KEEPING EVERY CHILD ON THE IMMUNIZATION PATHWAY

Senegal, Benin and Chad | KIA12 Summary – 22 October 2026

Discussions with Drs Ousseynou Badiane, Zoulkanéri Alassane and Djikini Djimornan focused on three practical challenges: early identification of children in Tambacounda, seasonal catch-up vaccination in Owodé, and continuity of immunization for mobile communities in Chad. The common challenge is ensuring that every identified child is actually vaccinated and subsequently followed up through their scheduled doses. [1]

Three key requirements emerged: identify children early; organize accessible immunization sessions with the necessary health teams and vaccines; and clarify who is responsible for the next contact following a referral, a cancelled session or population movement. [1]

Three countries, three operational questions

Senegal | Early identification and sustained follow-up in Tambacounda



The January 2025 survey reported 87% coverage for the first dose of the pentavalent vaccine and 74% for the third dose, representing a coverage gap of 13 percentage points. Despite microplanning, mobile strategies and the involvement of community-based organizations, birth notification and active follow-up remain challenging. The country's electronic individual-level register relies on complete initial identification and reliable community-level information. [1]

Country question: How can early identification and follow-up through scheduled doses be organized in the geographically dispersed communities of Tambacounda?

Benin | Adapting immunization sessions to flooding and family movements in Owodé



Flooding disrupts access, while subsequent agricultural activities lead to the dispersal of families. As of 30 September 2026, out of a target population of 76 children under one year of age, 17 had received at least one dose and 59 still needed to be reached through catch-up vaccination, according to the reported figures. The census was incomplete, and subsequent doses remained to be administered. The priorities are to locate families, reschedule immunization sessions and verify the vaccination status of every child. [1]

Country question: How can immunization sessions and follow-up be organized to complete catch-up vaccination in Owodé, taking flooding and family movements into account?Tchad | Assurer la continuité entre districts

Chad | Ensuring continuity of follow-up across districts



From January to August 2026, the programme presented had recorded 42,033 children referred using referral slips and 35,927 vaccinated at health centres, representing a reported attrition rate of 14.5% between referral and vaccination. Transhumance subsequently undermines follow-up. The practices described in Goundi, including registers for each camp, the use of the same mobile teams and nomadic community relays, offer approaches that could be documented and adapted. [1]

Country question: How can children from mobile communities be kept on the immunization pathway, from initial identification through to completion of their vaccination?

The community perspective

Responses from the Mentimeter consultation highlighted child identification, maintaining contact with families and tracking vaccine doses. The most frequently cited barriers were distance, seasonal constraints, insufficiently adapted microplans and population mobility. [2]

What participants contributed

Reliability of targets: Didier Cabwine and Junior Bosenga, from the Democratic Republic of the Congo (DRC), together with Dr Sayi, examined discrepancies between demographic projections, local data and administrative coverage rates. They raised questions about how to adjust targets, vaccine requirements and estimates of the number of children who still need to be reached. [3]

Geography and community-based follow-up: Yves Wasnyo, from Cameroon, proposed improving estimates of travel times through geospatial analysis. Isaac Matene, from UNICEF Burundi, shared insights into the role of community relays and local authorities. Rafael, from Uganda, emphasized the need to designate a trusted person to ensure continuity of follow-up when families move between districts. [3, 4]

Continuity, trust and sustainability: Malenga Fidele, from the DRC, asked how community-based surveillance could be linked with local data and follow-up beyond vaccination campaigns. Placide Mukendi, from the DRC, raised the question of how to sustain results after external support comes to an end. [3]

Actual service availability: Agumassie Kindu, from Ethiopia, and Samuel Zongo Evindi highlighted maintenance, spare parts and the functional status of equipment. Ahmed Haruna Danjuma, from Nigeria, proposed linking microplanning, logistics and community engagement. Chad described its supply and maintenance mechanisms. [3, 4]

The next step: Three country clinics

KLIC and GaneshAID propose one technical session for each country to review the data and available options, and then formulate a feasible priority action. Each country team will define the scope, responsibilities, resources and monitoring measures.

Country	Proposed work	Expected outcome
Senegal	Link birth notification, community lists and immunization registers.	A follow-up pathway clearly defining responsibilities across the community, health services and district levels.
Benin	Consolidate information on children, cross-reference seasonal patterns with family presence, and plan immunization sessions and their rescheduling.	A seasonal catch-up microplan with individual-level follow-up and confirmation of administered doses.
Chad	Document the practices in Goundi and organize the transfer of follow-up information between districts and nomadic community relays.	A handover mechanism specifying responsibilities, tools and feedback following vaccination.

Experts and practitioners: Contribute to formulating the action

We invite experts to help each country formulate an action that could address its operational question. Contributions are sought in the areas of proven practices, adaptable tools, required resources and conditions for successful implementation.

To contribute, please reply to this email, specifying the country concerned, your relevant experience and your availability. The dates and composition of the clinics will be agreed upon with the respective countries. Operational decisions and implementation resources will remain the responsibility of the national teams. Three groups of resources will support this work: Identification and microplanning; Logistics and continuity of immunization; Community engagement.

Sources

[1] Country presentations and KIA12 recording, 22 October 2026, from 00:27 to 01:02.
[2] Mentimeter consultation, oral feedback from 01:06 to 01:12.
[3] Discussion and responses, from 01:15 to 01:50.
[4] Session subtitles and chat.