

TERMS OF REFERENCE FOR INDIVIDUAL CONSULTANTS

Title	Funding Code	Type of engagement	Duty Station:
Urban immunization with a focus on zero dose in Nigeria	GRANT: SC220417 WBS : 456D/D0/11/001/ 014/005	<input checked="" type="checkbox"/> Consultant	Abuja Home and Office (may require field visits to other States)

**Purpose of Assignment:**

Urbanization is defined as the increase in the urban-dwelling proportion of a population resulting from migration from rural areas or natural urban demographic growth. It creates many opportunities but also presents challenges for human health and well-being. Urbanization is coupled with certain health risks such as increasingly crowded and adequate living conditions, lack of safe food and water, and inadequate sanitation, conditions which are especially apparent in urban slums. The urban environment may also increase the risk of infection from communicable diseases, including vaccine-preventable diseases, particularly since unique barriers to the delivery of routine immunization services are present in urban areas.

Globally, in urban areas, vaccination coverage rates are seen to be higher than in the rural, however, granular analysis which takes into consideration socioeconomic characteristics highlights, that children living in certain poor urban areas are more likely not to be immunized than those living in rural areas. This results in an increase in vaccination preventable infections and susceptible children. High reported vaccination coverage in cities can mask communities and children at risk for not completing the recommended immunization schedule. In addition, high coverage results in longer periods between outbreaks, as the number of susceptible grows over time. The rapid urbanization will result in the world's 70% population urbanized by 2050. This fast urbanization is not devoid of complications, especially in low- and middle-income countries (LMICs) where the numbers of large informal settlements and urban-poor populations are growing, resulting in huge inequalities in access to basic primary healthcare services, including immunization.

Urbanization is occurring at a rapid pace in certain states in Nigeria including Lagos and Kano, accompanied by the proliferation of slum settlements, whose residents have special health-related needs given the adverse social, economic, and public environmental conditions they face. More than half of Nigeria's population live in urban areas, and this is expected to reach 60% by 2025. Immunization policies and programs over the last few years have focused largely on the improving immunization coverage in rural areas. Consequently, equitable access of urban populations and the urban poor, to quality immunization services has emerged as a major development issue.

The National Immunization Coverage (WUENIC) estimates in 2021 showed a two-year decline in immunization coverage with a total of 25 million un-or under-vaccinated children; that is 2 million more than in 2020, and 6 million more than in 2019. Of these, 20 million children in 2019, an estimated 10.6 million children had never been reached with even a single dose of a DTP containing vaccine. Many of these so-called 'zero dose' children live in conflict affected, remote rural or urban poor communities within low- or middle-income countries. Zero dose can be an important and sensitive marker for disadvantaged populations that are affected by multiple social

and health deprivations. Therefore, identifying these children and the communities they are concentrated in can facilitate recognition and access to a range of primary health care and social services to which they have a right.

The Nigeria government through the National Primary Health Care Development Agency using her Primary Health Care Resources, has consistently implemented EPI as a strategy to prevent child mortality. In addition, the UNICEF Nigeria immunization unit has developed strategies focused on zero dose immunization to strengthen delivery of priority services including identifying zero dose communities, scaling up childhood immunization and strengthening primary health care for the delivery of integrated immunization and essential health services. Strengthening urban immunization programs through multisectoral approaches presents an opportunity to address health issues and deliver a package of preventative services.

The consultant will work under the supervision of the Health Manager for Immunization, UNICEF Nigeria country office, with support from immunization team at HQ to support the development of a contextualized urban immunization strategy adapting a multisectoral framework and monitoring of priority interventions focused on the zero-dose agenda.

## **2. Background:**

Rapid urbanization presents an urgent challenge for the world's low- and middle-income countries. Over half of the world's population (3.9 billion people) currently lives in a city. By 2050, the number is expected to increase to 6.3 billion, with over 90% of the growth occurring in low- and middle-income countries. Six of the 10 countries with the highest urbanization rates in the world are in sub-Saharan Africa, as people flock to cities for economic opportunities, education, and social services. However rapid urban growth causes many interrelated challenges, including overextended resources, substandard services, and an increased probability of social unrest. The children of rural-urban migrant families in low- and middle-income countries are less likely to be fully immunized than those of urban non-migrants and the general population.

As urban areas continue to grow, informal settlements or slums develop and are most times unknown legally. These settlements are comprised of an inter-mix of social groups which is less common in rural areas. Socio-economic development has not always followed rapid urbanization with some pockets or settings within urban areas poorer than much rural areas.

Although immunization coverage rates are usually higher in urban areas than in rural areas, evidence shows the largest number of un/under-immunized children often reside in urban slums.<sup>1</sup> Further, urban slum areas lack access to basic services and are densely populated and therefore create an additional risk for disease outbreaks and a high impact environment for immunization. Improving routine immunization in the urban slums is an essential element to address immunization coverage and equity for a few reasons which includes,

- By 2050, 66 per cent of the world's population is projected to be living in urban areas

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<sup>1</sup> Considerations for countries on targeting Gavi investments to achieve immunization outcomes

- Some of the poorest communities reside in the urban slums on the margins of large cities
- Rural communities were previously the focus of hard-to-reach strategies, which now need further adaptation to urban environments.
- Strengthening urban immunization programmes is an opportunity to bring integrated preventative services to urban communities.

Reducing the number of immunization zero-dose children is clearly reflected as a top priority in UNICEF's Immunization Roadmap 2030. UNICEF Nigeria is catering for the needs of more than 216 million population that is home for 20% of the global zero-dose children.<sup>2,3</sup> The Equity Reference Group (ERG) for Immunization has identified four contexts or communities, where zero-dose children are concentrated - urban poor communities, urban slums, remote rural areas and conflict-affected areas.<sup>4</sup> The ERG guidance and the mounting evidence on urban poor settings informed the development of the Urban Immunization Toolkit that is central to reaching the urban poor with immunization services. As urbanization accelerates, the number of poor communities that experience unique urban-related barriers to accessing immunization services is quickly growing.

Ensuring that immunization services reach all children, adolescents, and women equitably, including those in the poorest and most disadvantaged communities, remains the focus for UNICEF support. UNICEF Nigeria is developing an urban immunization strategy with a focus on zero dose as part of the efforts in the new Country Programme Document for 2023-2027 to strengthen RI services utilizing a multisectoral approach to achieve equitable coverage among these populations in Nigeria.

**Scope of Work:**

The consultant will work in collaboration with the Nigeria Country Office Immunization team, the Programme Division of UNICEF's New York headquarters office, the National Primary Health Care Development Agency (NPHCDA) and partners, to conduct a coverage and equity assessment and develop recommendations to strengthen the immunization programme in urban settings with a high percentage of children who have never accessed immunization services (so called 'zero dose communities'). This will include drafting the conceptual framework for the urban immunization strategy using the draft ToC for multisectoral urban immunization and/or the urban immunization toolkit.

Specifically, the consultant will support country office efforts to:

Conduct a coverage and equity assessment at National and selected sub national levels in the:

<sup>2</sup> <http://nationalpopulation.gov.ng/statistics/>

<sup>3</sup> <https://usaidthemomentum.org/reaching-zero-dose-children/>

<sup>4</sup> Equity Reference Group for Immunization. Tackling inequities in immunization outcomes in urban contexts. 2018.

Identification of under-served communities in selected urban states including Lagos and Kano.  
Selection and prioritization of pro-equity strategies based on findings and using the draft ToC for multisectoral urban immunization and/or the urban immunization toolkit in selected states (Lagos and Kano) in Nigeria.

Analyze and draft the conceptual framework and narrative for the urban immunization strategy with a focus on zero dose in Nigeria.

Develop tailored micro plans for Urban specific settings in selected states (Lagos and Kano) focusing reaching to zero dose children.

Monitoring pro-equity strategies, interventions, and outcomes through the development of a framework and metrics for monitoring implementation of pro-equity interventions and ultimately their impact on disparities in vaccination coverage.

Prepare a brief of the results of the CEA analysis (to be presented to the Equity Reference Group for Immunization and shared for comment with colleagues at country, regional and global level).

Develop advocacy materials for domestic resource mobilization, tools, dashboards, evidence sharing and key messages that can support decision-makers in countries.

Participate in UNICEF's strategic programme and planning discussions to provide technical advice relating to reaching zero dose children in urban settings and broader primary health care services for the most vulnerable populations.

**Deliverables:**

- Analyze the coverage and equity situation and determine why coverage is lower in specific population groups, geographical areas or pockets of under-immunized children.
- Identify constraints to improving coverage and equity, particularly as they relate to service delivery, supply chain, data, demand promotion, immunization financing, leadership, management & coordination (LMC) and political will and accountability.
- Identify gender-related barriers to vaccination arising from social and financial restrictions to women's mobility, decision-making and interactions outside the home, and the fact that most primary caregivers are women.
- Based on the findings, identify, and develop pro-equity strategies and interventions and resource mobilize to support implementation in country plans.
- Contextualized framework, narrative and country mission for the urban immunization developed with a focus on zero dose in Nigeria.
- Brief of the results of the CEA to be presented to the Equity Reference Group for Immunization and shared for comment with colleagues at country, regional and global level).
- A plan of action for recommended materials and products (domestic resource mobilization, tools, dashboards, evidence sharing and key messages) needed for country level decision making following engagement with immunization technical working groups, committees and private sector.

Child Safeguarding

Is this project/assignment considered as “[Elevated Risk Role](#)” from a child safeguarding perspective?

YES  NO      If YES, check all that apply:

Direct contact role       YES  NO

If yes, please indicate the number of hours/months of direct interpersonal contact with children, or work in their immediately physical proximity, with limited supervision by a more senior member of personnel:

Child data role       YES  NO

If yes, please indicate the number of hours/months of manipulating or transmitting personal-identifiable information of children (name, national ID, location data, photos):

More information is available in the [Child Safeguarding SharePoint](#) and [Child Safeguarding FAQs and Updates](#)

<p>Budget Year:2024</p>	<p>Requesting Section/Issuing Office: Health section</p>	<p>Reasons why consultancy cannot be done by staff:  Dedicated time and efforts are needed to accomplish the listed deliverables. Currently, the immunization unit is understaffed, with staff members overstretched. A subject matter expert is required to complete the tasks, which is very critical for 2023 due to zero dose being a high priority for the present country programme to catch-up, restore and strengthen plans in Nigeria, which is home to over 40% of zero-dose children.</p>
<p>Included in Annual/Rolling Workplan: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please justify:</p>		
Empty space for justification		
<p>Consultant sourcing:</p> <p><input type="checkbox"/> National <input type="checkbox"/> International <input checked="" type="checkbox"/> Both</p> <p>Consultant selection method:</p> <p><input checked="" type="checkbox"/> Competitive Selection (Roster)</p>		<p>Request for:</p> <p><input checked="" type="checkbox"/> New – Individual Consultant Contract</p> <p><input type="checkbox"/> Extension/ Amendment</p>

<input type="checkbox"/> Competitive Selection (Advertisement/Desk Review/Interview)			
If Extension, Justification for extension:			
Supervisor: Shaikh Humayun Kabir	Start Date: 10 <sup>TH</sup> January,2024	End Date: 9 <sup>th</sup> September,2024	Number of Days (working): 168 days

Tasks/Milestone:	Deliverables/Outputs:	Timeline/Date	Percentage %
Conduct coverage and equity assessment	A light and rapid assessment (desk review followed by validation of the findings by a small working meeting) at the national and subnational level, including stakeholders and supported by the UNICEF Nigeria office	15 <sup>th</sup> February 2024	15%
Assessment of the Health System impact on Coverage and Equity	Assess the impact of the various health system streams in reinforcing low coverage and inequities, especially in the population groups and communities identified, and how investments or improvements can improve or lessen them	20 <sup>th</sup> March 2024	15%
Selection and prioritization of pro-equity strategies based on findings	Strategies and interventions proposed to improve coverage		

and using the draft ToC for multisectoral urban immunization and/or the urban immunization toolkit	and equity should be evidence-based, informed by local experiences and knowledge and have the potential for scale-up	25 <sup>th</sup> April 2024	10%
Develop recommendations, framework and plan of action	Analyze and draft the conceptual framework and narrative for the urban immunization strategy with a focus on reaching households with zero-dose and partially vaccinated children zero dose in the selected States in Nigeria.	31 <sup>st</sup> May 2024	15%
Adapt the multisectoral urban theory of change and develop tailored micro plans for Urban specific settings in selected states (Lagos and Kano) focusing reaching to zero dose children.	Nigeria specific multisectoral urban theory of change to reach zero-dose children  Urban specific microplans for Kano and Lagos	1 <sup>st</sup> July 2024	20%
Develop Monitoring framework to monitor and measure impact	Develop a Monitoring framework and metrics for monitoring implementation of pro-equity interventions and ultimately their impact on disparities in vaccination coverage	5 <sup>th</sup> August 2024	10%
Develop Advocacy briefs and materials	Prepare one “Perspectives” manuscript for publication and one policy brief (for dissemination to policymakers) relating to the contextualized urban immunization strategy, data analysis and operational research	9 <sup>th</sup> September 2024	15%





Estimated Consultancy fee		NGN	
Travel International (if applicable)			
Travel Local (please include travel plan)			Actual reimburse
DSA (if applicable) and internet communication cost			Actual reimburse
Total estimated consultancy costs <sup>i</sup>			
<p>Minimum Qualifications required:</p> <p><input type="checkbox"/> Bachelors <input checked="" type="checkbox"/> Masters <input type="checkbox"/> PhD <input type="checkbox"/> Other</p> <p>Enter Disciplines</p>	<p>Knowledge/Expertise/Skills required:</p> <p>Education &amp; Experience:</p> <ul style="list-style-type: none"> <li>• Minimum of an Advanced university degree (Masters) in health with expertise in immunization.</li> <li>• Minimum five years of work experience in Health/Immunization and development programmes</li> <li>• Solid technical knowledge of immunization curricula, tools and resources.</li> <li>• Demonstrated experience with programme design, development and implementation, monitoring and evaluation using both quantitative and qualitative techniques.</li> </ul> <p><u>Personal/organizational Competencies</u></p> <ul style="list-style-type: none"> <li>• A high level of organizational and coordination skills.</li> <li>• High level of attention to detail.</li> <li>• An excellent command of the English language – both written and oral.</li> <li>• Ability to produce quality work within a deadline and under pressure.</li> <li>• Highly developed communication skills.</li> </ul>		
<p>Administrative details:</p> <p>Visa assistance required: <input type="checkbox"/></p> <p>Transportation arranged by the office: <input type="checkbox"/></p>	<p><input checked="" type="checkbox"/> Home Based <input type="checkbox"/> Office Based:</p> <p>If office based, seating arrangement identified: <input type="checkbox"/></p> <p>IT and Communication equipment required: <input type="checkbox"/></p>		

Internet access required:


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