

# TERMS OF REFERENCE FOR EXPERTS

Terms of reference for on-site activities and missions

**Action code and partner country:** SOCIEUX 2023-05 ZAMBIA

**Action title:** Development of a target operating model for NHIMA

**Partner institution:** National Health Insurance Management Authority (NHIMA)

**Activity/ies number(s) and title(s):**

- **Activity 1 – Target Operating Model for NHIMA's organization**

**Tentative dates of implementation and location:**

- **Activity 1 – May 22<sup>nd</sup> until June 30<sup>th</sup> 2023 (onsite: Lusaka)**

**Expert positions and responsibilities (by activity):**

- Activity 1 : Expert 1 (principal) – Health insurance, P&S steering and implementation, organizational structures, roles and arrangements
- Activity 1 : Expert 2 – health policy, P&S steering and implementation, organizational structures, roles and arrangements

**Workload:**

Activity 1 - Expert 1 : Total 19 days (7 days at distance; and 10 days onsite)

Activity 1 - Expert 2 : Total 18 days (6 days at distance; and 10 days onsite)

**Call for experts' reference:** **23-05/ZMB/1**

**Version - #:** \_\_\_\_

☐ Draft

☐ Final

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## 1 BACKGROUND INFORMATION

### 1.1 Country overview

Zambia is a large, landlocked country in the center of Southern Africa. It shares its border with Angola, Botswana, Democratic Republic of Congo, Malawi, Mozambique, Namibia, Tanzania, and Zimbabwe.

Zambia is one of the world's youngest countries by median age. Its very urban population is estimated at about 17.9 million and growing rapidly. This demographic growth is expected to continue, and thus put pressure on demand for jobs, health care, and other social services.

The country made significant socio-economic progress in the last 15 years, and achieved the middle-income status in 2011. Nevertheless, this performance stalled in recent years due to falling copper prices and decline in agricultural output and hydro-electric power generation due to insufficient rains. Despite improvements in economic performance, poverty remains high, especially in urban areas.

Zambia's HDI value for 2019 is 0.584, which puts the country in the medium human development category, positioning at 146 out of 189 countries and territories<sup>1</sup>.

COVID-19 pushed the Zambian economy into contraction by 1.7% in Q3 of 2020, as mining and services suffered from lower global demand and social distancing measures. A gradual recovery is expected with GDP growth projected at 2.8% average over 2021-23. Higher copper prices, the commissioning of a new hydropower station, and a return to normal rainfall patterns are expected to support growth in agriculture and electricity production, key contributors to Zambia's industry and service sectors.

Zambia is a stable country with successful democratic elections held every five years. The current president is Hakainde Hichilema of the United Party for National Development, who was elected in August 2021, after defeating then-incumbent President Edgar Lungu of the Patriotic Front. The next elections will be held on August 12, 2026.<sup>2</sup>

### 1.2 Sector situation

Zambia's health sector comprises public, private-for-profit, and private-not-for-profit providers. The public sector has a major role in providing health services in both rural and urban areas. The Ministry of Health of Zambia oversees the planning and funding allocation for the country's public healthcare sector. Until recently, medical care in Zambia was free or heavily subsidized. The National Health Insurance Scheme was created in 2018 by an Act of Parliament. It is a compulsory scheme aimed at providing sound financing of the national health system, and enhance universal access to quality insured healthcare services for all Zambians.

The provision of health services in the public sector is organized around a referral system which comprises of three levels of health care.

Zambian health system can be classified into the following categories:

- Level one includes Health Posts, Rural Health Centers, and District Hospitals. This is where primary and preventative care is delivered;
- Level two includes Provincial and General Hospitals, which are responsible for curative care (internal medicine, paediatrics, obstetrics, gynaecology, and general surgery);
- Level three includes Central Hospital and the National University Teaching Hospital, providing specialized care.

The supply of Human Resources for Health in Zambia has increased, although the expansion is not adequate to meet the country's needs. Many positions are not funded. Moreover, there are

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<sup>1</sup> Human Development Report 2020. The Next Frontier: Human Development and the Anthropocene. Briefing note for countries on the 2020 Human Development Report. Zambia. UNDP. <https://hdr.undp.org/sites/default/files/Country-Profiles/ZMB.pdf>

<sup>2</sup> (September 23, 2021). *The World Bank in Zambia. Overview*. <https://www.worldbank.org/en/country/zambia/overview#1>

regional and geographical inequalities in the distribution of health workers, adding to this the poor retention of health workers particularly in remote, rural areas.

The Health Financing Strategy (HFS) 2017-2027 provides a framework for improving and developing health financing in Zambia. Health financing has faced challenges which emerge both from external and internal factors. Increase in domestic and external debts limits the ability to increase government funding. High levels of informality (only 13% of the labour force is employed in the formal sector, 2017), unemployment, widespread poverty limit revenue generation through taxes and reduce contributions to Social Health Insurance. Moreover, the country's attainment of the lower-middle-income country status will result in most donors reducing their support to the health sector and government as a whole.

The main financing sources are Ministry of Finance (MOH), Cooperating Partners (CPs), and households/employers. The MOH acts as fund holder for government-related funds while it receives grants and loans from CPs <sup>3</sup>.

### 1.3 Role of partner institution in the sector

The National Health Insurance Act No.2 of 2018 provided for the establishment of the NHIMA which will implement, operate, and manage the National Health Insurance Scheme.

The authority manages the National Health Insurance Fund into which eligible citizens, based on their ability to pay, contribute a monthly premium. The authority in turn, purchases on behalf of the Zambian people, a defined package of health services from accredited public and private healthcare providers. In December 2020, NHIMA grew membership to 750 000 members and had accredited 129 facilities across the country.

NHIMA also advises the Minister of Health on health insurance and health policy formulation, accredits healthcare providers, develops a comprehensive benefit package, monitors the provision of health services.

Operationally, NHIMA's health insurance scheme is implemented with the support of a third party administration company in order to enhance ICT capacity and implementation efficiency in the management of the scheme. This ICT system facilitates the monitoring and administering of the NHI system, carry out registration of beneficiaries, issuing smart cards, maintaining a record of all beneficiaries and contributors, collecting contributions, processing claims and paying from the NHI funds benefits as agreed between healthcare providers and the NHIMA, providing checks and balances.

In 2022, NHIMA benefited from SOCIEUX+ support (action 2022-02) which gave NHIMA a diagnosis on its strengths and weaknesses regarding its operational capacities and governance, after 2 years of implementation of the scheme.

One of the recommendations that came out of the reports of action 2022-02 as most pressing and important, was NHIMA's weakness in ICT systems and its dependence on third-party system administrators.

The new support requested by NHIMA will be dedicated to drafting a target operating model to allow the Authority to get emancipated from sub-contractors and run the scheme with its own resources.

## 2 ACTION DESCRIPTION

### 2.1 Overall objective

- Institutional capacities of employment, labour and social protection institutions are strengthened and reinforced.

### 2.2 Specific objective (s) (purpose)

- To run the NHIS independently from the third-party system administrator

<sup>3</sup> Republic of Zambia. Ministry of Health. Health Financing Strategy: 2017-2027. *Towards Universal Health Coverage for Zambia*. September 2017.

## 2.3 Expected results

- NHIMA progressively assimilates core functions of third-party system administrator

## 2.4 Final deliverables

- A proposal for an operational structure that functions independently from a third-party administrator
- A roadmap to progressively assimilate core functions of third-party system administrator into operations of the NHIS

# 3 METHODOLOGY

## 3.1 General methodology (of the action)

The first activity will build from the findings of activity 2 of 2022-02. NHIMA is reorganizing the Scheme to be in line with the new revised strategic plan, and the proposed target operating model will have to go in the same direction as this plan. A target operating model can be defined as a description of the desired state of the operating model of an organization. They provide the vision for organizations undergoing change. The reason for any new model is likely to be a new strategy or new business model or a significant failure in the performance of the existing operations for one or more stakeholders<sup>4</sup>.

The first activity's aim will be to identify which kind of HR skills are at play (the people that are needed to run the processes or deliver the capabilities, organization structure, accountabilities), to provide a mapping of current resources and what will be needed in managing the overall new IT and MIS system, how much staff will be needed to collect, extract, analyse data, and maintain databases.

The second activity will have for goal to identify the processes that are to be assimilated, thus a first mapping exercise, in detail, then to draft an operational plan on how to proceed and practically assimilate what is currently outsourced.

## 3.2 Planned activities (work plan of the action)

The following activities are currently planned for the action:

- **Activity 1 – Target Operating Model for NHIMA's organization**
- **Activity 2 – Target Operating Model for operations of NHIMA**

The present terms of reference cover the services expected for activities of the above work plan:

- **Activity 1**

## 3.3 Inclusion of cross-cutting issues

SOCIEUX+ recognises the importance to include cross-cutting issues in social protection, labour and employment policies and systems. The following cross-cutting issues are duly taken into account:

- Gender equality;
- Good governance;
- Human rights (including rights of children, people living with disabilities, vulnerable groups and minorities); and,
- Social and economic inclusion of vulnerable groups.

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<sup>4</sup> [Target operating model - Wikipedia](#)

## 4 ACTIVITIES DESCRIPTION

### 4.1 Tasks

The principal expert will lead the on-site mission. He/she will be responsible for the delivery of all deliverables of the activity (see below Section **iError! No se encuentra el origen de la referencia.**). He/she will be responsible for the preparation, coordination, implementation and reporting of the overall activity towards SOCIEUX+.

#### **Tasks to be done by the partner institution**

##### **Preparation phase**

- Provide all necessary documentation requested by experts in preparation phase
- Make themselves available for a briefing pre mission

#### **Tasks to be done by the experts**

##### **Preparation phase**

- Ahead of the action to get substantial knowledge of the local context; review relevant policy and institutional framework documents (the National Health Strategic Plan, the updated NHIMA Strategic Plan 2023-2026, The National Health Insurance Act No2 of 2018, The Zambia Health Care Financing Strategy, reports from activities 1 and 2 of 2022-02);
- Preliminary contacts with the Partner in view of the preparation of the mission's methodology and agenda, to be transmitted ahead of the mission to the SOCIEUX+ team for approval;
- Taking part to the pre-mission briefing with SOCIEUX+ team (around 1 week before the start of the action);
- To make themselves available for a briefing meeting with the EU Delegation in Lusaka (SOCIEUX+ will introduce the experts to the focal point within the EU Delegation);

##### **Implementation**

- During the mission, to conduct consultations with the Partner's key staff. The partner institution shall facilitate and arrange the meetings in Lusaka;
- Review of current organizational structure of NHIMA and with the partner, develop a target operating model for the Authority's organization that would take into account assimilation of core functions;
- To present the outcomes of the mission to the partner in order to discuss and take into account comments on the contents of the deliverables before their finalization;
- At the end of the mission, timely submission to SOCIEUX+ of the final deliverables (10 working days after the mission), and availability to go through an eventual round of comments and adjustments in interaction with SOCIEUX+ and the Partner;
- To channel to SOCIEUX+ Communication officer any material that can be useful to inform the public about the activity (pictures, interviews, brief notes or articles);
- To use the different templates and evaluation forms provided by the SOCIEUX+ team.

### 4.2 Deliverables

#### **4.2.1 Pre-mission deliverables**

- P1: A methodological note, detailing the working approach, tools and methods to employ, a risks analysis, etc. The Methodological Note shall not exceed 3 pages (excluding cover page and annexes).
- P2: A activity/mission agenda, detailing the meetings and working sessions to be held, persons to meet, etc. The Activity/mission Agenda shall not exceed 2 pages.

#### **4.2.2 Final deliverables**

- D1: An individual Expert Mission Report (ExMR) in SOCIEUX+ format (template provided). This report is a confidential product intended solely for and use by

SOCIEUX+. The expert team may also submit a single-joint ExMR report if they prefer to do so (see instructions on the template).

- D2: An individual completed Expert Feedback Form (ExF) completed online (see instructions and link on the ExMR template).
- D3: A collective Activity Report (AcR) in SOCIEUX+ format (template provided). This AcR is to be produced jointly by the mission team. It is intended for the Partner Institution, and will be shared, most probably, with key stakeholders of the action. The report will reflect the tasks conducted in during the activity. It shall provide a meaningful contribution towards the final deliverables of the action.
- Target operating model for NHIMA's organization: a proposal for an organizational structure that functions independently from a third-party administrator. This target operating model will include a roadmap over time that specifies what the organization needs to do to move from the "as is" to the "to be". The document will capture the as-is of the organization design, and will the define the to-be design.

## 5 REPORTING AND SUBMISSION OF DELIVERABLES

### 5.1 Formats

All deliverables and products of the activity (notes, reports, presentations, etc) shall comply with the formats and templates provided by the SOCIEUX+ Team.

All deliverables are to be submitted in electronic in electronic editable versions [Microsoft Word 97-2003 [doc], PowerPoint 97-2003 [ppt] and Excel 97-2003 [xls]; or in equivalent OpenDocument format). Non-editable electronic document such as in Portable Document Format (PDF) shall not be accepted.

Templates for electronic presentations during the activity/mission are provided by the SOCIEUX+ Team. These templates are in Microsoft PowerPoint format and comply with the SOCIEUX+ Corporate Image standards. These templates are to be used as a sole format by all members of the expert mission team. They are to be used for all presentations by the experts during and for the activity/mission. The use by the experts of their own, or their organisation(s), templates or formats are not allowed unless otherwise instructed in written [by email] to the experts by the SOCIEUX+ Team.

All versions of deliverables or other products used or produced during activity/mission by the experts shall include the following disclaimer:

*"Disclaimer:*

*The responsibility of this publication sole lies with its authors. The European Union, the European Commission, the implementation partners of SOCIEUX+ and the SOCIEUX+ Staff are not responsible for any use that may be made of the information contained therein."*

Please refer to the expert information package for further guidance on communication and templates.

All deliverables are to be provided in English.

### 5.2 Submission and approval

All deliverables versions (drafts, final or other) shall be submitted directly and only to SOCIEUX+ Team, unless otherwise instructed in writing [by email] to the experts by the SOCIEUX+ Team.

#### 5.2.1 Pre-mission deliverables

- Pre-mission deliverables shall be submitted no later than 5 working days before the start of activity or departure of the mission of the experts, whichever is the earliest.
- Pre-mission deliverables will be shared and reviewed by the SOCIEUX+ and the Partner Institution. Feedback on the deliverables should be provided to the Principal Expert at latest 2 days before the start of activity or departure of the mission of the experts, whichever is the earliest. Comments and recommendation of this feedback shall be taken into account for the

implementation of the activity/mission by the experts. Only the mission agenda shall be resubmitted with revision if requested by the SOCIEUX+ Team.

### 5.2.2 Final deliverables

- The first draft versions of the final deliverables are to be submitted no later than 10 working days upon completion of the activity or return of the experts.
- Feedback to the first draft version of the report should be provided 10 working days after its submission.
- Inclusion of the feedback on drafts versions is expected 5 working days upon reception of the comments by the principal expert. (In general, no more than one round of feedback and revision is required, unless the quality of the deliverables is considered unsatisfactory by the SOCIEUX+ Team or/and the Partner Institution.)
- Final versions of the deliverables should be approved or rejected no later than 10 working days upon their submission to the SOCIEUX+ Team.
- Final payments and reimbursement of travel costs to experts can only be authorised upon approval of the final version of the deliverables by SOCIEUX+.

## 6 REQUIRED EXPERTISE

### 6.1 Expertise profile

#### **Principal expert (Expert 1):**

**Area(s) of expertise:** Health insurance, access to health

**Specific skill(s) and competency(ies) of expertise:** P&S steering and implementation, Organ. structures, roles and arrangements

#### **Requirements (essential/required):**

- a) The education type and level required:

"Master's" degree (or equivalent advanced academic degree or diploma requiring 4 years of formal education) in the areas of expertise (see above), or another directly related discipline. In its absence, the master's degree can be replaced by a combination of academic degree(s) with relevant years of work/professional experience combining the area of expertise and specific skills requested:

- An intermediate academic degree ("Bachelor", equivalent degree or diploma requiring three (3) years of formal education) with an additional three (3) years of working/professional experience; or,
- A first-level academic degree ("License", equivalent degree or diploma requiring two (2) years of formal education) with an additional five (5) years of working/professional experience.

The additional work experience used in calculating academic equivalence shall not count towards the minimum general professional experience.

- b) The number of years of relevant work/professional experience combining the area(s) of expertise and demonstrated specific skill(s) & competence(s):

Seven (7) years.

- c) Specific knowledge of health systems' design, implementation, financing, challenges and reforms
- d) Expertise on the institutional strengthening of universal health coverage;
- e) Required language knowledge: English

#### **Expert 2:**

**Area(s) of expertise:** Health policy

**Specific skill(s) of expertise:** P&S steering and implementation, Organ. structures, roles and arrangements

**Requirements (essential/required):**

- a) The education type and level required:

“Bachelor’s” degree (or equivalent academic degree or diploma requiring three (3) years of formal education) in the areas of expertise (see above), or another directly related discipline. In its absence, the bachelor’s degree can be replaced by a combination of:

- a. A first-level academic degree (“License” or equivalent) with an additional two (2) years of professional experience in one or more relevant fields.

The additional work experience used in calculating academic equivalence shall not count towards the minimum general professional experience.

- b) The number of years of relevant work/professional experience combining the area(s) of expertise and demonstrated specific skill(s) & competence(s):  
Five (5) years.
- c) Specific experience and skills in health insurance policies and strategies;
- d) Specific knowledge of health systems’ design, implementation, financing, challenges and reforms
- e) Required language knowledge: English

## 6.2 Estimated workload

	Preparation	Onsite work	Travel	Reporting & deliverables	Total
Principal expert (#1)	4	10	2	3	19
Expert (#2)	3	10	2	3	18
<b>Total experts</b>	<b>7</b>	<b>20</b>	<b>4</b>	<b>6</b>	<b>37</b>



## 7 APPLICATIONS

### 7.1 Call for experts

All calls for experts for SOCIEUX+ activities are published online on the SOCIEUX+ website. Interested experts should submit their application on the SOCIEUX+ online expert database: <https://pmt.socieux.eu> (currently only available in English). The application process is:

1. If they have not already, experts create their SOCIEUX+ account by clicking on "Create an account" using an email address.
2. Login details for their account will be sent to experts by email, experts should create and submit their profile for review by<sup>5</sup>:
  - a. Providing contact details
  - b. Providing information on the competencies, skills and working history of the expert. Experts are required to provide only limited information through fields marked with an asterisk. However, *experts are encouraged to complete in most detail de sections on skills and competencies as the SOCIEUX+ Team also regularly reviews profiles in the roster to identify and contact potential experts for future missions.*
  - c. Uploading of a curriculum vitae, preferably in Europass format<sup>6</sup>.
3. Once their profile is approved by the SOCIEUX+ Team, they can apply to any available calls for experts accessible under the tab "Call for experts" and click on "Apply."

If more information is needed, please contact SOCIEUX+ by email at [experts@socieux.eu](mailto:experts@socieux.eu) with the reference number of the application.

Collaborative or interested institutions wishing to make expertise available for a specific call for application may directly contact the team of SOCIEUX+ at [experts@socieux.eu](mailto:experts@socieux.eu).

### 7.2 Selection of experts

In principle, SOCIEUX+ mobilises experts from the public administrations and mandated bodies of EU member states, and practitioners working for social partners, including:

- Practitioners, civil servants and employees from publicly mandated bodies;
- Collaborators and employees of social partner institutions, such as trade unions and employer associations; and,
- Academic and research institutions.

Active public experts from collaborative institutions are given priority in the selection. Private consultants may also apply. Their application will be considered if an appropriate public expert cannot be identified.

Only short-listed applicants may be contacted. The selection process may include interviews by phone or other communication means.

Interested candidates may download the **Guide for Experts and Collaborative Institutions** with detailed information on contracting with SOCIEUX+ at [www.socieux.eu](http://www.socieux.eu)

### 7.3 Contracting of public experts

Public experts can be on active duty or retired. Retired employees from international specialised agencies or cooperation agencies can also be mobilised, without regard to their former employer's collaborating with SOCIEUX+ on a specific action. Retired experts are considered as public experts for all purposes, benefits, and financial compensation provided by SOCIEUX+.

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<sup>5</sup> SOCIEUX+ expert database and other management tools comply with the General Data Protection Regulation (GDPR) -Regulation (EU) 2016/679.

<sup>6</sup> Europass templates for CVs are available here: <http://europass.cedefop.europa.eu/en/documents/curriculum-vitae/templates-instructions>

Short-listed candidates may be required to provide the contact of the employer or proof of their ability to be directly contracted under their status as a civil servant or public employee.

## 7.4 Financial compensations

Contract officials or active-duty or retired employees are entitled to standard fixed allowances of 350 euros per working day worked. The fees of private consultants are negotiated according to their number of years of relevant expertise and the standard scale of SOCIEUX+.

Retired experts are assimilated into public employees for all intents and purposes, benefits and financial compensation are provided by SOCIEUX+.

National regulations on remuneration and compensation of public employees and civil servants apply and may limit the payment of allowances by SOCIEUX+. The responsibility for compliance and verification lies with individual experts and their institutions of origin. The payment of income or other taxes is the sole responsibility of the mobilised experts and/or their organisations.

## 7.5 Travel costs

All travel expenses for the mobilised experts (public, private or international institutions) are covered by SOCIEUX following the **Guide for Experts and Collaborative institutions** with detailed information on contracting with SOCIEUX+ (version as of the date of signature of the contract).

# 8 COMMUNICATION & VISIBILITY

SOCIEUX + can use its communication channels, such as the web, newsletter and other media, to share information about the implementation and results of the activities. For this, contributions of the experts mobilised are expected. The experts may be requested to provide such contributions in the field of communication as photographs, provide short texts, and interviews.

Short briefings, before and after the mission, with the Communication Officer of SOCIEUX+. These briefings will provide the opportunity to identify communication opportunities and strategies.

For specific activities, visibility products, such as brochures, USB sticks, notebooks and pens, can be made available to experts for on-site distribution.

# 9 CODE OF CONDUCT

The experts mobilised by SOCIEUX+ will provide technical assistance from the preparatory stages of each activity to the delivery of products. The SOCIEUX+ Team will assist experts to fulfil their assignments by supporting and advising on preparing background materials before meetings. The SOCIEUX+ team will collect feedback from partner institutions and relevant stakeholders to ensure that mission reports and recommendations are delivered to national authorities, the EU Delegations in the partner countries and the European Commission.

The experts mobilised are not representing SOCIEUX+ or the EU. Technical opinions and recommendations expressed are their own. They shall not express negative opinions on the implementation of actions supported by SOCIEUX+ to third parties. Nevertheless, they shall be aware of SOCIEUX+'s objectives and functioning, and promote its services to the best of their knowledge, whenever possible and feasible.

The experts shall perform their duties in the Partner Country in a way that is fully compliant with and respectful of the local institutions, policies and cultural behaviours. They shall particularly adopt culturally-sensitive behaviour when dealing with their local counterparts.

# 10 OTHER CONSIDERATIONS

[...Text...]

## **11 ANNEXES**

[...Text...]

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## ABOUT SOCIEUX+

The SOCIEUX+ Facility was established and funded by the EU through the European Commission's Directorate-General for International Partnerships (DG INTPA) and Directorate-General for Neighbourhood and Enlargement Negotiations (DG NEAR). The Facility is co-funded by France, Spain, and Belgium. It is implemented by a partnership composed of Expertise France (the partnership lead), Fundación Internacional y para Iberoamérica de Administración y Políticas Públicas (FIIAPP) from Spain, Belgian International Cooperation on Social Protection (BELINCOSOC), and the Belgian Development Agency (Enabel).

The Facility's general objective is to expand and improve access to better employment opportunities and inclusive Social Protection systems in Partner Countries. Its specific objective is to enhance Partner Countries' capacity to design, manage, and monitor inclusive, effective, and sustainable employment strategies and Social Protection systems through short-term, peer-to-peer technical assistance and knowledge development.

SOCIEUX+ recognises the impact of Social Protection and employment in reducing poverty and vulnerability. It supports the efforts of partner governments in promoting inclusive and sustainable Social Protection and employment systems. SOCIEUX+ also complements the efforts made through other EU initiatives.

The Facility is an expansion of SOCIEUX Social Protection EU Expertise in Development Cooperation, established in 2013.



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