

# MOMENTUM Routine Immunization Transformation and Equity

## Increasing Expenditures for Operational Costs in DRC and Nigeria

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**USAID**  
FROM THE AMERICAN PEOPLE



# Our Vision

Award Date: July 27, 2020  
Period of Performance: 5 years  
Funding to date: \$ 110 million

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

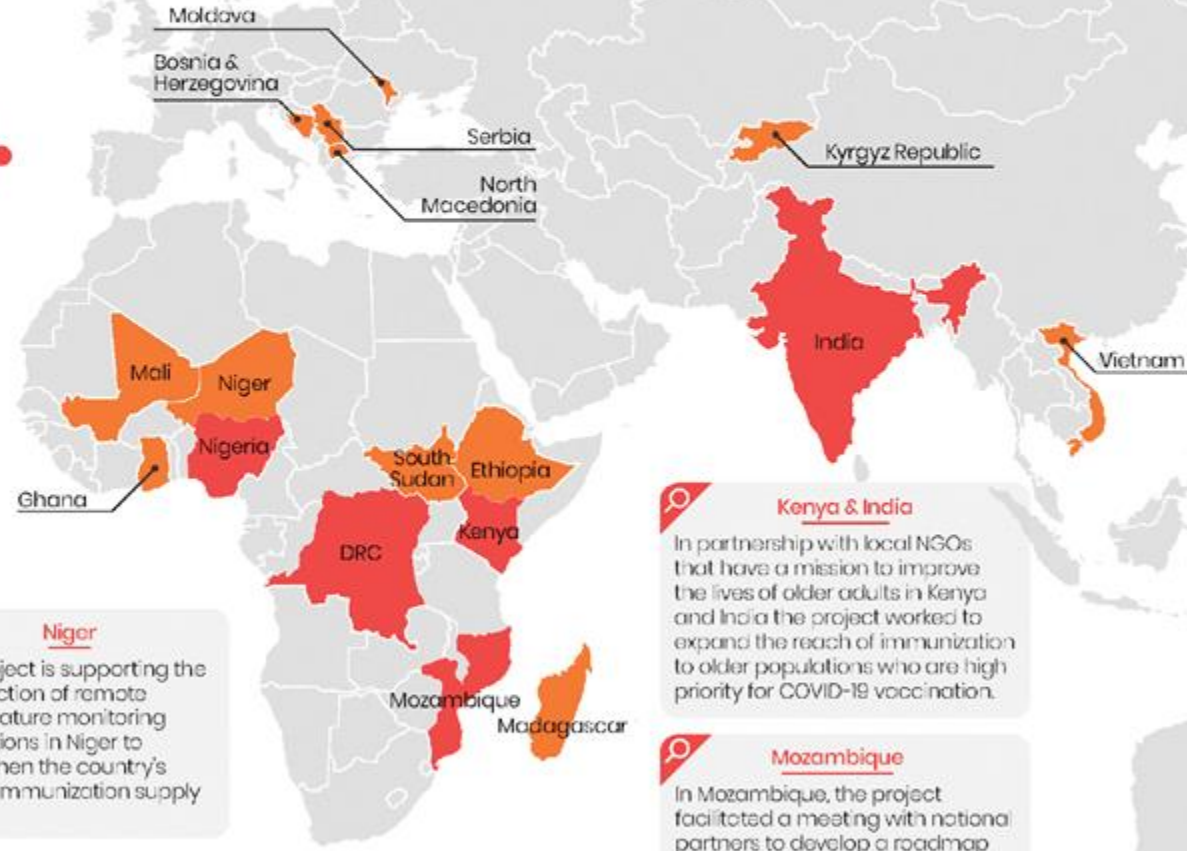
MOMENTUM ROUTINE IMMUNIZATION TRANSFORMATION AND EQUITY PROJECT | JULY 2020 – FEBRUARY 2023

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

## GLOBAL 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 | 7 countries
- Health Worker Capacity Building | 14 countries
- Demand 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 a mission 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



**Global technical assistance to tailor to country contexts**

**MOMENTUM ROUTINE IMMUNIZATION TRANSFORMATION & EQUITY DESIRED OUTCOMES**

Reduced mortality from VPDs among underserved populations

Reduced rates of under-vaccination

Reduced rates of zero-dose

Strengthen country capacity to address entrenched obstacles



**Amplify country-country learning and country-global learning**

**MAINTAIN, ADAPT, REINSTATE AND IMPROVE RI SERVICES**

**NATIONAL OUTCOMES**

- Policies that support equity
- Sufficient resources for program needs
- Improved data use for policies, planning, budgeting

**REGIONAL/DISTRICT OUTCOMES**

- Strengthened management capability
- Improved use of data for problem solving
- Integrated planning and budgeting with other services

**FACILITY/PROVIDER OUTCOMES**

- Improved health worker capacity
- Sufficient resources for equitable services
- Integration of services and data management
- Stronger last mile supply chain

**HEALTH SYSTEM PATHWAY**  
(public and private)



Caregiver Trust, Access & Use of Reliable, Quality Services



**INDIVIDUAL, COMMUNITY & SOCIETAL PATHWAY**



**CIVIL SOCIETY OUTCOMES**

- Expanded service delivery to underserved groups
- Increased accountability of health system to community
- Caregiver and community practices supported

**COMMUNITY OUTCOMES**

- Increased understanding of value of immunization
- Participatory planning and decision making to improve service reach and quality
- Strengthened ties between health system, CSOs, civic leaders, communities
- Equitable community and gender norms

**FAMILY & CAREGIVERS OUTCOMES**

- Improved quality of and utilization of services
- Increased family understanding of value of immunization
- Increased knowledge of vaccination schedule and where/when to seek services

**PROGRAM STRATEGY**

Catalyze Country Leadership and Commitment to Equity

Foster Resilient Systems and Communities

Partner for Impact

Use Data Better

Reinstate and Improve RI services

Apply root cause analysis and HCD methods to identify underlying reasons for entrenched obstacles and co-create solutions with communities and health systems.

**ECO-SYSTEM CHALLENGES THAT IMPACT HEALTH OUTCOMES**

COVID-19

Lack of local civil leadership

Low priority of underserved groups

Deficiencies in financial flows

Other health issues, e.g., nutrition

Limited education

# 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.**
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- 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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## Country-Level Activities

	DRC	Mozambique	Kenya	Niger	India	Vietnam	Nigeria	Mali	Madagascar	Ghana	Ethiopia	Haiti	South Sudan	Kyrgyzstan	Bosnia and Herzegovina	Moldova	North Macedonia	Serbia
Routine Immunization	✓	✓	✓		✓		✓											
Polio	✓	✓																
<b>COVID-19</b>																		
Planning and Coordination	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓				✓
Supply Chain		✓	✓	✓	✓			✓			✓		✓					
Health Worker Capacity Building	✓	✓	✓	✓	✓	✓	✓			✓		✓	✓	✓		✓	✓	✓
Demand Generation / Community Engagement	✓	✓			✓	✓	✓		✓	✓	✓	✓	✓	✓		✓	✓	✓
Data / Monitoring & Evaluation	✓	✓	✓	✓	✓	✓		✓		✓	✓	✓	✓		✓			