

Selection of a Consultant for Developing Guideline for Operationalizing the concept of Reorganization and Strengthening of Primary Healthcare Delivery System in Sri Lanka

Package No: PHSSP/PROC/2018/09

Application along with the CV and a financial proposal in separate envelope are invited from eligible candidates for the above consultancy by the **Director Primary Healthcare System Strengthening Project, 3rd Floor, J.R.Jayawrdene Center, Dharmapala Mawatha, Clombo 07**. Duly completed application and financial proposals should be submitted in two separate sealed envelope on or before 02.00pm , 16th Aug. 2018 to reach the above address by hand/ post. “Application for the Consultancy for DLI 1” 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 Developing Guidelines for Operationalizing the Concept of Reorganization and Strengthening of Primary HealthCare Delivery System

Primary Healthcare System Strengthening Project

Background

The Government of Sri Lanka has shown its commitment towards improving the Primary Health Care (PHC) 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 (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 Non-Communicable Diseases (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 Global Fund. The MoHNIM has requested WHO to provide technical support on defining an Essential Services Package (ESP) focusing on management, service delivery, and accountability.

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 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

World Bank has granted a loan of US\$ 200 Mn for achieving the project objective. For the purpose of annual disbursement of funds the appraisal structure of the five year project has 9 disbursement link indicators with appropriate time targets.

DLI 1. Endorsement by the MoHNIM and provinces of policies and standards for reorganizing PHC system

This Disbursement Linked Indicator (DLI) reflects the intention of the central MoHNIM and the provinces endorsing through routine government procedures the policies, standards, and implementation guidelines necessary to implement the service delivery model at the level of provider in the provinces

- Disbursement Linked Results (DLR) 1.1 - The MoHNIM endorses PHC reorganization strategy and issues guidelines on PHC empanelment process
- DLR 1.3 - The MoHNIM endorses the package of circulars and guidelines necessary for PHC model implementation
- DLRs 1.1 and 1.2 include the high-level strategy giving the orientation of the PHC reorganization objectives and approach. DLRs 1.1 and 1.2 also include guidelines for conducting the empanelment of the population to a PHC provider which may include the range of population to be served by a single provider, the process for assignment, the implications for patient to choose its PHC provider, the process for informing the citizen and institutional arrangements.
- DLRs 1.3 and 1.4 include a package of necessary standards and guidelines for the model to be implemented and is defined to include at least:
 - Comprehensive PHC service package definition,
 - Definition of PHC network to deliver PHC service package,
 - Model PMCI functionality and service standards defined, and
 - PMCI cadre (categories and numbers) defined.

The primary level health service delivery includes Primary Medical Care Units (PMcUs) and 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 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 curative care. While the size of the country's health workforce is broadly like other Asian countries (with almost one doctor and two nurses per 1,000 population), it falls far short of levels in advanced health systems, especially in some staff categories such as medical laboratory technologists.¹

Moreover, the geographic distribution of existing health care workers is skewed toward urban areas (especially Colombo and Kandy districts) and higher levels of 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 DLIs and Non DLIs has been established covering almost every area.

As 990 primary medical care institutes out of 996 comes under the purview of the provincial health authorities a clear unambiguous elaborative set of guidelines should be made available to the implementers before embarking on the project.

Eligibility criteria for application

Bidder should possess a medical degree or equivalent with relevant postgraduate qualifications (MD/ PhD).

Bidder should have a minimum of three years' experience in the field of primary health care (Trainer, Programme Manager, and Researcher) as a specialist.

Should have proven skills in reporting, compilation, getting consensus and finalization of drafts etc.

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

*bidder should submit documentary proof for above requirements

Objectives

The objective of this consultancy is to develop a set of guidelines and standards for operationalization of the concept presented in the approved "policy on health care delivery for universal health coverage" and the concept paper titled "Reorganizing Primary Health Care in Sri Lanka- Preserving our progress, preparing our future" submitted for the next World Bank country engagement in the Health Sector in Sri Lanka.

These guidelines should be stated in such a way when referred, the health planners and implementers both at national and provincial/regional level would be capable of transforming into action.

Guidelines should cover the entire scope of the DLI and Non DLI matrix of the project appraisal document for "Primary Health Care System Strengthening Project"

*Any applicant who wishes to refer to the above documents can inquire from the Project Office at 3rd Floor, J.R.Jayawardene Centre, Colombo 7. Tel: 0714398201- Project Director

Scope & Service

Consultant has to report and be responsible to the Deputy Director General (DDG) (Planning)

Consultant should discuss with the DDG (P) and arrange meetings, discussions, reviewing of drafts etc.

The final draft is expected within a period of two months.

Review the following documents

1. Policy on “Health Care Delivery for Universal Health Coverage”
2. Concept paper of the MoHNIM titled **‘Reorganizing Primary Health Care in Sri Lanka: Preserving Our Progress, Preparing Our Future’**
3. Project appraisal document of the primary health care system strengthening project
4. Interim reports/ final drafts with regard to essential services package for primary care.
5. Interim reports/ final drafts with regard to spatial norms for PMCIs
6. Any other documents as advised by the DDG(Planning)

Also, it is required to refer the proposed GIS based empanelment mechanism with the assistance of the Monitoring and Evaluation Specialist of Second Health Sector Development Project and the relevant officers in the Management Development and Planning Unit (MDPU).

Achievements

The developed set of guidelines will be reviewed by senior health officers for the recommendation by the Director General of Health Services to endorse as a policy guideline so that all implementers including provincial health authorities will adopt in each province.

Outputs and Deliverables

Maximum duration of this consultation is 10 weeks. Work schedule is as follows

No	Activity	Due date	Deliverables	Payment terms
1	Signing contract	Day on signing the contract	Signed contract	10%
2	Initial meeting with the Project Director & DDG(Planning)	Commencement date + day 1	Meeting Minutes	
3	Reviewing documents	Commencement date +week 1	Notes	

3	Gathering of Information	Commencement date +week 2	Inception Report	10%
4	Dialogue with appropriate parties	Commencement date +week 5	Sketch notes approved by DDG(P) to proceed to the 1 st draft	
5	Development of the 1 st draft (both hard and soft copies)	Commencement date + Week 7	Draft guidelines approved by DDG (P) for further review.	40%
6	Review by appropriate parties	Commencement date +Week 8	Review minutes	
7	Development of final draft (both hard and soft copies) and getting approval from DGHS/Secretary	Commencement date +week 10	Approved final draft submission	40%

Clients Inputs

The PMU will provide following to the development team

- Arrange meetings with the relevant parties and senior officers in the MOHNIM, Provincial MoHNIM and any other sector as required if the need arises.
- Co-ordinate and arrange all appointments / meetings based on the request of the consultant
- Any other facilities, except the above, will not be provided.

Marking Scheme for the selection

Item No	Description	Marks
01	Educational & Professional Qualifications (Minimum MD/PhD)	20
02	Experience in the field of primary health care (Trainer, Programme Manager, or Researcher) as a specialist (minimum 03 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