

TERMS OF REFERENCE

State Level Communications Expert (Consultancy)

Lafiya Programme

Activity code:	
Date of Draft: 4 th September 2020	Consultant(s) Reporting to <i>[person within programme to coordinate the task]</i> : Regina Afiemo (Lafiya Programme Outcome-1 Lead)
Decision Date: 10 th September 2020	Responsible for Sign-off of SoW/ToRs <i>[person within programme to sign-off ToRs]</i> : Regina Afiemo (Lafiya Programme Outcome-1 Lead)
SOW Status: For Approval	Person responsible for Quality Assurance (QA) and technical sign-off <i>[on completion of task by consultant(s)]</i> : Regina Afiemo (Lafiya Programme Outcome-1 Lead)

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.

Options is responsible for the delivery of output 1 “Advocacy and Accountability”. According to the Lafiya Programme Theory of Change, output 1 is designed to contribute to increased public investment in health at the federal and state level. This will be achieved by two separate but mutually reinforcing advocacy and accountability approaches: a) community accountability to increase demand for quality health services and b) political advocacy to increase prioritisation of health as part of the government’s human capital development vision.

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

Human Capital refers to “the knowledge, skills and health that people accumulate throughout their lives, enabling them to realize their potential as productive members of society.” In 2018, the Government of Nigeria launched the Human Capital Vision in recognition of the need to improve human capital to drive sustained economic growth and productivity. By 2030, the HCD Vision aims to have 24 million additional healthy, educated and productive Nigerians.

Under Output 1, the Lafiya programme aims to increase demand for affordable basic health services through community accountability and increased prioritisation of human capital (with a specific focus on health) through civil society advocacy. To achieve this, Output 1 is implementing the following strategies:

- Targeted, data-driven and clear communications to support effective political advocacy on health as part of human capital development at federal and state levels.
- Cultivate and encourage human capital change agents, including political leaders at federal and state level.
- Track and hold decision makers to account for government health-related human capital commitments.
- Strengthen mechanisms for health entitlement communication and community accountability
- Strengthen effective engagement of civil society with the delivery mechanism of the HCD vision, initially in Kaduna then replicating in other states.

We have identified three broad target audiences for these approaches.

- 1) The political class: influential stakeholders in and outside of government, with the ability to make or influence decisions that ensure public investment is prioritised as part of the Human Capital Development Vision.
- 2) Communities: to include urban and rural and marginalized populations, all of whom need to be informed of their health entitlements and demand and receive better health services.
- 3) Civil Society: under Output 1, Lafiya will support civil society to advocate for improved public investment in health within an HCD framework and hold governments accountable for their commitments on behalf of the population.

4. Purpose and Objectives of the assignment

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 Communications play a key role in this, sensitizing the political class and communities on progress against key commitments and ensuring citizens are informed of their rights and entitlements. Communications, through presenting the stories of people and / or facilitating interactions between government, civil society and /or citizens can also enable citizens to directly ask questions and hold service providers and governments to account for their commitments to the population.

This assignment has three objectives:

- 1) **Develop a strategy for raising the political profile of HCD** to galvanise commitment for health spending. This strategy should:
 - a. Draw on the PEAs and technical materials produced by the Lafiya team that provides insights into the status of HCD implementation and the prioritisation of public investment in health in your state.
 - b. Advise on what arguments and communications tactics work to convince government and key influencers within the state about a particular need or advocacy issue.
 - c. Advise on how to communicate health as a political issue and one that needs to be prioritised – both by government and by citizens.
 - d. Provide training for journalists on HCD and demography and government progress against commitments. This will be coordinated with Output 5b.
 - e. Support facilitation of government-media engagement.
- 2) **Support the State Primary Health Care Development Agencies (SPHCDA), Social Health Insurance Agencies (SHIA) and Public Relations Officers from the State Ministries of Health (SMOH)** to develop state specific communications strategies to reach citizens at scale with information on their health entitlements. This will involve working closely with the BHCPF Advisor and Output 5b. This will involve:
 - a. Reviewing available policy documents and regulatory frameworks that stipulate health entitlements, including where and at what cost they should be available; who is entitled to them; how they should be accessed, at what quality and what grievance mechanisms are in place to address issues. This review should include both what the policies are and what is happening in practice.
 - b. Liaising closely with the SPHCDA, SHIA, SMOH and Lafiya State Team to agree the parameters for the health entitlement communications strategy. This should include:
 - i. The health entitlement priorities and information to be included in a communications strategy
 - ii. How information will be made readily available and in what format to the WDCs, who will serve as a key means of informing the community and holding local service providers to account.
 - iii. How feedback from the WDCs will feed into:
 1. Implementation changes or adaptations by the SMOH, SHIA and SPHCDA
 2. Further content development and materials provided to WDCs.
 - iv. Identification of what how mass media can support reaching citizens at scale. This should include:
 1. Identification of communications channel, content formats and key journalists or broadcasters to work with.
 2. What communities will be reached by this strategy and who may still be excluded.
 - c. Working closely with the SPHCDA, SHIA, SMOH, journalists and broadcasters to develop engaging and stimulating messages that communicate health entitlements, provide a means through which citizens know how to raise issues and to whom, and motivate increased demand

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

for quality health services. This should be done using a participatory or human centred design approach, ensuring that messages are informed by and tailored to the context and community norms and are well understood.

- d. User-test messaging to ensure that it is well-received, understood and provides detail on which citizens feel confident to act. Ensure that this data is used to inform adaptations and guidance on further content development.
- 3) **Use of Technology:** As needed the consultant will be expected to contribute to discussions on digital solutions for communications – including exploring the use of the digital scorecard applications and partnerships with VIAMO and Integrity Action.

5. Deliverables

- Lafiya Communications Strategy for Output 1 in the state, developed in coordination with the SPHCDA, SHIA, SMOH and State Team. (coordinated with Output 5b and aligned with Lafiya Communications Strategy which is currently under development)
- HCD Communications Strategy on creating awareness and appreciation of HCD among the political class (to include training materials on HCD and demography (coordinated with Output 5b).
- Content to be used by media to communicate health entitlements and inform on government progress against commitments and mechanisms through which to raise grievances.
- Training evaluation plan and tools to enable routine tracking of communications impact.

6. Lines of Reporting

The Consultant will report to Lafiya Outcome 1 Lead, Regina Afiemo, for all technical matters and deliverables. All documentation produced as part of the assignment will be reviewed by Senior Communications Expert, the 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 teams request. For all contractual matters, the consultant will communicate with the Options Programme Manager.

7. Operational Considerations

Key stakeholders

The consultant will engage with the Lafiya programme team and Lafiya Senior Communications Expert. They may have some limited engagement with the ward development committees, but this should always be in the presence of other members of the Lafiya team and agreed with the Advocacy and Accountability Expert.

Advances

The consultant will be required to be based in the state. Where required, travel, hotel and expenses will be booked or coordinated through the Lafiya federal team, as approved by the Advocacy and Accountability Expert and State Lead as required.

External communication

No external communication will take place during this assignment. All requests for comment should be referred to the Advocacy and Accountability Expert.

8. Security

Any travel within Nigeria will need to be discussed and approved with International SOS, as well as notifying the Lafia Federal Team via the Advocacy and Accountability Expert.

9. Media

As part of this Consultancy Contract, the Consultant agrees that they will not publicise with any form of media in regard to the Lafiya programme and their specific work being conducted e.g., provide interviews for broadcast or print. If the consultant does, this will be in breach to Clause 5.1 of the Consultancy Agreement and may result in ramifications or termination of the Agreement. If the Consultant is unclear about what contact with the media is they are to discuss this with the Lafiya Programme Outcome 1 Lead prior.

10. Timeframe

The assignment will begin on 12th October 2020 and continue up to 23rd December 2020 on a full-time basis. Satisfactory completion of tasks will be determined by Outcome 1 Lead, Regina Afiemo, and payments approved by Options Programme Manager.

11. 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 on a monthly basis. All values will be in Nigerian Naira.

Alongside submitting the Milestones, the consultant may be asked to also provide a timesheet monthly, and by no later than the 30th of each month. The detail on the timesheet will correspond to the deliverables outlined below.

Deliverable	Description	Due Date	% Payment
Health Entitlements Communications Strategy developed with the SPHCDA, SHIA, SMOH and State Team. (coordinated with Output 5b)	<p>Will include a review of the health entitlements for the state, policy and practices around these and grievance mechanisms.</p> <p>Will include detail on how information will be made readily available and in what format to the WDCs, who will serve as a key means of informing the community and holding local service providers to account; how feedback from the WDCs will feed into implementation changes or adaptations by the SMOH, SHIA and SPHCDA and further content development and materials.</p> <p>Will include identification of what how mass media can support reaching citizens at scale and how this will be achieved.</p> <p>The strategy should include details of roles and responsibilities, structures for coordination between the agencies and ministries and the media houses, points for review of messaging and how it is being received, and key dates at which messages will be reviewed and updated.</p>	15 th November	25%
Develop content to be used by WDCs and mass media to communicate health entitlements and inform on government progress against commitments and forums through which to raise grievances.	<p>Using a participatory approach to design different messaging content that is informed by and tailored to the context and community norms.</p> <p>User-test messaging to ensure that it is well-received, understood and provides detail on which citizens feel confident to act. Ensure that this data is used to inform adaptations and guidance on further content development.</p>	1 st December	25%

Develop a strategy for raising the political profile of HCD	To draw on the PEA findings and insights as well as in-depth knowledge of how communications can support advocacy within the state. Advise on what arguments and communications tactics work to convince government and key influencers within the state about a particular need or advocacy issue. Advise on how to communicate health as a political issue and one that needs to be prioritised – both by government and by citizens.	11 th December	25%
Training materials on HCD and demography	To coordinate with the Advocacy and Accountability Coordinators on specific HCD details for the state and liaise with Output 5b on key information on the demographics.	23 rd December	13%
Monthly programme reports detailing training, mentorship and QA provided to states.		End of each month	2% per month
Training evaluation plan and tools to enable routine tracking of communications impact.		15 th November	2% per month

12. Consultant's Requirement:

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

Qualification

- Degree in behavioural sciences or journalism, with at least 7years post qualification experience, or a master's degree with 5years post qualification experience.

Expertise/skills:

- Technical expertise in advocacy, communications and behavioural sciences.
- Experience working with development programmes, focused on health communication and supporting accountability for health outcomes.
- 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 5-10 years of relevant experience of working in behavioural sciences or journalism in Nigeria. Prior experience with community work linked with PHC and/or accountability mechanisms is an added advantage.
- Experience in health communication and / or promotion and supporting accountability for health outcomes
- Experience managing a remote team to deliver quality work
- Experience working with the national, state, or local governments in Nigeria.
- Previous working experience with FCDO/DFID and/or other international agencies is an advantage.