Terms of reference (ToRs) for the procurement of services below the EU threshold

Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH

Health Policy Decentralisation Consultancy for ISD Cambodia	**Project number/ cost centre:** **21.2197.8-001.00**

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0. List of abbreviations

AD	Administrative District
AI	Appreciative Inquiry
AR	Action Research
AVB	General Terms and Conditions of Contract (AVB) for supplying services and work 2018
BMZ	Bundesministerium für wirtschaftliche Zusammenarbeit (German Federal Ministry for Economic Cooperation and Development)
C&PA	Capital and Provincial Administration
CV	Currivulum Vitae
D&D	Decentralization and De-concentration
DM	District Municipality
DRH	District Referral Hospital
EU	European Union
HC	Health Centre
HSD	Health Service Delivery
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH
HCMC	Health Center Management Committee
ISD	GIZ Improved Service Delivery Program
KMS	Knowledge Management System
MCS	Ministry of Civil Service
MEF	Ministry of Economics and Finance
MoI	Ministry of Interior
MoH	Ministry of Health
NCD	Non-Communicable Diseases
NCDDS	National Committee for sub-national Democratic Development Secretariat
NP-2	National Programme on Sub-National Democratic Development (2021-2030)
NGO	Non-Governmental Organisations

OD	Operational District
PH	Public Health
PHD	Provincial Health Department
PPP	Public Private Partnerships
PRH	Provincial Referral Hospital
GKC	Government of the Kingdom of Cambodia
SD 193	Sub-Decree 193 (Assignment of Health Management Function and Health Service Delivery to the Capital and Provincial Administrations)
SDC	Swiss Agency for Development and Cooperation
SDG	Sustainable Development Goals
SMEM	Support, Monitoring and Evaluation Mechanism
SNDD	Sub-national Democratic Development Reforms
SD 193	Sub-Decree 193, the law on “Assignment of Health Management Function and Health Service Delivery to the Capital and Provincial Administrations”
ToRs	Terms of reference
USD	United States Dollar
VHSG	Village Health Support Group

1. Context

1.1. Overview of Public Health Service Delivery in Cambodia and Health Organisational Structure

Public hospitals and health centres serve approximately 20% of the overall health market in Cambodia[1]. They focus on the low-income group. The remaining 80% of the health market is served by the private sector through private hospital, clinics and pharmacies and NGO's.

Public health service delivery systems include national hospitals, national specialized centres, university and training institutes of health science at the capital under direct supervision of Ministry of Health (MoH). A total of 24 Provincial Referral Hospitals (PRH) with one in each province are under the supervision of the PHD (Provincial Health Department). At the district level, there are 94 District Referral Hospital (DRH) and 1.259 Health Centres (HC) and 127 community health posts at the Commune. Health centres are the first point of contact with patients being referred to "referral hospitals" (PRH, DRH) as needed. Patients are refereed further to National Specialist Hospitals in Phnom Penh if needed.

In the public health facilities, financial resources, equipment and staffing remain limited. This leads to the widespread "dual practise of public health care workers", which draws patients into the private sector: doctors, nurses or midwives employed in public health institutions also work for private health service providers in order to increase their income.

The Health Organisational Structure (Figure 1) consists of Ministry of Health (MoH) at the national level. The subnational level is structured through each province having a Provincial Health Department (PHD). The PRH are under the direct supervision of the PHD. The District Level comprises of 103 Operational District (OD) under the supervision of the PHD. In general, one OD (health) covers two to four Administrative Districts (AD). District Referral Hospital, Health Centres and Posts are currently under the supervision of the OD. The lowest organisational level are Health Centre Management Committees at the commune level and Village Health Support Groups.

[1] AD Asante et al 2019: Who benefits from healthcare spending in Cambodia? Evidence for a universal health coverage policy, Health Policy and Planning, Volume 34, Issue Supplement 1, October 2019, Pages i4–i13, https://doi.org/10.1093/heapol/czaa037

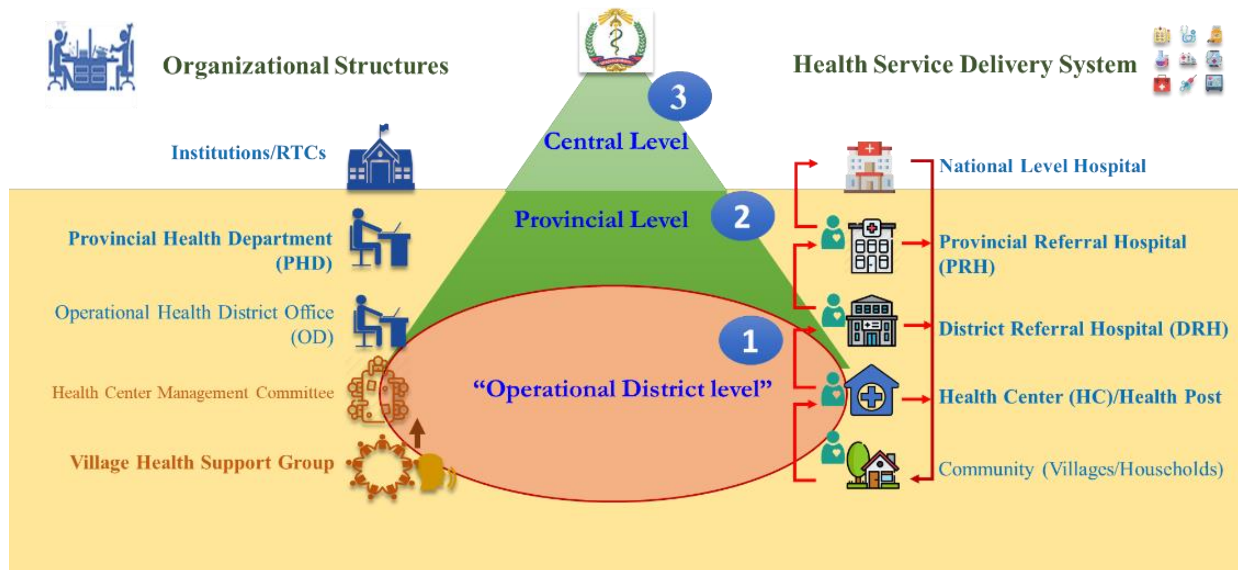

Figure 1: Health Organisational Structure

1.2. Decentralisation of the Health Sector in Cambodia until 2021

The Government of the Kingdom of Cambodia (GKC) adopted the Strategic Framework for Decentralization and De-concentration (D&D)[2] in 2005 to lead the D&D reform in Cambodia through the past decade. Within the following "Subnational Democratic Development Reform, SNDD," coordinated by NCDD and its secretariate, NCDDS (National Committee for Subnational Democratic Development Secretariat), relevant policies and regulations were approved by the GKC in late 2019 and early 2020:

- Sub-decree (executive regulation/by-law) 193 on "Assignment of Health Management Function and Health Service Delivery to the Capital and Provincial Administrations"[3] moved the supervision of the PHD from the MoH to the Capital and Provincial Administration (C&PA).
- A set of inter-ministerial by-laws (Khmer: Prakas) transferred staff, functions, funds, technical conditions, accounting and authority of signature to C&PA.

Also in 2020, over twenty thousand doctors, nurses, midwives, etc. were transferred from MoH to the C&PA together with an annual budget responsibility of approximately 186 million USD in 2022 for operational costs (mainly for salaries). Previous budget disbursed from the MoH to the PHD is now disbursed from the MEF to the C&PA for the PHD and its underlying

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[2] Royal Government of Cambodia (2005): Strategic Framework for Decentralization and De-concentration (D&D) available at https://ncdd.gov.kh/images/NCDD/About_NCDD/026_2005%20Strategic%20Framework%20for%20Decentralization%20and%20Deconcentration%20Reforms(Eng).pdf

[3] Ministry of Health (2019): Sub-decree 193 on the "Assignment of Health Management Function and Health Service Delivery to the Capital and Provincial Administrations" available at https://data.opendevelopmentcambodia.net/laws_record/sub-decree-no-193-on-delegation-of-management-functions-and-provision-of-health-service-to-municipa

structures. The MoH continues to oversee the quality of care, pre- and in-service training and procurement with the C&PA being accountable for the implementation. In practise the overall role of the MoH remains strong despite the transfer of functions to the capital and provinces. C&PA on the other hand is still seeking to fill the new role requiring a maturing of coordination and communication channels in the new set-up.

At the end of 2021, the new 10-year decentralisation reform strategy National Programme, Phase 2, on Sub-National Democratic Development[4] (2021-2030), NP-2, with support of GIZ, SDC and EU[5], was approved and launched.

1.3. GIZ Improved Service Delivery (ISD) Program

The programme "Improved Service Delivery for Citizens in Cambodia" (ISD), implemented by the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH on behalf of the German Government and co-funded by the Swiss Agency for Development and Cooperation (SDC), works with its partner NCDDS and relevant ministries to improve service delivery to Cambodian citizens in selected sectors with a focus on the three provinces: Battambang, Banteay Meanchey and Siem Reap.[6]

The programme focuses primarily on (1) the implementation of NP-2, especially in the health sector and for the promotion of women working in sub-national administrations; (2) administrative service delivery by the One-Window-Service-Offices (OWSOs) in digital and mobile form; (3) the development of scalable and climate-sensitive waste and water management strategies and its implementation; and (4) citizens' access to decision-making processes and the strengthening of the complaint mechanism at district and municipal level.

Financed by the German Federal Ministry for Economic Cooperation and Development (BMZ) and by SDC, the programme runs from March 2022 until December 2025 with a financial volume of up to EUR 9.8 million.

1.4. Concept of ISD Health Sub-Component

Within the framework of NP-2 implementation under output 2.1 and work priority 2.1.1, there is a call to "study on the possibility of transferring (delegation) some health functions from the provincial administration to the district/municipal administration, as well as the possibility of establishing a health office under the district/municipal administration structure to provide effective and accountable health services to the people". To achieve this, an innovative approach is adopted to generate the different perceptions, suggestions, feedbacks, lesson learnt and experiences from different stakeholder groups of both national and sub-national levels to enrich the intended concept. This novel approach is a paradigm shift towards a high degree of collaboration and self-motivated change from previous extrinsic international expert directed change. At the same time, this expert knowledge is still required in the process, but rather as one of the many voices and no longer the dominant voice. Further, on

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[4] National Committee for Sub-National Democratic Development (NCDD): National Programme on Sub-National Democratic Development (2021-2030), NP-2 https://ncdd.gov.kh/en/national-program/
[5] Koeppinger, Tepirum (2018): The functional assignment process ion the education and health sectors, EU DAR, available at 20190124_The functional assignment process in the education and health sectors_EU DAR.pdf (ncdd.gov.kh)
[6] giz.de (2022): Improving public service delivery for citizens in Cambodia (ISD) https://www.giz.de/en/worldwide/114244.html

the partners side, it requires a system capable of both facilitating complex dialogues with many stakeholder groups and a system capable of absorbing the knowledge and making it available throughout the process. Taking this approach, it is expected that the options to be developed are seen holistically and integrated to succeed in “bringing health services closer to the people” for example opening the space for exploring hub-and-spoke or networked service delivery models, differentiating between Health Service Delivery (HSD) and Public Health (PH) by acknowledging patients journeys in a shifting health context towards increasing relevance of Non-Communicable Diseases (NCD’s) in the widest sense.

To accommodate these expectations and deliver towards the questions raised in NP-2, a phased approach has been initiated as outlined in Figure 2.

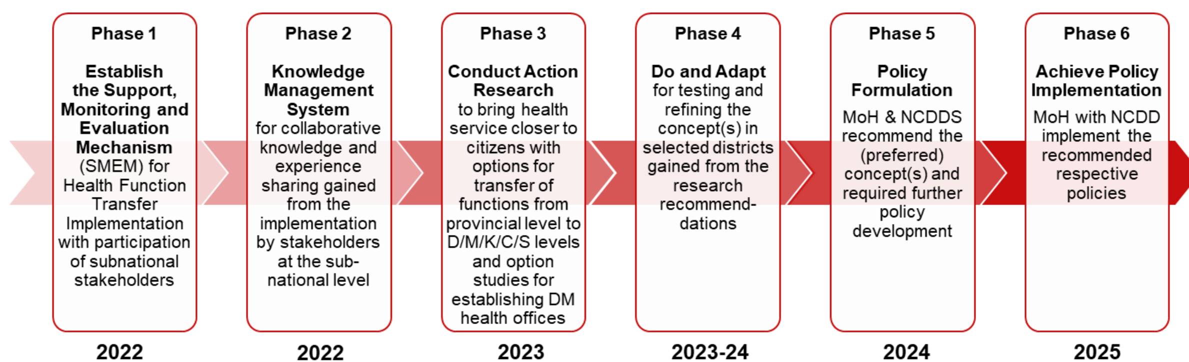

Figure 2: 6 Phases to Develop Concepts on Bringing Health Service Delivery Closer to Citizens supported by ISD

The phases are not sequential but interconnected and partially cyclic in their process:

Phase 1 establishes a mechanism stated in Sub-Decree 193 (SD 193, Assignment of Health Management Function and Health Service Delivery to the Capital and Provincial Administrations) called the Support, Monitoring and Evaluation Mechanism (SMEM, Figure 3) for Health Function Transfer Implementation of NCDDS and the line Ministries of Health (MoH), Interior (MoI), Economics and Finance (MEF) and Civil Service (MCS). To enable collaboration, subnational stakeholders have been included in the underlying communication platform. This mechanism serves as a basis as a communication platform between all relevant stakeholders involved.

Table 1: Stakeholders of Support Monitoring and Evaluation Mechanism

SMEM Direct Stakeholders
• NCDDS • MoH • MoI • MEF • MCS
SMEM Indirect Stakeholders
• Subnational Government (e.g. Provincial Governor, Deputy Provincial Governor for Health, District Gouverneur) • Subnational Administration • Health Service Delivery Providers (e.g. PRH, DRH, HC, HP) • Subnational Health Management (e.g. PHD, OD, HCMC) • Representatives of Community (e.g. VHSG, sperate consultancy to capture citizens voice) • Development Partners in the health sector (e.g. GIZ, FHI360, WHO, WB)

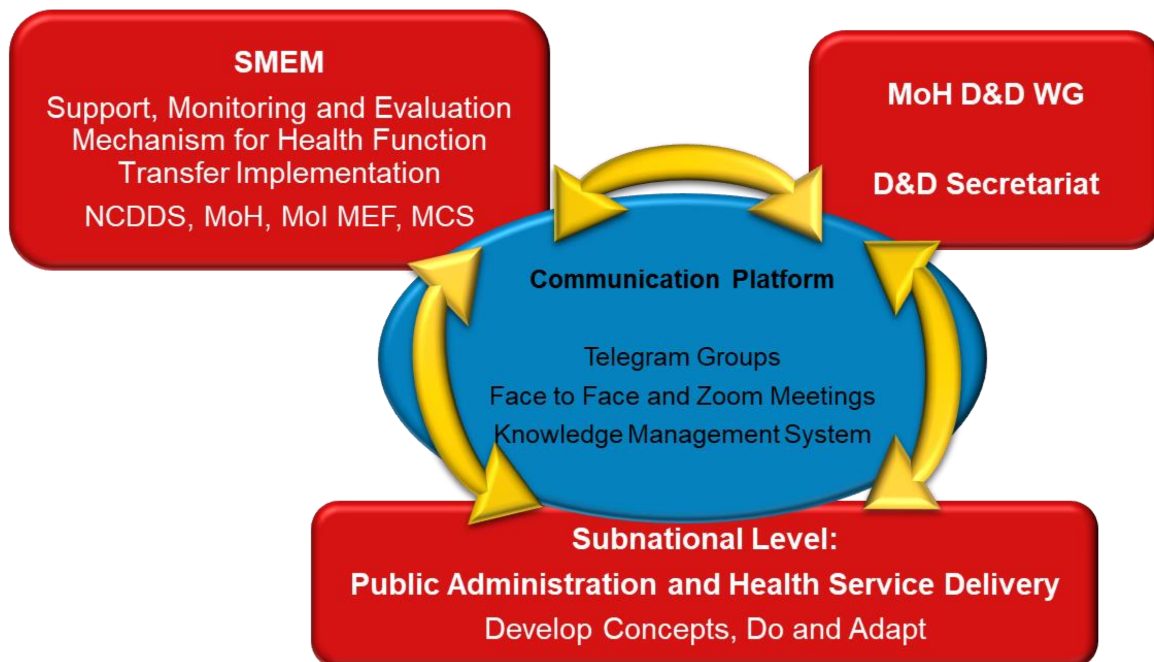

Figure 3: Support, Monitoring and Evaluation Mechanism (SMEM) with the Communication Platform

Phase 2 of the process establishes a Wiki-based Knowledge Management System (KMS) at the for collaborative knowledge absorption, reconfiguring and sharing between national and subnational stakeholders on administrative and legal instruments. These elements are the foundation required for the centrepiece of *Phase 3* developing concepts for the holistic health sector decentralisation process drawing on collaborative research and design driven by subnational stakeholders conducting cyclic action research at the subnational level and advised by the national level. The emerging concepts are taken into a “Do and Adapt” process in *Phase 4* to test and further refine them before policy formulation in *Phases 5* and implementation in *Phase 6*.

Phase 3 as the centrepiece draws on the foundations of the SMEM and the knowledge in the KMS that continues to be fed. Further, field research as a separate contracted piece of work is envisaged to accompany *Phase 3* to include the citizens’ voices and their perceptions particularly on patient journeys (i.e. through mapping) and how they interact with the system to inform suitable options within the study that benefit them. This field research is to be continued in *Phase 4* during trial implementation to capture possible unintended effects. Likewise, a regional consultancy (the piece of work detailed in this ToR) with a strong background in public health system decentralisation reforms is to contribute as a further stakeholder towards knowledge of *Phase 2*, sense-making and option development in *Phase 3*, accompanying observation and safeguard in the optional *Phase 4* (see 8) and inform policy formulation through recommendations based on the results of *Phases 3 and 4*.

The approach used in all phases is that of a constructive positive worldview drawing on the tool of Appreciative Inquiry (AI), that has been adapted to the local context as outlined in Figure 3 and widely implemented in the Cambodian Health context[7].

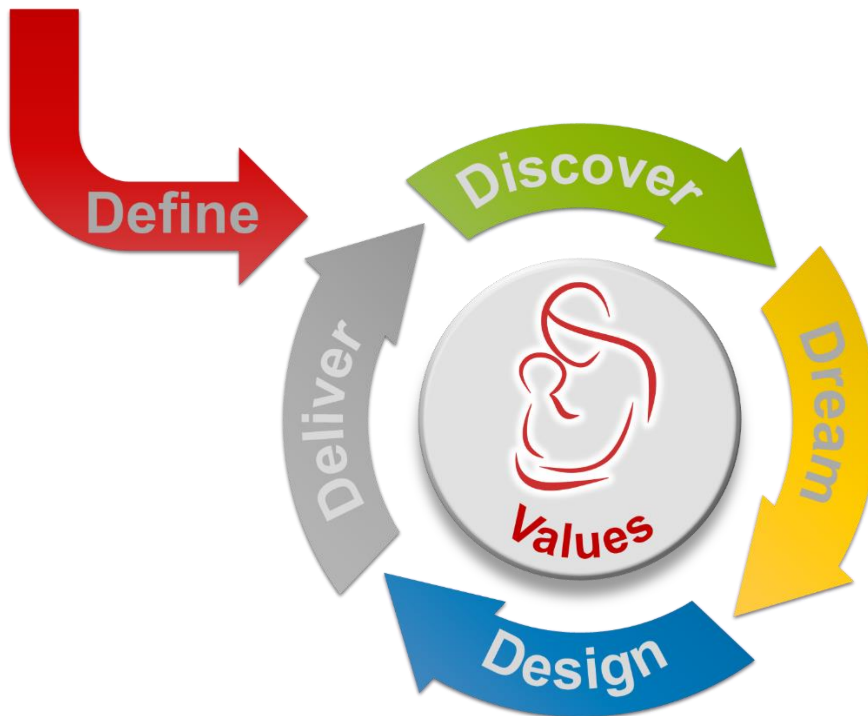

Figure 4: Bespoke Appreciative Inquiry Model, based on Cooperrider & Whitney[8]

1.5. Objective of the Consultancy

The overall objective of the consultancy is to

1. Provide expert knowledge input to the KMS on existing regional and/or global models and options relevant to NP-2 output 2.1 (e.g. through regional examples, literature reviews, facilitating virtual regional exchanges, etc) in English
2. Collaboratively support stakeholders during the process of *Phase 3* (see 1.4) on option development based on insights generated by all stakeholders providing an *etic*[9] perspective complementing the predominantly *emic* approach drawing on design thinking and systems-re-engineering approaches and acting as a safeguard
3. Accompany *Phase 4* providing an *etic* perspective in further refining the options during their trial implementation and acting as a safeguard (this piece of work is to be costed as an option under Section 8 detailed on pages 17 and following)

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[7] White-Kaba M (2021): Compassion-based quality improvement for Cambodia's healthcare system. BMZ. https://health.bmz.de/stories/compassion-based-quality-improvement-for-cambodias-healthcare-system/

[8] Cooperrider, DL & Whitney, D (2005): Appreciative inquiry: A positive revolution in change. Berrett-Koehler.

[9] Emic and etic: see Wikipedia https://en.wikipedia.org/wiki/Emic_and_etic

4. Drawing on the output and insights generated through *Phases 3 (and possibly 4)*, formulate a policy recommendation (in English) in preparation of *Phase 5* that can be taken up by a Khmer policy writer for nation-wide implementation thereafter.

2. Tasks to be performed by the contractor

The contractor is responsible for providing the following services:

2.1. Knowledge Generation for KMS

Inject expert knowledge into KMS through a comprehensive literature review and facilitate virtual regional exchanges on existing regional and/or global models and options relevant to NP-2 output 2.1:

2.1.1 *Literature Review:* Conduct a literature review on relevant existing regional (ASEAN and possibly global) models and options of restructuring health service delivery (e.g. hub-and spoke, networks etc.) and public health responsibilities illustrating the relevance to the shifting health contexts (i.e. NCD's, SDG's) and where available underpinned with metrics relevant to the different stakeholders (citizens, providers, society, governance) with a focus on the questions in NP-2 as the potential underlying administrative changes involved such as

a) transferring some health functions from the provincial administration to the district and municipal administration, as well as

b) the possibility of establishing health offices within the district and municipal administrations to provide effective and accountable health services to the people.

2.1.2 *Publish in KMS:* Develop a comprehensive summary of the literature review including meta-level analysis with examples and publish it in the KMS (after Khmer translation by translator provided by GIZ ISD) with adequate referencing and a virtual recorded presentation of the findings towards all relevant stakeholders in the exchange platform (with Khmer interpretation provided by GIZ ISD). A short report in English on documents and content published to the KMS is to be provided to GIZ ISD.

2.1.3 *Facilitate regional virtual exchanges:* For four relevant examples of restructuring HSD and PH at the provincial and DM level that are potentially suitable for the local context, organize and facilitate virtual exchanges (e.g. 4 half day virtual sessions) by including spokespersons (e.g. Department Directors of Health Ministries, Directors of PHD's, Representatives of Provincial and District/Municipal Governments) of these regional regional/international examples. Regional champions (external to Cambodia) are expected to showcase their achievements for the relevant stakeholder groups, the underlying system improvements and its impact on relevant metrics towards the Cambodian participates of the exchange platform. The exchange shall be conducted virtually and hosted by the consultant including video documentation with summary documents (including links to the video resources) of the exchange published in the

KMS. Khmer simultaneous interpretation and Khmer translation will be coordinated by GIZ ISD as needed.

2.2. Support sense-making and option development in Phase 3

Collaboratively support stakeholders during the process of phase 3 (see 1.4) on sense-making and option development based on insights generated by all stakeholders providing an etic perspective complementing the predominantly emic approach drawing on design thinking and systems-re-engineering approaches and acting as a safeguard.

2.2.1 *Sense-making:* The initial “Discovery” stage within phase 3 (following the logic of AI) will include a comprehensive stock taking of

- existing resources and the wider local contextual landscape (driven primarily by the Cambodian public administration representatives and the health service delivery representatives with the SMEM at both national and subnational level) supported by the KMS as the repository and sensemaking space and facilitated by ISD and SMEM
- current experience of citizens (driven primarily by a separate consultancy taking an *emic* Action Research (AR) approach in the field seeking to absorb the citizens’ and patients’ voices by depicting patient journeys and citizens’ interactions with public health)
- the knowledge generated by this consultancy from the output under 2.1 as the *etic* perspective.

It is expected that this process stage will primarily be conducted through a series of virtual exchanges. At this stage the task of this consultancy is expected to provide meta-level observations of the knowledge generated to increase understanding and awareness of the inter-dependency of the multitude of elements. For this, the consultant collaboratively engages with the GIZ ISD facilitators of the exchange in the design of the agenda and takes part in these exchanges in the primary role as *etic* expert.

2.2.2 *Option development:* “Dream” (following the logic of AI) as the following stage in phase 3 seeks to develop “ideal” options for bringing HSD and PH closer to citizens informed by

- expectations of citizens (driven by the separate action field research consultancy) seeking to voice out the citizens’ and patients’ ambitions on bringing HSD and PH closer to them
- expectations of PH and HSD policy makers and implementers (through SMEM)
- expectations towards overarching health developments (SDG’s, NCD’s etc) and
- by bringing in *etic* concepts from regional or global models identified under 2.1.

It is expected that this process stage will primarily be conducted through a series of virtual exchanges. At this stage the task of this consultancy is expected to provide meta-level observations of the “dreams” generated to increase understanding and awareness of the inter-dependency of the multitude of elements. For this, the consultant collaboratively engages with the GIZ ISD facilitators of the exchange in the design of the agenda and takes part in these exchanges in the primary role as etic expert. This is also the time period when the preparation of 2.1.3 is to be delivered towards stakeholders.

2.2.3 *Design thinking and systems-re-engineering:* "Design" (following the logic of AI) as seeks to translate the "ideal" options (2.2.2) into implementable action steps. This is expected to result in detailed concepts of HSD and PH for the relevant topics translating the identified new requirements of improved health service delivery and public health into the system changes required in public administration. It is possible that there are several options developed for different regions (i.e. Province of Kampot, or a District in Siem Reap) that can be tested. The underlying legal and administrative framework is to be taken into account and required agreements by the respective Ministries obtained through SMEM. Facilitation will continue through the virtual exchange platform. This stage will be supported by a separate public administration expert consultant during the mapping of current subnational health functions and the underlying required further delegation of functions, options of health offices and their administrative requirements and further administrative system and process changes based on the outcome of 2.2.2.
At this stage the task of this consultancy is expected to play a crucial role in supporting the development and writing the required concepts for the option prioritized throughout the exchange in SMEM with Khmer simultaneous interpretation and Khmer translation coordinated by GIZ ISD as needed. The extent of work for this piece is poorly judgable, because the outcome of 2.2.2 is not foreseeable yet. Therefore, the consultancy is to account for sufficient flexibility and adaptability to the emerging context.

2.2.4 *Safeguard and reporting:* The professional expertise of this consultancy is expected to act as a safeguard keeping the big picture in mind aiming to mitigate potential adverse effects[10] of decentralisation in the health sector. The task of this consultancy is expected to develop an ongoing risk registry through the entire process, identify concerns, collect relevant data, develop appropriate mitigation measures, and raise red flags as needed in an ongoing collaborative approach with all stakeholders. This consultancy produces a conclusive intermediary report in English summarising the overall process to date, learning and provides recommendations for the next steps.

2.3 Accompany Trial Implementation in Phase 4 (Optional – Detail under Section 8, pp 17)

In Phase 4 (see 1.4), the concepts collaboratively developed by the stakeholders in the previous phase are implemented as a "Do and Adapt" approach in selected provinces or districts as appropriateness has been identified upon approval by the SMEM. Currently it is not foreseeably, if the developed options in Phase 3 will be able to lead directly to a trial implementation in Phase 4. Therefore, this piece of work for this consultancy is only to be awarded as a sperate "Option" as detailed in under Section 8 (pages 17 and following).

[10] Ghuman, B.S. and Singh, R. 2013. Decentralization and Delivery of Public Services in Asia. Policy and Society. Vol. 32 (No. 1). Pp. 7–21.

2.4 Policy Recommendations and Final Reporting

As the final stage of this consultancy policy recommendations are formulated and a summary report produced.

2.4.1 *Formulation of Policy Recommendations:* Phase 5 of the overall process (1.4) aims at policy formulation of the adopted options. The formulation of these recommendations is collaboratively supported a separate public administration expert consultant. However, policy formulation is expected to be awarded as a separate piece of work to a dedicated national Khmer policy writer. For informing the policy writing, the final task of this consultancy is to take up the decisions of SMEM out of Phase 3 (and optional Phase 4 (see Section 8) with the decisions of SMEM and outline all key aspects that should be included in the following (separate) policy formulation. This policy recommendation document is to be written in English and accompanied by a ppt Presentation for SMEM in English. GIZ ISD will coordinate Khmer simultaneous interpretation and Khmer translation of ppt as needed.

2.4.2 *Reporting:* This consultancy produces a conclusive final report in English summarising the overall process, learning and provides recommendations for future approaches from a meta-level.

2.5 Overview of Milestones

Certain milestones, as laid out in the table below, are to be achieved by certain dates during the contract term, and at particular locations:

Milestone	Deadline/place/person responsible
Phase 2 with tasks 2.1.1 and 2.1.2 (documented in report listed under 2.1.2)	3 months from signing the contract, virtual for Health Policy Expert
Phase 3 with tasks 2.1.3 and 2.2 (documented in report listed under 2.2.4)	31st March 2024 if Option of Phase 4 is initiated, otherwise until 31st March 2025, virtual for Health Policy Expert
Optional: Phase 4 (option detailed in Section 8, pp 17 and not to be included in the initial bid)	Optional: 31st March 2025, virtual for Health Policy Expert
Phase 5 with tasks 2.4 (documented in report listed under 2.4.2)	30th April 2025, virtual for Health Policy Expert

Period of assignment: From 1st of January 2023 until 31st August 2025. The above-mentioned timeline of milestones is indicative and to be seen together with the overall conceptional timeline in Figure 2, Section 1.4. Milestone of Phase 4 is an option detailed in Section 8 (pp 17) and not to be included in the costing of this bid. Milestones can be changed upon written agreement between the two parties should external circumstances make this necessary.

3. Concept

In the bid, the bidder is required to show how the objectives defined in Chapter 2 are to be achieved, if applicable under consideration of further specific method-related requirements

(technical-methodological concept). In addition, the bidder must describe the project management system for service provision.

3.1. Technical-methodological concept

Strategy (see also Assessment Grid Section 1.1): The bidder is required to consider the tasks to be performed with reference to the objectives of the services put out to tender (see Chapter 1). Following this, the bidder presents and justifies the strategy with which it intends to provide the services for which it is responsible (see Chapter 2). The bidder is recommended to include the resources they intend to draw upon for the respective tasks. This is particularly relevant to task described in section 2.2 and 2.3 above.

The bidder is required to present the actors relevant for the services for which it is responsible and describe the **cooperation** (see also Assessment Grid Section 1.2) with them. This is particularly relevant to task described in section 2.1.3 above.

The bidder is required to describe the key **processes** (see also Assessment Grid Section 1.4) for the services for which it is responsible and create a schedule that describes how the services according to Chapter 2 are to be provided. In particular, the bidder is required to describe the necessary work steps and, if applicable, take account of the milestones and contributions of other actors in accordance with Chapter 2. This is particularly relevant to task described in section 2.2 and 2.3 above.

The bidder is required to describe its contribution to knowledge management for the partner and GIZ and promote scaling-up effects (**learning and innovation,** see also Assessment Grid Section 1.5). This is particularly relevant to task described in section 2.1.1; 2.1.2 and 2.4.1 above.

3.2. Other specific requirements

All content developed (for KMS, concepts documents, policy documents, power point presentations, facilitation with stakeholders etc) are to be prepared and presented in English with the support of a Khmer simultaneous interpreter or translator coordinated by GIZ ISD as needed. The English is to be spellcheck and ensuring terminology is compliant with the terminology used by SMEM and the relevant ministries. All project reporting documents (listed in the overview of milestones in section 2.5) are to be submitted as PDF files in fluent spellchecked English.

The consultancy needs to ensure that all exchanges with partners and the GIZ project team can take place during regular business hours in Cambodia (8 am to 5 pm Indochina time).

3.3. Project management of the contractor

The bidder is required to explain its approach for coordination with the GIZ project.

- Specifically, the bidder is to explain the approach to virtual remote facilitation and ensuring a possible language barrier is overcome.
- The contractor manages costs and expenditures, accounting processes and invoicing in line with the requirements of GIZ.
- The contractor reports regularly to GIZ in accordance with the AVB of the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH from 2018

The bidder is required to describe its backstopping concept. The following services are part of the standard backstopping package, which (like ancillary personnel costs) must be factored into the fee schedules of the staff listed in the bid in accordance with section 5.4 of the AVB:

- Service-delivery control
- Managing adaptations to changing conditions
- Process-oriented technical-conceptual steering of the consultancy inputs
- Securing the administrative conclusion of the project
- Ensuring compliance with reporting requirements
- Sharing the lessons learned by the contractor and leveraging the value of lessons learned

4. Personnel concept

The bidder is required to provide personnel who are suited to filling the positions described, on the basis of their CVs (see Chapter 7), the range of tasks involved and the required qualifications.

The below specified qualifications represent the requirements to reach the maximum number of points.

4.1. Regional Senior Health Policy Expert

Responsibilities of the Regional Senior Health Policy Expert

- Overall responsibility for the advisory packages of the contractor (quality and deadlines)
- Coordinating and ensuring communication with GIZ, partners and others involved in the project
- Regular reporting in accordance with deadlines

Qualifications of the the Regional Senior Health Policy Expert

- Education/training (2.1.1): University qualification (PhD or Doctorate Degree) in preferably Health Policy or Health Systems, alternatively in Public Health with specialisation in Policy and Systems or related
- Language (2.1.2): Good business language skills (equivalent to C1) in English
- General professional experience (2.1.3): minimum 10 years of professional experience in the public health and public health service delivery sector reforms
- Specific professional experience (2.1.4): 7 years in health policy, health systems, design thinking and health systems-re-engineering with a specific focus on public administrative decentralisation reforms
- Leadership/management experience (2.1.5): 6 years of management/leadership experience as project team leader or manager in a company
- Regional experience (2.1.6): 5 years of experience in projects in Asia
- Development Cooperation (DC) experience (2.1.7): 3 years of experience in DC projects
- Other (2.1.8): evidence of experience using constructivism and resource based positive change approaches suitable to the local context

Soft skills
In addition to their specialist qualifications, the following qualifications are required:

- Team skills
- Initiative
- Communication skills
- Sociocultural competence
- Efficient, partner- and client-focused working methods
- Interdisciplinary thinking

5. Costing requirements

Assignment of personnel

Senior Health Policy Expert: Remote assignment for 30 expert working days

The calculation of assignment of personnel is based upon:

Tasks	Regional Expert and Team Leader
2.1	up to 10
2.2	up to 16
(2.3 – as separate option not to be included in bid)	(up to 10 – as separate option not to be included in bid)
2.4	up to 4
Total	up to 30 (excluding option)

The distribution of days across the task sections allows for some flexibility as long as the total does not exceed 30 day (excluding option).

Travel

Travel costs are not expected since the regional expert and team leader is expected to be working remotely. The interpreter and translator joins sessions facilitated face to face in Phnom Penh or remotely depending on the mode of operation chosen.

Workshops, training

If workshops or trainings are required, arrangements will be agreed between the contractor and GIZ ISD who will cover the costs. The contractor is not responsible for the logistical organisation of the workshops and therefore the costs do not need to be specified.

6. Inputs of GIZ or other actors

GIZ and/or other actors are expected to make the following available:

- A English-Khmer translator and interpreter will be provided by GIZ ISD for workshops and support in translation presentations and reports as needed into Khmer.

- Workshops logistics

7. Requirements on the format of the bid

The structure of the bid must correspond to the structure of the ToRs. In particular, the detailed structure of the concept (Chapter 3) is to be organised in accordance with the positively weighted criteria in the assessment grid (not with zero). The bidder is to structure their bid according to the following sections:

- Section 1 following the assessment grid with 1.1 Strategy; 1.2 Cooperation; 1.4 Process; 1.5 Learning and innovation; 1.6 Project management; and 1.7 Further requirements. It is recommended to follow the suggestion for relevance stated in this ToR section 3.1 and 3.2 to judge the focus of each section.
- Section 2 following the assessment grid with the CV detailing 2.1.1 qualifications; 2.1.2 language; 2.1.3 general professional experience; 2.1.4 specific professional experience; 2.1.5 leadership/management experience; 2.1.6 regional experience; 2.1.7 development cooperation experience; and 2.1.8 other. It must be legible (font size 11 or larger) and clearly formulated. The bid is drawn up in English (language).

The complete bid shall not exceed 10 pages (excluding CVs).

The CVs of the personnel proposed in accordance with Chapter 4 of the ToRs must be submitted using the format specified in the terms and conditions for application. The CVs shall not exceed 4 pages. The CVs must clearly show the position and job the proposed person held in the reference project and for how long. The CVs shall be submitted in English (language).

If one of the maximum page lengths is exceeded, the content appearing after the cut-off point will not be included in the assessment.

Please calculate your price bid based exactly on the aforementioned costing requirements. In the contract the contractor has no claim to fully exhaust the days/travel/workshops/ budgets. The number of days/travel/workshops and the budget amount shall be agreed in the contract as ‘up to’ amounts. The specifications for pricing are defined in the price schedule.

The bid and supporting documents are to be submitted to KH_Quotation@giz.de no later than 31st January 2023.

8. Option

After the tasks 2.1 and 2.2 put out to tender have been completed, important elements of these tasks can be continued or extended within the framework of a follow-on assignment. Individual points:

8.1. Type and scope

Phase 4 (see 1.4) of the overall process is optional depending on the overall progress of the previous option development (2.2) and particularly the decision of the SMEM to take up trial implementation as a “Do and Adapt” approach. At this stage the task of this consultancy is to provide guidance on implementation, support on adaption and act as an ongoing safeguard and summarise results of the process towards the national level of SMEM. During this fourth

phase the independent contracted Action Research in the field seeks to collect citizens' and patients' voices on the ongoing changes.

8.1.1 Guidance during Trial Implementation: At meta-level the task of this consultancy is expected to guide stakeholders during their implementation piloting as an oversight and reflection institution. Further, the task of this consultancy is to support stakeholders in identifying appropriate adaptions to further refine their concepts as emergence arises considering ongoing feedback from implementers, policy makers and citizens voices.

8.1.2 Safeguard: The task of the consultancy at this stage is to continue to develop the risk registry (2.2.4) by identifying concerns, collecting relevant data, developing appropriate mitigation measures and raising red flags as needed in the ongoing collaboration with all stakeholders.

8.1.3 Summary of process and presentation of results: For the end of the Phase 4, the task of this consultancy is to summarise the process, the findings and provide recommendations for policy formulation. These results are to be presented virtually by the consultancy during a workshop facilitated by GIZ ISD for all stakeholders of the process, primarily addressing SMEM supported by a Khmer interpreter or translator provided by GIZ ISD as needed. The outcome of this process is expected to set the goal posts informing the required policy formulation to be implemented delivering towards the requirements of NP-2 output 2.1 (work priority 2.1.1). This optional section to be awarded separately to this consultancy produces a conclusive intermediary report in English summarising the overall process to date. This optional milestone would be expected to be completed until 31st March 2025 as a report in English and a presentation in Khmer (Khmer interpreter or translator provided by GIZ ISD as needed) facilitated virtually (see also 2.5).

8.2 Requirements

The option is exercised in the form of an extension to the contract based on the already offered individual rates. The decision if this option is to be exercised depends on both the SMEM deciding to initiate the "Do and Adapt" of Phase 4 and GIZ ISD commissioning this phase to the consultancy.

9 Annexes

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