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சுவசிரிபாய  
SUWASIRIPAYA

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எனது இல ) DDG(NCD)/V/23/2021  
My No. )  
ඔබේ අංකය )  
உமது இல )  
Your No. : )  
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திகதி )  
Date ) 22 /06 /2022

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சுகாதார அமைச்சு  
Ministry of Health

Invitation for proposals

*Development of a Peer Coaching and Clinical Monitoring Tools and training of Trainers Project*

Deputy Director General (Non-communicable Diseases) Ministry of Health, 385, Ven. Baddegama Wimalawansa Thero Mawatha, Colombo 10, invites proposals from eligible and qualified consultants for Development of a Peer Coaching and Clinical Monitoring Tools and training of Trainers Project.

2. Procurement will be conducted through the National Competitive Bidding.
3. Eligible and qualified consultants are invited to submit duly completed covering letters along with Technical Proposals (Curriculum Vitae of the consultant and the Brief proposal of the intended work) and Financial proposals in a separate sealed cover within the main sealed cover on or before 10.00 AM on 20/07/2022 to reach the below address by hand /registered post or Email [ncdbureausl@gmail.com](mailto:ncdbureausl@gmail.com)
4. "Development of a Peer Coaching and Clinical Monitoring Tools and training of Trainers Project" shall be indicated on the top left-hand corner of the envelope/ Subject
5. A Pre-proposal meeting will be held on 06/07/2022 at 10.00 AM at Deputy Director General (Non-communicable Diseases) office, Ministry of Health, 385, Ven. Baddegama Wimalawansa Thero Mawatha, Colombo 10 and all the interested consultants are expected to attend this meeting.
6. Invitation for individual Consultant and Terms of Reference (TOR) for the above consultancy are attached herewith and they can be downloaded from [www.health.gov.lk](http://www.health.gov.lk)

Dr.S.C. Wickramasinghe  
Deputy Director General (Non-communicable Diseases),  
Ministry of Health,  
385, Ven. Baddegama Wimalawansa Thero Mawatha,  
Colombo 10  
[ncdbureausl@gmail.com](mailto:ncdbureausl@gmail.com)  
0112686393

**Dr. S. C. Wickramasinghe**  
Deputy Director General (NCD)  
Ministry of Health, Nutrition & Indigenous Medicine



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

**Ministry of Health**

**Development of a Peer Coaching and Clinical Monitoring Tools  
and training of Trainers Project**

**CONTRACT No: DDG/NCD/N/23/2021**

**Invitation for individual Consultant**

22 June 2022

**Office of Deputy Director General (Non- Communicable Diseases)  
Ministry of Health**

## **Invitation for individual Consultant for development of a Coaching and Clinical Mentoring Tools and Training of Trainers – Ministry of Health, Colombo**

### **1. Background**

Despite of Sri Lanka having an excellent public healthcare delivery mechanism, with over 1000 primary healthcare institutions at the district level and below, the quality of care provided to the patients and the public through these institutions need to be upgraded. The healthcare staff though academically and technically competent, lack capacity in providing holistic health care through a patient centered approach. Patient centered healthcare delivery is vital especially in the management of NCDs, which are chronic lifelong diseases, with numerous risk factors and complications, which need to be controlled and managed optimally. This requires individual level attention and management of these patients. Thus, patient centered NCD care is a vital factor in improving the efficiency of the free healthcare delivery programme and effectiveness of the treatment.

In this regard, the Office of the Deputy Director General (Non Communicable Diseases) of the Ministry of Health, Sri Lanka, has embarked on a project to uplift the service provision for NCD patients through the development and introduction of a peer coaching and mentoring programme for continuous capacity development of the primary level healthcare staff, through the engagement with relevant technical experts in the field. Through this exercise, it is expected that the primary level healthcare staff will gain an insight, as well as the technical capacity, leadership skills and soft skills required to manage NCDs through a patient centered approach and will ensure a continuous learning process for their capacity development.

Sri Lanka has an approximate population of 21 million, of which it is estimated that about 20% are suffering from non-communicable diseases (NCDs). This is a relatively high burden of disease, and majority of these patients seek treatment from the public sector primary level healthcare institutions. Sri Lanka has a free healthcare delivery system and all public health institutions are provided with technically qualified staff.

However, a major deficit is the lack of a proper continuous mentoring and guidance mechanism for these staff. Along with a lack of monitoring mechanism to assess the service quality at these institutions, numerous gaps have been identified at different surveys, in relation to the provision of healthcare services to the public at these institutions. The Ministry of Health is frequently challenged with numerous reports of poor service quality and patient care at the points of service delivery. Therefore, it was an essential requirement that a mechanism is introduced to uplift the knowledge, skills, technical capacity, and quality of care of patients at these health institutions.

Under the World Health Organization (WHO) Package of essential noncommunicable diseases (PEN), strengthening the equity and efficiency of primary health care in low-resource settings is essential for the integrated management of NCDs. Implementation of the WHO PEN is key to achieving objective 4 of the WHO Global action plan for the prevention and control of noncommunicable diseases. In the 4<sup>th</sup> objective, it seeks to “strengthen and orient health systems to address the prevention and control of NCDs and the underlying social determinants through people-centered primary health care and universal health coverage”. Clinical mentorship is a system of practical training and consultation that

fosters ongoing professional development to yield sustainable high-quality clinical care outcomes, as pointed out by the World Health Organization.

The office of Deputy Director General (NCD) has received funding from RESOLVE to Save Lives for a project on ‘multi-intervention strategy to improve Hypertension management within the integrated primary health care service delivery model at the Ministry of Health’. With the project, work has been initiated to provide long term upliftment of patient centered NCD care delivery at the points of health care delivery, through the development and implementation of the mentoring-based capacity development package. This package is expected to facilitate the overall development of the primary level healthcare delivery mechanism, along with the upliftment of physical resources, to ensure a high-quality patient care, with ultimate satisfaction for the healthcare staff as well as the patients.

## **2. Objectives**

The General Objective of this consultancy is;

To develop a comprehensive peer coaching and a mentoring guideline and a capacity building package for provision of patient centered care for non-communicable disease management at the primary level healthcare institutions.

Within this, the following specific objectives are required to be fulfilled.

1. To develop a peer coaching guidelines with monitoring tools for capacity building of health care teams in primary care institutions.
2. To develop a comprehensive guideline on clinical mentoring including improvement of soft skills needed for care coordination for provisions of long term continuous care of NCD patients

3. To develop a training guide to carry out training of trainers on peer coaching and mentoring.
4. To pilot the guidelines in the primary care institutions of Kalutara district.

### **3. Description of Services**

Consultant shall carry out all the activities necessary to achieve the objectives stated above in – line of services, including but not necessarily limited to the following:

- i. Collect base line information which are necessary to develop peer coaching and a mentoring guideline and a capacity building package for provision of patient centered care for non-communicable disease management at the primary level healthcare institutions
- ii. Perform a gap analysis to identify the current shortcomings in the service provision
- iii. Identify correctable gaps in the current system and propose appropriate correctable practices, which could be implemented through a peer coaching and mentoring approach
- iv. Prepare a draft report on gap analysis, present it to a group of stakeholders including the Deputy Director General (NCD) and Director (NCD) and prepare the final report on gap analysis
- v. Develop a draft peer coaching and mentoring guideline and a training programme for trainers based on the guideline for improving the patient centered service delivery and quality of care at the primary level healthcare institutions.

- vi. Carry out one capacity building programme by the consultant to ensure all necessary aspects are covered by the guideline. The training programmes will be funded by the office of Deputy Director General (NCD).
- vii. Describe the creation of a national level and district level mentoring teams, comprising of members of different employment categories of technical importance (to identify and include medical officers, senior nurses, senior pharmacists, supervising public health inspectors, supervising public health midwives and other categories specified by the relevant authorities).
- viii. Develop the selection criteria to be included to select the members of the mentoring teams, which should take into due consideration, the technical knowledge and capacity, as well as the soft skills competency of such team members. This module should include the training guides and content for training of mentors, for future use in the expansion of the project island wide.
- ix. Develop a mentoring and peer coaching guideline with a time line to complete coaching of peers once an officer follows a training programme.
- x. Advocate the senior policy makers and administrative staff in the region including the provincial directors of health, regional directors of health, the district level technical supervising officers. The final report is expected to include a component on the advocacy package to be used in the future for national scale up of the work.
- xi. Based on the draft capacity building package, prepare a monitoring framework including outcomes, outputs and indicators to assess the quality in service improvement from the aspects of both the healthcare worker and the patients.
- xii. The indicators developed should be specific, objective, time bound and related to the important points which needs close supervision and be accompanied by

a sound indicator manual which explains the context and application of the indicators in measuring progress.

- xiii. The consultant is expected to create a district mentoring team, in a selected district (Kalutara), train the selected team and conduct mentoring sessions at the primary level healthcare institutions of the district.
- xiv. Extensively discuss with the staff of the selected primary care institutions (e.g. doctors, nurses, pharmacists, healthcare assistants) on the capacity building and mentoring programme and clarify and convince them that this is not a fault finding exercise but a capacity building mentoring programme, which will include long term meetings and discussions towards problem solving in patient centered delivery of NCD care.
- xv. The final capacity building package should include the relevant awareness package directed towards the mentee institutions.
- xvi. After the initiation and conduct of the first few pilot mentor-mentee capacity building sessions and piloting of the monitoring framework, the consultant should identify the modifications that should be made in the draft package and prepare a report on the proposed amendments and the related amendments. This report should also be delivered.
- xvii. At the completion of the pilot study, the consultant should develop the final comprehensive package inclusive of all the sub activities related packages.
- xviii. The Consultant should provide a separate comprehensive guideline on the implementation of mentoring and peer coaching by the district level, and the relevant long-term sustainability plan for the programme. It should also include the relevant mentor training plans and a guide to the capacity building tools and team building activities which could be useful for the national level scale

up of the package by the office of Deputy Director General (NCD) and NCD unit of Ministry of Health.

- xix. A report on the finalized comprehensive monitoring framework and the way it has to be implemented, along with a period evaluation framework for time bound modifications should be submitted considering that this exercise is a long-term project with an expected long term impact.

#### **4.Reporting and other Deliverables**

The Consultant shall provide all the Procurement Documents and related reports required under the provision of the tasks described above. The Consultant shall work independently, but at all occasions he/she must get advice from the Deputy Director General (NCD) and Director (NCD) of Ministry of Health.

Reports shall be presented at the conclusion of any particular special task or to present any significant finding or proposal throughout the period of the services. Reports shall also be presented in respect of all short-term interventions. The short-term intervention reports should include the initial intervention work plan and the objectives, the methodology followed, the results against the work plan and objectives, the resource inputs, the staff engaged from the implementing institutions, the recommendations and the lessons learnt.

The consultant does not reserve the rights for publication of any of the reports developed

**The following is the proposed timeline**

<b>Description</b>	<b>Timelines</b>
Completion of the current service delivery gap analysis and deliver the final report	By 15 days
Complete development and delivery of the draft mentoring and peer coaching guidelines (including obtaining the comments)	By 40 days
Complete the development of the capacity building programme and the draft guideline for selection and training of mentors and peer coaches (including obtaining the comments)	By 70 days
Complete the development and delivery of the draft monitoring and evaluation framework for sustainability of the programme (including obtaining the comments)	By 70 days
Complete the conduct of a pilot programme including selection and training of mentors in a selected area and thereafter, conducting a mentoring programme in the selected primary healthcare institutions, and implementing the draft monitoring framework.	By 100 days
Delivery of the first draft of the final reports and obtain comments	By 105 days
Delivery of second draft with corrections/amendments and obtain comments	By 110 days
Completion and delivery of the final reports	By 120 days

### **5. Extent of the Services**

Start date : To commence work within two weeks of awarding.

The duration of consultancy is **120 days (including weekends and public holidays)** from the date of commencing the consultancy.

From.....of .....2022 to .....of .....2022.

## **6. Specific Qualifications and Requirements of the consultant**

- I. A post Graduate degree in Management, Public Health, Sociology or relevant field of study, experience in providing consultation services at national or international level, for capacity building projects
- II. Past experience in working with the health sector (government or private) will be an added qualification in the field of healthcare service delivery
- III. At least 5 years of experience in provision of capacity building programmes especially in relation to the development of soft skills and communication
- IV. Excellent communication skills in English and Sinhala.
- V. Ability to work independently, whilst engaging with relevant governmental and non-governmental stakeholders

## **7. Budget and Funds Disbursement**

Payments will be disbursed according to the following manner.

- I. Initial 20% of the payments will be disbursed on submission of the final gap analysis report.
- II. The next 20% of the payments will be disbursed on submission of the draft guidelines.
- III. The next 20% of the payments will be disbursed after submission of production capacity building programme and monitoring framework report.
- IV. The next 20% of the payments will be disbursed on completion of the capacity building programmes.
- V. The final 20% of the payments will be done on the completion and submission of all deliverables.

## **8. Facilities provided by the office of Deputy Director General (NCD) and Director (NCD), Ministry of Health Colombo**

The office of Deputy Director General (NCD) and Director (NCD) will provide the following to the consultant.

- i. Documents related to NCD service delivery
- ii. Assistance to capacity building programmes by way of arranging venue, meals and participants.
- iii. Arrange the contacts with World Health Organization Sri Lanka Office and Regional office and the team of Resolve to Save Lives where specialist assistance and guidance may be obtained to the local consultant.

The office of the Deputy Director General (NCD) and the Director (NCD) will **NOT** provide the following to the consultant in relation to the activities of this project.

- i. Transport facilities and any other separate allocations related for transport
- ii. Office space and funding for renting out office space
- iii. Computers for the consultant to carry out the project activities.

## **9. Evaluation criteria**

The applications will be evaluated in following two components

1. Component 1- Technical Proposal (Curriculum Vitae of the consultant and the Brief proposal of the intended work)
  - Detailed Curriculum Vitae of the consultant – Total of 40 marks
  - Brief proposal on the intended work – Total of 60 marks

Above two items carry a total of 100 marks. Candidates who obtain equal or more than 50 marks will only be eligible for further evaluation.

2. Component 2
  - Financial Proposal – Total of 100 marks

For the final evaluation, marks of both components will be added together and given a weight as follows;

1. Technical Proposal (Curriculum Vitae of the consultant and the Brief proposal of the intended work) will carry 70% of weight
2. Financial Proposal will carry 30% of weight.

## **10. Application process**

Eligible candidates are required to send the following documents in Duplicate in a sealed cover, to office of Deputy Director General (NCD), Ministry of Health, No. 385, Rev.

Baddegama Wimalawansa Thero Mawatha, Colombo 10 **on or before 20/07/2022 at 10.00 am.**

Covering letter

1. Detailed Curriculum Vitae of the consultant
2. Brief proposal of the intended work
3. Financial Proposal - **in a separate sealed cover within the main cover.**

Please note that the financial proposals will be opened only if the minimum marks are obtained for the curriculum vitae and brief proposal as described in Section 9.

Bid security, bid bond or performance bonds are not necessary.

### **11. Preproposal meeting**

A preproposal meeting will be organized at the Office of the Deputy Director General (NCD), Ministry of Health, No. 385, Rev. Baddegama Wimalawansa Thero Mawatha, Colombo 10 on **06/07/2022 at 10.00 am**. All the interested consultants are expected to attend this meeting.

### **12. Opening of the proposal**

The technical proposals will be opened immediately after the closure of applications on **20/07/2022 at 10.15 am**.

Financial Proposals of the consultants who qualify will be opened in the presence of the eligible consultants. The date and time of the opening of Financial Proposals will be informed to the eligible consultants via email stated in their curriculum vitae.

### **13. Bid evaluation process**

Technical Proposal (Detailed Curriculum Vitae of the consultant and the Brief proposal of the intended work) will be scored according to the criteria given in section 9.

The consultants who obtain equal or more than 50% marks for the Technical Proposal (Curriculum Vitae of the consultant and the Brief proposal of the intended work) will only be evaluated further.

Financial Proposals will carry 100 marks.

In order to calculate a final score, the score given to the Technical Proposal (Curriculum Vitae of the consultant and the Brief proposal of the intended work) will be given a weight of 70% and the Financial Proposal will be given a weight of 30%.

The final combined score will be out of 100.

The candidate who scores the maximum marks for the final combined score will be selected as the consultant for the proposed work.

***Development of a Peer Coaching and Clinical Monitoring Tools and training of Trainers Project***

**Terms of Reference (ToR) for an External Consultant**

**A. Purpose of Technical Assistance**

The purpose of this consultancy is to develop a comprehensive peer coaching and mentoring guideline which will improve the capacity of supervising officers and trainers.

Despite Sri Lanka having an excellent public healthcare delivery mechanism, with over 1000 primary healthcare institutions at the district level and below, the quality of care provided to the patients and the public through these institutions need to be upgraded. The healthcare staff though academically and technically competent, lack capacity in providing holistic health care through a patient centered approach. Patient centered healthcare delivery is vital especially in the management of NCDs, which are chronic lifelong diseases, with numerous risk factors and complications, which need to be controlled and managed optimally. This requires individual level attention and management of these patients. Thus, patient centered NCD care is a vital factor in improving the efficiency of the free healthcare delivery programme and effectiveness of the treatment.

In this regard, the Bureau of Non Communicable Diseases of the Ministry of Health, Sri Lanka, has embarked on a project to uplift the service provision for NCD patients through the development and introduction of a peer coaching and mentoring programme for continuous capacity development of the primary level healthcare staff, through the engagement with relevant technical experts in the field. Through this exercise, it is expected that the primary level healthcare staff will gain an insight, as well as the technical capacity, leadership skills and soft skills required to manage NCDs through a patient centered approach, and will ensure a continuous learning process for their capacity development.

**B. Background**

Sri Lanka is an island nation with an approximate population of 21 million, of which it is estimated that about 20% are suffering from non-communicable diseases (NCDs). This is a relatively high burden of disease, and majority of these patients seek treatment from the public sector primary level healthcare institutions. Sri Lanka has a free healthcare delivery system and all public health institutions are provided with technically qualified staff.

However, a major deficit is the lack of a proper continuous mentoring and guidance mechanism for these staff. Along with a lack of monitoring mechanism to assess the service quality at these institutions, numerous gaps have been identified at different surveys, in relation to the provision of healthcare services to the public at these institutions. The Ministry of Health is frequently challenged with numerous reports of poor service quality and patient care at the points of service delivery. Therefore, it was an essential requirement that a mechanism is introduced to uplift the knowledge, skills, technical capacity and quality of care of patients at these health institutions.

Under the World Health Organization (WHO) Package of essential noncommunicable diseases (PEN), strengthening the equity and efficiency of primary health care in low-resource settings is essential for the integrated management of NCDs. Implementation of the WHO PEN is key to achieving objective 4 of the WHO Global action plan for the prevention and control of noncommunicable diseases. In the 4<sup>th</sup> objective, it seeks to “strengthen and orient health systems to address the prevention and control of NCDs and

	<p>the underlying social determinants through people-centered primary health care and universal health coverage”. Clinical mentorship is a system of practical training and consultation that fosters ongoing professional development to yield sustainable high-quality clinical care outcomes, as pointed out by the World Health Organization.</p> <p>The Bureau of NCD has received funding from RESOLVE project for a multi-intervention strategy to improve Hypertension management within the integrated primary health care service delivery model at the Ministry of Health. The bureau has initiated a programme to provide long term upliftment of patient centered NCD care delivery at the points of health care delivery, through the development and implementation of the mentoring-based capacity development package using project funding. This package is expected to facilitate the overall development of the primary level healthcare delivery mechanism, along with the physical resources’ upliftment projects, to ensure a high-quality patient care is provided, with ultimate satisfaction for the healthcare staff as well as the patients.</p>
<b>C. Objectives</b>	
	<p>To develop a comprehensive peer coaching and a mentoring guideline and a capacity building package for provision of patient centered care for non-communicable disease management at the primary level healthcare institutions.</p> <p>Within this, the following specific objective are required to be fulfilled.</p> <ol style="list-style-type: none"> <li>5. To develop a peer coaching guidelines with monitoring toolsfor capacity building of health care teams in primary care institutions.</li> <li>6. To develop a comprehensive guideline on <b>clinical</b> mentoring including improvement of soft skills needed for care coordination for provisions of long term continuous care of NCD patients</li> <li>7. To develop a training guide to carry out training of trainers on peer coaching and mentoring.</li> <li>8. To pilot the guidelines in the primary care institutions of Kalutara district.</li> </ol>
<b>D. Scope of Work to be Performed</b>	
	<p>The Base line survey on knowledge of health staff and facilities in these institutions will be carried out by the project staff. That information will be provided to the selected consultant. If additional base line information is needed they will have to be collected by the consultant. No additional allocation will be made for collection of base line data.</p> <p>Following this process, a gap analysis is expected to be performed to identify the current shortcoming in the service provision. Thereafter, he/she is expected to identify correctable gaps in the current system and propose appropriate correctable practices, which could be implemented through a peer coaching and mentoring approach. At the end of this phase, a gap analysis report is expected to be delivered.</p> <p>Following this, the consultant is expected to develop a draft peer coaching and mentoring guideline and a training programme for trainers based on the guideline for improving the patient centered service delivery and quality of care at the primary level healthcare institutions. One capacity building programme must be carried out by the consultant to ensure all necessary aspect are covered by the guideline. The training programmes will be organized and funded by the NCD Bureau.</p> <p>He/She is expected to describe about the creation of a national level and district level mentoring teams, comprising of members of different employment categories of technical importance (to identify and include medical officers, senior nurses, senior pharmacists, supervising public health inspectors, supervising public health midwives and other</p>

categories specified by the relevant authorities). The selection criteria for being included in such mentoring teams should also be developed, which should take into due consideration, the technical knowledge and capacity, as well as the soft skills competency of such team members. This module should include the training guides and content for training of mentors, for future use in the expansion of the project island wide.

In addition, a peer coaching guideline must be developed with a time line to complete coaching peers once an officer follows a training programme.

The consultant is expected to advocate the senior policy makers and administrative staff in the region including the provincial directors of health, regional directors of health, the district level technical supervising officers. Required facilitation for this process can be provided by the Bureau for NCD. In this regard, the final report is expected to include a component on the advocacy package to be used in the future as well.

Based on the draft capacity building package, the consultant is expected to prepare a monitoring framework including outcomes, outputs and indicators to assess the quality in service improvement from the healthcare worker aspect, as well as from the patient aspect. The indicators developed should be specific, objective, time bound and related to the important points which needs close supervision and be accompanied by a sound indicator manual which explains the context and application of the indicators in measuring progress.

The consultant is thereafter expected to create a district mentoring team, in a selected district, train the selected team and thereafter, conduct mentoring sessions at the primary level healthcare institutions. It is essential that the capacity building and mentoring programme is extensively discussed with the staff of the selected primary care health institutions (eg. doctors, nurses, pharmacists, minor staff etc.) as well, where they are clearly educated on the basis for the mentoring programme, ensuring that it is a not a fault finding exercise but a capacity building mentoring programme, which will include long term meetings and discussions towards problem solving in patient centered delivery of NCD care. The relevant awareness package directed towards the mentee institutions should also be included in the final capacity building package.

Following the initiation and conduct of the first few pilot mentor-mentee capacity building sessions, which include the piloting of the monitoring framework as well, the consultant should identify the modifications that should be made in the draft package and prepare a report on these and their related amendments. A report to this effect should be delivered as well.

At the completion of the pilot study, the consultant should develop the final comprehensive package inclusive of all the sub activities related packages.

The Consultant is also expected to provide a separate comprehensive guideline on the implementation of mentoring and peer coaching by the district level, and the relevant long-term sustainability plan for the programme. It should also include the relevant mentor training plans and a guide to the capacity building tools and team building activities which could be useful for the national level implementation of the package by the Bureau of NCD, Ministry of Health.

In addition, the finalized comprehensive monitoring framework and how it should be implemented should also be reported, along with a period evaluation framework for time bound modification, since this will be a long-term project with an expected long term impact.

E. Deliverables	
	<ol style="list-style-type: none"> <li>1. Short report identifying practice gaps and barriers in team-based care, clinical mentoring culture, and supportive supervision in NCD services</li> <li>2. A mentoring and coaching guideline for primary care staff.</li> <li>3. Training package and tools for clinical mentoring and supportive supervision</li> <li>4. Conduct the training and implement the tools</li> </ol>
F. Specific Qualifications and Requirements	
	<ol style="list-style-type: none"> <li>VI. Post Graduate degree in Management, Public Health, Sociology or relevant field of study, experience in providing consultation services at national or international level, for capacity building projects</li> <li>VII. Past experience in working with the health sector (government or private) will be an added qualification in the field of healthcare service delivery</li> <li>VIII. At least 5 years of experience in provision of capacity building programmes especially in relation to the development of soft skills and communication</li> <li>IX. Excellent communication skills in English and Sinhala.</li> <li>X. Ability to work independently, whilst engaging with relevant governmental and non-governmental stakeholders</li> </ol>
G. Planned Timeline	
	<p>Start date : To commence work as soon as possible. <b><i>(To be decided)</i></b></p> <p>The duration of consultancy is <b>120 days</b> from the date of commencing the consultancy from.....of .....2021 to .....of .....2022.</p> <p>The following timelines are recommended to enable timely completion of the required activities.</p> <ul style="list-style-type: none"> <li>• The consultant shall work independently. But at all occasion he/she must get advise from DDG/NCD and or D/NCD.</li> <li>• Completion of the current service delivery gap analysis and deliver final report – first 15 days</li> <li>• Complete development and delivery of the draft mentoring and peer coaching guidelines first 40 days .</li> <li>• Capacity building programme and the draft guideline for selection and training of mentors and per coaching obtain comments – next 30 days</li> <li>• Complete the development and delivery of the draft monitoring and evaluation framework for sustainability of the programme and obtain comments – with the capacity building programme</li> <li>• Complete the conduct of a pilot programme including selection and training of mentors in a selected area and thereafter, conducting a mentoring programme in the selected primary healthcare institutions, and implementing the draft monitoring framework and evaluating – next 30 days</li> <li>• Delivery of the first draft of the final reports and obtain comments – next 5 days</li> <li>• Delivery of second draft with corrections/amendments and obtain comments – next 5 days</li> <li>• Completion and delivery of the final reports – 120 day</li> </ul>

<b>H. Budget and Funds Disbursement (To be decided)</b>	
	VI. 20% on submission of the final gap analysis report. VII. 20% on submission of the draft guidelines . VIII.20% on production of capacity building programme and monitoring framework report. IX. 20% on completing the capacity building programmes X. Final 20% on completion of all deliverable documents.
I	Facilitation of the NCD Bureau and Director NCD
	XI. Free access will be provided to situation analysis report and other documents related to provision of NCD care XII. No transport/ separate allocation will be provided. XIII. No office space or funding for renting will not be provided XIV. Assistance to capacity building will be provided by way of arranging venue, meals and participants. XV. WHO may provide a consultant who will guide the local consultant.
<p><b><i>Eligible candidates are required to send Technical Proposal (Curriculum Vitae of the consultant and the Brief proposal of the intended work) and financial proposal to the DDG/NCD by</i></b></p> <p><b><i>E mail (<a href="mailto:ncdbureausl@gmail.com">ncdbureausl@gmail.com</a>) or</i></b></p> <p><b><i>Registered post/by hand to</i></b></p> <p><b><i>Deputy Director General (Non-communicable Diseases) Ministry of Health, 385, Ven. Baddegama Wimalawansa Thero Mawatha, Colombo 10</i></b></p>	