

TERMS OF REFERENCE

Citizen engagement and Roma mediation consultant

Item 4.21

Introduction

The Republic of Serbia has received a loan from the International Bank for Reconstruction and Development equivalent to the amount of EUR 29.1 million for the costs of the Second Serbia Health Project (SSHP) and EUR 25 million for the costs of the Additional Financing for the Second Serbia Health Project (AF-SSHP).

The Project Development Objective is to contribute to improving the efficiency and quality of the health care system through the strengthening of: (i) Health financing, purchasing, and maintenance systems; (ii) Quality improvement systems and management of treatment of priority non-communicable diseases.

The Project includes the following components:

1- Improvement of Health Financing

The purpose of this component is strengthening of the performance of the system of financing of the health care through the support to the introduction of incentives for the improvement of the quality and efficiency on the level of primary health care and hospitals.

2- Improvement of Access to Quality Health Care

This component is organized around the following main areas: improvement of access to medicaments; strengthening of the Healthcare Technology Assessment (HTA); and improvement of the system for maintenance of medical equipment.

3- Strengthening Quality of Service Delivery

The purpose of this component is to improve the standards of quality and efficiency of treatment in the healthcare sector in Serbia through: (i) The strengthening of the quality improvement system, (ii) Modernization of treatment of malignant diseases in the selected tertiary institutions.

4- Project management

This component will support day-to-day Project management, including the entrusted affairs, monitoring and evaluation, audits of financial reports of the Project.

To contribute further to the overall efforts to improve the quality of health care and contribute to the people centered health system, the Ministry of Health of Serbia has launched in previous years' various initiatives in order to engage citizens, communities and civil society organizations, applying the principles of citizens' engagement initiatives (in the literature also known as "consumers' engagement" or "community engagement").

These initiatives were organized in partnerships with representatives of patients' groups and their families and carers, vulnerable groups in society (e.g. Roma, people with disabilities, elderly etc.), NGO's engaged in health issues – all in order to contribute to further empower the patients and citizens to take care and improve their health, improving the equity, access to and effective coverage with healthcare services.

Throughout different health systems, there are inter-dependent and multiple entry points and linkages between health systems and communities. In general, they are to contribute to consultative and accountability mechanisms (for example, policy development, human rights and community bodies, forums and councils). Health systems can engage directly with citizens and communities through face-to-face interaction. Engagement can also occur indirectly (“by proxy”) through the systematic consideration and incorporation of the perspectives and needs of patients and service users, their families and local communities, throughout all stages of health service planning, design, implementation and evaluation.

In the context described above, targeting particularly marginalized populations is important for many reasons. They are the most vulnerable in terms of health, recruiting the most probable potential health care beneficiaries. Poverty and living on the margins of the society, very often in isolated and ghettoized settlements and places, as well as their poor education hinder the access to information on possibilities for health care utilization. Poverty and distance of their habitats from the institutions that provide health care, as well as the lack of basic documents, hinder reaching the institutions and access to health care. Marginalized persons are very often tired from experiencing failures, overwhelmed with the feeling of helplessness and they have given up seeking any kind of assistance, considering often the health care and even more preventative services as luxuries.

Major initiatives of the Ministry of Health include so far, but are not limited to, the following:

Roma mediators

In compliance with the Strategy for Social Inclusion of Roma Men and Women in the Republic of Serbia for the period from 2016 to 2025 and the Action Plan of the Ministry of Health (the MoH), 85 health care female mediators have been engaged in 70 municipalities in the Republic of Serbia.

The health care female mediators have been engaged in the community health centres, in their poly-valent visiting-nurse services, for the work in the field for the purpose of liaising of the Roma community with the health care service, education of the Roma population in the area of health care, for the purpose of improvement of health of the Roma population and accessibility of the health care system to vulnerable groups.

Involvement of people with autism and their families and social carers with mental health care providers

In order to support the partnerships for better care for people with autism, the Ministry of Health and the Institute for Mental Health in Belgrade launched the series of consultative meetings and workshops, aiming at improving the quality and health system responsiveness to the needs of people with autism and their families. It included health awareness raising actions on this specific issue and initiatives to improve living conditions in specialized institutions. The more contextual improvements that this initiative has aimed for, was to further support inter-sectoral collaboration (i.e. Health, social and educational sector), through involvement of special education professionals, centers for social work, family etc.

There is a need to engage a consultant for citizen engagement in order to provide technical assistance to the MoH/PCU team in the integration of citizen engagement (the CE) in the overall implementation of the Project. Through this concept, further contribution towards the overall objective of improving the quality towards people centered health system will be additionally facilitated.,.

This will also support existing initiatives of the Ministry of Health of Serbia. Implementing inter related activities described below in the scope of work section (points 1 to 8), the Consultant is expected to contribute towards development of a more patient centered health system.

SCOPE OF WORK

The main purpose of consultancy services is planning, coordination, and realization of the CE implementation, undertaking of concrete activities for improvement of the CE quality in the current projects, communication with marginalized groups, seeking of support for engagement of more stakeholders, as well as taking of opportunities for the CE strengthening during the implementation of projects.

The proposed scope of work will include the following activities:

1. Identifying current policies, regulations and practices in Serbia in regards to the position and the role of civil society organizations (the CSOs) and their involvement with the health system;
2. Building up on experiences and lessons learned up to date from citizens' engagement (CE) initiatives in health sector in Serbia;
3. Improvement of the quality of the CE activities, its implementation, and monitoring
4. Structured assistance for the integration of the planned CE in activities
5. Identification of the needs of the MoH/PCU and other key stakeholders to extend the spectrum of the CE practice in the SSHP

6. Consistent raising of the awareness of the importance of the CE at higher levels of authorities, promoting the empowerment of citizens and applying the approaches such as reaching out to and informing citizens and engaging with citizens for better health care quality
7. Establishing of partnership with the civil society organizations (the CSOs) in order to establish communication with marginalized groups and improve consultations in the course of implementation of projects
8. Drawing up of action plans for identification of practical and concrete activities that would strengthen the CE in the SSHP activities
9. Support to the development and implementation of the programme of advanced training on topics listed below of Roma health care female mediators;
 - Support of the programme of Romani children vaccination
 - Provision of the programme for improvement of the nutritional status of Romani children;
 - Improvement of the access to services for the protection of reproductive health of women and early detection of chronic non-communicable diseases;
 - Enhancement of the level of knowledge and awareness of Roma of risky behaviour for health preservation;
 - Improvement of the mechanisms for dissemination of information to and protection of the rights of Roma in the area of health care on the level of health care institutions;
 - Design and launching of the campaign for raising awareness of Roma women and men of the rights of patients in health care;
 - Promotion of healthy lifestyles and improvement of the coverage of Roma women and men by preventive health care activities;
10. Support to the development and implementation of the CE development programme for preventive screening programmes.

REPORTING REQUIREMENTS

The consultant will be obliged to submit reports to the Ministry of Health and to the PCU coordinator according to the agreed schedule and in the agreed format.

REQUIRED QUALIFICATIONS

- University diploma in health or medical / related sciences with public health expertise
- Minimum 10 years of working experience
- Desirable experience in the areas of public health and the work with marginalized groups
- Experience in citizen engagement in the health sector will be an advantage
- Experience in the projects financed by the World Bank and other projects related to the health care in Serbia will be an advantage
- Excellent communication skills in the English and the Serbian language (both oral and written)
- Advanced user of MS Office applications.

DURATION OF THE ENGAGEMENT

The consultant will be engaged to work full time during the period of 12 months. In case of satisfactory performance, the consultant will be engaged until the end of the Project.