

Terms of Reference

Selection of Project Management and Technical Support Agency (PMTA) to support implementation of the Mizoram Health Systems Strengthening Project (MHSSP)

A. Introduction

The Government of Mizoram is committed to improving the health status of its citizens. Despite considerable challenges, the state has shown progress in various health indicators over the last decades. To further accelerate the progress, 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. The MHSSP intends to strengthen the management capacity and quality of health services in Mizoram. To achieve its objectives, the MHSSP will, over the next five years, adopt a systems approach to combine results-based financing and input-based financing with the aim of achieving enhanced performance management in the public sector.

The activities under the Project are structured under the following four broad areas:

Area 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.

Area 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.

Area 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.

Area 4: Contingent Emergency Response Component: A mechanism for provision of immediate response to an Eligible Crisis or Emergency, as needed.

B. Objective of the services

The Government of Mizoram, under the leadership of Principal Director, Health and Family Welfare Department, (DoHFW) has established a Project Management Unit (PMU) which consists of staff directly appointed by the state. With this background, the DoHFW, Government of Mizoram invites Expression of Interest (EoI) from interested firms meeting the minimum qualification criteria to support the PMU. The PMTA shall be responsible for managing, executing, providing technical support for the implementation and monitoring of the MHSSP in the following five domains:

Domain 1: Project management support with technical and fiduciary staff to support PMU function: This will entail providing high quality technical support and build the stewardship capacity of the PMU of the MHSSP in completing tasks related to project

management, capacity building, improving quality of service, monitoring, procurement, contract management, financial management and management of civil works, piloting new initiatives, that are necessary for effective and timely implementation of the MHSSP, including any relevant technical assistance required during the implementation of the Project.

Domain 2: Health facility assessment, developing BOQ, construction supervision and management. This will include support for the assessment of health infrastructure, develop revamping plan along with BOQs and provide monitoring support of construction work.

Domain 3: Comprehensive review of policy, systems and operational design of different government-sponsored health insurance schemes. The purpose will be to develop a comprehensive roadmap for improving the design, management, operations and administration of the health insurance schemes in the state of Mizoram.

Domain 4: Developing a complete Enterprise Resource Planning (ERP) solution for health insurance schemes. The firm will be responsible for developing the policy options and appropriate platform for ERP solution-based integration of state and national insurance schemes.

Domain 5: Developing and rollout of communication strategy for increasing demand for services under the health insurance schemes. This will include providing appropriate support for planning, design and implementation of Social Behavior Change Communication (SBCC) strategy, tools and materials around health insurance and non-communicable diseases (NCDs).

Domain 6: Technical support for capacity building across project components and training of Village Health, Sanitation and Nutrition Committees (VHSNC) in selected districts. support Training of VHSNCs for improving the enrollment, coverage and utilization under the health insurance programs.

Duration of the assignment: The duration of the assignment for PMTA is for 5 years (60 months) from date of contract signature. The overall scope of the PMC services shall be as indicated herein but not limited thereto.

C. Detailed scope of Services, Tasks (Components) and Expected Deliverables

Domain 1: Project management support with technical and fiduciary staff to support PMU function.

Objective: The objective of this domain is to: (i) provide high quality and professional technical and managerial support to the MHSSP to effectively implement the project component and its activities; (ii) to support of the directorates and societies of the line department of Govt of Mizoram for MHSSP.

To work as the lead project management and technical support agency for the MHSSP, the firm will be expected to read and understand about the details of the MHSSP, its components, activities, associated policies and frameworks etc. to get familiar with all the key stakeholders and relation of the MHSSP with each stakeholder; get acquainted with all the work done and reports/documents prepared under the Project prior to its engagement and also familiarize

themselves with the World Bank contribution to the Project, their support, guidelines and regulations for project implementation.

The key activities include the following:

D1.1 Provide program management and monitoring support under the MHSSP:

D1.1.1 Planning, administration and management of the MHSSP:

D1.1.1.1 Assist PMU in day to day project management and stakeholder coordination.

D1.1.1.2 Prepare and update MHSSP workplan along with timelines in coordination with the PMU.

D1.1.1.3 Assist PMU in planning resource requirements (HR, budget etc.) for effective implementation of all components of MHSSP.

D1.1.2 Technical and management support to the PMU:

D1.1.2.1 Review documents submitted by each cell of the PMU and Govt of Mizoram to ensure they meet standards and guidelines of the government as well as the World Bank.

D1.1.2.2 Prepare technical notes, TORs for hiring firms/agencies, help in managing technical assignments etc.

D1.1.2.3 Assist PMU in designing and monitoring training program for government staff and officials.

D1.1.3 Reporting:

D1.1.3.1 Prepare relevant report and documents to help PMU monitor the project in an effective manner, including internal performance agreements at the administrative level and implementation of quality index at the facility level.

D1.1.3.2 Assist in conducting data analysis, prepare periodic reports (monthly/quarterly/any other) and presentations to help PMU review and monitor the project.

D1.1.4 Monitoring:

D1.1.4.1 Assist PMU in establishing and maintaining project monitoring system for different activities under the project including civil works, consultancy services etc.

D1.1.4.2 Assist PMU in organizing review meetings of the project with relevant stakeholders

D1.1.5 Evaluation: assist PMU in designing and monitoring evaluations and assessments as and when required.

D1.1.6 Ensuring compliance of the project implementation to the World Bank's policies including environmental and social standards, guidelines, requirements, and relevant government regulations.

D1.1.7 Support PMU in supervising the preparation and implementation of all environmental and social instruments (e.g Environmental and Social Screening reports, Environmental and Social Impact Assessments and Management Plans) related to the project activities following the project's Environmental and Social Management Framework (ESMF) and Stakeholder Engagement Plan (SEP).

D1.1.8 Support PMU in ensuring compliances to legal covenants, gender requirements and any other such requirements of the World Bank.

D1.2 Support to the procurement process under the project:

D1.2.1 Provide technical and operational support for overall procurement and contract management activities for procurement of goods, works and consultancy and non-

consultancy services undertaken by the project to achieve agreed project objectives and results.

- D1.2.2 Undertake overall responsibility of developing the PPSD (Project Procurement Strategy for Development), and Procurement Plan for the project, and periodically revising them as needed and agreed with the World Bank.
- D1.2.3 Undertake responsibilities of drafting all procurement documents as per Standard Procurement Documents (SPD) and standard templates of the World Bank such as notifications of tenders (NIT), newspaper advertisements, bidding documents, request expressions of interest (REOI), requests for proposals (RFP), bid evaluation report (BER), draft contract agreements, minutes of negotiations, etc. and related documents, and include environmental and social specification in the bidding documents.
- D1.2.4 Assist the MHSSP in incorporating environmental and social specifications in the bidding documents (as part of works' requirement) based on various environmental and social risk management document such as ESMP, LMP etc. Some of these documents were prepared during the project preparation stage and many would be prepared during the project implementation stage. The agency will ensure that all environmental and social studies are conducted as per the project's Environmental and Social Commitment Plan (ESCP). It will also ensure that the Bill of Quantities (BOQ) properly reflect the cost of implementation of the ES requirements; prepare Code of conducts to be applicable to the contractors and his sub-contractors following minimum requirements in this regard as mentioned in the WB standard bidding documents. They would add additional requirements if necessary, to address identified issues, informed by relevant environmental and social assessment. The types of issues identified could include risks associated with: labour influx, spread of communicable diseases, Sexual Exploitation and Abuse (SEA), Sexual Harassment (SH) etc. During bid evaluation, they would review the Code of Conduct submitted by the bidders including its implementation arrangement and ensure that the Code of Conducts submitted by the bidders are in line with the requirements of the bidding document.
- D1.2.5 Conduct market analysis and prepare market approach for all procurement transactions, conduct suppliers/contractors meetings at various stages and prepare reports/minutes, provide support in evaluation of proposals and contract award, seeking World Bank clearances for Procurement Plan, TORs, etc. and for all prior review cases as required.
- D1.2.6 Provide advice and implementation support on all aspects of procurement and contract management under the project as per World Bank Procurement Regulations wherever required.
- D1.2.7 Ensure that goods, works and services are procured and provided cost effectively as per predetermined standards mentioned in the bidding document and contract agreement and in line with World Bank Procurement Regulations.
- D1.2.8 Support in developing a system of procurement planning, suggest improvement in bidding process, ensure better competition among bidders, contract administration and site supervision, on-time contract completion, prevention of cost overruns, quality assurance, and procurement complaint redressal mechanism, etc.

D1.3 Support to the financial management process under the project:

- D1.3.1 Support the project to deal with all financial management issues as per the norms and guidelines prescribed by Govt of Mizoram and the World Bank.
- D1.3.2 Advise project on financial matters; support in accounting and implementing sound financial management practices.

- D1.3.3 Assist the MHSSP in carrying out monthly and quarterly monitoring of budget vis-a-vis actuals, analyze variances and support in undertaking corrective actions.
- D1.3.4 Facilitate project in drafting documents/ correspondences/ reports on financial issues to be dealt with Govt of Mizoram and the World Bank.
- D1.3.5 Verify monthly expenditure statements and financial records submitted by project cells for completeness and correctness.
- D1.3.6 Carry out review of internal controls, contract terms/conditions followed in processing payments.
- D1.3.7 Support MHSSP in compliance to Govt statutory requirements and tax laws i.e. deduction and timely remittances of taxes etc.
- D1.3.8 Support MHSSP in preparing project progress reports and financial reports for Govt of Mizoram and the World Bank.
- D1.3.9 Assist MHSSP in consolidating individual expenditure statements/financial reports received by various entities and preparing disbursement claim (Interim Financial Reports) for submission to office of CAAA for seeking the World Bank disbursement.
- D1.3.10 Facilitate internal and external audit and support in compliance to the audit actions.
- D1.3.11 Facilitate project in timely and effective resolution of audit observations.
- D1.3.12 Liaise and coordinate with Treasury, Banks, State AG, CAAA, consultants, other project staff etc. for effective implementation of the Project.

D1.4 Additional technical support identified under the project:

- D1.4.1 Facilitate in identifying additional technical areas relevant to address emerging challenges under the project (not covered under the tasks mentioned above).
- D1.4.2 Provide support to MHSSP through hiring additional technical resource (on a full time and/or ad-hoc basis) in addressing these technical issues.
- D1.4.3 Any other task as agreed with the MHSSP.

Domain 2: Health facility assessment, developing BOQ, construction supervision and management

The project will invest in infrastructure development in 2 ANM schools, 2GNM schools, 1 college of nursing, 5 under- construction nursing schools (3 GNM & 2 ANM), 1 State and 3 district warehouse, 10 District Hospitals, 2 Sub- Divisional Hospitals and 7 Community Health centres, 38 primary health centres and 20 sub centers

Objective: The objective of this domain is to: (i) Assess the current infrastructure in the given facilities, identify the gaps providing key recommendations for their revamping and renovation; (ii) Provide detailed Bill of Quantities for Nursing schools (INC Norms), Nursing college (INC Norms) and warehouses based on the gap assessment report; (iii) Provide a detailed Bill of Quantities for all the above-mentioned health facilities to help meet the National Quality Assurance Standards; and (iv) Provide technical support for monitoring of the implementation of facility infrastructure development during the construction phase.

D2.1 The PMTA will be responsible for provision of comprehensive hospital up-gradation consultancy services in hospital survey, project conceptualization necessary for model hospitals/ infrastructure revamping of all listed healthcare facilities, keeping in view with the National Quality Assurance Standards. The key tasks under this domain include the following:

- D2.1.1 **An exact assessment of the location and utilization of space:** This will take into account functional needs as they relate to, basic infrastructure, furniture, circulation, structural, mechanical, electrical, or bio-medical waste

management and space requirements. The survey findings will have to be backed up by photographs. The hospital survey report will include the following:

- D2.1.2 **Physical dimensions of the proposed work.** Exact measurement and the existing location of structures if any, natural drainage, any electrical lines, orientation including north direction. The concurrence of the Director/SIC/CMS of the hospital will be required on the detailed project report.
 - D2.1.3 **Diagrammatic plans:** The detailed plans should also include the structural system, electrical and sanitary, plumbing system, MGPS, lifts, DG set, laundry, boiler, laying of internal communication system, CCTV camera, LAN, PA system, rainwater harvesting, retrofitting needs to meet the geographical hazards etc. and any other mechanical systems proposed in the design.
 - D2.1.4 **Preparation of Concept design and Site plan:** This will include location on site, the Health and related facilities including support spaces of the hospital, Location of landscaping and other special site features, layout drawings. All designs shall conform to and fulfil the requirements of the latest Indian building codes and practices. All the design parameters relating to above shall be included in the project report.
 - D2.1.5 **Preparation of Preliminary drawings:** Technical input by engineering expertise in the field of electrical, sanitary and plumbing, HVAC, vertical transportation, fire detection and fighting and gas manifold wherever required at this stage. Interior design and material finishes would also be addressed. Preliminary drawings would be provided both in CAD as well as at least 3 sets of hard copies. The preliminary drawings will also be used for getting necessary approval from the respective hospital in charges. Norms of local bodies will be followed while preparing the final drawings.
 - D2.1.6 **Preparation of detailed drawings:** for easy implementation of work. The detailed drawing would be provided both in CAD as well as at least 3 sets of hard copies
 - D2.1.7 **Preparation of Bill of Quantities and the estimates:** The consultant firm shall submit the ready to tender documents to project director Mizoram health system strengthening project through the executive engineer Mizoram health department as per world bank procurement guidelines, for further process.
 - D2.1.8 **All estimates should provide structure-wise, site-wise as well as lot wise details.** The specifications will be in A4 sheet size format. The detailed BoQ will be countersigned by the Hospital Authority. Detailed estimate and the specifications for the project shall be prepared on the basis of sanctioned rates by state procurement norms for the current financial year. The consultant shall cooperate and handhold the procurement agent for the preparation of the bid document.
 - D2.1.9 The consultant shall prepare the BOQ (Bills of quantities) and the estimates as per the requirement in soft copy and hard copies for each individual structure, consolidated per hospital and consolidated as per the lot.
- D2.2 The Consultant Firm shall provide comprehensive infrastructure up-gradation consultancy services in nursing school and colleges survey, project conceptualization necessary for model nursing school/college infrastructure revamping of all listed nursing schools, colleges including hostels as per Indian Nursing council standards.

- D2.2.1 **An exact assessment of the location and utilization of space:** This will consider functional needs as they relate to, basic infrastructure, furniture, circulation, structural, mechanical, electrical, furniture and space requirements.
- D2.2.2 **Diagrammatic plans:** The detailed plans should also include the classroom designs, structural system, electrical and sanitary, plumbing system, MGPS, lifts, DG set, laying of internal communication system, CCTV camera, LAN, PA system, rainwater harvesting, retrofitting needs to meet the geographical hazards etc. and any other mechanical systems proposed in the design.
- D2.2.3 **Preparation of Concept design and Site plan:** This will include location on site, the nursing schools/colleges and hostels including support spaces. Location of landscaping and other special site features, layout drawings. All designs shall conform to and fulfil the requirements of the latest Indian building codes and practices. All the design parameters relating to above shall be included in the project report.
- D2.2.4 **Preparation of Preliminary drawings:** Technical input by engineering expertise in the field of electrical, sanitary and plumbing, fire detection and fighting. Interior design and material finishes would also be addressed. Preliminary drawings would be provided both in CAD as well as at least 3 sets of hard copies. The preliminary drawings will also be used for getting necessary approvals from the nursing section in the directorate and respective school principals. Norms of local bodies will be followed while preparing the final drawings.
- D2.2.5 **Preparation of detailed drawings:** for easy implementation of work. The detailed drawing would be provided both in CAD as well as at least 3 sets of hard copies
- D2.2.6 **Preparation of Bill of Quantities and the estimates:** The consultant firm shall submit the ready to tender documents to project director Mizoram health system strengthening project through the executive engineer Mizoram health department as per world bank procurement guidelines, for further process.
- D2.2.7 **All estimates should provide structure-wise, site-wise as well as lot wise details:** The specifications will be in A4 sheet size format. The detailed BoQ will be countersigned by the nursing school and college authority. Detailed estimate and the specifications for the project shall be prepared based on sanctioned rates by state procurement norms for the current financial year. The consultant shall cooperate and handhold the procurement agent for the preparation of the bid document.
- D2.2.8 The consultant shall prepare the BOQ (Bills of quantities) and the estimates as per the requirement in soft copy and hard copies for each individual structure, consolidated per hospital and consolidated as per the lot.
- D2.3 **Supervision visits during the implementation phase:** for the continuous assessment of the quality of the work done in terms of the compliance of the BoQ and material used for the work execution. The representative of the consultancy firm shall go onsite and may take samples, measurement, and photographs as evidence for the progress monitoring of the work.
- D2.3.1 It is expected a team of two engineers will take an average of 4 hours to complete a comprehensive site verification. Each site must be visited at least once in a fortnight from the day of work order to day of completion.

- D2.3.2 The engineers will use the agreed book of measurement to capture the progress, update their observations in the site register and report to the executive engineer, Mizoram health department, within two weeks of completion of a particular site.
- D2.3.3 **Work Plan modification:** In case of any un-avoidable circumstance where the work as per BoQ is not possible, the consulting firm in coordination with executive engineer, Mizoram health department, and particular institution authority shall make an alternative plan in consonance of the overall objective of the project.

Domain 3: Comprehensive review of policy, systems and operational design of different government-sponsored health insurance schemes.

For details about insurance program and service utilization data of the insurance program, please refer to annex 1.

Objective: This objectives of this domain are: (i) To undertake a comprehensive review of policies, systems, and operational design and process under different insurance schemes in the state; (ii) To identify areas of convergence in policies, design and operations for increasing efficiency gains; (iii) To develop a roadmap for comprehensive improvement in the design, management, operations and administration of the insurance schemes.

The details of the Mizoram State Healthcare Scheme is provided in the annexure 1. Within the overall objectives of this domain, the selected agency shall be expected to undertake the following specific tasks:

D3.1 Phase 1:

- D3.1.1 Review of PM-JAY, MHCS and state employee medical reimbursement scheme
- D3.1.2 Review to include policy, benefit packages, pricing all other policy aspects of the schemes.
- D3.1.3 Review systems and process related to administration of the schemes including but not limited to beneficiary identification, enrolment, pre0-authorisations, medical management claims management, grievance redressal, etc.
- D3.1.4 Review institutional and management structures at the state and district levels.
- D3.1.5 Identify areas of convergence of schemes at the policy and operational levels to ensure efficiency gains and submit policy and strategic recommendations for convergence
- D3.1.6 Financial review of schemes, financial implications of convergence, financial modelling, cash flow projections
- D3.1.7 Recommendations on all of the above.
- D3.1.8 Financial projections for the Mizoram Health Care Society including fund flow statements, projected receipt and expenditure statements, and sustainability plan

D3.2 Phase 2:

- D3.2.1 Develop implementation plan for the agreed recommendations.
- D3.2.2 Develop all operational guidelines and guidelines and manuals - by reviewing and adapting the existing PM-JAY national guidelines and aligning the systems and processes across the schemes. Guidelines to be developed include:
- Beneficiary identification and enrolment
 - Grievance Redressal System

- Monitoring and evaluation system, including audits
- Fraud management system
- Pre-authorization and claims management system
- Financial management system

Domain 4: Developing a complete Enterprise Resource Planning (ERP) solution for health insurance schemes.

For details about insurance program and service utilization data of the insurance program, please refer to annex 1.

Objective: The objective of this domain is: (i) To undertake a comprehensive review of the work flow, as-is and management processes under the PM-JAY, MHCS and the government employee reimbursement scheme; (ii) - To develop policy options for ERP solution-based process integration between the schemes; (iii) To develop the ERP platform based on the agreed policy option; and (iv) To roll out the system and build capacity of the scheme administrators in implementing the solution.

Within the overall objectives of this domain, the selected agency shall be expected to undertake the following specific tasks:

D4.1 Phase 1:

D4.1.1 Detailed mapping of existing (as-is) management and operational processes under 3 schemes in Mizoram

D4.1.2 Determining should-be processes under different schemes through a consultative process

D4.1.3 Developing a plan / schematic for converting existing manual and fragmented technology based processes into an integrated application

D4.1.4 Develop an integrated IT application suite covering the following modules (indicative list)

- Beneficiary identification, verification and management module
- Hospital empanelment module
- Hospital transaction module including patient registration, treatment records, discharge, preauthorization, online claims submission
- Grievance management module
- Financial management module
- Fraud prevention and management
- Monitoring and audits module
- MIS and reports

D4.1.5 Develop data security plan and access and control protocols

D4.1.6 Provide hardware / server specifications and costs

D4.1.7 Test check of the application, trial run

D4.2 Phase 2:

D4.2.1 Roll out of the ERP and transition (paper-based system to paperless) management

D4.2.2 Developing user manuals and guidelines

D4.2.3 Training of staff at the state and district levels in use of the ERP solution

D4.2.4 Maintenance of the system for 1 year after roll out.

Domain 5: Developing and rollout of communication strategy for increasing demand for services under the insurance schemes.

Objective: To develop a comprehensive SBCC strategy that addresses issues of poor enrollment in health insurance scheme and high-risk behaviors that contribute to rising burden of non-communicable diseases in the state and assess the impact of the same.

The agency will work closely with the State PMU and other stakeholders (including Mizoram State Health Insurance society) and gather their inputs while developing and roll-out the communication Strategy. The selected agency may adopt the following methodology for carrying out the tasks mentioned in the detailed scope of work below:

- Undertake an inception meeting with all the concerned stakeholders to take their inputs and suggestions to develop a detailed roadmap for SBCC - the rationale and expected results
- Secondary/ desk review of existing literature/ studies/ examples from other states to inform the communication strategy and materials.
- Field work: Rapid assessment in the targeted community to gather information on KAP, pre-test messages and tools and techniques.
- Development of SBCC strategy – Discuss the strategy and its proposed roll out with key stakeholders to gather their suggestions to further refine it.
- Customization and finalization of SBCC implementation guideline.

The scope includes the following:

D5.1 Rapid assessment (knowledge, attitude and practices or KAP) to inform the comprehensive SBCC strategy: This shall among other things include:

D5.1.1 Undertake a rapid KAP assessment and review of existing information/ studies to gain a deeper understanding of the SBCC challenges to be addressed and of the social and behavioral drivers that facilitate or act as barriers to uptake of desired behavior(s). This will also include understanding of social and cultural norms that may affect the changes.

D5.1.2 Identifying communication resources and existing capacity.

D5.1.3 Identifying potential constraints on and facilitators/ Champions for individual and collective change.

D5.2 Design the Strategy incorporating the information gathered through rapid assessment to develop a comprehensive and detailed strategy plan for the project to achieve its objectives. The strategy should be able to stand out from other challenges, communicate messages that are appealing and persuasive, clear and concise to avoid confusion and misunderstanding. Further, the strategy should clearly articulate:

- Audience segmentation
- Program approaches - mix of tools, channels, vehicles, and media which will convey and mutually reinforce messages
- Roll-out plan
- Plan for monitoring and evaluation.

The materials development process to include:

D5.2.1 Identifying and reviewing the available materials on health insurance, NCDs with focus on nutrition and gender sensitive information for behavioral change.

D5.2.2 Developing communication materials including IEC materials as per the field analysis and project requirement and with inputs from relevant stakeholders.

D5.2.3 Pre-testing of messages, tools and materials for different media/ target audience, with selected audience.

D5.2.4 Finalizing the materials by incorporating the suggestions and feedback from selected audience and stakeholders.

(All SBCC messages, tools and materials may need to be modified/ improved periodically based on review/ monitoring reports).

D5.3 Support the State to roll-out the communication strategy in targeted areas: This will include:

D5.3.1 Training of the relevant staff/consultants/master trainers at the state, district and sub-district level on the tools.

D5.3.2 Handhold the state health department to cascade the SBCC messages to the targeted community through identified mediums.

D5.4 Monitoring and evaluation of the strategy:

D5.4.1 In consultation with the State PMU, agree upon a simple and effective M&E system to monitor the quantity, quality and effectiveness of messages, tools, materials and activities. This will include: post-test of messages, tools and materials for constant improvement and to study the impact as well.

D5.4.2 Undertake midline and endline KAP assessment in targeted areas.

Domain 6: Technical Support for Capacity Building across project components and training of VHSNCs in selected districts.

Objectives: The objective of this domain is to: (i) Design and develop comprehensive, interactive and user-friendly training program (combination of face-to-face and digital materials in local language) for members of community structures (VHSNC and SHG members) in the state of Mizoram. The purpose of the training is to sensitize the members on health insurance and NCDs and how these issues can be given a priority in their routine activities including development of village plans and other community events; and (ii) Plan and roll-out the training program in selected districts.

The agency will work closely with the State PMU and other stakeholders (including Mizoram State Health Insurance society) to gather inputs for developing and roll-out the training program. The scope includes the following:

D6.1 Develop/ adapt the training package: This will include:

D6.1.1 Review of existing training packages on health and insurance (in Mizoram or elsewhere) to inform the development of the training package targeting primarily the VHSNC members and women of SHG groups.

D6.1.2 Develop or adapt the training package informed through a formative research in the pilot area. The package should be responsive to the current Covid situation and hence should be a mix of face-to-face and digital training.

D6.1.3 Pre-testing of package with target audiences.

D6.1.4 Designing and printing the finalized tools for the roll-out.

D6.1.5 Development of e-modules/ videos for training.

D6.2 Support the State to roll-out the training package in targeted areas: This will include:

D6.2.1 Design the training strategy for the state.

D6.2.2 Creating a cadre of master trainers in the state.

D6.2.3 Handhold the state health department to cascade the training down to the village level.

D6.3 **Monitoring and evaluation of the strategy:** In consultation with the State PMU, agree upon a simple and effective M&E system to monitor the quantity, quality and effectiveness of the training materials and strategy.

D. Duration of the assignment

The expected duration of the assignment is 60 months from date of contract signature. The contract period may be extended beyond 60 months based on the need and satisfactory performance of the consultant.

E. Team Composition & Qualification Requirements for the Key Experts

The MHSSP will assess the demonstrated experience and capacity of interested consulting firms applying for this assignment. As mentioned, the assignment requires a firm with experience/background in the areas of: (i) project management; (ii) public health procurement and finance; (iii) program planning, budgeting and monitoring consultancy; (iv) designing and rolling out health communication campaigns; (v) training.

The selected firm/agency will be expected to deploy sufficient amount of human resource required to successfully deliver the tasks outlined in the ToR. An indicative manpower requirement for the assignment of entire 60 months must include key experts who will be deployed for full time during the project implementation and non-key experts of suitable qualifications and experience for providing need-based support as and when required. The details of the team positions are tabulated below:

Table 1: Minimum Qualifications Desired and Indicative Experience of Key Experts

S. No.	Key Position and Number	Desired Role	Minimum Qualification and Desired Professional Experience	Estimated person Months
K1	Team Leader/ Project Management Specialist [1 No]	The person will have the overall responsibility of ensuring quality, timeliness and for ensuring satisfactory completion of deliverables within stipulated timelines. The team leader has overall responsibility for quality assurance, document preparation and coordination, project management and ensuring timely project	S/he should be at least a post-graduate like Public Health//Hospital Management/ Social Work or equivalent discipline with at least 15 years' overall experience, 5-7 years of which should be at leadership positions under public health projects. A PhD in Public Health/Hospital Management/Management is desirable.	60

S. No.	Key Position and Number	Desired Role	Minimum Qualification and Desired Professional Experience	Estimated person Months
		implementation. S/he will be the main point of contact in assisting PMU with implementation of all aspects of the Project. The Team Leader shall provide technical guidance to all members of the team.		
K2	Procurement Management Specialist [1 Nos]	S/he has an overall responsibility in ensuring that the procurement and contract administration to be conducted in the PMU are in-line with the World Bank's Procurement Policy and Regulation, in timely manner	MBA or Masters in Procurement or Materials or Supply chain or Inventory management, Finance and similar fields or CA/ICWA from recognized universities. S/he should have minimum 10 years' experience in public procurement managing procurement of large-scale development activities of the Government. Should have sound knowledge in National, International bidding procedures esp. preparation of EOI/RFB/RFP BID Documents, Evaluation and Contract Management, preferably in projects funded by large multilateral organizations like World Bank and similar international organizations. Familiar with World Bank Procurement procedures and should be proficient in computers using MS office and other related software	60
K3.	Financial Management Specialist [1 Nos]	S/he will monitor the project and financial management system of the project and establish a sound accounting practice and system to manage the resources available to the Project and to prepare PMU's financial report to	The person should be a Chartered Accountant /ICWA/ MBA (Finance); Chartered accountant and ICWA will be preferred. S/he should have minimum 10 years of professional experience in designing and managing financial management systems. The consultant must be highly conversant and accustomed to using computerized accounting systems it is highly desirable that the consultant has relevant experience and knowledge of working of the externally funded	60

S. No.	Key Position and Number	Desired Role	Minimum Qualification and Desired Professional Experience	Estimated person Months
		the World Bank.	projects, especially those of the World Bank, implemented by Government sector. In such cases, the consultant should have adequate exposure to the World Bank's project accounting, procurement, contract management and reimbursement claim procedures apart from the Government accounting system.	
K4	Public Health and Quality Assurance Expert [1 Nos]	S/he will support the overall implementation of the project activities, support the quality assurance activities and support monitoring of the project activities and establish a sound system for the same.	S/he should have full time master's degree in any discipline including Public Health/ Epidemiology/Demography/Population Sciences / Statistics/ Community Medicine/Hospital or healthcare management Or Candidates with MBBS, MPH/MD in Community Medicine/Hospital Administration/ MBA (Hospital / Healthcare), DNB in Hospital Administration. S/he should have minimum of 10 years of experience in managing, monitoring and supervising projects in public health / community health/ national or state level health programs/ project management in health sector/ Health / Hospital Management Information System/ health sector M&E system either in India or abroad. Demonstrated experience in designing and managing M&E system data analysis. Demonstrated expertise or experience in designing and managing a M&E / MIS system in health sector either with an international agency or with donor funded projects.	60
K5	Institution and Capacity Building Expert [1 Nos]	S/he will support the overall implementation of capacity building activities, the initiatives related to organization development. The expert will support the PMU in implementation of	S/he should have full time master's degree in any discipline including Public Health/ Community Medicine/Hospital or healthcare management, or Social Science with strong skills and experience of working in Public health. S/he should have minimum of 10 years of experience in designing and management of large training programs, institution or systems	60

S. No.	Key Position and Number	Desired Role	Minimum Qualification and Desired Professional Experience	Estimated person Months
		Internal Performance Agreement and support in design and monitoring of key performance indicators.	development projects and strong understanding and experience of monitoring and supervising projects in India or abroad.	
K6	Health Insurance Expert [1 Nos]	S/he will support the overall implementation and reform agenda of health insurance under the project. Support the State in review and re-designing the health insurance program as per project.	S/he should have full time master's degree in any discipline including Management studies, social Sciences or equivalent with 10 years of strong experience of midlevel or above in private or public health insurance program.	60
K7	Hospital Design and Development Expert [1 Nos]	S/he will support the activities related to engineering works in the health facilities, that includes assessment and design for repair and renovation of the targeted health facilities, explore and suggest the most suitable solution for making the health facilities functional as per local needs.	Degree not less than B.Arch/B. Tech/ B.E and having sound knowledge of hospital infrastructure redesigning and strengthening The field supervision team should be Civil and Electrical engineers with at least three years' experience in the hospital infrastructure strengthening. The firm is encouraged to have field supervision team, who are well versed in similar terrain and situation.	60
K8	Communications Expert [1 Nos]	S/he will provide the overall guidance to the team of consultants and will be responsible for day to-day management of the assignment, timely completion, and quality of all deliverables. S/he will be responsible for reporting to the	Master's in public health and Nutrition or Communication. A minimum of 15 years of relevant professional experience in communications and developing communication strategies	60

S. No.	Key Position and Number	Desired Role	Minimum Qualification and Desired Professional Experience	Estimated person Months
		state PMU.		
K9	IT Expert [1 Nos]	Support the building of the ERP platform for the project	Master's in IT/ Computer Application. A minimum of 10 years of relevant professional experience.	60

While evaluating Technical proposals, CVs of the Key Experts proposed by the Consultant will be evaluated with respect to the indicative qualification and experience specified for each position in the above table.

Table 2: Minimum Qualification Desired and Indicative Experience of Non-Key Experts

S. No.	Key Position and Number	Desired Role	Minimum Qualification and Desired Professional Experience	Estimated Person Months
NK1	Environmental Specialist	S/he will support in analytical work, development of training modules, delivery of training, development of DPR for BMW etc and supervision or assessment of any specific issue related to environment management.	<p>The consultant should have a post-graduate degree in Environmental and/or social Science/ Management or equivalent qualification in a related field. It would be preferable the expert has also received national accreditation on Environment Impact Assessment (EIA) or EHS and has additional trainings on legal/statutory requirements from an environment, health and safety perspective for health projects. Familiarity with World Bank's Environment and Social Framework is needed.</p> <p>Work Experience: At least 5 years in the area of environmental management or impact assessment, including environment health and safety (EHS) management related to health sector projects.</p>	36
NK2	Social Development Specialist	S/he will support the preparation, implementation and monitoring of activities related to social safeguards and responsible for design and implementation of GRM systems under the project.	<p>The consultant should have an appropriate post-graduate degree in Social Science. Some formal training/ course on gender and social development would be beneficial.</p> <p>Work Experience: At least 5 years in the area of social</p>	36 months

			development or gender and social inclusion, including specific experience of working on social management of Health sector related projects. The Social Development specialist should have specifically worked on preparation or implementation of social safeguards or E&S instruments in projects for an Implementing Agency or a Supervision Consultant Firm.	
NK3	Supply Chain Management Expert	S/he will support the activities related to supply chain management, provide the technical support design and development of any solution related to SCM.	MBA degree from a recognised University, preferably with specialisation in SCM, Supply chain management experience- 5 years of work experience in a demanding results driven environment, experience in programme implementation and project delivery, First-hand experience of strategic capability building, The ability to build relationships with stakeholders and quickly demonstrate credibility, Proven track record working in challenging multi-stakeholder environments, and Strong analytic skills with proficiency at Microsoft Excel or other analytical software.	<i>24 months</i>
NK4	Water and Sanitation Expert	S/he will support the activities related to water and sanitation services in the health facility. Provide solution to make the health facilities functional on the aspects of water and sanitation. Provide insights to make the health facility eco-friendly.	Graduate in Civil Engineering /Post Graduate in Civil Engineering with over 5 years' experience in Drinking water supply and sanitation project, preferably having design and execution experience in Design and Construction of water supply projects including hydraulic designs, Water Treatment and Sanitation Projects and having handled at least two projects of similar nature. WatSan Consultant with experience in the North East and in the health sector preferred.	<i>24 months</i>
NK5	Solar Expert	S/he will support the activities related to solar and alternate energy in the	M. Tech/B.E in Electrical/Electronic with 5 years experience in Solar industry	<i>24 months</i>

		health facility, technical support in developing specification for procurement of solar energy equipment and panels suitable for the health facilities, follow the international standards while advising the project in finding the solution.	preferably in Solar consulting business. Must be from Solar background with proven track record of project execution. Should have thorough knowledge in Civil/Structural part of Solar PV plant. Practical knowledge of installations in various soil conditions and as per designs preferably having design and execution experience and having handled at least three projects of similar nature.	
NK6	Monitoring Expert	Develop the tools for undertaking baseline, midline and end line surveys to inform the SBCC strategy.	Master's degree in public health/ management/ MBBS/ nutrition. At least 5 years of experience in designing community surveys around health and nutrition. Sound knowledge of M&E process and protocols.	<i>24 months</i>
NK7	Public Health or Nutrition Expert	To provide technical inputs to the team on including messages on NCDs in the training package.	Master's in public health/ Nutrition/ MBBS. At least 5 years of relevant work experience especially in NCD areas. Experience in conducting public health trainings will be an added advantage.	<i>24 months</i>
NK9	Any other Expert as per need.			

While evaluating Technical proposals, CVs of the Key Experts proposed by the Consultant for the non-key position will be not be evaluated. But the selected agency will be expected to deploy the experts as per indicative qualification and experience specified for each position in the above table.

F. Reporting Requirements and Time Schedule for Deliverables

The selected Agency needs to submit progress reports to the MHSSP as follows:

1. **Inception Report [IR]:** The IR shall inter alia include approach to the assignment, objectives, methodology, key risks, mapping of stakeholders and their responsibilities work plan including any other relevant information. This will also include resource mobilization plan by the agency and also set-out the criteria for periodic reporting to the MHSSP and monitoring of the assignment by the MHSSP.
2. **Quarterly Reports [QR]:** The QR shall be submitted within the 3 weeks of end of a quarter for every quarter from the contract signing. The QR shall include, inter alia, progress of work, tasks undertaken, partial results, meetings, workshops technical assistance provided, planning of activities for next quarter, updated works schedule and staff mobilization plan, difficulties encountered, assistance required etc. Progress

in physical and financial terms shall also be covered.

3. **Final Report:** The final report of the consultant will provide the details of overall work progress and work undertaken during the entire assignment. This would also set out any guidance/ recommendation for the Govt of Mizoram and MHSSP.
4. **Additional Reports:** Any other reports relevant to the assignment, as required from time to time, to be submitted to the MHSSP.

The selected firm shall submit the following reports on deliverables as per table below to MHSSP as per timelines stipulated below:

The key deliverables under each domain are:

Domains	Deliverables
Submission of the Inception Report acceptable to the Client for all the domains	Within 2 Weeks of contract signature
Domain 1: Project management support with technical and fiduciary staff to support PMU function	Quarterly progress report acceptable to the Client (this would cover the cost of HR, travel and operations cost and any other cost required to complete the agreed tasks in the inception report)
	Final progress report acceptable to the Client
Domain 2: Health facility assessment, developing BOQ, construction supervision and management	Report/ presentation on complete methodology, tools and techniques adopted to carry out the assessment of health facilities
	All assessment reports along with drawings, BoQs
	All the reports of the field sites visit along with detailed measurements and photographs (to be submitted within two weeks of completion of field visit)
Domain 3: Comprehensive review of policy, systems and operational design of different government-sponsored health insurance schemes	Phase 1:
	(i) Draft assessment report including recommendations
	(ii) Final assessment report including recommendations
	(iii) Detailed financial plan with 5-year projections
	Phase 2:
	(i) Detailed implementation plan
	(ii) Draft operational guidelines and manuals
(iii) Final operational guidelines and manuals	
-Domain 4: Developing a complete Enterprise Resource Planning (ERP) solution for health insurance schemes	Phase 1:
	(i) Draft workflow and process assessment report including policy options and recommendations
	(ii) Schematic for the agreed option for concurrence
	(iii) Develop the ERP solution based on the agreed option, test run, go live
	Phase 2:
	(i) Detailed roll out & implementation plan
	(ii) Draft operational guidelines and manuals
(iii) Training of all staff on the platform	

	(iv) Quarterly system maintenance, and trouble-shooting management reports
Domain 5: Developing and rollout of communication strategy for increasing demand for services under the health insurance schemes	(i) Report of the baseline KAP survey on targeted community
	(ii) Detailed SBCC strategy, its implementation and M&E plan including all finalized messages, tools and materials after inputs from all stakeholders and completion of identified trainers.
	(iii) Quarterly reports to the client on the progress made and issues faced including reports of the midline and end line KAP survey.
	(iv) Final progress report acceptable to the Client
Domain 6: Technical support for capacity building across project components and training of Village Health, Sanitation and Nutrition Committees (VHSNC) in selected districts	(i) Detailed report on literature review undertaken to inform training package as acceptable to the Client
	(ii) Draft of training package – for face-to-face training and detailed scripts for e-modules
	(iii) Final package after pre-testing and final e-modules
	(iv) Detailed roll-out plan for training
	(v) Training of trainers
	(vi) Final report acceptable to the Client
Submission of annual progress report	Within three weeks of completion of every financial year
Midterm review report	With in three weeks of announcement of mid term review
Submission of final progress report acceptable to the Client	During the last month of the contract period

G. Client's Input and Counterpart Personnel

- a. The Govt of Mizoram (PMU MHSSP) will provide all the relevant documents and information useful to implement the assignment effectively and in a timely manner. The MHSSP would also provide the procedures and guidelines agreed with the World Bank as described in the legal agreement, Project Appraisal Document, Operations Manual and Procurement Plan to the agency to ensure adherence to the same.
- b. List of Health facilities and Nursing-Midwifery schools and college that are included in the assignment.
- c. Connect with the relevant authority to access each premise.
- d. Any travel-related permissions
- e. Provide the firm/organization with relevant information related to the consultancy, such as project implementation manual and other relevant information.
- f. Ensure that the project staff members are available for periodic meetings as needed.
- g. The client will facilitate meetings with concerned government departments as required.

H. Composition of review committee to monitor Consultant's work

Project Director of the MHSSP will monitor and coordinate the activities of the selected agency. The project Director will closely follow up with the Agency and provide necessary guidance during the assignment. The Project Director will provide all the necessary support

to the Agency and ensure access to relevant stakeholders. This support includes provision of relevant information and documents, facilitation of contact, enterprises and other stakeholders, and organization of meetings.

I. Copyright

All materials and documentation during the assignment will be the sole property of MHSSP.

Annexure 1: Mizoram State Health Care Scheme

There are three kinds of insurance schemes operational in Mizoram. They are the Pradhan Mantri Jan Arogya Yojana (PM-JAY), the Mizoram Health Care Scheme (MHCS) and scheme where medical expenses of the employees of Government of Mizoram are reimbursed as per state policy.

1.1 Mizoram Health Care Scheme

- a. The MHCS is a social health insurance scheme launched in April 2008 by the Government of Mizoram and administered by the Mizoram State Health Care Society. The Scheme aims at improving access of families to quality medical care and prevent catastrophic health expenditure for all bonafide residents of Mizoram, excepting Government and Public Sector Undertaking employees and their dependents, through a network of empaneled hospitals, within and outside the State.
- b. The Scheme originally covered all surgical and medical hospitalizations, However, with a change in the Government, a policy decision was taken since policy year 2009-10 where it was dovetailed with RSBY (Rashtriya Swasthya Bima Yojana) wherein beneficiaries would first avail benefits under RSBY for beneficiaries enrolled under RSBY and upon exhaustion of the sum insured amount of Rs. 30,000/- under RSBY, beneficiaries could avail under the benefits of MSHCS. While BPL could avail benefits for all hospitalized ailments, APL families could avail benefits only for selected critical illness, though the total sum insured amount was Rs. 3 lakhs.
- c. A corpus fund for the scheme was set up through a loan of USD 25 million from Asian Development Bank. Interests accrued out of the corpus is used for reimbursement of claims. The corpus is replenished by the state Finance Department. From 1st October, 2019, it was decided to include all hospitalized ailments and 26 out-patient procedures.
- d. MHCS collects an enrolment fee of Rs. 100 per family per annum for families below poverty line (BPL) and Rs.1000 per family per annum for families above poverty line (APL) towards registration charges/premium contribution from the households under the scheme, which is utilized for administrative expenses of the Society office.
- e. MHCS is not a cashless scheme. Beneficiaries seek reimbursement of their medical claims at notified rates.

1.2 Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana (PM-JAY)

Since September 2018, the Mizoram Health Care Society is also implementing the PM-JAY scheme of Government of India. PM-JAY is an entitlement-based scheme, there is on enrolment fees and those who are on the identified deprived categories of the SECC (Socio Economic Caste Census) 2011 database are eligible for services. The scheme provides only in-patient hospitalized services for more than 1400 secondary and tertiary packages and have an annual risk cover of Rs 500,000 per family on a family floater basis. All transactions in the scheme are paperless and all benefits for beneficiaries are cashless.

1.3 Data related to the PM-JAY and MHCS

Analysis of Secondary data for the current policy highlights the following information as given in Tables 1-4 below.

Table 1. Claim status, 2019-20 (1st October 2019-31st July, 2020)						
	AB PM-JAY			Health Care Scheme		
Hospital Type	Claim No	Paid Amount	Average Claim size	Claim No	Amount	Average Claim size
Public	15473	₹ 14,24,16,009	₹ 9,204	3555	₹ 5,39,84,159	₹ 15,185
Private	2005	₹ 3,29,92,960	₹ 16,455	6100	₹ 21,76,90,448	₹ 35,687
Total	17478	₹ 17,54,08,969	₹ 10,036	9655	₹ 27,16,74,607	₹ 28,138

Table 2. Referral Payment status (1st October 2019-31st July, 2020)						
	AB PM-JAY			MSHCS		
Sex	Claim count	Paid Amount	Average Claim size	Claim count	Amount	Average Claim size
Mizoram	17375	₹ 17,15,10,798	₹ 9,871	9195	₹ 23,66,37,417	₹ 25,736
Refer	103	₹ 38,98,171	₹ 37,486	460	₹ 3,50,37,190	₹ 76,168
Total	17478	₹ 17,54,08,969	₹ 10,036	9655	₹ 27,16,74,607	₹ 28,138

Table 3. District Wise utilization (1st October 2019-31st July, 2020)								
Sl. No	Name of District	District Population	AB PM-JAY			MSHCS		
			Claim No	Utilisation %	Paid Amount	Claim No	Utilisation %	Amount
1	Aizawl	466328	4421	0.9 %	₹ 4,89,24,295	6962	1.5%	₹ 20,20,16,458
2	Champhai	155125	3489	2.2 %	₹ 3,07,92,377	551	0.4%	₹ 1,30,29,142
3	Kolasib	105819	1956	1.8 %	₹ 2,10,94,856	602	0.6%	₹ 1,50,85,505
4	Lawngtlai	153969	1331	0.9 %	₹ 1,28,53,947	217	0.1%	₹ 55,58,818
5	Lunglei	186234	2603	1.4 %	₹ 2,45,32,356	609	0.3%	₹ 1,55,21,104
6	Mamit	113090	1259	1.1 %	₹ 1,31,91,866	241	0.2%	₹ 78,97,426

7	Serchhip	78394	1921	2.5 %	₹ 1,83,32,905	321	0.4%	₹ 80,04,498
8	Siaha	71325	498	0.7 %	₹ 56,86,367	152	0.2%	₹ 45,61,656
Grand Total		1330284	17478	1.3 %	₹ 17,54,08,969	9655	0.73 %	₹ 27,16,74,607

Table 4. Sex Wise status (1st October, 2019-31st July, 2020)								
	AB PM-JAY				MSHCS			
Sex	Claim Count	Count %	Claim Paid	Paid %	Claim Count	Count %	Claim Paid	Paid %
Male	7473	43%	₹ 8,31,28,023	47%	4505	47%	₹ 14,36,32,605	53.0 %
Female	10005	57%	₹ 9,22,80,946	53%	5150	53%	₹ 12,80,42,002	47.0 %
Total	17478		₹ 17,54,08,969		9655		₹ 27,16,74,607	

1.4 Medical Reimbursement of State Government Employees

From 2018-19, the Mizoram Health Care Society is also responsible screening and scrutinizing all medical reimbursement claims of Government servants and their dependents. The Society processes the claim and recommends for payments. Reimbursements are made directly through the respective treasuries. These funds are not transacted through the Mizoram Health Care Society.

1.5 Challenges

Some of the key challenges for the Mizoram Health Care Society are multiplicity of benefit packages, different risk covers, differential subscription policies, services that are cashless under one scheme and on a reimbursement mode under another. In addition to these, the may need a for process reengineering to bring about operational efficiencies.