

## Terms of Reference

### Support to develop a supervision framework and to revise the existing supervision guidelines to enhance its comprehensiveness to improve continuum of care of the National RMNCAH Programme in Sri Lanka

#### **A) Scope of work:**

1) **Goal and Objective:** This consultancy aims to develop a supervision framework and revise the existing supervision guidelines to enhance its comprehensiveness targeting continuum of care of the national reproductive, maternal, newborn, child, adolescent, and youth health (RMNCAH) programme in Sri Lanka.

#### **2) Background**

Supervisions play a pivotal role in maintaining the RMNCAH services in the field level. Supportive supervision encourages open, two-way communication, and building team approaches that facilitate problem-solving. It focuses on monitoring performance towards goals, and using data for decision-making, and depends upon regular follow-up with staff to ensure that new tasks are being implemented correctly. In Sri Lanka, a well-established mechanism of supervision is functioning starting from grass root level up to district and provincial levels. Public Health Nursing Sisters and Supervision Public Health Midwives are supposed to carry out supervisions which includes PHM's offices, field clinics, sessions, and field level activities. Supervising Public Health Inspectors are engaged in carrying out school health supervisions. At Medical Officer of Health/Additional Medical Officers of Health are responsible for supervising all supervisory level staff categories in addition to their local hospitals, schools, and other clinics. At district level, Medical Officer of Maternal and Child health and regional supervising public health nursing sites are responsible to carry out district level supervisions with the technical guidance of the Consultant Community Physicians. These supervisions include all reproductive, maternal, newborn, child and adolescent Programme areas including school health and gender.

There are several sets of supervision tools developed in 2013 nearly a decade ago which need to be revised to cater the current Programme objectives. In addition, tools need to be developed for the newer Programme areas.

In recent years, due to rapid turnover of supervising staff and effects of COVID-19 pandemic, it was observed that field level supervisions have weakened, and as a result, the quality of services are affected.

Considering all, a comprehensive supervision module for RMNCAH related supervisions need to be prepared, pilot tested and implemented after conducting trainings for all supervising staff categories.

### 3) **Activities and Tasks:**

In consultation and agreement with Family Health Bureau and WHO and in close collaboration with the respective working groups, the consultant will ensure implementation of the following specific tasks in a timely manner as per WHO rules and regulations:

1. conduct a desk review of currently available Strategic Plans (Annex- List A) and supervisory formats and supervisory guidelines (List B) in RMNCAH subject areas
2. summarize the components to be included in the supervision framework, including changes to the present supervision framework.
3. design the structure of the supervision framework.
4. Develop /update the content of the supervision guidelines and formats (including the revision of existing formats and addition of new formats) & develop a shorter versions of supervision tools as necessary
5. Piloting /field testing of the newly developed / revised supervision tools
6. Finalize the revised /updated supervision guidelines as per stakeholder inputs and pilot testing results
7. To conduct a training workshop on revised supervision formats /tools to the national and district officers

### **B. Output:**

- Newly developed / revised and field tested supervision tools (formats and guidelines ) are available to be used by the RMNCAH supervisory staff trained by the consultant. All deliverables need to be accepted by the Director Maternal and Child Health, Family Health Bureau
- Brief training report based on training conducted
- Brief final technical report highlighting the challenges and the methodology
- Statemnet of expenditure

### **C. Specific activities (Expected outputs):**

Forty working days between **2022 May 25- 2022 November 15**

<b>Activity/ deliverable</b>	<b>Duration (Estimated # of days or months)</b>
Desk review	5 days
Design the supervision framework	5 days
Design new/ revised supervision formats with short versions as necessary	10 days
Complete Field testing	10 days
Conduct Expert group /stakeholder meetings on revised/ new formats	5 days
Revise /update the supervision tools/ guidelines as per stakeholder comments	3 days
Conduct Training workshop (01)	2 days

### **D. Education, Experience, Skills:** **Mandatory**

- a) Minimum a MD/PHD in Public Health or a related field
- b) Proven skills in research, analytical work and report writing in maternal and child health area in Sri Lanka. Demonstration of experience is required

### **Preferred**

- a) Previous experience as a district level/ divisional level supervisor in RMNCAYH
- b) At least 3-year work experience with Reproductive Health Management Information System (RHMISS) in Sri Lanka and familiar with the electronic RHMISS system [eRHMISS]
- c) Ability to work in consultation with the Family Health Bureau, the working committee appointed and the WHO
- d) Excellent language skills in English and Sinhala/ Tamil

### **E. Clients Inputs**

FHB will provide the following to the consultant

- Coordinate and Arrange meetings with the relevant parties and senior officers in the MOH, Provincial MoH, and any other sector as required if the need arises.
- Coordinate and arrange all appointments/meetings
- Provision of data and information relevant for the assignment
- Provision of facilities for training include training venue, food, and stationary

### **Supervision and Monitoring**

Director FHB will supervise and monitor the activities.

### **F. Budget**

Payments will be paid for 40 working days between 05 June 2022 & 15 November 2022

## Annex 1

### List A

- **Global & Regional goals and strategies:**
  1. Sustainable Developmental goals (health and nutrition related)
  2. The Global Strategy for Women's, Children's, and Adolescents' Health (2016-2030) -108 Pg
  3. Global strategy to accelerate the elimination of cervical cancer as a public health problem-2020-56pg
  4. Regional Strategic Framework for Accelerating Universal Access to Sexual & Reproductive Health in the WHO South-East Asia Region (2020–2024) -148 pg
  5. MDSR monitoring framework

### List B

- **National strategies:**
  1. Maternal and Child Health Policy, Sri Lanka (2012)-32pg
  2. Strategic plan on Maternal and Newborn Health (2017-2025)-104pg
  3. Infant and Young Child Feeding strategy (2015-2020)-60pg
  4. NSP on Child health (2018-2025)-121 pg
  5. NSP on Well Women Programme (2019-2023)-140pg
  6. National Strategic Plan on Adolescent and Youth Health (2018-2025)-146pg
  7. National Action Plan for Health Sector Response on Prevention and Management of GBV in Sri Lanka-2017-70 pg.
  8. The Status of Sustainable Development Goals Indicators in Sri Lanka (2017), Department of Census and Statistics, Sri Lanka

### List C

- **Existing tools to be revised**

	<b>Tool</b>	<b>Number of pages</b>
1.	MCH Unit supervision	10
2.	MOH Office supervision	16
3.	MOH Office evaluation for appraisals	13
4.	PHNS/SPHM evaluation	6
5.	PHM evaluation	24
6.	PHNS office supervision	8
7.	SPHM supervision	6
8.	PHM office supervision	7
9.	Supervision on antenatal care	7
10.	Supervision on post-natal care	7
11.	Supervision of Infant and childcare	8
12.	Supervision of weighing posts	7
13.	Supervision of FP services	7
14.	Supervision of poly clinic	8
15.	Supervision of well women clinics	7
16.	Field level household supervision	9
17.	Supervision of Hospital MCH services	19
18.	Supervision of school health services	12