

Learn more

The Uganda Learning Hub (April 2023–December 2025) is led by the [Infectious Diseases Research Collaboration](#) (IDRC) with partners [PATH](#) and [Makerere University School of Public Health](#) (MakSPH).

The Learning Hub Focuses on Three Districts:

Kasese	Fishing communities, mountainous areas, and pastoral/nomadic communities
Wakiso	Both urban (multicultural and slum area) and fishing communities (island)
Mubende	Hilly, multicultural, predominantly farming or mining, bordering other districts

Due to the delayed implementation of EAF activities and limited time remaining for ZDLH, the Learning Hub revised its implementation research plans to focus on documenting the efforts and contributions of existing interventions toward the identification and reach of zero-dose (ZD) and under immunized (UI) children. The Learning Hub is also evaluating the incremental cost and cost-effectiveness of Uganda's Big Catch-Up (BCU) campaign—a semiannual Periodic Intensification of Routine Immunization led by the Uganda National Expanded Programme on Immunization (UNEPI) and not funded through the EAF. Lastly, the Learning Hub is conducting a process evaluation to examine the planning and roll-out of EAF activities.

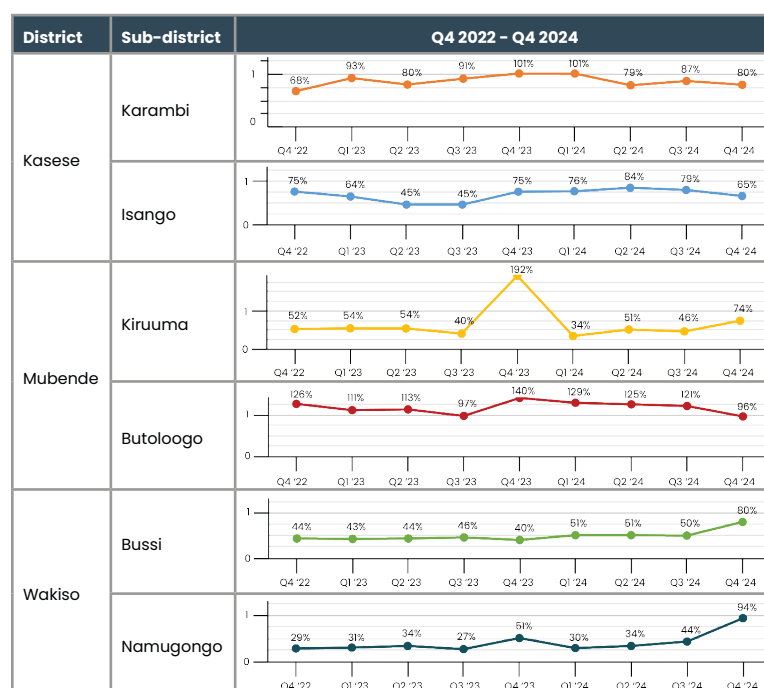
Grants in Uganda

- **Learning Hub** awarded in April 2023
- **Health System Strengthening (HSS-3) and Equity Accelerator Funding (EAF)** grants 2024–2028

Learning Hub Research	Geographic Focus
Rapid Assessment of the ZD Situation in Uganda	Wakiso, Kasese, Mubende districts
Immunization Data Ecosystems Assessment	National (with focused review of Mubende, Lira, and Mukono districts)
Evaluation of UNICEF-supported House-to-House Registration	Wakiso and Kamuli districts
Targeted Community Survey	Mubende district (Kigando, Kiruuma, and Butoloogo sub-counties)
Health Facility Assessment	Mubende district (six health facilities across three sub-counties)

CLH Study Sub-Districts in Uganda: Trends in DTPI Coverage from Q4 2022 to Q4 2024

(Source: Uganda DHIS2 reported in Uganda CLH Quarterly Progress Report)



This figure displays sub-national data from the Uganda DHIS2 on DTPI coverage from Q4 2022 to Q4 2024. Trends in DTPI coverage over the last three quarters across the six sub-districts targeted by the Learning Hub are variable. In the Karambi sub-district of Kasese, coverage peaked in Q1 of 2024, then dropped and has remained steady between 79% and 87%. In Isango sub-district, coverage peaked in Q2 of 2024 and has steadily declined since. In Kiruuma sub-district of Mubende, coverage has slowly increased from 34% in Q1 of 2024 to 75% in Q4 of 2024. Coverage has slowly declined in Butoloogo sub-district of Mubende, declining from a high of 140% in Q4 of 2023 to 96% in Q4 of 2024 (the lowest reported coverage over the 24 month period). In Wakiso, trends were more similar across sub-districts. In both Bussi and Namugongo, coverage remained largely unchanged until Q4 of 2024, when it spiked in both sub-districts. The spikes in coverage in historically low-coverage sub-districts correspond with the national Big Catch-Up (BCU) activity in November 2024 (Q4), which sought to narrow the coverage gap in routine immunization caused by the COVID-19 pandemic.

Please note that Wisemart/eJRF data for the period of April through September 2024 are not yet available for this semiannual update and will be incorporated in the next report (October 2025).

Key Insights, Decisions, and Use of Learning Hub Results

- **Integration of high-risk communities into immunization strategies:** Based on Learning Hub findings, UNEPI plans to revise the EAF targeting strategy to reach previously overlooked high-risk communities. These include migrant workers, mining and tea estate laborers, and children in resettlement areas.
- **Village Health Team (VHT) challenges in House-to-House registration and outreach:** Learning Hub findings highlighted how VHTs play a crucial role in reaching ZD children but face significant challenges related to training, workload, and sustainability. The research indicated that the financial sustainability of house-to-house (HTH) registration as a regular ZD intervention remains uncertain, as it relies on unpaid or underpaid VHTs, prompting discussions on how to ensure long-term viability. UNEPI and district health teams discussed Learning Hub findings on VHT capacity gaps and ways to address delayed payments and training gaps for VHTs conducting HTH registration and outreach efforts.

Sub-national adjustments in immunization outreach

- In **Mubende district**, the Learning Hub shared findings from the HTH registration evaluation, targeted community survey, and rapid assessment with health workers, VHTs, and district health teams, leading to several programmatic adjustments. VHTs were tasked with following up on ZD children identified during HTH registration, prioritizing home birth follow-ups, and ensuring that caregivers from neighboring districts were not denied vaccination. Additionally, health information assistants introduced tracking mechanisms for HTH forms to improve data accuracy, and VHTs were paired based on literacy levels (i.e., someone with a higher level of literacy was paired with someone with a lower level) to enhance documentation.
- In **Wakiso district**, the Learning Hub shared preliminary findings from the HTH registration evaluation with the district health team during BCU planning and training sessions. While the district health team appreciated the insights, the top-down implementation approach of the BCU limited the extent to which Learning Hub findings could be incorporated. The Learning Hub also shared baseline survey findings on ZD children to support VHT-led social mobilization, but it remains unclear whether this evidence was used to inform BCU activities.

Evidence-informed improvements to the national BCU activities:

- **Improvements in immunization data systems:** Originally, UNEPI had not planned to report and analyze the HTH registration data collected through the BCU, which could be used to plan follow-up activities like outreach sessions in areas with higher concentrations of ZD and UI children. Based on lessons learned from the Learning Hub's UNICEF HTH evaluation that highlighted this information gap, UNEPI (in collaboration with PATH, a Learning Hub partner) developed a parish-level data management system to deploy real-time data during the BCU activities. The new system required VHTs to submit registration data on a daily basis to health facilities and introduced data clerks at the sub-county level to aggregate and enter the data by parish into an online data collection form. This system improved the availability of real-time data for outreach planning and microplanning efforts.
- **Strategy refinement:** The Learning Hub findings from the UNICEF evaluation in Wakiso and Kamuli districts indicated that the duration of HTH registration efforts (two days) was too short, leading to the under-registration of eligible children. Additionally, the lack of an efficient data capture system delayed analysis and outreach targeting. The Learning Hub presented these findings during BCU planning meetings, prompting discussions on improving microplanning and ensuring that future campaigns allocate adequate time and resources for HTH registration and data processing during BCU activities.

- **Knowledge translation for global and national advocacy:** The Learning Hub has actively disseminated findings through national and global platforms, including stakeholder meetings, reports, and webinars. These efforts aim to influence donor priorities, secure funding for sustainable ZD outreach strategies, and align Uganda's immunization policies with global best practices. UNEPI officials called the findings "very helpful" and committed to leveraging all available opportunities to integrate them into broader EPI discussions and CSO engagement efforts. A WHO representative in Uganda noted that these insights would be used to inform the upcoming Health Systems Strengthening and EAF implementation framework.