



EpiC and strategic partners boost countrywide COVID-19 vaccination in Uganda

The Ugandan government's COVID-19 vaccination plan envisaged the Ministry of Health (MoH) working together with national institutions, local governments, development partners, implementing partners (IPs), and other key strategic stakeholders to deliver vaccination services. The nature of the response required building solid partnerships and collaborations quickly.

From May 2022, Meeting Targets and Maintaining Epidemic Control (EpiC) Uganda worked closely and collaborated with the MoH/Uganda National Expanded Program on Immunization (UNEPI), and 13 regional IPs to deliver timely vaccinations to millions of Ugandans across the country. EpiC is a five-year global project funded by the U.S. Agency for International Development (USAID). EpiC receives COVID-19 funding to prevent, prepare for, respond to and bolster health systems to address COVID-19 and reduce cases of re-emergence.

During the third round of the national Accelerated Mass Vaccination Campaign (AMVC), EpiC worked closely with the Ugandan government, IPs, and key stakeholders to fill

gaps around planning and coordination, vaccine service delivery, data management, human resources, and last mile vaccine delivery. EpiC facilitated engagement of health care workers, village health teams (VHTs), and surge staff to ensure equitable and widespread vaccination coverage in all regions of Uganda based on need.

To smoothen its work and ensure its quick countrywide reach, EpiC collaborated with implementing partners of MoH, USAID, the U.S. Centers of Disease Control and Prevention (CDC), the U.S. Department of Defense (DOD) in Uganda, and other strategic stakeholders. The country was divided up into 13 regions, with each IP responsible for covering a number of districts in the region.

The following were the implementing partners that EpiC worked with:

Regional Health Integration to Enhance Services in East Central Uganda Activity (RHITES-EC) covering 12 districts

RHITES in Eastern Uganda (RHITES-East) covering six districts of Bukedi region and nine districts of Bugishu region



Health workers on Bussi Island in Wakiso District on a boat ride going for vaccination activities in September 2022.



RHITES Northern Uganda (RHITES-N), Acholi covering eight districts of Acholi sub-region

RHITES Northern Uganda (RHITES-N), Lango covering nine districts of Lango sub-region

RHITES in South-West Uganda (RHITES-SW) Ankole covering 15 districts

Doctors with Africa (CUAMM) covering the nine districts of Karamoja region

Baylor College of Medicine Children’s Foundation – Uganda covering eight districts of Bunyoro region and nine districts of Tooro region

Rakai Health Sciences Program (RHSP) covering 12 districts of South-Central Uganda

Benefits of working with IPs

Partnership and collaboration emerged as some of the defining approaches of the COVID-19 pandemic emergency response and grew to become essential for COVID-19 vaccination. EpiC Uganda positively benefitted from partnership and collaboration with IPs as follows:

- EpiC was able to leverage the long-term presence of partners in the districts preceding the COVID-19 pandemic. This enabled timely involvement of the district



An elderly woman getting a COVID-19 jab at her home during AMVC Round 3 in June 2022.

Infectious Diseases Institute (IDI) covering Wakiso District and the 12 districts of West Nile region

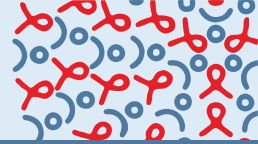
The AIDS Support Organization (TASO) covering the 10 districts of Teso region

Makerere University Walter Reed Project (MUWRP) funded by DOD, covering four districts of North Central Uganda

Mildmay Uganda covering eight districts of North-Central Uganda

health teams and community health volunteers in planning and implementing AMVC Round 3 activities.

- EpiC relied on the trust and infrastructure (e.g., pre-qualified suppliers) the IPs had built over time with different service providers to ensure timely delivery of supplies and services. The service providers included hotels, transporters, fuel stations, radio stations, etc.
- The partnerships and collaborations created an ample environment for the swift deployment of personnel



(surge teams) to start work in real time. EpiC leveraged the surge capacity of IPs.

The partnership period

The MOUs with the 13 IPs were in effect from June 10, 2022, until September 30, 2022. During this period, EpiC worked with the IPs in the following ways:

- The IPs introduced EpiC to the districts and opened the doors for engagement with the district leaders and other stakeholders.
- EpiC worked together with the IPs to support dis-



A micro planning meeting in Bundibugyo District during AMVC Round 3 in June 2022.

tricts in the development of district micro plans. The IPs and UNEPI organized the regional micro planning meetings with EpiC's technical backstops.

- EpiC worked with IPs to identify readily available service providers from the latter's pool of pre-qualified vendors which enabled the provision of goods and services for the campaign at short notice.
- EpiC and the IPs jointly monitored campaign implementation through physical meetings in the districts and virtual daily feedback meetings. EpiC and IPs were able to monitor implementation of the campaign to ensure quality

assurance through physical meetings and daily feedback meetings in the situation room from 6:00 pm to 8:00 pm.

- Challenges and bottlenecks identified during the feedback meetings would be picked by EpiC and get addressed in a timely manner.
- EpiC and IPs worked together to identify vaccination data management challenges. Together, they planned data backlog clearance, and some IPs continued to support districts using EpiC's approach.
- A number of IPs used their own resources to support vaccine distribution, last mile delivery, and demand

creation.

- The IPs helped EpiC to follow up payments of health care workers' allowances and to identify unpaid individuals with queries. The IPs distributed the proofs of payment to the affected health care workers to respond to any queries.
- Through this partnership with IPs, EpiC supported delivery of vaccines to 688,241 vaccination posts. Altogether, 2,018,406 (first dose), 763,435 (second dose), and 406,552 (booster dose) vaccine doses were administered. As a result, full vaccination coverage increased from 51% to 59%.



- EpiC met with IPs individually on a monthly basis either physically and/or virtually to discuss priority areas of collaboration and review progress in the implementation of the MOU, share data, identify any challenges and successes, and document best practices.

While noting that there were a few challenges regarding delayed payments and slow procurement, Dr. Denis Ogwang, Program Manager, Doctors with Africa CUAMM

said: *“It has been a fairly good opportunity to collaborate with EpiC. Despite the challenges, which we managed to address with EpiC, it has been good.”* He added: *“Especially the last activity of data backlog clearance went well.”*

Besides the 13 IPs, EpiC also collaborated with other strategic partners including the Uganda Health System Strengthening Project (UHSS), led by Palladium, Inc., the Maternal Child Health and Nutrition (MCHN), led by FHI 360, district/city health teams, and district/city local authorities.

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