IMMUNIZATION PLUS & MALARIA PROGRESS BY ACCELERATING COVERAGE AND TRANSFORMING SERVICES (IMPACT) PROJECT

TERMS OF REFERENCE FOR INDEPENDENT VERIFICATION AGENT(S) (IVA) TO SUPPORT THE IMPLEMENTATION OF THE IMMUNIZATION PLUS & MALARIA PROGRESS BY ACCELERATING COVERAGE AND TRANSFORMING SERVICES (IMPACT) PROJECT

A. PROJECT BACKGROUND.

Nigeria is ranked 152nd out of 157th on the Human Capital Index (HCI), 154th on child survival index, and has the highest under-five child mortality rate (U5MR) among the lower-middle income countries (LMICs). With 714,000 Nigerian children U5 dying every year, the country is responsible for about 26% of all U5 deaths in sub-Saharan Africa and 13% globally. Hence, reducing U5 mortality in Nigeria is critical for human capital accumulation as well as improved overall health status in the country and in Sub-Saharan Africa.

Not only is Nigeria's U5MR high, it is also very inequitable. Among children in the poorest income quintile, Nigeria's U5MR is the highest in West Africa, twice the rate of Ghana or Senegal. Within Nigeria, children from the poorest quintile die at a rate that is 3.3 times higher than U5MR from the richest quintile. Both in relative and absolute terms, poor children in Nigeria are faring badly.

Most of the burden of childhood illness is easily prevented or treated: Almost 87% of U5MR in Nigeria, excluding neonatal mortality, is due to malaria, pneumonia, diarrhea and three other vaccine-preventable diseases - measles, pertussis, and meningitis. Much of neonatal mortality is due to infections and hypothermia. Additionally, these illnesses can cause disabilities. Malaria for instance can be the reason for hearing loss or deafness, meningitis can lead to intellectual disability and measles can leave a child deaf or with intellectual disability. Fortunately, there are high-impact and cost-effective technologies available to control these diseases, including some new vaccines that prevent diarrhea and pneumonia. These interventions are relatively simple to implement and benefit from strong evidence coming from numerous randomized control trials.

To address this crisis, the Government of Nigeria has committed itself to improve its human capital with the goal of reducing under-five mortality by half by 2030. The IMPACT Project was developed in support of this compelling commitment. IMPACT Project is the first phase of a longer-term multi-phase programmatic approach (MPA), which addresses a key pillar of the human capital index. An MPA is the right approach for addressing under-five mortality because: (i) accomplishing deep reductions in U5MR will require a

continued focus and cannot be achieved during the life of a single operation; (ii) the long term Government and Bank commitment inherent in the MPA approach has already attracted co-financing from diverse sources; (iii) reducing U5MR will require strengthening high-impact priority programs and health systems simultaneously and an MPA will allow both sets of activities to be addressed concurrently; (iv) an MPA allows for a programmatic engagement that can adapt readily to the context; (v) an MPA will facilitate learning lessons that can be more readily incorporated into subsequent phases; and (vi) an MPA provides the structure and rationale for tracking and analyzing data on impact indicators (particularly U5MR) and ensuring that it remains a regular aspect of the policy dialogue.

Nigeria's sluggish recovery from the 2016 economic recession is now faced with yet another shock as the economic impact of the COVID 19 pandemic begins to unravel. The Government relies mainly on oil revenue to finance its budget, including the proposed investments in human capital. Revenue assumptions for the approved FGoN budget for the 2023 fiscal year was premised on a relatively stable market with oil price benchmark at $75 per barrel and an output of 1.8million barrels per day. As of August 2023, oil is priced at $91.8 per barrel in the international market with the attendant removal of fuel subsidy due to a steep fiscal deficit in the economy posing more difficulty in government's ability to finance its human capital agenda.

B. **IMPACT PROJECT COMPONENTS:**

Components:

1. Malaria Control
2. Immunization Plus
3. Knowledge for Change
4. Contingency Emergency Response Component

C. OBJECTIVES OF THE ASSIGNMENT:

i. To independently assess the extent to which the IMPACT project is being implemented at the State level according to the Project Implementation Manual (PIM).

ii. To carry out and coordinate ex-post verification of the quantity and quality of services financed by the NMEP/World Bank and delivered to beneficiaries through participating public health providers.

iii. To conduct counter evaluations performance management of the HFs and the NSA//NGOs

iv. To have a degree of independence such that where disputes arise between NGOs and state PIU, the IVA's data will form the basis for dispute resolution by all parties (SMEP and NGOs).

v. the IVA(s) will deliver services as defined in the scope of services.

D. SCOPE OF WORK:

The selected firm is to work with the National PIU and State PIU team to conduct the following activities in the course of the assignment;

The scope of services for the IVA includes the following:

1. Quality of Care: Every quarter, carry out ex-post verification of the quality of care and quality of supervision by LGA, SMEP staff in 10% random sample of public facilities under the NMEP gateway. This will use the standard quantitative supervisory quality checklist (QSQC) deployed by the NMEP/NPHCDA. This will involve:

(a) identifying certified verifiers/Program officers with the requisite skills.

(b) ensuring verifiers/Program officers are expert at the use of the QSQC.

(c) ensuring the ex-post assessment is carried out within 2 weeks SMEP officials carry out their quarterly assessment.

(d) Analyze the differences between the ex-post QSQC scores and the ex-ante scores and determine if there are substantial differences by facility, supervisor, and by indicator (by percentage point difference).

(e) Provide the results of the analysis to the State Malaria Elimination Programme (SMEP), NMEP**,** the Secretariat of the National Steering Committee (TS-NSC) and the World Bank.

2. Quantity Verification: The IVA will employ the following approaches **to** quantity verification:

(a) review of at least 10% of the data on all claims**)**, at least on a quarterly basis to look for suspicious activities and outliers

((b) ex-post verification of the quantity of services on a quarterly basis using the community client satisfaction survey (CCSS) techniques employed under NSHIP and according to the PIM. This will involve taking a sample of 20% of contracted facilities, visiting the facilities to take a sample of 60 patients. Facilities with suspicious claims

(from the claims review) will be given priority during facility sample selection. The sampled patients will be either telephoned not more than 40% or visited in their homes to determine whether:

(i) the patients exist; (pregnant women and children under 5 years)

(ii) they visited the health facility during the period under review and received the services listed.

(iii) they were satisfied with the care; and

(iv) did not have to pay for any services deemed to be free.

The sample selection will use a mix of random and risk-based approaches.

3. Process Verification: The IVA will take advantage of visits for quality and quantity verification to assess whether the processes in the PIM are actually being implemented. This will include:

(i) whether Long-Lasting Insecticide-treated Nets (LLINs), Artemisinin Combination Therapy (ACTs), Rapid Diagnositic Tests (RDTs), Sulphadoxine-Pyrimethamin (SP), etc for routine distribution have been received at the health facility and are being distributed based on national guidelines.

(ii) if Quality of Care (QOC), Data Quality Assessment (DQA) are being implemented based on national guidelines.

(iii) whether other contractual obligations of NGOs at facilities level (such as capacity building in Case Management and Diagnosis, LMIS, HMIS) are being adhered to.

4. Reporting: The IVA will carry out the data collection, analysis, and report writing in response to the above scope of work. The IVA will be responsible for transparently disseminating the reports widely to various stakeholders. The reports will:

(a) Analyze the differences between the ex-post quantity verification and the claims submitted by the NGOs. The IVA will determine if there are substantial differences by facility, LGA, and by indicator.

(b) determine if there are/ have been additional user-charges levied on patients;

(c) suggest sanctions in keeping with the PIM; etc.

5. The Independent Verification Agent will conduct verification for each NGO using the results of the key surveys (LQAS, SMART and NHFS) and use the agreed algorithm to compute performance of each NGO. The IVA will be responsible for forwarding the results of each NGO's performance to the NMEP who make the results available to each individual state.

6. Carry out such tasks as the NSC reasonably requests to facilitate the successful implementation in the participating states.

E. CAPACITY-BUILDING PROGRAM:

The engaged Independent Verification Agent will evaluate capacity development efforts of the National and States PIUs to strengthen their capacity to effectively deliver on the project by:

a. Determining existing capacity of the National and State PIUs and identify gaps;
b. Ascertaining capacity Building Strategies use and
c. Monitoring and Evaluating Strategy effectiveness of the capacity deploy

F. DELIVERABLES

	Deliverables	**Details**	**When**
	Inception Report	(i) An inception report submitted to the NMEP IMPACT Project	within 30 days of commencement of the services.
	Ex-post quality and quantity CCSS verifications	(i) A summary report of ex-post quality and quantity CCSS verifications detailing results from the random sample of contracted Health Facilities for which the ex-post quality and quantity was carried out. If large discrepancies are found, the report should include proposed penalties by SMEP, NGOs and LGA.	within 7 days after the quarterly assessment by LGA/SMEP.
	Quarterly reports	(i) Quarterly reports to the NMEP IMPACT Project within 30 days of the end of the previous quarter. This should include a. Comparison between ex-post quality and ex-ante quality verification. Results of this analysis should also be provided to the SMEP. b. Comparison between ex-post and ex-ante quantity verification. Results of this analysis should also be provided to the states.	within 30 days of the end of the previous quarter.

		c. Scores from both the SMEP and NMEP Performance framework, alongside given feedback and recommendations.	
	A quarterly briefing note	(i) Briefing note (when applicable) to NMEP copying SMEP detailing services rendered to the patients.	within 14 days of the evaluation
	Annual reports	Annual reports, submitted to NMEP IMPACT Project, copying the participating SMEP. The report will contain, amongst other data, analysis comparing health facility, LGA and indicator performances.	Annual
	An end of project report	An end of project report to NMEP IMPACT Project and copying concerned SMEP, on the summary findings comparing ex-post to ex-ante verification.	Project terminal Year
		All reports are sent to the WB	
		(i) The NMEP will be in charge of follow-up of the activities of IVA.	

G. SELECTION CRITERIA:

Interested firms should provide information demonstrating that they have the required qualifications and relevant experience to perform the services. (To qualify for short-listing, applicants must fulfill the following qualifications criteria:

At least a minimum of 10 years of experience in Health-related discipline, and availability of expertise on public sector human resources management and national/sub-national statistics assignments.

- Experience of working on similar assignments across the country or other similar jurisdictions, including areas such as public procurement, human resources management and national/sub-national statistics.
- At least one successful completed verification results / deliverables in a multi-focused and multi-stakeholder public project similar in scope at national or sub-national levels.
- Good knowledge and understanding of controls within public sectors.
- Proven experience and competence with respect to planning, coordinating and stakeholder management.
- Demonstrated experience in (the) conduct of similar scale assignments in a virtual work environment.

- Proven experience and competence in the design and delivery of training and capacity building activities to the public sector.
- Evidence of strong financial (capability) standing at $1,000,000 (or its Naira equivalent) across the last 3 years
- An IVA will ideally have on its staff a team of highly talented and (competent) individuals with at least:
  a. Project Managers**;** with a medical degree or specialization in public health.
    - Claims specialists**;** with a keen eye for details.
    - M&E/Data Specialists**;** (1 Specialist and 3 M&E Officers – 1 **(**each) per senatorial zone per state
    - Field Managers**;** (3 Officers - 1 per senatorial zone)

Team Composition & Qualification Requirements for the Key Experts

Key Expert 1 – Team leader

• A university degree in Health-related discipline, public administration, business administration or related field from a reputable university

• At least 10 years of experience in working in the health sector. Audit, Budgeting and Public Financial Management in an IT enabled environment will be an added advantage

• Experience (with conducting verification for a performance-based framework is desirable

• Familiarity with public service rules and public financial management operating environment in Nigeria at the Federal level.

• Comprehensive Knowledge and understanding of controls within an IT environment.

Key Expert 2 (M& E/Data Expert)

• A university degree in the Social Sciences, Law, Engineering, Information Technology or related fields from a reputable university

• Minimum of 5 years' experience with demonstrated knowledge of and experience (on) Data analytics

• Proven knowledge and experience on developing sampling methodologies for large scale surveys

• Proven knowledge and experience (in) on questionnaire development, programming, data collection, data quality monitoring and data analysis

• Superior analytical knowledge of large datasets 6

• In-depth knowledge and experience in the use of statistical analysis software (STATA, SPSS)

Key Expert 3 (Field Officer)

• A university degree in the Social Sciences, Law, Engineering, Information Technology or related fields from a reputable university.

• At least 5 years of national or international experience in implementation of public health Intervention

• Knowledge and experience in using computer assisted personal interviewer (CAPI) for large scale surveys/census.

H. INSTITUTIONAL AND ORGANIZATION ARRANGEMENT

The National Project Implementation Unit (NPIU) housed in the NMEP will be in charge of the overall Project implementation. The NMEP will provide specifications for anti-malaria commodities to be procured by the program and be responsible for the procurement of Long-Lasting Insecticide Treated Nets. NMEP will also provide support to States Project Implementation Unit (SPIU) on the recruitment of NGOs.

The NMEP, in collaboration with its partners, will conduct capacity assessments of states. The capacity assessment will inform the capacity development efforts of technical assistance. The National and State PIUs will be headed by a full-time manager to serve as the full-time Project Manager for Malaria component of the IMPACT project.

The NMEP PIU is made up of the following:

1. Program Manager

2. Malaria Case Manager

3. Integrated Vector Management Officer

4. Procurement and Supply Chain Management Specialist

5. Behavior Change Communication Specialist

6. Monitoring and Evaluation (M&E) Specialist

7. Environmental Safeguard Specialist

8. Social Safeguard Specialist

9. Financial Management Specialist

10. Internal Auditor

The above NPIU designations will be replicated in the supported States. SMEP State Project Implementation Unit SMEPs domiciled in the SMoHs will collaborate with SPHCBs within their existing mandates in the provision of primary healthcare treatment and diagnosis of malaria. This collaboration between the two state-level entities will help strengthen management of malaria and other related communicable diseases, including primary healthcare-related preventive services. All other non-primary healthcare-related activities for malaria will be the responsibility of SMEPs with guidance and supervision from the NMEP. SMEPs will also be responsible for contracting NGOs (related to) the Malaria Control Component. The SMEPs will designate a PIU, led by the SMEP program manager, to oversee the malaria activities of the Project.

I. SELECTION METHOD

The (Consulting firm that will serve as Independent Verification Agent) (selection of the Consulting Firm to be engaged as Independent Verification Agent **will be fixed budget selection method in accordance with the procedures specified in the World Bank Procurement Regulations for IPF Borrowers, dated July 2016, revised November 2017, August 2018 and in November 2020, which can be found at the following website: www.worldbank.org.**

J. REPORTING:

The IVA will report to the National Coordinator National Malaria Elimination Programme (NMEP) in the fulfillment of their responsibilities. Copies of all reports and supporting documents submitted to NMEP (should) be made available to the World Bank Task Team

K. DURATION OF THE ASSIGNMENT

The duration of the IVA engagement will be for a twenty-four calendar months (24) period commencing from the date of engagement. Annual renewal of contracts will be based on satisfactory performance. The contract will be included with clearly defined processes and terms for rewards, termination or the imposition of other sanctions (as the need may be).

L. PAYMENT SCHEDULE

▪ 10% of contract value upon submission of Inception Report within 10 days of contract signature

▪ 10% of contract value upon design of verification plan

- 20% of contract price upon submission of final verification Report 1
- 20% of contract price upon submission of final verification Report 2
- 20% of contract price upon submission of final verification Report 3
- 20% of contract price upon submission of final verification Report 4

M. LOCATION:

One (1) successful firms/organizations will be contracted to cover the 6 World Bank-supported IMPACT project States (Abia, Borno, Ekiti, Lagos, Ondo, Rivers). The firm will provide the services in all the supported States listed above, which are currently covered by this IMPACT Project.

WORKING ARRANGEMENT, SERVICES AND FACILITIES TO BE PROVIDED BY THE CLIENT

- No services or facilities will be provided for use of IVA by the Client. However, the Client will facilitate access by IVA to reports, documents, other pertinent information, relevant government personnel, and permissions as needed. Liaison staff will also be identified to work with IVA on the assignment. IVA is expected to provide its own facilities as follows:
- Office space
- Office furnishing and computing/photocopying equipment
- Payment of utility bills

For further enquire please contact.

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Attention: National IMPACT Project Manager, National Malaria Elimination Program

1. Further information can be obtained at the address above during office hours *i.e., 0800 to 1600 hours*] or via telephone: +234 7085100800; +234 8037930920, +234 8146194307