**Routine Immunization Transformation and Equity**

## **TERMS OF REFERENCE FOR BASELINE STUDY IN FIVE (5) STATES**: **BAYELSA, EDO, IMO, JIGAWA, AND LAGOS.**

|  |  |
| --- | --- |
| Reference number: | Output: Baseline Analysis Report |
| Email to submit applications |  |
| Date of final: | Period of assignment: **February – March 2023** |

1. **Title of Assignment:**

Baseline Study on Routine Immunization Services Performance in Five States Bayelsa, Edo, Imo, Jigawa, and Lagos.

**2.0 Background**

Immunization services are an essential part of the primary health care system and a key contributor to people’s fundamental right to health. Vaccines are among the greatest advances in global health and development. For over two centuries, vaccines have safely reduced the scourge of diseases like polio, measles, and smallpox, helping children grow up healthy and happy.  Some populations – often the poorest, the most marginalized, and the most vulnerable – have little or no access to immunization services[[1]](#footnote-0). In 2021, 25 million children were un- or under-vaccinated and more than 60 percent live in just ten countries including Nigeria, and 18 million did not receive any vaccines (zero-dose children), an increase of 5 million from 2019[[2]](#footnote-1).

Over two decades, Nigeria has increased the number of children who are reached by life-saving childhood vaccines. In 2020, Nigeria achieved the milestone of being certified as free of wild poliovirus[[3]](#footnote-2). However, progress is fragile and has not benefited all of Nigeria’s children. Currently, close to 20 million infants do not receive a full course of even basic vaccines, and many more miss out on newer vaccines. Of these, over 13 million “zero dose” children receive no vaccines through immunization programs at all[[4]](#footnote-3). In the same year, an additional 500,000 children were unvaccinated because of the COVID-19 pandemic. Zero-dose and under-immunized children, who largely reside in northern states and informal urban environments, are at greater risk of becoming sick or dying from vaccine-preventable diseases. The reasons why these children are not vaccinated are complex[[5]](#footnote-4). Immunization like other health indices is worse in the northern part of the country-lower than the national average. This study, therefore, is aimed at assessing the baseline services and uptake in the focal states.

MOMENTUM (Moving Integrated, Quality Maternal, Newborn, and Child Health and Family Planning and Reproductive Health) Round 3B, hereafter referred to as MOMENTUM Routine Immunization Transformation and Equity (M-RITE), is a global U.S. Agency for International Development (USAID) cooperative agreement, which aims to sustainably strengthen routine immunization (RI) programs to overcome the entrenched obstacles contributing to stagnating and declining immunization rates in maternal, newborn, and child health, voluntary family planning, and reproductive health (MNCH/FP/RH) partner countries; and address the barriers to reaching zero-dose and under-immunized children with life-saving vaccines and other health services.

M-RITE is a consortium of global leaders in immunization systems approaches, integrated management and service delivery, health system strengthening (HSS), financing, data and learning, social and behavior change (SBC), strategic partnerships, gender, and human-centered design (HCD). Led by JSI Research & Training Institute, Inc. (JSI), along with PATH, Results for Development (R4D), Accenture Development Partnerships (ADP), CORE Group, and The Manoff Group, the consortium has extensive experience in shaping global strategies and collaborating with local partners to improve immunization outcomes and build on past learning and accomplishments. The project’s mandate is to strengthen the capacity of USAID partner countries to overcome entrenched obstacles to equitable immunization coverage. Additionally, M-RITE contributes to ongoing global efforts to mitigate the impact of COVID-19 on immunization services and supports countries to prepare for and introduce COVID-19 vaccines.

The project’s combination of expertise and perspectives is critical to addressing the complex problems that have contributed to the stagnation and decline of vaccination coverage in many countries, exacerbated by health service disruptions due to the COVID-19 pandemic. These disruptions have increased the risk of countries experiencing outbreaks of measles, polio, and other vaccine-preventable diseases (VPDs).

Entrenched obstacles that impede the equitable vaccination of all children and older eligible populations, such as adolescents and pregnant women, are complicated, interrelated, and context-specific. Working at multiple levels in USAID partner countries around the world, M‐RITE builds country capacity to identify and overcome barriers to reaching zero-dose and under-immunized children and older populations along the life course with life-saving vaccines and other integrated health services. Tailoring strategies to specific country and local contexts, M-RITE facilitates innovation, identifies critical intervention pathways, fosters adaptive leadership, and integrates SBC and gender transformative approaches at all levels.

In Nigeria, the project provides support to the National Primary Health Care Development Agency (NPHCDA) at the national and state level for COVID-19 vaccination rollout and the design of the RI start-up program in five states of Nigeria: Bayelsa, Edo, Imo, Jigawa, and Lagos. M-RITE provides technical assistance (TA) focused on capacity-building, gender-sensitive microplanning, and service delivery to support the rollout of the COVID-19 vaccines and help the NPHCDA to adapt its strategies as the pandemic and vaccine supply and service delivery strategies evolve. M-RITE conducted initial analyses and several partner discussions during a two-month start-up period, utilizing existing data on RI system performance as well as drivers of demand in the focus states and has engaged stakeholders at national, state, Local Government Area (LGA), and health facility levels to identify the root causes of persistent challenges to equitable immunization coverage in the five focus states. Through this investment, USAID aims to increase its impact on achieving high equitable coverage with RI services.

* 1. **Rationale**

The Government of Nigeria through the National Primary Health Care Development Agency (NPHCDA) with the support of Gavi procures vaccines and distributes them through the public sector vaccine chain logistics system to public health facilities and by extension to private facilities. This is to ensure the uptake of immunization services across the country and ultimately end vaccine-preventable diseases. To support these commitments, USAID Nigeria requested technical assistance from the MOMENTUM Routine Immunization Transformation and Equity project (M-RITE) to strengthen and advance the progress in routine immunization at the national level and in selected USAID priority states in Nigeria. These are Jigawa, Bayelsa, Edo, Imo, and Lagos states. M-RITE’s technical assistance focuses on high-impact interventions that contribute to more equitable and sustainable immunization coverage and more resilient communities and health systems, building on cross-country learning and adapting innovative approaches that draw from M-RITE’s global experience.

MOMENTUM Routine Immunization Transformation and Equity (M-RITE) aims to strengthen routine immunization (RI) programs to overcome the entrenched obstacles that contribute to stagnating and declining immunization rates and to remove barriers to reaching zero-dose and under-immunized children with life saving vaccines and other health services. Considering the COVID-19 pandemic and the resultant disruption of immunization services, the project also supports the Expanded Program on Immunization (EPI) at the Ministries of Health (MOH) with the maintenance, adaptation, and reinstatement of immunization services. This understanding will inform how best to make the project work and set targets for the RI service indicators.

* 1. **Objective**

The broad objective of the baseline studies is to provide up-to-date good quality data on the performance of routine immunization across the five supported states to the government and M-RITE teams for use in intervention prioritization, programmatic target setting and progress monitoring. The study findings will provide evidence-based insights into supply and demand side constraints hampering optimal uptake of immunization services across the supported states.

**3.0 Description of the Assignment**

The study shall be performed for the Government under the supervision of the Government and M-RITE’s Nigeria Country Team.

**3.1 Scope of Work**

This study requires providing baseline information on RI/PHC program performance in the project states (Jigawa, Bayelsa, Edo, Imo, and Lagos) across seven key domains:

1. Leadership and Governance
2. Health Financing
3. Service delivery including integration
4. Human Resources for Health
5. Vaccine Supply, Cold chain and Logistics
6. Health Management and Information Systems (Data)
7. Demand Generation and Communication and Community Engagement

This will involve;

1. Secondary data analysis of immunization data in the five states
2. Qualitative interviews with Policymakers, program managers at the state and LGA levels, health providers, community gatekeepers, ward/village development committee members, and caregivers in the five states
3. Facility-based observation and client exit interviews to assess service availability and uptake as required for immunization/PHC services
4. An audit of available human resources for health for immunization services in the public sector.

This will help in determining the current state of immunization in the project states and associated issues with a view to designing strategic interventions aimed at increasing the uptake of immunization services and setting targets for program interventions. In summary, these data will be used by M-RITE to set targets and monitor the implementation and quality of activities. In addition, ministries and agencies, State and LGA immunization teams, organizations working within the public health sector, professional associations, and donors will use findings to plan and improve services rendered by the health sector. Evidence-based decisions concerning investments will be enhanced to increase efficiency, access, and equity in the healthcare system.

**4.0 Engagement activities**

USAID/M-RITE anticipates selecting a firm to conduct the baseline following the process outlined below:

**4.1 Inception Phase**

1. Develop inception report and present to M-RITE team
2. Review data collection tools and an analysis plan with the M-RITE project team
3. Identify analytical methods to be used for processing the research data that will be generated

### **4.2 Implementation Phase**

1. State level introductions through the SMoH/SPHCDAs
2. Recruit and train data collectors and supervisors in each of the five states
3. Data collection
4. Data analysis
5. Report writing

**5.0 Deliverables**

The following deliverables shall be produced:

1. A Baseline Analysis Report (word and powerpoint) that describes the current state of immunization/PHC services and identifies key strengths and barriers across the seven domains highlighted in section 3.1 above
2. A Geo-map showing the distribution of public primary healthcare centers by LGA in the project states
3. Summary template of available Human Resource by cadre in the geo-mapped primary healthcare centers by LGA of the five states

**6.0 Duration**

The duration of the assignment should not be more than Eight (8) working weeks, after which the final deliverables will be submitted.

**6.1 Implementation Schedule**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Activity** | **Timeline** | | | | | | | | **Outputs** |
| **February, 2023** | | | | **March, 2023** | | | |
| W  1 | W  2 | W3 | W4 | W1 | W2 | W3 | W4 |
| Meeting with the M-RITE technical team to ensure a common understanding of the assignment and agree on the appropriate methodology for the assignment and review of objectives. |  |  |  |  |  |  |  |  | Harmonized understanding of the assignment. |
| Development and presentation of inception report. |  |  |  |  |  |  |  |  | Inception report developed and presented |
| Development of questionnaires |  |  |  |  |  |  |  |  | Tool developed |
| Pre-testing Questionnaires |  |  |  |  |  |  |  |  | Tools pretested |
| Finalizing Questionnaires |  |  |  |  |  |  |  |  | Questionnaires finalized |
| Sites selection |  |  |  |  |  |  |  |  | Sites to be visited selected and key stakeholders for interviews identified. |
| Recruitment & Training of SEs |  |  |  |  |  |  |  |  | Survey enumerators recruited & trained |
| Data collection |  |  |  |  |  |  |  |  | Data collection finalized |
| Data Entry and Cleaning |  |  |  |  |  |  |  |  | Data Entered and Cleaned |
| Data analysis |  |  |  |  |  |  |  |  | Data analyzed |
| Report writing |  |  |  |  |  |  |  |  | Final Baseline Reports |

**7.0 Deliverable Schedule**

The firm shall supply the deliverables described above in accordance with the following schedule***: This is subject to when the contract is awarded***

|  |  |  |
| --- | --- | --- |
| **Deliverable** | **Deliverable Name** | **Due Date** |
| 1 | Proposal for Methodology, Data Collection and Analysis | 14/2/2022 |
| 2 | Inception Report | 28/02/2023 |
| 3 | Final Consolidated reports with service directory, and databases | 28/03/2023 |

**8.0 Qualifications and Experience of the Prospective Subcontractor’s Personnel**

The prospective firm will be selected based on their proven experience, qualifications, and ability to deliver good quality work in a timely and efficient manner. The minimum qualifications, experience, knowledge, and other capabilities of the consultant will include:

### **8.1 Required qualifications and competencies of lead consultant of the firm**

1. A minimum of Masters’ degrees/postgraduate qualifications in M&E, public health, or related discipline.
2. Proven knowledge/ experience in conducting social and health research
3. Demonstrable knowledge of Nigeria’s public health sector and immunization program.
4. Experience in co-creation human design is highly desirable.
5. Experience in geospatial service availability mapping, qualitative interviews, and surveys.
6. Demonstrated ability to produce high-quality reports and publications
7. Ability to analyze data, apply statistical methods appropriately and interpret the research findings.
8. Excellent analytical and report-writing skills.
9. Knowledge and experience of working within the five key States is an added advantage

All reports shall be in the English language and shall be submitted to the Accountable Manager, in MS compatible document. Photos used in the reports should be well captioned and accompanied by signed consent forms.

**8.2 Past Experience and Institutional** Capability (give relevant work done only)

|  |  |
| --- | --- |
| 1) Organisation Name |  |
| Project Name |  |
| Project Objective |  |
| Activities undertaken |  |
| Geographic Location (district, sub-county, village, parish) |  |
| Name and address of donor and name of project contact and phone number |  |
| Period of Implementation |  |
| Total project budget |  |
| Results Statement  A strong results statement includes the number of people who benefited in a specific way from the project. It is a description of the changes or improvements that occurred due to the project. |  |
|  |  |
| 2) Organisation Name |  |
| Project Name |  |
| Project Objective |  |
| Activities undertaken |  |
| Geographic Location (district, sub-county, village, parish) |  |
| Name and address of donor and name of project contact and phone number |  |
| Period of Implementation |  |
| Total project budget |  |
| Results Statement  A strong results statement includes the number of people who benefited in a specific way from the project. It is a description of the changes or improvements that occurred due to the project. |  |
|  |  |
| 3) Organisation Name |  |
| Project Name |  |
| Project Objective |  |
| Activities undertaken |  |
| Geographic Location (district, sub-county, village, parish) |  |
| Name and address of donor and name of project contact and phone number |  |
| Period of Implementation |  |
| Total project budget |  |
| Results Statement  A strong results statement includes the number of people who benefited in a specific way from the project. It is a description of the changes or improvements that occurred due to the project. |  |
|  |  |
| 4) Organisation Name |  |
| Project Name |  |
| Project Objective |  |
| Activities undertaken |  |
| Geographic Location (district, sub-county, village, parish) |  |
| Name and address of donor and name of project contact and phone number |  |
| Period of Implementation |  |
| Total project budget |  |
| Results Statement  A strong results statement includes the number of people who benefited in a specific way from the project. It is a description of the changes or improvements that occurred due to the project. |  |
|  |  |
| 5) Organisation Name |  |
| Project Name |  |
| Project Objective |  |
| Activities undertaken |  |
| Geographic Location (district, sub-county, village, parish) |  |
| Name and address of donor and name of project contact and phone number |  |
| Period of Implementation |  |
| Total project budget |  |
| Results Statement  A strong results statement includes the number of people who benefited in a specific way from the project. It is a description of the changes or improvements that occurred due to the project. |  |
|  |  |
| 6) Organisation Name |  |
| Project Name |  |
| Project Objective |  |
| Activities undertaken |  |
| Geographic Location (district, sub-county, village, parish) |  |
| Name and address of donor and name of project contact and phone number |  |
| Period of Implementation |  |
| Total project budget |  |
| Results Statement  A strong results statement includes the number of people who benefited in a specific way from the project. It is a description of the changes or improvements that occurred due to the project. |  |
|  |  |
| 7) Organisation Name |  |
| Project Name |  |
| Project Objective |  |
| Activities undertaken |  |
| Geographic Location (district, sub-county, village, parish) |  |
| Name and address of donor and name of project contact and phone number |  |
| Period of Implementation |  |
| Total project budget |  |
| Results Statement  A strong results statement includes the number of people who benefited in a specific way from the project. It is a description of the changes or improvements that occurred due to the project. |  |
|  |  |
| 8) Organisation Name |  |
| Project Name |  |
| Project Objective |  |
| Activities undertaken |  |
| Geographic Location (district, sub-county, village, parish) |  |
| Name and address of donor and name of project contact and phone number |  |
| Period of Implementation |  |
| Total project budget |  |
| Results Statement  A strong results statement includes the number of people who benefited in a specific way from the project. It is a description of the changes or improvements that occurred due to the project. |  |
|  |  |
| 9) Organisation Name |  |
| Project Name |  |
| Project Objective |  |
| Activities undertaken |  |
| Geographic Location (district, sub-county, village, parish) |  |
| Name and address of donor and name of project contact and phone number |  |
| Period of Implementation |  |
| Total project budget |  |
| Results Statement  A strong results statement includes the number of people who benefited in a specific way from the project. It is a description of the changes or improvements that occurred due to the project. |  |
|  |  |
| 10) Organisation Name |  |
| Project Name |  |
| Project Objective |  |
| Activities undertaken |  |
| Geographic Location (district, sub-county, village, parish) |  |
| Name and address of donor and name of project contact and phone number |  |
| Period of Implementation |  |
| Total project budget |  |
| Results Statement  A strong results statement includes the number of people who benefited in a specific way from the project. It is a description of the changes or improvements that occurred due to the project. |  |
|  |  |

### **9.0 Application information**

1. **Technical focal points**

The contractors will report to the Senior MEL Advisor who will regularly communicate with the contractors and provide feedback and guidance on their performance and all other necessary support to achieve objectives of the assignment, as well as remain aware of any upcoming issues related to contractors’ performance and quality of work.

All activities and deliverables undertaken by the contractors shall be discussed and planned in consultation with M-RITE. The contractors are expected to deliver each component of the workplan electronically.

1. **Performance indicators for evaluation of results:**

The evaluation of the contractors’ performance will be based on:

* + - Completion of tasks specified in ToR;
    - Compliance with the established deadlines for submission of deliverables;
    - Quality of work;
    - Demonstration of high standards of work with M-RITE and with counterparts.

* 1. **Structure of the Technical Proposal**

The Technical Proposal should include, but not be limited to, the following:

* + - Short profile, including CVs of key personnel and references;
    - Detailed individual portfolio (web links to similar products) showcasing range of work;
    - Demonstrated experience in geospatial mapping of public health interventions in Nigeria;
    - Data production and dissemination capabilities: quality and timely synthesis of immunization data and other knowledge management products at national levels

1. **Evaluation Process and Method**

Each proposal will be first assessed on its technical merits. A maximum of 70 points is allocated to the technical proposal, and a further 30 points for the price component, with a maximum possible score of 100 points. Technical proposals will be evaluated based on a desk review. M-RITE evaluators will read technical proposals and assess the quality of portfolios and submitted profiles. Scores from the desk review will be allocated according to the table below:

|  |  |  |
| --- | --- | --- |
| Item | Technical Evaluation Criteria | Max. Points |
| 1 | Overall concord between ToR requirements and Technical proposal | 50 |
| 2 | Past performance generating and sharing immunization data at national and sub-national data | 5 |
| 3 | Experience conducting geospatial analysis or mapping for public health interventions in Nigeria | 10 |
| 4 | Experience providing technical assistance to NPHCDA and SPHCDA data analytic, on Zero dose strategy and health financing | 5 |
| 5 | Cost proposal | 30 |

The final selection will be based on the principle of “best value for money” i.e. achieving desired outcome at lowest possible fee.

If not included in the TOR, M-RITE will not reimburse costs not directly related to the assignment. This contract does not allow payment of off-hours, medical insurance, taxes, and sick leave.

1. **Definition of supervision arrangements:**

The contractors will be directly supervised and evaluated by the M-RITE Senior MEL Advisor. Payments will be rendered upon successful completion of each task, as per the schedule outlined below.

1. **Payment Schedule**

Payments will be based on deliverables and will be made in local currency, within 30 days and after deduction of applicable taxes, upon delivery and M-RITE satisfactory acceptance of services specified in the commercial vendor contract.

M-RITE reserves the right to withhold all or a portion of payment if performance is unsatisfactory, if work/outputs are incomplete, or not delivered for failure to meet deadlines.

1. **Description of official travel involved:**

The assignment will involve travel within focus states. The contractors are expected to cover costs, arrange and schedule such visits, including transportation, travel, accommodation, transportation and all necessary costs to produce and deliver on the expected results.

1. **Support provided by M-RITE:**

M-RITE will regularly communicate with the contractors and provide feedback and guidance and necessary support so to achieve objectives of the work, as well as remain aware of any upcoming issues related to the performance and quality of work.

M-RITE will provide the contractors with:

* + - Basic information on the projects (reports, earlier developed human stories, Donor Branding and Marking Requirements);
    - Branding and other M-RITE guidelines on the deliverables;
    - Suggestions on the most suitable project relevant contacts.

1. **Copyrights & utilization rights:**

The copyright of all video materials produced (raw and edited) taken during the assignment will belong to M-RITE. The vendor will obtain the relevant written consent for information products usage from concerned people/authorities.

**Travel expenses shall be based on the most direct route and economy fare. Quotations for business class fare will not be considered.**

**Note, WHT for Firm is at 10% of fees or Indirect cost**

1. Immunization-agenda-2030 [↑](#footnote-ref-0)
2. WHO/UNICEF national immunization coverage estimates, 2021 revision. [↑](#footnote-ref-1)
3. WHO Africa. 2020. Press Release: WHO and UNICEF congratulate Nigeria on ending wild poliovirus; call for strengthening of routine immunization. Available online: https://www.afro.who.int/news/press-release-who-and-unicef-congratulate-nigeria-ending-wild-poliovirus-call-strengthening#:~:text=Nigeria%20attained%20wild%20polio%2Dfree,wild%20polio%20endemic%20countries%20globally [↑](#footnote-ref-2)
4. WHO Nigeria 2021 annual report. [↑](#footnote-ref-3)
5. WHO and Unicef. 2021. WHO/UNICEF estimates of national immunization coverage, 2020 revision [↑](#footnote-ref-4)