Terms of Reference for Consultancy on Feasibility study for Community Based Health Insurance Schemes in Harare

Background

Since the turn of the millennium, Zimbabwe's health insurance coverage and access are generally depressed. The 2014 Labour Force Survey shows that only 9% of Zimbabwe's population is covered by medical aid schemes. This survey is consistent with earlier reports and surveys that have shown a consistent lack of coverage for the greater population. There are however, about 36 medical aid societies that are competing for a market share of the one million people who are in formal employment. Harare province accounts for 16.3% of the national population.

1.1 Disease burden

The leading causes of death in Harare City in 2015 were: HIV-related (20.0%), pneumonia (10.2%), tuberculosis (8.5%), renal failure (4.2%) and cerebral vascular accident (3.9%) (City Health Department 2016a). The five leading causes of outpatient morbidity in the City of Harare in 2014 were (in descending order of importance): acute respiratory infections (ARI), skin diseases, burns/other injuries, eye diseases, diarrhoea, and sexually transmitted diseases (STI) (MoHCC 2014). ARI alone accounted for 45% of the 1,924,712 new outpatient cases reported in the City of Harare in 2014, including 25.2%, 72.5% and 2.3% that were classified respectively as mild, moderate and severe.1The most common chronic outpatient diseases observed among persons aged 25 and above were (in descending order of importance): hypertension (54.4% of the total), mental illness (15.5%) and diabetes (11.9%).

1.2 Financial Burden and justification for a CBHI

In the wake of these major challenges confronting Harare City Health has found itself with inadequate resources to finance its health care obligations. About 90% of City Health Department's funding that was traditionally raised from the Harare City Council's Rates Account has, over the years, been declining due to reduced collections. This is because Harare residents' ability to pay the rates has been severely compromised by the stifling economic challenges confronting the economy. In addition, the City Treasury Department has stopped funding other health services expenditure except for salaries. Contributions from MOH are expected based on existing MoU but have neither been billed nor received for years. The municipal health sector's over reliance on user fees, particularly out of pocket payments, to fund essential costs like vital medicines and sundries, hospital foodstuffs, dental lab consumables as well as prepaid electricity has equally compromised the City Health Department's overall ability to provide quality health services. CHS services are used most intensively by the poorest 60% of Harare's population, in part due to the existence of fee exemptions that are received by about half of all clients (Knowles 2016). This partly explains why there is a monthly recurrent funding deficit of over $200 000 for medical essentials. Harare City Health has therefore proposed to introduce ward-based Community Based Health Insurance scheme as a way to address some of the problems highlighted above.

[1] In the same year, there were 433,624 reported outpatient repeat visits and 59,694 outpatient referrals.

However, voluntary CBHI schemes are by their nature very complex, hence there is need for the communities to be fully appreciative of the benefits of the CBHI schemes before they enrol on them. Extensive feasibility studies are therefore the panacea for understanding the community dynamics in relation to the acceptability of voluntary CBHI schemes.

2 Purpose of consultancy

2.1 The objectives of the study are to:

- Review, summarise and package the current CBHI feasibility report and use it for engagement with the communities and stakeholders
- Explore the community's understanding of community based health insurance schemes.
- Assess the acceptability and willingness of communities to participate and contribute to a proposed voluntary CBHI scheme
- Explore community social and power dynamics; Specific themes to be analysed include but not limited to –
    - voluntarism
    - solidarity
    - trust
    - political engagement
    - social movements
- Explore the synergies between local government and central government legal and policies issues on community health engagement.
- Explore the social determinants of health and inequality that may affect the acceptability and enrolment on CBHI
- Explore the Supply side factors that may affect acceptability and enrolment on CBHI
- Assess the presence and compatibility of health and social security policies that enable social solidarity schemes to thrive (inclusivity of the poor and vulnerable groups through provision of targeted subsidies).
- Explore mechanisms that enable enrolment of communities on the CBHI scheme
- Assess factors and institutional mechanisms that enable long term sustainability of the CBHI scheme.
- Recommend a context specific design for a proposed CBHI scheme in Harare.

Scope of work

The work will involve carrying out a research in preselected areas of Mabvuku, Hopley and Caledonia to understand the community dynamics towards the acceptability of a community based Health Insurance Scheme. The consultant will develop methodologies and a plan of work that will seek to provide answers to the objectives listed above. The assignment is expected to last 3 months from the date of signing the contract. The Consultant will cover the following activities

i. Review the CBHI Feasibility report and summarise its key aspects and recommendations for engagement with communities and stakeholders.
ii. Prepare a detailed inception report that shows understanding of the task, key methodologies, interview schedules, data analysis plan and the work plan.
iii. Conduct key informant interviews, household surveys and focus group discussions.

iv. Prepare a PowerPoint presentation for sharing with key stakeholders at a proposed validation workshop.
v. Prepare a final technical report that recommends the way forward

Expected Outputs

1. Inception Report – this report should provide the consultant's understanding of the assignment, proposed methodology and plan for data analysis, a timetable that provides a work plan, key dates, activities and key interim and final deliverables (electronic & hardcopy).
2. Presentation of the technical paper and validation workshop
3. Packaged documentation of field work engagements, transcripts of interviews and FGD (electronic and hardcopy)
4. Final Technical Report and summary document for sharing with wider stakeholder groups– this report provides the answer to proposed research questions and the objectives of the assignment (electronic & hardcopy).

Qualifications

Substantial international or regional experience in carrying out qualitative research on Community Based Health Insurance as an alternative health financing initiatives is critical requirement for this assignment. A fairly good knowledge of community dynamics in sub-Saharan Africa is also required. A fairly good knowledge of software for analyzing qualitative data such as NVivo and RDQA (R package for analyzing qualitative data). A masters or higher degree in a social science area (sociology, psychology, economics, and public health) is also a pre-requisite.

Contractual arrangements and supervision

The Consultant will be contracted by UNFPA and supervision of the assignment will be provided by an interim steering committee made up of Harare City Health, Ministry of Health and Child Care, UNFPA and the World Bank.

All applications must contain:

- Resume of the consultant with references
- Samples of previous work
- Separate proposal & financial proposals (budget) including suggested timeframes / work plans
- Undertaking of availability for the projected timeframe from January to April 2019