

## TERMS OF REFERENCE

### CONDUCT A RESEARCH OF CURRENT SITUATION OF EYE CARE SERVICE AT DISTRICT LEVEL IN VIETNAM (2016 – YEAR 1)

#### I. INTRODUCTION

The Fred Hollows Foundation (The Foundation) is a secular non-profit public health organization based in Australia which was founded in 1992 by eminent eye surgeon Professor Fred Hollows. The Foundation focuses on treatment and prevention of avoidable blindness caused by Cataract, Trachoma, Diabetic Retinopathy, Refractive Error and other diseases. As of today, it operates in more than 20 countries across Australia, The Pacific, South and South East Asia, and Africa. The Foundation was named The Australian Charity of the Year 2013 in the inaugural Australian Charity Awards.

The Fred Hollows Foundation began working in Viet Nam in 1992. Today FHF Vietnam is partnering with the Government, Viet Nam National Institute of Ophthalmology (VNIO), Medical Universities, and more than 20 provincial eye care service providers as well as other INGOs who are working in Vietnam both in eye health or other fields, International Agency for Prevention of Blindness (IAPB), WHO in Vietnam, the Australian Government aid program, Seeing is believing (SiB), and Standard Chartered Bank.

The Foundation has played a major role in increasing the country's cataract surgery rate from nearly 900 per million people per year in 2002 to 2,250 in 2014. The country is on the way to achieve the global target of 3,000 cataract surgeries per million people by the end of 2020.

Since FHFVN's inception, 5,705,483 patients have been screened; 180,231 have received sight-saving cataract surgery; 47,148 pairs of glasses have been distributed to children from poor families, especially those from rural, remote and mountainous areas; 513 surgeons and 28,503 times of community health workers have been trained and investments of over AUD 6,408,206 have been made in eye health equipment.

#### II. BACKGROUND

In Vietnam, the health care system is completely decentralized. There are no strong policy standards or quality settings from the national level, and the standard of care varies from district to district. Remote and mountainous districts appear to provide lower quality services than elsewhere, with the result that the poor, and ethnically marginalized people who inhabit the remote regions face greater barriers than the general population, even though they are

economically more vulnerable and have worse eye health. Meantime, NGOs have significantly contributed the development of eye health service in Vietnam in past 10 years. Those are recognized by MoH (Ministry of Health) and eye health professionals in Vietnam. However NGO supported models vary due to differing missions and strategies, and the result is that very different approaches to eye care have been adopted within districts across the country. FHF is one of the main eye care NGOs supporting district comprehensive eye care in a number of districts nationwide.

The Better Quality for Eye Care Project (BEQUEC) will build on 23 years of The Foundation's work in Vietnam. During the project, the Foundation will partner with the national Ministry of Health (MoH), other NGOs, and local stakeholders in order to consolidate and strengthen the eye health system in rural Vietnam. The goal of the project is to obtain national endorsement by MoH, for the model of care and practice guidelines, which will consequently influence national application.

The BEQUEC project will be conducted in three phases. The current TOR relates to implementation of Phase 1.

**BEQUEC project phases:**

**Phase 1:** Involves undertaking a situational analysis to generate evidence relating to the current state of eye health services across districts in Vietnam

**Phase 2:** Involves developing a model of eye care provision, guidelines and standards in order to improve the quality of the district eye care and clinical outcomes

**Phase 3:** Involves piloting the developed model and guidelines in 6 provinces

### III. **PURPOSE**

The Foundation is seeking applications from suitably qualified and experienced groups to conduct research into the current delivery of district eye care in Vietnam (Phase 1 of the BEQUEC project), to inform development (Phase 2) and pilot testing (Phase 3) of a standardized model and approach to district eye care.

***Situational analysis – current state of eye health services across districts in Vietnam***

The first phase of the research will involve a rigorous, situational analysis of the provision of eye health services at the district level in Vietnam to understand and document:

- Key demographic, socio-economic, cultural and environmental **characteristics of districts** across Vietnam. This will inform identification of features of the future model of care that may need to remain adaptable to suit differing needs and circumstances across the country.
- The various approaches/models of care that are being utilized in different districts (under different NGO-supported programs); with consideration of the strengths and weaknesses of each approach

- The relevant **policy and regulatory environment**. This will inform the scope and structure of the future model of care, and a strategy for partner engagement and implementation.
- The **capacity, quality and distribution of eye care services** across districts.
- The structural **features of district eye care**, the practice and operational guidelines that support clinical practice, and eye care workforce and equipment distribution. This will allow identification of potential causes of any observed inefficiencies and problems, and any issues associated with under-resourcing (especially in the mountainous regions).

This will provide:

- 1) Formative research for the BEQUEC project
- 2) Evidence of the capacity, quality and distribution of eye care provided at district level
- 3) Evidence of barriers to the equitable provision of high quality eye care across districts
- 4) Partnerships with district eye care services, NGOs and MoH that will enable collaborative development of an eye care model for Vietnam
- 5) Recommendations of how to improve and standardize a model of care for district level services.

#### IV. RESEARCH QUESTIONS

##### ***Context analysis (National level)***

- What is the policy and regulatory framework guiding district eye services in Vietnam?
- What are the broad demographic, socio-economic, cultural and environmental features of districts across Vietnam
- What primary, secondary and tertiary eye care services exist across Vietnam?
- Who is responsible for, and involved in, eye care service planning and funding across Vietnam?

##### ***Eye care quality audit (District level)***

- What eye care activities / tasks are performed at what locations? (What primary, secondary and tertiary eye care services are available across the district? What outreach services? What (and how many) eye care procedures are performed?)
- Availability and capacity of eye health human resources at district level (What is the eye care workforce across the district (level of practice and technical roles)?)
- Availability of infrastructure and equipment at district hospital eye units (What infrastructure and equipment is available for the provision of eye care across the district?)
- For eye patients, what referral pathways link district and other levels? (What referral pathways link primary, secondary and tertiary eye care?)
- What are the costs of eye care (to patients) at the primary, secondary and tertiary levels?
- What systems exist to support coordination of care between services and providers?

- What operational standards exist to guide quality practice across the district? What are the eye health reporting and administrative procedures at district level and between districts and national government?
- How are eye health services financed across the district?
- What is the prevalence of eye disease across the district?
- Examining issues of cost, required travel, service, infrastructure and equipment availability, and workforce capacity - what level of access do community members have to primary, secondary and tertiary eye care across the district? Where to gaps exist and what are the nature of these gaps?
- What set of principles and standards should guide district level planning of eye care services across Vietnam?
- What recommendations follow that a district-level health model of care and guidelines can address?

## V. FOCAL POPULATION AND LOCATION

There are 64 cities/provinces and 713 districts in Vietnam (General statistics office of Vietnam, 2015).

12 districts in 6 provinces (belonged to 3 geographic regions of Vietnam) will be selected for the survey.

The research locations (6 provinces) should meet 2 criteria:

- Geographical distribution: 2 provinces in the North, 2 provinces in the South and 2 provinces in the central region of Vietnam. Urban and rural/mountainous areas will be considered when selected the target provinces.
- Support from NGOs CBM, Hellen Keller International (HKI) , FHF, Eye Care Foundation (ECF), Orbis International and Brien Holden Vision Institute (BHVI)

Six provinces have been proposed, as below and will be confirmed after discussed with key stakeholders in June/July:

- In the North:
  - Son La: a mountainous province, one of CBM's target province
  - Hai Duong: a province of Red River Delta, one of FHF's target province
- In Central region
  - Kontum: a mountainous province, one of HKI's target province
  - Quang Nam: one of FHF's target province
- In the South:
  - Ba Ria – Vung tau: a Coastal Plain provinces, one of BHVI's target province
  - Tra Vinh: a province of Mekong Delta, one of ECF's target province

Two districts would be purposively selected in each province: one was supported by eye care NGO and another is not supported by NGO. Note: careful consideration will need to be given to selection of participating services such that: a) an appropriate number of services and districts are included in the study; and b) the investigation covers what can reasonably be considered the health system in a studied geographical locations.

## VI. SUGGESTED METHODOLOGY

- **Desk review** - Review and synthesize official documents, statistics, published and grey literature, and government reports to understand eye health service provision in Vietnam, and how it is expected to work, with a particular focus on district-level services. The focus will be on institutional policies and protocols as well as the components and quality of eye health services. This activity will involve sourcing documents and statistics from a broad range of sources (both web based, and from local eye care service sites, key informants and The Foundation country office). ***The Foundation would like the consultant to provide detail of their suggested approach to this activity, in the proposal submitted.***
- **Field work.** Quantitative and qualitative data collected through questionnaires, service records, and in depth interviews with district eye health staff, hospital leaders, DoH and MoH leaders, community health workers, other eye care NGOs, and representatives from the People's Committee at district level, eye health services users (patient interviews) and other key informants as guided by FHF Vietnam country team. Initial interviewees will be identified by our country office networks and through the document analysis, and further interviewees will be identified using snowball sampling. Field data should then be analyzed and synthesized to produce case studies of each of the 12 districts studied. ***The Foundation would like the consultant to provide detail of their suggested approach to this activity, in the proposal submitted.***
- **Focus groups.** Presentation of case studies to key local stakeholders and discussion of the identified gaps, issues, strengths and assets. Facilitated discussions / working groups to generate: a) a broad set of principles that could be used to guide district level planning of eye care services across Vietnam; and b) a high level structure representing a proposal for organization of (and linkages between) primary, secondary and tertiary care services at a district level. ***The Foundation would like the consultant to provide detail of their suggested approach to this activity, in the proposal submitted.***

## VII. SCOPE OF SERVICES

The research team should have expertise in health systems appraisals, and eye health experience is a must. Knowledge of the Vietnam context is a plus.

The FHF Vietnam office and Medical Service Administration (MSA) (MoH) will support for documents and coordination with relevant partners. The research team will need to obtain permission from a relevant human research ethics committee, to allow future publication of the research results.

The research team will undertake the research in selected districts mentioned in section V. Tasks required for this consultancy include:

- Participation in an initial orientation/launch workshop with stakeholders
- Preparation and submission of Ethical approval
- Construction of a study protocol

- Piloting and refinement of draft data collection tools
- Development of a field plan (based on draft protocol)
- Undertaking the field research in selected districts
- Undertaking local consultation activities
- Undertaking desk based document review and research
- Data analysis
- Development of a set of brief case studies
- Delivery of the research findings as a presentation at a workshop with stakeholders to get their input/comments/advice
- Final research report in both Vietnamese and English languages (with recommendations and considerations for the development of a model of care)
- Provision of regular updates and reports to FHFVN and MSA as required.

#### VIII. TIME FRAME

Phase	Activity	Timeframe				
		Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017
<b>Design</b>	1) Draft Scope of Work					
	2) Finalize SOW including deliverables, timeframe, rate, consultant team and contract 3) Finalize the study protocol with consultation with selected district leaders, DOH, MOH and other NGOs.					
<b>Preparation for field work</b>	4) Design tools, interview guidelines, etc 5) Identify key informants 6) Recruit and train interviewers					
<b>Fieldwork /analysis/ results</b>	7) Conduct fieldwork, clean data 8) Complete analysis 9) Write up results					
<b>Disseminate results/design resultant advocacy</b>	10) Disseminate to key stakeholders					

**IX. DESIRABLE QUALIFICATION AND EXPERIENCE**

- In-country individual or agency with expertise in health systems appraisals.
- Good understanding of the local context and capacity in specific relation to political economy factors within and outside of government
- Experiences in working for health authorities at province and district levels
- Technical capacities to ensure the report produced with high quality as per international standards
- Possibility of travel to field work

**X. APPLICATION**

Interested candidates, please submit the following for your application via email:

[htruong@hollows.org](mailto:htruong@hollows.org) **by 24 June 2016**

The application package should be included:

1. Research proposal provides details of research methodology and time frame including proposed cost.
2. A detailed CV which includes a minimum of three referees.
3. Electronic versions of two recent client reports or research oriented publications. These would preferably be sole-authored.