

Government of Rajasthan

Rajasthan Health Systems Development Project
RHSDP Block, Swasthya Bhawan, Tilak Marg, C-Scheme
Jaipur-302005

Tel. : 0141-2228778

0141-5110730

Fax: 0141-2228778

F. 7 () CAEI / RHSDP / 2008 / 963

Dated : 16 - 02 - 08

Credit No 3867/IN

Expression Of Interest

1. The Government of Rajasthan has received a credit from International Development Association towards Health Systems Development Project. Part of the proceeds of the credit will be applied to payment for eligible contractors under the contracts for which this invitation for bid is issued.
2. The Project Director of the RHSDP invites "Expression of Interest" from eligible Agencies for undertaking Evaluation of the Tribal Strategy in six tribal districts of the state under RHSDP.
3. The evaluation is to be carried out in six tribal districts of the state in time frame of six months
4. The Agency must have proven experience and capabilities in carrying out such evaluation, assessment and services in the identified areas. Weightage will be given to those with such work experience in the health sector. The agency should have proven working experience in this area at least three years. Agency would be selected following the Quality Base Selection (QBS) process as per the World Bank guidelines.
5. Interested Agencies who wish to be short-listed 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.
6. Detail Terms of Reference is available on our website <http://rajswasthya.nic.in> and <http://www.rajasthan.gov.in> and for further query contact during office hours at the address given below.
7. The letter of "Expression of Interest" should reach the office of the Project Director, RHSDP in the address given below on or before 1700 hours of March 15th, 2008, under sealed cover.

Project Director
Rajasthan Health System Development Project
RHSDP Block, Swasthya Bhawan,
C-Scheme, Jaipur (Raj.)

Evaluation of the Tribal Strategy under RHSDP
Terms of Reference

Background:

The World Bank assisted, Rajasthan Health System Development Project has been launched in the state of Rajasthan in the month of July 2004. The overall objective of the project is to increase the access of the people of Rajasthan, especially the underprivileged, poor, women and children, to quality health services. The project aims at achieving the overall objective through strengthening the secondary level government health system in the state through physical renovations, provision of goods, equipment, drugs and supplies and skill enhancement of the care providers; apart from undertaking IEC / Behaviour Change Communication (BCC) and pioneering innovative concepts like health systems performance improvement (HSI), implementing Public Private Partnership (PPP) models at the community level.

Tribal Strategy is an important component of this project; the tribal population constitutes about 12.67% of the total population of Rajasthan. The less densely characteristics of these regions makes problems of accessibility of health care and this populated affects to both the providers and the community. They suffer from many preventable and curable disease conditions and simultaneously, utilization of health services among the tribal population is low as compared to the general population. Majority of them reside in remote and far flung hilly terrain. This naturally restricts their physical access to the health care system. Despite providing better primary health care services, the utilization does not seem to improve.

Keeping in view, a Social Assessment was undertaken, which indicated that access to health care in the tribal area is subject to problems of information, physical financial and social access, preventing tribal for availing of health services. Thus, a Tribal Development Plan (TDP) had been prepared to address the issues of poor access to health care among the tribal in Rajasthan, which include the following activities:-

- To strengthen the service delivery in the selective hospitals in tribal areas with up gradation of infrastructure and equipment as well as with drugs and supplies.
- To address human resource issues as necessary to ensure that adequate and appropriately trained staff would be available at facilities in tribal areas;
- To increase access to health care services, mobile health services were proposed in tribal areas;
- To strengthen the linkages between primary and secondary health care levels by *convergence with on-going health programs*;
- To create awareness on health issues by contracting NGOs;
- To *Strengthen the RCH Camps*, in order to reduce barriers to accessing health care in tribal areas.
 - Incentive package for doctors and other medical staff, from public and private sectors, to encourage them to work in these areas;
 - Contracting of local doctors to provide services in government facilities, particularly in areas where the government has difficulty in placing their own doctors.
- To integrate the tribal medical systems in providing essential health services;
- IEC activities to influence the health seeking behaviour of tribals which aimed at developing Behavior Change Communication (BCC) to provide information on the services available at various levels of hospitals and motivating the target groups to utilize these services.
- To strengthen the various existing exemption schemes of the government;

Objectives : The specific objectives of tribal evaluation are:

- To determine which of the activities described in the TDP have been undertaken in the project. If certain activities have not been initiated, determine the reasons why. If alternative activities have been initiated, describe in detail the scope of these activities.
- To undertake a detailed desk review of all available project documentation (including aides memoire, studies, evaluations and reports) to track the evolution of the TDP, key decisions that were made regarding the design and planning of various intervention, and mid-course corrections, if any.
- To assess the extent to which activities undertaken under the TDP have contributed to the Project Development Objectives (PDOs).
- To estimate what proportion of project funds have been spent on the implementation of the TDP.

- To elicit the views of all stakeholders e.g. tribal community members and leaders, NGO partners, field staff of various health programs, hospital staff at all levels of hospitals, RHSDP officials, GOR on effectiveness of the strategy as implemented by RHSDP..
- To analyze the available data from the MIS, as well as data from the Health Camps, to understand changes in utilization of various RHSDP facilities by tribals. District-level Survey data (NFHS, RCH) would also be reviewed, as well as the RCH data on tribal communities, to assess the status of health care access amongst tribals.

Scope of work

- Conduct a survey with a pre-determined sample of beneficiaries in all tribal districts regarding (i) access to and utilization of RHSDP facilities; (ii) awareness and utilization of interventions under the TDP; (iii) satisfaction with both (i) and (ii) above.
- Develop a questionnaire focusing on the specific elements of the TDP and the objectives of this evaluation. Also, use questions that had been used for the baseline Social Assessment, to enable a comparison.
- Collate and develop baseline data from the (i) baseline Social Assessment; (ii) the above survey; and (iii) MIS data/Health Camp data.
- Devise an appropriate sampling plan and field test the draft questionnaire.
- Orient and train data collectors.
- Monitor data collection.
- Analyze the data from the survey in conjunction with other available data, according to a Plan agreed with RHSDP/World Bank. Such analysis should include tabulation of key results, crosstabs and correlations, and analysis.
- Conduct a desk review of all available materials (aide memoires, studies, evaluations and other reports) of the implementation history of the TDP. Identify gaps in implementation, reasons for the gaps, new initiatives developed, key decisions taken with regard to the strategizing/planning/implementation of the TDP.
- Conduct stakeholder consultations with all key stakeholders based on a Plan. Methods can include one-on-one interviews, FGDs, stakeholder workshops etc.
- Document findings in the final report.
- Conduct a Dissemination Workshop, after incorporating the comments of RHSDP/World Bank, of key stakeholder.

In order to assess the enhanced physical, social and financial access and utilization of RHSDP interventions by disadvantaged groups, primarily BPL and tribal populations, the consultant is expected to review the following resources in tribal districts:

1. Information Access:

- ◆ Household data from the VCD (Village Contact Drive) conducted in selected four tribal districts;
- ◆ IEC messages, local media and other activities in accordance with IEC strategy;

2. Physical Access:

- ◆ Baseline Social Assessment Survey conducted by IIMR in Oct.2002;
- ◆ Data from the Patient Satisfaction Survey;
- ◆ Data from outreach health camps organized under RHSDP
- ◆ HMIS and key indicator data from all 238 facilities under RHSDP

3. Social Access:

- ◆ Evaluation of hospital data from the facilities where Patient Counselors are placed for increases access of services by BPL and underprivileged population and comparative analysis with other facilities, which do not have counselors;

- ◆ Evaluation of hospital data from the facilities which underwent BCC training for increased uptake and comparative analysis with those facilities which do not.
- ◆ Evaluation of the sensing and final BCC for service providers report from Mafoi

4. Financial Access:

- ◆ Evaluation of data from a sample of RMRS to assess enhanced utilization of free diagnostic services and over the counter drugs by BPL / ST etc.;
- ◆ Evaluation of funds sources of sample of RMRS operational in project supported facilities and the proportion allocated for exempted categories;
- ◆ Evaluation of data from project facilities where counselors are placed regarding increase in uptake of BPL Medical Card Scheme, Chief Minister Jeevan Raksha Kosh etc.;

Deliverables

- Work plan and methodology for conducting and completing all tasks presented in the Scope of Work above.
- Report on Desk Review of all available material on TDP interventions under RHSDP.
- Sampling plan and draft survey instrument for the proposed community survey.
- Plan for data collection, collation, validation and analysis.
- Plan for undertaking stakeholder analysis, including qualitative analysis methods to be used.
- Interim Report on completion of survey, with basic tables as agreed with RHSDP.
- Presentation of draft report to RHSDP including the findings of the survey, desk review and stakeholder consultation, and to present the key findings of the analysis.
- Draft final report incorporating feedback from RHSDP and World Bank by stipulated time.
- Final report.
- Dissemination workshop.

Time frame:

Total time taken for the task should be about Six months. This would include:

- ◆ One month for survey set up, including finalizing the questionnaire and training field staff, and for completion of desk review;
- ◆ Two months for data collection, including stakeholder consultations;
- ◆ One month for data entry and analysis;
- ◆ One month for submitting the preliminary report;
- ◆ One month for receiving comments/feedback from RHSDP/Bank and making necessary revisions and finalizing report.

Services & Facilities provided by the Client

- Available HMIS and key indicator data from reporting facilities
- Available background studies and utilization data
- Instructions to facility in-charges to cooperate and provide necessary information to consultant
- Facilitation during field visits, NGO visits and other meetings

Skill set expected with contracted agency

- Project Manager
- Social scientist
- Anthropologist
- Statistician
- Health Economist
- Field staff