

TERMS OF REFERENCE

For

CONSULTANCY SERVICES TO CONDUCT HEALTH FACILITY ASSESSMENTS IN SELECTED DISTRICTS OF KHYBER PAKHTUNKHWA.

1. INTRODUCTION

The Khyber Pakhtunkhwa Human Capital Investment Project (KP HCIP)

The Government of Pakistan, through the support of the World Bank i.e. Khyber Pakhtunkhwa Human Capital Investment Project (Health Component), is intending to improve primary healthcare services (PHC) in the province. The Khyber Pakhtunkhwa Human Capital Investment Project is an International Development Association Project funded by the World Bank.

The project's objective is to improve the availability, utilization, and quality of primary healthcare services in selected districts in Khyber Pakhtunkhwa (KP), namely Haripur, Nowshera, Peshawar, and Swabi; in order to ensure the quality of health care and a continuum of services. The project will also support the strengthening of secondary health care facilities and referral systems.

Project interventions will focus on improving the utilization of PHC and as the first point of entry in close proximity to where people live and work, including women and refugees. More specifically, the project intends to:

- I. Strengthen the infrastructure, equipment, human resources, medicines, and healthcare commodities at Basic Health Units (BHUs) and Rural Health Centers (RHCs) according to the KP Minimum Health Services Delivery Package (MHSDP), Essential Health Services Package (EHSP), and Infrastructure Standards i.e. the adoption of climate-resilient and environmentally friendly designs, including solar panels to promote energy efficiency, as well as disabled-friendly access, such as ramps for wheelchairs, to the extent possible. Standardized signage and branding templates will be used for improved visibility and accountability of the facilities and better information dissemination to the patients. and including the provision of:
 - a) Effective antenatal care (ANC), delivery care, and postnatal care (PNC);

- b) Immunization services;
 - c) Nutrition;
 - d) Family Planning services;
 - e) Prevention, screening, and management of Non-Communicable Diseases (NCDs);
- II. Enhance the competency of PHC service providers as one of the key pillars of quality service delivery, by providing necessary training using standard clinical protocols and training packages as applicable for PHC service delivery;
- III. Strengthen governance and regulatory mechanisms and provide necessary support to the provincial government to adopt/implement appropriate policies, standards, guidelines and clinical protocols for PHC service delivery; and
- Promote community engagement and accountability to motivate demand for PHC services.

Project Results Chain

Inputs	Outputs
<p style="text-align: center;">Physical Infrastructure</p> <p>Construction, repair, up-gradation of renovation of health facilities</p>	<p>Readiness of health facilities to deliver high-quality primary health care services and respond to the COVID-19 crises</p>
<p>Equipment and Commodities</p> <p>Adequate supply of drugs, commodities, and equipment for health facilities</p>	
<p>A System for Managing Human Resources and Contracts</p> <p>Adequate human resources with appropriate skill-mix for managing health facilities as well as a system for managing HR including contracts</p>	
<p>Data Management</p> <p>Capacity building of the health workforce in data management and analysis</p>	
<p>Outsourcing of services</p> <p>Improve quality of clinical (e.g., Referral & EMR) & non-clinical service (e.g., janitorial & Security) via private sector engagement</p>	
<p>Hospital Mgmt. Information system (HMIS)</p> <p>Automate hospital processes (e.g., HMIS) and improve monitoring/data collection via IT solutions</p>	
<p>Establishment & Strengthening of ICU facilities for COVID-19</p>	

2. OBJECTIVES OF THE SURVEY (KP HCIP HEALTH COMPONENT)

The objectives of the assessment will be:

- The strengthening of physical infrastructure of healthcare facilities to promote deliverance of quality health care
- To assess all Primary Healthcare Facilities (RHCs and BHUs) to determine the availability (of human resources, equipment, supplies, materials, and medicines), functioning (of infrastructure and ancillary services), utilization, and quality of health services as defined in the Essential Health Services Package (EHSP) and Minimum Service Delivery Standards; as part of efforts to towards achieving Universal Health Coverage (UHC).
- To assess the readiness of facilities to deliver the EHSP. The indicators will be as follows:
 - filled posts index
 - staff presence index
 - medicines availability
 - essential equipment availability /functionality
- To assess Comprehensive Emergency Obstetric and Neonatal Care (CEmONC) and related services at healthcare facilities. In order to ensure the continuum of care for Maternal, Newborn and Child Health (MNCH) services, the sub-component will support the creation of a network of facilities based on geographic distribution, with strengthened referral systems and transportation arrangements in place such that obstetric complications can be referred to secondary facilities where CEmONC is available. The sub-component will also provide support for the improvement of selected secondary facilities within the established network, to ensure 24/7 CEmONC is made available, including life-saving health services such as caesarean sections and blood transfusions;
- To develop baseline information for each facility with regards to EHSP and standards;
- To assess the progress made on Reproductive Maternal Newborn Child Health (RMNCH) service availability and utilization (24/7 where applicable) at the health facilities;
- To assess the knowledge and skills of health service providers in terms of EHSP and standards for identifying the gaps (needs assessment) to establish a baseline for training requirements;
- To conduct patient/client exit interviews within the public sector facilities, assessing the health-related needs of the communities and their satisfaction with public sector facilities;
- To conduct in-depth interviews with the different levels of the staff for identifying specific needs relevant to the facility and views on how to improve given their local perspective.

- To assess the health facility health management information system (HMIS) and linkages to the district and provincial HMIS and need for capacity building.

3. THE PURPOSE AND SCOPE OF THE STUDY

The purpose of this consultancy service is to collect baseline information on the quality of healthcare services as well as to take stock of the infrastructure and the availability of equipment, medicines, etc. as mentioned in the project result chain above. The areas to be covered in the survey for assessment are as follows:

1. BHUs & RHCs survey for-

- a) Determine the quality and space issue, healthcare facilities.
- b) Also address where expansion could be practicalize if it is needed, and who owns the land where expansion may take place.
- c) Staff capacity to ensure primary healthcare services including obstetric and neonatal care, and as part of the BHU & RHC 24/7 operations as per MHSDP/EHSP.
- d) Clinical knowledge assessments and observations of the medical personal
- e) Infrastructure capacity as per Climate Resilient Infrastructure standards.
 - Structure Stability Assessment Report
- f) Bio medical Equipment capacity as per EHSP & MHSDP including waste disposal receptors on-site (bins) classified according to the type of waste, health care waste management facilities as part of the equipment (incinerators, sharp boxes), etc.
- g) Drug availability (presence of required list of unexpired tracer drugs at the BHU/RHC level)
- h) Support required to ensure 24/7 BHU & RHC operations as per HR norms of the KP Health Department.
- i) The status of hospital/healthcare waste management (HCWM), and infection prevention and control (IPC) for the 4 Districts as per Hospital Waste Management Rules 2005, EPA guidelines & World Bank guidelines including International Standards, Important aspects to be

considered include:

- Assessment of HCWM procedures, practices (from generation till final disposal), formal systematic processes for implementation of HCWM mechanisms (dedicated personnel with proper job descriptions/Hospital Waste Management Team under HWM Rules 2005, training plans for HCWMP, records maintenance, budgetary provisions) and assessments for monitoring and supervision mechanisms for HCWMP.
 - Assessment of PPE and related equipment/tools requirements for all staff including workers directly involved in segregation, handling, disposal, transport of waste.
 - Identification of certified companies for clearance of recyclable and reusable waste
 - This should include the segregation, handling, collection, and transportation of waste.
 - Propose different type of waste management modus operandi keeping in view the need of Health department as well as the sustainability & exit strategy to the project.
- j) Health facility referral system- document the actual practice
- k) The status of the laboratory and pharmaceutical services in the 4 Districts including outsourcing of services
- l) District Disease Surveillance & Response Units
- Real-time support available at BHUs & RHCs
- m) The status of auxiliary services including security and janitorial services- document the actual practice as well as propose viable solutions and also includes;
- Sanitation facilities (for instance, sewerage facilities, standard latrine structures, final disposal of wastewater)
 - Safety measures including fire safety, emergency preparedness and response, operations and management (O&M).

- n) Assessment of roads between health facilities classified as, BEmONC and CEmONC facilities
 - o) Health Facility Management and Finances- including governance structures, revenues, and expenditures.
2. Health promotion activities
 - a) MNCH
 - b) Nutrition
 - c) Reproductive Health & Family Planning
 - d) Non-Communicable Diseases
 3. Training of healthcare providers and capacity building of Health Dept. staff.
 4. Quality Improvement Initiatives in Primary Healthcare Facilities (including BHUs & RHCs) of selected Districts, and Patient/Client Exit Interviews on patient satisfaction.
 5. Design and evaluation methodology for the assessment of healthcare facilities for improvement and upgrading as per TORs mentioned below under the project of the World Bank.
 6. Determine the need for training of healthcare providers and capacity building of Health Dept. staff through the survey.

4. PRINCIPLES UPON WHICH THE HEALTH FACILITY ASSESSMENT WILL DESIGNED AND IMPLEMENTED

- It should provide objective, quantifiable data which can be used to provide a comparison year on year.
- Data collection tools must be comprehensive and not subject to interpretation/distortion by data collectors.
- It should be based on simple assessment tools which, in subsequent years, can be administered easily by data collectors.
- District level segregated results should be available.

5. DELIVERABLES/OUTPUTS

The overall responsibilities of the consultant firm will include:

- (i) developing a survey implementation plan – constituting the field plan (specifying the survey organization), field manual (describes the procedures of the data collection process), and data management plan.
- (ii) developing the sampling frame for the baseline of the healthcare facilities
- (iii) designing/adapting/refining (as appropriate) the baseline survey questionnaires
- (iv) arranging for the questionnaires to be translated into relevant languages
- (v) pre-testing the questionnaires
- (vi) incorporating changes into the questionnaires after pre-testing the questionnaires
- (vii) hiring and training the field supervisors and enumerators
- (viii) planning the fieldwork logistics
- (ix) conducting a pilot survey and revising the questionnaire based on the findings of the pilot survey
- (x) preparing survey implementation and questionnaire documentation e.g. enumerator supervision manuals, etc.
- (xi) supervising the survey implementation and ensuring the quality of research
- (xii) developing the data entry program, supervising the project database, and arranging for data cleaning and entry
- (xiii) analyzing and reporting the findings of the survey and providing datasets and final documentation.
- (xiv) physically visiting each health care facility for assessment as per the agreed questionnaire.
- (xv) phased approach of data submission will be adopted if allowed by the PMU (e.g. district by district) so that the survey results can be used immediately.

6. EXPERIENCE/QUALIFICATIONS

To support this intervention, KP-HCIP invites eligible consulting firms (“Consultants”) to indicate their interest in providing the Services. Interested Consultants should provide information demonstrating that they have the required qualifications and relevant experience to perform the services.

7. ELIGIBILITY CRITERIA

- 10 years overall relevant experience with five years in monitoring, assessing, validation/verification of indicators, and evaluating public and/or private sector community development and facility-based social service programs of scale. Experience in health facility assessments based on results achievements as relevant to the TORs will be preferred (Letter of Incorporation of firms will be required)
- Documented experience in developing indicators as mentioned in the scope of work and systems measuring target achievements of large-scale community-based development and facility-based social services programs.
- Verifiable statistical, research, monitoring and evaluation expertise, as relevant to the TORs.
- Documented experience in preparing quality reports which are concise to allow policy and technical decisions.
- Should have completed at least two similar projects of comparable scale and complexity (project completion certificates required)
- Should have an overall HR that substantially corresponds to areas covered on ToRs (See Team of Key Experts in ToRs). [Specific CVs and nomination not required at shortlisting stage]

8. PROPOSED METHODOLOGY

The tool should be implemented using a three-stage process.

- **Stage 1** is an interview with the head of the health facility or a senior health facility staff member. This interview will be comprised of Parts A-C & G of the tool. Interview of health facility staff will be conducted as per following;
 - Upper Tier i.e. Managers
 - Middle Tiers i.e. Supervisors
 - Lower Tier i.e. Staff
 - Interview of some patients
 - Interview of Households in the near catchment area

- **Stage 2** is a physical assessment of the health facility and the equipment available. This will comprise Parts D to G of the tool. This should be done jointly by two individuals accompanied by a senior facility staff member.
- **Stage 3** is individual interviews with relevant facility staff members. This will comprise Part G for the tool. Part G should be completed with each relevant staff member. Relevant staff are to be identified during Part B & C of the assessment.

8.1 Tool Contents

The assessment is broken down into the following sections:

Part A: General Information

- i. Facility basic information
- ii. Opening hours
- iii. Referral capacity/system
- iv. Utilization rates
- v. Interviewer details
- vi. Health Facility Management and Finances- including governance structures, revenues, and expenditures

Part B: Service Availability

- i. Types of services offered
- ii. Bed availability
- iii. Quality Improvement Initiatives in Primary Healthcare Facilities (including BHUs & RHCs) of selected Districts, and Patient/Client Exit Interviews on patient satisfaction.
- iv. Health promotion activities
 - a. MNCH
 - b. Nutrition
 - c. Reproductive Health & Family Planning
 - d. Non-Communicable Diseases

Part C: Staffing

- i. General staff numbers
- ii. Specialist staff numbers

Part D: Infrastructure and Support Services

- i. Communications
- ii. Health Management Information Systems
- iii. Power supply
- iv. Solar panel
- v. Water
- vi. Fencing
- vii. Infection Prevention and Control measures in place
- viii. Hospital Waste and Wastewater Disposal
- ix. Roof structure
- x. Building by building breakdown
 - a. Free Space of new construction if required
 - b. Sanitation facilities (for instance, sewerage facilities, standard latrine structures, final disposal of wastewater)
 - c. General
 - d. Ceilings
 - e. Walls
 - f. Floors
 - g. Windows
 - h. WASH Facilities
 - i. Electrical system
 - j. Fire extinguisher & Safety measures including fire safety, emergency preparedness and response, operations and management (O&M).

Part E: Laboratory, Services and Diagnostic Equipment

- i. Delivery room equipment
- ii. Sterilization equipment
- iii. Eye health equipment
- iv. Laboratory equipment
- v. Imaging equipment
- vi. Medical storage

Part F: Pharmaceutical Supplies and basic commodities

Part G: Training Needs including clinical knowledge assessment.

Part H: Assessment of roads between health facilities classified as, BEmONC and CEmONC facilities

Part I: The status of auxiliary services including security and janitorial services- document the actual practice as well as propose a viable solution.

9. TIMELINE (FINAL FIELD WORK PLAN)

The activity shall be conducted & concluded **within 2 months** after issuing task order/assignment order including inception meeting and submission of final results in report form. The field procedure plan should outline in detail all aspects of the field work to be conducted by the Survey Firm, including:

- Final updated Gantt Chart
- Composition of a field team
 - Number of enumerators
 - Number of field-supervisors
 - Number of field data entry agents
 - Qualifications, training of each
- Expected tasks, responsibilities and schedule of delivery of each member of the team
- Number of days per facility
- Transportation and lodging logistics
- Sample Control File for data collection in each facility
- Protocol for confirming that the location has been correctly identified
- Supervision and spot check plans to ensure adherence to data collection protocols and confirm the quality of data collection and entry, including a minimum of [10%] of re-visits to a random sample of the evaluation sample to confirm the validity of the data
- Protocols and procedures for addressing data inconsistencies/miss-reporting when identified
- Protocols for Computer Assisted Field Entry (CAFE), whereby questionnaires are captured and validated immediately following the paper and pencil survey, and the results transmitted back to the field teams to conduct quality checks as needed.

- Paper questionnaire and data transmission protocols

This Field Work Plan should be presented to the PMU for comment, and revised as necessary prior to commencing field work. The Survey Firm must then implement the survey, adhering as closely to the plan as conditions allow. As field conditions dictate significant changes to these plans, the Survey Firm's Field Supervisors are obliged to inform the Evaluation Team via the Survey Firm's management, in the form of a written report or progress report.

10. REPORTING

Bi-weekly progress reports of the PHC facility assessment successfully completed. The Survey Firm should also budget for a two-three day meeting for all supervisors, interviewers and data entry agents *to meet after field work begins*. A good point in time is *2-3 weeks into field work*. This meeting should give the team an opportunity to discuss any problems related to supervision, field work organization, skip patterns and data entry issues for the progress report.

11. PAYMENT

The payment will be paid in three parts, one may be advance at the time of submission of some identified deliverables or completion of stage 1 up-to 10%. And 40% may be paid at the time of final report and last 50% may be paid when approved by PMU and reviewed by WB as decided. The detail disbursement table of payment with deliverables will be provided to the shortlisted firms with RFP.

The PMU in consultation with Bank will closely monitor this activity and randomly validate/verify the findings/assessment/results of HCF for authentication & quality reporting.

12. Shortlisting Criteria

Evaluation Criteria for Shortlisting	Maximum Points
<p>Experience:</p> <p>Only Firms having Five years of experience of Health Facility assessment surveys are eligible. Non provision of the same shall lead to disqualification of firm/ consulting organization.</p>	Mandatory
<p>Number of health related projects</p> <p>Total number of similar nature related projects completed in the last five years along with Copies of latest annual reports/evaluation reports.</p> <p>Each project will be scored as under:</p> <ul style="list-style-type: none"> I. For project providing comprehensive health care facility services as per our ToRs covering 80% of our scope- 5 II. For health care facility services as per our ToRs covering 50% of our scope -3 III. For health care facility services as per our ToRs covering 30% of our scope -2 <p>Marks for each project will be added to come to the final score in the category.</p>	20
<p>Funds Management capacity:</p> <p>Fund managed by the firm in a project scored at serial No 2 :</p>	20

<ul style="list-style-type: none"> • Rs 1,000,000-----5,000,000 = 1 mark /project. • Rs 5,000,001----20,000,000 = 3 marks / project. • >20,000,001-----onwards = 5 marks / project 	
<p>Management capacity:</p> <ul style="list-style-type: none"> a. Team Leader/Survey Coordinator with at least 5 years of experience in Survey 5 Marks b. Public Health Specialist With experience of at least 5 years in survey conductance 5 Marks c. Public Health Analyst with experience of at least 2 years in surveys conductance 3 marks d. Research Associate with experience of at least 2 years 2 Marks 	15
<p>Presence at International, National, provincial and local level.</p> <ul style="list-style-type: none"> I. International Level = 10 marks II. National Level = 5 III. Provincial Level = 3 IV. Regional/Divisional Level = 2 	10
<p>Presentation on Methodology that how survey will be designed and executed inline to the details mentioned in ToRs.</p> <ul style="list-style-type: none"> • Excellent.....35 Marks • Good 25 Marks • Fair 15 Marks • Fail 0 Marks <p>Note: The firm shall be also bound to provide in writing the Proposal on Methodology.</p>	35
<p>Minimum qualifying score 50 out of 100</p>	100