

## TERMS OF REFERENCE

### STATE LED ACCOUNTABILITY MECHANISM (SLAM) AND WARD DEVELOPMENT COMMITTEE (WDC) CAPACITY ASSESSMENT AND DEVELOPMENT PLAN FOR BORNO CONSULTANCY

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#### Lafiya Programme

Activity code:	
Date of Draft: 11 June 2020	<p>Consultant(s) Reporting to <i>[person within programme to coordinate the task]:</i></p> <p>Ashiru Hamza Mohammad (Lafiya Programme Accountability Expert)</p>
Decision Date: 11 June 2020	<p>Responsible for Sign-off of SoW/ToRs <i>[person within programme to sign-off ToRs]:</i></p> <p>Regina Afiemo (Lafiya Programme Outcome-1 Lead)</p>
SOW Status: For Approval	<p>Person responsible for Quality Assurance (QA) and technical sign-off <i>[on completion of task by consultant(s)]:</i></p> <p>Regina Afiemo (Lafiya Programme Outcome-1 Lead)</p>

#### 1. Background and Purpose of Assignment

The UK Department of International Development (DFID) appointed Palladium as the Supplier to deliver the UK Support for Health in Nigeria - Lafiya contract. Lafiya will be delivered at federal level, as well as with a focus on targeted states (Borno, Jigawa, Kaduna, Kano and Yobe) with activities tailored for each specific state instead of a “one size fits all” approach. 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 other approvals by the Client). The objective of the Lafiya contract 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 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) reducing total fertility rate (through addressing social norms, demographic impact analysis, and support to

family planning demand creation and delivery of services). These outcomes will be achieved through a “**joined-up, One-Team**” delivery of the following outputs:

- i. Output 1 “Advocacy & 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
- 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.

## 2. Options Consultancy Services Limited

As a member of the Lafiya consortium, Options Consultancy Services (Options) will provide support to advocacy and accountability approaches which aim to raise the human capital profile at federal and state levels and increase prioritisation of health, through increased domestic funding for the sector. These approaches will contribute to improved human capital outcomes (health, nutrition, WASH and education) at federal level and in targeted states.

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.

## 3. Background

Accountability and transparency processes can have a positive impact on services<sup>1</sup>. In Nigeria, one of the ways this is being done is by linking providers and users directly (through dialogue and negotiation) and promoting accountability as a mechanism to improve health services.<sup>2</sup> The UK Aid funded Maternal, Newborn and Child Health Programme (MNCH2), supported the establishment of State-Led Accountability Mechanisms (SLAMs) in Kano, Yobe, Jigawa and Kaduna. These structures bring together civil society and community groups, health professional bodies and unions, the media, MoH representatives, health services management board and others who have a vested interest in improving maternal and newborn health. The SLAMs have successfully used evidence to support advocacy, accountability and tracking efforts, and improve maternal and newborn child health outcomes. Lafiya is reengaging with the SLAMs in Kano, Yobe, Jigawa and Kaduna, and will support the mechanisms to expand their scope with a greater focus on advocacy and accountability for increased prioritization and funding for health and other human capital development investments by the Government of Nigeria. This will include strengthening civil society involvement in accountability for the Basic Health Care Provision Fund (BHCPF) and in advocating for the improvement in public investment for health towards attainment of UHC.

In 1992, the WHO recommended that “community mobilization would be more effective if the boundaries of the health district are the same as the electoral ward (10,000 to 30000 people) which elects a councilor to the Local Government Areas (LGA)”. Therefore, in December 2000, the Federal Government of Nigeria revitalized

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<sup>1</sup> Joshi A. Do they work? Assessing the impact of transparency and accountability initiatives in service delivery. *Dev Policy Rev* 2013;31(S1):S29–48.

<sup>2</sup> Garba, A., Bandali, S., The Nigeria Independent Accountability Mechanism for maternal, newborn and child health. *International Journal of Gynecology and Obstetrics* 2014; 127; 113-116

Primary Health Care by introducing the Ward Health System. Ward Development Committees were instituted by the National Primary Health Care Development Agency (NPHCDA) to provide a formal channel through which health facilities, LGAs, and the state can be held to account for their performance, recognizing the critical role of community participation in PHC management and sustainability<sup>3</sup>. The role of the WDC in strengthening primary health care is also recognized in the BHCPF. However, there continues to be an absence of functional WDCs in many Nigerian communities, hindering the role that they can play in contributing to the effectiveness of the PHC system.

#### **4. Purpose and Objectives of the assignment**

The overall purpose of this assignment is twofold:

- 1) To assess the capacity of a sample of WDCs and propose a capacity development plan to address identified gaps.
- 2) To help establish a State Led Accountability Mechanism in Borno and assist in the development of capacity development plans to ensure it is able to succeed in advocating and holding government to account on health and broader human capital development outcomes.

The consultancy will provide Lafiya and other key actors with a deeper understanding of the level of knowledge and functionality of WDCs, establish a SLAM in Borno and provide recommendations on addressing knowledge and capacity gaps in collaboration with relevant stakeholders. The assignment will be used to provide a baseline on levels of capacity and functionality of WDCs and the newly established SLAM and will inform programme interventions to strengthen the SLAM and WDCs in advocacy and accountability on prioritisation of health investment for human capital development.

The consultancy, which will comprise of one Lead Consultant and two National Experts and will have two main components under which there are specific tasks and activities.

##### **1. WDCs**

- a. Desk review- identify and review assessments previously conducted with WDCs (such as relevant assessments undertaken by PERL) in Borno state
- b. Apply the sampling strategy to the state and work with the Accountability & Advocacy Coordinator and wider Lafiya team to determine which WDCs are part of the sample.
- c. Tailor and apply a capacity assessment tool for the sampled WDCs. This will include facilitating the capacity assessment exercise, documenting responses and agreeing scores
- d. Developing one capacity development plan for the WDCs in the state, including detailing how support can be phased to ensure the weakest WDCs are targeted first. These plans should be based on the capacity assessment tool findings.

##### **2. SLAM**

- a. Desk review – review relevant documents and assessments on the overall purpose, composition and ways of working for SLAMs in other states. Identify and review any documents around similar multi-stakeholder mechanisms in Borno (including ones that may no longer exist)
- b. Work with the Accountability Coordinator, State Team Lead and wider Lafiya team to conduct a scoping exercise to identify how a SLAM might work in Borno state and who should be invited as a member. This will include a scoping exercise of relevant civil society organisations, government stakeholders, and representatives from the media and professional bodies.
- c. Facilitate necessary meetings to inaugurate the SLAM in Borno. This will include meetings with the SLAM membership to identify objectives, terms of reference and workplans.
- d. Tailor and apply a capacity assessment tool for the SLAM to provide a baseline of current knowledge and skills within its membership. This will include facilitating the assessment exercise, documenting responses and agreeing scores.

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<sup>3</sup> Abosede, O.A et al. Establishing a sustainable ward health system in Nigeria: are key implementers well informed? Journal of Community Med Health Educ; 2012; 2(7)

- e. Develop a capacity development plan for the SLAM, including how support can be phased. This plan should be based on the capacity assessment tool findings and the wider assessment of the potential for the SLAM in Borno.

The SLAM assessment will use an assessment tool previously used with selected SLAMs across Nigeria and will be tailored by the Lafiya implementation team to reflect the expanded focus of human capital development, with a focus on increased domestic funding for health. The WDC assessment will explore the functionality of the WDCs to communicate health entitlements and hold facilities, LGAs and the state accountable for performance on health services, within the wider context of human capital development, in accordance with the NPHCDA TOR for WDCs. The WDC assessment tool will be developed by the Lafiya Accountability Expert to ensure consistency across states, and then tailored by the Advocacy and Accountability Coordinator with the Lead Consultant to ensure appropriateness for the state.

Both assessment tools will identify how the SLAM and WDCs can engage with BHCPF, broader prioritisation of health and human capital development, as well as the sustainability of the structures. The Lead Consultant will be expected to liaise with Options' colleagues on the precise methodology and tools employed during this assignment.

The output of the assignment will be an established SLAM in Borno, complete with details of membership and terms of reference and a completed assessment tool, summary report and capacity development plan for the newly established SLAM and the sampled WDCs.

## **5. Deliverables**

- 2 CVs for identified national experts to support this assignment
- A strategy for how potential members of the SLAM will be identified and the process for facilitating the necessary meetings to achieve this.
- Terms of reference for the newly established SLAM, which should include objectives and membership.
- A completed capacity assessment tool for the newly established Borno SLAM.
- Report detailing SLAM assessment tool implementation and summarising discussions on scoring and recommendations
- Capacity development plan for the SLAM, based on assessment tool findings
- Completed capacity assessment tools compiled and analysed for the WDCs in Borno state
- Compiled report detailing WDC sampling, assessment tool implementation and summarising discussions on scoring and recommendations
- Capacity development plan for the WDCs, based on assessment tool findings. This should include recommendations on how to phase support to focus on weakest WDCs first.

## **6. Lines of Reporting**

The Lead Consultant will be required to identify two national experts for this assignment who will conduct field work and support with analysis and report writing. The Lead Consultant will be required to submit CVs for these positions for approval. The Lead Consultant will have overall responsibility for the assignment.

The Lead Consultant will report to Lafiya Programme Accountability Expert, Ashiru Hamza, for all technical matters and deliverables. All documentation produced as part of the assignment will be reviewed by Options' Technical Team and final approval given by Lafiya Programme Outcome 1 Lead and the National Team Leader. The consultant shall participate in regular video-conferencing calls as per the Lafiya Accountability Expert's request. For all contractual matters, the consultant will communicate with the Options Programme Manager.

## **7. Security**

Any travel within Nigeria will need to be discussed and approved with International SOS.

## **8. Timeframe**

The assignment will begin on 13<sup>th</sup> July 2020 and continue up to September 31<sup>st</sup> 2020. Satisfactory completion of tasks will be determined by Lafiya Accountability Expert, Ashiru Hamza and payments approved by Options Programme Manager. Payments will be made upon successful delivery of milestones.

Task	LOE Days	July			Aug			Sept		
		LC	NE1	NE2	LC	NE1	NE2	LC	NE1	NE2
Desk Review and documentation (programme and context)	2	2								
Development of scoping strategy for establishment of SLAM	2	2								
Scoping mission for SLAM establishment, including meetings with key stakeholders	5	5								
Inauguration meetings with the SLAM (including training and TOR development)	5				5					
Review and tailoring of WDC assessment tool for context	2	1	0.5	0.5						
Apply sampling strategy and finalize sample of WDCs with State Accountability & Advocacy Coordinator	1	1								
Implement assessment tool with WDCs (fieldwork)	62	11	10	10	11	10	10			
Finalization of completed tools and development of WDC	6	1	1	1	1	1	1			

assessment summary report										
Develop WDC capacity development plan	5				3	1	1			
Review and implementation of the SLAM assessment tool for context	1				1					
Implementation of assessment tool with SLAM	7							3	2	2
Finalization of tool and development of SLAM assessment summary report	1							1		
Facilitation of capacity development plan development with SLAM	1							1		
Review meetings and debrief	7	1	0.5	0.5	2	0.5	0.5	1	0.5	0.5
<b>Total LOE Days</b>		<b>24</b>	<b>12</b>	<b>12</b>	<b>23</b>	<b>12.5</b>	<b>12.5</b>	<b>6</b>	<b>2.5</b>	<b>2.5</b>
<b>LOE per month</b>	<b>107</b>	<b>48</b>			<b>48</b>			<b>11</b>		

Depending on need, there is a possibility that the scope of work for the lead consultant may be extended beyond that described above. In such a scenario, the consultant will be provided with notice of the tasks to be performed and number of days and a contract amendment will be issued.

### 9. Outputs and Payment schedule

Deliverables detailed below, will be paid upon approval of Milestones as detailed below. The Lead Consultant may invoice Options after the completion and approval of each Milestone independently. All values will be in Great British Pounds.

Deliverable	Description	Due Date	% Payment
Contract signed & briefing	Agreed contract, approval of two national experts by Accountability Expert, briefing with Accountability Expert and technical team on objectives, methodology and tools to be used.	July	10%

<p>Completed capacity assessment tool, summary report and capacity development plan for WDCs</p>	<p>The capacity assessment tool provided by the implementation team should be completed for all WDCs sampled. This should be accompanied by a report detailing how the sample was identified, how the tool was implemented, and document any key themes or discussions arising during tool implementation, such as those relating to scoring, recommendations, and level of agreement. The capacity development plan for the WDCs should be based on the assessment tool findings and include recommendations on how to phase support to focus on the weakest WDCs in the state first.</p>	<p>August</p>	<p>40%</p>
<p>Finalized TOR and training report for the newly established SLAM as well as capacity assessment tool, summary report and capacity development plan for the SLAM</p>	<p>The consultant should provide a completed terms of reference including objective, membership and agreed structure and frequency and content of meetings for the SLAM alongside a report on training provided and inauguration meetings.</p> <p>The capacity assessment tool provided by the implementation team should be completed for the SLAM. This should be accompanied by a report detailing how the tool was implemented, and document any key themes or discussions arising during tool implementation, such as those relating to scoring, recommendations, and level of agreement. The capacity development plan should be based on the assessment tool findings and co-developed with the SLAM.</p>	<p>September</p>	<p>50%</p>

### 10. Consultant's Requirement:

Options is seeking a Lead Consultant with the following qualification/expertise/skills:

#### Qualification

- Postgraduate medical qualification, or a PhD in the Social Sciences/Health Policy with at least 3years post qualification experience, or a master's degree with 7years post qualification experience.

#### Expertise/skills:

- Technical expertise in PHC, health systems strengthening, and accountability, particularly the primary health system strengthening (PHC) approach.
- Proven ability to manage relationships with government ministries, state and local governments, service providers, communities, and other stakeholders.
- Familiarity with Nigeria's health system is a strong asset.
- Knowledge of, and experience with applying and facilitating capacity or organisational development tools



- Demonstrated ability to integrate, synthesize and communicate complex ideas verbally and in writing.
- Excellent analytical and conceptual skills.
- Fluency in Hausa and English.

Experience:

- At least 8-10 years of relevant experience of working in strengthening PHC system in developing countries through community participation or enhancing accountability. Prior experience with community work linked with PHC and/or accountability mechanisms is an added advantage.
- Experience in health system strengthening (HSS), workshop facilitation, data collection, analysis, and monitoring and evaluation.
- Previous working experience with DFID and/or other international agencies.
- Experience working with the national, state, or local governments in Nigeria is an advantage.

Options requires the Lead Consultant to identify two National Experts with the following qualification/expertise/skills:

Qualification

- Postgraduate medical qualification, or a MA/MSc in the Social Sciences/Health Policy with at least 5 years post qualification experience, or a bachelor's degree with 7years post qualification experience.

Expertise/skills:

- Technical expertise in PHC, health systems strengthening, and accountability, particularly the primary health system strengthening (PHC) approach.
- Proven ability to manage relationships with government ministries, state and local governments, service providers, communities, and other stakeholders.
- Familiarity with Nigeria's health system is a strong asset.
- Knowledge of, and experience with applying and facilitating capacity or organisational development tools
- Demonstrated ability to integrate, synthesize and communicate complex ideas verbally and in writing.
- Excellent analytical and conceptual skills.
- Fluency in Hausa and English.

Experience:

- At least 5 years of relevant experience of working in strengthening PHC system through community participation or enhancing accountability. Prior experience with community work linked with PHC and/or accountability mechanisms is an added advantage.
- Experience in health system strengthening (HSS), workshop facilitation, data collection, analysis, and monitoring and evaluation.
- Previous working experience with DFID and/or other international agencies.
- Experience working with the national, state, or local governments in Nigeria is an advantage, particularly experience in Borno State.