



EXPRESSIONS OF INTEREST (EOI)



**GOVERNMENT OF THE DEMOCRATIC SOCIALIST
REPUBLIC OF SRI LANKA**

Ministry of Health, Nutrition, Indigenous Medicine

Second Health Sector Development Project (SHSDP)–Component II

Funded by the World Bank (Credit No. 5228 LK)

Contract No.: SHSDP/PROC/CON/07

Consultancy Service for

Independent Verification Survey on the 2015 subset of results of the Government of Sri Lanka

The Democratic Socialist Republic of Sri Lanka has received a credit from the International Development Association (IDA) towards the cost of Second Health Sector Development Project (SHSDP) and it intends to apply part of the proceeds for consultancy services.

The project is supporting the implementation of priority areas in the National Health Development Plan 2013 to 2017 of the Government of Sri Lanka. The 20 results are monitored under the project. The 9 of the results indicators are defined as Disbursement Linked Indicators (DLIs). The Government of Sri Lanka reports results of the years 2013 to 2017 annually by March 31 of each year from 2014 to 2018. The results provided from the verification survey issued as the basis for the discussion around the achievement of results to finalize payments for each year.

The Consultancy Service includes design and implementation of a verification survey in Sri Lanka to report on the status of the results achieved against the targets for the Disbursement Linked results indicators identified in the SHSDP results framework for the calendar year 2015.

The tasks will include the following:

- **Sample selection:** Using an appropriate sampling method (random or multi stage random sample of preventive and curative health facilities), draw up a sample of health facilities identified from the sampling frames given for relevant DLI results (for 2015 the DLI results indicator Nos 5, 6, 7, 10 will need to have separate province wise sampling frames) .
- **Survey instrument:** The survey instruments will be the same checklists as the ones used for validating the 2014 results which are based on the functionality criteria given by the MOH.
- **Interviewer training:** The firm shall train the interviewers prior to data collection.

- **Data collection:** The firm shall carry out the data collection and ensure quality control of data collection in field at all times.
- **Data processing:** The firm shall develop data entry and cleaning guidelines, complete the data entry and cleaning process and share the database with the Ministry of Health.
- **Analysis and final report writing:** The firm needs to submit the final report to the Ministry of Health.

The **Project Director of the SHSDP** at the 03rd Floor of the J R Jayawardene Centre, No. 191, Dharmapala Mawatha, Colombo 07 *now invites eligible consultants to indicate their interest in providing the above services.*

Interested consultants should provide information demonstrating that they have required qualifications, resources and experience to perform the above assignment along with following details;

1. a. Name, address of the consultancy firm or institute and profile of the Consultants,
- b. i. Details of previous experience in similar assignment.
ii. Specific experience in respect of the Verification Survey by using relevant application software as well as development and implementation of Verification Survey in health sector (preferable by using Specific Software/ Hardware, and tools).

Name and address of the clients, organization and descriptions of assignments,
- c. Technical qualification, facilities and resources available for successful completion of Assignment with the allocated period of time,
- d. Constructive opinions on various characteristics and parameters that will be included to the proposed Terms of Reference (TOR) for the Effective implementation of Independent Verification Survey on the 2015 subset of results of the Government of Sri Lanka and any innovative & development suggestions,
- e. Experience in health sector (Government/ Private) and similar geographical areas undertaken by the applicant.
- f. Documentary evidence to indicate financial capability and financial soundness of the firm. Please attach last three years audited financial reports.

Consultants may associate with other firms in the form of a joint ventures or a sub consultancy to enhance their qualifications.

The purpose of this EOI is to enable the SHSDP to identify the potential team of consultants or consultancy firms, who will subsequently be invited to submit their proposal for the above mentioned consultancy Assignment. **Hence, the applicant / participants should not indicate price/costs in the EOI.**

The EOI submitted by the Consultant **will be reviewed on the basis of the following** to prepare a shortlist:

- a. Background of the firm(s): summarizing their facilities, resources and areas of expertise 1) organizational capability 2) Age of the firm 3) Size of the firm;
- b. General and specific experience of the firm(s);
- c. Summary of similar Assignment undertaken by the firm(s);
- d. Practical experience in Verification Surveys in Health Sector in similar geographical area
- e. Availability of appropriate skills of the firm
- f. Demonstrated capacity to handle this Assignments
- g. Working experience and knowledge in Foreign Funding Agencies and Government Ministries is an advantage

A consultant will be selected in accordance with the procedures set out in the World Bank's *Guidelines: Selection and Employment of Consultants by World Bank Borrowers* though the selection based on the Consultants' Qualifications (CQS). Duration of assignment will be around **two (02) months**.

Interested applicants may obtain further information from **Project Director, of the SHSDP at the 03rd Floor of the J R Jayawardene Centre, No. 191, Dharmapala Mawatha, Colombo 07, Telephone/Fax 0112 680 490.**, email: shsdp@health.gov.lk and inspect the proposed TOR at the same address from *9.00 hrs. to 16.00 hrs. on all working days* and visit for the website: <http://www.health.gov.lk> for further information.

Original & one copy of EOI shall be delivered to the above address on or before **10.00 hrs on 01st June 2016**. The late submission will be rejected. The envelop should clearly bear as reference "*EOI for the Consultancy Service of Independent Verification Survey*"

Project Director

Second Health Sector Development Project (SHSDP)
03rd Floor of the J R Jayawardene Centre
No. 191, Dharmapala Mawatha
Colombo 07
Sri Lanka.

Date: 18th May 2016

Terms of Reference

**Second Health Sector Development Project
(SHSDP)**

Credit No.5228 LK

Terms of Reference (TOR)

for

Consultancy Service

for

**Independent Verification Survey on the 2015 subset of results of
the Government of Sri Lanka**

May 2016

**Second Health Sector Development Project (SHSDP) – Component II,
03rd Floor of the J R Jayawardene Centre, No. 191, Dharmapala Mawatha,
Colombo 07, Sri Lanka.
Tele/Fax 0112 680 490**

LIST OF ABBREVIATIONS

| | |
|--------|---|
| DG | Director General |
| DDG | Deputy Director General |
| DLI | Disbursement Linked Indicators |
| EOI | Expressions of Interest |
| GOSL | Government of Sri Lanka |
| IDA | International Development Association |
| JICA | Japan International Cooperation Agency |
| MHNIM | Ministry of Health, Nutrition, Indigenous Medicine |
| MLG&PC | Ministry of Local Government and Provincial Council |
| NCB | National Competitive Bidding |
| NCD | Non Communicable Diseases |
| PD | Project Director |
| PMU | Project Management Unit |
| QMU | Quality Management Units |
| SHSDP | Second Health Sector Development Project |
| TOR | Term of Reference |
| WB | World Bank |

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Background

The World Bank is providing a concessionary loan for US \$ 200 million to the Government of Sri Lanka. The project period is from 12th September 2013 to 30th September 2018.

The Project Development Objective is to upgrade the standards of performance of the public health system and enable it to better respond to the challenges of malnutrition and non-communicable diseases.

The project has two components.

- The component one of the project (US\$ 190 million) will support implementation of priority areas under the National Health Development Plan under the thematic areas of (i) addressing malnutrition, (ii) improving prevention and control of NCDs, (iii) health systems improvement. The funds will be disbursed based on results achieved over the given period (a calendar year).
- The component two of the project (US \$ 10 million) is for innovation, results monitoring and capacity building in the health sector. The funds will be released on a regularly updated proposed plan of activities

The project is supporting the implementation of priority areas in the National Health Development Plan 2013 to 2017 of the Government of Sri Lanka. The 20 results monitored under the project are in Annex 1.

The 9 of the results indicators are defined as Disbursement Linked Indicators (DLIs) and are identified as DLI 1 to 9 (indicator Numbers 3,4,5,6,7,10, 17,18,20 in the list of results indicators in Annex 1). The Government of Sri Lanka reports results of the years 2013 to 2017 annually by March 31 of each year from 2014 to 2018.

The results provided from the verification survey is used as the basis for the discussion around the achievement of results to finalize payments for each year.

Concise Statement of objectives of the assignment

The SHSDP intends to recruit a firm to carry out a verification survey in 2016 to review and report on the achievement status of the 'Disbursement Linked Indicators' identified in Annex 1 against the targets (Annex 2) for 2015 calendar year.

An outline of tasks to be carried out

The scope of work will include the design and implementation of a verification survey in Sri Lanka to report on the status of the results achieved against the targets for the Disbursement Linked results indicators identified in the SHSDP results framework for the calendar year 2015 (Annex 2 and 3, Refer Project Appraisal Document Page 33).

The tasks will include the following:

- **Sample selection:** Using an appropriate sampling method (random or multi stage random sample of preventive and curative health facilities), draw up a sample of health facilities identified from the sampling frames given for relevant DLI results (for 2015 the DLI results indicator Nos 5, 6, 7, 10 will need to have separate province wise sampling frames) .
- **Survey instrument:** The survey instruments will be the same checklists as the ones used for validating the 2014 results which are based on the functionality criteria given by the MOH (Annex 3).
- **Interviewer training:** The firm shall train the interviewers prior to data collection.
- **Data collection:** The firm shall carry out the data collection and ensure quality control of data collection in field at all times.
- **Data processing:** The firm shall develop data entry and cleaning guidelines, complete the data entry and cleaning process and share the database with the Ministry of Health.
- **Analysis and final report writing:** The firm needs to submit the final report to the Ministry of Health.

Schedule for completion of tasks

- Inception note, including the sampling design, data collection instruments, data analysis and time plan, will be submitted for review by the SHSDP office within 10 days of signing of contract.
- Data collection to be completed within 6 weeks of signing the contract.
- All datasets in Excel format, including data definitions and codes, cleaned and in electronic format to be submitted to SHSDP office with Final report by end of, 2016.

Data services and facilities to be provided

- Access within the provinces including official clearances required will be facilitated by the Ministry of Health in consultation with the Ministries of Finance, Economic Affairs and National Policies, Health and Local Government and Provincial Councils.
- The sampling frames for each of the DLIs will be provided by the SHSDP office in discussion with the relevant ministries.
- Assistance will be provided by the project office to contact relevant organizations.
- Administrative clearance for the survey will be facilitated by the project office.

Outputs by the Consultant (firm)

- Signing of contract (10% of payment)
- On approval of Inception report which includes checklists / questionnaires and methodology (40% of payment)
- Final report (with questionnaires and data sets) by, 2016 (50% of payment)

All the payments will be made on approval of the project review committee.

Composition of review committee to monitor consultants work

The consultants work will be monitored by the SHSDP component ii project review committee

Procedure for review of outputs

The outputs will be reviewed by the SHSDP team of the MOH. Recommendation for payment will be made within 5 working days of submission of documents.

Required qualifications

The selected firm should possess the following qualifications:

- Previous experience in the administration of validation / verification surveys and in carrying out monitoring and evaluation in the social sectors in Sri Lanka. Experience in working in the health sector would be an added advantage.
- Survey should be managed by a team consisting of full time working Project Leader, M &E expert, Senior Statistician, and Field survey research assistants whose CVs should be provided.
- Data collection should be led by graduates or by Pre-Intern Medical officers and the team should be able to conduct the survey during 6 weeks.

Interested consultants shall submit following details

Methodology and work plan in responding to the Terms of Reference

- a. Background of the Consultancy firm;

b. Background of the Key experts;

| No | Name of the expert and time (person-month) inputs for the Assignment | Education qualification | Required experience |
|----|---|-------------------------|--------------------------------------|
| 01 | Team/ Project Leader (TL) | MSc in relevant field | More than 10 years in relevant field |
| 02 | M &E Expert | BSc in relevant field | More than 08 years in relevant field |
| 03 | Senior Statistician | BSc in relevant field | More than 03 years in relevant field |

Deliverables expected from the Consultant.

Mile stones for the submissions by the Consultant

| no | Main Task | Expertise | Deliverable with original | Delivery time |
|----|-------------------------------------|-------------|---------------------------|---------------|
| 1 | <i>Inception Report</i> | All Experts | 2 copies | 01 week |
| 2 | <i>Sample selection</i> | All Experts | 2 copies | |
| 3 | <i>Survey instrument</i> | All Experts | 2 copies | |
| 4 | <i>Interviewer training</i> | All Experts | 2 copies | |
| 5 | <i>Data collection</i> | All Experts | 2 copies | |
| 6 | <i>Data processing and analysis</i> | All Experts | 2 copies | |
| 7 | <i>First draft of the report</i> | All Experts | 2 copies | |
| | <i>Second draft of the report</i> | All Experts | 2 copies | |
| 8 | <i>Final report</i> | All Experts | 3 copies | 08 weeks |

SOME SECTIONS BELOW ARE PART OF THE STANDARD BIDDING DOCUMENTS OF THE WORLD BANK

Applicable Law:

The Contract shall be interpreted in accordance with the laws of Sri Lanka.

Resolution of Disputes

The Client (SHSDP) and the Consultant shall make every effort to resolve amicably by direct informal negotiation any disagreement or dispute between them under or in connection with the Contract. In the case of a dispute between the Client and the Consultant, the dispute shall be settled in accordance with the provisions of the Arbitration Act 11 of 1995 of Sri Lanka and ICLP (Institute for the Development of Commercial Law & Practice) rules.

Payment methodology

The review committee shall go through the submitted progress report and clarifications will be called if necessary. Payments will be made on satisfactory completion of each phase as recommended by the project review committee of SHSDP component

Correction of Defects

All defects of the deliverables should be corrected by the Consultant without any cost to the SHSDP within **03 days** from the date of notice by SHSDP.

Force Majeure

The Consultant shall not be liable for penalties or termination for default to the extent that it's delay in performance or other failure to perform its obligations under the Contract is the result of an event of Force Majeure.

For purposes of this clause, "Force Majeure" means an events beyond the control of the Consultant and not involving the Consultant fault or negligence and not foreseeable. Such events may include, but not restricted to, act of Client in its sovereign capacity, wars or revolutions, fires, floods, epidemics, quarantine restrictions, and freight embargoes.

If a Force Majeure situation arises, the Consultant shall promptly notify the SHSDP in writing of such condition and the cause thereof. Unless otherwise directed by the SHSDP in writing, the Consultant shall continue to perform its obligations under the Contract as far as is reasonably practical, and shall seek all reasonable alternative means for performance not prevented by Force Majeure event.

Failure to Perform

The Client may terminate the contract if the Consultant fails to deliver the items specified under section F. (Under mile stones of submissions), in accordance with the above terms and conditions, in spite of a 21-day notice given by the Client, without incurring any liability to the Consultant.

Facilities Provided by the Client

The Client will nominate one officer from the SHSDP to coordinate with the Consultant. In addition to that upon the request of the Consultant suitable officials will be assigned to provide necessary guidance.

The SHSDP will also assist the Consultant in liaising with the other institution as necessary and in furnishing key reports and documents the Consultant may need to discharge his functions.

Annex 1: Results monitored under the SHSDP

Project Development Objective Level Results Indicators

1. Percentage of persons (over 40 years) screened for selected NCDs (DM, hypertension, cancer breast and oral) at healthy lifestyle centers;
2. Percentage of pregnant women with anemia after the second trimester;
3. Percentage of centrally managed health facilities with ETUs for that level of facility based on standard guidelines (DLI 1);
4. Percentage of provincially managed health facilities with ETUs for that level of facility based on standard guidelines (DLI 2);
5. Percentage of MOH managed health facilities sending indoor morbidity data through e-IMMR (DLI 3);
6. Percentage of provincially managed health facilities sending indoor morbidity data through e-IMMR (DLI 4).

Intermediate Results Indicators

7. Percentage of MCH clinics with an agreed package of equipment and supplies for the provision of care for pregnant women and children under 5 years (DLI 5);
8. Percentage of Medical Officer of Health areas with at least three health and nutrition community support groups;
9. Percentage of CEMOC facilities providing 24x7 e CEMOC services;
10. Percentage of Medical Officer of Health areas with at least two healthy lifestyle centers (DLI 6);
11. Number of provinces with at least one health facility providing rehabilitation services;
12. Percentage of primary health care institutions having one month's buffer stock for 16 selected NCD drugs;
13. Percentage of training institutes managed by the Ministry of Health meeting national standards;
14. Percentage of laboratories in health facilities participating in external quality assurance program for selected tests conducted by Medical Research Institute;
15. Tuberculosis case detection rate;
16. Percentage of hospitals (base hospitals and above) that have obtained EPL and HWL;
17. Percentage of fully-functioning quality management units (QMUs) in MOH managed base hospitals and above (DLI 7);
18. Percentage of fully-functioning quality management units (QMUs) in provincially managed base hospitals and above (DLI 8);
19. Percentage of National Competitive Bidding (NCB) contracts awarded within the first nine months of the previous calendar year from 2014 onwards.
20. Percentage of the six-monthly cash forecast (for non-salary recurring and capital expenditures) released (DLI 9);

Annex 2: The detailed information on each of the DLIs:

| DLI No (indicator No) | DLI Indicator | Description and Definitions | Focal point | 2015 target |
|------------------------------|---|---|---|--------------------|
| DLI 1 (3) | % of centrally managed health facilities with ETUs for that level of facility based on standard guidelines | There are approximately 50 central MOH managed Hospitals in Sri Lanka situated across the country in all 9 provinces, in 23 of the 26 health districts. | DDG (Medical services 11). | 20% |
| DLI 2 (4) | % of provincially managed health facilities with ETUs for that level of facility based on standard guidelines | There are approximately 450 provincially managed hospitals (each province has approximately 50-70 hospitals) spread across all 26 health districts in all provinces which provide primary, secondary services. | DDG (Medical services 11). | 30% |
| DLI 3 (5) | Percentage of MOH managed health facilities sending indoor morbidity data through e-IMMR (DLI 3) | There are approximately 50 central MOH managed Hospitals in Sri Lanka situated across the country in all 9 provinces, in 23 of the 26 health districts. | Director Health Information, Medical Statistics Unit of the MOH and relevant heads of hospitals. | 50% |
| DLI 4 (6) | Percentage of provincially managed health facilities sending indoor morbidity data through e-IMMR (DLI 4) | There are approximately 450 provincially managed hospitals (each province has approximately 50-70 hospitals) spread across all 26 health districts. They provide primary, secondary services. | 9 Provincial Directors and 26 Regional Directors of Health in consultation with the Director Health Information and Medical Statistics Unit of MOH. | 50% |
| DLI 5 (7) | Percentage of MCH clinics with an agreed package of equipment and supplies for the provision of care for pregnant women and children under 5 years (DLI 5); | The agreed package of equipment and supplies in each MCH clinic includes the availability of Hemoglobin testing facilities, Height, weight measuring standard equipment, supplies of antehelminthics and iron folate tablets. There are approximately 5000 MCH clinics managed in the 325 Medical Officer of Health areas across the country. Each Province has about 20-40 MOH areas and each district has 4- 20 MOH areas. | 9 Provincial Directors, 26 Regional Directors of health under the guidance of the Family Health Bureau | 60% |
| DLI 6 (10) | Percentage of Medical Officer of Health areas with at least two healthy lifestyle centers (DLI 6) | There are 325 MOH offices in the country. Each Province has about 20-40 MOH areas and each district has 4- 20 MOH areas. | 9 Provincial Directors under the guidance of the Directorate of NCDs. and Cancer Control | 50% |

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|------------|--|--|---|---------------------------|
| | | A healthy lifestyle centre is defined as a clinic that provides selected NCD screening services. This includes facilities / network linkage for measuring fasting blood sugar, cholesterol. The centre also should use the risk assessment chart and assess the risks for each of the users, and should provide individual advice to clients on risk modification. | | |
| DLI 7 (17) | Percentage of fully-functioning quality management units (QMUs) in MOH managed base hospitals and above (DLI 7) | There are approximately 40 hospitals which are Base hospitals and above and managed by the Ministry of Health. | Director Health care safety and Quality of the Ministry of Health. | 40% |
| DLI 8 (18) | Percentage of fully-functioning quality management units (QMUs) in provincially managed base hospitals and above (DLI 8) | There are approximately 125 hospitals which are Base hospitals and above and managed by the 9 provinces in the 26 districts. | 9 Provincial Directors in consultation with the Director Healthcare safety and Quality. | 40% |
| DLI 9 (20) | Percentage of the six-monthly cash forecast (for non-salary recurring and capital expenditures) released (DLI 9) | Fund flow to the provinces and the MOH will be analyzed using data provided by the Ministry of Health, Local Government and Provincial Councils and Finance and Planning. | Ministry of Finance and Planning | Equal to or more than 88% |

Annex 3: DLIs functionality criteria (defined by the MoH and shared with the Bank by letter in March 2014)

Table 1: The definitions and criteria for each of the DLIs

| | DLI Indicator | Definition used for validation of each indicator |
|-------|---|---|
| DLI 1 | Percentage of centrally managed health facilities with ETUs for that level of facility based on standard guidelines (<i>PDO indicator</i> , DLI 1); | <p>Overall Criteria for ETU functionality assessment:</p> <ol style="list-style-type: none"> 1. Availability of 5 emergency drugs at each level: <ol style="list-style-type: none"> a. Anti arrhythmatics <ul style="list-style-type: none"> o Lignocaine – at all levels o Adrenaline – at all levels b. Inotrops <ul style="list-style-type: none"> o Dopamine – at base hospitals type A and above c. Drugs for airway management <ul style="list-style-type: none"> o Medazolam - at base hospitals type A and above o Suxamethonium - at base hospitals type A and above 2. Availability of equipment: essential equipment needed for basic functioning at all levels <ol style="list-style-type: none"> a. Nebulizers – at all levels b. Defibrillators – at base hospitals type A and above c. ECG machines – at all levels d. Pulse oxymeters – at all levels e. Intubation equipment – at all levels 3. Capacity building: Training of all staff categories 4. System development: Transport System (Ambulance with following basic facilities) <ol style="list-style-type: none"> a. Oxygen supply b. Suction facilities 5. Quality <ol style="list-style-type: none"> a. Service quality – Conduction of quarterly review meetings b. Technical quality – Introduction of a manual with protocols and guide lines |
| DLI 2 | Percentage of provincially managed health facilities with ETUs for that level of facility based on standard guidelines (<i>PDO indicator</i> , DLI 2); | |
| DLI 3 | Percentage of MOH managed health facilities sending indoor morbidity data through e-IMMR (<i>PDO indicator</i> , DLI 3); | <p>Overall Criteria for eIMMR functionality assessment:</p> <ol style="list-style-type: none"> 1. Availability of facilities: <p style="margin-left: 40px;">At least a single computer and an internet access to each record room</p> 2. Activities: <p style="margin-left: 40px;">Should have continuous data entry to the eIMMR system from the date of commencement</p> 3. Supervision and Monitoring: <p style="margin-left: 40px;">The return has to be certified by the hospital administrator</p> <p style="margin-left: 40px;">In provincial institutions the returns has to be certified by RDHS</p> <p style="margin-left: 40px;">Provincial Director has access to IMMR Report of the whole province</p> |
| DLI 4 | Percentage of provincially managed health facilities sending indoor morbidity data through e-IMMR (<i>PDO indicator</i> , DLI 4); | |
| DLI 5 | Percentage of MCH clinics with an agreed package of equipment and supplies for the provision of care for pregnant women and | <p>Overall Criteria for defining a functional MCH clinic:</p> <ol style="list-style-type: none"> 1. Availability of Hb testing facility at the MCH clinic <ol style="list-style-type: none"> a. Testing of Hb though existing hospital labs or b. Availability of portable Hb testing facility at MCH clinic (2-3 machines per MOH) 2. Availability of Blood sugar testing facility at the MCH clinic <ol style="list-style-type: none"> a. Testing of Blood Sugar though existing hospital labs or |

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| | children under 5 years (DLI 5). | <p>b. Giving portable Blood Sugar testing facilities to MOH (Glucometer)</p> <p>3. Adult weighing scale a. With Height measuring rod separately</p> <p>4. BP monitoring a. Mercurial or b. Android type</p> <p>5. Fundal measuring tape</p> <p>6. Stethoscope</p> <p>7. Pinnard - foetal stethoscope</p> <p>8. Growth monitoring equipment a. Infant beam balance b. Spring balance with trouser c. Length measuring mat d. Height measuring tape</p> <p>9. Micronutrients a. Iron and Folic acid b. Vitamin A</p> <p>10. Anti-helminthic tablets</p> |
| DLI 6 | Percentage of Medical Officer of Health areas with at least two healthy lifestyle center (DLI 6). | <p><i>Criteria for defining a functional Healthy lifestyle centre:</i></p> <ol style="list-style-type: none"> 1. Physical facilities—: <ul style="list-style-type: none"> ○ Water supply, toilet facilities and space for 25 persons should be available ○ Name board with adequate description 2. Waiting area: With 25 chairs and NCD related posters 3. Registration area: Table with two chairs, cupboard and a filing cabinet 4. Examination area <ul style="list-style-type: none"> ○ Table and two chairs ○ Examination Bed ○ BP apparatus ○ WHO/ISH Risk prediction charts ○ Management protocol ○ Circulars and guidelines (HLC and essential drug list) 5. Records, Registers and other documents: Participant register, Follow up register, Personal health records, Monthly summary return, invitation cards, Flip charts/BMI charts 6. Equipment and Charts: <ul style="list-style-type: none"> ○ Weighing scale, ○ Stedimeter ○ Glucometer with buffer stock for one month with strips 7. Linkage to laboratory facilities should be available to test lipid profile for high risk people 8. Staff: MO/RMO /AMO to conduct the clinic with at least 2 trained persons 9. Training: MO/RMO/ should have received training from the MOH on management protocol and on NCD and Supporting staff on conducting the clinic during last year 10. Drugs: Availability of 16 identified drugs for NCD management in Primary Health Care (PHC) institution 11. Conduction of Clinics: Once per week 12. Supervision and monitoring: <ul style="list-style-type: none"> ○ monthly return should have been sent to the MO/NCD/ Regional Director Health Services in the last 3 months ○ Inspection record book should be available and supervised by the supervising officer at least once for the last six months 13. Performance: <ul style="list-style-type: none"> ○ Percentage (%) performance for past quarter should be available (at least 240 persons should have been seen at the clinic in last 3 months) (estimated under /HLC/3/12-240) |
| DLI 7 | Percentage of fully-functioningquality management units (QMUs) in MOH managed base hospitals and above(DLI 7); | <p><i>Overall Criteria for QMU functionality assessment:</i></p> <ol style="list-style-type: none"> 1. Establishment of a focal point: Availability of Quality Management Unit for the hospital <ul style="list-style-type: none"> ○ Focal point for healthcare quality and safety program in place 2. Performance review meetings: Performance review meetings convened <ul style="list-style-type: none"> ○ One performance review meeting conducted during past three months |

| | | |
|-------|---|--|
| DLI 8 | Percentage of fully-functioning quality management units (QMUs) in provincially managed base hospitals and above (DLI 8); | <p>3. Development of Work Improvement Teams: Availability of unit wise functioning Work Improvement Teams</p> <ul style="list-style-type: none"> ○ 20% of the functioning WITs established in a hospital <p>4. Assessment of customer satisfaction: Customer satisfaction surveys conducted</p> <ul style="list-style-type: none"> ○ At least one customer satisfaction survey conducted per year <p>5. Capacity building: Staff training on quality and safety healthcare</p> <p>At least one in-service training program in quality and safety healthcare conducted for WIT leaders</p> |
| DLI 9 | Percentage of the six-monthly cash forecast (for non-salary recurring and capital expenditures) released (DLI 9). | Not required. |