

# TERMS of REFERENCE (ToR)

## Partnering to Save Lives (PSL)

### Financial Barriers to Accessing Reproductive, Maternal and Neonatal Health Information and Services among Vulnerable Groups in the Four North-Eastern Provinces of Cambodia

#### Background

Partnering to Save Lives (PSL) is a partnership between the Ministry of Health (MoH), CARE, Marie Stopes International Cambodia (MSIC), Save the Children and the Australian Government's Department of Foreign Affairs and Trade (DFAT).

The program goal is to save the lives of women and neonates through improved quality, access and utilisation of reproductive, maternal, newborn health (RMNH) services. PSL focuses on holistic RMNH service provision in the underserved north-eastern provinces of Kratie, Monduliri, Ratanakiri and Stung Treng. PSL supports family planning services and training on safe abortion in an additional 17 provinces across the country. PSL also works to improve access to RMNH information and services for vulnerable young women working in garment factories in Phnom Penh and Kandal.

PSL is mandated to support six components of the MoH's Fast Track Initiative Roadmap to Reduce Maternal and Newborn Mortality (FTIRMN)<sup>1</sup>, including addressing financial barriers to accessing RMNH information and services. Relevant indicators in PSL's monitoring, evaluation, reporting and improvement (MERI) framework include: I5.1. #/% of target population accessing RMNH services using a financial support mechanism in the previous 12 months. The RMNH services considered are family planning, safe abortion, antenatal care, safe delivery and post-natal care.

PSL's approaches to reducing financial barriers are designed to complement the national Health Equity Fund (HEF) system, which covers user fees and some transport costs for defined services for households in possession of an ID Poor card or considered eligible for the card through a post-hoc interview<sup>2</sup>. While the HEF system reduces financial barriers due to some of the direct costs of accessing healthcare, other direct and indirect costs continue to be financial barriers for the poorest. HEFs also do not address financial barriers faced by the near-poor and other vulnerable groups who face additional costs in accessing healthcare, including people living with a disability.

PSL's baseline survey<sup>3</sup> compared the four north-eastern provinces with four provinces in the west of the country where the program is implementing a more limited range of activities. A quantitative survey of 2,763 women of reproductive age (WRA) in 2,638 households across the eight provinces found that households in the north-east are significantly poorer than in the comparison provinces, based on household assets. In addition, the proportion of households in the north-east that possess ID Poor cards (31.9%) is slightly but significantly higher than the proportion of ID Poor households in the comparison provinces (30.1%). However, only 6.8% of WRA in the north-east who had used a RMNH service in the previous 12 months had made use of any financial support mechanism and less than half of these used HEFs. (The corresponding proportions in the comparison provinces were 13.6% receiving any financial support of which around 60% was from HEFs.)

PSL has a strong focus on learning. Financial barriers are one of four themes in the program's Learning Agenda for Year 2. Relevant learning agenda questions are:

**4A:** What and where are the different financial barriers that limit access to services?

**4B:** How can we better document current approaches (and locations) in order to understand complementarity and synergy with other approaches?

**4C:** Are the PSL approaches the most effective way to help vulnerable groups (including ethnic minorities, inward migrants to the north-east, and people living with a disability) to access services?

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<sup>1</sup> Ministry of Health, 2010: Fast track initiative roadmap for reducing maternal and newborn mortality 2010-2015. Cambodia: Phnom Penh.

<sup>2</sup> Ministry of Health, 2014: Standard benefit package and provider payment mechanism for health equity funds. Cambodia: Phnom Penh.

<sup>3</sup> PSL, 2014: Baseline survey report. Reproductive, maternal and neonatal health situation analysis in eight Cambodian provinces. Cambodia: Phnom Penh.

#### **4D: Are PSL approaches effective in creating demand for services?**

This consultancy will particularly address questions 4A and 4B. It will also provide information to support two of PSL's eight advocacy objectives:

1. Every poor person in PSL target catchment areas in the north-east who qualifies has a valid ID Poor card and can access HEF support through a public health facility by end of year 3.
2. Every person without an ID Poor card in PSL catchment areas in north-east provinces who faces financial barriers to access RMNH services can use other financial support mechanisms (including post-identification for HEF benefits) to access those services by the end of Year 3.

#### **Purpose and objectives of the consultancy**

The consultant will conduct a high quality investigation, which will address the following overall questions:

- What are the nature and the monetary value of all the costs (direct, indirect and opportunity costs) involved in accessing RMNH services in the public sector in the north-east?
- To what extent do current levels of ID Poor and HEF uptake reflect the real levels of poverty and financial barriers in the north-east and what barriers exist to the uptake and utilisation of ID Poor and HEF systems in the region?
- To what extent and why do HEF-entitled people chose not to access services under HEFs?

#### **Scope of work**

A mixed methods approach will be used to address these questions, including:

1. Review of relevant published peer-reviewed studies as well as grey literature.
2. Sub-analysis of PSL baseline survey data from NE – disaggregation of RMNH service use/non-use and HEF use/non-use by ID Poor classification, wealth quintile, ethnic minority status.
3. Field investigation in the north-east to include:
  - Cost analysis for RMNH services – assessing the actual or financial equivalent direct and indirect costs for women living in the north-east of accessing family planning, safe abortion, ANC, safe delivery and PNC services. (To include ethnic minorities, inward migrants and women living with a disability.)
  - Comparing at the household level, actual poverty status, ID Poor status, and uptake of HEF support to access RMNH services.
  - Qualitative investigation aimed at understanding the reasons underlying exclusion of vulnerable groups from the HEF system.

#### **Roles and responsibilities**

The consultant will be responsible for:

- Developing the data collection protocol and tools, in consultation with PSL.
- Preparing documentation for submission for ethical approval within Cambodia.
- Conducting desk- and field-based investigations.
- Data entry and analysis.
- Drafting and revising the consultancy report, in collaboration with PSL.

PSL will be responsible for:

- Providing technical and editorial input into development of the data collection protocol and tools, and the consultancy report.
- Submitting documentation for ethical approval within Cambodia, if the consultant is based outside the country.
- Advising and facilitating the conduct of field-based investigation (e.g. providing introductions and contacts in target communities, informing local authorities).
- Sharing published and grey literature and other relevant information.

## Indicative timeline

Activity	Week
Signing of contract	0
Consultative meeting with PSL	1
Consultative meetings with other key stakeholders	2
Submission of draft protocol and tools	3
PSL feedback on protocol and tools	4
Final delivery of protocol and tools; submission for ethical approval	5
Receive in-country ethical approval	7
Desk- and field-based investigation	8-11
Data entry and analysis	12-14
Submission of draft report	16
Feedback by PSL	17
Submission of final report	18

## Deliverables

1. Final data collection protocol and tools
2. Final cleaned data-set
3. Final consultancy report

## Intellectual property

All intellectual property generated by the consultancy will be owned by the PSL implementing NGOs, who will retain the rights to disseminate and publish the results. Where the consultant is part of an academic institution, PSL is willing to consider joint publications in peer-reviewed journals.

## Consultant requirements

The ideal candidate should possess the following skills and experience as a minimum:

- Experience in conducting public health research, with proven proficiency in qualitative and quantitative data collection and analysis (health economics research and Cambodia experience desirable);
- Excellent communication and facilitation skills;
- Excellent analysis and report writing skills;
- Excellent skills in necessary software (e.g., Excel, SPSS, STATA);
- Familiarity with the health financing and RMNH contexts in Cambodia;
- Proven experience of applying rigorous academic research to inform the development of strategies to address real public health problems in developing countries;
- Ability to manage the available time and resources and to work to tight deadlines.

International and Cambodian national candidates are welcome. Non-profit, government, for profit, university, academic organisations/institutes and others are all welcome to apply.

## Application requirements

Candidates should submit:

- CVs of key consultants.
- Summary of similar investigations conducted, with references to reports and publications, including a hard or soft copy of the most recent relevant piece of work.
- Names, titles and contact details of previous clients who can be contacted to provide references.
- A short summary (maximum 4 pages) of proposed methodology, including sampling, data collection and analysis, and ethical issues.

- Details of any internal ethical approval processes required, including a likely timeframe.
- A financial proposal.

## **REPORTING**

The Consultant will report directly to Coordination and Learning Unit Director (PSL) and Maternal and Child Health Advisor, CARE's principal contacts for this consultancy.