



ZIP, Gavi's 5.0 Humanitarian Partnerships

ZD Learning Week

August 2024

ZIP_PMU@gavi.org

gavi.org



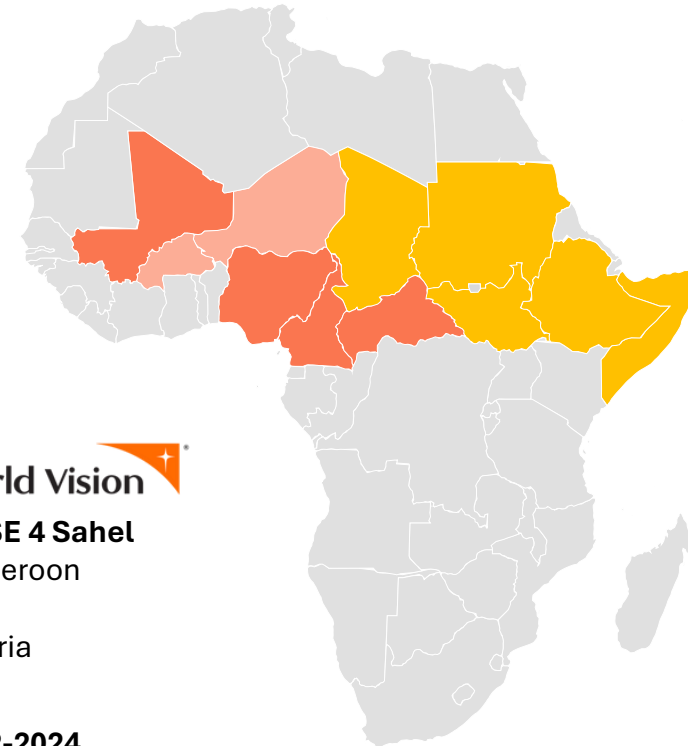
Working Beyond Government Reach

ZIP was funded to overcome limitations of Gavi support model through national governments, with an equity imperative to meet the immunisation needs of children who live in contexts that government health services cannot reach.

ZIP has established programmes in diverse communities cut off from government health services, including:

- Recovering Post-War
- Disputed or Contested Governance
- Semiautonomous Regions
- Occupied by Non-State Armed Groups
- Coordinated Humanitarian Response
- Populations at Risk

Goal: Full immunisation for children 0-59 mos.



REACH
Chad (2024)
Ethiopia
Somalia
South Sudan
Sudan



World Vision
RAISE 4 Sahel
Cameroon
CAR
Nigeria
Mali
2022-2024
Burkina Faso
Chad
Niger



2024 - 2025
New ZIP awards to partners delivering humanitarian health programming

ZiP Impact December 2022 - June 2024



845,020

Children 0-5 years

on path to
full immunisation
with first vaccines



351,910

ZDC over age 1

received first vaccines
after age 1



479,284

Children 1-5 years

fully immunized*



1.3 M doses

to Infants 0 – 1 year



1.4 M doses

to Children over age 1

key doses** delivered through ZIP

*full immunisation as last dose within national schedule, age appropriate

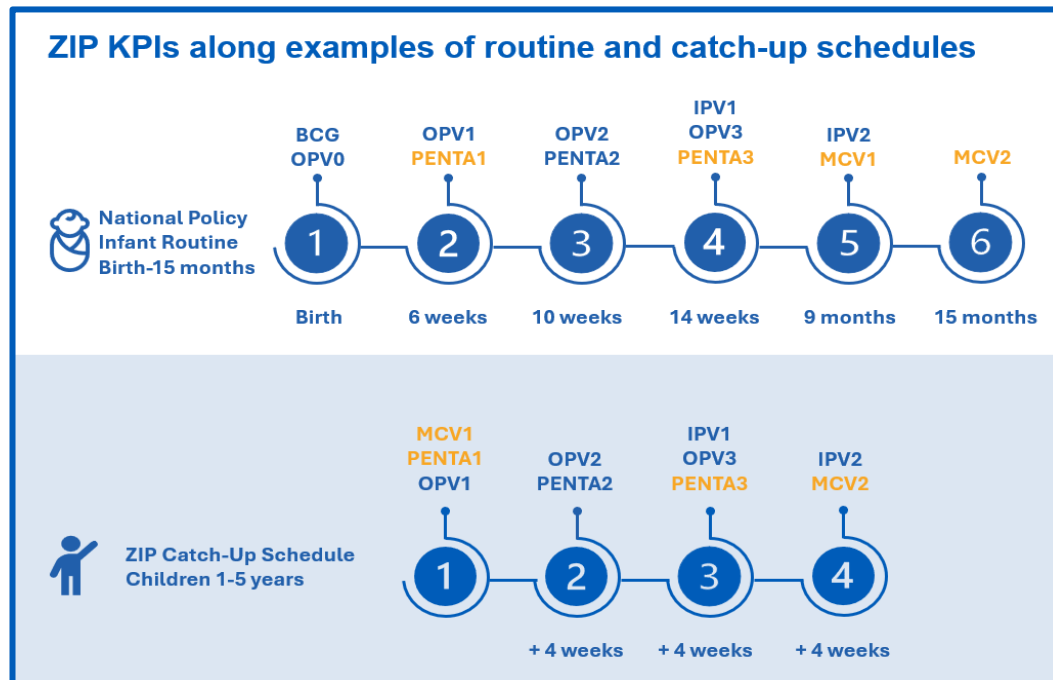
**Gavi ZIP PMU tracks Penta 1 & 3 and MCV 1 & 2 as key doses that show progress along the national vaccine schedule. All doses are reported through national systems as applicable.

ZIP Tracking KPIs to show progress to full immunisation

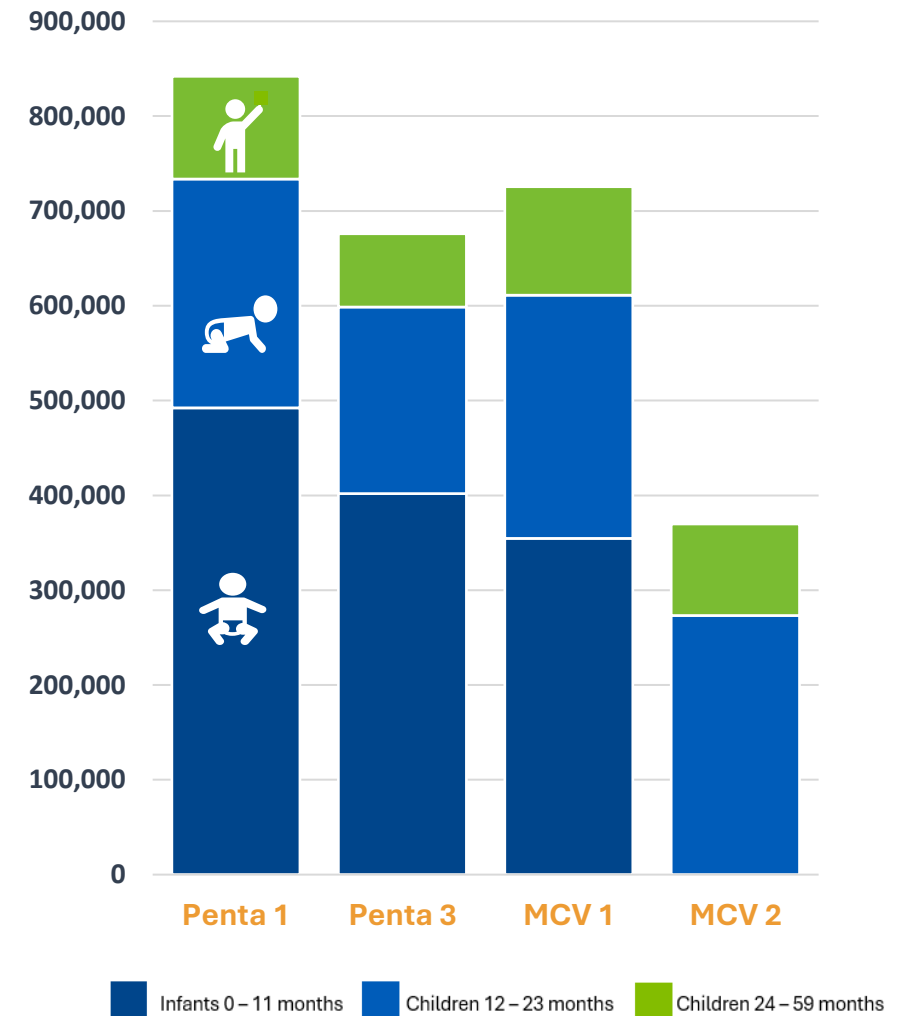
ZIP implementers report on four key doses monthly: Penta1, Penta3, MCV1, MCV2

ZIP delivers full immunisation to the extent of national policy and schedules

- Gavi receives data on four key doses to monitor progress to full immunisation despite differences across national schedules
- Implementers meet national reporting requirements to ensure representation in national data systems



ZIP KPIs December 2022 – June 2024



ZIP The uncertainty of living beyond government reach



ZiP Working beyond governments requires humanitarian best practices

Humanitarian Ways of Working

- Neutrality and independence, including from government
- Negotiated humanitarian access
- Coordination with OCHA, WHO Health Cluster, and other humanitarian actors
- Ongoing situation monitoring
- Responsive and agile programming
- Network of local partner organizations
- Leveraging humanitarian programs meeting broader needs
- Integrating immunisation with other services (nutrition, WASH, etc.)
- Accountability to affected populations with humanity and impartiality
- Gender approaches for protection from sexual exploitation and abuse



ZiP An example from ZIP

Recently added to ZIP, Abyei reaches oldest children within 3 months of implementation

Abyei Administrative Area, South Sudan

Contested between Sudan and South Sudan

Armed Conflict

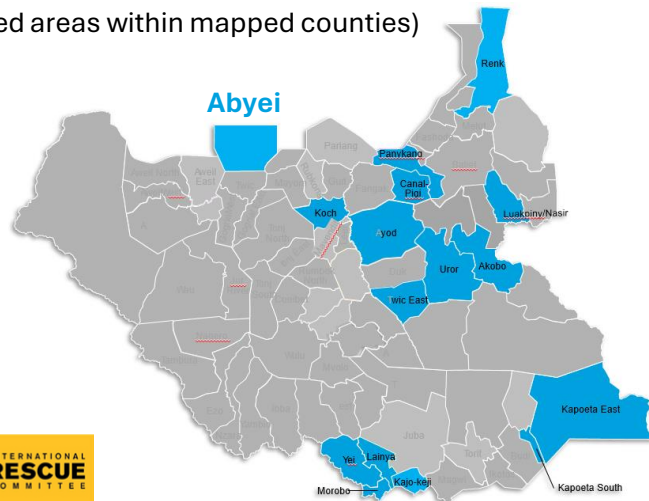
- Presence of armed militia from both countries
- Frequent displacement and cross-border movement
- Ethnic conflict and criminality

Absence of Government Services and Infrastructure

- Administratively within South Sudan
- Disputed governance prevents either side from resourcing
- Perennial flooding
- Severe poverty, strained by population displacement

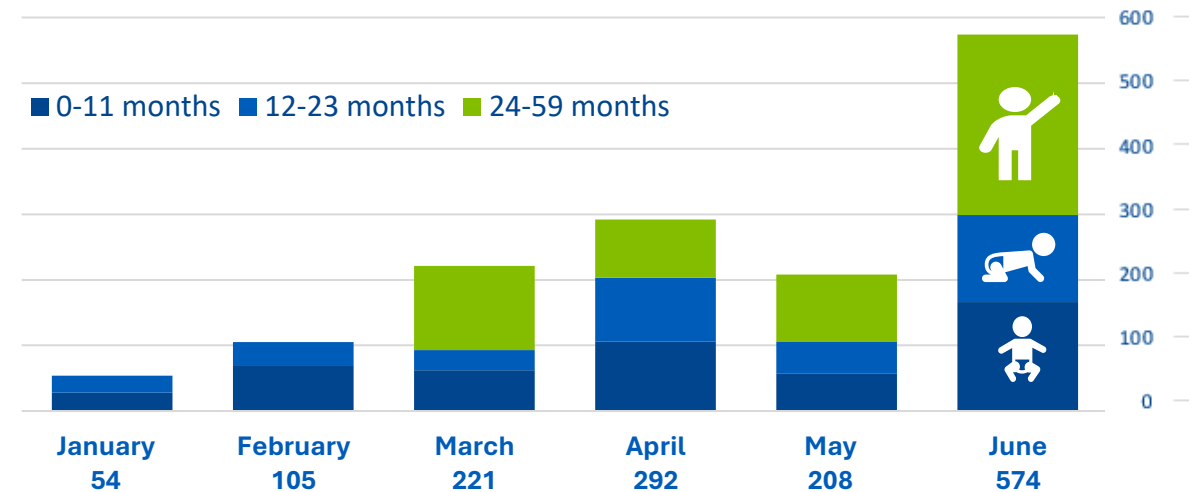
South Sudan ZIP Areas

(targeted areas within mapped counties)



1,454 Penta1 doses delivered in 2024

Special permission required to reach children 2-5 years old



Humanitarian Approaches

Negotiated humanitarian access

- Recognition from local security forces and other stakeholders
- Close coordination with UN Interim Security Force
- Outreach and mobile sessions intensified during windows of relative calm
- Programming flexibility to accommodate vaccine schedules despite restricted access

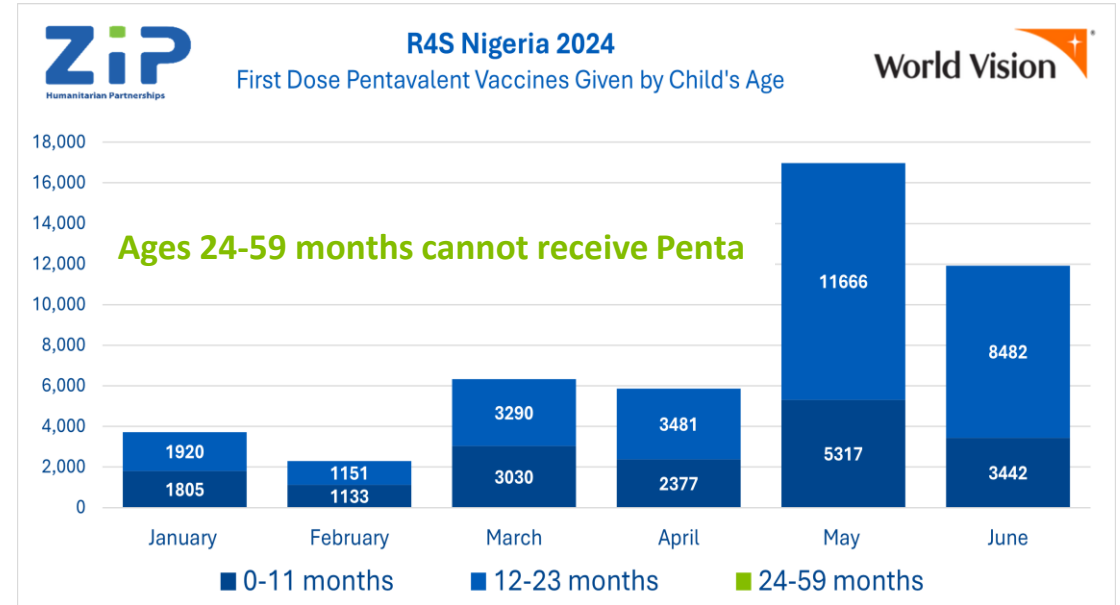
ZiP Sahel countries' policies have limited catch-up

Catch-Up restrictions hinder access for 2-5 year-olds

- Children over age 12 months excluded (Niger)
- Children over age 24 months excluded (Nigeria)
- Schedules add visits to stagger MCV and Penta
- 72-hour waiting periods to avoid >4 vaccines per visit (Burkina Faso)

R4S Experiences with Catch-Up Barriers in Sahel Countries

	BURKINA	CAMEROON	CAR	CHAD	MALI	NIGER	NIGERIA
No national catch-up policy				✓	✓	✓	✓
Catch-up only by permission				✓	✓		
No catch-up past age 2 years			✓			✓	✓
Specific restrictions to PENTA	✓	✓	✓			✓	



Policy barriers exacerbate risk and complexity in ZIP contexts

- Require additional access negotiation and safety risks
- Leave children under-immunized despite availability of age-appropriate vaccines
- Maintain inequity by excluding children who have been denied access because governance crisis and/or conflict

ZIP Lessons for ZD Agenda

Full immunisation

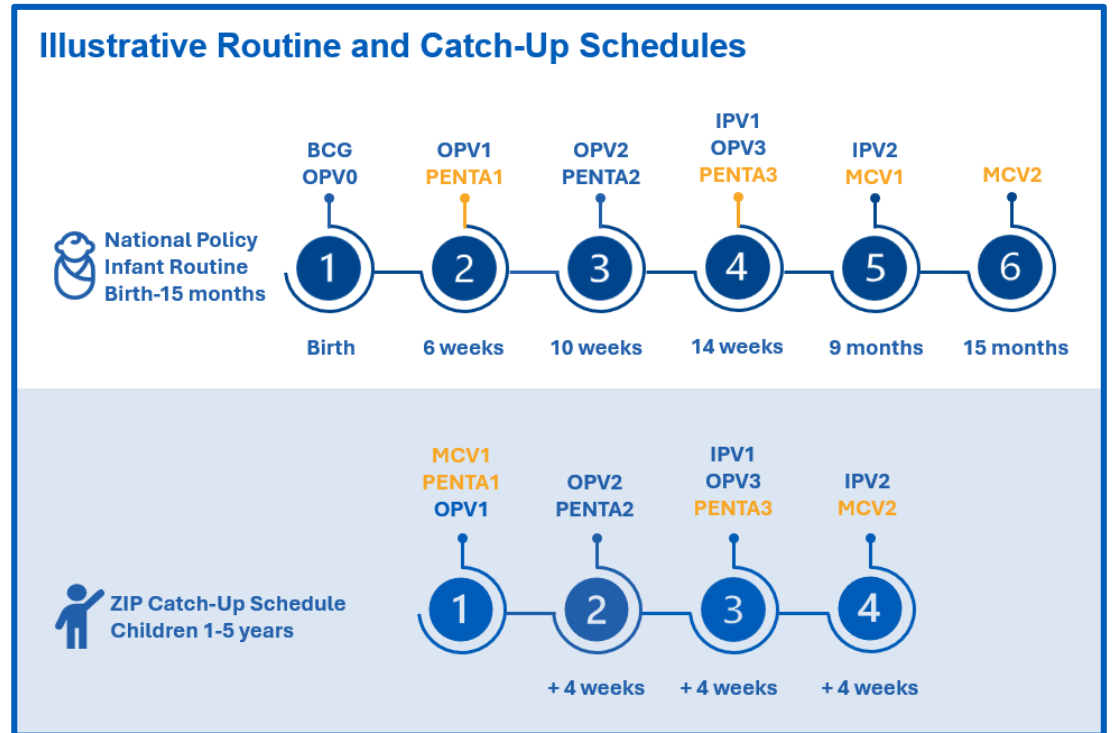
- **Emphasis on full immunisation**, rather than first dose
- Catch-up should **not undermine routine immunisation**.

Identify Missed Communities

- Community history of **programming gaps is a better marker of need** than estimates of ZDC from coverage data or survey in communities experiencing governance crises

Supply-Side Barriers to Catch-up

- **Address national policy restrictions** that limit access to specific vaccines for ages 2-5 years.
- Include children 2-5 years old in **local vaccine forecasts** and supply management.
- **Increase awareness of catch-up** schedules and eligibility, including with MOH staff, health workers, and vaccinators.





ZIP

Gavi's Humanitarian Partnerships

Immunisation session in
Lere LGA, Kaduna State, Nigeria.

© CHAN-R4S 2024