

# 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.

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

## Methodology

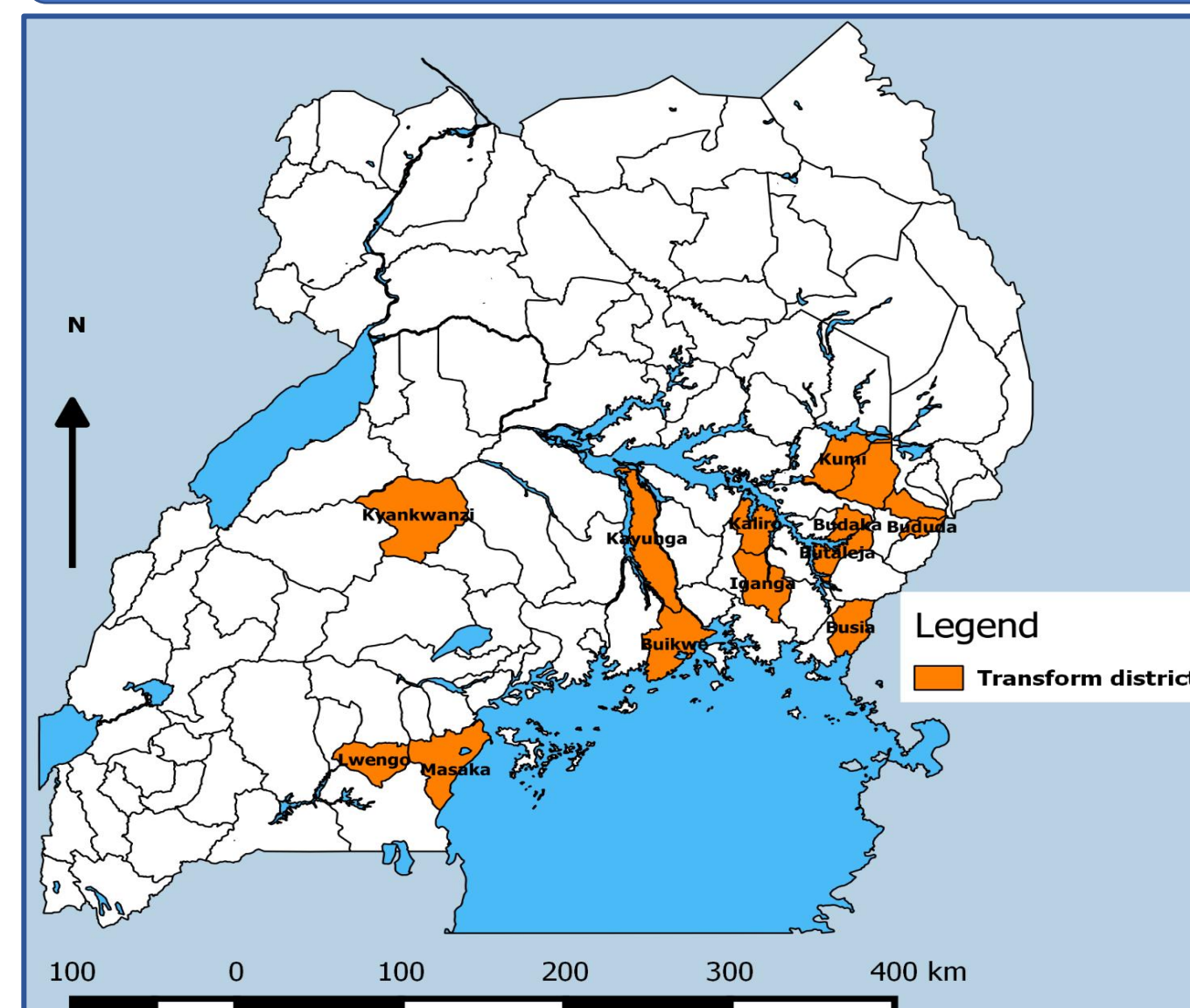
- An operational study design was used
- 140 health facilities across 10 districts were oriented on how to use data from health facility child registers to identify the catchment villages reporting the lowest yield of children immunised compared to their estimated catchment populations.
- On a quarterly 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

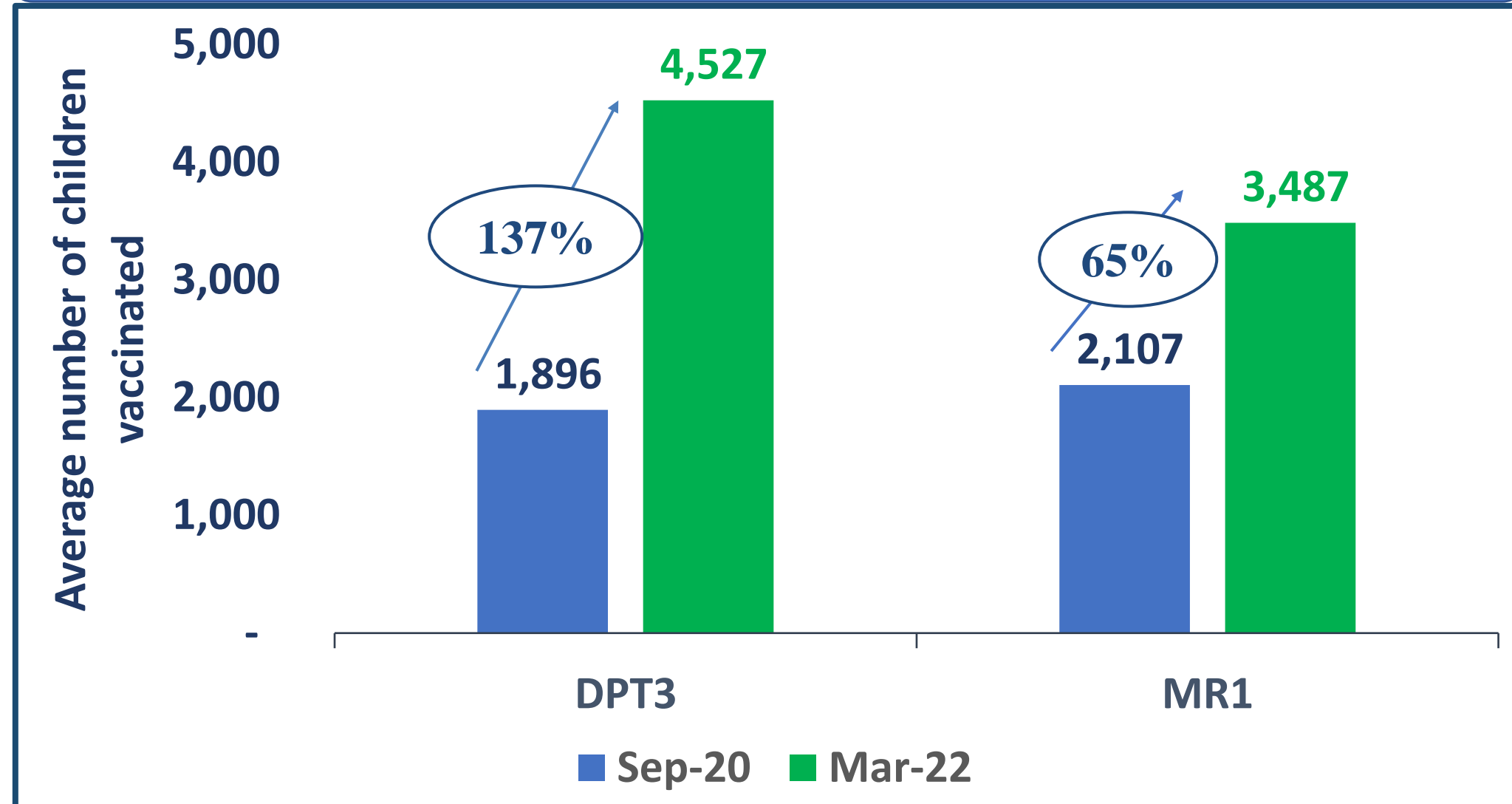
- The limited financial resources available to health facilities for community engagement can be harnessed to identify and reach zero dose children within the most underserved catchment communities if deployed optimally through data driven targeting. Resources available include PHC, RBF and HSS.
- Health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

## Findings

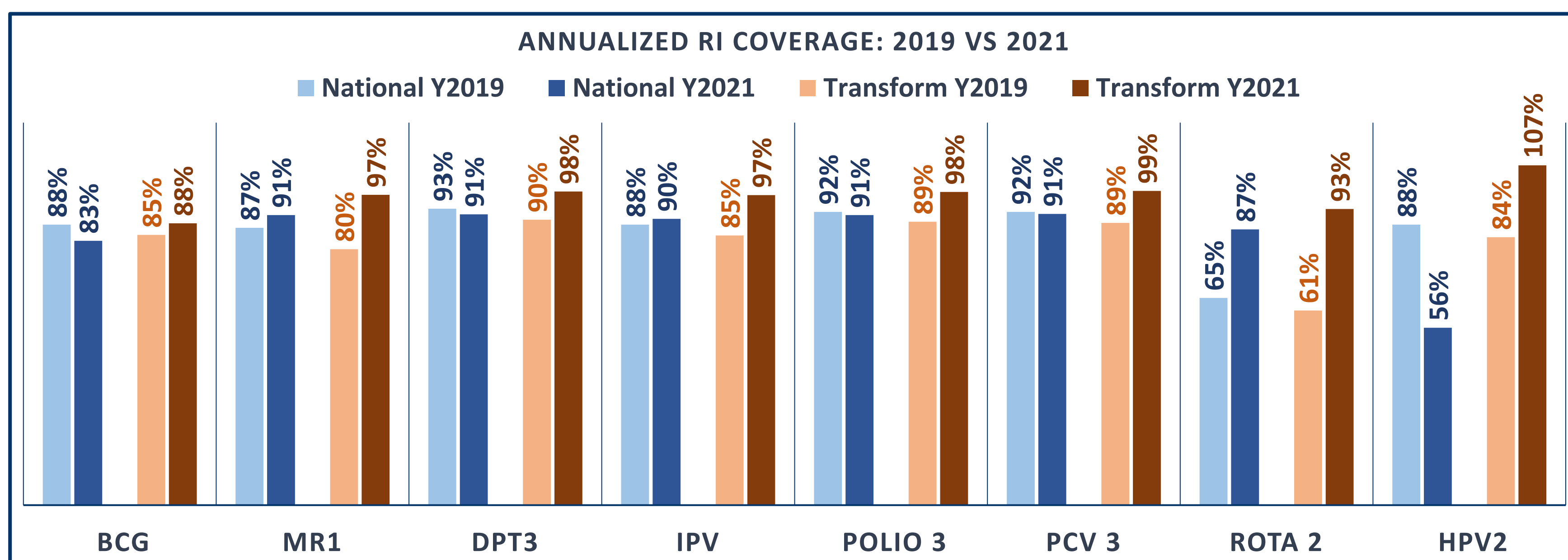
### Study 14 districts



### Tracer vaccines uptake improvement in 1,400 underserved villages across 140 health facilities in 14 districts

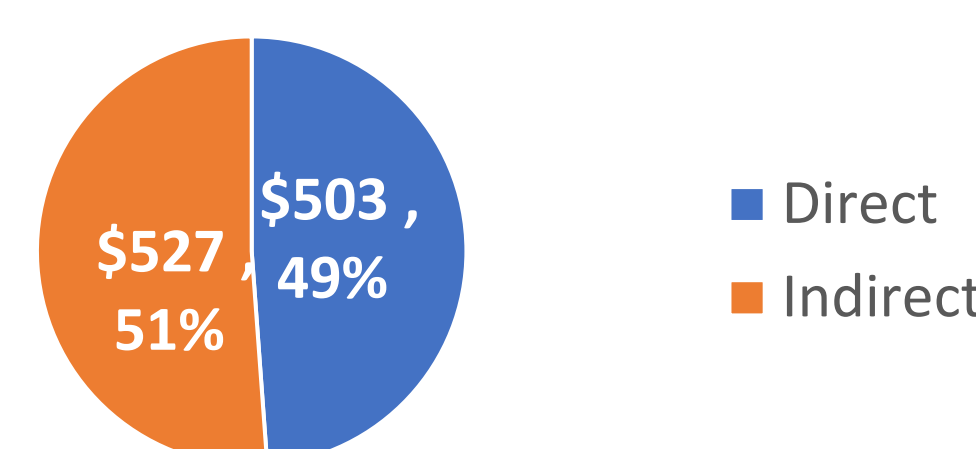


### Comparison of coverage changes between districts hosting intervention health facilities (Transform) and the rest of the country (2019 Vs 2021)



### Costs incurred by CHAI to test these high-impact interventions

Breakdown of the quarterly cost for an individual HF by cost category



- The quarterly cost of tested intervention per Health Facility is \$1,029 with direct implementation costs accounting for 49% (\$ 503)

- The direct costs covered community engagement meetings data driven outreaches, data review meetings and supportive supervision

### Available funding for community engagement strategies at HC III level

#### Quarterly releases of available funding per HC III (USD)



- The quarterly total funding available for community engagements for a HC III is \$ 522 which is comparable to the \$ 503 used to test the high-impact interventions

- This is mainly from the PHC and RBF funding envelopes and does not even factor in Gavi HSS that most immunizing facilities get.

**Limitation:** limited review of the opportunity cost of redirecting all PHC and RBF allocations to immunizations versus other health program areas

