**Terms of Reference**

**Expert / Company to assess the social accountability in health**

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| **Country** | Republic of Moldova |
| **Program/Project name:** | Towards health equity through social accountability |
| **Timeframe of mission/consultancy**  | February 2020 – June2020  |

# Background information

Moldova remains the poorest country in Europe. Poverty in Moldova is mainly a rural phenomenon: 84% of the country’s poor live in rural areas. The rural-urban welfare gap is also reflected in access to and quality of public services – water supply, sanitation, waste management, heating – which are inferior for the rural population. In a medium-term perspective, a further deterioration of social conditions in rural areas can be expected due to a continuing brain drain and an overaged workforce.

The most excluded groups are individuals living in rural areas, the poor, the elderly and people with disabilities. In rural areas, people struggle with low-quality public services and a lack of decent jobs. Low state pensions and public neglect do render the elderly particularly vulnerable. Negative attitudes and the absence of adapted infrastructure exclude people with disabilities from accessing basic services and prevent them from gaining economic independence. Roma people face the strongest social prejudice among all ethnic minorities. Absolute poverty, illiteracy and unemployment rates are twice as high among Roma compared to the non-Roma population.

Economic transition caused great socioeconomic hardship in the country and the health, education and social protection systems in Moldova are still facing many challenges. Although Moldova has succeeded in reversing the population’s deteriorating health status, health indicators continue to lag far behind those of other European countries.

The Republic of Moldova (MD) meets the basic preconditions to achieve Universal Health Coverage (UHC) by 2031. To move towards UHC, countries need to introduce a publicly regulated and sustainable health insurance system and to progress in three dimensions:(1) Increase services covered by health insurance; (2) extend health insurance to the uncovered population; and (3) reduce fees for the services that the population pays out-of-pocket payments (OOPs). However, progress towards UHC is still hampered. Major bottlenecks, among others, concern health equity, transparency and social accountability.

The overall goal of Universal Health Coverage in Moldova is that the Moldovan population enjoys quality healthcare with adequate financial protection.

Swiss Red Cross in partnership with CASMED NGO and HOMECARE NGO run the project “Towards health equity through social accountability”, as part of the national programme supporting the implementation of UHC MD.

The project complements the interventions of the UHC MD on increasing accountability towards patients and the general population through the establishment and/or supporting existing social accountability (SAcc) mechanisms. These mechanisms at community, local and national level aim at empowering civil society in claiming their right to health by holding different service providers and authorities accountable. This leads to improved transparency in communication and knowledge about resource allocation, health benefits and entitlements, drug prescription patterns, enhanced evidence based decision-making and effective action to meet the needs of all segments of the population and to close the gender gap on health outcomes.

The project “Towards health equity through social accountability” foresees three outcomes to improve quality, access and health equity in the country.

**Outcome 1** focuses on provision of equitable and quality health care at all levels. The project aims to strengthen civil society engagement and establishing SAcc mechanisms to monitor and improve equitable access and quality of care. Engaging civil society, together with patient groups and professional medical associations, through different SAcc mechanisms is a powerful approach to hold services accountable by providing feedback on consumer perceptions to health providers and authorities. Likewise, the downwards feedback loop from authorities to citizens about the actions taken will motivate and encourage further civil society engagement.

**Outcome 2** of the project foresees the strengthening of the National Health Insurance Company (NHIC) to extend coverage and become sustainable. Once accountability mechanisms are functional and have an effect on quality care, the trust in the health system will grow and subscription to the NHIC will increase.

**Outcome 3** addresses the protection of Moldovan citizens against impoverishment due to out-of-pocket payments (OOPs) in health facilities and extra expenditure for medicines. Social accountability mechanisms will include the monitoring of OOPs (for example through scorecards, or electronic patient feedback on E-Sanatate platform). It is assumed that sensitising patient groups and health care consumers on rational drug prescription and patient rights, as well as educating medical professionals on drug prescription patterns will decrease household expenditure for health and reduce catastrophic spending.

# Purpose of the assignment

Under Outcome 1, CASMED NGO intends to conduct a baseline assessment of the Social accountability of 6 health institutions from the project area (Balti, Drochia, Edinet, Soroca and Floresti), with the aim to identify and highlight needs and gaps of the health care delivery in these regions.

The following health institutions will be subjected to the assessment process:

1. Balti Clinic Hospital
2. Edinet District Hospital
3. Floresti District Hospital
4. Soroca District Hospital
5. Drochia District Hospital
6. Centre of Family Doctors from Drochia

Thus, a specialised company / group of experts is seeked in order to carry out the assessment.

The assessment results will be used by the health institutions for developing joint intervention plans to improve the quality of care and strengthen the existing social accountability mechanisms within their institution.

The assessment will also help the project team to establish the baseline for several project´s key indicators, and constitute the basis to measure the project performance over time.

The assignment should ensure the gender and non-discrimination principles, facilitating the participation of both women and men and different marginalised groups (people with disabilities, caretakers/personal assistants of people with severe disabilities, people living with HIV/AIDS, tuberculosis, diabetes, representatives of other ethnic/linguistic minorities, youth, elderly, women empowerment groups, Roma community mediators) in the assessment process.

# Specific tasks and activities

An important element to be considered by the potential applicants is that the assessment of the health institutions’ accountability involves the use of the Community Score Card as the main tool.

The Community Score Card (CSC) is a two-way and ongoing participatory tool for assessment, planning, monitoring and evaluation of services. The Community Score Card brings together the demand side (“service users”) and the supply side (“service providers”) of a particular service or program, to jointly analyse issues underlying service delivery problems and find a common and shared way of addressing those issues. The CSC is an instrument used to elicit social and public accountability and increases the responsiveness of service providers. The main goal of the Community Score Card is to positively influence the quality, efficiency and accountability with which services are provided at different levels.

The approach was piloted by CARE[[1]](#footnote-1) in Malawi in the early 2000’s and has since been adopted in many regions of the world by NGOs and institutions, with the aim of bringing community voice and participation into service delivery in various sectors and projects.

The project team designed a methodology for the Community Score Card implementation, basing on the international experience and adapted to the local social, economic and cultural contexts. The methodology will be used to guide the company / group of experts in achieving the objectives of this assignment.

Following the CSC methodology, the company / group of experts will have the following tasks:

1. **Preparatory WORK**

**Desk review**

The company / group of experts will conduct a thorough literature review based on research and literature from Moldova as well as from the specific hospitals / Centre of Family Doctors.

Specific tasks:

* analyse the existing data about Social accountability in health including relevant research, official health data, published literature, reports from government and key stakeholders;
* gather existing data and documentation of the health institutions related to the social accountability and analyse these documents – action plans, internal policies, reports on patients’ satisfaction, tools used to collect the patients’ feedback and so on.

CASMED will actively engage with the company/ group of experts during the whole period of the assignment and will facilitate the availability of necessary documents.

**Social accountability Facilitators**

Every health institution involved in the assessment will assign 1-2 people, who will be trained as Facilitators for the implementation of the Social accountability approach at institution level.

The Facilitators will take part in all stages of the assessment together with the project team and the company / group of experts. This will ensure that the facilitators see the process from inside, gain knowledge and competences that will help them facilitate the institutionalisation of SAcc tools.

In order to ensure the objectivity and transparency of the collected data, there wil be applied an exchange of Facilitators, which implies that a facilitator from one institution will go and assist the assessment process done within another target institution.

In this context, the company/ group of experts will have to:

* involve the Facilitators in the assessment process by assigning them different by complexity tasks;
* provide training and support to the Facilitators on the subjects of interest for them in the framework of the CSC facilitation;
* share expertise and knowledge to the Facilitators when collecting data, analysing and reporting it.

**Joint planning**

The company/ group of experts will facilitate joint planning session in every of the 5 project regions with the aim to discuss and plan the CSC process. The activity will gather representatives from the target health institutions, CASMED project team and the representatives of the company / group of experts and will serve as framework to present the CSC tool, explain its purpose and methodology, significance and expectations. Besides, they will arrange logistics related to the participants assessment, such as timeframe, venue and other logistical aspects.

Specific tasks:

* analyse and provide feedback on the Community Score Card methodology developed by the project team;
* review the questionnaire developed by the project team in line with the CSC methodology and in line with accepted sociological standards, here including the right content, relevance, wording, sequence, length, layout, etc;
* develop an appropriate database for data collection and ensure the interviewer / operators team is trained adequately;
* elaborate an appropriate work plan for conducting the assessment, data analysis and report;
* train the interviewers /operators in applying the CSC tools, using the guide provided by the project team.
1. **DATA COLLECTION**
2. **Focus Group Discussions**

Community Score Card process is a participatory one and is mainly based on facilitated discussions. Thus the company/ group of experts will have to organise and facilitate at least 4 Focus Group Discussions (FGDs) in every project rayon, that will gather the folowing categories of participants:

* **Group 1.** Local Public Authorities (LPAs) and donors’ representatives – LPAs of 1st and 2nd level, NHIC regional representatives, donors;
* **Group 2.** Representatives of local public and private service providers – family doctors, pharmacies, dental clinics, Civil Society Organisations (CSOs), Directions of Social Assistance and Family Protection;
* **Group 3.** Patient Group’s members or patients;
* **Group 4.** Representatives of health facilities administration and medical staff.

The participants in FGDs will be asked to share their opinion about the services provided by the target health institution from the aspects of quality, financing, accountability, relation patient-provider, etc, and to come with suggestions / solutions that would help the institution to overcome the identified challenges.

The FGDs will have also the aim to map out the existing accountability tools used within the target health institutions and record existing (and potential) avenues and platforms for deliberative patients’ participation, engagement and influence aimed at improving health service delivery at district level.

Specific tasks:

* prepare the agenda for every FGD and the necessary materials;
* moderate one pilot FGDs according to the proposed methodology;
* guide the discussions so that all questions are covered in the allotted time and all participants are involved;
* record and transcribe the FGDs;
* moderate debriefing sessions with the project team and the facilitators after the first FGD is conducted, in order to see if adjustments or changes are needed in the process;
* adjust the CSC methodology according to the findings from the pilot FGD;
* moderate further FGDs, record and transcribe the responses from the FGDs;
* organise debriefing sessions with the Facilitators and the interviewers team and collect inputs and lessons learnt.
1. **Conducting questionnaire survey**

Additionally to the Focus Group Discussions, the services of the target health institutions will be assessed through questionnaires, that will be completed with the patients (200 per project region) at the time of their discharge from hospital or after their visit to the Centre of Family Doctors.

Specific tasks:

* plan and coordinate the necessary logistics to conduct questionning in accordance with the agreed methodology;
* pilot the questionnaire with 20 people in one specific location;
* apply the questionnaire to respondents from the target institutions over a time frame of around 10 days each.
1. **DATA ANALYSIS AND REPORTING**

Specific tasks:

* analyse questionnaire data according to simple frequencies and according to data analyses tables, provided by the project team;
* analyse FGDs according to transcripts and emerging themes and qualiative case examples;
* triangulate data with information from the FGDs and from the secondary data review
* analyze the assessment results;
* document the process and record the assessment’s results in a brief, clear and easily understandable format;
* prepare assessment reports per each evaluated health institution and a general report per entire assessment process;
* share expertise and knowledge to the Facilitators throughout the data analysis and reporting processes.
1. **FOLLOW UP SUPPORT**

The company/group of experts will ensure that regular communication is done with the project team and the local Facilitators along the assignment.

Periodic meetings for intermediate reporting will be conducted and the progress related to the assessment will be monitored.

The company/group of experts will have also the role to share methodology and expertise to the assessed health service providers in order to be applied further to keep services accountable.

**Important:**

In case the project team is satisfied with the results of the assignment, an extension of the mission’s duration will be done. In this context, the company/ group of experts will:

* provide support to the hospitals in project area with the introduction and use of social accountability mechanisms;
* support, together with the project team, the assessed health institutions in developing joint action plans basing on CSC findings;
* monitor, on annual basis, the SAcc mechanisms within the target health institutions.

# Timeframe

The assessment will be done during February – June 2020 and the presentation of the final report not later than 15th of June 2020.

Indicative timeframe for key tasks:

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| **Activities**  | **Deadline** |
| Planning work and documents analysis | March 10, 2020 |
| Focus Group Discussions and questionning | Apr 16, 2020 |
| Data compilation and analysis | May 17, 2020 |
| Presentation of the draft of the general baseline report and reports per health institution | May 29, 2020 |
| Presentation of the final version of the baseline reports  | Jun 15, 2020 |

# Deliverables

* Proposed work plan;
* Transcripts from every FGD;
* Questionnaires completed with patients in electronic format;
* Responses collected within the assessment and recorded in an electronic database;
* Testimonials from the participants;
* Narrative baseline reports per every assessed health institution in Romanian, presented in electronic form in MS Word format to facilitate comments and in PDF format;
* Narrative general baseline report in Romanian and English in electronic form in MS Word format to facilitate comments and in PDF format;
* Separate presentations for each report, after a preliminary agreement of the presentation outline, which should include main results and graphic information (slides, graphs, diagrams, etc.) in PowerPoint/Prezi/ or other visual presentation programs.

# Minimum eligibility and qualification criteria

Interested companies should meet the following qualification criteria which make the Applicant eligible for this assignment:

* Officially registered local legal entity (for organisations);
* At least 4 years of relevant experience in conducting specialized social, medical, sociological and other relevant qualitative and quantitative research studies;
* Available qualified team of experts with sociological and health backgrounds and experience in qualitative and quantitative surveys design and implementation, including baseline/end line research;
* Capacity to involve adequate number of trained and qualified staff (own human resources or attracted) for the field work in order to respond effectively to the ToRs requirements;
* Excellent language skills in Romanian and Russian;
* Strong writing skills in English;
* Conflict and gender sensitive working approach.

All logistics including travelling, car, food, accommodation (where needed) as well as arranging Focus Group Discussions, questionning process, meetings etc. are under the responsibility of the company / group of experts and must be reflected in the technical and financial proposal.

CASMED NGO together with the health target institutions will facilitate the logistics for Focus Groups Discussions and other meetings necessary to conduct the assessment.

# Application process

The Company/ Group of experts is expected to submit technical and financial proposals, separately, and include the following components:

* Company / group of experts’ profile (s) includig past achievements;
* Current CVs of the company’s team;
* Technical proposal, comprising a detailed work plan;
* Financial proposal, including proposed fee (lump sum);
* Annexes: Any documents, which the Service Provider feels will assist the review team in evaluating the proposal.

CASMED reserves the right to request additional references and documents if needed.

All applications in Romanian or English should be submitted to the email address casmed.SAccproject@gmail.com indicating in the email subject “Assessment Social Accountability in Health” not later than **13th of February, 2020, 6:00 PM**, Moldova local time.

For printed applications to indicate the mail address Moldova, Bălți, MD-3100, 51 /81 Mircea cel Bătrân Str., CASMED, and using the same Subject on the envelop.

Contacts for additional information: tel: 023127674/ 069834207, Livia Golovatîi, Project Coordinator.

Incomplete applications or applications sent after the indicated deadline will not be subject to tender analysis.

1. <https://www.care.org/sites/default/files/documents/FP-2013-CARE_CommunityScoreCardToolkit.pdf> [↑](#footnote-ref-1)