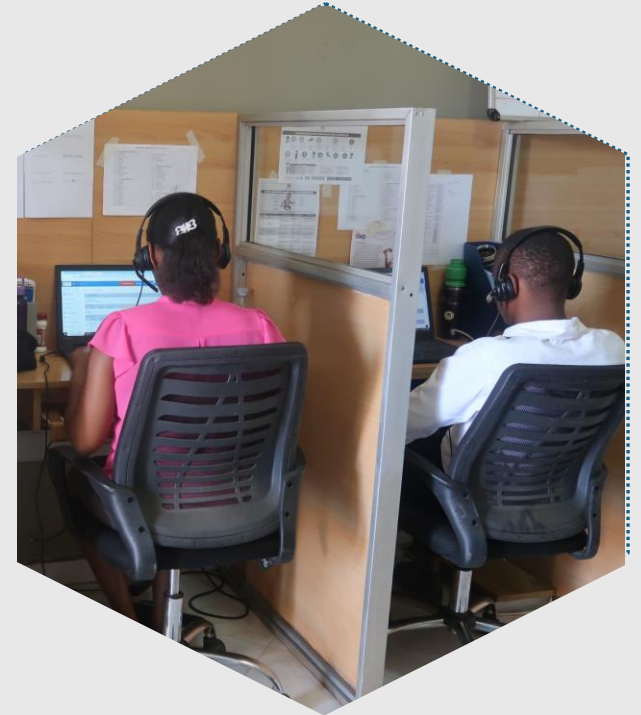


June 2026

Closing the Dropout Gap in Uganda

Using data, a strategic partnership, and social mobilization to strengthen malaria vaccine coverage

PATH.org article: [Helping caregivers stay on track to protect children from malaria](#)



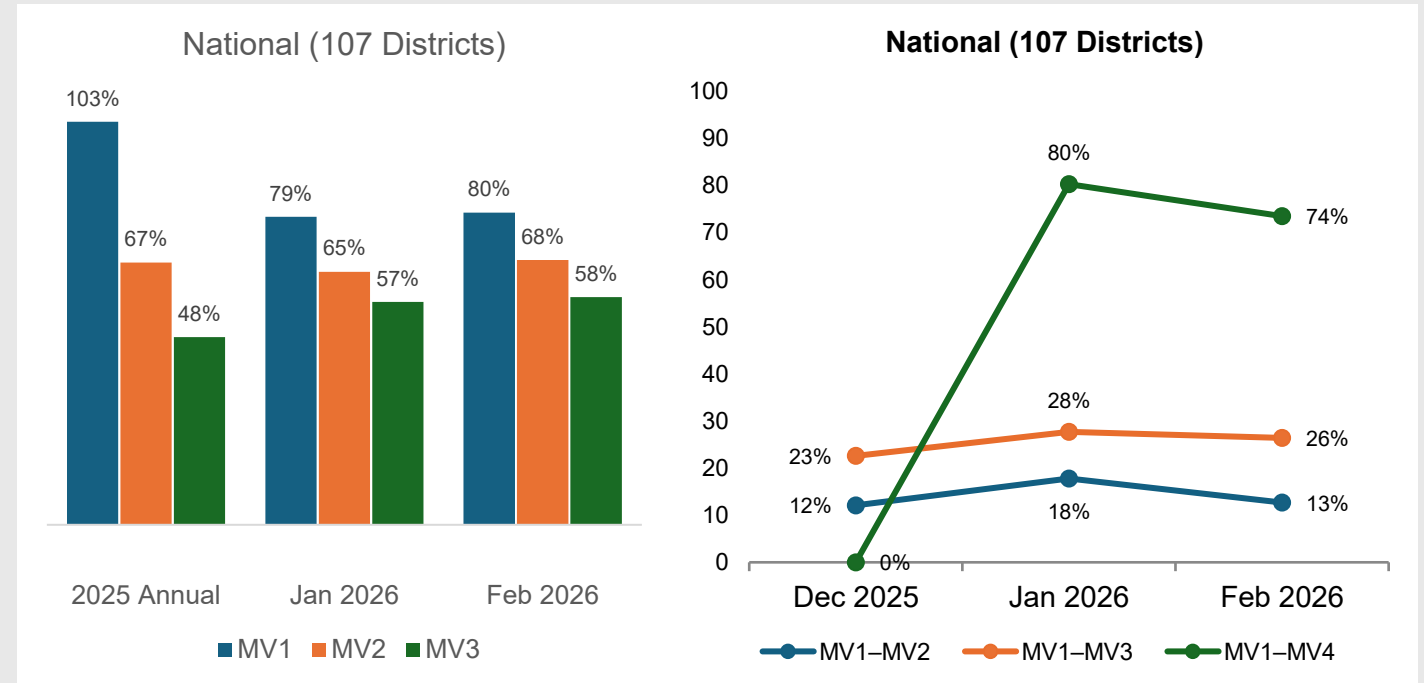
Overview

- In one of the largest malaria vaccine programs, Uganda rolled out this life-saving intervention to roughly 70% of the country's 146 districts in April 2025—a significant government commitment and logistical achievement.
- Four doses of the vaccine significantly reduce the risk of severe illness and death among children under five. However, completion of the full schedule remains a challenge.
- To help address the issue, PATH is collaborating with a Ugandan NGO on a **call center** that is known for its services in other health areas.
- The initiative demonstrates ways in which data-driven communication and social mobilization—combined with trusted local partners—can help boost vaccination rates.

The issue

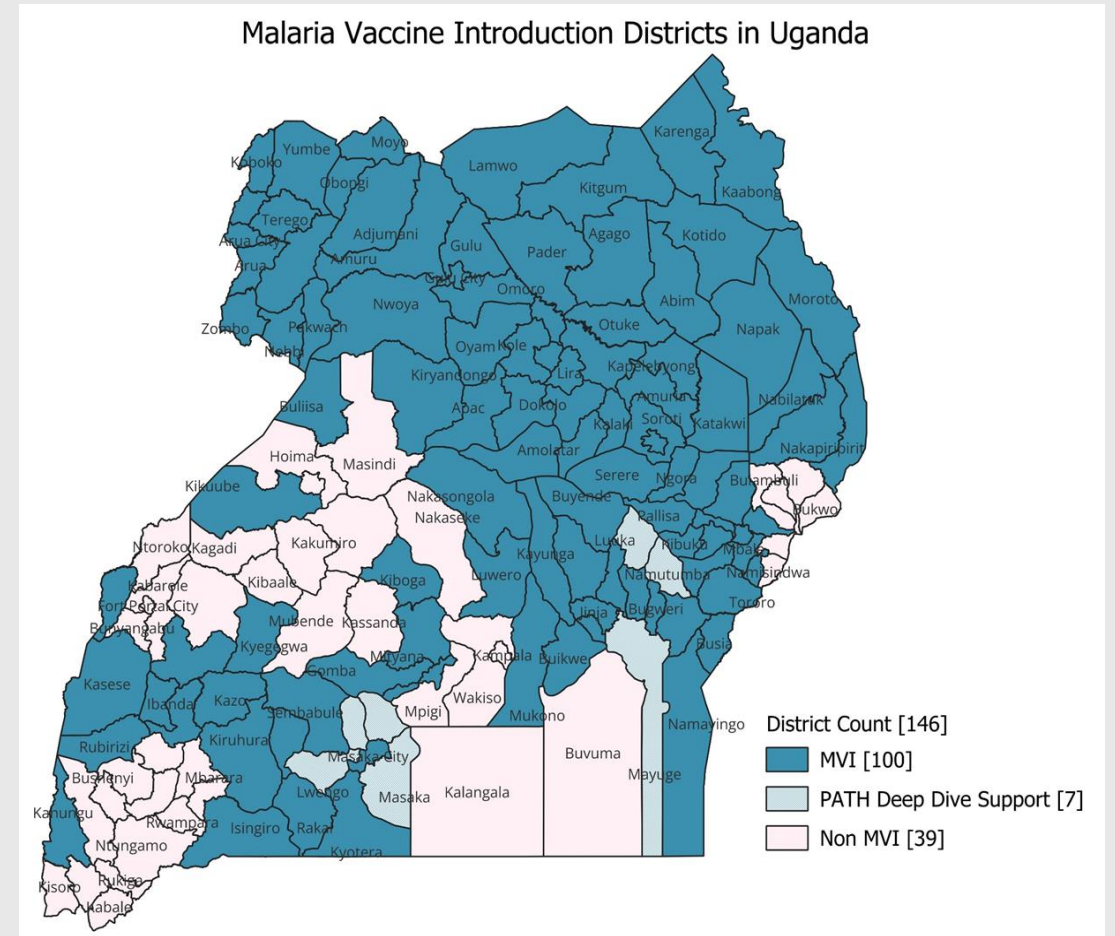
Sustaining uptake and reducing dropout after the first dose

- Roughly one year after introduction, malaria vaccine implementation faced high dropout rates across districts.
- By Feb 2026:
 - National dose 3 coverage was 58%.
 - Dropout rate for doses 1 to 2 was 23%.
 - Dropout rate for doses 1 to 3 was 53%.
- Targeted communication, social mobilization, and other strategies are needed to address gaps, including:
 - Caregivers' varying understanding of the vaccine schedule
 - Lack of reminders of when to return for subsequent doses
 - Tracking and following up with children who missed doses



PATH's technical assistance approach

- PATH's technical assistance to the Ministry of Health has focused on strategies to improve uptake of the four-dose schedule.
- The broad strategy includes deep-dive support in seven districts:
 - Eastern: Namutumba, Mayuge, Kaliro
 - South Central: Lwengo, Bukomansimbi, Masaka, Kalungu
- Focused technical assistance includes communication and social mobilization, data strengthening, and sharpening health worker interpersonal communication.
- Using data to identify gaps and monitor progress, scalable interventions are developed to increase vaccine coverage that reflect local contexts and use existing structures. Lessons are then documented and applied in other areas.



Key partnership focuses on social and behavior change

Providing reminders to caregivers and following up with children who missed doses

- For more than a decade, Communication for Development Foundation Uganda (CDFU) has run a call center that handles hundreds of calls a day to provide information, counseling, and referrals on a variety of health services.
- PATH is collaborating with CDFU on an initiative to include malaria vaccine services within the call center.
- Call-in and call-out services allow parents and other caregivers to:
 - ✓ **Call a toll-free number for information about the malaria vaccine**
 - ✓ **Make informed decisions**
 - ✓ **Receive referrals to vaccination services**
 - ✓ **Get reminder calls about subsequent doses**
 - ✓ **Respond to calls about satisfaction with referral services**

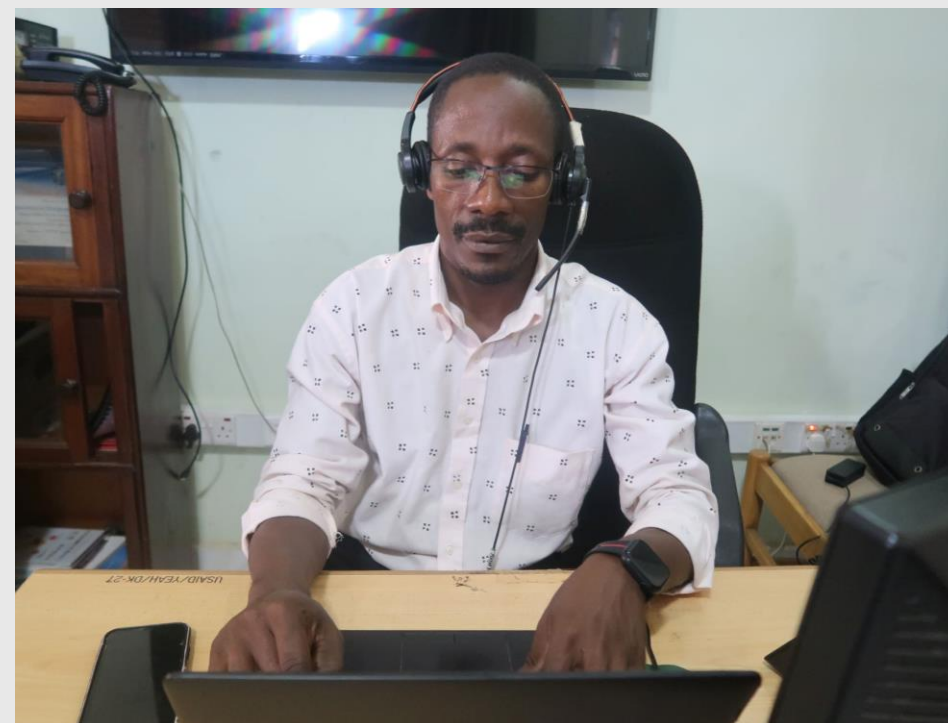


Photo: Ssekinkuse Julius, CDFU's call center coordinator, responds to a call.
Credit: PATH/Joseph Waninda.

How the call center works for malaria vaccines

PATH and CDFU, in collaboration with the MOH, began piloting the initiative in four districts of Uganda's South Central region in late 2025. Activities include working with facility staff and village health teams (VHTs) to collect names on a digital tool, set up reminder calls and an information hotline, reach out to caregivers of eligible children, and monitor feedback.

Field deployment

- Call center agents work with health facility staff, and village health workers (VHTs) to collect phone numbers of consenting caregivers.
- Field officers upload the details to a digital data collection tool (KoboCollect).

Reminder calls

- Agents make outbound calls to remind caregivers about their child's next malaria vaccine visit.
- Agents collaborate with VHTs to locate caregivers with missing contact details.

Information hotline

- Caregivers seeking information or who have concerns about the malaria vaccine can call a toll-free line.
- Agents answer questions and refer callers to vaccination services.

Individual outreach

- VHTs track children who have missed doses and link them to the health facility.
- Call center agents work with health workers, PATH, and VHTs to follow up with children who have been referred to vaccination centers.

Feedback monitoring

- Throughout the process, call center agents and VHTs gather caregiver feedback to record common reasons for missed doses.
- Understanding these reasons helps inform potential solutions.

Fine-tuning the initiative

- PATH's technical assistance includes the following:
 - ✓ Training call center agents on use of malaria vaccine information and messages for conversations with caregivers.
 - ✓ Streamlining data collection with KoboCollect to register children due for malaria vaccine doses, including those who have missed doses.
 - ✓ Strengthening the monitoring, evaluation, and learning (MEL) component of the initiative.
 - ✓ Developing a framework to track indicators such as calls in and out, number of children listed, and caregiver feedback.
 - ✓ Encouraging EPI focal points to explore alternative means (Local Council, VHTs) to register contacts where caregiver phone numbers are unavailable.
 - ✓ Holding bi-weekly check-ins with CDFU to review feedback and issues raised by callers.



Training of CDFU call center agents on malaria vaccine and messaging.
Credit: CDFU.

Snapshot of call center performance

Between October 2025 and February 2026...

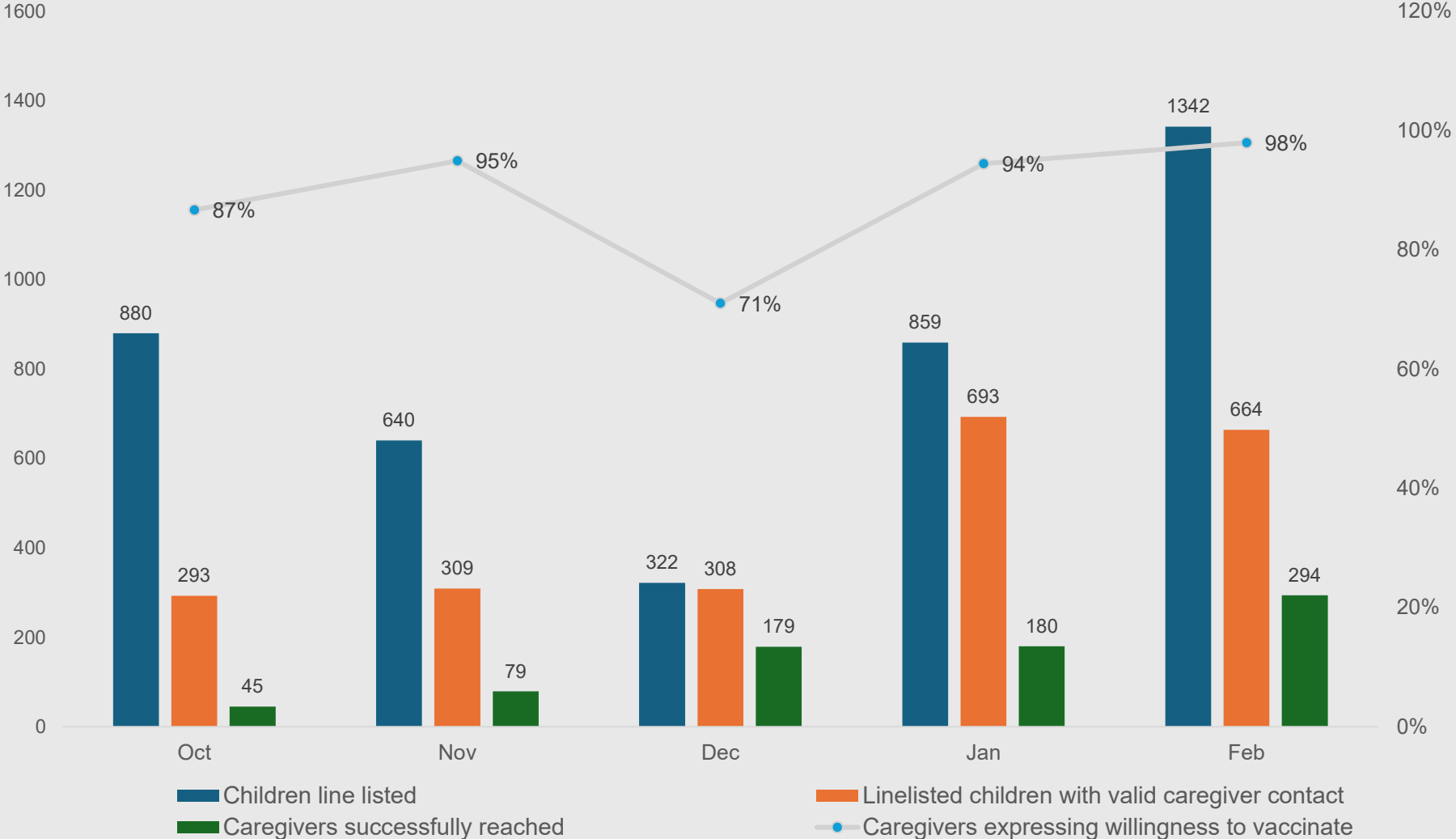
- The call center team **listed more than 4,000 children**, including those eligible for the malaria vaccine, those on schedule with their doses, and those who had missed doses.
- The team conducted **100 visits** across selected health facilities.
- **Close to 60%** of the 4,000 children had a valid caregiver contact recorded.
- **Close to 800** outbound calls were successfully made to caregivers.
- **More than 160** of the 800 calls required follow up.
- **Roughly 90% percent** of caregivers reached expressed willingness to vaccinate their children following counselling and reminder calls by call center operators.



PATH holds an engagement workshop on the malaria vaccine with religious leaders in Uganda's South-central region, Lwengo district, in March 2026. The Chief Administrative Officer is shown speaking to religious leaders. Credit: PATH/Joseph Waninda.

Snapshot of call center performance

Monthly progress across call center KPIs



- CDFU field officers conducted 100 of a targeted 300 health facility visits between October 2025 and February 2026.
- Until March 2026, there was only one CDFU officer on the ground, which limited the number of facilities reached and the number of children line-listed. Other field officers are being brought on.
- Call center efficiency has improved, with the number of caregivers successfully reached increasing steadily.

Reactions from caregivers and community members

Caregivers and community members have expressed appreciation for reminder calls.

Caregivers reported that the calls were helpful and reassuring.

Some sought clarification and additional information about the malaria vaccine, other malaria prevention methods, and other routine vaccines such as measles and yellow fever.

One family had moved from the district of Kalungu to Gomba, 27 miles away. The mother expressed appreciation for information that enabled her to complete her child's vaccination after relocating.

"This is a good way of reminding us to take back our children for vaccination. I forgot to take [my son] on his return date on 6th November, and when you called me, I promised to take him on the 13th but forgot again. I later took him on 19th November." – Namugerwa, a mother from Kalungu District, Uganda.

Reactions from caregivers and community members

Call center outreach also includes men.

“This kind of follow-up is very much appreciated, especially involving us men...Your efforts and time to reach out to us just to remind us to take back our children for immunization is good.” – A father from Lwengo District, Uganda.

A 23-year-old Lwengo woman was first contacted Dec. 8, 2025. Her child was to receive a second malaria vaccine dose on Dec. 12, but she was afraid to return for the scheduled visit. During a follow-up call, she confirmed that she had taken the child back on Jan. 6, 2026.

“When you [first] called me, I thought my husband had put one of his sisters to trick me and see if I take our child for immunization, because he doesn't want him to be immunized,” the mother said. “I am so happy that at least you are here to encourage me to keep up with my child's vaccination schedule. I would like you to talk to my husband on this.”

Challenges and responses

Challenges

- Incomplete or inaccurate information in child registers has made it difficult to correctly identify children who are missing doses and require follow-up.
- In addition, a significant number of parents and caregivers lack telephone contacts in health facility registers. In some cases, the recorded contacts are invalid or represent shared numbers that do not connect directly to the primary caregiver.

Responses

- Alternative channels, such as village health teams, will be used to acquire contacts for caregivers. Among caregivers contacted, willingness to vaccinate remains consistently high.
- Health facility records will be checked to confirm vaccinations were administered to children whose families were contacted, especially children whose families indicated a high willingness to vaccinate.
- To track overall progress, PATH and CDFU will develop a simple tool to validate the number of caregivers who took their children for immunization following the call center intervention.

Challenges and responses

- PATH will continue to guide strategies based on qualitative data on uptake of the four-dose schedule and caregiver attitudes. Key questions include the following:
 - What are knowledge and attitudes about the four-dose schedule?
 - What motivates those who return for follow-up doses?
 - What barriers are hindering those who do not return?
- PATH and CDFU are working closely to address early challenges and refine processes.



John Bawa, PATH's Global Technical Director, Malaria Vaccine, with the CDFU call center team and PATH Uganda team at the CDFU Offices. Photo Credit: CDFU

Conclusion

- Proactive reminders and individualized outreach can help boost uptake of malaria vaccines and encourage completion of the four-dose schedule.
- Coordination with VHTs and health facilities has enabled partners to track children who have missed doses and to follow up with caregivers individually.
- This approach is scalable and could be a model for tracking children with missed appointments in other districts of Uganda.



Photo: Agents at CDFU's call center respond to queries and conduct outbound calls.
Photo: PATH/Joseph Waninda.

PATH

