

DAMNA KÂWL ÊNG

DAWN OF GOOD HEALTH - A QUARTERLY E-NEWSLETTER OF MHSSP

ISSUE - I VOL - I

SPECIAL INAUGURAL ISSUE

3rd September, 2021

Message from Editor-in-Chief

We are extremely delighted to introduce **Damna Kâwl Êng** - a Mizoram Health Systems Strengthening Project (MHSSP) initiative. This e-newsletter will appear once every quarter during the project implementation period, and is designed to inform about the progress, achievements and voices from the field pertaining to the project. It will also showcase how our work impacts direct beneficiaries as well as all indirect stakeholders as we transition to a robust health system through MHSSP.

This first-cum-special inaugural edition highlights a brief overview of the project with focus on some of the project components.

We envision improved health for all by building a responsive health system that provides protection against ill-health and financial shocks due to payments for health. We are confident that improvements in the health system will herald a 'dawning of good health' with the 'sun setting on ill-health'.

We hope you find the e-newsletter informative. We urge you to share this e-newsletter so that all stakeholders, local communities in particular, are informed of the changes that MHSSP brings about.

(Dr ERIC ZOMAWIA)
Editor in Chief

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MESSAGE FROM THE HON'BLE MINISTER Health & Family Welfare

It is a pleasure to know that e-Newsletter-'**Damna Kâwl Êng - Dawn of Good Health**' is being brought out by Mizoram Health Systems Strengthening Project (MHSSP) highlighting initiatives that the state is undertaking through MHSSP to improve the health system.

As the Health & Family Welfare Minister of Mizoram, I envision a health system in Mizoram that is healthy and thriving. I am committed to support MHSSP as I am certain the project will play a pivotal role in realizing this vision. I strongly believe that MHSSP will build the pillars for a health system that will complement the development aspirations of the state. This e-Newsletter will be a mirror reflecting progress on the ground and in our local communities through the project. We look forward to many more issues of the e-newsletter in the coming months.

Best wishes to Team Mizoram Health Systems Strengthening Project towards more strides in the coming days.

Dated Aizawl
The 30th August, 2021

(Dr. R. LALTHANGLIANA)

MIZORAM HEALTH SYSTEMS STRENGTHENING PROJECT (MHSSP) A SNAPSHOT

The Department of Health and Family Welfare (DoHFW), Government of Mizoram with technical and financial support from the World Bank, is implementing 'Mizoram Health Systems Strengthening Project' (MHSSP) in the State for improving the health status of its citizens. The MHSSP intends to strengthen the management capacity and quality of health services in Mizoram. The activities under the project are structured under the following four broad components:

- **Component 1: Strengthen management and accountability through Internal Performance Agreements:** This will support the creation of an enabling environment for reforms at each level (state, district and sub-district), enhance performance of the DoHFW and its subsidiaries, and improve efficiency of the public health administration.
- **Component 2: Improve the design and management of the government-sponsored health insurance programs in the state:** This will focus primarily on improving the overall design, management and the effectiveness of the health insurance schemes including the community interventions to increase enrollment in the program.
- **Component 3: Enhance the quality of health services and support innovations:** The activities will support the development of the state health system, structural quality improvements and also pilot health innovations. Developing a comprehensive quality assurance system, improving biomedical waste management, enhancing human resource management are critical sub-components.
- **Component 4: Contingent Emergency Response Component:** A mechanism for provision of immediate response to an Eligible Crisis or Emergency, as needed.

To ensure the effective implementation of various components and to achieve the desired outcomes of MHSSP, agencies have been engaged to support and assist us. The agencies are - IQVIA for Project Management and Technical Support (PMTA); IQVIA for strengthening Human Resources for Health (HRH), and SUTRA for third-party evaluation.

While there are several components under the Mizoram Health Systems Strengthening Project, in this issue we have focused on IPA and HRH. All components of the project will be covered in the coming issues.



ENCOURAGING WORDS ON MHSSP



“ We aim to make healthcare more integrated, personalized, and empowered for both our patients and medical staff through this esteemed project. I have no doubt that this project will contribute to improve the healthcare delivery system in Mizoram ”

R. Lalramnghaka, Secretary,
Health & Family Welfare Department, Gov't of Mizoram

“ I am glad to note that the project places right emphasis on developing health facilities starting from the sub centre level to the District Hospitals ”

Dr. F. Lallianhlira, Principal Director,
Health & Family Welfare Department, Gov't of Mizoram



“ Transforming the health infrastructure and its human resources in Mizoram demands improving the quality of healthcare services to serve the needy. ”

Dr Eric Zomawia
Project Director, MHSSP

“ The uniqueness of the MHSSP stems from Internal Performance Systems which contributes to address the bottlenecks in the entire ecosystem for achieving desired health outcomes in Mizoram. ”

Amith Nagaraj Bathula
MHSSP Task Team Leader, The World Bank



INTERNAL PERFORMANCE AGREEMENTS (IPA)

The Component 1 of the Mizoram Health Systems Strengthening Project is to “Strengthen management and accountability through Internal Performance Agreements (IPAs).” This component primarily focuses on reforms in governance and management structures through IPAs between the DoHFW and its subsidiaries at the state and substate levels.

In order to better understand about the IPAs, the Newsletter team had conducted online discussion with the World Bank Task team members.

What is IPA?

Internal performance agreements (IPAs) are special agreements signed with different levels of the health system. The idea behind the agreements is to stimulate better performance of health facilities, district health teams and state-level administrative units and for improving the quality of their services, management and accountability. In the key performance indicator certain activities are defined, linked to specific improvements the health system deems urgent. These activities have a score and are regularly monitored. If the scores are good, extra money can be earned. In Mizoram, IPAs have been drawn up for different levels of health facilities (Primary Health Centres (PHCs), Community Health Centres (CHCs), Sub-District Hospitals (SDHs), and District Hospitals (DHs)). In addition, there are also IPAs for the District Health Administration, for 2 directorates in the Department of Health and Family Welfare (DoHFW) (DHS and DHME) and for the Mizoram State Health Care Society (MSHCS-Insurance Agency). All IPAs are interlinked, so as to stimulate better health performance throughout the health system. But each of the IPAs has specific aims and focus, tailored for the entity involved.

Can you please elaborate as to how the IPA will directly or indirectly benefit the health facilities in Mizoram?

We know from experiences around the world, that in health projects, either the inefficient plans or unwarranted delays may result in money being ill spent. The IPAs help to structure the work in health facilities and Districts a bit better. And if a facility starts to score better on these IPA activities, it will make money which it can then use to improve

the quality in the facility. This money is extra, on top of other funds a facility may receive. The facilities are free to spend the money on anything they see fit, as long as it is on activities that will help improve the quality of services and the skills of staff. Since the IPA activities will be monitored on a quarterly basis, challenges can be quickly observed, and addressed through coaching. In addition, some IPA activities are to do with planning things more efficiently and keeping good records. This in the end will also benefit the facilities in their overall service delivery and will yield good overall data to the health system. The Rogi Kalyan Samitis (RKS) that are available in all health care facilities will play an active role in ensuring that the money earned is spent efficiently.

Are these IPAs difficult to implement? How should the staff be geared up to benefit from this innovative concept and help serve the needy and poor more effectively?

Most of the IPA activities for which some extra money can be earned are not hard to implement and closely linked to the work a facility is supposed to do. We do not wish to create any additional burden. The key is - extra money earned can be used for things that officials and health administration feel are required to further improve the services. This is based on the premise that people who are involved in day-to-day working often know best what is wrong and what needs to change. Thus, through IPA's, good work makes extra cash available to facilities which they can decide themselves where to spend in order to improve the quality of services.

For more informations, please visit :

<https://health.mizoram.gov.in/page/mizoram-health-system-strengthening-project-mhssp>



Human Resources for Health (HRH): Backbone for a robust health system

There is a growing consensus that to remedy public health problems we need a skilled workforce. Better service utilization and better health outcomes are often results of availability, accessibility and acceptability of health workforce. Apart from mere numerical strength, health systems require effective, trained and committed human resource. Yet, in most states of India, there is a lack of professional development trajectories and insufficient political commitment to improve the situation.

The state of Mizoram grapples with similar issues especially with the availability of

“The density of doctors and nurses and midwives per 10,000 population is 20.6 according to the NSS. Health workforce density in rural India and states in eastern India is lower than the WHO minimum threshold of 22.8 per 10,000 population”.

specialist doctors. The list of issues that the state faces also include - absence of a state human resource for health (HRH) strategy and management framework, lack of rigorous evaluation of requirement of HR for health, creation of new posts and filling up of exist-

ing vacant posts, effective Implementation of existing policies, need to strengthen HRMIS and absence of formal strategy for continuing education & professional development.

MHSSP will use a multi-pronged approach to address these issues during the project lifetime which involves investments across three major areas - HRH Management (Policy, Planning, Management & deployment of HR), Capacity Building (Building clinical & Techno-managerial skills) and Medical education (Strengthening the Nursing, Midwifery & Para-medical education)

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LAST WORD

Lessons from Nightingale's Life: The Nurse, The State and The Pandemic

Last May marked the 200th anniversary of the birth of Florence Nightingale. We all know that while she worked tirelessly during her first winter at Scutari in Turkey, 4,077 soldiers died there. It is claimed that ten times more soldiers died from illnesses such as typhus, typhoid, cholera and dysentery than from battle wounds. Apart from the medical care, Nightingale focused on data documenting sanitation drainage, water quality, housing construction, food quality, alcohol use, and physical activity— elements we now call 'social determinants of health'. Also, Nightingale insisted on training nurses to be the backbone of good medical care. Today, the world celebrates her birthday as International Nurses Day.

Nightingale's experience as a nurse during the Crimean War in the mid-1850s led her to three insights that came to define her professional life, insights as revolutionary as they were unpopular:

- **Medical care, if not appropriately provided has the potential to do harm.**
- **Nurses require stringent and scientific training**
- **Medical care does not exist in a vacuum from the world around it.**



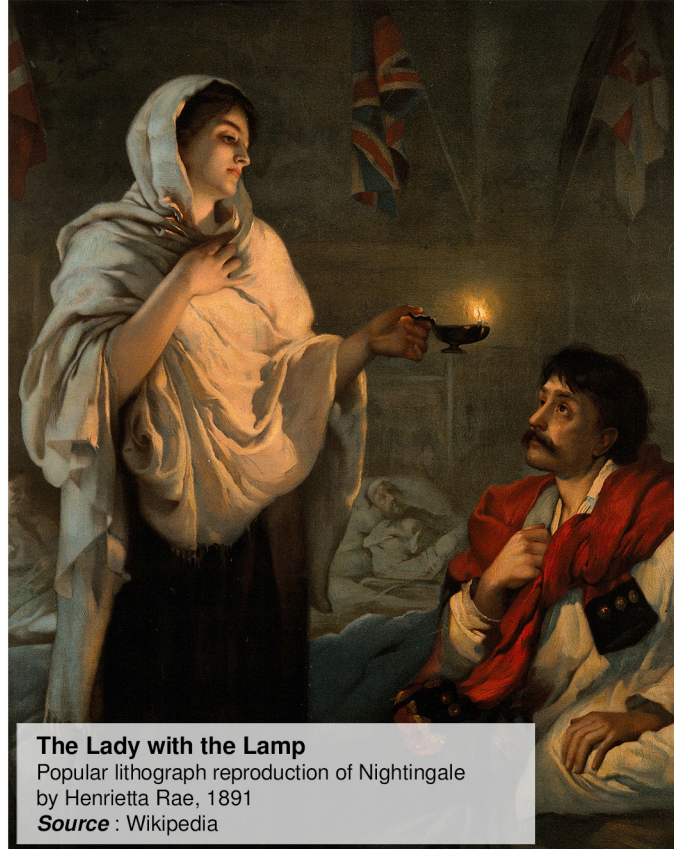
Nightingale is best known for her work illustrating the first two tenets. The third tenet of Nightingale's life's work — that medical care does not exist in a vacuum from the world around it — has received less attention.

There is no doubt that our health care system needs to be more flexible and nimble in nearly every aspect — medical care, public health, research, supplies, prevention, communication, vaccination. The list goes on!

Today, we at Mizoram Health Systems Strengthening Project (MHSSP) strive to do our best. We believe that medical care does not exist in a vacuum.

As our state, Mizoram and India at large is witnessing wave after wave of the Covid-19 pandemic making the cases swell and recede over time, Nightingale's observations could hardly be more prescient. The astoundingly uneven toll of infection and death we have witnessed is a bitter confirmation of the interrelationship between health care and society.

Contagious illnesses like Covid-19 bring into stark relief the fact that health is both a communal good and an outcome of community effort. Outbreaks can neither be created by individuals nor tamed by them. It takes all of our efforts to address this pandemic.



The Lady with the Lamp

Popular lithograph reproduction of Nightingale
by Henrietta Rae, 1891

Source : Wikipedia

That her bicentennial fell during a worldwide pandemic is both illuminating and ironic. We commit to re-envision the health care system through this MHSSP project that we would achieve our desired twin goals of 'improving the quality and responsiveness of public health services and increasing access of the population to an expanded package of health services' in Mizoram.

How is Florence Nightingale relevant for our today's health problems? What suggestions come to your mind to learn a lesson or two from her illuminating life and address the current Covid-19 crisis in our state? Please write to us and share your thoughts. No idea is small or big. We welcome your suggestions and some of the best responses will appear in our subsequent editions.

While there are various components to the Mizoram Health Systems Strengthening Project, in this issue we are covering IPA and HRH components. Subsequent issue will cover articles on other important issues.

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