

# Gavi's Humanitarian Partnerships: achievements and learning, 2022–2024



Gavi thanks the ZIP implementing partners and consortia for their tireless dedication to protecting some of the world's most vulnerable communities from vaccine-preventable diseases.

### RAISE 4 Sahel

led by World Vision (WV)



Advancing community health worldwide.



### REACH

led by International Rescue Committee (IRC)





# Abbreviations

|                      |  |
|----------------------|--|
| <b>ACROSS</b>        | (REACH partner, South Sudan)   |
| <b>ADD</b>           | Addition for Disaster assistance and Development (REACH partner, Sudan)  |
| <b>AYUUB NGO</b>     | (REACH partner, Somalia)   |
| <b>CBCHS</b>         | Cameroon Baptist Convention Health Services (RAISE 4 Sahel partner)  |
| <b>CHAN</b>          | Christian Health Association of Nigeria (RAISE 4 Sahel partner)  |
| <b>CoC</b>           | Center of Concern (REACH partner, Ethiopia)  |
| <b>CVDA</b>          | Common Vision for Development Association (REACH partner, Ethiopia)  |
| <b>EPI</b>           | Essential Programme on Immunization  |
| <b>FSA</b>           | Friendship Support Association (REACH partner, Ethiopia)   |
| <b>GOAL</b>          | (REACH partner, South Sudan)   |
| <b>GREDO</b>         | Gargaar Relief Development Organization (REACH partner, Somalia)   |
| <b>HFO</b>           | Healthcare Foundation Organization (REACH partner, South Sudan)  |
| <b>IDP</b>           | internally displaced person  |
| <b>IRC</b>           | International Rescue Committee   |
| <b>MCV</b>           | measles-containing vaccine   |
| <b>MoH</b>           | Ministry of Health   |
| <b>NIP</b>           | national immunisation programme  |
| <b>OCHA</b>          | United Nations Office for the Coordination of Humanitarian Affairs   |
| <b>OSSHD</b>         | Organization for Social Service, Health and Development (REACH partner, Ethiopia)  |
| <b>Penta</b>         | pentavalent vaccine, which contains antigens for diphtheria, tetanus, pertussis, hepatitis B and <i>Haemophilus influenzae</i> type b  |
| <b>RAISE 4 Sahel</b> | Reaching and Adapting Immunization Services Effectively to Reach Zero-Dose Children in the Sahel project, led by World Vision  |
| <b>REACH</b>         | Reaching Every Child In Humanitarian Settings project, led by the International Rescue Committee   |
| <b>READO</b>         | Rural Education and Agriculture Development (REACH partner, Somalia)   |
| <b>SHACDO</b>        | Shabelle Community Development Organization (REACH partner, Somalia)   |
| <b>TADO</b>          | Touch Africa Development Organization (REACH partner, South Sudan)   |
| <b>WHO</b>           | World Health Organization  |
| <b>WV</b>            | World Vision   |
| <b>ZIP PMU</b>       | Programme Management Unit  |
| <b>ZIP</b>           | ZIP is officially titled 'Zero-Dose Immunization Programme'. Since 2024, ZIP has been described as Gavi's Humanitarian Partnerships to better frame the work and achievements. |

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Cover image: READO staff on their way through Walaag 1 IDP camp in Somalia to the outreach facility to begin administering vaccines.

Credit: Gavi/2024/Mohamed Abdihakim Ali

# Executive summary

## ZIP: Gavi's Humanitarian Partnerships

From December 2022 through June 2024, ZIP, Gavi's Humanitarian Partnerships, provided **845,000 first doses and 479,000 last doses of vaccines to infants and children** in communities where national immunisation programmes (NIPs) face barriers associated with insecurity, conflict or crisis across 11 African countries.

Gavi, the Vaccine Alliance recognises the leadership of NIPs as primary recipients of Alliance support. Gavi also recognises that external shocks can create exceptional and often time-bound barriers that restrict NIP access to communities. When these cannot be overcome with Gavi cash grants to governments, gaps in vaccine programming leave communities vulnerable. Gavi upholds an equity imperative to ensure no child is left behind with immunisation, including children in communities beyond the reach of government health services due to insecurity, conflict or crisis.

In 2021, the Gavi Board approved ZIP to address this equity imperative. ZIP funding is awarded to humanitarian partners that have access or presence in affected communities and the technical ability to deliver comprehensive immunisation services.

ZIP is Gavi's first effort to provide full vaccination as humanitarian programming. Many communities served by ZIP have not had access to immunisation for many years. ZIP overcomes historical equity gaps and meets current immunisation needs by combining humanitarian and immunisation best practices to fully immunise children aged up to five years, as allowed by national policies.

This report showcases the achievements and learning from the first two ZIP awards:

- **RAISE 4 Sahel** awarded to World Vision (WV) for work in Burkina Faso, Cameroon, Central African Republic, Chad, Mali, Niger and Nigeria; and
- **REACH** awarded to the International Rescue Committee (IRC) for work in Ethiopia, Somalia, South Sudan and Sudan.

### Lessons learnt

ZIP implementing partners have demonstrated that it is possible to deliver comprehensive immunisation programming, moving infants and children from first to last dose on age-appropriate national schedules, in communities where NIPs encounter barriers due to insecurity, conflict or crisis.

From December 2022 through June 2024, ZIP investigated how best to deliver effective immunisation programming within communities in these difficult settings.

### Key lessons learnt include:

1. Establishing immunisation services through ZIP has challenged norms and expectations within Gavi;
2. Successful ZIP programming has balanced coordination with the MoH/NIP with degrees of independence and neutrality;
3. ZIP has successfully combined best practices from both immunisation and humanitarian programming;
4. Prioritising 'zero-dose' children drew attention away from the vital task of rebuilding routine immunisation; and
5. Integration within humanitarian programmes promises improved efficiency in insecure, conflict or crisis settings.


### Recommendations

- Encourage full immunisation as a minimum standard of care in humanitarian health programming.
- Develop ways for humanitarian partners to access vaccines and fill gaps that emerge when the NIP is constrained by insecurity, conflict or crisis.
- Institutionalise a model for Gavi support beyond ZIP that provides humanitarian partners with appropriate degrees of independence and neutrality in times of insecurity, conflict or crisis.


# New approaches

Figure 1 Regional presence




 Burkina Faso


 Mali

 Ethiopia


 Cameroon


 Niger

 Somalia

 Central African Republic

 Nigeria

 South Sudan

 Chad

 Sudan

## Working with regional consortia

In 2022, Gavi made two initial ZIP awards: to IRC for the REACH consortium in the Horn of Africa and to WV for the RAISE 4 Sahel consortium in the Sahel. As of June 2024, IRC had disbursed US\$ 25 million, and WV had disbursed US\$ 22 million, across their consortia.

Gavi expects to announce new awards starting in 2025 that will replicate and expand ZIP in communities affected by insecure, conflict or crisis.

The initial ZIP investments have generated learnings that can help Gavi work more effectively and efficiently in insecure, conflict or crisis settings going forward.



Titao, Burkina Faso  
Credit: RAISE 4 Sahel, 2023

## Working with humanitarian partners

ZIP funding goes directly to humanitarian organisations that can use their expertise, networks and technical capabilities to deliver comprehensive immunisation programming.

NIPs remain the preferred partners for Gavi, but national health systems are not typically equipped

to negotiate and sustain safe access in insecure, conflict or crisis settings. Critical gaps are left when NIP operations are restricted or compromised.

ZIP funding to humanitarian partners does not reduce the funds available as grants to national governments.

## Adapting to humanitarian standards

The extent to which the norms and standards of humanitarian organisations differ from those of the health development sector was not fully appreciated by Gavi at the outset of ZIP. The safe and effective programming and delivery of immunisation services in insecure, conflict or crisis settings presents a unique set of risks for donors, implementing partners and communities. Some of the most valuable lessons from ZIP for Gavi have been learnt as a result of working closely with humanitarian partners, and from identifying and overcoming barriers encountered within the Vaccine Alliance.

### Delivering vaccines in conflict or crisis

ZIP has established immunisation systems and services in:

- Disputed areas occupied by militias from two states;
- Semi-autonomous or separatist areas;
- Locations occupied by non-state armed groups;
- Camps for internally displaced people (IDP) or refugees;
- Communities fleeing conflict or crisis; and
- Marginalised populations.



Titao, Burkina Faso. Credit: RAISE 4 Sahel, 2023

## Complementing national immunisation services

Some NIPs expected ZIP implementing partners to work in districts that were already prioritised in national immunisation strategies. ZIP programming is not intended for remote or hard-to-reach communities where the NIP could operate with health system strengthening support from Gavi. ZIP implementation was redirected to communities experiencing insecurity, conflict or crisis to ensure that it did not substitute for government programming in districts where the NIP could meet immunisation needs.





Kaduna State, Nigeria. Credit: RAISE 4 Sahel, 2024

### Applying humanitarian approaches

ZIP partners maintain neutrality throughout vaccine programming. This has been key to negotiating the access and visits required for full immunisation. ZIP partners use ongoing situation monitoring and rely on a network of local partners that can adjust and adapt to changing security and population needs.

Established best practices for humanitarian responses also include:

- Participation in response coordination and planning often led by OCHA or WHO Health Clusters;
- Accountability to affected populations and community-inclusive programming; and
- Gender-sensitive approaches that uphold protection from sexual exploitation and abuse.

### Developing conflict-sensitive immunisation programming

It was initially expected that ZIP partners would use humanitarian approaches to negotiate access to communities before reverting to standard EPI practices. However, ZIP has shown significant changes are needed for EPI methodologies to meet the standards for conflict-sensitive immunisation programming.

## Results

Figure 2 ZIP global metrics, December 2022–June 2024



**845,020** children 0–5 years received first vaccine from ZIP



**351,910** children 1–5 years received first vaccine from ZIP



**479,284** children 0–5 years received last dose from ZIP



#### Key doses

**853,988** penta1

**676,108** penta3

**725,063** MCV1

**353,801** MCV2



### Measuring progress to full immunisation

ZIP delivers all vaccine doses included in national vaccination schedules, whether as part of routine or catch-up immunisation, to children aged up to five years, as required by national policies or negotiated agreements. Implementing partners meet all local reporting requirements and satisfy programming standards.

Gavi monitors progress on ZIP through monthly reports from implementing partners, with data on four key doses:

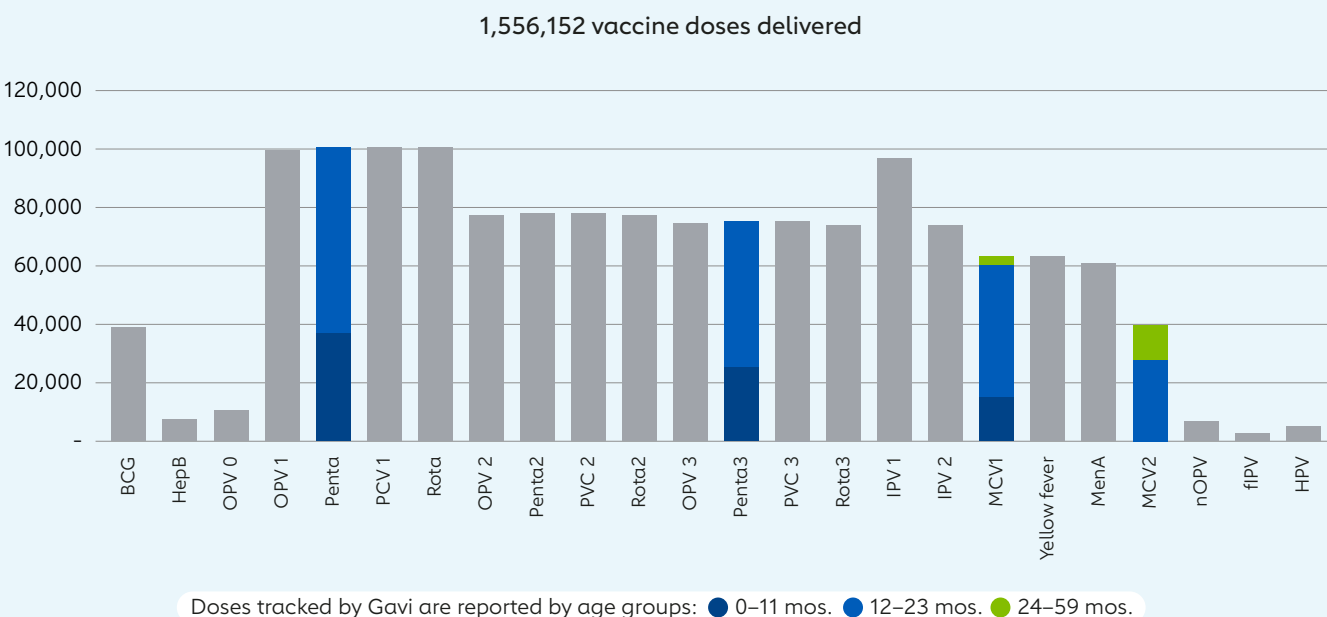
penta dose 1 (penta1), penta dose 3 (penta3), MCV dose 1 (MCV1) and MCV dose 2 (MCV2). These doses represent critical milestones on the path to full immunisation. Tracking doses disaggregated by age (e.g. infants 0–11 months, children 12–23 months, children 24–59 months) gives Gavi information about both routine and catch-up immunisation in ZIP communities.

Figure 3 below is an example from RAISE 4 Sahel in Nigeria, showing the full number of doses delivered and the subset of key doses reported to Gavi.



Nigeria. Credit: RAISE 4 Sahel and CHAN, 2024

Figure 3 ZIP Nigeria, vaccine doses delivered, July 2023–August 2024



# Catastrophic flooding in Somalia

The southwest of Somalia experienced catastrophic flooding along with ongoing conflict. Humanitarian approaches were key to coordination and response. The REACH team participated in the humanitarian response coordinated by OCHA, adjusted programming, and increased the number of vaccine doses provided despite flooding and displacement of affected communities.

## Double crises of conflict and climate change

The conflict in southwest Somalia has included frequent attacks, ambushes, bombing and blockades carried out by al-Shabaab. Violent clashes between government militia and armed extremist groups have caused internal and cross-border displacement of local populations.

Alongside this ongoing violence, 1.7 million people were affected by flooding as a result of the El Nino global weather phenomenon between October 2023 and January 2024. Around 695,000 people were displaced. Many were affected by outbreaks of acute watery diarrhoea, malaria and measles.

## Strategies to maintain programming

- The humanitarian response coordinated by OCHA provided a framework and network for the REACH team;
- REACH positioned supplies and equipment at sites that were safe from flooding, and notified community about changed vaccination locations;
- IRC secured additional resources for mobile clinics;
- Hygiene kits and primary health care were integrated with immunisation programming to meet urgent health needs; and
- Flood safety information was included in messages about REACH community immunisation updates.



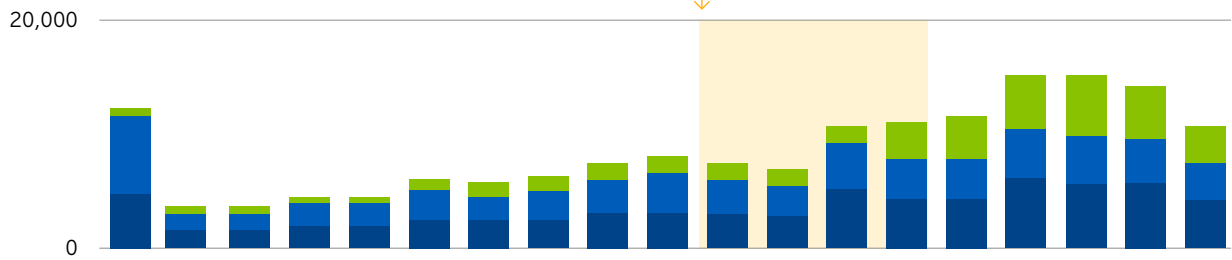
IDP camp, Somalia. Credit: REACH and READO, 2023



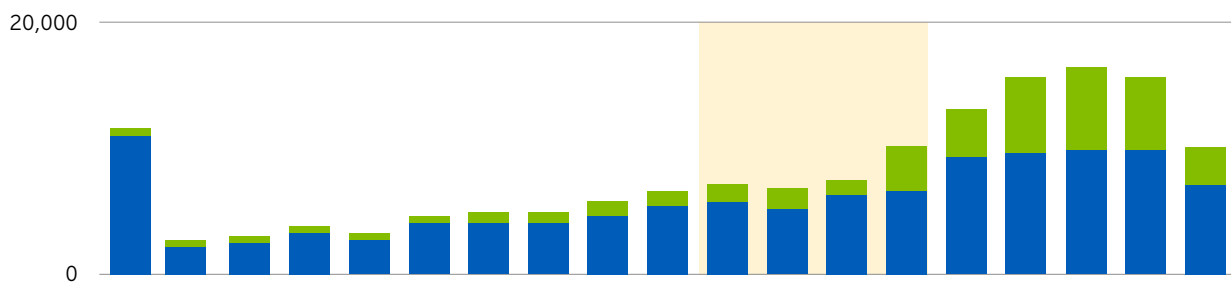
The floods were devastating. I remember wading through knee-deep water to reach the households. It was exhausting. Seeing the relief on the parents' faces when we arrived made it worth it.

Figure 4 **Somalia key doses, December 2022–June 2024**

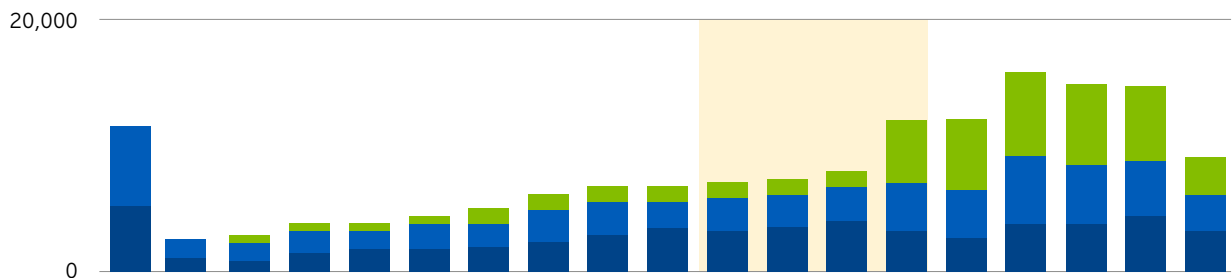
**Penta1 doses**



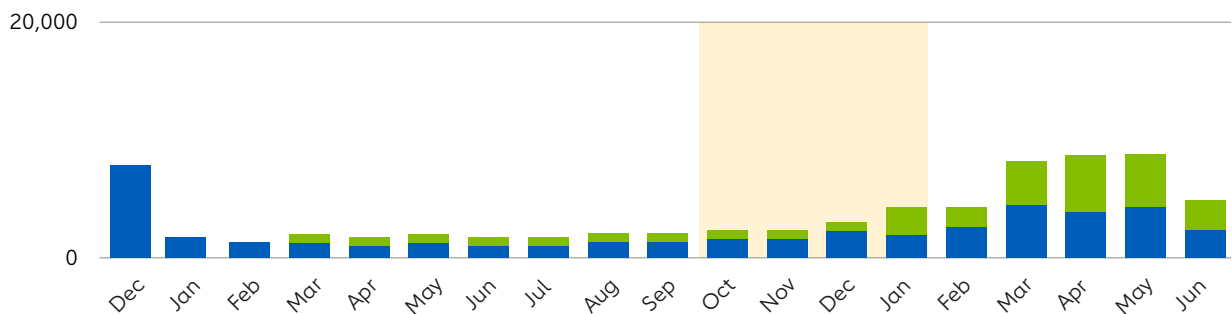
**Penta3 doses**



**MCV1 doses**



**MCV2 doses**



● 0–11 mos. ● 12–23 mos. ● 24–59 mos. ● Flooding period



# Conflict in Abyei, South Sudan



REACH is delivering comprehensive immunisation in the oil-rich Abyei area contested by South Sudan and Sudan. Militia from both countries are violently fighting to claim the region; and 20,000 displaced people, many of whom have escaped Sudan’s civil war, face extreme poverty and malnutrition.

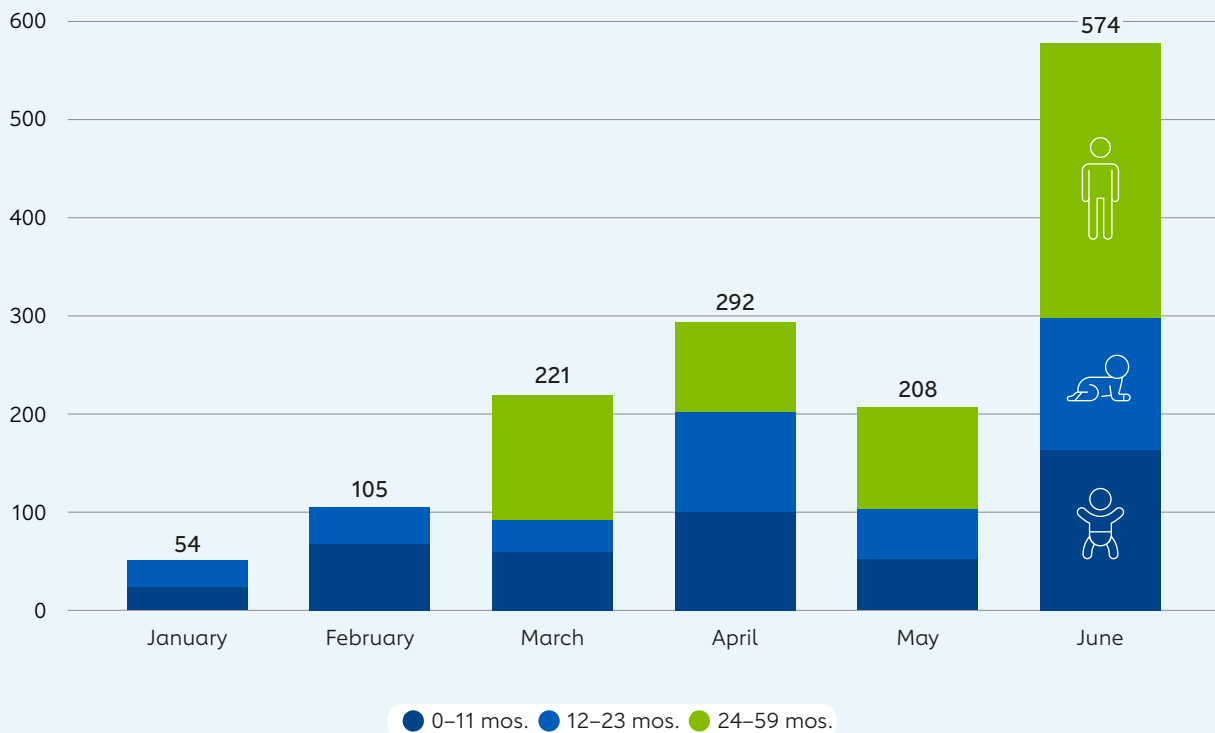
## Launched amid conflict

REACH began immunisation in Abyei in January 2024, at a time when dozens were killed in clashes between armed groups in the disputed territory. Humanitarian conditions deteriorated despite the presence of United Nations peacekeepers. REACH negotiated access with militia from both sides and continues to actively monitor security.

## Addressing immunisation gaps

Neither country has invested recently to restore health services, leaving a gap in immunisation services. From January through June 2024, REACH provided first doses of vaccines to 1,454 children in Abyei. Many have now been fully immunised following the South Sudan national schedule.

Figure 5 **Abyei, South Sudan penta1 doses, January–June 2024**



## A family seeks refuge from Sudan's civil war

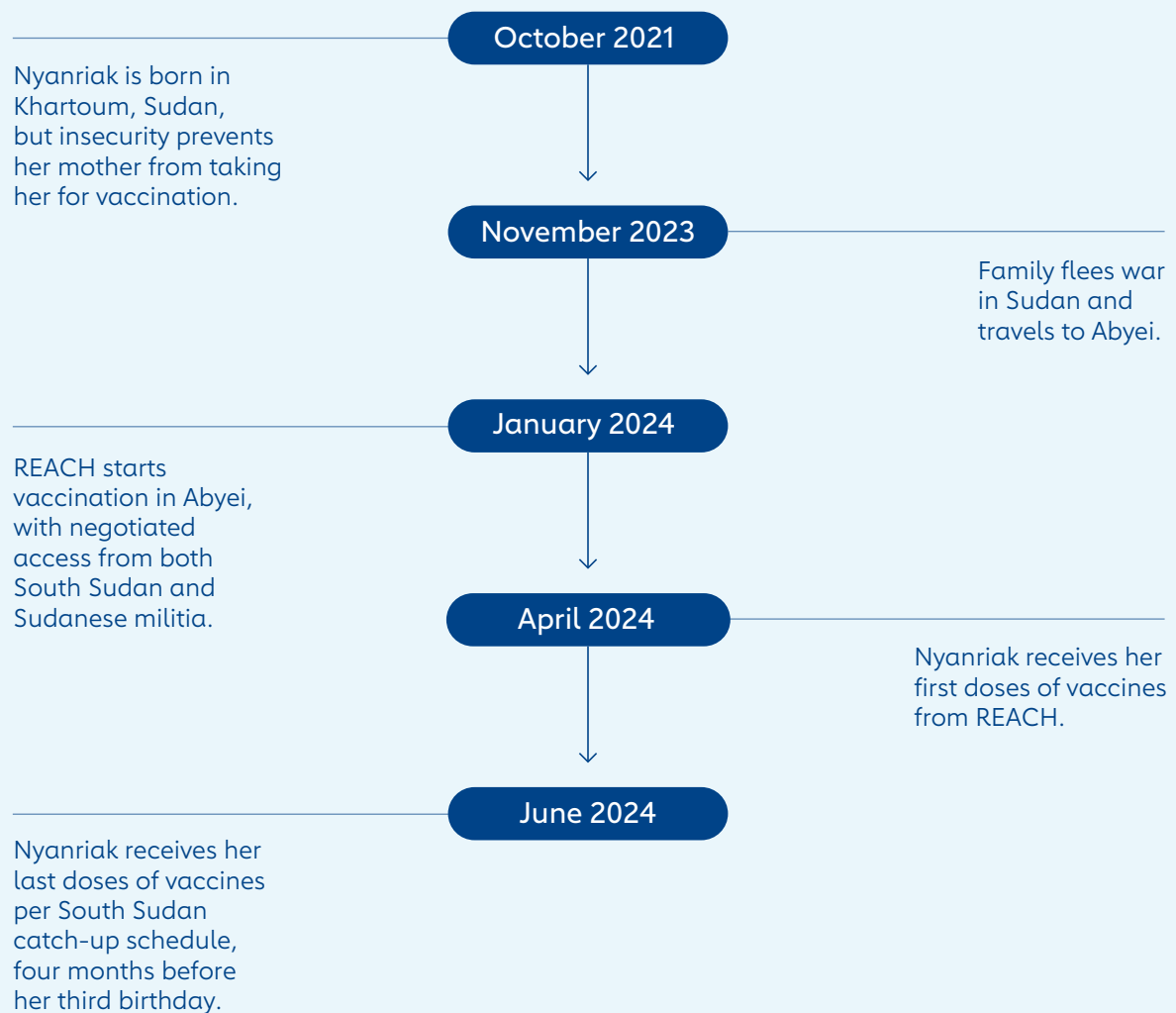


Many children in my community did not receive their scheduled doses due to insecurity and displacement. I am happy that my child is now fully immunised.

Ashok  
Nyanriak's mother

Abyei, South Sudan. Credit: REACH and Goal, 2024

Figure 6 Nyanriak's journey to full immunisation, from Khartoum to Abyei



# Unpredictable change in Nigeria

RAISE 4 Sahel Nigeria found that standard EPI planning approaches needed to be modified or replaced to navigate rapid changes in security and meet population needs. Approaches more commonly

used by humanitarian organisations allowed the RAISE 4 Sahel teams to respond more effectively and adapt community-inclusive programming.



Jigawa State, Nigeria. Credit: Gavi/2023/Nr Dambali

## RAISE 4 Sahel adapted EPI methods

RAISE 4 Sahel is implemented by Christian Health Association of Nigeria (CHAN), a Nigerian NGO. CHAN has adapted EPI practices with:

- The Naivasha Grid, a well-recognised humanitarian tool, enabled CHAN to negotiate access with community leaders and stakeholders;
- Daily data reporting and more frequent activity reviews strengthened coordination for CHAN and local vaccination teams; and

- Vaccination teams were encouraged to adjust planned immunisation sessions to respond to risks and changing security.

CHAN also found that the Rapid Community Vaccination Planning tool, supported by the NIP, provided the greater flexibility they needed to respond to insecurity than standard EPI planning approaches.





IDP camp, Somalia. Credit: Gavi/2024/Mohamed Abdihakim Ali

## Lessons from the ZIP experience

### 1 Providing vaccination through ZIP has challenged norms and expectations within Gavi

The most persistent barriers encountered by humanitarian partners within ZIP have been rooted in the expectation that all Gavi support flows through national governments. When the NIP faces constraints, gaps emerge relating to factors including vaccine supply, logistics, personnel, risk analysis and political considerations. These cannot easily be filled without Gavi enabling new roles for humanitarian partners.

To overcome these gaps, Gavi will need to:

- Establish a mechanism for vaccine supply to humanitarian partners;
- Tolerate risk that is appropriate to humanitarian programming;
- Accept conflict-sensitive approaches to programming, including optimised vaccine schedules;
- Embrace humanitarian principles: humanity, impartiality, independence and neutrality; and

- Engage with the humanitarian coordination architecture to establish priorities for immunisation access and equity.

### 2 ZIP implementation must balance coordination with national systems with independence and neutrality

ZIP awards are appropriate only in exceptional cases. Gavi will maintain national governments as preferred recipients for vaccines and cash grants. Most ZIP programmes will depend on coordination with the NIP to shape and resource programming. However, ZIP implementing partners also need freedom to apply humanitarian approaches and deliver conflict-sensitive programming with degrees of independence and neutrality.

Humanitarian partners have achieved unprecedented access to fully immunise children. To negotiate and navigate safely within insecure, conflict or crisis settings, independence and neutrality are essential. These principles have not been previously expected for Gavi partnerships and have challenged established ways of working.

### 3 ZIP has successfully combined best practices from both immunisation and humanitarian programming

EPI provides a proven and familiar roadmap for immunisation programming. ZIP partners quickly identified limitations to this approach in insecure, conflict or crisis settings. Standard EPI planning methodologies, vaccine forecasting and even classification of sessions as fixed, outreach or mobile could not account for divisions within communities, and rapid change to maintain high-quality vaccination programming.

ZIP humanitarian partners have modified or complemented EPI tools to work safely and effectively. ZIP planning included negotiating humanitarian access, monitoring insecurity, and adjusting vaccination session locations to protect health care workers and community. Other adaptations included improving community-inclusive and gender-sensitive programming. There have also been opportunities to make use of data from humanitarian organisations and exchange information within coordinated humanitarian responses.

There are limitations that will need to be addressed in the space between EPI standards, and humanitarian standards and practices. To overcome barriers faced by humanitarian partners, the minimum standard for vaccination within humanitarian responses should include the full set of vaccines offered as routine immunisation per national policy.

REACH is developing a set of conflict-sensitive methodologies and identifying gaps that will require consultation across both sectors. Guidance for humanitarian immunisation must inform decisions about flexibility and trade-offs.

### 4 Prioritising zero-dose children drew attention away from the vital task of rebuilding routine immunisation

During the inception period, discourse on ZIP was centred around identifying and understanding zero-dose children. Along with “Zero-Dose” in the programme title, this established a strong impression that immunising zero-dose children was the priority for ZIP. In some locations, routine immunisation was neglected in favour of door-to-door campaigns to find zero-dose children.

Where the NIP experiences constraints due to insecurity, conflict or crisis, vaccine supply and demand must urgently be established to meet the needs of children from birth to the age of five, as allowed within national policy. This must include routine and catch-up immunisation.

### 5 Integration within humanitarian programmes promises improved efficiency in insecurity, conflict or crisis, especially in the absence of other health and humanitarian programmes

ZIP can achieve greater efficiencies by leveraging existing humanitarian mechanisms and programmes. In the absence of existing health or humanitarian partners, ZIP seeks to introduce additional services to meet critical needs. In the limited cases explored within ZIP, integration of humanitarian programmes with immunisation has improved vaccine uptake.



En route to Afgoye, Somalia. Credit: REACH and SHACDO, 2023



# Recommendations

## The ZIP legacy within the Gavi 6.0 strategy

The ZIP experience has demonstrated that humanitarian programming can fully immunise children despite NIPs being restricted by insecurity, conflict or crisis. Access to full immunisation for these children represents a critical advance in global vaccine equity.

Lessons from the first 18 months of ZIP implementation are providing a foundation for the approach taken to immunising children in fragile and humanitarian settings as part of the Gavi 6.0 strategy (2026–2030). Learning will continue to strengthen the evidence base for humanitarian immunisation.

To sustain and expand immunisation equity in communities that lack immunisation services due

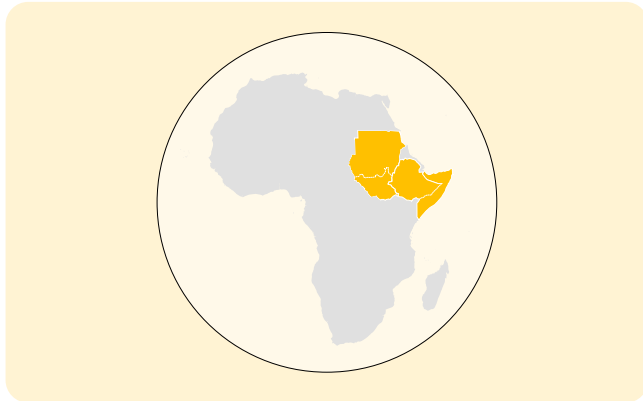
to insecurity, conflict or crisis, the Alliance can take immediate actions to:

- Encourage full immunisation as a minimum standard of care in humanitarian health programming.
- Develop ways for humanitarian partners to access vaccines and fill gaps that emerge when the NIP is constrained by insecurity, conflict or crisis.
- Institutionalise a model for Gavi support beyond ZIP that provides humanitarian partners with appropriate degrees of independence and neutrality in times of insecurity, conflict or crisis.



IDP camp, Somalia. Credit: Gavi/2024/Mohamed Abdihakim Ali





📍 Ethiopia

📍 Somalia

📍 South Sudan

📍 Sudan



Figure 7 ZIP REACH metrics, through June 2024



**607,936** children 0–5 years received first vaccine from ZIP



**220,629** children 1–5 years received first vaccine from ZIP



**357,069** children 0–5 years received last dose from ZIP



### Key doses

**607,936** penta1

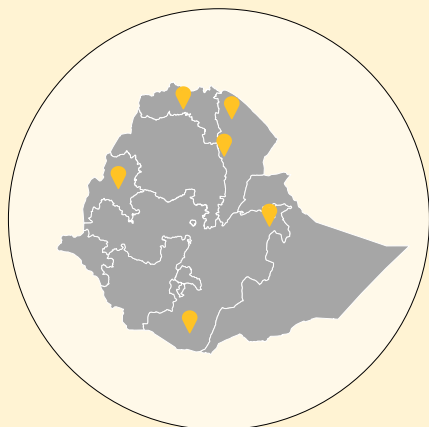
**520,971** penta3

**561,113** MCV1

**266,154** MCV2

ZIP locations are within the regional states of Afar, Amhara, Benishangul-Gumuz, Oromia, South Ethiopia and Tigray. ZIP programming rarely covers a complete government or administrative area.

### ZIP locations within Ethiopia



Marker size does not represent scale of programme. Placement of markers are representative of locations rather than precise geographies.

Figure 8 ZIP Ethiopia metrics, through June 2024



**301,830**

children 0–5 years received first vaccine from ZIP



**66,885**

children 1–5 years received first vaccine from ZIP



**214,327**

children 0–5 years received last dose from ZIP



### Key doses

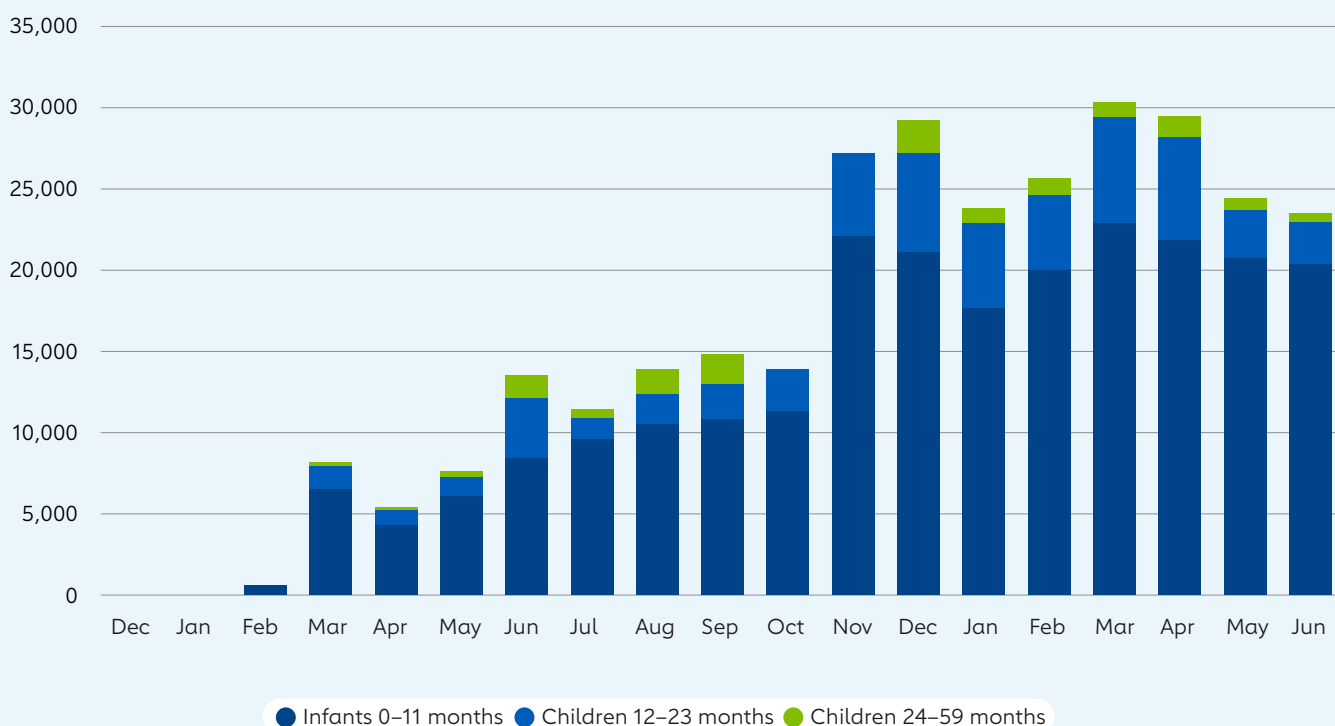
301,830 penta1

268,229 penta3

248,879 MCV1

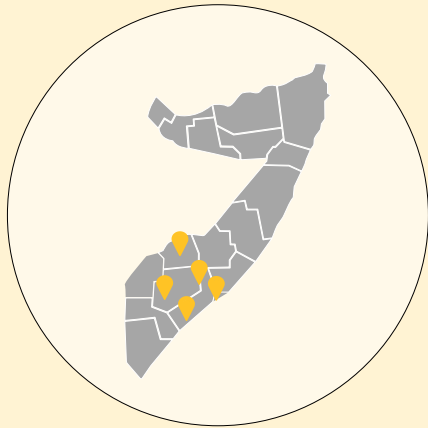
168,100 MCV2

Figure 9 Penta1 doses delivered by REACH in Ethiopia, December 2022–June 2024



ZIP locations are within the states of Bakool, Bay and Lower-Shabelle. ZIP programming rarely covers a complete government or administrative area.

### ZIP locations within Somalia



Marker size does not represent scale of programme. Placement of markers are representative of locations rather than precise geographies.

Figure 10 ZIP Somalia metrics, through June 2024



**161,090**

children 0–5 years received first vaccine from ZIP



**91,074**

children 1–5 years received first vaccine from ZIP



**68,560**

children 0–5 years received last dose from ZIP



### Key doses

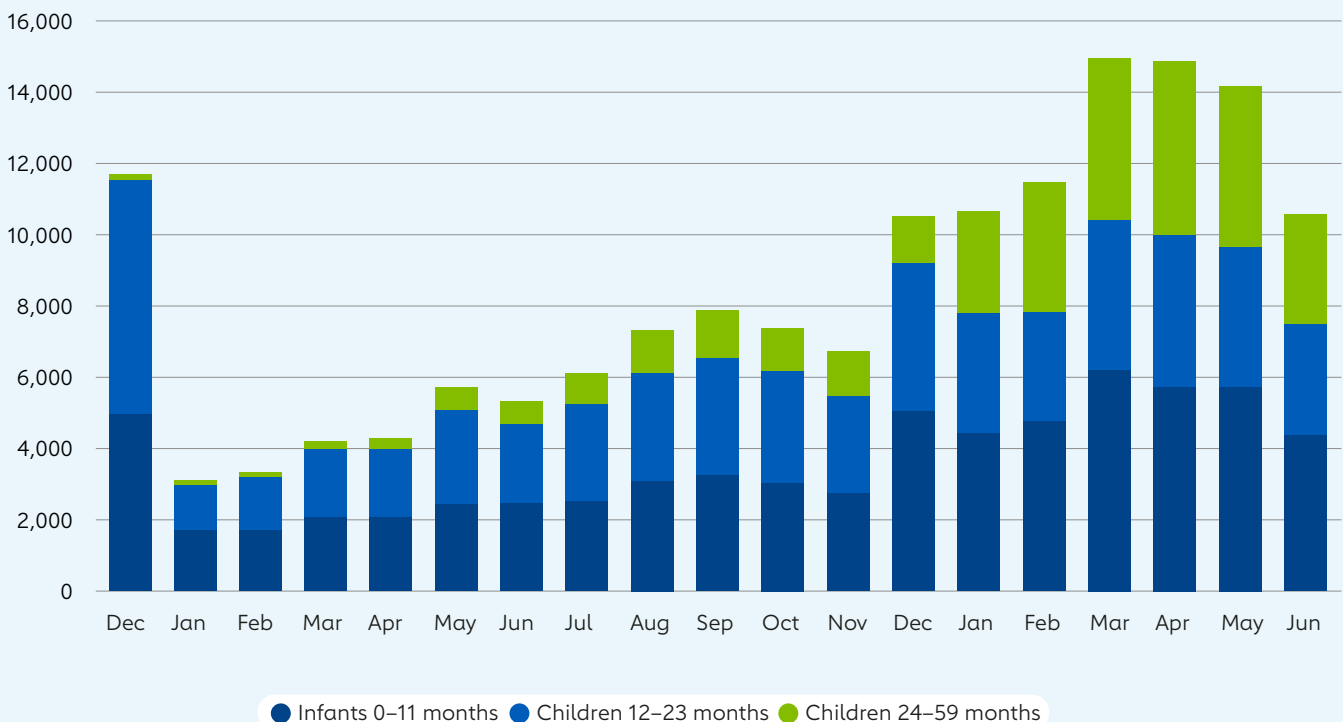
**161,090** penta1

**149,170** penta3

**149,479** MCV1

**68,560** MCV2

Figure 11 Penta1 doses delivered by REACH in Somalia, December 2022–June 2024





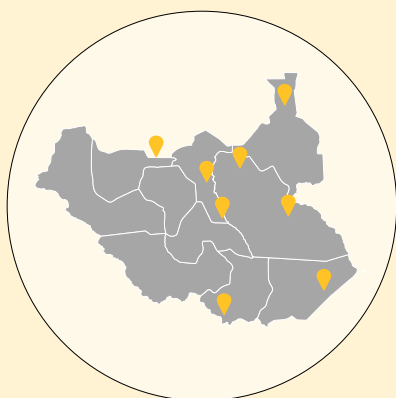
# South Sudan

## Country snapshot through June 2024



ZIP locations are within the states of Central Equatoria, Eastern Equatoria, Jonglei, Unity and Upper Nile, and the Abyei Administrative Area. ZIP programming rarely covers a complete government or administrative area.

### ZIP locations within South Sudan



Marker size does not represent scale of programme. Placement of markers are representative of locations rather than precise geographies.

Figure 12 ZIP South Sudan metrics, through June 2024



**49,173**

children 0–5 years received first vaccine from ZIP



**25,078**

children 1–5 years received first vaccine from ZIP



**44,688**

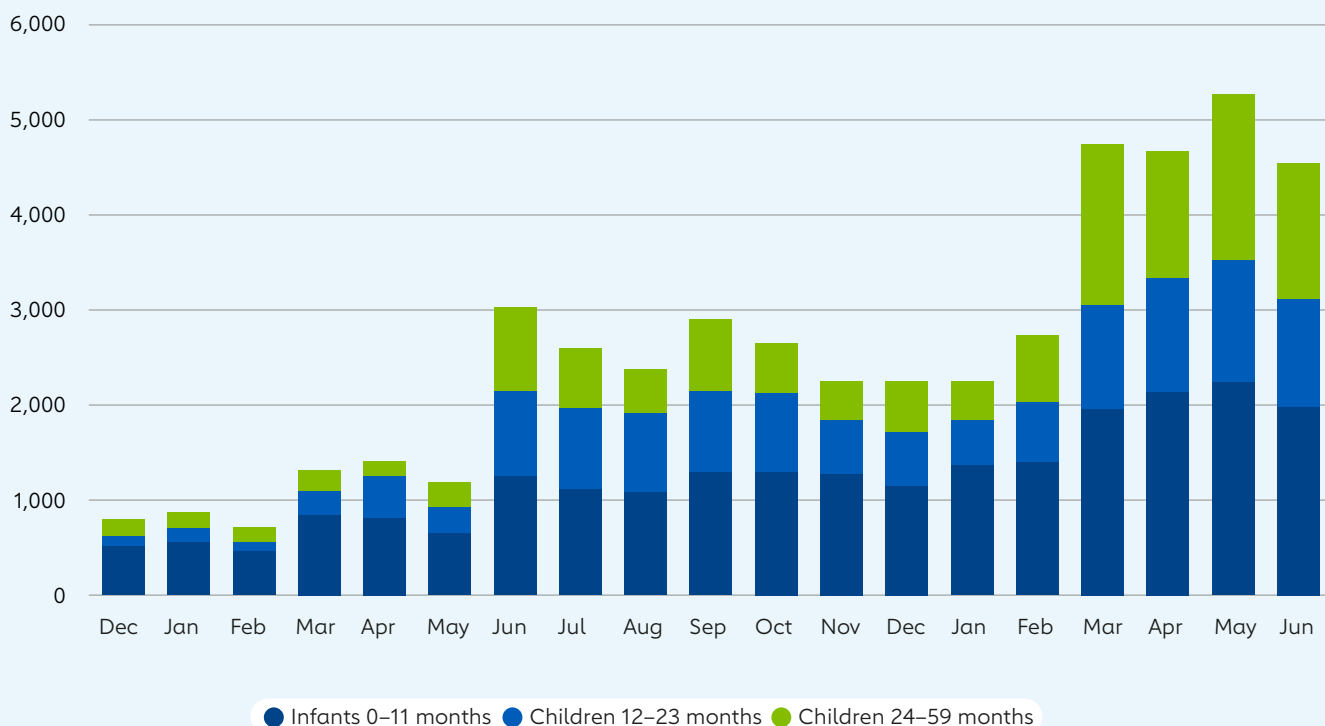
children 0–5 years received last dose from ZIP



### Key doses

|               |               |               |
|---------------|---------------|---------------|
| <b>49,173</b> | <b>44,688</b> | <b>39,992</b> |
| penta1        | MCV1          | penta3        |

Figure 13 Penta1 doses delivered by REACH in South Sudan, December 2022–June 2024



ZIP locations are within Gedaref and Blue Nile states. ZIP programming rarely covers a complete government or administrative area.

### ZIP locations within Sudan



Marker size does not represent scale of programme. Placement of markers are representative of locations rather than precise geographies.

Figure 14 ZIP Sudan metrics, through June 2024



**20,668**

children 0–5 years received first vaccine from ZIP



**2,257**

children 1–5 years received first vaccine from ZIP



**8,942**

children 0–5 years received last dose from ZIP



### Key doses

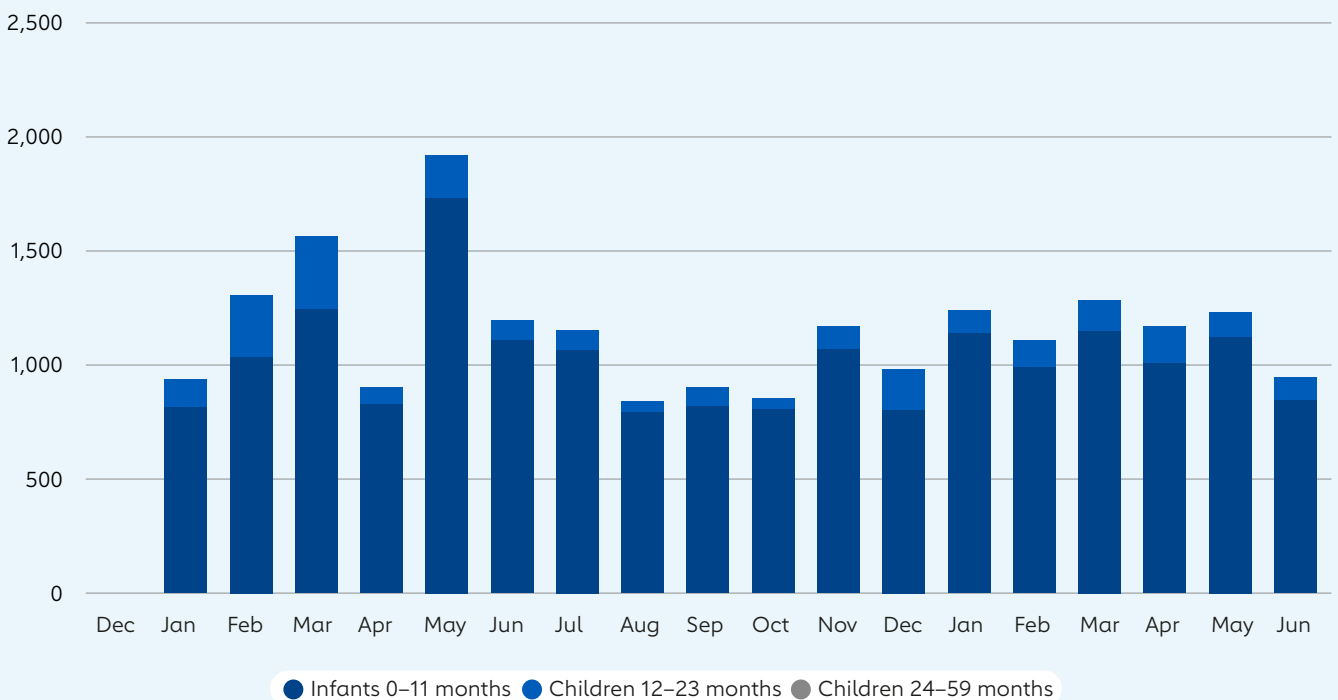
**20,668** penta1

**16,028** penta3

**15,395** MCV1

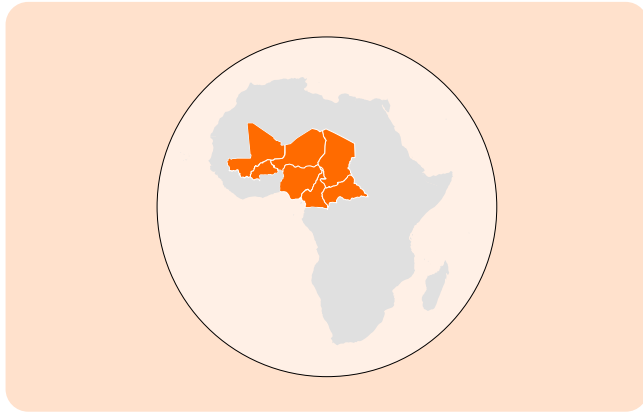
**8,942** MCV2

Figure 15 Penta1 doses delivered by REACH in Sudan, December 2022–June 2024



REACH negotiated access to penta for children aged 12–23 months within ZIP.

# RAISE 4 Sahel



- 📍 Burkina Faso
- 📍 Cameroon
- 📍 Central African Republic
- 📍 Chad
- 📍 Mali
- 📍 Niger
- 📍 Nigeria



Figure 16 ZIP RAISE 4 Sahel metrics, through June 2024



**237,084** children 0–5 years received first vaccine from ZIP



**131,281** children 1–5 years received first vaccine from ZIP



**122,215** children 0–5 years received last dose from ZIP



### Key doses

**246,052** penta1

**155,137** penta3

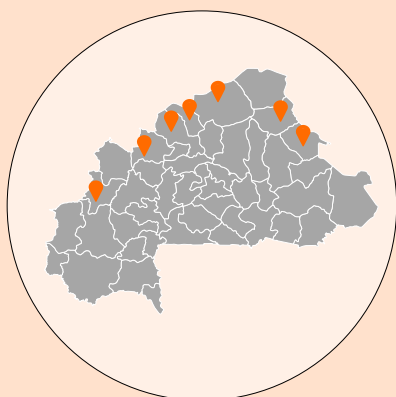
**163,950** MCV1

**87,647** MCV2



ZIP locations are within the Boucle du Mouhoun, Nord and Sahel regions. ZIP programming rarely covers a complete government or administrative area.

### ZIP locations within Burkina Faso



Marker size does not represent scale of programme. Placement of markers are representative of locations rather than precise geographies.

Figure 17 ZIP Burkina Faso metrics, through June 2024



**30,291**

children 0–5 years received first vaccine from ZIP



**20,027**

children 1–5 years received first vaccine from ZIP



**45,846**

children 0–5 years received last dose from ZIP



### Key doses

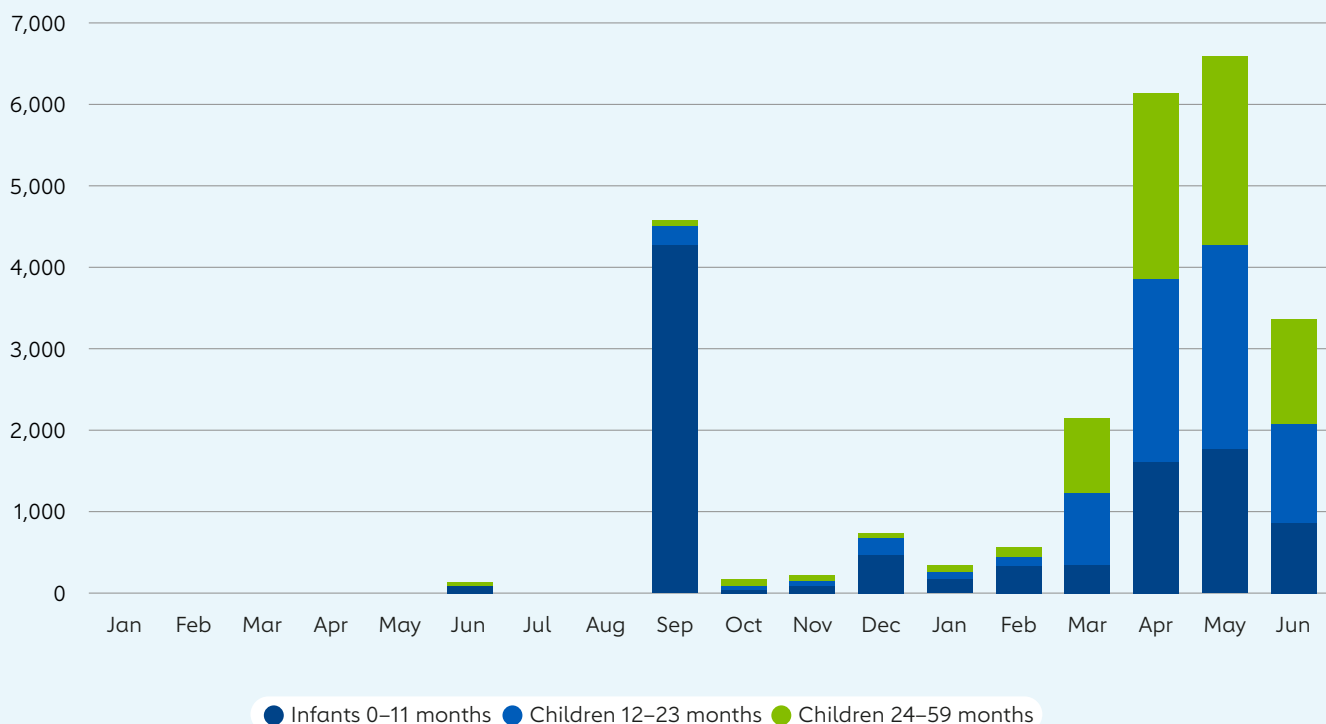
**25,243** penta1

**31,620** penta3

**32,058** MCV1

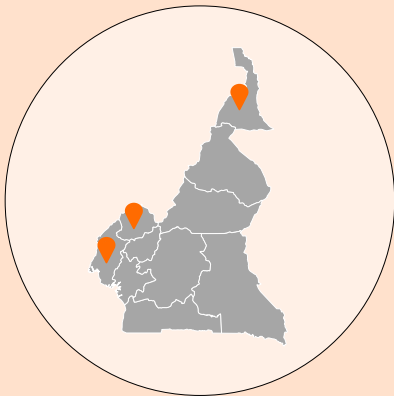
**45,846** MCV

Figure 18 Penta1 doses delivered by RAISE 4 Sahel in Burkina Faso, January 2023–June 2024



ZIP locations are within the Far North, North West and South West regions. ZIP programming rarely covers a complete government or administrative area.

### ZIP locations within Cameroon



Marker size does not represent scale of programme. Placement of markers are representative of locations rather than precise geographies.

Figure 19 ZIP Cameroon metrics, through June 2024



**21,639**

children 0–5 years received first vaccine from ZIP



**13,209**

children 1–5 years received first vaccine from ZIP



**14,737**

children 0–5 years received last dose from ZIP



### Key doses

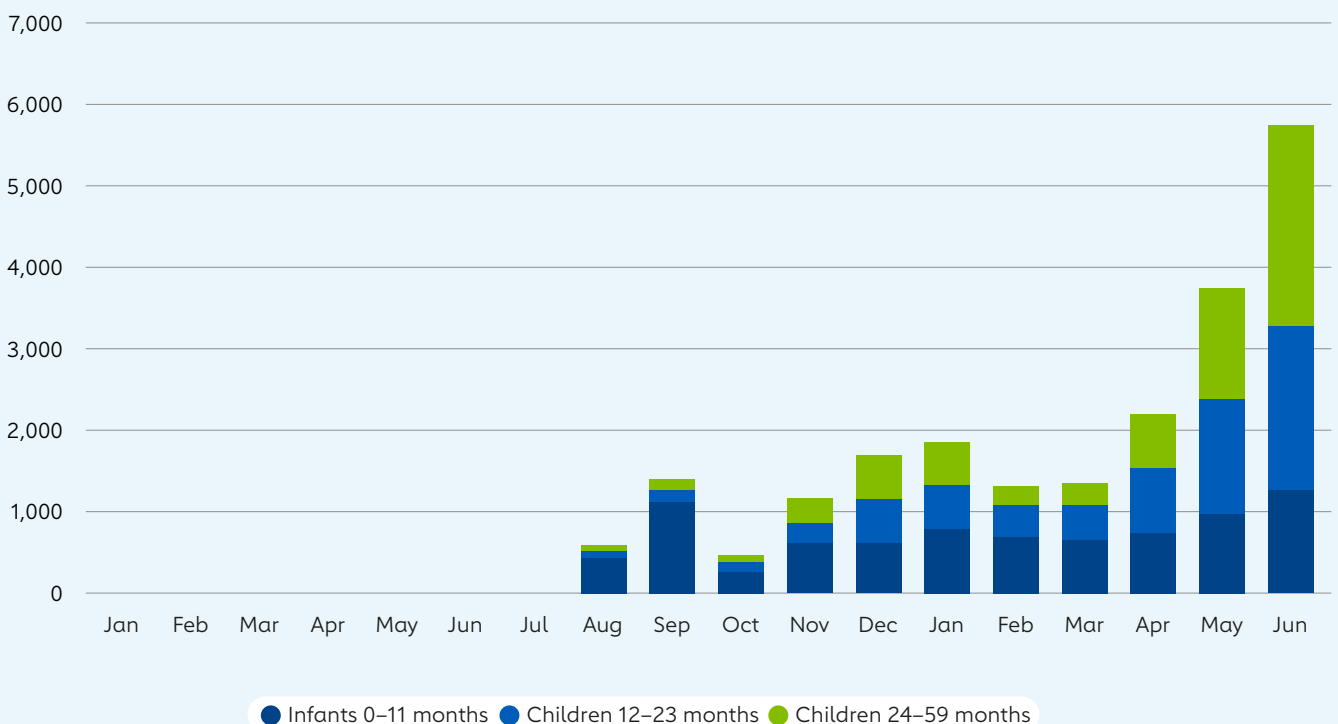
**21,639** penta1

**15,758** penta3

**13,826** MCV1

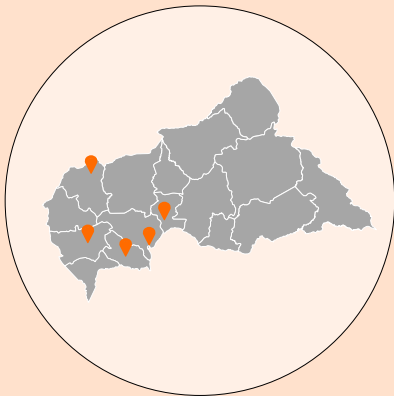
**9,929** MCV2

Figure 20 Penta1 doses delivered by RAISE 4 Sahel in Cameroon, January 2023–June 2024



ZIP locations are within the Bimbo, Boda, Carnot-Gadzi, Kemo and Paoua districts. ZIP programming rarely covers a complete government or administrative area.

### ZIP locations within CAR



Marker size does not represent scale of programme. Placement of markers are representative of locations rather than precise geographies.

Figure 21 ZIP Central African Republic metrics, through June 2024



**37,996**

children 0–5 years received first vaccine from ZIP



**28,955**

children 1–5 years received first vaccine from ZIP



**15,254**

children 0–5 years received last dose from ZIP



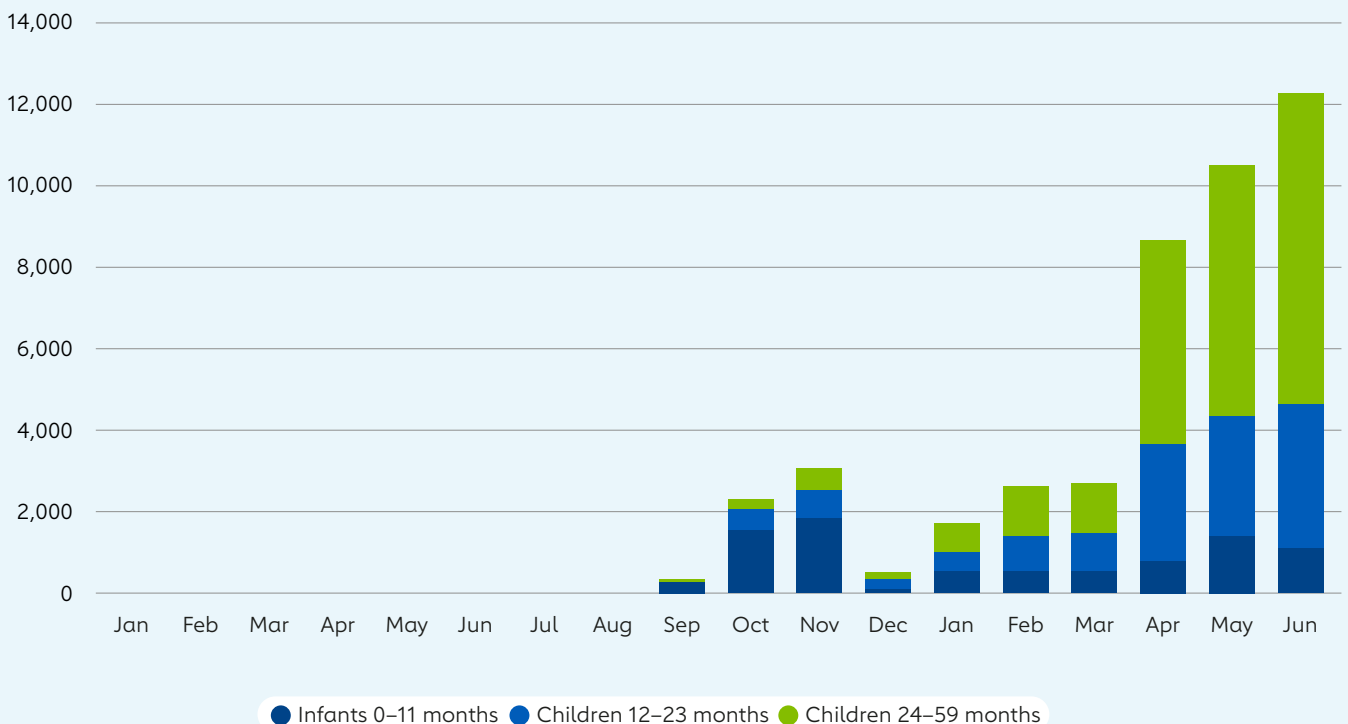
### Key doses

**44,905**  
penta1

**32,348**  
MCV1

**17,697**  
penta3

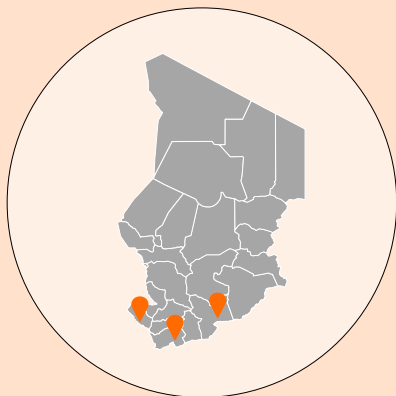
Figure 22 Penta1 doses delivered by RAISE 4 Sahel in CAR, January 2023–June 2024





ZIP locations are within the Moyen Chari, Logone Oriental and Mayo Kebbi Ouest provinces. ZIP programming rarely covers a complete government or administrative area.

### ZIP locations within Chad



Marker size does not represent scale of programme. Placement of markers are representative of locations rather than precise geographies.

Figure 23 ZIP Chad metrics, through June 2024



**14,415**

children 0–5 years received first vaccine from ZIP



**7,478**

children 1–5 years received first vaccine from ZIP



**10,124**

children 0–5 years received last dose from ZIP



### Key doses

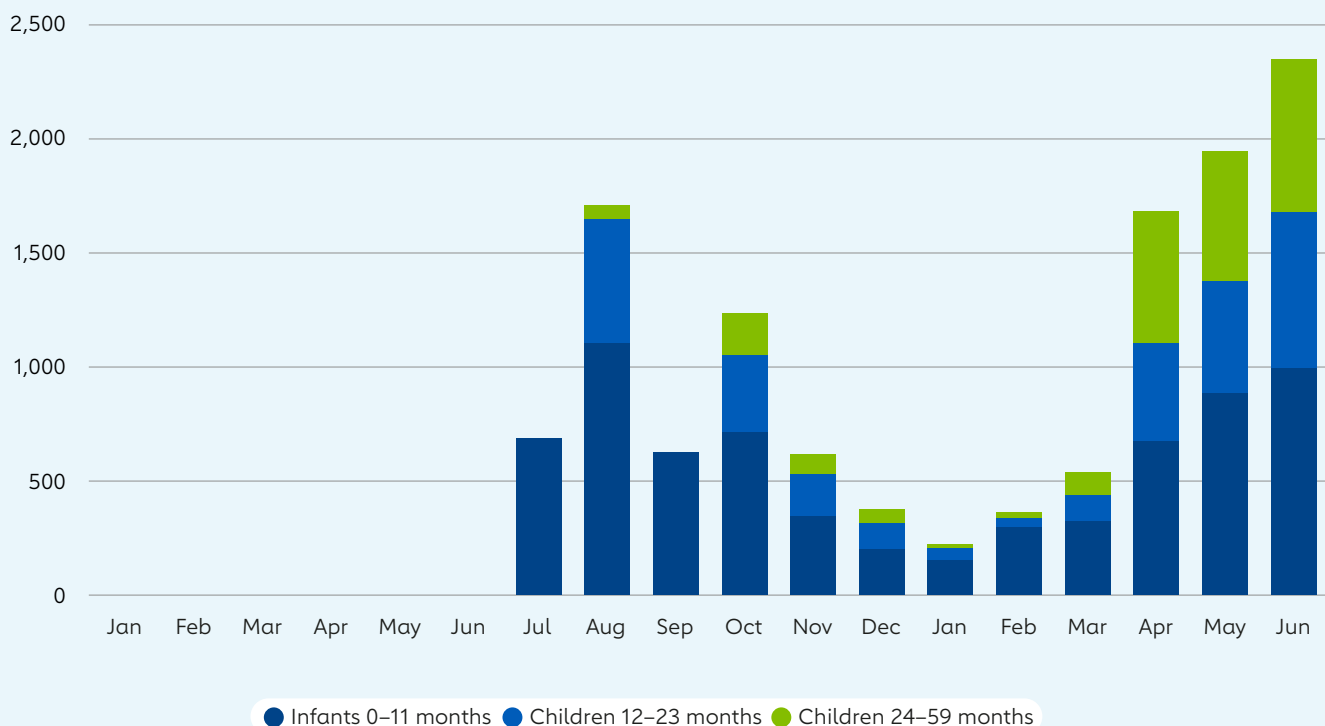
**12,277** penta1

**8,787** penta3

**13,534** MCV1

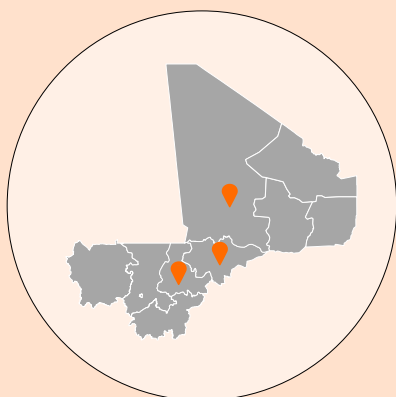
**10,124** MCV2

Figure 24 Penta1 doses delivered by RAISE 4 Sahel in Chad, January 2023–June 2024



ZIP locations are within the states of Segou, Mopti and Timbuktu. ZIP programming rarely covers a complete government or administrative area.

### ZIP locations within Mali



Marker size does not represent scale of programme. Placement of markers are representative of locations rather than precise geographies.

Figure 25 ZIP Mali metrics, through June 2024



**47,834**

children 0–5 years received first vaccine from ZIP



**22,441**

children 1–5 years received first vaccine from ZIP



**6,732**

children 0–5 years received last dose from ZIP



### Key doses

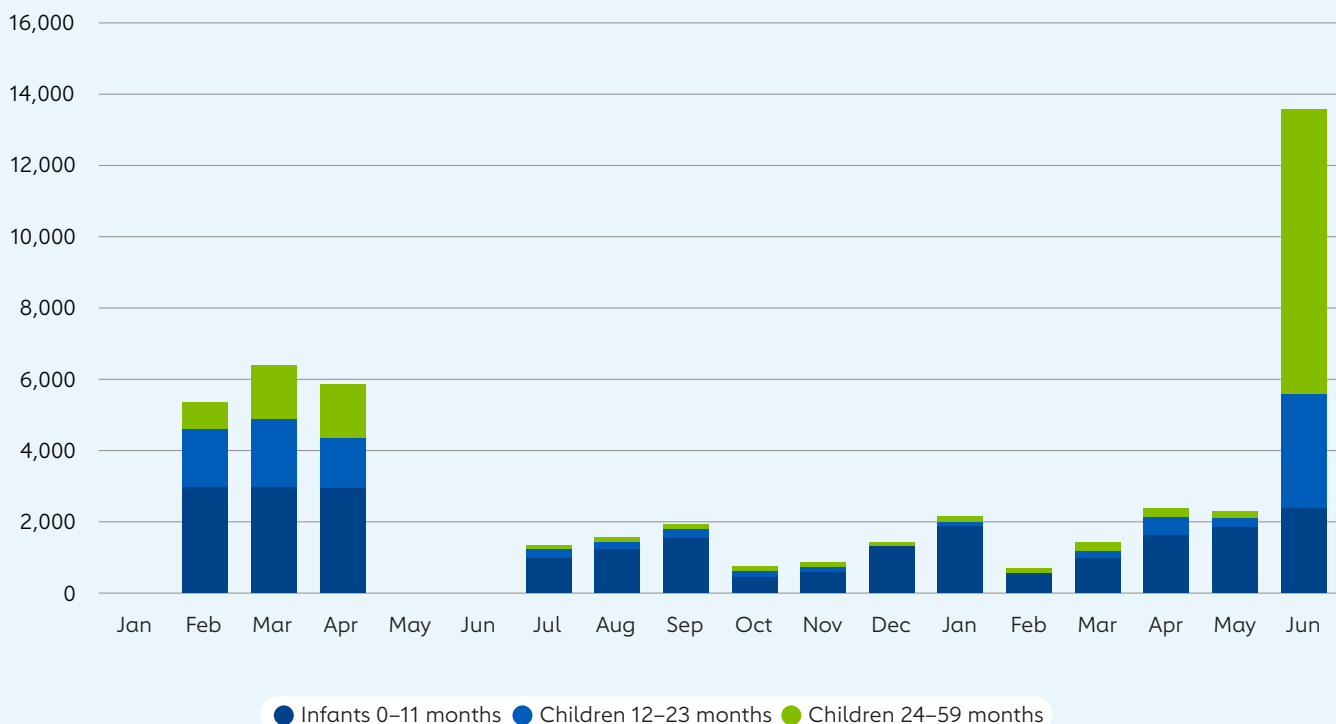
**47,834** penta1

**28,186** penta3

**22,927** MCV1

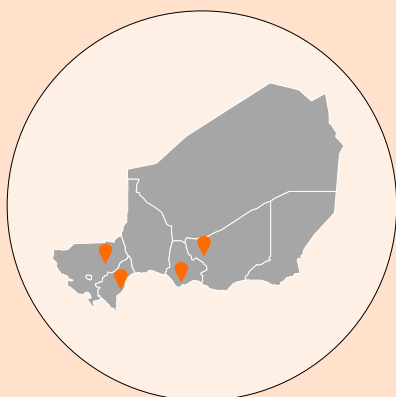
**6,732** MCV2

Figure 26 Penta1 doses delivered by RAISE 4 Sahel in Mali, January 2023–June 2024



ZIP locations are within the states of Tillabery, Dosso, Zinder and Maradi. ZIP programming rarely covers a complete government or administrative area.

### ZIP locations within Niger



Marker size does not represent scale of programme. Placement of markers are representative of locations rather than precise geographies.

Figure 27 ZIP Niger metrics, through June 2024



**22,308**

children 0–5 years received first vaccine from ZIP



**460**

children 1–5 years received first vaccine from ZIP



**15,016**

children 0–5 years received last dose from ZIP



### Key doses

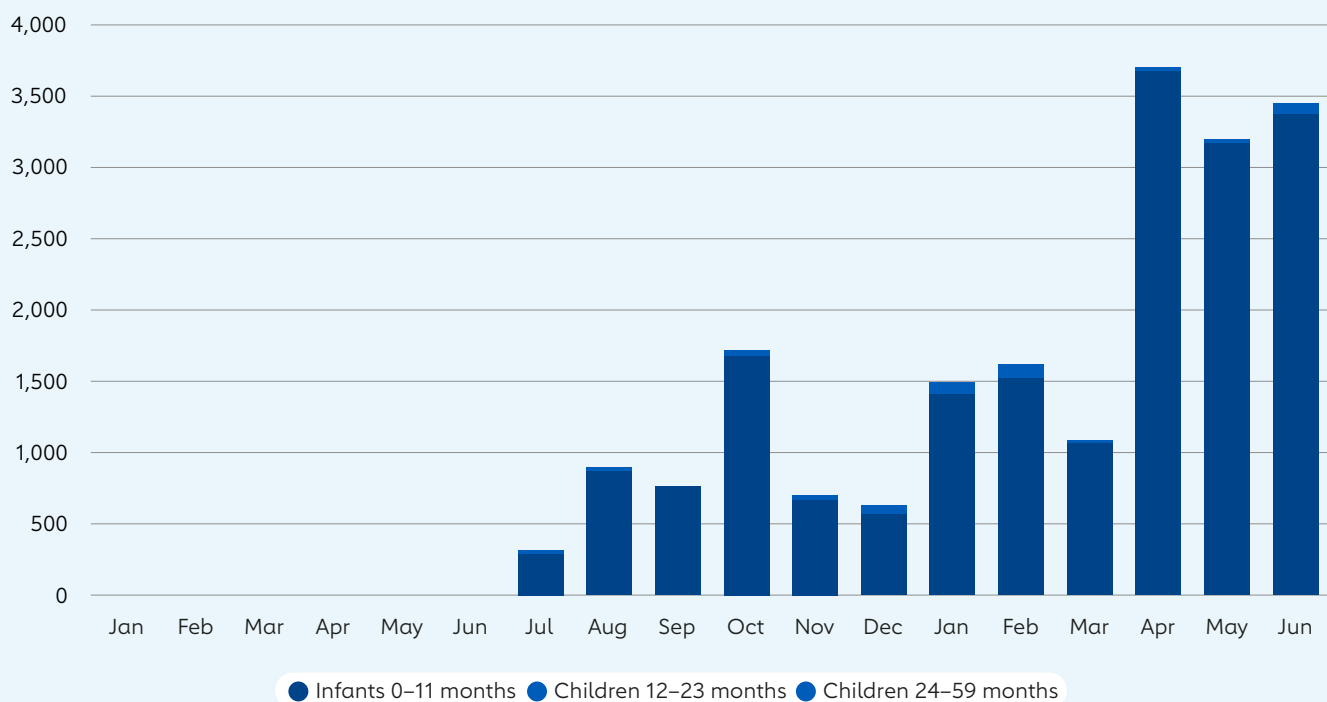
**19,553** penta1

**18,450** penta3

**17,734** MCV1

**15,016** MCV2

Figure 28 Penta1 doses delivered by RAISE 4 Sahel in Niger, January 2023–June 2024

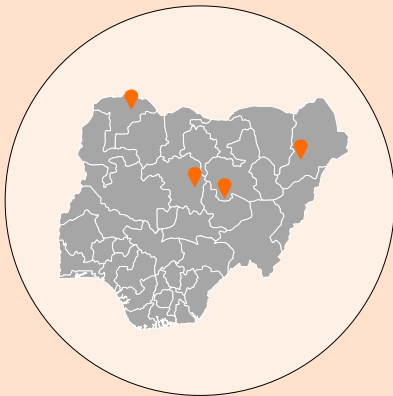


Niger restricted pentavalent vaccines only for use with infants.



ZIP locations are within Borno, Kaduna, Plateau and Sokoto states. ZIP programming rarely covers a complete government or administrative area.

### ZIP locations within Nigeria



Marker size does not represent scale of programme. Placement of markers are representative of locations rather than precise geographies.

Figure 29 ZIP Nigeria metrics, through June 2024



**62,601**

children 0–5 years received first vaccine from ZIP



**38,711**

children 1–5 years received first vaccine from ZIP



**14,506**

children 0–5 years received last dose from ZIP



### Key doses

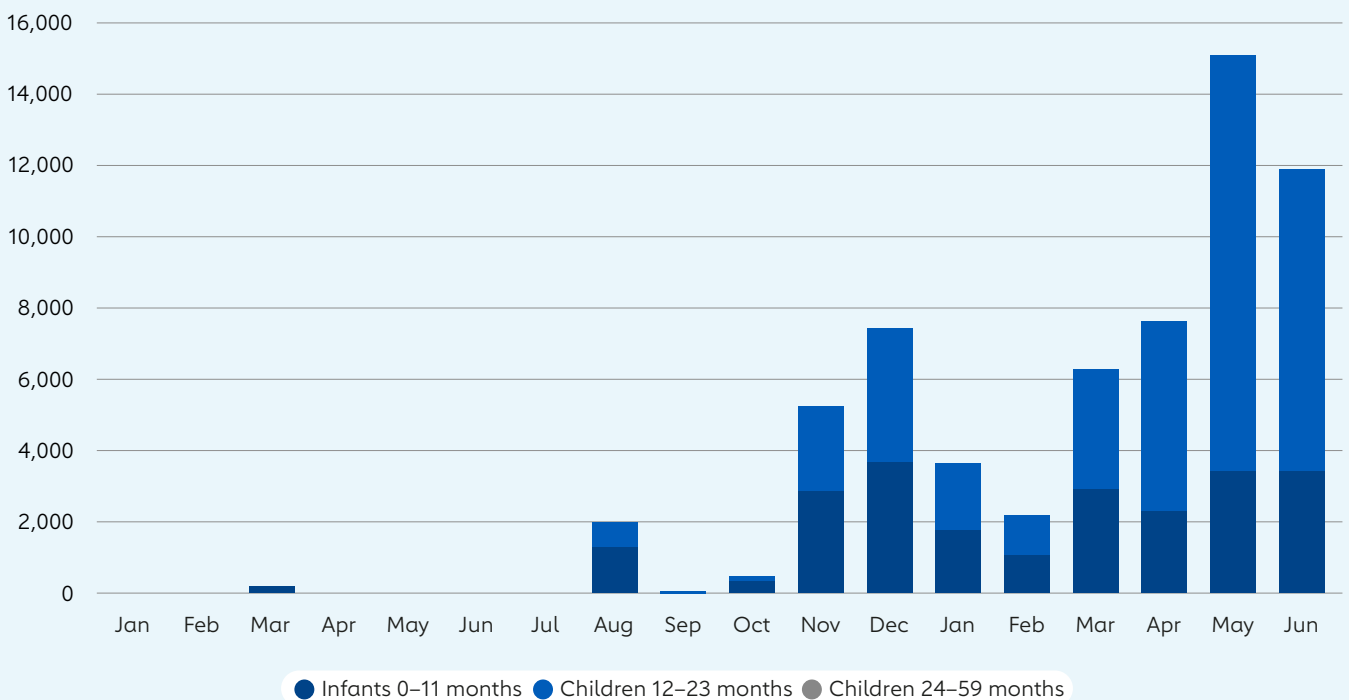
**62,601** penta1

**34,639** penta3

**31,523** MCV1

**14,506** MCV2

Figure 30 Penta1 doses delivered by RAISE 4 Sahel in Nigeria, January 2023–June 2024



Nigeria restricted pentavalent vaccines only for use with children younger than 24 months.

# Timeline: inception to implementation

## 2021

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### June

Gavi Board recognises limitations of support exclusively to national governments. US\$ 100 million is allocated for multi-country partnerships for full immunisation in fragile, conflict and cross-border areas outside government reach.

### October

Gavi invites proposals from humanitarian partners to reach: populations and displaced communities in areas outside government control; and mobile populations across borders not reached by government.

Two regional awards will be made, with seven countries in the Sahel and four countries in the Horn of Africa.

### December

Gavi Independent Review Committee selects World Vision (WV) for the Sahel and International Rescue Committee (IRC) for the Horn of Africa.

## 2022

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### January

Gavi announces two awards within the Zero-Dose Immunization Programme (ZIP):

- RAISE 4 Sahel led by WV, across Burkina Faso, Cameroon, Central African Republic, Chad, Mali, Niger and Nigeria
- REACH led by IRC, across Ethiopia, Somalia, South Sudan and Sudan

### July

REACH and RAISE 4 Sahel begin inception period.

### October

REACH enters implementation phase.

### December

REACH starts vaccination in Somalia and South Sudan.

## 2023

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### January

RAISE 4 Sahel enters implementation phase.

### February

REACH is vaccinating in all countries.

### September

RAISE 4 Sahel is vaccinating in all countries.

## 2024

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### January–June

Implementation expands across all countries.



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