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Terms of Reference

Job Title	State Project Coordinator (Consultant)
Project	**Project Name:** Strengthening Access to Reproductive and Adolescent Health (SARAH) project **Stream of Work:** Enhancing Governance and Management Capacities at States Level (EGMCSL)
Job Location	Adamawa State
Reports to	Program Director

A. Background

Limited access to essential healthcare services remains a barrier to achieving universal health coverage (UHC) in Nigeria, evidenced by the country's suboptimal health outcomes. In 2023, the country accounted for nearly 29% of all maternal deaths globally, with over 75,000 maternal deaths recorded.[1] Neonatal, child, and under-five mortality rates at 41 deaths/1,000 live births, 50 deaths/1,000 live births, and 110 deaths/1,000 live births, respectively, remain far above global targets, pointing to persistent gaps in the coverage, quality, and financing of essential Reproductive Maternal, Newborn, and Child Health (RMNCH) services.[2] The weakened primary health care system, with low coverage of key interventions, also led to the persistence of suboptimal health outcomes in the country.[3]

Considering that primary health care (PHC) is the cornerstone of strengthening the overall health system, the government of Nigeria has developed several policies and interventions to improve access to PHC services. These include the Basic Health Care Provision Fund (BHCPF), the state equity fund, the drug revolving fund, PHC Under One Roof, and others. However, the PHC system still does not perform optimally, partly due to gaps in governance and the management capacity of health sector actors to effectively implement these reforms aimed at providing efficient primary health care services. Strengthening the capacity of PHC agencies is crucial for ensuring the proper implementation of the Minimum Service Package (MSP), which is vital for improving the delivery of basic services and health outcomes for the population through the PHC system.

Leadership and governance of health systems are considered the most complex yet critical building blocks of any health system[4], as improvement in health system performance largely depends on the effectiveness, efficiency, and management capacity of government institutions to implement key health policies and plans adequately.[1] These institutions play key roles in developing policies, strategies, and plans to mobilize resources, while ensuring effective implementation and monitoring to facilitate efficient resource utilization. However, management capacity gaps hinder these institutions from effectively implementing available policies and plans, as well as mobilizing and optimizing resources to achieve their core mandates. Health systems

1 Trends in maternal mortality estimates 2000 to 2023: estimates by WHO, UNICEF, UNFPA, World Bank Group and UNDESA/Population Division. Geneva: World Health Organization; 2025. Licence: CC BY-NC-SA 3.0 IGO.

2 National Demographic and Health Survey (NDHS) 2023-2024

3 The State of Primary Health Care Service Delivery in Nigeria Report, 2019 - 2021

[1] Nwobodo et al., (2022). Assessment of The Capacity of Primary Health Care Agencies to Manage Primary Health Care Facilities in South Eastern Nigeria. Open Journal of Medical Research (OJMR). DOI: 10.52417

4 World Health Organization. "Everybody's business: strengthening health systems to improve health outcomes: WHO's framework for action."

need well-functioning institutions with adequate capacity to implement PHC reforms in health financing, Human Resources for Health (HRH), and commodity management that improve health outcomes, particularly RMNCH.[2]

The Strengthening Access to Reproductive and Adolescent Health (SARAH) project, a four-year intervention jointly implemented by the United Nations Children's Fund (UNICEF) and United Nations Population Fund (UNFPA) is being implemented in three states in Nigeria (Adamawa, Kwara, and Sokoto) aims to enhance reproductive health outcomes for women and adolescents by supporting gender- and adolescent-responsive integrated Sexual, Reproductive, Maternal, and Child Health services. One of the core objectives of the SARAH project is to strengthen national and subnational institutional capacities for evidence-based policy, planning, financing, and service delivery. Achieving this objective requires enhancing leadership and governance systems to foster strategic visioning, improve accountability, and strengthen coordination mechanisms that span key health system domains, including governance and policy frameworks, planning and accountability, critical system inputs, and quality service delivery.

B. Project Objective

The overall objective of this stream of work is to strengthen the governance and management capacity of the SPHCDAs and other PHC-related agencies to support evidence-based policy, planning, financing, implementation, and monitoring of gender- and adolescent-responsive PHC and RMNCAH+N services, including GBV, in Adamawa, Kwara, and Sokoto States. The project team will deploy modern management methods, including Problem-Driven Iterative Adaptation (PDIA), the Organizational Capacity Maturity Model (OCMM), and the Organizational CapacityStrengthening Tripod approach, to achieve its objectives. The specific objectives are:

a) To assess the governance and management capacity of the agencies involved in PHC management in the target states
b) To develop an organizational capacity-strengthening plan for addressing the identified gaps with agreed interventions.
c) To address identified governance and management capacity gaps by implementing organizational capacity strengthening plans in the three states through competency management and leadership training, tools, policy development, and focused mentoring
d) To document capacity improvement and lessons learnt across the states to inform capacity strengthening approach modification and replication where necessary.

The DGI Consult, a purpose-driven governance, research, and institutional capacity-strengthening firm, has been engaged by UNICEF as an Implementing Partner to lead the implementation of this stream of work in the supported states. DGI Consult is seeking a highly qualified State Program Coordinator to oversee and coordinate the study's activities in selected states. They will work closely with the State Primary Health Care Development Agencies (SPHCDA), LGA Health Authorities, development partners, society, and other entities in the PHC ecosystem.

C. Roles and Responsibilities

[2] Strengthening Health System Governance for Improved Quality of Maternal Health Care in Nigeria. Available at: https://www.mhtf.org/2017/02/22/strengthening-health-system-governance-for-improved-quality-ofmaternal-health-care-in-nigeria/

The State Project Coordinator will work with other team members to implement the project within the state. Specifically, the role will involve:

- Conduct state-level PHC stakeholder mapping, including SPHCDA, PHC Taskforce, LGA PHC teams, development partners, civil society organizations, and other relevant actors involved in PHC governance and management.
- Engage key state stakeholders to introduce the Enhancing Governance and Management Capacities at States Level stream of work, discuss objectives and methodology, secure their buy-in, and ensure smooth implementation of project activities.
- Coordinate all field activities, including stakeholder engagement, workshops, baseline assessment, organizing logistics, and others
- Lead the baseline assessment to appraise the status of the PHC governance and management tools, capacity, and process, and document the identified capacity gap
- Organize PHC governance and management Capacity development planning session to co-create an intervention plan geared towards addressing identified gaps
- Participate in the planning, design, and delivery of a PHC governance and management capacity building workshop
- Play an active role in the review, design, and implementation of PHC governance and management tools, processes, and guidelines
- Lead field visits for supportive supervision, mentoring, and handholding, and provide feedback to the headquarters team for necessary action
- Document project activities and regularly provide progress updates and other reports using the prescribed template
- Carry out any other assignment as may be assigned by the Program Director

D. Person specification

- A university degree in a relevant field or advanced nursing or other health qualification. An advanced degree in Public Health, Health Management, Public Policy, or a related field is preferred
- Minimum of 10 years' experience working in Nigeria's health system, with at least 3 years engaging directly with SMOH, SPHCDA, or similar institutions.
- A good understanding and experience of PHC-related program management at the state, LGA, and facility levels is important
- Proven experience managing field or state-level project teams.
- Strong understanding of PHC systems, health governance, service delivery structures, and the PHC policy environment in Nigeria.
- Demonstrated ability to engage senior state and local government stakeholders. • Familiarity with the state's cultural and geographical landscape • Good communication skills (written and verbal).
- Strong analytical and problem-solving skills.
- Ability to travel across LGAs within the state.

E. Method of application

Interested and qualified candidates should send a cover letter and CV to recruitments@dgiconsult.org and indicate "State Coordinator – SARAH EGMSCL" in the subject field.

F. Application closing date

27th July, 2026