



*Office of the First Lady*

## REPORT ON IMMUNISATION ENGAGEMENTS IN NAPAK DISTRICT

31<sup>st</sup> August – 6<sup>th</sup> September 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 Napak 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.

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

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

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

The OAFLA team made the following observations:

### **1. Demystifying cultural beliefs:**

The issue of misleading cultural beliefs is rife in Napak as in other parts of the region. Cultural and Religious leaders should be equipped with information and skills on how to demystify these beliefs, so as to encourage mothers to utilize the immunization services. Akin to this is the issue of mis-information about the TT vaccine as a family planning method geared towards causing infertility. Trust should be built between communities and the health workers, so that it is understood that Government programmes are for the good of the people.

### **2. Exemplary statistics in Matany Sub County:**

It is edifying to know that Matany Sub County has fared well in increasing immunization coverage in the district. It is important that the systems and innovations used in this Sub County are studied and where applicable/appropriate, duplicated in other Districts to support the success of the Campaign.

### **3. Issue of limited stationary:**

It is disheartening that limited stationary, tally sheets and Child Mother Passports feature amongst the challenges to increasing coverage of immunization. Every effort should be put in place to address these issues, so that all the necessary logistics are in place to facilitate the smooth running of the one year campaign.

### **4. Strategy to adopt by -laws and ordinances to promote immunization:**

There is value in exploring the possibility of passing by-laws and ordinances to promote immunization in the Karamoja region. This should be explored and the merits and demerits of employing punitive measures and penalties to ensure compliance to immunization be looked into.

### **5. Promote gender sensitivity and a positive attitude amongst health workers:**

The observations made regarding gender sensitivity at health facilities and the Karamajong mothers' preference for help with herbs from TBAs, is indicative of the need to address the attitudes of health workers towards mothers received at Health facilities. To address this issue, efforts should be made to ensure that customer care and gender training is conducted for all the health staff in order to make health seeking experiences memorable for all mothers and their babies.

The Dialogues in Napak District were well attended and a great success. It was edifying to note that Napak District has registered a rise in immunization coverage in some Sub

Counties. However on the other hand there are some Sub Counties that are faring very badly (according to the existing data) namely Iriir, Lotome, Lopei and Ngoloriet that need urgent attention if the KARIC is to succeed. While there are still a number of challenges faced in promoting immunization many of them can be addressed with better coordination and harmonization of efforts by the different stakeholders.

The level of interest and commitment depicted by the leaders that the OAFLA Team met is a clear indication that the KARIC was well received and that every effort will be put in place to implement the recommendations made to address the existing challenges.

## 1.0 Meeting with Technical Personnel Napak District

### 1.1 Remarks by the DHO Napak-Dr. James Lemukol

The DHO Napak, Dr. James Lemukol welcomed the Technical Personnel to the Dialogue and thanked them for the work they are doing in ensuring service delivery in the area of immunization. He appreciated the First Lady for working tirelessly for the welfare of the children of Karamoja.

He observed that this work can only succeed as a joint effort of stakeholders; emphasizing that partnership is key in this Campaign. Dr. James Lemukol called for coordination and cooperation from all the partners to achieve success and avoid duplication of services.

### 1.2 Remarks by the Executive Director OAFLA

The Executive Director OAFLA, Mrs. Beat Bisangwa conveyed greetings from the First Lady and Hon. Minister of Karamoja Affairs, Janet Kataaha Museveni. Mrs. Beat Bisangwa explained that the First Lady had sent the Team to find out how to work with the different districts to bring Karamoja to the level of the rest of the Nation with regards to Immunization. She informed the Meeting that the issue of immunization is of great concern to the First Lady and explained that the Campaign arose out of information that reached her from the WHO Country Director and officials in MOH, regarding Karamoja Region's poor performance in immunization coverage nationwide.



*The technical staff having their discussions in Napak District*

### 1.3 Status Report on Immunization in Napak District

Dr. James Lemukol the District Health Officer Napak, presented the Status Report on Immunization in Napak. He thanked the CUAMM Technical Advisor Dr. Robert Anguyo whom he worked with to write the Report. He informed the members that Napak District status of immunization is at 93.2% and called upon all members to work hard and achieve more and maintain it.



*The DHO Napak Dr. James Lemukol presenting the status report*

He talked about the fact that the Karamoja region is generally lagging behind with a higher under 5 Mortality Rate compared to the rest of Uganda. He provided an analysis of the performance of each sub county in immunization coverage, noting that some sub counties were not faring well due to limited information in communities about the benefits and schedules of immunization. He noted that Matany Sub County is the best performing Sub County in the District. This success was largely attributed to the efficiency and effectiveness of the outreach programme and medical personnel at the Matany Hospital.

He pointed out that the MCHN food supplements to clinic visitors increase utilization of services and currently routine immunization is going on at 12 Health Centers and with two others soon to be operationalised. Dr. Lemukol expressed gratitude to the development partners for their logistical support in promoting immunization programmes in the District. Their support was said to include: the provision of fuel, allowances and vehicles for the outreach programmes.

Dr. Lemukol shared the challenges faced in ensuring total coverage as: limited access to immunization services by the hard to reach populations, rural-urban migration which has

resulted in deserted homes and changing populations, stock out of PCV due to poor quantification and ordering, difficulty in monitoring due to inaccuracy in the population especially Lotome Sub County and missed opportunities of BCG due to low health facility deliveries. He regretted the fact that the FHDs that were very effective had been reduced from bi weekly interventions to monthly ones.

The presentation was concluded with the following recommendations proposed to address the challenges presented:

- i. Provide for accelerated routine immunization in selected areas e.g. in Lotome, Nabwal and Morulinga.
- ii. Intensify expanded outreach in schools and where possible use camps as opposed to using just the FHDS.
- iii. Strengthen community mobilization to promote health facility deliveries, while ensuring health facility staff vaccinates all babies at delivery before they are discharged.

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

**a) On the low access to health services:**

- The long distances travelled to reach communities and the rough terrain makes it difficult for the outreach teams to do their work. Several communities also find it difficult to access health centers. The EPI lacks transport and borrows motor cycles from the Health Assistants; as a result there is poor population coverage. There is therefore need for more outreach posts.

**b) On the low utilization of health services:**

- There is a high incidence of poor health seeking behavior amongst the Karamajong and this is attributed to inadequate knowledge of the benefits of immunization as well as traditional and religious beliefs, which negatively affect the uptake of immunization services.
- There are also challenges of low male involvement resulting from cultural beliefs and attitudes resulting in mothers lacking the necessary spousal support to enable their regular attendance at the health facilities.



### **c) On inadequate resources and limited logistical support**

- Similar to other parts of Uganda, the hospitals and health centres are inadequately staffed with few trained health workers.
- Inadequate funding affects the delivery of logistics especially to the hard to reach areas. For instance there is only one fridge at the District Vaccine Store, the other 9 existing refrigerators are old and due for phasing out.
- The lack of funding also affects surveillance for immunization at community level. Furthermore, there are no Child Mother Passports and very few tally sheets in supply. The District has to rely on photocopying, however some Health Centers lack photocopiers.

## **1.5 The Way Forward**

The leaders then discussed the way forward and proposed the following:

- Promote MNCH with immunization, while working with the First Lady as a Champion.
- Provide adequate fridges and a deep freezer for Vaccine storage
- Provide for stationery, tally sheets and Child-mother passports
- Involve political and other leaders in mobilization beyond mass campaigns. Re-engage LC3, VHTs, LC1 in mobilisation and media campaigns
- Avail transport; a motorcycle or a vehicle for hard to reach countries
- Increase school health outreaches and FHDS for TT and ensure sustainability.
- Plan for integrated outreaches to new settlements namely: Komturunyo, Kokulunyo, Kaethelem and establish camps e.g. Iriiri
- Promote maternal and child health

## **2.0 Meeting with the Political and District Leadership in Napak District**

### **2.1 Remarks by the Resident District Commissioner (RDC) Napak**

The RDC Napak, Mr. Nahaman Ojwe welcomed all the members to the Dialogue. He explained the goal of the KARIC while emphasising the need to ensure that all children under 1 year in the Karamoja region are immunized. He thanked the office of First Lady for bringing this Campaign and promised maximum support for all its activities throughout the district.

## 2.2 Remarks by the Executive Director OAFLA

The Executive Director OAFLA Mrs. Beat Bisangwa thanked the RDC and pointed out that Napak District has done a commendable job. She explained that the First Lady has Karamoja at heart and is questioning why the babies are not being immunized. She was informed by the Development Partners that the Region has enough resources to support immunization. She therefore has sent her team to work together with the leaders to address this issue and ensure that the coverage of immunization rises to the national target of 95%.

The Office of the First Lady has come up with a 1 year campaign to see the scaling up of Immunization in the whole region. Meetings have been planned at three levels: the technical leadership, the political and district leadership as well as the community leaders namely the religious and cultural leaders to dialogue and map a way forward.

She thanked the Leaders for their cooperation and the good will extended to the OAFLA Team during the planning and organisation of the Preparatory Campaign Meetings.

## 2.3 Presentation of the Immunization Status Report

Dr. Lemukol gave a presentation on the Immunization Status Report see 1.3 above for information on the presentation.



*The DHO Dr. James Lemukol presenting the status report to the leaders in Napak*

## **2.4 Issues raised regarding the Immunization Report**

### **a) On service delivery for immunization**

- The existing health centres are inadequate and there are limited resources for instance the supply of water in the District.
- There is need to re-introduce mobile clinics.
- The Maternal and Neo-natal Health services are gender insensitive. It is important to build dialogue with the In-charge to be sensitive to the needs of expectant mothers.
- Priority for building new health centers should be given to the hard to reach areas, given the prevailing peace in the District.

### **b) On mobilisation of the communities for immunization**

- Recruit additional VHTs to help with community mobilisation.
- Sensitize communities about the available services and motivate TBAs to mobilise mothers to deliver at health centres
- Harmonize MNH efforts and provide incentives to mothers that visit HCs

## **2.5 The Way Forward**

It was agreed that CUAMM should present the method of work to guide the Campaign at the next District Council Meeting and that a harmonization meeting should be scheduled within the next one week.

## **2.6 Remarks by the CAO Napak District**

The CAO Napak Mr. Martin Lukwago thanked the OAFLA Team for identifying with the children of Karamoja. He shared optimism that the KARIC would be well received in the District; stating that there are a number of community leaders who are already engaged in similar community health campaigns.

He commended the Health facilities that have done an exemplary job in raising the immunization coverage and urged them to continue the good work. He called upon those sub counties that were mentioned as lagging behind such as Iriir, Lotome, Lopei and Ngoloriet to learn from the systems and innovations adopted where success has been registered. He pledged the district's commitment to support the KARIC.

## 2.7 Remarks by the LC V Chairman Napak District

The Chairperson LCV Mr. Joshua Lomonyang called on all the leaders to work towards ensuring that the KARIC is successful. He pointed out that the twelve month period provides adequate time for sensitisation and an effective monitoring system to assess compliance to the messages sent out. He thanked the First Lady's Office for the work done in Karamoja and assured them of the district leadership's cooperation and support.



*The cultural and religious leaders discussing issues of immunization in Napak District*

## 2.8 Resolution

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

*"...We the technical leaders of Napak district, do commit and participate actively, embrace and mobilise the community, in the upcoming August 2014/Aug 2015 immunization campaign, in collaboration with all immunization stakeholders in the*

## 3.0 Meeting with Religious, Cultural and Opinion Leaders from Napak District

### 3.1 Remarks by the DHO Napak

The DHO Napak Dr. Lemukol welcomed the Religious, Cultural and Opinion Leaders and thanked them for taking off time to show support for the Immunization Campaign.

He thanked the First Lady's team for the "all inclusive" approach to working with leaders to reach the communities that they influence. He assured the leaders of the cooperation and support of the District Health Team through the yearlong campaign, which he said will go on from August 2014 to September 2015.

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

The Executive Director OAFLA Mrs. Beat Bisangwa, conveyed greetings from the First Lady Hon. Janet Kataha Museveni and then gave a background to the Campaign. She talked about the importance of immunization and sought the views of the leaders on the major causes of child mortality in the District.



*Executive Director OAFLA Beat Bisangwa addressing the religious and cultural leaders.*

They acknowledged the fact that immunizable diseases together with Hepatitis and Malaria are key contributors to child mortality in the District. On the other hand deaths by pneumonia are on the decrease. It is important to sensitise the older people about immunization for pneumonia.

### **3.3 Challenges regarding immunization in Napak District**

A discussion was then held on the challenges related to immunization of children in Napak District. The responses are captured below:

**a) Challenges related to mobilisation and sensitisation of communities:**

- There is poor dissemination of information on immunization. Messages should be made relevant to the people at the village level and punitive measures must be employed to ensure compliance. The sensitization and mobilization of communities must be intensified.
- Cultural beliefs and fear especially the fear that measles cannot be treated by immunization but by using local herbs
- Families migrate in and out of districts because of the prevailing peace and this affects mobilisation and follow up.

**b) Challenges related to service delivery**

- The new resettlement areas are far from health units and there is need for more health facilities; at least one per parish.
- There are few health workers addressing mobilization and immunization.
- Services should be taken closer to people. There is need for more outreaches as in the olden days.
- Mothers run to TBAs instead of HCs, with the belief that traditional medicines are more effective than the modern drugs. They are then taken to HCs when the health situation is acute.
- The number of FHDS have reduced, yet there are large populations that still need to be assisted.

**c) Challenges related to logistics and infrastructure:**

- There are insufficient and untreated water facilities. The lack of water increases the risk of contracting immunizable diseases. There are also out breaks of new diseases such as Hepatitis E which is not immunizable.
- Allocation of drugs and medical commodities should be increased.
- There are mushrooming clinics in different centres that cannot be relied upon for effective immunization services.
- There is need for sufficient antibiotics for treating pneumonia.
- Vehicles are required for far to reach places and to support the work of mobile clinics
- TT is mistaken for a Family Planning method



Mrs. Beat Bisangwa thanked the elders and explained OAFLAs role in KARIC and the one year immunization programme. She pointed out that meetings had been held with the technical and district leadership who expressed the desire for support from the elders, opinion, cultural and religious leaders for the total success of the KARIC. She asked them if they are ready to make the Campaign successful and they replied in the affirmative, raising their hands as a sign of commitment.

### **3.4 Responses on strategies and methods will be used by the Opinion, Cultural and Religious leaders for the KARIC mobilization**



**A group of religious and cultural leaders.**

Below are the proposed strategies to be used in the KARIC mobilisation:

- Strengthen outreaches and involve elders
- Mobilization/sensitization of communities
- Establish linkages between opinion leaders and VHTs
- Integration of immunization in other mass communication programmes e.g. sermons
- Re-establish megaphone use for sensitization
- Use local women leaders to talk to fellow women
- To counter cultural practices and negative attitudes towards health services by sensitization
- Coordination of LCs and opinion leaders for better mobilization
- Passage of by-laws for rewards and punitive measures
- Use of market / auction days to sensitize communities
- Harmonize efforts with Implementing Partners to access hard to reach places

- Use of local media such as: radios to spread the immunization message

### 3.5 Presentation on the Status of Immunization in Napak District

Thereafter the DHO, Dr. James Lemukol gave a brief on the status of immunization in Napak District. In addition to the data and statistics presented he highlighted key concerns about the community's response to immunization as follows:



**The DHO Napak Dr. James Lemukol addressing the cultural and religious leaders**

There is great concern over the fact that most mothers do not follow the immunization schedules. Some of those who finish the schedule later revert to traditional herbs when no improvements are seen. Some mothers take their children late and therefore the immunization is not effective. He observed that even when outreaches are done, the mothers who do not show up are found in their homes, an indication that there is a communication gap. Dr. Lemukol pointed out that immunization is not the work of health workers alone and everyone must be involved. He urged them to promote male involvement in family health issues and to challenge the existing belief amongst girls that TT is a family planning method by Government to reduce their fertility.

### 3.6 Napak Immunization Mobilization Committee

The leaders selected representatives from each county to form a mobilization committee for immunization, reporting to the DHO:



<u>Subcounty</u>	<u>Representative</u>
Matany	Daniel Korobe
Lotome	Abram Lobong
Iriiri	Charles Achia
Lokopo	Anthony Lona
Lopei	Angolere Beeye
Loregecora	Ananiya Amaitukei (S/C)Marachelo Apuun (town council)
Ngoleriet	Ramathan Lopec

### 3.8 Resolution

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

*“We the Opinion, Cultural and Religious leaders 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”*

### Conclusion

The Dialogues in Napak District were a great success. It was edifying to note that Napak District has registered a rise in immunization coverage in some Sub Counties. While there are still a number of challenges faced in promoting immunization many of them can be addressed with better coordination and harmonization of efforts by the different stakeholders.

The level of interest and commitment depicted by the leaders, the OAFLA Team met is a clear indication that the KARIC was well received and that every effort will be put in place to implement the recommendations made to address the existing challenges.

**Pictorial:**



