



The Gavi REACH Consortium: Delivering Immunization Services to Zero-Dose Children in the Horn of Africa

August 2023

Routine immunization serves as a critical driver of improved child health and child survival outcomes globally. Routine immunizations protect individuals, communities, countries, and even the world from outbreaks of deadly diseases and pandemics. While global immunization coverage has increased dramatically in the past two decades, this is driven largely by gains in stable contexts. Children in humanitarian settings, including conflict-affected, remote regions, and cross-border communities continue to disproportionately lack access to this foundational health service.



Title: Reaching Every Child in Humanitarian Settings (REACH)



Locations: Horn of Africa (Ethiopia, Somalia, South Sudan, and Sudan)



Duration: 4 Years, 2022-2025



Target Population: 2.2M children under 5, comprised of 1.23M ZDC and 420,000 under-vaccinated children



Budget: USD \$50M



Status: Implementation

The IRC-led REACH Consortium, funded by Gavi, the Vaccine Alliance, was designed to address this challenge—to close the immunization gap in Ethiopia, Somalia, South Sudan, and Sudan. Powered by a network of global and local partners, the REACH Consortium works to extend services to those beyond the reach of government systems and ensure that no child, wherever they live, is left behind.

The NGO-led model leverages civil society and local actors who have the infrastructure, experience, and access to deliver services in humanitarian settings. In bringing vaccination services to missed communities, the REACH Consortium will not only help close the immunization gap but will connect zero-dose children and their families to other critical healthcare and humanitarian services—improving their health and well-being in both the immediate and long-term.

Who Are Zero-Dose Children?

Vaccines are one of the most effective and cost-efficient investments in global health, yet many children miss out on routine immunization each year. Zero-dose children—defined as those who do not receive a single dose of the diphtheria, tetanus, and pertussis-containing vaccine—are left vulnerable to deadly and debilitating infectious diseases. These children account for half of all vaccine-preventable deaths.

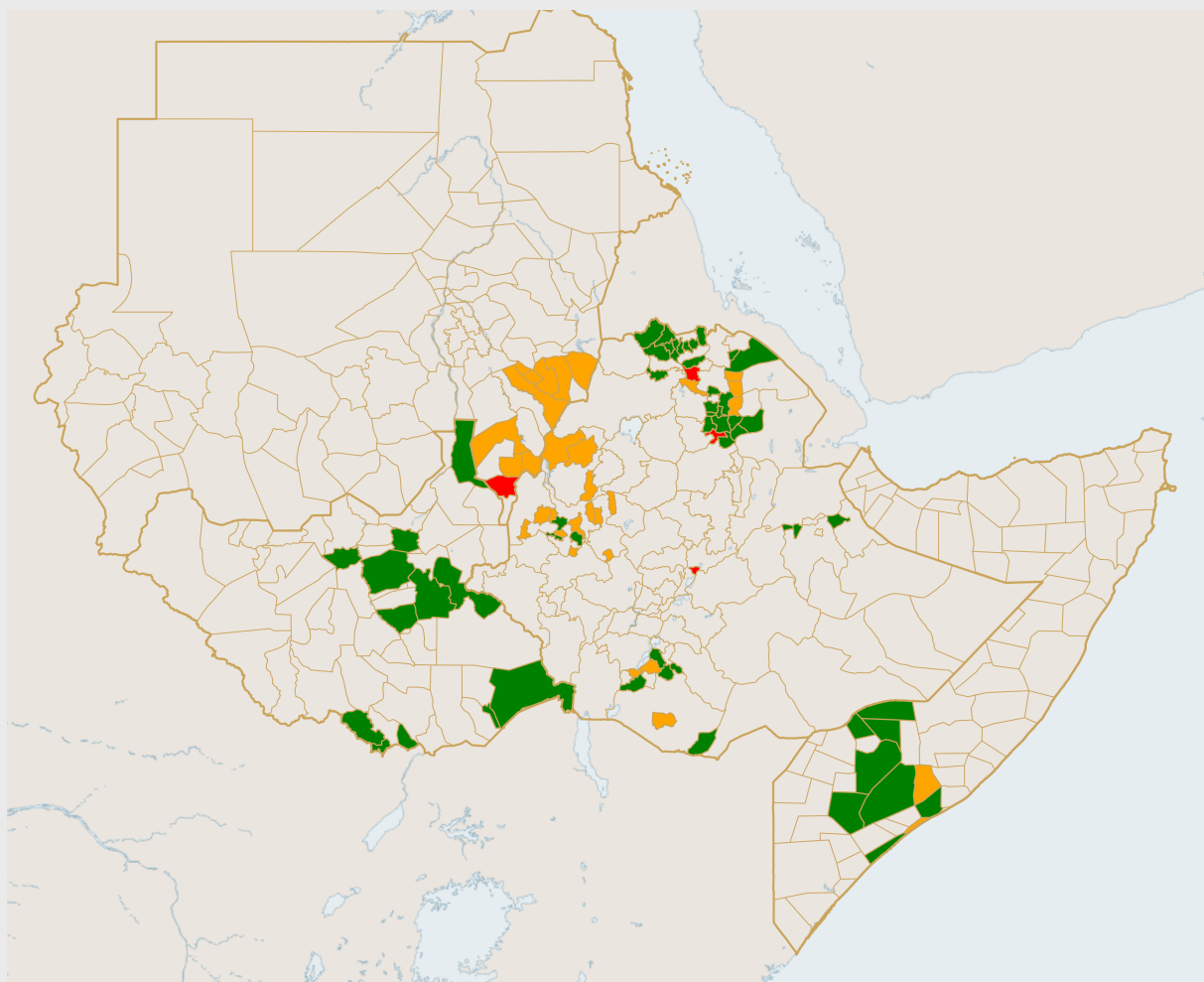
In 2021, **18.2 million** children were classified as zero-dose. These children live disproportionately in conflict-affected, remote, and cross-border communities beyond the reach of government services—the very people the IRC is positioned to serve. As a result, routine immunization is often one of many essential health services that are out of reach for zero-dose children, their caregivers, and their communities.

PROJECT MAPPING

The Horn of Africa experiences low rates of immunization due to ongoing and overlapping challenges of sustained conflict, food insecurity and other emergencies, porous borders, and limited health infrastructure—all requiring unique interventions to deliver immunizations at scale and close the dangerous vaccination gap. At the start of the project, the REACH Consortium characterized and mapped the population of zero-dose children.

In REACH's operating areas, the IRC and partners estimate that among a total population of **2.23 million children** under five **identified, 1.23 million (54.9%) qualify as zero-dose**. Another **420,000 children (- 18.6%) qualify as under-immunized**, meaning they have not received their full schedule of vaccinations and remain vulnerable to preventable infectious diseases. Based on the population data and the reach of existing government vaccination efforts, **156 districts in Ethiopia, Somalia, South Sudan, and Sudan** were selected for implementation. These districts include conflict settings, regions under partial or no government control, and regions with large populations of IDPs, refugees, and nomadic communities. This first of its kind mapping of where zero-dose children live has been crucial to understanding contextual barriers to immunization and designing strategies to sustainably reach zero-dose and under-immunized children with vaccination services.

● Phase 1 ● Phase 2 ● Phase 3

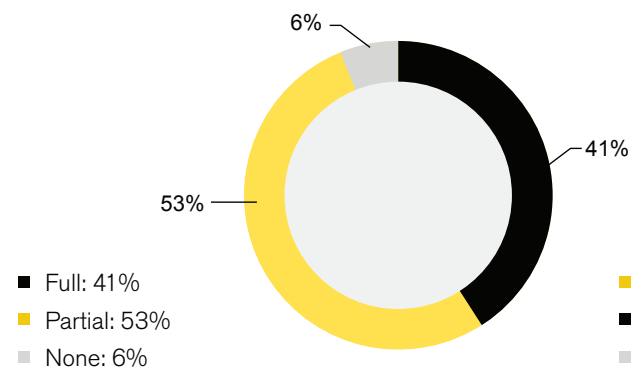


Humanitarian access within REACH locations

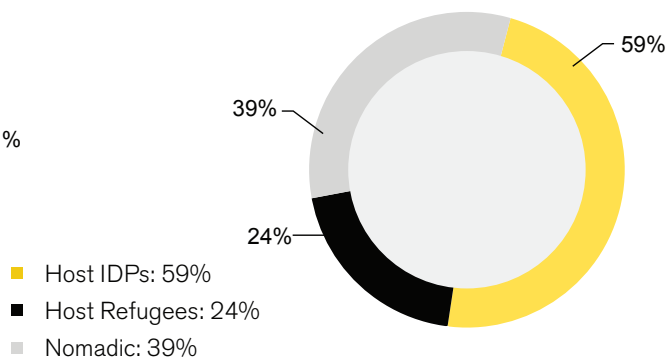
Population Under 5: 2.2M
Zero-Dose Children: 1.23M


Under Immunized: 420,000
Operating Districts: 156

Government Control:



Population Characteristics:










Indicators	Total	 Somalia	 Sudan	 South Sudan	 Ethiopia	# ZDC (12 to 59 months)
# of accessible locations	92	9	0	15	67	1.23 M
# of partially accessible locations	36	12	3	0	34	
# of inaccessible locations	18	1	1	0	14	

As of 12th May 2023



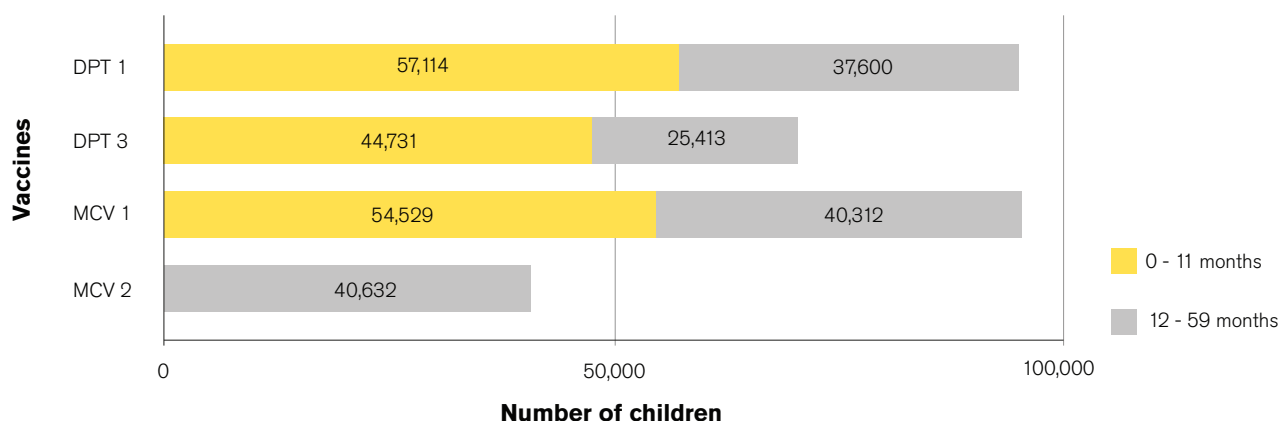
DELIVERY STRATEGIES

Current Barriers to Immunization	REACH Delivery Strategies
<p>Access</p> <ul style="list-style-type: none">  Immunization services are not available in the area.  Weak health infrastructure and cold chain capacity limit reach of government-led efforts. 	<ul style="list-style-type: none"> ▪ Optimized delivery locations: Service locations and delivery tactics, including the use of fixed, mobile, cross-border, mass campaigns, etc., are determined using geospatial information systems (GIS), population, and data. By differentiating delivery strategies, REACH is overcoming current access barriers and bringing vaccination services directly to children and their caregivers. ▪ Cold chain innovations: To ensure vaccines are able to reach the optimized delivery locations, REACH is leveraging new cold chain technology such as refrigerated and rechargeable Indigo Backpacks. These packs provide an uninterrupted cold chain for up to five days and enable healthcare workers to deliver immunizations in even the most remote and difficult to reach communities. The consortium will continue to pilot new innovations as they emerge.
<p>Security</p> <ul style="list-style-type: none">  Lack of government control and/or active conflict interrupts or ends service provision.  Conflict limits mobility of population, especially women and children. 	<ul style="list-style-type: none"> ▪ Humanitarian access negotiations: REACH is employing a phased delivery approach; service delivery was initially started in accessible locations while humanitarian access was being negotiated in partial and inaccessible locations. The access situation has changed significantly in recent months and service delivery has started in many partially accessible locations. This is in part due to change in context; – example, signing of peace agreement in Tigray and due to successful access negotiations by IRC and local partners – example in South Sudan and Somalia. In January 2023, 26% of locations were fully accessible, while 51% had partial access and 43% had none. However, in May 2023, only 63% of locations are fully accessible with 25% of locations with partial access and 13% of locations reporting no access. IRC's access team is engaged in discussions with government and armed groups to ensure accessibility in the inaccessible locations.
<p>Economic</p> <ul style="list-style-type: none">  Opportunity cost of traveling to far facility, missing work, and/or need for childcare disincentivizes participation. 	<ul style="list-style-type: none"> ▪ Integrated services: REACH is taking a client-centered approach and working to integrate immunization into health and non-health programs. For example, childhood and livestock immunization may occur at one point, such as a market, so that families can care for both their children and livelihoods at the same time, providing both a health and economic benefit. ▪ Optimized delivery locations: The increase of immunization services in remote, conflict-affected, cross-border, nomadic, and missed communities reduces the opportunity cost, addressing a key caregiver concern.
<p>Social</p> <ul style="list-style-type: none">  Misinformation and lack of knowledge on importance of immunization lead to vaccine hesitancy.  Gender. 	<p>N/A: human-centered design work under way to inform respective strategies.</p>

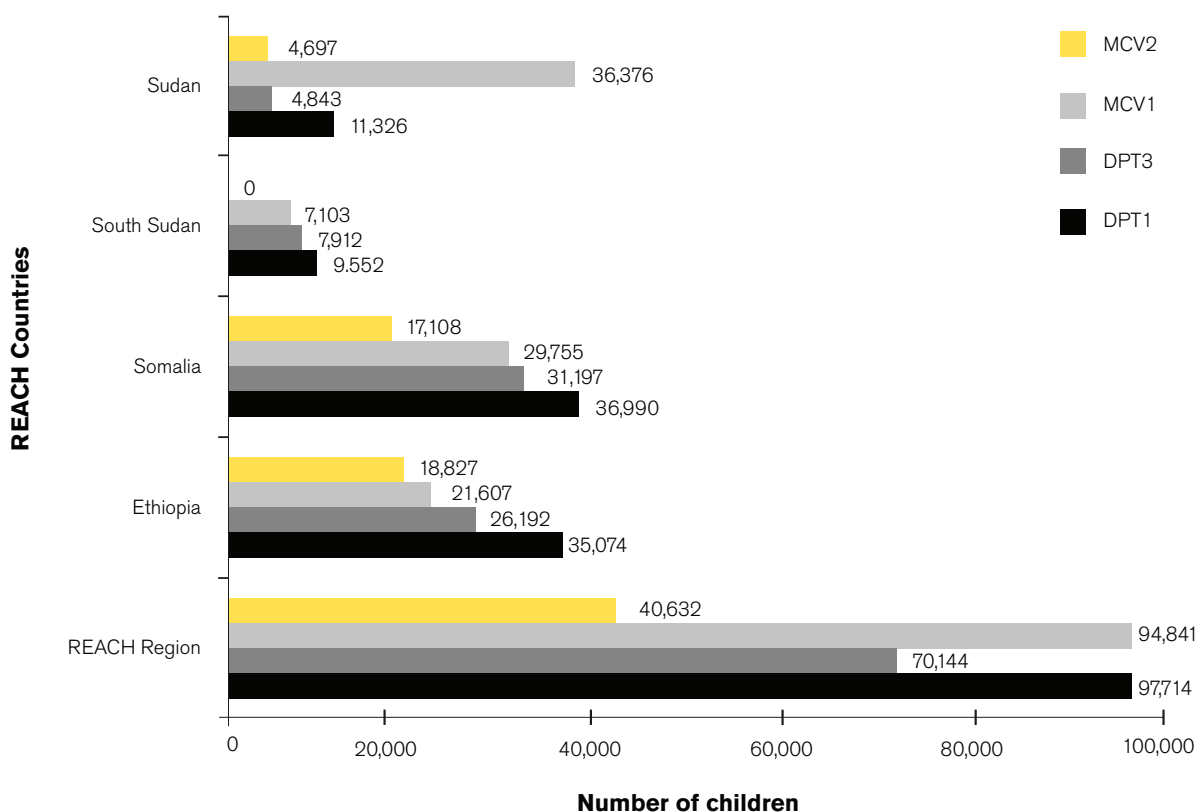
REACH Project Update: January - June 2023

The project team carried out mapping of the missed population to be targeted with outreaches; identified sites for fixed, static, and mobile vaccination sessions; built capacity of vaccination workforce (vaccinators, mobilizers) to deliver quality immunization services and sustained community level mobilization (demand creation); and worked towards establishing last mile supply chain (vaccine and cold chain equipment access) within REACH locations to ensure availability of vaccines and minimize missed opportunities to vaccinate due to breaks in supply chains. These strategies were effective in administering *Diphtheria, Pertussis, Tetanus (DPT) and Measles Containing Vaccine (MCV)* immunizations to 298,559 children.

Total Number of Vaccinated Children from Jan - June 2023



Number of Children <5 Who Received Various Vaccines as of June 2023 by Country



Gavi REACH Project revised targets as of June 2023

Reach Targets	Infants (0-11month)(2023)		ZDC 1-2 yrs		UIC 1-2 yrs		ZDC 2-5 yrs		UIC 2-5 yrs	
	Identified population	Targets to be reached	Identified population	Targets to be reached	Identified population	Targets to be reached	Identified population	Targets to be reached	Identified population	Targets to be reached
	591,504	351,874	358,954	263,539	126,522	78,782	867,704	799,075	289,665	204,248

MCV2






MCV1

DPT3

DPT1

THE CONSORTIUM

The IRC-led REACH Consortium is designed to deliver impact for zero-dose children and other missed communities by leveraging the deep experience and expertise of the partner network. It combines the power of Gavi's vaccine alliance with the humanitarian infrastructure and experience of the IRC and global and local partners in logistics and service delivery across conflict-affected environments, areas controlled by armed groups, and other regions cut off from government services.

Partner	Role & Value Add
	REACH funder and global immunization leader.
	Consortium leadership; monitoring, evaluation, and learning; research and innovation; humanitarian access; and service provision.
	Knowledge management, learning, and advocacy coordination.
	Data modelling for service optimization.
	Human-centered design in partnership with IRC.

PARTNER ORGANIZATIONS

Country	Local Partner	Logo
Sudan	Disaster assistance and Development (ADD)	
Ethiopia	Friendship Support Association	
	Organization for Social Service, Health, and Development	
South Sudan	Touch Africa Development Organization	
	Health Care Foundation Organization	
Somalia	Shabelle Community development Organization (SHACDO)	
	Rural Education and Agriculture Development Organization (READO)	
	Gargaar Relief and Development Organization (GREDO)	
	AYUUB NGO	