

TERMS OF REFERENCE
Supporting Implementation of HPNSDP

Technical Assistance for
Improving TA Mechanism for the next Health Sector Programme

1. Introduction

The Ministry of Health and Family Welfare (MOHFW), Government of Peoples Republic of Bangladesh is implementing the Health, Population and Nutrition Sector Development Program (HPNSDP) for a period of five years from July 2011 to June 2016, with the goal of ensuring quality and equitable health care for all citizens in Bangladesh by *increasing access to and improving utilization of health, population and nutrition services.*

HPNSDP encompasses improving health services and strengthening health systems. Necessary technical assistance (TA) to MOHFW for facilitating implementation of HPNSDP has been planned with support from participating donors. Besides Technical assistance/ cooperation, agreed by MOHFW and relevant Development Partners (DP) at the beginning of the programme further TA requirements have been incorporated in the 32 operational plans (OP) of HPNSDP. MOHFW has incorporated this plan in the Programme Implementation Plan (PIP) of HPNSDP approved by the Executive Committee of the National Economic Council (ECNEC).

A 'Technical Advisory Committee' (TAC) composed of MOHFW and DP representatives led by the Joint Chief of Planning Wing, MOHFW, meets regularly to review TA procurement status, consider TA requests and proposals and recommend for final approval by the Secretary, MOHFW.

To facilitate implementation of HPNSDP, a 'Joint Donor Technical Assistance Fund' (JDTAF) has been established mainly with DFID funding and coordination, that follows the above mentioned process for providing TA. Crown Agent, DFID's Service Provider, is the ultimate procurement entity on behalf of DFID.

2. Objective

The purpose of this TA is to inform and improve the mechanism for providing TA to the next health sector program, based on lessons learned from assessing the current mechanisms for providing TA to HPNSDP. It is expected that the findings of the TA may be incorporated in the respective PIP, as deemed appropriate.

Section 13 of this document further details the background and context of this TA.

3. Recipients

Recipient and central client of this TA will be Ministry of Health and Family Welfare (MOHFW) specifically the Line Director (LD) – Sector Wide Program Management and Monitoring (SWPMM) Operational Plan (OP). The consulting entity will regularly

report to the LD-SWPM (Deputy Chief, Health). Joint Chief, Planning Wing, MOHFW will provide overall guidance to the consultant.

4. Scope of the Work

The consulting entity is expected to work as per the following scope:

- i. The study will cover only short to medium term TAs and exclude the TA provided by the UN agencies;
- ii. Document categorizing the various types of TA provided to HPNSDP in terms of thematic area of TA, TA providing entity, modality and duration;
- iii. Assess the areas where TA has been provided and comment on their effectiveness in relation to achieving the objectives of HPNSDP.
- iv. Describe the existing mechanisms for providing TA by the various donor agencies. This should include:
 - a. TA planning and development process;
 - b. TA approval and agreement;
 - c. TA procurement process;
 - d. TA implementation and completion;
 - e. Monitoring and documentation of TA;
 - f. Coordination of various TAs;
- v. Document the challenges and opportunities in TA management by the MoHFW and the procuring entity.
- vi. Assess the effectiveness and efficiency of the set mechanisms for TA provision, including the strengths, challenges and areas for improvement.
- vii. Assess the extent to which TA findings and support have been utilized by the MoHFW, mentioning what worked well or did not, in terms of utilizing the outputs.
- viii. Comment whether or not these added value to implementing and or advancing HPNSDP objectives.
- ix. Compare the current TA mechanism with those in other sectors in Bangladesh and in other countries with a similar context, in terms of effectiveness and efficiency.
- x. Drawing upon the experiences of Bangladesh and other countries, make recommendations on:
 - a. Better targeting of TA areas;
 - b. Improving mechanism for TA procurement and provision;
 - c. Improving coordination of TAs provided by various entities;
 - d. TA management including planning, implementation and monitoring, assessing findings etc;
 - e. Comment on any need for capacity strengthening of MoHFW for managing TA;
- xi. Recommend steps for planning and coordinating the TA for the 4th HNP sector program of Bangladesh.

5. Methodology

The consulting entity is to propose its own methodology taking into account the

following suggested work processes:

- i. Literature review: Review relevant documents including the
 - a. RPIP and OPs of HPNSDP,
 - b. different reviews of HNPSDP (including APIR 2012, 2013 and 2015, MPIR 2014, MTR 2014 and Light touch APR 2015) especially the report on TA Implementation Status in HPNSDP, developed by Dr. Wahidul Islam in 2014;
 - c. SIP of the 4th HNP sector program, the ESP and RFW indicators, health sector strategy in the 7th Five Year Plan (FYP);
 - d. Relevant documents and reports on TA of other sectors and countries.
- ii. Under close guidance of the Line Director SWMM and of the Deputy Chief (FP), Planning Wing, liaison with key stakeholders like the MOHFW, DGHS, DGFP officials, officials from other implementing agencies, PMMU, and with donor agencies and other entities providing TA etc.
- iii. Discuss with members of the Technical Assistance Committee (TAC);
- iv. Discuss with Crown Agents relevant officials and such other entities engaged in TA procurement;
- v. Organize group discussions or FGD as required;
- vi. Make presentations as required;

6. Deliverables

The TA requires submission of the following deliverables –

- i. An inception report finalizing the methodology, work plan and timeline, after provision of 7 input-days in the assignment;
- ii. A draft report by end of 25 input-days to the assignment;
- iii. Presentation of the draft report to key stakeholders;
- iv. Final report incorporating comments and feedback from all relevant stakeholders, at the end of 30 input-days to the assignment

All deliverables should be submitted to the Joint Chief, Planning Wing and to LD-SWPMM OP, with a copy to the Crown Agents.

7. Requirements

The assignment requires one competent international consultant to act as the lead and be supported by a national associate, to carry out the assignment. However if a suitable international expert is not found and the competences matches with Bangladeshi national, then a national consultant can also execute the assignment.

The consultant is expected to bring the following competences:

- An advanced degree in Public Health, Economics or any other relevant areas of Social Science
- Adequate experience of reviewing large national HNP programs of developing countries; TA projects etc;
- Excellent knowledge and understanding of the health service delivery by MOHFW in Bangladesh and as a whole of the country health system;
- International experience in TA planning, development, coordination, procurement and management
- Professional level proficiency in written English and computer literacy;

The international consultant should specifically mention the scope, timeframe and costs of the national associate, as appropriate in the financial proposal.

8. Constraints/ Dependencies

The Consultation is urgently required following recognition of due procurement processes.

9. Timeframe

The duration of the contract is for a maximum of 30 input days spread over 60 days from the day of signing contract for the international consultant with at least 18 days in country and 35 days for the national consultant over the same timeframe.

Crown Agents or the consulting entity can terminate the contract with one week written notice.

10. Coordination/Logistics

The consulting entity will be responsible for arranging the office accommodation, transportation and other necessary logistics. The expert (s) might be required to go for field visit for which, for which the consulting is expected to arrange the logistics. The Consulting entity will regular communicate with LD-SWPM. For administrative issues, consultant might communicate with Program Manager, Crown Agents.

11. Management and Reporting

- It is expected that an individual will undertake this work on a contractual basis.
- The consultants will report to the LD-SWPM. Joint Chief (PW), MOHFW will provide periodic guidance to the consultants
- The Planning Wing, MOHFW, and DFID and JDTAF donors will jointly review progress on completion of the assignment.
- Crown Agents, the DFID service provider, will contract the Consultants.
- Consulting entity should contact Crown Agents representative in Dhaka for logistical or administrative support and any queries they may have.

12 Transfer of Knowledge/Training

Knowledge transfer and support to training is a central theme of this assignment. Consultants are expected to provide a plan to ensure sustainable impact from this project.

13. Background

The Health, Nutrition and Population (HNP) sector follows in the recent history of health policy in Bangladesh drawing on the sector-wide approach (SWAp) that was first introduced in 1998. The first SWAp – the Health and Population Sector Program (HPSP) - was implemented during 1998 - 2003. It was followed by a second SWAp - the Health, Nutrition and Population Sector Program (HNPSPP) - that began in 2003 and ended in June 2011. The third SWAp – the Health, Population and Nutrition

Sector Development Program (HPNSDP) – began in July 2011 for a period of 5 years through to June 2016. The incoming 4th sector program is also proposed to follow the SWAp practices as the GOB has already stated its policy of continuing with the SWAp in the on-going 6th Five Year Plan and the ensuing 7th Five Year Plan, as far as the HNP sector development is concerned.

The pooled TA fund titled “Joint Donor Technical Assistance Fund (JDTAF)” as a new initiative of HPNSDP implementation, is a remarkable institutional arrangement for sector management and TA coordination. As mentioned in different sections before, there were some important activities of HPNSDP implemented through TA from JDTAF. On behalf of the DPs, the JDTAF is coordinated and managed by DFID. A Technical Assistance Committee (TAC) comprising MOHFW, agencies under it and DP representatives oversee the TA proposals, review and recommend for endorsement by the government. A data base has been developed with 130 national and 32 international consultants. A Harmonized TA Plan for was developed for effective TA coordination. More than 100 contracts were signed engaging a number of national and international consultants and consulting firms. A total of 32 of reports were developed against specific studies. The findings of these reports are disseminated in an organized way and results are being used for improved planning and implementation and for evidence based decision making. Being quite a new mechanism for TA coordination, Planning Wing, MOHFW wants to know whether this is the most suitable TA mechanism and whether there needs to be any modification, upgrade or a new framework required in the next HNP sector program for which the PIP development is in process.

14. Reading/reference material

- RPIP and OPs of HPNSDP, different reviews of HPNSDP (including APIR 2012, 2013 and 2015, MPIR 2014, MTR 2014 and Light touch APR 2015), concept note of 4th HNP sector program, etc.
- Review reports explaining TA mechanism of HNP program in different developing countries
- Report on TA Implementation Status in HPNSDP, developed by Dr. Wahidul Islam in 2014 under JDTAF
- Detailed operational plans of all 32 OPs under HPNSDP

15. Budget

To be proposed by the TA applicant, consistent with national competitive rates, as applicable.