MOMENTUM Routine Immunization Transformation and Equity

Increasing Expenditures for Operational Costs in DRC and Nigeria

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Our Vision

MOMENTUM Routine Immunization Transformation and Equity (the project) envisions a world in which all people eligible for immunization, from infancy throughout the life-course, and particularly underserved, marginalized, and vulnerable populations, are regularly reached with high-quality vaccination services and use them to protect their children and themselves against vaccine-preventable diseases.
TACKLING OBSTACLES TO INCREASE EQUITY FOR IMMUNIZATION
MOMENTUM ROUTINE IMMUNIZATION TRANSFORMATION AND EQUITY PROJECT | JULY 2020 – FEBRUARY 2023

MOMENTUM Routine Immunization Transformation and Equity (the project) applies best practices and explores innovations to increase equitable immunization coverage in USAID-supported countries. It works to build countries’ capacity to identify and overcome barriers to reaching zero-dose and under-immunized children and older populations with lifesaving vaccines and other integrated health services, including rebuilding immunization systems adversely affected by the pandemic.

GLOBEAL PRESENCE

WORKING IN 18 COUNTRIES

74 PARTNERS AROUND THE WORLD

Technical Areas of Support for COVID-19 Vaccination

- Planning and Coordination | 14 countries
- Immunization Supply Chain Management | 17 countries
- Health Worker Capacity Building | 14 countries
- Seminars Generation and Community Engagement | 14 countries
- Data Systems and Data Use | 12 countries
- Direct Service Delivery | 5 countries

Niger

The project is supporting the introduction of remote temperature monitoring innovations in Niger to strengthen the country’s overall immunization supply chain.

Kenya & India

In partnership with local NGOs, that have missions to improve the lives of older adults in Kenya and India, the project worked to expand the reach of immunization to older populations who are high priority for COVID-19 vaccination.

Mozambique

In Mozambique, the project facilitated a meeting with national partners to develop a roadmap for immunization recovery aimed at achieving high-equitable coverage for the long term.

COVID-19 countries

COVID-19 and routine immunization countries
Why Focus on Operational Costs?

1. Financing for immunization has primarily focused on big ticket items - vaccines.

2. Non-vaccine, non-labor costs only represent 10-20 percent of immunization costs, but they are critical for ensuring last mile delivery.

3. In most countries, operational costs are funded from subnational budgets – National Immunization Programs do not have visibility on how much is spent.

4. Operational costs are critical to reaching zero-dose and under-immunized children.

- Last mile vaccine transport
- Supervision
- Fuel/utilities for cold chain
- Outreach
- Printing and stationery
- Social mobilization/health promotion
Project Activities to Increase Operational Costs

1. Develop and test methodology to monitor subnational immunization expenditures

2. Build capacity of subnational EPI Managers and Health Officers to advocate for increased funding for immunization
Monitoring Subnational Immunization Expenditures in DRC

Challenge: NIPs do not have visibility on immunization operational costs. Geographies with low coverage rates may not be able to improve coverage with insufficient resources.

- Develop a methodology for routinely monitoring sub-national government expenditures for operational costs, using data from existing financial reporting systems.
- Apply methodology in two districts to estimate expenditures over the last 1-2 years.
- Review and validate data with the NIP and district officials to understand findings and implications.
- Work with NIP and other officials to see how the methodology could be institutionalized to monitor expenditures for national operational costs.

Outcome: Expenditure data routinely available to inform resource mobilization efforts at national and sub-national levels.
Monitoring Subnational Immunization Expenditures

Methodology

Interview district accountants and health facility staff to identify key data sources, public expenses reporting system, activities, and financial reporting practices.

Collect immunization operational activities through government accounting system and identify state budget expenses row items.

Develop Excel tool for data capture and analysis.

- The methodology is designed to be embedded in immunization management units, with capacity development as needed.
- The project will provide guidance on the use of data, including how the indicators can be used to inform resource mobilization at national and subnational levels (trends over time, comparison between districts).
- Outputs expected September 2023.
Capacity Building for Subnational Health Staff in Nigeria

Challenge: Local health officials are unable to gain support from local finance officers and administrative officials for resource allocation commitments, which is critical to reaching zero-dose and under-immunized children.

- Understand where immunization fits within the health financing landscape and how operational costs are captured within local health budgets.
- Provide technical support and coaching to local health and EPI officers in two local government areas (LGAs) to use financial and programmatic data to advocate for increased resources for operational costs during the budget cycle.
- Develop and pilot a capacity-building approach that will offer insights on how to strengthen local capacity for budgeting, planning, and advocacy.
- Support local health and EPI officers through technical assistance, mentoring, and the facilitation of peer-to-peer learning.

Outcome: Increased resources for immunization at subnational level
Capacity Building for Subnational Health Staff

Methodology

Rapid health financing assessment at LGA level.

Co-Creation Workshops: bringing together government officials, community leaders, and private sector representatives to validate findings from the health financing assessment and prioritize capacity needs and advocacy opportunities.

Capacity building activities: training, mentoring, and peer-to-peer learning opportunities to help health officials build relationships. The training will focus on:

- Identifying financial, programmatic, and epidemiological data to inform annual budgeting and planning processes and advocacy activities.
- Information on the health budget and planning process, and budget cycle.

• The experience will inform the development of guidance and a toolkit to support EPI and local health officers engage with local administrative executives and finance officers.
THANK YOU

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### MOMENTUM Routine Immunization Transformation and Equity

**Country-Level Activities**

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