

## Web Notice

### **Individual Consultancy Service to Support the DPMM for the Data Validation and Reporting of DLI verification of Primary Healthcare System Strengthening Project**

**Package No: LK-MHNIM-411152-CS-INDV**

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, 3<sup>rd</sup> Floor, J.R.Jayawrdene Center, Dharmapala Mawatha, Colombo 07**. Duly completed application and Technical and financial proposals should be submitted in two separate sealed envelopes on or before **02.00 pm, 19<sup>th</sup> March 2024** to reach the above address by hand/ registered post. “**Consultancy Service to Support the DPMM for the Data Validation and Reporting of DLI verification of Primary Healthcare System Strengthening Project**” shall be indicated on the top left-hand corner of the envelope. Late applications will not be considered.

**Applicants are advised to consult Deputy Director Ms Dilani Pieris, Department of Project Management and Monitoring (0716848569/ [dacd.dilp@gmail.com](mailto:dacd.dilp@gmail.com) ) for any clarification before submitting the application.**

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

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## **TOR:**

*The Project Management Unit (PMU) of the Primary Health Care System Strengthening Project (PSSP) on behalf of the Sri Lanka Ministry of Health, (MOH) Requests Consultancy Services according to this Terms of Reference (ToR)*

**Reference No.** Contract No.: PSSP/PROC/INDCONS/2024-2

**Assignment Title: Technical support to the Department of Project Management and Monitoring (DPMM) for the Verification of achievement of results of the Sri Lanka Primary Health Care Strengthening Project and Reporting for Disbursement.**

### **1. Background**

The Government of Sri Lanka notably the MOH and the health authorities of the Provincial Governments will be implementing several measures to reorganize and strengthen the primary health care system, particularly to address the large and growing burden of non-communicable disease amongst the Sri Lankan population. These reform efforts will, in part, be financed and technically supported by various development partners. Sri Lanka has received a Loan from the World Bank (No. 88780) for US\$200 million towards a Primary Health Care System Strengthening Project (PSSP). The project period was from 2019 to December 2023 which was extended up to 30<sup>th</sup> June 2024.

The project objective is to increase the utilization and quality of primary health care services, with an emphasis on the detection and management of non-communicable diseases (NCDs) in high-risk population groups, in selected areas of the country.

The project has three components:

- Component one of the project (US\$185 million) supports the MOH and the provinces to implement the primary health care (PHC) system reorganization and strengthening strategies focusing on five results areas: (i) PHC policy and standards defined to support implementation; (ii) primary care medical care institution (PMCI) capabilities and services strengthened for more comprehensive and quality care; (iii) supportive systems developed to facilitate improved PHC delivery, with a focus on NCDs; (iv) health system empowers and becomes more responsive to the demands of the population; and (v) utilization of PHC services, with a focus on NCD detection and active follow-up, is increased.
- Component two of the project (US\$14.22 million) provides direct support to the MOH and through the MOH to the provinces for activities that would be difficult to implement through the country's regular public financial management systems including: (i) project management, coordination, and

routine project monitoring; (ii) results verification and operational research; (iii) capacity building at the central and provincial levels; and (iv) service delivery innovations grant.

- Component three of the project (provisionally US\$0 million) is a Contingent Emergency Response Component that aims to improve the country's response capacity in the event of an emergency, whereby the undisbursed fund of the project will be mobilized to address the immediate financing needs.

To measure implementation progress and results of PSSP, 26 intermediate and outcome results indicators have been agreed with the Government. Nine of those results indicators are defined as disbursement-linked indicators (DLIs) and are identified as DLIs 1 to 9, with annual targets of progress defined as Disbursement Linked Results (DLRs). Under the DLI approach, disbursements from the World Bank to the Government of Sri Lanka depend on achievements measured by these specific indicators. The annual DLRs for the 9 DLIs will be the basis for releasing the US\$185 million under Component 1 of the Project. The MoH, supported by a Project Management Unit, is responsible for reporting on the Project results with data collected from various departments of the MoH and the Provincial Health Departments. To ensure the data quality and authenticity of the information reported under the DLIs, the Department of Project Management and Monitoring (DPMM) will be responsible for verifying the information and data reported. A validation report from the DPMM will be submitted to the Department of External Resources (ERD) and in turn to the World Bank for making the financial decision on disbursement.

Detailed information on the Project, institutional arrangements, the DLIs and annual DLRs, as well as the agreed verification protocols that will be used as the basis of 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 of the Assignment**

The MoH, supported by the PMU, intends to contract an individual to provide support to the DPMM to conduct a ground verification including, (a) plan for the selected DLI verification process, (b) design and undertake the DLI verification process for those indicators data quality audits as per the verification protocols, and (c) to produce timely verification reports that will be sufficient/comprehensive enough to make decisions on disbursement.

### 3. Detailed Description of the Tasks

The selected consultancy should provide technical assistance to achieve the objectives of the assignment, including but not necessarily limited to the following tasks:

#### ***A. Support the DPMM to plan for the DLI verification process, through:***

Detailing the Verification Protocols in a checklist/survey instrument format: The basic verification protocols are included in the PAD referenced above and consecutive aid memories. The intent is not to add to the requirements or revise the requirements that have been agreed between the World Bank and the GoSL. The checklist utilized so far during the results verification can be used.

- Conduct a ground verification: sample verification should be carried out covering the appropriate sample to ensure the result achievement in 550 PMCII about selected indicators. and also, a desk review should be held to verify system data (MSMIS, eRHIMS )in the backend and verify some prepared reports.

Sampling procedure – among the 550 verifiable PMCII there are two distinctive sub-sets. 1). List of PMCII in which selected DLIs achieved and verified as achieved before this verification, those hospitals should continue the activities. 2). Those hospitals where results achieved are yet to be verified as achieved. final sample should represent both.

As the proposed verification is an extension of the last verification conducted sample used for the last verification of the result may be used.

- Agreeing on a verification reporting template with the World Bank: The DPMM will produce a report detailing the verification results. The information to be reported should be agreed upon between the DPMM and World Bank, providing sufficient minimum information. The actual reporting template should be agreed upon in advance. Examples of reports can be provided.
- Other planning tasks also may be required.

#### ***B. Design and undertake the DLI verification process for those indicators requiring data quality assessments as per the verification protocols, through:***

- Technical Support in the Design and Execution of the Data Quality Audit<sup>1</sup>(DQA) for those DLRs that require for verification of a few selected DLRs left for verification. The technical assistance

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<sup>1</sup> For information on the Data Quality Audit methodology, see the publication “Data Quality Audit Tool – Guidelines for Implementation” produced by the Global Fund, USAID, and Measure Evaluation at the following link: <https://www.measureevaluation.org/resources/publications/ms-08-29>

will specifically support the DPMM in the design and execution of the DQA for all those DLRs to be verified that specify it as the verification method. Under this assignment, the DQA is limited to the DLRs. The purpose of the DQA is not to reproduce the reported data or provide certification of its accuracy within a defined confidence interval. The objective of the DQA is twofold:

*Verify the quality of the data (for each reported indicator) at selected sites, within each of the provinces (the provinces are the “program areas” as defined by the DQA methodology). The selection of the sites should generally be done based on stratified (by province district and by type of facility – “new” or “maintained”<sup>2</sup>) random sampling, however, the so selected sample for the last verification will be the sample for this verification as this is an extended verification.*

- **Logistical Support to DPMM:** The DPMM staff would be fully involved and participate in the DQA process. The consultancy should indicate all logistics and other requirements to the PMU in their proposal including the cost of necessary logistical support for the DPMM staff to participate in any field trips as agreed between the selected consultancy and DPMM.

### **C. Produce timely and quality verification reports, through:**

- Administrative support to the DPMM to produce the verification reports. To conclude the verification process in a timely and quality manner, the DPMM will require support in the production of the verification report under the agreed format. The final responsibility for confirming and sending the report to the MoH, ERD, and World Bank remains with the DPMM.
- The report may be circulated in pdf format. The DPMM may request a limited number of physical printouts to facilitate its review and approval.

## **4. Verification Schedule and Schedule for Consultancy Outputs**

In principle, the verification process is expected to take place from March 31, 2024, to 30<sup>th</sup> April 2024. One of the verification processes is expected to concentrate on the DLRs that are action/process-oriented. The other verification process is expected to concentrate on the DLRs that measure outputs or services. It is for this latter verification process that the DQA is expected.

Based on this overall schedule, the specific timing related to this consultancy is as follows:

- a. Submit a DQA plan 7 days following the contract signature.

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<sup>2</sup>After the first year, the sample frame should include both those sites which ‘newly’ meet the criteria as well as those met in the previous year(s) which are meant to be ‘maintained’.

b. field visits and collection of data should be completed by 30<sup>th</sup> April 2024

e. complete report on the entire work submits to the DPMM in mid-May 2024

## 5. Support to be provided to the selected consultant

- Access to the MoH and within the provinces, including official clearances required, will be facilitated by the DPMM and, as needed, by the MoH/PMU.
- The verification protocol and pre-developed verification survey checklist provided by the DPMM/MoH/PMU
- Technical clarifications will be provided by the DPMM, World Bank, and/or MoH/PMU as and when required.
- Meetings with the DPMM staff can take place in the DPMM office.
- The selected consultant is expected to utilize his/her resources, such as human, physical, and IT facilities, transportation, meeting space, stationery requirements, etc...

## 6. Payment schedule linked to outputs by the selected consultant

**The period of the contract is from signing (expected in March 2024 until June 30, 2024.**

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 relevant officers	Commencement date +week 2	Meeting minutes	-
4	Submission DQA plan	Commencement date +week 3	DQA plan + confirmation from DPMM	20%

5	Visit schedule with confirmation of readiness to visit	Commencement date + Week 4	Visit schedule + confirmation from DPMM	20%
6	Submission of final report	Commencement date + 8 weeks	Final report+ certified DPMM	50%

## 7. Institutional Arrangements and Approval of Outputs

Legal or administrative issues concerning the contract or payment shall be handled by the MoH/PMU.

Day-to-day supervision and the approval of all outputs shall be the responsibility of the DPMM. The MoH/PMU will not be able to approve payments without the endorsement of the DPMM on the specific milestone.

The DPMM will seek the World Bank or the MoH/PMU concurrence on specific outputs as required. The World Bank is not a direct party to the contract. Any questions or queries related to the assignment will be referred to the World Bank via the DPMM and MoH/PMU unless otherwise agreed.

## 8. Required Qualifications/Experience

Consultants should possess a Basic degree or equivalent with necessary post-graduate qualifications in the fields of Medicine / Health promotion/Nutrition/ Project Management/ Social sciences etc.

Or

Track record of working with the Sri Lanka public health experience, including the administrative public health data and reporting systems for at least 5 years;

With

The consultant should have more than 15 years of experience in the field of Health care administrator/Senior manager/Trainer /Researcher including minimum 5 years of compulsory experience in the public health service.

Should prove the skills in data management, compilation and reporting.

### Criteria for the selection

- Track record of having conducted audits of data quality for at least 2 national level projects/programs;
- Experience by managing surveys, particularly involving health facilities, including access to field interviewers, data collection, and quality management for at least 2 majors;
- Experience as a senior officer in projects/researches funded by international Doner agencies.

### Criteria for financial proposal

Nu	Payment Category	Rate
1	Consultation Fee	Rate per day * number of days
2	Fee for assistant Hiring	Daily rate * Number of days
3	Cost of traveling	Agreed rate per Km * Travel distance
4	Accommodation and foods	Reimbursable on reasonable expenditure (per head cost)
6	Printing and stationery	Reimbursable
7	report writing	Rate per report

### 8. Marking Scheme for the selection

Item No	Description	Marks
01	Educational & Professional Qualifications PG or Professional qualification	20
02	15 years of experience in the field of Health care administrator/Senior manager/Trainer /Researcher including minimum 5 years of compulsory experience in the public health service.	20
03	Experience in similar kinds of assignments	40
04	Two-page summary document on the methodology of the task and ensuring the data quality on a given data set	20
	Total	100