Last quarter was a critical time for the BID Initiative and I’m happy to share we’ve started officially rolling out interventions across our pilot region in Arusha, Tanzania! We began with a handful of facilities to user test the new national electronic immunization system and incorporated feedback before expanding to additional facilities. Stay up-to-date on our progress in each facility and learn more about our interventions in the interactive map on our website.

We also continue to move forward with intervention testing, design and fine-tuning in the Southern Province of Zambia. Productive meetings with Zambia’s ministries and other local stakeholders have informed our direction around how to develop immunization registry and supply chain solutions for its immunization program. We’ve also made steady progress in introducing interventions that build a culture of data use.

The BID Learning Network convened in late May in Dakar, Senegal for a successful design collaborative meeting to evaluate requirements for logistics management information systems. We are looking forward to continued conversations in our Google Group and monthly webinars.
Rolling out Interventions in Tanzania

Interventions are now being implemented across the Arusha region as a result of a year of dedicated planning, designing and testing in pilot facilities. This is a culmination of major efforts from our team in establishing partnerships, identifying immunization data-related challenges and fine-tuning interventions to solve them, as well as procuring the necessary equipment, and facilitating health worker trainings.

During this phase of the BID Initiative, we will roll out to all 253 facilities in the Arusha region over the course of this year and into early 2016. Implementation specialists will visit each facility five times to ensure that tools are successfully implemented and that the staff are trained in how to use the immunization data collected to make informed decisions to better deliver their services and reach more children with life-protecting vaccines.

Additionally, we’ve established peer communication forums to increase informal interaction between health workers and encourage peer-supported problem solving. Now, health workers in Arusha are more connected than ever through the use of the WhatsApp peer-networking group.

If a health worker has trouble with a report or is low on vaccine supply, they can reach out to their peers for help or to transfer a surplus of vaccines from a nearby clinic to avoid turning patients away due to a stock out. As we roll out across the country, this peer support network will help providers connect with others who have already adopted these changes for support and advice.

FOLLOW OUR PROGRESS: DEMO COUNTRY INTERACTIVE MAP
Intervention Spotlight: Electronic Immunization System

Our team, along with a consortium of partners and the Ministry of Health and Social Welfare (MoHSW) in Tanzania, spent considerable time last quarter user testing and fine-tuning the newly developed Tanzania Immunization Information System (TIIS). By engaging the User Advisory Group and testing the system in six facilities, we gathered feedback on the functionality and user experience to make updates before expanding to additional facilities. We are proud and inspired by the work that went into developing this intervention that will ensure all children are registered at birth and don’t miss a potentially life-saving vaccination.

At facilities with electricity and high-volumes of patients, children’s vaccinations will be registered in an online form via a computer or tablet. Facilities with lower volumes or inadequate infrastructure will use simple, modified paper forms that are compatible with the electronic system. Through scanning a barcode on the child health record, children can be added and tracked in the national electronic immunization registry and all facilities will have visibility into the data. Compiling the data into one system provides a more comprehensive picture of a child’s immunization status allowing health workers to more effectively identify defaulters since the system will alert them when a child misses a scheduled vaccine.

With this new system, health workers can now plan ahead for the children they will vaccinate each month and ensure they have adequate supply in the health facilities. Additionally, health
workers can contact caregivers if they didn’t bring their child in for a vaccination that was due. With real-time data entry, reports will be automatically generated at the end of the month, reducing the chance of error and allowing health workers to spend more of their valuable time providing care rather than managing reports.

INTERVENTION SPOTLIGHT: ELECTRONIC IMMUNIZATION REGISTRY

CREATIVITY: THE KEY TO DEVELOPING TANZANIA’S ELECTRONIC IMMUNIZATION SYSTEM

Critical Meetings Held in Zambia

Intervention design, fine-tuning, and testing continues in the Southern Province of Zambia, including the development of posters for facilities that encourage a culture of data use and community micro-training videos by health workers, for health workers, as they adopt new products and practices that further data quality and use.

We held productive meetings with the Ministry of Health, Ministry of Community Development, Mother and Child Health and the CDC in Zambia last quarter to move forward in outlining the full planning process and prepare to issue an RFP for the development of the national electronic immunization information system. We also continue to develop Zambia’s implementation strategy, taking in lessons learned from Tanzania’s roll out.

A WhatsApp group was also established in Zambia and we continue to engage the User Advisory Group throughout our testing phase.

CHAMPIONING THE HEALTH WORKER, MEET MARTHA MAZANA

LEARNING FROM OTHERS TO DESIGN SOLUTIONS IN ZAMBIA
The BID Learning Network held a design collaborative meeting in late May in Dakar, Senegal. The meeting focused on logistics management information systems (LMIS) and took participants through a variety of sessions and field visits to nearby facilities to spark insightful discussions on evaluating and implementing an LMIS. These meetings are critical to the BID Initiative's success so that the solutions designed for demonstration countries Tanzania and Zambia will be applicable in many other country contexts.

To continue conversations from the meeting, the BLN held a webinar on Building Real-Time LMIS for the Vaccine Supply Chain in Nigeria which was preceded by webinars on Cold Chain Management in Zambia and Rolling out a Nationwide Web-Based District Health Information System (DHIS2) in Ghana.

The BLN has also instituted a Peer Advisory Group (PAG), with a membership of six people representing West-Central and East-Southern Africa to enhance our ability to capture participating country priorities.

BLN DIVES INTO LOGISTICS MANAGEMENT INFORMATION SYSTEMS
FIRSTHAND LOOK AT SUPPLY & LOGISTICS MANAGEMENT IN DAKAR
Data Quality and Use – Innovations that will Transform Health by 2030

*Reimagining Global Health*, Innovation Countdown 2030’s inaugural report led by PATH, launched at the Financing for Development Conference in Addis Ababa, Ethiopia on July 13. The report features 30 high-impact innovations selected by independent global experts for their promise to save lives, as well as commentaries by health, technology, and business leaders on the essential role of innovation in driving health impact.

Vaccines account for five of the 30 innovations which includes both ready-to-use innovations as well as those still in the pipeline. The report also emphasizes crosscutting solutions to strengthen the underlying foundation of innovation platforms and health systems. Specifically, the importance of data collection, management and use innovations to create or improve existing data systems and generate high-quality, timely information to inform decision-making.

Learn more and download the full report at [www.ic2030.org](http://www.ic2030.org) and join the conversation on Twitter with #IC2030.