



THE IVD PROGRAM QUATELY NEWSLETTER

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A MESSAGE FROM THE IVD PROGRAM MANAGER

This year, the immunization program in Tanzania continued to ensure every child is reached with lifesaving vaccines through adequate availability and distribution of vaccines and cold chain equipment. It also helped promote and expand outreach services, as well as generate demand within communities. In this issue, we share key milestones of the program implemented this year.

In the next issue, we will share with you how the program performed throughout 2020 despite the challenges caused by COVID-19. Stay tuned!

CELEBRATING AFRICAN VACCINATION WEEK

In April, Tanzania joined countries across the world to celebrate World Immunization Week. World Immunization Week aims to promote the use of vaccines to protect people of all ages against vaccine-preventable diseases. Immunizations save millions of lives every year and are widely recognized as one of the world's most successful health interventions. Nevertheless, about 20 million children do not receive these lifesaving vaccines, and so there is a continued need to advocate and create demand for immunization services in our country.

Using the theme “vaccines bring us closer,” African Immunization Week 2021 urged greater engagement around immunization to promote the importance of vaccination in bringing people together, and its role in improving the health and wellbeing of everyone, everywhere, throughout life. African Vaccination Week was celebrated across Tanzania with a national commemoration in Morogoro region. The Minister of Health used this opportunity to advocate for community uptake of all vaccines, particularly the HPV vaccine.



Photos: African Vaccination Week celebrations in different regions of Tanzania. Courtesy of the IVD program

Health facilities were open for immunization beyond normal working hours, between 8 a.m. to 5 p.m., to allow every caregiver to ensure all children who visited the health facility were vaccinated. Some health facilities also actively tracked under- and un-immunized children. All eligible children were vaccinated, regardless of whether they had a clinic card, to increase the herd immunity and to reach children who had defaulted on immunizations.

“An unvaccinated or under-vaccinated child is a threat to his/her own health and the community. To the parent, treatment is costly. A protected community is a healthy community,” Dr. Dorothy Gwajima, Minister of Health.

DEVELOPMENT OF THE NATIONAL IMMUNIZATION STRATEGY 2021 – 2025



Our country comprehensive multi-year plan (cMYP 2016-2020) for immunization ended in 2020 with both successes and challenges, as well as many lessons learned. Taking into consideration changes in the immunization agenda at a national and global level, the program has embarked on developing a new national immunization strategy (NIS), which will provide the direction and focus of the program for the next five years, between 2021 and 2025.

Informed by the Tanzania National Health Sector Strategic Plan V, the Immunization Agenda 2030, and the Gavi 5.0 strategy, among other strategic documents, the NIS will strive to achieve the following goals: **Ensure everyone is protected from vaccine-preventable diseases throughout the life-course with high**

quality, effective, efficient and equitable immunization services; and ensure an effective, efficient, and resilient immunization program as an integral part of the primary health care system.

Development of the NIS involved a series of processes, discussions, and consultations, as highlighted in the flow chart below. The program is currently finalizing the budget and revising the strategy with partners, donors, and the government. It will then finalize and approve the monitoring and evaluation (M&E) component of the document. The NIS is expected to be complete by the end of the second quarter.

INTEGRATING THE BIRTH REGISTRATION SYSTEM WITH TANZANIA'S ELECTRONIC IMMUNIZATION SYSTEM

The civil registration and vital statistics (CRVS) systems lay the foundation for good governance by increasing the effectiveness and delivery of public services, providing vital statistics for the planning and monitoring of national development, and protecting fundamental human rights.

With the intention of reaching every child with life-saving vaccines and increasing the rate of birth notifications and (eventually) certifications, the EPI program and Registration Insolvency and Trusteeship Agency (RITA) are exploring the possibility of integrating their information systems to allow for bi-directional data exchange. The under-five birth registration system will share information about children who have been registered and certified in Tanzania's Electronic Immunization Registry (TImR). It will also cross-reference TImR to determine if the children are immunized and will share data with the under-5 birth registration system to determine which children don't yet have birth certificates.

The technical team from RITA and the MOH will meet in Morogoro this month to discuss and implement system integration. They will establish a plan for field testing and piloting the integrated system in one of the districts in the country. Stay tuned for more updates in the next issue of this newsletter.

BIRTH REGISTRATION DATA REQUIREMENTS BY LAW IN TANZANIA

Regarding the child: Name, Sex, Date of birth, Date of registration, Place of occurrence, Place of registration, Type of birth (single, twin, triplet and so forth), Type of place of occurrence (hospital, home, etc.)

Regarding the mother of the child: Date of birth or age, Place of usual residence, Place/country of birth

Regarding the father of the child: Date of birth or age, Place of usual residence, Date of marriage in case of late registration

THE JOURNEY FROM PAPER TO DIGITAL

Signaling Tanzania's embrace of digital health to achieve greater health equity, the government has committed to scaling TImR nationally by the end of 2021. The decision is not only unprecedented for Tanzania, but a significant milestone for countries across the globe as they move to scale up digital systems and retire legacy, paper-based forms of record keeping.

TImR was first introduced in Kilimanjaro and Mwanza, beginning in 2018. Since then, health facilities maintained both paper and digital systems side-by-side. The dual systems allow the MOHCDGEC and partners to resolve technical issues and give time to health workers to master the new system. This process of replacing paper-intensive processes with digital information systems is meant to increase efficiency in immunization services, improve data quality and data use, reduce workload, and allow for more continuous system usage.

The transition to digital began in Tanga as a pilot to better understand what's required of this transition process. After an initial testing period, an assessment was conducted to gather health worker experiences and recommendations for the transition process. The findings were a reference point for software enhancement, a gap analysis of human resource needs, stakeholder engagement, as well as the monitoring and evaluation needs of health facilities as they shift to paperless.

Based on the experience in Tanga, the government has decided to scale to two more regions. On June 1, this process will begin in additional regions. In the meantime, the government is preparing by sensitizing stakeholders, refreshing trainings, and removing existing paper tools from health facilities.

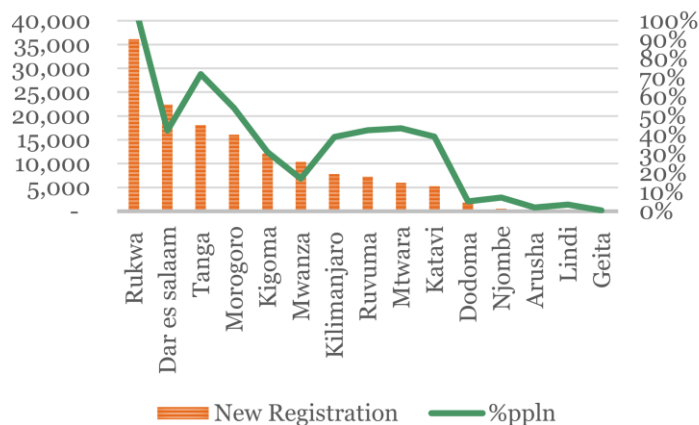
IMMUNIZATION IN NUMBER IN REGIONS IMPLEMENTING EIR

To date, 15 regions are implementing TImR with varied levels of performance. Two process indicators are used to assess performance and rank regional performance. These include the number of new children registered in the system (which should be close to the birth cohort of the areas), and the number of children visiting health facilities for any child health service besides immunization. The two charts on the right demonstrate rank and regional performance.

TANZANIA'S IMMUNIZATION PROGRAM BY THE NUMBERS JAN – APRIL 2021

% <1yr population registered for immunization service
Jan – April 21

NUMBER OF CHILDREN REGISTERED AS % OF <1YR PPLN. JAN - APRIL 21



Access to immunization and child health services
Jan – April 21

NUMBER OF CHILDREN ACCESSING CHILD HEALTH CLINIC SERVICES (JAN - APRIL 21)

