

**Call for Consultants**

**Terms of Reference**

**Research on Social Protection and Access to Health in Old Age**

**1. Background**

HelpAge International is a network of not-for-profit organization with a mission to work with and for disadvantaged older people worldwide to achieve a lasting improvement in the quality of their lives. In Africa, HelpAge is implementing the “Better Health for Older People in Africa Programme” (BHOPA), a three year DFID funded project which runs from July 2014 – June 2017. The programme is implemented in Ethiopia, Tanzania, Mozambique and Zimbabwe. The goal of the programme is to improve access to health and care services for poor older women and men and their households, making them less vulnerable to illness and worsening poverty. By the end of the programme, it is envisaged that older people will have access to age-appropriate health, HIV and care services, and to social entitlements that will better enable them to meet their health needs. The programme will also improve accountability of service providers and policy makers locally and nationally.

The programme has the following outcome and outputs:

**Outcome:** 387,763 older people (60% female, 40% male) in the 4 countries in Africa have age-appropriate health and HIV services

**Output 1:** Training curricula/manuals developed and 1,718 Health Staff trained on age-appropriate health and HIV services

**Output 2:** 1,425 Care workers are trained and older people receive community and home-based care

**Output 3:** Technical and policy support for greater access to social protection and health entitlements

**Output 4:** Older People trained to monitor and advocate locally for access to health, HIV and care services and entitlements

**Output 5:** HIV and SP policies/strategies in the four countries and within the region include recommendations made by the programme

**2. Purpose of the Study**

The purpose of this study is to learn about and provide evidence on the links between social protection, particularly social cash transfers, and access to health services in Ethiopia, Mozambique, Tanzania and Zimbabwe.

The objectives of the study are:

1. To provide a clear articulation of the ways in which social protection has the potential to facilitate better health.
2. To establish the direct and indirect costs associated with older people accessing health services in these four countries.
3. To assess the extent to which existing social cash transfers received by older people actually improve access to healthcare.

The study is formulated around the following research questions:

1. What is the nature of public health provision in Ethiopia, Mozambique, Tanzania and Zimbabwe, in particular provision of services for older people – e.g. prevention, screening and treatment for non-communicable diseases, rehabilitation services, access to mobility/visual aids/assistive equipment, medication?
2. What are the true costs (direct and indirect) of accessing health care in these countries?
3. What are the existing social protection mechanisms available in these countries? How do such mechanisms support/benefit older people?
4. Do the existing cash transfer schemes facilitate older people’s access to health services? If so, how?

**3. Scope of the Study**

* **Desk review**
1. Literature review of international, regional and national evidence on the links between health and social protection.
2. Description of healthcare provision and the wider operating environment (policies, legislation, drug supply, entitlements) in the 4 countries.
3. Overview of national level health needs of older people using secondary and OCM data.
4. Mapping of Social Protection schemes in the 4 countries, including how they benefit older people.
* **Field Work**
1. Focus group discussions and surveys: FGDs and surveys with older people recipients and non-recipients of cash transfers (in countries where these schemes are available) to explore older people’s views and experiences related to the costs and barriers to accessing health services and the role of social protection in subsiding such costs.
2. Estimating the cost of accessing a package of health services in different countries: This would be derived from calculating the direct and indirect costs of accessing a basic package of healthcare for the top 3 health conditions experienced by older people (as established in the desk-based research) in a given country/location.

**4. Deliverables**

The following deliverables are expected:

1. A report summarising the desk-based review, which includes:

* A literature review on the links between health and social protection, with annotated bibliography.
* An outline of healthcare systems and provision of health services.
* An overview of the key health issues experienced by older people.
* An outline of social cash transfer schemes in Ethiopia, Mozambique, Tanzania, and Zimbabwe.

2. A report summarising the field work, which includes:

- A write-up of the Focus Group discussions, including quotation from FGD participants (in local language with English translation) to illustrate emerging themes.

- Quantitative estimation of direct and indirect costs of accessing health care for the top 3 health conditions experienced by older and an analysis of how such costs compare to the value of existing cash transfer schemes.

3. The content of the Final Evaluation Report should include at minimum a contents page; abbreviations glossary; executive summary of no more than 3 pages focusing on key findings and conclusions; Summary of project/project objectives, Research Methodology, Results and findings, Discussions, Conclusions and References.

**5. Contracting Conditions**

* The TOR will guide the terms and conditions of the contract to which it will be annexed.
* The contract will be signed with HelpAge International EWCA Office.
* The consultant will report to the BHOPA Programme Manager and work closely with a steering committee. The role of the Steering Committee will be to:
	+ Provide inputs on the study to the consultant.
	+ Help ensure the quality of the study by reacting to work-plans, methodology, initial findings.
	+ Help ensure that the outputs of the study will provide useful input to the BHOPA programme and HelpAge’s work on health and social protection.
* The consultant will provide a short report on progress on a weekly basis throughout the study period.
* HelpAge will cover costs of transport and accommodation during fieldwork
* Any expenses, unless explicitly articulated in the contract, will not be claimable from HelpAge.

**6. Timing and duration**

The start of the study is April 2016 and the study is anticipated to take a maximum of 5 months. The final outputs must be delivered and approved by the Steering Committee by September 2016.

# 7. Minimum requirements of the Consultancy

* The ideal candidate for the job would be an accredited research institution/firm with researchers having postgraduate qualification (Masters or above) in Social Sciences, Public Health or in a discipline relevant to this assignment with a minimum of 5 years’ experience.
* Proven work experience in the area of public health and social protection.
* Proven experience in quantitative research methods, including extensive proven experience of statistical analysis
* Proven experience in qualitative research methods, including participatory methodologies.
* Strong communication skills, proficient in working across all levels of institutions with experience of conducting interviews sensitively in a range of contexts.
* Excellent report writing skills in English.
* Strong understanding of the policy environment in each country and partners in the 4 countries covered by this study.

# 8. Submission of Proposals

Expressions of interest are sought from applicants meeting the criteria above.

The expressions of interest should include:

* A cover letter: A short (one page) cover letter addressing the selection criteria above.
* The applicant’s CV (maximum 3 pages) outlining his/her experience
* An example of a relevant piece of work undertaken by the applicant.
* Technical proposal (maximum five pages) illustrating the applicant’s understanding of the TOR and task to be accomplished, and plan including any logistic support required.
* Financial proposal: The financial proposal should provide cost estimates for services rendered including daily consultancy fees.

**Tax Liability**

Settlement of any tax liability arising from this agreement will remain the responsibility of the consultant.

**Deadline for submission of EoI and interpretation of ToR**: 10th March, 2016.

**Email for Applications:** hr.ewca@helpage.org