

Terms of Reference for Consultant for the Soft Component of the Project for the Establishment of Mizoram State Super-Specialty Cancer and Research Centre

Chapter 1. Background

The Government of Mizoram has received a loan from the Japan International Cooperation Agency (JICA) to finance the Project for the Establishment of Mizoram State Super-Specialty Cancer and Research Centre (hereinafter referred to as “the Project”) which is to improve accessibility of cancer prevention, detection, and treatment service, as well as human resource development and research that support cancer control system, by establishing Mizoram State’s cancer control system, through the establishment of the Mizoram State Super-Specialty Cancer and Research Centre in Mizoram. The Government of Mizoram also intends to use part of the proceeds of the loan for eligible payments for consulting services for which this Terms of Reference (hereinafter referred to as “ToR”) is issued.

1.1 Project Outline

The aims of the Project are:

- 1) Developing Mizoram State Super-Specialty Cancer and Research Centre (MSSSCRC);
- 2) Strengthening the organisational, management and medical capacity for provision of the medical services;
- 3) Strengthening capacity of cancer prevention and screening;
- 4) Consulting service including design development, tender assistance, supervision for civil works, equipment development, and ICT development; and
- 5) **Consulting services for capacity development on cancer prevention and control (Soft Component).**

The Executing Agency (synonymous with “the Employer” or “Client”) will be the Health and Family Welfare Department (HFWD) of the Government of Mizoram.

Expected project completion will be in end of August 2033.

Location of the Project Site is presented in Figure 1. Components of the Project is listed in Table 1.

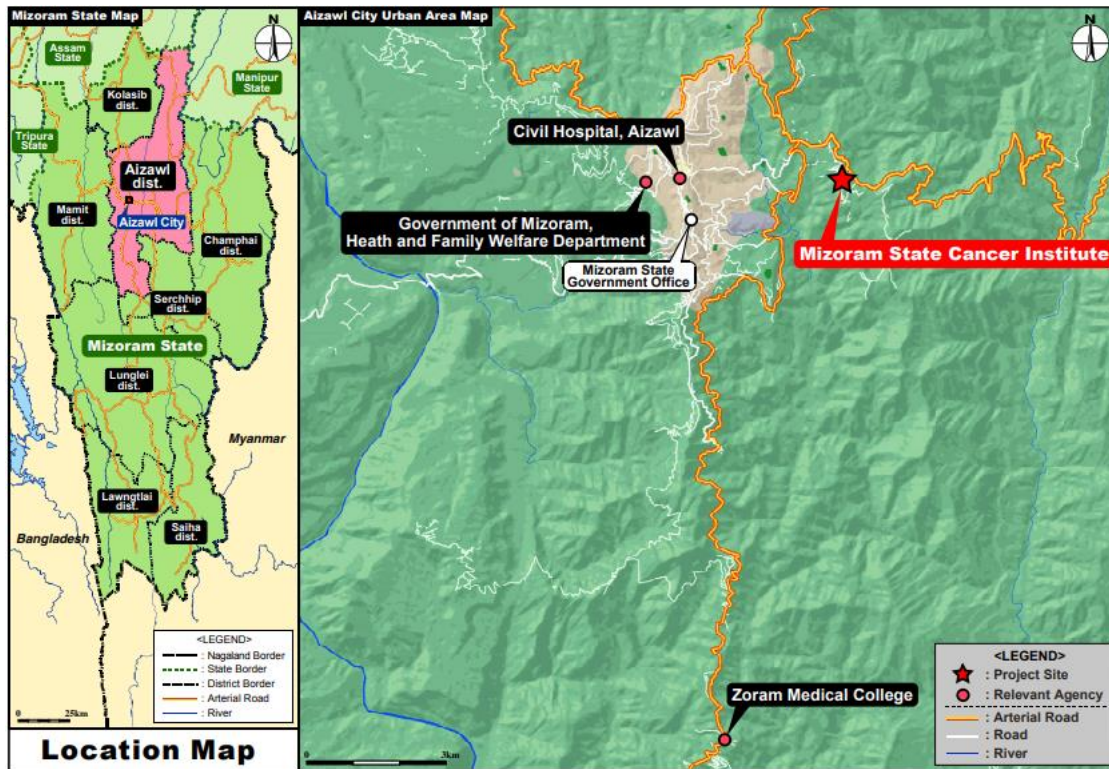


Figure 1: Location Map of the Project Site

Table 1: Components and Targets of the Project

Components	Targets
Hard Component Developing Mizoram State Super-Specialty Cancer and Research Centre (MSSCRC)	<ul style="list-style-type: none"> • MSSCRC
Soft Component I. Hospital management and medical safety II. Capacity strengthening of diagnosis and treatment III. Capacity strengthening of facility and equipment management and maintenance IV. Capacity strengthening of cancer prevention and screening	<ul style="list-style-type: none"> • MSSCRC • Zoram Medical College (ZMC) • DHME* • NHM** • DHS+ • DSE**

* Directorate of Hospital & Medical Education

** National Health Mission

+ Directorate of Health Services

** Department of School Education

1.2 Procurement Packages

The Project is expected to comprise 13 procurement packages as shown in Table 2.

Table 2: **Procurement Packages**

Category #	Procurement Category	Procurement Method (ICB/LCB, Following P/Q/ with Qualification) *	Number of Procurement Package	Contract Type	Applicable Standard Bidding Documents
1	Building Mizoram State Super-Specialty Cancer and Research Center	ICB following P/Q	1	All-in-one Package (Detailed Design by Consultant and Construction by Contractor)	JICA Standard Bidding Documents (SBD) (Works)
2	Installing medical and training equipment	LCB (excluding advanced equipment)	9	A1) Nuclear Medicine (ICB) B2) Diagnostic Imaging (ICB) C3) ICU & Physiological Examination D4) Operating Theatre & CSSD E5) Laboratory & Autopsy F6) Dialysis & Endoscopy (ICB) G7) Kitchen, Laundry & Medical Waste Management H8) Outpatient, Ward, Pharmacy & Rehabilitation I9) Furniture	Advanced equipment: JICA Standard Bidding Documents (SBD) (Goods)) Other packages: Local Bidding Document
3	Information and Communication Technology (ICT) System for Hospital [hospital management information system (HMIS)]	LCB	1	All in one Package	Local Bidding Document
4	Consulting Services (PMC)	ICB	1	Quality and Cost Based Selection (QCBS) Technical : Finance = 8 : 2	JICA SBD (Consultant)
5	Support of Cancer Control System Establishment (Soft Component)	LCB	1	All in one Package	Local Bidding Document

Categories 1, 2 and 3 are for building and site development works, medical equipment, and ICT development. Category 4 is for consulting services to support for implementation project. Category 5 is for soft component.

1.3 Project Implementation Framework

Under the project, it is proposed to create an independent society by Government of Mizoram as an apex autonomous body of the Government of Mizoram for monitoring, coordination and implementation of the Project. Figure 2 shows the project implementation structure.

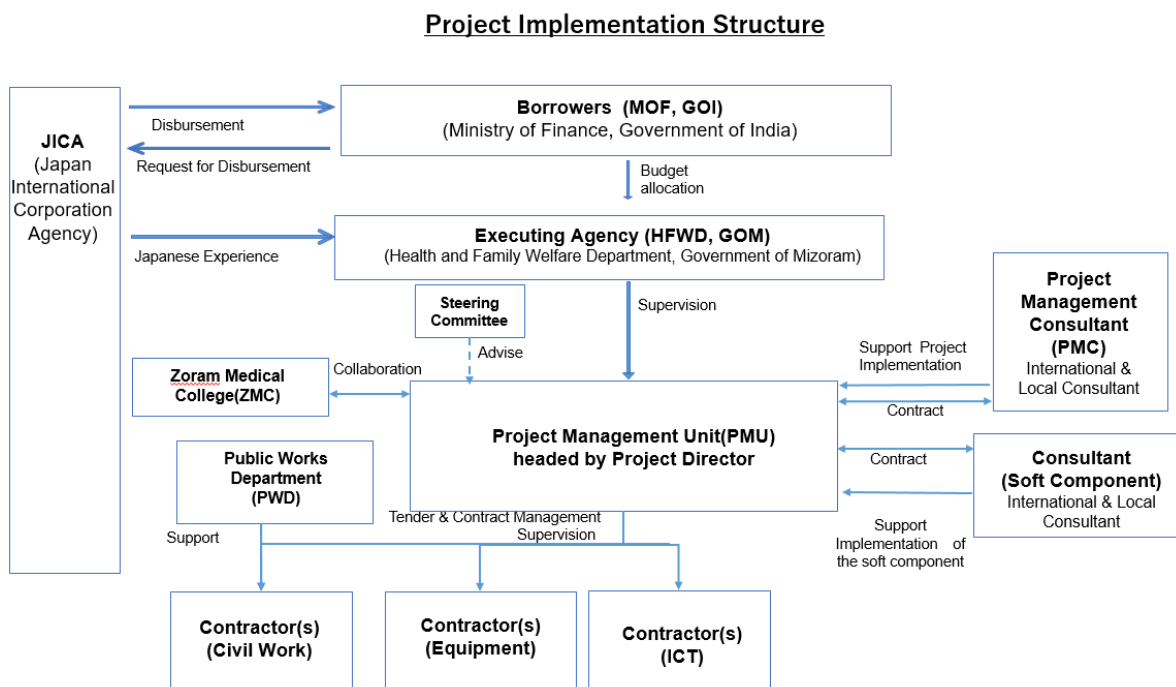


Figure 2: **Project Implementation Structure**

Executing Agency: Health and Family Welfare Department, Government of Mizoram (HFWD)
Regarding administration of the JICA Loan, DHME will handle necessary tasks, like requesting JICA’s concurrence.

Project Management Unit (PMU): The PMU has authority for all the necessary decisions in the Project through the project period. PMU meetings will be held by the decision of the Project Director as and when necessary, during the project period. Attendees will also be identified by the Project Director. Decision making could be done not only through the meetings but also through documents and e-mails which will be decided by the Project Director.

PMC: The PMC will be consulting with PMU. Their main responsibility will be to manage project implementation including the records of project progress and accounts, and to assist PMU. It will assist PMU in making necessary reports to the authorities such as JICA and GOI, and in coordinating with them for submissions, approvals, and concurrences including communication linkage with all internal and external parties concerned (municipality, authorities, others). The PMC will consist of a Project Management Expert, Construction Management Expert, Financial Management Expert, Monitoring and Evaluation Expert, Procurement Expert and supporting staff.

Soft-component Consultant: The Soft Component Consultant will consist of human resource development in health sector, training, planning and implementation, monitoring and evaluation, cancer control system development, cancer prevention, and support staff, and will conduct the soft component, preparation of records related to progress and operation, and reporting to JICA and relevant Indian authorities.

Steering Committee: The SC plays a role to approve budget allocation for the Project and has authority for some matters beyond the scope of the project planned such as policy decision. SC meeting will be held at least twice a year, and attendees will be identified by Chairperson. Decision making could be done

not only through the meetings but also through documents and e-mails which will be decided by Chairperson.

1.4 Technical Information

Preparatory Survey for the Project for the Establishment of Mizoram State Super-Specialty Cancer and Research Centre, 2022.

1.5 Related Projects

None.

Chapter 2. Objectives of Consulting Services for the Soft Component

Among the procurement package presented in Table 2, this ToR is for Category 5, consulting services for the Soft Component of the Project. The client will call the tender for procurement of the Soft Component consultant through Local Competitive Bidding (LCB) with necessary specifications.

The objective of the consulting services for the Soft Component is to achieve the efficient and proper preparation and implementation of the Soft Component of the Project in close coordination with the Client and PMC. The outline of the Soft Component is summarized in Table 3.

Table 3: **Outline of the Soft Component**

Summary		Objectives of the Components/ Expected Outputs of the Activities
Component I: Hospital Management and Medical Safety		To develop institutional capacity for hospital management and medical safety at MSSSCRC
Activity I-a	Training framework development	<ul style="list-style-type: none"> - Managers acquire necessary capacity for hospital management including human resource/ financial/ risk/ management. - Continuing training scheme for nurses and laboratory technicians are developed.
Activity I-b	Institutional development	<ul style="list-style-type: none"> - Institutional arrangement for hospital management is established, including hospital management committee. - Necessary regulations and guidelines are developed.
Component II: Capacity Strengthening of Diagnosis and Treatment		To strengthen capacity for cancer diagnosis and treatment of health personnel in Mizoram State
Activity II-a	Capacity strengthening of holistic cancer care	<ul style="list-style-type: none"> - Current situation and issues on holistic cancer care are clarified. Solutions to the issues are identified. - CME program is developed in accordance with carrier ladder developed under Component I-a. - Capacity of health personnel for holistic cancer care is improved. - Clinical guidelines or SOPs are developed, if necessary.
Activity II-b	Capacity strengthening of diagnosis and treatment	<ul style="list-style-type: none"> - Current situation and technical issues on cancer diagnosis and treatment are clarified. Solutions to the issues are identified. - CME program is developed in accordance with carrier ladder developed under Component I-a. - Diagnosis and treatment capacity is improved. - Clinical guidelines or SOPs are developed, if necessary.
Activity II-c	Development of clinical training program	<ul style="list-style-type: none"> - Clinical training programmes for radiation therapy, chemotherapy, and cancer surgery are developed. Clinical training curriculum is developed along with the programme. - Clinical training material is developed for the curriculum. - Assessment system for medical interns is developed.
Activity II-d	Clinical training for ZMC students in MSSSCRC	<ul style="list-style-type: none"> - Trainers are developed. - Clinical training developed under II-b is implemented. - Monitoring system for trainers and trainees are developed.

Summary		Objectives of the Components/ Expected Outputs of the Activities
Activity II-e	Continuing medical education	<ul style="list-style-type: none"> - Current situation and issues on CME are clarified. - Solutions to the issues are identified. - CME for health personnel is conducted.
Component III: Capacity Strengthening of Facility and Equipment Management and Maintenance		To strengthen capacity for management and maintenance of facility and medical equipment of MSSSCRC
Activity III-a	Capacity Strengthening of Facility and Equipment Management and Maintenance	<ul style="list-style-type: none"> - Current situation and issues on facility and equipment maintenance are clarified. - Training programme to solve the issues are designed. - Facility and equipment maintenance manual is developed. - Facility and equipment are appropriately maintained.
Component IV: Capacity Strengthening of Cancer Prevention and Screening		To strengthen capacity for cancer prevention and awareness raising of concerned agencies in Mizoram State
Activity IV-a	Strengthening health literacy on cancer prevention among general population	<ul style="list-style-type: none"> - Current situation and issues on cancer education are clarified. IEC materials on cancer education for general population are developed. - Training system from TOT to grassroots are developed. - Awareness raising activities on common cancers in Mizoram are conducted. - Proportion of screened people among target population is increased.
Activity IV-b	Cancer education at schools	<ul style="list-style-type: none"> - Current situation and issues on cancer education at schools are clarified. - IEC material for cancer education for students are developed. - Training system from TOT to school teachers are developed. - Cancer education at school is regularly conducted.
Activity IV-c	Screening of cancers that are common in Mizoram	<ul style="list-style-type: none"> - Current situation and issues on cancer screening are clarified. - SOPs on screening of common cancers in Mizoram are developed. - Training system from TOT to grassroots are developed. - Screening of common cancers in Mizoram is conducted. - Number of screened persons are increased. - Proportion of people seeking care at health facilities among suspected cases are increased.

Chapter 3. Scope of Consulting Services

The Soft Component Consultant will be engaged by the Client and shall carry out the following services in close coordination with the Client. Tasks of each activity are as follows:

Japanese Experts agreed and adopted the concept to facilitate networking between India and Japan medical societies for positive and interactive cooperation in both public and private sectors. Japanese experts will discuss how to realize this and seek the possible activities.

Component I: Hospital Management and Medical Safety

Activity I-a. Training Framework Development:

Task I-1. Situation Analysis and Training Needs Assessment

The Soft Component Consultant will conduct situation analysis of existing trainings on hospital management and medical safety of MSCl to identify gaps with future vision of hospital management and medical safety of MSSCRC for training needs assessment.

Task I-2. Training Planning

The Soft Component Consultant will identify training resources both in India and other countries to fulfil the gaps identified through Task I-1. Training resources could be considered from existing or previous JICA's cooperation in Tamil Nadu and Assam States, and accumulated experiences on hospital management and medical safety in Japan, in addition to the existing resources of MSCl.

Then, the Soft Component Consultant will develop a training plan on hospital management and medical safety to be approved by the Client. To obtain the expected outputs, the trainings could be outlined as shown in Table 4. The applicant should propose possible Institutions to receive trainees from Mizoram in other States of India and in Japan in the proposal.

Table 4: **Outline of the Trainings for Hospital Management and Medical Safety** (tentative)

Item	Hospital Management	Medical Safety
Targets	Hospital director, managers, administrative officers	Doctors, nurses, technicians
Types	In-service training/Continuous professional development	
Methodology	Lectures, workshops, site visits, and/or observation in: MSSCRC (within a week per session), other States (within 15 days), and/or Japan (within a month).	
Topics	<ul style="list-style-type: none"> • Operation/ Human/ Financial managements • 5S-KAIZEN-TQM • Root cause analysis on hospital management, medical service provision, and risk management • Development of management framework and regulations for hospital management • Problem solution • Developing and facilitating inter-hospitals collaboration for seamless cancer care as a center of excellence of cancer care 	<ul style="list-style-type: none"> • Medical safety • Nosocomial infection control • 5S-KAIZEN-TQM • Quality assurance • Medical accidents and human error
Lecturers	Indian and Japanese Experts	Indian and Japanese Experts

Task I-3. Conduct Training

The Soft Component Consultant will conduct trainings in close collaboration with the Client along with the plan.

Task I-4. Monitoring and Improvement

The Soft Component Consultant will monitor effectiveness, knowledge retention, practice, and impact of the trainings which will be conducted by trainers or section managers (if the trainers are from external resources). If necessary, follow-up or refresher training should be conducted to improve effectiveness of the trainings.

Based on the monitoring results, the Soft Component Consultant in close cooperation with the Client will develop recommendations on in-service training framework on hospital management and medical safety for MSSSCRC.

Activity I-b. Institutional Development:

Task I-5. Developing Institutional Settings for MSSSCRC Management

Based on accomplishment of the trainings, the Soft Component Consultant will facilitate hospital management personnel to develop necessary units or committees for management of MSSSCRC such as management board, quality assurance committee, risk management committee, human resource development committee, patient service unit, etc. Then, the Soft Component Consultant will support each unit/committee to develop necessary guidelines and/or regulations.

Task I-6. Developing Systems to Ensure Stable Recruitment and Retention of Key Medical Personnel

Especially, securing quality human resources such as specialist doctors is one of the most critical issues for sustainable operation of MSSSCRC and continuous improvement of quality of care. The Soft Component Consultant will develop systems to ensure stable recruitment and retention of key medical personnel such as specialist doctors and nurses in close collaboration with the Client.

Not only employment conditions such as incentives, but also provision of quality learning, research, and external collaboration opportunities could be effective. Referring good practice in other States and countries, the Soft Component Consultant will support MSSSCRC to develop attractive human resource development/ management system.

Component II: Capacity Strengthening of Diagnosis and Treatment

Activity II-a. Capacity Strengthening of Holistic Cancer Care:

Activity II-b. Capacity Strengthening of Diagnosis and Treatment:

Task II-1: Situation Analysis and Training Needs Assessment

The Soft Component Consultant will conduct situation analysis on holistic cancer care including prevention, diagnosis, treatment, rehabilitation, palliative care, and family support of MSCI to identify gaps with future vision of cancer care and expected diagnostic and treatment capacity of MSSSCRC for training needs assessment.

Task II-2: Training Planning

The Soft Component Consultant will identify training resources both in India and other countries to fulfil the gaps identified through Task II-1. Training resources could be considered from existing or previous JICA's cooperation in Tamil Nadu and Assam States, and accumulated experiences on hospital management and medical safety in Japan, in addition to the existing resources of MSCI.

Then, the Soft Component Consultant will develop a training plan on holistic cancer care and cancer diagnosis and treatment to be approved by the Client. To obtain the expected outputs, the trainings could be outlined as shown in Table 5. The applicant should propose possible Institutions to receive trainees from Mizoram in other States in India and Japan in the proposal.

Table 5: **Outline of the Trainings for Capacity Strengthening of Holistic Cancer Care and Cancer Diagnosis and Treatment** (tentative)

Item	Holistic Cancer Care	Cancer Diagnosis and Treatment
Targets	Doctors, nurses, technicians	Radiologists, Pathologists, Clinicians
Types	In-service training/Continuous professional development	
Methodology	Lectures, workshops, site visits, and/or observation in: MSSSCRC (within a week per session), other states (within 15 days), and/or Japan (within a month).	
Topics	<ul style="list-style-type: none"> • Surgical oncology • Radiation therapy • Chemotherapy • Genetic diagnosis and counselling • Team medical care • Palliative care, rehabilitation, and counselling • Seamless cancer care for gender-specific cancers in the framework of inter-hospitals collaboration 	<ul style="list-style-type: none"> • Imaging diagnosis • MRI • PET CT, Cyclotron • SPECT CT • Blood-irradiation device • Endoscopy diagnosis and treatment • Cytology • Immunology
Lecturers	Indian and Japanese Experts	Indian and Japanese Experts

Task II-3. Conduct Training and Developing SOPs

The Soft Component Consultant will conduct trainings in close collaboration with PMU along with the plan. During the trainings, the Soft Component Consultant will facilitate trainees to review the existing SOPs relevant to training topics. Also, the Soft Component Consultant will support MSSSCRC to develop SOPs for newly introduced approach such as team medical care and seamless cancer care for gender specific cancers in the framework of inter-hospitals collaboration, as well as diagnosis and treatment with newly installed medical equipment.

Task II-4: Monitoring and Improvement

The Soft Component Consultant will monitor effectiveness, knowledge retention, practice, and impact of the trainings which will be conducted by trainers or section managers (if the trainers are from external resources). If necessary, follow-up or refresher training should be conducted to improve effectiveness of the trainings.

Based on the monitoring results, the Soft Component Consultant in close cooperation with PMU will develop recommendations on in-service training framework on holistic cancer care and cancer diagnosis and treatment for MSSSCRC.

In addition, at the end of the project, the Soft Component Consultant in collaboration with PMU will disseminate experiences of development of holistic cancer care approach to other states through media and/or a national/ regional seminar.

Activity II-c. Development of Clinical Training Program:

Activity II-d. Clinical Training for ZMC Students in MSSSCRC:

Task II-5: Situation Analysis and Training Needs Assessment

The Soft Component Consultant will conduct situation analysis on clinical training for medical students of ZMC to identify gaps with future vision of human resource development and clinical training of MSSSCRC for training needs assessment.

Task II-6: Training Planning

The Soft Component Consultant will identify training resources both in India and other countries to fulfil the gaps identified through Task II-5. Training resources could be considered from existing or previous

JICA's cooperation in Tamil Nadu and Assam States, and accumulated experiences on hospital management and medical safety in Japan, in addition to the existing resources of MSCI.

Then, the Soft Component Consultant will develop a clinical training program for medical students and training program for supervising doctors to be approved by the Client. To obtain the expected outputs, the trainings could be outlined as shown in Table 6. The applicant should propose possible Institutions to receive trainees from Mizoram in other States in India and Japan in the proposal.

Table 6: **Outline of the Clinical Training Programmes (tentative)**

Item	Training of Supervising Doctors	Clinical Training for Medical Students
Targets	Specialist Doctors	Medical Students of ZMC
Types	In-service training	Pre-service education
Methodology	Lectures, workshops, site visits in: other states (within 15 days), and/or Japan (within a month)	On-the-job training in MSSSCRC
Topics	<ul style="list-style-type: none"> • Surgical oncology • Radiation therapy • Chemotherapy • Supervising skill for clinical training 	<ul style="list-style-type: none"> • Surgical oncology • Radiation therapy • Chemotherapy
Lecturers	Indian and Japanese Experts	Indian and Japanese Experts

Task II-7: Conduct Training of Supervising Doctors for Clinical Trainings

The Soft Component Consultant will conduct training for supervising doctors along with the plan.

Task II-9. Conduct Clinical Training

The Soft Component Consultant will support MSCI/MSSSCRC and ZMC to conduct clinical training along with the plan.

Task II-10: Monitoring and Improvement

The Soft Component Consultant will monitor effectiveness, knowledge retention, practice, and impact of the clinical trainings which will be conducted by supervising doctors. If necessary, follow-up or refresher training should be conducted to improve effectiveness of the trainings.

Based on the monitoring results, the Soft Component Consultant in close cooperation with the Client will develop recommendations on clinical training for cancer care for MSSSCRC and ZMC.

Component III: Capacity Strengthening of Equipment and Facility Maintenance

Activity III-a. Capacity Strengthening of Facility and Equipment Maintenance

Task III-1. Situation Analysis and Training Needs Assessment

The Soft Component Consultant will conduct situation analysis on equipment and facility and equipment maintenance of MSCI to identify gaps with future vision of facility and equipment of MSSSCRC for training needs assessment.

Task III-2. Training Planning

The Soft Component Consultant will identify training resources in India to fulfil the gaps identified through Task III-1. Training resources could be considered from existing or previous JICA's cooperation in Tamil Nadu and Assam States in addition to the existing resources of MSCI.

Then, the Soft Component Consultant will develop a training plan on facility and equipment maintenance to be approved by the Client. To obtain the expected outputs, the trainings could be outlined as shown in

Table 7. The applicant should propose possible Institutions to receive trainees from Mizoram in other States of India in the proposal.

Table 7: **Outline of the Trainings for Capacity Strengthening of Equipment and Facility Maintenance** (tentative)

Item	Facility and Equipment Maintenance
Targets	Biomedical engineers, service/equipment technicians
Types	In-service training
Methodology	Lectures, workshops, site visits, and/or observation in; MSSSCRC (within a week per session) or other states (within 15 days)
Topics	<ul style="list-style-type: none"> • Daily maintenance • Preventive maintenance • Reviewing existing SOPs and manuals • Effective communication with end-users (doctors, nurses, and technicians) • 5S-KAIZEN-TQM
Lecturers	Indian and Japanese Experts

Task III-3. Conduct Training and Developing SOPs

The Soft Component Consultant will conduct trainings in close collaboration with the Client along with the plan. During the trainings, the Soft Component Consultant will facilitate trainees to review the existing SOPs relevant to training topics. Also, the Soft Component Consultant will support MSSSCRC to develop SOPs for newly installed medical equipment and facilities.

Task III-4: Monitoring and Improvement

The Soft Component Consultant will monitor effectiveness, knowledge retention, practice, and impact of the trainings which will be conducted by trainers or section managers (if the trainers are from external resources). If necessary, follow-up or refresher training should be conducted to improve effectiveness of the trainings.

Based on the monitoring results, the Soft Component Consultant in close cooperation with the Client will develop recommendations on in-service training framework on equipment and facility maintenance for MSSSCRC.

Component IV: Capacity Strengthening of Cancer Prevention and Screening

Activity IV-a. Strengthening Health Literacy for Cancer Prevention among General Population

Task IV-1: Situation Analysis on Health Literacy and Cancer Prevention Activities in Mizoram State

The Soft Component Consultant in close collaboration with the Client and Mizoram State National Health Mission (NHM) will conduct situation analysis on health literacy and level of awareness on cancer prevention in Mizoram to identify challenges and issues towards achievement of the objectives of cancer prevention in Mizoram.

Task IV-2: Action Planning

Based on the results of Task IV-1, the Soft Component Consultant in close collaboration with the Client and NHM shall develop an action plan to overcome the identified challenges and issues. Table 8 presents tentative framework of the action plan. The Soft Component Consultant should refer good practices in India and other countries including Japan which have long history of health literacy improvement.

Table 8: Framework of the Action Plan to Strengthen Health Literacy Improvement for Cancer Prevention (tentative)

Item	Explanations
Objectives	<ul style="list-style-type: none"> To increase health literacy among general population, with special attention to high-risk population of common cancers in Mizoram. To promote behavior change and participation in cancer screening and healthy lifestyle.
Target cancers	<ul style="list-style-type: none"> The common cancers occurring in Mizoram. Common cancers which reduce mortality by early detection, such as breast cancer, stomach cancer, colorectal cancer, etc.
Target groups	<ul style="list-style-type: none"> Target groups could be identified by gender, age group, geography, level of access to health services/ mass media/ social media, etc.
Contents	<ul style="list-style-type: none"> Contents and places of the activities could be planned for each target group. Mass media and social media could be effectively utilized. Public places such as markets, malls, schools, etc. may be considered to reach as many people as possible. Routine health service opportunities such as antenatal care, child health check-up, immunization, NCDs screening, etc. may be considered.
Materials	<ul style="list-style-type: none"> Existing materials could be utilized, but new materials may be developed, if necessary.
Implementing structure	<ul style="list-style-type: none"> A chief organizer, trainers, and implementers for each activity. Involvement of community-based organizations and/or private sectors.
Schedule	<ul style="list-style-type: none"> Annual schedule.

Task IV-3: Conduct Training of Trainers

The Soft Component Consultant in close collaboration with the Client develop a trainer’s guide and a trainee’s handbook on cancer prevention and health literacy and select candidate trainers from Mizoram.

Task IV-4: Facilitate the Implementation of the Action Plan

Although implementation of the action plan is on the Client and NHM, the Soft Component Consultant will facilitate the implementation of the action plan developed under Task IV-2 and trainers to provide trainings for the implementers.

Task IV-5: Monitoring and Improvement

The Soft Component Consultant will monitor effectiveness, practice, and impact of the activities of Task IV-3 and implementation of the action plan by the Client and NHM. Based on the monitoring results, the Soft Component Consultant in close cooperation with the Client will develop recommendations on health literacy improvement for cancer prevention in Mizoram.

Also, the Soft Component Consultant in collaboration with the Client will disseminate the monitoring results including effectiveness and impact, as well as good practice to other states. The applicant shall propose effective manner such as a national seminar, social media, or visiting tours, in the proposal.

Activity IV-b. Cancer Education at Schools

Task IV-6: Situation Analysis on Cancer Education at Schools

The Soft Component Consultant in close collaboration with the Client and Department of School Education (DSE) will conduct situation analysis on cancer and tobacco education at schools in Mizoram to identify challenges and issues towards achievement of the relevant objectives of Mizoram.

Task IV-7: Action Planning

Based on the results of Task IV-6, the Soft Component Consultant in close collaboration with the Client and DSE shall develop an action plan to overcome the identified challenges and issues. The action plan

should align with the existing activities. Table 9 presents tentative framework of the action plan. The Soft Component Consultant should refer good practices in India and other countries including Japan which have been conducting cancer education at schools.

Table 9: **Framework of the Action Plan for Cancer and Tobacco Education at Schools**
(tentative)

Item	Explanations
Objectives	<ul style="list-style-type: none"> • To increase health literacy among school students to avoid high-risk behavior of cancer, especially tobacco. • To promote understanding on importance of cancer screening.
Target groups	<ul style="list-style-type: none"> • Middle and High school students
Contents	<ul style="list-style-type: none"> • General knowledge on common cancers in Mizoram including gender-specific cancers such as breast, cervical and prostate cancers, and the risk factors, as well as screening. • Effectiveness of early detection for longer healthy life and productivity. • Importance of healthy lifestyle.
Materials	<ul style="list-style-type: none"> • Existing materials could be utilized, but new materials may be developed, if necessary.
Implementing structure	<ul style="list-style-type: none"> • Trainers from DSE train school teachers who will provide cancer and tobacco education at school.
Schedule	<ul style="list-style-type: none"> • Annual schedule.

Task IV-8: Conduct Training of Trainers

The Soft Component Consultant in close collaboration with the Client develop a trainer’s guide and a trainee’s handbook on cancer and tobacco education at schools and select candidate trainers from DSE and HFWD. Then, provide training of trainers.

Task IV-9: Facilitate the Implementation of the Action Plan

Although implementation of the action plan is on DSE, the Soft Component Consultant will facilitate DSE to implement the action plan developed under Task IV-7 and trainers to provide trainings for school teachers.

Task IV-10: Monitoring and Improvement

The Soft Component Consultant will monitor effectiveness, practice, and impact of the activities of Task IV-8 and implementation of the action plan by DSE. Based on the monitoring results, the Soft Component Consultant in close cooperation with the Client will develop recommendations on cancer and tobacco education at schools in Mizoram.

Also, the Soft Component Consultant in collaboration with the Client will disseminate the monitoring results including effectiveness and impact, as well as good practice to other states. The applicant shall propose effective manner such as a national seminar, social media, or visiting tours, in the proposal.

Activity IV-c. Screening of Common Cancers in Mizoram

Task IV-11: Situation Analysis on Cancer Education at Schools

The Soft Component Consultant in close collaboration with the Client will conduct situation analysis on cancer screening in Mizoram to identify challenges and issues towards achievement of the relevant objectives of Mizoram including the existing activities such as the Health System Strengthening Project funded by the World Bank (2021-2026).

Task IV-12: Action Planning

Based on the results of Task IV-11, the Soft Component Consultant in close collaboration with the Client shall develop an action plan to overcome the identified challenges and issues. The action plan should align with the existing activities. Table 10 presents tentative framework of the action plan. The Soft Component Consultant should refer good practices in India and other countries including Japan which have been conducting cancer screenings. Also, collaboration with the existing activities should be carefully considered.

Table 10: **Framework of the Action Plan of Strengthening of Cancer Screening** (tentative)

Items	Explanations
Objectives	To increase early detection of common cancers in Mizoram.
Target groups	Population aged 30 to 70.
Target cancers	In addition to NP-NCD (breast, cervical, and mouth), lung, esophageal and stomach cancers.
Method and places	<ul style="list-style-type: none">• Optimal method with careful considerations of reliability, financial capacity, and cost effectiveness.• If any manual or guidelines are not available, SOPs should be developed.• The screening will be conducted at Health and Wellness Centre.• Encouraging target population to participate in the screening and follow-up of the suspected patients should be enhanced.
Implementing structure	Implementation should align with the existing NP-NCD program.
Schedule	Annual schedule.

Task IV-13: Conduct Training of Trainers

The Soft Component Consultant in close collaboration with the Client develop a trainer's guide and a trainee's handbook on additional cancer screening and select candidate trainers from HFWD. Then, provide training of trainers.

Task IV-14: Facilitate the Implementation of the Action Plan

The Soft Component Consultant will facilitate the Client to implement the action plan developed under Task IV-12.

Task IV-15: Monitoring and Improvement

The Soft Component Consultant will monitor effectiveness, practice, and impact of the activities of Task IV-13 and implementation of the action plan. Based on the monitoring results, the Soft Component Consultant in close cooperation with the Client will develop recommendations on cancer screening in Mizoram.

Also, the Soft Component Consultant in collaboration with the Client will disseminate the monitoring results including effectiveness and impact, as well as good practice to other states. The applicant shall propose effective manner such as a national seminar, social medica, or visiting tours, in the proposal.

Chapter 4. Expected Time Schedule

The total duration of consulting services will be 70 months. The implementation schedule expected is as shown in below Table 5, and detailed schedule is shown in the Appendix I.

Table 11: **Implementation Schedule Expected (Soft Component)**

Component	Key Activities	Date	Months
Component I: Hospital management and medical safety	Commencement of Consulting Services	January 2025	58
	Implementation of Training	September 2025	
Component II: Capacity strengthening of diagnosis and treatment	Commencement of Consulting Services	December 2025	60
	Implementation of Training for Holistic Cancer Care, Diagnosis and Treatment	June 2026	
	Implementation of Training related to Clinical Training	February 2027	
Component III: Capacity strengthening of equipment and facility maintenance	Commencement of Consulting Services	February 2025	22
	Implementation of Training	August 2025	
Component IV: Capacity strengthening of cancer prevention and screening	Commencement of Consulting Services	February 2025	70
	Implementation of TOT	November 2025	
	Implementation of cancer screening	March 2027	

Chapter 5. Staffing (Expertise required)

5 of International Experts and 5 of Local Experts will be engaged, for a total of 53.5 man-months for International Experts and 118.5 man-months for Local Experts. Total consulting input is 172 man-months.

(1) Qualification of Key Experts

The qualification of Key Experts is shown in Table 12.

Table 12: **Qualification of International Experts**

Designation	Qualification
Hospital Management	<p><u>Education (minimum):</u></p> <ul style="list-style-type: none"> • MBBS/MPH/MBA in Public Health/Healthcare Management or equivalent degree. <p><u>Qualification:</u></p> <ul style="list-style-type: none"> • Have a good command in English. <p><u>Experience:</u></p> <ul style="list-style-type: none"> • Experience in medical sector, 10 years, 3 projects. • Experience in Hospital Management and Training for health personnel, 3 projects. • Japanese ODA Project in health sectors, preferable. • Experience in SAARC or ASEAN, 1 year, preferable. • Work experience related to improvement of hospital operation and management in international standard hospital.

Designation	Qualification
Capacity Strengthening of Cancer Care	<p><u>Education (minimum):</u></p> <ul style="list-style-type: none"> • MBBS/MPH/MBA in Public Health/Healthcare Management or equivalent degree. <p><u>Qualification:</u></p> <ul style="list-style-type: none"> • Have a good command in English <p><u>Experience:</u></p> <ul style="list-style-type: none"> • Experience in medical and /or health and human resource development sector, 10 years, 3 projects. • Experience in Cancer Care Capacity Strengthening Training for health personnel, 3 projects • Japanese ODA Project in health sectors, preferable. • Experience in SAARC or ASEAN, 1 year, preferable.
Clinical Training Development	<p><u>Education:</u></p> <ul style="list-style-type: none"> • MBBS/MPH/MBA in Public Health/Healthcare Management or equivalent degree. <p><u>Qualification:</u></p> <ul style="list-style-type: none"> • Have a good command in English <p><u>Experience:</u></p> <ul style="list-style-type: none"> • Experience in medical and /or health and human resource development sector, 10 years, 3 projects. • Experience in Clinical Training for health personnel, 3 projects. • Japanese ODA Project in health sectors, preferable. • Experience in SAARC or ASEAN, 1 year preferable.
Medical Equipment and Facility Maintenance	<p><u>Education:</u></p> <ul style="list-style-type: none"> • Graduate in Biomedical Engineering/Medical Electronics or equivalent degree. <p><u>Qualification:</u></p> <ul style="list-style-type: none"> • Have a good command in English <p><u>Experience:</u></p> <ul style="list-style-type: none"> • Experience in Training on utilizing medical equipment, medical equipment planning, 3 projects. • Japanese ODA Project in any sectors, preferable. • Work experience as clinical engineer in International standard hospital including Japanese hospital • Experience in SAARC or ASEAN, 1 year, preferable.
Establishment of a cancer control system	<p><u>Education:</u></p> <ul style="list-style-type: none"> • MBBS/MPH/MBA in Public Health/Healthcare Management or equivalent degree <p><u>Qualification:</u></p> <ul style="list-style-type: none"> • Have a good command in English <p><u>Experience:</u></p> <ul style="list-style-type: none"> • Experience in medical and / or health and human resource development sector, 10 years, 3 projects. • Experience in community health care, 3 projects • Experience in prevention and screening of cancer or NCDs, 3 projects • Japanese ODA Project in health sectors, preferable. • Experience in SAARC or ASEAN, 1 year, preferable.

(2) Qualification of Local Key Experts

The qualification of Local Key Experts is shown in Table 13.

Table 13: **Qualification of Local Key Experts**

Designation	Qualification
Hospital Management	<p><u>Education:</u></p> <ul style="list-style-type: none"> • MBBS/MPH/MBA in Public Health/Healthcare Management or equivalent degree. <p><u>Qualification:</u></p> <ul style="list-style-type: none"> • Have a good command in English <p><u>Experience:</u></p> <ul style="list-style-type: none"> • Experience in Medical and/or Health sector, 10 years, 3 projects. • Experience in Hospital Management, 3 projects • Experience in Projects funded by international funding agency (e.g. WB, ADB, JICA), preferable

(3) Scope of works for the respective personnel

Detailed information on the major tasks and duties of each member (*Key Experts*) for the soft component consulting services is provided as follows:

Table 14: **Detailed information on the Major Tasks and Duties**

No	Position	I: International Experts L: Local Experts	Major Tasks and Duties
1	Hospital Management	I	<ul style="list-style-type: none"> (a) Lead soft component team (b) In charge of Activity I-a. and Activity I-b. (c) Situation analysis on existing training and needs survey on training program (d) Situation analysis on current situation of hospital management and identifying needs (e) Develop training plan (f) Planning for institutional development and development of training plan (g) Conduct training (h) Assist MSSSCRC to develop strategy, regulations, and setup of committees (i) Monitoring and review (j) Compile reports and deliverables and submit to PMU
2	Capacity Strengthening of Cancer Care	I	<ul style="list-style-type: none"> (a) Situation analysis on current situation and identifying needs (b) In charge of Activity II-a. and Activity II-b (c) Develop training plan and diagnosis manual (d) Conduct training (e) Arrange MSSSCRC personnel visit hospitals in Japan (f) Monitoring and review (g) Compile reports and deliverables and submit to PMU
3	Clinical Training Development	I	<ul style="list-style-type: none"> (a) In charge of Activity II-c. and Activity II-d (b) Situation analysis on current situation regarding clinical training and identifying needs (c) Development of clinical training program (d) Conduct clinical training (e) Arrange MSSSCRC personnel visit hospitals in Japan (f) Monitoring and review (g) Compile reports and deliverables and submit to PMU

No	Position	I: International Experts L: Local Experts	Major Tasks and Duties
4	Medical Equipment and Facility Maintenance	I	<ul style="list-style-type: none"> (a) In charge of Activity III-a. (b) Situation analysis on current situation on equipment and facility maintenance (c) Development of training program and manual (d) Conduct training (e) Monitoring and review (f) Compile reports and deliverables and submit to PMU
5	Establishment of a cancer control system	I	<ul style="list-style-type: none"> (a) In charge of Activity IV-a, IV-b and IV-c. (b) Situation analysis on situation regarding cancer prevention activity and needs (c) Situation analysis on existing cancer education at school and identifying needs (d) Situation analysis on screening currently provided (e) Select pilot area and planning of cancer prevention activity (f) Develop plan of cancer education at schools (g) Develop plan of screening strengthening (h) Conduct TOT and develop training materials (i) Conduct cancer prevention activity (j) Conduct cancer education at schools (k) Conduct screening of common cancers in Mizoram (l) Monitoring and evaluation (m) Compile reports and deliverables and submit to PMU
6	Hospital Management	L	<ul style="list-style-type: none"> (a) Lead local soft component team. (b) In charge of Activity I-a. and I-b. with International Expert. (c) Situation analysis on existing training and needs survey on training program (d) Situation analysis on current situation of hospital management and identifying needs (e) Assist International Expert to develop training plan and plan for institutional development (f) Conduct training (g) Assist MSSSCRC to develop strategy, regulations, and setup of committees (h) Monitoring and review (i) Compile reports and deliverables and submit to PMU

Chapter 6. Reporting

Within the scope of consulting services, the Consultant shall prepare and submit reports and documents to HFWD as shown in Table 9 for Part 1 Services and Table 10 for Part 2 Services. The Consultant shall provide electronic copy of each of these reports.

Part 2. Consulting Services (Soft Component)

The Consultant will submit for Soft Component to share the progress and accomplishment with PMU as listed in Table 15.

Table 15: Deliverables for the Soft Component

Category	Deliverables	Time period	No. of Copies
Consultancy Services	Inception Report	Within 1 month after commencement of the services	5
	Quarterly Progress Report	Every quarter of the year	5
	Project Completion Report (for submission to JICA) including operation and effect indicators	At the end of Services	10
Activity I-a. Training framework development Activity I-b. Institutional development	Situation Analysis Report	Within 3 months after commencement of the services	5
	Plan for Institutional Development and Training Plan	Within 4 months after submission of situation analysis report	5
	Implementation Report of Training	At the end of Services	5
Activity II-a. Capacity strengthening of holistic cancer care Activity II-b. Capacity strengthening of diagnosis and treatment	Situation Analysis Report	Within 3 months after commencement of the services	5
	Training Plan	Within 4 months after submission of situation analysis report	5
	Implementation Report of Training	At the end of Services	5
Activity II-c. Development of clinical training program Activity II-d. Clinical training for ZMC students in MSSCRC Activity II-e. Continuing medical education	Situation Analysis Report	Within 3 months after commencement of the services for each activity	5
	Training Program and Clinical Training Program	Within 4 months after submission of situation analysis report	5
	Implementation Report of Training	At the end of Services	5
Activity III-a. Capacity strengthening of equipment and facility maintenance	Situation Analysis Report	Within 3 months after commencement of the services for each activity	5
	Training Program and Clinical Training Program	Within 4 months after submission of situation analysis report	5
	Implementation Report of Training	At the end of Services	5
Activity IV-a. Strengthening health literacy on cancer prevention among general population Activity IV-b. Cancer education at schools Activity IV-c. Screening of common cancers in Mizoram (stomach and lung)	Situation Analysis Report	Within 3 months after commencement of the services for each activity	5
	Training Program and Clinical Training Program	Within 4 months after submission of situation analysis report	5
	Implementation Report of Training	At the end of Services	5

Chapter 7. Obligations of the Executing Agency (Client)

A certain range of arrangements and services shall be provided by the Executing agency to the Consultant for smooth implementation of the Consulting Services. In this context, the implementation agency shall:

(1) Assistance and exemption

- (a) Assist the Consultant with obtaining work permits and such other documents as shall be necessary to enable the Consultant to perform the Services.
- (b) Assist the Consultant with promptly obtaining, for the Experts and, if appropriate, their eligible dependents, all necessary entry and exit visas, residence permits, exchange permits and any other documents required for their stay in the Client's country while carrying out the Services under the Contract.
- (c) Facilitate prompt clearance through customs of any property required for the Services and of the personal effects of the Experts and their eligible dependents.
- (d) Issue to officials, agents and representatives of the Government all such instructions and information as may be necessary or appropriate for the prompt and effective implementation of the Services.
- (e) Assist the Consultant and the Experts and any Sub-consultants employed by the Consultant for the Services with obtaining exemption from any requirement to register or obtain any permit to practice their profession or to establish themselves either individually or as a corporate entity in the Client's country according to the applicable law in the Client's country.
- (f) Assist the Consultant, any Sub-consultants and the Experts of either of them with obtaining the privilege, pursuant to the applicable law in the Client's country, of bringing into the Client's country reasonable amounts of foreign currency for the purposes of the Services or for the personal use of the Experts and of withdrawing any such amounts as may be earned therein by the Experts in the execution of the Services.

(2) Services, Facilities and Property of the implementation agency

Make available to the Consultant and the Experts, for the purposes of the Services and free of any charge, the services, facilities and property described as follows:

- Assist in providing office space along with necessary equipment, furniture and utilities in Aizawl.

(3) Counterpart Personnel

Make available to the Consultant free of charge such professional and support counterpart personnel, to be nominated by the implementation agency with the Consultant's advice, in accordance with Sub-Clause 5.5 (a) of General Conditions of Contract, if necessary.

