

# Government of Rajasthan

Rajasthan Health Systems Development Project  
C-Block, Swasthya Bhawan, Tilak Marg, Jaipur  
Email: rhsdp\_raj@yahoo.com


Tel: 0141-5110730  
0141-2228778  
Fax: 0141-2228778

No.F.5 ()/RHS DP/QI/HSIP/2010/239  
Credit No. 3867-IN

Date: 3/2/11

## Letter of Expression

1. The Government of Rajasthan has received a credit from International Development Association towards Health Systems Development Project. Part of the process of the credit will be applied to payment for eligible consultants under the contracts for which this invitation for bid is issued.
2. A portion of credit received from the World Bank is being utilized for quality improvement interventions by the project. One of the innovations that the project has fostered is the **Health Systems Improvement Process (HSIP)** which has been institutionalized at 238 secondary level facilities under the ambit of the project. Functioning through a matrix of Health Systems Resource Team (HSRT) at the state level; Health Systems Improvement Committees (HSICs) at the district level; and Health Systems Improvement Teams (HSITs) at the facility level; the overarching objective of HSIP is institutionalizing a health facility based quality improvement system.
3. RHS DP invites "**Expression of Interest**" from eligible consulting organization to conduct a study "**Assessment of Health Systems Improvement Process**". The objective of this consultancy is to assess the role of the Health Systems Improvement Process in improving the quality, access, equity, satisfaction and utilization of secondary health services health services in Rajasthan and to understand its contribution in institutional development, health systems improvement and strengthening. The consultant is also expected to review the efficiency and complementary role of the consumer feedback and complaint redressal initiative piloted in 23 facilities of five districts in improving quality of public health care.
4. The consulting organization must have past experience and exhibit capabilities in carrying out such activities in health sector for past three years. The consultant should have good knowledge of functioning of health systems.
5. The consulting organization would be selected following the Least Cost Selection (LCS) procurement process as per the World Bank guidelines.
6. Interested organizations are required to submit their profile, giving the following details: -
  - a. Name, address, Fax No. and Email Address of the agency
  - b. Names and short CVs of the chief functionary and principal staff members
  - c. List of similar assignment undertaken (completed and ongoing) in the related medical field in the past three years
  - d. Registration status and organizational structure
  - e. Financial status of last three years
7. Detailed Terms of Reference is available on the department website [www.rajswasthya.nic.in](http://www.rajswasthya.nic.in) and for further query contact during office hours at the above office address.
8. The letter of "Expression of Interest" should reach the office of the Project Director, RHS DP on or before 1700 hours on 28 February 2011, under sealed cover.

  
Project Director  
RHS DP



**Rajasthan Health Systems Development Project**  
*Assessment of Health Systems Improvement Process*  
Terms 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.

One of the innovations that the project has fostered is the **Health Systems Improvement Process (HSIP)** which has been institutionalized at 238 secondary level facilities under the ambit of the project vide a Government Order of March 2006. Functioning through a matrix of Health Systems Resource Team (HSRT) at the state level; Health Systems Improvement Committees (HSICs) at the district level; and Health Systems Improvement Teams (HSITs) at the facility level; the overarching objective of HSIP is institutionalizing a health facility based quality improvement system. While facilities lower than district hospitals have the entire health staff participating in the HSITs as team members; at higher facilities, heads of various medical departments, counselors and administrative staff participate in the HSIC meetings.

Typically, an HSIT meeting involves review of hospital performance data; identification of issues impacting performance; short-listing causes of identified issues; brainstorming potential solutions to the causes; implementing the solutions; observing a positive impact due to the implementation of the solution; and returning to new issues on a cyclical problem solving basis. Actions jointly agreed to in the HSIT meetings and requiring a financial outlay for implementation are funded by the Medicare Relief Societies.

This innovation has evolved into a melting pot of team building, evidence based planning, empowerment, results-based performance and accountability—all of which has resulted in institutional development and strengthening.

The thrust on quality, equity and access to secondary health services from within the system as a result of the HSIP has found a supportive ally in a consumer feedback and complaint redressal initiative which has been piloted at 23 facilities in five districts<sup>1</sup> of the state (started in Dec2009). The pilot involves patient counselors at 50 bedded and above hospitals and Hospital Administrators at district hospitals logging consumer feedback and complaints; escalating complaints to appropriate level for redressal; and ensuring disclosure of action taken on logged issues to complete the feedback loop.

**Objective**

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<sup>1</sup> Hanumangarh, Bikaner, Jhalawar, Sri Ganganagar and Alwar



The objective of this consultancy is to assess the role of the Health Systems Improvement Process in improving the quality, access, equity, satisfaction and utilization of secondary health services health services in Rajasthan and to understand its contribution in institutional development, health systems improvement and strengthening.

### **Scope of work**

The consultant is expected to plan the study and based on the plan, conduct an assessment of the HSIP institutionalized in the state with a thorough review of the functioning of HSITs, HSICs and the HSRT.

The assessment should clearly identify the contribution of HSIP in health systems strengthening. It should also clarify the gaps or missing links which compromised the effectiveness and efficiency of the quality improvement forum. The consultant is also expected to review the efficiency and complementary role of the consumer feedback and complaint redressal initiative piloted in 23 facilities of 5 districts in improving quality of public health care. Based on the assessment, the consultant is expected to provide recommendations to the Government of Rajasthan for fine-tuning the HSIP, if required, for greater efficiency and effectiveness; and options for intensification/scale up to across the state.

### **Sampling and Sample size**

To address the objective of the assessment, the consultant is expected to define a statistically valid sample of facilities representative of the following stratifications: urban/rural; tribal/desert/plains districts; CHC/District hospital; 30 bedded/50 bedded and <50 bedded facility for the assessment. Thereafter, facilities need to be identified using a random sampling technique.

The sample should be so designed so as to facilitate study of the incremental effect of consumer feedback and complaint redressal initiative on patient satisfaction, quality of care and utilization of services and Emergency services.

### **Assessment instrument**

An assessment instrument/questionnaire has to be developed to capture qualitative information for: compliance with prescribed procedures; outcomes in terms of improving access, utilization, patient satisfaction; and institutional development and strengthening in terms of inclusive team -building, empowerment, evidence based planning, fostering competitive attitude etc from identified facilities.

The instrument has to be pre-tested and fine-tuned based on user feedback. Thereafter the instrument should be translated into Hindi without loss of any meaning and information.

### **Tasks and Deliverables**

In preparation of the assessment, the consultant will

- Finalize the randomized sample based on suggested sampling plan and size and share with RHSDP.
- Develop appropriate assessment instrument in English and share with RHSDP for approval.
- Translate approved instruments into Hindi ensuring no loss of content and nuances.
- Pre-test instrument for a minimum of 3 facilities of each cadre (UPHC, CHC and DH) for fine-tuning
- Develop a training module and train staff to administer instrument and record results.
- Create a schedule for survey and share with RHSDP to ensure appropriate communication is done to facilitate survey



- Share details of interviewees, supervisory staff, data entry personnel, data analysts with RHSDP
- Devise and share a methodology for evaluation of responses with RHSDP for approval.

It is the responsibility of the consultant to study available secondary data on the subject for an informed planning and implementation of task. Also, the consultant is expected to ensure compliance with the agreed schedule and timelines of consultancy. Data inputting should be with minimum errors and analysis should be robust. Draft findings should be shared with RHSDP with a provision of tabulation of results, including summary statistics and cross tabulation of results so as to facilitate comparison across cadre of facility, rural/urban, bed strength, tribal /desert and plain districts.

### Key Deliverables

The total time for the consultancy is 18 weeks from signing of contract

Sl. No	Time frame	Task to be completed
1	4 weeks	Development of design, sampling strategy, research instruments (including 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	2 weeks	Data analysis, presentation of initial findings and recommendation to client, and submission of interim report
5	3 weeks	Preparation and submission of draft report
6	2 weeks	Incorporating of client comments, presentation of the draft report and submission of the final report.

The Final Report submitted should include:

- Executive summary of the assessment study
- Comprehensive picture of HSIP in the state across all hierarchies, including, the rationale of HSIP, its constituents, the process, outcomes, oversight mechanisms etc.
- Best of replicable practices
- Assessment of sustainability of HSIP and inputs required to ensure sustainability
- All raw data collected will be the property of RHSDP
- Key bottlenecks and issues
- Analysis of deficiencies in the HSIP that prevented effective and efficient use of the process for improved quality, equity and utilization of services as well as in institutional development and health systems strengthening. This should include an analysis of the Consumer Feedback and Complaint Redressal (CFCR) pilot that is meant to dovetail into the HSIP process along with its contribution to the quality improvement.
- Recommendations to strengthen both, the HSIP and consumer feedback and complaint redressal initiative.
- Comparative analysis reports for HSIP (across various cross tabulations—urban/rural, tribal/desert/plain districts, cadres of facilities etc). Also, a comparative of access, utilization and patient satisfaction at CFCR pilot facilities.

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

### Facilities to be provided by the client

RHSDP will support the consultant with the following provisions

- Provide available data on the health facilities
- Minutes of HSIT/HSIC meetings from 49 facilities of 6 priority districts<sup>2</sup>
- All documents and reports of relevance to the assignment
- Introductory letters to the firm as well as intimation letters to all district officials to facilitate field work.

**Period of consultancy**

18 weeks from the date of award of contract

**List of key positions whose CV's shall be evaluated**

<b>Position</b>	<b>Number</b>	<b>Staff Time</b>
Team leader with similar evaluation experience	01	18 Weeks
Management Specialist	04 (one per two zones)	12 Weeks
M&E specialist/statistician	01	8 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 an equivalent 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 (HR), Officer in Charge (QI) and Officer (HMIS). Additional Director (SPC) will act as a nodal officer for the assessment and closely liaise with the consultant to ensure satisfactory completion of assessment.

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<sup>2</sup> Bharatpur, Chittorgarh, Dungarpur, Jodhpur, Jhalawar and Tonk