# Terms of reference for Consultant on the Baseline Survey

**Draft Terms of Reference**

Base line data on the Effective Service Delivery in the Health Sector

**BACKGROUND**

Broadly, the project seeks to improve the governance systems relating to the delivery of public services in the health sector in the project communities. It is our belief that the non-involvement of citizens in decision-making processes in their communities and in supervising and monitoring community projects adversely affects the quality of services that are delivered to them. Most often than note, information about community development projects is shared with a few people only, who normally do not represent the interests and aspirations of the wider community. They are there to seek and promote their personal interests; they care very little whether the project is moving in the right direction or not, as long as they are getting something out of the process. As always, the first step towards depriving the wider community of participation is to deny them the appropriate information. This is exactly what has happened or is happening with the free healthcare policy.

The beneficiaries have little knowledge about provisions of the policy and what role they are required to play in the process in order to achieve the intended objectives. The Government facilitated the setting up of committees comprising hospital/clinic staff and host community people to supervise, monitor and man the operations of the clinics particularly as they relate to the delivery of free healthcare. This in itself is good as it seeks to bring community people onboard the governance of the hospitals, clinics and PHUs across the country. But one of the challenges of this action was the failure to allow local communities to choose those that they believed could represent them well. There was also an absence of clear criteria that were collectively developed with the people, which would have been used to select members of these committees.

It is common to see that the people that are chosen to constitute the committees are those that are close to community leaders, relatives of chiefs and wealthy people. As a result, they do not see themselves as representatives of their people and are therefore not answerable to them, but to their godfathers. They hardly listen to and take actions on the complaints and cries of the wider community. This insensitivity and callous disregard of these committees does not only exacerbate the sufferings of the people in terms of mortality, but it also serves as a recipe for community conflicts and deep-seated divisions. Community development will stagnate and poverty deepened.

However, the focus of this project will be on increasing the participation of beneficiary communities in all aspects of the delivery and utilization of public services in the health sector in their respective communities. The non-participation of the people in the entire process is the core factor that is responsible for the many challenges that inhibit citizens from realizing the full benefits of the free healthcare policy. Without citizens involvement in the process, there is room for corruption whereby hospital workers will collude with the community teams that are set up to defraud the people; medicines that are supposed to be supplied to needy people free of costs are sold out to them. In the final analysis, the purpose for which the policy was established is defeated.

**PROJECT TITLE:**

Community monitoring for Accountable and Effective service Delivery in the Health Sector

PROJECT LOCATION: Kailahun District (Kissi Teng, Kissi Kama, Kissi Tongi and Luawa chiefdoms) Sierra Leone.

**Organization Name**: Network Movement for Democracy and Human Rights (NMDHR) is a Non-Governmental Organization that was established to promote Human Rights, Democratic values and Good governance in Sierra Leone. NMDHR mission is to promote human rights and good governance issue through advocacy, lobby and campaigns that would change the mindset of the people and increase their participation in governance so that development and peace can take place.

Project Duration: One Year six Months (18 Months)

Beneficiaries:

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| --- |
| **Youth** |
| **Women** |
| **Vulnerable & Marginalized** |

**Baseline Survey Objectives:**

The baseline study will focus on baseline data collection for a set of indicators outlined in the project M&E plan. The baseline study report will be used as a measurement tool to monitor the project progress against the set indicators over the course of the project implementation.

To collect baseline data for the project objectives/ outcomes indicators below

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| **Specific Objective 1** | *To people train 240 on the Government’s Free Healthcare policy in the four chiefdoms*  *in Kailahun district Eastern Province of Sierra Leone.* |

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| **Specific Objective 2** | To develop baseline data on how project communities are accessing services  relating to the free healthcare system*.* |

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| **Specific Objective 3** | *To establish and deploy six independent monitoring teams in the four chiefdoms in Kailahun* |

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| **Specific Objective 4** | To generate interest and public debates around the free healthcare system |

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| **Specific Objective 5** | To increase citizens access to good quality free medical services |

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| **Outcome** | More than 500-1,000 people will be reach out through the use of the radio to know on  the importance of monitoring the Free Healthcare service delivery. |
| **Outcome** | Baseline data on the benefits of, access to or otherwise of the Free Health Care system on  the project communities established. This will serve as a baseline to measure progress in this area;  The outcome of these activities is that there will be an improvement  in the Free Health Care delivery in Sierra Leone which in turn will help improve on the  Socio -economic situation and well-being of rural women in the Kailahun district. |

Scope of Baseline Survey

This study is to be conducted within the sampling target area of four chiefdoms in Kailahun District (Kissi Teng, Kissi Kama, Kissi Tongi and Luawa) and within project direct beneficiary and other stakeholders of the project. Women are the centrepiece of this project; they are the mothers, they are the pregnant women and it is they that look after the children. Everything about the project relates to women. But that in itself is not enough to ensure their full involvement in rolling out the project in terms of decision-making and capacity strengthening. Therefore, the youths, vulnerable and marginalized in the community should be featured within the study sampling frame.

The study shall be conducted in forms of survey, key informant interview and focus group discussions if needed. The information will be collected, analyzed and the report in English will be shared to partners and Network Movement for Democracy and Human Rights (NMDHR) for consultation before they are finalized.

**Duration and Timeline**

The baseline study shall be expected to complete within 30 working days beginning as soon as possible base on negotiations starting from the ..................... to the..........................2016/2017

Summary of Deliverables:

Share the draft reports in clear and concise English to NMDHR and partner organisation. Finalize the baseline study report by incorporating the feedback on the draft if any complete baseline data in baseline matrix.

1. The final baseline study report should basically include the following points:

* Acronyms and abbreviation
* Executive summary
* Baseline objectives
* Methodology
* Key findings
* Problem and policy
* Social and political circumstances on the free health care policy
* Implementation of free health care policy
* Constrains and Limitations
* Conclusion
* Recommendations