Implementing a Memorandum of Understanding with Basket Funding to Improve Routine Immunization Systems

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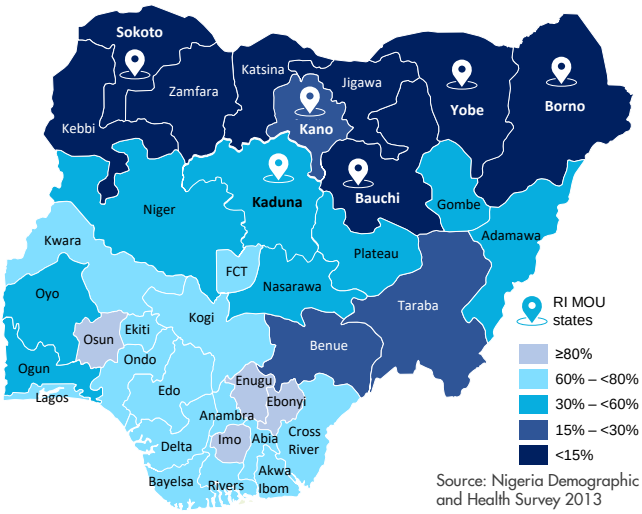
BACKGROUND

The routine immunization (RI) system in northern Nigeria has been dogged by significant system challenges contributing to poor health outcomes. National surveys reported low vaccination coverage across many of the northern states *(Fig. 1)* that contributed to huge numbers of childhood illnesses and deaths from vaccine-preventable diseases. Several reasons have been attributed to the poor RI performance including weak cold chain and logistics systems, ineffective supportive supervision for RI, low quality data, inadequate community mobilization, and weak human resource systems. At the bottom of these challenges is a lack of political commitment and accountability resulting in weak financial support.

Recognizing the need for reforms to galvanize resources and support to address RI performance, six state governments (Bauchi, Borno, Kaduna, Kano, Sokoto, and Yobe) in northern Nigeria entered into MOU partnerships with the Aliko Dangote Foundation and Bill & Melinda Gates Foundation. The United States Agency for International Development (USAID) joined as a technical partner in Bauchi and Sokoto states. These MOUs were set up as platforms for pushing political and financial commitments and accountability in RI and primary health care (PHC) over a 3-5 year timeline. Through the MOUs, the partners and government contributed funds into dedicated state-managed program accounts (basket funds) to finance RI and PHC.

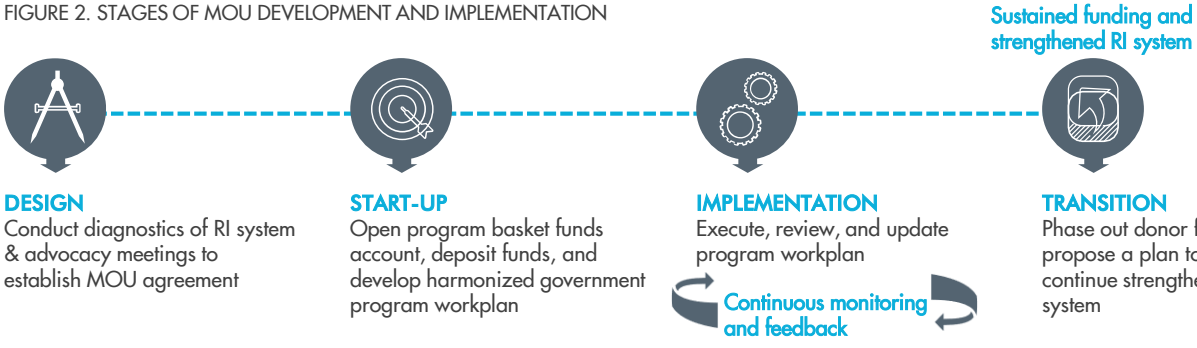
By harmonizing partner interests, resources, and targets, the MOUs prevented duplication of efforts, enabled sharing of resources and resources and knowledge to drive program effectiveness, and created momentum to attract more funding through a common platform that demonstrates legitimacy. The MOUs also facilitated the conceptualization and implementation of interventions to address specific challenges identified as barriers to service delivery and uptake. Through the MOUs, partners and government contributed funds into dedicated state-managed program accounts (basket funds) to finance RI. This summary provides an overview of the stages involved in developing and implementing an MOU and illustrates the various components within each stage required to drive the process *(Fig. 2)*.

FIGURE 1. 2013 ROUTINE IMMUNIZATION (DPT3) COVERAGE BY STATE



Source: Nigeria Demographic and Health Survey 2013

FIGURE 2. STAGES OF MOU DEVELOPMENT AND IMPLEMENTATION



DESIGN

The first phase of developing an MOU involves conceptualizing the overall design. During this phase, the partners will need to agree on the core principles of the MOU *(Fig. 3)*, engage with stakeholders, conduct an assessment of the program needs, and develop a clear rationale and goal for the partnership. The steps required are outlined below:

- Conceptualize and advocate for the MOU with government officials and partners: To ensure the success of the MOU, it is important to engage with the people and organizations that are invested in the program and its results.
- Conduct a diagnostic assessment of the current system: Partners will need to conduct a situational analysis to have an in-depth understanding of the program. The results will guide the development of a feasible strategy to amend the root causes leading to poor performance as illustrated in *Fig. 4*.
- Define and agree on the roles and responsibilities of partners: Before the MOU is set up, it is important to clearly define and agree on who is required to do what and how what they do adds up to the achievement of the MOU's objectives.

- Develop and sign MOU documents, including basket fund management procedures: The MOU legal document should be jointly developed by all partners and signed. It exists as an evidence of high-level commitment between the government and its partners to work together to achieve a specific and common goal.

FIGURE 3. CORE PRINCIPLES THAT GUIDED THE INSTITUTION OF THE RI MOUs TO ENSURE THAT THEY ACHIEVED INTENDED OBJECTIVES

CLEAR GOAL: The goal(s) of the MOU should be clear, specific, needs-based, agreed by all participants and documented from the outset. The interventions deployed through the MOU should be rigorously prioritized for impact.

GOVERNMENT OWNERSHIP/ POLITICAL WILL: The process should be fully managed and driven by the government, with partners providing technical assistance as required. The political leadership should be continuously engaged on the progress made through the partnership.

STRONG COORDINATION: The government and partners should jointly provide oversight of the partnership through a single unified workplan built on a "program-not-project" mindset; and technical working groups should be set up as the engine room to drive implementation.

SUSTAINABLE FINANCING: The partnership should be co-financed by the government and the MOU partners in a way that the government takes over significant funding responsibility for the program by the end of the MOU timeframe.

ROUTINES: Periodic convenings should be conducted to review progress made through the MOU within the context of one monitoring and evaluation system. Stakeholders should review performance across identified key indicators, discuss challenges, assign accountabilities, and reach resolutions on how to continually improve.

LEARNING ABOUT WHAT WORKS: Program experiences and lessons should be proactively documented and shared; implementers should be encouraged to adapt innovations and interventions to suit their contexts.

FIGURE 4. IDENTIFIED GAPS AND PROPOSED SOLUTIONS FROM THE DIAGNOSTICS FOR THE NORTHERN NIGERIAN RI MOUS

Governance and accountability	Accessibility and utilization	Vaccine security, cold chain and logistics	Financial management	Monitoring and supportive supervision	Community engagement	Capacity building and training
CHALLENGES						
Fragmented control of the RI program	Irregular fixed and outreach RI sessions	High vaccine stock-out rates and inaccurate vaccine forecasting	Inefficient financial management processes	Absence of feedback and follow-up mechanisms	Limited demand for RI services in communities	Inadequate numbers of skilled personnel
SOLUTIONS						
Full implementation and control of PHCUOR policy by SPHCDAs	Institution of direct funding to health facilities for RI sessions and tracking of sessions	Improvement of cold-chain infrastructure and institutionalization of direct vaccine delivery	Opening bank accounts, instituting direct funds disbursements and retirements	Introduction of review meetings at all levels	Engagement of community leaders to drive community demand creation strategy	Identification of gaps in skilled personnel and development of a training schedule

PHCUOR: Primary Health Care Under One Roof; SPHCDA: State Primary Health Care Development Agency

START-UP

The second stage of developing an MOU is using the results of the diagnostic assessment to develop strategies that address identified priorities. During this phase, an effective partnership will also address necessary operational components, including workplans and funding requirements and sources. The start-up phase involves:

- Developing harmonized fully-costed government program workplans inclusive of all partners working in RI: A harmonized workplan enables the government and all partners contributing to the program to align their activities in one document. The process should be led by the government, in close collaboration with MOU partners and relevant stakeholders; and should be based on the results of the diagnostics.
- Pooling funds into the basket fund account: It is important to develop a plan that creates a path to financial sustainability. The RI MOUs utilized a funding structure that assigned specific funding responsibilities to each signatory over the MOU period based on expenditure requirements estimated through the diagnostic. Using the agreed funding arrangement, the government and partners contributed to a pooled basket fund account set-up for the RI program. This arrangement enabled a gradual transition of the funding responsibility from the partners to the government such that the government bore 100% of the funding by the end of the MOU *(Fig. 5)*.

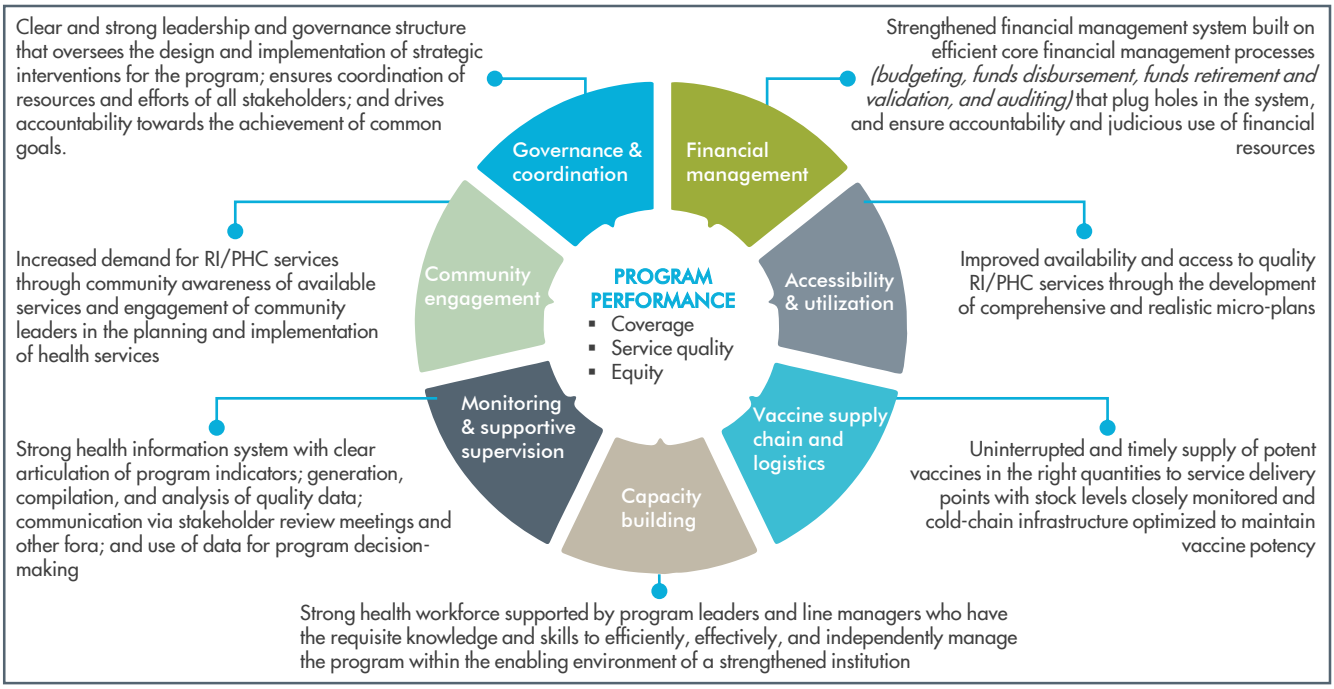
FIGURE 5. FUNDING ARRANGEMENT FOR A STATE RI MOU

	2015-2016	2017	2018	2019
STATE GOVERNMENT	30%	50%	70%	100%
BILL & MELINDA GATES FOUNDATION	35%	25%	15%	0%
ALIKO DANGOTE FOUNDATION	35%	25%	15%	0%

IMPLEMENTATION

The implementation phase is where planned interventions and strategies are operationalized and put into practice to improve the identified facets of the program or system, especially where gaps and weaknesses have been identified. A revamp of RI/PHC will require a systems approach that takes into consideration the core thematic areas of the program *(Fig. 6)*. In working to improve a health system within the context of a program, no aspect of the system should be neglected. It is important to take note of critical success factors and take necessary actions to mitigate the risk of failure. This section summarizes the steps involved in setting up interventions across the thematic areas of the program.

FIGURE 6. GOALS OF THE RI MOUS ACROSS PROGRAM THEMATIC AREAS



1. Governance & coordination

A strong leadership and governance structure is central to RI and PHC programs. It is the critical building block that enables and holds the pieces of the program together. In order to achieve accountability and provision of oversight functions at a high, broad level; and at lower, more specific levels, it is important that coordinating structures are put in place. This involves:

- Revising and/or creating governance structures to drive coordination of program activities
- Establishing clear TORs for stakeholders involved in the leadership of the program
- Establishing an accountability framework that holds staff at all levels accountable for fulfilling their responsibilities

2. Service delivery

Population access to health services influence health outcomes. It is important to have a strategy that defines how communities can access RI/PHC services and also put in place quality improvement mechanisms to improve end-user experience which results in greater utilization. This involves:

- Optimizing the development, use, and review of micro-plans for quantification of RI sessions
- Increasing the number of service delivery points (e.g PHCs, secondary medical facilities, or private health facilities)
- Increasing the frequency of conduct of RI sessions
- Strengthening existing social mobilization structures and community linkages to increase awareness of RI services

3. Vaccine supply chain and logistics

Quality service delivery is hugely dependent on availability of consumables at all service points as at when required and in the right quantities. The RI MOUs focused early-on on three priority interventions to rapidly optimize the performance of the vaccine supply chain and achieve vaccine security. These interventions are recommended for eliminating stock-outs and ensuring an effective logistics system as follows:

- Establish a system to monitor stock levels at all points within the system to improve reporting, and evidence-based decision-making
- Optimize the vaccine cold chain infrastructure at all operational levels by procuring and installing CCE; and building staff capacity for CCE maintenance and use
- Establish an effective vaccine distribution system

4. Financial management

In a government-run health program such as RI/PHC, an effective and efficient financial management system is critical to ensure judicious and transparent use of financial resources and ultimately drive the achievement of key health service delivery-related outcomes. The process of strengthening the financial management system involves the plugging of loopholes and reinforcing areas of weaknesses as identified through a situational analysis of the existing financial management system. This involves:

- Setting up strong governance and coordination structures for financial management
- Improving core financial management processes via:
  - Developing budgets that are comprehensive enough to capture all program-related expenses
  - Disbursing funds directly to all end users through special program accounts at all operational levels
  - Tracking utilization of program funds through retirements and retirement validations
- Strengthening audit and compliance systems
- Instituting a staff capacity building program for financial management

5. Monitoring and supportive supervision

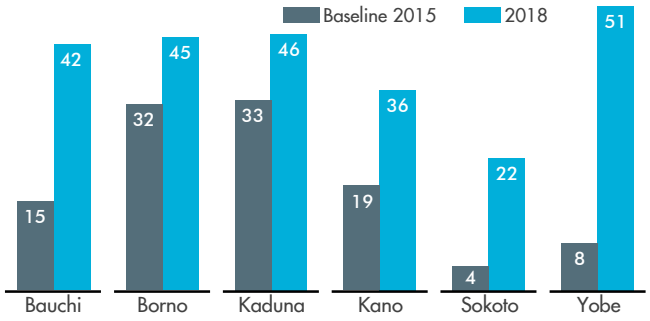
Regular program monitoring and evaluation of implemented interventions are essential for objectively assessing program performance and driving accountability for results. This involves:

- Developing a single, partner-endorsed M&E plan used by all partners for effective and systematic M&E
- Establishing appropriate dashboards with the right sets of performance indicators that speak to specific groups of people with information coming from the right data sources
- Measuring and communicating progress transparently to guide implementation of interventions and prompt responses to program challenges
- Improving quality of administrative data and reducing discrepancies between administrative and survey data
- Conducting regular performance reviews

6. Community engagement

Partnerships are more successful when the government works not just with funding partners but also with traditional institutions and communities. There is a need to balance the development of interventions that will drive demand for services *pari passu* with the strengthening of service delivery. Through the RI MOUs, a community engagement strategy was designed and implemented to maximize the uptake of RI and other PHC services across focus communities. It involved a synergy of efforts between the traditional and health systems. Within communities, community leaders and RI service providers work closely together to identify newborns and children eligible for vaccination; trace and track defaulters and left-outs with the aim of bringing them back to the health facility for vaccination.

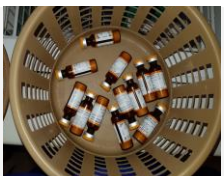
FIGURE 7. INCREASE IN % PENTA-3 COVERAGE ACROSS THE SIX STATES
Source: National Nutrition and Health Surveys, 2015 and 2018



7. Capacity building

It is important to invest in tailored and effective capacity-building interventions targeting program leaders and line managers to ensure that the progress recorded through health system-strengthening efforts is sustained, institutionalized, and owned by the government. The RI MOUs enabled the implementation of an individualized capacity building intervention for core technical staff which ensured that:

- Training needs of all program staff (leadership and line managers) are met and staff can independently carry out their assigned roles;
- Individual capacity is developed and tracked till staff can independently manage all required roles and responsibilities;
- Succession planning is initiated and maintained through the enhancement of the capacity of additional/support staff; and
- Accountability is driven through rigorous performance monitoring.



TRANSITIONING AND SUSTAINABILITY

As MOU partners consider plans for the future, including phasing out partner funding and building on RI structures to support PHC, it will be necessary to identify structures established during the MOU that will continue to provide coordination and oversight of the program. Lessons learned from the MOU can provide a foundation that will enable stronger program performance and improved coordination and financial sustainability for the future. These recommendations should be considered during the design phase and through start-up and implementation to facilitate adoption.

Programmatic sustainability

- Ensure the program is owned and driven by the government's program team consisting of operational and technical working groups.
- Build on existing RI/PHC structures and interventions to drive efficient use of resources and reduce duplication
- Channel significant efforts to capacity building and systems development

Financial sustainability

- Establish funding structures that promote sustainability.
- Develop a separate budget for PHC and ensure that bank accounts are established at each level of the health system.
- Run the program on a low-cost model, with a focus on improving efficiency through a harmonized plan

Political sustainability

- Ensure that the prioritization of RI/PHC programs are viewed and understood as nonpartisan endeavors; and conduct continuous advocacy for funding

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