**Terms of Reference (ToR)**

**Assessment of existing private sector in maternal and child health for efficient partnerships around identified primary health care centres in north western region of Bangladesh**

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| **Location:** | 1) Rajshahi District (4 upazillas : Charghat, Tanore, Baghmara, Paba)  2) Naogaon District (2 upazillas : Porsha and Sapahar) |
| **Project:** | Public Health Improvement Initiative Rajshahi (PHIIR) – Phase 2 |
| **Financed by:** | Swiss Red Cross (SRC) |
| **Implemented :** | DASCOH Foundation |
| **Timeframe**: | 15 May 2019 to 12 June 2019 |

**Preamble:**

DASCOH Foundation is a non-government and non-profit organization with regional resources for furthering and strengthening its development initiatives. In the process DASCOH trained a workforce with professional competence and technical skills which evolved over time in engaging and collaborating effectively with local government institutions (LGIs). DASCOH developed and applied evidence based strategies to build institutional capacities of LGIs for a focused, result oriented partnership.

**Overview of the PHIIR Project II:** With the SRC’s technical overview and financial support, DASCOH is implementing the Public Health Improvement Initiative Rajshahi – Phase 2 for three years (July 2016 to June 2019).The overall goal of Phase 2 is to contribute to an improved health status, with special focus on maternal, neonatal and child health (MNCH). The specific outcomes of the project are;

1. Quality of health services at primary health care, in particular related to MNCH, is improved
2. Access to health services is improved
3. Piloted interventions for improved continuum of care are adopted & rolled out by sub-national and national government

**Engaging Private Facilities:**  The health systems are characterized by the mixed public and private health facilities and delivery of care. These sectors should work together to address the challenges of affordability, quality, and availability of care.  The main challenges of the GoB health facilities are the shortfall of essential HR at the primary health care facilities. The UHC is the emergency referral centre of the union and community level health facilities. However, the lack of skilled HR particularly to deal with CEmOC are missing, and therefore patients are required to visit private facilities in the vicinity of the UHC, or travel all the way to Rajshahi town that endanger the whole PHC system.

To mitigate the problem the project planned to engage private facilities during the third phase of the project to address the emergency MNCH referral system in an efficient manner. In the process of identification of the potential private partner, DASCOH would be hiring a consultant for assessing the private facilities. In addition to that, the project would also like to understand the potential of private facilities to make health markets work better for the poor.

**The Rationale of Engaging Private Facilities:**

* To ensure the mother received of quality CEmONC services at the PHIIR catchment area
* To assure emergency safe MNCH referral system
* To strategize the private health facility engagement for the poor community focusing MNCH service deliveries

**Purpose of Assignment:**

* To assess the private health facilities within the PHIIR catchment areas that delivers quality CEmONC services
* Assess MNCH service costing in private health facility in comparison to the public health facilities
* To generate comprehensive key findings regarding CEmONC service assessment within private health facilities
* Report to be shared with local GoB partners through organizing a meeting

**Specific Tasks and Timeline**

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| Sl no. | Specific task | Timeline |
|  | Desk review of PHIIR project documents and monitoring reports at field level and CMO office | 15May 2019 |
|  | Identify the GoB policy & plan in engaging and collaboration with private health facility at the district and sub-district level | 16-17 May 2019 |
|  | Review of existing GoB health service providers formal and informal engagement with private health facilities within the PHC context | 18-19 May 2019 |
|  | Prepare questionnaire (includes types of service, service data, HR, equipment, M&E, accountability, referrals, costing etc.) and QOC questionnaire should be include observation checklist | 20-21 May 2019 |
|  | Contact with private facility authorities and take permission and appointment for the assessment visit | 22-23 May 2019 |
|  | Formed data collection team. In each team, resource should identify for technical interview, service observations, M&ER and financial involvement. Orient the questionnaires to the data collectors and do the field test | 24-25 May 2019 |
|  | Data collection | 26May-05 June 2019 |
|  | Data analysis | 06-07 June 2019 |
|  | Prepare draft report along with a list of potential private providers | 07-09 June 2019 |
|  | Present key findings/outcomes of private sector assessment with GoB stakeholders | 09 June 2019 |
|  | Finalize report along with recommendations for formal engagement with private sector regarding CEmONC service delivery | 10 June 2019 |
|  | Report submission to DASCOH | 12 June 2019 |

**Note: Upon mutual understanding and agreement the above dates may change**

**Expected Outputs:** A comprehensive private sector assessment report. Preferably, the report should not exceed 20 pages excluding the annexes. The report and presentation will be submitted in a soft and hard copy and within the time frame set in the ToR.

**Methodology:** The consultant shall collect relevant documents from the website or hard copy from the Government, other development agencies and NGOs to use as reference or resource documents. A work schedule will be developed by the consultant prior to the initiation of the assignment. The institution/consultant will be solely responsible for the final comprehensive report. The consultant shall return all hard and soft copies of all documents.

**Administrative Matters:** SRC and DASCOH is expecting technical & financial proposal from prospective consultants with the following:

* Relevant expertise with current CV or resume along with a motivation letter.
* Methodology for the proposed consultancy
* A work plan in the form of Gantt chart.
* Remuneration of the consultants (travel time excluded; travel, food, accommodation will be provided by DASCOH on actual basis during the field trip in Rajshahi and Naogaon).
* The consultant will be paid directly through transfer to the bank account nominated by the consultant based on submission of the outputs. All payments shall be subject to deduction of normal income taxes and VAT as per government rule and regulations.

**Accountability and Communication Network:** Within the time frame of the mandate, the consultant shall report and be accountable directly to the Health Delegate, SRC and CEO of DASCOH. For the purpose of fulfilling this mandate the consultant shall liaise with the local authorities at relevant levels as well as with International Organisations and NGOs working in the same field of interest. All relevant information on consultancy-related contacts shall be mentioned in the consultancy report.

**Competence and Responsibilities:**

**Competence :**SRC and DASCOH is looking for an institution/consultant with a strong record in conducting reviews and evaluations, particularly in community based health programmes focused on health system strengthening at PHC level. The consultant should have excellent analytical narrative/reporting skills in English. A public health expert with a medical background will receive preference. Experience of working with government health settings in Bangladesh with the PHC aspect is preferable

**Responsibilities:** Within the frame of this mandate the consultant will be responsible for the proper and timely execution of his/her tasks and report writing.

**Termination of Agreement:** Either party can cancel agreement with a 7 day written notice. SRC/DASCOH can terminate the agreement without notice and payment in the following cases:

* If the consultant cannot fulfil the requirement of the assignment
* If the consultant cannot submit the reports within the time specified in the mandate
* If the quality and standards of the work fail to meet reasonable standards.

**Confidentiality:** The consultant will at all times comply with the rules and regulations of SRC and DASCOH and be subject to professional discretion concerning all information relating to this mission.

**Contract:** Two original copies of the Agreement/Terms of Reference will be signed by the consultant and authorised representative of SRC and DASCOH. The law applicable to this contract shall be the law of Bangladesh. This Terms of Reference will serve as the contract between DASCOH, SRC and Name of the Consultant, in which a detailed technical and financial proposal along with work plan after negotiation will be an integral part.

Signature Signature Signature

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| DASCOH | SRC | Consultant |