



THE REPUBLIC OF UGANDA  
MINISTRY OF HEALTH

# THE ROLE OF RELIGIOUS LEADERS IN PROMOTING ROUTINE IMMUNISATION



**Teach, mobilise, encourage  
and convince your congregation to  
get their children to be fully immunised**





## INTRODUCTION

According to the Uganda Demographic Health Survey (UDHS-2016), **the percentage of the fully immunised children is only 55% and HPV2 coverage is still at 22%** (DHIS-II). This means that, the national immunisation coverage is still below the desired target of 90%.

One of the main reasons for the low coverage is that parents and caregivers do not have adequate information on routine immunisation.

Immunisation is one of the most important health interventions that protects people (especially children, boys and girls and women of child bearing age) from vaccine preventable diseases.

The Uganda National Expanded Program on Immunisation (UNEPI) was established in 1983 with a mandate of ensuring that infants and women of child bearing age are fully immunised. In 1987, the program was re-launched by His Excellency Yoweri Kaguta Museveni, the President of Uganda with a call on the leaders to support immunisation services throughout the country.

The goal of UNEPI programme is to ensure that all children under one year (boys and girls), the 10 year old girls and women of child-bearing age, are fully vaccinated with high quality and effective vaccines against the following vaccine preventable diseases: Tuberculosis, Polio, Whooping Cough, Diphtheria, Tetanus, Measles, Hepatitis B infection, Cancer of the Cervix, Haemophilus influenza, Pneumococcal infections and Diarrhoea caused by Rotavirus.

According to the Uganda Demographic Health Survey of 2016, the National Immunisation Coverage for the following antigens/vaccines were:

### 2016 National Immunisation Coverage Results

VACCINE	TARGET (%)	COVERAGE (%)
BCG	90	96%
DPT-HepB-Hib 3	90	79%
PCV 3	90	64%
Polio 3	90	66%
Measles	90	80%

Source: UDHS 2016

While, the National target for all vaccines is 90%, however, the coverage was below the desired target, except for BCG. This shows that some children have not been fully immunised. **The low uptake is due to inadequate awareness.**

The low coverage is the reason the country has been experiencing outbreaks of some vaccine preventable diseases. This calls for urgent action to get all children in the community to be immunised.

This circular therefore is aimed at providing religious leaders with basic facts about immunisation, its benefits and the key messages to deliver to the parents and caregivers to

## WHAT IS IMMUNISATION?

Immunisation is a means of protecting the human body against specific diseases, by building up the body's defense system so that it is able to fight off diseases. This is achieved through giving vaccines to a child/person through the mouth (orally) and/or by injection

## WHO SHOULD BE IMMUNISED?

According to Ministry of Health policy, the following categories of persons are targeted for routine immunisation:

- All children (boys and girls) below one year
- All 10 year old girls in and out of school to be protected from Cancer of the Cervix
- All women of child bearing age (15-49 years) should be vaccinated against Tetanus



*All children below one year*



*Girls aged 10 years in and out of school*



*All adolescent girls and women of child bearing age (15-49 years)*



ensure that all children in your communities are fully immunised.

## WHO PROVIDES IMMUNISATION SERVICES?

Immunisation services are provided by qualified health workers.

## HOW IS IMMUNISATION DONE?

Immunisation is done by administering vaccines through the mouth and/or by injection



*Giving vaccines through the mouth*



*Giving vaccines by injection*





## WHERE IS IMMUNIZATION PROVIDED?

Immunization is provided at all Government, Non-Governmental health facilities and at outreaches.

## IMMUNISATION SCHEDULE

### 1. Schedule for Children below one year

- The schedule reflects all the vaccines a child should get before their first birthday and to be considered as fully immunised
- Child must be taken for immunisation 5 times before their first birthday, according to the immunization schedule below

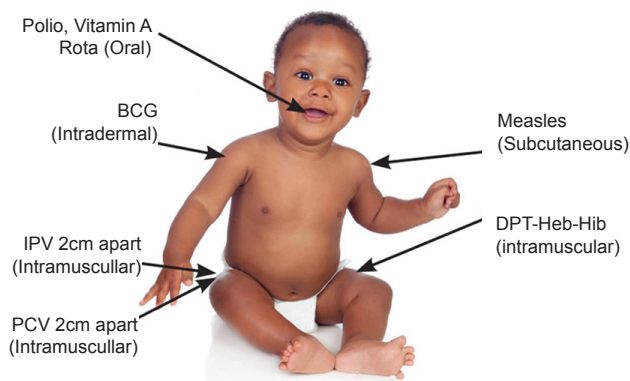
NUMBER OF VISITS	AGE OF THE CHILD	VACCINE	DISEASE PREVENTED	HOW AND WHERE VACCINATION IS GIVEN
1st	AT BIRTH	Polio 0 BCG	• Polio • Tuberculosis	2 Drops in the mouth Injection on the right (upper arm)
2nd	AT 6 WEEKS (One and a half month)	Polio 1	• Polio	2 Drops in the mouth
		DPT-HEPB-HIB 1	• Diphtheria, • Whooping cough, • Tetanus, • Hepatitis B, • Haemophilus influenza type B	Injection on the (left thigh)
		Pneumococcal Conjugate Vaccine 10 (PCV1)	• Meningitis and • Pneumonia (caused by streptococcal Pneumoniae)	Injection on the (right thigh)
		Rotavirus Vaccine1	• Diarrhoea	Slow release into the mouth (Baby sucks)
3rd	AT 10 WEEKS (Two and a half months)	Polio 2	• Polio	2 Drops in the mouth
		DPT-HepB-Hib 2	• Diphtheria, • Whooping cough, • Tetanus, • Hepatitis B, • Haemophilus influenza type B illnesses	Injection on the (left thigh)
		Pneumococcal Conjugate Vaccine 10 (PCV 2)	• Meningitis and • Pneumonia (caused by streptococcal Pneumoniae)	Injection on the (right thigh)
		Rotavirus Vaccine 2	• Diarrhoea (caused by Rotavirus)	Slow release into the mouth (Baby sucks)
4th	AT 14 WEEKS (Three and a half months)	Polio 3	• Polio	2 Drops in the mouth
		Injectable Polio Vaccine (IPV)	• Polio	Injection on the (left thigh)
		Pneumococcal Conjugate Vaccine 10 (PCV 3)	• Diphtheria, • Whooping cough, • Tetanus, • Hepatitis B, • Haemophilus influenza type B illnesses	Injection on the (right thigh)
	At 6 months and every 6 months until child is 5 years	Vitamin A Supplement	• Prevent blindness and strengthen resistance against other diseases	Drops in the mouth
5th	AT 9 MONTHS	Measles Vaccine	• Measles	Injection on the (left arm)

Parents take your children for immunisation 5 times before their first birthday  
All vaccines are SAFE, EFFECTIVE and FREE  
(For further information please contact: Toll free line: 0800100066)




## EPI vaccines and route of administration

Vaccines are given to a child through the mouth (orally) and/or by injection.



## 2. Schedule for TD Vaccine

- The schedule for Tetanus and Diptheria (TD) shows the number of doses a women should get to be fully immunised against Tetanus and Diptheria.






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### UGANDA TETANUS - DIPHTHERIA IMMUNISATION SCHEDULE


Number of visits	Age	Vaccine given	Disease Prevented	How and where the vaccine is given
1st Dose	Women of Child bearing age (At 15 to 49 years)	Tetanus Diptheria (TD1) Vaccine	Tetanus Diptheria	Injection on the upper arm
2nd Dose	1 Month after 1st dose	Tetanus Diptheria (TD2) Vaccine	Tetanus Diptheria	Injection on the upper arm
3rd Dose	6 Months after 2nd dose	Tetanus Diptheria (TD3) Vaccine	Tetanus Diptheria	Injection on the upper arm
4th Dose	12 Months (1 Year) after 3rd dose	Tetanus Diptheria (TD4) Vaccine	Tetanus Diptheria	Injection on the upper arm
5th Dose	12 Months (1 Year) after 4th dose	Tetanus Diptheria (TD5) Vaccine	Tetanus Diptheria	Injection on the upper arm

The TD vaccine protects Women of Child Bearing Age from Tetanus and Diptheria  
All vaccines are SAFE, EFFECTIVE and FREE  
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## 3. Schedule for HPV Vaccine

- The HPV schedule shows the number of doses to be given and to be fully immunised against cervical cancer.



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### UGANDA HPV VACCINE IMMUNISATION SCHEDULE

#### Immunisation Schedule for HPV vaccine to protect girls against Cancer of the Cervix

Number of Visits	Age	Vaccine given	Disease prevented	How and where the Vaccine is given
1 <sup>st</sup> Dose	Girls at 10 years of age, in and out of school	Human Papilloma Virus (HPV) Vaccine HPV 1	Cancer of the Cervix	Injection on the upper arm
2 <sup>nd</sup> Dose	Six Months after 1 <sup>st</sup> dose	Human Papilloma Virus (HPV) Vaccine HPV 2	Cancer of the Cervix	Injection on the upper arm



## **BENEFITS OF IMMUNIZATION**

- It strengthens a child's ability to fight diseases
- It reduces the chances of children suffering from childhood immunisable diseases
- It protects children from liver disease and cancer of the cervix in girls, in later years of their life
- It prevents complications such as lameness and blindness in children
- It reduces the burden/costs on parents/caregivers and communities in terms of time and money spent on treatment. This contributes to socio-economic development
- It contributes to a child's proper growth and development
- It protects the entire community from childhood vaccine preventable diseases
- It protects the mother and her unborn baby from Tetanus
- Once a child is immunized, he/she is protected against vaccine preventable diseases for his/her entire life
- Makes children healthy and strong to serve and fulfil their God given purpose.

## **KEY MESSAGES**

- Immunization is important for the overall well-being and survival of a child.
- Every child should be taken 5 times to the nearest, health facility or outreach centre, to ensure completion of the immunisation schedule before the 1st birth day.
- The vaccines are approved by Ministry of Health, World Health Organisation (WHO) and UNICEF.
- Remind parents and caretakers to keep their child health cards and take them along each time they visit the health facility.
- It is safe to immunize a child who has a minor illness, disability or is malnourished.
- Children have a right to be immunized.
- All religious leaders have a responsibility to mobilize communities and ensure that all children are fully immunized against childhood vaccine preventable diseases.
- Immunized children are a foundation for social and economic development of the nation.
- It is safe to give multiple vaccine injections in one visit.
- It is better for the child to experience one brief moment of discomfort from multiple injections, than pain on two separate days/visits.
- The vaccines are **SAFE, EFFECTIVE, FREE** and available at Government and non-Government facilities.

## Examples of Community Case Definitions

<b>Disease / Condition</b>	<b>Case Definition</b> (Key signs which the affected persons shows)
<b>Diseases Targeted for Eradication or Elimination</b>	
<b>Acute Flaccid Paralysis (AFP) Polio</b>	Any sudden lameness in a child, less than 15 years of age
<b>Neonatal Tetanus (NNT)</b>	Any newborn who is normal at birth, and then after two days, becomes stiff and unable to suck or feed or has convulsions.
<b>Epidemic Prone Diseases</b>	
<b>Measles</b>	Any person with fever and a skin rash
<b>Meningitis</b>	Any person with fever and neck stiffness

## ROLE OF RELIGIOUS LEADERS

As a religious leader:

- Give correct messages on immunization so that parents and caretakers can take their children for immunization and complete the schedule
- Be a role model by making sure that your own children and other people in your care are fully immunised.
- Collaborate with other leaders to sensitize communities on immunization and identify unimmunised children and link them to the health facilities.
- Make announcements on immunization at any given opportunity e.g. places of worship, weddings, meetings etc.
- Demystifying rumors and misconceptions about immunisation by giving correct information as provided in this circular
- Collaborate with existing structures at all levels to disseminate immunisation messages.
- Look out for and report cases of immunisable diseases to the nearest health facility immediately



## “Healthy bodies and minds will promote the Faith”



- Find and use scriptures and words of wisdom which can promote immunisation and will encourage caregivers and parents to ensure that their children are fully immunised.



For more information about immunisation

Contact:       The Health Promotion and Education Division  
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