Blumont International

GFFO Hospital Capacity Assessment: Data Collection Subcontractor

Scope of Work

1. Scope of Work Summary:

The scope of this assignment is to assist Blumont in the implementation of the data collection plan for the GFFO Hospital Capacity Assessment at the Al-Hasakah Al-Shaab Hospital, Syria. The assessment will use a mixed-methods approach combining quantitative data tracking of key service capacity metrics with qualitative data collected through Key Informant Interviews (KIIs).

The subcontracted firm will be primarily responsible for the execution of the data collection plan, including setting up and regularly monitoring quantitative trackers and conducting all KIIs. The work involves retrospective baseline data collection and prospective ongoing data tracking, requiring close coordination with Blumont and hospital management.

The period of performance is expected to start on/before February 1, 2026, and conclude on August 15, 2026.

2. Background:

The Al-Hasakah Al-Shaab Hospital is the primary referral facility for Al Hol camp, managing hundreds of complex medical cases monthly. Deteriorated infrastructure, including poor sewage, sanitation, and unreliable utilities, limits quality care and poses risks to patients and staff. Blumont is rehabilitating priority hospital infrastructure (e.g., sewage network, water distribution, HVAC, and power supply systems) to restore safe and effective service delivery.

The purpose of this data collection effort is to measure and understand the degree to which these infrastructure improvements have led to:

- Quantifiable improvements in hospital service capacity.
- Perceived improvements in hospital service capacity and the quality of care provided, as viewed by hospital management and staff.
- Changes in case volume and resource utilization efficiency.

3. Purpose and Objectives of the Consultancy:

The purpose of the consultancy is to accurately and reliably execute the data collection and data management component of the assessment.

Objective #1: Quantitative Data Collection and Tracking

The first objective is to measure objective changes in operational efficiency and capacity metrics over time. This requires the firm to establish and execute consistent tracking mechanisms in partnership with Blumont and hospital management.

- **Baseline Data Collection:** Collect data (prior to infrastructure improvement) for all key metrics.
- **Prospective Ongoing Data Tracking:** Implement and manage ongoing data collection (post-improvement) for all key metrics.
- **Data Quality and Management**: Develop and implement rigorous Data Quality Assurance (DQA) procedures, including:
    - Data Checks for completeness, consistency, and accuracy of all collected metrics (e.g., cross-checking totals, checking for outliers).
    - Implementing a secure data management system for storing, organizing, and ensuring the confidentiality of all hospital records collected.

Likely Metrics to be Tracked:

- Functional Bed Availability Rate (due to infrastructure)
- Average Length of Stay (ALOS)
- Case Volume
- Incidence of water/sanitation-related Hospital-Acquired Infections (HAIs)
- Water Reliability Index
- Number of elective and emergency surgeries performed per month
- Operating Room (OR) Utilization Rate
- Energy Consumption
- Availability of Medical Equipment

Note: Blumont will provide the specific metrics definitions and calculation methodologies to the subcontractor.

Objective #2: Qualitative Data Collection (Key Informant Interviews - KIIs)

The second objective is to conduct KIIs to understand why changes occurred and capture subjective perceptions of quality improvements.

- **Execution:** Conduct a targeted number of KIIs with Hospital Administration and relevant hospital staff (e.g., doctors, nurses, specialized technicians, department heads, maintenance team members).

- **Focus Areas:** Questions must focus on capturing staff experience and perception regarding:
    - **Capacity Improvement:** Specific examples of eased bottlenecks, increased service volume, or improved resource flow.
    - **Perceived Quality of Care:** Perceptions of changes to the environment, consistency, and standard of care.
    - **Operational Changes:** Changes in daily workflow, safety, and hygiene standards.
    - **Contextual Impact:** Challenges encountered during implementation and sustainable use of the new infrastructure.

Note: Blumont will provide the qualitative data collection instruments to the subcontractor

4. Principal Duties & Responsibilities:

The subcontractor will be responsible for the following:

I. Execute the approved quantitative and qualitative data collection plan.
II. Set up and regularly monitor the quantitative data trackers.
III. Conduct all KIIs with designated participants.
IV. Manage the field team (enumerators) and ensure the quality of all data collected.
V. Securely manage, store, and submit all raw quantitative data and interview transcripts/recordings to Blumont.
VI. Coordinate closely with Blumont and the designated hospital focal point to ensure data access and cooperation.

5. Specific Tasks of the Subcontractor

Under the guidance of Blumont, the subcontractor will accomplish the following:

Task 1: Project Initiation & Data Protocol Finalization: Participate in a kickoff meeting with Blumont to finalize the work plan and data collection tools. Establish clear protocols for partnering with hospital management for data access.

Task 2: Quantitative Data Collection: Execute collection of baseline data and establish the mechanism for prospective, ongoing tracking of all key metrics in coordination with the hospital data records focal point.

Task 3: Qualitative Data Collection: Train and supervise enumerators, conduct KIIs, and ensure accurate transcription/translation of all interviews.

Task 4: Quality Assurance and Submission: Implement Data Quality Assurance (DQA) procedures and submit all raw, clean data (quantitative trackers and qualitative transcripts) to Blumont.

6. **Deliverables:**

The following are the key deliverables of this consultancy:

I. Inception Report: A detailed work plan, finalized data collection tools (quantitative trackers and KII guide), and DQA protocol.
II. Clean Baseline Data: A complete, cleaned, and organized dataset of all required quantitative metrics for the pre-improvement period.
III. Clean Ongoing Data: Monthly, scheduled submission of the collected quantitative metrics for the post-improvement period.

Qualitative Data: All transcribed and translated KII records, audio recordings, and a summary list of participants.

7. **Duty Station:**

Prefer field-based in Al-Hasakah, Syria, to ensure constant engagement with the hospital and data sources. Remote management is possible.

8. **Reporting:**

The subcontractor will report to the designated Blumont Project Lead.

9. **Duration of the Assignment:**

This assignment is planned to take place as per a start date of on or before February 1, 2026 through an end date of on or around 08/15/2026.

10. **Proposed Schedule**

The work will be conducted in three phases:

- Phase 1 will be from the initiation of the contract through late February/early March. During this phase, the contractor will work with the hospital to establish baseline data prior to the rehabilitation work commencing.
- Phase 2 will be from late February/early March through early July. During this period, the rehabilitation work will be ongoing and data collection will be limited to working with hospital administration and hospital staff to ensure data collection systems and management are in place to track key capacity metrics.
- Phase 3 will be from the conclusion of the rehabilitation work on/around early July through mid-August. During this phase, the contractor will work with the hospital to establish endline data following the completion of rehabilitation work.