

Scope of work

1. Purpose

The purpose of the task order is to conduct an assessment of the relevance, coherence, viability and sustainability of USAID/DR strategy and approaches as developed under the REDSALUD project, and to provide recommendations to adjust or change the strategy and ensuing activities, as appropriate

The proposal shall not be longer than 6 pages (excluding the attachments) and should have at a minimum:

- A technical proposal describing how your organization will accomplish the work (three pages)
- A description of the team composition (one page)
- -Cost proposal (two pages)
- Past experience relevant to the task involved
- CVs for all proposed personnel

2. Background

Over a decade ago the Dominican Republic began structural reforms in its political, economic, and social systems in order to promote the development of a modern and democratic society leading to improvements in people's wellbeing. The purpose of such reforms was to reduce the social gap among the Dominican population, where a third of all people dwell in poverty and lack basic services such as health care, education, housing, safe water, electricity, employment, leisure, or environmental sanitation.

During the latter years and throughout several administrations the country led sustained efforts towards modernization and development, with civil society's participation and donor support. Such efforts resulted in notable economic growth, well above the rate for the Latin American region during the 1990s. Unfortunately, social progress did not occur at the same pace or intensity.

Political and social efforts have focused in key aspects such as decentralization. This strategy sought to promote participatory democracy as well accountability in the management of public organizations. The goals were to fight corruption, improve coverage and quality of education and health, foster employment, secure retirement, and develop children's protection services. Ongoing efforts and investments, particularly in health care, increasingly lacked social legitimacy as they became interest group targets, at the service of a centralized, inefficient, and ineffective bureaucracy.

In mid-2001 two laws were enacted to modernize public health services and to establish the Dominican social security system. These legal instruments were designed to achieve mid-term

improvements in the health system's performance. Reforms mandated by both laws seek to develop a new approach to design, manage, and finance health care, underscoring its nature as a citizen right against the risks of illness and disability, rather than government charity care provided by doctors, clinics or hospitals.

This new approach towards organizing and financing health care is supposed to improve efficient resource allocation and use, particularly for the poor, and enhance quality of care as well as public sector accountability, so as to achieve greater social legitimacy, fight corruption and strengthen democracy.

Structural change rests upon a new conception of health care as an integral element for social wellbeing, which promotes individual and collective progress. The purpose of such change applied to health care systems in the mid- or long-term is to address people's needs in a more effective and efficient fashion. Labor groups and the disenfranchised are specially targeted in order to attain economic growth, social stability, and political legitimacy.

The USAID/DR health sector strategic objective (SO) aims at sustainable improvement of the health of the vulnerable populations in the Dominican Republic. In July 2000, USAID signed a \$13.3 million contract with Abt Associates Inc. to implement the Health Reform and Decentralization Project – REDSALUD, a five-year program designed to contribute to the Intermediate Result 4 (IR4) Increased Efficiency and Equity of basic health care services at the local level. Following a three-tiered strategy, REDSALUD implements three technical components, which operate in an integrated fashion. These technical components are, (a) support to local health service delivery focused on 5 provinces in the eastern region (Health Region V), (b) support to the central level of the Ministry of Health -- SESPAS, and (c) support to build and sustain a favorable policy environment for health reforms. Although the contract with REDSALUD/Abt is scheduled to terminate in July of 2005, USAID/DR recognizes that the installation of the new health system represents a medium to long term effort that will require sustained international technical assistance.

Key problems in the Dominican health care system

Low coverage and inequity

According to DHS 2002, no more than 22% of the Dominican population is effectively covered against financial risks brought upon by illness and disability. In addition, national health accounts data suggest that two-thirds of health care spending in the country is out-of-pocket spending, incurred mostly by the sick. (Rathe 1998). Further studies show that approximately 25% to 35% of government subsidies in health care are utilized by non-poor population groups.

Inefficient resource use

The Dominican Republic has about 2.2 doctors and 2.4 hospital beds per 1000 population, one of the highest rates in Latin America. However, close to 40% of the population sought utilized services other than professional or institutional care according to DHS 2002. In the public

sector, doctors and establishments often do not provide more than four hours of ambulatory care. Hospital beds show 50% occupancy rates, except in larger, urban referral hospitals which are overly saturated by low complexity cases that should have been resolved at lower levels of care.

Poor quality of care

Training programs for doctors and nurses exhibit low quality standards, particularly in graduate training. Teaching and service programs lack adequate supervision and young professionals are often left to learn on their own without proper guidance. Tragic mistakes are thus bound to occur. In addition, many health care facilities have not been licensed or accredited to ensure conditions for minimal quality. This is evidenced by a high maternal mortality rate (150 per 100,000 in 2002) despite a high prenatal care rate and institutional deliveries (97% and 95%, respectively).

3. Objectives

- a. To assess recent progress in the design and implementation of reforms to address key problems in the Dominican health care system, with special emphasis on their relevance, coherence, viability and sustainability.
- b. To examine the relevance, coherence, viability, sustainability of USAID strategy, and activities implemented through the REDSALUD Project.
- c. To make recommendations for the short-, mid-, and long-term that may be utilized to redesign or adjust such strategies and interventions with USAID support.

4. Key questions to be addressed

The evaluation team should respond to the following questions and make recommendations as to how USAID can improve and/or strengthen their strategy and program in support of health sector reform. Additional questions can be suggested in the technical proposal. Final revisions to the evaluation questions will take place during the evaluation team.

- a. Based on a situation analysis the assessment team should answer the following questions:
 - What is the nature, scope, significance, and/or complexity of the most important structural problems affecting the Dominican health care system?
 - Which factors have impeded the development of viable solutions?
- b. Based on considerations made regarding broad reforms and strategies underway:
 - How do such reforms relate to structural problems identified?
 - Are reforms relevant, coherent, viable and sustainable to support long-term improvements in the Dominican health care system?

- c. Based on considerations made regarding USAID strategy and activities pursued by REDSALUD:
 - How do they relate to structural problems identified?
 - Are they relevant, coherent, viable and sustainable to support long-term improvements in the Dominican health care system?
 - Are they appropriate means to achieve the Strategic Objective?
 - How appropriate was the initial REDSALUD design? How well did REDSALUD adapt to changing opportunities in the country?
 - Is USAID/DR taking full advantage of the synergy effect among the different IRs and activities in health?

- d. Based on thoughtful analysis of all items above:
 - Which are the most important recommendations, and their rationale, to support changes or adjustments in strategies, programs or activities pursued by USAID, in the short-, mid-, and long-term?
 - What specific recommendations does the assessment team have for the design of a REDSALUD follow-on activity?

5. Illustrative Approaches

The following are illustrative approaches for the task and should not limit the possibility of proposing different or additional approaches as part of the technical proposal:

- Review and analysis of pertinent documentation and reports complemented with interviews to conduct a brief situation analysis that will enable identification of key structural problems (at the political, economic, technical, social, cultural, and institutional levels), which affect adequate performance of the Dominican health care system thus limiting achievement of improvements in access, equity, efficiency or quality.
- Briefings with USAID/DR health team and REDSALUD project staff
- Meet with panels of experts to assess the advances in the reform process and USAID contributions
- Field visits to projects in Region V.
- Field visits to at least one other Region as a means to compare the level of progress in Region V as a direct result of USAID's assistance.

6. Team Composition-

We anticipate that the team will consist of four members including a local professional... Although we are not defining the team configuration, the following expertise and skills should be fulfilled by the team:

- a. Fluency in English and Spanish (all team members have to be fluent in Spanish);

- b. Expertise in health economics, public health and health policy, policy/political science; social planning , organizational theory, program evaluation;
- c. Experience in health sector reform processes in the LAC Region, preferable in a country with similar processes,
- d. Familiarity with USAID processes
- e. The local professional should be familiar with the country and the reform process and serve as facilitator to the evaluation team.

7. Reports and Deliverables-

- a) Work plan and Timeline for the Evaluation –Draft version for discussion during the briefing scheduled with USAID
- b) Outline of final report- Due at the end of the first week in country
- c) Debriefing and outline report- Prior to departure from the DR
- d) Draft report- One week after completing the field work in the DR
- e) Final report – One week after receiving USAID/DR comments

7. Level of Effort and Period of performance-

The level of effort for this task is five weeks. Field work should start o/a March 15, 2004 and should conclude NLT Wednesday April 7 (because of Holy Week). The team will have 4 days prior to traveling to the DR for review of relevant documentation, three weeks for field work and 6 days week after completion of field work to prepare the final report. Final report should be submitted NLT May 28, 2004

8. Evaluation Criteria-

The proposals will be evaluated against a total possible score of 100 using the following criteria:

Technical evaluation Criteria (85 points)

Technical Approach	35 points
Team Composition	35 points
Past Performance	15 points

Cost Evaluation Criteria (15 points)