

**Procurement of Individual Consultancy Service to Study the Provider Knowledge, Practice
and Adaptation of Screening , Referral Follow up and Management Protocols
for Cervical Cancer**

CONTRACT No. LK-MHNIM-218205-CS-INDV

Application along with the CV, Technical proposal and financial proposal in separate envelopes are invited from eligible candidates for the above consultancy by the **Project Director, Primary Healthcare System Strengthening Project, 3rd Floor, J.R.Jayawrdene Center, Dharmapala Mawatha, Colombo 07.**

Duly completed Applications, CV , Technical proposal and Financial Proposal should be submitted in two separate sealed envelope on or before **10.00 am, 20th July 2021** to reach the below address by hand/ registered post or Email psspmoh.lk@gmail.com.

“Individual Consultancy Service to Study the Provider Knowledge, Practice and Adaptation of Screening , Referral Follow up and Management Protocols for Cervical Cancer” shall be indicated on the top left hand corner of the envelope/ Subject.

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

**Project Director,
Primary Healthcare System Strengthening Project,
Ministry of Health Nutrition and Indigenous Medicine,
191, 3rd Floor, J R Jayawardena Centre,
Dharmapala Mawatha,
Colombo 07**

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E-Mail : psspmoh.lk@gmail.com
7th July 2021**

Terms of Reference

Primary Health Care System Strengthening Project, Ministry of Health

Individual consultancy service to study the provider knowledge, practice and adaptation of screening, referral, follow-up and management protocols for cervical cancer

1.0 Background

Cervical cancer is identified as the fourth commonest cancer among females in the world and it is the third commonest among females in Sri Lanka. According to the National Cancer Incidence Data of Sri Lanka, 895 females had been diagnosed with cervical cancer and 117 females had died due to the disease in 2013. Current estimates indicate that every year approximately 1100 women are diagnosed with cervical cancer and 700 die from the disease. Cervical cancer is a preventable cancer if detected at the pre-cancer stage or even earlier if Human Papilloma Virus that makes females susceptible to develop cervical cancer is detected in the cervix. Vaccination against human papillomavirus, screening and treatment of precancer, early detection, and prompt treatment of early invasive cancers have been identified as effective approaches to reduce the impact of cervical cancer.

The Well Women Clinic Programme was introduced in 1996 in Sri Lanka with the objective of screening for NCDs and female cancers namely cervical, and breast cancers. The main aim of the cervical cancer screening programme of Sri Lanka is to reduce the incidence of cervical carcinoma by detecting and treating pre-cancerous lesions with the secondary aim of detecting the invasive carcinomas at an early stage, which may improve the prognosis. In Sri Lanka, cervical cytology screening is the established method for screening of cervical carcinoma, and it is mainly carried out through the Well Woman Clinics (WWC) based at Medical Officer of Health (MOH) areas. Females of 35 and 45-year age cohorts are the special target population for cervical cancer screening at these clinics. According to the statistics of Family Health Bureau (FHB) the coverage with Pap smear testing is 151396 and 160938 for the years 2018 and 2019 respectively.

In the year 2017, the Ministry of Health Sri Lanka has initiated to include HPV / DNA testing with PAP testing in the screening of cervical carcinoma. However, this facility is only available in Kalutara and Rathnapura districts as the number of HPV/ DNA testing facilities are limited.

Sri Lanka has introduced the HPV vaccine in the national EPI in the year 2017. As a member State of WHO South East Asian regional committee, Sri Lanka has accepted the global elimination threshold of the age-adjusted incidence rate of less than 4 per 100 000 women-years by end of 2030. Interim targets are: 90% of girls are fully vaccinated with the human papilloma virus (HPV) vaccine by 15 years of age; 70% of women are screened with a high-precision test at 35 and 45 years of age, and 90% of women identified with the cervical disease receive treatment and care by 2030.

As a sustenance in achieving the above elimination targets, cervical cancer screening has been

identified as one major area supported by the Primary Healthcare System Strengthening Project (PSSP), Ministry of Health. PSSP is one of the key partners of the Primary Healthcare Reorganization Process of the Ministry of Health, supported by World Bank.

As the number of women screened for cervical cancer per annum (2018-2020) is one of the Project Development Objectives related to a disbursement linked indicator of the PSSP, the project needs to study the quality of existing cervical cancer screening and referral practices of the country. This study report will be considered for the fulfillment of disbursement linked result indicator target of the PSSP and can be used as a guide to improve the cervical cancer screening and referral procedures adopted by the public health sector of the country.

2.0 Objectives of the Consultancy

To study the implementation of cervical cancer screening and referral procedures in terms of following aspects

1. To assess the extent to which the national cervical cancer programme follows screening and referral guidelines (both national and sub national).
2. To assess the knowledge of the care providers on national cervical cancer screening and referral protocols.
3. To assess provider practices in relation to screening and referral protocols
4. To assess the extent to which the expected management (follow-up) is being implemented.

3.0 Time frame

Three months after obtaining the Ethical Clearance

4.0 Study Area

Island wide clientele with a representative sample from field, districts and cyto screening facilities

5.0 Scope of the work

The individual consultant has to produce a proposal following a mixed study methodology (in line with the objectives stated in the section 2 of the TOR. The study will be conducted by the consultant according to a study methodology and logistic plan agreed by the Family Health Bureau and the Project. Ethical clearance for the study will have to be obtained by the consultant on behalf of the Ministry of Health. Being the technical focal point, Family Health Bureau will closely follow-up the study throughout the consultancy period. If any additional human resources required for the study in the means of data collection and analysis etc, that has to be borne by the consultant. The interim and final report of the study will have to be submitted by the consultant according to the agreed formats for the acceptance of the Ministry of Health in given time lines.

6.0 Deliverables (Expected outputs)

1. Present draft study methodology including introduction, literature review, research

methodology including study design, study population with inclusion and exclusion criteria, sample size, sampling technique, data collection technics and instruments, training of data collectors, method of data analysis and time frame

2. Present logistic plan for the study with estimated budget
3. Conduct of the study according to the agreed methodology using logistic and HR support through the project
4. Produce interim study report
5. Produce final study report with findings and recommendations

*Each deliverable will be reviewed and approved by the Ministry of Health before payments.

7.0 Qualifications/ Experience

- Consultant Community Physician
- Experience in the public health sector of Sri Lanka and work experience in the relevant field
- Publications and research in the areas of women's health (special reference to cancer) /community or population health
- Experience in similar kind of consultancies with international development partners or Ministry of Health

8.0 Deliverables chart

No	Activity	Due date	Deliverables	Payment terms
1	Signing contract and submission of inception report	As soon as signing	Signed contract and inception report	-
2	Initial meeting with Project, Director and FHB	Commencement date + day 1	Meeting Minutes	-
3	Draft study methodology, logistic plan and budget	Commencement date +week 2	Draft proposal including methodology, logistic plan and budget	10%
3	Discussions with FHB and other appropriate personnel on revisions to the draft methodology, logistic plan and budget	Commencement date +week 4	Minutes	-
4	Submission of the final proposal	Commencement date +week 5	Final study proposal	10%
5	Obtaining ethical clearance	Commencement date + Week 10	Ethical clearance	10%
6	Submission of interim report	Commencement date +week 14	Interim report	30%
7	Final study report according to the given format	Commencement date +week 16	Final report	40%

Client Inputs

- Arrange facilities for meetings with relevant parties and officers in MOH and Provinces
- Provide available documents and guidelines whenever necessary
- Provide logistic facilities for data collection including transport, printing of data

- collection instruments, stationaries according to the agreed logistic plan
- IT equipment, software required for the study will not be provided by the client - Fee for the ethical clearance will be reimbursed by the client

Marking scheme for the selection

Item No	Description	Marks
01	MD in Community Medicine	10
02	Experience in the public health sector of Sri Lanka and work experience in the relevant field	Minimum 10 maximum 20
03	Research and publications in the related areas of concern	10
04	Experience in assignment with scope similar to this assignment	25
05	One-page summary document on the methodology for achieving study objectives	35
	Total	100

Technical proposal of the applicant's with obtain more than 70% marks of above criteria will be considered as the responsive proposals.