

**REPORT OF THE WORLD DAY  
OF PRAYER AND ACTION  
FOR CHILDREN**

**UGANDA**

*November 2012*

A Joint Initiative

Between

**The African Council of Religious Leaders—*Religions for Peace* (ACRL—RfP),**

**The Global Network of Religions for Children (GNRC Africa)**

**And the**

**The Norwegian Church Aid (NCA)**

## **Introduction**

Observed on 20<sup>th</sup> November every year, the Day of Prayer and Action for Children (DPAC) is celebrated globally on Universal Children's Day (1958) and on the anniversary of the adoption of the UN Convention on the Rights of the Child (1989). Purposely commemorated on this date, this further emphasizes that children are the priority. They have rights that need to be protected, respected and enjoyed.

The World Day of Prayer and Action for Children brings people together to pray for the well-being of children and recommit to take specific action in ensuring each child duly enjoys his/her rights. Universal Children's Day, established by the United Nations in 1954, also commemorates the 1989 adoption of the United Nations Convention on the Rights of the Child. The World Day of Prayer and Action for Children connects people and organizations to protect children. Improving the welfare of children is an urgent global challenge. By working with the world's diverse faith communities, governments and non-governmental organizations can accelerate and magnify their efforts to help children worldwide.

## **Uganda**

Activities to mark the World Day of Prayer and Action for children (DPAC) in Uganda were carried out in two Districts of Northern Uganda -a region that has experienced prolonged civil war with many children getting killed or experiencing extreme suffering. These were Kitgum and Laceykocot districts organized with the theme: *Action for Children Affected by the Nodding Syndrome*. The activities took place in Atanga Laceykocot Health Centre III in Pader district and Okidi Health Centre III Omiida Sub-County in Kitgum District where the cases of the disease are rampant. Ground mobilization was done by the Acholi Religious Leaders Peace Initiative (ARLPI) with the support of the ACRL—R/P. Objectives of the event were:

- a) To pray and provide nutritional supplements to children affected by the syndrome.
- b) To use the local media to educate and sensitize the community on the disease.

Nodding disease or nodding syndrome is a fatal, mentally and physically disabling disease that only affects children, typically between the ages of 5 and 15. When children are affected by it, their growth is permanently stunted. In Kitgum 267 participants were present, of which 197 children were victims of the nodding syndrome. In Atanga-Laceykocot, Pader district 180 participants took part of which 115 were children who received food supplements from well wishers. Implemented activities included:

### **a) Sensitization through the media**

Prior to 20<sup>th</sup> November 2012, religious leaders through the radio (102 MEGA fm and Mighty Fire 91.5fm) mobilized and sensitized the public on the need for prevention and control of nodding disease. They appealed to parents to take the affected children to the nearest health facilities at the earliest possible opportunity to receive adequate care.

## **b) Communal prayer with families and children**

In both locations, local government officials, Child Care Ministry representatives, religious leaders and the surrounding communities were present to celebrate the day. The day began with a prayer procession with religious leaders from different Christian denominations and the Muslim faith represented. Each of the religious leader's present appealed for assistance especially psychosocial support to parents and children in affected homes. The religious leaders appealed to the government and the international bodies to provide the centers with medical services and shelters with nutritional supplements as well as medical supplies which are scarce.

The religious leaders were concerned and also raised the question why the Acholi region is bombarded with diseases such as Ebola, yellow fever, meningitis and currently the Nodding Syndrome. Bishop Gakumba Johnson from the Anglican Church (Northern Uganda) noted that it is necessary for the religious leaders to continue to inform the community of the nodding syndrome and other diseases affecting the community. They further denounced the belief by the community that the syndrome is connected to curses and evil spirits saying this was totally untrue!

The religious leaders urged for continuous prayers and intervention as well as resilience and acceptance of families affected. While lauding the government for providing facilities and building health centres, the religious leaders noted that there was still more to be done. They also prayed for families, the nation and for peace in the country with a special offertory conducted specifically for the victims of nodding syndrome in Kitgum. Religious leaders agreed that each year, they would hold special interreligious prayers for children affected by disease so that the community begins to accommodate the affected families and children. Rev Gakumba quoted a bible verse that says, "*The thief cometh not, but for to steal, and to kill, and to destroy: I have come that they might have life and that they might have it more abundantly*". The scripture was intended to give hope to the affected children.

## **c) Visit to affected children in hospital**

The visit took place in Atanga- Lacekocot and Okidi Health Centre, Omida Sub County\_Kitgum District in Pader and Kitgum districts respectively. The hopelessness of the victims was evident through this story narrated by Vicky, a 14 year old girl:

*"I was the pride of my family, I used to go to school as the other children in the village but I later had to abandon school due to constant attacks, I could no longer go to school as I was getting weak and could not walk for long because of fatigue, it has been a tough journey for me as I had the intention of becoming a doctor one day, but this is not possible as I cannot concentrate for long hours also the stigma and ridicule by the society has made me to keep to myself. I wish the government could do something as soon as possible so that I could get medication and treatment so that I pursue my dream of becoming a doctor."*

Parents of victims have had to stay away from home as they care for their affected children forcing them into a state of poverty. The visiting team made an appeal to government and well wishers to offer psychosocial services to parents, children and affected families and provide nutritional supplements and beddings to health centres in addition to increasing the number of medical doctors. More funds should also be channeled to research to better understand the disease and avoid further suffering and deaths.

With the biting poverty, coupled with the inattentiveness or inability of caregivers to respond adequately, the day of prayer offered opportunity for moral and material support to the affected families. They were offered nutritional foodstuffs such as dried fish, rice and enriched flour to treat children's malnutrition.

### **Achievements**

- Religious leaders from all faiths drafted a joint communiqué requesting the government to pay more attention to the nodding syndrome (attached in appendix)
- The celebrations were aired in leading media Houses such as NTV Uganda
- 311 victims of nodding syndrome were treated at the centres and offered basic food supplements
- The joint effort which was the first was celebrated by all senior religious leaders in northern Uganda
- Religious leaders agreed that they would dedicate joint prayers each year (November) to children and families affected by the syndrome



*Children receiving food packages during the DPAC event in Northern Uganda.*

### **Challenges**

The following challenges were encountered during planning and implementation of the activities:

1. Limited amount of funds hampered a strong community mobilization component and build up activities prior to the event.
2. Low level of community awareness on DPAC imposed a challenge on the participation of all members of the community
3. The huge number of children who could participate in the event vis a vis the limited funds available resulted in identification and mobilization of a small number of participants from institutions

### **Recommendations**

1. Build up activities bringing together all child rights actors and stakeholders including FBOs should be conducted to mobilize the community members for future DPAC events.
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3. Plans of action should be developed from the DPAC with actionable points being translated into child centred proposals and resources mobilized to implement them.