Making Immunisation interventions work

- Uganda profile
- Immunisation performance
- Vaccine and Logistics
- Advocacy and Communication
- Service delivery RED/REC/Equity Assessments
- Urban immunisation and Private sector
- Monitoring and surveillance
- Immunization in the context of COVID-19
- Resource mobilisation and partnership
- Supplemental immunisation activities
Uganda Profile

Demographics
• Population: 41.6M
• Population Growth Rate: 3%
• Fertility Rate: 4.78 birth/woman
• Under 1yr: 4.3% (1.79M)
• 10yr old girl: 1.58% (0.64M)
• WCBA: 18% (7.48M)
• Increasing Large birth cohort annually
• Increasing refugee populations

Administrative structures
- 135 districts
- One capital city
- 22 municipalities
- 174 Town councils
- 204 town boards
Uganda Immunisation performance - trend analysis

- Variations in coverage
  - Improvement between 2010-2014
  - Stagnation between 2015-2018

- Accumulating unimmunised 324,104 period 2016-2018

- New vaccine introductions (PCV, IPC, Rota and MR in 2019
  - Increase in the number of urban population
  - Increasing refugee populations
  - Emergence of immunisation hesitancy among communities
  - COVID-19 pandemic and its adverse effects on immunization in 2020

Antigen coverage 2010-2019 (Official JRF)

- IPV
- PCV3
- Rota2
- BCG
- DPT3
- bOPV3
- MCV1
Uganda Immunization success factors – Vaccine and Logistics

Programme management

- Established Central Vaccine Store located at the National Medical Stores: mandated to procure, store and distribute human medication and health-related consumable to all districts
- Establishment of the District vaccine stores in all districts of Uganda
- Static facilities that are equipped with vaccine storage
- Human Resource capacity to manage and ensure effective vaccine management – at national level and District cold chain technicians who conduct forecasting, managing the CCE, vaccine distribution, training, equipment repairs.
- Established RCCMT at regional referral hospital to support CCE functionality in districts, improve response rates, vaccine management practices, supervision and technical mentorship support;
- Active monthly vaccine management Committee meetings to review supply chain performance
- EVMAs 2010/2014/2018 that guided the improvements in the programme
- Refrigerated trucks expanded ability to safely deliver vaccines to Districts and reduced risk of freezing or heat excursion. **Last mile delivery to health facilities still limping – stock outs at this level happen**
- Procurement process guided by NMS and UNICEF with a Procurement Specialist
- Availability of tools and guidelines: stock management tools, reference materials, SOPs, Immunisation In Practice Manual, Cold Chain management manual, temperature data review tool and vaccine utilisation monitoring tool
Effective vaccine management assessment - Overall and Composites Scores

Immunization supply chain to ensure optimal functioning of the program

Results by ISC Objectives

Results by ISC Fundamentals

Vaccine Arrival Reports; Knowledge of vaccine management; Adequate capacity for storage and transport; CCE and building quality; Procedures and devices for temp monitoring; Availability of PM for building and CCE as well as record of tasks carried out; Up to date electronic SMT in place; SOP manual available; Distribution procedures meet required standard.
1. Presidential and Political support

- Among the national priority
- Advocacy and awareness creation
- Commitment to co-financing of vaccines

2. Information dissemination through written and media platforms

- Development and dissemination of Communication guidelines
- Nationwide radio campaign using radio spots, radio talks, electronic media

3: Strategic mobilisation of the urban unreached and special populations

- Development of an Urban Health Communication Guideline and Plan
- Dissemination and involvement of leaders and non health stakeholders
4. Village Health Team (VHT) orientation and registration
- Orient VHT on routine immunisation
- Orient VHT on registration of target population
- Conduct mobilisation for static and outreach session

5. Child registration and follow up by VHT
- Registration ensures target population is known to give an account of every child by name and location
- Defaulter tracking to ensure completion of immunisation schedule

6. Orientation and Engagement of Non-health stakeholders to improve uptake and demand with focus on districts identified with inequities
- Orientation package provided
- Pledge to rally the local leadership
- Community Development Officers to include EPI mobilisation in their routine activities
- Work with religious, political, cultural leaders in mobilising communities
Uganda Immunization success factors – RED/REC/ Equity Assessment 2016

Who are the unimmunised?

<table>
<thead>
<tr>
<th>Affected</th>
<th>Inequity</th>
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</thead>
<tbody>
<tr>
<td>Urban poor settlements</td>
<td>Few public HFs, paid costs, transport costs, busy caretakers and mobilisers</td>
</tr>
<tr>
<td>Migrants tribes</td>
<td>Fixed posts, low mobilisation, not attached to VHTs</td>
</tr>
<tr>
<td>Ethnic minorities</td>
<td>Not included in plans, poor road network, low mobilisation</td>
</tr>
<tr>
<td>Some religious groups/sects</td>
<td>Lack of communication, low mobilisation &amp; sensitization</td>
</tr>
<tr>
<td>New settlements</td>
<td>Not included in micro plans</td>
</tr>
<tr>
<td>Fishing communities</td>
<td>Mobile, Not included in micro plans</td>
</tr>
<tr>
<td>Refugee communities</td>
<td>Communication &amp; Language, forecast and planning</td>
</tr>
<tr>
<td>Remote communities</td>
<td>Not included in micro plans, poor access, inadequate funds</td>
</tr>
</tbody>
</table>

- 36 district with coverage inequities
- 36 district contributing 35% unimmunised nation wide
Where are the urban unimmunised?

- Urban poor
- Informal settlements
- Gated communities
- Working caretakers
- Mobilisers busy
- High pop. Density in urban,

5 urban towns have been identified and being technically supported: Kampala, Wakiso, Iganga, Mbarara, Jinja
- Have a total population of 5.9M, High population density in urban settlements
- Under one target of 253,881, which is 14% of national target
Kampala - Mapping of the urban hard to reach

- 2nd largest population (1.7M),
- Hosts largest numbers of urban unreached - informal settlements, refugees, migrants, gated communities and highly social-economic mobile population
- Majority HFs are private: 16 Public HFs out 172 HFs provide immunization to over 80% children

Support provided
- Division specific meetings to review progress, RED/REC including facility micro planning, Outreaches in slums, Vaccine distribution, Support supervision, VHT registration, Child registration

Uganda immunization success factors- Urban immunization

Kampala DPT under-immunised 2016-2019

- 10,113
- 10,210
- 6,233
- 4,259

2016 2017 2018 2019

Start of intervention
EPI monitoring and Evaluation

- Monthly EPI data through:
  - Data analysis and feedback to districts
  - Monthly Data committee meetings
  - Monthly EPI TWG meetings
- District Data Quality Improvement trainings and meetings
- EPI Reviews and surveys
  - EPI reviews every 3-5 years
  - Use of DHS to inform performance
- Data Triangulation to identify suboptimal coverages

Surveillance

- Established EPI/IDSR surveillance system nationwide from district to HF level
- Integrated surveillance system with weekly reporting (HMIS 033b)
- Targeted interventions through use of surveillance indicators triangulated with RI
SIAs bring a lot of resources to immunisation program

- Microplanning and mapping of service delivery
- Identify the unreached and unimmunised target population
- Procurement of Logistics and Equipment's (fridge's, vaccine carriers, tools etc.)
- Opportunity to train large numbers of HWs integrated with SIAs
- Heightened advocacy and awareness drive for immunisation

Supplementary Immunisation activities

Immunisation Partnership

- Partnership pools resources for immunisation program
- Synergizes implementation to cover entire country
- Contributes to single Annual Work Plan achievement
Immunization in the context of COVID-19

**COVID-19 adverse effects**

- Between January to April the DTP coverage reduced from xx to xxx.
- Adverse effects on the routine immunization due to the lockdown
- Adverse effect on the Integrated Child Health Days (ICHDs)- April ICHD cancelled

**Mitigation measures**

- Uganda developed the guideline on the continuation of the health services in the context of COVID-19
- Strong national and sub-national coordination led by President of Uganda
- Technical support through the regional expert teams assigned to RRH and supporting the capacity building, mentorship on Infection Prevention and Control (IPC)
- Support to health workers with PPEs
- Community mobilization
- Specific support to the urban immunization through UNICEF and other partners – strengthened planning, children registration and immunization activities
THANK YOU