



EXPRESSION OF INTEREST (EOI)



GOVERNMENT OF THE DEMOCRATIC SOCIALIST REPUBLIC OF SRI LANKA

Ministry of Health, Nutrition and Indigenous Medicine

Primary Health Care Systems Strengthening Project (PSSP)

Funded by the World Bank (Loan No: IBRD 8878)

Contract No.: PSSP/PROC/CON/2018-13

Consultancy Service for

**Technical support to the Department of Project Management and Monitoring (DPMM)
for the Disbursement Linked Indicator (DLI) Data Validation and Reporting of the Sri
Lanka Primary Health Care Strengthening Project**

Primary Health Care Systems Strengthening Project (PSSP) is a World Bank Supported project under the Ministry of Health Nutrition and Indigenous Medicine (MOHIM) and Ministry of Provincial Councils and Local Government which is being implemented with the objective of improving the delivery of Primary Health Care (PHC) Services, to address the changing health needs of the population of Sri Lanka. The project result will contribute to the achievement of SDG 3 “ensure healthy lives and promote wellbeing for all at all ages” and the World Bank institutional priorities of achieving universal health coverage.

The Project is implemented over a period of 5 years and it comprised of three components. **Component 1-** PHC Reorganization Strategy Implementation, **Component 2-** Project Implementation Support and Innovation Grants and **Component 3-** Contingent Emergency Response.

The objective of the consultancy assignment is to The MOHIM, supported by the PMU, intends to contract an organization¹ to provide technical and logistical assistance to the DPMM to (a) plan for the DLI verification process, (b) design and undertake the DLI verification Protocols for those indicators. (c) data quality audits as per the verification protocols and (d) to produce timely and quality verification reports that will be sufficient / comprehensive enough to make decisions on disbursement.

The **Project Director of the PSSP** at the 03rd. floor of the J R Jayawardene Centre, No. 191, Dharmapala Mawatha, Colombo 07 *now invites eligible organizations to indicate their interest in providing the above Consultancy Service.*

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

- 1.1 Name and address of the consultancy firm or institute and profile of the Consultants,
- 1.2 Details of previous experience in similar assignment in Government or private sector and similar geographic locations especially in health sector.

¹ The organization should be a firm, research center, institute, university or similar.

1.3 Specific experience in respect of Monitoring performance Indicators and Data quality for each assignment as given below;

- a) Name and address of the client organization
 - b) Name of the Project
 - c) Duration of the Project
 - d) Value of the Project
 - e) Descriptions of assignments,
 - f) Value of the Project monitoring assignment handled by the consultant
 - g) Certified copy of the project completion report issued by the client.
- b. Full curriculum vitae including academic and professional qualifications and relevant experience of staff designated to the Assignment,
 - 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 above assignment.
 - e. 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 to enhance their qualifications. However, the Consultant shall not subcontract any part of the Assignment.

The purpose of this EOI is to enable the PSSP 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, and
 - 3) Size of the firm ,
- b. General and specific experience of the firm(s),
- c. Summary of similar Assignment undertaken by the firm(s) in Health Sector,
- d. Availability of appropriate knowledge of the firm and skills amongst staff,
- e. Demonstrated capacity and financial capability to handle this Assignment (Please attach last three years audited financial reports), and
- f. 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 Quality and Cost Based Selection (QCBS). This assessment will be done at least on annual basis, starting in 2019

Interested applicants may obtain further information from **Project Director, of the PSSP at the 03rd Floor of the J R Jayawardene Centre, No. 191, Dharmapala Mawatha,**

Colombo 07, Telephone/Fax 0112 680 490., email: psspp@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://health.gov.lk> for further information.

Original & one copy of EOI shall be delivered to the above address on or before **10.00 am 30th January 2019**. The late submission will be rejected. The envelop should clearly bear as reference **“DLI Data Validation and Reporting”** for Primary Health Care Systems Strengthening Project” *EOI will be open publicly immediately after the closure.*

Project

Director

Primary Healthcare System Strengthening Project
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No. 191, Dharmapala
Mawatha Colombo 07
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T.p.

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Date: 07th January
2019

**Terms of Reference for
Technical support to the Department of Project Management and Monitoring
(DPMM) for the Disbursement Linked Indicator (DLI) Data Validation and
Reporting of the Sri Lanka Primary Health Care Strengthening Project (PSSP)**

1. Background

The Government of Sri Lanka – notably the MOHNIM 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) in the amount US\$200 million towards a Primary Health Care System Strengthening Project (PSSP). The project period is from September 2018 to December 2023. The Government intends to use some of the proceeds of this Loan to finance the services of the consultancy responding to these terms of reference.

2 The project's 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.

3 The project has three components:

- Component one of the project (US\$185 million) supports the MOHNIM 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 MOHNIM and through the MOHNIM 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.

4 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 MOHNIM, supported by a Project Management Unit, is responsible for reporting on the Project results with data collected from various departments of the MOHNIM and the Provincial Health Departments. To ensure the credibility 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 World Bank, with a copy to the Department of External Resources (ERD) and MOHNIM for making the financial decision on disbursement.

5 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 MOHNIM, supported by the Project Management Unit (PMU), intends to contract an organization¹ to provide technical and logistical assistance to the DPMM to (a) plan for the 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 and quality verification reports that will be sufficient / comprehensive enough to make decisions on disbursement.

3. Detailed description of the tasks

The consultant 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 of the Verification Protocols in a check-list/survey instrument format: The basic verification protocols are included in the Project Appraisal Document (PAD) referenced above. The intent is not to add to the requirements or revise the requirements which have been agreed between the World Bank and the Government of Sri Lanka (GoSL). However, to facilitate the verification process

¹ The organization should be a firm, research center, institute, university or similar.

it is necessary to develop verifications protocols and translate them into a check-list or survey type of instrument. Every variable in the survey instrument should be defined in terms of means of measurement and the sources of data. Those variables should be agreed upon by the DPMM, MOHNIM, and by the Bank. In addition to the DPMM, the process of detailing the verification protocols should be participatory among the MOHNIM, Provincial Departments of Health, NPD, ERD, NBD, TOD and World Bank (workshops or meetings will be required). Field testing of the check-lists/survey instruments will also be required. The detailed verification protocols should ultimately be accepted by the DPMM, MOHNIM and World Bank as being fair and accurate representation of the agreed verification protocol and feasible to measure.

- 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 between the DPMM and World Bank, providing sufficient information while not overly burdensome to produce. The reporting template should be agreed in advance.
- Agreeing on setting up an effective communications system with the MOHNIM and Ministry of Provincial Councils, Local Government and Sports with PMU for timely and effective verification: In principle, the MOHNIM and MPCLG &S are to report through PMU the DLR achievements not less than twice per year, in addition to providing descriptive progress reports required by DPMM, including implementation issues on a quarterly basis. Timely reporting of good quality data by the MOHNIM, MPCLG &S /PMU and timely verification of agreed results by the DPMM will facilitate timely disbursement of funds to the Treasury to support the Project implementation.

Technical assistance to strengthen required capacity of DPMM, can facilitate the results verification process. Capacity of DPMM should be enhanced through suitable training on methods and techniques of results verification, data quality assessment, monitoring and evaluation, etc. The consultant should assess the training needs of DPMM as a verification entity of similar programs in the future, enabling its capacity enhancement through this consultancy assignment

- Other tasks related to verification process 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 Audit²(DQA) for those DLRs which require it for verification. As described in the PAD, there

² 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>

are essentially three types of DLRs (Actions and processes – Policies and standards; Outputs – Health Providers with certain capacities; and Intermediate Outcomes – Service Delivered), of which the latter two require an audit of the data quality for the purpose of verification. The technical assistance will specifically support the DPMM in the design and execution of the DQA for all those DLRs 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”³) random sampling, but may include a purposeful selection of a facility to ensure good coverage of the facilities over time. The sample frame can be increased annually based on the expected achievements of the results and agreed between the DPMM and World Bank. (DLI framework attached) The sample size should provide a reasonable level of information of the accuracy of the data reported, but not necessarily any statistical degree of confidence. The verification will indicate whether the site does or does not meet the required criteria. No partial achievement is accepted. The results reported to the World Bank for disbursement will include only the sites that have fully achieved the results. The DQA of the reported DLI indicators will happen annually starting in 2019 with one indicator (DLR 8.1) which will be reported by the MOHNIM/ MPCLG &S /PMU about March, based on data for the previous calendar year. The technical assistance shall ensure that it appropriately trains and supports field interviewers, has a system for ensuring the quality of the reported information, collects and analyzes the collected information. The database which contains raw data collected for the purpose of verification shall be available for review by the DPMM, World Bank or MOHNIM if requested. Ethical issues pertaining to the survey should be attended by the consultancy. The consultant must not use the data for purposes other than verification. The sole ownership of database will be with the DPMM, at the completion of each verification.
- *Assess the ability of the data management systems to collect and report quality data.* The purpose of this task is to identify potential challenges/problems encountered by the data management and reporting systems in reporting quality data at different levels: (i) the service delivery site where the data is generated and initially reported; (ii) intermediate points of aggregation such as Medical Officers of Health areas or Provinces; and (iii) the final point of aggregation and reporting. This

³After 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’.

assessment will be done at least on an annual basis, starting in 2019. A summary of the assessment, key challenges/problems identified, and recommendations for strengthening the overall data management and reporting systems will be provided. This assessment can be done in coordination with the annual DQA process.

- Logistical Support to DPMM: The DPMM staff would be fully involved in the DQA process. The consultant shall ensure the PMU will provide necessary logistical support for the DPMM staff to participate in the field trips as agreed between the consultants 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 administrative support in the production of the verification report in accordance with the agreed format. Responsibility for finalizing and sending the report to the MOHNIM/MPCLG&S, ERD and World Bank remains with the DPMM.
- The report may be circulated in pdf format. The DPMM may request a limited number of hard copies to facilitate its review and approval.
- In addition an editable version of the full report should be submitted to DPMM.

4. Verification Schedule and Schedule for Consultancy Outputs

The verification process is expected to take place twice each year, starting in 2019 and until project closure, December 31, 2023. 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 and DQA is expected for these results.

For the action/process related results, the MOHNIM aims to achieve these before the end of each calendar year. As these results will not require DQA, the World Bank can provide disbursement authorization early in the following calendar year based on the verified results sent by the DPMM.⁴

For the output and the intermediate outcome results, these are based on the performance in a specified calendar year. The data for those results is expected to be compiled by the end of the first quarter of the following calendar year. The report communicating those results should be officially submitted to the DPMM by the MOHNIM/PMU on or before March 31 of the following year (i.e. for the results in 2019, the report from the MOHNIM

⁴ If the achievement of these results is staggered, the MOHNIM /PMU may communicate them to the DPMM when/as achieved. The DPMM may review and verify the achievement when/as received.

is expected by March 31, 2020). The first such report will be in 2019 for results in 2018 (for DLR 8.1) and will continue annually until 2023 for results in 2022.

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

a. Inception report to the DPMM, documenting any agreed updates to the approach to the assignment and providing the detailed schedule (work plan/ activity plan) and approaches to produce the outputs described in Section 3(A) and undertaking the DQA in 2019 for 2018 results (DLR 8.1): 15 days following contract signature.

b. Outputs to the DPMM in support of planning the verification process as described in Section 3(A)⁵: 60 days following approval of the inception report.

c. Sample Frame for the Annual DQA Process as described in Section 3(B): Annually and by end-January of each year (2019, 2020, 2021, 2022, and 2023).

d. DQA Data and Report submitted annually (2019, 2020, 2021, 2022, and 2023) and within 45 days of receiving the results report of the MOHNIM/ MPCLG &S /PMU as described in Section 3(B).

e. Completion report for the entire assignment, detailing work undertaken and lessons to be learned in the process by November 1, 2023 or as may otherwise be agreed.

5. Support to be provided to the Consultant

- Access to the MOHNIM/MPCLG &S and the provinces, including official clearances required, will be facilitated by the DPMM and, as needed, by the MOHNIM/ MPCLG &S /PMU.
- Technical clarifications will be provided by the DPMM, World Bank and/or MOHNIM/ MPCLG &S /PMU as required.
- Meetings with the DPMM staff can take place at the DPMM.
- The consultant is expected to arrange their own office space, and all other relevant logistics.

6. Payment schedule linked to outputs by the consultant

The period of the contract is from signing (expected in early 2019) until November 30, 2023.

- On approval of inception report (output 4a):5% of total payment, one-time payment.

⁵ The detailed verification checklists/questionnaires may undergo periodic updates as required and agreed with the different parties.

- On approval of the outputs in support of the verification planning (outputs 4b) – 5% of total contract value, one-time payment.
- On approval of the annual DQA sample frame (output 4c) – 5% of the total contract value, paid once per year for five years (2019, 2020, 2021, 2022, and 2023)
- On approval of the DQA data and report (output 4d) – 11% of the total contract value, paid once per year for five years (2019, 2020, 2021, 2022, and 2023)
- On submission of completion report (output 4e) for the entire contract period: 10% of total payment, one-time payment.

7. Institutional Arrangements and Approval of Outputs

The consultant will be contracted by the MOHNIM /PMU. Legal or administrative issues with respect to the contract or payment shall be handled by the MOHNIM /PMU.

Day-to-day supervision and the approval of all outputs shall be the responsibility of the DPMM. The MOHNIM /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 MOHNIM /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 MOHNIM/PMU, unless otherwise agreed.

8. Required qualifications

The selected organization should possess the following qualifications:

- Excellent track record of working with the Sri Lanka public health sector in assignments of similar nature, during past 10 years;
- Experience in conducting audits of data quality for at least one (01) major project/program;
- Experience in conducting surveys, particularly involving health facilities, including access to field interviewers, data collection and quality management ;
- Experience in working on international development projects supported by the World Bank or other institutions would be an advantage;
- Back-office capacity to manage the logistical and administrative support. (Trained staff, established office with communication / other facilities)

9. Expected Team Composition

The actual team composition is flexible depending on the specific proposal and approach to the assignment offered by the organization. It is expected that the team

would be composed of one Team Leader; one DQA supervisor; at least 10 field surveyors; and office back-up support. Expected qualifications of the Team and DQA supervisor are mentioned below.

Team Leader

- PhD or Master's degree in relevant discipline, i.e. health policy, public health, health administration, public policy, public administration, health economics or similar.
- 10 or more years work experience in a relevant field including public sector projects.
- Demonstrated team leadership for major projects or programs, with at least 2 projects.
- Excellent written and oral communication skills in English; Fluency in Sinhala or Tamil will be an added qualification.

DQA Supervisor

- PhD or Master's degree in relevant discipline, i.e. health policy, health administration, public policy, public administration, health economics, statistics or similar
- Five or more years work experience in any of the above fields
- Demonstrated knowledge and experience with audit of data quality for at least one project/program
- Excellent written and oral communication skills in English; Fluency in Sinhala or Tamil will be an added qualification