

ESA RWG on Immunization

Key takeaways of the Deep Dive Session on BCU Monitoring in Tanzania, October 30th, 2024.



In the Eastern and Southern Africa (ESA) region, Tanzania ranked sixth out of twenty-one countries in 2021 for having the highest number of zero-dose children, with an estimated 220,000 reported. By 2023, after significant improvements in vaccination coverage, Tanzania's ranking for zero-dose children had improved to eleventh among the twenty-one countries, with approximately 45,000 zero-dose children.



A multipronged approach to monitoring and evaluating BCU activities includes a readiness assessment, adapted administrative health information systems, targeted assessments and real-time monitoring for rapid course correction, and case studies and surveys. To enhance reporting and real-time monitoring in various countries, a DHIS2 BCU module has been created, offering a streamlined and standardized solution for documenting coverage, stock levels, HCW training, and other BCU indicators. Capacity building and training is set to commence in Q1 2025.



The goal of the recovery plan in Tanzania was to restore and maintain national immunization coverage above 95% for all antigens by 2025. An SOP was developed to outline the catch-up schedule for children aged 1 to 5 years for various vaccines, including Pentavalent, OPV, IPV, PCV, MR, and Rota. Tools were created to identify and register zero-dose children at health facilities and community levels. Initially, Google Sheets collected data and reported it to the Vaccine Immunization Management System (VIMS). This process was later enhanced using specific data platforms like the AFYA campaign data system, which captures information including children aged 24 to 59 months across all district councils. Children were reached through routine immunization activities, revitalized mobile outreach services, periodic intensification of routine immunization (PIRI) conducted quarterly (particularly in the 88 councils with the highest number of zero-dose children), and outbreak response initiatives like the MR campaigns integrated with the BCU efforts.



Of the 1,008,738 children aged between 1 and 5 years without vaccinations from 2019 to 2022 (WUENIC 2022 estimates), approximately 967,948 children were reached through intensified outreach and routine vaccination activities by June 2024.



The country team in Tanzania successfully initiated the BCU by utilizing available national resources, including routine vaccine stocks, to fast-track the implementation of the BCU. The team also garnered support from political and technical structures at national, regional, district, and community levels to identify and vaccinate zero-dose children. The BCU policy aimed at reaching targeted age groups further reinforced this initiative of vaccinating missed children. The team streamlined existing partner support and integrated community interventions such as nutritional programs and measles vaccination campaigns with the BCU. Additionally, the team employed innovative local strategies, such as setting up vaccination camps in hard-to-reach areas to improve service delivery.



Challenges included delays in delivering approved vaccine doses from global to country level and integrating data platforms with the routine HMIS for children over 2 years. Competing priorities from other health interventions also hindered progress in reaching zero-dose children. In the future, the country will revise the denominator used to estimate coverage for the BCU with an expected increase in the number of missed children. To optimize resources, the integration of interventions will be reinforced, and outreach services will be strengthened through partner support across the country. Communication and advocacy efforts have begun in areas with poor performance, and Community Health Workers (CHWs) will be deployed to reach those areas with the most challenging access.

Responses to specific questions

Question from the audience	Response from the country team
Beyond 2025, will the DHIS 2 BCU module transform to support routine activities, perhaps as an early warning system, to identify areas with low coverage rates and high numbers of missed children?	The BCU DHIS2 module aims to enhance the monitoring and reporting of catch-up activities. The existing routine immunization module could help with early warning and subnational targeting.
Can you please expand on the data tool Tanzania is using? Is it integrated with the national HMIS?	Data tools were developed for the big catch-up efforts. During micro planning, tools were used by the CHWs and in the health facilities to identify the zero-dose children. The tally sheets for recording vaccinations were developed for the BCU, which differed from those used in routine activity. The Afya campaign system developed enabled vaccinators to collect BCU data during the MR campaigns and PIRIs. This data is then included in the facility-level electronic immunization registers. Efforts are ongoing to integrate data into DHIS-2.
Would the healthcare workers report BCU vaccinations using both BCU tools and the HMIS?	Data is collected using the AFYA campaign platform for BCU activities during PIRIs. In non-PIRI periods, traditional IVD data collection systems are used. Starting in January 2025, BCU data elements will be integrated into the routine data collections and captured in DHIS2.
Given the challenges with admin data and the opportunities with the Afya campaign app being integrated with VIMS - is the data being triangulated (doses) and population as an opportunity to strengthen reporting validity?	Indeed, the polio data resulting from the campaigns conducted in 2022-23 provided one opportunity to triangulate the data.
What are the specific challenges in the districts in the Songwe Region that have yet to achieve high coverage rates? The region has consistently been red over the past four years.	Low outreach services were observed in the Songwe region during the rainy season. Implementing partners have been proposed to support local health teams in improving regional coverage. Recent data suggest improvements.
The BCU gap was caused by the pandemic (diversion of focus and resources). BCU seems data-driven, and the figures presented are from a post-pandemic era. What is being done at a structural level to ensure these gains are not reversed in case of the next pandemic? What did we learn?	We should ensure that routine immunization efforts are protected during the next pandemic and that all (human) resources are not diverted to one specific disease.
What operational definition of ZD did you use?	The definition of zero-dose in Tanzania is children who did not receive DTP1 aged between 1 and 5 years.
Is there a plan to ensure these BCU efforts will become part of the RI system to catch up with ZD / UI children routinely? That is, to move from big catch-up to routine catch-up.	Yes, HCW will be trained to identify older children who have not received any vaccinations. The immunization registry and VIMs will be updated to include these children. Zero-dose children will also be included in eJRF annual reporting, as missed children will include children less than 23 months and older-aged children. Gavi is providing HSS support for ongoing PIRIs/ catch-up efforts going forward to continue to 'sweep up' the missed kids.
It would be interesting to know about vaccination uptake in fixed sites. The report gives me a sense that the approach was more of a campaign or PIRI.	Most ZD children were vaccinated through PIRI during outreach, though a few were also vaccinated at fixed sites.