Country	Objective of RCM	Design features	Geographic area	Age range of children	Total persons assessed[1]
Burkina Faso	Assess vaccination status and understand information channels to improve BCU activities	Descriptive cross-sectional RCM including BeSD during final days of PIRI	70 districts of 13 health regions conducting BCU	24–59 months	37,202 children from 12,950 households
Cameroon	Assess how well BCU rounds 1 to 3 reached un-/under-immunized children, and why some were missed.	Descriptive cross-sectional RCM including BeSD in districts completing all three BCU rounds (2024-2025); household and facility components	38 districts, 76 facilities	12–71 months	3,220 children from 2,280 households 76 health workers
Democratic Republic of Congo	Analyze performance of BCU and reasons why some eligible children were missed during BCU PIRIs	Descriptive cross-sectional RCM including BeSD after two BCU PIRI rounds; household and out-of-household identification	2 provinces, 24 health zones	0–59 months	1,249 children
The Gambia	Understand full and partial immunization status and inform improvements	Descriptive cross-sectional settlement-based RCM in areas where BCU conducted	7 regions and 41 districts included (nationwide)	12–59 months	37,018 children from 36,183 households
Guinea	Rapidly assess campaign quality and reach among un-/under-immunized children, and guide real-time corrective action	Descriptive RCM immediately after vaccination intensification and Vitamin A campaign activities and reasons/factors for not vaccinating	8 regions, 12 health districts	0–23 months	1,932 children from 1,440 households
Mali	Assess reasons for missing vaccine doses among under-five children to refine catch-up service delivery practices	Cross-sectional mixed methods assessment with caregiver and health facility interviews in BCU districts	4 regions, 8 health districts, 24 health centers conducting BCU	0–59 months	480 children 24 health workers
South Sudan	Assess BCU performance, find missed/zero-dose children, and identify barriers to drive mop-up and course correction.	Descriptive cross-sectional RCM where BCU conducted, including barriers and sources of information	9 states, 26 counties	12–59 months (primary BCU target) and infants 0–23 months	2,354 children 0–59 months (1,780 aged 12–59 months and 574 aged 0–11 months) from 1,560 households
Tajikistan	Identify zero-dose and under-immunized children in high-priority BCU areas and use findings for corrective action and microplanning refinement	Descriptive cross-sectional RCM with BeSD in areas where BCU was implemented; linked household vaccination verification with a BCU Institutionalization Assessment covering SOPs, supply chain, microplanning, outreach, DHIS2/electronic immunization registry use, community engagement and financing/technical assistance needs	13 high-priority districts, 52 micro-areas/sites	1–6 years as the BCU/catch-up age group and <1 year as the routine immunization comparison cohort	1,504 children assessed: 1,011 aged 1–6 years, 491 aged <1 year, and 2 with unclear age classification. Household count not separately reported. 52 linked BCU Institutionalization Assessments / facility-linked assessments.

[1] RCMs are typically assessing 20 households in the area meeting the age and any other inclusion criteria; the area is typically served by one health facility. Not all RCMs adhered strictly to the 20 children per area sample, e.g. Mali reported sampling 60 caregivers per district.

Abbreviations
BCU: Big Catch-Up
BeSD: behavioral and social drivers for vaccination
MOV: missed opportunities for vaccination
SOP: standard operating procedures
PIRI: periodic intensification of routine immunization
RCM: rapid convenience monitoring