



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

August 2023

Routine immunization is a critical driver of improved child health and survival outcomes globally and protects individuals, communities, countries, and 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) The REACH Project will expand to Yemen in 2024



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 humanitarian actors, 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

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.

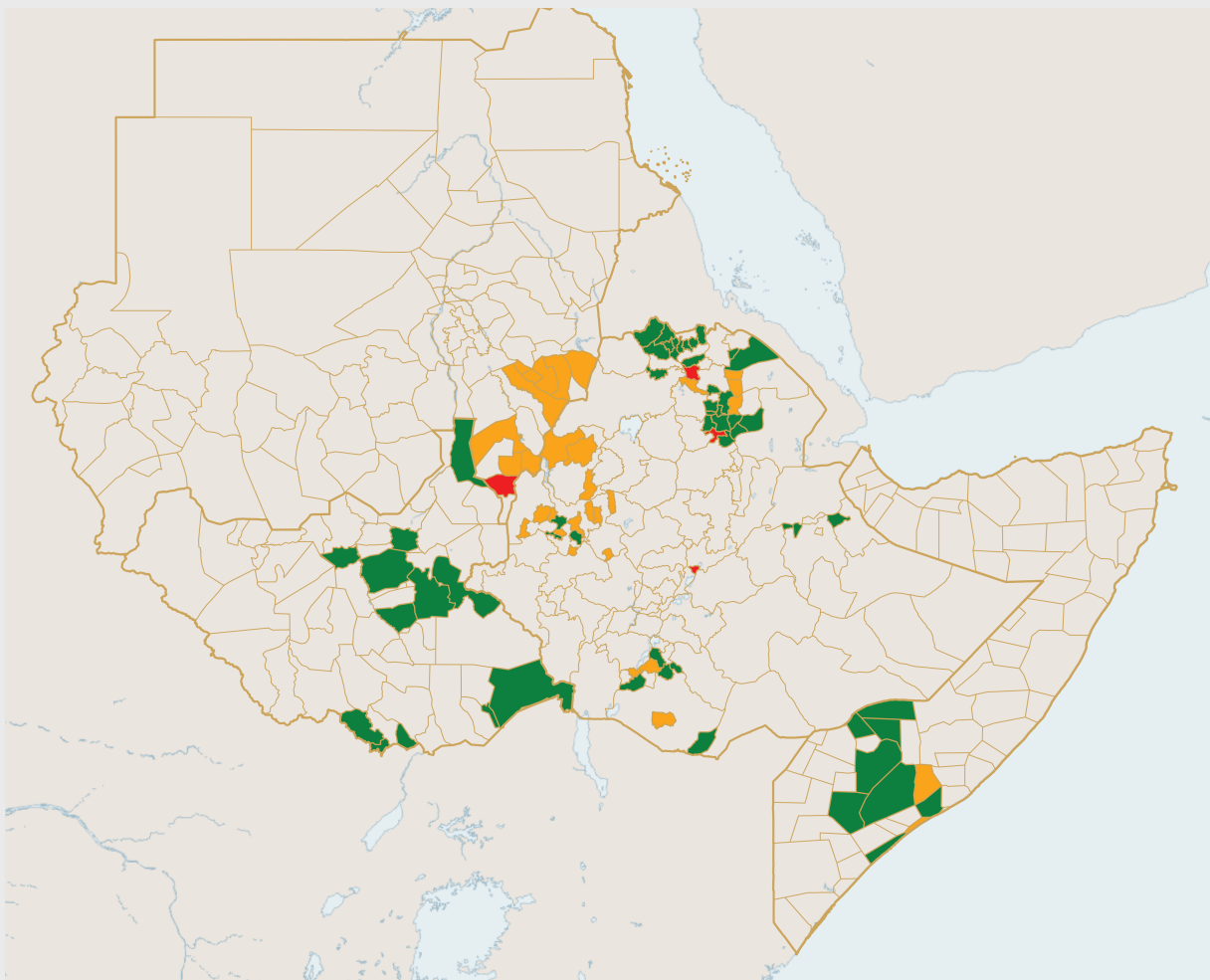
In 2021, **18.2 million** children were classified as zero-dose. These children live disproportionately in conflict-affected, remote, and cross-border communities beyond the reach of government services—the very people the IRC is positioned to serve. As a result, routine immunization is often one of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

PROJECT MAPPING

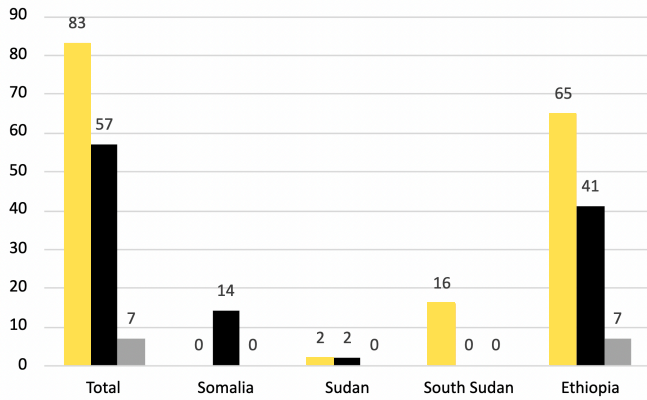
The Horn of Africa experiences low rates of immunization due to ongoing and overlapping challenges of sustained conflict, food insecurity, porous borders, and limited health infrastructure. These challenges create the need for unique interventions to deliver immunizations at scale and close the dangerous 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



Operating Districts: 156
Population Under 5: 2.2M
Zero-Dose Children: 1.23M
Under-immunized Children: 420,000

■ # of accessible locations
■ # of partially accessible locations
■ # of inaccessible locations






The REACH team successfully negotiated humanitarian access to reduce the percentage of inaccessible communities from 84% to 37%. By engaging in discussions with governments and armed groups to broker access to communities that were previously inaccessible, the team has achieved:

| Indicators | Total |  Somalia |  Sudan |  South Sudan |  Ethiopia | # ZDC (12 to 59 months) |
|-------------------------------------|-------|---|---|---|--|-------------------------|
| # of accessible locations | 83 | 0 | 2 | 16 | 67 | 1.23 M |
| # of partially accessible locations | 57 | 14 | 2 | 0 | 41 | |
| # of inaccessible locations | 7 | 0 | # of inaccessible locations | | 7 | |

As of October 26, 2023



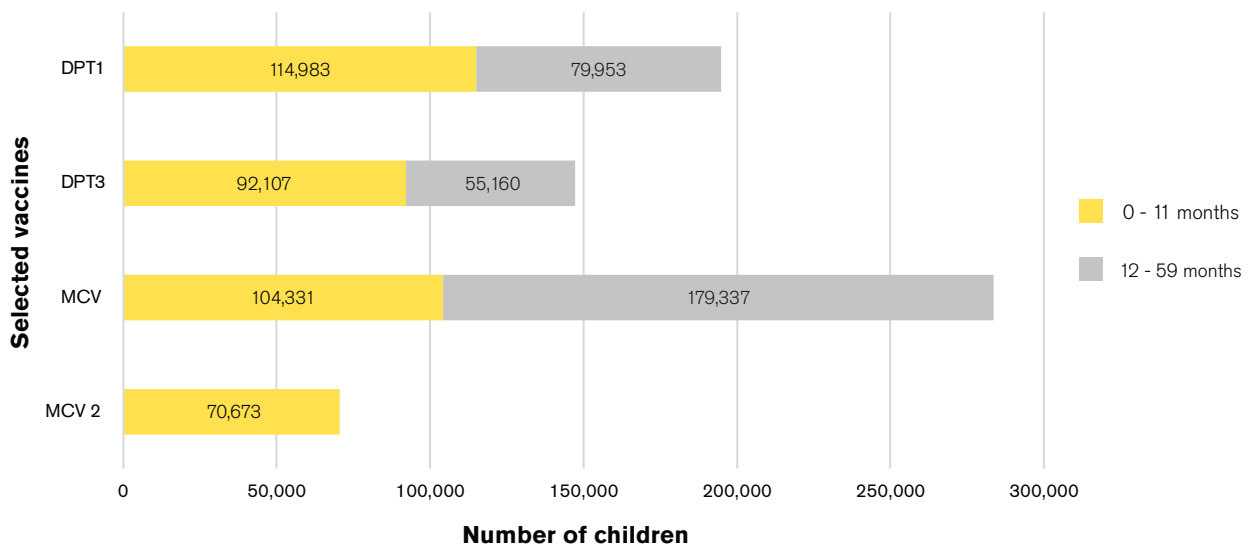
DELIVERY STRATEGIES

| Current Barriers to Immunization | REACH Delivery Strategies |
|--|---|
| <p>Access</p> <p> Immunization services are not available in the area.</p> <p> Weak health infrastructure and cold chain capacity limit reach of government-led efforts.</p> | <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> <p> Lack of government control and/or active conflict interrupts or ends service provision.</p> <p> Conflict limits mobility of population, especially women and children.</p> | <ul style="list-style-type: none"> ▪ Humanitarian access negotiations: 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. Many inaccessible locations have now become partially accessible or fully accessible; this is in part due to change in context; -- example, signing of a peace agreement in Tigray and due to successful access negotiations by IRC and local partners – example in South Sudan and Somalia. In November 2022, 16% of locations were fully accessible, while 30% had partial access and 54% had none. However, in October 2023, 56% of locations are fully accessible with 39% of locations with partial access and only 5% of locations reporting no access. Humanitarian access depends on prevailing political, security and humanitarian contexts and the four countries where IRC is implementing REACH are highly volatile with frequent context changes. IRC's access team is engaged in discussions with government and armed groups to ensure accessibility in the inaccessible locations. |
| <p>Economic</p> <p> Opportunity cost of traveling to far facility, missing work, and/or need for childcare disincentivizes participation.</p> | <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. |

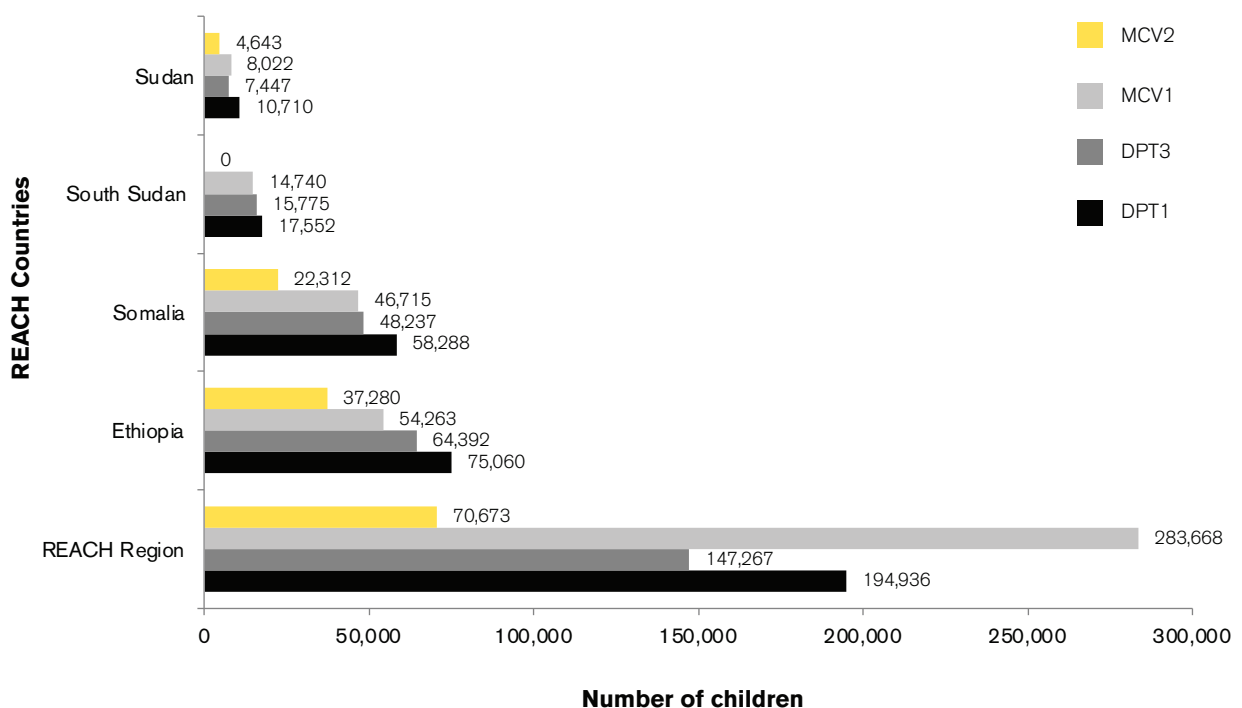
REACH Project Update: January - September 2023

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 696,544 doses of **Diphtheria, Pertussis, Tetanus (DPT)** and **Measles Containing Vaccines (MCV)** as of the end of September 2023.

Total Number of Vaccinated Children from Jan - September 2023



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








Gavi REACH Project revised targets as of September 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 |

CONSORTIUM MEMBERS AND PARTNERS

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 | Role & Value Add |
|---|--|
|  | <p>Humanitarian operations across Sudan.</p> |
|  | <p>Support for collaboration with communities across the Afar region of Ethiopia.</p> |
|  | <p>Support for collaboration with communities across the Amhara and Oromia regions of Ethiopia</p> |
|  | <p>Strengthening humanitarian interventions in South Sudan through a focus on socio-economic development.</p> |
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|  | <p>Identifies gaps for humanitarian service delivery to poor communities in Somalia.</p> |
|  | <p>Implementing humanitarian programs targeting agro-pastoral, riverline and IDP communities across Somalia.</p> |
|  | <p>Emergency and humanitarian response across Baida and south-central Somalia.</p> |
|  | <p>Builds community resilience in the Lower Shabelle region of Somalia.</p> |