



District Leaders' Commitments to Support and Improve Routine Immunization in Uganda

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I. Governance for Routine Immunization in Uganda

Immunization is one of the most cost-effective health services – a “best buy” that can benefit all children and communities in Uganda. *Routine immunization offers one of the highest returns on investments in health, saving up to 44 dollars in additional benefits for every dollar spent on routine immunization.*” But the life-saving vaccines used by the Uganda National Expanded Programme on Immunisation (UNEPI) are only effective if they reach all children and families. To make sure that this happens, District Leaders have critical roles to play in supporting the provision of immunization services.

In Uganda’s decentralized system of Government, the Ministry of Health is responsible for policy and standards guiding immunization services. On the other hand, Districts, as local governments, are responsible for implementing immunization services, and the Chief Administrative Officer (CAO) is the technical head of the district services. The district oversees the delivery of health services by health facilities. Immunization services are planned and carried out at health facility and community levels. Health facilities form the bedrock of planning and implementing immunization services, guided and directed by the district through the Sub-county local government structure led by the Senior Assistant Secretary (SAS). At the district level, the Chairperson Local Council V, who is the political head, appoints the Secretary for Health who takes charge of the social services sector in the District Council. The Resident District Commissioner (RDC) is the President’s representative in the district to monitor implementation of all government programs on behalf of the President. The District Health Officer (DHO) is the technical head of the District Health Team. Each of these leaders has important roles to play in making sure that effective immunization services reach all communities and families.

It was based on the critical role of these district leaders in supporting routine immunization services that they were gathered in Kampala in October 2017.

2. Clarifying the Role of District Leaders in Routine Immunization

In October 2017, the Ministry of Health-UNEPI, National Medical Stores, and John Snow, Inc. convened and facilitated an immunization meeting in Kampala with delegates from 18 districts (Otuke, Mbarara, Butambala, Kanungu, Bulambuli, Mayuge, Mitooma, Kole, Nakaseke, Bushenyi, Apac, Pallisa, Oyam, Kalungu, Butalejja, Ntungamo, Kibuku, and Buikwe). The delegates present at the meeting were mainly RDCs, CAOs, DHOs, SASs, and Secretaries for Health.

The meeting reviewed immunization performance across these districts, shared experiences and lessons learned, and discussed how to institutionalize best practices. Most important, the district leaders clarified their own roles and responsibilities in monitoring and supporting the

immunization program. From this action, each district leader agreed upon a set of commitments to improve routine immunization provision within their districts.

District Leaders' Commitments to Routine Immunization

Chief Administrative Officers' Commitments

1. To ensure that the guideline for allocating at least 20% of primary health care (PHC) and 5% allocation from local and unconditional grants for EPI activities are implemented at district, sub-county and health facility (HF) levels.
2. Demand for monthly and quarterly EPI Performance reports from DHO to CAO and from HF In-charge to SAS detailing the vaccine stock levels at district and health facility levels, outreach sessions planned and implemented, status of cold chain, and progress in social mobilization.

Resident District Commissioners' Commitments

1. On a quarterly basis, carry out social mobilization using public gatherings, radio, and TV.
2. Monitor EPI performance through reports from DHO, support supervision and Quarterly Review Meetings and take appropriate action to make sure that relevant district structures address the challenges identified.

Secretary for Health Commitments

1. Use all opportunities available to mobilize for immunization services at every public function.
2. Advocate for a minimum 5% allocation of part of local revenue and/or un-conditional grants to support immunization services at district and Sub-county levels.
3. Monitor EPI performance through reports from the DHO, Supportive Supervision and Quarterly Review meetings, and draft a separate report highlighting achievements and challenges. This should include the proportion of sub-counties that have allocated 5% of local revenue to EPI to the District Executive Committee (DEC) and District Council for appropriate action every quarter.

District Health Officers' Commitments

1. On a monthly basis, share with the CAO and other district leaders a brief report on the vaccine stock situation and distribution to HSDs, HCIII and IIs, as well as cold chain status.
2. Provide a monthly summary to the CAO on performance of outreach sessions, including the number planned vs. implemented, reasons for not implementing sessions, and propose actions, including redirection of PHC funds to facilitate outreaches.

3. Ensure that health facility and district micro-plans are completed and utilized such that all planned RI sessions are conducted as per the micro-plan.

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