

Terms of Reference:

Consultant to conduct a review of Social Accountability approaches in Health

The Embassy of Ireland in Tanzania is seeking proposals from experienced consultants to conduct a review of social accountability approaches in health.

1. Background

Irish Aid is the Irish Government's programme for overseas development and is an integral part of Ireland's foreign policy; in Tanzania, the Irish Aid programme is managed by the Embassy of Ireland. The Embassy works with the Government of Tanzania, UN agencies, international research institutions, civil society organisations and other development partners to deliver on our overall goal of inclusive growth and reduced poverty and vulnerability in Tanzania. The programme is guided by Ireland's Country Strategy Programme 2011-2016 (CSP).

Under the CSP, the health programme's objective is to enhance the quality and equity of primary health care services. The results framework identifies key results in maternal and child health, and related health systems components.

The health programme hinges on the hypothesis that improvements in health status can be achieved through a health systems strengthening approach, focused on enhancing the quality and equity of primary health care services¹. The programme aims to contribute to more effective and equitable use of available financial and human resources for health, through investment in the Health Basket Fund, engagement in sectoral policy dialogue through the SWAp, and support to community-based health system strengthening.

The programme's theory of change also assumes that the analysis of policy processes and power dynamics is crucial for effective policy implementation, and that policy change (including more effective policy implementation) can be shaped by "advocacy coalitions" made up of actors from within and outside the health system². Hence, Irish Aid invests in social accountability in health, in order to increase civil society engagement in the management and oversight of health services, and thus enhance quality and equity of primary health care services.

Although the concept of social accountability has been the object of intense dialogue, at its most basic it refers to: "*formal or informal mechanisms through which citizens and/or civil society organizations engage to bring state officials or service providers to account*"³.

Irish Aid currently works on social accountability in health through two partnerships:

- (i) a 5-year partnership with a civil-society organisation whose goal is to ensure equitable and affordable quality health care services through health systems social accountability monitoring at all levels of government

¹ World Health Organisation, World Health Report 2008 - Primary Health Care (Now More Than Ever).

² Sabatier 1998, in K. Buse, 2010 Health Policy, Processes and Practice, London: Open University Press

³ Camargo C., and Jacobs E. 2013. *Social Accountability and its conceptual challenges: an analytical framework*. Basel Institute of Governance, working paper no. 16. Available from

https://www.baselgovernance.org/sites/collective.localhost/files/publications/biog_working_paper_16.pdf [accessed 5 October 2015]

- (ii) a more recent partnership, started in 2015, focused on strengthening local health governance structure and increase community awareness of rights and responsibilities as health consumers to improve quality of local health services.

Irish Aid also made a further contribution in 2011 to the work of another CSO working with citizens to access practical information, exercise greater agency and use these to access improved services, including health services. The organisation, however, later moved away from the health sector.

2. Rationale for the review of social accountability approaches in health

A review of social accountability approaches in health is being commissioned by Irish Aid to inform its programming in relation to this area in the future CSP 2017 – 2022, the development of which will begin in 2016. By commissioning this review Irish Aid aims to both take stock of learning emerging from direct support to social accountability approaches under the CSP 2011 – 16, as well as explore broader avenues for programming in this area.

There is a growing interest in social accountability and its thematic applications, and a growing body of both peer-reviewed and grey literature exploring approaches, successes and challenges of social accountability initiatives. In the health sector, a broad range of initiatives have been documented, and their links to quality of health care improvements mapped out. With specific reference to health, social accountability initiatives are expected to impact on several dimensions of health care, including: physical accessibility, availability of human and material resources, service quality and relevance, and transparency and management of financial resources⁴. Social accountability initiatives in the health sector take place at two levels:

- systems level: where policy decisions and institutional arrangements in relation to allocation and use of financial and human resources are made
- service level: where clients' interaction with service providers and health facilities shapes their perception of quality of services⁵.

At the global level, strengthening accountability has been a central pillar of the maternal, newborn and child health (MNCH) agenda since the launch of the Commission for Information and Accountability in 2010, and is a central pillar of both the FP2020 and the Global Strategy 2.0 – Every Woman Every Child. In Tanzania, strengthening social accountability is a priority of Health Sector Strategic Plan IV, of the Big Results Now Performance Management component, and of the One Plan II for MNCH. There is enthusiasm around the introduction of thematic and community scorecards as an accountability tool, as well as a revival of interest in community involvement in health, which is one of the key tenets of the concept of primary health care.

However, the causal pathway linking social accountability and improved health services is under-explored, and there is a need to better understand what pre-conditions or enabling factors are critical for the success of such initiatives.

In Tanzania, a recent mapping of social accountability initiatives in various social sectors by the Ifakara Health Institute observed a discrepancy between intended outcomes (e.g. in relation to improved service delivery) and outcomes achieved (e.g. increased participation and strengthened collective voice). In other words, it suggested that the provision of information to communities on rights and

⁴ World Bank 2014 Social Accountability Sourcebook. Available from: http://www.worldbank.org/socialaccountability_sourcebook/ [accessed 5 October 2015]

⁵ Boydell V. and Keesbury J., 2014, "Social Accountability: what are the lessons for improved family planning and reproductive health programs? A Review of the literature" Working paper. Washington, DC: Population Council, Evidence Project

responsibilities in relation to health services had generally resulted in increased participation and greater articulation of community opinions and concerns, but had not translated in more responsive action from service providers and decision-makers⁶. This could be partly explained by weak monitoring and evaluation systems, not enabling the systematic evaluation of end results, and by poor articulation and use of a theory of change and power analyses during programme design and implementation.

In order to inform further programming in this area, there is a need to sharpen a theory of change for Irish Aid's investment in social accountability in health, through a comparative review of approaches and their relative effectiveness in health. There is an opportunity to learn both from initiatives that Irish Aid has directly supported in the current CSP, and other promising emerging approaches.

3. Objective of Consultancy:

The purpose of the assignment is to inform Irish Aid's review and design of investments and partnerships in relation to social accountability in health.

The review aims to answer the following learning questions:

1. What are the critical factors underpinning effective social accountability initiatives in health?
2. Which social accountability initiatives in health in Tanzania are most promising, based on these critical factors?

4a. Services:

- a) Systematise key reference documents in relation to social accountability initiatives, and propose a clear framework to interpret the effectiveness of social accountability initiatives. This should include the identification of clear conditions or elements that are central to implement effective social accountability efforts.
- b) Conduct a literature review to:
 - identify different types of social accountability interventions in health implemented in Tanzania (with particular focus on MNCH and health system strengthening components)
 - Document the process and outcomes achieved by each to the extent possible with available literature
 - Document implicit or explicit theories of change underpinning these initiatives
- c) Conduct a limited number of key informant interviews with stakeholders implementing social accountability initiatives in health in Tanzania, to complement evidence gathered from the literature
- d) Analyse the relative effectiveness of the identified initiatives, using the agreed evidence-based analytical framework (refer to approach section).
- e) Based on this analysis, identify effective or promising interventions that may warrant further exploration in the next CSP
- f) Compile a report with clear and practical recommendations on:
 - refining Irish Aid's theory of change linking social accountability and quality and equity of primary health services
 - potential partnership opportunities and investments for social accountability in health in the next CSP.
- g) Contribute to the dissemination of lessons learnt and findings to the broader Development Partner Group for Health

⁶ Ifakara Health Institute 2015 Social Accountability Review, draft report. Unpublished.

4b. Approach

The review will be primarily desk-based.

Evidence on effectiveness of social accountability initiatives, both in Tanzania and globally, is notably limited, and of low quality. Models of implementation may also differ greatly, rendering comparisons of outcomes difficult. As a result, it will not be possible for this review to compare social accountability models and initiatives against each other in relation to effectiveness criteria.

Rather, the review is expected to analyse interventions' relative strengths and weakness, and appraise each of them against an evidence-based analytical framework (e.g. the conditions or enabling factors for effective social accountability efforts), so as to identify most promising interventions that warrant further exploration.

A limited number of interviews with key informant based in Dar es Salaam may be envisaged in the latter part of the review, to complement documented evidence and provide a better understanding of the theory of change underlying social accountability initiatives in health.

4c. Key Deliverables:

- Inception report outlining the approach, including: key references for task (a), search criteria for task (b), key milestones for the assignment and their timeline.
- A report that includes both a theory of change narrative and diagram, and clear evidence-based recommendations for programming in relation to social accountability in health in Tanzania
- Presentation of key findings during an internal meeting with the Irish Aid Development Team
- A ppt presentation, summarizing recommendations for external use beyond Irish Aid.

5. Required Expertise:

- A highly experienced consultant, with public health or governance background
- Robust understanding of the national/international developments in relation to social accountability, preferably in health
- Understanding of social accountability priorities in the health sector in Tanzania will be an advantage
- A track record of conducting solid evidence reviews and/or comparative analyses. Experience of qualitative research would be an asset.
- Evidence of critical analytical skills
- Excellent report writing skills
- Good communication and interpersonal skills

6. Application

Proposals should include:

- 1) A section outlining an understanding of the assignment and the Embassy's requirements
- 2) Description of the proposed methodology to be used, with particular emphasis on how the consultant will deliver services (a) to (f) above
- 3) An overview of the individual / individuals who will deliver the services including a CV/CVs that demonstrate relevant experience. If more than one consultant is proposed in a single bid, the proposal must provide clear details of the team composition in relation to key tasks
- 4) Fee proposal (based on daily rates, and including all costs, including international/national travel if applicable). If more than one consultant is proposed, the proposal must provide a clear split of individual consultants' daily rates and proposed day allocation per task.

- 5) A report from a relevant evidence review or similar assignment, as an example of written work of the consultant (or Lead consultant, if a joint bid)

Proposals should not exceed 7 pages, excluding CVs, budget and evidence of written work.

7. Selection criteria

The following criteria will be used to evaluate the proposals:

- Quality and relevance of the proposed methodology. The offer will be assessed according to whether the proposal demonstrates an understanding of the requirements of the assignment, and the methods proposed are in conformity with the needs of Irish Aid as reflected in the Terms of Reference (30%);
- Expertise and experience in relation to social accountability, preferably in health (20%)
- Expertise and experience in relation to evidence reviews and comparative analysis (20%)
- Evidence of communication skills and report writing (15%)
- Cost (15%)

8. Timeframe

The consultancy is for a maximum of 20 days and is expected to be completed by 31st January 2016, with the following indicative timeline:

- Submission of inception report by 4th December 2015
- Submission of draft report by 7th January 2016
- Submission of final report by 23rd January 2016
- Presentation of key findings to Irish Aid no later than 27th January 2016 (date to be agreed)
- Development of materials for external dissemination by 31st January 2016

The assignment will be managed by a Steering Group within the Embassy, with the Consultant(s) reporting to the Monitoring, Evaluation and Learning Advisor.

9. Application

A proposal (no more than 7 pages) including the elements described under paragraph 4 above should be submitted by email to the Head of Administration at the Embassy of Ireland, Dar es Salaam on Stephen.simbila@dfa.ie by 6th November 2015. A short cover letter should indicate the candidate's availability to undertake the assignment.

Embassy of Ireland
Dar es Salaam
15th October 2015