita. He explained that the District overall coverage of BCG is 83% much lower than the national target of 95% and the DPT 3 Coverage is 108% which is above the national target. The Meeting was further informed that about 440 children under five still die every month in Karamoja from preventable causes. Every leader must be involved in ensuring that all the children in the District are fully immunized.

He pointed out that there are a number of challenges the District is faced with in the health sector some of which are: the low levels of staffing that result in mothers waiting in long queues; a de-motivator to their return in future. The long distances between the health facilities and the communities and the low health facility deliveries that stand at 4.85% of the pregnant women. There is also poor communication for routine immunization at the community; since everything is left to VHTs. Further Micro plans of the health units are not followed due to lack of transport. The lack of a vehicle at the district supporting the DHO and the scarcity of fuel critically affected immunization coverage in the District in October 2014.

He urged the Meeting to discuss practical means of addressing these challenges to ensure that the whole district supersedes the national immunization target of 95%. He expressed his gratitude to the First Lady for her leadership and to the implementing partners for their commitment to supporting Karamoja.

## **Response to the Report**

- 1. The high levels of staff absenteeism in the Health Facilities:** All the midwives of Labertok are absent from the HC and there is no one helping the mothers. There is need for strict monitoring of what happens at the HC.

In response to this issue the DHO explained that most of the medical staff are trying to upgrade their qualifications since they are aware that there is a recruitment process coming up. It was therefore agreed that the staff training should be rotational so that the HCs are not left unmanned.

- 1. The need to introduce Mobile Clinics:** Moruita Sub County is high up on the mountains it is therefore important to motivate health workers to go and handle outreaches with mobile clinics for a period of 10 days.
- 2. Building linkages between the HCs and the sub county leadership:** It was observed that there is need for the Sub County leadership to take ownership of the immunisation programme. The HCs should keep the Sub County Chief informed about the immunisation outreaches in order to ensure effective service delivery before staff payments are done.

On the issue of building linkages between the sub county and the HCs, the CAO observed that the sub county technical planning meetings do not bring on board the In charge of the HCs. The Health Sector is not considered a service of the sub county, but of the district. Emphasis should be made on follow up using the monitoring and evaluation model in the Local Government Act. The DHO is accountable to the Sub County Chief with regards to operations of Health facilities at that level and should therefore report what he has monitored at the sub county to the Chief and the CAO; being accountable to both of them at that level.

- 3. The establishment of HC III:** The HC II's are being upgraded to HC III. The CAO's office is taking stock and keeping the HC II's operational. Where there is no HC III, the HC IIs will be upgraded. These changes will take time since they have to go through the relevant procedure and the LCs must endorse this action.

4. **The poor latrine coverage:** The District is performing very poorly on latrine coverage. One finds a whole LC with leaders who do not have latrines in their homes. It is now necessary to arrest those people who ease themselves in the rivers and to enforce the construction of latrines in homes. The NGOs that come to implement an activity in the District should include a component on promoting advocacy on latrine usage and hygiene and sanitation in their programmes.
5. **The high mobility of communities:** Communities keep moving and new settlements come up with no VHTs or access to health services, this issue has to be addressed by increasing outreaches for immunisation.

## **6.0 Presentation on the Role of Leaders in Immunization**

Mrs. Betty Byanyima made a presentation on the “Role of Leaders in Immunization” in which she called upon the leaders of Nakapiripirit to take charge of the scale up of immunization in the District. She pointed out that leaders bring about change where ever they go by inspiring a shared vision and challenging the status quo.

Ms. Byanyima shared the concept of Authority, Association and Accountability in leadership pointing out the linkages between one’s authority to lead and their mandate. She further explained that every leader has the duty to nurture their “Association with the people” through building influence and positioning themselves to meet needs. She implored them to be diligent and make a difference through productivity which is the basis for accountable leadership to God, themselves and their followers.

She urged them to mobilise their communities to address the gaps in immunization and to work together to address changes in the mindsets of the people, in order to appreciate the importance of improving their health seeking culture.

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

### **Action Points**

1. Sub County Progress Reports to feed into the District Campaign Reports
2. Mobilisation with emphasis to be placed on the hard to reach areas.
3. Micro planning with the health In Charges to be shared with the Sub County.

4. The District and Sub County leadership to put measures in place to enforce construction of pit latrines in homesteads.

The District Target was set at 100% coverage

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

The Meeting put in place a District and Sub County Level Mobilisation Committee:

#### **District Mobilisation Committee**

1. RDC (Chairperson)-Mr. Modo David Lometo
2. District Vice Chairperson-Hon.Chero Scholar
3. CAO-Mr.Elly Piwang
4. DHO-Dr.John Anguzu
5. District Community Development Officer- Bako Florence
6. District Police Commander-SP. Apamaku Cox
7. District Planner

#### **Sub County Mobilisation Committee**

1. LC III Chairpersons
2. Sub County Chiefs
3. Community Development Officer
4. Health Unit In Charges
5. OC Post (Police)
6. GISO
7. Health Assistant ( VHT Focal Person)

### **Date of Next Meeting**

It was agreed that the District Mobilisation Committee should meet on 15<sup>th</sup> January 2015 and the Sub County Mobilisation Committee should meet between the 12<sup>th</sup> – 14<sup>th</sup> January 2015.

### **Statement of Commitment**

*“We the leaders of Nakapiripirit District Local Government at all levels of responsibility do commit ourselves whole heartedly to support the immunization campaign spearheaded by the office of the First Lady. We will move to support immunization to a target of 100% as “a healthy child is a healthy nation”.*

## 7.0 Meeting with the Religious and Cultural Leaders

### 7.1 Remarks by the DHO Nakapiripirit

The DHO Nakapiripirit Dr. Anguzu provided a briefing on the work of OAFLA U in the Karamoja Region including the Progress Meeting held in Morulinga with the First Lady the previous day.

He pointed out that the Team is working on building shared responsibility on issues of immunization and health. He pointed out that there are a number of sub counties in Nakapiripirit that are not doing well and require the intervention of all stakeholders to support the immunization initiatives.

He made a passionate appeal to the leaders to ensure that they construct pit latrines in their homesteads stating that Polio and Hepatitis B are contracted through eating feces.

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

Ms. Betty Byanyima explained the origins of the Immunisation Campaign which she said began with a meeting between the First Lady, the MOH and the WHO all of whom were concerned about the poor performance of the Karamoja Region on issues of immunisation coverage of children.



*Ms. Betty Byanyima addressing the cultural and religious leaders*

The First Lady therefore asked her team to visit each district in the Region and hold meetings with the leadership across the spectrum, to discuss how to address a scale up of immunisation for the protection of the Karamajong babies.

She pointed out that the First Lady is grateful for all the efforts that have been made to mobilise communities in the past. She is also mindful of the challenges that the Region faces however she believes that it is possible to have the region reach the 95% national coverage target within one year. Ms. Byanyima pointed out that despite the fact that shortages in medical staff and the limited health facilities is experienced in different regions in the nation, once leaders get involved in the mobilisation of communities it is possible to increase the coverage of immunisation.

She thanked the district leadership for their warmth and hospitality and pointed out that together they can make a difference in the lives of the Karamajong children. She concluded by emphasizing the fact that while implementing partners go a long way in supporting the Development of Karamoja, at the end of the day the children of the land are the responsibility of the indigenous people and it is the Karamajong and Ugandans at large who have to take on this responsibility.

## **8.0 Presentation of the Status Report on Immunisation in Nakapiripirit**

The DHO provided the leaders with information on the importance of Immunization in children. He explained the fact that when a child is immunized the vaccine produces anti bodies against that disease so that if the baby is ever attacked by the disease the anti bodies fight it.

The vaccines respond to different diseases that is why it is important that children are immunized at the right interval for each disease. The children do not have “soldiers” in their bodies to fight diseases so they need vaccines to help them. He emphasized that some vaccines such as Tetanus are also given to pregnant mothers when they attend ANC to protect them. It is therefore important that they attend ANC to get information about immunisation.

He displayed the RED Categorization of each sub county and pointed out that while some Sub counties are excelling a few have not been able to reach the national target of 95% immunisation coverage for a number of reasons. He appealed to them to use their platform to reach communities and to advocate for their involvement in immunisation campaigns cross the different sub counties.

## **Response to the Report**

A discussion was held regarding the reason for poor attendance at ANC and immunization and the participants spoke of the following:

- **Large populations and late releases of funding for health facilities:** Loregae moved from the RED category 2 to category 4, because a large number of the population live outside the 5km radius from the HC and funds for the outreaches and drugs came after the first quarter of the year. Nakapiripirit Town Council also has a large population that has now increased to 3000.
- **Poor information flow to VHTs:** Information flow is very poor and is not given in time to the VHTs.
- **Inadequate and unfriendly medical staff:** A number of health facilities do not have adequate staff, while some of the existing staff have a negative attitude towards patients.
- **Distant and hard to reach areas:** Lorengedwat, Kangole and Moruita are all in hard to reach areas some of which require the help of soldiers to support the outreaches. Nawale is on top of a mountain and they do not have any services both health and education. Also Loregae and Lolachat have communities that live very far away from the HCs.
- **Poor climatic conditions that affect communities:** Lorengedwat and Nabilatuk communities keep moving in search of water. In Namalu the area gets water logged during the rains and the roads are impassable with no means of public transport so the women find it difficult to go to the Health facilities.
- **Substance Abuse:** There is also a lot of substance abuse with mothers even giving their children alcohol to keep them quiet. Women under the influence of alcohol lead irresponsible lives and forget to take their babies for immunisation.

## 9.0 Presentation on the Role of the Leader in Immunisation

Ms. Byanyima made a presentation on the role of the leader in immunisation. She explained the concept of Authority, Association and Accountability as the three main facets of leadership. She explained that leaders should serve their communities while conscience of the time that is coming when God will hold them accountable.

She explained that leaders are accountable to the appointing authority, themselves and the people they lead to whom they should be servant leaders and not leaders waiting to be served. She drew an illustration of the typical Ugandan leaders who use their platform to rally people around them to meet their personal and selfish needs. She



appealed to them to lead with a difference, associate with their followers and work towards addressing their needs and concerns.

She pointed out that the Immunisation Campaign requires leaders across the spectrum to do the following:

**Mapping** – work with other leaders to identify and map the mothers and children that require immunisation and attendance to the ANC.

**Mobilising** – mobilise communities to access service delivery.

**Messaging** – develop culturally relevant and appropriate messages on immunisation and its importance to disseminate to the communities.

**Monitoring** – monitor service delivery for efficiency and effectiveness

She thanked them for their contribution to the discussion on addressing the issue of immunisation and called on them to disseminate these messages to other leaders in their spheres of influence.

### **Action Points**

1. The Religious and Cultural leaders will look into formation of platforms to discuss and strategize on how to sensitize their communities.
2. Start mobilisation of communities through sensitisation and the sharing of messages on immunisation as soon as we go back.
3. Use Churches, Mosques and Cultural events to mobilise communities for immunization.
4. Promote community self help programmes through religious groups to address the issue of poor latrine coverage.

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

The Religious and Cultural Leaders appointed a mobilisation committee with two people per Sub County as follows:

<b>Sub County</b>	<b>Names</b>
Lorengedwat	Moses Koriang Pastor Paul Lotukei
Nabilatuk	Ben Mouru Rev. Peter Logit

Lolachat	Abraham Iriama
Loregae	Jacob Otiang
Namalu	John Emoru Opie
	Rev. Akol Philip
Kakomongole	Mary Awas
	Rev. Zachariah Emuron
Moruita	Rev. Paul Koriang
	Peter Angella
Nakapiripirit T/C	Margy Kapkoikoe
	Gerigory Koyelel
	Abdela Tilttil
	James Korobe
The Overall Coordinator	
Rev. Simon Peter Loduk	

### **Statement of Commitment**

*“We the Religious and cultural leaders of Nakapiripirit commit ourselves to use our religious assemblies and cultural platforms to mobilise our communities to go to health units and outreach centres for immunization so that they may have life and have it to the full. Let us save our children, our nation”.*

### **Closing Remarks**

Ms. Betty Byanyima thanked the Religious and Cultural leaders for committing their time to attend the Meeting and for their positive response to ensuring that communities and leaders are mobilised to promote immunisation in the District. She informed them that the work they are doing is not in vain and will be a legacy of their effectiveness as leaders.

She appealed to them to work hand in hand with the DHO and other leaders to ensure that the monitoring of service delivery is conducted and that all the medical staff cooperate in conducting outreaches. She expressed gratitude from the First Lady for their continued support to Government programmes and thanked them for keeping peace and security.

### **Conclusion**

The Stakeholders Meetings in Nakapiripirit marked the end of the Meetings with leaders on the Immunization Programme in the whole of the Karamoja Region. In all the Meetings the leaders expressed gratitude that they had been given the opportunity to discuss and understand the status of immunization in the District and the role they are

required to play to address the scale up of immunisation amongst mothers and their babies. They also stated their determination to ensure that they receive regular updates on the effectiveness of service delivery in the health sector.

The optimism shared over hope that the challenges faced in the districts would be overcome and that the Region would soon measure up to the 95% coverage at the national level was energizing. The OAFLA U Team believe that the Action Points laid that are to be followed up by the Service Delivery and Mobilisation Committees bring a renewed commitment to ensuring the wellbeing of the children and people of Karamoja.

## Pictorial





