

Government of Rajasthan

**Rajasthan Health Systems Development Project
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Credit No 3867/TN

Dated: 1. 2. 11

Expression Of Interest

1. The Government of Rajasthan has received a credit from International Development Association towards Rajasthan Health Systems Development Project. Part of the proceeds of the credit will be applied to payment for eligible consultants under the contracts for which this expression of interest is issued.
2. The Project Director of the RHSDP invites "Expression of Interest" from eligible agencies/ organizations to do a study on Household Survey in nine districts of Rajasthan (Baran, Banswara, Bikaner, Barmer, Chittorgarh, Dungarpur, Jaisalmer, Sirohi and Uadipur) under RHSDP.
3. The agency/organization must have proven experience and capabilities in carrying out such study in the selected areas. Agency would be selected following the Least- Cost Selection (LCS) process as per the World Bank guidelines.
4. Interested agencies are required to submit their profile, giving the following details :-
 - a. Name, address, Fax No. and e-mail address of the agency.
 - b. Names and short CVs of the chief functionary and principal staff members.
 - c. Geographical area of working.
 - d. Registration status and structure of the agency.
 - e. Financial status of last three years.
 - f. List of similar assignments undertaken (completed & ongoing) in the related field in the past three years.
5. Interested agencies/organizations that meet the above mentioned criteria can download the detail Terms of Reference from website <http://rajswasthya.nic.in> and <http://www.rhsdp.org> and for further query contact during office hours at the address given below.
6. The letter of "Expression of Interest" should reach the office of the Project Director, RHSDP in the address given below on or before 1800 hours of March 4th, 2011 under sealed cover.

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**Project Director
RHSDP. Jaipur (Raj.)**

Rajasthan Health Systems Development Project

Household survey

Term of reference

Background

The Rajasthan Health Systems Development Project, aided by the World Bank is operational in the state of Rajasthan since 2004; with the aim of improving access of poor [i.e. below poverty line (BPL)] and underserved population to healthcare; and improving the effectiveness of health care through institutional development and increase in the quality of healthcare.

The project has provided hardware (infrastructure, equipments and drugs) and software (trainings, IEC, M&E systems, innovative pilots etc) support to the state with the aim of improving the access to and utilization of quality secondary health services delivered through a network of 238 facilities comprising of Upgraded Primary Health Centers, Community Health Centers, Satellite hospitals and District Hospitals.

Cognizant of its Development Objective, the project has identified 9 priority districts¹ (both tribal and desert) and initiated several activities towards facilitating the access to and utilization of health services by disadvantaged groups, specifically, the BPL, SC/ST and women & children. These include

- (1) Outreach health camps: RHSDP in collaboration with RCH is conducting outreach camps at identified 12 sites (PHCs) per district in the above mentioned nine priority districts. Each month, camps are held at six sites, hence repeat camps are held every alternate month. The following facilities are provided at the camps: specialist services for medicine, gynecology, pediatrics; drugs at no cost; routine immunization; Maternal and Child health services; family planning services; Information on preventive health; counseling services etc. follow-up three visits are done at PHC by MO incharge.
- (2) Counseling services: Counselors are placed at all 50 bedded and above secondary health facilities to facilitate access and utilization of services by vulnerable groups. Counselors have been trained to inform patients of various facilities available at the health center, guide patients to appropriate facilities, facilitate immediate access to services for referral patients, explain doctors notes/prescriptions to illiterate patients, counsel of preventive and promotive health care, provide complete support to vulnerable groups to avail various health related schemes set up by the government. Counselors are also expected to log consumer feedback and complaints and place complaints for resolution in HSIT meetings. The NRHM has emphasized the role of counselors and all facilities now have a BPL yellow help desk clearly branded for enhanced visibility and strategically placed to increase access.
- (3) Hospital administrators are placed at district hospitals and they complement the role of counselor in terms of consumer feedback and complaint redressal.

¹ Baran, Banswara, Bikaner, Barmer, Chittorgarh, Dungarpur, Jaisalmer, Sirohi and Udaipur

Objective

The objective of the survey is to:

- (i) Assess the information, social and physical access to outreach health camp services for populations disadvantaged by virtue education, social status and residence in inhospitable/inaccessible regions with poor fixed health facilities. Also, the survey will attempt to qualify and quantify the impact, effectiveness and efficiency of the outreach camps versus fixed facility services
- (ii) Assess the information, social and physical access to patient counselors, hospital administrators and the yellow help desk extant in the health system and responsible for improving access and utilization of secondary health care services at project supported facilities.

Scope of survey

The consultant firm selected is expected to conduct a household survey in the nine identified districts of Rajasthan by using a suitably designed questionnaire and observation tool. The output from the survey will be used to:

- a) Identify what proportion of vulnerable populations in the targeted districts have information, social and physical access to outreach camps and the health care provided therein;
- b) Identify reasons for preference or lack of preference of outreach camps over fixed facilities;
- c) Assess the role of a patient counselor in improving the information and social access of patients to health care at camps or secondary care hospitals; and
- d) Document perceived gaps in the quality and scope of outreach camps and counseling services available through the Rajasthan Health Systems Development Project;
- e) Identify opportunities to enhance access and utilization of health services through non-fixed facilities and counseling services;
- f) Evaluate the work of hospital administrator in terms of consumer feedback and complaint redressal.

Sampling and sample size

The surveyed area would comprise of six tribal districts of Baran, Banswara, Chittorgarh, Dungarpur, Sirohi and Udaipur; and three desert districts of Jaisalmer, Barmer and Bikaner. RHSDP health camps are being conducted in these nine districts at PHCs level and sub-center level on pilot basis.

The agency is expected to devise a statistically viable sampling plan and size to ensure equal representation of all tribal and desert districts from the nine priority districts.

The agency should structure its questionnaire to elicit the following information:

- Demographic information of respondent
- Wealth Asset index of family
- Health seeking behavior of respondent
- Information, social, physical and financial access to health services (outreach and fixed services)
- Perception of quality of health care available (at outreach camps and fixed facility)
- Cost of health services

Key tasks of agency

In preparation of the survey, the agency will

- Develop a sampling plan and statistically viable sample size for the survey.
- Finalize the randomized sample based on suggested sampling plan and size and share the same with RHSDP.
- Develop appropriate instruments for the study [Note: the survey instrument used for the Patient Satisfaction Survey of 2008 (conducted by external agency) and 2010 conducted inhouse by RHSDP may be consulted to ensure relative comparisons of outputs.) in English and share with RHSDP for approval.
- Translate approved instruments into Hindi ensuring no loss in content and nuances.
- Pretest survey instrument for minimum sample households for fine-tuning.
- Develop formats for ethical clearance and permissions and get them approved by RHSDP.
- Train staff to administer questionnaire and record results. [Note: each interviewer should not only be familiar with the questionnaire but also understand fully the local and cultural context of some of the questions.]
- Create a schedule for survey and share with RHSDP to ensure appropriate communication is done to facilitate survey.
- Share details (experience included) of interviewees, supervisory staff, data entry personnel, data analysts with RHSDP
- Devise a data entry protocol to ensure 99% accuracy and share with RHSDP for approval
- Devise, share and finalize methodology for evaluation of responses with RHSDP for approval. [Note: evaluation mechanism used for Patient Satisfaction Surveys of 2008 and 2010 may be consulted for clarity and consistency]
- Share code-book for data inputs with RHSDP with a complete code book and copy of the final questionnaire (both English and Hindi)

Key Responsibilities of Agency

- Administer survey instrument as per approved schedule of survey
- Ensure concurrent data input in relevant software in line with approved data entry protocol to minimize errors.
- Study available secondary data on the subject for an informed analysis
- Analyze data and provide draft findings to RHSDP. (Note that the report should provide significant tabulations of the results, including summary statistics and cross tabulation of the results on each of the items in the survey, including comparison across districts; regions (tribal and desert); literacy levels; sexes; BPL and non-BPL; SC/ST and general social strata; wealth asset index and also with findings of 2008 household patient satisfaction survey.)

Key Deliverables

The total time for consultancy is 20 weeks from the time of signing of contract

| Sl.No | Time frame | Task to be completed |
|-------|------------|--|
| 1 | 4 weeks | Development of design, sampling strategy, research |

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|---|---------|--|
| | | instruments (questionnaire, interview guidelines), review documentation, submission of inception report. |
| 2 | 1 week | Training for supervisors, field level persons etc |
| 3 | 6 weeks | Field visit and study |
| 4 | 4 weeks | Data analysis, presentation of initial findings and recommendation to client, and submission of interim report |
| 5 | 2 weeks | Preparation and submission of draft report |
| 6 | 3 weeks | Incorporating of client comments, presentation of the draft report and submission of the final report. |

Final report submitted should include

- Introduction
- Executive summary of the study
- Background information on rationale, mapping, scheduling, services offered and budgeting of RHSDP camps; and rationale and scope of work of patient counselors to set the context of the study.
- Methodology of the study
- Survey design and sampling
- Brief on methodology for evaluation/analysis of data
- Outcomes of pretest
- Best practices identified
- Household data issues
- Recommendations to strengthen outreach camps and the functions of patient counselors
- Annexes: tabulated comparison of various variables across districts or district wise analysis and the survey instrument

The agency will provide 5 sets of hardcopy and a soft copy of all reports, any appropriate audio/video recording of the assessment.

Ethical issues

The agency must abide by all ethical principles while undertaking this assignment. It is also required to maintain confidentiality of respondents and to take all measures necessary to ensure privacy of all information's collected in the survey.

Facilities to be provided by the client

RHSDP will support the consultant with the following provisions

- Provide long list of all PHCs where outreach camps conducted;
- List of all facilities in 9 identified districts where patient counselors posted
- All performance related data for outreach camps and patient counselors.
- Patient Satisfaction Reports and related information of 2008 (conducted by agency) and 2010 (conducted in-house by RHSDP)
- Introductory letters to the firm as well as intimation letters to all district officials to facilitate field work.

Period of consultancy

20 weeks from the date of award of contract

Method of selection:

The method of selection is Least Cost Selection (LCS) as per World Bank procurement guidelines.

List of key positions required:

| Position | Number | Staff Time |
|--|----------------------------|-------------------|
| Team leader with similar evaluation experience | 01 | 20 Weeks |
| Management Specialist | 04 (one per two districts) | 10 Weeks |
| M&E specialist/statistician | 01 | 10 weeks |

Research assistants/field evaluators as per sample size and in line with time schedule for completion of assessment.

Payment schedule

- 10% advance of total contract value on producing bank guarantee of same amount.
- 20% after submission of inception report.
- 20% after the receipt of interim report.
- 30% after receipt of draft report.
- 20% after the receipt and acceptance of final report.

Review Committee:

A committee under the chairmanship of the Project Director (RHSDP) will review the functioning and deliverables of the consultant. The committee will further comprise of Additional Director (SPC), Additional Director (CAEI), Deputy Director (HR), and Officer in Charge (OI). Additional Director (SPC) will act as a nodal officer for the assessment and closely liaise with the consultant to ensure satisfactory completion of assessment.