**Terms of Reference**

**Knowledge and practices on screening, CVD risk stratification, management, and referral for Non-Communicable Diseases among medical officers and** **other healthcare staff attached to Primary Medical Care Institutions in Sri Lanka**

**1. Background**

**1.1 Introduction**

Non-Communicable Diseases (NCD) including, cardiac diseases, cerebrovascular accidents, diabetes mellitus, cancer, and chronic respiratory diseases are the major causes of morbidity and mortality in Sri Lanka. The NCDs were accountable for 83% of total deaths and 17% of premature (30-70 years) deaths in Sri Lanka in the year 2016. In the year 2016, out of the total 464 billion of current health expenditure, the majority (36%) was spent on the management of NCDs. In addition, these chronic debilitating diseases result in a great economic impact on the individual, family, and the country as a whole due to lost productivity.

The Healthy Lifestyle Center (HLC) program was introduced in 2011 in Sri Lanka with the objective of screening the population for NCDs. The main aim of the HLC program of Sri Lanka is to reduce the incidence of NCDs by detecting risk factors early and providing lifestyle guidance. In Sri Lanka, there are 1008 HLCs presently and they are established at a Primary Medical Care Institution (PMCI). Those 35 years and above are the target population for screening at the HLCs. In addition, those between 20-34 years with any NCD risk factors can also undergo screening at these centers. If a person is diagnosed with an NCD at an HLC that person will be referred for further treatment at the medical clinic of the PMCI. The Directorate of NCD, Ministry of Health Sri Lanka has issued circulars and guidelines on screening and referral criteria for HCLS and NCD management guidelines for primary care.

However, in Sri Lanka, NCD care provision has remained suboptimal as existing primary medical care institutions (PMCIs) in the country have had a low capacity to provide optimal curative care services. The Ministry of Health (MoH) constituted a Technical Expert Committee in 2017 to provide policy directions for reorganizing PHCs for the provision of NCD care in PMCIs. The committee advised that PHC be reorganized with improved infrastructure and processes to attain the goals of universal health coverage with a focus on NCD care.

Accordingly, the MoH initiated the ‘Primary Healthcare-System-Strengthening Project (PSSP)’ in 2018, with technical and financial support from the World Bank. The project focuses on three thematic areas: first, reorganization of the PHC by defining the catchment area and population for each PMCI (empanelment); second, strengthening the PMCIs with trained manpower, optimizing drug supply chain management systems and expanding laboratory service capacity; and third, establishing a technology-based HMIS to provide electronic personal health records (PHRs). By 2023, the PSSP plans to strengthen 550 of the 990 PMCIs in the country. In the first phase of PSSP (2019), 63 selected PMCIs across the nine provinces of the country were strengthened. However, there was no prior systematic assessment as to whether the PMCIs under PSSP had attained expected standards in terms of trained manpower, drug availability, laboratory services, and HMIS. Such an assessment, using a combination of quantitative and qualitative techniques, could provide an in-depth understanding of operational realities and help program managers to address bottlenecks in reorganization. The insights from the early experiences of strengthening PMCIs would also enable the MoH and the provincial health authorities, jointly with the project management unit (PMU), to optimize the PSSP implementation in the PMCIs in the future.

**1.2 Objective**

**General Objective**

To study the knowledge and practices on screening, CVD risk stratification, treatment, and referral for Non-Communicable Diseases among medical officers and other healthcare staff attached to Primary Medical Care Institutions in Sri Lanka

**Specific Objectives**

* To describe the knowledge of the Healthy Lifestyle Centre Concept, screening, CVD risk stratification, treatment, and referral for Non-Communicable Diseases among medical officers and other healthcare staff attached to Primary Medical Care Institutions in Sri Lanka
* To describe the practices in relation to screening, CVD risk stratification, treatment, and referral for Non-Communicable Diseases among medical officers and other healthcare staff attached to Primary Medical Care Institutions in Sri Lanka

**2. Planned TimeLine**

17th April to 17th June 2023. The final report should be produced on 30th June 2023.

**3. Requirements**

**3.1 Work to be performed**

The contractual partner shall

1. Design the survey according to the DLI 9.2 (To ensure that the screening, management, and referral protocols are being followed and to access provider knowledge and practice, a study following an agreed methodology and based on a sample of the providers will be undertaken) and in consultation with the Directorate of Policy Analysis and Development, Ministry of Health
2. Conduct the survey covering a representative sample of PMCI in each district of the country (the sample should include both divisional hospitals and primary medical care units)
3. Develop relevant questionnaires, checklists, and other data collection tools for the survey
4. Enroll Consultant Community Physicians who have experience in supervising the NCD screening and Management at PMCI, provinces based.

**3.2 Deliverables**

Detailed report on the survey including introduction, literature review, methodology, findings, discussion, conclusions, and recommendations.

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| No | Activity | Due date | Deliverables | Payment terms |
| 1 | Signing contract and submission of the inception report | As soon as signing | The signed contract and Detailed report on the survey including the introduction | 10% |
| 2 | Initial meeting with Project Director & Health Ministry Officers | Commencement date  + day 1 | Meeting Minutes | - |
| 3 | Draft study methodology, logistic plan, and budget | Commencement date  +week 1 | Draft proposal including literature review methodology, logistic plan, and budget | 10% |
| 4 | Discussions with the Director of Policy Analysis and D/NCD and other appropriate Officers on revisions to the draft methodology, logistic plan and budget | Commencement date  +week 2 | Minutes | - |
| 4 | Submission of the final proposal | Commencement date  +week 3 | Final study proposal | 10% |
| 6 | Submission of the interim report | Commencement date  +week 5 | Interim report | 40% |
| 7 | Final study report according to the given format | Commencement date  +week 6 | Final report | 30% |

1. **Expected characteristics of the consultant**

The contractual partner shall;

1. be a consultant with a doctoral advanced degree from a recognized university in Community Medicine with a minimum of 10 years of experience in working on health systems and primary care
2. be a consultant possessing expertise in the fields of Community Medicine/ Public Health / primary care/ NCD and related fields
3. have a thorough understanding and experience with the PHC reorganization process in Sri Lanka
4. have previous experience conducting similar assessments at the national level
5. have proven experience in documentation and technical reporting
6. **Marking scheme for the selection**

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| Item No | Description | Marks |
| 01 | A doctoral advanced degree from a recognized university in Community Medicine | 20 |
| 02 | 10 or more years of experience in the public health sector of Sri Lanka | Minimum 10 maximum 20 |
| 03 | Research and publications in the related areas of concern | 25 |
| 04 | Experience in assignments with a scope similar to this assignment | 25 |
| 04 | One-page summary document on the methodology for achieving study objectives | 10 |
|  | Total | 100 |