**MOMENTUM Routine Immunization Transformation and Equity**

## Consultant Scope of Work: Develop and Pilot an Approach to Train and Support District Health and EPI Officers to Advocate for Increased Funding for Operational Costs in XXX State - Nigeria

1. **Background**

MOMENTUM (Moving Integrated, Quality Maternal, Newborn, and Child Health and Family Planning and Reproductive Health) Round 3B, Overcoming Entrenched Obstacles in Routine Immunization, hereafter referred to as MOMENTUM Routine Immunization Transformation and Equity (M-RITE), is a five-year program funded by global U.S. Agency for International Development (USAID). M-RITE is led by John Snow Inc. (JSI) with support from consortium partners Results for Development (R4D), Accenture, PATH, Gobee, Core Group, and the Manoff Group.

M-RITE aims to sustainably strengthen routine immunization (RI) programs to overcome the entrenched obstacles contributing to stagnating and declining immunization rates in MNCH/FP/RH priority countries and address the barriers to reaching zero-dose and under-immunized children with life-saving vaccines and other health services. In light of the COVID-19 pandemic and the consequent disruption of immunization services, M-RITE also supports countries with the maintenance, adaptation, suspension and/or reinstatement of immunization services. In addition, M-RITE provides technical assistance to adapt immunization delivery strategies, support strategies for tracking and follow-up of individuals who missed vaccinations, assess immunity gaps, re-establish community trust and demand for vaccination, and provide technical support for COVID-19 vaccine introduction.

R4D, a global nonprofit consulting organization with expertise in sustainable health financing, is collaborating with JSI on the M-RITE program to develop and pilot a capacity-building approach to train and coach local health and Expanded Program on Immunization (EPI) officers at the Local Government Areas (LGAs) level in Nigeria on how to inform data-driven decisions and advocate for increased funding for RI operational costs during the preparation of the state and LGAs health plans and budgets.

The pilot program aims to garner support from non-health stakeholders for RI services at the state and local government areas (LGAs) levels. To achieve this goal, several sub-activities have been planned. The first sub-activity involves conducting a rapid health financing assessment, which will help to understand the health budgeting and planning processes at the state and LGA levels and identify the primary funding sources for health and RI services.

Following the rapid health financing assessment, a co-creation workshop will be organized with EPI, sub-national technical officers, and health and non-health stakeholders. The workshop will aim to validate the findings from the assessment and identify capacity gaps and needs and effective advocacy practices. The third sub-activity will be the implementation of capacity building activities, including technical assistance, mentoring, and peer-to-peer learning, to support EPI and health officers in building relationships and engaging stakeholders strategically. Finally, the pilot program will adapt the toolkit and guidance developed by USAID’s Maternal and Child Survival Program (MCSP) in Uganda to suit the local context and gain non-health stakeholders’ support for increased RI resources operational costs and informed decision-making during the budget cycle in selected LGAs.

1. **Objectives**

This activity aims to develop and pilot a capacity-building approach at the LGA level in Nigeria to enhance local health and EPI officer capacity to advocate for increased funding for operational costs to reach zero-dose communities during the annual budget cycle. Specific objectives of the activity include:

1. Understand where RI services fit within the health financing landscape and how operational costs are captured within local health budgets, especially in prioritizing limited resources to address unmet immunization needs for underserved populations and geographic areas.
2. Adapt and refine the toolkit and guidance developed by USAID’s MCSP in Uganda to gain non-health stakeholder support for RI based on landscape analysis and the co-creation workshops with sub-national technical officers and non-health stakeholders.
3. Provide technical support and coaching to local health and EPI officers in 2–4 lower-performing LGAs to inform health planning and budgeting processes and use financial and programmatic data to advocate for increased domestic resources for RI operational costs during the budget cycle.
4. **Activities/Tasks to be performed**

The consultant will undertake all activities necessary to fulfill the objectives and output of the project, including but not limited to the following:

* As needed, participate in technical meetings with the M-RITE country staff, R4D team, and local governments.
* Support facilitation of key stakeholder engagement meetings, validation, and co-creation workshops.
* Lead data collection activities across different levels- State, LGA, non-health sectors, and donors/partners. Primary data collection includes semi-structured interviews with key informants involved in the health sector budgeting and planning processes. Secondary data includes a comprehensive review of policy documents, state and LGA health financial data and reports, as well as relevant websites/databases from the state government and relevant literature (peer-reviewed and grey).
* Produce a report for the health financing assessment that describes the health budgeting and planning processes at the state and LGA levels. The report should analyze the primary funding sources for health and RI services at both levels and identify key health and non-health stakeholders and potential advocates for operational costs.
* Conduct two in-person visits to each selected LGA to conduct capacity-building activities for local health and EPI officers. The capacity-building activities will include technical assistance, mentoring, and the facilitation of peer-to-peer learning opportunities to help officers build relationships and effectively engage key stakeholders.
* Produce a concept note and materials for the implementation of the capacity building activities.
* In close collaboration with R4D’s senior program officer, develop a toolkit and roadmap to gain support from non-health stakeholders for increased resources for RI operational costs and informed decision-making during the budget cycle in selected LGAs. This product will be based on an adaptation of the toolkit and guidance developed by USAID’s Maternal and Child Survival Program (MCSP) in Uganda and will draw on similar tools developed in other countries and contexts.
* Help local health and EPI officials identify and engage relevant stakeholders from the private sector, philanthropic organizations, and social organizations who could provide financial support to RI operational costs and mobilize in-kind or material resources.
* Facilitate validation and dissemination of findings with R4D, JSI, and the XX State Ministry of health.
* Write a final report documenting the outcomes of the capacity building activity and use of the toolkit, including key challenges encountered and opportunities for improvement.
1. **Expected Deliverables**

**Deliverable 1.1**: Upon signing the contract, the consultant is expected to produce a detailed work plan outlining the activities to be undertaken and their corresponding timelines in accordance with the Scope of Work. This will include a concept note for the rapid health financing assessment, inclusive of data collection and analysis methods, primary and secondary data sources, and a preliminary list of interviewees.

**Deliverable 1.2:** The final version of data collection instruments and the list of interviewees, including a detailed list of secondary data analyzed and documents gathered.

**Deliverable 2.1:** A 10-page report for the health financing assessment, including references, annexes, footnotes, and figures, and a slide deck with findings and recommendations.

The health financing assessment seeks to address the following questions:

* Describe the fiscal context for health financing and health expenditure trends in XX state and XX LGAs.
* Are some/all RI services and operational costs captured within the health budget?
* For the past five years, how much of the requested funding was received and when during the budget cycle.
* Describe the annual health planning and budgeting processes identifying key actors and decision-making spaces for budget allocation at both state and LGA levels. Indicate when and where RI services could be inserted/prioritized into the state and LGA plans to increase domestic financing.
* Identify key health and non-health stakeholders responsible for budgeting and planning processes at the LGA and state levels as well as potential advocates for operational costs.
* Describe the primary sources of funding for health and RI services at the state and LGA levels. How are these resources allocated and managed at the various levels of the system?
* Describe the drivers of both strong and weak budget performance at the LGA level with special attention to public finance bottlenecks and constraints.
* Are there bottlenecks with fund flows to local governments and health facilities from the different financing mechanisms? In the case of off-budget donor funds, how are RI resources used/planned/accounted for within the government system?
* Is RI service provision integrated within existing funding pools and purchasing arrangements?
* How can domestic financing for RI services, including operational costs, be mobilized amidst current fiscal challenges? How can private sector involvement, philanthropic contributions, and community-based organizations be leveraged to address funding gaps?

R4D will provide the consultant with a template for the 10-page report.

**Deliverable 2.2:** Develop a concept note for disseminating and validating the health financing assessment report and co-creating the capacity building approach. The concept note should outline the workshop’s objectives, methodology, activities, and expected outcomes. In addition, the consultant should ensure that the concept note includes a clear agenda for the workshop, identifies the key stakeholders to be involved, and includes a plan for capturing and incorporating feedback from stakeholders. The concept note should also include details on the materials and resources needed for the workshop, such as presentation slides, handouts, and facilitation guides.

**Deliverable 3:** Develop a detailed concept note outlining the methodology, activities, and materials to be used in the capacity-building sessions for local health and EPI officers (two visits for each LGA). The concept note should clearly define the scope and objectives of the training and coaching sessions, including the focus on identifying financial, programmatic, and epidemiological data required for annual budgeting and planning processes and advocacy activities. The note should also identify local champions for advocating greater prioritization of RI operational activities during the local budgeting process. The consultant should present the concept note for review and approval by R4D, M-RITE, and State-level government officials before proceeding with the training and coaching sessions.

**Deliverable 4:** The consultant, in close collaboration with R4D senior program officer, EPI and health officials, will co-develop a toolkit and roadmap, which should include clear guidelines and strategies for engaging non-health stakeholders, such as political and administrative leaders, local finance officers, and private sector representatives, in the planning and budgeting processes for RI services. The toolkit and guidance should be presented in a user-friendly format, with relevant case studies and examples, to ensure maximum effectiveness and impact. The consultant should present and validate the adapted toolkit and guidance for review and approval by M-RITE staff, R4D team, and LGA and State-level government. The approved deliverable will be the final version of the adapted toolkit and roadmap, which can be used by local health and EPI officers to engage non-health stakeholders and gain support for increased resources for RI operational costs and informed decision-making during the budget cycle.

**Deliverable 5**: The local consultant will prepare a comprehensive report documenting the outcomes of the capacity building activity and use of the toolkit, including key challenges encountered and opportunities for improvement. The report will also include best practices and lessons learned from the adaptation and implementation of the toolkit, co-creation, ongoing support to technical officers, and the development and monitoring of indicators to track the successful implementation of the roadmaps. The consultant will work closely with the R4D senior program officer to ensure the report provides a detailed overview of the progress and results of the capacity building activity. The report will be presented to M-RITE staff, LGA and state-level government officials for review and approval. The report will serve as a valuable resource to inform future iterations of the capacity building approach and activities.

R4D will provide the consultant with a template for the final report.

1. **Implementation arrangements**

The consultant will be under the direct supervision and guidance of R4D’s Senior Program Officer based in Washington, DC, and will be expected to regularly engage with the M-RITE country team. The consultant is also required to coordinate with JSI, XX State MOH, and government stakeholders to ensure the efficient implementation of activities. Regular progress updates on the activities will be provided by the consultant to the R4D senior program officer.

1. **Output, Timeline, and work effort**

The level of effort available for this consultancy is 45 days. This should include time for the analysis, report writing, and revisions based on reviews and feedback from the country and HQ teams. The consultant will be compensated at an agreed rate per day. The consultant is expected to complete all the activities and submit deliverables within the agreed time frame.

The timeline and expected work effort for the deliverables are as follows:

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|  | **Deliverables**  | **Estimated due dates**  | **Work effort** |
| 1.1 | Detailed workplan | Within two weeks after signing the contract (March 2023) | 2 days |
| 1.2 | Data collection instruments and list of interviewees | April 7, 2023 | 2 days |
| 2.1 | Health financing assessment report | May 12, 2023 | 15 days |
| 2.2 | Concept note for disseminating and validating the health financing assessment report and co-creating the capacity building approach | May 26, 2023 | 3 days |
| 3 | Deliverable 3: concept note for capacity building activities | June 16, 2023 | 5 days |
| 4 | Deliverable 4: toolkit and guidance for non-health stakeholder support | August 11, 2023 | 10 days |
| 5 | Final report documenting the outcomes of the capacity building activity | September 28, 2023  | 8 days |

1. **Qualification/Requirement**
* Master’s degree in health economics, health policy and management, or public health with a health financing focus.
* At least 5 to 10 years of field-based experience working on health financing and/or health economics evaluation and analytics, health policy, planning, public financial management (PFM), and/or financing.
* Experience in workshop facilitation and collaboration with government and non-government stakeholders.
* Familiarity with the Nigeria health financing mechanisms and health system, Nigeria Ministry of Health, immunization or vertical programs including HIV/AIDS, NTDs, FP/RH, Malaria, EPI, MCH, TB, among others.
* Full professional fluency in English, including excellent written communication skills; language abilities relevant to the project country are also valuable.
* Ability to work independently and collaboratively as part of a team and deliver high-quality results within tight timeframes.
* Excellent organizational skills and attention to detail.

To apply for the local consultant position, please submit your CV to Jose Gonzalez at jgonzalez@r4d.org by **March 17, 2023**. If you have any further questions or require additional information, please feel free to contact him.