



BRIDGING ACCESS AND TRUST: A COMMUNITY-DRIVEN STRATEGY TO STRENGTHEN ROTAVIRUS VACCINE UPTAKE IN REFUGEE-HOSTING DISTRICTS OF SOUTH WESTERN UGANDA

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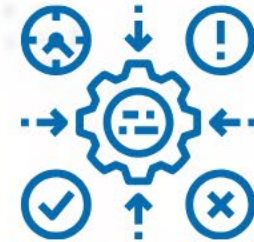
BACKGROUND AND CONTEXT

National Rollout of Rotavirus Vaccine:

Despite national vaccination efforts, gaps in rotavirus vaccine coverage remain in rural and refugee-hosting districts of Uganda.

Challenges:

- Overstretched health systems.
- Fragile caregiver trust in immunization services.
- Conventional strategies fail to reach last-mile communities, especially in informal refugee settlements.



Need for Community-Driven Solutions:

- The study aims to empower local actors to improve access, bridge the trust gap, and reduce rotavirus-related morbidity

RESEARCH OBJECTIVE

Primary Objective:

To test the effectiveness of a community-driven vaccine implementation strategy to strengthen rotavirus vaccine uptake in refugee-hosting districts.



Key Strategies:

- Training Village Health Teams (VHTs) for door-to-door vaccine sensitization.
- Community Dialogues with elders and refugee leaders.
- Mobile Vaccination Teams accompanying VHTs for real-time vaccine delivery.



METHODS - STUDY DESIGN



Type of Study:

Mixed-methods intervention study (January - June 2024).



Location:

Three refugee-hosting subcounties in Isingiro District, South Western Uganda.



Participants:

- Household surveys (n=417).
- Interviews with caregivers and frontline workers.
- Routine immunization records.



Data Analysis:

- Pre- and post-intervention analysis.
- Quantitative: Chi-square analysis for vaccine coverage.
- Qualitative: Thematic analysis of interviews and feedback.

INTERVENTION STRATEGY

Village Health Teams (VHTs):

Trained and equipped to deliver door-to-door sensitization and education about rotavirus vaccination.

Community Dialogues:

Engaged community elders and refugee leaders in culturally tailored health discussions to address misinformation and build trust.

Mobile Vaccination Teams:

Deployed alongside VHTs to ensure real-time vaccine delivery and follow-up for scheduled doses.

RESULTS - VACCINE COVERAGE

Pre-Intervention Vaccine Coverage:

64.3% of children received all scheduled doses.



Post-Intervention Vaccine Coverage:

89.6% of children received all scheduled doses
($p < 0.001$).

Impact:

The community-driven approach led to a significant increase in vaccine uptake across the study areas.

RESULTS - ENGAGEMENT AND TRUST



Caregiver Engagement:

Children whose caregivers engaged with VHTs were 2.8 times more likely to receive all scheduled doses (95% CI: 1.9-4.0).

Community Dialogues:

Dialogues with community elders and refugee leaders fostered trust, addressed misinformation, and normalized timely vaccination.

Health Workers' Observations:

- Reduced missed opportunities for vaccination.
- Stronger follow-up adherence due to community ownership.

RESULTS - QUALITATIVE FEEDBACK



Positive Feedback from Caregivers

Improved understanding of vaccine benefits.
Increased willingness to vaccinate children.



Health Workers' Insights

Stronger community engagement.
Enhanced credibility of the vaccination process.



Visible Community Ownership

The program was perceived as a community-led effort, enhancing trust and the likelihood of continued engagement.

IMPLICATIONS AND RECOMMENDATIONS

Recommendation



Successful Model for Rural and Refugee-Hosting Areas:

The intervention demonstrates that community-driven strategies are highly effective in improving vaccine uptake in fragile settings.

Potential for Scaling Up:

Expand the model to other refugee-hosting districts in Uganda and similar settings in other countries.

Sustainability:

Continuous engagement with local leaders and health workers ensures long-term community involvement and sustainability of vaccination programs.

CONCLUSIONS



Empowering Local Communities is Essential

The success of this intervention underscores the importance of community ownership in public health initiatives, particularly in fragile settings like refugee-hosting areas.



A Tailored, Culturally Relevant Approach Drives Success

Culturally tailored health dialogues and local leadership involvement helped bridge the trust gap and combat misinformation about vaccines.



Improved Vaccine Coverage Through Community Engagement

The study shows that when caregivers are engaged by trusted local actors, they are more likely to follow through with vaccination schedules, leading to significant improvements in coverage.

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Thank You

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