Uganda Learning Hub - October 2025

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The Uganda Learning Hub (April 2023–December 2025) is led by the Infectious Diseases Research Collaboration (IDRC) with partner 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

In light of delays in the Equity Accelerator Fund (EAF), the Learning Hub pivoted to focus its research on existing EPI programming, including Uganda's Big Catch-Up (BCU) campaign and routine immunization, with an array of studies including: evaluation of house-to-house registration, health facility assessments, costing case study, intervention mapping, data systems assessment, and follow-up of ZD children. This adaptive approach is producing timely findings that support real-time decision-making and future planning for equity-focused immunization strategies.

Grants in Uganda

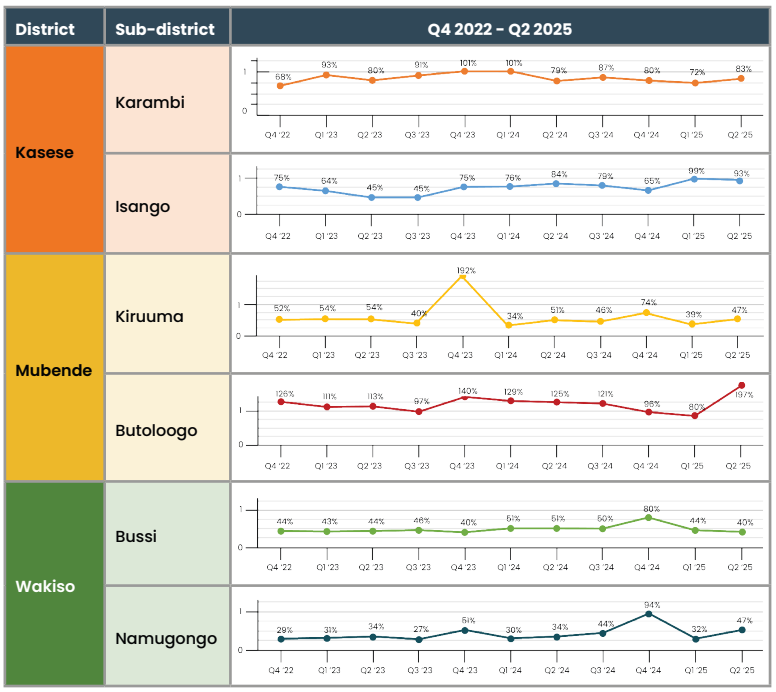
- **Learning Hub** awarded in April 2023
- **Health System Strengthening (HSS-3)** and **Equity Accelerator Funding (EAF)** grants 2024-2028

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
Evaluation of Uganda's Big Catch-up Campaign (includes Cost of Identifying and Reaching ZD Children in Uganda: A Case Study of House-to-House Registration and Targeted Immunization Outreaches)	Kasese, Mubende, and Wakiso Districts
Mapping of Interventions to Reach ZD Children	Mubende District
Follow-up of the Vaccination Status of the 99 ZD Children Identified from the Baseline Targeted Community Survey	Mubende District (Kigando, Kiruuma, and Butoloogo subcounties)
Health Facility Assessment	Mubende District (six health facilities across three subcounties)

Learning Hub Study Subdistricts in Uganda: Trends in DTP1 Coverage from Q4 2022 to Q2 2025

This figure displays subnational data from the Uganda DHIS2 on DTP1 coverage from quarter four (Q4) 2022 to quarter two (Q2) 2025. While immunization rates remain variable across the six Learning Hub subdistricts, the 2025 data largely highlight a continuation of previous trends. In Kasese, coverage has largely stabilized: Karambi has remained steady in the 80 percent range since mid-2024, while Isango showed the strongest improvement, rebounding in 2025 to reach a new peak of 99 percent. In Mubende, the two subdistricts followed diverging paths. Kiruuma, which had spiked dramatically in late 2023, saw only a temporary recovery in late 2024 before declining again in 2025, while Butoloogo showed renewed momentum with a sharp rebound in Q2 2025 (107%). In Wakiso, both Bussi and Namugongo displayed similar dynamics: low and stagnant coverage through 2024, a sharp rise likely due to the national BCU campaign in late 2024, and subsequent declines in 2025.

(Source: Uganda DHIS2 reported in Uganda Learning Hub Quarterly Progress Report)



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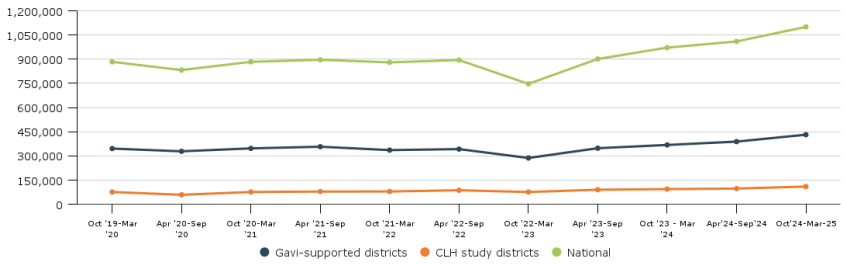
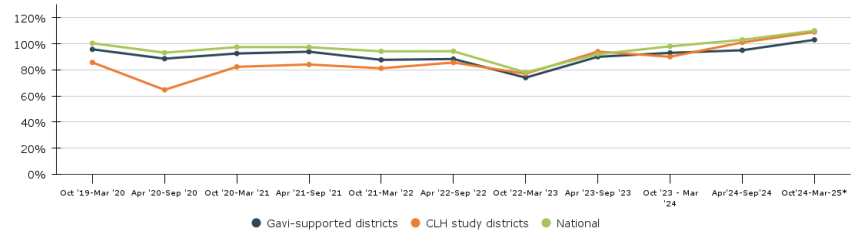
DTP1 Trends in Uganda, 2019–2025

Number of Children Immunized: DTP1



DTP1 Coverage

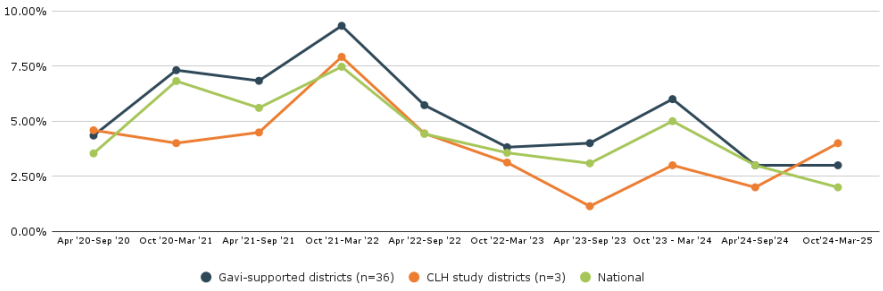


Data interpretation: These figures present the number of children immunized with DTP1 and DTP1 coverage in Uganda from October 2019 to March 2025, with trends at the national, Gavi-supported districts, and Learning Hub study districts largely mirroring one another. Coverage remained relatively stable over most of the period, with a noticeable dip in late 2022–early 2023, followed by steady recovery with reported coverage rates exceeding 100 percent across all levels. In the October 2024–March 2025 period, more than one million children were immunized nationally, the highest level recorded. These gains point to a strong rebound in immunization delivery, likely reflecting intensified national efforts such as the BCU campaign.

***For the national level, Gavi-supported districts, and Learning Hub study districts, the denominators for 2019-2023 were retrieved from the WHO monthly immunization results database. For 2025, the respective denominators were retrieved from the Uganda DHIS2 by the Learning Hub as the data are not yet available through WHO.*

DTP1 Trends in Uganda, 2019–2025

DTP1-3 Dropout



While the national- and subnational-level trends presented in this dashboard offer valuable insights into immunization performance over time, data derived from the eJRF and national administrative systems (such as DHIS2) have important limitations for real-time monitoring and decision-making. eJRF data are often subject to significant delays, as they must pass through country and regional reporting channels before becoming publicly available. Similarly, DHIS2 data frequently face quality challenges and are often incomplete at the time of initial reporting, with figures continuing to be revised and updated for many months, in some cases up to a year later. ZDLH's experience with eJRF and DHIS2 data underscores these limitations, highlighting that such data are best interpreted as retrospective performance indicators rather than tools for active program management and course correction.

Data interpretation: DTP1-3 dropout rates in Uganda have generally remained below 10 percent across national, Gavi-supported, and Learning Hub study districts, with broadly similar patterns over time. Dropout peaked across all levels in late 2021, reaching around 10 percent in Gavi-supported districts, before declining steadily through 2022 and 2023. While rates peaked slightly again in 2024, they remained relatively low, hovering between 2 and 6 percent, suggesting improvements in follow-up and continuity of immunization services. A slight increase is observed in the Learning Hub study districts during the most recent reporting period (October 2024-March 2025), though dropout still remains below earlier levels.

Source: Data reported by Uganda to WHO through the electronic joint reporting form (eJRF).

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Key Insights

- **Household and facility assessments** revealed systemic barriers: understaffing, irregular outreach due to fuel/resource constraints, vaccine stockouts, weak data quality, and high caregiver costs (including informal payments).
- **House-to-House (HTH) Registration** and baseline surveys acted as interventions in themselves, prompting some caregivers to seek immunization after contact with survey teams or Village Health Teams.
- **Underlying gender and socioeconomic dynamics**—where childcare responsibilities often shift to elderly or resource-limited grandmothers—compound barriers such as home births, poverty, distance to facilities, and lack of social support for caregivers, leaving many children unreached by immunization services.
- **High unit cost variation in vaccinating ZD children** (ranging from US$8.30 in Mubende to US$68.70 in Kasese) underscores the importance of context-specific budgeting for ZD interventions.
- **Some VHTs perceived the HTH registration exercise as a mechanism for monitoring their performance rather than a tool for identifying ZD children.** This perception created fear of negative accountability and led to selective or incomplete reporting—such as omitting children from resistant or inaccessible households, those without health cards, or cases they could not ensure were vaccinated—ultimately weakening the accuracy and completeness of registration data.
- **Data fragmentation** across HTH registration, facility records, and DHIS2 undermines tracking and follow-up of ZD children.

Call to Action

- **Invest in sustainable, community-based registration systems.** Equip and support Village Health Teams and community structures with adequate resources, supervision, and digital tools to ensure complete, accurate, and continuously updated child registration and outreach records.
- **Adopt flexible, context-driven planning and budgeting.** Move away from one-size-fits-all approaches by tailoring resource allocation to local realities—geographic, logistical, and socio-cultural—to improve efficiency and reach in underserved areas.
- **Integrate ZD identification and follow-up into existing health platforms.** Embed ZD tracking, outreach, and data use into ongoing initiatives such as Integrated Child Health Days, routine immunization, and disease-specific campaigns to maximize sustainability and reduce duplication.
- **Prioritize data quality and accountability at all levels.** Strengthen human resources, supervision, and digital capacity for accurate data capture and use, linking facility, district, and national systems to close persistent documentation gaps and improve decision-making.
- **Conduct cost-effectiveness analysis before scale-up.** Evaluate the cost-effectiveness and sustainability of interventions like house-to-house registration before national expansion, ensuring resources deliver measurable, lasting impact.
- **Foster coordinated, system-wide collaboration.** Align partner activities under UNEPI leadership to promote synergy, reduce duplication, and maintain focus on long-term, integrated approaches to reaching ZD and UI children.

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Decisions and Use of Learning Hub Evidence

Decisions and Actions Triggered

- **UNEPI adopted HTH registration** during Uganda's national BCU campaign, informed by Learning Hub evaluation of the UNICEF-supported HTH approach.
- **UNEPI requested postponement of the Learning Hub repeat survey** to allow sufficient time for the implementation of interventions to reach the ZD/UI children identified at baseline.
- **UNEPI and MoH embedded Learning Hub findings into national technical guidance** including microplanning and Integrated Child Health Days.
- **UNEPI assigned Amref** to support EPI activities in Mubende, with Amref funding district-wide data quality assessment (DQA) and improvement (DQI) activities.
- **HEPS designed and financed a ZD intervention** in Mubende, extending supportive supervision informed by Learning Hub evidence.
- **Mubende District Health Team adjusted outreach planning:** increased outreach posts, integrated private not-for-profit facilities, and redeployed health workers to underserved parishes.
- **UNEPI and partners used Learning Hub costing evidence** to inform resource allocation, with Amref supporting targeted outreaches in response to findings related to the cost-per-child reached and unmet need for vaccination.

Use of Learning Hub Results

- **Policy and planning influence:** Learning Hub evidence fed into MoH/EPI meetings and guidelines (microplanning, Integrated Child Health Days, Advocacy, Communication, and Social Mobilization pillar discussions).
- **Operational improvements:** Private, not-for-profit facilities included in outreach; site lists harmonized; outreach expanded in hard-to-reach and large villages; redeployment of staff reduced workload and improved coverage.
- **Partner engagement:** Amref and HEPS integrated Learning Hub data into program design and financing decisions.
- **Global and national visibility:** Findings presented at a ZDLH global webinar, Gates Foundation's ZD Learning Day, national conferences, and international immunization economics forums.