Terms of Reference for the Independent Verification of Use of Services for the Jordan Emergency Health Project (JEHP)

1. Background of the project

This Terms of Reference (TOR) is to hire an entity to verify the utilization of health services by target beneficiaries as part of the Jordan Emergency Health Project (JEHP) which is supported by the World Bank (WB) and Islamic Development Bank (IsDB). On behalf of the Hashemite Kingdom of Jordan, this project will be implemented by the Ministry of Planning and International Cooperation (MOPIC) with support of the Ministry of Health (MOH) and Audit Bureau of Jordan (AB). The Project development objective is to support the Hashemite Kingdom of Jordan in maintaining the delivery of primary and secondary health services to poor Jordanians and Syrian refugees at Ministry of Health facilities. More information on the project is available at [http://projects.worldbank.org/P163387?lang=en](http://projects.worldbank.org/P163387?lang=en)

There are two main groups that will benefit from this project-- registered Syrian refugees and poor Jordanians using primary and secondary care services at MOH facilities nationwide. These two groups would comprise the ‘target population’ of the project.

The project is national in scope as it applies to all eligible beneficiaries who can access care at all MOH primary and secondary care facilities. While the population of Syrian refugees is higher in certain governorates (Irbid, Mafraq), six years of the conflict has resulted in Syrians residing in host communities nationwide. In addition, the population of poor Jordanians is also nationwide.

The project has two components and the largest amount is for Component 1 (US$148 million) that will reimburse the government for services rendered to the target populations.

2. Description of task

Component 1 consists of the lenders (WB and IsDB), reimbursing the Government of Jordan (GOJ) for services delivered to the target population. The operational definition of a service delivered is either a visit to an outpatient facility (first or second levels of care) for medical, emergency, or diagnostic services (i.e. lab tests, x-rays, etc.) or a hospital discharge. A “primary health care service” is defined as an episode of primary health care such as one antenatal care visit. A “secondary health care service” can be considered an episode of outpatient or inpatient care such as the delivery of a baby.

In order to do so, the amount of eligible expenditures must be verified (will be done by the Audit Bureau of Jordan), and the number of beneficiaries who received services during the specified time periods must be verified. The latter will be done by an independent entity which will verify utilization, hereby called a Utilization Verification Entity or UVE.

In terms of the project beneficiaries, the following are the definitions being used:
1. Case definition of “Jordanian poor”
   1. Has a Ministry of Social Affairs (MOSA) card; OR
   2. Lives in “pocket areas” or districts defined as poor by GOJ; OR
   3. Has MOH card for poor ie the social security network card

2. Case definition of “Syrian refugee”:
   1. Has UNHCR card; AND
   2. Has Ministry of Interior (MOI) card

To verify services delivered, two results are required:
1. A point estimate of the actual services delivered to the target population at MOH facilities—both primary and secondary care. This will be calculated by MOH based on facility registers and accounting data and submitted to MOPIC as per the agreed timeline (See Annex 1 for data form and Annex 2 for timeline).
2. A verification of this point estimate (with 90 per cent confidence intervals) which will be conducted by the UVE. This UVE will use a two stage sampling procedure (described below) to verify the point estimate data calculated by MOH and calculate a 90 per cent confidence interval around their estimate. They will provide a detailed report of the sampling methodology and verified results and submit to MOPIC according to a specified timeline (see Annex 3 for output; Annex 2 for timeline).

MOPIC will then submit both the MOH estimate and the UVE estimate to the lenders according to a pre-specified timeline and this will be the basis for reimbursement.

*Figure 1: Flow of data collection and verification*

3. Objectives of the independent verification of use of services

The main objectives of Independent Verification are to:

(i) Provide a rigorous and systematic assessment of the integrity, validity and consistency of the data on health care services delivered to the target populations

(ii) Determine whether there is a need for an adjustment in the total number of services delivered from the original point estimate provided by MoH

4. Verification of integrity, validity, and consistency of data
The UVE will select the sample cases and will conduct a verification of the documentation of the services rendered with visits to the sampled facilities (spot checks) to review the hard copies of the originals of the clinical files and other supporting documentation to establish that the services were rendered. If necessary, they may visit the households of the sampled individuals to verify that services were indeed received at MOH facilities as per the records. Based on this, the UVE will develop an estimate of utilization (i) in total; (ii) by poor Jordanians; (iii) and by registered Syrian refugees at the national level for the specified time period with a 90% confidence interval.

In addition, to providing an estimate of utilization, the UVE will also provide a write up describing the integrity, validity, and consistency of data. For the purposes of this task, each term is defined as described below:

**Integrity:** The documentation reflects with accuracy the information as reported by MoH to the Banks, the data is accurate and complete in all the required parameters and there has been no tampering or duplication.

**Validity:** The documentation reflects with accuracy the information on services delivered to individuals from the target populations as documented in the clinical files in each of the facilities visited.

**Consistency:** The data is collected in a consistent manner—ie all definitions for the different beneficiary categories are consistently used across all primary and secondary health facilities and all definitions for recording services provided are consistently used.

5. **Sampling methodology**

The UVE will design and use a sampling methodology that will result in a statistically sound verification of the integrity and validity of the total number of services provided by the Ministry of Health overall and to the target populations.

The methodology will be reviewed by GoJ and the Banks (WB and IsDB) to ensure that is in compliance with the proposed timeline and sound statistical standards as well as the Operational Manual of the Project, the Project Appraisal Document and the Legal Agreement. The key elements that the sampling methodology should incorporate are the following:

- Sampling methodology should be nationally representative
- Sampling methodology should accurately collect data for both target populations: poor Jordanians and registered Syrian refugees and is disaggregated by gender
- Sampling methodology considers the following levels of care: Primary Health Care facilities and Secondary Level of care meaning hospital facilities. Sampling of hospital facilities would need to separate outpatient from inpatient services
- Sample selection and sample size calculations should result in a confidence level of 90 per cent

6. **Sampling process**
The data will be verified using a two stage sampling process.

1. **Sampling of health facilities:** MOH will provide MOPIC with a listing of utilization in total and by target beneficiaries at each health facility (primary and secondary) for the time period to be verified (see Annex 1 and 2). MOPIC will share this with the UVE. The UVE will then sample a subset of these facilities such that they are nationally representative. The UVE will communicate with MoH the facilities selected and MoH will provide access to the UVE for information on individual patient visits during the specified time period, as collected by the accounting department at each facility.

2. **Sampling of patient records within facilities:** The UVE will use the list of patients provided by the accounting departments of each facility to select the patient sample. Once the list of randomly selected patients is identified, the MoH facility will provide access to the physical or digital clinical files so that the UVE can proceed to verify the data. The UVE will digitally collect information for the verification process ensuring that the confidentiality of the individual clinical information is maintained. The UVE will generate summaries and estimates on the services delivered including collecting information on gender.

7. **Deliverables**

Based on a pre-agreed timetable (see Annex 2), the UVE will provide MOPIC with a report in both English and Arabic languages containing the following information regarding the verification of estimates of utilization by the total population and by the project beneficiaries:

   a. **Sampling methodology:** Describe how the sample was selected; what was the sample size; and what were the weights used for expanding sampling results to the national level. Include list of facilities sampled for spot checks.
   
   b. **Utilization estimates, with confidence intervals:** Results of the verification process including data for the specified period, disaggregated by gender, on (i) total number of visits at all health facilities; (ii) number of poor Jordanians; (iii) number of registered Syrians (see data format in Annex 3)

   c. **Summary of the integrity, validity, and consistency of data collected by MOH on utilization**

8. **Team composition and qualification requirements for key experts**

The firm should put together a qualified evaluation team with local presence and experience in Jordan. Overall all team members should have:

1. **Education:** As per the position in the team advanced degrees in statistics, economics, public health is required. A record of publishing in peer reviewed journals is preferred.
2. **Relevant work experience:** Extensive experience in conducting similar types of assessments of utilization of services particularly in the MENA region is required. Experience in working with health facility data is a plus.
3. **Key competencies:** Excellent oral and written communication and presentation skills in English; fluency in Arabic is strongly preferred.

4. **Country experience:** Familiarity with Jordan is essential; and Ministry of Health data systems is a plus

Interested firms should propose the team composition that they consider adequate. However at the minimum, the following requirements should be observed:

- Lead investigator: Substantial presence in the country. Proposals should include proposed time allocation in country and time commitment overall (in country and remote if applicable)
- Senior investigator: Preferably full time presence in the country. Proposals should include proposed time allocation in country.
- Field coordinator/research assistant: Full time presence in the country
- Surveyors: Members who have substantial experience conducting large scale health facility surveys and interviews in Jordan; fluency in Arabic is a must.

**Lead investigator: Required skills and experience**
- PhD in relevant field, preferably economics or health policy
- Minimum 10 years of health systems experience
- Minimum 5 years experience in working with health facility and health management information system (HMIS) data and triangulating with other sources. Familiarity with sampling methodologies preferred.
- Relevant experience designing and coordinating field work for health facility surveys
- Relevant experience analyzing data using statistical analysis software
- Relevant experience in coordinating implementation of survey field work
- Excellent written English communication skills, with focus on research protocols, research papers and descriptive reports for diverse audience; Arabic fluency is a plus
- Ability to facilitate communication between various levels of management and work independently in order to meet deadlines
- The lead investigator should have published evaluations in peer reviewed journals

**Senior investigator: Required skills and experience**
- PhD in relevant field, preferably economics or health policy
- Minimum 5 years of health systems experience
- Minimum 3 years experience in using HMIS data
- Relevant experience designing and coordinating field work for health facility surveys
- Relevant experience analyzing quantitative data using statistical analysis software
- Relevant experience in coordinating implementation of field work
- Excellent written English communication skills, with focus on research protocols, research papers and descriptive reports for diverse audience
- Ability to facilitate communication between various levels of management and work independently in order to meet deadlines
- Ideally, should have published evaluations in peer reviewed journals

**Survey team: Required skills and experience**
· 5-10 years experience managing large scale surveys of health interventions in Jordan including household surveys and health facility surveys. Team should include field manager, data manager, and enumerators
· Team familiar with interview techniques and fluent in Arabic
· For field manager and data managers degree in statistics or other relevant discipline;

Field coordinator: Required skills and experience
· Master’s degree in relevant field, preferably health or economics
· Experience managing projects, including procurement and field work
· Relevant experience analyzing quantitative data using statistical analysis software
· Ability to communicate in English, fluency in Arabic a plus
· All written documentation must be submitted in English
· Familiarity with the health sector in country a plus
· Proven ability to facilitate communication between different levels of government and between government and development partners
Annex 1: Data form to be submitted by GOJ to MOPIC for each governorate

1. For Primary Health Care Facilities

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
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<tbody>
<tr>
<td>Total number of patients seen</td>
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<td></td>
</tr>
<tr>
<td>(insured, uninsured, Jordanians, Syrians, foreigners etc)</td>
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<td></td>
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<tr>
<td>Registered Syrian Refugees</td>
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<tr>
<td>Poor Jordanians</td>
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2 For Secondary Health Care Facilities

A. Hospital: Outpatient

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<thead>
<tr>
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B. Hospital: Inpatient discharge

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Annex 2: Draft Time table for submitting reports

<table>
<thead>
<tr>
<th>Time period of utilization covered</th>
<th>MOH submits reports to MOPIC and UVE</th>
<th>UVE submit report to MOPIC by</th>
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<tbody>
<tr>
<td>1 August 1 2016-May 31 2017 (retroactive)</td>
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<td>October 30\textsuperscript{th} 2017</td>
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<tr>
<td>2 June 1 2017-October 31st 2017</td>
<td>November 1\textsuperscript{st} 2017</td>
<td>November 30\textsuperscript{th} 2017</td>
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NB: These dates for UVE submission of report to MOPIC for time period 1 and 2 may be subject to change depending when the UVE is hired.
### Annex 3: Data form to be submitted by UVE to GOJ

1. **For ALL Primary Health Care Facilities**

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2. **For ALL Secondary Health Care Facilities**

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