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## TERMS OF REFERENCE

### PROJECT INCEPTION PHASE – BASE LINE STUDY PHC SERVICES ON NCD. PHC PATIENTS SURVEY

“ENHANCED SUPPORT TO THE PUBLIC HEALTH SYSTEM IN JORDAN FOR SYRIAN REFUGEES AND JORDANIANS: PREVENTION AND MANAGEMENT OF NON-COMMUNICABLE DISEASES THROUGH PRIMARY HEALTH CARE TF-MADAD/2020/T04.255”

**FUNDED BY EU REGIONAL TRUST FUND IN RESPONSE TO THE SYRIAN CRISIS.**

#### 1. GENERAL ASPECTS

##### 1.1. Background

In the context of the Syrian crises and its effects all over the region, the EU Regional Trust Fund - EUTF in Response to the Syrian Crisis pools an increasing share of the EU's aid to the region into one single and flexible instrument since its establishment in December 2014. The Fund primarily addresses educational, economic and social needs of Syrian refugees while also supporting overstretched local communities and their administrations.

Within the Operation Results Framework of the EUTF, the Fund contributes Syrian and host communities have better health, through improved access to health services, strengthened local capacities and strengthened infrastructure. The European Delegation in Jordan approached the Spanish Agency for International Development Cooperation – AECID to identify an intervention in Jordan addressed to strength national capacities to prevent and manage non communicable diseases - NCD at the primary health care level -PHC. During the period among June and October of 2018 the identification and formulation of this intervention was undertaken by FCSAI and the Ministry of Health of Jordan in closed cooperation with AECID. On the 30<sup>th</sup> of March 2020 the proposal was approved for an amount of 22 M€UR by the Fund's Board in Brussels and on the 2<sup>nd</sup> of December 2020 the specific contract for delegated cooperation among EUD and AECID was endorsed after the approval of the Description of the Action by the European Union. Under the agreement, AECID has reached an agreement with FCSAI to implement the activities included in the inception phase of the project.

Until the demographic and economic impact caused by the Syrian crisis, Jordan had developed a medium-high level health system, with good health outcomes: well-trained staff, a wide network of primary and hospital care services, and a series of subsystems of protection that were responding with a reasonable cost to the needs of the population, together with a private health sector very developed and well valued nationally and internationally. However, in recent years, according to United Nations reports, the life expectancy at birth has stagnated, showing a slight decrease.

The economic restrictions imposed by the IMF have led to the reduction of public health expenditure, which in the General Budget Law for 2019 stands at 1,226.4 million JD. This would mean public health expenditure per inhabitant of 109 JD, compared to 141 JD in 2013. With fewer resources for a



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growing demand, difficulties of access to care can occur and the quality of the services provided can be affected.

On the other hand, demographic evolution (progressive aging) and epidemiological changes (increased incidence and prevalence of NCD, which are the leading cause of mortality and disease burden) create new challenges for the health system. According to WHO, 78% of deaths are due to NCDs; in particular, cardiovascular diseases cause 37% of deaths; cancers 12% of deaths; diabetes 6% of deaths<sup>1</sup>. Among the risk factors that conditioned the highest number of deaths were tobacco, high body mass index, high glucose and dietary risks<sup>2</sup>.

## 1.2. Project and sector context

The Project approved by EUTF is named ENHANCED SUPPORT TO THE PUBLIC HEALTH SYSTEM IN JORDAN FOR SYRIAN REFUGEES AND JORDANIANS: PREVENTION AND MANAGEMENT OF NON-COMMUNICABLE DISEASES THROUGH PRIMARY HEALTH CARE - TF-MADAD/2020/T04.255, and its Overall objective is to contribute to the improvement of the health of Jordanians and Syrian refugees, through prevention and access to primary health services for NCD.

The main areas of intervention to be tackled under this project will be: a) Improvement of the **quality of MoH primary health services in NCD** over early detection, screening, treatment, referral, monitoring and surveillance, mainly on Mafraq, Ajlun and Tafilah; b) **Improvement of MoH Primary health care centres in the governorates of Ajlun, Mafraq and Tafilah** as physical infrastructure, equipment and general management processes, offering conditions for increasing the access of Syrian refugees and vulnerable Jordanians; c) Strengthening **citizen participation in prevention, health promotion and social support** through raising awareness and engagement with patients, relatives, CBOs and HCC, among others.

The budget available to achieve the outcomes of the project is €22.000.000,00 all of them allocated by the European Commission throughout EUTF. The project has a time frame for its implementation of 36 months starting on the 14<sup>th</sup> of January 2020.

An overview of the Primary Health Care services provided by the Ministry of Health shows that the current network of primary health centres managed by the Ministry and its Directorates in the prioritized health areas is as follows:

Health Area	Comprehensive	Primary	Branch	Total centres
Mafraq	23	31	35	<b>89</b>
Ajlun	6	16	9	<b>31</b>
Tafilah	6	11	4	<b>21</b>

<sup>1</sup> WHO Noncommunicable Diseases Profiles, 2018

<sup>2</sup> Institute for Health Metrics and Evaluation, 2017



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The number of treatments delivered by a doctor during 2020 to population >15 years old in health centres of the prioritized health areas is the following:

Health Area	Male patient	Female patient	<b>Total patients</b>	Average treatments x citizen/year
Mafraq	241.576	234.904	<b>476.480</b>	1,3
Ajlun	119.743	129.866	<b>249.609</b>	1,8
Tafilah	55.093	56.510	<b>11.603</b>	1,7

Regarding health care utilisation, substantial new health data has been provided by the 2017-2018 Jordan Population and Family Health Survey (JPFHS). One of the key findings is that among household members that visited a health facility for advice or treatment only 48% visited a public medical facility, meanwhile 52% visited a private medical facility. The more rural the governorate the higher the utilisation of public medical facilities. The survey, which provides disaggregated data for Syrians for the first time, shows that only 21% of Syrians, consulted public health facilities as outpatients, instead of 52% of Jordanians. The main reason for seeking outpatient care among household members are related with diabetes (11.4%), hypertension (10,1%) and fever (9,4%). 42,6% sought care due to other illnesses.

Other sources of data, limited to Syrian refugees in Jordan, have monitored this group on public health access and health seeking behaviour<sup>3</sup> during the last years. The figures show an increase on the refugees reporting access to public health services, reaching 36% during the august/September 2019 round of surveys instead of a 13% during the April/June round. For those accessing public health services, 53% visited a Primary Health Care facility.

There is certain lack of information regarding primary health care patient satisfaction in Jordan. The Directorate of Institutional Development and Quality Assurance at MoH has recently released a report on patient satisfaction, based in interviews at a household level covering most of the Governorates. The survey includes, among others, satisfaction regarding services delivered at primary health care level by MoH. There is also information available on this topic referring to Syrian refugee population gathered by the same source quoted above. Considering access, quality and overall satisfaction by the respondents that accessed a public health facility, the dimensions better assessed in the last round of surveys were the staff greeting upon arrival (75,3% satisfied) and the quality of the medical care received (61,7% satisfied). On the other hand, the length of time kept waiting to receive the service (27,2% satisfied) and the effects on their health as a result of the service (49,4% satisfied) were the dimensions assessed with worst scores. Regarding acceptability, availability and information, the refugees surveyed showed less satisfaction with the availability of the prescribed medicines at the health facility (54,3%) and the knowledge related on how to register a complain (26%).

In a context of limited resources and budget restrictions, some of the most cost-effective interventions in the health sector, recommended by international organizations, are aimed at strengthening Primary Health Care, preventing, diagnosing early and adequately treating NCD, and strengthen the

<sup>3</sup> Public health access and health seeking behaviours of Syrian refugees in Jordan. 9<sup>th</sup> monitoring report. August and September 2019. IRC



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governance of health systems. Likewise, it is important to strengthen MoH management capacities and achieve an appropriate balance between centralization and decentralization of functions, to improve the efficiency of the system and move towards universal health coverage.

## 2. ASSIGNMENT ASPECTS

### 2.1. Object of the contract

**To assess patient's satisfaction with health care services targeting Noncommunicable Diseases in Primary Health Centres driven by Ministry of Health in the Governorates of Mafrq, Ajloun and Tafilah.**

### 2.2. Justification of the assignment

To improve accessibility and quality of health services on Noncommunicable Diseases at Primary Health Care level is highlighted as the strategic objective of this intervention. Users of the public health system in Jordan are increasingly accessing hospitals as main gate to the system seeking for services that in many occasions are available or should be provided at primary care level. There is increasing agreement that primary health care has the ability to address up to 90 percent of a population's health needs<sup>4</sup>, meaning that primary health care should be performing as a gate keeper for secondary and tertiary care.

Jordan has expressed its commitment towards the Universal Health Coverage and one of the main pillars for the health system to move towards this goal is strengthening the primary care level as has been mentioned. Within the *Global Action Plan* to achieve SDG3 on good health and well-being, WHO led discussions in country have suggested primary health as the most urgent and relevant *accelerator* to focus attention on in Jordan: - to build focused momentum around PHC as an existing national priority and a way to integrate across sectors, programmes and levels of the health system<sup>5</sup>.

There are different reasons behind the decision of citizens to skip up primary health care level and one of them could be related with the quality of the services delivered at PHC public centres. There is lack of information and data regarding performance on the delivery of public health care services at this level.

Patient satisfaction embodies the patients perceived need, their expectations from the health system, and experience of health care<sup>6</sup>. Is one of the indicators of the quality of care and its assessment can help in the improvement of health care services and their delivery based on input from the patient<sup>7</sup>. Many factors can affect patient satisfaction and these determinants can be either provider-related or patient-related.

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<sup>4</sup> Measuring the Performance of Primary Health Care: A Practical Guide for Translating Data into Improvement. Joint Learning Network for Universal Health Coverage 2018

<sup>5</sup> Presentation Global Action Plan to achieve SDG3 on good health and well-being. WHO Jordan within Jordan Health Development Partners Forum. August 2019

<sup>6</sup> Mukhtar F, Anjum A, Bajwa MA, Shahzad S, Hamid S, Masood Z, Mustafa R. Patient satisfaction; OPD services in a Tertiary Care Hospital of Lahore. Professional Med J 2013;20(6): 973-980

<sup>7</sup> Mukhtar F, Anjum A, Bajwa MA, Shahzad S, Hamid S, Masood Z, Mustafa R. Patient satisfaction; OPD services in a Tertiary Care Hospital of Lahore. Professional Med J 2013;20(6): 973-980



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Despite client satisfaction ratings have been criticised as indicators of the quality of human services because they may reflect unrealistic expectations<sup>8</sup> research with patients of different services suggest that they can effectively discriminate between services that are different in quality. A patient with positive perceptions has a greater chance of translating it into positive outcomes. Whereas, negative attitudes in the patient and dissatisfaction with health care provided leads to poor compliance and, in extreme cases, patients resort to negative word-of-mouth discourages others from seeking health care from the system<sup>9</sup>.

As a conclusion, the assessment of patient satisfaction provides a better understanding of the determinants of client satisfaction and adds an important perspective to evaluations targeting PHC system performance. The results can be used to improve the performance of the primary health care system<sup>10</sup> by helping decision makers to implement programmes tailored to patients' needs as perceived by patients and service providers<sup>11</sup>.

In addition, considering a methodology of harvesting information through a health facility-based exit interview/surveys, the tool - if designed accordingly- can provide useful information about the profile of the patients attending public health facilities to ascertain whether health services are reaching the most vulnerable groups.

### 2.3. Expected Outputs

- **Carry out and analyse a representative survey of patient's satisfaction** with medical care services expected and provided **using service-exit interviews** in primary health care centres of the Ministry of Health belonging to the health areas of Mafraq, Ajloun and Tafilah.
- **Conduct and analyse Focus Group Discussions<sup>12</sup> to obtain complementary information** about expectations and perceptions on primary health care service related with Non-Communicable Diseases in primary health care centres of the Ministry of Health belonging to the Health areas of Mafraq, Ajloun and Tafilah.
- **Analyse and interpret the findings**, identifying major factors responsible for the shortfall in utilization or satisfaction, from the survey and other qualitative tools implemented, according to an agreed report.

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<sup>8</sup> Client Satisfaction Evaluations. Workbook 6. World Health Organization, 2000c

<sup>9</sup> Mukhtar F, Anjum A, Bajwa MA, Shahzad S, Hamid S, Masood Z, Mustafa R. Patient satisfaction; OPD services in a Tertiary Care Hospital of Lahore. Professional Med J 2013;20(6): 973-980

<sup>10</sup> Gadallah M, Zaki B, Rady M, Anwer W and Sallam I. Patient satisfaction with primary health care services in two districts in Lower and Upper Egypt. Eastern Mediterranean Health Journal, Vol 9 N 3, 2003

<sup>11</sup> Aldana JM, Piechulek H, Al-Sabir A. Client satisfaction and quality of health care in rural Bangladesh. Bulletin of the World Health Organization 2001

<sup>12</sup>



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## 2.4. Content and Scope of work

The firm or consultant is expected to:

- Design and refine – in consultation with the PHC Directorate, NCD Directorate and Institutional Development and Quality Assurance Directorate at MoH and FCSAI/AECID - the data collection tools to be used for the assessment at a primary health centre level.
- Pre-test the survey data collection instruments and make the necessary adjustments in consultation with the Directorates at MoH and FCSAI/AECID.
- Refine the stratification of the sample and define the cluster sampling among the primary health care facilities across the 3 health areas included.
- Provide enumerators deployed and facilitators of focus group with personal protective equipment (PPE) and guarantee that preventives measures against COVID 19 transmission will be undertaken during the activities at the field level providing safe environments for both participants and staff
- Conduct the survey to provide data in a disaggregated form as suggested in the next chapters.
- Conduct focus Group Discussions to obtain complementary data and information on health service seeking behaviour and perception about health care services and facilities related with Noncommunicable Diseases. Specific information about Syrian Refugees perception and expectations must be granted at least for Mafraq health area.
- Identify and analyse major drivers and factors responsible for perception and the shortfall in satisfaction among patients at PHC centres level.

## 2.5. Sample design

Quantification of the population or universe:

Average of patients visiting a doctor in a Health Centre (Branch, PHC and Comprehensive) during a 1 week. **14.458 persons (>15 years)**

Observation unit:

Simple random sampling (probabilistic method) Considering  $\pm 2,5$  as sampling error and 95% of statistical confidence level bottom line. Sampling size 1.390

**Stratified** by gender and region (6 Groups – proportional allocation) a) Men and b) Women + Health Areas of Ajloun, Tafilah and Mafraq

**Cluster sampling** among 141 Clinics (considering the inclusion of Comprehensive, PHC and branches in the sample). To undertake the 1.390 in case of random sampling of the universe



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## 2.6. General guidelines for survey design

Being the survey based on a structured questionnaire, is mandatory to set as a reference of the questionnaire addressed to patients previous questionnaires already designed and tested by MoH as well as the Client Satisfaction Questionnaire (CSQ-8). Reshape and build up the tool considering cultural variations and the need to cover the following issues:

### Patients survey

- Personal information (sex, age group, household size, marital status, health insurance, nationality, occupation level, education level, distance, means of transport)
- Health care seeking preferences
- Health care seeking expectations
- Level of satisfaction of care received
  - ✓ the competence of provider and advice offered about the nature of the health problem
  - ✓ time spent with counsellor
  - ✓ the behaviour of provider
  - ✓ relevance of the service to their needs
  - ✓ effectiveness to overcome problem
  - ✓ waiting times
  - ✓ availability of medical supplies and prescribed medicines
- Governance issues at the health centre such as appointment process, unofficial payments, service referrals, etc.
- the physical setting of services
- the helpfulness of support staff
- information resources available
- Out-of-pocket expenditures incurred in accessing health services

Patients of human service institutions have a tendency to be grateful for the attention they receive. When status differences between themselves and service providers exist, patients may feel especially obliged to show that they are grateful and satisfied. Besides of ensuring de confidentiality of the information provided, is important that patients are assured that their honest perception is being sought and is recommendable to seek out sources of discontentment by asking questions in line of: *Are there any stage of the service that you better assess than others? Or Have you any suggestions for ways to improve the service?*<sup>13</sup>

## 2.7. Ethical issues

The consultant firm should include in their inception report the steps they will take to ensure that the concerns of research ethics have been addressed. Where individuals are to be interviewed, informed consent shall be obtained from these individuals for the purpose.

In case the selected individual is a minor, the informed consent will be authorized by the parents or guardians of the minor.

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<sup>13</sup> Client Satisfaction Evaluations. Workbook 6. World Health Organization, 2000c



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## 2.8. Roles and responsibilities

- MoH will make the link and will provide essential information about the assignment to the Director of each Health Area selected.
- Focal points appointed in each Health Area Directorate of MoH would negotiate with the contractor the specific field work plan covering their areas and would make the link with PHC directors and other persons of interest to conduct focus groups discussions.
- Supervision and control of the assignment by a representative of AECID in Jordan and representative of MoH in close collaboration.
- Final approval of the outcomes by FCSAI under preapproval by AECID/MoH

## 2.9. Execution period

The timeline for the complete assignment is 11 weeks since the sign of the contract.

## 2.10. Amount

The amount to be received as the object of the Services contract has a maximum limit of thirty-four thousand nine hundred ninety Euros (€34,990.00) excluding taxes.

## 2.11. Bidder requirements

Open to Firms and Entities registered in Jordan

Qualification and experience of the team leader:

### REQUIREMENTS:

- University bachelor/degree in Health, Social or Economic Sciences, Engineering or related.
- At least 5 years of professional experience in field surveys based on sampling and probability design will be an asset.

### MERITS:

- Specific assignments in client satisfaction surveys will be an asset.
- Specific data collection and analysis assignments in health-related topics will be an asset.
- Specific assignments from the Ministry of Health on data collection or analysis will be an asset.

## 2.12. Presentation of proposals

The candidates must submit their bids, consisting of:

a) Technical Proposal: the candidate must formulate a technical proposal within the framework of this document. Including:

- Curriculum Vitae, with updated general data (address, telephone and e-mail).
- Methodology of work to undertake the survey, the focus group and the analysis of data.
- Activity description and timeline to fulfil the assignment.
- List of software and hardware to make available by the firm to undertake the assignment (already owned).



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- b) Economic Proposal: offer the cost of the service in Dinars for the fulfilment and delivery of the results foreseen in the Terms of Reference  
The global price in Dinars bid by the Firm/Consultant to accomplish and deliver the outputs foreseen in the terms of reference supported by a breakdown of costs (wages, transport, allowances, supplies, accommodation, other costs).

Proposals should be sent by email to [kastytis@fcsai.es](mailto:kastytis@fcsai.es); Carbon Copy (Cc): [francesc.vila@aecid.es](mailto:francesc.vila@aecid.es) by September 23, 2021, 24:00 hours Amman local time. For additional information or clarifications, you may contact us at the aforementioned e-mail addresses: [kastytis@fcsai.es](mailto:kastytis@fcsai.es).

### 2.13. Mode of payment:

The mode of payment shall be as follows:

Deliverable	Payment
Inception report on the plan of activities and timeline	
Draft all the survey and interview tools for review Draft data collection instrument Piloting of survey and refine Refine sampling methodology and technique Full implementation of survey in selected locations Complete imputing of data and analysis Provide a draft report based on basic data analysis	40%
Full implementation of focus groups Complete imputing of data and analysis Provide a draft report based on basic data analysis	30%
Finalize the report analysing major drivers and factors	30%