



Increasing Immunisation Coverage in Uganda

*The Community Problem Solving
and Strategy Development
Approach*

 **BASICS II**

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INCREASING IMMUNISATION COVERAGE IN UGANDA: The Community Problem Solving and Strategy Development Approach

During the past decade, immunisation coverage in Uganda has been as low as 30% in some districts. Poor social mobilisation and insufficient community participation are two of the reasons identified as major contributing factors for poor coverage. A Knowledge, Attitude, and Practices survey in 1998 found that health workers were deficient in their understanding of immunisation and that community participation in immunisation services was low, despite the willingness of communities to fully support programs. The existing top-down approach of the health system and the lack of capacity building in interpersonal skills for health workers were found to be critical inhibitors to a successful immunisation program.

To address these challenges, the UNEPI (Uganda National Expanded Program on Immunisation) Policy and Revitalisation Plan of the National Health Policy and Health Sector Strategic Plan calls for community involvement in health and linkages between health workers and the community. This approach is aligned with the Reaching Every District (RED) strategy that was developed and supported by the GAVI partners, including UNICEF and WHO. The RED strategy identifies the need for “links between community and service—regular meetings between community and health staff” and states that “immunisation services need to integrate better into community structures in an environment of consultation between the community and health managers.” The Uganda MOH support of immunisation as a national health priority is now being facilitated by the Community Problem Solving and Strategy Development approach.

Reaching Every District

≥80% or more DTP3 coverage in all districts in ≥80% of developing countries by 2005 through components such as establishing outreach, linking communities and health services, and monitoring performance at all levels.

WHAT IS CPSSD?

The Community Problem Solving and Strategy Development (CPSSD) activities in Uganda have been designed to help health workers learn to work with communities, understand community perspectives about the services, and encourage community support and participation in the delivery of services, so that immunisation coverage is raised and sustained. Immunisation coverage and drop out rate monitoring have been introduced to help health workers track their progress and provide information to the communities they serve.

Through CPSSD, health workers in health facilities (Health Centers II, III, and IV) are trained by a team of district facilitators (in turn supported by the UNEPI and BASICS II staff) in activities that involve community participation in immunisation programming. In the CPSSD approach:

- Health workers are encouraged by district facilitators to interview parents in their community to discover what these parents know about immunisation services and what their perceptions are about the services.
- Health workers then attend a three-day consultation with fellow health workers from their Health Sub-District (HSD) to compile and analyse the information gathered.
- During this consultation, facilitators share information that suggests a new approach to working with parents and communities. Then the health workers develop a plan of action to apply this new approach in one community, to learn more about how to communicate effectively with individuals and communities.
- Two months after the initial consultation, health workers attend a two-day second consultation during which they share their experiences, progress, and lessons learned; this encourages the workers to learn from others' experiences. The Drop Out Rate Monitoring Wall Chart and its use is introduced during this second consultation meeting. Charting and interpreting data are practiced.
- Following the second consultation, health workers return to their communities and perform outreach activities, such as making home visits, holding community meetings, calling sessions with local civic groups (Parish Development Committees) and LC III (Local Council) leaders, having regular discussions with community leaders, and forming partnerships with community mobilisers. During

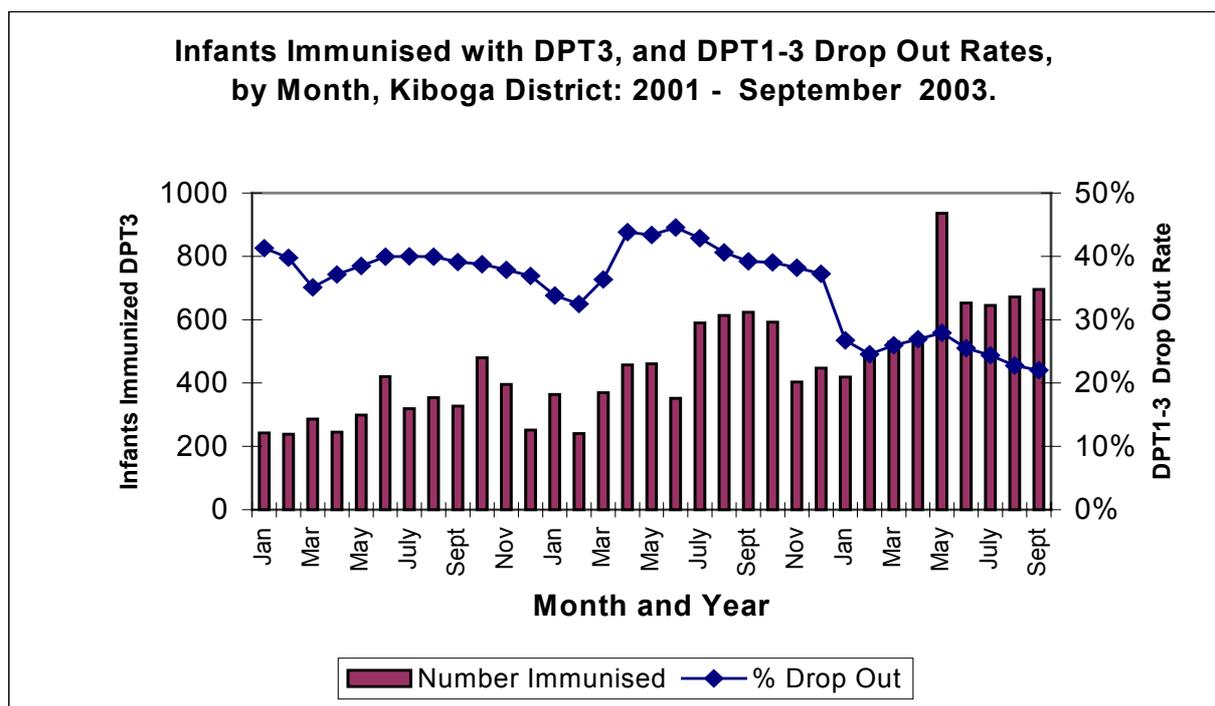
these activities, the health workers discuss information regarding immunisation, identify problems, and agree consensually on solutions to increase coverage in the community.

- At the end of each consultation, health workers develop a new action plan, then agree on a date for the next meeting for a continuous stream of information and education.

WHAT ARE THE RESULTS OF CPSSD?

In addition to the health workers' individual plans, a strategy for each of the five project districts has been developed, based on the districts' priorities; activities and results have varied from district to district. So far the results are showing improvements in immunisation services.

After health workers and the District Health Team in Kiboga District shared the low immunisation coverage figures with local political leaders, the two groups held community meetings and conducted home visits where they encouraged communities and families to get their children immunised. Additional and more convenient outreach sites were also planned. As a result, there has been a steady increase in coverage, as well as a distinct decline in the drop out rate. For example, in May 2003 nearly 1000 infants received their third dose of DPT. In May 2002 only half that number (512) had received DPT3. The district's drop out rate for DPT has declined from 39% last year to only 22% by September 2003. This improving trend is even more impressive when the very low ratio of health workers per capita is considered. While immunisation coverage in the district had increased for a few months prior to the implementation of CPSSD, this increase was short lived, and probably resulted from the one-time release of funds from UNEPI headquarters to pay allowances for mobilisers. The central level cannot sustain such financial support. But the relatively low cost of implementing the CPSSD strategy in a district, approximately USD \$7,000, is leading not only to long-term and sustained reductions in morbidity, mortality and disability, but also to more cost-efficient health services. The current trend in Kiboga District indicates a steady and sustained increase of fully immunised infants.



Notes: The CPSSD strategy was initiated in Kiboga District in September 2002, with the second consultation in May 2003.

- Lira District made the involvement of political, cultural, religious, and civic leaders a priority at all levels in the efforts to increase the number of children fully immunised. As a result, sub-counties decided to earmark budgetary funds for immunisation activities, which have subsequently been dispersed. Since then immunisation coverage in Lira District began increasing. However, due to the unfortunate deterioration in the security situation in the district, immunisation coverage has recently declined somewhat.

- An important and impressive result—key to the success of the approach—is how health worker and parent interpersonal communication has dramatically changed and how attitudes and perceptions of roles have been altered, which are demonstrated by the quotes from CPSSD participants below:

“Communication between the health workers and the community has improved. Before we just assumed that the mothers knew [about immunisation].”—Participant from Ikoba Health Centre III, Masindi

“Mothers are now more free and friendly. So am I.”— Participant from Inomo Health Centre II, Apac

“I talk with the community now, and more children are being brought for immunisation. Before, I was telling people what to do. Now I am discussing with them.”— Participant from Masode Health Centre, Kiboga

“As for the Council, our relationship has improved and they are interested. They have allocated USH 400,000 from the sub-county budget to encourage the mobilisers. We update the leaders on the drop out and coverage information.” – Participant, Abako Health Centre III, Lira

FOR RESOURCES AND FURTHER INFORMATION ON CPSSD:

Three modules are available: Consultation Facilitator Guides I and II, and a description of the process and resources used in training facilitators. For these and further information contact: BASICS II, 1600 Wilson Blvd., Suite 300, Arlington, Virginia USA 22209; tel: 011 1 (703) 312-6800; email: msiddiqi@basics.org or infoctr@basics.org; or UNEPI/MOH Program Manager, P.O. Box 7272 Kampala UGANDA; tel: 256 321365.

Additionally, 15 facilitators in 5 districts have been trained to technically support health workers to conduct the consultations with their communities. A directory including the names of these facilitators is available from UNEPI.

