

# TERMS OF REFERENCE (TOR) FOR DECENTRALIZED FACILITY FINANCING (DFF) NATIONAL CONSULTANTS FOR THE IMMUNIZATION PLUS AND MALARIA PROGRESS BY ACCELERATING COVERAGE AND TRANSFORMING SERVICES (IMPACT) PROJECT

## A. Introduction:

The National Primary Health Care Development Agency (NPHCDA) is a parastatal of Nigeria's Federal Ministry of Health with the corporate goals to; control preventable diseases and eradicate polio, improve access to basic health services, improve quality of care, develop high-performing health workforce, strengthen the primary care institutions, partnerships, and community engagement.

## Background to the IMPACT Project

The Multiphase Programmatic Approach (MPA) is an intervention by Government of Nigeria with a credit from the World Bank to strengthen primary health care to reduce under 5 mortality rates using a Decentralized Facility Financing (DFF) Mechanism. The MPA has 3 phases, starting with an Immunization Plus and Malaria Progress by Accelerating Coverage and Transforming Services (IMPACT) project. The IMPACT project is a large investment in the Nigeria health sector with ambitious targets for service improvements and health systems strengthening.

The project development objective of the IMPACT phase of the MPA is to improve the utilization and quality of immunization plus (immunization, child, neonatal and maternal) and malaria services in selected states.

The project has 4 components; (1) Malaria Control; (2) Immunization plus; (3) Knowledge for Change; (4) CERC and will be implemented in a total of 20 states. 6 States of Abia, Borno, Ekiti, Imo, Lagos and Rivers States, will implement component 1, on malaria control and 14 States of Adamawa, Bauchi, Benue, Delta, Ebonyi, Kaduna, Kano, Kogi, Kwara, Nasarawa, Oyo, Plateau Sokoto and Yobe, will implement component 2, the immunization plus component of the project.

The project will be implemented by 2 Project Implementing Units (PIUs) at the Federal level situated at the National Malaria Elimination Program (NMEP) for components 1 and 3 and at the National Primary Health Care Development Agency (NPHCDA) for components 2 and 3. Similarly, at the State level, the PIUs at SMEP will implement component 1 in the Malaria States and SPHCBs, component 2 in the Immunization Plus States.

## The IMPACT DFF Program

Through the Immunization Plus component of the IMPACT project to be implemented by NPHCDA and SPHCBs in the 14 states, the project aims to strengthen service delivery by decentralizing funding to PHCs, an innovative approach known as Decentralized Facility Financing (DFF). The

project will provide quarterly operational budget directly to PHC facilities with the aim of strengthening provision of essential PHC services and improving quality of care after conditions in the DFF contract such as management arrangements, previous funds utilization and transparent use of funds have been met.

This sub-component of the IMPACT project also prepares health facilities for the roll out of the Basic Health Care Provision Fund (BHCPF).

The implementation of DFF will be in alignment with the arrangements as described in the DFF operations manual developed for the IMPACT project.

### **B. Objective of the DFF Consultant position:**

To ensure the necessary skills are developed for DFF implementation at National and Sub-National levels, the NPHCDA will require the assistance of a consultant that will support the development of the DFF training materials, equip National and State level trainers with facilitation and andragogic skills for step-down/cascade trainings, provide support and quality control for a comprehensive DFF training program at the National level and in the implementing states/LGAs.

The training program will include a training on facilitation skills and andragogic methods during a national Training of Trainers (ToT) which will be led by a master trainer, a national DFF ToT and cascade DFF trainings of State, LGA and Health Facility staff at the State level in Adamawa, Bauchi, Benue, Delta, Ebonyi, Kaduna, Kano, Kogi, Kwara, Nasarawa, Oyo, Plateau, Sokoto and Yobe States. The consultant will support the NPHCDA IMPACT PIU and the master trainer in developing the training curriculum, ensure the quality of national and cascade trainings are maintained at all levels, and in documenting the program experience.

### **C. Scope of Work**

The consultant is expected to be fully independent while discharging his/her contractual obligations in accordance with the terms of reference (ToR) and s/he is also expected to provide the highest quality technical assistance to the NPHCDA on the following:

- i. Support the NPHCDA IMPACT PIU in finalizing the National DFF User Manual.
- ii. Support the NPHCDA and State IMPACT PIUs to develop a calendar of activities for the training program at the National, State and LGA levels.
- iii. Support the NPHCDA to develop and/or review and adapt DFF training materials for the training at all levels drawing as much as possible from existing training materials from NSHIP and BHCPF. The training curriculum will use andragogic techniques and will be developed with support from the NPHCDA and other in-county DFF capacity at National and State levels as identified by the NPHCDA.

- iv. Provide guidance to the NPHCDA and the SPHCBs on all logistic and administrative arrangements necessary for the trainings.
- v. Ensure the availability of all training materials.
- vi. Work with key stakeholders to create a pool of pre-and post-tests for the modules.
- vii. Conduct a National ToT using andragogic methods.
- viii. Conduct, together with the pool of trainers from the national ToT, training of the 12 implementing states in clusters of three to four (3-4) states per cluster.
- ix. Conduct together with the pool of trainers from the national ToT, on-site, hands-on coaching/supervisory visits to each of the 14 training sites (1-2 weeks per month over a period of 3 months in addition to the 3 months spent on support in the finalization of the DFF user manual, training materials and report writing) after which the pool of trainers will take over the responsibilities of cascading to the LGAs and service delivery points.
- x. Provide support and ensure quality control of the first pilot cascade trainings to the LGAs and service delivery points and support the NPHCDA and SPHCB in ensuring that the training materials developed are updated based on the findings from the pilot cascade trainings.
- xi. Provide general oversight and ensure quality control of the trainings.
- xii. Write a report on the DFF training program.

#### **D. Selection Criteria**

- i. Advanced University degree in any of the following – Health Education, Public Health, Health Economics, Health Financing, or other related fields is required. Advanced University Degree in Adult Education is an added advantage.
- ii. At least 5 years of relevant experience designing and implementing DFF programs. Experience with RBF design and implementation is an added advantage.
- iii. Experience coordinating high level DFF/RBF State level, national and/or international trainings.
- iv. Must have been trained on facilitation and andragogy methods, having good facilitation skills, using andragogic methods.
- v. Extensive knowledge of the Nigerian health sector
- vi. Excellent written and verbal communication skills.
- vii. Excellent reporting skills, evidence from national, state and/or international trainings coordinated before.

#### **E. Deliverables**

- i. Develop the training curriculum to be used for both the ToTs and the cascade trainings, including all materials (PPT presentations, group exercises, field visits, etc.) using andragogic methods.
- ii. Draw up parameters for ensuring quality of the course and participants.

- iii. Evidence of the knowledge transfer plan.
- iv. Comprehensive report of the DFF training program:
  - a. By level: national, State, LGA and health facility.
  - b. Knowledge transfer report and lessons learnt.
  - c. Final report.

#### **F. Reporting Relations**

- i. Managerial and Technical Reporting Line: Work with the National Project Manager (NPM) and through him report to the Executive Director/CEO, NPHCDA.
- ii. Through the State Project Managers, debrief the Executive Secretary, SPHCBs on the progress of the DFF training program copying the NPM in all his/her communications with the State.
- iii. At State level, collaborate with the focal persons and work with State Project Managers/facilitators and through them report to the NPM.

#### **G. Terms of Engagement**

Period of Work: This is a short-term consultancy and will last for approximately 6 months. Engagement for the period is full time. There will be travel to each of the 14 training sites in the IMPACT states during the period of the DFF training program.