**OPERATIONS MANUAL**

**(For Official Use Only)**

**MIZORAM HEALTH SYSTEM STRENGTHENING PROJECT**

**(P173958)**

**SUPPORTED BY WORLD BANK:**

**(year: 2021-2026)**

PREPARED BY

DIRECTORATE OF HEALTH & FAMILY WELFARE

GOVERNMENT OF MIZORAM

October 2020

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Version: Senhri 2.0

***Trying to keep a version labels as , there will be changes in the operations manual as we progress. The “Senhri” is the name of the state flower. We can add state animal, tree etc in the next version. It will be easy to control the versions and track changes in the operations manual throughout the project***

**Abbreviations**

|  |  |
| --- | --- |
| AB-PMJAY | *Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana* |
| ADB | Asian Development Bank |
| AMC | Aizawl Municipal Council |
| APL | Above the Poverty Line  |
| BMWM | Biomedical Waste Management |
| BPL | Below the Poverty Line |
| CAG | Comptroller and Auditor General  |
| CERC | Contingent Emergency Response Component |
| CHC | Community Health Center |
| COVID-19 | Coronavirus Disease 2019 |
| DC | Direct Contracting  |
| DHME | Directorate of Hospital and Medical Education |
| DHS | Directorate of Health Services |
| DoHFW | Department of Health and Family Welfare |
| GoI | Government of India |
| HMIS | Health Management Information System |
| HNP | Health, Nutrition, and Population |
| HRD | Human Resource Development |
| HRH | Human Resources for Health |
| HWC | Health and Wellness Center |
| ICT | Information and Communication Technology  |
| IEC | Information, Education, and Communication  |
| IFR | Interim Financial Report |
| IPA | Internal Performance Agreement |
| IPF | Investment Project Financing |
| IT | Information Technology |
| JICA | Japanese International Cooperation Agency |
| MIS | Management Information System |
| MoHFW | Ministry of Health and Family Welfare  |
| MSHCS | Mizoram State Health Care Scheme |
| NCD | Noncommunicable Disease |
| NHM | National Health Mission |
| NQAS | National Quality Assurance Standards |
| OOPE | Out-of-Pocket Expenditure |
| PBF | Performance-based Financing |
| PDO | Project Development Objective |
| PHC | Primary Health Center |
| PMTA | Performance-based Management Agreement |
| PPP | Purchasing Power Parity |
| PSC | Project Steering Committee |
| QA | Quality Assurance |
| RBF | Results-based Financing |
| SBCC | Social and Behavior Change Communication |
| SDH | Subdivisional Hospital |
| SHG | Self-Help Group |
| SPMU | State Project Management Unit |
| TA | Technical Assistance  |
| UN | United Nations  |
| VHND | Village Health and Nutrition Day |
| VHSNC | Village Health, Sanitation, and Nutrition Committee |
| WHO | World Health Organization  |

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# Chapter 1: About the Manual

This Operations Manual provides guidelines and lays down procedures to be used during implementation of the Mizoram Health System Strengthening Project (MHSSP). This project is co-financed by the World Bank (WB) and the Government of Mizoram (GoM). This Operations Manual (OM) is intended to provide set of guidance for implementation structures, governing processes and monitoring systems for the project implementation.

The guidelines and procedures laid out in this manual reflect the description of the project and its implementation arrangements with reference to Project Appraisal Document (PAD) and the legal agreement of the project signed between the Government of India (GoI), GoM and the World Bank. Approval and any amendments of this manual rests with the PSC and any such changes shall be agreed with the WB. Prior approval needs to be taken from The World Bank for any deviations or departures from the procedures laid down in the OM.

Objectives of operations manual: The objectives of this Project Operation Manual are:

1. To define roles and responsibilities of various implementation entities
2. To provide guidance and step by step process for obtaining any kind of financial, procurement and administrative approvals during project implementation.
3. To define the threshold limit of financial sanction, the ways and means of delegating the power for administrative and financial approval.
4. To provide set of guidelines and templates for project monitoring

# Chapter 2: The project development objectives and components

The MHSS project is designed to enhance the health system performance and quality of services through strategic investment in the areas of program management, health insurance and quality of service delivery. This project will also invest in iterative learning processes from small scale innovative services that can meaningfully integrated in the local context. The learnings from the project is expected to through light on the health systems in other north eastern states, India and neighbouring countries with similar challenges.

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| A. Project Development Objective |

**PDO Statement**

1. The Project Development Objective (PDO) is to improve management capacity and quality of health services in Mizoram.

**PDO Level Indicators**

* 1. The percentage point increase in average performance score in targeted administrative units as per internal performance agreement from baseline. (percentage) (management capacity)
	2. Cumulative Number of districts hospitals which are NQAS certified (number) (quality)
	3. The percentage point increase in average quality index score for CHCs and PHC from baseline. (Percentage) (quality)
	4. The percentage point increase in score among those who participated in clinical vignettes. (percentage) (quality)
	5. Improve management and efficiency of Health insurance program by Convergence between the MHCS and AB-PMJAY. (text) (management capacity)

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| B. Project Components |

1. **The Mizoram Health Systems Strengthening Project uses a system’s approach and is broken down into three individual components which need to be appreciated as forming part of a whole system’s approach.** The Mizoram project design combines results-based financing (RBF) and input-based financing to achieve enhanced performance management in the public sector. In addition, strengthening the management and organization of the health insurance program is expected to boost health insurance utilization and a swifter reimbursement to providers. A rigorous performance management approach will align incentives to support planning from top to bottom to move incrementally toward the national accreditation standards for district hospitals, CHCs, and PHCs. Inputs required to assist health facilities to reach national accreditation standards will be sourced not only from planning and followed through using performance-based instruments but also from resources put upfront through decentralized health facility grants and income through results-based quality achievements. The health system strengthening approach aligns incentives not only for the public sector through the internal performance grants and their performance-based grants but also for health facilities to not only plan for national accreditation but also to work on activities that are immediately important for strengthening the COVID-19 preparedness and for content of care quality. Using the language of system thinking,[[1]](#footnote-1)the strength of this conjoint inputs—planning and results-based approach—lies in multiple interlinked reinforcing loops. As an example of such an interlinked reinforcing links, pharmaceutical supply is sourced through central mechanisms, and various effects lead to less than desirable amounts of drugs available at health facilities.
2. The project sees three pathways to enhance availability of essential drugs at health facilities. The first pathway will be targeting the department responsible for procurement and supply of essential drugs with an Internal Performance Agreement (IPA) while also targeting District Health Departments for parts of their role in the planning process and health facilities for having sufficient stock and planning and replenishment of stock. A second pathway will be targeting the department involved in or responsible for the creation of private pharmacy outlets in health facilities. A third pathway will be, through special knowledge tests (the ‘vignettes’ applied through a ‘low-dose high-frequency [LDHF] training’ approach), enhancing the diagnostic capacity of providers targeting rational use of diagnostic tests and prescribing patterns. Much enhanced quality of care, both structural and procedural (‘content of care’) and outcomes (‘client satisfaction’), will be noted by clients who will increase their patronage of public health facilities, including the PHCs, leading to a virtuous reinforcing loop. Also, much enhanced quality of care (as measured through the quarterly quality metrics and ultimately through the national quality accreditation standards) will lead to more income for the facility, better motivated staff, less staff absenteeism, more satisfied patients and better health outcomes.
3. **The project is supported by an IBRD loan in the amount of US$32 million using an Investment Project Financing (IPF) instrument structured in four components.** The first three will address different elements of the PDO (accountability, management, and coverage of health insurance and quality) and the fourth will be a Contingent Emergency Response Component (CERC). Component 1 will focus on strengthening management and accountability, creating the environment for reforms, enhancing performance of the DoHFW and its subsidiaries, improving efficiency of the public health administration while health facilities are the ultimate target, and strengthening content of care quality and key structural quality areas while assisting health facilities in the planning for national accreditation. Component 2 will invest in the state health insurance program to improve its overall design, management, and effectiveness. Component 3 will focus on health systems development, structural quality improvements, and pilot health innovations. A combination of results-based approaches (Component 1) and input-based financing (Components 2 and 3) will address the key challenges related to management structures, planning and budget process, human resources, medicine supply, and quality of care referred to in section I.B.

**Component 1: Strengthen management and accountability through Internal Performance Agreements (cost US$13.5 million)**

1. This component focuses on reforms in governance and management structures through IPAs between the DoHFW and its subsidiaries at the state and substate levels. An RBF approach is expected to strengthen the management and accountability relationships between the state- and the substate-level implementing units. Fund transfers to institutions and health facilities would be made against the achievement of performance indicators specified in IPAs. The IPAs aim to foster a spirit of more accountable government, along with results-based monitoring, contributing to improvements in management of the system and delivery of quality health services.[[2]](#footnote-2) At the health facility level, this approach will provide flexible resources, strengthening management autonomy of decentralized structures. A system of geographic equity adjustments will be put in place to ensure that the most destitute health facility will have relatively the largest performance budget. Measures that will govern these geographic equity adjustments will include travel time to the state capital, human resources density, poverty scores, and immunization coverage. At the health facility level, the IPA will be focused on key structural quality elements such as planning, budgeting, and coordination; user experience targeting women patients; and core metrics for content of care quality such as knowledge and competency tests of providers. These quarterly metrics, carried out timely and diligently by certified assessors from district and state levels (responsible to their departments, governed by IPAs), will be carefully designed in close collaboration with the client and adjusted incrementally once a year. The IPAs will be designed to align the objectives of the participating entities. Internal verification mechanisms, governed by IPAs, will ensure regular assessments. An external counter-verification mechanism will be established to validate internal verification results. The IPA strategy is described in detail in annex 3, including design, funds flow, and roles at different levels.
2. **IPAs will be implemented at the state, district, and health facility levels.** Each of these levels will contribute to system strengthening, to improve the health insurance programs and the quality of health services. Entities with which the DoHFW will sign agreements are (a) the state-level DMPH, the DHME, their subsidiary departments, and the MSHCS; (b) district-level health administrations and district hospitals; and (c) health facilities, at both the primary (PHCs) and first-referral (CHCs) levels. Agreements will be signed between different levels of the system, as described in table 1.

Table 1. Entities and Contracting Relationship under IPAs

|  |  |  |
| --- | --- | --- |
| **No.** | **Contracting authority** | **Entities** |
| Principal Agreement (Level 1) |
| 1 | DoHFW | DMPH |
| 2 | DoHFW | DHME |
| 3 | DoHFW | State insurance agency |
| Sub-agreements (Level 2) |
| 5 | DMPH and DHME (tripartite agreement)  | Selected district hospitals and higher-level facilities |
| 6 | State insurance agency | Selected district hospitals and higher-level facilities |
| Sub-sub-agreements (Level 3) |
| 7 | District administration | Selected CHCs and PHCs |

1. **The performance metrics in the IPA are determinants of improved management capacity and quality of health services.** Distinct performance metrics are designed for the levels as per their roles and responsibilities that contribute to enhanced access to and quality of health services. The various metrics in the performance frameworks are designed and weighted using a bottom-up process with the client. The state-level indicators (for directorates) are to improve timely resource allocation to districts and health facilities, for policy reforms in human resources and their deployment, and to ensure procurement and supply of drugs and medical equipment as per the need. District-level performance indicators contribute to improved monitoring and supervision, coordination support for supply of drugs, institutional-level review for biomedical waste, and facilitation of quality improvement and accreditation processes. At the health facility levels, performance indicators are targeted to improve quality of service delivery including content of care quality, patient satisfaction, satisfaction and user experience of women patients, biomedical waste implementation, reporting and documentation, and clinical skills of the medical staff.
2. **The directorates will be supported in identifying existing sector wide gaps in management, delivery, and quality of health services, as well as in coverage and operation of the health insurance program.** They will be supported in determining the most suitable approaches to address these gaps, developing action plans, and operationalizing those plans. A first phase of performance-based funding will be provided to the directorates, district-level health offices, eligible subsidiary divisions, and the health insurance program, which will meet preconditions reflecting a minimum level of capacity and interest, including development of action plans with agreed targets and these latter will be a precondition for this first phase of funding. This process will build institutional capacity of the decentralized health administrative units at the state and substate levels in need-based planning and management of health services.
3. **The IPAs will encompass objectives, key results, and indicators reflecting those results, as well as financing tied to the composite performance score of the IPA.** Action plans will be defined for accomplishing the results, with implementation of the action plans supported by a first phase of funding, followed by funds transferred based on results. Indicator definitions and reporting procedures will be specified, with reporting aligned to the existing health management information system (HMIS) and other reporting or documentation systems, while the IPA results will be assessed each quarter by certified assessors. Internal and external verification procedures will also be specified in the IPAs. The Contracting Authority at each level will be responsible for oversight, mentoring, and financing the contracted parties. Capacities of the Contracting Authorities to manage the IPAs will be developed with support from the project. Regular results assessments will be institutionalized, and data availability will be enhanced through the creation of a dashboard.
4. **Performance will be measured against results defined through key indicators that contribute to improved quality of health services and efficiency in the health insurance program.** Key indicators will capture HRH, timely supply of resources at the district level, availability of medicines at the facility level, regulation of biomedical waste, and monitoring of health services. Performance indicators will also include health facility quality scores reflecting the results of health staff knowledge tests, indicators of infection prevention and control and BMWM, and metrics related to the quality accreditation process. The health insurance program will be restructured to ensure coordination and synergy with the national program and to improve its design and implementation, with IPA indicators reflecting progress. Performance indicators have been developed to be mapped at different levels. About one-third of the performance metrics will reflect improved management capacity and accountability, while a quarter of the indicators will reflect service quality mainly at the health facility level. Performance metrics and the weightage of these metrics will be finalized in close collaboration with the departments targeted.
5. **Though NQAS certification comes with a monetary award, getting health facilities prepared for accreditation has significant up-front costs, and this is where the health facility IPA comes in.** The health facility IPA will provide funding based on quality performance. Part of the health facility quality index will be metrics measuring progress on accreditation planning and implementation. Furthermore, low-quality health services have an immediate impact on health benefits, and it seems imperative to tackle this as a matter of some urgency. Also, in times of the COVID-19 epidemic, strengthened attention to infection control and prevention, in general, is urgent. Process quality in the Donabedian sense, the 'content of care quality’, which is what happens between the provider and the patient, is significantly related to outcomes of health services. A significant weight within the quality index will come from anonymized health worker knowledge scores.
6. **Health facility will focus on a select set of quality metrics that will assist in working toward NQAS accreditation while having a swift impact on the content of care quality.** An established quality framework describes quality metrics as structural, process, and outcome types.[[3]](#footnote-3) The NQAS has elaborate metrics across these three dimensions. However, the accreditation process is an arduous path, and once NQAS certification has been obtained, it will be repeated only once every three years.
7. **The achievement of performance indicators reported by the administrative units and health facilities which are parties to the IPAs will be verified in two ways:**
8. An internal verification mechanism will use an existing pool of human resources who are currently tasked with various QA activities. These individuals will be mapped organizationally to departments and units that will be under IPAs.
9. An external verification mechanism will involve a pool of contracted consultants or an external agency which will independently assess a sample of the reported results as well as the use of financial incentives by different levels. Indicators will be revised based on implementation experience.

**Component 2: Improve design and management of the state health insurance programs (US$2.5 million)**

1. This component will support to strengthen the design, systems, and operations of the health insurance schemes in the state. Strengthening will focus on reducing fragmentation between schemes, promoting synergy and convergence for efficiency gains, and augmenting the management capacity of the state insurance agency, thereby contributing to improved coverage and increased service utilization. The component will support the state health insurance programs and their links with AB-PMJAY, contributing to reducing financial barriers in accessing hospital services, preventing catastrophic OOPE for health by poor families, and expanding coverage. For this, structural reforms are required for the two health insurance schemes that are running in parallel. The project will finance investments in such corrections at three levels: (a) strengthening of policy and design for increased operational efficiency; (b) strengthening of institutional capacity, systems, and processes of the state insurance agency for greater accountability; and (c) community interventions for improving coverage and demand, thereby increasing utilization of services as well.
2. **Strengthening of policy and design.** This will include reviewing benefit packages, exploring options for converging benefit packages between the two schemes, exploring options for convergence in the schemes, converting the state schemes into a cashless benefit for end users, and maximizing use of the provisions of AB-PMJAY to reduce the financial burden on the MSHCS. Strategies for progressive reduction of enrollment fees under the state schemes will be explored as part of design restructuring. The project will incorporate future events and their effect on populations, such as disease patterns and potential disease outbreaks in policy designs that are influenced due to lifestyle and climate change.
3. **Strengthening of institutional capacity, systems, and processes.** Investments will be made in strengthening operational convergence of the two schemes. The project will support investments in information technology (IT) architecture and capacity to convert the MSHCS into a paperless transaction system such as the central scheme (AB-PMJAY) and to improve other functions such as beneficiary identification, hospital empanelment, referrals, portability mechanisms, claim adjudication, financial management (FM), grievance redressal, service quality audits, and monitoring. Systems, tools, and skills (technical and managerial) will be developed among scheme administrators at the state, district, and facility levels, including investments in additional human resources and infrastructure and learning exchanges with other states and countries with mature government-financed health insurance programs. This will ensure quality improvement of scheme administration processes and thereby in the longer-term result in efficiency gains within the scheme administering agency.
4. **Community interventions for improving coverage, demand, and utilization.** Comprehensive communication campaigns and demand-side interventions will be supported to improve enrollment under the schemes and increase demand for services. Interventions would include household enumeration in targeted villages to improve enrollment in the health insurance program and community-driven pilots to increase awareness about health issues, including the benefits of enrolling in the health insurance schemes. Such interventions will leverage existing platforms for engaging with communities, including Village Health, Sanitation, and Nutrition Committees (VHSNCs), women’s Self-Help Groups (SHGs), and Village Health and Nutrition Days (VHNDs). Increased coverage and intensive demand-side efforts including, but not limited to, communication campaigns will lead to improved utilization that would be measured through increase in the share of government hospital in-patients who are insured.
5. **Targeting women beneficiaries and women-headed households in accessing health insurance.** The component will support development of a bouquet of services to improve women’s access, enrollment, and usage of health insurance. First, the component will develop and roll out targeted communication/behavior change modules to disseminate information among women beneficiaries, particularly women-headed households. Second, the component will undertake a review to identify districts/blocks with poor enrollment of women beneficiaries in health insurance schemes. To bridge this gap, the component will support capacity-building measures and offer performance-based incentives to insurance enumerators in select districts/blocks. Third, the component will leverage the power of women-led groups to enforce village-level monitoring and uptake of health insurance among women. The proposed intervention will also identify targeted blocks/villages to demonstrate the positive impact of women’s improved access to health insurance on their overall health and well-being.
6. Under Component 2, the project will finance (a) part of the claims paid by the MSHCS for services provided to beneficiaries, (b) hiring of individual consultants, (c) training, (d) hiring of consultancy and non-consultancy services, and (e) investments in office and IT infrastructures that are climate smart and energy efficient.

**Component 3: Enhance quality of health services and support innovations (US$16 million)**

1. This component will improve the quality of health services by developing a comprehensive QA system, improving BMWM, enhancing human resource management, and piloting innovations. These investments will improve the capacity of the health facilities to respond to the ongoing COVID-19 pandemic as well as increased preparedness for future outbreaks. The selection of targeted health facilities will address the equity issues between rural and urban. The investments in the areas which are hard to reach and neglect will be prioritized. Under this component, the project will support development of a gender-informed human resource policy that will define career pathways, roles, and competencies. This component involves various information and communication technology (ICT) activities to improve the overall efficiency and will also pilot ICT solutions under innovations.
	1. **Improvements in the delivery and quality of health services provided by district hospitals, CHCs, and PHCs.** The project will support QA programs at the PHC, CHC, and district hospital levels. This will involve development and implementation of health facility improvement plans, training of teams responsible for periodic assessments, and training of district-level administrators. The project will build on other initiatives supported by the state and central governments, notably the NQAS. The project will support preparation of additional health facilities for accreditation. This will involve gap analysis and the necessary training and investments to fill the identified gaps. Under the infrastructure revamping, the repairs and retrofitting of the health centers will move toward being ecofriendly and energy efficient. The project will support facility improvement teams to implement quality initiatives, recruitment of hospital managers, and strengthening of district teams. The NQAS quality index used to measure results includes indicators related to major and minor surgeries, cesarean sections, other in-patient procedures, and quality of facility based NCDs screening. The efficacious use of diagnostics has become the cornerstone of evidence-based medicine. The project will finance models for strengthening diagnostic (laboratory/radiology) services through private sector participation.
	2. **Strengthening of BMWM.** The project will develop a strategy for improving management and disposal of biomedical waste generated by both government and private health services, in collaboration with the State Pollution Control Board and municipalities. Improving the BMWM system will include developing evidence-based strategies and plans; investing in infrastructure and equipment (including maintenance); exploring private sector engagement options; building capacity; and deploying personal protective equipment, infection prevention measures, and immunization for health care providers*.*
	3. **HRH development.** The project will support a multipronged approach to institutionalize and strengthen HRH, starting with support to development of a state-level policy and management framework for HRH. The project will support improvements in pre- and in-service training, including quality accreditation through the National Assessment and Accreditation Council for the college of nursing, infrastructure revamping of nursing and training institutions, and development of programs for continuing medical and paramedical education. The project will also support the state in developing and implementing strategies to address human resource shortages, especially specialists. Human resource management systems will be improved, through developing and implementing performance metrics for health cadres and building the capacity of the DoHFW for data-based management of human resources.
	4. **Testing innovations in service delivery through pilot interventions.** The project will support design, development, and piloting of innovative models for outreach and service delivery outreach. Activities may include engaging community platforms and frontline workers, supporting community and home-based palliative care, screening for NCDs (including for breast and cervical cancers), developing comprehensive primary care services through health and wellness centers (HWCs), and using drones for emergency supplies and telemedicine to improve access to services.
2. Under Component 3, the project will finance (a) hiring of consultant support, (b) minor civil works, (c) goods and equipment, (d) training, (e) hiring of additional human resource (such as hospital managers and other technical staff), and (f) hiring of non-consultancy services for clinical and nonclinical work.

**Component 4: Contingent Emergency Response Component (US$0 million)**

1. The CERC provides a mechanism for provision of immediate response to an eligible crisis or emergency, as needed.

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# Chapter-3 Implementation Arrangements

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1. **The DoHFW will be responsible for the implementation of the project.** The existing DoHFW governance and management structures and departments will be used for project implementation. A Project Steering Committee (PSC) under the Chairmanship of the Chief Secretary will provide oversight to the project. The committee will also include the Principal Secretary (Health and Family Welfare) and secretaries of other relevant departments. The committee will oversee the project implementation and results and will be responsible for approving and monitoring the annual project plans and budgets and preparing the project’s Operations Manual. The Principal Secretary (Health and Family Welfare) will lead the Project Executive Committee to provide regular monitoring and necessary approvals for day-to-day implementation of project activities. Given the results focus of the project, which requires coordinated action by directorates within the DoHFW, the designation of a senior official within the department is critical to effective implementation.
2. **The Principal Director (Health) will be the Project Director and will lead the Project Management Unit (PMU).** The PMU will be responsible for the project implementation, including its regular monitoring and supervision. The PMU will have staff deputed from the two directorates: (a) the Directorate of Health Services (DHS) and (b) the DHME. Approximately 10 staff and consultants will be included in the PMU and will be responsible for procurement and FM; social and environmental safeguards; and technical areas including community mobilization, QA, monitoring, information, education, and communication (IEC), human resource development (HRD), and a civil engineer. A TA provider will be set up to augment the PMU’s capacity in administrative and technical areas including procurement, FM, hospital quality improvement, management of information systems and other technical areas. Technical and knowledge partnerships as well as multi stakeholder engagement will be established to augment technical capacity of the department.

Figure 2. Implementation Structure

**Project steering committee**

(Headed by chief secretary)

**PROJECT EXECUTIVE COMMITTEE**

(Headed by Prinicpal Secretary HFW)

**PROJECT MANAGEMENT UNIT**

(Headed By Principal Director, Health)

Monitoring (D)

Civil Engineer

Consultant: IEC, Soc. Safgds

Consultant HRD

Quality Assurance

Procurement (D)

Community Mobilization

Accounts (D)

**Joint Director: Add Project Director**

Financing

**TA PROVIDER**

Consultant

Consultant (IT, Analytics)

Assistant

Supply chain Mngmt Cons.

Procurement Consultant

1. **The PMU will develop the Operations Manual that will provide guidelines and procedures to be used for implementation of the project.** The Operations Manual will also define the scope and technical specification of the project activities along with the monitoring system. The procedures for administrative approvals and financial controls will also be well defined to minimize ambiguity and bring efficiency in implementation of the project.

**Project Steering Committee[need the official order , particularly the members]**

The Mizoram health systems project aims to contribute to overall health sector development in the state. The Development Objective is to strengthen the basic public health function and improve access to quality health care for the people of Mizoram. The project will be financed by the Government of Mizoram and the World Bank and will function under the direction of the Project Steering Committee (PSC) headed by the Chief Secretary of the State. The project executive committee under the leadership of Principal Secretary Health and Family Welfare will guide the overall project implementation, coordination with other arms of the health system and other departments. The project will be implemented by a State Project Management Unit (SPMU) in the Department of Health & Family Welfare, headed by a Principal Director health who will act as the Project Director. The composition and functions of the Project Steering Committee are as follows.

**Objective:** The objective of the Project Steering Committee is to provide oversight and guidance to the Mizoram Health System Strengthening Project, ensuring that it achieves its objectives through implementation effectively and efficiently.

**Powers and Functions:** The Project Steering Committee is empowered to take any decisions relating to the design and implementation of the Mizoram Health System Strengthening Project.

In particular and without prejudice to the generality of the foregoing provision, the Project Steering Committee may:

* Consider the Project's annual work plan and budget, their subsequent alternations placed before it by the Convener from time to time and authorize the Project Executive Committee to implement the annual work plan and budget with such modifications as the Project Steering Committee may determine.
* Consider the Project’s Operations Manual and any subsequent revisions and approve it with such modifications as the Project Steering Committee may determine.
* Monitor and consider reports on the implementation and results of the Project and take appropriate action to ensure the Project’s progress.
* Ensure that all fiduciary, technical and safeguards requirements specified in the World Bank Project Agreement are fulfilled within requisite timeframes.
* Ensure coordination between sectors for successful implementation and results of the Project, including providing guidance and directives to relevant State Departments.
* Ensure coordination on Project planning and activities with local authorities and community groups.
* Ensure communication and consultation on Project planning and activities with all stakeholders within and outside government.
* Delegate its powers to the Chairperson, Convener and Project Director as it may deem fit.
* Oversee the integration of work of the Project Management Unit with the state health system, which is under the administrative control of the Commissioner & Secretary, Health & Family Welfare.
* Approve staffing of the Project Management Unit.
* Monitor the financial position and financial flows of the Project to ensure smooth disbursement and implementation.
* Ensure and review the annual external audit of Project expenditures.
* Adopt financial management and procurement procedures for the Project.
* Provide financial and legal sanctions necessary for the implementation of the Project; and
* Do generally all such acts and things as may be necessary or incidental to carrying out the Project and achieving its objectives
* Undertake six monthly review of the state level Internal performance agreements

**Proceedings:** The meetings of the Project Steering Committee shall be held at least once in every six months and at such time and place as the Chairperson shall decide. If the Chairperson receives a meeting request signed by one-third of the members of the Project Steering Committee, the Chairperson shall call such a meeting as soon as may be reasonably possible and at such place as s/, he may deem fit.

At the annual meeting of the Project Steering Committee, the following business shall be considered, and necessary action taken.

* Income and expenditure account and the balance sheet for the past year.
* Annual report of the project including implementation of the previous annual Workplan and budget, as well as results as measured by Project indicators.
* Budget for the next year.
* Workplan for the next year.
* Appointments to any Sub-Committees.
* The Chairperson shall take the Chair at the meetings of the Project Steering Committee. In his/her absence, the Vice-Chairperson will chair the meeting, failing which the Project Steering Committee shall elect one from among the members present as Chairperson of the meeting.

**Business rules**

* One-third of the members of the Project Steering Committee shall form a quorum at every meeting of the Project Steering Committee.
* All disputed questions at the meeting of the Project Steering Committee shall be determined by votes. Each member of the Project Steering Committee shall have one vote and in case of any equality of votes, the Chairperson shall have a casting vote.
* Should any member be prevented for any reason from attending a meeting of the Project Steering Committee the Chairperson shall be at liberty to nominate a substitute to take the member’s place at the meeting. Such substitute shall have all the rights and privileges of a member of the Project Steering Committee for that meeting only.
* Any member desirous of moving any resolution at a meeting of the Project Steering Committee shall give notice thereof in writing to the Convener of not less than ten clear days before the day of such meeting.
* Any business which it may become necessary for the Project Steering Committee to perform except such as may be placed before its Annual meeting may be carried out by circulation among all its members and any resolution so circulated and approved by a majority of the members signing shall be as effectual and binding as if such resolution had been passed at a meeting of the Project Steering Committee provided that at least one-third of the members of the Project Steering Committee has recorded their consent of such resolution.
* A copy of the minutes of the proceedings of each meeting shall be furnished to the Project Steering Committee members within two weeks of completion of the meeting for their feedback. The members may consider sharing their feedback within two weeks to the Convenor of the meeting, following which the final minutes are shared among all the members. The minutes of meetings and approval documents will be shared with the Project Management Unit and the World Bank.

**Membership**

The members of the **Project Steering Committee** are as follows:

1. Chief Secretary, as Chairman
2. Add. Chief Secretary & Development Commissioner, as Member and Vice-Chairperson
3. Commissioner & Secretary, Health and Family Welfare, as Convener
4. Principal Director, Department of Health (project director), member secretary
5. Mission Director of National Health Mission, as member
6. Add. Chief Secretary & Finance Commissioner, as Member
7. Commissioner & Secretary, Planning & Co-or, UD, as Member
8. Commissioner & Secretary, Administration, as Member
9. Principal Secretary, Forests & Environment, or Chairman, State Pollution Control Board, as Member.
10. Commissioner & Secretary, New and Renewable Energy, as Member
11. Commissioner & Secretary, Rural Development, as Member
12. Secretary of Social Welfare, as member

**Membership Rules**

* The membership of an ex-officio member of the Project Steering Committee shall terminate when he/she ceases to hold the office by which he/she was a member and his/her successor to the office shall become such member.
* The Committee shall maintain a roll of members at its registered office and every member shall sign the roll and state therein his/her rank or occupation and address. No member shall be entitled to exercise the rights and privileges of a member unless he/she has signed the roll.
* All members of the Project Steering Committee shall cease to be members if they resign, become of unsound mind, become insolvent or be convicted of a criminal offence or are removed from the post by which s/he was holding the membership.
* Resignation of membership shall be tendered to the Project Steering Committee in-person to its Convener and shall not take effect until it has been accepted on behalf of the Chairperson.
* If a member of the Committee changes his/her address he/she shall notify his/her new address to the Convener who shall thereupon enter his/her new address in the roll of members. But if a member fails to notify his/her new address the address in the roll of members shall be deemed to be his/her address.
* Any vacancy in the steering committee shall be filled by the authority entitled to make such an appointment.
* No act or proceedings of the committee shall be invalid merely because of the existence of any vacancy therein or any defect in the appointment of any of its members.
* No member of the Project Steering Committee shall be entitled to any remuneration.

**Project Executive committee**

The Executive committee will be constituted within DoH &FW. Under the guidance of PSC, PEC shall facilitate and provide necessary authorizations on a routine basis for effective and efficient implementation of the project. This five-member committee shall be chaired by Commissioner and Secretary of Health Family Welfare.

**Powers and Functions:**

* Guiding the SPMU in project planning keeping the evidence and implementation of state and central supported health programs, with particular focus on complementary and supplementary support to the existing programs
* Approving innovative approaches
* Monitor the project on quarterly regular basis.
* Appoint working groups for technical discussions
* Drawing from existing human resource- Staff appointments as per delegation of power, i.e. Approvals for staff one additional charge
* Hiring of consultants
* Providing financial approval as per the delegation of authority

**Proceedings:** The meetings of the Project Executive Committee shall be held at least once in every three months and at such time and place as the Chairperson shall decide. If the Chairperson receives a meeting request signed by one-third of the members of the Project Executive Committee, the Chairperson shall call such a meeting as soon as may be reasonably possible and at such place as s/, he may deem fit.

At the annual meeting of the Project Executive Committee, the following business shall be considered, and necessary action taken.

* Income and expenditure account and the balance sheet for the past year.
* Annual report of the project including implementation of the previous annual Workplan and budget, as well as results as measured by Project indicators.
* Quarterly and Annual Budget.
* Workplan for the next year.
* Appointments to any Sub-Committees.

**Business rules**

* Half of the members of the Project Executive Committee shall form a quorum at every meeting of the Project Steering Committee.
* All disputed questions at the meeting of the Project Executive Committee shall be determined by votes. Each member of the Project Executive Committee shall have one vote and in case of any equality of votes, the Chairperson shall have a casting vote.
* Should any member be prevented for any reason from attending a meeting of the Project Executive Committee the Chairperson shall be at liberty to nominate a substitute to take the member’s place at the meeting. Such substitute shall have all the rights and privileges of a member of the Project Executive Committee for that meeting only.
* Any member desirous of moving any resolution at a meeting of the Project Executive Committee shall give notice thereof in writing to the Convener of not less than ten clear days before the day of such meeting.
* Any business which it may become necessary for the Project Executive Committee to perform except such as may be placed before its quarterly meeting may be carried out by circulation among all its members and any resolution so circulated and approved by a majority of the members signing shall be as effectual and binding as if such resolution had been passed at a meeting of the Project Executive Committee provided that at least half of the members of the Project Executive Committee have recorded their consent of such resolution.
* A copy of the minutes of the proceedings of each meeting shall be furnished to the Project Executive Committee members within two weeks of completion of the meeting for their feedback. The members may consider sharing their feedback within two weeks to the Convenor of the meeting, following which the final minutes are shared among all the members. The minutes of meetings and approval documents will be shared with the Project Steering Committee.

**Membership**

The members of the **Project Steering Committee** are as follows:

1. Commissioner & Secretary, Health and Family Welfare, as Chairperson
2. Principal Director Health (Project director), Convener
3. Mission Director of National Health Mission, Member
4. Director Health Services, as member secretary
5. Director Hospital and Medical Education, as member

**Membership Rules**

* The membership of an ex-officio member of the Project Executive Committee shall terminate when he/she ceases to hold the office by which he/she was a member and his/her successor to the office shall become such member.
* The Committee shall maintain a roll of members at its registered office and every member shall sign the roll and state therein his/her rank or occupation and address. No member shall be entitled to exercise the rights and privileges of a member unless he/she has signed the roll.
* All members of the Project Executive Committee shall cease to be members if they resign, become of unsound mind, become insolvent or be convicted of a criminal offence or are removed from the post by which s/he was holding the membership.
* Resignation of membership shall be tendered to the Project Executive Committee in-person to its Convener and shall not take effect until it has been accepted on behalf of the Chairperson.
* If a member of the Committee changes his/her address he/she shall notify his/her new address to the Convener who shall thereupon enter his/her new address in the roll of members. But if a member fails to notify his/her new address the address in the roll of members shall be deemed to be his/her address.
* Any vacancy in the steering committee shall be filled by the authority entitled to make such an appointment.
* No act or proceedings of the committee shall be invalid merely because of the existence of any vacancy therein or any defect in the appointment of any of its members.
* No member of the Project Executive Committee shall be entitled to any remuneration.

**Project Management Unit:** The Mizoram Health System Strengthening Project aims to contribute to overall health sector development in the state. The goal of the project is to address priority bottlenecks to improving the supply, utilization and quality of health and nutrition services in Mizoram through investments in several sectors. The project will be financed by the Government of Mizoram and the World Bank and will function under the direction of the Project Steering Committee (PSC) headed by the Chief Secretary of the State. The project will be implemented by a State Project Management Unit (SPMU) in the Department of Health & Family Welfare. The Project Management Unit, headed by Principal Director Health, GoM, as Project Director, will function under the guidance of Project executive committee.

**Objective:** The objective of the Project Management Unit is to ensure timely and effective implementation of the Mizoram Health system strengthening Project as well as monitoring and evaluation of its implementation progress and results.

**Functions**

Project Management Unit will be responsible for the following:

* Developing and revising annual Work plans and budgets, (based on project objectives, and ongoing NHM and state implementation plans), for consideration by the Project Executive and Steering Committee.
* Developing and revising as needed the Project Operations Manual for consideration by the Project Steering Committee.
* Implementing approved annual Work plans
* Developing and revising as needed the Project procurement plan.
* Ensuring the technical design and quality of Project-supported activities, including developing and reviewing technical specifications, terms of reference, technical proposals and other relevant documents.
* Coordinating on Project activities with relevant entities and officials in the Department of Health & Family Welfare and other state government departments.
* Coordinating on Project activities with local authorities and community groups.
* Ensuring all fiduciary, technical and safeguards requirements specified in the World Bank Project Agreement are fulfilled within requisite timeframes.
* Managing, monitoring and ensuring the effective implementation and quality of all Project-financed civil works, goods, consultants and services contracts.
* Assuring financial management for the Project through the services of a contracted firm.
* Ensuring annual external audits of Project expenditures.
* Ensuring accurate and timely monitoring and evaluation of project activities and their results, notably key Project indicators.
* Reporting on project implementation and results to the Project Steering Committee and the World Bank.
* Implementing communication and consultation activities with stakeholders within and outside government.

**Staffing:** The Project Management Unit will be staffed by state government officials on additional charge as well as technical and implementation specialist consultants selected through open an open and competitive process. Besides, the Project Management Unit will be supported by one or more contracted consultant firms selected through open and competitive processes.

**The Project Management Unit will be staffed as follows:** The project management unit will be constituted using (i) existing staff working under the three directorates, (ii) additional consultants to provide temporary/ short term support for project implementation. The ToRs are indicative of the requirement. It is important to build on the experience and expertise of internal/ existing staff by allowing them first to ensure that the project learning is more integrated with the existing health system and sustainable after the project is completed.

**Needs to be revised as per the government announcement**

* Project Director: Principle Director, Directorate of Health, Mizoram.
* Administration: Additional Project Director: The Additional Project Director will be from Joint director rank and will be in charge of project implementation. Besides, the joint director will be responsible for overseeing the human resource development strategy and implementation.
* Accounts: Accounts Officer: The Accounts Officer will be responsible for the financial management of the project, with support from a consultant/ consulting agency. The Accounts Officer will be from the state government.
* Procurement: Procurement Officer: The Procurement Officer will be responsible for overseeing and managing procurement processes, with support from a contracted firm. The procurement officer may be chosen from the existing procurement staff engaged with the department of health or with other related departments.
* Monitoring: Monitoring and Evaluation Officer: The Monitoring and Evaluation Officer will be responsible for putting in place and implementing the necessary systems to collect, report and analyze data on project implementation progress and results. The officer will oversee evaluation and research activities with support from other technical staff and consultants of the SPMU. The Monitoring and Evaluation Officer may be from the existing staff working under similar roles in the state including NHM
* Quality Assurance: Joint Director in-charge of quality assurance program or one senior member of the quality assurance team from the state will be given additional charge of the implementation of the quality assurance program
* Community mobilization: The Joint director in charge of community mobilization or state ASHA coordinator or staff holding similar portfolio or consultant may be considered for the activity.
* Public health Engineer: The civil engineer in charge of the department's civil engineer work or consultant suitable for the work may be appointed to oversee the related work.
* Consultant specialists: The State Project Management Unit may be supported as needed by individual consultants who are technical specialists in relevant areas like human resource development, and civil engineer to augment the technical assistance to the project. The consultants will not replace the state offices.
* Consultant firm(s): Also, the Project Management Unit will be supported by one or more consultant firms. In particular, a consulting firm will be selected to provide support on procurement, financial management and planning and management of civil works. Other consultant firms may be contracted to provide support in other areas.

## Selection of sites for project implementation

The project will be implemented across all the DH, SDH, CHC, PHC and Select sub centers in two districts.

The capacity building initiatives will include all the DH, SDH and CHC, PHC, nursing schools and sub centers

The Clinical vignettes will be implemented in all the DH, SDH, CHC and PHC

The facility level IPA will be implemented in limited sites. The IPAs will be implemented in all the 9 district hospitals, 2 Subdivision hospitals, 9 community health centers, 39 primary health centers, 20 sub centers and 50 villages. Out of the total of 63 primary health centers 39 are chosen on the basis of availability of reported proper land records and OPD load. 18 PHCs do not have proper land records and 6 have less than 5 OPD per day,  Two districts Kolasib and Lawngtlai are chosen for interventions beyond primary health centers covering north and south of the state. The 20 sub centers are chosen on randomly in the above two districts, 10 from each district criteria. Two to three catchment villages from each sub center will be chosen randomly from the list of villages under each sub-center to a maximum of 50 villages. The list of the intervention sites are given in the annex.

Input based investments will not be made by the project in sites that do not have proper land record in the name of the government.

The project will be implemented in phase wise manner with select departments and two select districts. Learnings from these implementations will be reviewed concurrently, learnings from these implementation experiences will be added to address the changes if any is needed and will be reflected both in strategy or content. This review will be undertaken by the World Bank task team, project executive committee.

## Project beneficiary

The project will benefit the population of Mizoram by improving the management, quality, and coverage of services delivered by the government health system, including all health facilities. The MSHCS, which currently covers approximately 56 percent of households, will also be strengthened. The project will also benefit health sector staff, specifically at the secondary and primary levels, by strengthening their capacity and providing them skill-based training. Investments at the health facility level to enhance infrastructure, private sector partnerships, technology solutions, and working conditions will improve their efficiency and satisfaction levels and lead to better quality care

# Chapter 4: Human resource for project management

This section describes and defines the administrative process that needs to be undertaken for the implementation of the project. The approval systems are divided in to the following:

* Processes related to Human resource management
* Process related to Procurement
* Process related to Financial approval system

**4.1 Human Resource management**

This section provides overview of process for hiring of staff, performance management, day to day operations (travel, salary etc). The projects staffs of SPMU, as approved in the organogram in this document, are combination of the following:

* Deputation from departments and
* Consultants hired on contractual basis.

**4.1.1 Deputations**

For deputations, the project shall be required to have people on deputation, particularly for the positions of Project Director, Additional Project Director, Consultant Quality Assurance, Consultant Community Mobilization, and Accounts officer. The state has agreed in principle for deputation of these key staff. The staff shall be deputed as per the government rules and procedures of the state.

**4.1.2 Consultants**

Consultants will be hired as per the procurement norms specified in this document. The hiring of the consultant shall be as per the project needs that will draw technical expertise from the market. During the implementation of the project, the requirement of technical experts may change, accordingly SPMU will take the necessary approvals from PSC and modify the consultants list.

**4.1.3 Staff Performance appraisal**

The performance appraisal of the staff deputed from government department shall follow the rules and regulation of state Administration department. The annual performance appraisal of the contractual staff shall be conducted by the project. The objective key performance agreement shall be agreed with the staff which is measurable. The deliverable listed under ToR will also be considered while performance appraisal of staff.

**4.1.4 Termination of staff**

The project shall closely monitor the performance of the staff for achieving the project objectives. The monthly performance review of the project activity shall inform the deliverable by the project staff. The project director is responsible to monitor the performance and during the incidence of any staff not performing shall be supported with required skills for delivering the output. During the incidence of continues non-performance, the project director shall terminate the staff by giving the notice as per contract agreement.

#  Administrative process related to financial approval system and Delegation of power

The drawal authority for the project is Project Director Mizoram Health Project. The project will be funded through Treasury and have the project account that will allow smooth fund flow and implementation of project activities. The administrative process for financial approval is mentioned below.

Figure 4.3: Financial Approval Process



**4.4 Delegation of administrative and financial power**

The state shall adhere to provisions of the Delegation of Financial Powers given below and have them ratified by the PSC as the case may be.

**4.4.1 Project Steering Committee:**

* Provide financial and legal sanctions necessary for implementation of the Project
* Approval of annual work plan and budget
* Modifications in annual work plan and budget (as and when required)
* Approval of Operations Manual and any subsequent content revisions such as process

of approval, delegation of power or any changes that has financial implication

* Coordination between department of providing guidance and directives to relevant State Departments
* Appoint and dissolve Sub-Committees as and when required, delegate necessary authority to them
* Monitor the financial position and financial flows of the project in order to ensure smooth disbursement and implementation

**4.4.2 Chairman- Project Executive Committee:**

* Monitor implementation of the Project's annual work plan and budget
* Review drafts of the Project work plan, budget, Operations Manual, and all revisions thereto, prior to submission for approval by the Project Steering Committee
* Provide necessary authorizations and approvals for staffing of the SPMU, including setting remuneration
* Provide approvals of staffs on dual charge
* Approval for constitutions for working groups and committees
* Approval for hiring of auditors.

**4.4.3 Project Director Mizoram Health Project:**

* Manage and supervise Project Management Unit staff and consultants.
* Development of annual project implementation plan and budget.
* Oversight of procurement, financial management and application of safeguards procedures.
* Monitoring of implementation progress
* Coordinate within DoH & FW and with other departments to ensure implementation of the project
* Project Consultant and staff performance review
* Delegation of power to the PMU staff, in consultation with Commissioner and Secretary H&FW or Chairman PEC.
* Hiring of consultants for project
* Sanction of advances to staff on tour or settlement of tour claims.
* Sanction approval and Salary payment of project staff
* Provide approval of Contracts and payments including grant of advances to
* Settlement of advances
* Expenditure on training activities or meetings or workshops
* Sanction Approvals and payments for operations cost (advertisement, purchase of office equipment, renovations, office logistics etc)
* Approval for annual maintenance contract (AMC) of office equipment / insurance etc.
* Financial sanctions for major/ minor civil works/ repairs (Civil works should generally be delegated to the concerned hospital management society (Rogi Kalyan Samiti).
* Approval of hiring of vehicles for office and other operating cost
* Travel Authorization of project staff (deputation and consultant)
* Responsible for timely submission of project reports including financial reports
* Travel payment for working group members and members of the joint visit staff irrespective of the department affiliation
* Expenditure on approved Training: including payment of TA/DA as per approved norms and purchase of training material and other associated expenses.

# Chapter 5: PROCUREMENT

* 1. **Procurement Guidelines**

Procurement for the project shall be carried out in accordance with the WB's \ Guidelines for procurement of goods, works and non-consulting services under IBRD loans and IDA credits & grants by WB borrowers," dated January 2011, Revised July 2014 (\Procurement Guidelines") and \Guidelines for selection and employment of consultants under IBRD loans and IDA credits & grants by WB borrowers," dated January 2011,Revised July 2014 (\Consultant Guidelines"). In case of any inconsistency between this operations manual and the WB Guidelines, the latter shall prevail. All procurement under the project shall be carried out by the PMU with support of PMTA hired by the project for this task. The PMTA shall be hired against terms of reference by inviting expressions of interest through public advertisement. The PMTA shall also strengthen the capacity of the PMU and DoH&FW.

**4.2 Administrative Process for procurement**

The flowchart Figure 4.2 section describes the administrative steps taken for procurement. The detail process is given in the procurement chapter for each type of procurement

Figure 4.2: Administrative System for Procurement

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**5.2 Procurement Committee:**

Evaluation of contracts for procurement of goods, works, consultancy services and non-consultancies shall be managed by the procurement Committee. Membership of procurement committee is as follows (in line with state procurement board under Directorate of Health & FW:

* Project Director – World Bank, MHSSP
* Additional Project Director - World Bank, MHSSP
* Joint Director (Accounts) - DHS
* Joint Director (Planning) - DHS
* Procurement Consultant Project Management Unit - MHSSP
* Technical Expert
* Authorized Representative not below the rank of Under Secretary, Law and Judicial Department
* Authorized Representative not below the rank of Under Secretary, Finance Department
* Co-opted member – Senior Executive Engineer, H&FW Department for Civil Works related procurement

**5.3 Verification Committee**

Verification of items as per the terms of reference and agreement with the contractor/ supplier in terms of specifications, functionality, quality, quantity to be verified by the verification committee on regular basis. Verification committee needs to take in to account the field visit report of project staff and working group members on the items received by the state under this project. Membership of verification committee is as follows:

* Project Director – World Bank, MHSSP
* Additional Project Director - World Bank, MHSSP
* Joint Director (Accounts) - DHS
* Joint Director (Planning) - DHS
* Procurement Consultant Project Management Unit - MHSSP
* Technical Expert
* Authorized Representative not below the rank of Under Secretary, Law and Judicial Department
* Authorized Representative not below the rank of Under Secretary, Finance Department
* Co-opted member – Senior Executive Engineer, H&FW Department for Civil Works related procurement

**5.4 Procurement Category, Threshold, Method, Review and Approving authority:**

The threshold for each procurement systems are given in the table 5.1. These thresholds are for the initial 18 months period; based on the procurement performance of the project these thresholds may be modified. The procurement plan shall be updated annually (or as and when needed) and shall reflect any change in prior review thresholds. All contracts not subject to prior review shall be reviewed ex-post on a random basis by the Bank. The first two contracts issued by the project and the selection of auditors shall be subject to prior review irrespective of value. The justifications for all contracts to be issued on LIB, single-source or direct contracting basis shall be subject to prior review.

In case of selection of individuals, the qualifications, experience, terms of reference and terms of employment shall be subject to prior review. The World Bank will carry out an annual ex-post procurement review of the procurement falling below the prior review thresholds mentioned. Independent consultants will be contracted by the project to review utilization of incentives by beneficiaries under Component -1. The terms of reference for this review will be agreed by the World Bank and the DoH&FW. Review by the World Bank.

Prior review by the World Bank will be done for the following contracts:

* Works: All contracts more than US$10.0 million equivalent.
* Goods: All contracts more than US$2 million equivalent.
* Consulting firms: All contracts more than 1 million equivalent
* Consultants Individual : All contracts more than 0.3 million equivalent

**Procurement Methods and Thresholds**

| **Table 5.1: Threshold** |
| --- |
| **Category** | **Method of Procurement** | **Threshold (US$ equivalent)** | **Approving****Authority** |
| Goodsand non-consultantservices | International competitive bid-ding (ICB) | >3,000,000 | PSC |
| Limited international bidding(LIB) | wherever agreed by Bank | PSC |
| National competitive bidding(NCB) | Up to 3,000,000 (with NCB conditions) | PEC |
| Shopping | Up to 50,000 | PD |
| Direct contracting (DC) | As per para 3.7 of Guidelines |  |
| Force account | As per para 3.9 of Guidelines |  |
| Framework agreements | As per para 3.6 of Guidelines |  |
| Procurement from United Nations (UN) agencies | As per para 3.10 of Guidelines |  |
| Works | ICB | >40,000,000  | PSC |
| NCB | Up to 40,000,000 (with NCB conditions) | PSC |
| Shopping | Up to 50,000 | PD |
| DC | As per para 3.7 of Guidelines |  |
| Force account | As per para 3.9 of Guidelines |  |
| Consultants'services | Selection based on consultants' qualifications (QCBS)/Least-cost selection (LCS) | Up to 300,000  | PEC |
| Single source selection (SSS) | As per para 3.9-3.11 of Guidelines |  |
| Individuals | As per Section V of Guidelines | PD |
| Selection of Particular Typesof Consultants | As per para 3.15-3.21 of Guidelines | PD |
| Quality- and cost-based selection (QCBS)/Quality-basedselection (QBS)/Selectionunder affixed budget (FBS) | for all other cases | PEC |
| (i) International shortlist (ii)Shortlist may comprise national consultants only | >$800,000 for international andUp to $800,00 for national consultants | PSC |

**5.4.1 Frequency of procurement supervision**

The World Bank will normally carry out implementation support mission on a semi-annual basis. Mission frequency may be increased or decreased based on the procurement performance of the project.

**5.4.2 Use of government institutions and enterprises**

Government-owned enterprises or institutions in India may be hired for tasks of unique and exceptional nature if their participation is considered critical to project implementation. In such cases the conditions described in clauses 1.13 of the World Bank's Consultant Guidelines shall be satisfied and each case will be subject to prior review by the World Bank.

**5.5 Procurement Processes for Goods, Works and Services**

The flow chart Figure 5.1 provides over view of processes involved in procurement of goods, works and services. The details of each type of procurement processes mostly applicable for the project is given in the following sections.

**5.5.1 Goods and Works**

Shopping 5.2 is a procurement method based on comparing price quotations obtained from several suppliers (in the case of goods) or from several contractors (in the case of civil works), with a minimum of three, to assure competitive prices, and is an appropriate method for procuring readily available off-the shelf goods or standard specification commodities of small value, or simple civil works of small value. Requests for quotations shall indicate the description and quantity of the goods or specifications of works, as well as desired delivery (or completion) time and place. Quotations may be submitted by letter, facsimile or by electronic means. The evaluation of quotations shall follow the same principles as of open bidding. The terms of the accepted officer shall be incorporated in a purchase order (for Goods) or contract (for civil works).

**5.5.2 National Competitive Bidding (NCB)/ International Competitive Bidding (ICB)**

This method shall be used for all contracts below ICB thresholds to follow national procedures acceptable to the Bank. NCB requires competitive bidding in much the same manner as ICB. Advertising may be limited to the national press or official gazette. Bidding documents may in the national language of the country. Payments in may be made using the local currency. Foreign firms should not be excluded should they wish to participate under NCB procedures. The Borrower's public procurement procedures may be used, provided they are acceptable to the Bank and assure economy, efficiency, transparency, and broad consistency with the Procurement Guidelines. ICB generally follows basic principles that are used in NCB (5.3 with higher contract value as given in the document:

* timely advertisement in local newspapers
* aim at attracting competition
* fair treatment of all bidders
* clear evaluation procedures to arrive at the lowest evaluated bidder

**Figure 5.1: Processes for Goods, Works and Services**



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| **Table 5.2: Steps for Shopping :Goods and Works** |
| **Stages of Procurement** | **Activity/Action** | **Responsibility** | **Days** |
| Identification Advertisement | Preparation of Technical Specification, draft list of suppliers and estimated cost | SPMU & PMTA | 3 |
| Verification that the requisition is within MHSSP scope,with approval as per delegation of power | PMTA & SPMU | 1 |
| Review that the activity is in the procurement planand it estimated cost is under US$ 50,000. | PMTA | 1 |
| Preparation of the Invitation to Quote document andthe final list of suppliers | PMTA | 5 |
| Obtain the WB \No Objection" for the Request ofQuotations if it is required. | PMTA | 5 |
| Evaluation ofEOI to RFPIssue | Send the Request of Quotation | SPMU | 3 |
| Elaboration of quotations. | PMTA | 3 |
| Clarification of Bidding Documents. Response to supplier's questions. | PMTA | 5 |
| RFP Evaluation to Award Notification | Receipt of minimum 3 quotations and bid opening.Minutes of meeting of opening of quotes | SPMU | 5 |
| Evaluation and comparison of quotes will be done using the standard format and report to be duly submitted to PD MHSSP | PurchaseCommit-Tee & PMTA | 2 |
| Obtain WB \No Objection" for the Evaluation Reportand award recommendation  | PMTA | 5 |
| Send Award Notification to the selected supplier and letters of information to the other bidders. | SPMU | 1 |
| Present information needed for the contract. | PMTA | 2 |
| Finalize Contract with selected contractor. | PMTA | 3 |
| Contract Signing | Sign the contract | SPMU | 1 |
| Issue Notice to Proceed | SPMU | 1 |
| The PMTA will manage the contract | PMTA |  |
| Verification Committee | SPMU |  |
| Final payments after verification committee report | SPMU |  |

**5.5.3 Other procurement arrangements**

The procurement committee shall include external experts, as and when required, apart from in-house experts. Any discount received from the bidders after the bid submission deadline shall not be considered either during the bid evaluation or the contract award. Domestic preference shall be applicable for ICB procurement of Goods as per WB Procurement Guidelines. Bids received from foreign bidders shall not be rejected under NCB. NCB shall be conducted in accordance with paragraphs 3.3 and 3.4 of the WB Guidelines

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| --- |
| **Table 5.3: Steps for ICB / NCB: Goods and Works** |
| **Stages of Procurement** | **Activity/Action** | **Responsibility** | **Days** |
| Identification Advertisement | Preparation of Technical Specification, estimated cost and the evaluation format | SPMU & PMTA | 3 |
| Verification that the requisition is within the MHSSP scopewith approval: as per delegation of power | PMTA & SPMU | 1 |
| Review that the activity is in the procurement plan: forICB >$4,000,00 and NCB is up to $4,000,000 | PMTA | 2 |
| Development of Bidding Documents using the standard biding documents, see Annex as needed | PMTA | 2 |
| Obtain the WB \No Objection" for the Bidding documents if the PP requires. | PMTA | 5 |
| Evaluation of EOI to RFP issue | Draft a specific Procurement Notice (SPN) to be published in the regional and local newspaper(s) of each country and the Development Business (online) and the Development Gateway dg Market. | PMTA & SPMU | 5 |
| Sale of Bidding Documents to interested and eligible Bidders. | PMTA | 21 |
| Preparation of bids including Clarification of Bidding Documents. Response to Bidder's questions. Response to all companies without identifying the name(s) of the companies requesting clarification. | PMTA | 30 |
| RFP evaluation to Award of notification | Receipt of bids and bid opening. A date, time and placefor the public opening of bids should be indicated in the bidding documents | PMTA | 5 |
| Evaluation and comparison of bids will be done using the standard format, Evaluation report submitted to PD MHSSP | Purchase Committee & PMTA | 1 |
| Obtain WB \No Objection" for the Evaluation Report and award recommendation id required | PMTA | 7 |
| Publish the results in the state health department website | SPMU | 3 |
| Send Award Notification to the selected bidder and inform bidders about the outcome. | SPMU | 1 |
| ContractSigning | Present information needed for the contract | PMTA | 7 |
| Obtain performance security and release bid security | PMTA | 1 |
| Finalize Contract with selected contractor | PMTA | 3 |
| Sign the contract | SPMU | 2 |
| Inform unsuccessful bidders and release bid security | SPMU | 1 |
| Issue Notice to Proceed | SPMU | 2 |
| PMTA to manage the contract | PMTA |  |
| If there are contract modifications with an aggregate increase of 15% or more in the price, a No Objection from the WB is needed before the contract modification is signed | PMTA | 15 |

* Only the model bidding documents for NCB agreed between the WB and the Government of India (and as amended for time to time), shall be used for bidding
* Invitations to bid shall be advertised in at least one widely circulated national daily newspaper (or on a widely used website or electronic portal with free national and international access along with an abridged version of the said advertisement published in a widely circulated national daily inter-alia giving the website/electronic portal details from which the details of the invitation to bid can be downloaded), at least 30 days prior to the deadline for the submission of bids
* The last date for sale of document should be till one day prior to the last date of submission/ opening
* No special preference shall be accorded to any bidder either for price or for other terms and conditions when competing with foreign bidders, state-owned enterprises, small-scale enterprises or enterprises from any given state
* Except with the prior concurrence of the WB, there shall be no negotiation of price with the bidders, even with the lowest evaluated bidder
* Extension of bid validity shall not be allowed with reference to Contracts subject to Bank prior review without the prior concurrence of the Bank (i) for the first request for extension if it is longer than four weeks; and (ii) for all subsequent requests for extension irrespective of the period (such concurrence will be considered by Bank only in cases of Force Majeure and circumstances beyond the control of the Purchaser/ Employer)
* Re-bidding shall not be carried out with reference to contracts subject to WB prior review without the prior concurrence of the WB. The system of rejecting bids outside a pre-determined margin or \bracket" of prices shall not be used in the project
* Rate contracts entered into by Directorate General of Supplies and Disposals will not be acceptable as a substitute for NCB procedures unless agreed with the Bank on case-to-case basis. Such contracts will be acceptable however for any procurement under the Shopping procedures. Framework Agreements using DGS& D rate contracts can be used to procure goods up to NCB threshold subject to incorporation of right to audit and Fraud & Corruption clauses
* The two or three envelope system shall not be used, (except when using e-Procurement system assessed and agreed by the Bank)
* No negotiations are conducted even with the lowest evaluated responsive bidders.
* Foreign bidders shall not be precluded from bidding.

**5.6 Procurement process for Consultants**

The ow chart figure 5.2 outlines the procurement process for consultant services.

**5.6.1 Selection Based on Consultant's Qualifications (QCBS)**

This method shall be used for services with contracts estimated to cost less than US$ 300,000 (Rs 2,23,65,000) in which the need for preparing and evaluating competitive proposals is not justified, Table 5.4. In this case the SPMU and PMTA shall prepare the TOR, request expressions of interest and information on the consultants' experience and competence relevant to the assignment. Establish a short list; select the firm with the most appropriate qualifications and references. The selected firm shall be asked to submit a combined technical-financial proposal and then be invited to negotiate the contract.

**Figure 5.2: Processes for Consultant Services**



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| **Table 5.4: Steps for QCBS** |
| **Stages of Procurement** | **Activity/Action** | **Responsibility** | **Days** |
| Identification Advertisement | Preparation of Technical Specification, estimated cost and the evaluation format | SPMU & PMTA | 3 |
| Verification that the requisition is within the MHSSP scopewith approval: as per delegation of power | PMTA & SPMU | 1 |
| For the first two contracts, send the TOR to the World Bankfor no-objection in advance of the deadline for submitting the RFP as the case may involve several back and forth correspondence between the Bank and the SPMU | PMTA | 2 |
| ToR approval from Bank | PMTA | 15 |
| Prepare advertisement-soliciting expressions of interest from consulting firms in the newspaper, department website etc.  | SPMU | 2 |
| Evaluation of EOI to RFP issue | Receipt of the Expression of Interest | SPMU | 5 |
| Evaluate the expression of interest and rank the firms based on their evaluation score. The Evaluation Committee will select the most qualified firm (first ranked) based on their relevant experience and qualifications. | Purchase Committee & PMTA | 7 |
| Prepare Request for Proposal (RFP). The standard WorldBank RFP format should be used. | PMTA | 7 |
| Send the RFP to the selected firm and request for a combined technical financial proposal. | SPMU | 1 |
| RFP evaluation to Award of notification | Preparation of bids including Clarification of RFP Documents.Response to Bidder's questions. Response to all companieswithout identifying the name(s) of the companies requestingclarification | PMTA | 3 |
| SPMU may extend the deadline date for submission if theAmendment so requires. Amendments may be sent by mailor fax to the invited firm | Purchase Committee & PMTA | 3 |
| Open the combined technical and financial proposal and carry out Evaluation and submit the report to PD MHSSP | PMTA | 7 |
| For the first two contracts only, send the Evaluation Report to the WB for clearance and \No Objection". | PMTA | 2 |
| Negotiations | PMTA & SPMU | 2 |
| ContractSigning | Finalize the contract with the selected consultant | PMTA | 1 |
| Management of Contract | SPMU | 2 |
| If the contract is subject to prior review, contract modifications with an aggregate price increase of 15% or more, always need a \No Objection" from the WB. | PMTA | 7 |

**5.6.2 Quality and Cost Based Selection**

This method shall be used for services with all other methods that is not specified in the procurement threshold table. QCBS selection Table 5.5, method uses a competitive process among short-listed \_rms that takes into account the quality of the proposal and the cost of the services in selection of the successful firm. Cost, as a factor of selection shall be used judiciously. The relative weights assigned to the quality and cost shall be carefully determined for each case, depending on the nature of the assignment. The selected firm shall be asked to submit a combined technical-financial proposal and then be invited to negotiate the contract.

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| **Table 5.4: Steps for QCBS** |
| **Stages of Procurement** | **Activity/Action** | **Responsibility** | **Days** |
| Identification Advertisement | Preparation of Technical Specification, estimated cost and the evaluation format | SPMU & PMTA | 3 |
| Verification that the requisition is within the MHSSP scopewith approval: as per delegation of power | PMTA & SPMU | 1 |
| Prepare advertisement soliciting expressions of interest from consulting firms. Advertisements to be placed in DoH&FW website and local newspaper. | PMTA | 5 |
| Send the TOR to the World Bank for no-objection in advance of the deadline for submitting the RFP as the case may involve several back and forth correspondence between the Bank and the SPMU | PMTA | 5 |
| Evaluation of EOI to RFP issue | Receipt of the Expression of Interest | PMTA | 3 |
| Evaluate the expression of interest and prepare the short list. | Purchase Committee & PMTA | 5 |
| Prepare Request for Proposal (RFP). The standard WorldBank RFP format should be used. | PMTA | 7 |
| Send the RFP including the short list, TOR, cost estimate and draft contract to the WB for clearance and \No Objection", as per requirement | PMTA | 15 |
| RFP evaluation to Award of notification | Send the RFP to the short-listed firms. | PMTA | 3 |
| The PMTA shall document any questions and their respective answers, alone or in conjunction with the Technical Unit. A Response should be sent to all short-listed firms without identifying the name(s) of the firms requesting clarification. | PMTA | 5 |
| SPMU may extend the deadline date for submission if the Amendment so requires. Amendments may be sent by mail or fax to all invited firms. If the process is subject to prior review request the No Objection from the Bank. | SPMU | 15 |
| Proposals opening. Technical and financial proposals are received in separate envelopes. Each envelope is adequately marked \original" and \copy". Both envelopes are sealed in an outer envelope and marked". | Purchase Committee & PMTA | 3 |
| Financial proposal to be opened after the technical evaluation is complete and SPMU has received the WB \No Objection" to the Technical Evaluation Report, if no objection is required | PMTA & SPMU | 2 |
| Proposal evaluation. The Evaluation Committee shall score the technical proposals based on the points given as per Evaluation Criteria. Each member shall score independently final report to be submitted to PD MHSSP for approval | Purchase Committee & PMTA | 5 |
| Invite the firm who scored the highest combining technical and financial scores, for negotiations. | SPMU | 3 |
| ContractSigning | Contract signed. | SPMU | 1 |
| Financial proposals returned unopened to those consultants who did not meet the minimum technical score or considered non-responsive | PMTA | 3 |
| After award, the outcome shall be published in the department website | PMTA | 1 |
| Management of the contract. | PMTA | 3 |
| If the contract is subject to prior review, contract modifications with an aggregate price increase of 15% or more, always need a \No Objection" from the WB. | SPMU | 7 |

**5.6.3 Other Methods of Procurement of Consultants' Services**

The following methods, other than Quality and Cost-based Selection, may be used for procurement of consultants' services for those contracts which are specified in the Procurement Plan:

* Quality-based Selection
* Selection under a Fixed Budget
* Least Cost Selection
* Single-source Selection of consulting firms
* Procedures set forth in paragraphs 5.2 and 5.3 of the Consultant Guidelines for the Selection of Individual Consultants; and
* Single-source procedures for the Selection of Individual Consultants.

**5.7 Advertising**

Immediately after negotiation of the project, a General Procurement Notice (GPN) shall be published in DoH&FW website and in at least two national newspapers of wide circulation. The GPN shall provide a description of the project and an indication of contracts for the works and goods that shall be procured under ICB, and consultants' services estimated at more than US$ 100,000. Requests for expressions of interest (EOI) for consulting services above US$ 300,000 shall in addition be advertised online in UNDB. Specific Procurement Notices (SPNs) for bidding opportunities shall be published in national newspapers or digital media of wide circulation.

**5.8 Publication of results and debriefing**

Publication of contract awards by the project is required for all ICB, LIB, NCB, direct contracting, and the selection of consultants for contracts exceeding US$ 100,000. In addition, where pre-qualification has taken place, the list of pre-qualified bidders shall be published. With regard to ICB, LIB, and consulting contracts, the project is required to publish contract awards, upon receipt of a \No Objection" notice for the recommended award from the WB. With regard to direct contracting and NCB, local publication of contract awards may be made on a quarterly basis in the format of a summary table covering the previous period. Also, all competing consultants, irrespective of the contract amount, should be informed of the result of the technical evaluation (number of points that each firm received), before the opening of the financial proposals. Project entities are required to offer debriefings to unsuccessful bidders and consultants at their request.

After publication of results/short listing in the department website, the dates of written examination, interview, bid opening, selected candidates/ consultants/ organizations shall be communicated to the selected candidates/consultants/organizations by e-mail and by post individually from the desk of PD MHSSP.

**5.9 Procurement Plan**

The SPMU shall prepare a procurement plan which is to be approved by the WB at the time of negotiation of the project setting forth:

* the particular contracts for the goods, works, and/or services required to carry out
* the project during the initial period of at least 18 months
* proposed methods for procurement of such contracts that are permitted under the legal agreement
* proposed methods for selection of consulting services; and
* the related WB review procedures.

The procurement plan must be implemented in the manner in which it has been approved by WB. The WB shall disclose the initial procurement plan to the public after the project has been approved; additional updates shall be disclosed after the WB has approved them.

**5.10 Procurement records**

Procurement processes are subject to pre and post review and audit by WB. In-order to ensure that the ex-post reviews and audits reflect the process used, the project shall maintain procurement records in order, in accordance with sound procurement practices (including related supervision, review and auditing). All Procurement records shall be retained until at least two years after the project closing date by Department of Health & Family Welfare.

**Procurement Records include:**

* For the procurement of goods and services: public notices of bidding opportunities; bidding documents and addenda; bid opening information; bid evaluation reports; formal appeals by bidders and outcomes; signed contracts, addenda and amendments; records on claims and dispute resolution; records of time taken to complete key steps in the process.
* For the selection of consultants: public notices for expressions of interest; requests for proposals and addenda; technical and final evaluation reports; formal appeals by firms and related outcomes; signed contracts, addenda and amendments; records on claims and dispute resolution, records of time taken to complete key steps.
* Any official communication exchange with Bank that provide waver, amendment in scope of work shall also be filed for records.

**5.12 Training**

Training will include seminars, conferences, workshops and study tours in connection with the project activities and reflected in the Annual Training Plan. In addition, the technical crash courses for skill enhancement of health staff and nursing schools will also be covered under training cost. This shall be prior reviewed and approved by the PEC. Any additions to the plan would be reviewed separately as they occur and would cover the list of participants, agenda for training events and estimated budget.

Consultants required for preparation, facilitation in the procurement of goods / equipment, consultancies and for conducting training activities shall be selected under appropriate procedures for selection of the Consultants as described above. Selection of such consultants shall be included in the Procurement Plan.

**5.13 Operating Costs:**

The operating costs would finance rent and utilities and also cover the expenses in regard to SPMU staff salaries, office space, office supplies, utilities, communication, disposable of IT equipment, publication of notices, vehicle operation, travel (domestic), supervision cost and contingencies etc. but excluding salaries of officials and employees deputed from Government of Mizoram unless agreed with Bank.

**5.14 Procurement guides for incentives grants**

The incentive grants to various health facilities and administrative units are small in size. The procurement procedures for the above could include simplified selective tender procedures, shopping, off the shelf purchase and direct contracting.

Prior to any procurement using the incentive grant, the beneficiary shall agree with SPMU for procurement of any goods, works and services under the project and document the minutes as evidence of consultation and transparency in process.

**5.15 Rejection of all tenders**

Tender documents usually provide provision that implementing agency may reject all tenders. Rejection of all tenders is justified when none of the tenders are substantially responsive. However, the lack of competition shall not be determined solely on the basis of number of bids received. If all tenders are rejected, the implementing agency shall review the causes justifying the rejection and consider making revisions to the conditions of contract, or a combination of these, before inviting new tenders.

If the rejection is due to most or all of the tenders being non-responsive, fresh tenders may be invited. Rejection of all tenders and re-inviting new tenders, irrespective of value shall be referred to the next higher authority for approval than the authority that approved the issue of tender or to the head of the unit. Before re-inviting tenders the specifications may be reviewed for revision, if any. Rejection of tenders, irrespective of value, will require World Bank's approval.

**5.16 Rebidding**

Rebidding can happen in following cases:

* Bids are not received; and
* Bids are to be rejected.

In case Regardless of the value, if all the bids are proposed to be rejected and re-invited, the bank shall be consulted before such action is taken by sending the information in the prescribed format for seeking banks clearance. Before rejecting the bids, the SPMU will first have to:

* Update the estimates as per the current market rates for labour and materials (cement/ steel etc.), actual leads of materials and construction methodology proposed now.
* After up-dation he/she has to identify the item or items and factors which contributed to the major variation over the updated estimates and
* Then seek a clarification including breakdowns of unit for the items and factors so identified.

After collecting the details SPMU shall evaluate and based on judgment reject if price is unjustified. In case no bids are received, the Project Director SPMU is competent to approve the re-invitation of the bids. The approval will be subject to bid inviting officer proposing a request giving the reason for lack of response and proposed remedial measures including any revision to the scope of the contract etc. The recommendation of the SPMU shall be sent to the world Bank within 2 weeks from communication of recommendation to the bid inviting officer.

**5.17 Procurement Monitoring**

The approved Procurement Plan shall be used for monitoring of procurement implementation. The SPMU shall review the procurement plan every four weeks and update the actual dates for each of the steps in the procurement cycle. The PMTA shall advise the Project Director MHSSP indicating any delays component by component. The Project Director MHSSP shall take appropriate actions to rectify the problem and ensure that the procurement plan is followed accordingly. The PMTA shall call a monthly meeting with SPMU staff through Project Director MHSSP to review progress of procurement 5.18 Complaint Redressal Mechanism (applicable to all procurement under project).

In order to deal with the complaints from the contractors / suppliers and public effectively, a complaint handling mechanism shall be set up at the State level and immediate action shall be initiated on receipt of complaints to redress the grievances. All complaints on receipt should be entered in a register. Within 15 days, these complaints should be discussed and mentioned in the tender evaluation report. If a complaint is received after award of contract, it shall be discussed on the file and put up to the appropriate authority for a decision. All complaints shall be handled at a level higher than that of the level at which the procurement process is being undertaken and the allegation made in the complaints should be thoroughly investigated, and if found correct, appropriate remedial measures shall be taken by the appropriate authorities. A register of the complaint redressal shall be prepared at each level and shall contain the following Information

* Serial Number of the complaints
* Date on which the complaint was made
* Particular of the person making the complaint
* Nature of the complaint
* Complaint against whom if against a person
* Detail of action taken and subsequent follow ups specifying on which date the action was taken
* Whether the complaint has been satisfied if not why.
* Action taken against the guilty
* General remarks

The database will be created at SPMU level and be regularly updated. This database will be able to create reports for the purpose of the monitoring. Announcement of grievance redressal system will be done in DoH&FW website. In case any individual officer/staff is found responsible, suitable disciplinary proceedings shall be initiated against such officer/staff. An appropriate response should also be sent to the complainer.

**5.19 Mis-Procurement**

Procurement by the project is subject to prior and post-review by WB. If such review finds that all or portions of the goods, works, or services were not procured in accordance with the agreed procedures in the legal agreement and procurement plan, WB may declare \ mis procurement". In such a case WB may cancel that portion of the credit allocated to those goods, services or consultant services.

**Note:**

* PMTA shall interact with WB with due concurrence/advice of project authorities / SPMU for various procurement/No Objections. The PMTA is supposed to take turnkey responsibility as per above responsibility matrix for the procurement cycle after receiving the indent from the project.
* All the documents/communications shall be submitted to WB electronically and PMTA shall ensure the quality/correctness of the documents before submission to the Bank

# Chapter 6: FINANCE MANAGEMENT

The SPMU shall have the overall accountability for the financial management aspects and ensuring that these are carried out in accordance with the project legal agreements. These activities would include:

* adequate annual budgetary provision and effective utilization
* sufficient and timely flow of funds for project activities
* adequate and competent financial management staff
* appropriate accounting of project expenditures
* preparation and timely submission of Interim Un-audited Financial Reports (IFRs), and
* timely submission of audit reports and financial statements to the World Bank.

**6.1 Organizational structure of Finance and Accounts wing at SPMU**

One Accounts Officer from the DoH&FW has been deputed to SPMU. He/she has overall responsibility for all finance, accounts and audit functions of the project; in addition he / she shall be responsible for compliance of the relevant Acts, Rules, and financial covenants of the project's legal agreement. MHSSP shall hire a consultant as Accounts Assistance to help the Accounts Officer in day today activity. Additionally, a Technical Management consultant shall be contracted to provide support on technical, procurement and financial management functions. If required, MHSSP shall also hire the services of a financial management consultant/adviser (chartered accountant), through PMTA structure, for effective implementation of financial management system including disbursement of funds from the WB. The FM Consultant/Adviser of PMTA shall assist the Accounts Officer and project authorities in financial management functions of the Project with specific focus on following:

* Implementing internal control system in all levels of the project.
* Regular consolidation of financial information for the purposes of reporting.
* Training and capacity building support to project accounting locations
* Preparing annual and quarterly budgets and getting approval from PSC/PEC.
* Overseeing the proper maintenance of project accounting records and finalization of project accounts
* Getting accounts audited by internal auditors, procurement auditors and AG and ensuring compliance action.
* Proving financial progress report to GOI and the WB.

**6.2 Approaches for financing**

The project will have two financing category

1. Project specific lending for works, goods, technical assistance, training, incremental operating costs and
2. disbursement against the beneficiaries with incentive grant provisions

For part `a' above, MHSSP shall get funds through the State budget for project expenditure which shall be incurred centrally from SPMU. As the project shall be implemented through the main stream State Treasury System, the expenditure shall be recorded on cash payment basis. The accounting function shall be centralized at the office of SPMU, Aizawl. Separate books of accounts shall be maintained by SPMU as per the accounting and reporting norms prescribed in General Financial Rules (GFR) as issued by GoI from time to time.

**6.3 Accounting Units**

The Project shall have its main accounting centre at SPMU and significant expenditure under the project shall be incurred and controlled centrally from the State project support Unit. The latest version of Tally accounting system shall be used for project accounting and financial reporting. The chart of accounts shall be appropriately developed to classify the project expenditures based on project components/major activities. The project shall also have accounting units for Component 1 activity at the village level for beneficiaries level financing with simplified accounting system.

**6.4 Budgeting**

At GoM level, the project's funding requirements shall be provided by SPMU within the budget of DoH&FW as a separate budget line under Externally Aided Project. In FY 2014-15, DoH&FW has opened a separate budget head for this project (001) and budget provision has been made to finance expenditures for project preparation activities. The yearly budgets shall be approved based on the Annual Action Plans (AAP) developed by SPMU. The revised estimate (RE) for each financial year shall be assessed by DoH & FW in the month of October and realistic provisioning shall be made in the budget on the basis of actual level of expenditures. The PMU shall prepare AAP with financial budgeting for each activity quarterly fund requirements, in coordination with other vertical programs like NHM and state allocation for health system. The project shall hire consultants to assist and provide relevant inputs for preparation of the AAP & Budget. The SPMU shall present the AAP with the Budget to the PSC through proper channel of Principal Director DoH&FW and Commissioner Secretary Health & Family Welfare for approval. Based on the budgetary requirement, necessary budget provisions and allocation shall be ensured from Finance department of the state for the project. At the state level, the budget shall be approved by the state legislature as part of the overall State budget. In addition to the normal budgeting process, the project shall ensure compliance to the agreed financial covenants for obtaining timely disbursement for programmatic funding.

The budget shall be prepared following government system of budgeting as per the state budget manual, circulars, instructions and guidelines issued by Finance Department, GoM and also ensure linkages with agreed components of the project as per the legal documents of MHSSP. The identified budget line items may undergo revision / change during the course of implementation of the project, and hence flexibility in the budget line items, has been provided with a stipulation that funds should be used for strengthening the systems and quality improvement in health care services. The activities budgeted shall be in-line with the agreed PIP, PAD and other related documents. The project shall ensure that overall expenditure under each of the agreed component does not exceed the total cost specified in the project documents. If the cost escalation is beyond the control of SPMU, efforts shall be made to seek the approval from the PEC, PSC of MHSSP and WB for its revision, by the reallocation of the budget provision.

**6.5 Fund Source**

The main source of funds for the project are:

* WB through Department of Economic Affairs
* Government of Mizoram

**6.6 Key Accounts**

* The GoI shall open designated account for the project, in foreign exchange with the Reserve Bank of India (RBI).
* ` Mizoram Health Project" under Externally Aided project budget 001 in the state budget
* Project Bank Account: SBI-34177184823

**6.7 Fund flow**

The funds ow for this project may be considered as green channel with specified time period for administrative clearance as agreed and put in this document. Figure 6.1.

**Figure 6.1: Fund Flow Process**



***Note:*** On receipt of advance funds from CAAA, 100% this project funds will be transferred by the state treasury to project bank account.

**Green Channel** For effective implementation of the project activities planned under the World Bank funded project, the Government of Mizoram and the World Bank team have mutually agreed to have a Green Channel system that will ensure availability of funds for implementation of project activities and also follow simplified and fast approval process for release of funds to project account.

* Currently, the Government of India and the World Bank has provided US$ 1millon towards project preparation facility, of which US$ 200,000 are made available to the state towards designated account advance which is transferred to the state treasury which will be intern be transferred in total to project account.
* Further, during the course of the project, on receipt of sanction order on advance funds from GoI, 100% funds will be transferred from State Treasury to project bank account
* In absence of designated account advance to the state for the overall project (that is 20% of US$ 48 million), the state treasure shall ensure availability of minimum funds in project account for implementation of the project, which will be replenished on submission of expenditure by the project on day to day bases.
* The minimum funds for uninterrupted implementation of the project will be defined in the annual work plan that will be approved by PSC.

**6.7.1 Fund Disbursement by MHSSP**

The payment function shall be centralized at SPMU. The project shall follow the procedures of DoH & FW for payments. Initially, the payments shall be processed through cheques, with joint signatory. In future, the project shall explore options of online payments/RTGS transfers directly into contractor's /consultant's Bank account and appropriate controls shall be put in place to process such payments.

**6.8 Accounting System**

As MHSSP is implemented by the Health & Family Welfare Department of GoM, it needs to follow the Government accounting system on \Cash Basis of Accounting". Thus, the accounting system shall be mainstream government accounting based on treasury operations. Therefore, provisions of the Mizoram Treasury Systems, Handbook for DDOs, Budget Manual and Standing Orders or instructions amended from time to time applicable to the Government of Mizoram shall be applicable to the project accounting units as well as Hospital locations. In addition, the project needs to furnish financial progress statements to various stakeholders and users. Timely and accurate financial data is very vital for decision making in the process of implementation and monitoring of the project at multiple levels. It may be noted that Mizoram Government has introduced the "Right to Information Act", hence, it is obligatory for all the accounting units to furnish the financial information to the public as and when demanded, through the accounting system apart from the frequent questions raised by the elected Members of Parliament / Legislature.

**6.8.1 Classification of Project Transaction (Accounts)**

In addition to mainstream Government standard accounting requirement, the project shall maintain IFR to meet the specific reporting needs of stakeholders mentioned above by classifying the project transactions under State budget head, project component & sub-component, object head and Project location-wise etc.

**6.8.2 Books of Accounts**

As the project is implemented by the DoH&FW, Cash Book, Treasury Register, Pay Bill Register, Contingency Register, TA Bill Register, fixed asset register, workshop and training expenses register, funds receipt register, statement of expenses register are required to be maintained. In addition to above, following records and documents shall be kept

* Treasury Payment Bills along with-supporting documents.
* Tender Notices, Tenders documents, Evaluation Reports, Comparative Charts, Approval of the WB (wherever required), Approval of the competent authority/committee for administrative & financial approval, Purchase orders, Contracts, Challans, and Goods Receipt Notes.
* Measurement Books, Running & Final Bills
* Bills and verification of Receipt documents
* Material/Goods Indent Forms
* Other incidental documents required for accounts & audit.

**6.9 Internal Control**

The internal control measures proposed shall form part of the accounting system and are duly respected and adhered to on a routine basis as a financial discipline to derive the optimum benefits of the FM system. The following are the select internal control measures to be followed to achieve the objectives of the FMS in addition to mainstream government adopted system:

* Reconciliation of Payments with Expenditures
* Reconciliation of Expenditures with claims (Eligible for IDA financing)
* Review of financial progress against Budget (quarterly target) identifying the reasons for variance
* Monitoring of major works/ procurement, supply, installation and commissioning of equipment/goods, services, and consultancy contracts/ PPP etc, with respect to time. SPMU shall monitor the physical progress and the achievement of benchmarks / milestones)
* Monitoring of the Bank guarantees and obtaining bank confirmations, its renewals etc,
* Numbering of assets and its periodic physical verification
* Periodic review and reconciliation of the status of disbursement
* Periodical Review of progress of Project and compliance to the agreed legal documents

**6.9.1 Statutory Audit**

The legal documents specify the requirement of audit including furnishing of the annual audit report. The Bank requires the project implementing agencies to have each year's financial statements audited by an independent auditor acceptable to WB. The Comptroller and Auditor General of India (CAG) through its office in Mizoram shall be the statutory auditor for the project annually. The AG's office shall conduct an annual audit of the operations of the project i.e. SPMU. The project intends to rely on the existing audit mechanism. Therefore, the MHSSP shall provide the WB with a consolidated report on audit of the project related expenditure. As per the legal requirements, project authorities shall furnish the audit report to the WB within six months from the financial year-end.

**6.9.2 Internal Audit**

The Project shall hire a firm of chartered accountants to undertake the internal audit of the project on half yearly basis. The internal auditor shall conduct audit of all operations of the project including procurement function based on the TOR & checklist provided by the project. The selection of the auditing firm shall be against specific terms of reference (TOR) as approved by the PEC. The Internal Auditors shall be hired after inviting expressions of interest through advertisement in the newspapers. The quarterly internal audit report shall be examined by the SPMU and corrective actions shall be taken immediately. The internal audit reports along with the corrective actions taken by the project to address the control weaknesses (if any) shall be shared with the Bank. The terms of reference for the audit shall be agreed with the Bank.

**6.9.3 Public Disclosure**

The annual audit reports and financial statements shall be disclosed on the projects website.

**6.10 Disbursement and Reporting**

Disbursement process as specified in the Development Credit Agreement shall be binding on the project. The World Bank reimburses the cost at the agreed rate provided such expenditure has been incurred for the specified project activities, adhering to the procurement guidelines and norms of the WB. The key funding condition for release of funds from WB will be sharing of Statutory Audit Reports with accounts of the MHSSP to the WB within 6 months of the close of each financial year. While releasing the instalment after receipt of the audit report, the Bank will consider all audit reports received till date and any variance between the audited accounts and the IFR claimed will be adjusted accordingly. Viz. if the IFR amounts were less than the audited accounts, Bank will provide additional funds after due reconciliation and if the Audited expenditure is less than the IFRs figures Bank will reduce or adjust the claims.

The release of incentive grants to various levels such as (a) the state-level DMPH, the DHME, their subsidiary departments, and the MSHCS; (b) district-level health administrations and district hospitals; and (c) health facilities, at both the primary (PHCs) and first-referral (CHCs) levels henceforth referred to as **“beneficiaries of incentive grant”** under component 1 will be considered as disbursement. However, the SPMU shall receive the statement of expenditure from the beneficiaries. The IFR of this project shall be prepared by SPMU- MHSSP on the basis of expenditures incurred by all the cost centres and shall be submitted to the Bank within 45 days from the end of each calendar quarter. The amounts disbursed to the beneficiaries of incentive grant shall be reported as expenditures in the IFRs. This IFR shall provide information on the sources and uses of funds as per disbursement categories and project components. The formats of Interim Financial Reports (IFRs) shall be developed SPMU in consultation with WB.

Interim Financial Report shall form the basis of disbursement (please refer to IFR format in annex). The committees will maintain cash books and registers to record financial transactions. At the district level, the office of the Chief Medical Officer and the project's District Coordinators will monitor activities and ensure that expenditure reports are periodically submitted to Project Management Unit.

**6.11 Finance management for incentive grants under IPA**

The activities of Component 1 are focusing towards improving the management capacity of various institutions, and drive towards achievement of performance indicators that contributes to improved quality of health services. The state level intra departmental units will open separate bank accounts to receive the internal performance grants. The existing system of State health society (at state level), district health society (at district level) and Rogi Kalyan Samithi (at facility level) will and used for transfer of funds to various beneficiaries of incentive grants. These accounts are operated under the joint signature of the Chairman and the Member Secretary of various institutions as mentioned above. The State and District Health Societies and RKS maintain separate cash books and registers while the DoH&FW undertakes periodic inspection by the medical officer. These accounts will be audited as per the state norms.

**6.11.1 Organization and structure**

For the purpose of MHSSP, the beneficiaries of the incentive grants shall open a new savings bank account. Funds shall be transferred from MHSSP to individual beneficiaries of incentive grant account directly as Grant- in- Aid. This account shall be operated as per the guidelines of NHM.

**6.11.2 Fund flow**

The fund transfer to the committees for the one-time grant as well as incentive payments shall happen directly to beneficiaries of incentive grant from MHSSP - SPMU. The incentive grant payments shall be made on a quarterly basis. The committees shall also be provided with suggestive positive lists and negative restrictive lists to guide them on the utilization of incentive grant. Unspent balances at the various levels at the end of the year shall be carried over to the next financial year. By end of the project, the beneficiaries of the incentive grant shall submit the reconciliation statement of funds received and spent by the various institutions. The total expenditure of beneficiaries of incentive grant shall be more than or equivalent to the grants received under the project. Unspent balance by end of the project will be recovered by SPMU.

**6.11.3 Accounting unit**

Accounting staff managing the accounts of beneficiaries of the incentive grant shall be responsible for handling all transactions related with the project and it's reporting to SPMU.

**6.11.4 Accounting systems**

The beneficiaries of the incentive grant shall maintain separate cashbook, minutes book and bank re conciliation statements for MHSSP related funds.

# Chapter 7: Internal Performance Agreement and Quality Enhancement

**Beneficiaries of the Internal performance Agreement:**

* **State level IPAs: Creating medium- and long-term visions and mechanisms for the state through a series of IPAs between the state and the key departments aims at bringing a series of policy-level and administrative reforms**. Funds will be provided to all the identified units/directorates under the Department of Health and Family Welfare in Mizoram targeting to achieve the first-ever state health policy and road map for the state health system, human resource policy, and policy changes for improving health insurance coverage and reducing OOPE. These units/departments are the Human Resources Division, Health Insurance Division, Health Finance Division, Procurement Division, and State Quality Assurance Unit.
* **Decentralizing responsibility and delegation of finances to the district level.** The district health administrations/district health societies will be engaged through IPAs to make decisions for improvement in BMWM, hospital quality improvement, data quality and health insurance-related indicators. An equity-based approach will be used while providing financial support through IPAs to each of the districts.
* **The quality improvements in the health facility will be achieved through IPAs, which will be a quality Index.** The quality index is composed of three broad areas of structural – management quality, process and outcome quality. In-addition to IPAs, direct investments will be made in the facilities under Component-2 .

**Measurement tools for the IPA**

* Quantitative matrix that can track the milestones of different levels of IPA is being created specific to each of the department’s/ level of health facilities final deliverable. This final matrix will be added before project commencement, will be refined after pilot testing and incorporated in this operation manual after due approval from the PSC.
* At the state level the IPAs will be measured based on agreed milestones towards respective outcomes. The details of the outcomes are deliberated and agreed with the World Bank Team.
* The District Administration level will use quantified matrix to measure the processes of meetings on bio medical waste management, training of evaluators, training of hospitals on public health emergencies are under taken periodically in addition to field supervision and validation of the quality scores are done on time and reported to the state.
* At the facility level the IPA will be composed of (a) a quantified quality checklist as applied by trained certified assessors from the district health team and (b) serial knowledge testing of health workers. Different levels of facilities will have slightly different IPAs and quality metrics linked to the expected package of services that these specific health units are designed to provide will include broadly items from the following areas:
	1. Management Committee functioning
	2. Financial management
	3. Bio Medical Waste Management and Infection control
	4. Hand hygiene,
	5. Knowledge of doctors and nurses on specific clinical vignettes
	6. Drugs stock position
	7. Medical equipment
	8. Information sharing for citizens
	9. Quality of services in OPD
	10. IPD and OT, patient treatment processes
	11. Treatment and procedure documents
	12. Health Insurance quality systems
	13. Data Systems and reporting integrity
	14. Patient satisfaction

**The IPA Structure:**

The following diagram represents who all will be involved in signing the IPA and the mechanism for verification of the performance.

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Table-7.1

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Contracting authority** | **Contracted Entities** | **Internal Verification Entity**  |
| Principal Agreement (Level 1) |  |
| 1 | DoHFW | DHS+DHME (Human Resource) | Project Steering Committee  |
| 2 | DoHFW | DHS+DHME (Finance Division) | Project Steering Committee |
| 3. | DoHFW | DHS+DHME (Procurement) | Project Steering Committee |
| 4. | DoHFW | State insurance agency | Project Steering Committee |
| 5. | DoHFW | State Quality Assurance Unit  | Project Steering Committee |
| Sub-agreements (Level 2) |  |
| 5 | DHS and DHME (tripartite agreement)  | Selected district hospitals and higher-level facilities | DHS |
| 6 | DHS | District Health Administration  | DHME |
| Sub-sub-agreements (Level 3) |  |
| 7 | District administration | Selected CHCs  | District Quality Assurance Team |
| 8 | District administration | Selected PHCs  | District Quality Assurance Team |

**Capacity building**

The SPMU will develop training materials for implementation of IPAs at various levels and train all the contracted units. The SPMU will also develop and train the internal verification units on the verification process, tools. The SPMU will be responsible for gathering all the reports and verified reports in a chronological manner and process the payments for the contracted units.

The SPMU will make field visits to the contracted units to provide hand holding support. The District hospital and District Quality Managers will be responsible to implementation of the IPA at the facility level.

The internal quality verification process for the facilities will be strengthened by creating a pool of internal evaluators through training of peer evaluators. The existing NQAS and Ayushman Bharat Quality evaluators along with qualified doctors and nurses from the public health facilities will be trained on Quality index to create the pool of peer evaluators. These trained peer evaluators will undertake internal evaluation of the facilities in districts other than their district of job posting.

**Frequency of Reporting**

The contracted entities will submit the quarterly progress in the tools appropriate for them. The tools are being prepared and will be finalised after incorporating the inputs from the pilot interventions.

**Internal Verification process:**

Internal verification process will be undertaken by the internal verification entities as described in table 7.1

For the state level IPAs the internal verification will be done once in six months, while the district and facility level IPAs will be verified with in first two weeks of next quarter.

**Frequency of Incentive Payment:**

**Preconditions and One-time grant:**

* 1. All the beneficiary units need to attend the training program to understand the IPA, deliverables and the measurement tools.
	2. All the beneficiary units need to have a road map/ action plan for delivering on the indicators
	3. All the beneficiary units needs to have separate bank account with dual signatory, including the CHC and PHCs which needs to have a woman co-chair from community as signatory.

Up-on submission the above details to the SPMU the one-time grant which is equivalent to 1-year total grant for the specific facility and district level, and 20% of the grant in case of state IPAs will be transferred.

The IPA grant progress reporting and review:

The IPA grants at the state level will be reported by the contracted entities once in every six months while the district and facility level IPAs will be reported once in three months. The reports to be submitted to the point persons of interval verification entities with copy to the project through email.

The internal verification units will undertake validation exercise which is as follows:

* + - 1. State level IPA- Desk level review and field visit if necessary
			2. District Level IPA- field review
			3. Facility level IPA- field review

The internal validation reviews will be completed within two weeks of receipt of the reports from the contracted entities and submitted to SPMU for incentive calculations and payments.

**IPA cycle payment:**

IPA cycle payments will be made to the contracted entities within two weeks of completion of the internal verification process, as per the verification score by the SPMU to the contracted entities.

**Use of IPA Grants:**

* **Positive List:**
	1. At the state and district level: The incentives under this agreement will be partly given to staff for recognizing their contributions and the remainder will be used for improving the capacity of the department, such as workshops, soft skills enhancement, diagnostic assessments, Investments in the facility or service delivery. Financial incentives to staff can be given to maximum of 10% of the funds received and to be distributed among all the staff in the unit, based on their effort / contribution.
	2. At the facility level: The facility level committees have full authority to spend the grant funds as per the need of the facility (reflected in the six-monthly plan document), without further approval from any other authority. However, for the activities that need more than one third of the grant, the facilities will cross check with the SPMU to avoid duplications from the input-based investments.
* **Negative List** This list is prescriptive and might incur 'punitive action' - wherein reclaiming amounts spent on these; or cutting it from future claims in case of breach. Negative list of expenses that are not allowed and are follows:
	1. Donations to any community organisation or individual
	2. Expenses for any religious activity or event or organization
	3. For any political activity or event or organization
	4. For any insurgent activity or event or organization
	5. For the personal use of any committee member or health centre staff or their family member
	6. Non-functional beautification of existing health centre interiors
	7. Non-functional beautification of existing health centres or grounds

**Independent external evaluation**

The independent external verification agency and its staff cannot be involved in service delivery or monitoring of the project. The introduction of IPA increases the risk of incorrect reporting as some providers or administrators could inflate results to earn more money. Verification and counter-verification procedures mitigate the errors through measuring the difference between claimed (& paid for) performance and actual performance.

In case the counter-verification (or ‘ex-post verification’) finds a higher score than the ex-ante assessment (or internal verification) , then in that case the actual ex-ante result will be maintained. The reason being that competency and knowledge-based tests lead quickly to performance increase and therefore the counter verification results could be higher than the ex-ante assessment results. However, in case the counter-verification finds a lower score than the ex-ante assessment, then in that case the counter-verification results will be maintained. A discrepancy is calculated by comparing ex-post with ex-ante scores. In case of differences larger than 10% penalties apply in the form of reduction of a portion of the grant and letter to improve the quality.

# Chapter 8: Project Monitoring and Results Framework

**Results Monitoring**

* The state project management unit will lead the results monitoring and evaluation arrangements of the project. The routine data on the relevant indicators will be collected from all the targeted facilities as per the Results Framework. To provide routine comparison of the progress of the project, information on the key indicators will be collected through the routine system from the health facilities that are not targeted by the project, to provide consistent internal comparisons to monitor the progress.
* The institution level intervention results information will be collated from the existing HMIS of NHM, MCTS and other similar existing information systems in DoH& FW, Mizoram. Some other information related to Health Insurance, Human resource for health, Energy, Water Sanitation, Quality Index and Internal performance progress etc will be collated by SPMU directly.
* The PMTA will provide baseline and periodic information on infrastructure status, progress in infrastructure improvements, health insurance coverage and progress on relevant results indicator to the PMU.
* The firm hired for the improvement of human resource development will provide necessary information to the SPMU on routine basis.
* The consultancy firm hired for implementing the clinical vignettes will periodically provide information on the progress of participation and improvement in knowledge score of doctors and nurses.
* All the units/facilities contracted through the IPA will be tracking the internal progress every month and report to the SPMU on quarterly basis.
* An external firm will undertake independent evaluation of the internal performance agreements for the state units, districts and quality index for facilities including patient satisfaction survey.
* Above firm will also collect baseline data capturing the PDO and intermediate indicators will be collected through a rapid survey in FY20/21, through an external third-party firm. The firm will further undertake survey for midterm and end term evaluation on appropriate time.

**Special studies.** Special studies will be undertaken to augment the project implementation, which includes infrastructure assessment and review of pilot initiatives toward IPAs. The project will invest in systematic documentation of the investments from the early months of intervention to document the qualitative aspect of the project and develop knowledge products. While most of these studies will be undertaken by the external firm hired for the purpose of evaluations, PMTA will also undertake necessary studies, as and when required.

**Evaluation.** Early midterm project appraisal will be undertaken after two years of project implementation to provide adequate time for course corrections and improvements if necessary. Project indicator targets will be evaluated and revised at the project midterm consistent with the state priorities. The end-term appraisal will be undertaken in the early periods of the final year of the project. Both midterm and end-term appraisals will include surveys which will repeat the baseline methods to provide consistent information. In addition, the project will invest in undertaking impact evaluation of the innovations which include internal contracting clinical vignettes, community interventions, and quality improvement investments. These study findings will be disseminated widely, sharing the knowledge with other states.

**Supervision:**

Field visit for the purpose of supportive supervision needs to be made to ensure scale and quality of project implementation as per the project proposal. Below is the suggested list of staff and required field visit for the project.

* Project director: 10 days in quarter
* Additional Project Director, M&E Officer/ finance officer: 15 days in quarter
* Technical consultants at SPMU: 10 days per months

**Reporting:**

All the quarterly, semi annul and annual reports, special studies will be uploaded in the state website within 30 days of completion of the time period.

1. **Quarterly reporting to PEC**

Single document to be prepared by the M&E officer and Finance Officer, submitted to Project Director for onward submission which includes the following:

* Summary of Major Achievement of the quarter.
* Quantitative measure of Target Vs achievement, with respect to base line and as per approved plan
* Quarterly project finance report to be prepared and shared by finance officer to M&E Officer
* Summary of decisions taken during the last quarter and achievements against each including narrative
* Analysis of non-achievement
1. **Half-yearly reporting to PSC**

One half yearly report and One Annual Report to be prepared by the M&E officer and Finance Officer, submitted to Project Director for onward submission which includes:

* Major Achievement of the quarter.
* Quantitative measure of Target Vs achievement, with respect to base line and as per approved plan
* Half yearly project finance report to be prepared and shared by finance officer to M&E Officer
* Summary of decisions taken during the month and achievements against each including narrative
* Case studies of field level experience and Analysis of non-achievement
* Major activities planned for next six months
1. **Reporting to WB**

The project will share six monthly project progress port and annua progress report with the bank including progress in results framework indicators and financial expenses. Further the project will share any other reports as asked by the World Bank team.

1. **Financial Management, Financial Reports and Audits**

Without limitation on the provisions of Part A of this Section, the Recipient shall prepare and furnish to the Association not later than forty-five (45) days after the end of each calendar quarter, interim audited financial reports for the Project covering the quarter, in form and substance satisfactory to the Association.

The Recipient shall have the Project's Financial Statements audited in accordance with the provisions of Section 4.09 (b) of the General Conditions. Each audit of the Financial Statements shall cover the period of one (1) fiscal year of the Recipient. The audited Financial Statements for each such period shall be furnished to the Association not later than nine (9) months after the end of such period.

**Results Framework**

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| **Project Development Objective Indicators** |

| **RESULT\_FRAME\_TBL\_PDO** |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Indicator Name** | **PBC** | **Baseline** | **Intermediate Targets** | **End Target** |
|  |  |  | **1** | **2** | **3** | **4** |  |
| **To improve management capacity and quality of health services in Mizoram.**  |
| The percentage increase in average performance score in targeted administrative units as per internal performance agreement from baseline. (Percentage)  |  | 0.00 | 5.00 | 10.00 | 15.00 | 15.00 | 20.00 |
| Cumulative Number of districts hospitals which are NQAS certified (Number)  |  | 1.00 | 2.00 | 3.00 | 5.00 | 7.00 | 8.00 |
| The percentage increase in average quality index score for CHCs and PHC from baseline. (Percentage)  |  | 0.00 | 5.00 | 10.00 | 15.00 | 15.00 | 20.00 |
| The percentage point increase in score among those who participated in clinical vignettes. (Percentage)  |  | 0.00 | 5.00 | 10.00 | 15.00 | 20.00 | 25.00 |
| Improve management and efficiency of Health insurance program by Convergence between the MHCS and PMJAY. (Text)  |  | Fragmented benefit package.Fragmented operational systems and processes.State scheme is not cashless and is paper-based. | Design and assessment of workflow; Unified benefit package. | Converting MHCS into Paperless process and aligned with PMJAY | Development of upgraded management systems and processes.State scheme becomes cashless. | Training of all district and State level staff on newly designed management system. | ISO certification of insurance agency and Integrated beneficiary database. |

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| **Intermediate Results Indicators by Components** |

| **RESULT\_FRAME\_TBL\_IO** |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Indicator Name** | **PBC** | **Baseline** | **Intermediate Targets** | **End Target** |
|  |  |  | **1** | **2** | **3** | **4** |  |
| **Improving accountability and governance of health services through Internal performance agreements.**  |
| Percentage of administrative units and facilities signed internal performance agreement. (Percentage)  |  | 0.00 | 80.00 | 85.00 | 90.00 | 95.00 | 100.00 |
| Percentage of internal performance agreements reviewed as per the operational manual. (Percentage)  |  | 0.00 | 80.00 | 90.00 | 95.00 | 100.00 | 100.00 |
| Percentage of targeted facilities and administrative units that receive performance payment, as per operations manual. (Percentage)  |  | 0.00 | 80.00 | 90.00 | 95.00 | 100.00 | 100.00 |
| Percentage increase in average patient satisfaction score in targeted health facilities. (Percentage)  |  | 0.00 | 5.00 | 15.00 | 20.00 | 20.00 | 25.00 |
| People who have received essential health, nutrition, and population (HNP) services (CRI, Number)  |  | 14,753.00 | 15,744.00 | 32,479.00 | 50,205.00 | 68,922.00 | 88,630.00 |
| Number of deliveries attended by skilled health personnel (CRI, Number)  |  | 14,753.00 | 15,744.00 | 32,479.00 | 50,205.00 | 68,922.00 | 88,603.00 |
| Percentage of targeted health facilities reported stock-out of essential drugs. (Percentage)  |  | 0.00 | 20.00 | 20.00 | 15.00 | 10.00 | 10.00 |
| **Strengthening Health insurance program to improve coverage and reduce OOPE.**  |
| Percentage households covered under health insurance scheme. (Percentage)  |  | 50.00 | 60.00 | 60.00 | 70.00 | 70.00 | 70.00 |
| Percentage of claims for which post payment medical audit has been done. (Percentage)  |  | 0.00 | 3.00 | 4.00 | 5.00 | 6.00 | 6.00 |
| Percentage of local fund utilization (including performance grants and Insurance reimbursements) in targeted hospitals. (Percentage)  |  | 0.00 | 20.00 | 40.00 | 60.00 | 80.00 | 80.00 |
| Percentage of claims settled within agreed turnaround time. (Percentage)  |  | 50.00 | 55.00 | 60.00 | 70.00 | 80.00 | 90.00 |
| **Improve Quality of health service by investing in health systems and Human Resource for Health.**  |
| Percentage of medical doctors and nurses from targeted facilities participated in clinical vignettes. (Percentage)  |  | 0.00 | 20.00 | 50.00 | 80.00 | 90.00 | 90.00 |
| Average score for bio medical waste management in targeted health facilities at district and CHC level. (Percentage)  |  | 0.00 | 10.00 | 15.00 | 20.00 | 25.00 | 30.00 |
| Percentage of targeted facilities have developed / revised quality improvement plan in last quarter. (Percentage)  |  | 0.00 | 80.00 | 80.00 | 85.00 | 90.00 | 95.00 |
| Percentage of targeted facilities where quality scoring was done by higher level in last quarter. (Percentage)  |  | 0.00 | 80.00 | 80.00 | 85.00 | 90.00 | 95.00 |
| Percentage of targeted facilities trained on public health system emergency response. (Percentage)  |  | 0.00 | 30.00 | 45.00 | 65.00 | 90.00 | 100.00 |

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| **Monitoring & Evaluation Plan: PDO Indicators** |
| **Indicator Name** | **Definition/Description** | **Frequency** | **Datasource** | **Methodology for Data Collection** | **Responsibility for Data Collection** |
| The percentage increase in average performance score in targeted administrative units as per internal performance agreement from baseline. | Numerator: average performance score in targeted units – baseline average performance score \*100Target= 15 administrative units [5 State level and 10 district level] | Quarterly | Internal contract tracking system | Quarterly Internal Project review by project management unit. | Project Management Unit, Directorate of Health Mizoram |
| Cumulative Number of districts hospitals which are NQAS certified | Numerator: Number of Targeted Health Facilities who have received unconditional national quality assurance certificate.Target= 10 District hospitals | Quarterly | Quality Division: Directorate of health, Mizoram | Certificates issued by Ministry of Health and Family Welfare, Government of India | Directorate of Health, Mizoram |
| The percentage increase in average quality index score for CHCs and PHC from baseline. | Numerator: average Quality Index score in targeted health units – baseline average quality index score \*100Target= 10 DH+2 SDH +7CHC+38 PHC | Quarterly | Project Management unit: Internal MIS-new | Quarterly Internal Project review by project management unit. | Finance Division and MHIS  |
| The percentage point increase in score among those who participated in clinical vignettes. | Numerator: average clinical vignette score core in targeted health units – baseline average clinical vignette score \*100Target= Doctors and Nurses in Target Health facilities 10 DH+2 SDH +7CHC+38 PHC | Quarterly | Project Management unit: Internal MIS | Quarterly Internal Project review by project management unit. | Project Management Unit, Directorate of Health Mizoram |
| Improve management and efficiency of Health insurance program by Convergence between the MHCS and PMJAY. | Year-1: Unified benefit package (the benefits may differ based on the nature of subscription, but will be under single system)Year-2: Aligning operational processes under MHCs (paper-based) with the PM-JAY (paperless & cashless) leveraging technology and IT-based integrated architecture. Year3: Approval and notification of integrated standard protocols and operating procedures for all schemes Year 4: (a) Training of state and district level staff on new system, & (b) integrated verified beneficiary database Year-5: ISO certification of the Mizoram Health Care Society | Every six months | Management Information system: Mizoram Health Insurance  | Combinations of all the government run insurance schemes under directorate of health | Mizoram Health Insurance scheme  |

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| **ME PDO Table SPACE** |

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| **Monitoring & Evaluation Plan: Intermediate Results Indicators** |
| **Indicator Name** | **Definition/Description** | **Frequency** | **Datasource** | **Methodology for Data Collection** | **Responsibility for Data Collection** |
| Percentage of administrative units and facilities signed internal performance agreement. | Numerator: Number of administrative units and targeted health facilities which have singed the internal performance contractDenominator: state level- 5 Units (HR, Health Insurance, Bio Medical waste, Quality Assurance, Community mobilisation) 10 Districts, 10 District Hospitals, 2 SDH, 7 CHC, 38 PHC | Quarterly | Project Management unit: Internal MIS-new | Quarterly Internal Project review by project management unit. | Project Management Unit, Directorate of Health, Mizoram |
| Percentage of internal performance agreements reviewed as per the operational manual. | Numerator: Number of administrative units and targeted health facilities which have internal performance contract reviewed Denominator: Number of administrative units and targeted health facilities that has signed the internal performance contract  | Quarterly | Project Management unit: Internal MIS-new | Quarterly Internal Project review by project management unit. | Project Management Unit, Directorate of Health Mizoram |
| Percentage of targeted facilities and administrative units that receive performance payment, as per operations manual. | Numerator: Number of targeted administrative units and facilities having quality assessments done through Quality Index tool and paid within 60 days of the end of the quarter Denominator: Number of Targeted Health Facilities | Quarterly | Project Management unit: Internal MIS-new | Quarterly Internal Project review by project management unit. | Finance Division |
| Percentage increase in average patient satisfaction score in targeted health facilities. | Numerator: average patient satisfaction score- patient satisfaction score in baseline \*100 Targeted facilities: 10 District Hospitals, 2 SDH, 7 CHC, 38 PHC | Quarterly | Review of minute of last quarterly meeting | Community mobilisation division | Directorate of Health and Family Welfare |
| People who have received essential health, nutrition, and population (HNP) services |  | Quarterly | HMIS | HMIS | Directorate of Health, Mizoram |
| Number of deliveries attended by skilled health personnel |  | Quarterly | HMIS | HMIS | Directorate of Health, Mizoram |
| Percentage of targeted health facilities reported stock-out of essential drugs. | Numerator: Number of targeted health facilities having stockout essential medicines, as reported in the HMIS (none reporting to be considered as stockout)Denominator: Number of Targeted Health Facilities | Quarterly | Existing-Health Management Information system | Quarterly Internal Project review by project management unit. | Project Management Unit, Directorate of Health Mizoram |
| Percentage households covered under health insurance scheme. | Numerator: Number of Families enrolled and given smart card for health insurance\*100Denominator: Estimated Number of families in the state at the beginning of the project | Every six months | Management Information system: Mizoram Health Insurance  | Combinations of all the government run insurance schemes under Directorate of Health. | Mizoram Health Insurance scheme  |
| Percentage of claims for which post payment medical audit has been done. | Numerator: Number of Claims for which post payment audit report is submitted in last quarter Denominator: Total number of claims submitted in last quarter | Quarterly | Training report  Mizoram Health Insurance  | Quarterly Internal Project review by project management unit. | Project Management Unit, Directorate of Health |
| Percentage of local fund utilization (including performance grants and Insurance reimbursements) in targeted hospitals. | Numerator: Total booked expenditureDenominator: Total funds received\* by the targeted facility during last quarter\* Funds received from NHM, State, Insurance, world bank project and user fee, if any | Quarterly | Project Management unit: Internal MIS-new | Quarterly Internal Project review by project management unit. | Finance Division and MHIS  |
| Percentage of claims settled within agreed turnaround time. | Numerator: Number of claims for which the money has been transferred to beneficiary Denominator: Number of claims submitted Target: 30 days turnaround time | Quarterly | Project Management unit: Internal MIS-new | Quarterly Internal Project review by project management unit. | Finance Division and MHIS |
| Percentage of medical doctors and nurses from targeted facilities participated in clinical vignettes. | Numerator: Total number of Doctors and Nurses in the targeted health facilities who have received at least one clinical vignette score in the last quarterDenominator: Total number of doctors and nurses in targeted health facilities in the same quarter | Quarterly | Clinical Vignette tracking system  | Quarterly Internal Project review by project management unit. | Project Management Unit, Directorate of Health Mizoram |
| Average score for bio medical waste management in targeted health facilities at district and CHC level. | Numerator: Biomedical waste score\* under Quality Index in targeted health facility Denominator: Number of Targeted Health Facilities DH-10,, SDH-2, CHC-7, PHC-38\* Bio medical waste management: Color coded bins with cover [one each in OPD, each Ward, OT, Dressing, Injection room, emergency, labor room and lab], Needle cutter, Hypochlorite solution in laboratory. Mops with bucket and disinfectant. [separate for each OT, labor room] and general patient care including ward. Daily Collection of waste and mopping [schedule]. Treatment of infectious waste: [hypochlorite for sharps], microwave/autoclave. Functional sharps pit and deep burial pit with cover [no spillage outside] (All or None). | Quarterly | Project Management unit: Internal MIS | Quarterly Internal Project review by project management unit. | Project Management Unit, Directorate of Health Mizoram |
| Percentage of targeted facilities have developed / revised quality improvement plan in last quarter. | Numerator: Number of targeted health facilities which have submitted the annual plan and all quarterly revisionsDenominator: Number of Targeted Health Facilities; DH-10, SDH-2, CHC-7, PHC-38 | Quarterly | Project Management unit: Internal MIS-new | Quarterly Internal Project review by project management unit. | Project Management unit, Quality Division: Directorate of health, Mizoram |
| Percentage of targeted facilities where quality scoring was done by higher level in last quarter. | Numerator: Number of targeted health facilities which are visited and scored using Quality Index tool by district quality management team and showing at least 10% point improvement from the previous quarter performance Denominator: Number of Targeted Health Facilities, DH-10, SDH-2, CHC-7, PHC-38 | Quarterly | Project Management unit: Internal MIS-new | Quarterly Internal Project review by project management unit. | Project Management unit: Quality Division: Directorate of Health, Mizoram |
| Percentage of targeted facilities trained on public health system emergency response. | Numerator: Number of targeted health facilities trained in responding to natural disaster and disease outbreaks/epidemics Denominator: Number of Targeted Health Facilities; DH-10, SDH-2, CHC-7, PHC-38 | Quarterly | Project Management unit: Internal MIS-new | Quarterly Internal Project review by project management unit. | Directorate of Research, Directorate of Health |

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| **ME IO Table SPACE** |

# Annexes

## Terms of Reference of SPMU Staff:

## Request MHSSP officials to kindly re-check the consistency of all positions with the state government advertisement.

**1. Job title: Project Director**

Duty Station: Aizawl

Duration: At least three years or as per the tenure

Reporting to: Commissioner/ Secretary Health and Family Welfare, Government of Mizoram

Main Function: The Project Director will be over all in-charge of the MHSS co-ordination within the health department and other departments as needed for smooth and timely implementation of the project

Duties and Responsibilities:

* Responsible for looking after all the business of the project.
* Lead the team for the development of the annual plan, implementation plan and monitoring of the progress
* Responsible for the financial management of the project
* Bi-weekly monitoring of implementation progress
* Lead & facilitate the development of the institutional mechanisms for implementation of the project
* Coordinate with other departments to ensure speedy implementation of the project
* Responsible for timely submission of project reports including financial reports
1. **Job title: Additional Project Director**

Duty Station: Aizawl

Duration: min 3-year with the possibility of renewal subject to satisfactory performance

Reporting to: Project Director MHSS

Main Function: The Additional Project Director will be over all in-charge of the technical Staff under the MHSS project and all staff will report to the Additional Project Director

Duties and Responsibilities:

* Responsible for development and implementation of project plans and monitoring the same.
* Lead the policy development and system integration
* Lead Human resource development
* Monitoring of implementation progress
* Help mobilize technical assistance for the project including the preparation of Terms and Reference, inviting proposals applications and facilitating recruitment/ selection etc.
* Ensure excellence in programme management and evaluation, including financial management programmatic excellence, rigorous program evaluation, and consistent and high quality of finance and administration, recommend timelines and resources needed to achieve the strategic goals
* Maintain official records and documents, and ensure compliance with government regulations
* Facilitate the discussion with other departments to ensure speedy implementation of the project
* Responsible for timely submission of project reports including financial reports

Minimum Job Requirements:

* The rank of Additional director or above with a minimum of five years tenure.
* Post Graduate Medical or Public Health a minimum of 10 years of work experience mix of clinical/ hospital management / public health program
* Excellent communication, writing & presentation skills, analytical and interpersonal abilities
* Demonstrated ability to work in a multi-disciplinary team environment and also taking initiative.
1. **Accounts officer- Dual Charge, State Accounts officer, health department**

Duty Station: Aizawl

Duration: 3-year with the possibility of renewal subject to satisfactory performance

Reporting to: Accounts officer

Main Function: Finance Officer will provide support to the project team in the state for all Finance, related work.

Duties and responsibility

* Preparation of Project budgets
* Prepares disbursement schedules for reviews and follow-ups by Project Director, Commissioner Secretary Health and family welfare and PSC.
* Coordination with finance and treasury department for release of funds
* Tracks all committed funds and disbursements made under the project
* Handle local petty cash.
* Handle all administration work for the project as per the project operational manual.
* Preparation and consolidation of project’s monthly fund forecasting.
* Ensure all financial & legal compliances are met with local laws.
* Monitor/review & track the expenditures against the budget.
* Preparation of variance reports on the actual vs budget expenditure.
* Ensure the funds are utilized appropriately by the close of every month.
* Ensure that all financial reports for the project are completed on time.
* Coordinate the financial audits of the project and liaise with auditors.
* Provide financial inputs for project management, human resource management policies, logistics, travel and other areas of administration.
* Ensure policies, financial management rules and regulations adhere to the state.
* Timely submission of SOE

Main Job requirement: The ideal candidate will hold the following qualifications:

* PGDM / M. Com / B. Com.
* 10 Years Financial experience with 2-3 years’ experience as Finance Officer in government setup
* Experience in financial accounting work in Tax laws
* Computer knowledge in Quick book is must with MS office, especially MS Excel and Tally
* Strong organizational skills, Ability to set priorities and to manage many tasks simultaneously and ability to work under time pressure.
* Detailed-oriented and accurate in work performance.

1. **Job Title: Monitoring and Evaluation Officer**

Duty Station Aizawl

Duration: 3-year with the possibility of renewal subject to satisfactory performance

Reporting to: Additional Project Director

Main Function: Tracking project results framework, development of integrated dashboard for decision making, integration of information systems and lead the advance analytical work. Development of annual report

Duties and Responsibilities:

* Routine tracking of project progress using the project results-framework
* Design the M&E system, guidelines /formats and co-ordinates with project staff, implementing agencies and other agencies with assessment functions at all levels to ensure that verifiable data is supplied, analyzed and reported.
* Setting out the procedures for quarterly and biennial management appraisals for the PEC and PSC.
* Development of integrated dashboard for various levels for decision making and ensuring routine updating.
* Technical capacity building of the personnel under the department including consultants, in the area of data integrity, data quality and advance analytics.
* Making quarterly monitoring reports, Biannual and Annual reports
* Internal mid-term evaluation, process documentation etc.

Minimum Job Requirements:

* + University Degree in Socio-economics/public health or a related field.
	+ A minimum of 5 years’ experience either in project monitoring or operating management information systems.
	+ Proficiency in written and spoken English.
	+ Good command of computer programs and applications and with significant capabilities in a computerized database and spreadsheet construction, as well as their practical application, and report writing.
1. State Quality Assurance Officer- Dual charge – State Nodal officer quality assurance
2. Community Mobilization Manager

Duty Station Aizawl

Duration: 3-year with the possibility of renewal subject to satisfactory performance

Reporting to: State Quality Assurance Officer

Objective of Community Mobilization Manager:

Under the overall supervision of the Project Director of MHSSP, the Community Mobilization Manager will be responsible for the technical expertise on approaches and methods for organizing large-scale community engagement and support for the MHSSP. The Community Mobilization Manager will support the project team and partners to plan, implement, monitor, and evaluate community mobilization activities including the SBCC and VHSNC training activities in selected areas. S/he will ensure commitment and involvement of local authorities and community members in the program. S/he will work in close coordination and maintain good working relationship with the PMU of MHSSP, other government line agencies, and other stakeholders in the State and the World Bank team for the smooth operation of project activities. The detailed tasks and responsibilities are mentioned below:

Responsibilities:

The Community Mobilization Manager will liaise closely with other technical advisors, as well as the Project Director, MHSSP and the World Bank Team.

Key responsibilities will include:

* + *Coordination and supervision:*
		- Oversee and provide day-to-day coordination support between the State government, implementing partner(s) and other and local counterparts ensuring that concerns are effectively communicated between parties, flagging emerging issues that may be of potential concern and ensuring that effective and productive collaboration is maintained.
	+ *Technical inputs to project strategy, design and tools:*
		- Contribute to design and implementation of outreach activities by providing technical inputs to the social and behavioral change communication (SBCC) strategy, modes of communication, key messages and its implementation modalities.
		- The candidate will also provide inputs to the development of the training material targeted to the Village Health Sanitation and Nutrition Committee (VHSNC) members and Self-Help Group (SHG) members.
		- The candidate will be responsible for the quality of the technical material (including the versions in Mizo language) developed under the project.
		- Ensure community participation includes the most vulnerable and marginalized groups.
	+ *Training and capacity building:*
		- Work closely with the implementing partner to design the roll out the training and capacity building activities in the project target areas especially the training of VHSNC members.
	+ *Monitoring and overall supervision of the activities:*
		- Work closely with the assessment and verification agency(ies) and the implementing partners to ensure timely collection, analysis and reporting of the field-level data.
		- Undertake regular field visits to ensure smooth implementation of the project activities.
		- Managing MIS / Trackers / Database / Dash Boards.
		- Analysis/review of data from HMIS and other health sources& its use for decision makers and the support to states and districts.
	+ *Documentation:*
		- *P*roper documentation of the community level activities to help the PMU in preparation of regular reports (may include field level data) as and when required for the decision-making purposes.
		- Preparing Terms of References/ Job Advertisements / Tender Documents / SOPs / HR Policies and preparing Offer Letters & Contracts, Induction of Consultants, as and when needed.
		- Finalizing Contract arrangement with recruitment agencies, as and when needed.
	+ *Perform other duties as required or as directed by the reporting officer.*

Measurable outputs of the work assignment:

* Monthly/quarterly/annual/ad hoc reports, risks assessments are prepared and updated.
* Programme activities implemented in keeping with personal work plan.
* All programme activities implemented in keeping with project Mobilization and Communications Strategies and using the community-based methodology.
* All assignments performed in a quality and timely manner.

Education:

Master degree or advanced degree in Public Health/ Public Administration/Political Science/Social Science International Relations or Business Administration or relevant field is required.

Experience:

* Minimum of 2 years relevant experience in humanitarian activities and/or public works and/or community mobilization or related area is required.
* Experience in community development, and civic engagement is an added advantage.
* Experience in preparation of the methodologies, guidebooks, analytical reports is an asset.
* Experience with a multilateral or international technical assistance or development organizations would be an asset.
* Knowledge of local community development principles, trends, and policies in Mizoram is an asset.
* Knowledge and experience in World Bank systems is an added advantage.
* Strong oral and written communication skills in English and Mizo.

Languages:

Fluent working knowledge (Written and Verbal) of English and Mizo language is essential.

Essential:

* Substantial experience in advocacy and policy development / research in the development context.
* Technical knowledge of Mizoram State Health Insurance scheme and health challenges of the state.
* Knowledge of the media and its role in raising awareness and shaping public policy.
* Excellent conceptual and analytical skills. Demonstrable ability to think strategically, innovatively and practically to ensure achievement of desired change objectives.
* Ability to communicate effectively with a wide range of audiences at local, state and national levels.
* Ability to build and maintain relationships with partner agencies and key contacts in the government, NGO, civil society (coalitions) and media sectors.
* Strong organizational skills and ability to effectively handle multiple tasks and meet strict deadlines.
* Excellent interpersonal skills, flexibility, adaptability and ability to work effectively as a member of a team.
* Skills in Communication and People Management is required.
* Ability to develop reports, plans and community mobilization strategies, tools and IEC materials.
* Good computer skills (word processing, spread-sheets, email / internet) and ability to be self-supporting in most administrative tasks.
* Qualified local candidates are strongly encouraged to apply.

Salary and Contract term:

* The assignment is on purely contractual basis. The tenure will be co-terminus with the project duration. The contract will be for one year at a time and extended based on satisfactory performance.
1. Consultant-Human Resource for Health (HRH)

Consultancy Service duration: 48 months

Reporting to: Additional Project Director

Roles & Responsibilities:

* Systematic collection, documentation &presentation of information regarding human resources for health, health systems and health needs including inputs for key decision makers.
* Co-ordinating all HR functions at the Department of Health& family Welfare, Govt. of Mizoram and oversee all HR activities of its branch offices.
* Implementing of HR Strategies towards effective Human Resource Management.
* To help improve the output metrics for Nursing education and increase the number of competent Nurse-midwives and lab technicians by implementing INC standards
* To support upgradation of all the nursing schools through Infrastructure Revamp
* To support identified institutions to upgrade the course from GNM to B.sc Nursing and B.sc to M.sc Nursing.
* Preparing Terms of References/ Job Advertisements / Tender Documents / SOPs / HR Policies and preparing Offer Letters & Contracts, Induction of Consultants, as and when needed.
* Finalizing Contract arrangement with recruitment agencies, as and when needed.
* Identifying different institutions / Trainers & organize trainings.
* Work on HRMIS software and generate reports as and when required. Managing MIS / Trackers / Database / Dash Boards.
* Creating Forms & Format – as and when required.
* Analysis/review of data from HMIS and other health sources& its use for decision makers and the support to states and districts.
* Building capacities at district and state level for making state and district human resources for health plans and for review & improving the plans, using both epidemiological and HMIS inputs and support on budgeting and financial planning as required.
* Provide Technical Assistance in areas related to health systems strengthening and Human Resources for Health.
* Undertake other assignments, which may be assigned from time to time by the Project Director, MHSSP.

Eligibility and other essentials:

* Post-Graduation or higher qualification in Public health, Business management , with a 5 years of post-qualification experience.
* Work experience/Competence in the area of human resources for health, health systems strengthening, and Nursing would be an advantage.
* Computer proficiency with high level of familiarity with commonly used packages like MS Word, Excel, Power Point& Web surfing to search relevant data & documents.
* *Knowledge requirements*-
	+ Advocacy, Negotiations and communication skills
	+ Engagement with state and district level management
* *Skill requirements-*
	+ Good communication and presentation skills, analytical and interpersonal abilities
	+ Interpersonal and leadership to direct and implement planned activities
	+ Non discriminating, transparent, participative
	+ The project envisages intensive travelling within specified districts and high energy inputs. Willingness to travel to states & districts to provide technical assistance & ability to work on different assignments simultaneously to meet the timelines for assignments.
	+ For some tasks specific technical skills or part experience in some specific areas is desirable – these include Evaluation Techniques & Study Designs, Policy Development Work, data review, report writing etc.
* Past experience in World Bank Project and knowledge of World Bank Procurement Regulation will be an added advantage.

Languages:

* Excellent oral and written communication skills in English language is essential .

. Proficiency in Mizo will be an advantage

1. Public Health Engineer Consultant

Consultancy duration:48 months

Reporting to: Additional Project Director

The objective of the assignment is to provide technical support to the project to improve the quality of health infrastructure.

Scope of work: The Consultant will support the Project Management Unit (PMU) in providing design, development of BoQs and undertaking field monitoring for project related civil work .

Job Responsibilities:

The responsibilities of the procurement consultant will be as follows:

* Provide technical support in design and measurement for BoQs for bio medical waste management system
* Provide technical support in design and measurement for BoQs for general waste management system in the hospitals
* Develop tools for monitoring the work progress in medical waste management
* Undertake field monitoring to supervise the work at the hospitals

Key Skills:

The qualifications as required are as follows:

* Bachelor’s degree in engineering or a field related to waste management engineering
* At least 8 years of experience in one or more of the following fields: environment, waste, pollution control.
* At least five years’ experience in design and implementation support for Deep burial pits, sharps pits, effluent treatment plant, construction
* At least three years’ experience in design and implementation support for Deep burial pits, sharps pits, effluent treatment plant, construction in hilly areas
* Experience in providing technical support for common treatment facility will be given preference.
* Excellent presentation, report writing and communication skills in English
1. Procurement Consultant

Consultancy Service duration: 48 months

Reporting to: Additional Project Director

Scope of work: The Procurement Consultant will support the Project Management Unit (PMU) in overall management of the procurement of goods, services, consultancies (firms and individuals) and civil works, including quality assurance and contract management. The consultant will perform his/her duties as per the directions of Project Director (PD).

Job Responsibilities: The Procurement Consultant will be responsible for the following:

* Responsible for overall planning and implementation of all procurement activities including contract management functions of the project as per the World Bank Procurement Regulations applicable to the project.
* Assist in preparing and updating procurement plan with cost estimates, appropriate procurement method, procurement timelines, etc. and upload in the World Bank’s online Systematic Tracking of Exchanges in Procurement (STEP) system with the approval of PD and manage all procurements transactions through the STEP.
* Assist in obtaining necessary clearances from the World Bank through STEP system, wherever applicable for the Procurement Plan, TOR, etc. and for all prior review cases.
* Identify risks in different procurement activities and suggest appropriate mitigating measures.
* Assist in drafting all procurement documents such as Invitation of bids (IFB), Request for Expression of Interests (REOI), Terms of Reference (ToR), technical specifications (TS), Request for Proposals (RFPs), Bidding Documents (BDs), etc. as per the World Bank Standard Procurement Documents (SPD) and templates.
* Assist in inviting bids/ proposals, pre-bid/ pre-proposal conference meetings, bid/ proposal opening, evaluation process, contract negotiations, etc. during the procurement cycle.
* Assist in preparing shortlist of consultants, bid evaluation reports (BER), draft contract agreements and any other related procurement documents.
* Assist in drafting response to queries received from the bidders/consultants, minutes of pre-proposal/pre-bid conference and issue amendment/s to the procurement documents.
* Review and manage technical, commercial and legal aspects of procurement in consultation with technical, legal and policy teams as found necessary.
* Resolve procurement issues and queries from various stakeholders on bidding and contract award.
* Participate in the meetings with the project team and World Bank missions’ meetings with updated information on project procurement transactions.
* Liaison with the World Bank for key procurement related issues.
* Provide procurement training to the staff on World Bank’s Procurement Regulations and contract management aspects.
* Prepare a range of procurement-related documents and reports as required.
* Manage all the contracts relating to the project procurement activities in consultation with PD and technical experts and take necessary actions as directed.
* Maintain systematically all the procurement related records, database and documentations for audit by the Government and for review by the World Bank.
* Prepare responses to the post procurement review (PPR) by the World Bank/Consultants engaged for the task.
* Provide procurement related reports/updates, contract details to the World Bank as and when required.
* Required to undertake field-visits, visit to the project sites, etc. as directed by the PD.
* Any other tasks related to procurement and as per the requirement of the project and as assigned by the PD.

The qualifications as required are as follows:

* Bachelor’s degree in Management/ Administration/ Procurement/ Logistics/ Engineering and related discipline from any Government recognized university/ institution with training in public procurement,
* Must have at least 5 years’ experience in procurement,
* Experience of working in the North East and in the health sector will be preferred.
* Excellent understanding of the World Bank Procurement Regulations is desirable.

Languages Required:

Fluent working knowledge of English (written and verbal) is essential. Proficiency in local language (Mizo) is desirable.

1. **State Quality Improvement Consultant**

Consultancy duration: 48 months

Reporting to: State Quality Assurance Officer

Objective(s) of the Assignment : The objective of the assignment is to provide technical support to the project to implement the quality index in the state.

Scope of work: The Consultant will be a part of state quality assurance team and will support the Project Management Unit (PMU) in providing design, development of quality index system, capacity building of staff and health facilities, developing system for sustainability for quality index system, and monitoring of the quality index system including clinical vignettes

Job Responsibilities:

The responsibilities of the procurement consultant will be as follows:

* Design and implement quality index program for the targeted hospitals
* Develop program roll put manual and training materials
* Undertake training of trainers and quality improvement staff
* Undertake training of peer quality assurance reviewers
* Contribute to development of clinical vignettes and training of doctors and nurses
* Field visit to monitor the implementation of quality index
* Coordination with external verification agency
* Coordination with the quality improvement team members in the department

Key Skills:

1. Applicants must possess at least a graduation degree in MBBS/ Ayush doctors with a Masters in Hospital Administration or Public Health
2. Experience:
	1. Essential: Applicant must possess a minimum eight year of experience in Hospital Administration.
	2. At least three years’ experience in Health Care Quality or Formal Quality of a quality system like NQAS/NABH/ISO 9001:2008/Six Sigma/Lean/Kaizen.
	3. 5 years’ experience in developing and implementing monitoring systems for quality improvement in hospitals
	4. Experience in developing/implementing clinical case studies
	5. Experience of monitoring at least 10 staff
	6. Experience of working in the public sector will be added advantage
3. Skills and Competencies:
	1. Knowledge of English.
	2. Effective communication skills, with demonstrated ability to talk and listen to people and build rapport with them
	3. Computer proficiency and familiarity with MS Word, Excel, PowerPoint.
4. Age limit: Up to 45 years as on date of advertisement with five years’ relaxation for reserved category.
5. Project Accountant

Project Duration: 5 years

Consultancy Service duration: 48 months

Reporting to: State Accounts Officer

Function: Under the supervision of the Project Director, MHSSP, the Project Accountant will carry out the accounting and procurement work. The Project Accountant is responsible for maintaining the budget, recording and reflecting fully, accurately, clearly and in a timely manner the funds that are allocated and the disbursements made to support project implementation, in accordance with the approved documents and the liquidation of expenditures on an annual and quarterly basis as well as upon project termination. The Project Accountant will ensure the use of standard financial and accounting procedures in line with the World Bank regulations and the State Government’s rule.

Responsibilities:

* 1. Accounting Work
1. Assist the Project Director in preparation of disbursement plans in accordance with the World Bank Procurement regulation and the State Government’ rule.
2. Prepare quarterly financial forecasts and requests for advancement of funds.
3. In-coordination with the Procurement Team, MHSSP and World Bank Team to review and revise the project budget when required and periodically.
4. Prepare budget estimates for all project activities, trainings/workshops/seminar.
5. Review arrange payment and record all the project expenditure’s vouchers in accordance with financial regulations of World Bank and the Government.
6. Carry out procedures regarding VAT and personal income taxes.
7. File all financial documents and prepare necessary conditions to work with audit agencies or financial inspection agencies as required.
8. Provide guidance and update other project staff at the PMU on financial and accounting procedures and regulations.
9. Participate in preparation of annual and quarterly work plans, prepare quarterly advance requests for World bank funding in the applicable format.
10. Participate in quarterly work planning and progress reporting meetings with the Project Manager.
11. Establish a robust project accounting system, including reporting and filling systems, in accordance with the project document and the World Bank procedures.
12. Maintain petty cash transactions, including writing receipts, preparing payment request forms, disbursement of cash and clearance of advances.
13. Manage banking transactions related to the project, including preparing bank transfer requests, submitting them to the bank, monitoring transfers and preparing monthly bank reconciliation statements and reporting
14. Reconcile all balance sheet accounts and maintain records on file.
15. Prepare project financial reports for agreement by the Project Director of MHSSP and acquiring NOC from the World Bank.

B. Procurement Work

1. Involve in preparation of procurement plan for all project assets.
2. Draft TORs, bidding documents for all project tender packages.
3. Carry out procedures regarding procurement, bid evaluation and selection in accordance with the World Bank regulations.
4. Participate in the Project Procurement.
5. Advise relevant persons on financial aspects of the bids.

C. Other tasks: In addition to two main areas of work, the Project Accountant is expected to carry out all specific tasks related to accounting and procurement of the Project as assigned by the Project Director, MHSSP.

KEY PERFORMANCE INDICATORS:

1. Annual and quarterly Project budget plans timely developed and approved to ensure good project progress.
2. The PMU timely get quarterly advance to implement the endorsed work plan as scheduled.
3. Project disbursement strictly follows relevant regulations as issued by the Government of Mizoram and the World Bank.
4. Budget estimation and advance are made available for timely implementation of project activities.
5. Project financial reports prepared and approved as required.
6. VAT and personal income tax procedures carried out as requested by the Tax Agency.
7. No critical audit findings in project finance management.
8. Requests for ad-hoc financial reports or project disbursement explanations from the donors or authorized state agencies timely granted.
9. Equipment and service needed for project implementation procured in compliance with regulations.

WORKING RELATION AND REPORTING ARRANGEMENT: In coordination with other project consultants and staff, the Project Accountant works under the direct supervision of and reports directly to the Project Director/ Additional Project Director, MHSSP.

QUALIFICATIONS:

1. Bachelor degree (Good and above) in either accounting, finance or economics.
2. At least 02 years working experience in accounting and finance, preferably in large government or non-government organizations is required.
3. Familiar with accounting softwares.
4. English reading, writing and speaking skills (highly desirable).
5. Previous working experience at national execution or international funded projects is an asset.
6. Able to carry out his/her work in an organised manner.
7. Able to work independently and in a team.
8. Demonstrated interpersonal and communication skills

ASSIGNMENT ARRANGEMENT: This post will be selected through Limited competitive process. The successful candidate is expected to work in the PMU as soon as formalities are completed.

1. District Hospital Quality Improvement Consultant

Project Duration: 5 years

Consultancy duration: 48 months

Reporting to: State Quality Assurance Officer

Objective(s) of the Assignment : **The objective of the assignment is to provide technical support to the project to implement the quality index in the state**

Scope of work: The Consultant will support the district health administration in implementation of quality index system, capacity building health facilities, and monitoring of the quality index system including clinical vignettes

Job Responsibilities:

The responsibilities of the procurement consultant will be as follows:

* Implement quality index program for the district hospital
* Training of hospital department staff on implementation of quality index.
* Undertake training of peer quality assurance reviewers
* Monitor the implementation of quality index in each department
* Verification of the reported data on quarterly basis and reporting to the state
* Support the district hospital in all the actions required for achieving national quality accreditation certificate

Key Skills:

1. Applicants must possess at least a graduation degree in MBBS/ Ayush Doctors with a Masters in Hospital Administration or Public Health
2. Experience:
	1. Essential: Applicant must possess a minimum three years of experience in Hospital Administration in hospital with minimum of 50 beds
	2. At least one years’ experience in Health Care Quality or Formal Quality of a quality system like NQAS/NABH/ISO 9001:2008/Six Sigma/Lean/Kaizen.
	3. 2 years’ experience in developing and implementing monitoring systems for quality improvement in hospitals
	4. Experience of working in the public sector will be added advantage
3. Skills and Competencies:
	1. Knowledge of English and Mizo
	2. Effective communication skills, with demonstrated ability to talk and listen to people and build rapport with them
	3. Computer proficiency and familiarity with MS Word, Excel, PowerPoint.
4. Age limit: Up to 35 years as on date of advertisement with five years’ relaxation for reserved category.
5. District Quality Improvement Consultant

Project Duration: 5 years

Consultancy duration: 48 months

**Reporting to:** State Quality Assurance Officer

Objective(s) of the Assignment: **The objective of the assignment is to provide technical support to the project to implement the quality index in the state**

Scope of work: The Consultant will support the district health administration in implementation of quality index system, capacity building health facilities, and monitoring of the quality index system including clinical vignettes

Job Responsibilities:

The responsibilities of the procurement consultant will be as follows:

* Implement quality index program for the targeted health facilities
* Training of targeted health facilities in the district on implementation of quality index.
* Undertake training of peer quality assurance reviewers
* Field visit to monitor the implementation of quality index
* Verification of the reported data on quarterly basis and reporting to the state
* Support the activities that leads to the health facilities in attaining NQAS certification

Key Skills:

1. Applicants must possess at least a graduation degree in MBBS/ MBBS/ Ayush Doctors with a Masters in Hospital Administration or Public Health
2. Experience:
	1. Essential: Applicant must possess a minimum three years of experience in Hospital Administration.
	2. At least one years’ experience in Health Care Quality or Formal Quality of a quality system like NQAS/NABH/ISO 9001:2008/Six Sigma/Lean/Kaizen.
	3. 2 years’ experience in developing and implementing monitoring systems for quality improvement in hospitals
	4. Experience of working in the public sector will be added advantage
3. Skills and Competencies:
	1. Knowledge of English and Mizo
	2. Effective communication skills, with demonstrated ability to talk and listen to people and build rapport with them
	3. Computer proficiency and familiarity with MS Word, Excel, PowerPoint.
4. Age limit: Up to 45 years as on date of advertisement with five years’ relaxation for reserved category.

Reporting:

The District quality improvement consultant will report to the chief medical officer of the respective district and quality consultant at the state level

1. *Divisional Assistant*

Objective of Divisional Assistant: The overall purpose of the assignment is to provide administrative, logistical and operational support to the World Bank- Mizoram Health Systems Strengthening Project. He/she is expected to ensure that administrative processes are running smoothly, continuously and efficiently at all times and that lapses are promptly brought to the attention of desk officers of appropriate division for immediate resolution. Under the supervision of the Project Manager, the Divisional Assistant provides support in the development and administration of technical cooperation programmes and projects as well as secretarial and administrative support.

 Job Responsibilities:

* To provide a comprehensive professional support service to the Project Director, MHSSP with additional support to other team members of MHSSP as directed. These duties will include dealing with correspondence, filing, management of diaries, etc..
* To act as the main administrative point of contact, both internally and externally, for the Project Director and his subordinates as well as with the World Bank Team
* Screen incoming mail and phone call and serves as an information resource of the project and drafts a variety of standard project- related correspondence and keeps track of pending matters, follow up with different divisions on deadlines
* Handle MHSSP publications and adverts in Newspapers and Magazines.
* Handling the physical custody of the office supplies
* To liaise with the team members of MHSSP and external agencies including consultancy agencies and other stakeholders associated with the project.
* To obtain and prepare briefing material and supporting paperwork for meetings (informal and formal) for the Project Director.
* To use own initiative when dealing with enquiries and ability to work with minimal supervision.
* To perform general administrative tasks and effectively plan and co-ordinate external/internal events. This includes arrangement for meetings and other events, booking venues, catering, coordinating attendees, preparation of agenda and papers, dissemination of material after the event and travel arrangements as required by the Project Director and other members of MHSSP.
* To assist in the production of the annual statutory accounts and monthly management accounts as required.
* To prepare draft documents and presentation materials for meetings and reports by extracting/summarizing statistics and other related information; compile and organize information and reference materials from various sources for previous reports, meetings, etc.
* To co-ordinate the collection of data for incorporation in the Project reports.
* To ensure the smooth flow of information to achieve deadlines and project milestones.
* To execute any other duties that may be reasonably be expected of the post-holder at the request of the Project Director and other designated officials.

Qualifications and other requirements:

* Bachelor Degree in Business management, Management Studies, Administrative Studies or other related fields.
* Diploma or certificate in Computer Application.
* Good typing skill and certificate in Stenography is desirable
* At least two (2) years of experience as an Office Assistant/ Clerical Assistant or other related fields.
* Experience in World Bank Projects and knowledge in World Bank Regulations will be an added advantage.
* Fluent written and verbal knowledge in English.
* Proficiency in English and local language (Mizo)both vocal and written is desirable.

Number of Post: Two (2)

Duration of Contract: The contract is for 1 year and extension may be offered with satisfactory performance.

1. *Office Assistant*

Objective of Office Assistant: The purpose of an Office assistant is to provide confidential administrative, secretarial, office management and research support to the Project Director, MHSSP and his subordinates. S/he will provide a liaison point and assistance on behalf of the Project Director to the other team members as well as to Project consultants and other stakeholders.

Responsibilities:

* Overseeing clerical tasks like handling incoming calls, mails and other communications.
* Managing filing system.
* Recording information as needed.
* Updating paperwork, maintaining documents and word processing.
* Helping organize and maintain office common areas.
* Performing general office clerk duties and errands.
* Organizing travel by booking accommodations and reservations needs as required.
* Coordinating events as necessary.
* Maintaining supply inventory.
* Maintaining office equipment as needed.
* Aiding with client reception as needed.
* Creating, maintaining, and entering information into databases.

Qualifications and other requirements:

* Bachelor’s Degree in management studies, Administrative Studies or other related fields.
* Diploma or certificate in Computer Application or good working knowledge in using basic commuter applications of MS office.
* Good typing skill and certificate in stenography is desirable
* Experience as an office assistant in related projects or public office will be an added advantage
* Proficiency in English and local language (Mizo) both written and vocal is desirable.

Number of Post: One (1)

Duration of Contract: The contract is for 1 year and extension may be offered with satisfactory performance.

## List of sites selected for intervention

|  |  |  |  |
| --- | --- | --- | --- |
| **District** | **Name of Facility** | **Type of Facility** | **Name of the village** |
| Aizawl east | Sakawardai  | CHC |  |
| Aizawl east | Aizawl Civil hospital  | DH  |  |
| Aizawl west |  Kulikawn  | SDH |  |
| Champhai | Biate  | CHC |  |
| Champhai | Ngopa  | CHC |  |
| Champhai | Champhai | DH  |  |
| Hnahthial | Hnathial  | DH  |  |
| Kolasib | Vairangte | CHC |  |
| Kolasib |  Kolasib | DH  |  |
| Lawngtlai | Chawngte  | CHC |  |
| Lawngtlai | Lawngtlai  | DH  |  |
| Lunglei | Lunglei | DH  |  |
| Lunglei | Tlanbung  | SDH |  |
| Mamit | Kawrthah  | CHC |  |
| Mamit | Mamit | DH |  |
| Saitual | Saitual | DH  |  |
| Serchhip | Thenzawl | CHC |  |
| Serchhip | Serchhip  | DH  |  |
| Saiha | Saiha  | DH  |  |
| Aizawl east | Thingsulthliah  | PHC |  |
| Aizawl east | Darlawn  | PHC |  |
| Aizawl east |  sihphir | UPHC |  |
| Aizawl east | Phuaibuang  | PHC |  |
| Aizawl west |  chawlhhmun | UPHC |  |
| Aizawl west | Aibawk  | PHC |  |
| Aizawl west | Sairang  | PHC |  |
| Aizawl west | Sialsuk  | PHC |  |
| Aizawl west | Lengpui  | PHC |  |
| Champhai | N.E Khawdungsei  | PHC |  |
| Champhai | Hnahlan  | PHC |  |
| Champhai | Bungzung  | PHC |  |
| Champhai | Sialhawk  | PHC |  |
| Champhai | Khawhai  | PHC |  |
| Champhai | Farkawn  | PHC |  |
| Champhai | Kawlkulh  | PHC |  |
| Hnahthial | S. Vanlaiphai  | PHC |  |
| Hnahthial | Cherhlun  | PHC |  |
| Hnahthial | Pangzawl  | PHC |  |
| Hnahthial | Chhipphir  | PHC |  |
| Kolasib | Bilkhawthlir  | PHC |  |
| Kolasib | Kawnpui  | PHC |  |
| Lawngtlai | South lungpher  | PHC |  |
| Lawngtlai | Bualpui ng  | PHC |  |
| Lawngtlai | Sangau  | PHC |  |
| Lawngtlai | Bungtlang s  | PHC |  |
| Lunglei | Bunghmun  | PHC |  |
| Lunglei | Haulawng | PHC |  |
| Lunglei | Buarpui  | PHC |  |
| Lunglei | Lungsen  | PHC |  |
| Mamit | West phaileng  | PHC |  |
| Mamit | Marpara  | PHC |  |
| Mamit | Reiek  | PHC |  |
| Mamit | Phuldungsei  | PHC |  |
| Mamit | Kanghmun  | PHC |  |
| Serchhip | N vanlaiphai  | PHC |  |
| Serchhip | E lungdar | PHC |  |
| Serchhip | Khawlailung  | PHC |  |

**Contact:**

**Project Director,**

**Mizoram Health Project**

**Directorate of Health & Family Welfare**

**Government of Mizoram. Aizawl**

**email:**

**Contact Number:**

**Website:**

1. Senge, P., et al. 1994. *The Fifth Discipline Fieldbook. Strategies and Tools to Build Learning Organizations.* Doubleday; Savigny, D. de, and T. Adam. 2009. *Systems Thinking for Health Systems Strengthening.* [↑](#footnote-ref-1)
2. Fritsche, G., et al. 2014. *Performance-Based Financing Toolkit.* Chapter 8, page 165. Washington, DC: World Bank. <https://openknowledge.worldbank.org/handle/10986/17194> License: CC BY 3.0 IGO. [↑](#footnote-ref-2)
3. Donabedian, A. 2005. "Evaluating the Quality of Medical Care." *Milbank Memorial Fund Quarterly* 83 (4): 691–729. [↑](#footnote-ref-3)