

Selection of a Consultant for Gap Analyzing of Primary Medical Care Units
In Sri Lanka

Package No: PSSP/PROC/2018/11

Application along with the CV and a Technical and financial proposal in separate envelopes are invited from eligible candidates for the above consultancy by the **Project Director Primary Healthcare System Strengthening Project, 3rd Floor, J.R.Jayawrdene Center, Dharmapala Mawatha, Clombo 07**. Duly completed application and Technical and financial proposals should be submitted in two separate sealed envelope on or before **02.00 pm, 11th October 2018** to reach the above address by hand/ post. "Application for the Gap Analyzing of Primary Medical Care Units" shall be indicated on the top left hand corner of the envelope.

Terms of Reference (TOR) for the above consultancy is published here with

Terms of Reference

Gap Analysis of Primary Medical Care Institutions (PMCI)

Primary Medical Care Institutions ranging from Divisional Hospitals with in-ward care facilities to the Primary Medical Care Units (PMCU) with minimum day care facilities should be developed to such a level for them to be capable of delivering the essential services package for universal health coverage. Hence, it is required to reveal and document the existing capabilities of the entire network of those PMCIs (Divisional Hospitals A, B, C and PMCUs) as against the expected capabilities for the purpose of planning.

1. Background

The Government of Sri Lanka has shown its commitment towards improving the primary health care services delivery system to face the future challenges by granting the cabinet approval for the policy on Health Care Delivery for Universal Health Coverage. This policy will provide the guidance to the health planners and administrators to design the architecture of future health care delivery system.

The Ministry of Health, Nutrition and Indigenous Medicine (MoH) has developed a position paper to reorganize and strengthen the PHC system, with the objective of responding to the current and future challenges in the field of NCD and unfinished communicable disease control, following an extensive consultation process titled '**Reorganizing Primary Health Care in Sri Lanka: Preserving Our Progress, Preparing Our Future**'. It suggests a practical strategy which needs commitment by both central and provincial health care providers and administrators. This strategy has been accepted by World Bank for financial assistance and is being supported by other development partners (DPs) including WHO, Asian Development Bank (ADB), and the Global Fund. The MoH has requested WHO to provide technical support among other things on defining an essential health care package focusing on management, service delivery, and accountability.

The main objective of the Primary Health Care System Strengthening Project (PSSP), supported by the World Bank, is to increase the utilization and improve the quality of primary health care services, with an emphasis on the detection and management of non-communicable diseases in high-risk population groups. While the focus of the project is to address the growing NCD burden, strengthening the PHC system also helps address other remaining challenges in infectious diseases control, particularly dengue and TB

The primary level includes Primary Medical Care Units (PMCUs) and all categories of Divisional Hospitals (DHs). These institutions (referred as Primary Medical Care Institutions [PMCIs]) are considered non-specialist institutions/hospitals staffed by one or more medical officers. There is a total of 996 such institutions, 6 of which are under the MoH.

Despite a strong MCH services base, there is limited capacity in the primary care system to provide comprehensive primary health care (PHC), making the country less prepared for the changing burden of diseases and potential health emergencies. Supply shortages and inefficient

distribution, has created a critical gap in physicians to help manage chronic NCDs and other forms of curative care. Hence, the project intends to strengthen the primary health care delivery system in a reorganized strategy to deliver an essential care package which is being formulated with the guidance of an expert from the WHO at present. For the purpose of monitoring the project outcome, a matrix of both Disbursement Linked Indicators (DLIs) and Indicators not linked to disbursement (or non-DLIs) has been established covering almost every area.

Moreover, the standard spatial norms have been developed by the Ministry of Health and published as a circular (**Gen. Circular No: 01- 29/2018—Physical space norm for Primary Health Care Facilities**) which provides the guidance to provincial authorities for planning activities for development of PMCIs in their respective provinces.

Disbursement Linked Indicators 03 to 09 and non-Disburse Linked Indicators describes the expected capabilities of PMCIs. Further the essential care services package would provide a guidance to determine the expected capabilities and expected resources it should possess namely physical, technological including drugs and supplies, human and financial.

Detailed information on the PSSP including institutional arrangements, the DLIs and non-DLIs, as well as detailed definitions of the minimum requirements that can be used as a reference for this assignment are included in the Project Appraisal Document (PAD), available for download from here:

<http://documents.worldbank.org/curated/en/306851530329751047/Sri-Lanka-Primary-Health-Care-System-Strengthening-Project>.

2. Objectives

The objective of this consultancy is to develop (i) a common data collection instrument and; (ii) a set of guidelines to use the collection of information with regard to existing capacities as against the expected capacities of the Primary Medical Care Institutions; (iii) facilitate and ensure rational collection of information by officers assigned by Provincial Directors for their respective provinces; and (iv) analyze, compile and report the status of capacities of PMCIs.

These guidelines should be stated in such a way when referred the officers both at national level and provincial/regional level can understand how information should be collected and reported in a common manner.

Format should cover the entire scope of the DLI and Non DLI matrix of the project proposal for “**Primary Health Care System Strengthening Project**” and any additional area in relation to essential care services package.

3. Activities/ Scope of work

- Having comprehensively understood the expected capacities of PMCIs, the consultant should develop a format to collect all relevant information on Physical, Human and Technical resources of PMCIs. After analyzing the information, the consultant should produce a report, stating the level of potential gaps under each expected capacity to be

filled during the project period in order to meet the expected standards of health care delivery system.

- The final format is expected within a period of four weeks and the final report in another 8 weeks.
- Following documents may be reviewed by the consultant in developing the format and analyzing the data
 - Policy on health care delivery for universal health coverage”
 - Concept paper of the MoH titled **‘Reorganizing Primary Health Care in Sri Lanka: Preserving Our Progress, Preparing Our Future’**
 - Project appraisal document of the primary health care system strengthening project
 - Interim reports/final drafts with regard to essential services package for primary care.
 - Circulars with regard to physical space norms for primary health care facilities
 - Any other documents as advised by the Project Director.
- Should study the proposed GIS based empanelment mechanism.
- Should coordinate the work closely with the other consultants in related assignments, particularly the consultant to support the MoH to “establish the Guidelines for Reorganizing and PHC Delivery System”.
- Consultant is to report and be responsible to the Project Director.
- Consultant should discuss with the Project Director and arrange meetings, discussions, reviewing of drafts etc.
- Consultant should discuss with all 9 provincial directors and/or any other official nominated by Provincial Directors, Director NIHS and monitoring/evaluation specialist of the project.
- Consultant may also discuss with other experts identified during the exercise as required.

4. Deliverables

1. Inception report (This should be generated and presented after reviewing all relevant documents)
2. Format and the guidelines for using the data collection instrument

3. Statement of training and calibration of data collectors

3. Final report with final analysis

**The developed format and the set of guidelines will be reviewed by senior health officers including provincial health authorities for the recommendation by the Project Director in order to disseminate to provinces for effective use to collect required information for the gap analysis.*

5. Qualifications / Experience

Consultant should possess a medical degree or equivalent with necessary post graduate qualifications.

Consultant should have more than 5 years' experience in the field of primary health care as a specialist. (Health care administrator/Senior manager/Trainer /Researcher)

Should prove the skills in reporting, compilation, getting consensus and finalization of drafts etc.

Should be able to arrange any form of assistance if required during the exercise.

6. Time line and Payment schedule

Maximum duration of this consultation is 12 weeks. Work schedule is as follows

No	Activity	Due date	Deliverables	Payment terms
1	Signing contract	As soon as signing	Signed contract	10%
2	Initial meeting with Project Director	Commencement date + day 1	Meeting Minutes	-
3	Reviewing documents	Commencement date +week 1	Inception report	-
3	Discussions with PDD and others	Commencement date +week 3	Meeting minutes	-
4	Submission of the format and guidelines for approval	Commencement date +week 4	Draft format and guidelines	40%
5	Training and calibration of Data Collectors	Commencement date + Week 5	Statement of training and calibration	10%

7	Analysis of information	Commencement date +week 10	Notice to PMU on commencement of analysis	
8	Submission of final report	Commencement date + 12 weeks	Final report	40%

7. Clients Inputs

PMU will provide following to the consultant

- Arrange meetings with the relevant parties and senior officers in the MOH, Provincial MoH and any other sector as required if the need arises.
- Co-ordinates and arrange all appointments / meetings
- Provision of facilities for training and calibration data collectors include training venue, food
- Provision of resources for data collection include printing data collection tools, transportation, data collectors resource fee (upon approval by authorities)
- Other than above listed facilities, no facilities, whatever will be provided.

Supervision and Monitoring

Project Director will supervise and monitor the activities

8. Marking Scheme for the selection

Item No	Description	Marks
01	Educational & Professional Qualifications (Minimum MD/PhD or recognized PG qualification in Health planning or Public Health)	20
02	Experience in the field of primary health care as a Trainer, senior Program Manager, or Researcher) (minimum 5 years compulsory)	20
03	Experience in similar kind of assignments	40
04	One-page summary document on the methodology for achieving deliverables.	20
	Total	100