

EpiC Uganda: Summary of Achievements

April 2022 – August 2023

Since the first case of COVID-19 in Uganda was confirmed on March 21, 2020, there have been 171,729 confirmed cases with 3,632 deaths. As of May 27, 2023, a total of 26,406,936 vaccine doses have been administered. By June 6, 2023, 59% of the target population (12,629,630 people) had been fully vaccinated. The Meeting Targets and Maintaining Epidemic Control (EpiC) project has supported the Government of Uganda to mitigate COVID-19 transmission, morbidity, and mortality.

EpiC was implemented in all regions of Uganda from April 2022 to September 2023. The project was led by FHI 360 in collaboration with United States Agency for International Development (USAID), Centers for Disease Control and Prevention (CDC), Department of Defense (DOD), Doctors with Africa (CUAMM), and regional implementing partners (IPs). Over nine months, EpiC and its partners worked to accelerate widespread and equitable access to and delivery of safe and effective COVID-19 vaccinations through planning and coordination, service delivery, data management, and human resources, EpiC also facilitated the engagement of health care workers, vaccination teams, and surge staff.

EPIC'S KEY ACCOMPLISHMENTS

- Contributed to a national increase in coverage of the first dose of the COVID-19 vaccine (from 72% to 82%) and full vaccination (from 49% to 59%) among people over age 18.
- Paid vaccination allowances to 58,653 frontline health workers, 83,355 village health teams, 2,721 data officers, and 9,476 district and subcounty supervisors.
- Aired 78 radio programs to educate people on the benefits of COVID-19 vaccination and clear up miscommunication about vaccine safety.
- Reached 1,466,631 people with SMS reminders to get their second dose or booster dose of the COVID-19 vaccine.
- Salvaged 173,656 Johnson & Johnson vaccine doses before they expired by administering them in a vaccination campaign in 14 districts.
- Cleared backlog of COVID-19 immunization records from 4.5 million records to less than 1 million records.
- Developed a national plan that was adopted by the Ministry of Health (MOH) to integrate COVID-19 vaccination into routine immunization and other primary health care services.
- Rolled-out the COVID-19 vaccination integration plan in 42 districts.
- Developed a microplanning guide for COVID-19 integration into routine immunization.
- Developed a Field Manual for Health Workers on COVID-19 Vaccine Management and Administration.





EpiC programming was informed by Ministry of Health (MOH) guidance on COVID-19 vaccination, including emphasis on priority groups (elderly, people with comorbidities, health workers, teachers, military service members), and ensuring stakeholder involvement. The project collaborated with the MOH and regional IPs in six areas of activity (Figure 1).

Figure 1. Focal areas of the EpiC project



Support Planning and Review Meetings

Leverage the FHI 360 Uganda platform; engage a core team of national staff to support meetings and microplanning



Provide logistics for last-mile delivery of vaccines and support supervision of activities

Support transport for vaccinators and community engagers

Provide financing and logistics to increase geographic coverage of vaccination activities



Support district microplanning Support capacity building for district task forces and district leadership to manage COVID-19 activities

Provide allowances for vaccinators

Set up system for daily stipends for human resources for health; engage financial staff in regions for payments; set up payment system within FHI 360 country office



Build health staff capacity

Support personnel capacity development on vaccine-related topics: service delivery, recording, and mixing and matching vaccines

Recruit surge staff

Address health work force shortages identified within the districts and post openings for technical staff or coordinators



Community Engagement and Demand Generation

Support demand generation for vaccination

Support district health teams to prepare for campaigns and ensure village health teams (VHTs) have resources needed to mobilize within the community

Facilitate community mobilization logistics for demand generation

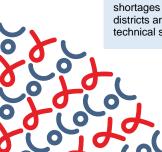


Monitoring, Evaluation, and Learning, and Health Information Systems

Provide technical assistance to Regional-level Emergency Operations Centers, Emergency Operations Centers (EOCs) to ensure functionality, and districtlevel situation rooms for operations and meetings.

Clear data entry backlogs

Hire and pay data entry staff



Activities and Results

POLICY, PLANNING, AND COORDINATION

EpiC, with guidance and in coordination with the MOH, rolled out the Accelerated Mass Vaccination Campaign (AMVC) Round 3 in June—July 2022. The purpose was to rapidly scale up nationwide coverage of COVID-19 vaccination to attain the national target of 70% of the eligible population fully vaccinated by September 30, 2022. EpiC provided technical assistance for district-level microplanning and used information from the microplanning to provide needed supplies and logistics along the supply chain.

SUPPLY CHAIN AND LOGISTICS

EpiC coordinated with regional IPs and District Health Teams (DHTs) to ensure districts had sufficient staff, supplies, and vaccines to ensure successful rollout of planned vaccination campaigns. EpiC provided fuel for transportation of vaccines from district stores to vaccination sites and for district-level vaccination teams and supervisors to monitor vaccination activities across 143 districts in Uganda during AMVC3 and, subsequently, deployed surge staff to manage vaccination activities including data capture, staff payments, and monitoring.

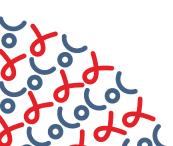
SERVICE DELIVERY

Allowances for Vaccinators, Recorders, and Data Teams

EpiC partnered with Beyonic, an omnichannel digital payments platform managed by MFS Africa, to make real-time payments to vaccinators, recorders, and data teams via mobile money. This facilitated payment of allowances for 62,770 frontline health workers, 86,807 community mobilizers, 2,721 data officers, and 10,175 district and subcounty supervisors. Altogether, Epic piloted a nationwide electronic direct payment system and paid out allowances to 162,473 beneficiaries via mobile money between July and September 2022. Besides payment of allowances to health workers, the process was used to pay vendors for services such as fuel, microplanning meeting allowances and Safari Day Allowance (SDA), hiring training venues, and accommodations.

HUMAN RESOURCES FOR HEALTH CAPACITY BUILDING

EpiC trained 58,653 health care workers on vaccine-related topics including vaccine service delivery, vaccine recording, mixing and matching vaccines, and reporting. EpiC also developed a field manual for health workers on operationalizing integration of COVID-19 vaccines into routine immunization, as well as a microplanning guide for integrating COVID-19 into routine immunization and other primary health services.



Recruit Surge Staff

During vaccination campaigns, EpiC addressed health workforce shortages identified within the districts and posted technical staff or coordinators within the vaccination teams to fill the identified gaps. Surge staff were engaged and embedded with regional IPs to support coordination of vaccination surge activities. EpiC adopted a flexible management structure, including the use of consultants to rapidly deploy and direct support to districts that were in need for short periods.

COMMUNITY ENGAGEMENT AND DEMAND GENERATION

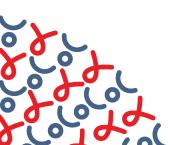
The USAID Uganda Social Behavior Change Activity (SBCA) led by the Johns Hopkins University Center for Communication Programs (JHU CCP) led community engagement and demand generation activities nationally. However, in areas SBCA did not cover or did not have presence, EpiC trained over 80,000 VHTs and paid them an allowance to do house-to-house mobilization and carry out announcements in the communities using megaphones to sensitize the population on the benefits of the vaccine.

After AMVC3, EpiC received guidance from USAID on next steps toward achieving the 70% coverage target. For the soon-to-expire Pfizer doses, the guidance was to mobilize people who received a first dose of Pfizer and those who qualified under the mix-and-match guidelines to get a second dose.

A total of 1,945,787 people were vaccinated between July and September 2022. EpiC activities contributed to this impressive uptake, including airing 78 radio programs on the benefits and safety of COVID-19 vaccination and deploying 79,659 VHTs or community mobilizers to conduct house-to-house mobilization and guide people to vaccination sites during the AMVC3 and the Johnson & Johnson vaccine mop-up campaign in August 2022 in 14 poorly performing districts. The poorly performing subcounties were targeted. EpiC also ran an SMS campaign in September 2022 to remind 1,067,506 beneficiaries to get their second dose and 399,125 beneficiaries to get their booster dose of the Pfizer vaccine.

MONITORING, EVALUATION, AND LEARNING, AND HEALTH INFORMATION SYSTEMS

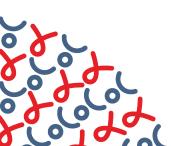
EpiC, in collaboration with MOH, Health Information Systems Program (HISP) Uganda, Shifo Foundation, USAID/Uganda Health Systems Strengthening (UHSS) activity, and the regional IPs, supported the countrywide data backlog clearance September 7–30, 2022. The aim was to support districts to enter aggregate and individual-level vaccination data into the national COVID-19 vaccination data of the MOH reporting system (Epivac). The activity improved the quality of COVID-19 vaccination data through data entry, data cleaning, hands-on mentorship, and supervision. The activity covered 144 districts of Uganda, excluding Kampala District.



Various teams were deployed across the country for the activity, which took 10 to 20 days, depending on the backlog volume per district.

EpiC trained and paid allowances for 153 district biostatisticians, 153 health information management system focal persons, and 2,415 data entry clerks at district level to enter COVID-19 vaccination data into Epivac. Given the elaborate data details needed for COVID-19 vaccination, it was not possible to enter this data at the point of vaccination service delivery. Health care workers were required to report daily aggregate data to MOH, hence a gap arose between the aggregate data and individual data needed to be entered in EpiVac, resulting in a data backlog. As such, Epic trained and paid data entry clerks to enter the individual data records to harmonize it with the aggregate data in EpiVac. This effort reduced the data backlog from over four million records to less than one million. In 42 Epic-focused districts, additional support was provided to reduce the backlog by 307,299 records: from 360,416 in April 2023 to 53,117 in August 2023. This achievement was made possible by providing the logistics required by data clerks to enter COVID-19 vaccinations that had not yet been entered into EpiVac. This included vaccinations given as part of routine immunization during the integrated Child Health Days (ICHDs) in April 2023.

EpiC created two Microsoft Power BI dashboards: one for COVID-19 vaccination coverage and one for COVID-19 vaccination backlog, which improved data visualization and use by the project. The EpiC Uganda Strategic Information team disseminated the dashboards to the MOH and trained five officials in use of Power BI. EpiC, under the guidance of MOH, also developed two COVID-19 standard operating procedures for data management at the district and health facility levels and shared them with the MOH and Uganda National Expanded Program on Immunization (UNEPI) monitoring and evaluation (M&E) team. One was on recording data and reporting COVID-19 aggregate and individual-level data, and the other was on storage, retrieval, and transportation of COVID-19 data management tools.



ADVANCING GLOBAL HEALTH SECURITY PRIORITIES

EpiC's work contributed to the prevention action point of the Global Health Security Agenda. Activities in Uganda supported a functioning national vaccine delivery system for COVID-19 nationwide characterized by:

- Effective vaccine distribution systems that ensured availability of vaccines and other supplies at all vaccination points across the country.
- Effective COVID-19 vaccine access and reach for marginalized populations especially those in geographically remote and hard-to-reach areas.
- Adequate cold chain and ongoing quality control for response to new disease threats.

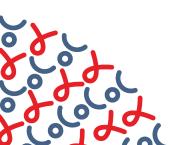
Activities strengthened effective outbreak response for COVID-19 and other vaccine preventable diseases (VPDs) by:

- Improving capacity to conduct high-quality supplementary COVID-19 immunization activities, including development and maintenance of detailed and validated microplans; rigorous selection and training of vaccination teams; and identification and dissolution of barriers to vaccination among older age groups and vulnerable populations.
- Providing access to vaccine stockpiles and ensuring equitable distribution of COVID-19 vaccines.

Future Directions

INTEGRATING COVID-19 VACCINATION INTO ROUTINE IMMUNIZATION

After the third round of the national COVID-19 vaccination campaign (AMVC3), EpiC collaborated with the MOH to develop a plan to integrate COVID-19 vaccination into routine immunization and other primary health care services. The COVID-19 integration plan was developed through a participatory, collaborative, and inclusive process with multiple national and district stakeholders. EpiC collaborated with Uganda National Expanded Program on Immunization (UNEPI) to integrate the COVID-19 vaccine into its routine supervision checklist and subsequently oriented national supervisors on use of the checklist. The project supported the development of a Microplanning Guide for COVID-19 Integration into Routine Immunization and a Field Manual for Health Workers on COVID-19 Vaccine Management and Administration.



EpiC also supported the MOH-Risk Communication Pillar to develop a demand generation strategy to support the COVID-19 vaccine integration process. After the plan was adopted by the MOH, EpiC rolled it out in 42 districts by training MOH national and regional master trainers on topics including effective vaccine service delivery methods and microplanning with special emphasis on mixing and matching vaccines, recording and reporting vaccine doses administered, and mobilizing the community to take up COVID-19 vaccination. Target audiences for the trainings were District Health Teams (DHTs), Regional Integrated Disease Surveillance and Response (IDSR) task force and Expanded Program on Immunization (EPI) Focal Persons and in-charges from high-volume health facilities.



A supervisor from the MOH trains the Kamuli District Leadership and District Health Team on the COVID-19 integration plan. Photo by EpiC Uganda.

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