NATIONAL PRIMARY HEALTH CARE DEVELOPMENT AGENCY (NPHCDA)

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**TERMS OF REFERENCE (TOR)**

**ENGAGEMENT OF TECHNICAL CONSULTANCY FIRM FOR CONDUCT OF A NATIONWIDE BASELINE ASSESSMENT OF PRIMARY HEALTHCARE FACILITIES (PHASE 2 ASSESSMENT)**

1. **INTRODUCTION:**

The national health policy identifies the delivery of primary health care (PHC) as the core strategy for improving the health of Nigerians, underscoring its importance as the platform for accelerating Nigeria’s progress towards Universal Health Coverage (UHC) and achievement of the Sustainable Development Goals (SDGs). However, despite substantial efforts and investments over the years, Nigeria is not on track to achieve the SDGs. Maternal mortality is high at 512/100,000 live births, with limited access to skilled birth attendants at delivery (35% in rural areas). Similarly, infant and under-five mortality remain high at 62 and 102 per 1,000 live births respectively, with out-of-pocket payments at 70% of health expenditure. The poor performance is reflective of a weak PHC system weighed down by a shortage of critical human resources, widespread dilapidation of PHC infrastructure, sub-optimal financing, lack of performance-based management, and challenges with logistics for medicines and commodities, resulting in low community demand for services. Addressing these challenges requires a shift from programme-based PHC interventions to a more sustainable and holistic approach that addresses foundational issues particularly PHC human resources, and infrastructure.

Nigeria’s health sector led by the Honourable Coordinating Minister of Health and Social Welfare, has signed a compact with Mr President to deliver on the Presidential commitments for Health. This is to be achieved through the implementation of the ‘Nigerian Health Sector Renewal Investment Programme’ (NHSRIP) using a sector-wide approach (SWAp). By extension, a ‘Strategic Blueprint for PHC’ consisting of three (3) Pillars has been developed by the NPHCDA’s new management to deliver on the PHC component of the Presidential compact. Central to the PHC strategy is achieving the NHSRIP goal of ensuring 17,600 PHC facilities are made functional to deliver quality health care services to Nigeria over a 4-year plan period.

To ensure effectiveness and overall value for money, the NPHCDA has defined 2 tiers of PHC facilities based on functionality, i.e., Levels 1 and 2. The strategy will ensure at least one functional Level 2 PHC per political ward that operates for 24 hours across the country, with systematic evidence-based scale-up to the target of 17,600 functional PHCs. Already, a Phase 1 Baseline Assessment of 8,809 (BHCPF facilities) has been completed. To ensure the successful execution of this project, the NPHCDA is seeking the engagement of an experienced Technical Consultancy Firm to oversee the implementation of the Phase 2 Baseline Assessment of 9,606 Primary Health Care Facilities, in Nigeria (excluding the 8,809 BHCPF facilities that have been assessed).

1. **OBJECTIVES OF THE CONSULTANCY SERVICE:**

To enable evidence-based decision-making for the PHC revitalization process that takes into consideration facility-based data, and effectively addresses equity issues such as ward population, disease burden, and geographic access; a factual baseline of the situation of PHC facilities across Nigeria must be established. The assessment is particularly critical in view of the fluid nature of the human resources at PHC level, especially the skilled birth attendants. The assessment will build on the HRH repository developed for 10 states by the NPHCDA and verify recent national interventions to recruit and deploy SBAs nationwide. A centralized, comprehensive, and up-to-date database will be a reference point for analysing PHC facility requirements, identifying gaps, and guiding decision-making for investments. In addition, the baseline assessment will enable effective tracking of the planned PHC revitalization, inclusive of HRH and other PHC service interventions.

**Core Objectives:**

The core objectives of the assessment exercise are;

1. To establish the baseline functionality status of all PHC facilities in the country.
2. To create/update a live database to enhance the visibility and planning of PHC revitalization efforts and establish a system for routine updates.
3. **SCOPE OF SERVICES FOR CONSULTANCY FIRMS:**

Methodology:

The assessment will focus on all PHC facilities (9,606 PHC facilities) excluding facilities captured in Phase 1. It will include Non-BHCPF Public and Faith-Based PHCs, high-volume private-owned PHCs, and PHC facilities affiliated with Teaching Hospitals/Federal Medical Centres.

Data collection tool:

The Consultancy Firm will review and update the data collection tool used for the Phase 1 assessment to collect the data (data collection tool for Phase 1 assessment is an ODK-based application). The assessment tool utilized in the first phase of the assessment comprised 130 questions, which took approximately 90 to 120 minutes to administer, excluding travel time. The tool will be revised with additional questions based on updated indicators of interest, which could likely increase the total to between 150 to 170 questions. Prior to finalizing the data collection tool, a pilot test of the updated tool will be conducted. The outcome of this pilot test will be used to finalize the tool.

Data analysis:

The analysis of data will also be done by the Consultancy Firm. The indicators and checklist utilized for Phase 1 are focused on seven (7) categories of attributes required to determine functionality. The Consultancy Firm will review and update as necessary, as determined by the NPHCDA. The categories are outlined below (Table 1).

**Table 1: Baseline Data Elements**

|  |  |  |
| --- | --- | --- |
| **SN** | **Category** | **Description** |
| 1 | Facility location and contact details | State, LGA, Ward, PHC name, geocoordinates, contact information for OIC, WDC Chairperson and Secretary |
| 2 | Source of Funding  | IMPACT  |
| 3 | Partner Support | Current development partner activity in the facility |
| 4 | Infrastructure | Physical spaces, source of water supply, primary and secondary power sources, accommodation for staff, perimeter fencing. |
| 5 | Human Resource for Health | Skilled birth attendants and other health workers: number and cadre.  |
| 6 | Service Delivery | Opening hours: number of hours the facility is open to patients daily; PHC services delivered: RMNCHAN, HIV, TB, health promotion and education, epidemic preparedness, etc. |
| 7 | Equipment | Information on the specification and number of equipment available for PHC service delivery. |

The collation of data will be automated with real-time analysis and verification to ensure completeness and accuracy. The final updated database will be virtualized in interactive dashboards to facilitate real-time decision-making. The states, partners, and relevant stakeholders will have appropriate access to enable daily decision-making.

Training of data collectors:

The Consultancy Firm will train data collectors who will collect the Phase 2 baseline assessment data.

Data collection method:

The Consultancy Firm will determine and implement an approved strategy for the development and implementation of a detailed data collection, cleaning/verification, and real-time analysis strategy that will ensure the speed and accuracy of data collection and capture all eligible facilities.

Timeframe for data collection:

Post engagement, the firm will be expected to complete data collection within a period of six (6) weeks, inclusive of preparations and training.

1. **EXPECTED DELIVERABLES:**
2. Review assessment tool, and update where necessary based on NPHCDA requirements.
3. Develop and implement a detailed data collection, cleaning/verification, and real-time analysis strategy that will ensure the speed and accuracy of data collection. The data analysis plan needs to be developed before fieldwork and used to analyze the data from the pilot test for finalization of the tool/checklist
4. Develop and submit a reporting template which will be used for the final report
5. Report of completed assessment and analysis
6. Develop a detailed data quality assurance plan covering the training of data collectors, data collection process, data cleaning and analysis
7. Update the existing database from the Phase 1 assessment and incorporate data from the Phase 2 assessment
8. Review, improve, and update the interactive interface (dashboard) that allows visualization of PHC facility data on ward-level maps with associated attributes of interest such as the presence of general hospitals for CEmONC referrals and catchment populations.
9. Post baseline, provide short-term post-assessment support for effective utilization of the database and building of in-house capacity to effectively manage and run the database.
10. Support the development and deployment of mechanisms for routine updates of the database.
11. **QUALIFICATIONS AND EXPERIENCE REQUIREMENTS:**

The Consultancy Firms should possess the following qualifications and experience:

* 1. A minimum of Ten (10) years of experience in project management, to ensure the assessment is completed within the specified timeline and budget while meeting the required standards of quality and accuracy.
	2. Demonstrated experience in conducting baseline assessments or similar evaluations of healthcare facilities, preferably in low-resource settings or within the Nigerian context.
	3. Possess technical capacity and resources to undertake comprehensive assessments, including data collection, analysis, and reporting.
	4. Proficiency in research methodologies, particularly quantitative data collection techniques, survey design, and data analysis.
	5. Technical Consultancy Firms should also possess a deep understanding of the specific healthcare landscape, infrastructure challenges, and cultural nuances in Nigeria. This expertise ensures effective oversight and tailored solutions to address local needs.

The Consulting firms should have Key Experts that possess the following qualifications and competencies:

* Team Lead/Project Manager:
1. Advanced degree in public health, project management, or a related field.
2. At least seven (7) years of experience in managing large-scale health assessments or evaluations.
3. Demonstrated success in managing projects in similar settings, preferably within Nigeria or other low-resource environments.
4. Strong leadership and team management capabilities, with experience coordinating multidisciplinary teams.
5. Excellent communication and reporting skills to effectively liaise with stakeholders and present findings.
* Public Health Specialist:
1. An advanced degree in public health, epidemiology, or a related field.
2. At least five (5) years of experience in public health assessments or evaluations.
3. Specialized knowledge in primary healthcare systems, maternal and child health, and infectious diseases.
* Monitoring and Evaluation Specialist:
1. Advanced degree in public health, statistics, monitoring and evaluation, or a related field.
2. At least five (5) years of experience in monitoring and evaluating health programs.
3. Proficiency in M&E methodologies and tools, and skilled in data collection, analysis, and reporting.
* IT Specialist:
1. Advanced degree in information technology, computer science, or a related field.
2. At least five (5) years of experience in managing IT systems for large-scale projects.
3. Proficiency in database management, software development, and network security
* Data Analysts/Statisticians:
1. An advanced degree in statistics, data science, or a related field.
2. At least five (5) years of experience in data analysis, particularly in health-related projects.
3. Proficiency in statistical software and tools for data analysis.
* Field Supervisors:
1. Degree in public health, social sciences, or a related field.
2. At least three (3) years of experience in supervising field data collection activities.
3. Strong organizational and logistical skills for managing multiple teams.
4. **DOCUMENTATION AND COMPLIANCE REQUIREMENTS:**

The Consultancy Firms must provide the following documentation and demonstrate compliance with the specified criteria:

1. Company registration with CAC (Photocopies)
2. Evidence of Tax clearance (Photocopies)
3. Evidence of Firm registration with relevant regulatory bodies (Photocopies)
4. Comprehensive Company profile including registered office, functional contact address, GSM Number, E-mail address, etc.
5. Evidence of technical experience/competence by way of similar jobs completed.
6. **TERMS OF ENGAGEMENT:**
* **Duration of Engagement:** The engagement of the Technical Consultancy Firm for Baseline Assessment of Primary Health Care Facilities in Nigeria will be for a period of Four (4) Months, for the delivery of assessment and post-assessment support.
* **Reporting:** The Technical Consultancy Firm shall report directly to the Chief Executive Director/CEO NPHCDA through the Director Special Duties and the IMPACT National Project Manager.
* **Contract Type:** The contract will be a Performance-Based Contract.

 IMPACT project will finance the contract, which will cover consultancy fees, travel expenses, and other project-related costs as per agreed terms and conditions. Lump sum payments will be made to the Consultancy Firm in phases on completion of work stages /milestones and presentation of project reports as detailed below:

***Table 1: Milestones and payment schedule***

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| --- | --- | --- | --- |
| **S/N** | **Milestones** | **Percentage** | **Amount** |
| 1 | Contract signing and submission of the inception report, detailing the assessment methodology, work plan, finalized data collection tool, and a detailed plan for the training of the data collectors  | 20% |  |
| 2 | Submission of training report and demonstration of a live dashboard for data visualization | 30% |  |
| 3 | Presentation of preliminary data analysis results, identification of key findings  | 20% |  |
| 4 | Submission of the final comprehensive report, which includes detailed analysis, findings, and raw data | 20% |  |
| 5 | Presentation of final findings to stakeholders (dissemination) | 10% |  |

* **Amendments:** The NPHCDA reserves the right to amend or modify this Terms of Reference at any time, as deemed necessary to achieve the objectives of the project.
* **Procurement Method:** Quality Cost Base Selection (QCBS).