Barriers to Reaching the Zero-Dose and Under Immunised Children in Uganda

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Introduction

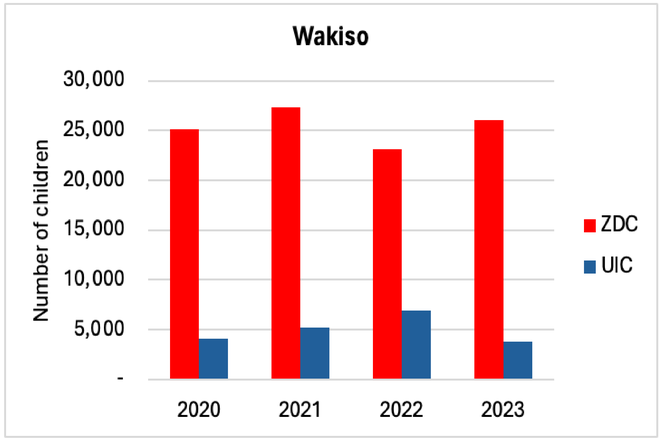
Great strides have been made in improving immunisation coverage in Uganda. Despite this, many children continue to miss out on the lifesaving vaccinations, as shown by the high numbers of zero-dose (ZD) and under immunised (UI) children. Reaching ZD and UI is critical in preventing vaccine preventable diseases. We set out to explore and understand the barriers to reaching ZD and UI children in Uganda, with a specific focus on three districts of Wakiso, Mubende and Kasese.

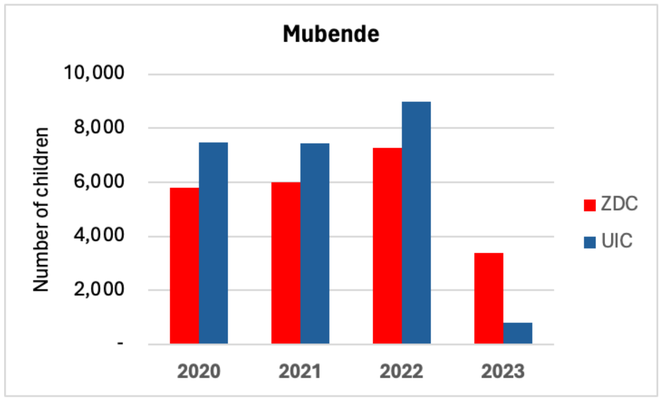
Methods

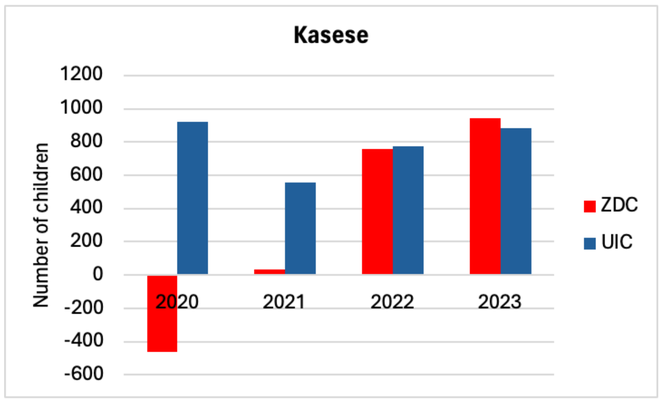
We conducted key informant interviews (KIIs) and in-depth interviews (IDIs) with caregivers (n=37), health workers (n=9), district health team members (n=15), village health team members (n=9) and local leaders (n=6). The study was conducted in three districts of Kasese, Mubende and Wakiso in Uganda. The three districts are ranked highest in the country, in relation to the burden of ZD and UI children. The districts are host to equity-challenged communities, also known as equity reference groups, who include refugees, nomadic pastoralists, fishing villages, islands, mountainous areas, urban areas, conflict-prone and religious sects opposed to vaccination. Transcripts from KIIs and IDIs were analysed using a coding scheme developed from pre-defined topics and themes emerging from the data.

Results

Numerous barriers across the districts and amongst different equity reference groups were identified. Encumbered access to immunisation sites posed the greatest barrier to caregivers residing in urban, mountainous and island communities. These challenges included limited physical reach to immunisation service sites due to long distances often on poor roads, and difficult terrain (mountainous, impassable roads). Infrequent and brief static and outreach sessions left many caregivers with no services given. Moreover, there were deficiencies in the service quality such as long waiting hours, hidden immunisation costs and poor health worker attitudes towards caregivers.







Consequently, many mothers sought delivery services from Traditional Birth Attendants (TBA) who could not refer them for immunisation services, owing to the fact that TBAs were banned by the government. Caregiver attitudes and beliefs also affected their motivation to take their children due to several myths and misconceptions about immunisation and fear of adverse events following immunisation.

Additionally, some caregivers reported being discriminated against at vaccination sites, affecting their motivation to take up immunisation. Gender-related issues also affected their motivation as many caregivers reported lacking spousal support for immunisation. Providers attributed the high burden of ZDC children to limited awareness about the immunisation schedule and data challenges due to lack of data capture systems to effectively identify, reach and monitor ZD and UI children leading to unreliable estimates.

"Sometimes you may go [to a health facility] at 8.00am and return at 5.00pm. The line can be very long like from here up to down that side. At times, you have to go back home without receiving a vaccine because the health worker has said she is tired. You will have to come back another day" - Caregiver, In-depth Interview Participant, Mubende.

Conclusions

The main barriers to ZD and UI children in mountainous, island and hard-to-reach areas are limited physical access to immunisation services and limited awareness about immunisation. Context specific tailored interventions need to be designed for each equity reference group given the unique barriers they face. These results can inform decision-makers to improve vaccine delivery in special area groups.

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