

TERMS OF REFERENCE

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

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 services¹. 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.² 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

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

² 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 sustainability³. 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 to assess the capacity of a sample of WDCs and the Kano SLAM and propose capacity development plans to address identified gaps. This will assess and propose capacity development for a range of areas to enable the SLAM and WDCs to be effective and sustainable accountability mechanisms supporting prioritisation of health investment and human capital development.

The consultancy will provide Lafiya and other key actors with a deeper understanding of the level of knowledge and functionality of WDCs and the SLAM, and 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 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, will have four main components:

- 1) Desk review- identify and review assessments previously conducted with the SLAM and WDCs (such as relevant assessments undertaken by PERL) in Kano state
- 2) 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.
- 3) Tailor and apply 2 different capacity assessment tools. The first assessment tool will be applied to the sampled WDCs and the second to the SLAM. This will include facilitating the capacity assessment exercise, documenting responses and agreeing scores
- 4) Developing one capacity development plan for the SLAM and 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.

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 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.

³ 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)

The output of the assignment will be a completed assessment tool, summary report and capacity development plan for the SLAM and the sampled WDCs.

5. Deliverables

- 2 CVs for identified national experts to support this assignment
- A completed capacity assessment tool for the Kano 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 Kano 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 13th July 2020 and continue for up to September 30th 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)	1	1								
Review and tailoring of SLAM and WDC	2	1	0.5	0.5						

assessment tool for context										
Apply sampling strategy and finalize sample of WDCs with State Accountability & Advocacy Coordinator	1	1								
Implement assessment tool with WDCs (fieldwork)	96	10	10	10	21	21	21	1	1	1
Finalization of completed tools and development of WDC assessment summary report	6	1	1	1	2	1	1			
Develop WDC capacity development plan	5							3	1	1
Implementation of assessment tool with SLAM	6							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	6	1	0.5	0.5	2	0.5	0.5	1	0.5	0.5
Total LOE Days		15	12	12	24	22.5	22.5	10	4.5	4.5
LOE per month	127	39			69			19		

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%
Completed capacity assessment tool, summary report and capacity development plan for WDCs	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.	August	40%
Completed capacity assessment tool, summary report and capacity development plan for the SLAM	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.	September	50%

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 Kano State.