

## TERMS OF REFERENCE

### POLITICAL ECONOMY ANALYSIS FOR IMPROVED PUBLIC INVESTMENT IN HEALTH BORNO 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>Dr. Gwarzo (Interim National Team 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. Lafiya Programme Information

The UK Department of International Development (DFID) appointed Palladium as the supplier to deliver the UK Support for Health in Nigeria - Lafiya programme. 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 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).

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 the federal level and in targeted states and increase prioritisation of health, through increased domestic public 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

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 increasing the allocation, release and expenditure of funding for health. At federal, state, and LGA level, there are bottlenecks in how health is prioritised during planning and budgeting processes, what funding is released and to whom, and whether funding is spent according to plan. This impacts the efficiency and effectiveness of public investment in health and hinders Nigeria’s ability to achieve UHC.

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. The PEA on improved public investment for health will

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<sup>1</sup> Global Health Expenditure Database

present an opportunity to highlight the critical need to maintain or increase public investment in health in order to maintain essential health services and protect the country from ongoing and future disease outbreaks.

Lafiya will work with champions in government, civil society organisations, and media to advocate for improved health investment and hold decision makers to account for how funding is allocated, released and spent. For their advocacy and accountability efforts to be as strategic as possible, stakeholders need to know who to engage with, when, and how.

A political economy analysis (PEA) is an approach that looks at the interaction of political and economic processes in a society, the distribution of power between groups in society, and the processes that create, sustain, and transform these relationships. Lafiya will use a PEA to understand what drives improved health investment including: the economic, social and demographic factors and how these evolve and change; what the organisational and political cultures are and how people operate within these both formally and informally; who the stakeholders are (parties, groups, civil society ) and what motivates and influences them, how actors engage with each other and the power dynamics of these relationships. The PEA will identify potential allies, champions, or blockers in budget decision making processes.

A PEA on improved public investment for health will be carried out at the federal level and in each of the Lafiya states. This TOR relates to the PEA for Borno only. This assignment, which forms part of a series of inception phase activities for the Lafiya programme will build on a detailed health financing baseline assessment carried out by CHECOD.

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

The purpose of this assignment is to conduct a PEA on improved public investment for health in Borno, to understand who is involved in making decisions on funding allocations, release and expenditure for health (formally and informally), how actors are engaging with each other, their motivation to make decisions and what influences their decision making, and in what spaces decisions are made (open and closed). By looking at what should happen (according to guidelines, policies, and standard operating procedures) and what does happen and who the allies, champions and blockers are; it will inform how accountability mechanisms engage in each state to improve health investment.

The consultant, with a State team member understudying, will apply a PEA methodology to gain information relating to public investment for health in Borno in order to identify strategic advocacy and accountability efforts for improved allocation, release, and expenditure of funding for health. The consultant will be required to work closely with the Borno Advocacy & Accountability Coordinator to conduct the PEA using a set of tools developed by the programme team, incorporating a culture of 'thinking and working politically' into advocacy and accountability approaches to improve health investment.

The consultancy will meet six key objectives:

- To undertake a political economy analysis to understand how the Borno State MOH, its MDAs and related institutions operate in planning, budgeting, release and expenditure for effective health care delivery
- To provide an analysis of the power relations of stakeholders making decisions relating to planning, budgeting, release and expenditure, including the SMOH and its MDAs, and how these power relations influence planning, budgeting, release and expenditure of health funding
- To identify areas of political traction for the SMOH on improving public investment for health
- To identify enablers and blockers for improved public investment for health, as well as the interests and incentives of decision makers
- To consider and examine the specific interventions needed to support and strengthen both the State, SMOH and related MDAs improve public investment for health.
- To identify and map out the opportunities and challenges for the state, SMOH and MDAs in improving public investment for health

The consultant will be required to conduct a desk review, facilitate workshops (virtual and in person) with a member of the State team co-facilitating, and conduct key informant interviews to fulfil these objectives. The PEA on improved public health investment will use a set of standardised tools previously used with selected SLAMs across Nigeria, tailored for the Lafiya programme and specific state by the consultant, in collaboration with the state team. The consultant will then work with the Borno Advocacy & Accountability Coordinator to identify and convene stakeholders, to fulfil the ToR's objective.

The consultant will be expected to liaise throughout the consultancy with Options' colleagues and the Lafiya team to agree on the precise methodology and tools employed during this assignment.

The output of the assignment will be a set of completed tools (such as a completed stakeholder mapping and power analysis) and accompanying report for Borno, including a set of recommendations on how to conduct strategic advocacy and accountability interventions to improve health investment.

## 5. Deliverables

### A detailed report to include:

- Political economy context that informs health budget planning, allocation, release and expenditure for health care delivery in Borno
- Analysis of the power relations and dynamics as it influences health budget allocation, release and expenditure
- Identified allies/champions who can serve as change agents/advocates and influencers for increased health prioritization and budgeting
- Stakeholders mapping to understand the key actors/enablers and blockers. Also, what motivates/influence their decision making for improved health investment
- Gap analysis and identified opportunities to strengthen public health investment
- Detailed recommendations on how to conduct strategic advocacy and accountability for improved health investment in Borno

## 6. Lines of Reporting

The Consultant will report to the 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 Interim National Team Leader. The consultant shall participate in regular meetings/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 and Palladium-Lafiya Programme Director.

## 8. Timeframe

The assignment will begin on 3rd August 2020 and continue up to 31<sup>st</sup> August 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 Total	August
Desk Review and documentation (programme and context).	2	2

Identify stakeholders to engage during the assignment in coordination with the Borno State Accountability & Advocacy Coordinator	1	1
Review and tailoring of PEA tools for Borno	0.5	0.5
Implement PEA tools with identified stakeholders	7	7
Produce first draft of the PEA on Improved Public Investment for Health report	2	2
Develop draft report to include detailed recommendations on how to conduct strategic advocacy and accountability for improved health investment in Borno	0.5	0,5
Finalise report and recommendations for submission	1	1
Review meetings and debrief	1	1
<b>Total LOE Days</b>	<b>15</b>	<b>15</b>

### 9. Outputs and Payment schedule

Deliverables detailed below, will be paid upon approval of Milestones as detailed below. The 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, briefing with Accountability Expert and technical team on objectives, methodology, tools to be used and stakeholders to engage	July	10%
Facilitation and completion of the provided PEA tools and a first draft of the PEA on Improved Public Investment for Health report submitted.	Adapted Health Investment PEA tools implemented with relevant stakeholders (as previously agreed with the Borno Advocacy & Accountability Coordinator) through facilitating workshops (remote and/or in person), conducting key informant interviews and conducting a desk review. Completed tools (including raw data) submitted.  First draft of the report produced, including information as set out in the 'deliverables' section above and recommendations on how to conduct strategic advocacy and	August	40%

	accountability for improved health investment in Borno.		
Finalised PEA on Improved Public Investment for Health report approved by the Lafiya Outcome 1 lead.	Finalized report actioning all inputs and comments provided by the Options technical team, Accountability Expert and Borno Advocacy & Accountability Coordinator. Final report should include information as set out in the 'deliverables' section above and recommendations on how to conduct strategic advocacy and accountability for improved health investment in Borno and be signed off by the Interim National Technical Lead/Programme Director as final.	August	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 including Political Sciences or Health Economics with at least 3years post qualification experience, or a master's degree with 7years post qualification experience.

#### Expertise/skills:

- Technical expertise in health financing, health systems strengthening, and accountability, with particular knowledge on PEA
- Proven ability to develop relationships with state and local governments, MDAs, and civil society
- Familiarity with Nigeria's political and health financing system is a strong asset.
- Experience conducting applied political economy analysis
- Proven ability to facilitate workshops or focus group discussions to generate information and create discussion
- Experience conducting qualitative research with a range of stakeholders
- Demonstrated ability to integrate, synthesize and communicate complex ideas verbally, in writing and in other visual formats.
- Excellent analytical and conceptual skills.
- Fluency in Hausa and English.

#### Experience:

- At least 6-8 years of relevant experience of working on health financing in lower middle-income countries including through advocacy and accountability interventions.
- Experience in health system strengthening (HSS), workshop facilitation, and PEA including data collection, analysis, and report writing
- 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.

### Annex 1: Due Diligence Checklist for TOR

The following checklist needs to be completed by the person responsible for drafting the Terms of Reference.

<b>Programme</b>		Lafiya					
<b>Title of Assignment</b>		Political Economy Analysis for improved public investment in health Borno Consultancy					
<b>Name of person responsible for drafting the TOR</b>		Amy Jackson					
<b>Final sign-off (Team Leader or STS)</b>		Sarah Fox					
Potential area of risk	Checklist questions	Yes	No	If yes, please give details	If the answer is yes to a question, the following checks are needed		
		(✓)	(✓)		Reference check (HR)	Social media check (HR)	Dow Jones check (L&C)
<b>Safeguarding</b>	1. Will this role include regulated activity <sup>2</sup> relating to children or vulnerable adults or both?		✓		X	X	
<b>Fraud, bribery, corruption</b>	2. Will this role involve the handling of money (such as an advance for activities)?		✓		X	X	X
<b>Political activity</b>	3. Will this role include formal interaction or exposure to high-		✓		X	X	X

<sup>2</sup> 'Regulated activity' means roles/tasks carried out by applicants in relation to children and vulnerable adults

	profile stakeholders (such as political appointees)?						
<b>Association with terrorist organisations/financing terrorism</b>	4. Is the location where the services are going to be delivered known to be a location <sup>3</sup> where terrorists are active?	✓		The consultancy will be based in Borno State	X	X	X
<b>Reputation of Options and Lafiya</b>	5. Will this role provide a platform for considerable public exposure through high-level events (eg with senior government officials), social media or mass media?		✓		X	X	
	6. Does this role involve publicly handling <sup>4</sup> subject matters that are culturally sensitive and that need to be carefully managed within the local context?		✓		X	X	

<sup>3</sup> This should be based on the [FCO website](#) and include States that the FCO advises against all travel to.

<sup>4</sup> Publicly handling means speaking in public, being publicly associated with or expressing a view about the subject matter in public