***TERMS OF REFERENCE***

***POLICY PAPERS***

***CHARTER OF DEMAND FOR BETTER HEALTH AND NUTRITION***

**Introduction**

Center for Communication Programs Pakistan is a sister organisation of Johns Hopkins Center for Communication Programs based in Baltimore, United States. Center in Pakistan is dedicated exclusively to the study and practice of development communication. A non-governmental organisation since 2011, Center has a rich heritage of over 30 years of dedicated experience in providing technical leadership in strategic social and behaviour change communication design, programming, research, and capacity strengthening. Center seeks to use communication to save and improve lives in Pakistan.

**Empowerment, Voice and Accountability**

Under the broader framework of Provincial Health and Nutrition Programme (PHNP) supported by UK government, a four-year project (2014-2018) on Empowerment, Voice and Accountability (EVA) was launched to primarily focus on the ‘demand side’ of Reproductive, Maternal, Newborn and Child Heath (RMNCH) and Nutrition services. It has the objectives of:

* Enhancing communities’ understanding of their health rights, entitlements and engagement in monitoring the planning and delivery of services; and
* Organizing communities at all levels to catalyst the precipitation of desired policy changes at the local, provincial and national level

These results are being achieved through evidence-based approaches using communicative ecology, two way communication methodologies, knowledge management, and extensive action research and fostering innovations. Working with Palladium International, Center is responsible for designing and managing all media and communication activities. These activities are specifically using communication to increase demand and strengthen mechanisms for greater and effective citizen participation and monitoring of health services. Particularly looking to prioritise women, girls and children from underserved backgrounds. In this respect, Center is implementing six core activity-sets, including the component of “One Voice for Health.”

**One Voice for Health**

In the first phase, the “One Voice for Health” approach entailed a series of district-based consultations held with a cross-section of the society. This provided citizens the opportunity to express their demands themselves to policy and decision-makers on broader issues with respect to brining improvements in health care status. The consultations covered a wide range of issues but remained, by and large, within the ambit of health policy and governance. Renowned journalist Talat Hussain moderated these consultations with a group of stakeholders that included but not limited to civil society representatives, community health workers, local political representatives, members of the press club and bar association and other community notables from rural marginalized areas of Punjab and KP. These consultations have generated rich data on citizens’ demands for improving health status in general and reproductive, maternal and child health outcomes in particular. In the second phase and once the consultation process was completed, citizens’ demands were collated and analysed for emerging themes and triangulated with other available forums of demand generation within the Project for their qualification. Based on the themes that have emerged from the consultative process, a Charter of Demand for Better Health and Nutrition is to be developed as the next step.

The Charter of Demand is to focus on policy recommendations and procedural changes required to ensure the provision of quality health care and to bring improvement in the status of RMNCH and nutrition. The Charter will collate and prioritise the list of demands generated from the consultative process as an entry point to initiate a higher-level debate at the provincial and national levels. In order to present the Charter, two provincial moots are planned in the months of August and September 2016 with key decision makers and high-level stakeholders to advocate for policy and practice change with respect to RMNCH and Nutrition and rights to Health services.

This TOR relates to the role of specialists to develop policy papers on prioritized demands that originated through the One Voice for Health approach.

**Policy Papers**

A total of nine demands have been prioritized that are listed and briefly explained below. There will be a policy paper produced against each demand. The policy papers will include analysis of the existing status and provide recommendations based on the understanding of the health system and explain substantive policy experiences on a district, sub-national, national and cross-sectoral contexts. The insights drawn from these papers will bind together the Charter of Demand to be presented in the two *Provincial Moots*. The policy papers will be based on the following areas:

1. Improvement in Health Management and Accountability

This policy paper will look into public health management system in Pakistan, particularly in Sindh and KP, in terms of its ability to integrate healthcare, business management and information systems for improving health care outcomes. The policy paper will also study the extent to which the healthcare delivery system is accountable as a whole and where healthcare providers and entities must demonstrate quality outcomes, fiscal responsibility, and efficient and effective practices.

1. A Mechanism for Complaints / Grievance Redressal

This policy paper will study existing or planned complaints/grievances redressal mechanisms, which provide ability to patients and their caregivers to file a complaint or grievance as part of the patient rights process without the fear of retaliation and/or barriers to service. The policy paper, in particular, will study the capacity of existing systems, if any, to manage complaints and grievances in terms of filing and informing citizens of their health entitlements and rights as well as the procedure to use to file a complaint or grievance. The policy paper will also study to what extent the complaints/grievances redressal mechanisms allows planned, systematic mechanism for receiving and promptly acting upon issues expressed by patients and/or caregivers and aid in monitoring and trending complaints and grievances for sustained results.

1. Increased Knowledge of Health-Systems Services

This policy paper will explore past, present or planning patient or caregiver education programs to help increase their knowledge of how best health care services can be accessed and they can participate in treatment decisions. The policy paper will study this from the perspective of dependency of uptake in access to health care services on improving health literacy and knowledge of health-system services among patients and their caregivers. The policy paper will examine the existing knowledge of health system services among citizen and how it can help citizens in knowing which services are available, at what level of care and how those can be accessed.

1. Greater Access to Health Care Services

The policy paper will study the necessary conditions required for a sufficient healthcare access, and to what extent appropriate services are available to all citizens accessible in a timely manner. This policy paper will have a broader understanding of ‘access,’ whereby healthcare access would require citizens to have financial means and means to reach and use services as well as confidence in communicating their health concerns to healthcare providers and use of services without compromising dignity, privacy and sense of quality care that they will receive.

1. Improved Status of Health Facilities

This policy paper will study the status of health facilities, broadly as a function of availability, functionality and quality of the health care delivery system in the public sector facilities. The analysis will include physical infrastructure, procurement and supply of goods and commodities, i.e. medicines and surgical supplies, availability and use of necessary equipment and technology, human resources and range and quality of service delivery. Policy paper will work on a hypothesis of an inverse relationship between the status of public health facilities and share of private sector in health care delivery, the poorer the former the larger the latter will be.

1. Availability to Health Care Providers

This policy paper will study to what extent un/availability of healthcare professionals is inhibiting access to services by limiting the supply of services. The policy paper will explore unavailability of providers from various perspectives including, but not limited to, understaffing, absenteeism or due to their lack of readiness. The policy paper will work towards a case for an operational public health system to have the availability of necessary inputs, which includes availability of staff at different levels of services. For instance, availability of women medical officers and specialists including gynaecologists, anaesthetists and paediatricians as well as vaccinators is essential for improving the status of mother and child health.

1. Linkage of Evidence with Health Sector Policy and Planning

This policy paper will study the extent to which research is conducted and evidence is collected for informed and knowledgeable policy actions for improving people's health. The understand the policy paper may drive is that linking evidence with health sector policy and planning implies that policy decisions involve comprehensive analysis of health issues, testing of newer strategies or possible health interventions and mechanism to deliver those health interventions. The paper will work on a rationale that health system is better able to deal with challenges if interventions are based on sound evidences and that the high quality research has an important part to play in strengthening these interventions and subsequently the health systems as a whole.

1. Improved Performance of Health Care Providers

This policy paper will focus on poor performance of health care provider that may be the result of health staff not being sufficient in numbers, or not providing care according to standards, or not being responsive to the needs of the community and patients. The policy paper will study this from various perspectives that might influence staff retention and mobility. Such as personal and lifestyle-related factors, including living circumstances, work-related factors related to preparation for work during pre-service education, health-system related factors such as human resources policy and planning and job satisfaction, influenced by health facility factors such as financial considerations, working conditions, management capacity and styles, professional advancement and safety at work. The policy paper will have the rationale that qualified and motivated human resources are essential for adequate health service provision. Strategies improving performance are essential to address shortages of the existing workforce. Performance of health care providers is, therefore, a combination of staff being available (retained and present) and staff being competent, productive and responsive. Low levels of motivation can lead to the insufficient translation of knowledge, the underutilization of available resources and weak health system performance. Addressing such factors is not only important for patient satisfaction, productivity, and health care sector performance but also in retaining well-performing staff.

1. A System of Disease Surveillance and Response

This policy paper will study existing, if any, disease surveillance and response system to help guide health personnel in the decision-making needed to implement strategies for disease control and activities for preventing future cases. The policy paper will understand surveillance as a watchful, vigilant approach to information gathering that serves to improve or maintain the health of the population. A functional disease surveillance system is essential for defining problems and taking action. Using epidemiological methods in the service of surveillance equips district and local health teams to set priorities, plan interventions, mobilize and allocate resources and predict or provide early detection of outbreaks.

**General Direction**

Each policy paper should be between 2,000 to 3,000 words. Policy papers need to be based on similar structure and rich in evidence-based analysis. It may start with the introduction of the policy issue followed by analysis of the current state based on local context and examination of the reasons or challenges in improving the same with references to low-cost high-impact best practices and provide evidence-based recommendations in the context of the Eighteenth Amendment. The policy paper should include one or all of the following, facts, tables, figures, graphics, diagrams and/or case studies. The researchers will also need to engage with government departments and make clear recommendations with implementable plans related to each area.

**Duty Station**

The consultant/s or the agency may be based anywhere in Pakistan but would require working closely with the program team based in Islamabad. For this activity, the base station will be considered Islamabad. Travel may also be required for conducting consultations and interviews in Punjab and KP.

**Supervisor**

Anjum Rehman

Senior Media Advisor

Empowerment, Voice and Accountability

anjum@ccp-pakistan.org.pk

**Major Tasks**

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| **Serial** | **Task** | **Estimated Days** |
| 1 | Outcome: Annotated outlinePrepare an annotated outline, which should include, but not limited to, introduction, literature report, issues and research questions, methodology and analysis, policy recommendation and conclusions. It should also mention sources of information, main reference material and appendices to be used, if any. | 1 |
| 2 | Outcome: Literature report:Review available literature, including existing legislative, policy and administrative frameworks and mechanisms, related to health care delivery, specifically in reference to KP and Punjab, as well as the evidence gathered around key bottlenecks and barriers towards delivery of health services.  | 2 |
| 3 | Outcome: Report on consultative meetings and expert interviewsDepending on the policy theme, the consultant may conduct consultative meetings and/or expert interviews with key officials from health department or concerned government functionaries | 3 |
| 4 | Outcome: First complete draftIn light of the literature report and consultative meetings, and as per the approved framework, develop the first complete draft of the policy paper for internal review including draft recommendations[Outcome: Draft Birth Registration Strategy] | 5 |
| 5 | Outcome: Final policy paperFinalization of policy paper in light of any feedback received on the submitted draft. | 1 |

**Deliverables**

Following deliverables have to be met for completion of each policy paper:

1. Annotated outline of the policy paper
2. Summary report of the literature review;
3. Summary report of any consultative meetings or expert interviews;
4. First complete draft for internal review; and
5. Final policy paper, incorporating any feedback.

**Timeframe**

It is estimated that a total of 12 workdays are required for completion of each policy paper. The assignment, as a whole, is to be completed by early September, 2016.

**Qualifications**

The policy papers may be developed by an individual consultant, a group of consultants or a firm with relevant knowledge, skills and proven experience in the subject domain. Individual consultant, a group of consultants or a firm may apply for one, more than one or for all policy subjects as per the requisite qualification.

Following are specialised qualifications, competencies and experience required:

* Proven experience, of at least 10 – 15 years, in the field of policy and strategy development in the domain of health and specifically in health care delivery systems in independent capacity as a freelance or with any reputable institutions, public and / or non-governmental organisations, international NGOs and / or UN agencies;
* The lead consultant/s should have at least master or advance degree in a related discipline;
* Proven knowledge and expertise in policy and strategy development preferably in reproductive, maternal, newborn and child health and nutrition services;
* Proven knowledge of public health care delivery systems and government structure in in provision of basic and primary health care services, particularly of Punjab and KP provinces; and
* Excellent writing skills, ability of working with people, drive for results, deciding and initiating action, relating and networking, applying technical expertise, creating and innovating, formulating strategies and concepts.

**Remuneration**

Remuneration will be based upon salary history, and released in full upon completion and approval of the policy papers.

**Application Procedure and Deadline**

Interested individuals may apply in their independent capacity or through a registered firm for developing one, more than one, or all policy papers with a cover letter clearly mentioning the same attached with resume/s and writing samples of specialists nominated to undertake the assignment at:

jobs@ccp-pakistan.org.pk

Please make sure the subject is ‘policy papers.’ The deadline for submitting application is:

August 1, 2016, 05:00 pm

For more information, contact at:

info@ccp-pakistan.org.pk

*By July 24, 2016 with subject “Policy Papers”*