



Improving immunisation coverage to address urban vaccine islands through the lower-level private-for-profit sector engagement in Uganda. Experiences from a quasi-experimental study in Kampala, Uganda.

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Introduction

Informal settlements prone to vaccine preventable diseases.

Misconceptions about urban advantage in relation to immunization service access.

Informal settlements disproportionately underserved with immunization services .

Vaccine islands within the urban settings.

Objective

A quasi-experimental study to improve immunization coverage through the lower-level private sector engagement using data quality improvement as an entry point.

Methods

- Mixed methods approach to collect data with qualitative interviews to elicit implementers' experiences with implementing the intervention.
- Sample; 20 key informants from private facilities health worker, HMIS and EPI focal persons.
- Secondary data analysis utilising DHIS2 data.
- Document review exercise on the private facility registers and records to map out improvements in data capture and key actions to streamline immunization data capture.
- Analysis: content analysis, trends analysis

Results

- Barriers; variations in immunization schedules, data systems, and reporting arrangements.
- Capacity deficits reflected in inability to recruit adequate personnel, poor data systems, less prioritization of immunization services which extended to data and low motivation to generate and submit quality data.
- Feedback from co-creation workshop on feasibility of e-health systems identified creation of whatsapp group for peer learning and reminders for data submission as well as streamlining of electronic data entry through identification of providers with capacity and looped into the DHIS2.
- Identified package of innovative service delivery model consisted of; piloting of cohort system, matching immunization register with tally sheets, CQI specifically for data, micro-plan and data use mentorship.

Conclusions

Identification of barriers to immunisation service delivery improvement and data capture, purposing improvement through participatory methods and piloting of a hybrid interventions based on context has a potential to improve immunization data capture from the lower level private-for-profit immunization service providers within an urban context.

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