SCHEDULE 1- TERMS OF REFERENCE

Short Term Technical Assistance: Operations Research on PHCs

A. Project Information

Across sub-Saharan Africa, health systems are making slow progress to save the lives of mothers and infants, despite experiences in resource constrained countries demonstrating that maternal mortality can be reduced through the use of effective advocacy, deploying sound evidence to inform and influence public opinion and holding decision makers accountable. Since starting in 2012, Options Consultancy Services Limited (Options)-implemented Evidence for Action (E4A) programme has used a combination of evidence to drive accountability for maternal and new-born health outcomes.

E4A acts as a catalyst for action, using evidence strategically to generate political commitment, strengthen accountability and improve planning and decision making at sub-national and national levels.

Options is a leading global health consultancy established in 1992 as a wholly owned subsidiary of Marie Stopes International. We manage health programmes that ensure vulnerable women and children can access the high-quality health services they need. We work with partners to cocreate and implement locally informed solutions to complex health problems. This includes governments, development partners, NGOs, civil society and health workers. Our programming is flexible, evidence-based and politically informed. We adapt to changing contexts, use data to inform our decisions and ensure our approach is appropriate. Our focus is always on building local skills and systems that last.

B. Background

Nigeria operates a health system which is based on a three-tier structure similar to the structure of governance which operates in three levels– federal, state and local government, each being autonomous and self-regulating; except for few exceptional programmes such as family planning and immunization that are centrally managed by the federal government.

Primary healthcare (PHC) in Nigeria is adjudged to be the weakest link in the health system being unable to provide optimal services to the population, who often bypass the level and seek care at the secondary and tertiary levels for ailments that can easily be addressed at the primary level. Recognizing the strategic importance of PHC to the achievement of universal health coverage, Nigeria government under the Primary Health Care under one Roof (PHCUOR) Strategy is positioned to revamp primary health care in Nigeria. In addition, the Basic Health Care Provision Fund (BHCPF) is channelled towards catalysing more resources to address infrastructure deficits, health personnel and poor service delivery in order to increase access to rural Nigerians. With this approach to strengthening PHCs in Nigeria, PHCs receive funding from multiple sources including the private sector, local governments, and federal government. However it is unclear how these funds are aligned to provision of services, how overlaps in funding of programmes are managed or what level of funding is needed to achieve results.

Without this evidence public officials, budget holders and service providers cannot justify why more funding is needed for the primary health sector, nor determine whether funding is being used to improve primary health care for the population. Furthermore, budget holders do not have the information they need to use the funding available as a strategic lever to maximise access and quality

of primary care services, nor justify an increased budget; just as the civil society do not have the evidence to improve the prioritisation of funding for PHC.

Evidence for Action are seeking to further understand how the programme can translate improvements in resource allocation to better service delivery. We are seeking a consultant, or consultancy who can provide advice on how we can understand the resource landscape at the primary health care level and the entry points for engagement.

C. Purpose of the research

The purpose of this research is to provide information to the Nigerian government, health professional bodies, and CSO advocates on how to ensure more accountable funding of PHCs. Particularly the research will:

- Identify opportunities for increased efficiency and transparency of funding to PHCs for government decision making
- Identify opportunities for sharing information about PHC funding for actors across health system levels (from federal to State, LGA, PHC and community levels)
- Support advocates and health professional bodies to formulate evidence based asks to government on funding MNH at PHC level
- Create awareness among WDCs and PHCs about the funding streams for funding primary healthcare and what funding they can therefore expect.
- Assist health sector partners whose work provide PHC level support, provide informed support to the Nigerian government
- Enhance effectiveness of partner support to governments and advocates to strengthen accountability at the PHC level

The research will focus on answering the following questions:

- What budget lines/programmes should be used to track Primary Health Care? What are the sources and funding flows for each of these?[1]
- Through what schemes do PHCs receive resources (e.g. Free MNCH, DRF, BHCPF, other?) and how do these co-exist? What are the differences between urban/rural facilities in receiving these funds?
- How do facilities manage funding to provide quality services (e.g. who manages the funding, how do they make decisions on how to spend these resources in a way that improves quality of care? what investments do they prioritise? What autonomy do they have on how to spend the resources they receive or is this determined by government? What about other resources such as commodities and equipment) and what guides this process?
- How do PHC facilities track and report back on funding utilisation and service delivery performance?
- For a sample of facilities, what funding is expected v. disbursed to the PHC facility level and how does this affect decision making and the ability to provide services? Where does the funding expected by the facility go?
- What prevents facilities from accessing government funds/resources that they are entitled to?
- How are community members engaged in decision making on the way in which funds are spent or resources (e.g. drugs) are distributed?

[1] Examples of definitions could include those set out here: https://gh.bmj.com/content/4/1/e001497?utm_source=TrendMD&utm_medium=cpc&utm_campaign=BMJ_TrendMD_0

- What approaches can be used to:
    - track what funding reaches the PHC facility and from which sources?
    - track how funding translates into service provision?

D. Scope of Research

There are 4 key outputs from this assignment:

- A one pager, summarising the definition for PHC proposed for Nigeria and the budget lines/programmes this should include
- A slide deck, visualising funding flows for PHC budget lines/programmes through to the level of expenditure (including PHC facility level) and a list of sources of funding for a sampled PHC facility (both in cash and in kind)
- A 6–8-page report answering the above research questions and providing recommendations for the E4A programme to take forward
- An excel based tracking tool template that would enable others to track PHC spending (based on the agreed definition) and how funding translates into service provision

This research will cover 1 state in Nigeria and therefore, the consultant should be clear about how the policy landscape of this state may have affected their findings (e.g. status of implementation of the Primary Health Care Under One Roof strategy). The research should be conducted through a combination of visits to sampled PHC facilities, focus group discussions with facility in charges, key informant interviews with officials from MDAs including the Ministry of Health, State Social Health Insurance Scheme, and the Primary Health Care Board/Agency, Local Government and health providers, and a desk review of secondary quantitative and qualitative financial and epidemiological data.

The consultant will be expected to propose a methodology for approval, prior to commencing field work. This should include iterative data collection, ensuring that findings from the desk review feed into interview protocols for KIIs, FGDs, and areas of observation for facility visits; feeding learnings back into the E4A programme throughout the assignment.

E. Timeline

The study will take place between **25th October- 3rd December 2021**. These dates may vary depending on availability, but any changes will be communicated and agreed with all parties with 1 weeks' notice.

The suggested tasks and timeline for this piece of work are the following. However, please note the research process should be iterative, and consultants are requested to propose their own workplan and order of the research process during the initial engagement with the E4A team. The LoE provided against each task is indicative to provide a guide for the level of inputs required.

Task	Oct	Nov
Briefing calls and engagement with the E4A team	0.5	
Conduct desk review of academic and grey literature, looking at the global evidence base and literature specific to Nigeria on PHC and the policy and financing landscape	2	
Development of one pager, summarising the definition for PHC proposed for Nigeria and the budget lines/progress this should include, as well as the justification and evidence base for this	2	
Development of research methodology proposal including workplan for the assignment	2	
Development of data collection plan and tools	2	

Collection and analysis of secondary qualitative and quantitative data	2	
Review meeting with the E4A team	0.5	
Conduct KIIs and observation visits	6	2
Develop slide deck visualising funding flows for PHC budget lines/programmes through to the level of expenditure (including PHC facility level) and a list of sources of funding for a sampled PHC facility (both in cash and in kind)		1
Use findings to refine interview guides and conduct additional KIIs (based on research methodology)		3
Conduct analysis of the data collected		2
Develop a 6-8 page report answering the above research questions and providing recommendations to the E4A programme		2
Develop an excel based tracking tool template that would enable others to track PHC spending at each level of the health system, based on the definition proposed, and how funding translates into service delivery		1
Hold a debrief meeting with the E4A team		0.5
Total: 28.5 days		

F. Deliverables

The consultant will be paid against the completion and approval of the following deliverables:

Deliverables	
A one pager, summarising the definition for PHC proposed for Nigeria and the budget lines/progress this should include	**10%**
Research methodology proposal including sampling method, proposed KII participants, facilities, and analysis framework	**10%**
A slide deck, visualising funding flows for PHC budget lines/programmes through to the level of expenditure (including PHC facility level) and a list of sources of funding for a sampled PHC facility (both in cash and in kind)	**20%**
A 6-8 page report answering the above research questions and providing recommendations for the E4A programme to take forward; An excel based tracking tool template that would enable others to track PHC spending (based on the agreed definition) and how funding translates into service provision	**60%**
Total	**100%**

The consultant/consultancy will be expected to attend weekly 30minute briefing meetings with the E4A team throughout the assignment. In addition, 3 1-hour review meetings will be held at key points during the assignment, to discuss feedback and agree next steps. Each deliverable will be reviewed by the E4A team and only approved for payment once any requested changes are made.

G. Duration for the assignment

The mission is to be conducted between **25th October-3rd December 2021** for a total of up to **28.5 days** as shown in the table above. Any changes to the timeline will be discussed in advance with E4A Project Director, Marleen Vellekoop < m.vellekoop@options.co.uk> and Programme Manager, Laura Burke <l.burke@options.co.uk>

H. Payments to consultant

The consultancy will be paid based on successful completion of the deliverables as detailed above. An invoice will be submitted and paid upon satisfactory completion of the deliverables signed off by the Senior Health Finance Advisor and Deputy County Lead and agreed with the Country Lead in association with the Programme Manager Laura Burke (l.burke@options.co.uk).

The Consultant will be paid a total of 28.5 days x the consultant's daily rate, based on the submission of finalised approved deliverables.

I. Organisational arrangements

The Consultant will report directly to the Country County Lead, Esther Agbon (e.agbon@options.co.uk). The consultant will also liaise with Laura Burke, Programme Manager on contractual matters.

.