



REACH-OUT PROJECT

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CLOSING THE IMMUNIZATION GAP:
LAYING THE FOUNDATION TO REACH ZERO-DOSE CHILDREN
THROUGH EVIDENCE, EQUITY, AND PARTNERSHIP.

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Building the Foundations to Reach Zero-Dose Children | Reflections from the REACH-OUT Project Leadership

2025 was a year of deliberate groundwork and quiet momentum for the REACH-OUT Project. While global health systems continue to face fiscal pressure, competing priorities, and increasing complexity, the need to reach zero-dose children has never been more urgent. Against this backdrop, REACH-OUT focused on building the foundations required for impact, strong partnerships, shared governance, ethical alignment, and robust research systems.

Across our consortium, significant progress was made in translating ambition into readiness. We have strengthened engagement with national immunization authorities and completed large-scale behavioural and household data collection in Kenya and Rwanda, while laying critical preparatory groundwork in Nigeria. These efforts have generated high-quality evidence and strengthened trust with communities and institutions alike, both essential for equitable immunization delivery.

A particularly encouraging signal in 2025 was the depth of alignment between research, policy, and practice. Governments and partners are increasingly seeking evidence that is not only rigorous, but actionable evidence that supports better targeting, smarter planning, and more equitable service delivery. REACH-OUT is well positioned to respond to this demand through its integration of implementation science, behavioural insights, and human-centred design.

I am deeply grateful to our African and European partners, funders, and national stakeholders for their commitment and collaboration throughout this foundational year. As we move into the next phase, our focus shifts from preparation to action through co-designing, testing, and refining solutions that respond to the realities of zero-dose communities. We do so with a shared sense of purpose and a collective commitment to ensuring that no child is left unreached.

— **Dr. Carlo Federici, Project Coordinator, and Prof. Jeanine Condo, Scientific Lead, REACH-OUT**



This image was generated using Artificial Intelligence (AI).

Closing the Immunization Gap: Laying the Foundation to Reach Zero-Dose Children Through Evidence, Equity, and Partnership.

Across Sub-Saharan Africa, millions of children remain unreached by routine immunization services, not because vaccines are unavailable, but because health systems do not yet reach everyone equitably, despite substantial progress in global immunization coverage.

The REACH-OUT Project is a four-year implementation research and innovation partnership launched in 2025 to address these inequities. Funded through the European Union under the EU Global Health EDCTP3 Programme, REACH-OUT brings together African and European institutions to strengthen national immunization programmes through evidence generation, human-centred design, and policy-relevant learning.

The first year focused on establishing the foundations required for impact: strong partnerships, shared governance, ethical alignment, and robust research tools. These investments position REACH-OUT to transition from preparation to action in the years ahead.

REACH-OUT PROJECT AT A GLANCE



A group photo of Consortium team members during the Global REACH-OUT Kick-Off Meeting hosted by CIIC-HIN in Kigali, Rwanda.

Overview

- **Duration:** 2025–2028
- **Target Countries:** Kenya, Nigeria, and Rwanda.
- **Target Population:** Zero-dose, under-immunized children.
- **Approach:** Implementation science, behavioural science, geospatial modelling, and co-design of intervention.
- **Funder:** EU/Global Health EDCTP3.

Overall Aim

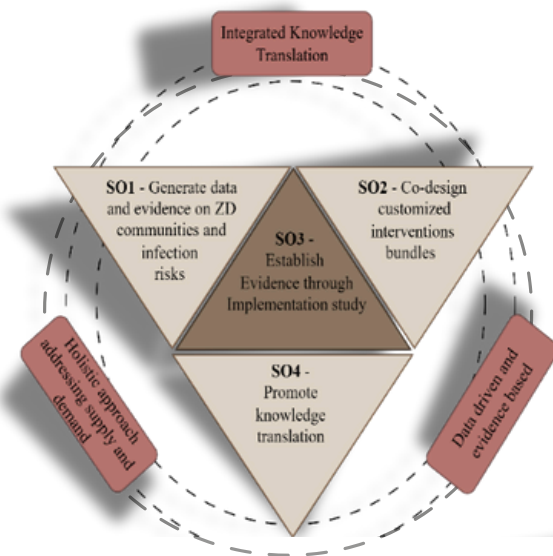
To develop and test **equitable and cost-effective immunization delivery strategies** that enable national programmes to more effectively identify, reach, and retain zero-dose children.

Specific Objectives

- **Generate improved data and evidence** on where zero-dose children live, why they are missed, and the infection risks they face.
- **Co-design context-specific intervention bundles** that address both demand- and supply-side barriers to immunization.
- **Evaluate effectiveness, cost-effectiveness, equity, and implementation processes** using implementation science frameworks.
- **Translate evidence into policy and practice** through sustained stakeholder engagement, capacity building, and dissemination.

Expected Outcomes

- More precise identification of zero-dose communities.
- Evidence-based, locally adapted immunization delivery models.
- Strengthened micro-planning and decision-support tools
- Improved equity in immunization coverage.
- Practical guidance for national scale-up and regional learning.



MILESTONES & LEARNINGS



Representatives from Kenya, Nigeria, and Rwanda at the Global REACH-OUT Kick-Off Meeting hosted by CIIC-HIN in Kigali, Rwanda.

1. Global REACH-OUT Kick-Off Meeting hosted in Kigali, Rwanda.

Between March 11 to 13th, 2025, the REACH-OUT Project convened consortium partners, EU/EDCTP3 representatives, and national immunization authorities from Nigeria, Kenya, and Rwanda to align on project objectives, governance arrangements, and implementation pathways. The meeting established a shared understanding of methodological approaches, ethical requirements, and country-specific priorities across all work packages, ensuring coherence in project design and delivery. This early engagement strengthened trust, clarified roles, and fostered collective ownership, laying a strong foundation for coordinated multi-country implementation.

2. Mapping of existing zero-dose best-practice interventions.

To inform intervention design, the project conducted systematic mapping of existing strategies aimed at reaching zero-dose and under-immunized children. In Rwanda alone, fourteen best-practice interventions were identified and documented, with similar efforts initiated across other countries. This mapping captured implementation characteristics, target populations, and contextual enablers and barriers, generating a consolidated evidence base to guide the co-design of tailored intervention bundles in subsequent phases.



A group photo of Consortium team members during the Kick-off meeting in Kigali, Rwanda.



University of Bocconi team training the Research Assistants on Behavioral and Social Drivers (BeSD) tool.

3. Consortium governance and coordination structures established.

During the year, consortium governance and coordination structures were fully operationalized to support effective project management, scientific leadership, and communication across all work packages and implementing countries. Clear roles and responsibilities were defined for consortium partners, enabling efficient coordination between scientific, implementation, and knowledge translation teams. Routine coordination mechanisms were introduced to support timely decision-making, adaptive management, and accountability throughout project implementation.

4. Stakeholder engagement frameworks developed across all countries.

REACH-OUT also developed structured stakeholder engagement frameworks across all implementing countries to ensure that project activities remain grounded in national priorities and community realities. Engagement mechanisms were designed to operate at national, sub-national, and community levels, including the establishment of National Stakeholder Committees, Society Advisory Groups, and an Immunization Advisory Board. This approach embedded stakeholder engagement as a continuous process, supporting ownership, relevance, and long-term uptake of project findings.



Prof. Jeanine Condo (Project Scientific Leader) and Dr. Carlo Federici, (Project Coordinator) in Rwanda



A group photo featuring the CIHP team, the REACH-OUT global team, and members of the National Primary Health Care Development Agency (NPHCDA) Abuja, Nigeria.



Visit by the University of Bocconi team and a representative from the Swiss Tropical and Public Health Institute to the Amref Health Africa offices in Kenya.

5. Initiation of a digital immunization decision-support platform.

In parallel, the consortium initiated the development of a digital immunization decision-support platform to strengthen planning and micro-planning at national and sub-national levels. An assessment of existing planning tools was conducted, alongside qualitative consultations with stakeholders to understand data flows, planning gaps, and user needs. These insights informed the initial design of a platform intended to integrate geospatial data, behavioural evidence, and planning tools to support more effective and equitable immunization delivery.

6. Completion of large-scale household surveys in Rwanda and Kenya.

Large-scale household surveys were completed in Rwanda and Kenya, engaging caregivers of zero-dose, under-immunized, and fully immunized children across diverse geographic and socio-economic settings. These surveys were complemented by Focus Group Discussions and Key Informant Interviews to deepen contextual understanding. Real-time data monitoring and quality assurance mechanisms were applied throughout fieldwork, ensuring high levels of data completeness, consistency, and reliability.



Research Assistants pretesting the questionnaire in KoBo Collect.



Community Health Promoters in Nambale Sub-County - Busia County, Kenya, guiding the Research Assistants and partners to households during the piloting of the data collection tool.



The REACH-OUT Nigeria team with CIHP CEO, Dr. Bolanle Oyeledun, during a stakeholder engagement in Lagos, Nigeria.

7. Selection of intervention areas

To identify priority areas for delivering vaccination interventions, we leveraged geospatial science and data-driven analysis. We considered key indicators such as under-five mortality, Pentavalent 1 vaccine coverage, and the size of the under-five population, to highlight areas with the highest vulnerability to zero dose.

This prioritization process was closely aligned with national government priorities, resulting in the selection of subnational areas for targeted support.

8. Using geospatial approaches to identify zero-dose children

To accurately identify zero-dose children in their geographic contexts, we aim to apply advanced geospatial modelling techniques. As a preliminary activity, we conducted a scoping review of spatial datasets and methods used to model zero-dose prevalence and assessed existing methodological and data gaps. The review revealed a broad spectrum of approaches, ranging from simple spatial clustering methods to advanced geostatistical and machine learning models. However, it also underscored limited analytical capacity in low-income countries and a persistent lack of focus on marginalized, fragile, and hard-to-reach populations.



The REACH-OUT global team, observing the Local Government Area Map at the NPHCDA, Abuja, Nigeria.

9. Strengthening Project Visibility and Knowledge Exchange

Project visibility and knowledge exchange were further strengthened through strategic dissemination of early scientific outputs.

The project's scoping review on behavioural models was presented at the Italian Health Economics Association (AIES) conference in Verona, Italy, in December 2025, and REACH-OUT is scheduled to feature in a dedicated session at the HTAi Annual Meeting in Istanbul, Turkey, in June 2026.

In addition, the project was presented at the CIHP's 5th Scientific Roundtable held in Abuja, Nigeria in October 2025, supporting cross-country learning and engagement with national stakeholders.

Presentation about the Reach-Out project at the Annual Learning Forum in Kenya

10. Training, Development and deployment of Behavioural and Social Drivers (BeSD) survey tools

Significant progress was made in understanding behavioural and social barriers to immunization through the development and deployment of Behavioural and Social Drivers (BeSD) survey tools.

Drawing on the WHO BeSD framework, tools were adapted to country contexts and research teams were trained on survey deployment, Kobo Collect & REDCap use, ethics, and qualitative methods.

By the end of 2025, BeSD data collection had been successfully completed in Rwanda and Kenya, generating high-quality behavioural insights to inform intervention design.



The REACHOUT global team at CIHP's 5th Scientific Roundtable Series, in Abuja, Nigeria.



A cross-section of participants during training of data collectors in Rwanda.

Cross-Cutting Learnings

- Early stakeholder engagement accelerates implementation readiness.
- Community trust underpins data quality and uptake.
- Real-time monitoring strengthens accountability.
- Learning exchange between the global north and south consortium members enhances innovation.

COUNTRY PROGRESS SNAPSHOTS

Rwanda | 600+ Households Surveyed

Led by CIIC-HIN, REACH-OUT implemented large-scale data collection across 10 districts, completing over 600 household surveys with caregivers of zero-dose, under-immunized, and fully immunized children. Quantitative surveys were complemented by Focus Group Discussions and Key Informant Interviews to capture behavioural, social, and health-system perspectives. Real-time data quality monitoring was applied throughout fieldwork, while close collaboration with the Rwanda Biomedical Centre and district health offices strengthened national ownership and operational alignment.

Kenya | Behavioural & Social Data Collected

In partnership with the National and County Immunization teams, REACH-OUT completed behavioural and social data collection alongside targeted capacity-building activities for field and research teams. The work generated critical insights into behavioural, geographic, and access-related barriers affecting immunization uptake among hard-to-reach populations. Engagement with sub-national stakeholders supported contextual interpretation of findings and ensured alignment with ongoing immunization and primary health care initiatives.

Nigeria | 4 States Identified | Implementation Readiness Phase

Led by the Centre for Integrated Health Programs, REACH-OUT focused in 2025 on preparatory activities to ensure strong alignment with national and sub-national priorities. These included stakeholder engagement with immunization authorities, mapping of existing zero-dose interventions, and identification of priority communities. This foundational work positioned the project for large-scale data collection and co-design of interventions scheduled to begin in early 2026.

WHERE REACH-OUT WORKED IN 2025.



- Rwanda CIIC-HIN 10 districts
- Kenya amref health africa Busia County
- Nigeria cihp Ondo | Lagos Gombe | Kaduna States.

LOOKING AHEAD



Community health Promoters from Kisoko A CU(Emuhuyu village), Kisoko B CU (Emakina village) in Nambale sub-county- Busia County, Kenya getting ready to take the research assistants and partners to the household to collect data

As we enter the new year, the REACH-OUT Project moves forward with a strong foundation built on partnership, evidence, and shared commitment. The work completed in 2025 has positioned the consortium to translate learning into action, testing and refining solutions that respond to the realities of zero-dose communities.

In the year ahead, REACH-OUT will focus on co-designing and implementing context-specific solutions that can be tested, refined and scaled, strengthening national systems, and ensuring that evidence generated is translated into practical improvements in immunization delivery. Guided by collaboration with governments, communities, and partners, we remain committed to advancing equitable access to life-saving vaccines.

As we begin this next phase, we look ahead with purpose, working together to ensure that no child is left unreached.

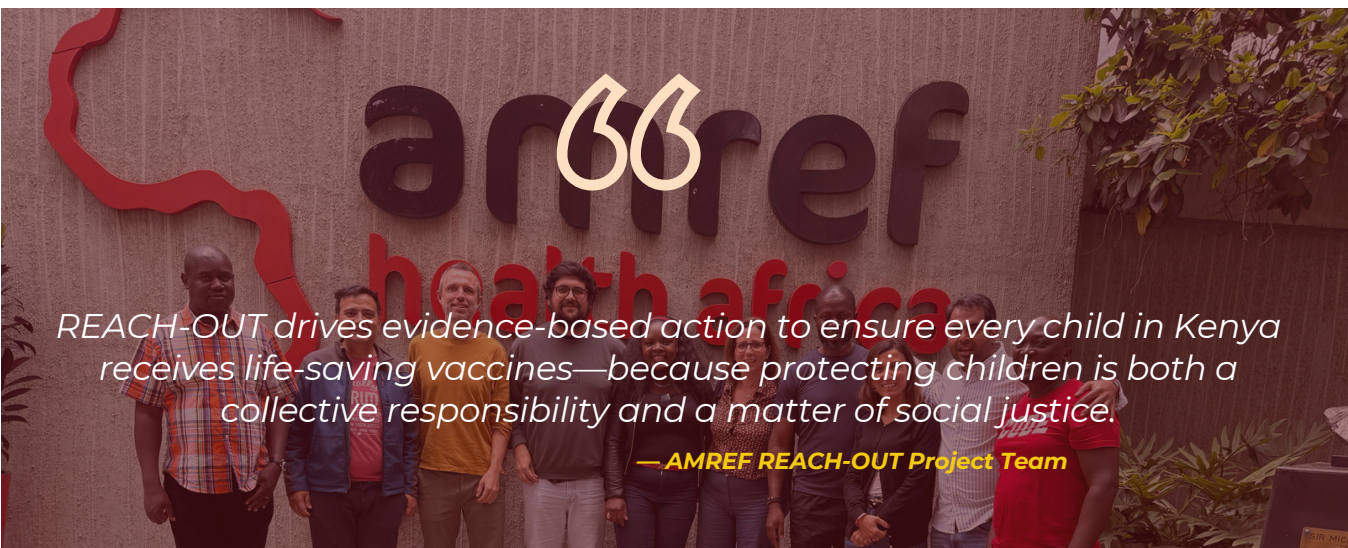


The Research Lead for the REACH-OUT Project, presenting an overview of the project and study to the Research Assistants and representatives from the Ministry of Health in Busia County, Kenya.

Key priorities for 2026 include:

- Completion of data collection activities in Nigeria.
- Cross-country analysis and synthesis of behavioural, geospatial, and implementation evidence.
- Co-design of tailored intervention bundles with governments, health workers, and communities.
- Ethics approvals and launch of implementation and evaluation studies.
- Continued engagement to support policy relevance, learning, and uptake.
- Qualitative data analysis and interpretation.
- Dissemination of research findings through publications.

Closing Reflection



CONSORTIUM PARTNERS

The REACH-OUT Project brings together a high-impact consortium of 8 partners, comprising 3 institutions from Sub-Saharan Africa and 5 European Partners.

Sub-Saharan African Partners



European Partners



Associated Partner

Swiss TPH





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