KIA12 | COUNTRY LEARNING BRIEF | 22 OCTOBER 2026

Keeping every child in the immunisation journey

Senegal, Benin and Chad | Synthesis for the KLIC community

Estimated reading time: 10 to 12 minutes

THE CENTRAL TAKEAWAY

THREE PRACTICAL CASES

Why are children still being missed? KIA12 brought together three immunisation programmes and members of the KLIC community around practical situations: children who are difficult to identify in Tambacounda, sessions interrupted by floods in Owodé, and follow-up disrupted by transhumance in Chad. [1, 2]

THREE LESSONS THAT MATTER

Identify early and maintain contact

Birth notification, community lists, immunisation registers and tracking of doses due should make it possible to locate each child throughout their immunisation journey.

Services families can use

Routes, seasons, household movements, team availability and vaccines determine whether planned sessions can take place.

Clarify who takes the next step

After a referral, a cancelled session, or a move to another district, responsibility for the next contact and immunisation confirmation must remain clearly defined. [1, 2]

THREE COUNTRY VOICES

COUNTRY AND LOCATION	OBSERVED PROBLEM	ACTION QUESTION
Senegal Tambacounda	Early identification and continuity across doses. January 2025 survey: a coverage gap of 13 percentage points. [2]	How can Tambacounda's dispersed communities organise early identification and follow-up through scheduled doses?
Benin Owodé, Tchaourou	Flooding and dispersed families. As of 30 September 2026: 59 children requiring catch-up vaccination out of a target population of 76. [2]	How can sessions and follow-up be organised to complete catch-up vaccination in Owodé, considering floods and family movements?
Chad Mobile communities	Follow up disrupted by transhumance. Reported a 14.5% loss between referral and vaccination, January to August 2026. [2]	How can children from mobile communities stay in the immunisation journey, from identification through vaccination completion?

WHAT PARTICIPANTS HIGHLIGHTED

MENTIMETER CONSULTATION

During the Mentimeter consultation, participants ranked identifying children and communities highest among the breaks raised. Participants also highlighted contact with families and dose tracking. The most frequently cited barriers included distance, seasonal constraints, insufficiently adapted microplans and population mobility. These trends reflect the responses collected during the session. [1]

We thank Drs. Ousseynou Badiane, Zoulkanéri Alassane, and Djikini Djimornan, and all participants, for their questions, field experience, and candid discussions. Dorothy Leab and Franck Hilaire Bete moderated the session, with facilitation by Tommy Leab. [1]

02 | PARTICIPANT QUESTIONS AND CONTRIBUTIONS

Understanding the children we need to reach

Reconciling data, examining practices and organising sustained follow up

FROM PROBLEM TO ACTION

01	02	03	04	05
Context	Diagnosis	Options	Delivery	Monitoring

For further work in the clinics: reconcile estimates, community lists and registers; clarify the dates, populations and areas covered; agree the checks needed before defining the scale of the action.

PARTICIPANT QUESTIONS AND CONTRIBUTIONS

Targets and field data

Dr Didier Cabwine, Democratic Republic of the Congo (DRC), examined differences between the targets used by health services, those used by partners, and locally collected data. He asked whether conclusions drawn from conflicting sources were reliable. [3]

Dr Junior Bosenga, VillageReach, DRC, described the gap between demographic projections and village-by-village counts in Maniema. He highlighted the implications for microplans, vaccine quantification and the resources needed to reach children. [3]

Geography and digital tools

Dr Yves Wasnyo, Cameroon, proposed using population grids, health facility locations, terrain, and road networks to more accurately assess travel times. He cited WorldPop and AccessMod as options to explore for more precise mapping of populations that are difficult to reach. [3, 5]

Dr Mohamed Ouédraogo, Burkina Faso, proposed an exchange on digital applications, including approaches using artificial intelligence, to identify and map children. He explained that this work was in its early stages. The discussion opened the possibility of documenting shared experiences. [3]

Continuity and sustainability

Dr Placide Mukendi, DRC, raised a fundamental question: which institutional mechanisms would sustain results once external technical or financial support ends? This question requires further examination in each context, considering national responsibilities, recurrent costs and available resources. [3, 6]

Malenga Fidele, DRC, asked how community surveillance could be better linked to local data to identify zero-dose children. He also asked about strategies to strengthen trust and continuity of routine vaccination beyond campaigns. [3]

Adapting and coordinating responses

Dr Muhammad Sharif, Pakistan, linked missed children to incomplete mapping, inaccurate data, mobility, absence during visits and coordination difficulties. He also raised trust, information for parents and weak follow-up. [5]

Ahmed Haruna Danjuma, Nigeria, proposed linking community identification, mobile strategies, vaccine availability, and results monitoring. His contribution emphasised the connections between microplanning, logistics and community engagement through to completion of the immunisation schedule. [5]

Equipment that is actually functional

Agumassie Kindu, Ethiopia, asked how plans to reach zero-dose children could link to local maintenance, spare parts, and temperature monitoring. Samuel Zongo Evindi expanded on this in the chat by distinguishing equipment listed in inventories from equipment that is functional. [4, 5]

Estimating children still to be reached

Dr Sayi, a consultant who has worked in Benin, asked how to adjust targets when administrative coverage exceeds 100%, estimate the zero-dose children still to be reached, and tailor responses to the barriers in each community. [3]

QUESTIONS FOR FURTHER WORK

OPTIONS TO EXAMINE WITH COUNTRIES

The experiences shared offer options to examine with countries, clarify results and limitations, and identify the conditions needed for adaptation.

03 | COUNTRY VOICE | SENEGAL

Identify early and maintain contact

Tambacounda | Continuity from identification through scheduled doses

Dr Ousseynou Badiane, Head of the Immunisation Division and Coordinator of the Expanded Programme on Immunisation (EPI).

CONTEXT AND PROBLEM



DISPERSED COMMUNITIES

Identifying at birth and actively following up remain difficult in Tambacounda's dispersed communities. The electronic nominal register presented by Senegal offers an opportunity to support follow-up, depending on the quality of initial identification and the transmission of community information. [2]

FACTS AND FIGURES PRESENTED

87%	74%	13 % points
First dose of pentavalent vaccine. Coverage survey, January 2025. [2]	Third dose of pentavalent vaccine. Same survey. [2]	Coverage gap between the first and third doses. [2]

RESPONSES ALREADY UNDERWAY

- Microplanning focused on equity and contracting with community organisations. [2]
- Outreach and mobile strategies, performance reviews and the electronic nominal register presented by the country. [2]

BREAKS STILL OBSERVED

- Birth notification and early identification remain difficult in dispersed communities. [2]
- Continuity of active follow-up and transmission of community information need strengthening. [2]

COUNTRY OPERATIONAL QUESTION



SENEGAL'S QUESTION

How can scheduled doses for early identification and follow-up be organised for children in Tambacounda's dispersed communities?

CONTRIBUTIONS FROM THE DISCUSSION

Didier Cabwine and Junior Bosenga (Democratic Republic of the Congo, DRC), and Dr Sayi questioned the reliability of targets and how they reconciled with field data. Malenga Fidele, DRC, asked how community surveillance, local data and continuity of vaccination could be linked. [3]

OPTIONS FOR THE COUNTRY CLINIC

WORKSTREAM	TECHNICAL WORK
Validate	Reconcile community lists and immunisation registers; clarify the available data and the populations concerned.
Adapt	Clarify birth notification, referral to services and responsibilities for follow up.
Monitor	Define the population, a person responsible for follow up, the tools to adapt and the indicators to monitor.

EXPECTED CLINIC OUTPUT - A focused action linking the community, health service and district, with a defined population, a person responsible for follow-up, tools to adapt and indicators to monitor.

Expertise sought: identification of births, community follow-up, nominal registers and management of doses due.

04 | COUNTRY VOICE | BENIN

Adapting sessions to the seasons

Owodé, Tchaourou municipality | Catch-up vaccination and subsequent doses

Dr Zoulkanéri Alassane, Head of the Vaccination Service, Directorate of Vaccination and Logistics, National Primary Health Care Agency.

CONTEXT AND PROBLEM



FLOODS AND FAMILIES' AVAILABILITY

In Owodé, floods restrict teams' movement, and farming activities disperse families. The community census was incomplete, and follow-up for subsequent doses still needed to be secured. The review presented calls for individual verification of children and their vaccination status. [2]

FACTS AND FIGURES PRESENTED

76 children	17 children	59 children
Target population of children under one year of age. Review as of 30 September 2026. [2]	Had received at least one dose. Follow-up for subsequent doses still needed. [2]	Still required catch-up vaccination according to the review presented. Census incomplete. [2]

RESPONSES ALREADY UNDERWAY

- Dr Alassane confirmed that community arrangements were in place and described further work with local organisations and opinion leaders. [3, 6]
- Benin described the use of solar-powered equipment and insulated containers for immunisation services. [6]

BREAKS STILL OBSERVED

- Access interrupted by floods and families' availability varying with farming activities. [2]
- Incomplete census and follow-up for subsequent doses still to be secured. [2]

COUNTRY OPERATIONAL QUESTION



BENIN'S QUESTION

How could sessions and follow-up be organised to complete catch-up vaccination in Owodé, taking account of floods and family movements?

CONTRIBUTIONS FROM THE DISCUSSION

Isaac Matene, UNICEF Burundi, shared the role of community workers, local authorities, and civil society organisations in identification and follow-up, then asked how Benin mobilised these actors. Kounandji proposed involving sector heads and traditional and religious authorities. [3, 5, 6]

Hounhozounkou Jean de Dieu Amour Mahouton raised an additional question about vaccination in Benin's "red zones". Access and security require further examination with the teams and partners concerned. [5]

OPTIONS FOR THE COUNTRY CLINIC

WORKSTREAM	TECHNICAL WORK
Validate	Consolidate the list of children and their vaccination status; locate families.
Adapt	Align flood patterns, families' availability, transport, teams and vaccines. Plan to reschedule cancelled sessions.
Monitor	Arrange individual follow-up, the resources needed and confirmation of doses administered.

EXPECTED CLINIC OUTPUT: A seasonal catch-up microplan, with safe access arrangements, preparation of families, individual follow-up, the resources needed and confirmation of doses administered.

Expertise sought: seasonal microplanning, session organisation, logistics, and family mobilisation.

05 | COUNTRY VOICE | CHAD

Maintaining follow-up across districts

Mobile communities | Continuity of vaccination during transhumance

Dr Djikini Djimornan, Head of the Immunisation, Epidemic Preparedness and Response Unit.

CONTEXT AND PROBLEM



MOVEMENT OF CAMPS

Camp movements disrupt follow-up across districts. The mobile strategies presented combine human health services and livestock vaccination through a One Health approach. The practices described in Goundi offer options whose contribution to results needs to be documented before adaptation elsewhere. [2]

FACTS AND FIGURES PRESENTED

42,033	35,927	14.5%
Children referred through vouchers in the system presented, January to August 2026. [2]	Children vaccinated at health centres through the same system. [2]	Reported loss between referral and vaccination over this period. [2]

RESPONSES ALREADY UNDERWAY

- In Goundi: registers for each camp, continuity of mobile teams, reminder cards and nomadic community workers. [2]
- To address equipment needs: storage in neighbouring health facilities, regular resupply, inventories and support from technicians. [6]

BREAKS STILL OBSERVED

- Camp movements disrupt the handover of follow-up between districts. [2]
- Equipment functionality requires close monitoring in the areas concerned. [6]

COUNTRY OPERATIONAL QUESTION



CHAD'S QUESTION

How can children from mobile communities remain in the immunisation journey, from identification through completion of vaccination?

CONTRIBUTIONS FROM THE DISCUSSION

Rafael Kelly, Uganda, asked how to designate a trusted person responsible for follow-up when families move between areas. He raised the need to prepare households before mobile sessions and involve fathers and local leaders. Kounandji recommended stronger collaboration with humanitarian organisations to reach unreached populations in Chad. [4, 5]

OPTIONS FOR THE COUNTRY CLINIC

WORKSTREAM	TECHNICAL WORK
Validate	Document Goundi's practices, results, limitations and the conditions needed for adaptation.
Adapt	Define the information that accompanies the child, the role of nomadic community workers, handover between districts, and post-vaccination feedback.
Monitor	Clarify the responsibilities of sending and receiving teams, the records used, and the review of referred and vaccinated children.

EXPECTED CLINIC OUTPUT A continuity mechanism to examine with the districts concerned, specifying the responsibilities of sending and receiving teams, the records used and the review of children referred and vaccinated.

Expertise sought: mobile populations, coordination between districts, integrated services, referral and feedback.

06 | FROM LEARNING TO COUNTRY ACTION

One Country Clinic, one action to shape

Dates, participants and scope to be agreed with each of the three countries

THREE TECHNICAL SESSIONS FOCUSED ON COUNTRY QUESTIONS

COUNTRY	SESSION OBJECTIVE	EXPECTED OUTPUT
Senegal	Link early identification to tracking doses in Tambacounda.	A focused action linking the community, health service and district.
Benin	Organise catch-up vaccination and subsequent doses in Owodé.	A seasonal microplan with individual follow-up.
Chad	Ensure the handover of follow-up between districts.	A continuity mechanism linking sending and receiving teams.

A SESSION OF APPROXIMATELY 60 MINUTES

PREPARE

Bring together the question, dated data, tools in use and constraints. Involve districts, services and communities as needed. Share aggregated or anonymised data.

EXAMINE

National and local teams clarify the problem, consult experts, and select an action whose feasibility and results can be monitored.

SHAPE

The action record specifies the intended change, steps, responsibilities, resources, baseline, monitoring measures and timing of the review.

KLIC and GaneshAID will facilitate preparation, connections with experts and the sharing of lessons. Country teams will determine operational choices and implementation arrangements. Implementation will depend on country team approval and the resources that can be mobilised.

EXPERTS AND PRACTITIONERS, CONTRIBUTE TO COUNTRY WORK

HELP EACH COUNTRY SHAPE ITS NEXT ACTION

We invite experts, programme managers, district teams, community actors and technical partners to contribute to the three Country Clinics. The aim is to help each country formulate an action that addresses its operational question, taking into account its resources and constraints. Expertise in data quality, geographical analysis, operational financing, maintenance and implementation evaluation will be useful to all three countries. Contributions may include a practice already applied, documented results, an adaptable tool or an assessment of the conditions needed for feasibility.

RESOURCES TO CONTINUE THE EXCHANGE

Requests for presentations and documents, notably from Dr Belmondo Beauclair Nonnonhou, Dr Didier Cabwine and Madoussou Koné, extend this work. KIA follow-up will provide a targeted selection of resources in three areas: identification and microplanning; logistics and continuity of vaccination; community engagement and trust. Teams can specify the intended use and the adaptations needed to their national tools. [5, 6]

SOURCES AND SCOPE

The references below refer to session materials and transcripts of the 22 October 2026 recording. Figures are those reported in the country presentations.
[1] KIA12 recording, framing from 00:12:19 to 00:26:17 and Mentimeter consultation from 01:06:23 to 01:12:28; session presentation.
[2] Country presentations included in the KIA12 slide deck and interventions: Senegal, 00:27:32 to 00:37:27; Benin, 00:38:58 to 00:48:09; Chad, 00:50:06 to 01:02:16.
[3] Participant discussion, recording transcript, 01:15:21 to 01:29:24 and 01:33:53 to 01:40:34.
[4] Contributions in English, recording captions: Agumassie Kindu, 01:30:29 to 01:32:59; Rafael, 01:42:02 to 01:43:46.
[5] KIA12 session chat, written contributions, particularly 04:35:14 to 06:14:43, according to the timestamps in the exported file.
[6] Country responses, 01:44:38 to 01:50:38; resources and continuing the exchange, 01:50:42 to 01:58:46 and 02:01:29 to 02:02:45.

TO CONTRIBUTE

Please reply to the message sharing this brief, indicating the country or question you wish to contribute to, your relevant experience and your availability. A short description of the practice, the observed result and the conditions for applying it will help prepare the discussions.