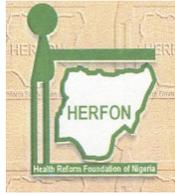


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HEALTH REFORM FOUNDATION OF NIGERIA (HERFON) ANNUAL REVIEW 2011

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Abbreviations

AGM	Annual General Meeting
BoT	Board of Trustees (HERFON)
CAP	Change Agents Programme
CAs	Change Agents
CIDA	Canadian International Development Agency
CSOs	Civil society organisations
DASH	Dalhatu Araf speciality hospital
DfID	UK Department for International Development
ENR	Enhancing Nigeria's Response to HIV & AIDS
Ex Sec	Executive Secretary
FCT	Federal Capital Territory
FMoH	Federal Ministry of Health
FORM 1	Federation of Muslim Women
GAVI	Global Alliance for Vaccine Immunisation
HDCC	Health Development Co-ordinating Committee
HERFON	Health Reform Foundation of Nigeria
HSR	Health Sector Reform
LLINs	Long Lasting Insecticidal Nets
MCH-CSO	Maternal and Child Health- Civil Society Organisation
M&E	Monitoring and Evaluation
MDG	Millennium Development Goals
MTSS	Medium Term Sector Strategy
NAC	National Advisory Committee
NGO	Non governmental organisation
NHIS	National Health Insurance Scheme
NHR	Nigerian Health Review
NPHCDA	National Primary Health Care Development Agency
NSHDP	National Strategic Health Development Plan
NTA	Nigeria Television Authority
NURHI	National Urban Reproductive Health Initiative
PATHS2	Partnership for Transforming Health Systems (Phase 2)
PHC	Primary Health Care
PRRINN-MNCH	Partnership for Reviving Routine Immunisation in Northern Nigeria – Maternal, Newborn and Child Health Programme
SACA	State Agency for the Control of AIDS
SAVI	State Accountability and Voice Initiative
SMoH	State Ministry of Health
SuNMaP	Support to National Malaria Programme

ToR	Terms of reference
ZPOs	Zonal Programme Officers

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The views expressed in the report, while based upon a desk review and consultations with HERFON key players and stakeholders across Nigeria, are nevertheless entirely those of the authors and not of DFID.

Executive summary

This is the second annual review of the second phase of DFID's grant to HERFON and was commissioned by DFID to review the progress made since August 2010. The review was undertaken 05-16 September 2011.

It has been a year of contrasts for HERFON with a hiatus in the organisation's activities followed by a period of intense activity along with changes of key personnel. This has inevitably impacted on HERFON's ability to deliver against its logframe although an assessment of progress against the logframe indicates a 50% level of achievement. Considerable action in the last 6 months, led particularly by the Chair of the Board of Trustees and informed by a number of consultancy reports, has started to re-establish confidence. However the nature and organisational structure and the ability of all HERFON members to effect change remains of concern both inside and outside HERFON.

High level partnerships at National level have been strengthened or newly built with the Federal Ministry of Health (FMoH), National Primary Care Development Agency (NPHCDA), the National Health Insurance Scheme (NHIS) office as well as International organisations such as CIDA and GAVI. State level efforts tend to be focused on the Health Co-ordinating Committees for which they provide secretarial services. The impact of these is variable with Kaduna, Edo and Katsina marked out as the highest achievers. HERFON has membership on a number of donor programme committees and therefore has a higher profile in these states.

Advocacy efforts have targeted in particular the passing of the National Health Bill and whilst it has now been passed by both Houses it remains on the President's desk awaiting signature. Many of the states have targeted their efforts towards free maternal and child care (FMCH). Again, however, whilst in a few state the State Primary Care Agencies have been established to date no FMCH bills have been passed.

Limited activity has been dedicated to the establishment of a business development centre although there are a number of new bids in progress. The Resource Centre likewise has received little attention but HERFON recognise its importance thus the recruitment of additional research officers is in the pipeline.

Regarding Value for Money (VFM) HERFON exhibited good economy through cost minimisation, good practice and compliance with rules as well as extracting good value for cost in a number of activities. However, whilst having a robust financial management system HERFON lacks the necessary attitude and culture for continuous improvement. It has failed to consider the sort of structure that is 'fit for purpose' with a significant part of the annual budget spent on administration. Alternative funding streams other than DFID remain limited and threaten self sustainability.

There has been no formal monitoring and evaluation of any activities. An M&E framework has been developed but is strongly quantitatively focused and thus limits the ability to assess the wider impact.

Overall there is no doubt that HERFON has the potential to be far reaching. The review team found a number of models of good practice as well as role models. If these are harnessed and with the building blocks now being put in place, the next 12 months should hopefully see a significantly more focused, strategically positioned, robust and dynamic organisation.

Key Recommendations

HERFON should in the next 12 months:

1. Re-target state advocacy efforts to ensure that the health reform focus takes priority and leads to improved health status.
2. Re-educate and refocus the membership to HERFON's Constitution.
3. Ensure they have a functioning but streamlined organisational structure signed up to by all staff
4. Make considerably greater effort to demonstrate the impact of their activities.
5. Urgently diversify their funding sources.
6. Strengthen their evidence mandate through a scaled up and responsive resource centre (knowledge management centre) which is recognised as a National centre of excellence.

1 Introduction

This is the second annual review of the second DFID grant to HERFON which took place in country from the 5th to 16th September 2011. The aim was to review HERFON's progress since its last annual review in August 2010 against the mission TORS (Annex 1)

In order to assess the level of progress the review team met a number of HERFON staff, Board trustees, National Advisory Committee members and State chapter members as well as a range of significant stakeholders including Federal and State MoH staff, donor programme managers and officers and a selection of NGOs and media organisations. The focus of these discussions was centred around 3 questions: what is your perception of HERFON and its impact, what are your current partnerships and what are your future intentions.

An expanded review team, joined by the chair of HERFON and a number of its officers split into two teams for a 2 day visit to 4 (NC, SW & SS, NW) of the 6 zonal offices. This provided a more in depth understanding of the nature and extent of HERFON's influence on the ground. A questionnaire was used to assess the level of impact.

The visit concluded with presentations to HERFON, DFID and a number of key stakeholders of the review team findings and recommendations

2 Background

The last 12 months have been for HERFON a year of two very distinct halves. The Executive Secretary resigned in August 2010 and in his absence the Administrative and Finance Officer has been acting. Determined efforts were made by the Board to ensure a quality replacement and these were rewarded with the appointment of a new officer in August 2011. However, almost immediately on taking up appointment, he was offered a post as a Health Commissioner and left after only three weeks. The post is currently vacant although there are positive signs that an appointment is pending.

Action by the Chair of the Board in August 2010, overturning a Board decision regarding the temporary filling of the vacant Executive Secretary position, led to a boycott of Board meetings by the Board trustees for a five month period between August and December 2010.

The period of tenure for that particular Chair of the Board of Trustees ended in February 2011 and at its Annual General Meeting in February 2011 a new chair was elected¹ and took up appointment with immediate effect. Also at the Annual General Meeting the period of tenure of four other Board trustees ended and four new Trustees were appointed to replace them.

Inevitably with the above history it has been a period of extreme contrasts for HERFON with 6 months of limited activity with the previous leadership and 6 months of intense activity since the inauguration of the new board. The hiatus however has without doubt had a damaging impact on HERFON's reputation and the staff. However it was pleasing to note that despite this, in the staff survey carried out by the CIPM, Nigeria in October 2010, 67% of employees rated the organisation highly².

¹ Dr Ben Anyene

²CIPM report "Organisational design and Staff Audit exercise"

Credit also has to be given to HERFON's Board for standing its ground in wanting to ensure that the right calibre person was appointed to the Executive Secretary post, despite the obvious pressures placed on them to fill the vacancy. Hopefully their persistence appears to be about to reap dividends.

The extensive progress made in this short period is highly commendable and the BoT and its Chair, in particular, need to take a great deal of credit for bringing the organisation so rapidly back on track.

3 Progress against the logframe

3.1 Purpose – Broad based reforms in the Nigerian health sector started or strengthened in up to 12 states

The primary focus of HERFON for the last 12 months in strengthening health sector reform has been getting the National Health bill passed. In conjunction with other agencies, very considerable effort has been invested in this and the bill has now been passed by both houses of Parliament. It is now on the President's desk awaiting assent. HERFON acknowledges great disappointment that this has not yet been given despite positive indications from a number of sources. However in their view the Bill is so significant in laying the foundation for a much improved health service that they are continuing their advocacy efforts to gain assent.

At state level Herfon's primary focus has been on supporting improved health financing, particularly free MCH. Partnerships with the Primary Health Care Agencies either nationally or locally if established have been strengthened as evidenced by the town hall meetings which have involved every state.

However the level of engagement is very varied and the examples of good practice as demonstrated by Kaduna, Edo and Katsina states should be replicated across other states.

Every state has produced an annual health plan collated into a National Health plan by the Federal MoH which now supports state by state implementation through a number of differing agencies including PATHS 2, UNICEF, MSH & UNFPA. The FMoH would like to see greater engagement of HERFON in this implementation phase but is unable to provide any funding to support them. However given that these plans now provide the basis for health care delivery in every state, they provide an excellent channel for HERFON's advocacy efforts.

Recommendations

1. HERFON should continue efforts to gain Presidential assent of the National Health bill.
2. The initiatives undertaken by Kaduna, Edo and Katsina should be used as models of good practice and replicated by other states.
3. HERFON should consider how it can promote the strengthening of health services using the state health plans as the mechanism for doing so.

Table 1 - Purpose – Broad based reforms in the Nigerian Health sector started or strengthened in up to 12 states

No	Indicator & milestone	Progress
1	Nos of states which have started or are implementing reforms to improve two or more of the following: health status, equity, financial protection, patient satisfaction, efficiency and sustainability of the health system Baseline 2009 3 Milestone 2012 12	Considerable effort invested at National level in the passing of the National Health bill which is currently awaiting final assent having been passed by both Houses during the year of the review At state level considerable effort invested in health financing particularly FMCH Milestone 2011 – 9 Achieved

Output 1: Partnerships

There is no doubt that HERFON has an extensive network of partnerships and members spread right across the whole of Nigeria with influence to a greater or lesser extent in every state. If harnessed, this effort could have a considerable impact but it is not evident to date.

Whilst HERFON is the lead organisation for a number of initiatives, for example the drive to pass the Health bill and influencing PHC financing in particular, it also links directly or indirectly with a wide variety of organisations including: NPHCDA, NHIS office, FMoH, MDG office, SAVI, PRINN-MCH, SuNMap, PATHS 2, NURHI, SMoH

They provide the secretariat to the Health Sector Reform Coalition at both Federal and State level and are members of the: FMoH HDCC, various NPHCDA committees again at federal and state level including community health financing, immunisation and social development, DFID Health Portfolio Programme Mangers meeting, all the donor funded health related programme committees and the advocacy working groups. The Chair is a member of the large country technical team for the GAVI Alliance partnership and a member of the Immunisation International coalition.

At state level the level of engagement is not so impressive with the main partnerships being linked to the donor programmes, (PRINN-MNCH, SuNMap, NURHI SAVI, PATHS 2). However new partnerships such as the Health Coalition Partnership, MCH-CSO partnership, in Kaduna supported by SAVI, a state partnership in Kano for the Malaria booster programme are coming on stream. There are well established links with a range of media houses including National and state television and radio as well as a number of newspapers.

Given their shared agenda two partners in particular, PATHS 2 and Advocacy Nigeria ought to have specific significance for HERFON. Whilst the partnership appears strong with Advocacy Nigeria, as evidenced with the meeting of the chief officer it was difficult to assess the level of engagement with PATHS 2. However these particular partnerships need to be actively encouraged.

Recommendations

1. Given their shared agenda, partnerships with Advocacy Nigeria and PATHS 2 are strengthened.
2. At State level members need to be more pro-active in exploring the potential for increased engagement across the state

3. Review the models of good practice currently on the ground and replicate across the states

3.1.1 Progress against logframe indicators - Partnerships and networks for Health sector reform strengthened (Partnerships)

Table 2

No	Indicator & Milestone	Progress
1	<p>Nos of partnerships/networks to foster reform established & operational</p> <p>Baseline 2009 0 Milestone 2012 5</p>	<p>Every State across Nigeria at a minimum has a Health Sector Reform Coalition Committee for which HERFON provides secretarial services. This is also the case at National level. However whilst the strength of these varies state to state indications are that more than two thirds (30) are functioning well.</p> <p>Milestone 2011- 3 Achieved</p>
2	<p>Nos of states in which coalition /networks for health sector reform are operating sustainably</p> <p>Baseline 2009 0 Milestone 2012 12</p>	<p>The coalition networks are strongest where other donor partners are working in State. However there are excellent examples of local networks being established eg in Kaduna the MCH-CSO Health coalition partnerships and the Malaria partnership in Kano.</p> <p>Milestone 2011- 8 Achieved</p>
3	<p>Number of media houses supporting health sector reform programme at state level</p> <p>Baseline 2009 0 Milestone 2012 12</p>	<p>The links with media houses radio, TV and print media appear strong with a number of examples being sited at State level of weekly programmes slots dedicated to health reform. Radio also appeared a particularly strong medium for promotion of the passage of the health bill. During the period of the review the President of HERFON had 3 requests to speak on the radio.</p> <p>Milestone 2011 8 Achieved</p>

3.2 Output 2: Advocacy

At National level HERFON has led the drive to pass the National Health and FMCH bills, created an opening for taking forward the implementation of NHIS, and being contracted by the NPHCDA to lead the current work on community based public health financing.

Opportunities are available through membership of a significant number of committees both nationally and at state level including in particular the National and State Health Co-ordinating Committee and the Federal Health Development Coordinating Committee chaired by the Federal Minister of Health.

Excellent examples were seen of both individual members (the chairs of Kaduna, Edo and Katsina) and a zonal office (SW) of driving the advocacy agenda forward proactively. The ZPO SW in particular has an extensive network of high level contacts and is able to skilfully manoeuvre the corridors of power. HERFON should capitalise on these examples of excellence and provide funding where necessary so that they can be used more extensively across the country.

Advocacy efforts linked with donor programmes centre on: advocacy for family planning; supporting the MNCH-CSO network coalition of media people; and raising awareness of the wild polio virus. Engagement of HERFON members is variable depending on the State and their membership.

Most states have recognised the benefit of having “an elite person group/grand patron” who can open doors not possible by the local membership, such as the First Lady, a recognised dignitary and the traditional leaders etc. Advocacy efforts can then be channelled through these people for greater impact and ultimate benefit.

Additionally most states are well plugged into the local media and a range of programmes and positive/educational health messages have been aired. Newspaper articles have also been published in the last few days regarding the National Health Bill and the eminent journal the Lancet recently published an editorial also on the Health Bill, commending it.

A key concern raised by a number of the members was the potential for conflict between being a HERFON advocate and the responsibility of the “on seat” job especially if employed as a civil servant. It was agreed that on the whole this could be managed by the officer concerned channelling their advocacy efforts through an alternative person.

External partners raised concerns about the level of subject knowledge demonstrated by the members particularly if putting themselves forward for committee membership. If the knowledge of the advocate is left wanting then it severely damages the credibility of the organisation.

The state visits threw up concerns regarding the focus of some activities. If the activities do not impact on health sector reform, such as a reported exercise to undertake an audit of the CMS in one state, then it not only deviates away from HERFON core and respected role of advocacy for health sector reform but raises the question of value for money.

Briefing papers and information packs and power point presentations for use by members if advocating on a particular issue have proved very valuable. These go a long way towards resolving the issue of lack of knowledge as demonstrated with advocacy on the National Health Bill. The zonal meetings currently underway, should reach agreement of focal issues and provide the focus of HERFON’s work thus will stop previously undertaken non core activities. However it is important that HERFON monitor their memberships’ capacity and the range of activities undertaken.

An advocacy strategy has been commissioned but the resulting report awaits ratification by the Board before it can be shared amongst the staff. It however lays a firm foundation for future practice.

Worthy of consideration by HERFON is the possibility of the organisation aligning itself with similar international advocacy organisations such as the Health Systems Trust in Durban or the King’s Fund Centre in the UK.

3.2.1 Recommendations

1. Ensure the credibility of the organisation is maintained through the use of quality advocates
2. Produce a series of information packs for use by the members for a select number of focal areas
3. Refocus activities such that they realise the core purpose of health care reform.

3.2.2 Progress against logframe indicator- Enabling environment for health care supported (Advocacy)

Table 3

No	Indicator & Milestone	Progress
1	Nos of states which have passed health reform laws Baseline 2009 3 Milestone 2012 12	Whilst considerable effort has been invested especially in the passing of the National Health bill during the period of the review no further health reform laws had been passed Milestone 2011 6 Not achieved
2	Nos of health policies and plans supported by HERFON at Federal level Baseline 2009 1 Milestone 2012 4	HERFON has been active in working in particular with the NPHCA on community health financing which has resulted in 2 reports to influence Government policy. The communiqués resulting from the Councils on Health and the National Health review on non communicable diseases have all influenced government health policy. At State level data collection is being used to inform local policy development. Milestone 2011 3 Achieved
3	Nos of states implementing improved systems for sustainable health financing Baseline 2009 2 Milestone 2012 12	Whilst considerable efforts are ongoing to inform and support the implementation of community financing schemes no further systems have been implemented during the period of the review Milestone 2011 8 Not achieved

3.3 Output 3: Capacity building

This probably constitutes the greatest area of activity across the membership. Considerable amounts of training have been undertaken, particularly for the members as they feel that training is a means of “adding value” to themselves and making them feel “special”.

Where HERFON members are the deliverers of the training it has a focus on advocacy, leadership, and management for both HERFON members and health sector managers. Where

HERFON members are the recipients it has mainly been in the area of enhanced technical skills initiatives run by donor programmes for local implementation e.g. family planning, net distribution, and being members of facility health committees. However donors have expressed concern that HERFON members are putting themselves forward as advocates/consultancy for specific areas but need considerable capacity building prior to being of use to the programme managers.

Whilst considerable money is being spent on training, little investment has gone into monitoring and evaluating its impact. Anecdotal evidence indicates that the trainee feels valued and thus is more proficient in the workplace but qualitative evidence is not available to substantiate this claim. The review team did not have the opportunity to assess the individuals in action. The best indicator is the continuing use of an individual as a consultant. The contracts awarded would indicate a level of satisfaction.

Similarly to the advocacy efforts HERFON should target capacity building efforts towards realising its purpose rather than merely for building its income source.

3.3.1 Recommendations

1. Refocus capacity building activities to achievement of the core purpose
 2. Implement monitoring of the effectiveness and efficiency of the training activities such that the impact can be demonstrated
- Ensure the credibility of HERFON is maintained by all capacity building activities

3.3.2 Progress against logframe indicator- Capacity for Health sector reform in Nigeria strengthened (Capacity)

Table 4

No	Indicator & Milestone	Progress
1	Nos of Health managers trained and supported across 6 zones Baseline 2009 72 Milestone 200	Considerable training has been undertaken by HERFON of both its' members and health managers. Milestone 2011 170 Achieved
2	Proportion of state level senior policy makers/chief executives of policy institutions actively promoting health sector reforms in 12 states Baseline 2009 1% Milestone 20012 10%	Whilst senior level state managers have been trained apart from membership of various committees the review was not able to identify the active promotion of health reform. Plus the data is not collected in such a way as to measure whether this indicator has been met Milestone 2011 7% Not achieved
3	Nos of states demonstrating the ability to effectively utilise additional resources available from sources such as the proposed PHC fund, the MDG fund- to improve service delivery Baseline 2009 2 Milestone 12	There was no evidence on questioning of any State having accessed additional resources to support health care reform during the period of the review Milestone 2011 9 Not achieved

3.4 Output 4: Evidence based interventions

HERFON has as one of its objectives “to promote and conduct research, write policy analysis and briefs and generate data to influence and inform Health sector reform”³

This is achieved in a number of ways including supporting the staging of the Annual Councils on Health both at Federal and State level, the publication of a biannual national health report, held in high regard by many, production of policy papers and policy briefings and a number of prepared power point presentations. One of particular relevance at the moment is a synopsis of the National health bill providing factual rather than fictitious information on its content. This has helped dispel a number of myths regarding the Bill.

October sees the launch of the latest Nigeria Health Review focused on non communicable diseases. These documents in particular challenge Government through their content.

There are some excellent examples of HERFON initiatives that could lead to the provision of evidence that can demonstrate impact on health service delivery. . At national level based on the technical evidence provided by NPHCDA, HERFON has developed a score card and is using it to track, on a 2 monthly basis, the incidence of the wild polio virus. It identifies at every level of health care delivery, the responsible officers. Based on the evidence provided, these officers can be challenged as to their action to reduce the incidence (naming and shaming).

Nasawara State chapter is in the early stages of developing and introducing a template for the tracking of health finance. This includes identification of the intended annual budget for health, the amount actually released and finally how that is being used. This can provide a very valuable monitoring tool and it is hoped to replicate it across the state in the zone. **Kwara** state chapter is active in a pilot project to map the nature and extent of activities in all the primary care centres linked to 4 selected hospitals.

Kaduna State chapter has undertaken a survey to provide evidence to support the passing of the FMCH Bill and the resulting report has been widely shared amongst the key stakeholders. **Katsina** in conjunction with PRINN-MNCH have produced a human resource for health policy, a brief regarding FMCH, and it has developed mobile ambulance services to support community care.

All of these initiatives are in the early stages of implementation and therefore it has not been possible to collate sufficient evidence to indicate their value. However it is hoped that the draft revised logframe may provide a better means of doing this in the 2012 review.

Whilst these are excellent examples overall the volume of evidence generated by members remains low.

HERFON utilises a number of channels for communicating its messages, outcomes and evidence including the annual National and State Health forums, the bi annual Health report, policy briefs, presentations and media outlets ie newspaper articles, TV & radio programmes. As stated by Dr Olubajo from the NPHCDA “when HERFON speaks people listen” and “HERFON is the vanguard of watch dog for the health of Nigeria and Nigerians”

³ Article 3.1.9 of the Constitution

The health fora are effective in that each one produces on its conclusion a resolution then adopted by all attendees demonstrating a commitment to the improvement of services in one area or another.

The biannual reports produced by HERFON, each targeting a specific area of health care are held in high regard and used by many as the definitive document in the particular area of health. The HERFON developed power point presentations have done much to correct the negative perceptions of the National health bill, enabling it to be passed by both houses. Good relations with the media have enabled key messages to be widely disseminated on a regular basis using the allocated slots.

HERFON houses a Resource Centre located in the National office. It was managed by the IT officer but he left 2 months ago and it is now the responsibility of the newly appointed programme manager. It houses 7 computer terminals with internet access and a limited range of reports, policy documents and text books and is allocated an annual budget of £5,000 for its running costs. Since the 1st April 2011 the poor record keeping indicates that 65 people (a cost of £77/person) have visited the centre with the reason given as “research purposes”. At the moment it provides a minimal service to the users.

Currently the resource centre is given very low priority but given the need for robust evidence to inform its advocacy initiatives HERFON is strategically placed to become a national repository for knowledge and learning related to health sector reform. In order to realise this HERFON needs to do some serious thinking around the nature of the centre, (virtual versus physical locality) how it accesses and retrieves information, the nature and range of literature on offer, the services it offers to its users and how it should be funded (user charges, an annual grant publication and selling of reports etc.).

3.4.1 Recommendations

Logframe indicators need to change to reflect the fact that evidence alone is not enough to make government alter their budget

1. HERFON members should more actively engage in extending the evidence base generated by HERFON
2. Given its importance, serious efforts should be made to scale up the Resource Centre such that it becomes a nationally recognised repository for knowledge and learning materials.

3.4.2 Progress against logframe indicator-Evidenced based policy analysis and development strengthened (Evidence)

Table 5

No	Indicator & Milestone	Progress
1	Nos of HERFON policy briefs developed on evidence based research and contributing to Federal and State government and policy and strategy	HERFON have supported the production of a number of health policy briefs including 2 from the Town halls meetings on health care financing and key messages resulting from the meetings. In addition they have produced a number of their own including information on the health bill , evidence to support the information on the health bill & evidence to support the production of the polio score cards

	Baseline 2009 1 Milestone 2012 6	Milestone 2011 - 4 Achieved
2	Nos of states which have amended health policy , budget allocation or health expenditure on the basis of evidence Baseline 2009 2 Milestone 2012 12	No amendments appear to have resulted during the period of the review but the tracking of health financing now being undertaken in Katsina could provide the necessary evidence to result in policy change in the next 12 months Milestone 2011- 9 Not Achieved

3.5 Output 5: Institutional arrangements and governance

In the period between March and September much has been done to strengthen the institution. The level of activity has been impressive with a number of consultancies commissioned to inform the necessary rebuilding exercise including:

- An organisational design and staff audit exercise- April 2011(CIPM)
- An HR strategy- April 2011 (CIPM)
- An advocacy strategy- October 2010
- The development of an M&E framework-April 2011(PATHS 2)
- A communications strategy and media guide -Nov 2010

Having reviewed all the documents they appear eminently sensible in their recommendations and very much concur with the findings of the review team.

The business plan (2007-2012) has been updated and linked State activity plans for 2011-2012 developed, informed by State chapters. National and State AGMs have been held and efforts are being made to re-engage disillusioned members.

Performance indicators with timeframes have been developed aligned with the logframe for the national, zonal and state level offices. It is intended that monitoring of these will commence shortly.

The organisation is in the early stages of introducing a performance management system. This should do a lot to strengthen the performance, in particular of those at zonal level. Interestingly the recommendations of the CIPM report received in August 2011, although yet to be ratified by the Board, concur extensively with the recommendations of the review team.

Regarding governance, the Constitution places a heavy burden on the Board of Trustees determining both a governance and management remit. The Executive Secretary's remit is mainly to service the Board although also expected to take on a range of additional tasks. However there is no management function identified. If the Board is to attract high calibre staff it may wish to consider delegation of some management decision making to the Executive staff especially as the Board only meets quarterly resulting in delayed decision making. This is particularly demonstrated by the fact that neither the advocacy strategy nor the CIPM report has yet been ratified by the Board thus not seen by the staff. They do, however, require urgent implementation.

Whilst recognising the need for the recent intensive involvement of the Chair to re-activate and re-energise HERFON, it is hoped that with the appointment of the Executive Secretary and the

new excellent programme manager that he may be able to step back into his governance role leaving them to pick up the mantle of organisational strengthening.

Although clear to the Board of Trustees, it was evident during the state visits that there is an exceedingly poor level of knowledge and understanding of its constitution amongst the wider HERFON membership. This was re-affirmed by many of the presentations each using different definitions of the organisations aim/vision, core purpose or mission and its objectives. Confusion arises as to the role of the Zonal Chair or co-ordinator⁴ (elected member) and that of the zonal programme officer (executive officer) and/ or the interface between the two roles. There is real potential for unnecessary duplication of activities between these two roles.

The evidence generated from the four days spent out in the field also indicated that many of the membership lack awareness as to the responsibilities and accountability that being a HERFON member brings. Several demonstrated a focus on the intrinsic rather than extrinsic benefits.

There is a real debate to be had amongst the Board and state chapter offices as to whether HERFON continues to recruit members (to swell their numbers) but who may add little value as they are not strong advocates for the organisation, or if they should undertake a robust re-selection exercise and only register those members who they feel will be active and effective advocates. A quantity versus quality debate.

An aspect noted by both the Chair and the reviewer was the total absence of women amongst the membership in the zones. Given that much of the advocacy centres around women and children a more equitable balance between the genders may be beneficial.

All 4 of the recently appointed Trustee do not have a background of being Change Agents therefore lack the institutional knowledge of the remaining Board members. In 2014 when the term of office for the long standing Trustees comes to an end then the Board needs to ensure that it is able to replace the institutional memory for the future

3.5.1 Recommendations

1. As we concur with the findings of the CIPM report we support their recommendations
2. HERFON needs to diversify its funding streams
3. The governance and management roles are more clearly separated with the management requirements being delegated to the Executive.
4. A quantity versus quality exercise is undertaken regarding HERFON's membership
5. HERFON reviews the gender balance amongst its zonal officers
6. The Board trustees are more actively utilised to promote and support activities in their various zones

⁴ This term is not used in the constitution but is frequently used by the membership at state/zonal level

3.5.2 Progress against logframe indicators- HERFON's institutional, human and financial capability improved

Table 6

No	Indicator & Milestone	Progress
1	<p>Nos of state offices fully functional and operating effectively</p> <p>Baseline 2009 0 Milestone 2012 12</p>	<p>HERFON has zonal, as per its constitution, rather than state offices all of which are fully functional.</p> <p>Milestone 2011- 8 Not achieved as outwith their constitution</p>
2	<p>Nos of senior HERFON staff that demonstrate understanding of health sector reform and actively involved in major health reform efforts</p> <p>Baseline 2009 3 Milestone 2012 12</p>	<p>All senior staff clearly demonstrated an understanding of health sector reform and are involved in health reform activities even the most recently appointed</p> <p>Milestone 2011- 8 Achieved</p>
3	<p>Nos of donors from which HERFON received core funding support</p> <p>Baseline 2009 1 Milestone 2012 3</p>	<p>HERFON remains heavily dependent on a small selection of funders although is making considerable efforts to expand this base.</p> <p>Milestone 2011- 3 Not achieved</p>
4	<p>Proportion of HERFON core funding that comes from sources other than direct donors</p> <p>Baseline 2009 5% Milestone 2012 greater than 20%</p>	<p>HERFON is not currently meeting the target requirement</p> <p>Milestone 2011 15%</p>
Risk Rating:		Medium

4 Impact monitoring – answering the “so what” question

As stated previously, an M&E framework has been developed this year along with a set of performance indicators based on the logframe. However these have yet to be used by HERFON thus there was limited evidence available on which to make a judgement as to impact.

Recognising the difficulties of measuring the impact of advocacy, much being out of the control of HERFON (i.e. the assent of the health bill by the President) the review felt that taking a staged approach based on a number of activities may be a more effective way of answering the “so what” question. Thus a range of tools were developed using actual examples of activities currently on the ground. Additionally as State health plans are now in place and if HERFON chooses to play a role in supporting their implementation then such activities could be added into the impact mapping framework and their impact could be better measured in the 2012 review.

(See Annex 5)

4.1 The logframe

As it stands, the logframe does not lend itself to other than a quantitative assessment of progress. Other than review missions, which are severely time restricted, the data sources identified for monitoring the milestones do little to provide evidence of impact. The review team have therefore proposed a revised logframe (Annex 8) which hopefully will provide, through the identified sources, a more substantial means of assessing impact.

4.2 Partnership modelling

Based on ongoing activities, the reviewers wanted to show how a simple mapping exercise could be used to demonstrate progressive impact. One model uses a National Government organisation (Annex 6a) and the other an NGO (Annex 6b). It was also felt that a similar model could be drawn up for working with a donor funded programme.

The models have a twofold outcome in that not only can you identify the impact at each stage but it clearly demonstrates the working partnership between HERFON and a Government agency. Thus the outcome of HERFON attending a consultation exercise run by NPHCDA resulted in two reports which will inform the community based financing initiative being managed by the NPHCDA.

4.3 An impact mapping tool

Whilst the above has a partnership focus it was felt that again ongoing activities managed entirely by HERFON could also be used to demonstrate impact mapping (See Annex 5). The one used by the reviewers, as it was common to all Zones was a series of meetings currently being held with each of the zonal offices from which will be identified the main focus of their activities for 2012. Two such meetings have been held to date with a third booked for the end of the month.

From this the focus of the advocacy efforts is determined and using the “so what” question a series of activities drawn up providing staged progress points/performance indicators along the path towards the ultimate goal of reduced maternal and infant mortality.

Acknowledging that it is somewhat simple it can be easily planned and more importantly monitored and provide a useful basis for the next review.

4.4 A single source data base

Given the paucity of up to date information within a single data base 2 simple forms were drawn up, one from a zonal perspective and the other from the state perspective.

Table 7

Zone	North West	North East	North Central	South West	South East	South South
Membership						
Total						
Fee paying						
Non fee paying						
Corporate/institutional						
Honorary						
Partnerships						
Media linkages						
Advocacy support network						
Score Av (1-5)						

The information to complete the forms was drawn from the progress reports held in the National office and the review visits to the states. It became quickly apparent that there was a severe discrepancy between the information held at the National office and that of the zones, this despite the fact that all information held by the zone should be relayed to the National office. Thus the National office is not in a position to effectively report on the entirety of HERFON activities reducing its impact significantly.

Of even more concern was the inability to complete the form by the officers with what should have been readily available information. The programme Manager is making efforts to update the membership list but the findings served to reinforce the fact that HERFON currently has no firm grip on this information. A valuable source of income is thus being lost to HERFON. It is intended that the new database will be completed within the next three months and will become an integral part of the quarterly reporting process and an available tool for the next review.

4.5 Impact questionnaire

During the state visits each of the attendees was asked to complete a questionnaire which focused on the impact of the outputs of the logframe rather than the quantitative element.

The results were exceptionally disappointing with very few being able to indicate any impact at all. Very few policies had been developed and no case studies at all had been written. No monies had been accessed from the MDG office and there were no indications as to how they had influenced the budgetary processes. They were not able to indicate any impact from any training activities.

Disappointing as they were, these results could provide a useful baseline for future reviews.

It is suggested that the National Advisory Committee, as per the Constitution, drive the monitoring process and take responsibility for the development of both the monitoring schedule and the outcomes.

4.5.1 Recommendation

1. The above tools are adopted by HERFON to measure impact (Annex 7)

5 Value for Money assessment

5.1 Introduction

By way of an 'accountable grant' to HERFON, the UK Department of International Development (DFID) currently provides funding to meet over 80% of the organization's financial requirements. HERFON in the past one year has undertaken several activities to strengthen its organizational capacity, as well as carry out its mission of advocating for reforms in the health sector in Nigeria. To ensure that the preferred interventions were the most effective ways of delivering its advocacy strategy, and provided the greatest benefits to the target groups, a 'Value for Money' (VfM) assessment was undertaken as part of the 2011 Output to Purpose Review (OPR) of HERFON by DFID.

Unlike traditional health programmes or projects with demonstrable direct health benefits to the target populations, HERFON operates up stream in the health sector to unblock systems issues that prevent target beneficiaries from receiving health benefits. As such, the VfM analysis for HERFON looks at the cost inputs of certain activities in the past one year against the system outputs derived to extract an estimation of the values in terms of the expected outcome for the target population. In addition, the VfM assessment reviews the **efficiency** of HERFON's approach with respect to the deployment of resources including procurement, and **cost-effectiveness** analysis of development and investment decisions made in the last 12 months.

5.2 Methodology

Due to the nature of the HERFON Project as noted above, the VfM analysis takes an unusual approach that combines traditional techniques of evaluating the cost-effectiveness of organisations' activities, with a specific procedure that attempts to use certain activities where progress has been made to determine if costs incurred are reasonable in relation to benefits achieved or likely to be attributable to those systemic issues that are being addressed.

Consequently, the various methods used include: benchmarking an activity against similar activities in other organizations; using performance indicators as set out in the logical framework; seeking out recognized good practice and comparing it with that of HERFON; a quick review of the internal audit system; and examining results of the programme activities.

In addition, the 2011 HERFON VfM assessment took into account several elements of organizational behaviour and culture – to ascertain a culture of striving to do more at the appropriate quality for less money. These include: a clearly defined organization's aims, strategies and policies; an organizational structure that promotes accountability (placing power at the point where responsibility is required, appropriate control and oversight at a higher level); appropriate infrastructure in systems, resources and training for adopting good practice; and commitment to effective communication and staff development (ensuring that the culture and aims of the organization permeate to and are identifiable at all levels of the organizational structure).

And despite the fact that HERFON uses advocacy as its main strategy to influence governance systems to improve health services, a few examples of such activities in some health system domains have been used to model health benefits that are linked to HERFON activities. More

like making a judgment to demonstrate if these activities were “something worth well the money spent” on them.

5.3 Key Findings

5.3.1 Financial Management Systems

Compared to similar notable organisations in Nigeria, HERFON was seen to have set up a robust financial management system in line with best practices ensuring that it renders accurate and comprehensive account of funds from all sources to users. Using a centralized accounting system for recording, accounting, and reporting to all stakeholders – the rules and regulations guiding all financial matters are directed by reference materials/manuals for all levels of transactions within HERFON.

As a result, the annual budget with a cycle from 1st January to 31st December, overseen by the Board of Trustees (BOT) provides the main platform that shows costs and forecast broken down into project inputs and outputs. Deriving from this source are others, for example in relation to the DFID ‘accountable grant’ – quarterly requests for advance of funds for a planned period. At the same time, retirements of expense to the same agency for the planned periods show how money has been spent. And unlike many project accounting systems that are unable to track finances by outputs, HERFON is able to clearly differentiate administrative expenses with distinct categories from programme costs, which explain the inputs in the form of activities combined under outputs linked to the expected results. What is required now is for HERFON to move beyond ensuring the presence of adequate procedures, to institutionalise an attitude and culture within the organization that seek continuous improvement.

5.3.2 Cost of Procuring Goods and Services

By matching actual market prices and appropriate benchmarks obtainable in similar organisations in Nigeria, it appears that HERFON seemed to have procured most goods and services at minimal costs but with good value. Using training as an index activity that is most frequently procured by HERFON, and as shown in Table 8 below; the average cost of training ranged from NGN⁵ 15,000 to NGN 84,000 depending on the level of training and calibre of participants involved. But within this cost envelope are certain items such as transport and fuelling that could have been better managed to lower costs further.

Similarly, in procuring consultancy services, HERFON, which follows set down rules of engaging consultants were seen to have contracted such services at reasonable fee rates for the quality of work that was delivered. However, in certain instances, the organization may have failed to have attracted the right calibre of consultants due to their inability to pay competitive market

⁵ NGN – Nigeria Naira, the national currency

Table 8 – HERFON Cost Schedule of some Training Activities

Training Activity	Number of Participants	Transport & Fueling	Refreshment	Training Material	Refund to participants	Cost of Facilitation	Other Costs	Total Cost	Average Cost per Participant
Leadership / Resource Mobilisation	15	10,000.00	115,200.00	2,200.00	647,820.00	395,000.00	83,560.00	1,253,780.00	83,585.33
Training on Mobilisation & Communication	21	10,000.00	151,200.00	6,200.00	976,320.00	255,160.00	213,000.00	1,611,880.00	76,756.19
Coalition Training In Rivers State	15	55,000.00	68,000.00	10,000.00	45,000.00	132,000.00	0.00	310,000.00	20,666.67
Coalition in Kwara State	10	63,000.00	10,000.00	10,000.00	30,000.00	40,000.00	0.00	153,000.00	15,300.00
Coalition in Enugu State	15	58,620.00	68,000.00	10,000.00	45,000.00	108,000.00	0.00	289,620.00	19,308.00
Coalition in Ogun State	15	155,000.00	68,000.00	10,000.00	45,000.00	60,000.00	0.00	338,000.00	23,533.00
South West Training on Advocacy	18	15,000.00	108,000.00	7,400.00	731,100.00	216,200.00	105,000.00	1,182,700.00	65,705.00

rates for such persons. And this could have also led to the unhappiness expressed by some HERFON partners over the variable quality of work done by some consultants it supplied to them. For example, HERFON's maximum professional fee paid to consultants is pegged at Thirty-Five Thousand Naira (NGN 35,000.00) per day, while good national consultants, especially those with international standing start at double this rate. As the competition for good people in this area becomes intense, the pressure to do more at appropriate quality for less money need to be balanced with market realities.

In the meantime, one major area where HERFON needs apply some cost saving is in managing its administrative cost. As the organization continues to expand with administrative structures in the 6 zones and further down to the 36 States, HERFON should consider the sort of structure that is 'fit for purpose'. At the moment, a significant percent of the annual budget is used to administer the organization in the last 12 months compared to the maximum benchmark in similar organizations in Nigeria.

5.3.3 Benefits Returned for Funds Invested

As mentioned earlier, HERFON works strategically in the health sector of Nigeria by influencing governance institutions, policy makers, funding agencies, service providers, and health administrators to deliver better health outcomes for all Nigerians. Consequently, most of HERFON activities are directed at systems or governance issues, which when tracked ultimately lead to the desired health impact especially those that contribute to making progress towards achieving the health-related Millennium Development Goals (MDGs). Therefore in order to determine the impact of funds invested, a useful approach is to assess the system changes that have taken place through HERFON's intervention, and then try to estimate the 'worth' that will accrue from the expected outcome. Based on evidence of HERFON's impact and outcomes from this OPR, Table 9 below provides key examples that link outcomes to cost inputs of some activities.

From this table, one can deduce that several HERFON activities have delivered real benefits for the amount invested in the activities. And a good number of them could be producing additional benefits and multiplier effects that would continue for many years to come. These are illustrated by their work on: Community-Based Health Financing; Immunisation Score Card; State Coalitions and Networks; Collaboration with the Media; and the National Health Bill.

Community-Based Health Financing

To find lasting solutions to the wicked problem of financing healthcare at the community level, HERFON actively collaborated with the National Primary Health Care Development Agency (NPHCDA) and the National Health Insurance Scheme (NHIS) to address the issue. Following a National Conference with key stakeholders, a series of consultations were held with all State Governments, Communities, Trade Associations and Unions, Non State Providers, Women and Youth Groups, Health Professionals and Academia. These were undertaken as Town Hall Meetings in the six geo-political zones of the country. The immediate outputs from these meetings were the massive community awareness created about finance as a significant binding constraint in PHC service delivery and the urgent demand for Community-Based

Table 9 – HERFON's Achievements in 2011

Health Reform Area	HERFON Activities	Cost (GBP)	Input	Immediate achieved	Outputs	Potential Expected	Outcomes	Cost Valuation
Health Financing	Jointly organized Consultations across the 6 geopolitical zones with NPHCDA on effective PHC Financing through a series of Town Hall Meetings	(£34,681.96) N7,976,850		Strong demand by States and Community groups across the country but especially in the South-West Zone for Community-Based Health Insurance (CBHI) schemes. Lagos State, which has been piloting community-based health financing schemes for some time, has replicated these events in order to mobilize its citizens. And several other States are learning from the Lagos experience.		HERFON has jointly commenced the rolling out of community-based health insurance in the country with the National Health Insurance Scheme (NHIS). This rapid scale up is expected to make certain that increased financial access for primary health care, which has been a major barrier to improving the health status of ordinary people – especially women and children is improved.		Apart from raised community awareness with potential for increased financing and reduction of out of pocket expenses; the NHIS has awarded a management contract to HERFON to roll out CBHI schemes in 50 LGAs in 6 States, for which NHIS will pay the premium for Children less than five years of age and Pregnant Mothers. At an estimated average of 3,500 children and women per LGA covered to receive maternal, newborn and child health services, this initial roll-out will increase access to at least 175,000 under fives and pregnant mothers 'free' at the point of delivery. This is a significant gain with respect to the cost incurred by HERFON in organizing the Town Hall Meetings.
Health Policy (Evidence to inform Debate and Action)	Finalization and Publication of Nigeria Health Review on Non Communicable Diseases (NCDs)	(£46,902.51) N10,787,578		Evidence on non communicable diseases – its impact on economy, health system, households and individuals provided to policy makers and general public		As NCDs have similar socioeconomic parallels with HIV/AIDS – government and key actors take concerted actions to mitigate its impact on the country.		This is good value for a timely report that should guide Nigerian policy makers to take steps to begin to combat the emerging NCDs crisis.
	Development and	(£8,269.23)		The communiqué resulting		Continuous awareness of		Using evidence to inform

	<p>dissemination of Policy Briefs to engage Political Office Holders and Bureaucrats</p>	<p>N1,901,921.87</p>	<p>from the national dialogue on 'Putting Health High on the Political Agenda' has influenced government health policy to refocus on PHC.</p> <p>At State level data collection is being used to inform local policy development. Some State specific examples include:</p> <p>Katsina- production of policy brief for Free Maternal and Child Health (FMCH) - Evidence to inform debate</p> <p>Kano- Malaria booster programme - Evidence base to inform actions</p> <p>Nasawara- Development of health finance tracking tool - Data base of budget approved, budget released and its' usage</p> <p>Kaduna- Gathering of evidence to inform Free Maternal and Child health bill - Production of Booklet which has been widely distributed</p> <p>Nasawara & Niger-Piloting of Results Based Financing (RBF) with NHIS - Evidence to inform community based financing</p> <p>Edo- distribution of advocacy documents on the National Health bill to opinion leaders across the state - Increased</p>	<p>all health initiatives such that advocacy efforts can be better targeted</p> <p>Open doors to State Government continue to influence health policies and mobilise more resources for the health sector.</p>	<p>policy and practice is one of the values HERFON adds to the health reform debate in Nigeria. For such a little amount, the return on investment in terms of what has been achieved especially at the State level is very impressive.</p>
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			knowledge of bill and potential to influence Federal Government		
Health Legislation	Persistent lobby of the National Assembly to pass the National Health Bill	(£18,843.26) N4,333,950	A harmonized National Health Bill has been passed by the National Assembly. Under HERFON leadership, a standing Nigerian Health Sector Reform Coalition is actively working behind the scene to get the President sign the bill into law.	Once the bill gets signed into law by the President of the country, an additional 2% from the Consolidated Federation Account (CFA) would be available to finance primary health care (PHC). This amount is estimated to be around NGN 44.3 billion (GBP117.2 m) per annum. Additional benefits and multiplier effects include: instigating States and Local Government Areas (LGAs) to release more funds for PHC activities through counterpart funding mechanisms; expanding Community-Based Health Insurance (CHBI); and secured PHC Financing that go on for several years.	The gross valued added if this bill becomes a law is enormous. Therefore the effort and resources committed by HERFON to persistently lobby the National Assembly to pass the National Health Bill in the first instance is considered very good value for money.
Partnerships and Networks for Health Sector Reform	Establishment / Reactivation of State Health Sector Reform Coalitions	(£8,272.65) N1,902,710	Health sector reform coalitions have been established or re-activated in all the 36 States and several of them are operating sustainably where HERFON provides Secretariat function. Membership of State programme committees: SAVI, SuNMaP, PRINN-	As HERFON is represented and seats on virtually all high level National and State health policy coordinating committees, HERFON will continue to lead the debates to start or strengthen broad based reform agendas in the Nigerian health sector. And recognized as one of	In one State alone - the advocacy support to Oyo State SACA has enabled it to secure more funds that help to increase ART sites. One site alone recorded 1,477 on ARV, 247 on PMTCT prophylaxis and counselled and tested 10,477 individuals by July 2011. Given the limited

			<p>MNCH, PATHS 2, NURHI, and MCH-CSO</p> <p>Links with State government agencies maintained :</p> <p>SACA, SMOH, SPHCDA</p> <p>For example in Oyo State advocacy support to SACA enabled drawing down from World Bank funding to fight HIV/AIDS through its conversion from a 'committee' to an 'agency'.</p>	<p>the foremost civil society organizations in the country, HERFON's advocacy efforts are yielding results in leveraging additional resources for the health sector. For example, HERFON was invited by the Federal Government to join a country delegation to the GAVI Alliance in Geneva to negotiate for new resources to fund routine immunization activities that will markedly improve under-five mortality. Through a joint-bid with government and other partners, HERFON is anticipating to get about 5% of USD 400 million to influence, mitigate risks and 'work the politics' of ensuring that routine immunizations services are reactivated and sustained in the country.</p>	<p>funds that have been used to maintain State Coalitions and Networks the value obtained from this activity has far surpassed the input.</p> <p>If the country GAVI proposal goes through HERFON should be able to replicate such success stories in virtually every State.</p>
Collaboration with Media houses	(£10,698.97) N2,460,763.87	<p>Strong links with media houses - radio, TV and print media have been established. This has led to wider access and increased opportunities for advocacy messages.</p> <p>A number of States report weekly 'free' programmes slots dedicated to health issues and health reform</p>	<p>Wide range of media houses continue to offer of free slots to sustain media coverage of health issues with numerous newspapers articles, as well as Radio and TV programmes that improve public knowledge with "fact and not fiction".</p>	<p>In one State alone - Listeners' survey in Nasawara State reports that the radio programme "Talking Point" reaches over a million people with health information that enables them to take health actions by themselves. Clearly, other than the 'free programme slots' much higher</p>	

		<p>credited to HERFON. Key examples are: Nasawara State - public dialogue through Radio programme “Talking point” – has led to better informed public on health issues; Kwara State - TV series on promoting community based financing – has led to better informed public on community based financing.</p> <p>During the period of this review the Chairman of HERFON BOT had 3 requests to speak on the radio and TV – broadly on health sector reform but also specifically on the National Health Bill.</p>		<p>benefits have been received from HERFON’s investment in working with the media.</p>
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Immunisation and Polio Eradication	Benchmarking States on their performance with respect to Polio Eradication	<p>(£5,012.09)</p> <p>N1,152,781</p>	<p>By monitoring Wild Polio Virus (WPV) and placing this information in public domain, HERFON has created a platform for 'naming and shaming' those who are failing to support the reform efforts of the Federal Government in this area. As State Governors are very conscious of their political image, other political office holders and bureaucrats have started to respond to ensure that immunization services, which have a huge impact on child survival, are re-vitalized and maintained. In Rivers State, for example, the Governor (who is also Chair of the Governors' Forum) has mandated all LGA Chairmen to release enough resources for immunization activities – to ensure that the figures coming from the State would always place it among the top performers.</p>	<p>Ultimately, this monitoring exercise would serve as a veritable instrument for accountability for service delivery in the publicly provided health care services. And it could also be expanded to benchmark States on several parameters – to establish a vicious cycle of 'voice and accountability' in the health sector.</p>	<p>In one State alone - already a 60 per cent increase in funds allocated to immunisation from the LGAs has been reported in Rivers State . Compared to the funds expended in carrying this activity the pay back has been massive and still enduring.</p>
Capacity for Health Sector Reform	Training of Health Managers	<p>(£16,685.44)</p> <p>N3,837,651</p>	<p>170 persons - both members and health managers have been trained on various health management issues. These persons who 'as change agents' are now doing things differently in their areas of influence.</p>	<p>As many change agents who have benefited from such capacity building exercises claimed that their confidence and productivity have been improved – more traction is expected from health service activities on the frontline.</p>	<p>As management capacity remains a significant limitation in PHC service delivery, the amount expended for the number of persons trained in very reasonable.</p>

Health Insurance (CBHI) as the preferred health financing mechanism in the country. Lagos State, which has been piloting community-based health financing schemes for some time, has replicated these events both as an endorsement of this policy by the people, as well as to mobilize its citizens to implement these schemes in their communities across the State. Furthermore, the NHIS has awarded a management contract to HERFON to roll out these schemes in 50 LGAs in 6 States, for which NHIS will pay the premium for Children less than five years of age and Pregnant Mothers. At an estimated average of 3,500 children and women per LGA covered to receive maternal, newborn and child health services, this initial roll-out will increase access to at least 175,000 under fives and pregnant mothers 'free' at the point of delivery. This is a significant gain with respect to the cost incurred by HERFON in organizing the Town Hall Meetings.

Immunisation Score Card

HERFON is using Polio Eradication as an index case to monitor State performance on immunisation service delivery. By benchmarking all 36 States and the Federal Capital Territory (FCT) on a monthly basis and placing this information in public domain, HERFON has created a platform for 'naming and shaming' those who are failing to support the reform efforts of the Federal Government in this area. As State Governors are very conscious of their political image, other political office holders and bureaucrats have started to respond to ensure that immunization services, which have a huge impact on child survival, are re-vitalized and maintained. In one State – Rivers, where the Governor is also the Chair of the Governors' Forum, all Local Government Area Chairman who are all political loyalists of the Governor have been mandated to commit more resources for immunisation activities – to ensure that the figures coming from the State would always place it among the top performers. Already a 60 per cent increase in funds allocated to this area from the LGAs in this has been reported. Going forward, HERFON plans to expand this instrument to include other parameters that would institutionalize this benchmarking exercise as a tool of 'accountability' for service delivery at PHC level in the country. Compared to the funds expended in carrying this activity the pay back has been massive and still enduring.

State Coalitions and Networks

As HERFON is represented and seats on virtually all high level National and State health policy coordinating committees, the organisation is fully aware of all health initiatives such that advocacy efforts can be targeted. At the State level, HERFON has also used this position to influence State Governments to inform actions that enable States to undertake the right reform activities. In Oyo State for example, the State Agency for the Control of AIDS (SACA) was unequivocal in asserting that HERFON's advocacy support was instrumental in converting its previous status of a 'committee' to that of an 'agency'. Since this change in status was the condition for drawing down from the World Bank funding to fight HIV and AIDS in the State, significant resources to mitigate the effects of this disease have been received by this State. Consequently, the numbers of Anti-Retroviral Treatment (ART) and Prevention of Mother to Child Transmission (PMTCT) sites, as well as HIV testing and counselling centres have increased with further funding from the Global Fund. One of the new ART sites, State Hospital, Oyo Town in Oyo East LGA enrolled 1,437 in their ARV programme; gave prophylaxis to 247 pregnant mothers; and counseled 10,477 individuals out of which 1,077 tested positive by July 2011. Another ART site – State Hospital, Saki Town in Saki West LGA attends to an average of 150 – 180 patients weekly. Given the limited funds that have been used to maintain State Coalitions and Networks the value obtained from this activity has far surpassed the input.

Collaboration with the Media

By establishing strong links with media houses - radio, TV and print media, HERFON has secured wider access and increased opportunities for advocacy messages. A number of States report weekly 'free' programme slots dedicated to health issues and health reform credited to HERFON. Two examples are: **Nasawara State** - public dialogue through Radio programme "Talking point" – has led to better informed public on health issues; and **Kwara State** - TV series on promoting community based financing – has led to better informed public on community based financing. During the period of this review the Chairman of HERFON BOT had 3 requests to speak on the radio and TV – broadly on health sector reform but also specifically on the National Health Bill. Listeners' survey in Nasawara State reports that the radio programme "Talking Point" reaches over a million people with health information that enables them to take health actions by themselves. Clearly, other than the 'free programme slots' much higher benefits have been received from HERFON's investment in working with the media.

National Health Bill

HERFON was the prime mover in getting the bill to the President's desk at the end of last year. While the delay in the President's assent despite all the promises was unforeseen by HERFON, it has stepped up actions using its extensive network and focused contacts to get the bill signed as soon as possible. This is demonstrated by several media events including editorials by powerful media houses in print, radio and television – galvanizing diverse stakeholders towards putting a common front to get the President to sign the bill. Once the bill gets signed into law by the President of the country, an additional 2% from the Consolidated Federation Account (CFA) would be available to finance primary health care (PHC). This amount is estimated to be around NGN 44.3 billion (GBP117.2 m) per annum. Additional benefits and multiplier effects include: instigating States and Local Government Areas (LGAs) to release more funds for PHC activities through counterpart funding mechanisms; expanding Community-Based Health Insurance (CHBI); and secured PHC Financing that go on for several years. The effort and resources committed by HERFON that has persistently lobbied the National Assembly to pass the National Health Bill is considered good value for money.

5.3.4 Issues Related to Organisational Effectiveness

In as much HERFON could demonstrate impact in some areas and extracting good value for the costs incurred; it is also important to note that certain activities undertaken were poorly chosen and so may not be contributing to achieving the programme Outputs. Similarly, some other interventions carried by the organisation were seen not to be aligned with the core purpose of HERFON as an organization that seeks to be the 'prime advocate' for health reforms in Nigeria. For example, under Output 2 – Capacity for Health Sector Reform Strengthened, activities such as training primary health care workers on Live Saving Skills (LSS) and other direct service delivery activities in reproductive health and family planning have been carried out. Clearly, these activities while useful in their own right were not achieving the programme Output, neither were they directed at what HERFON set out to do.

Equally, there were several activities aimed at achieving the programme Outputs that were carried out based on assumptions about what is required rather than based on maximizing their chance of achieving the desired results without unnecessary expenditure and effort. For example, although collaboration with the media is overall delivering good value especially in its advocacy work, HERFON should persistently ask one fundamental question (So what?) – in selecting specific activities aimed at delivering the results. In this instance, a media event aimed at getting the attention of

Parliamentarians in a State for example would be so targeted that the lawmakers would be seen to have taken action based on that media engagement. HERFON is already aware of such linkages as demonstrated by its advocacy support to enhance the organisational status of SACA in Oyo State.

Nevertheless, apart from HERFON's core functions (advocacy, partnerships, evidence and capacity building); two key interventions are contributing hugely to the project Purpose and Goal. These are: the work on the National Health Bill - which even at the stage it is, has significantly raised PHC reform awareness in the country; and the partnerships with the National Primary Health Development Agency (NPHCDA) and the National Health Insurance Scheme (NHIS) - that is bringing these two agencies together to put in place a sustainable structure and mechanism for financial risk protection for health care at the community level. Related to these is HERFON's work on 'free maternal and child care services' in some States, but this intervention has to be properly integrated with the PHC financing solutions that are being developed jointly with the NPHCDA and NHIS.

5.4 Recommendations

The recommendations of the VfM assessment of HERFON's approach are set out under two themes: (a) specific recommendations on improving VfM to maximize programme impact; and (b) broad recommendations for improving HERFON's ability to measure VfM.

5.4.1 Recommendations to maximize Programme impact

1. Although HERFON's financial management rules, regulations and procedures are adequate, they are not sufficient in themselves to achieving VfM. HERFON needs to inculcate the attitude and culture of continuous improvement at all levels of its organization.
2. In procuring certain high value items such as consultancy services, HERFON needs to balance the objective of cost minimization with market realities to avoid high supervision and maintenance costs especially where it provides such services to other partners and clients.
3. HERFON should urgently find ways and means of drastically bringing its administrative costs down in line with acceptable best practice.
4. Through option analysis, HERFON should streamline its programme activities in line with its core purpose of advocating for health reforms, as well as achieve the Outputs that contribute to the Purpose and Goal of projects such as this.

5.4.2 Recommendations to help HERFON measure VfM

1. As the governing body of an organization responsible for the VfM that is obtained from the activities undertaken, HERFON's Board of Trustees (BOT) should not delegate this responsibility to management. The BOT should ensure that its own processes are sufficient enough for it to be assured that management is satisfactorily discharging its responsibility for VfM. This can be achieved through proper scrutiny of HERFON's affairs, by exercising appropriate oversight over the organization's strategies and policies, and through normal activities required of the audit, finance, and other committees of the BOT.

2. Since conducting a VfM assessment such as this is not the only way to show commitment to VfM, HERFON should ensure that existing management practices that seek to integrate VfM principles and the active promotion of a culture of continuous improvement, which are two alternative approaches become routine within the organization.
3. HERFON should put in place mechanisms for tracking all inputs in monetary terms for all programme activities, as well as being able to quantify the results (if possible in similar units), in order to assess the impact (benefit) returned for every £ invested.
4. HERFON should seek to conduct a VfM assessment, in conjunction with other organizations to learn and make comparisons (including use of benchmarking techniques), in addition to drawing upon good practice identified elsewhere.

5.5 Conclusion

In assessing whether or not HERFON has obtained maximum benefit from the goods and services it both acquires and provides - several factors were used to judge whether or not, together they constitute good value. Apart from measuring the cost of goods and services, the HERFON VfM assessment took into account other subjective, intangible, difficult to measure and sometimes poorly understood elements such as – quality, other costs, resource use, fit for purpose, appropriateness, timeliness and convenience of undertaking programme activities.

To summarise, HERFON exhibited good economy through cost minimization, good practice and compliance with rules. The organisation has also extracted good value for the cost incurred in several areas such as: Community-Based Health Financing; Immunisation Score Card; State Coalitions and Networks; Collaboration with the Media; and the National Health Bill. In particular – the work on Community-Based Health Financing and the support to the National Health Bill, the potential impact that could be achieved is very high, with additional benefits and multipliers that would persist for a very long time. However, its huge administrative budget is one area where a major cost saving can take place. Other areas of concern include: the lack of strategic focus of some programme activities; non alignment of some interventions to project results; and occasional deviation from the organization's mission.

6 Financial Sustainability

6.1 Background

Threats to HERFON's existence as a going concern due to its inability to generate additional funding other than the 'accountable grant' from the UK DFID has become critical. The DFID's second grant of GBP 3.6 million will expire in September 2013, but the organization's current reliance on this funding source is still 80%. As DFID plans to reduce HERFON dependency on it for financial support in the next two years, it is important that drastic steps are taken by the organization to diversify its funding base.

However a sense of managing this situation is now obvious particularly at the BOT level. A budget line for resource mobilization that would ensure that HERFON becomes self-sustaining has been identified along with practical steps to establish a business development unit (BDU) with marketing and fund raising responsibilities

and some initial thoughts around identifying key sources of core funding other than DFID.

6.2 Business Development Unit

When fully operational, it is expected that the business development unit of HERFON will operate as a non-subsidized self-funding unit by generating a constant stream of revenue through delivering high quality research and consultancy and training services in health planning and management plus driving fund raising activities in the form of setting up and managing an Endowment Fund; writing grant proposals; and seeking new sources of funding for the organization. It would also direct the marketing efforts of HERFON to re-create a brand of high repute.

6.3 Revenue Forecast

HERFON has provided an indicative income statement based on current and future receivables along the lines of the concept of setting up a BDU showing a three-year income statement forecast (See annexe 3) compared to the current situation. This indicates a reduced dependency on DFID from the current level of 80% to 60% and 35% in 2012 and 2013 respectively. It is expected that other grants which currently stand at 10% will pick up most of the tab, gradually increasing to 28% in 2012 and 54% in 2013. Already a joint-country bid to the GAVI alliance that may release USD 400 million for immunization to the country has recently been submitted – HERFON's share of this amount is about 5%.

6.4 Cash Flow Outlook

HERFON has attempted to match the three-year revenue projections with reasonable and expected expenses for the same period, to see if the organization will be liquid enough to sustain its operations and the resulted three-Year Cash Flow Analysis is presented in Annexe 3. If the plans for setting up the BDU and organizational restructuring are followed through, apart from a healthy revenue base, the administrative component would be reduced from 60% to 20% - very close to the 15% benchmark target.

6.5 Recommendations

1. DFID should agree to a one- year no cost extension of the current grant to allow HERFON enough time to implement its plans that would enabled it attain financial sustainability.
2. DFID should use the financial targets set in the revenue projections to hold HERFON accountable to deliver on its promise.

Table 10- Three-Year Income Statement Forecast

HEALTH REFORM FOUNDATION OF NIGERIA									
Income Statement									
THREE YEAR INCOME STATEMENT FORECAST									
		Jan - Dec 2011		Jan - Dec 2012		Jan - Dec 2013		Jan - Dec 2014	
Income		£		£		£		£	
Grants	DFID	843,471	80.01	763,389	59.91	572,540	34.93	500,000	19.84
	Other Grants:								
	MDG			50,000		80,000		400,000	
	SuNMaP	40,000		50,000		50,000		60,000	
	PATHS 2			60,000		60,000		60,000	
	CIDA	9,401		30,000		30,000		200,000	
	NURHI	8,350		19,416		20,000		200,000	
	NHIS	47,546		60,000		60,000		60,000	
	NPHCDA			40,000		40,000		40,000	
	GAVI			50,000		50,000		400,000	
	IPPF							150,000	
	Endowment fund	-		-		500,000		-	
	Sub-Total	105,297	9.99	359,416	28.20	890,000	54.30	1,570,000	62.28
Consultancy	SuNMaP	20,000		25,000		25,000		30,000	
	PRRINN	20,000		30,000		30,000		30,000	
	PATHS 2			15,000		15,000		20,000	

	Global Fund					50,000		200,000	
	CIDA								
	NURHI	5,000		6,000		10,000		15,000	
	NHIS	10,000		15,000		15,000		20,000	
	NPHCDA	5,000		10,000		10,000		15,000	
		60,000	5.69	101,000	7.93	155,000	9.46	330,000	13.09
	Membership Dues	2,000	0.19	5,000	0.39	6,000	0.37	10,000	0.40
	Investment Income								
	Dividends	450		500		600		700	
	Endowment fund Interest							50,000	
	Bank Interest	11		12		14		15	
		461	0.04	512	0.04	614	0.04	50,715	2.01
	Sale of Publications								
	Launch/Sale of NHR	28,000	2.66	30,000	2.35	5,000	0.31	50,000	1.98
	Other Income								
	Office Rent	15,000		15,000		10,000		10,000	
		15,000	1.42	15,000	1.18	10,000	0.61	10,000	0.40
	Total Income	1,054,229	100	1,274,317	100	1,639,154	100	2,520,715	100

Table 11: Three-Year Cash Flow Analysis

HEALTH REFORM FOUNDATION OF NIGERIA						
THREE –YEAR CASHFLOW ANALYSIS						
S/N	DESCRIPTION	2011	2012	2013	2014	Total
		£	£	£	£	£
1	INCOME					
a	Opening Balance as at Jan 1, 2011	106,604	215,329	379,811	594,924	106,604
b	Income for the year	1,054,229	1,274,317	1,639,154	2,520,715	6,488,415
	TOTAL INCOME	1,160,833	1,489,646	2,018,965	3,115,639	6,595,019
2	EXPENDITURE					
a	Administrative Costs					
i	Governance Costs	25,500	32,448	42,954	50,515	151,417
ii	Personnel costs	145,893	145,893	145,893	145,893	583,572
iii	Other Administrative Costs	72,630	72,630	72,630	72,630	290,520
	<i>Sub-Total</i>	<i>244,023</i>	<i>250,971</i>	<i>261,477</i>	<i>269,038</i>	<i>1,025,509</i>
b	Programme Costs					
i	Partnerships and networks for health sector reform strengthened (Partnerships)	147,960	170,000	135,000	340,000	792,960
ii	Enabling Environment for Health Care supported (Advocacy)	21,050	50,000	50,000	260,000	381,050
iii	Capacity for Health Sector Reform in Nigeria strengthened (Capacity)	17,500	55,000	55,000	534,000	661,500

iv	Evidence- based policy analysis and development strengthened (Evidence)	47,250	105,000	100,000	500,000	752,250
v	HERFON's institutional, human and financial capability improved	467,721	478,864	322,564	145,963	1,415,112
	Sub-Total	701,481	858,864	662,564	1,779,963	4,002,872
	TOTAL EXPENDITURE	945,504	1,109,835	924,041	2,049,001	5,028,381
3	ENDOWMENT FUND					
	Investment of endowment fund	-		500,000		500,000
		-	-	500,000	-	500,000
	Closing Balance	215,329	379,811	594,924	1,066,638	1,066,638

7 Decentralisation

(Also see Annex 6)

There has been no expansion of the number of zonal or state offices since the previous review and the organisation remains strongly nationally focused with the National office using a significant proportion of HERFON's allocated grant although equally they tend to be the main income generators. There was no indication of a shift away from this position since the previous review. Despite this from the review visits the states feel that it has very little impact at either zonal or state level. Given the states access to and potential for influence on the membership and their wish to drive the agenda, then the National office should consider how it can streamline itself but continue to meet its role of coordinating a national organisation of change agents.

The states need equally to consider how they engage the wider membership. It is evident that the greatest level of engagement takes place in States that are geographically located near the zonal office (Kwara is 750km from its zonal office) or is the home state of the zonal officer or contain donor funded programmes. It is clear that a physical presence has a positive impact and whilst not necessarily advocating the opening of 36 offices, HERFON needs to consider the means of getting greater engagement from the more distant states.

Also consideration needs to be given as to how they can more actively utilise the expertise of their Board members given their geographical spread across the zones as currently there is no indication as to their impact.

8 Concluding comments

Since the last review with a few notable exceptions the impact of HERFON remains limited. This may well be due to the turbulence of the past 12 months and thus is possibly not a fair reflection of their ability to effect change. However the building blocks are falling into place with the appointment of quality staff, use of sound recommendations on key areas, sound financial management systems, re-engagement of members and a refocusing of activities.

With the means now in place for more effective monitoring, thus better able to demonstrate impact, it is hoped that next year's review will indicate an organisation which has moved substantially further along its path of being the most effective prime advocator for health in Nigeria.

9 Summary of recommendations

9.1 Overarching recommendations

1. Re-target state advocacy efforts to ensure that the health reform focus takes priority and leads to improved health status
2. Re-educate and refocus the membership to the constitution of the organisation
3. Ensure Herfon has a functioning but streamlined organisational structure signed up to by all staff
4. Make considerably greater efforts to demonstrate the impact of their activities
5. Urgently diversify the funding sources
6. Strengthen their evidence mandate through a scaled up and responsive resource centre (knowledge management centre) which is recognised as a National centre of excellence

Logframe specific

Purpose

1. HERFON should continue in its efforts to gain Presidential assent of the National Health bill.
2. The initiatives undertaken by Kaduna, Edo and Katsina should be used as models of good practice and replicated by other states.
3. HERFON should consider how it can promote the strengthening of health services using the state health plans as the mechanism for doing so.

9.2 Outputs

Output 1: Partnerships

1. Given their shared agenda, partnerships with Advocacy Nigeria and PATHS 2 are strengthened.
2. At State level members need to be more pro-active in exploring the potential for increased engagement across the state
3. Review the models of good practice currently on the ground and replicate across the states

Output 2: Advocacy

1. Ensure the credibility of the organisation is maintained through the use of quality advocates
2. Produce a series of information packs for use by the members for a select number of focal areas
3. Refocus activities such that they realise the core purpose of health care reform.

Output 3: Capacity

1. Refocus capacity building activities to achievement of the core purpose
2. Implement monitoring of the effectiveness and efficiency of the training activities such that the impact can be demonstrated
3. Ensure the credibility of HERFON is maintained by all capacity building activities

Output 4: Evidence

Logframe indicators need to change to reflect the fact that evidence alone is not enough to make government alter their budget

1. Members should be more actively engaged in expanding the evidence base generated by HERFON
2. Given its importance, serious efforts should be made to scale up the resource centre such that it becomes a nationally recognised repository for knowledge and learning materials.

Output 5 - Institutional strength and governance

1. HERFON needs to diversify its funding streams
2. As we concur with the findings of the CIPM report we support their recommendations
3. The governance and management roles are more clearly separated with the management requirements being delegated to the Executive.
4. A quality versus quality exercise is undertaken regarding HERFON's membership
5. HERFON review the gender balance amongst its zonal officers
6. The Board trustees are more actively utilised to promote and support activities in their various zones

9.3 Impact mapping

1. The tools identified are adopted by HERFON to measure impact

9.4 Value for Money (VFM) assessment

To maximize programme impact

2. Although HERFON's financial management rules, regulations and procedures are adequate, they are not sufficient in themselves to achieving VfM. HERFON needs to inculcate the attitude and culture of continuous improvement at all levels of its organization.
3. In procuring certain high value items such as consultancy services HERFON needs to balance the objective of cost minimization with market realities to avoid high supervision and maintenance costs especially where it provides such services to other partners and clients.
4. HERFON should urgently find ways and means to drastically bring its administrative costs in line with acceptable best practice.
5. Through option analysis HERFON should streamline its programme activities in line with its core purpose of advocating for health reforms, as well as achieve the Outputs that contribute to the Goals of projects such as these

To help HERFON measure VFM

1. As the governing body of an organization responsible for the VfM that is obtained from the activities undertaken, HERFON's Board of Trustees should not delegate this responsibility to management. The BOT should ensure that its' own processes are sufficient enough for it to be assured that management is satisfactorily discharging its responsibility for VfM.
2. Since conducting a VfM assessment such as this is not the only way to show commitment to VfM, HERFON should ensure that existing management practices that seek to integrate VfM principles and the active promotion of a culture of continuous improvement which are two alternative approaches become routine within the organization.
3. HERFON should put in place mechanisms for tracking all inputs in monetary terms for all programme activities, as well as being able to quantify the results

in similar units, in order to assess the impact (benefit) returned for every £ invested.

4. HERFON should seek to conduct a VfM assessment, in conjunction with other organizations to learn and make comparisons and draw on alternative good practice models.

9.5 Financial Sustainability

1. DFID should use the financial targets set in the revenue projections to hold HERFON accountable to deliver on its promise.
2. The cash flow outlook and revenue forecast are used as performance indicators for next years review

9.6 Decentralisation

1. A focal point for engendering increased membership engagement should be made available in each state thus raising its profile
2. The National office should consider how it can effectively function in a more streamlined way.
3. Once confident in their officers the Board should consider the delegation of management to the Executive staff
4. The Chair of the Board once the Executive is fully operational should step back into a governance role

Annex 1: Terms of reference

Terms of Reference for Year 2011 Annual Review of the Health Reform Foundation of Nigeria (HERFON) 5 – 16 September 2011

Objective

1. The objective of this Terms of Reference is to assess the progress HERFON has made since its last annual review; to document the results of the review for the use of HERFON and its donors, including DFID; and to propose recommendations for improvement.

Recipient

2. The recipients of the work are HERFON, Federal and State Ministries of Health; DFID and organisations that provide funding and other support to HERFON.

Scope of Work

3. This review will focus on the following:
 - a. An assessment of quantitative and qualitative progress with the implementation of HERFON's business plan and logframe. This will include a full assessment against the HERFON log-frame milestones and targets as well as progress against the work-plan.
 - b. An assessment of HERFON's monitoring and evaluation framework and logframe, and develop at least two value for money indicators that can be measured and evaluated by next annual review; including whether any assumptions or risks have changed.
 - c. Review approach, strategic direction, and risk mitigation strategies, including any strategies relating to its political engagement with the commencement of new governments at Federal and State levels and the 7th National Assembly.
 - d. An assessment of collaboration between HERFON and other stakeholders in Nigeria's health system, such as government, the private sector, the political class, civil society, various Health Associations/Groups and donors.
 - e. Following from recommendations of first annual review report, review the ongoing decentralization plan to ensure that the roll out process is informed by HERFON's resource envelope, the viability of the state chapters and available and guaranteed funds, including the effective utilisation of opportunities at the regional/state levels to drive HERFON's mandate.
 - f. Review self-sustaining strategies (if any put in place so far) and support HERFON's plans to develop a Resource Mobilization Strategy for (i) Internally generated revenue, (ii) Partnerships, (iii) Creation of a separate business arm/investment/branding and her (iv) Transparency and accountability arrangements. Recommend

appropriate strategies to promote the financial independence of HERFON in this regard.

- g. Review effectiveness of HERFON's engagement at the Federal and State levels, in relation to knowledge management and the wider replication of reforms to other state governments, and also other development partner's health programmes.
 - h. Review the efficiency of HERFON's approach with respect to Value for Money, in terms of (i) the deployment of resources including procurement (ii) cost effectiveness of HERFON's approach:
 - (i) *Assess availability of cost and forecasts broken down by input and output to show how money is being spent,*
 - (ii) *Assess availability of information to understand effectiveness of outputs to deliver results.*
 - (iii) *Compared costs to planned and achieved results, to assess economy, efficiency and effectiveness of HERFON, including by*
 - a) *Assessing efficiency trends overtime*
 - b) *Examining the efficacy of different outputs in contributing to project purpose and goals,*
 - c) *Developing benchmarks and compare costs of different inputs and outputs, (for, both service provider costs and commodities). Include in the analysis whether there is evidence of spin off? Broader benefits? Possible longer-term impacts?*
 - (iv) *Set out specific recommendations on improving VFM, including identifying efficiency savings and ways to adjust the programme to maximise impact.*
 - (v) *Set out recommendations for improving the ability of HERFON to measure VFM, including improved cost information, VFM metrics and indicators for HERFON's monitoring and evaluation framework.*
 - i. Examine HERFON's Organizational and Staff Audit report and make comments on appropriateness of recommendations (but not necessarily review whole report), and highlight key issues for implementation (quick wins) that will impact on HERFON's progress, growth and development as an organization in terms of its mandate, membership, structure and mode of operation.
4. The consultants will develop an effective methodology for the conduct of the review and will propose appropriate recommendations for improvement.
 5. The consultants will document the results of the review for the use of HERFON, its donors and stakeholders including completing the DFID annual review form.

Method

6. The Consultants will agree with HERFON a detailed methodology, including review schedule and logistic arrangements, for the conduct of the review.
7. The consultants will facilitate the actual review, and will coordinate a review team made up of HERFON stakeholders such as representatives from the BOT, members, representatives of Federal and State Ministries of Health, HERFON management, and members, HERFON project partners, and HERFON current/prospective donors including DFID.

8. It is anticipated that the HERFON review will visit up to four HERFON zonal offices (out of the six current zonal offices in Enugu, Kaduna, Yobe, Nassarawa, Rivers and Oyo States). Visits and interviews will include to local governments, supported facilities and other interlocutors. The review team will divide into two teams, each led by an external consultant, so as to enable more detailed review in each zonal state operation.,.
9. The review will meet the requirements of a standard DFID Annual Review Process, including evaluation of the revised format logical framework and completion of the standard annual review report.
10. The Review Team will complete preparatory reading in advance of the review (see list below for background reading requirements). The review team will be required to interview the HERFON Executive Secretary, key members of the Board of Trustees (BOT) and National Advisory Committee (whose membership cuts across the six Zones), and key government, development partners and civil society partners.
11. There will be a session in Abuja to start the main review and engage with the HERFON BOT/ Executive Secretary and the national management team, Programme Partners and Federal Government officials. There will be a debrief session at the end of the review, hosted by HERFON, at which the consultants will present the findings of the review to HERFON and other stakeholders.
12. Each zonal/State visit should also start with a briefing from the HERFON Zonal Coordinator/ State Team and will end with a joint feedback session.

Reporting and Outputs

13. The independent consultants will be required to produce the following reports:
 - a. HERFON 2011 Annual Review Report. This report should address the requirements of this Terms of Reference. It (excluding annexes) should be no longer than 20 pages. The annexes will include:
 - A 1-2 pages progress summary for each Zonal Office (incorporating State highlights of progress and any significant issues); and
 - 3-4 page reports on key areas outlined in the scope of this Terms of Reference, such as HERFON Organizational and Staff Audit, Value for Money, progress on decentralisation and financial sustainability.
 - b. Completed DFID ARIES annual review form for HERFON

Deliverable	Timing
Initial presentation of key findings and recommendations of the review to HERFON and key stakeholders	Friday, 16th September 2011
Draft HERFON Annual Review Report, including Programme Reports and ARIES forms as annexes submitted to HERFON and DFID	Friday, 23rd September 2011
Final agreed report submitted to HERFON and DFID	Friday, 30th September 2011

Duration and Timing

14. The review will take place in Nigeria from Monday, 5th September to Friday, 16th September 2011. Two day of preparatory work will be carried out before the start of the review. Background reading for the review will be supplied to the consultants at least week before the commencement of the review.
15. It is currently estimated this consultancy will require a total of 19 days for the HERFON Review Team Leader, and 16 days for the second independent consultant. The tasks, their duration and timing are:
 - 3 days prior to commencement of the assignment for examination and analysis of key documentation; and developing/ agreeing the methodology and logistic arrangements for the review. (2 days for the second consultant)
 - 11 full working days in Nigeria for the main review mission (excl. Sunday);
 - 5 days after completion of the mission to complete draft deliverables and follow up editing. (3 days for the second consultant)

Co-ordination

The Consultants will liaise closely with DFID Nigeria through the DFID Abuja Health Advisor (Dr. Ebere Anyachukwu) who shall be responsible for the overall review coordination, supported by the Assistant Programme Manager (David Ukagwu)

The consultants will also work closely with HERFON through the programme manager (Dr. Nkemdilim Ene).

HERFON Review Consultants & Review Team Members

- a. The team leader will have competencies in public health systems with specific expertise in high level health reform advocacy work and governance. S/he should have relevant experience working in Nigeria, and will have overall responsibility for delivery of the outputs of this review. S/he will lead one of the field teams and be responsible for reviewing the overall health reform advocacy work, governance, coordination and management aspects of HERFON within the annual review.
- b. The second consultant who will have competencies in health economics and cost effectiveness/ value for money assessments of development interventions. Business development and fund raising skills would also be an added advantage for the second consultant. S/he will lead the other field team and focus on the assessment of value for money at HERFON, strategies / approaches to increase HERFON's business development, management capacity and financial sustainability as well as any other tasks assigned by the team leader. It should be noted that both external consultants, in addition to their lead responsibilities, will also be expected to contribute to all objectives of the review.
- c. Up to four members from HERFON stakeholders such as representatives from the BOT, members, representatives of Federal and State Ministries of Health, HERFON management, and members, HERFON project partners, and HERFON current/prospective donors including DFID. The specific individuals will be agreed between the team leader for this review and HERFON.

Background

HERFON is a national membership and independent non-governmental think tank foundation, developed by a group of reform-minded Nigerians in 2004. HERFON grew out of the successful DFID-funded Change Agents Programme (CAP). This programme identified individuals as 'Change Agents' and helped empower them to become catalysts for reform in the health sector, with about 120 Change Agents participating in programme activities including study tours and workshops. The CAP ran from 2001 through 2004. At its conclusion a number of Change Agents founded HERFON as an indigenous NGO to continue facilitating Change Agents and advocacy for health reform; HERFON formally began activities in October 2004, and in January 2005 received a DFID Accountable Grant.

HERFON phase 1 was a 4 years support initiative which ran from January 2005 to December 2008, for a total project value of £3.5 million British pounds sterling. A no cost extension till March 2009 was agreed in December 2008, to allow HERFON complete implementation and charge-off of the current DFID accountable grant. A vital component of the DFID assistance is to assist HERFON to build its organisation with robust systems and sound governance, and capacity to sustain itself in the longer term.

HERFON's mission is to advocate for better health through policy analysis, research, capacity building, knowledge management, collaboration, cooperation partnerships and leadership development. This mission is in line with relevant important strategies such as NEEDS / SEEDS and DFID Nigeria's country strategy, and consistent with (and should contribute to) achieving progress towards the MDGs.

Since its inception, HERFON has played a prominent role in support of Health Sector Reform and is committed to both influencing and supporting the Federal Ministry of Health to achieve its reform objectives. It has made important contributions to key health policy debates; most notably work on the Health Bill and, in previous years, the immunisation debates in Northern Nigeria. HERFON and its members have also been influential at State level, for example working on Health Accounts in Ekiti and the Health Plan in Jigawa. HERFON has established a good reputation and demonstrated a unique ability to influence change, leveraging contacts and influence in senior policy circles and throughout the country.

Overall, HERFON phase 1 was adjudged to have delivered project outputs well. The organisation has established a good reputation, has considerable reach and influence, and has been important in a number of key health policy debates e.g. the Health Bill. HERFON decentralisation and increased state level activity is increasing this reach and influence in areas where it can have greater implementation impact.

However, concerns in earlier reviews (particularly February 2007 OPR and November 2007 Summary Review) have not been fully addressed. DFID remains anxious to reduce the relative dependence of HERFON on DFID funds – though in the short term a rapid reduction in DFID's contribution could destabilise HERFON at the same time as it is undergoing decentralisation. This is the major thrust for the HERFON phase 2 grants, and it is expected that over the life of this current phase strategies to increase other sources of funding would have been put in place by HERFON.

HERFON should review and make decisions about both their future funding profile and resource implications of different approaches to decentralisation (e.g. high costs

if offices established in every state). More broadly, HERFON must increase their business development and management capacity. Milestones for this should be included in design documentation for future DFID funding. This review will therefore need to critically examine HERFON's approaches and strategies to realise this.

HERFON is governed by a Board of Trustees (BOT) that represents all six geopolitical zones of Nigeria, and includes some of Nigeria's most prominent leaders in Health Sector Reform (HSR). The BOT drives the policies of the organisation and represents about 2,000 Members and Change Agents (CAs) spread across the 36 States and FCT. HERFON now also has six Zonal offices, and is further decentralising and establishing state offices. HERFON members include public and private sector health professionals, politicians and civil servants, traditional rulers, media persons and religious and opinion leaders

Pre- Review Background Reading List:

HERFON phase 2 Business Plan
DFID - HERFON phase 2 Programme Memorandum
HERFON Institutional Strengthening and Annual Review Report (Year 2010)
HERFON Organizational and Staff Audit Report
HERFON Monthly, Quarterly and Annual Reports
HERFON Audited Reports & Financial Statements
Minutes of HERFON BOT meetings and general meetings
HERFON Monitoring & Evaluation Framework / Reports (if any available)
HERFON Logical Framework
Completed HERFON ARIES Self Assessment

Annex 2: Decentralisation

The 2007 HERFON Constitution stipulates that “ there shall be established 6 zonal offices of the foundation, one in each geopolitical zone” These 6 Zonal offices opened in 2008 located in Kaduna (NW) Yobe (NE) , Nasarawa,(NC), Enugu, (SE), Ibadan (SW) & Port Harcourt (SS) with the intention of decentralising both the administration and influence of HERFON.

As it currently stands organisationally there is a National Secretariat and 6 zonal offices as well as 36 state chapters. It is a hybrid organisation with paid employees in core administrative and technical positions as well as a broad based fee paying membership. Each state chapter is governed by an Executive Committee elected by its members and is in charge for a specific period of tenure⁶ . Their activities are synchronised at Zonal level by Zonal Chair and are supported logistically by the Zonal programme officers (ZPO). Each state and zone has its own budget for programme and overhead expenditure. ZPO productivity is now monitored by the newly appointed Programme manager⁷. Output specific programme officers for advocacy and research are based at HQ. The Administrative and Finance officer is the designated Deputy Director⁸.

Despite the National office using a substantial proportion of HERFON's allocated grant the states feel that it has very limited impact at either zonal or state level. Given the states access to and potential for influence of the membership and their wish to drive the agenda then the National office should consider how it can streamline itself but continue to meet its role of coordinating a national organisation of change agents.

The states need equally to consider how they engage the wider membership. It is evident that the greatest level of engagement takes place in States that are geographically located near the zonal office (Kwara is 750km from its zonal office) or is the home state of the zonal officer or contain donor funded programmes. It is clear that a physical presence has a positive impact and whilst not necessarily advocating the opening of 36 offices, HERFON needs to consider the means of getting greater engagement from the more far flung states.

Last state visits by the zonal officer

NW Zone	Katsina	Jigawa	Zamfara	Kaduna	Kano	Sokoto	Kebbi
Most recent visit by zonal officer	Oct 2010	Sept 2011 ⁹	2010	2011 ¹⁰	Jun 2011	2008	2008

⁶ As per the Constitution

⁷ Dr Nkem Ene- Appointed Aug 2011

⁸ As per the Constitution

⁹ Home of zonal officer

¹⁰ Zonal office location

Whilst this is a single example a similar situation is reflected across all zones except South South & South West. The level of engagement of the state chapter Chairs reaffirms this picture with the greatest engagement from those closest to the zonal office. Thus the intended vision is not being adequately reflected on the ground.

The end result should be a raised profile at state level with a mean and lean national office underpinning their activities.

Also given the geographical location of the Board members who between them represent every zone they could and should be far more actively engaged in supporting and promoting HERFON activities in their particular zone

There also appears to be a poor channel of communication between the Zonal office and the states with information not being adequately explained, transmitted or even lost. Considerably more information relating to the state was available in the zonal office than was being forwarded to the national one. This results in the National office being unable to actively promote and publicise the beneficial performance of HERFON and thus reduces its impact.

Annex 3a: Zonal report - North Central

The review team¹¹ visited the North Central HERFON zonal office based in Nasarawa on 12&13th September. During the visit the following were met: the NC HERFON zonal officer and Chair, the HERFON state chapter chairs or their representatives from all 7 states, BOT member Dr Daniel Gana, the Honourable Secretary to the State government, Nasarawa State, the Health commissioner, the Permanent Secretary for Health and PATHS 2 state team leader.

The review focused on a presentation by the Zonal office with a number of questions being raised. The meeting concluded with each person present scoring their State between 1-5 (5 being the highest.).

Overview

5 of the 7 state chapters have remained active since the inception of HERFON but 2, Benue and Kogi have been moribund since 2006. However they are in the process of being reactivated. There is however a paucity of information across all States as to actual numbers of members and their level of engagement.

Whilst there are a number of ongoing activities the States acknowledge that due to a lack of formal monitoring and evaluation it is difficult to accurately assess their progress or impact. Reactivity rather than pro-actively remains the predominant feeling with little capitalising on opportunities that present themselves to raise HERFON's profile eg the offer of open slots free of charge by NTA.

Overall however there was a positive feeling amongst the State chapters and they are pleased to see the rejuvenation of HERFON at the National level.

Partnerships/Networks

The zone appears to have particularly strong links to a wide range of media houses with 26 being named across the zone. These include print media, TV and radio. A number of the State Health Coalition Committees have been re-activated in recent months and are now meeting regularly. In Nasarawa the Dalhatu Araf Speciality hospital (DASH) Reform Committee is chaired by a member of HERFON and Nasarawa NTA has linked with HERFON to air a public dialogue "Talking Point" to promote the passing of the National health bill. Kwara has links with NURHI, Niger with SuNMaP and all states have links with NPHCDA & Professional bodies.

Advocacy

Many of the States see their advocacy focus as the establishment of a State Primary Health Care Development Agency and the resulting impact of community based financing. However actions plans for the following up to the Town halls meeting that took place in Lambata, Niger state, earlier in the year relating to community based financing were variable. Benue is holding a meeting in October. Kwara are now supporting the Agency in the mapping of all PHC facilities linked to 4 hospitals with Kwara TV offering to promote community based financing. Nasarawa passed the Primary Care Bill in 2009 and established the State Primary Health Care Agency in January 2011 plus is a pilot state for both the Resource Based Financing (RBF) initiative and NHIS. Niger also established their SPHCDA in 2009 and have recently requested a meeting with the Local government to move the initiative forward. They too are a pilot state for RBF. Kogi , Plateau and FCT have yet to undertake any follow up activities.

¹¹ Angie Roques, Dr Ben Anyen, Ekene Innocent

Some states have been proactive in using Professional Associations meetings and requesting a slot for HERFON on their agendas and Kogi, Plateau and Niger have all held Council of Health meetings in the last 12 months using these meeting as advocacy opportunities.

Capacity building

10 members of the Nasarawa State Coalition were trained in advocacy & communication in July and 21 managers, 3 from each state were trained in leadership, advocacy, communications and resource mobilisation in November last year. Whilst some argue that this has increased the effectiveness of advocacy efforts the impact of these trainings is difficult to measure due to a lack of M&E.

Evidence

Nasarawa has set up a financial tracking systems identifying 1) the health budget as per the State plan, 2) the actual amount released and 3) how the released money is being used. This information will then be used to challenge government. It is hoped that this initiative can be rolled out to other states in the zone.

Evidence has obviously been used to effect the passage of the various primary care bills across the states and there is a recognition of the importance of evidence if HERFON is to really challenge Government.

Improved institutional strength

Costed work plans are now in place at the zonal office although financial management remains weak. Performance management is in the early stages of being introduced but the capacity of the ZPO to deliver on the identified agendas needs strengthening.

Concluding comments

The overall score rating by those met (some 26 in total) was 2.9. Whilst a fairly crude method of assessing performance both members of the Board of Trustees present felt that this was a true reflection of the Zone's performance. It also reflected the best and worst performing states.

Annex 3b: Zonal report - North East

Progress Report on North East office

The North East zonal programme officer was in attendance during the review team¹² visit to the North West HERFON zonal office based in Kaduna on 8th & 9th September. However due to distance he was the sole representative from the North East Zone. He was asked like the others to score his performance on a rating of 1-5 , 5 being the highest

Overview

Given the lack of other than the zonal programme officer and his apparent paucity of information on all the states in his zone other than Yobe where the zonal office is located it is difficult to provide a true picture of HERFON in the NE zone. If however the North West zone is indicative of the north east zone then there is more perhaps happening across the states than is being relayed to the zonal office. However it is was not possible in the time available to confirm this to be the case.

Partnerships/Networks

In Yobe PRINN-MNCH appears to be a strong partner and has provided a lot of support to HERFON in a number of areas including the establishment of an advocacy committee. NTA and the Broadcasting Corporation have offered free air time and links have been established with SACA, SMoH and SMBP. An SPHCD has been established.

Advocacy

A number of advocacy visits have taken place. An Elite Persons Group (EPG) is in the process of being established in Yobe.

Capacity building

33 health managers attended a retreat on consolidating PHC in July this year in Yobe. 20 health managers were trained in June 2011 on engaging political leaders and 5 HERFON members were trained in advocacy, leadership, resource mobilisation and communication. The impact of these trainings is difficult to measure as no monitoring has taken place.

Evidence

No information was provided

Improved institutional strength

Work plans are now in place at the zonal office. Performance management is in the early stages of being introduced for the zonal officer.

Concluding comments

Other than Yobe it is difficult to assess the presence of HERFON across the zonal states

The overall score rating by the zonal officer was 3.3!

¹² Angie Roques, Dr Ben Anyen, John Igboka (Thurs only), Ekene Innocent

Annex 3c: Zonal report - North West

Progress Report on North West Zone

The review team¹³ visited the North West HERFON zonal office based in Kaduna on 8th & 9th September. During the visit the following were met: the NW & NE HERFON zonal officers, the HERFON Chair of the NW zone, the HERFON state chapter chairs of Kebbi, Zamfara, Katsina, Kaduna, Kano and Jigawa¹⁴, the Honourable Commissioner for Health and his Permanent Secretary, Kaduna state and the State programme managers for PATHS 2, NURHI and SAVI.

The focus of the review focused on: local perceptions of HERFON, the current level of engagement of HERFON, their future intentions and scoring HERFON on a rating of 1-5 (5 being the highest.)

In addition each of the HERFON representatives completed a questionnaire detailing their progress in the last 12 months.

Overview

There have been some improvements over the past 9 months particularly through strengthened partnerships and the designing and undertaking of a survey for FMCH. However as identified in last year's review it remains the same states who are most active. Due to a lack of formal monitoring and evaluation it is difficult to accurately assess the progress or impact of the various activities. Reactivity rather than proactively remains the predominant feeling with no obvious capitalising on opportunities that present themselves to raise HERFON's profile. Communication channels between the national, zonal and state chapter offices remain weak with the State chapters feeling they should be the local agenda drivers. It is hoped that this will be more apparent by the time of next years' review.

A lack of monitoring and evaluation by HERFON of their activities has made it impossible to detail any direct impact.

Partnerships/Networks

The main partnerships remain with the donor programmes, (PRINN-MNCH, SuNMap, NURHI SAVI, PATHS 2), although new ones such as the Health coalition partnership, MCH-CSO partnership, in Kaduna supported by SAVI, a state partnership in Kano for the Malaria booster programme and links with RPC a radio network have being established. However all are donor programme driven with HERFON acting as members.

The role played by and the capacity of many members of HERFON remains a real issue of concern. There is a paucity of information as to the level of member engagement. Whilst there are excellent examples of members recognising their responsibility as HERFON member demonstrated through their proactively, this remains a select few. The majority appear to be "hangers on" with no engagement and non payment of the required registration fees.

¹³ Angie Roques, Dr Ben Anyen, John Igboka (Thurs only), Ekene Innocent

¹⁴ The representative from Sokoto was unable to attend as involved in an road traffic accident

Advocacy

A number of activities driven by the donor programmes ie advocacy for family planning, supporting the MNCH-CSO network, coalition of media people and raising awareness re the wild polio virus have engaged to a greater or lesser extent HERFON members. The greatest priorities identified by for the NW zone members are the passing of the FMCH bill and the establishment of State Primary Health Care Development Agencies. Advocacy efforts over the past 12 months have focused on these achievements although each state is at a different stage with none yet having passed the Bill and only one state (Zamfara) having established a SPHCDA. Again ability to measure the impact of activities to date has not been possible.

Capacity building

There have been a number of capacity building activities including advocacy, leadership and local technical skills enhancement. Whilst some argue that this has increased the effectiveness of advocacy efforts again the impact of these trainings is difficult to measure.

Evidence

Kaduna HERFON State chapter has undertaken a survey to provide evidence to support the passing of the FMCH Bill and the resulting report has been widely shared amongst the key stakeholders.

Katsina in conjunction with PRINN-MNCH have produced a human resource for health policy, a brief regarding FMCH and developed mobile ambulance services to support community care. Little other evidence or further policy briefs have been produced across the zone.

Improved institutional strength

Work plans are now in place at the zonal office although financial management remains weak.

Performance management is in the early stages of being introduced but the capacity of the members to deliver on the identified agendas needs strengthening. In an effort to reduce costs the zonal office has recently moved the rent now being N300,000. cheaper

Concluding comments

Kaduna, Katsina and Kano State chapter chairs provide good role models of HERFON membership in action and the impact they can have at State level if effective supported and utilised

The overall scoring rating by those interviewed was 3.3. The reviewer scored 2

Annex 3d: Zonal report - South South

The South-South (SS) zonal office in Port Harcourt was visited on the 12th and 13th September, 2011 to review progress on DFID support in the last 12 months. The review team¹⁵ held an interactive session with the SS zonal officers, the State Chapter chairpersons from Akwa Ibom, Cross River, Delta, Edo and Rivers States; and SS rep on HERFON BOT. Also present at the interactive session was the SE Zonal Programme Officer. In separate meetings during the visit the team also met with the Director of Public Health – Rivers State Ministry of Health; SS Zonal Coordinator, NPHCDA; Chair of Coalition of Health Sector Reform, Rivers State; and Director, Centre for Medical Research and Training – University of Port Harcourt. The review focused on: local perceptions of HERFON; the current level of engagement; their future intentions; and scoring HERFON on a rating of 1 – 5 (5 being the highest). In addition, each of the HERFON State chapters completed a questionnaire detailing their progress in the last 12 months.

Overview

Although all State chapters in the zone are fully engaged, they seemed to be undertaking significant programme activities outside the mandate of HERFON. This was reflected at the interactive session with members where some confusion on the mission of the organization was apparent. Consequently, several direct service delivery activities such as training health workers – live saving skills (LSS) for midwives, reproductive health and malaria, as well as direct participation in MNCH weeks etc, were undertaken by HERFON. But in one State – Edo, with effective leadership of the State chair, HERFON has remained focused on been an advocate for better health.

Partnership and Networks

Key partnerships have been developed with a number of organizations: CIDA – to improve access to quality maternal and child health services in Cross River State (CRS); NPHCDA – community-based health financing; and State Ministries of Health in all the 6 States on broader health reform issues. In addition, all the States have formed State health sector reform coalitions aimed at presenting a common front to advocate for improved health status for ordinary people.

Advocacy

HERFON has helped to disseminate advocacy documents on the National Health Bill to opinion leaders in Edo State. The advocacy efforts in CRS were said to have contributed greatly to signing the State law on PHC development board.

Capacity building

HERFON members and other health activists from all the States in the zone have been trained on health advocacy and communication but there is no means of measuring the impact of such training. Nonetheless, some middle level health managers that received training on leadership, management and resource mobilization claimed to have benefited from such exercises as their productivity has improved.

¹⁵ Tarry Asoka (External Consultant); Dr Nkem Ene and Kamal Edun (HERFON Staff)

Evidence

No policy briefs have been developed by States in the zone, but most States supported the one developed nationally on the National Health Bill to inform and educate stakeholders on how to key into it when it is finally signed into law. Similarly, the evidence from the town hall meeting on PHC financing, which is raising huge expectations from stakeholders, has started to make States to act.

Institutional Strengthening

The SS zonal office is well established and functioning adequately, and the zonal coordinator and his executive appeared to be giving good direction. No State other than Rivers whose office is co-located within the zonal office has offices at the moment. But communication with the zonal office is considered to be good and responsive.

Concluding Remarks

Edo and Bayelsa State Chairpersons demonstrate good models of HERFON membership in this zone. The overall rating by those interviewed was 3.7. The reviewer's score was 3.

List of persons met during the Visit

Name	Designation
Dr Linus Onoh	HERFON SE ZPO
Dr Monica I. okom	HERFON BOT Member
Isaac A. Wali	Rivers State Chair
Anthony Nwokedi	Delta State Chair
Nahgwa Ogbimi	SS ZPO
Dr I. U. Omoike	Edo State Chair
Francis E. Oshie	Cross River State Chair
Dr (Mrs) Uduak Udohaya	Akwa Ibom State Chair
Osaikhuwomioan D. O.	SS Zonal Vice Chair
Dr Nkem Ene	HERFON, PM HQ
Babtunde Edun	HERFON Accts HQ
Ubiegha Roland	SS ZAA
Dr Bassey Okposen	NPHCDA SS Zonal Coordinator
Patrick Adah	Chair Rivers Coalition
Dr Akuro Okujagu	Director Public Health Rivers SMOH
Prof Okpani	Director – CMRT-UNIPORT

Annex 3e: Zonal report - South West

The South-West Office of HERFON was visited by the review team¹⁶ on the 8th and 9th of September, 2011. Meetings were held with HERFON members and partners were met both in Ibadan and Lagos. At the zonal office in Ibadan – all the 6 State Chairpersons or their representatives except Lagos, the zonal coordinator, some members of the zonal executive, zonal programme officer and other HERFON zonal staff members, and some members of Oyo state chapter – were present at an interactive session following the presentation of the activities of the zone in the last 12 months. Other partners visited include the Oyo State Agency for Control of AIDS (SACA), NURHI and NPHCDA. In Lagos another interactive session took place with the Commissioner of Health (who is also a BOT member) and his team, the State Chairperson and some members of Lagos State Chapter. The focus of the review was on: local perceptions of HERFON; the current level of engagement of HERFON; their future interventions; and scoring HERFON on a rating of 1 – 5 (5 being the highest). In addition, each State chapter completed a questionnaire detailing their progress in the last 12 months.

Overview

Members of HERFON and their partners in this zone were very clear about the organization's mandate and the value HERFON adds to health sector reform debates. Consequently, all programme activities were well focused on furthering the advocacy for better health agenda. However, HERFON had no means of knowing if these efforts were yielding the expected results. Apart from Ogun and Lagos, all other State chapters appeared to be active. But they are concerned about poor communication and lack of support from the national and zonal offices to drive local reform priorities. There was also an issue with members in public / civil service employment having little time for HERFON leadership responsibilities.

Partnerships and Networks

HERFON in the SW zone has fostered broad based partnerships, ranging from government agencies – SACA, NPHCDA and SMoH; through donor programmes such as NURHI; to a coalition of local stakeholders that are held together by the need to improve the performance of the health sector. While HERFON is well regarded as a valuable partner by many actors in their network, there was a sense that they are happy to partner with HERFON in order to use HERFON's expertise and reach to further their organizational objectives. Only in certain instances was HERFON able to alter partner behaviour that try to make them to do things differently.

Advocacy

The most significant advocacy event carried in the last 12 months was the community-based financing town hall meeting in partnership with NPHCDA. Following this activity, Lagos state, which has been piloting two community-based health financing schemes in the past few years has adopted this approach to rapidly scale up community-based health insurance across the state. Other states in the zone are said to have asked for support to undertake similar events. And in Oyo State, HERFON's advocacy effort was adjudged to be instrumental to the conversation of the status of SACA from a committee to an agency – which has enabled the State to draw down on World Bank funding support to fight HIV/AIDS in the State.

¹⁶ Tarry Asoka (External Consultant), Kamal Edun – HERFON Staff

Capacity Building

Many members found the capacity building activities of HERFON in the areas of leadership, programming, advocacy methodology very useful, but again there are no effective means of measuring the impact of these activities. Meanwhile, change agents who have benefited from such exercises claimed that their confidence and productivity have been improved.

Evidence

Ondo State chapter supported Safe Motherhood programme of the State by participating actively in the survey that produced the implementation plan for the programme. The evidence from the town hall meeting on PHC financing is also causing States in the zone to act in order to reduce the out of pocket payments required when people have to access health care services.

Institutional Strengthening

The SW zonal office is well established with a very strong zonal executive and an influential ZPO. Apart from Oyo state that has an office co-located within the zonal office, no other State has established offices. Other issues reported to be impeding progress are: poor understanding of members of their position with respect to balancing their expectations from HERFON and their responsibilities to the organization; and lack of clarity of roles between HERFON staff and zonal executive committee members.

Concluding Remarks

The overall rating by people interviewed was 3.1, while the reviewer's score was 3.

List of Persons Visited in SW Zone

Ibadan at the zonal Office

S/N	Names	Designation	State Chapter	Phone No
1	Dr. Dayo Kolawole	Chairman	Ekiti	08033657919
2	P. O Ogunjuyigbe	Secretary	Osun	08037253248
3	Mr. Oniyitan Adedoyin	Rep. Chairman	Ogun	08037591633
4	Com. Rotimi Boboye	Secretary	Ondo	07030618423
5	Yemi Olukoya	Zonal Coord	Oyo	08035033422
6	M. O Ogundeji	Prehemac MEMBER	HERFON Oyo	08033256644
7	Mrs. Oladele Funmi	Member HERFON	Oyo	08057161085
8	Kamar Edun	HERFON HQ	HQ Abuja	08035960304
9	Tarry Asoka	DFID	Consultant	08059122000
10	Dr. M. B Olatunji	Zonal Sec.	Oyo	08033521781
11	Dr. Abbas Gbolahan	Chairperson	Oyo	08033280687
12	Dr. Titi Ipadeola	ZPO	Oyo	08054044916
13	Babayemi Dupe	ZAA	HERFON S/W	08034412489
14	MR. Lukman. O Bello	Driver	HERFON S/W	08058331981
15	Adeagbo Olubanke Oladie	Office Assistant	HERFON S/W	08032118586

At visits of partners

National Primary Health Care Development agency

Dr. Mrs. M. O Oyesiji – Assistant Director S/W Zone 08029954920

State Agency for prevention of HIV/AIDS

S/N	Name	Position	Phone number
1	Mr. M. A Ganiu	Executive Secretary/Project Manager	08034273516
2	Mr. K.K Bolarinwa	Director Program Implementation and Management	08034273518
3	MR. Remi Adesina	Director Public and Private Sector Response	08033343891
4	Mr. E O Odeyemi	Director Finance and Resource Mobilization	07068462020
5	Mr. k K Adebayo	Principal Accountant	08034917468

At Nigeria Urban Reproductive Health Initiatives (NURHI) Ibadan Centre

Mr. Tunji Samuel – Advocacy/Behavioural Communication and Demand Creation Office. 08028023322 08095848058

At Lagos with Dr. Jide Idris BOT member

S/N	Name	Position	Phone Number
1	Dr. Jide Idris	BOT Member	
2	Dr. A. K Oyekan	Lagos State Chairperson	08023031916
3	Dr. a M Oanyiga	V. Chairman	08023545157
4	Dr. A E Majiyagbe	Secretary	08033558510
5	Mr. kamar Edun	Accountancy Section HQ	08035960304
6	Dr. Tarry Asoka	Consultant DFID OPR	08059122000
7	Dr. O A Abosede	Chairman Health Board	08023175899
8	Dr. titi Ipadeola	ZPO S/W	08054044916

Annex 4a: Evidence of Impact and Outcomes

Actions	Outcomes/Impact to date
National level	
National Health bill	
Extensive advocacy efforts targeting politicians etc on the National Health bill	Passed by both houses
Production of briefing papers & power point presentation leading to better informed advocates	Factual information rather than fictitious myth
Use of media houses to raise knowledge the public re National Health bill	Numerous newspapers articles and TV programmes improving the public knowledge." Fact not fiction"
Community based financing	
In conjunction with NPHCDA agreed plan of action for informing Community based finance	Staging of a series of town hall meetings with communities and production of 2 reports to inform next steps
In conjunction with NHIS office roll out of community based financing	Raised community awareness with potential for increased financing and reduction of out of pocket expenses
In conjunction with NHIS and PRINN-MNCH under the banner of "Primary Care Under One Roof" development of a series of performance of indicators	Monitoring the impact of Primary Health Care Boards
Bid to NHIS for piloting of NHIS in 6 States	Management contract awarded to undertake the necessary preparatory work to select from 12,000 CSOs the 50 who will support the work.
Partnership working with NURHI	Contract awarded for advocacy support
Other initiatives	
In conjunction with NPHCDA development of score card for tracking polio wide virus	2 monthly tracking with naming and shaming of responsible officers
Membership of country delegation to Geneva to lobby the GAVI alliance for funding for large scale immunisation	If successful 5% share of \$400 million grant
Membership of : FMoH Health Development Co-ordinating Committee (HDCC) NPHCDA Immunisation group NPHCDA Social development group Advocacy working Group Health sector reform coalitions at National and State level	Awareness of all health initiatives such that advocacy efforts can be targeted

DFID health portfolio Programme managers meeting	
Production of National Health Review report	Evidence on none communicable diseases
Support to the Staging of National Council on Health	Series of communiqués re health policy
STATE level	
Membership of State committees: SAVI SuNMaP PRINN-MNCHPATHS 2 NURHI MCH-CSO coalition	Awareness of all health initiatives such that advocacy efforts can be targeted
Links with government agencies: SACA SMoH SPHCDA	Open door to state government
Links to wide range of media houses and newspapers with offer of free slots	Wider access and increased opportunities for advocacy messages
Links with all professional groups	Two way communications to improve knowledge on health issues
Support to the staging of State Councils on Health	Series of communiqués re health policy
Nasawara & Niger -Piloting of Reserve Based Financing (RBF) with NHIS	Evidence to inform community based financing
Kaduna - Gathering of evidence to inform Free Maternal and Child health bill	Production of Booklet which has been widely distributed
Ondo –Participated in a survey for the safe motherhood programmes	State implementation plan
Katsina -In conjunction with State Primary care Agency mapping of PHCs linked to 4 hospitals	Data base of PHC usage
Nasawara -Development of health finance tracking tool	Data base of budget approved, budget released and its usage
Katsina –In conjunction with PRINN have supported the development of a human resource for health policy	Evidence base to inform actions
Katsina - production of policy brief for FMCH	Evidence to inform debate
Kano - Malaria booster programme	Evidence base to inform actions
Oyo -advocacy support to SACA	Enabled drawing down from World bank funding to fight HIV/Aids
Nasawara -public dialogue through Radio programme “Talking point”	Better informed public on health issues

Kwara- TV series on promoting community based financing	Better informed public on community based financing
Cross Rivers- links with CIDA to improve access to quality for maternal and child health	Greater awareness amongst women
Edo- distribution of advocacy documents on the National Health bill to opinion leaders across the state	Increased knowledge of bill and potential to influence Federal Government
INTERNAL	
Mapping of HERFON membership	Knowledge of gaps + review of membership. Instigation of quality/ quantity debate
Internal zonal Focus group discussions determining state health priorities	Drawing up of focused state action plans
Development of performance indicators at National, zonal and state level based on logframe outputs	Tool for monitoring of HERFON activities
Commissioning a series of consultancies to inform M&E, Communications, Advocacy methods, Organisational structure and staff audit	Strengthened organisation
Revision of annual business plan	Costed & relevant activities
Holding of state AGMs	Engagement of members
Funding Application to Danjauma Foundation	Potential for diversifying funding streams
Drawing up of list of state based local industries	Data base of potential funders
Capacity building for members and health managers	Feeling of being valued amongst members + increased confidence Anecdotal evidence of increased productivity
Advocacy and technical expertise increased	Contracts awarded for consultancy
Expansion of "elite persons" groups	Wider access to high level politicians for advocacy efforts

Annex 4b: Impact of HERFON's approach

Despite the internal difficulties of HERFON in the last 12 months, coupled with the lack of systems to monitor its activities, the review team worked with HERFON to answer the 'so what' question of its advocacy intervention on two fronts. First, in relation to DFID's support to the organisation to contribute to achieving better health outcomes for all Nigerians through advocacy; and secondly, as a prime advocate that is broadly defining and initiating health agenda in a complex dynamic environment such as Nigeria.

The following is an outline of some of the achievements of HERFON, which are impacting significantly on reforming the Nigerian health sector.

- I. **National Health Bill** -Whereas the passage and signing of the National Health Bill was a risk factor and not a performance indicator¹⁷, HERFON deemed it fit to undertake advocacy activities aimed at mitigating this risk. And HERFON was the prime mover in getting the bill to the President's desk at the end of last year. While the delay in the President's assent despite all the promises was unforeseen by HERFON, it has stepped up actions using its extensive network and focused contacts to get the bill signed as soon as possible. This is demonstrated by several media events including editorials by powerful media houses in print, radio and television – galvanizing diverse stakeholders towards putting a common front to get the President to sign the bill.
- II. **Community-based health financing** - At the instigation of HERFON, a series of Town Hall Meetings were held jointly with the National Primary Health Care Development Agency (NPHCDA) to find solutions to the wicked problem of financing health care at the community level. So far, Lagos State which has been piloting community-based health financing schemes for some time, has replicated these events in order to mobilize its citizens to adopt these schemes across the State. And as several other States have made strong demand along these lines, HERFON has jointly commenced the rolling out of community-based health insurance in the country with the National Health Insurance Scheme (NHIS). This rapid scale up is expected to make certain that increased financial access for primary health care, which has been a major barrier to improving the health status of ordinary people – especially women and children – is improved.
- III. **Immunization Score Card Using Polio Eradication¹⁸ as an index case** – all 36 States and the Federal Capital Territory (FCT) are being benchmarked on a monthly basis by HERFON, to show performance on immunization service delivery. By placing this information in public domain, HERFON has created a platform for 'naming and shaming' those who are failing to support the reform efforts of the government in this area. As State Governors are very conscious of their political image, other political office holders and bureaucrats have started to respond to ensure that immunization services, which have a huge impact on child survival, are re-vitalized and maintained. In Rivers State, for example, the Governor has mandated all LGA Chairmen

¹⁷ National Health Bill promptly signed into law – was a Purpose level assumption in the DFID Logical Framework.

¹⁸ Through the monitoring of wild polio virus

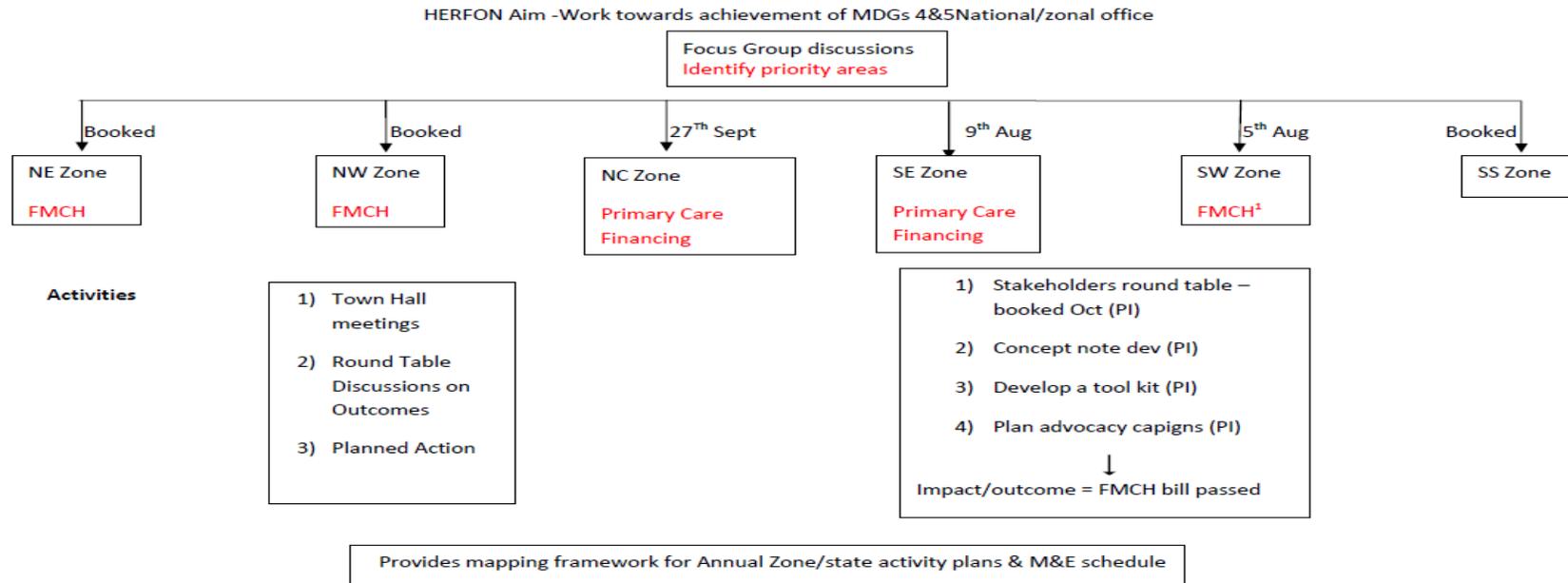
to release enough resources for immunization activities – to guarantee that the figures coming from the State would always place it among the top performers.

- IV. **Membership of High Level Committees** - HERFON is represented and seats on virtually all high level National and State health policy coordinating committees. In this instance, HERFON has continued to lead the debates at the National Council on Health¹⁹ and its State counterparts to start or strengthen broad based reform agendas in the Nigerian health sector. And recognized as one of the foremost civil society organizations in the country, HERFON was invited by government to join a country delegation to the GAVI Alliance in Geneva to negotiate for new resources to fund routine immunization activities that will markedly improve under-five mortality. Through a joint-bid with government and other partners, HERFON is anticipating to get about 5% of USD 400 million to influence, mitigate risks and ‘work the politics’ of ensuring that routine immunizations services are reactivated and sustained in the country.

While HERFON has done much more other than what has been reported above, it has not done itself great service by its inability to link how its activities are creating the desired impact. To ensure that HERFON’s capacity to measure impact is improved, the review team has suggested a simple impact monitoring tool to HERFON to track and report impact; in addition to a revised Logical Framework – with measurable indicators close to DFID standard indicators such as increased utilization of health services - to DFID – in order to monitor progress.

¹⁹ The National Council on Health is the highest health policy making body in the country. A similar role at the State level is undertaken by the State Council on Health.

Annex 5a: Impact Mapping Framework



¹ Not necessarily perceived by review team member on zonal visit

Annex 5b: Membership matrix

States (NW Zone)	Katsina	Jigawa	Zamfara	Kaduna	Kano	Sokoto	Kebbi
Membership							
total	107	126+	56	140+	?	?	63
Fee paying	32	26	25	50	10	?	15
Non fee paying	75	100+	31	90+	?	?	48
Partnerships		PATHS 2		MCH-CSO coalition PATHS 2 NURHI	SuNMap		
Media linkages							
Advocacy support	Elite persons group	Elite persons group	Elite persons group	Grand patron	Tradition rulers		Wife of the Governor
Most recent visit by zonal officer	Oct 2010	Sept 2011 ²⁰	2010	2011 ²¹	Jun 2011	2008	2008
Score rating							
Advocacy support network	Yes	Yes	Yes	No		Yes	
Score Av				2.9 (poll of 25)			

²⁰ Home of zonal officer

²¹ Zonal office location

States NE Zone	Yobe	Borno	Adamwara	Taraba	Gombe	Bauchi
Membership						
Total	26	32	10	20	32	18
Fee paying	Not known					
Non fee paying	Not known					
Partnerships						
Media linkages						
Professional organisations						
Advocacy support/HERFON Ambassador						
Most recent visit by zonal officer	2011	2011	2008	2008	Sept 2011	Sept 2011
Score						

States (NC zone)	Nassawara	Plateau	Benue	Niger	Kogi	Kwara	FCT
Membership							
Total	19	44	36	48	28	29	42
Fee paying	9	15	6	19	6	7	12
Non fee paying	10	29	30	29	22	22	30 ?
Partnerships			Media com on health				
Media linkages	NTA Latfia, NBS <i>Precious FM</i>	PRTV-free slots Nigeria Standard Newspaper	Radio Benue Harvest FM Joy FM NTA Voice newspaper	NTA Media for co-op Niger state Radio Niger Niger TV Newslane FRCN	Radio Kogi NTA Prime FM Grace FM Conference cable news Graphic	Radio Kwara FRCN Kwara TV Herald paper National pilot	
Prof orgs	NUJ PSN BMA BNA Lab Scien NCWS Road transport workers	NUJ PSN BMA BNA NCWS	PSN Lab BMA BNA Med & health workers Union Form 1 NUJ	Nigerian red cross PSN Lab BMA BNA Med & health workers union NCWS Form 1 IMAN	Planned parent- hood federation PSN Lab BMA BNA Med & health workers Union Form 1 NUJ	Planned parent- hood federation PSN Lab BMA BNA Med & health workers Union Form 1 NUJ	Planned parent- hood federation PSN Lab BMA BNA Med & health workers Union Form 1 NUJ
Advocacy support/ambassador	None	None	None	None	None	None	None
Most recent visit by zonal officer	Zonal office location	Jan 2011	Jan 2011	Aug 2011	Jun 2011	Jun 2011	Jun 2011
Score²²	3 (Poll x 6)	2.6 (Poll x 4)	2.1 (Poll x 3)	3.7 (Poll x 3)	2.8 (Poll x 3)	3.3 (Poll x 3)	2.8 (Poll x 3)

²² Confirmed by Board members as realistic

States (SW zone)	Lagos	Oyo	Ogun	Osun	Ondo	Ekiti
Membership						
Total						
Fee paying						
Non fee paying						
Partnerships						
Media linkages						
Advocacy support						
Professional organisations						
Most recent visit by zonal officer						
Score						

States (SE Zone)	Enugu	Anambra	Imo	Abia	Ebonyi	
Membership						
Total						
Fee paying						
Non fee paying						
Corporate honorary						
Partnerships						
Media linkages						
Professional organisations						
Advocacy support						
Most recent visit						

by zonal officer						
Score						

States(SS zone)	Edo	Rivers	Delta	Bayelsa	Akwa Ibom	Cross Rivers
Membership						
Total						
Fee paying						
Non fee paying						
Partnerships						
Media linkages						
Professional organisations						
Advocacy support						
Most recent visit by zonal officer						
Score						

Annex 5c: Zonal meetings questionnaire

NC Zone

Answer the questions in relation to the past 12 months

State Name						
Output 1 (networks and partnerships)						
1)What efforts has HERFON made across your zone/states to expand the networks and partnerships and what has been the result						
2)Identify the easiest and most difficult states in which to work and state why						
3)Identify the new media opportunities that have arisen and how has HERFON capitalised on them						
Output 2 Advocacy						
1)How are HERFON Federal initiatives being supported at State level Eg National Health Bill, NHIS Community based health financing						
2)What value has HERFON added to those debates						
3)Identify 3 health areas that are pertinent to your state in the next 2 years and how can						

HERFON offer support						
Output 3 Capacity building						
1)How much MDG monies have been accessed by the States with HERFON support & how has it been used						
2)Identify 3 areas of impact as a result of HERFON capacity building and give an example in each						
3)How many case studies have been produced by HERFON on the impact of their capacity building and how have they been publicised						
Output 4 Evidence						
1)What state policy briefs has HERFON developed/supported and why How have they been promoted						
2)what evidence is being taken by HERFON from the town Hall meetings & what are the next steps						
3)How has HERFON influenced the state budgeting processes and in						

conjunction with whom						
Output 5 Org, HR & financial capacity development						
1)Specify any new income streams, the amount and who provided them						
2)Identify 3 things necessary for HERFON to move forward in the next 12 months						
Value for money						
1)How carefully has HERFON used resources to save expenses, time and effort and give an example of each						
2)What HERFON activities have added the greatest value and why						
If you had to score HERFON on a scale of 1-5 (highest) how would you score them						

Annex 6a: Partnership model for national agencies

National Primary Health Care Development Agency & HERFON Community Based Health Insurance		
Steps	Funders	Activity
Step 1	NPHCDA	Consultation exercise undertaken by NPHCDA on community based health insurance- attended by HERFON
Step 2		HERFON approach NPHCDA to discuss better ways of promoting the debate at community level
Step 3	Joint	NPHCDA asked HERFON to develop a concept plan
Step 4	HERFON	Plan sent to Agency where discussed and jointly agreed
Step 4	NPHCDA	Consultants contracted to develop the concept, materials and drama to present the issues
Step 5	Joint	Joint planning of activities and budget
Step 6	Joint	Timetable for action jointly drawn up
Step 7	Joint	Series of 6 zonal town hall meetings for rural communities held in July 2011
Step 8	NPHCDA	Reports of proceedings issued in Aug/Sept 1) "Health Care Financing" & 2) "Town Hall meetings"
Next steps	JOINT	Dissemination of the reports targeting initially the policy makers

Annex 6b: Partnership model with NGO's

NURHI, Advocacy Nigeria, HERFON & Development Communications Networking Removing Barriers to Family Planning and its uptake

Steps	Funders	Activities
Step 1	NURHI	Joint dialogue with NURHI on advocacy in relevant policy areas using local HERFON members & networks
Step 2	HERFON	Selection by HERFON of state members to be involved in the advocacy and networking work
Step 3	NURHI	Establishment of town advocacy groups jointly with member representation from HERFON and the other agencies
Step 4	NURHI	Sub-agreement put in place with identified deliverables for HERFON
Step 5	NURHI	Monitoring mechanisms for sub-agreements put in place
Step 6	NURHI	Capacity building for HERFON members in technical area of family planning such that it is a policy specific dialogue
Step 7	HERFON	Selection of targeted policy organisations for advocacy visits
Step 8	HERFON	Commencement of advocacy visits
Next steps	NURHI	Monitoring of performance of HERFON + other agencies
	Joint	Further sub contracts issued till end of programme if monitoring proves satisfactory

PRINN/MNCH works similarly but subsidises state activities rather than having a funded sub contract

SuNMap works similarly but funds a WTE officer for HERFON although not a dedicated officer to SuNMap. Subsidises state level activities

Annex 7: Risk assessment and matrix

Identified risk	Level of risk	Mitigating action in hand
P. Political environment		
P1 unstable environment	M	Astute high profile members aware
P2 New state governments	L	Schedule of advocacy visits organised
P3 lack of continuity amongst senior civil servant	H	Readily available briefing Packs of information and proactive schedule of visits
S F Sustainable funding		
SF1. Single source	H	Development of a series of proposals and concept notes
SF2 Lack of payment of membership fees	L	Updating data bases and chasing payment of fees
SF3 Small external contracts	M	Potential larger contracts in the pipeline
VFM Value for money		
VFM 1 culture mitigates against continuous improvement	L	Ensuring Maintain current system
VFM 2 poor balance between administrative and project budget	H	Revised and imbalance corrected
VFM 3 inability to track effectiveness	H	Introduce performance amnce indicators re effectiveness and fit for purpose
VFM4 inappropriate use of limited funds	H	Streamline their activities
Perceived lack of capacity for consultancy contracting by key stakeholders	H	Need to develop consultancy capacity in leadership, advocacy and management
IM Impact management		
IM1 Weak culture of M&E	L	M&E framework being developed and planning of M&E programme in hand
IM2 weak performance management of staff	L	Performance management started this summer and range of staff put on notice of performance
IM3 lack of knowledge	H	Educate staff on tools for measuring impact and ability to demonstrate it through use of PIs for all activities
M. Membership		
M1 limited shared understanding amongst members as to their responsibilities	M	Re-education of members re the HERFON Constitution
M2 Disengagement of previous members	M	Active re-engagement of previous change agents & members
M3 intrinsic versus extrinsic engagement	H	Re-education of state chapters re the intrinsic benefits of being a HERFON members
M4 quality of membership versus quantity question	M	Debate issue across the state chapters, agree policy and action it.

Risk matrix

Level	Activity								
H	P3	SF1	VFM	VFM	VFM		IM3		M3
M	P1	SF1						M1 M2 M4	
L	P2	SF2				IM 1 IM2			

Annex 8a: Draft revised logical framework

PROJECT TITLE	Support to Health Reform Foundation of Nigeria (HERFON)								
GOAL	Indicator	Baseline year	+	Milestone 1	Milestone 2	Target year	+	Assumptions	
Better health outcomes for all Nigerians realized	Under 5 mortality rate	201 (2003)				77 (2015)		Collaborative effort by all actors exist	
	Source								
	NDHS, MICS surveys								
	Maternal Mortality ratio	800 (2003)				200 (2015)			
	Source								
	NDHS, MICS								
PURPOSE	Indicator	Baseline year	+	Milestone 1	Milestone 2	Target year	+	Assumptions	
Primary Health Care (PHC) reforms started or strengthened in up to at least 3 States per zone	Number of States which have started or are implementing reforms around community-based financing	1 (2011)		6 (2012)	12 (2013)	18 (2014)		Health Bill signed into Law	
	Source								
	HERFON Monitoring report Donor Programmes Reports Nigerian Health Review NPHCDA Reports Government Budget Reports Increased PHC Utilisation (HMIS) Annual state Health plans								
	Working partnerships in States promoting	0 (2011)		2	4	6			

	community-based financing	Source				
		Monitored activity plans that demonstrate impact Donor programme report				
INPUTS (£)	DFID (£)	Govt (£)	Other (£)	Total (£)	DFID SHARE (%)	
INPUTS (HR)	DFID (FTEs)					
	0.15 FTE (Project Officer) 0.15 FTE (Health Adviser)					

OUTPUT 1	Indicator	Baseline year	+	Milestone 1	Milestone 2	Target year	+	Assumptions
Working Partnerships and networks targeting PHC reforms	Number of partnerships/networks for PHC reforms operational – government (Federal & States), and donors,	5 (2011)		15	20	25 (2014)		State governments are committed to PHC reforms
		Source HERFON Report, review missions National and State annual health plans Donor programme reports Councils on health Federal and state health co-ordinating committee minutes						
		Baseline year	+	Milestone 1	Milestone 2	Target year	+	
	Number of operational partnerships driven by community organisations	6(2011)		18	24	36 (2014)		
		Source HERFON reports, review missions, Community surveys, donor programme reports, NGO reports, media programmes and publications						
IMPACT WEIGHTING								
20%								
		Source						RISK RATING

					Medium
INPUTS (£)	DFID (£)	Govt (£)	Other (£)	Total (£)	DFID SHARE (%)
INPUTS (HR)	DFID (FTEs)				
	0.03 FTE (Project Officer)				
	0.03 FTE (Health Adviser)				

OUTPUT 2	Indicator	Baseline + year	Milestone 1	Milestone 2	Target + year	Assumptions
Advocacy driven efforts reform PHC agenda	Number of communities demanding improved PHC services	0 (20011)	20	40	60 (2014)	Listening State governments
		Source				
	HERFON reports, review missions, NPHCDA report, SAVI reports, Increase in PHC utilisation, Community surveys					
	Indicator					
	Number of large scale media campaigns supporting PHC reforms	0 (2009)	2	4	6 (2012)	
		Source				
	HERFON reports, review missions, Increase in PHC utilisation, Community surveys					
	Indicator					
IMPACT WEIGHTING	Indicator	Baseline	Milestone 1	Milestone 2	Target (date)	
25%						
Source						RISK RATING
						Medium
INPUTS (£)	DFID (£)	Govt (£)	Other (£)	Total (£)	DFID SHARE (%)	
INPUTS (HR)	DFID (FTEs)					
	0.03 FTE (Project Officer)					
	0.03 FTE (Health Adviser)					

OUTPUT 3	Indicator	Baseline + year	Milestone 1	Milestone 2	Target + year	Assumptions
Capacity available to influence PHC reform agenda	Number of Change Agents mentored to effect PHC reform	0 (2011)	180	240	360(2014)	HERFON Members understand their roles and responsibilities
		Source				
	HERFON reports, survey of HERFON profile and reach, community surveys, consultancy contracts, membership of health committees					
	Indicator					
Number of community whose capacity has been built to demand for improved PHC services	0 (2011)	20	40	60 (2014)		
		Source				
	Community surveys, Increase in PHC utilisation					
IMPACT WEIGHTING	Indicator	Baseline	Milestone 1	Milestone 2	Target (date)	
15%						
Source						RISK RATING
						Medium
INPUTS (£)	DFID (£)	Govt (£)	Other (£)	Total (£)	DFID SHARE (%)	
INPUTS (HR)	DFID (FTEs)					
	0.03 FTE (Project Officer)					
	0.03 FTE (Health Adviser)					

OUTPUT 4	Indicator	Baseline year +	Milestone 1	Milestone 2	Target year +	Assumptions
PHC reform is evidence based	Increased usage of HERFON's Resource centre as a repository of evidence to support PHC reform	0%	10%	20%	40%	Resource centre is scaled up to a repository of learning
		Source				
	Health care Literature, Remote access, User Feedback, Expertise on offer User usage, number of hits of the web site, enquiries, literature usage/withdrawals,					
IMPACT WEIGHTING	Zonal offices act as sign posts for the Resource Centre	Baseline year +	Milestone 1	Milestone 2	Target year +	RISK RATING
		Source				
	User Surveys, hit on local web site					
20%						MEDIUM
INPUTS (£)	DFID (£)	Govt (£)	Other (£)	Total (£)	DFID SHARE (%)	
INPUTS (HR)	DFID (FTEs)					
	0.03 FTE (Project Officer) 0.03 FTE (Health Adviser)					

OUTPUT 5	Indicator	Baseline + year	Milestone 1	Milestone 2	Target + year	Assumptions	
HERFON is fit for purpose to achieve its core purpose	% Shift in balance of admin cost Vs Programme budget	60% (2011)	50%	35%	20% (2014)	Donors remain supportive of PHC reform, and are willing to invest resources	
		Source					
	HERFON Budget reports						
	% Shift of budget from National to State focus	Baseline + year	Milestone 1	Milestone 2	Target + year		
		(2011)			(2014)		
	Source						
	HERFON Budget reports, Activity Plans						
	Indicator	Baseline + year	Milestone 1	Milestone 2	Target + year		
		Number of donors from which HERFON receives core funding support	1 (2011)	2	3		3(2014)
	Source						
Project financial reports							
IMPACT WEIGHTING	Indicator	Baseline + year	Milestone 1	Milestone 2	Target (date)		
20%	Proportion of HERFON Core funding that comes from sources other than direct donors.	20% (2011)	30%	45%	>50% (2014)		
		Source					RISK RATING
Three Year Income Statement and Cash Flow Projections						MEDIUM	
INPUTS (£)	DFID (£)	Govt (£)	Other (£)	Total (£)	DFID SHARE (%)		
INPUTS (HR)	DFID (FTEs)						
	0.03 FTE (Project Officer)						
	0.03 FTE (Health Adviser)						

Annex 8b: Logical framework December 2010

PROJECT TITLE							
Support to Health Reform Foundation of Nigeria (HERFON)							
GOAL	Indicator	Baseline + year	Milestone 1	Milestone 2	Target + year	Assumptions	
Better health outcomes for all Nigerians realized	Under 5 mortality rate	157 (2008)			77 (2015)	Unforeseen pandemics do not negate gains Adequate stable political and economic environment exists	
		Source					
	NDHS,						
	Indicator	Baseline + year	Milestone 1	Milestone 2	Target + year		
	Maternal Mortality ratio	545 (2008)			200 (2015)		
		Source					
NDHS							
PURPOSE	Indicator	Baseline + year	Milestone 1	Milestone 2	Target + year	Assumptions	
Broad based reforms in the Nigerian health sector started or strengthened in up to 12 States	Number of States which have started or are implementing reforms to improve two or more of the following: health status, equity, financial protection, patient satisfaction, efficiency, and sustainability of the health system	3 (2009)	6 (2010)	9 (2011)	12 (2012)	Political will and commitment from government is maintained at adequate levels Legal and policy framework is effectively enforced National Health bill is promptly signed into law	
		Source					
	HERFON Monitoring report HERFON Business Plan 2007 - 2012 Nigerian Health Review NPHCDA Reports						
	Indicator	Baseline + year	Milestone 1	Milestone 2	Target + year		
	Number of States which have developed and are implementing costed, prioritized health plans	4 (2009)	6	9	12 (2012)		
		Source					
HERFON Monitoring report, Nigerian Health Review							
INPUTS (£)	DFID (£)	Govt (£)	Other (£)	Total (£)	DFID SHARE (%)		
	3,583,580						
INPUTS (HR)	DFID (FTEs)						

	0.15 FTE (Project Officer) 0.15 FTE (Health Adviser)	
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OUTPUT 1	Indicator	Baseline + year	Milestone 1	Milestone 2	Target + year	Assumptions
Partnerships and networks for health sector reform strengthened [Partnerships]	Number of partnerships/networks to foster health sector reform established and operational	0 (2009)	1	3	5 (2012)	Policy makers, authorities and health providers willing to engage with civil society.
	Source					
	HERFON Report, review missions					
	Indicator	Baseline + year	Milestone 1	Milestone 2	Target + year	
	Number of States in which coalition/networks for health sector reform are operating sustainably	0 (2009)	4	8	12 (2012)	
Source						
HERFON reports, review missions						
IMPACT WEIGHTING	Indicator	Baseline + year	Milestone 1	Milestone 2	Target + year	
20%	Number of media houses supporting health sector reform programmes at state level	0 (2009)	4	8	12 (2012)	
Source					RISK RATING	
HERFON reports, review missions					Medium	
INPUTS (£)	DFID (£)	Govt (£)	Other (£)	Total (£)	DFID SHARE (%)	
	1,431,460					
INPUTS (HR)	DFID (FTEs)					
	0.03 FTE (Project Officer)					
	0.03 FTE (Health Adviser)					

Annex 9: Documents reviewed

HERFON constitution- 2007

HERFON Annual Review Report (2010)

HERFON Accounts and Management Report (2009)

HERFON business plan 2008-2012

HERFON revised business plan 2008-2012 (Revised 2011)

HERFON Strategy 2008-2012

HERFON logframe (2008)

HERFON Organisational and staff audit including annexes (Apr 2011)

HERFON management report (2009)

HERFON audit report (2009)

HERFON workplan (2011)

HERFON Human Resource Strategy (2010)

HERFON Communications and Media strategy (2011)

DFID approach to Value for Money (July 2011)

HERFON Monitoring & Evaluation Strategy (2011)

HERFON Activity log- Partnerships (2010-2011)

HERFON Activity log – Zones (2010-2011)

HERFON situational analysis (2011)

HERFON Board meeting minutes (2010-2011)

HERFON quarterly reports (3rd & 4th quarters 2010+ 1st & 2nd quarters 2011)

Kaduna state chapter -Evidence to inform Free Maternal and Child Health (2011)

Annex 10: People met

Name	Designation
Board Members	
Dr Ben Anyene	HERFON- Chair
Dr Daniel Gana	HERFON- Trustee
Dr Halima Yalwa Adamu	HERFON- Trustee
Dr Mrs Monica Iyombe Okom	HERFON- Trustee
Staff Members	
John Igboka	HERFON -Acting Ex sec & Accounts Manager
Dr Nkem Ene	HERFON -Programme Manager
Innocent Nwankwo	HERFON- Ass Prog officer
Adewale Adeyele	HERFON- Advocacy Officer,
Babatunde Edun	HERFON- Ass Manager finance and accounts
Zonal officers	
Dr Toyilayo Ipadeola	HERFON- ZPO SW
Uballi Abdullah	HERFON- ZPO NW
Dr Linus Onoh	HERFON- ZPO SE
Bukar Shetttima	HERFON- ZPO NE
Rebecca Ogbimi	HERFON - ZPO SS
Emmanuel Ochonu	HERFON -ZPO NC
State Chapters	
Francis Oshie	Chair- Cross River
Isaac Wali	Chair- River
Anthony Nwokedi	Chair- Delta
Dr I.U. Omokie	Chair- Edo
Mustapha Jumare	Chair- Kaduna
Zainab Suraj	Chair- Kano
Abubakar Koko	Chair- Kebbi
Lauwali Umar	Chair- Zamfara
Dr Muawiya Aliyu	Chair- Katsina
Dr Dan Aighewi	Chair- FCT
Dr Joseph Kumba	Chair- Benue
Jatua E. Mathew	Chair- Nassawara
Joe E. Awulutey	Vice Chair - Kogi
Gondhi J.S	Chair- Plateau
Dr Eme Njoku	Chair- Imo
Com. Ibiroke	Chair- Ondo
Dr. A. O. Gbolahan	Chair- Oyo
Dr. Kemi Lawal	Chair- Ogun
Dr. Mrs. Uduak Udohaya	Chair Akwa Ibom
Dr. A. Oyekan	Chair- Lagos
Dr. Simeni	Chair –Bayelsa
Musa K.D:	Chair- Borno
Dr J.A Kolawale	Chair- Ekiti

Adamu Babale	State Secretary- Jigawa
Alh. Olayinka Amuda Azeez	Asst Secretary- Kwara
Aduma Y. Ohaghenyi	State secretary- Nassawara
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