

**Selection of a Consultant for Citizen Engagement Guide Lines For Primary
Healthcare Strengthening inn 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, 05th November 2018** to reach the above address by hand/ post. "Application for the Citizen Engagement Guide Line Consultant" 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

Terms of Reference (TOR) for consultancy to develop guidelines for

Establishment of a Citizen Engagement Mechanism for Primary Health Care System Strengthening

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. Beneficiary engagement and community empowerment has been identified as an important feature of the future health system.

The MoHNIM 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). Primary Health Care Systems Strengthening Project under the Ministry of Health, Nutrition and Indigenous Medicine is the World Bank assisted driving force of this strategy in next five years.

The main objective of the Primary Health Care System strengthening project 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 addressing other remaining challenges in infectious diseases control, particularly dengue and TB

The primary level includes Primary Medical Care Units (PMCU) and Divisional Hospitals (DH). These institutions (referred as Primary Medical Care Institutions [PMCI]) 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 MoHNIM.

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 essential 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. Moreover the standard physical space norms for primary medical care

citizen engagement in other countries the consultant will submit a set of guidelines how such a mechanism is established in Sri Lankan health system

- The consultant should carry out: 1) stakeholder identification that includes all the different groups e.g. HSDs, Mother Support Group and Mother’s Club; and 2) Focus Group Discussions to understand better how people (e.g. patients) channel grievances and resolve them.
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- Consultant has to report and be responsible to the Project Director.
- Consultant should discuss with the Project Director and arrange meetings, discussions, reviewing with the relevant officers of the Ministry of Health as per the instructions of the Project Director. .
- Consultant shall discuss with provincial Directors and relevant officers, Director NIHS and monitoring / evaluation specialist of the project.
- Consultant may also discuss with other experts in fields of Law, Human rights, Social empowerment Etc. identified during the exercise as required.
- The final format is expected within a period of 8 weeks.

Following documents may be reviewed by the consultant

1. Sri Lanka patients’ charter.
2. Policy on “Health care delivery for universal health coverage” and related documents
3. Concept paper of the MoH titled **‘Reorganizing Primary Health Care in Sri Lanka: Preserving Our Progress, Preparing Our Future’**
4. Project appraisal document of the primary health care system strengthening project
5. Published documents with regard to essential services package for primary care.
6. Circular on the physical space norms of the primary medical care institutions
7. Any other documents as advised by the Project Director.

Apart from the above documents the consultant should study the proposed GIS based empanelment mechanism available in the Management Development and Planning Unit, MoHNIM and with the Monitoring /Evaluation specialist of the Ministry of Provincial councils local Government and Sports.

4. Deliverables (Expected output).

Inception report (This should be generated and presented after reviewing all relevant documents

First draft for the review by the senior staff

**Final set of guidelines the developed set of guidelines will be reviewed by senior health officers including provincial health authorities for the recommendation by the Project*

	officials			
7	Submission of final guidelines	Commencement date +week 08	Final set of guidelines as hard and soft copies	50%

6. Clients Inputs

PMU will provide following to the consultant

- Arrange meeting facilities with the relevant parties and senior officers in the MOH , Provincial MoH and any other sectors as required by the consultant.
- Co-ordinates and arrange all appointments / meetings
- Provide facilities for participants at discussions
- Other than above listed facilities, no facilities whatever will be provided

7. 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 related Community Engagement/ Development / Empowerment as a health care specialist/ health care provider Trainer, senior Programme Manager, or Researcher) (minimum 10 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

Reorganize PHC and reinforce integration of preventive and curative care

1. Reorganize PHC



a) Empanel the population at PMCIs and DH and offer quality medical services

Establish package of medical services
 Establish standards for service delivery that meet population needs
 Link each PMCI/DH/Hospital OPDs with the defined MoH area

b) Innovate and integrate prevention and treatment for NCDs

Develop HLCs
 Link and locate community-based NCD screening within the PMCI
 Establish HLCs for each PMCIs as per established standards
 Create personal health record system parallel to health records

c) Streamline referrals and transportation

Standardize protocols and communication formats for providers making referrals
 Standardize the format of health records across the health system
 Establish countrywide ambulance network

d) Expand HRH capacity

Align staff-mix at PMCIs and DH with needs, including creating new cadres; rationalize workloads of PHMs; expand preservice training and build capacity of existing staff; redeploy staff

2. Strengthen the health sector



a) Align health financing system with structure of health system

Expand allocation to PHCs, provide more funding directly to provinces, and increase financial incentives for performance

b) Use and collaborate with the private sector

Require private practitioners and institutions to register and meet quality standards, enable Government to pay for privately provided services upon referral if service not available in public, and standardize and link private and public-sector patient information systems

c) Strengthen supply chain management

Strengthen standard storage capacity at regional level; maintain three-month buffer stock of critically important drugs and supplies; increase financial delegation; expand MSMIS, dashboard monitoring system, and routine quality assurance

d) Expand laboratory service capacity

Revise and update lab capacity standards; ensure PMCIs have basic diagnostic capability and transportation capacity for samples to cluster labs, strengthen cluster labs at district hospitals; furnish mobile labs, establish lab information management system, and upgrade human resource capacity to meet technology and service demands

e) Citizen participation in oversight of PHCs

Develop, adopt, and promote Patient Rights Charter; create community engagement mechanism and independent investigation of feedback

3. Improve information management system



a) Strengthen M&E of the performance of PHC services

Establish standards of quality for key NCD services and ensure that all staff are trained to meet them
 Create appraisal system to measure performance against standards
 Assign rewards for compliance
 Introduce clinical audits and morbidity/mortality reviews

b) Strengthen and integrate health information and technology system

Establish a unique identifying health services number for each citizen
 Expand electronic health records to all facilities
 Harmonize other health information systems in use
 Establish a Health Information Unit at each district and secondary and tertiary care hospitals
 Integrate the use of a geographical information system into the health information system

Translation of PHC Reorganization Position Paper into Project Results Areas

