

## Job description

<b>Job title</b>	BHCPF Advocacy and Accountability Officer, Jigawa
<b>Programme</b>	Lafiya
<b>Post holder</b>	Vacant
<b>Reporting to</b>	Jigawa State BHCPF Coordinator
<b>Responsible for</b>	N/A
<b>Liaison with</b>	Lafiya Programme Team, particularly the Advocacy and Accountability Coordinator
<b>Hours</b>	35
<b>Type of contract</b>	6 months up to 31 <sup>st</sup> March 2021 (with possibility of extension)
<b>Organisation and programme</b>	
<p>Options Consultancy Services Limited was established in 1992 and is a wholly owned subsidiary of Marie Stopes International. We are a consultancy organisation providing technical and management expertise in the health and social sectors to governments and international development partners to transform the health of women and children. We provide information, expertise and influence to governments, health workers, NGOs and businesses to catalyse change so that health services can be accessed by the people who need them most.</p> <p>Options ensures high quality delivery of a considerable portfolio of health and nutrition programmes on behalf of a variety of clients, globally. We work with partners to strengthen all the health systems building blocks, often focussed on improving sexual, reproductive, maternal, new-born, child and adolescent health (RMNCAH) and nutrition. Evidence, accountability and social change are important elements of our work.</p> <p>Options is a core partner of the consortium delivering the Foreign Commonwealth and Development Office (FCDO) Support for Health in Nigeria - Lafiya contract, led by Palladium. Lafiya is delivered at federal level, and with a focus on targeted states (Borno, Jigawa, Kaduna, Kano and Yobe). The programme will run for an initial term of up to 7 years from February 2020 to finish by January 2027 (subject to availability of funding and approvals).</p> <p>The objective of Lafiya is to improve health outcomes for the poorest and most vulnerable in Nigeria through the following interlinked outcomes (1) increased resources invested in health, and prioritisation of health by the Government of Nigeria (through civil society advocacy on human capital, community accountability for health; and use of data to inform government prioritisation of health); (2) improving effectiveness and efficiency of public and private basic health services (through health system strengthening, and working with the private sector to improve delivery of affordable health services for the poorest populations); and (3) increasing the modern contraceptive prevalence rate (through addressing social norms, demographic impact analysis, and support to family planning demand creation and delivery of services).</p> <p>These outcomes will be achieved through a “joined-up, One-Team” delivery of the following outputs:</p> <ol style="list-style-type: none"> <li>Output 1 “Advocacy &amp; Accountability”: Increased demand for affordable basic health services through community accountability, and increased prioritisation of human capital (health, education, nutrition, WASH) through civil society advocacy</li> </ol>	

- ii. Output 2 “Data for delivery / health prioritisation”: Improved awareness and prioritisation by senior leadership in Government of Nigeria, using data in line with a “delivery-type” approach
- iii. Output 3 “Technical Assistance to maximise Government of Nigeria resources and efficiency”: Improved efficiency of existing resources for delivery of health services
- iv. Output 4 “Private sector”: Improved effectiveness of private sector in delivering affordable basic health services
- v. Output 5 “Demographics and Family Planning”: Supporting family planning services through demand creation and addressing social norms/behaviour change including analysis and communication of the wider impact of demographics.

## Background

Nigeria currently ranks among the lowest in the world for public spending on health. Current health expenditure as a percentage of GDP has remained persistently low remaining between 3.34% and 3.75% between 2015 to 2017, and Government spending on health as a percentage of GDP was only at 0.53% in 2017. Many people in Nigeria suffer from catastrophic expenditures, with out-of-pocket (OOP) expenditure accounting for 77% of current health expenditure<sup>1</sup>. Available evidence demonstrates Nigeria’s poor universal health coverage (UHC) and human capital performance, being among the lowest scoring countries on the UHC service coverage index and 2019 global human capital index. These patterns of health financing are inconsistent with Nigeria’s income level, and lag significantly compared to other African countries.

The Government of Nigeria has made significant efforts to improve public investment in health, notably establishing the Basic Health Care Provision Fund (BHCPF), financed through 1% of the Consolidated Revenue Fund (CRF) as well as from donors and state governments. The BHCPF is designed to ensure that all citizens receive basic health services free of charge, advancing Nigeria’s progress towards UHC. Despite these efforts, significant challenges remain in the implementation of the BHCPF at the state level. Many states are yet to meet the criteria for release of BHCPF funds and there have been delays in implementation of BHCPF operational guidelines. As at end of 2019, sixteen out of 36 states and FCT have met all the eligibility criteria. From among the Lafiya states Kano and Kaduna received funding through the NPHCDA gateway and Kano, Kaduna and Yobe received funding through the NHIS gateway.

The economic impact of COVID-19 has further threatened investment in health: reduced revenue has led to the BHCPF budget being reduced by 42.6% and both federal and state governments have had to revise and reprioritise their planned spending for the coming year.

A Political Economy Analysis (PEA) has been conducted in the five Lafiya states and the federal level to identify strategic advocacy opportunities to improve public investment in health, including through the BHCPF. A capacity assessment of WDCs was also carried out across each of the five Lafiya states. This included an assessment of the extent to which WDCs understand and have engaged in BHCPF implementation. Following this, a WDC capacity development plan has been developed and this will be implemented with support from a team of capacity building advisors across each of the states. Finally, there is work underway to agree on the most effective communication strategies to sensitise citizens on their health entitlements relating to BHCPF, including through WDCs.

Lafiya will work with champions in government, civil society organisations and Ward Development Committees to support implementation of the BHCPF. This will include working with WDCs to strengthen awareness among citizens about their entitlements under BHCPF so that there is an increase in demand for the basic minimum package of care. It will also include targeted advocacy to the state government to ensure that the criteria for accessing funds are in place and that allocated funds are effectively spent.

## Purpose of role

The role of the position is to provide support to the State BHCPF team and lead on advocacy and accountability activities in support of BHCPF implementation. This will involve providing support and guidance at the State and at LGA levels.

The post is based in Jigawa State with possible travel within Nigeria, as agreed with their line manager.

The postholder will be expected to liaise routinely with the Lafiya federal and state teams, and Options' colleagues to agree on the precise approaches to be used.

As part of this role, the post-holder will facilitate and lead on agreed advocacy and accountability initiatives and approaches to facilitate BHCPF implementation. They will provide strategic guidance to WDCs on their role in facilitating BHCPF implementation and accountability, including sensitising them on health entitlements relating to BHCPF. In collaboration with the WDC capacity building advisors, the Coordinator on BHCPF Advocacy implementation will facilitate capacity building on BHCPF, their roles and responsibilities in facilitating implementation, tracking and reporting. The post-holder will also provide oversight to the CSOs/SLAMs and WDCs for effective and efficient performance as an accountability platform on BHCPF. Finally, they will support identification of key advocacy and accountability priorities to strengthen accountability for BHCPF implementation at State, LGA and community level.

## Main duties

### **Provide coordination and guidance on advocacy and accountability initiatives on BHCPF.**

- Facilitate the implementation of prioritised activities around advocacy and accountability for BHCPF as agreed with stakeholders and in line with the Lafiya implementation strategy and year one workplan
- In collaboration with the communication advisor, facilitate effective communication of health entitlements and rights to the community relating to BHCPF.

### **Support the design and implementation of communication strategies to increase awareness of health entitlements at the community level to increase demand for a basic package of health services**

- In collaboration with SMOH, SPHCDA, SHIA and LGAs, support the design and implementation of strategies to sensitise citizens on their health entitlements relating to BHCPF

### **Provide technical support to the WDC capacity building advisors to ensure clear and consistent messaging relating to BHCPF implementation**

- Develop training resources on the role of WDCs in BHCPF implementation to be rolled out by WDC capacity building advisors
- Support the development of communication resources to be used by WDCs to support community sensitisation on health entitlements in line with the health entitlement communications strategy

### **Drawing on the findings of the health investment PEA, support SLAMs and civil society coalitions to design and implement effective advocacy strategies in support of BHCPF implementation at the state level**

- Support CSOs and SLAMs to track progress and hold the state government accountable for BHCPF implementation

**Amplify demand from Civil Society, SLAMs, WDCs for faster implementation of BHCPF alongside the COVID-19 response in order to increase access to the basic health care package.**

- Track implementation of BHCPF at the State, LGA and facility level to address COVID-19 disruption to essential services at the PHC level
- Provide strategic support to the accountability platforms such as SLAMs/CSO situation room/WDCs for effective advocacy on identified issues/challenges

**Support documentation and learning at State, LGA and community level**

- Develop monthly and quarterly reports as required for program documentation and learning
- Identify and share lessons to feed into the Lafiya programme knowledge and learning platform
- Track BHCPF implementation across LGAs for effective mentoring and reporting

Note: this job description reflects the present requirements of the post. As duties and responsibilities change and develop the job description will be reviewed and be subject to amendment in consultation with the job holder.

<b>Signed by:</b>	<b>Date:</b>
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## Person specification

Criteria	Essential	Desirable
<b>Qualifications</b>		
An MSc or relevant qualification or related comparable experience in health economics, public health, health financing, social sciences or in a relevant field.	✓	
<b>Experience</b>		
At least 5 years of relevant experience of working on health systems strengthening/health care financing, in Nigeria including practical/demonstrable experience in advocacy and accountability interventions/strategies.	✓	
Experience and understanding of the PHC system, and the BHCPF including workshop facilitation, data collection, analysis, and report writing	✓	
Previous working experience with DFID and/or other international agencies.	✓	
Experience of developing strong relationships with government officials within health and finance authorities at national, State and LGA level and with civil society organisations in Nigeria	✓	
Experience of developing the capacity of counterparts/institutions including government officials, community structures and civil society organisations	✓	
<b>Skills and attributes</b>		

Excellent interpersonal, written, and oral communication skills in English required, working knowledge of Hausa and other local languages preferred	✓	
Technical specialism in advocacy and accountability or other related area	✓	
Knowledge about the Nigerian health system at the local, state and federal level	✓	
Ability to design training materials for a diverse range of audiences	✓	
Proven ability to network and manage relationships with clients, consultants and technical resource persons	✓	
Self-starter as well as good team-worker	✓	
Demonstrated ability to contribute to technical delivery of programmes.	✓	
Demonstrated interpersonal skills that enables effective team building and problem solving.	✓	
Demonstrated ability to contribute to technical reporting and strategic development		✓
<b>Other Requirements</b>		
Commitment to Equal Opportunities	✓	
First-hand experience of FCDO policies and programming.		✓
Right to live and work in Nigeria	✓	