

Calling for expression of interest for an individual consultant for writing the report of Service Availability and Readiness Assessment (SARA) Sri Lanka – 2017

Service Availability and Readiness Assessment (SARA) should be conducted by countries periodically to assess and monitor the service availability and readiness of the health sector and to generate evidence to support the planning and managing of the health system. The SARA is a health facility assessment tool designed to generate a set of tracer indicators of service availability and readiness. The survey objective is to generate reliable and regular information on service delivery such as the availability of key human and infrastructure resources, availability of basic equipment, basic amenities, essential medicines and diagnostic capacities, and on the readiness of health facilities to provide basic health-care interventions.

The SARA survey in Sri Lanka is conducted by both the Ministry of Health, Nutrition and Indigenous Medicine and the Department of Census and Statistics. The survey is funded by the GFATM Project HSS Grant.

Thereby, expression of interest is being called from individual consultants for the small assignment of writing the report of SARA Sri Lanka- 2017.

1. Qualifications of the Individual consultant

- A. Medical degree
- B. Postgraduate degree with a MSc and/or above related to health field with special preference to public health
- C. Five or more years of professional experience in public health field
- D. Thorough knowledge of the health system of Sri Lanka
- E. Previous experience in analysis and writing reports of national level research/surveys.
- F. Experience in working in a diverse team of experts and dealing in a culturally appropriate manner with a range of stakeholders
- G. The Individual consultant shall also be computer literate in word processing and spreadsheets.
- H. Excellent written and verbal communication skills required; ability to produce high quality documents/reports in English.
- I. The individual consultant should have office space, computer with necessary software, printer and stationary necessary for carrying out the work and the client will not provide those to the consultant.

2. Expected Deliverables

- A. Draft report (Except for the Data Quality Report)
- B. Final report (Except for the Data Quality Report)

The Individual consultant has to do the relevant statistical analysis for the recommended SARA indicators and write the report of the SARA Sri Lanka 2017 including;

- A. Introduction with objectives
- B. Methodology
- C. Results
- D. Discussion with Conclusions and Recommendations

3. Time Schedule (from the time of receiving the final cleaned data set from the Department of Census and Statistics)

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|-----------------------------------|---------|
| a. Submission of the Draft Report | 2 weeks |
| b. Submission of the Final Report | 6 weeks |

4. Individual consultant should abide by the Terms of Reference for the individual consultant for writing the report of SARA, Sri Lanka-2017

Application process:

All applicants who are interested should forward their duly updated Curriculum Vitae via email to the Project Director, Second Health Sector Development Project, through scwickrama@gmail.com and shsdp@health.gov.lk, **on or before 5th July 2017**. Please mention "Report Writing-SARA 2017" as the email subject.

Terms of Reference
For an Individual consultant for writing the report of
Service Availability and Readiness Assessment (SARA) Sri Lanka - 2017

1. Background

Service Availability and Readiness Assessment (SARA) should be conducted by countries periodically to assess and monitor the service availability and readiness of the health sector and to generate evidence to support the planning and managing of the health system. Sri Lanka has not done such a survey as per the international standards to date.

The SARA is a health facility assessment tool designed to generate a set of tracer indicators of service availability and readiness. The survey objective is to generate reliable and regular information on service delivery such as the availability of key human and infrastructure resources, availability of basic equipment, basic amenities, essential medicines, and diagnostic capacities, and on the readiness of health facilities to provide basic health-care interventions relating to the following areas;

- A. Family Planning
- B. Maternal and Child Health Services
- C. Basic and Comprehensive Emergency Obstetric Care
- D. Gender based violence
- E. HIV
- F. Tuberculosis
- G. Malaria
- H. Rabies
- I. Dengue
- J. Non-Communicable Diseases including Diabetes, Cardiovascular Diseases, Chronic Obstructive Pulmonary Diseases, Chronic Kidney Diseases
- K. Cancers
- L. Mental Health
- M. Elderly care and Disability

The SARA survey involves visits to the health facilities to collect data, through key-informant interviews, on the availability of services and on the capacity of facility center to provide those services. The survey will be carried out as a census for the health institution equal and above

the level of District General Hospitals of the public sector and private hospitals with a bed strength more than 50. A sample survey will be carried out for the government institutions equal and below Base Hospitals, private hospitals with a bed strength of less than 50 beds, Medical Officer of Health clinics, and the clinic centers which provide services to HIV, malaria and tuberculosis based on the sample drawn from the Master Facility list of Public Institutions as well as Private sector facility centers based on stratified sampling method by facility type/administrative level of facility.

Standard SARA questionnaires have been customized to the context of the country. The questionnaire is developed and implemented in English language for collection of data.

The survey is conducted by both the Ministry of Health, Nutrition and Indigenous Medicine and the Department of Census and Statistics.

The survey is funded by the GFATM Project HSS Grant.

Data collection of the survey is done by a team consisting of officers of the Ministry of Health, Nutrition and Indigenous Medicine and the Department of Census and Statistics, in a paper based questionnaire. Data collected will be entered in to a computerized database of the Department of census and Statistics.

The report of the SARA to be written by an individual consultant who will be selected through calling expression of interest.

2. Objectives of the Assignment

Objective of the assignment is to write the final report of the Service Availability and Readiness Assessment Sri Lanka 2017.

3. Scope of Services and Tasks

The Individual consultant shall do the relevant statistical analysis for the recommended SARA indicators and write the report of the Service Availability and Readiness Assessment Sri Lanka 2017.

The report should include;

- A. Introduction with objectives
- B. Methodology
- C. Results
- D. Discussion with Conclusions and Recommendations

Individual consultant shall coordinate with the Department of Census and Statistics on obtaining the final cleaned data set.

The report should be type written including the graphs and tables as necessary.

4. Expected Deliverables

- A. Draft report (Except for the Data Quality Report)
- B. Final report (Except for the Data Quality Report)

5. Reporting Requirements

Following completion of each deliverable, the Individual consultant shall submit to the client a comprehensive report indicating the achievement of each of the deliverables which would be utilized for processing payment. The reports should be submitted to Project Director GFATM Project.

6. Time Schedule (from the time of receiving the final cleaned data set from the Department of Census and Statistics)

- | | |
|-----------------------------------|---------|
| a. Submission of the Draft Report | 2 weeks |
| b. Submission of the Final Report | 6 weeks |

7. Payment schedule

- A. 10% on signing the Contract
- B. 40% on submission and acceptance of the Draft report of SARA Sri Lanka – 2017 with the submission and acceptance of a comprehensive report on the task
- C. 50% on submission and acceptance of the Final report of SARA Sri Lanka – 2017 with the submission and acceptance of a comprehensive report on the task

8. Qualifications of the Individual consultant

- A. Medical degree
- B. Postgraduate degree with a MSc and/or above related to health field with special preference to public health
- C. Five or more years of professional experience in public health field
- D. Thorough knowledge of the health system of Sri Lanka
- E. Previous experience in analysis and writing reports of national level research/surveys.
- F. Experience in working in a diverse team of experts and dealing in a culturally appropriate manner with a range of stakeholders
- G. The Individual consultant shall also be computer literate in word processing and spreadsheets.
- H. Excellent written and verbal communication skills required; ability to produce high quality documents/reports in English.
- I. The individual consultant should have office space, computer with necessary software, printer and stationary necessary for carrying out the work and the client will not provide those to the consultant.

9. Client's Input and Counterpart Personnel

- A. The proposal of the Service Availability and Readiness Assessment of Sri Lanka 2017
- B. The paper based questionnaire of Service Availability and Readiness Assessment in English
- C. Final cleaned data set with analysis done by the Department of Census and Statistics
- D. The SARA Indicators Index including
 - SARA general service availability indicators
 - SARA general service readiness indicators
 - SARA service specific availability readiness indicators

The consultant should include these indicators in the report

E. A model report (SARA Uganda report-2013: Regular) as a guide for SARA indicators

(a) *Professional and support counterpart personnel to be assigned by the Client to the Consultant:*

- A. Dr. S.C. Wickramasinghe – Acting Deputy Director General (Non Communicable Diseases), Ministry of Health, Nutrition and Indigenous Medicine
- B. Ms. I.R. Bandara – Additional Director General (Statistics II), Department of Census and Statistics
- C. Dr. Virgini Mallawaarachchi- Consultant Community Physician, NCD Unit, Ministry of Health, Nutrition & Indigenous Medicine
- D. Dr. I. A. Talagala – Senior Registrar in Community Medicine, NCD Unit, Ministry of Health, Nutrition & Indigenous Medicine
- E. Dr. A. Wickramasinghe – Registrar in Community Medicine, Health Information Unit, Ministry of Health, Nutrition & Indigenous Medicine

10. Composition of review committee to monitor Individual consultant’s work

The Individual consultants work will be reviewed by the Steering Committee of SARA appointed by the Secretary, Ministry of Health, Nutrition and Indigenous Medicine which consists of representatives from Ministry of Health, Nutrition and Indigenous Medicine, Department of Census and Statistics, GFATM Project and World Health Organization.

11. Procedure for review of outputs

The outputs will be reviewed by a three member Technical Evaluation Committee appointed by the Secretary, Ministry of Health, Nutrition and Indigenous Medicine which comprises members from the Ministry of Health, Nutrition and Indigenous Medicine and the Department of Census and Statistics and by the experts from the Global Fund. Recommendation for payment will be made within 30 working days of submission and MoH/GF approval of documents.

It should be noted that all information collected through the survey and the sub-sequent data analysis and end products like tables, charts, reports should be treated as strictly confidential and should not be used for any other purpose without prior approval of the Ministry of Health, Nutrition and Indigenous Medicine and Department of Census and Statistics.