

Scope of Work

1. TITLE OF ASSIGNMENT: TECHNICAL ASSISTANCE TO THE INITIAL ROLL-OUT OF THE COMPREHENSIVE STATE TRAINING PLAN IN EACH OF THE SIX MAPS-SUPPORTED STATES

2. BACKGROUND

Malaria is a major cause of morbidity and mortality in Nigeria, directly contributing to poverty, low productivity, and reduced school attendance. The mosquito-borne illness causes over 100 million clinical cases every year. It accounts for about 60% of all outpatient attendances and 30% of all hospital admissions and is responsible for an annual death of 300,000 children under 5 years as well as 11% of maternal mortality cases reported each year (Federal Ministry of Health, 2008¹). In children, malaria is responsible for 25% of all infant-related mortality and 30% of child-related mortality.

The Government of Nigeria has adopted a proven malaria control strategy that includes protection against mosquito bites, prompt treatment of malaria cases, and the provision of intermittent preventive therapy (IPT) to pregnant women. At the same time, there is a concerted effort to strengthen the capacity and management systems of the NMCP. However, many structural and behavioral barriers prevent the effective implementation of this national strategy.

The USAID-funded 'Malaria Action Program for States' (MAPS) is a 5-year (2010–2015) comprehensive malaria program to increase coverage and use of life-saving malaria interventions in support of the Nigeria National Malaria Strategic Plan and the NMCP. MAPS is also tasked with increasing the quality, access, and uptake of the identified malaria prevention and control interventions in Nigeria by helping to implement and scale-up these interventions in 7 focal States. Three of the States, Cross River, Nasarawa and Zamfara were selected for project implementation at the onset of the MAPS project. A second set of three States, Benue, Ebonyi and Oyo, were selected at the end of the first year. MAPS will also support the strengthening of program management, and monitoring and evaluation capacity at both the national and State levels.

Some MAPS activities will judiciously fill a gap in situations where other programs are operating. New initiatives will be developed with local counterparts as true partners, helping design, implement, supervise, and evaluate activities that they will own and can gradually take over. Practical hands-on training based on needs assessments will provide health personnel with skills and knowledge while the system-strengthening component will help the government system at all levels to adapt in order to support key interventions. The need for rapid impact will be balanced with the need to build stronger institutions and systems.

¹ National Malaria Control Strategic Plan 2009-2013, FMOH

The MAPS project includes five intermediate results (IRs) which feed into the strategic objective and show a direct link to changes attributable to the project activities. These are:

- IR1: Increased access to malaria prevention interventions
- IR2: Improved malaria diagnosis and treatment services
- IR3: Increased awareness, knowledge of malaria prevention and treatment services
- IR4: Improved capacity for malaria program management at the State and local government levels
- IR5: Strengthened management information systems for malaria at facility, local government, State and national levels

As part of the start-up activities, the MAPS team worked with the NMCP and the State Malaria Control Program (SMCPs) in the three first phase States to conduct a situation analysis from June to August 2011. A similar smaller-scale exercise is taking place in the second phase States. From this analysis, the State level stakeholders and the MAPS team have an overview of the successes and challenges facing the malaria control programs in these States. The comprehensive situation analysis identified many areas where capacity is limited and provides recommendations for improvement. These include:

- Generating awareness of relevant National Policies, Strategies and Guidelines for malaria prevention and control, and supporting their adaptation and utilization at State level, Local Government Authority (LGA) level and service delivery points (SDPs).
- Updating relevant guidelines and distributing copies of the new guidelines to each SDP.
- Updating pre-service training curricula and providing in-service training; using the training modules developed by NMCP and the Support to the National Malaria Program (SuNMaP).
- Building capacity for Advocacy, Communication and Social Mobilization (ACSM) and Behavior Change Communication (BCC) activities at the State, LGA and SDPs levels.
- Enhancing management capacity of malaria prevention and control by restructuring the composition and skill mix of the SMCP Teams and building their capacity in line with NMCP guidelines.
- Developing capacity at all levels for planning, implementation, supervision and review of malaria programs.
- Strengthening budgeting processes as well as advocacy for the timely release of funds.
- Reviewing Supply Chain Systems for malaria drugs and commodities to address areas of weakness.

It is clear from these recommendations that the needs identified in capacity building cut across all IR areas and, thus, will require inputs from, and coordination across, the entire program. To be effective, capacity building efforts must go beyond the traditional methods of organizing training events and employ multi-pronged techniques and approaches including coaching, mentoring, on-the-job training, off-site in-depth training, improved use of job aids and readily available guidelines, and hands-on support through Integrated Supportive Supervision. Capacity building strategies must take cognisance of the context, divergences, peculiarities and priorities of the intended beneficiaries. This means that there cannot be a one-size-fit-all approach, thus stakeholder participation and ownership of the process imperative for the achievement of programme objectives and sustainability.

In summary, the MAPS capacity building approach is a people-centred, pragmatic and focused approach that goes beyond training to improve the knowledge, skills and practices of program managers and health care providers. It strengthens organizational capacity to implement effective and sustained malaria control within the health system.

3. DESCRIPTION OF THE ASSIGNMENT

3.1. Beneficiary (ies)

The intended direct beneficiaries of this work include:

- staff of the NMCP
- State MCPs of the MAPS-supported States. State training of health managers at state level is for SMOH, secondary and tertiary health facilities
- key malaria officials in the Local Government Authorities (LGAs) of each State, and health managers of facilities providing malaria prevention and treatment. LGA level training is aimed at PHC and primary health facilities.

The indirect beneficiaries are the general population in those States who will receive more effective malaria-related care.

3.2. Rationale

With support from SuNMaP (another Malaria Control program supported by UK Aid/DFID), the National Malaria Control Program has developed a capacity building training package to address two overarching themes of program management and service delivery. The package includes 14 modules (as outlined in the table below) developed through utilizing, re-aligning, re-working and updating existing materials and developing new ones where necessary. MAPS will continue and expand the process of scaling up the use of this package across Nigeria.

Table 1: NMCP Capacity Building training package

S/N	Training Modules	Target audience
Malaria Case Management (MCM) – NOT INCLUDED IN THIS SCOPE OF WORK		
1	Case management (diagnosis and treatment) of uncomplicated malaria	Hospitals
2	Malaria in pregnancy	Hospitals / Primary Health Care (PHC)
3	Parasitological-based malaria diagnosis and quality control in the laboratory	Hospitals / PHC
4	Malaria prevention (LLINs, IPT, IRS & IVM)	Hospitals / PHC
5	Case management (diagnosis and treatment)	PHC
6	Case management community care givers	CCGs
7	Case management PMV	PMVs
Management of Malaria Control (MMC)		
8.	Accounting and financial management	Hospitals / PHC
9	Procurement and supply chain management	NMCP/SMCP/LGA/Facility
10	Programme Planning and budgeting	NMCP/SMCP/LGA/Facility
11	General Management	NMCP/SMCP/LGA/Facility
12	Integrated Support and Supervision and on-the-job capacity building	NMCP/SMCP/LGA/Facility

S/N	Training Modules	Target audience
13	Monitoring and Evaluation	NMCP/SMCP/LGA/Facility
14	Communication module	Incorporated into all the service delivery and program management modules

In order to kick-start the process and commence some specific activities which have already been identified by the NMCP and partners as essential components of a comprehensive capacity building approach, MAPS is supporting the development of a comprehensive costed State training plan in each of the six MAPS-supported States in relation to improved management of malaria control (MMC) and improved malaria case management (MCM). While initially training is a focus of the capacity building activities, it is embedded from the start in a wider context of capacity building as described above, and is complemented by strengthening of other essential elements of a functional health system (particularly logistics and supply chain management). Once this plan is in place, MAPS will then support the States to commence roll out of the capacity building activities.

This Scope of Work (SOW) intends to provide technical support to the initial roll-out during 2012 of the comprehensive State training plan in each of the six MAPS-supported States in relation to improved management of malaria control (MMC). MAPS will follow the process initiated in the SuNMaP program and adopted by the NMCP.

3.3. General objective

The overall objective of the SOW is to assist the six MAPS-supported States to strengthen their capacity in the management of malaria control. The Management of Malaria Control (MMC) is for health care managers (state managers in health and of health programs, heads of '1^o, 2^o and 3^o' health facilities etc). As outlined above, the content of the MMC modules is specifically tailored to train health managers at the various levels on general management, planning and budgeting, M&E, supervision, etc., as well as provide focused training in M&E, etc.

3.4. Specific objectives and activities

Specific objectives

- Provide technical support to the NMCP to conduct a National level training of trainers (ToT) on management of malaria control in order to boost the number of national trainers available to support State level training.
- Provide technical assistance to support the SMCPs in each State to conduct State level ToT on management of malaria control.
- Provide technical support the SMCPs in each State to conduct a State level Executive Management orientation workshop on management of malaria control.
- Provide technical support to commence implementation/roll-out of training/other capacity development events at State and LGA level as defined in the State plans using the NMCP modules in program management.

As summarised in the table below, the following trainings are anticipated:

- a. 1 National level training of trainers (ToT) on management of malaria control
- b. A minimum of one State-level ToT on management of malaria control per State in the six States
- c. A minimum of one Executive Management orientation workshop on management of malaria control per State in the six States.

The following roll-out of training are anticipated

- d. implementation/roll-out of training of Health Managers for 60 State level personnel per State in Nasawara, Zamfara and Cross River and 160 in total in the Ebonyi, Benue and Oyo States
- e. implementation/roll-out of training of Health Managers at LGA level so that at least 160 personnel are trained per State in Nasawara, Zamfara and Cross River and 60 per State in each of the 3 new States, Ebonyi, Benue and Oyo.

Summary of training activities anticipated

Training	Duration	Location	Participants	Consultants
National level training of trainers (ToT) on management of malaria control	One 7-day event	Abuja - residential	40 participants	1 coordinating consultant, 4 national consultant trainers (13 days each including preparatory meetings, training and report writing).
State level training of trainers (ToT) on management of malaria control	One 6-day event per state in 6 states	In each of the six states - residential	40 participants	1 coordinating consultant, 3 National consultant trainers (11 days each per event including preparatory meetings, training and report writing).
State level Executive Mgt orientation workshop on management of malaria control	Two 3-day workshops per state	In each of the six states - residential	40 participants	1 coordinating consultant and 4 national training consultants per state (6 days each per event)
State level training of health managers	<u>CR, NSR, Zamfara States</u> Two 3-day events per state (6 in total) <u>Ebonyi, Benue and Obo States:</u> Four 3-day events (4 in total)	States - residential	30 participants	4 National consultants for 6 days each per event.
LGA level training of health managers	<u>In CR, NSR, Zamfara States</u> Four 3-day events per state (12 in total) <u>Ebonyi, Benue and Obo States:</u> Two 3-day events per state in 3 new states (6 in total).	LGA - non-residential	30 participants	4 National consultants for 6 days each per event.

3.5. Requested services, including suggested methodology

As there are many stakeholders in this process, it is important for everyone to understand the roles of each key player.

The role of the National Malaria Control Programme

The NMCP will provide the national backing for, and lead the process of rolling out, the program management modules of the harmonized training & support materials for strengthening capacity for malaria control in the MAPS-supported States.

The role of State Ministry of Health/State Malaria Control Programme

1. Overall management of all malaria control training activities in the state.
2. Oversight and coordination to ensure that all stakeholders and partners in the State buy in to the detailed, costed State Training and Operational Plans.
3. Ensure that the roll-out process is consistent with the detailed, costed State Training Roll-out Plan.
4. Lead in the development of micro-plans for the State roll out.
5. Provide all necessary inputs into the planning and implementation process.
6. Commence the development of a State database of State trainers for the new harmonized training and support materials for strengthening capacity for malaria control in Nigeria.
7. Facilitate access to public / private health workers and officials involved in malaria control across the State.
8. Identify suitable economical training sites.
9. Adopt the Program Management Modules of the Harmonized Training & Support Materials for all subsequent training events to strengthen the management capacity of health providers and officials in malaria control.
10. Mobilize additional resources from various sectors, tiers of government, partners and implementing agencies to facilitate the implementation of those aspects of the training plan that exceed the limited resources of MAPS.
11. Support the compilation of achievements in relation to the capacity building efforts to feed into the review of State malaria control program activities.

The role of Malaria Action Program for States (MAPS)

1. Organize all logistics arrangements for each training event. Pay for venues, accommodation, participants' per diems and travel costs where applicable.
2. Ensure the availability of the training materials (i.e. the curriculum, manuals and selected program management modules) of the harmonised training and support materials for strengthening capacity for malaria control in the State.
3. Support the State malaria control programmes in the development of micro plans for the State roll-out.
4. Support the State in the identification of potential State trainers and other resources for training roll-out.
5. Provide technical support to the roll-out of program management training across all local government areas within the State.
6. Facilitate the feedback process to NMCP on the content of the harmonised training materials as well as the process of rolling out the program management modules in the States.
7. In the course of supporting the roll-out process, seize the opportunity to further strengthen the planning and management capacity of the SMCP officials on-the-job and reinforce State ownership of the roll out process.

The role of the Nigerian Consultants

Federal level tasks

- Participate to a briefing meeting with the MAPS Abuja team.
- Discuss and agree on each State assignment schedule and dates with the MAPS team in Abuja and the State representatives.
- Review available documentation (including the training plans, the three situation analysis reports and the ISS reports from Cross River, Nasarawa and Zamfara States), tools, and relevant literature so as to:
 - i. familiarize with the MAPS capacity building strategic approach and the cross-cutting issues across all IRs;
 - ii. understand the experiences gained in SuNMaP and embedded into the NMCP approach which can be supported by MAPS;
 - iii. gain a clear understanding of the concept behind the harmonization of capacity building materials (framework, curriculum, training manuals and modules) for malaria; and
 - iv. be guided by these as the backdrop against which to support the roll-out process and make full use of existing resources.
- Provide technical support to the NMCP in organizing and running National level ToT so that at least 25 National trainers are trained.

State level tasks

- Provide technical support to the States in organizing and running the State level ToTs so that at least 30 State trainers are trained per State.
- Provide technical support to the States in organizing and running the State level Executive Management orientation workshop on management of malaria control for at least 60 State-level management personnel per State.
- Provide technical assistance to the commencement of implementation/roll-out of training of Health Managers for 60 State level personnel per State in Nasawara, Zamfara and Cross River and 160 in total in the Ebonyi, Benue and Oyo States

LGA level tasks

- Support the commencement of implementation/roll-out of training of Health Managers at LGA level so that at least 160 personnel are trained per State in Nasawara, Zamfara and Cross River and 60 per State in each of the 3 new States, Ebonyi, Benue and Oyo.

3.6. Required outputs/Deliverables

- An assignment schedule with dates agreed with the States and the MAPS team in Abuja
- At least 25 additional Master (National level) trainers trained on the Management Modules for Strengthening Capacity for Malaria Control
- At least 30 State trainers for each State trained on the Management Modules for Strengthening Capacity for Malaria Control (total = 180)
- At least 60 State level management personnel per State oriented on Management for Malaria Control (total = 360)
- At least 60 State level personnel per State in 3 first phase States and 160 in total in the 3 new States trained on the Management Modules for Strengthening Capacity for Malaria Control (total = 340)

- At least 160 personnel trained per State in the 3 first phase States and 60 per State in each of the 3 new States at LGA level on the Management Modules for Strengthening Capacity for Malaria Control (total = 660)
- Reports on the technical support process for each stage and each State

3.7. Reports

- Separate reports (no longer than 10 pages excluding annexes) using the MAPS report writing format are to be produced as follows:
 - One for the National level ToT
 - One for each State on each State training conducted, including
 - One for the State level ToT
 - One for the State level orientation
 - One for each State level MMC training
 - One for each LGA level MMC training
- Timeline for submission – reports should be submitted to the MAPS office no later than 5 working days after the completion of each individual assignment.
- Contact persons for submission – Dr Veronica Momoh (veroiyamabo@yahoo.com), Capacity Building Advisor, MAPS
- Response period
 - Draft reports submitted to MAPS will be evaluated by MAPS and returned back for finalization within eight working days of receipt for requested changes (as applicable).
 - Final reports must be submitted within five working days of receipt of comments on each report

4. EXPERTS PROFILES

4.1. Staffing requirements

One Coordinating consultant and National consultants as outlined in the table above. Given that some training will take place simultaneously while other trainings will be spread over several weeks, the number of National consultants can be decided once the timeline is developed in order to make the best use of consultants' expertise and experience in the States.

4.2. Profile required

Coordinating consultant

- Extensive experience of capacity building processes in health in developing countries (10 plus years).
- Extensive experience in working with government and health officials on capacity building and training in malaria prevention and control.
- In-depth knowledge of the NMCP capacity building package for program management.
- Good knowledge of the NMCP and Nigerian health system.
- Excellent facilitation skills.
- Excellent writing skills.

National consultants:

- Previous consultancy experience and expertise in malaria.
- Skills in capacity building/systems strengthening in malaria program management.
- In-depth knowledge of the NMCP capacity building package for program management.
- Team players with strong participatory, facilitative and organizational skills.
- Previous experience of working in/with the various levels of health care (Federal, State, LGA and health facility) and sound knowledge of the structure and organizational set up of Nigeria's health system.
- Practical experience in the development and successful implementation of health systems.
- Good report writing skills.
- Adequate computer literacy skills.

5. LOCATION AND DURATION

5.1. Implementation timeframe

A start date of early March 2012 is envisaged with an expected duration of seven months (Mar-Sept 2012) to cover all six States.

5.2. Planning: Indicative timetable of activities:

Date of commencement/Duration	Task	Input (or Output)
Early March	Briefing and review meeting with MAPS team	An assignment schedule
Mid March	National ToT	25 Master (National level) trainers
TBC for each State	State ToT	At least 30 State trainers for each State
TBC for each State	State Orientation of management personnel	At least 60 State level management personnel per State oriented
TBC for each State	State training on the Management Modules for Strengthening Capacity for Malaria Control	At least 60 State level personnel per State in 3 first phase States and 160 in total in the 3 new States trained
TBC for each State	LGA training on the Management Modules for Strengthening Capacity for Malaria Control	At least 160 personnel trained per State in the 3 first phase States and 60 per State in each of the 3 new States at LGA level

5.3. Location(s) of assignment – Abuja for initial briefing and review meeting, and each of the six States for all other activities