The limited financial resources available to health facilities for community engagement can be harnessed to identify and reach zero dose children within the most underserved catchment communities if deployed optimally through data driven targeting.

**Title:** A review of the cost of identifying and reaching zero-dose children in vulnerable communities against existing health facility budgets: A case study in 140 health facilities across 14 districts in Uganda

**Introduction**
- In January 2019, a CHAI supported assessment revealed that limited data driven identification and targeting of communities with low immunisation uptake was one of the key drivers of zero-dose (ZD) children.
- This was coupled with health workers’ concerns of limited health budgets to reach communities with specific needs.
- This abstract provides a description of a set of interventions and related direct costs conducted by the Ministry of Health Immunisation program in collaboration with CHAI between September 2020 and March 2022 demonstrating optimal identification and reach of ZD children.

**Objectives:** To evaluate the resources available to health facilities against the cost of identifying zero dose children using data driven community engagement approaches.

**Methodology**
- An operational study design was used
- 140 health facilities across 10 districts were oriented on how to use data from health facility child registers to identify the catchment villages reporting the lowest yield of children immunised compared to their estimated catchment populations.
- On a quarterly basis the health facilities were supported to invite and dialogue with identified underserved villages leadership structures (Chairpersons, VHTs and cultural/religious leaders) on root causes and possible solutions
- This information would then be used to target outreaches, sensitization sessions as well as improve static immunisation services provision.
- The engaged leaders were also routinely empowered with the right vaccination information to pass onto their communities utilizing their varied platforms.
- The District Health Teams were also supported to conduct quarterly supportive supervision based on findings presented at respective health facility quarterly data review meetings.
- Additionally, the direct costs incurred to execute the above-mentioned interventions were tracked and compared to all resources available to health facilities for community engagement.

**Conclusion and recommendations**
- The limited financial resources available to health facilities for community engagement can be harnessed to identify and reach zero dose children within the most underserved catchment communities if deployed optimally through data driven targeting. Resources available include PHC, RBF and HSS.
- Health workers’ capacity building is needed to institutionalize child register-data utilization to inform decision making on deployment of the limited resources.

Luwaga Fredrick1, Kabunga N L2, Namutebi M S2, Luyizimye S2
Affiliation: Clinton Health Access Initiative