UNICEF OREINTATION OF CONSULTANTS ON BIG CATCH UP

21st -22nd November 2024

Objectives & Expected Outcomes

Objectives

- To update consultants on the overview and rational for big catch-up vaccination in Nigeria
- To update consultants on the Big Catch up vaccination and implementation strategies
- To orient consultants on demand generation activities for the BCU
- To update consultants' knowledge on vaccine Quantification and Logistics management for the BCU
- To orient consultants on monitoring and data management for the BCU
- To refresh consultants' knowledge on their TORs

Expected Outcomes

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- Consultants updated on the Big Catch-up vaccination and implementation strategies.
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- Consultants' knowledge refreshed on their TORs

Routine immunization Activities in addressing zero dose children in Nigeria

Presentation outlines

- Background, Objective of the Nigeria Zero Dose Reduction
- Strategies implemented to reduce zero dose children
- Nigeria has the highest number of zero dose children globally with ~2.3m children unvaccinated
- Demand/Gender/HRH Interventions are being implemented? How are these interventions being monitored
- How are you reaching Zero-Dose children?
- Nigeria is adopting innovative strategies to reduce zero dose & under immunize burden
- Several strategies are being developed and deployed to reach zero-dose children at subnational level
- Broader challenges relating to zero dose implementation in Nigeria

Background

With 2.1 million zero-dose children, Nigeria represents the country with the highest number of zero-dose children globally.

- Nigeria aligns with the global mandate of leaving no child behind from accessing life saving interventions including immunization and other PHC services.
- National Strategy for Immunization PHC System Strengthening (NSIPSS) 2.0 was developed to provide a clear path towards improving and sustaining RI coverage and increase uptake of other PHC services with the overarching goal to achieve 90% Penta 3 coverage by 2028 and reduce the number of zero-dose/unimmunized children.
- In line with this effort, NPHCDA & partners continuously endeavor for identifying zero-dose locations using scientifically proven approaches for the prioritization of the zero-dose children.
- With the onset of the Covid -19 pandemic, the gaps in primary health care further worsened with declining outputs observed

Objective of the Nigeria Zero dose Reduction

GOAL

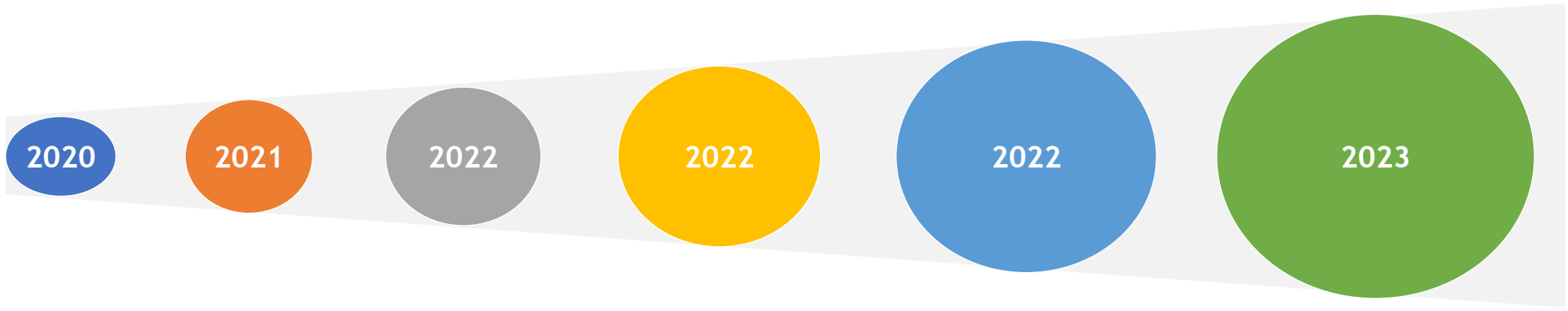
The goal is to achieve 30% reduction (750,000 children) in the cumulative number of ZD unimmunized children by year 2025, and by 50% by 2028. Globally this number will lead to a reduction by 6%, given the large birth cohort of Nigeria.

Specific objectives include:

1. Big catch-up immunization in 200 LGA across 31 states for children missed during Covid pandemic from 2019 to 2022 with at least 65% reached through multi-antigen PIRIs and other interventions
2. Restore full range of immunization delivery services (including outreach, new vaccine introduction, SIAs), and arrest any further backsliding
3. Sustainably reach ZD children through strengthened systems (community and PHC), and accelerating immunization activities, both in terms of expansion and efficiencies

Targets: Reduction of country overall zero-dose children: 30% by 2025, and 50% by 2028

The how: Specifically for the RI and PHC, several strategies have been implemented in response to COVID 19 pandemic response and recovery



IMOP strategy
372,284 children vaccinated for Penta 1.

RI INTENSIFICATION
916,819 children vaccinated for Penta 1
POLIO SIA
568,102 vaccinated for P1

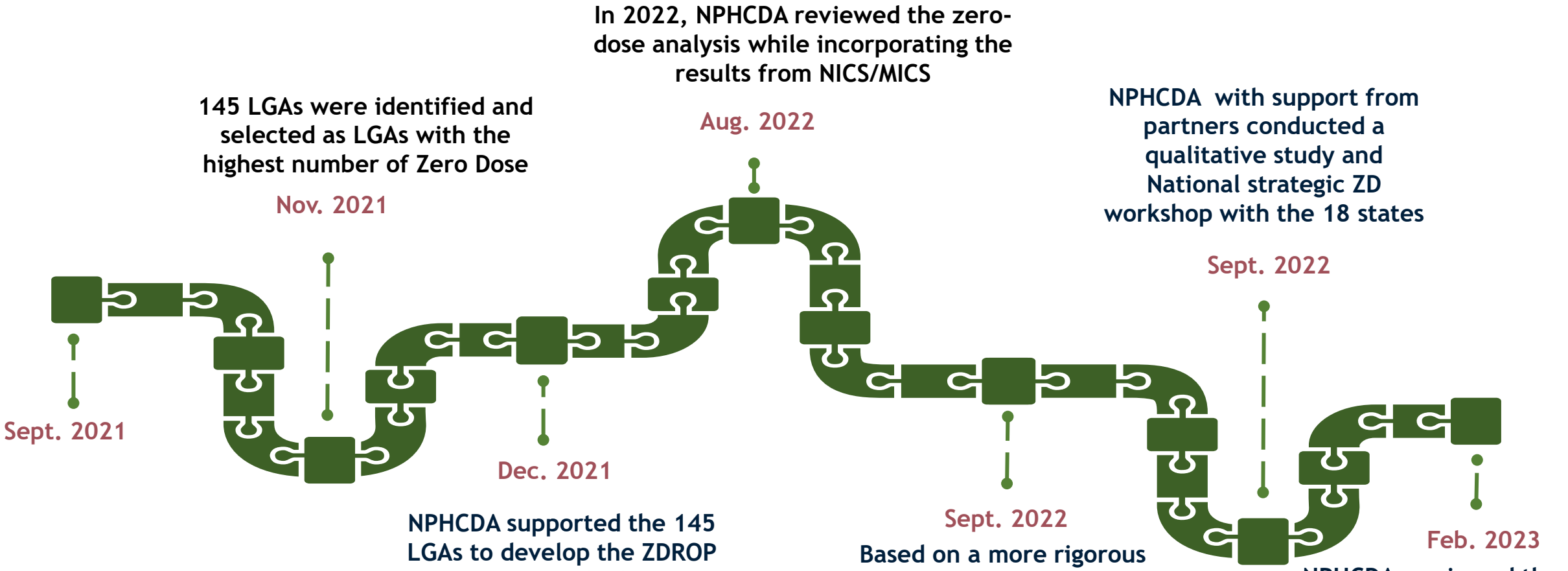
NON POLIO SIA
84,641 Children vaccinated for Penta 1

COVID + RI INTEGRATION
865,243 children vaccinated for Penta 3

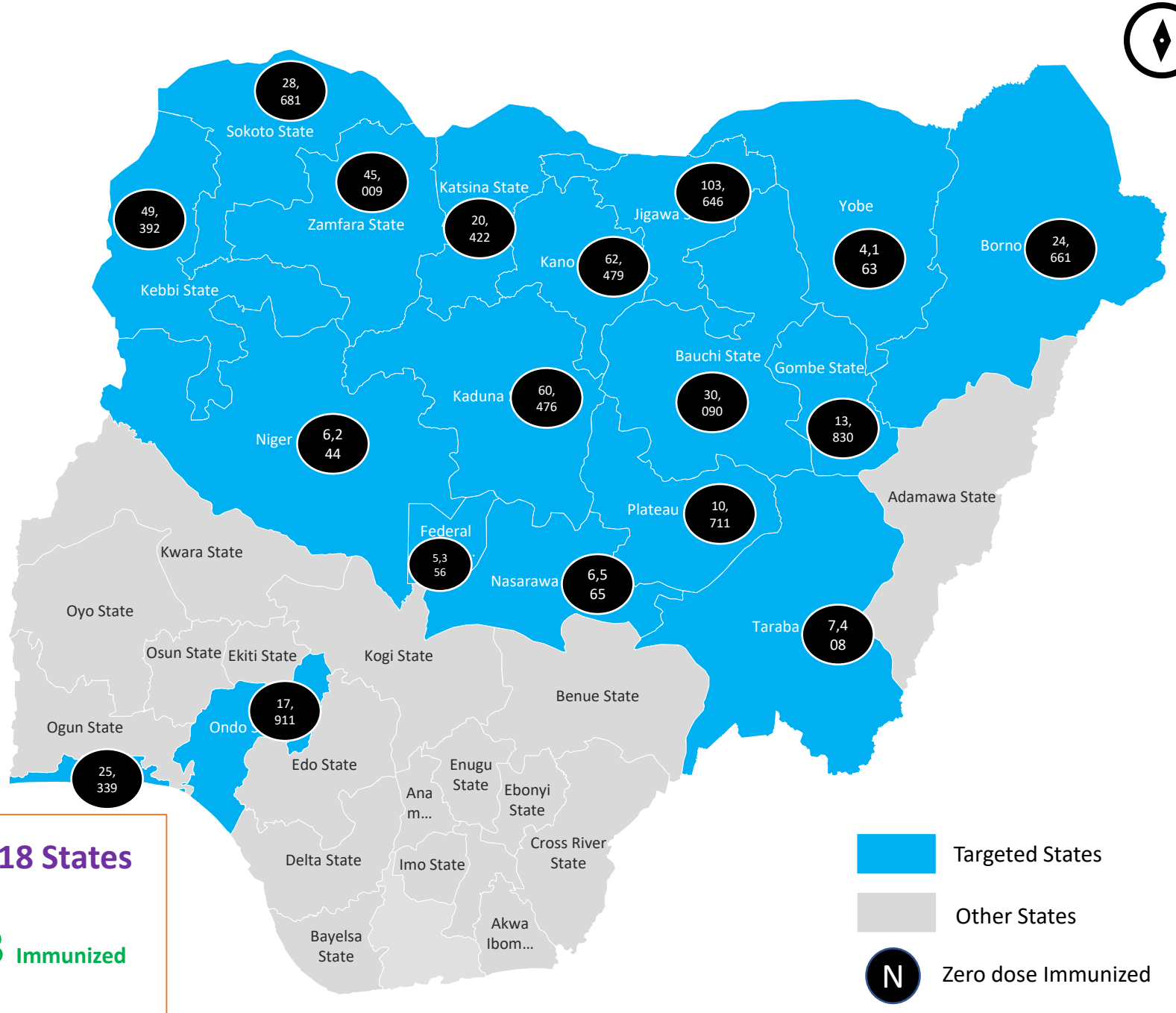
POLIO SIA
491,850 children vaccinated for Penta 1
ROTA Introduction
219,565 children for Penta 1

COVID/ RI INTENSIFICATION in 150 LGAS
326,633 children vaccinated for Penta 1 (2 rounds)

Since 2021 to date, the NPHCDA and its partners have implemented several initiatives aimed at reducing the number of zero dose children in line with IRMMA (Identify Reach, Monitor Advocate) Framework



Children reached in 3 rounds of RI Intensification Apr-Aug 2023



100 LGAs, 18 States

522,383 Immunized

What Demand/Gender/HRH Interventions are being implemented? How are these interventions being monitored?

- Engage mobile network providers for RI messages as caller tunes
- Air integrated RI jingles and track to assess penetration/reach and impact
- Engage stakeholders and influencers to generate demand for RI
  - Compound meetings with males/heads of households and grandmothers
  - RI vanguards (caregivers, HoHs) to conduct peer-to-peer mobilization
  - LGA chairmen and state houses of assembly members through the 'Adopt an LGA' strategy
  - traditional and religious leaders on vaccination during naming ceremonies
  - CBOs, CSOs, FBOs, and other existing structures to mobilize demand for RI
- Scale up the implementation of the Revised Integrated Community Engagement Framework
- Introduce non-monetary incentives for the traditional institutions (Mai Unguwa)
- Conduct intensified defaulter tracking and referral
  - VCMs where available for demand generation and tracking
- Review and deploy tools to measure/track ACSM activities

Several strategies are being developed and deployed to reach zero-dose children at subnational level

01	**Periodic Intensification of RI and Integration with NVI, COVID -19, SIAs etc..**	▪ Conduct of fixed post sessions ▪ Conduct of Outreach sessions ▪ Conduct of house-to-house vaccination approach
02	**Optimization of the Reaching Every Ward (REW) Strategy**	▪ Periodically update REW micro-plan to guide targeted outreach sessions ▪ Increase access to fixed post settlement ▪ Mobile Outreach session
03	**Reduce missed opportunities for immunization**	▪ Conduct of Defaulter tracking ▪ Increase engagement of Private sector ▪ Integration of Services especially leveraging on COVID resources
04	**Optimized Integrated Routine Immunization Sessions (OIRIS)**	▪ Integration of other services into RI activities ▪ Deepen community engagement and use of community structures to drive demand
05	**Special approach for security compromised/ hard-to-reach areas**	▪ Deploying RES and Periodic Intensification of RI ▪ Engage community influencers/local vigilante as part of vaccine team during field activities ▪ Conduct hit and run vaccination approach ▪ Conduct of Outreach sessions
06	**Zero Dose in Fragile Settings**	▪ Use of Polio structure- JTF, Hit and run, engagement with group ▪ Use of CSO/ FBO working in humanitarian/ fragile setting to provide outreach services and last mile logistics to the target population

Nigeria has the highest number of zero dose children globally with ~2.1m children unvaccinated

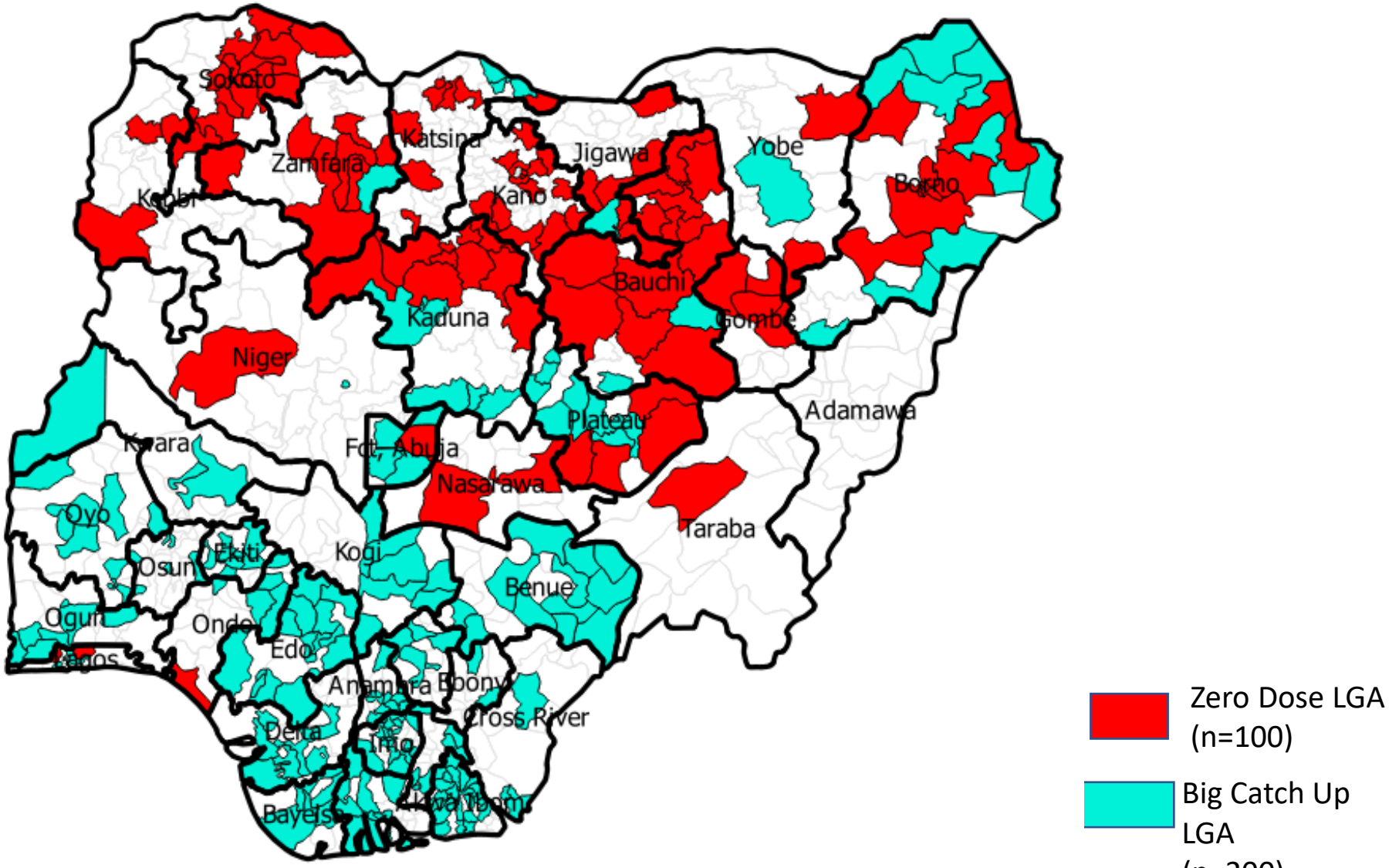
Zero-dose children are found in three major types of geographies:

- **remote rural**
- **urban poor**
- **conflict affected areas facing various forms of deprivation**
- **serious gender barriers**

These geographies are more prone to key risk factors for poor vaccine uptake such as:

- **limited knowledge of vaccines**
- **low literacy rates**
- **lack of access to vaccines and healthcare services**

Map showing 100 Zero Dose and 200 Big Catch Up LGAs



Nigeria is adopting innovative strategies to reduce this burden by identifying, vaccinating and enumerating…

zero dose, and under-immunized under 5 years of age across 100 zero dose LGAs.

How are you reaching Zero-Dose children?

- Selection of wards and settlement prioritization (Mapping of the ward & settlement on accessibility)
- Embedding and intensify routine Immunization Strategies :Fixed and outreaches
- Communications and community engagements - build support
- Vaccines and supply for Z-DROP vaccination
- Building Health workers knowledge and practice
- M&E- and reporting practices, information system and tools
- Supportive supervision , Reviews and Feedback

Broader challenges relating to zero dose implementation in Nigeria

1. Lack of a reliable data source to guide evidence-based decision-making on identification and reach of zero dose and missed communities

2. Many states deployed interventions without proper identification of where zero-dose children exist within each LGA/ward/ Settlement and community.

3. Insufficient resources to target and reach zero dose children across identified 100 LGAs

4. Weak coordination of partner resources available to reach zero dose children

5. Lack of a standardized monitoring mechanism to measure the progress made towards reducing zero dose

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for every child

Thank You

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National Primary Health Care Development Agency (NPHCDA)

Overview & Rationale for Big Catch up in Nigeria

Outline

1. Background
2. Goal & Objectives
3. Activities conducted in 2023 to reduce zero dose/ under immunized children & List of prioritized LGAs
5. List of prioritized states and projected target population for BCU
4. Conclusion

Background (1/2)

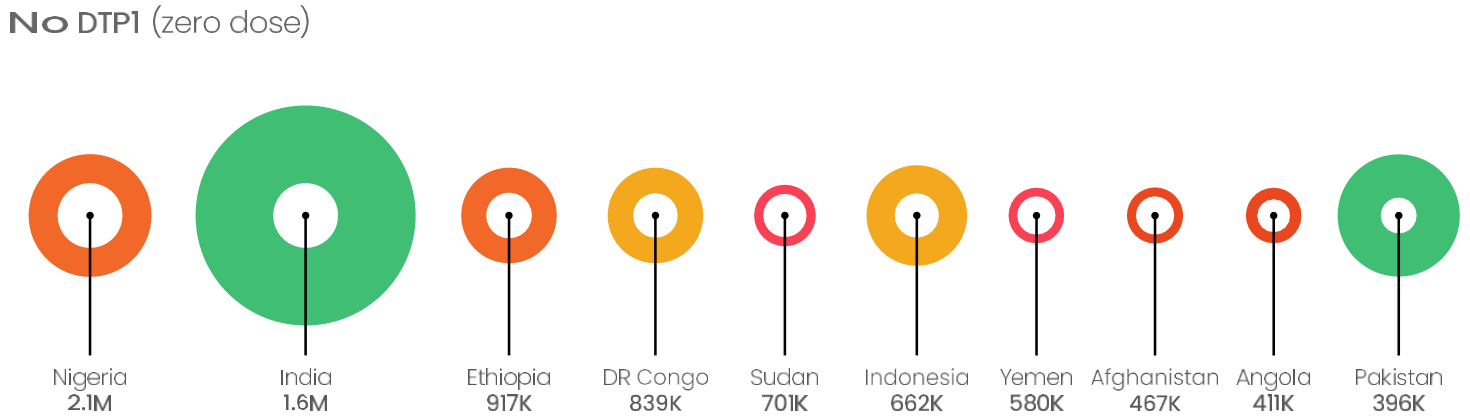
- Nigeria aligns with the global mandate of leaving no child behind from accessing life-saving interventions including immunization and other PHC services
- The under-one population is estimated at 8.7 million of which 2.1 million children (24.1%) were Zero Dose (ZD) children (WUENIC, 2023), underscoring that Nigeria has the highest global burden of Zero Dose children
- The COVID-19 pandemic interrupted the immunization program and this led to multiple outbreaks of vaccine-preventable diseases and further heightened the ZD prevalence
- It is therefore paramount that Nigeria embarks on efforts to reach ZD and under-immunized children through acceleration of existing approaches and conduct of catch-up activities
- The Big Catch-Up adopts scientifically proven, programmatically compatible and globally acceptable approaches for prioritizing the ZD and under-immunized children in 200 prioritized LGAs across 30 states and FCT.

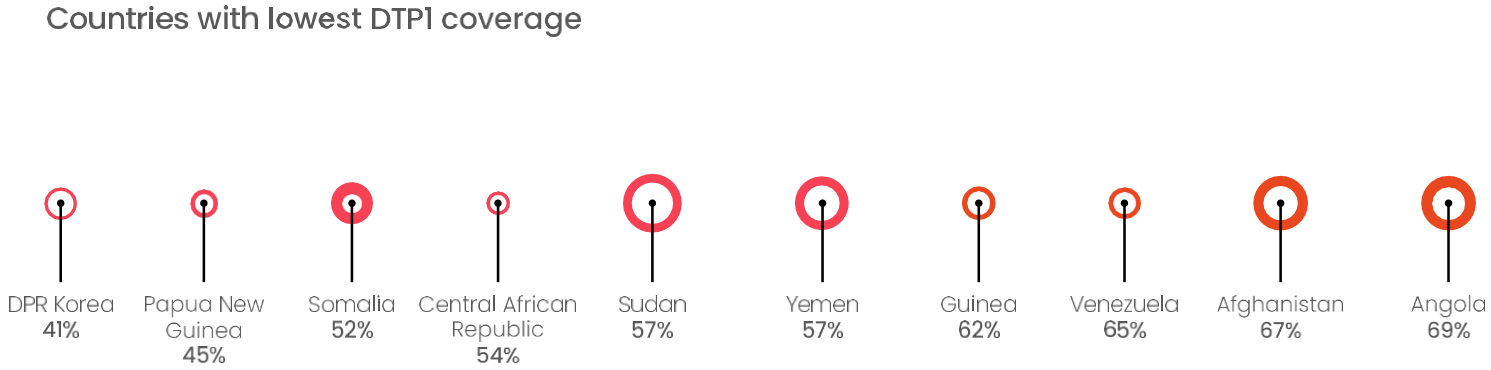
Background (2/2)

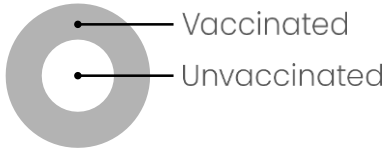
10 countries account for 59% of "zero dose children*". 3 of these are also in the list of 10 countries with lowest DTP1 coverage.

The countries with most zero dose children is a mix of those with large birth cohorts, weak health systems, or both.

New in this list in 2023 are countries afflicted by conflict, like Sudan, Yemen, and Afghanistan. Additionally, some smaller countries have even lower coverage.







Coverage according to legend, circles sized to numbers of vaccinated and unvaccinated children.

Catch-up Vaccination (Big Catch-up)

- This refers to the action of vaccinating an individual, who for whatever reason (e.g. delays, stock outs, access, hesitancy, service interruptions, etc.), is missing/has not received doses of vaccines for which they are eligible, per the national immunization schedule.
- Catch-up vaccination can be conducted through regular routine immunization service delivery (fixed, outreach, mobile, school-based), periodic intensification of routine immunization (PIRI) activities, or through innovative local strategies that ensure individuals have the opportunity to receive routine immunizations for which they are overdue and eligible.
- To determine eligibility and permissible age ranges, correct recording and reporting of late doses and the value of using every health contact as an opportunity to check vaccination history and provide catch-up as appropriate
- Having a catch-up vaccination strategy in place is an essential part of a well-functioning routine immunization programme and should be implemented on a continuous basis to ensure an individual's right to be offered the benefit of vaccination.

Outline

1. Background
2. **Goal & Objectives**
3. Activities conducted in 2023 to reduce zero dose/ under immunized children & List of prioritized LGAs
4. Conclusion

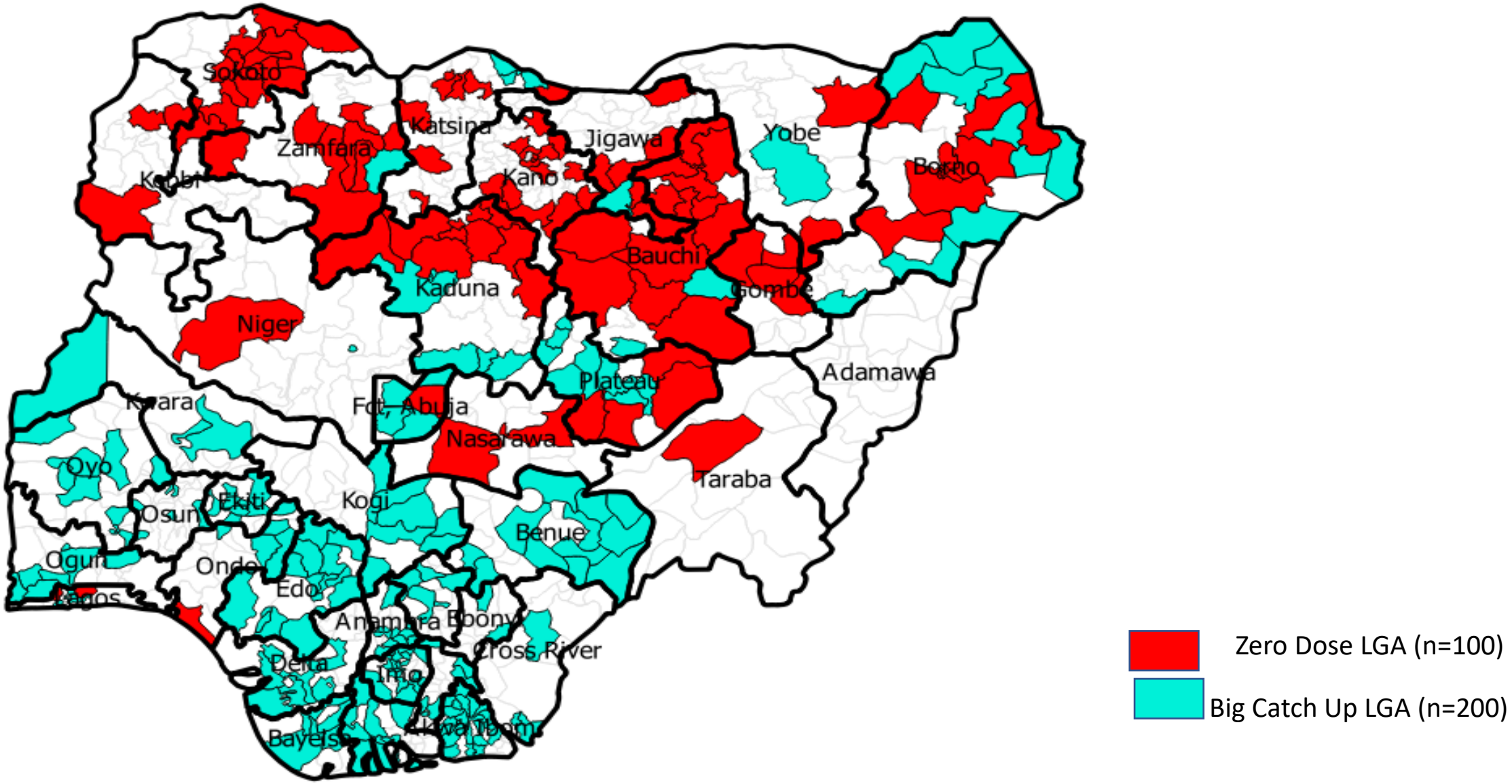
Goal & Objectives

Goal	To achieve 65% (3,043,153) coverage of Zero Dose and under immunize children aged 12- 59 months in Nigeria for the 1st year
Specific Objectives	1.Nigeria Catch-up immunization for children missed during Covid pandemic from 2019 to 2022 with at least 65% reached through dedicated outreach and mobile services, and other interventions. 2.Restore full range of immunization delivery services (including outreaches, new vaccine introduction) and avoid further setback. 3.Ensure coverage and equity focused immunization programming addresses the gender barriers and social drivers identified

Prioritization of LGAs

- Massive outbreaks of diphtheria, and measles reported in 2023 among children <5 years and above, in many LGAs outside the initial 100 prioritized LGAs.
- The outbreaks clearly indicated unvaccinated children remaining in LGAs beyond the high burden 100 zero dose LGAs among older children (12-59 months).
- In Considering the extent of unvaccinated children <5 years, it is paramount to expand the geographical scope of the planned big catch up.
- Therefore, the planned big catch up will cover 200 LGAs across 30 States and FCT

Map showing 100 Zero Dose and 200 Big Catch Up LGAs



Outline

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3. **Activities conducted in 2023 to reduce zero dose/ under immunized children & List of prioritized LGAs**
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Activities conducted in 2023 to reduce the number of zero doses and un-immunized children in prioritized LGAs

SN	Intervention	No of States	No of LGAs	Age group vaccinated	Penta 1	Penta 2	Penta 3	Measles	IPV
1	Diphtheria OBR	7	62	2-4 years	2,024,248	1,935,748	972,082	-	-
2	RI Intensification	19	150	0-23 months	330,475	275,676	302,860	278,241	-
3	Polio OBR	36 States plus FCT	769	0-23 months	721,704	599,743	647,392	695,358	-
4	fIPV + nOPV2 Campaign	9	217	0-59 Months (IPV only)	250,866	210,224	219,645	226,473	21,705,217

States Projected Estimated Target Population for Priority 200 LGAs for The Big Catch Up…….1					
SN	States	LGAs	Zero Dose	Under Immunized < 5	Total Target for Big Catch-UP
1	Abia	6	101,805	9,206	111,011
2	Akwa Ibom	20	454,190	66,217	520,407
3	Anambra	9	177,899	19,708	197,607
4	Bauchi	2	22,130	16,643	38,773
5	Bayelsa	4	106,115	11,216	117,331
6	Benue	12	275,750	48,101	323,851
7	Borno	10	165,590	71,841	237,431
8	Cross River	3	65,445	12,287	77,732
9	Delta	8	123,330	34,864	158,194
10	Ebonyi	2	40,530	3,525	44,055
11	Edo	14	308,830	43,714	352,544
12	Ekiti	7	96,420	10,946	107,366
13	Enugu	5	88,650	20,801	109,451
14	FCT, Abuja	4	139,610	3,730	143,340
15	Imo	16	335,185	34,879	370,064

States Projected Estimated Target Population for Priority 200 LGAs for The Big Catch Up…….2

SN	States	LGAs	Zero Dose	Under Immunized < 5	Total Target for Big Catch-UP
16	Jigawa	1	0	18,362	18,362
17	Kaduna	6	93,155	49,314	142,469
18	Katsina	3	55,055	4,259	59,314
19	Kogi	7	100,323	19,655	119,978
20	Kwara	3	57,870	19,589	77,459
21	Lagos	5	98,475	0	98,475
22	Niger	1	0	17,276	17,276
23	Ogun	7	159,118	38,422	197,540
24	Ondo	5	109,600	4,686	114,286
25	Osun	6	66,095	6,031	72,126
26	Oyo	12	283,139	46,789	329,928
27	Plateau	8	162,040	26,097	188,137
28	Rivers	11	231,040	50,158	281,198
29	Sokoto	1	14,145	5,697	19,842

Outline

1. Background
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3. Activities conducted in 2023 to reduce zero dose/ under immunized children & List of prioritized LGAs
4. **Conclusion**

Conclusion

- Nigeria will incorporate all RI strategies for the big catch-up plan to improve coverage and reduce zero dose/unimmunized children.
- The country will require additional support at the subnational levels for successful implementation of the catch-up activity which will include global, and domestics support for:
  - Engagement of ad hoc staff at operational level (coordination, service delivery, demand generation etc).
  - Engagement of existing local CSO to support advocacy, demand generation activity at the LGA/ward levels.


Thank
you

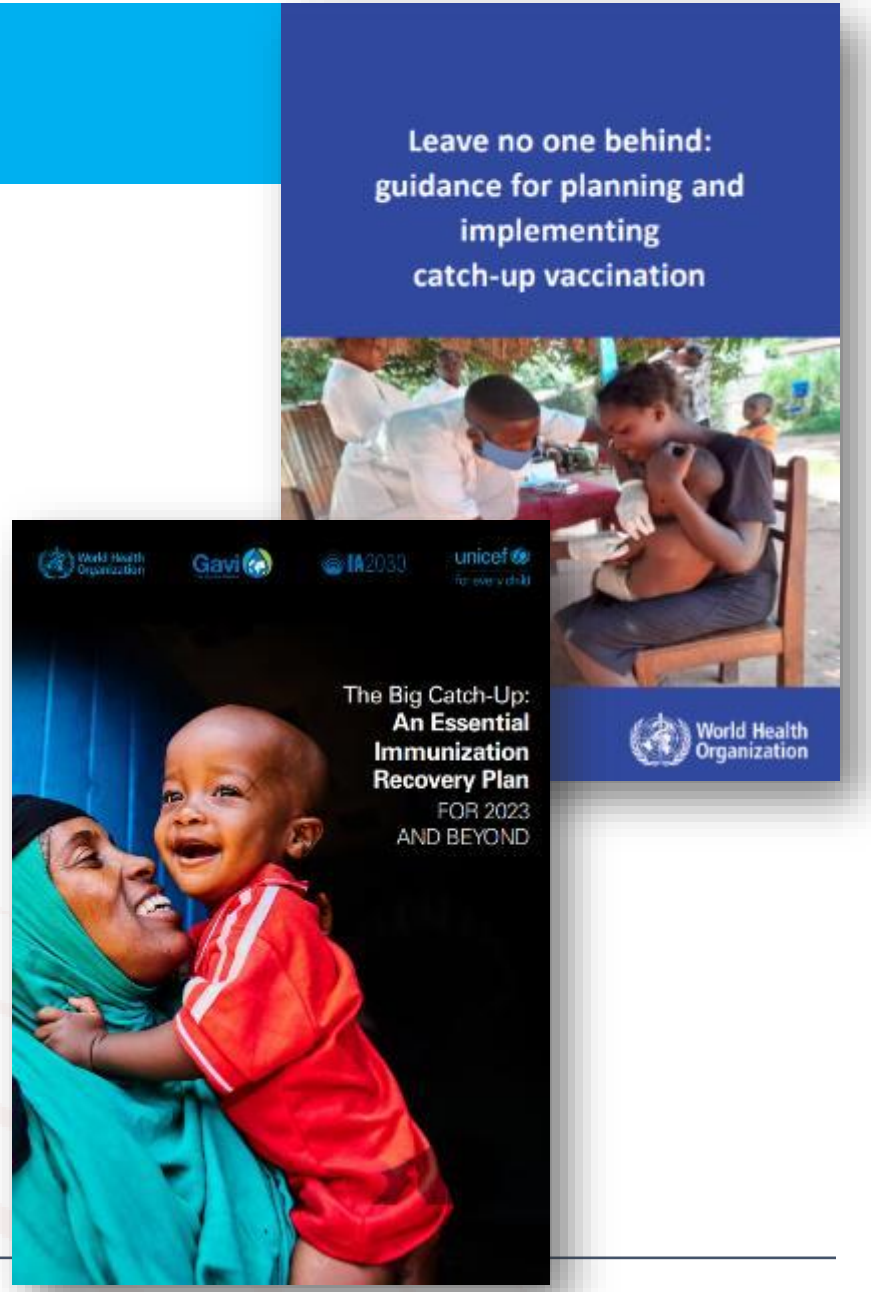
Big Catch Up Implementation Strategy

Outline

- What is catch up vaccination
- Introduction
- Prioritized LGAs
- Elements of a strong catch-up vaccination
- Implementation strategy
- Team Composition

What is catch-up vaccination & why do it?

- Catch-up vaccination refers to vaccination of a person who **did not receive it at the recommended age**
- People who missed vaccinations at the recommended age are still at **continued risk of infection**
- An **essential catch-up strategy** aims to ensure those who missed can still be vaccinated & protected
- **The Big Catch-Up (BCU)**: address the **increased immunity gaps** from the Covid-19 pandemic & support countries to **establish catch-up vaccination as an essential part** of a resilient health system
  - Catching up children to 5 years of age



WHAT IS THE BIG CATCH-uP?

A global initiative launched by Immunization Agenda 2030 partners in April 2023 to close immunity gaps caused by backsliding of immunization coverage during the COVID-19 pandemic, while supporting recovery and acceleration of progress.

Goal

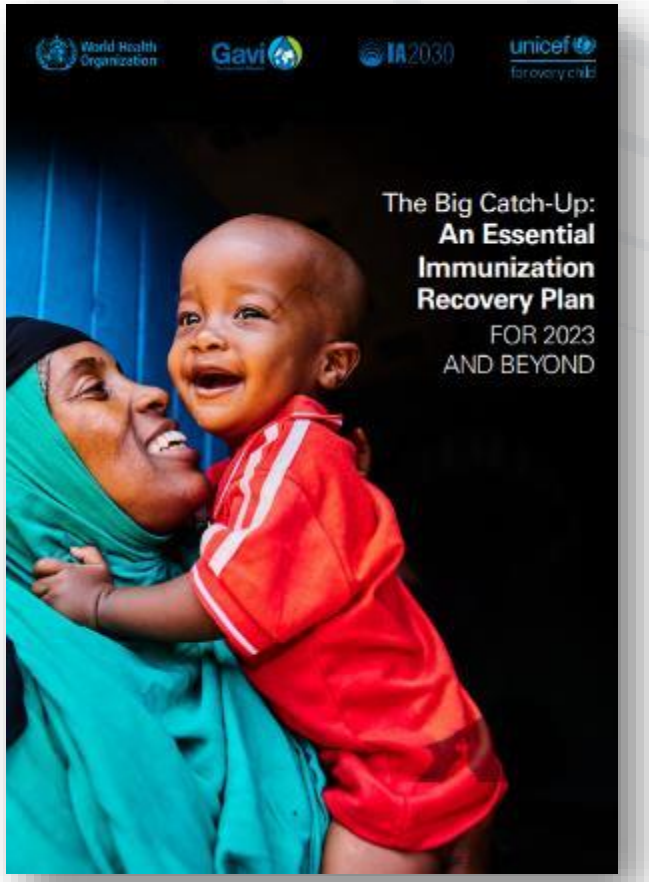
Reach and vaccinate un- and under-immunized children up to at least five years of age

Objectives

1. Catch up children missed during 2019–2022 (in part due to pandemic) and provide all missing vaccinations.

2. Restore vaccination coverage rates for the current birth cohort to at least pre-pandemic levels.

3. Strengthen systems within PHC approaches, to improve programme resilience and accelerate towards reaching ZD children in line with IA2030 and Gavi 5.1 goals and targets.



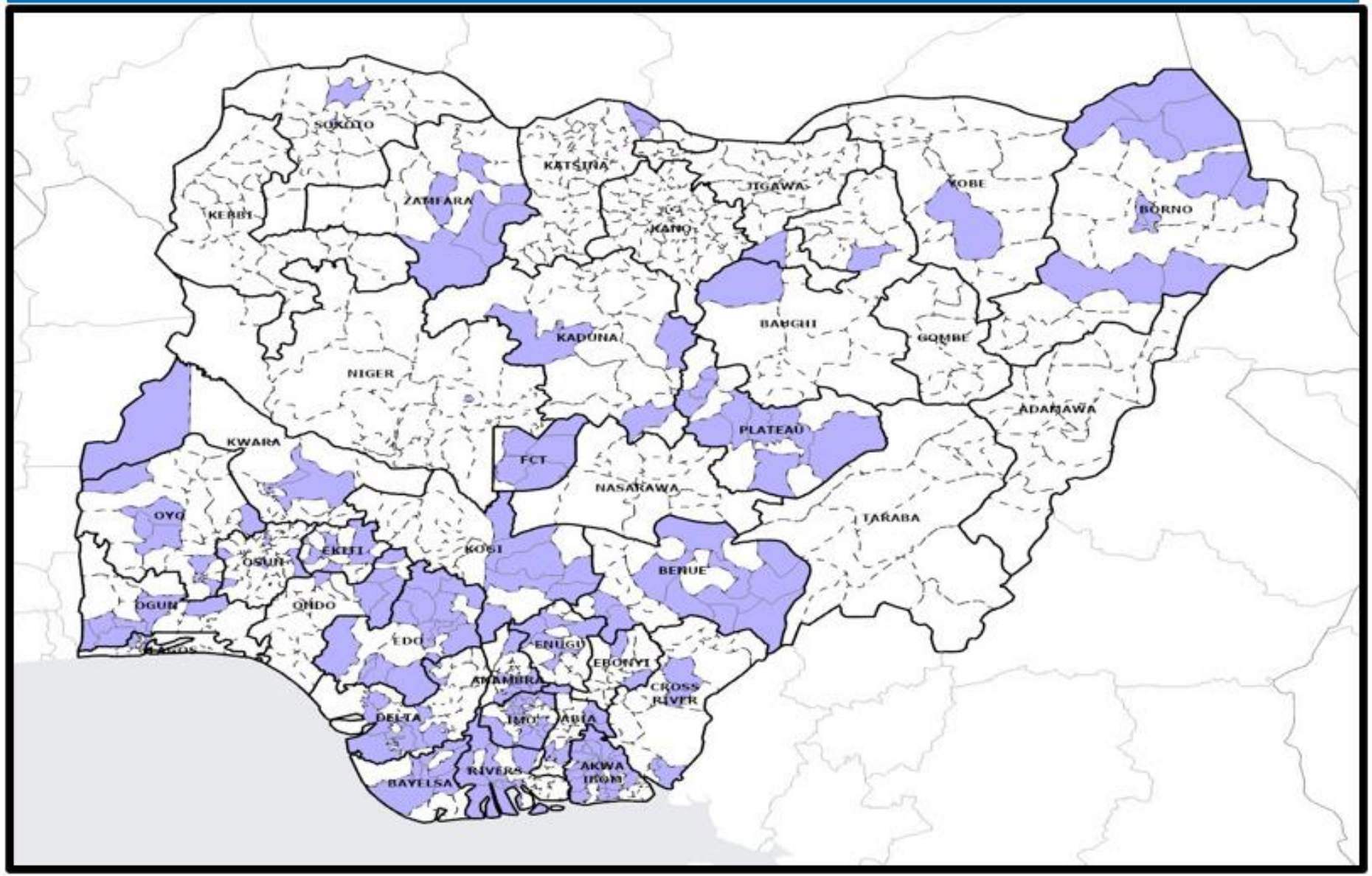
Introduction

- In 2023, several opportunities were utilized to reduce the number of zero doses in prioritized LGAs
- Data triangulation using data from the multiple interventions (Reactive vaccinations during VPDs outbreaks, Polio SIAs, RI Intensification) was used to identified the LGAs for the BCU
- The big catch up excludes the children reached through the 2023 campaign interventions
- The big catch-up will be conducted based on accessibility to the LGAs using three strategies. These strategies will be deployed across the 200 prioritized LGAs including the health facilities to ensure targeted age groups receive RI antigens for which they are overdue.
- A minimum of 4 weeks interval will be maintained between doses in the prioritized 200 LGAs over a 3-month period
- Plan will be developed by the mobile outreach teams to cover special areas such as Urban Slums, IDPs, Nomad and migrant population mapped during the micro-planning process.
- Three months of the big catch-up are scheduled from **November2024 to February 2025**
- Identified human resource gaps at subnational level will be addressed using retired health workers and qualified volunteers' health workers to fill personnel gaps

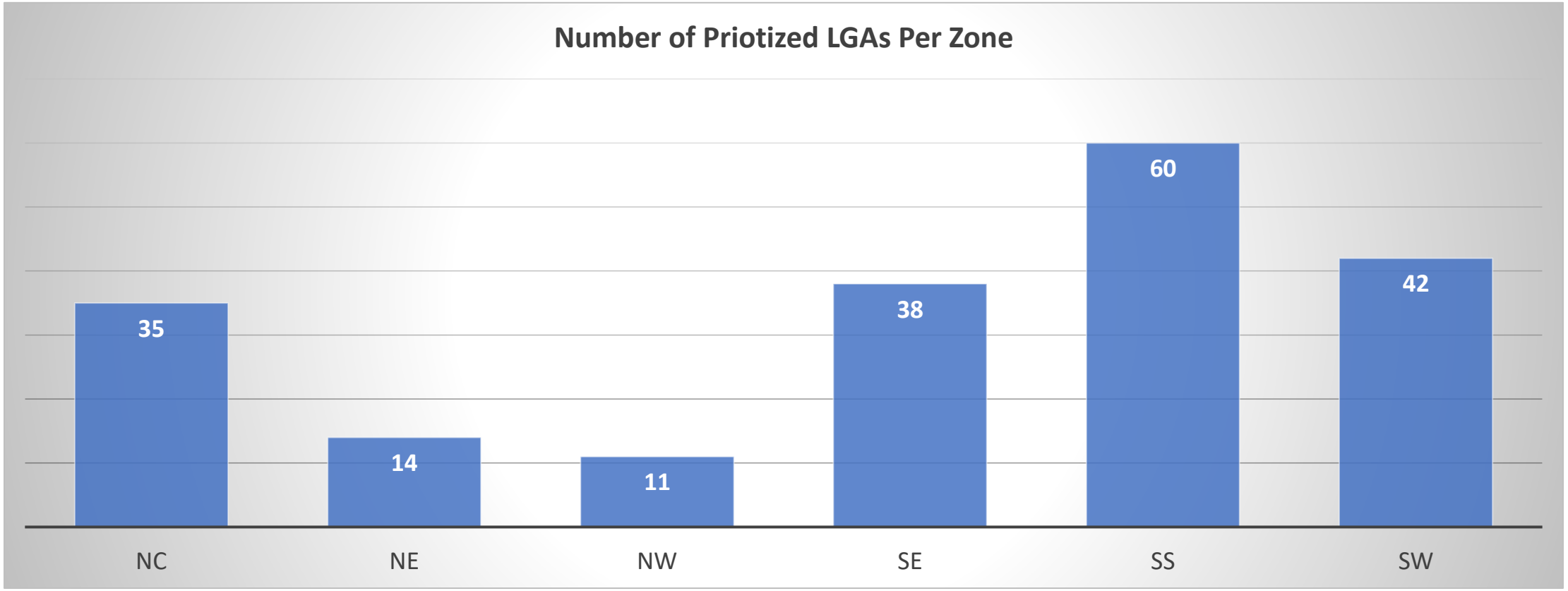
Service delivery

- ❑The strategic approach is to Identify Enumerate and Vaccinate (IEV) all eligible children, defaulters tracked, and dropout rate reduced
- ❑ The focus is to utilized outreach and mobile services to reach the hard-to-reach communities and other vulnerable populations of children across different socioeconomic and geographic settings with limited access to to immunization services
- ❑These include development of settlement list, enumeration of zero dose and under immunized children, ward level micro-plans, conduct of fixed, outreach and mobile services in the mapped settlements with Zero dose children. Engagement of the health care workers and other community structures (CHIPS/VCM/community influencers - who are majorly house to house mobilizers) in the enumeration and mobilization of children to the vaccination posts

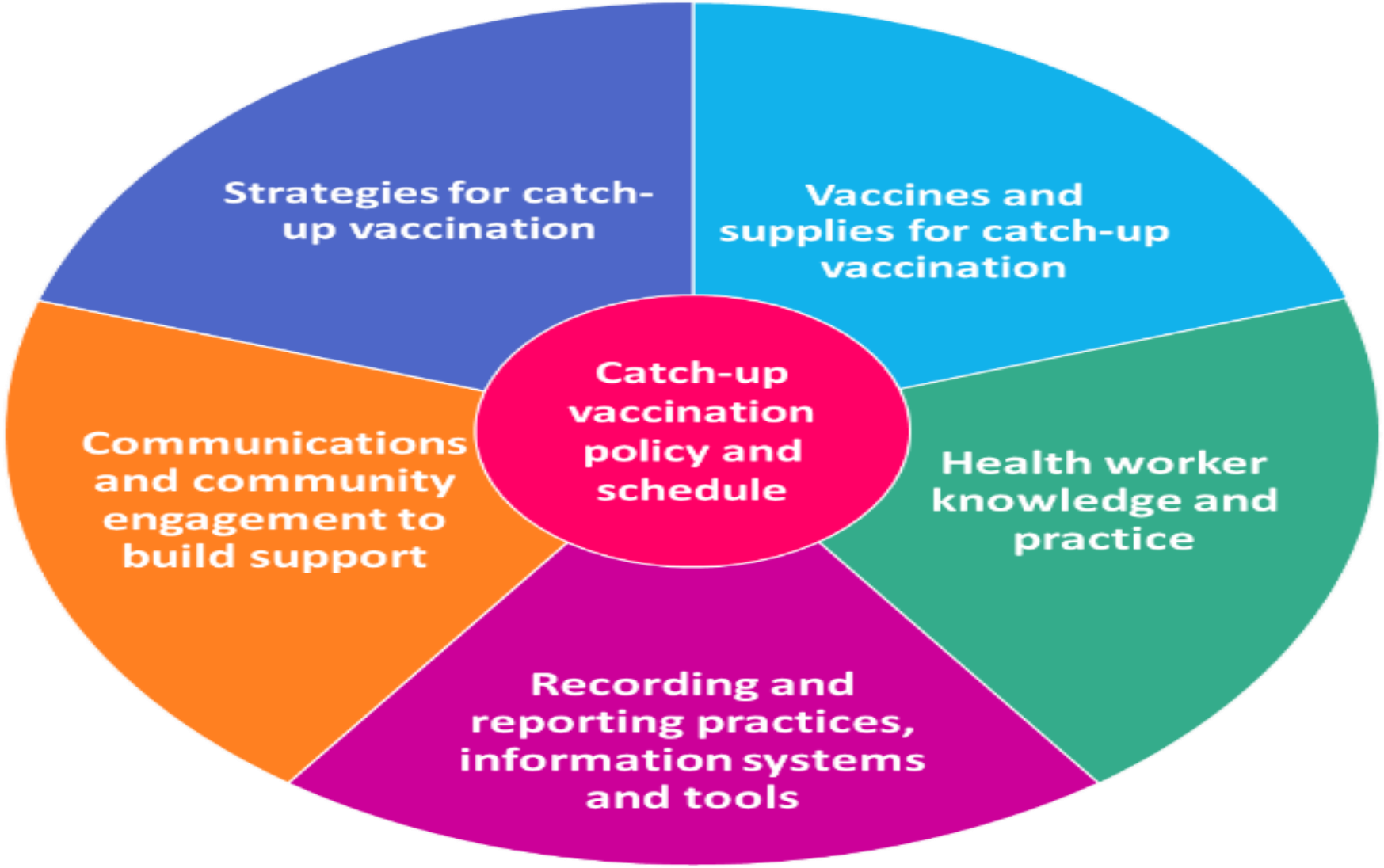
MAP Showing the Proposed Prioritized 200 LGAs in 30 States + FCT for the Big Catchup



Zonal Representation of zero dose LGAs



Elements of a Strong catch-up vaccination



Strategy for the Big Catch-Up at Subnational Level

The big catch-up will be conducted based on accessibility of the LGAs :

LGA cat by access	Number of LGAs	Total population	Pop 12 – 59 months	# HF providing RI services	Strategies
Fully accessible (100% accessibility)	88	12,874,881	2,059,981	2,582	Identify Enumerate and Vaccinate(IEV) using Fixed, Integrated, routine RI strategies will be strengthened/optimized
Partially accessible (31 to 99% accessibility)	94	13,606,400	2,177,024	3,108	Reaching Every Settlement (RES) strategy will be deployed as described above, based on the accessibility status of the settlement additional strategy can be added.
Inaccessible (30% and below inaccessible)	19	2,779,806	444,769	411	Reaching Inaccessible Children (RIC) Strategy will be deployed here and strictly by use of military and other specialized security teams.

Fully Accessible Settlements

Identify Enumerate and Vaccinate (IEV), using optimized routine fixed, outreach and mobile approach. This strategy is for the 88 fully accessible LGAs and its entails

- Conduct Master list of Settlement analysis to identify list of settlements with high burden zero dose and under immunized children.
- Map the settlements to the nearest health facilities.
- Enumerate the zero dose children from the identified settlements using the electronic mobile tools/devices and engage VCM/CHIPS/Community influencers/mother to mother groups.
- Develop Micro plans to reach the targeted population.
- Vaccinate the eligible population through fixed, outreach, and mobile vaccination teams by accelerating/intensifying the routine immunization structure.

Partially Accessible Settlements

2. Reaching Every Settlement (RES) –

The vaccination approach (Hit & Run) using this strategy will involve coordinated orientation, engagement and deployment of Civilian Joint Task Force (CJTF) and local vigilantes reinforced by the military in supporting vaccination teams. Standardized data tools will be used to capture the immunization and other health interventions.

In RES, settlements are recategorized for operational reasons

a. **Settlements with no security challenges**: IEV implementation approaches will also be deployed.
b. **Insecure settlements (areas)** - where ONLY locally recruited vaccination teams can reach.

- In such settlements, vaccination team members are locally selected with the support of the traditional leaders,
    - Map the security compromised settlements.
    - Determine population estimates based on geospatial mapping examining factors such building type, size, and density.
    - Engage military and civilian Joint Task Forces to support the vaccination teams.
    - Vaccinate the eligible population.

Inaccessible Settlements

Reaching every Child (RIC)

- This strategy is going to be deployed to reach the inaccessible settlements and ensure that every child is reached with vaccination through local health workers with support of *military and cJTFs personnel).*

- In this strategy, the inaccessible settlements will be visited at least three times to ensure all eligible children are immunized with all the required antigen.

- The records of the vaccination and other health interventions are collected, analyzed and report developed.

Team Composition

Vaccination Team Members			
S/N	Vaccination Team Members		Number of Days
1	Ward Focal Person		7
2	Fixed Post & Outreach	OPV Vacinator	6
3		Recorder	6
4		Supervisor/Vaccinator/HC	6
5	Town Acoouncer		7
6	Crowd Controller/Mobiliser		6

LGA supervisors(7-9)	
1	LGA DPHC
2	LGA Immunization Officer
3	RIO1 where applicable
4	RIO2 where applicable
5	LGA M&E
6	LGA Cold Chain Officer
7	LGA Health Education Officer
8	LGA MCH
9	LGA DSN Officer

S/N	State supervisors
1	State DPHC (SPHCDA/B)
2	State DPHC (LG)
3	PM SERICC/ State Immunization Officer
4	State Cold Chain Officer
5	State Health Education Officer
6	State Epidemiologist

RESTORE

The plan is to restore vaccination coverage rates for the current birth cohort in 2024 in the 200 prioritized LGAs within 3 months post catch-up interventions.

Cat. of LGAs by Access	# of LGAs	Activities to Restore Vaccination Coverages
Fully accessible (100% accessibility)	88	1.Extend the HCWs engagement for additional 6 months to support RI and PHC service delivery 2. Conduct robust newborn and intensified defaulter tracking. 3.Sustain catch-up vaccination efforts and vaccination of zero-dose children through routine RI delivery including expanded routine outreach service delivery.
Partially accessible (31 to 99% accessibility)	94	
Inaccessible (30% and below inaccessible)	19	

STREGHTEN

Cat. of LGAs by Access	# of LGAs	Activities to Strengthen Immunization Systems
Fully accessible (100% accessibility)	88	1. Provide clear catch-up vaccination policy and catch-up schedule designed in line with the national immunization schedule. 2. Increase HRH through engagement of the adhoc health care workers into service by the Government to support RI and PHC service delivery 3. Establish an efficient defaulter's mechanism in health facilities for tracking newborns and eligible children throughout their immunization schedule. 4. Re-invent the use of the immunization coverage tables and charts at the health facilities to support monitoring RI performance, coverages and use of data for action. 5. Improve capacity by training EPI managers, and service providers on RI using revised immunization schedule and other technical guidelines 6. Intensify vaccination efforts and vaccination of zero-dose children through RI delivery including fixed and expanded routine outreach sessions 7. Conduct necessary SIAs for single and multiple antigens, irrespective of individual vaccination status. 8. Build in vaccination opportunities to reach populations with immunization reminders or services, at other contact points such as through daycare and school-entry vaccination checks ***(do not need to be accompanied by a mandate requiring proof of vaccination for entry into school)***. 9. Conduct targeted and selective multi-antigen vaccination intensification campaigns (PIRI) activities that screen for eligibility and record doses. 10. Continue use and deployment of targeted communications and behavioral interventions to help minimize missed vaccinations and non-compliance.
Partially accessible (31 to 99% accessibility)	94	
Inaccessible (30% and below inaccessible)	19	

Conclusion

- The BCU is a component of immunization recovery plan (2024-2028) that aims to catch up, restore & strengthen systems to improve programme resilience & accelerate reaching ZD children
- It is a global initiative launched to vaccinate un and under immunized children under the age of 5 years to close immunity gaps
- Nigeria has prioritized 200 prioritized LGAs for the BCU
- Targeted strategy using Identify, enumerate & vaccinate based on accessibility would be deployed to reach & vaccinate all eligible children
- Fixed, outreach and mobile teams will be utilized to reach hard-to-reach communities and other vulnerable populations of children across different socioeconomic and geographic settings that limit children/caregiver access to immunization services
- State facilitators would play critical role to facilitate and support successful implementation of the BCU

Thank

YOU

National Primary Health Care Development Agency

Update on Big Catch-up vaccine Quantification

Parameters for Big Catch-Up Quantification

- Population Target for 12- 23 months is 1.728% of the Total population
- Total target for 12- 23 months – 3,931,334 *Projected NPoPC population*
-
- Total target for 24- 59 months – 750,440 *Projected NPoPC population*
- Population Target for 24- 59 months is 0.329% of the Total population
- **Vaccine Wastage Rate @ 5%**
- Routine coverage: 65% with an annual projection of 4% increase in coverage (NSIPSS projection for RI vaccines)
- Growth rate: 3.2%

Target Age Group and Vaccine Forecast

Antigens for the Big Catch-Up: Penta, PCV and IPV vaccines in 200 LGAs

Antigens	Target Age Group		Target Population	Estimated Coverage 2024 (%)	No. of doses per person	Estimated Wastage 2024 (%)	Total no. of doses
	from	to					
Penta	12 months	23 months	3,931,334	65	3	5	8,049,406
PCV	12 months	23 months	3,931,334	65	3	5	8,049,406
IPV	12 months	23 months	3,931,334	65	2	5	5,366,271
Penta	24 months	59 months	750440	65	2	5	1,024,351
PCV	24 months	59 months	750440	65	1	5	512,716
IPV	24 months	59 months	750440	65	2	5	1,024,350
bOPV	12months	23 months	3,931,334	65	3	5	8,049,407
bOPV	24 months	59 months	750,440	65	3	5	1,536,526

2024 Big Catch-Up Camp Vaccines Requirement by Rounds

Vaccines Needs for Zero-dose

12-23 Months	Penta	PCV	IPV	bOPV
Round 1	2,683,272	2,683,272	1,788,848	2,683,272
Round 2	2,683,272	2,683,272	1,788,848	2,683,272
Round 3	2,683,272	2,683,272	1,788,848	2,683,272

Vaccines Needs for Under-immunized children

24-59 Months	Penta	PCV	IPV	bOPV
Round 1	341,359	170,680	341,359	512,039
Round 2	341,359	170,680	341,359	512,039
Round 3	341,359	170,680	341,359	512,039

Devices Needs for each of the Round

AD syringes	SB
8,008,789	80,088

Vaccine needs for BCU 2024 (1)

States Projected Estimated Target Population for Priority 200 LGAs for The Big Catch Up						Vaccine Needs (11-23 mths)			Vaccine Needs (24-59 mths)						
SN	States	LGAs	Zero Dose (12-23 Months) Target	Under Immunized (24-59 Months) Target	Total Target for Big Catch-UP	Penta	PCV	IPV	Penta	PCV	IPV	bOPV (11-23 mnths)	bOPV (24-59 mnths)	AD syringes	SB
1	Abia	6	101,805	9,206	111,011	208,445	208,445	138,963	12,566	6,283	12,566	277,926	25,132	587,268	5,873
2	Akwa Ibom	20	454,190	66,217	520,407	929,954	929,954	619,969	90,386	45,193	90,386	1,239,939	180,772	2,705,843	27,058
3	Anambra	9	177,899	19,708	197,607	364,248	364,248	242,832	26,901	13,451	26,901	485,664	53,803	1,038,582	10,386
4	Bauchi	2	22,130	16,643	38,773	45,311	45,311	30,207	22,718	11,359	22,718	60,415	45,435	177,624	1,776
5	Bayelsa	4	106,115	11,216	117,331	217,270	217,270	144,847	15,310	7,655	15,310	289,694	30,620	617,663	6,177
6	Benue	12	275,750	48,101	323,851	564,598	564,598	376,399	65,658	32,829	65,658	752,798	131,316	1,669,740	16,697
7	Borno	10	165,590	71,841	237,431	339,046	339,046	226,030	98,063	49,031	98,063	452,061	196,126	1,149,279	11,493
8	Cross River	3	65,445	12,287	77,732	133,999	133,999	89,332	16,772	8,386	16,772	178,665	33,544	399,259	3,993
9	Delta	8	123,330	34,864	158,194	252,518	252,518	168,345	47,589	23,795	47,589	336,691	95,179	792,355	7,924
10	Ebonyi	2	40,530	3,525	44,055	82,985	82,985	55,323	4,812	2,406	4,812	110,647	9,623	233,323	2,333
11	Edo	14	308,830	43,714	352,544	632,329	632,329	421,553	59,670	29,835	59,670	843,106	119,339	1,835,386	18,354
12	Ekiti	7	96,420	10,946	107,366	197,420	197,420	131,613	14,941	7,471	14,941	263,227	29,883	563,806	5,638
13	Enugu	5	88,650	20,801	109,451	181,511	181,511	121,007	28,393	14,197	28,393	242,015	56,787	555,012	5,550
14	FCT, Abuja	4	139,610	3,730	143,340	285,851	285,851	190,568	5,091	2,546	5,091	381,135	10,183	774,999	7,750
15	Imo	16	335,185	34,879	370,064	686,291	686,291	457,528	47,610	23,805	47,610	915,055	95,220	1,949,135	19,491
16	Jigawa	1	0	18,362	18,362	-	-	-	25,064	12,532	25,064	-	50,128	62,660	627
17	Kaduna	6	93,155	49,314	142,469	190,735	190,735	127,157	67,314	33,657	67,314	254,313	134,627	676,910	6,769
18	Katsina	3	55,055	4,259	59,314	112,725	112,725	75,150	5,814	2,907	5,814	150,300	11,627	315,134	3,151
19	Kogi	7	100,323	19,655	119,978	205,411	205,411	136,941	26,829	13,415	26,829	273,882	53,658	614,836	6,148
20	Kwara	3	57,870	19,589	77,459	118,489	118,489	78,993	26,739	13,369	26,739	157,985	53,478	382,818	3,828

Vaccine needs for BCU 2024 (2)

States Projected Estimated Target Population for Priority 200 LGAs for The Big Catch Up						Vaccine Needs (11-23 mths)			Vaccine Needs (24-59 mths)						
SN	States	LGAs	Zero Dose (12-23 Months) Target	Under Immunized (24-59 Months) Target	Total Target for Big Catch-UP	Penta	PCV	IPV	Penta	PCV	IPV	bOPV (11-23 mnths)	bOPV (24-59 mnths)	AD syringes	SB
21	Lagos	5	98,475	0	98,475	201,628	201,628	134,418	-	-	-	268,837	-	537,674	5,377
22	Niger	1	0	17,276	17,276	-	-	-	23,582	11,791	23,582	-	47,163	58,954	590
23	Ogun	7	159,118	38,422	197,540	325,794	325,794	217,196	52,446	26,223	52,446	434,392	104,892	999,899	9,999
24	Ondo	5	109,600	4,686	114,286	224,406	224,406	149,604	6,396	3,198	6,396	299,208	12,793	614,407	6,144
25	Osun	6	66,095	6,031	72,126	135,330	135,330	90,220	8,232	4,116	8,232	180,439	16,465	381,459	3,815
26	Oyo	12	283,139	46,789	329,928	579,727	579,727	386,485	63,867	31,933	63,867	772,969	127,734	1,705,606	17,056
27	Plateau	8	162,040	26,097	188,137	331,777	331,777	221,185	35,622	17,811	35,622	442,369	71,245	973,794	9,738
28	Rivers	11	231,040	50,158	281,198	473,054	473,054	315,370	68,466	34,233	68,466	630,739	136,931	1,432,643	14,326
29	Sokoto	1	14,145	5,697	19,842	28,962	28,962	19,308	7,776	3,888	7,776	38,616	15,553	96,673	967
30	Yobe	1	0	18,854	18,854	-	-	-	25,736	12,868	25,736	-	51,471	64,339	643
31	Zamfara	1	0	17,373	17,373	-	-	-	23,714	11,857	23,714	-	47,428	59,285	593
	Total	**200**	**3,931,534**	**750,240**	**4,681,774**	**8,049,815**	**8,049,815**	**5,366,543**	**1,024,078**	**512,039**	**1,024,078**	10,733,087	2,048,155	**24,026,367**	**240,264**

Quarterly RI Vaccines needs for the 200 LGAs

SN	States	LGAs	Zero Dose (12-23 Months) Target	Under Immunized (24-59 Months) Target	Total Target for Big Catch-UP	BCG	HepB-10	BOPV-20	DTP-HepB-Hib-10 (lqd)	PCV10-4	IPV-10	Mea-10	YF-10	Td-10	Mening A Conj-10 (pediatric)	RV1-10	HPV4-1
1	Abia	6	101,805	9,206	111,011	96,823	35,616	131,066	108,513	108,513	66,103	74,932	50,658	63,665	45,958	112,631	30,694
2	Akwa Ibom	20	454,190	66,217	520,407	453,899	166,964	614,427	508,698	508,698	309,885	351,275	237,479	298,453	215,448	528,005	143,893
3	Anambra	9	177,899	19,708	197,607	172,353	63,399	233,308	193,161	193,161	117,668	133,385	90,175	113,328	81,809	200,492	54,638
4	Bauchi	2	22,130	16,643	38,773	33,818	12,440	45,778	37,901	37,901	23,088	26,172	17,693	22,236	16,052	39,339	10,721
5	Bayelsa	4	106,115	11,216	117,331	102,336	37,644	138,529	114,691	114,691	69,867	79,198	53,542	67,289	48,575	119,044	32,442
6	Benue	12	275,750	48,101	323,851	282,463	103,902	382,360	316,564	316,564	192,842	218,599	147,784	185,729	134,074	328,579	89,545
7	Borno	10	165,590	71,841	237,431	207,087	76,176	280,327	232,089	232,089	141,382	160,266	108,348	136,167	98,296	240,897	65,650
8	Cross River	3	65,445	12,287	77,732	67,798	24,939	91,776	75,983	75,983	46,287	52,469	35,472	44,579	32,181	78,867	21,493
9	Delta	8	123,330	34,864	158,194	137,977	50,754	186,774	154,635	154,635	94,199	106,781	72,189	90,724	65,492	160,504	43,741
10	Ebonyi	2	40,530	3,525	44,055	38,425	14,134	52,014	43,064	43,064	26,233	29,737	20,104	25,266	18,239	44,698	12,181
11	Edo	14	308,830	43,714	352,544	307,489	113,108	416,237	344,612	344,612	209,928	237,967	160,878	202,184	145,953	357,691	97,478
12	Ekiti	7	96,420	10,946	107,366	93,645	34,447	126,763	104,950	104,950	63,933	72,472	48,995	61,574	44,450	108,934	29,687
13	Enugu	5	88,650	20,801	109,451	95,463	35,116	129,225	106,988	106,988	65,174	73,879	49,946	62,770	45,313	111,049	30,263
14	FCT, Abuja	4	139,610	3,730	143,340	125,021	45,988	169,237	140,115	140,115	85,354	96,755	65,411	82,205	59,343	145,433	39,634
15	Imo	16	335,185	34,879	370,064	322,770	118,729	436,922	361,738	361,738	220,361	249,793	168,873	212,232	153,206	375,467	102,323
16	Jigawa	1	0	18,362	18,362	16,015	5,891	21,679	17,949	17,949	10,934	12,394	8,379	10,531	7,602	18,630	5,077
17	Kaduna	6	93,155	49,314	142,469	124,261	45,709	168,208	139,263	139,263	84,836	96,167	65,013	81,706	58,982	144,549	39,393
18	Katsina	3	55,055	4,259	59,314	51,734	19,030	70,030	57,979	57,979	35,320	40,037	27,067	34,017	24,556	60,180	16,400
19	Kogi	7	100,323	19,655	119,978	104,645	38,493	141,654	117,278	117,278	71,443	80,985	54,750	68,807	49,671	121,730	33,174
20	Kwara	3	57,870	19,589	77,459	67,560	24,851	91,453	75,716	75,716	46,124	52,285	35,347	44,423	32,068	78,590	21,417
21	Lagos	5	98,475	0	98,475	85,890	31,594	116,266	96,259	96,259	58,639	66,471	44,937	56,475	40,769	99,913	27,228
22	Niger	1	0	17,276	17,276	15,068	5,543	20,397	16,887	16,887	10,287	11,661	7,884	9,908	7,152	17,528	4,777
23	Ogun	7	159,118	38,422	197,540	172,294	63,377	233,229	193,095	193,095	117,628	133,340	90,144	113,289	81,782	200,424	54,620
24	Ondo	5	109,600	4,686	114,286	99,680	36,667	134,934	111,715	111,715	68,054	77,143	52,153	65,543	47,314	115,955	31,600
25	Osun	6	66,095	6,031	72,126	62,908	23,140	85,157	70,503	70,503	42,949	48,685	32,913	41,364	29,860	73,179	19,943
26	Oyo	12	283,139	46,789	329,928	287,763	105,852	389,535	322,505	322,505	196,461	222,701	150,557	189,214	136,590	334,745	91,225
27	Plateau	8	162,040	26,097	188,137	164,093	60,361	222,127	183,904	183,904	112,029	126,992	85,853	107,897	77,889	190,884	52,020
28	Rivers	11	231,040	50,158	281,198	245,261	90,218	332,001	274,871	274,871	167,444	189,809	128,320	161,267	116,416	285,303	77,751
29	Sokoto	1	14,145	5,697	19,842	17,306	6,366	23,427	19,396	19,396	11,815	13,393	9,055	11,379	8,215	20,132	5,486
30	Yobe	1	0	18,854	18,854	16,444	6,049	22,260	18,430	18,430	11,227	12,726	8,604	10,813	7,806	19,129	5,213
31	Zamfara	1	0	17,373	17,373	15,153	5,574	20,512	16,982	16,982	10,345	11,727	7,928	9,963	7,192	17,627	4,804
	Total	**200**	**3,931,534**	**750,240**	**4,681,774**	**4,083,443**	**1,502,069**	**5,527,614**	**4,576,434**	**4,576,434**	**2,787,840**	**3,160,197**	**2,136,449**	**2,684,997**	**1,938,254**	**4,750,127**	**1,294,510**

BCU National Chronogram

Chronogram for The Big Catch-Up in the Prioritized 200 LGAs across 30 States and FCT

S/N	Activity	Responsible Person	Date	July				Aug					Oct.				Nov.				Dec.				Status
				1	2	3	4	1	2	3	4	5	1	2	3	4	1	2	3	4	1	2	3	4	
A	**Pre Implementation Activities**																								
1	Update on Step 1 decision lettter on vaccine and devices shipment arrival in country	NLWG & UNICEF	17th July,2024																						Completed
2	Planning meeting on the Micro-plans for Integrated SIAs & the Big catch-up in 13 Phase 1 states	NPSIA & NRIWG focal person	22nd -23rd July , 2024																						Completed
3	NTOT on Integrated micro-planning for NPSIAs and Big catch up in 13 Phase 1 states	N-RIWG & NPSIA team	24th - 26th July ,2024																						Completed
4	Planning meeting on the Micro-plans for Integrated SIAs & the Big catch-up in phase2 states of two clusters	NPSIA & NRIWG focal person	5th -9th Augu,2024																						Completed
5	NTOT on Integrated micro-planning for NPSIAs and Big catch up in phase 1 cluster 1 States	NRIWG & NPSIA team	12th -13th Aug,2024																						Completed
6	NTOT on Integrated micro-planning for NPSIAs and Big catch up in Phase 2 cluster 2 States	NRIWG & NPSIA team	14th -15th Aug,2024																						Completed
7	State level planing meeting for the state level training	State & WHO	20th -21st Augu,2024																						Completed
8	State and Ward level training on integrated micro-plan	States & WHO	22nd - 29th Aug,2024																						Completed
9	Arrival of vaccines and devices from SD	NLWG	22nd - 30th Aug,2024																						Completed
10	Conduct of the integrated Ward level micro Plan for NPSIA & Big Catch-up	LGA Team & WFPs	5th - 10th Aug,2024																						Completed
11	Production of IEC materials including spot announcement for distribution to state	UNICEF	7th -18th Oct,2024																						Completed
12	Production of media monitoring tools	ACSM Team Lead	7th-18th Oct,2024																						Completed
13	Distribution of data tools and IEC materials to states	UNICEF	21st -29 Oct,2024																						Completed

Chronogram for The Big Catch-Up in the Prioritized 200 LGAs across 30 States and FCT

S/N	Activity	Responsible Person	Date	July				Aug					Oct.				Nov.				Dec.				Status
				1	2	3	4	1	2	3	4	5	1	2	3	4	1	2	3	4	1	2	3	4	
A	**Pre Implementation Activities**																								
13	Distribution of data tools and IEC materials to states	UNICEF	21st -29 Oct,2024																						Completed
14	Disburse Logistics funds to Field offices and facilitate deployment of funds to States	UNICEF/WHO	2nd -6th Sept,,2024																						In progress
15	Harmonization of BCU implementation training package and presentations to NRIWG for approval.	SMWG	2nd -7th Nov,2024																						In progress
16	Review and adaptation of state readiness dashboard for big catch-up	M&E team Lead	2nd -7th Nov,2024																						Completed
17	National Planning Meeting	N-RIWG team lead	4th -5th Nov,2024																						In progress
18	Distribution of vaccines and devices to states	NLWG	19th -22th Nov,2024																						In progress
19	Review meeting with States and National Team	NRIWG	20th Nov 2024																						In progress
20	Meeting with States ESs and Team	NRIWG	21th Nov 2024																						Not Due
21	Sensitization of Stakeholders/MDAs Collaboration	SSMWG Team lead	21th Nov,2024																						Not Due

Chronogram for The Big Catch-Up in the Prioritized 200 LGAs across 30 States and FCT

S/N	Activity	Responsible Person	Date	July				Aug					Oct.				Nov.				Dec.				Status
				1	2	3	4	1	2	3	4	5	1	2	3	4	1	2	3	4	1	2	3	4	
B	**Implementation Activites**																								
22	State planning meeting and travel to LGAs for LGA Level trainings	State & WHO	22th Nov,2024																						Not Due
23	State level training of LGA LIOs, CCOs, Health Educators, M&E oficers, team members and partners	States & WHO	23th -25th Nov,2024																						Not Due
24	LGA level training of WFPs, Team Supervisors including partners	States & WHO	26th -27th Nov,2024																						Not Due
25	Ward level training for vaccination team	State,LGA Teams & WFPs	28th Nov 2024																						Not Due
26	Ward level sensitization meetings of village and district heads in the priotized wards	LGA Team, WFPs and TS	28th Nov 2024																						Not Due
27	Access the status of readiness for the implementation at the LGAs and States	N-RIWG	28th Nov 2024																						Not Due
28	ACSM activities at the Ward and community levels	WFP, LGA SHE	28th Nov 2024																						Not Due
29	Distribution of vaccines and devices to LGAs and HFs	LCCO, SCCO	28th-29th Nov 2024																						Not Due
30	Launching of the big catch-up at States and LGA levels	SPHCDA	2th Dec-2024																						Not Due
31	Monitoring and Supervision of implementation of the 1st round of the big catch-up in the 200 LGAs	National & State	2nd - 8th Dec,2024																						Not Due
32	Daily evening review meeting at LGAs	State & LGAs	2nd - 8th Dec,2024																						Not Due
33	Departure of national supervisors to base	National & Partners	9th Dec,2024																						Not Due
34	Debriefing of LGA and State team by National supervisors	National supervisors	11th -12th Dec,2024																						Not Due
35	National Review Meeting	NPHCDA & Partners	14th -15th Dec,2024																						Not Due


Thank
you

Monitoring, evaluation & Data Tools for BCU

Orientation of HCWs for BCU

Approach for Monitoring & Evaluation of Big Catch-Up Activities – Given the Newness of Catch-Up Monitoring Presentation outlines

READINESS MONITORING

Checklist of readiness indicators for implementing catch-up activities

ADAPTED ADMINISTRATIVE HEALTH INFORMATION SYSTEMS

Prepare admin data systems to record & report catch-up doses

TARGETED ASSESSMENTS & REAL-TIME MONITORING – FOR RAPID COURSE CORRECTION

Conduct rapid assessments after catch-up activities as a quality check

DATA MONITORING PLAN FOR MEASURING PROGRESS ,FLOWCHART ON BCU, MONITORING OUTCOME INDICATOR

Key data monitoring tools, flow chart for eligibility of BCU

BCU Monitoring and Evaluation

Approach to Monitoring

How will we monitor, evaluate and learn from the Big Catch-up?

- There are **multi-pronged approach for monitoring, evaluation and learning** of the BCU, balancing short-term solutions with longer term updates to recording and reporting systems, using:

Readiness monitoring to track progress toward implementation readiness;

Administrative information systems (ideally adapted as much as possible) – to estimate children reached and catch-up coverage achieved (more information on next slide)

- **Targeted assessments** and **real-time monitoring** – for rapid course correction

- **Case studies** and **surveys** – to provide coverage estimates, qualitative insights and learnings after catch-up activities have been conducted. (more information on slide 15);

Readiness monitoring

What indicators should be used to monitor State/ LGA to access status of readiness?

- **Planning and Coordination meeting held for the BCU**
- **Cold Chain Equipment functionality and functional generator to power the CCE**
- **Availability of Vaccines for the BCU and RI antigens**
- **Vaccines and devices distribution plan at the state and LGA levels**
- **Availability of data collection tools**
- **Updated information systems to capture age-disaggregated vaccination data (Call in data & DHIS2)**
- **Health workers oriented for the BCU vaccination to children <5-year-olds, how to record catch-up doses**
- **Demand generation plan for older age children between 12-59 months**
- **Daily Implementation plan developed.**

Health information systems

What system strengthening measures are recommended?

As part of the Big Catch-Up, facility recording tools are recommended to **transform the admin information system to monitor catch up:**

- **Child Health Immunization cards (0-11months,12-23 months & 24-59 months)**
- Child Health Register for BCU
- Health facility tally sheet for the big catch-up vaccination
- Ward level Summary Sheet BCU
- LGA level Summary Sheet BCU
- Daily call in data
- Enable recording of older-age catch-up in **health management information systems** (DHIS2 etc.)
- Vaccine utilization data tools to monitor vaccine usage/accountability.

In-process monitoring:
Real-time monitoring and targeted assessments

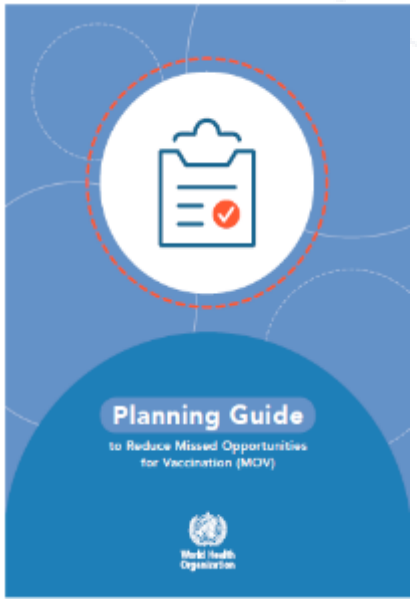
What additional assessments and monitoring should be carried out?

We recommend additional, targeted monitoring measures **during** catch-up activities to support rapid course corrections

1. **Rapid Convenience Monitoring (RCM):**
   - Conduct immediate post-Big Catch-Up activity rapid convenience assessments

2. **Include Behavioral and Social Drivers of Vaccination questions (BeSD, comparing different age groups)**

3. **Other existing rapid assessment tools**
   - Mini Post Introduction Evaluation (Mini-PIE) rapid assessment methodology
   - Missed Opportunities for Vaccination (MOV) methodology



Source: https://www.technet-21.org/en/resources/guidance/monitoring-and-reporting-of-essential-immunization-catch-up-in-the-context-of-the-big-catch-up

Real-time monitoring

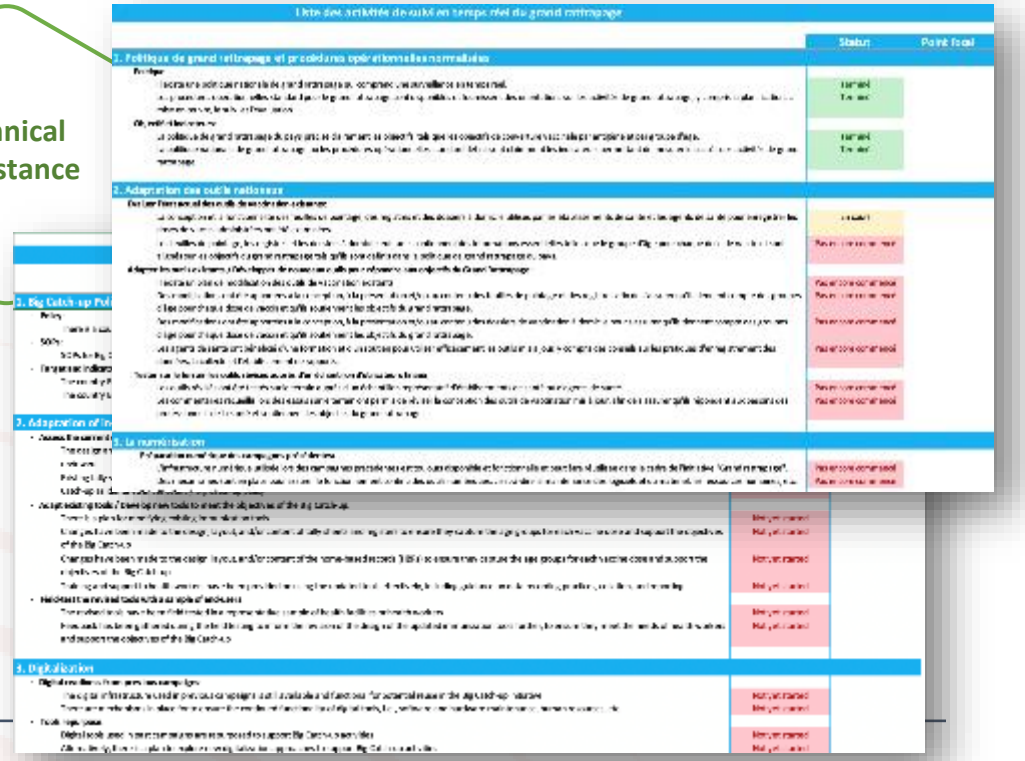
Real-Time Monitoring (RTM) for the Big Catch-Up (BCU) aims to:

- Leverage timely, actionable data to track vaccination coverage, identify gaps in reaching zero-dose (ZD) and under-immunized (UI) children, and support **immediate corrective actions**,
- Foster **integration of BCU information systems with routine immunization platforms** and broader health initiatives, ensuring comprehensive, data-informed decision-making that leaves no child behind.

1 Readiness

2 Capacity building

3 Technical Assistance



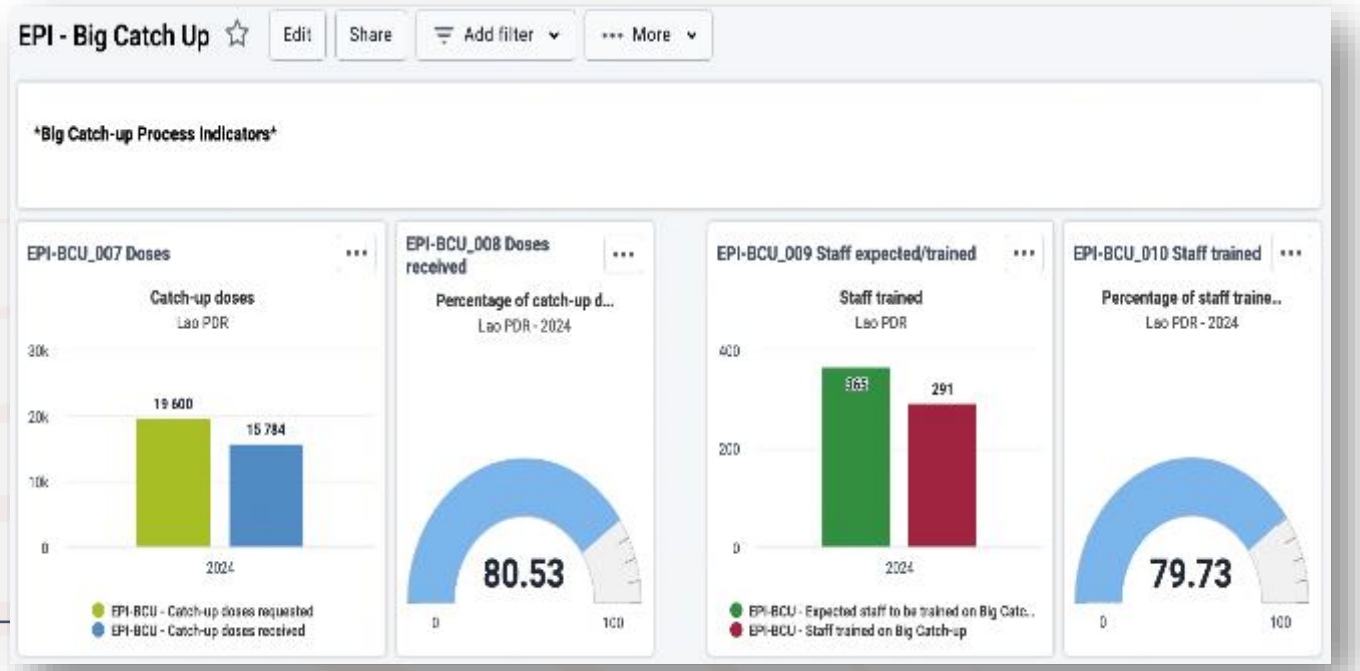
Real-time monitoring – DHIS2 BCU MODULE

Objectives

- Support BCU monitoring efforts by providing a **streamlined and standardized solution to monitor BCU activities**, including vaccination coverage, stock levels, and others,
- Enhance the **monitoring and management of BCU activities** by integrating real-time data collection and tracking into the DHIS2 platform,
- Facilitate **integration of BCU data with national HMIS** to ensure sustainable and long-term use.

Activities

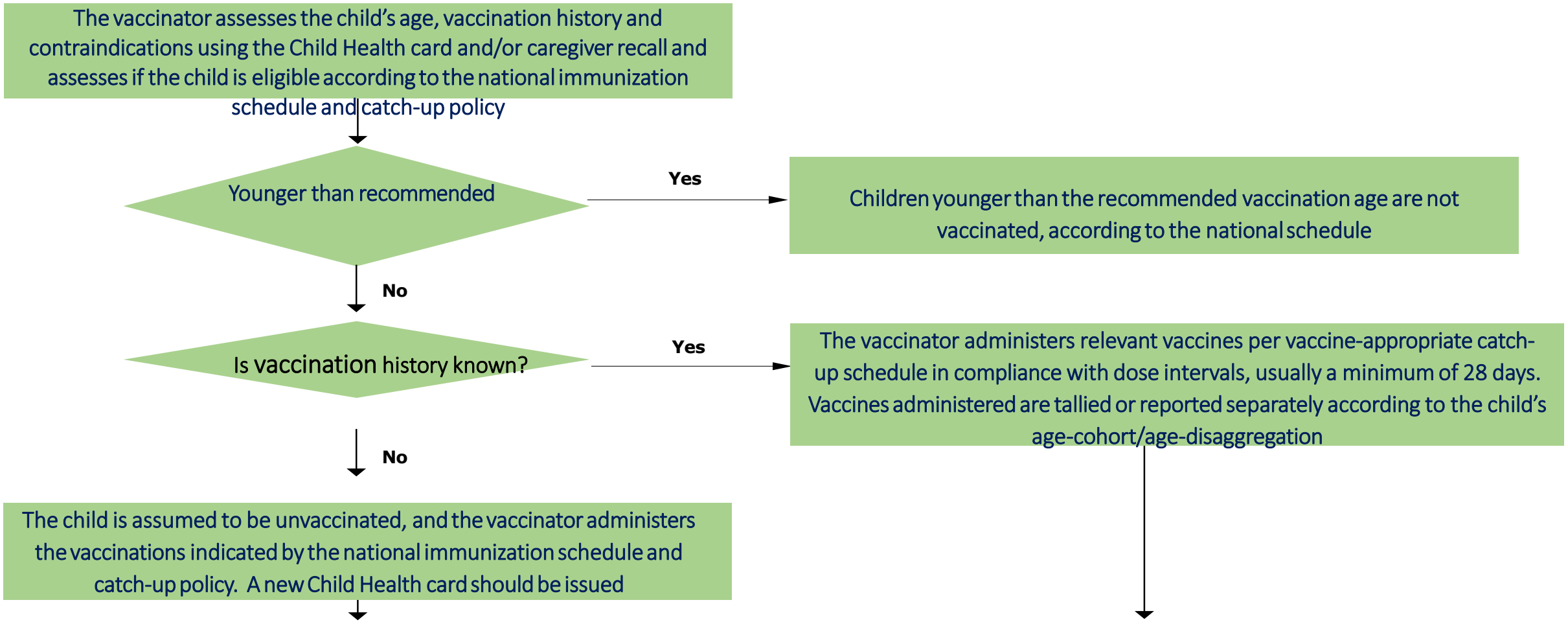
- Development of a DHIS2 BCU module prototype
  Finalized
- Promotion at regional and country level
  Ongoing
- Capacity building and Training
  Q1 2025



Data Management Plan for Measuring Progress

- Real-time intra-campaign digital monitoring using Power BI and EMID
- Hold quarterly Data Quality Assessments in the prioritized LGAs
- Conduct yearly mini NICS (PAPA-LQAS 2.0) in the LGAS to monitor the progress of the restoration of Zero Dose children
- Enumeration Registers
- Monitoring for reduction in related-disease outbreaks
- Monitoring of performance by supportive supervision using electronic devices/ODK
- Conduct of coverage survey

Flowchart to determine eligibility for catch-up



The vaccine dose and date of administration are recorded on the Child Health card, paper or Power BI, and session tally sheet depending on the available immunization data collection tools. These vaccine doses are then aggregated and included in the monthly summary report. Data tools and systems must differentiate doses given to children within the recommended age group

BCU Monitoring and Evaluation

Monitoring Outcome Indicators

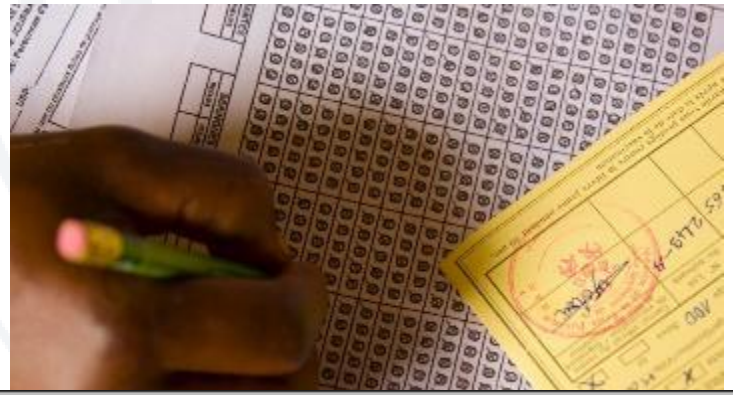
What outcomes should be monitored?

Reminder: National & Sub-national monitoring outcome indicators should be **collected via administrative reporting / recording systems** to monitor catch-up activities

These include the **number / proportion of catch-up target population vaccinated** at least one vaccine-dose :

- **Penta1**, by age cohort(12-23 months & 24-59 months)
- **Penta3**, by age cohort (12-23 months & 24-59 months)
- **IPV1** (and IPV2 as appropriate) by age cohort
- **PCV1**, by age cohort (12-23 months & 24-59 months)
- **PCV2**, by age cohort (12-23 months & 24-59 months)
- **Number and proportion of catch-up target population vaccinated with MCV2, among 24-35m and 36-59m**
- Any **other dose** prioritized (Other RI antigens)

Results monitoring



What outcomes should be monitored?

These include the **number / proportion of catch-up target population vaccinated** with at least one vaccine dose:

- **DTP1**, by age cohort
- **DTP3**, by age cohort
- **IPV1** (and IPV2 as appropriate) by age cohort
- **MCV1**, by age cohort
- **MCV2**, by age cohort
- Any **other dose** prioritized (e.g., YF)

BCU Monitoring Questions	Responses			
3. Based on national vaccination data for your country, how many additional children in each age group have been reached through BCU during this reporting period (note "m" = months). Please complete the columns for numbers of children reached aged 12-23 months and 24-59 months of age. If your country is unable to disaggregate the number of children reached within these two age groups, please complete the 12-59m column instead.				
a. DPT1	*12–23m:*	*24–59m:*	*12–59m*:*	*# of children reached with DPT1*
b. DPT3	*12–23m:*	*24–59m:*	*12–59m*:*	*# of children reached with DPT3*
c. *(Any DTP: Only use this row if a breakdown of DPT1 and DPT3 is not possible.)*	*12–23m:*	*24–59m:*	*12–59m*:*	*# of children reached with DTP*
d. IPV	*12–23m:*	*24–59m:*	*12–59m*:*	*# of children reached with IPV*
e. MCV1	*12–23m:*	*24–59m:*	*12–59m*:*	*# of children reached with MCV1*
f. MCV2	*12–23m:*	*24–59m:*	*12–59m*:*	*# of children reached with MCV2*
g. bOPV	*12–23m:*	*24–59m:*	*12–59m*:*	*# of children reached with bivalent OPV*

**If your country is unable to report vaccination data disaggregated by 12-23m and 24-59m, then please completed the column for 12-59m instead.*

What should health workers know about recording and reporting catch-up vaccination?

Health workers should be trained how to accurately record and report catch-up vaccination doses:

- All doses, regardless of when they are given, should be recorded on the child immunization card, tally sheets, registers, electronic immunization records, and monthly reports, according to when the vaccine is actually administered, even if considered “late” or “delayed” according to the national immunization schedule.
- All doses should be recorded in the order in which they are actually given (e.g. if a child is 15 months old and has never received a pentavalent vaccines, the dose should be recorded as Penta-1; and the caregiver should be asked to bring the child back for penta2 in 4 weeks’ time. A dose should never be recorded and reported as penta- 3 if the child has not first received Penta-1 & Penta-2).
- If vaccination history shows that some but not all doses in a vaccine series were given, do not restart the series, regardless of the time that has passed between doses.
- Continue with the next dose required in the immunization schedule

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TERM OF REFERENCE

FOR

UNICEF BIG CATCH UP (BCU) HEALTH CONSULTANTS

MAIN RESPONSIBILITIES & TASKS

- **Big Catch-up strategies and implementation**: The consultants will provide technical support to the state' Big catch-up strategies, interventions, and monitoring reports,
- Develop an implementation plan to address challenges and bottlenecks identified to ensure eligible children are identified and reached with required vaccines. The aim of the documents review, and analysis is to ensure there is clear guidance on how to provide missed doses of vaccinations.
- **Development of knowledge management products:** The consultants are to support in the documentation, case studies on strategies for BCU and efforts for continuously implementing catch-up vaccination as part of a whole system approach along the life course.

SPECIFIC TASK TO SUPPORT SUB-NATIONAL LEVELS (STATE,LGAS,WARDS)-----1

- Micro planning and analysis of the developed plan for the states in implementing the big catch up in all priority LGAs.
- Finalization of the big catch-up micro-plan in association with the SPHCDA and partners, Analyzing approaches, challenges and bottlenecks for planning, identification and reporting on ZD/under immunized children conducted
- In close collaboration with LGA Health Education officer, support development, implementation and monitoring of LGA specific evidence-based SBC plans,
- Ensure capacity building, community engagement, social mobilization and specific contextualized behavior change interventions are conducted, with special focus on underserved and hard to reach communities
- Support training at the sub national level that cover best practices for implementation of BCU, recording and reporting catch-up doses, adapted to different healthcare settings and context

SPECIFIC TASK TO SUPPORT SUB-NATIONAL LEVELS (STATE,LGAS,WARDS)-----2

- Support the VSLs in the development of quality vaccines and devices distribution plan including data tools and waste management plan to the LGA and ward level
- Support the SPHCB and SBC consultant to ensure ACSM activities are conducted as plan at the State, LGAs and ward levels in the prioritized LGAs.
- Strengthen partnership with relevant stakeholders at the sub-national level on Immunization and PHC
- Ensure accurate daily data tools are being use and reporting procedure are followed by wards, LGA and state to the national throughout the catch-up implementation.
- Follow up with the states in ensuring children vaccinated during implementation are recorded, reported and harmonize into the DHIS2.

SPECIFIC TASK TO SUPPORT SUB-NATIONAL LEVELS (STATE,LGAS,WARDS)----------3

- Support the states to mapped out the strategy for implementation and monitored the implementation process in ensuring all zero dose/ under immunized children of the targeted age groups and missed communities are reached and vaccinated.
- Provide technical support to states to strengthen health care workforces, improve health service delivery, build trust and demand for vaccines within communities, and address gaps and obstacles to restoring immunization.

- Support states to develop restore and strengthen strategy plan in ensuring adequate access of the community to quality health care and other PHC services including immunization services
- Analysis of BCU vaccine demand, track vaccine stocks at national and sub-national levels, liaise with NPHCDA and NSCS to make adequate availability of BCU vaccines at sub-national levels (applicable for vaccine management consultant).

DELIVERABLES OF CONSULTANTS----------1

- Technical guidance to the state and LGA health managers in developing micro planning for implementing the big catch up and operationalize IEV in all priority LGAs across 30 states and FCT.
- Analyses of zero doses and under immunize children in all the prioritized LGAs and share with the field offices and NCO.
- Mapping and planning for the community engagement strategy for the states, LGAs to reach the eligible zero dose children
- Guide and facilitate the state/LGA/Ward health educators/focal person for implementing the contextualized LGA/ward specific community engagement activities
- Documenting lessons learnt in monitoring the big catch implementation using ODK and GTS tracker.

DELIVERABLES OF CONSULTANTS----------2

- Support Coordination of training of health care workers at the State, LGA and ward levels on big catch-up micro planning and operationalization in association with the SPHCDA and partners.
- Finalization of the Zero dose/under immunized children vaccinated are recorded and reported into the appropriate tools and transmitted to the FOs and NCO
- Monthly and Field mission reports with findings of data collection, good practice and sustainability.
- Vaccine accountability and waste management report are generated and share with the FOs and NCO
- Institutionalize/share best practices and knowledge learned/products with global/local partners and stakeholders to build capacity of practitioners/users and disseminate products to key audiences including partners and donors
- Analysis of state BCU vaccine demand and timely availability of BCU vaccine at sub-national levels
- Final comprehensive report on the assignment developed and presented after each round of the big catch up

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