



Operational Manual of

**Internal Performance Agreement
(IPA)- 1st January 2023 -
31st December 2025.**

**Mizoram Health Systems
Strengthening Project**

**Department of Health and Family Welfare,
Government of Mizoram**



Approved by Project Steering committee on
14/03/2023

Contents

Introduction	7
I.1. Mizoram Health Systems Strengthening Project	7
I.2. Internal Performance Agreements	7
I.2.1. Quality Certification	8
1. Internal Performance Agreements (IPA) units	8
2. Type of grants under IPA	9
2.1. One-time grant (OTG)	10
2.1.1. Criteria for receiving OTG	10
2.2. IPA reward (results-based financing)	12
2.2.1. Criteria for receiving quarterly IPA incentives (results-based financing)	12
3. Principles of IPA fund allocation	15
3.1. Annual and quarterly fund allocation	15
3.2. Equity adjustments	15
4. Quality framework for IPA: Indicators for IPA units	16
5. Framework for assessment of IPA units	17
5.1. Self-Assessment	17
5.2. Ex-ante assessment	17
5.3. Ex-post assessment by third party agency and verification	18
5.4. Special assessment	19
5.5. Assessors for IPA units	20
6. Information Technology platform for IPA Management	23
7. Framework for payment of IPA units	24
7.1. Assessment to financial rewards	24
7.2. Framework for penalty: administrative measures for incorrect reporting	25
8. Support structure for IPA units	26
8.1. Coaching	26
8.2. Technical support	27
8.2.1. Training on IPA Management System	27
9. Fiduciary	27
9.1. Institutional arrangements	27
9.1.1. Internal Performance Agreement (IPA) Committee	27
9.1.2. IPA Action Plan	28
9.2. Financial norms	29
9.3. Procurement norms	32
9.4. Decision rights for IPA reward spending	34
9.4.8. Negative list for IPA reward spending	35
10. Role of Project Management Unit (PMU) of MHSSP	35
11. Detailed description of IPA indicators	36
11.1. IPA Quality Performance Framework for PHC, CHC & SDH	36
11.2. IPA Quality Performance Framework for District Hospitals	54
11.3. IPA Quality Performance Framework for District Health Team	67
11.4. IPA Quality Performance Framework for Mizoram State Health Care Society	73
11.5. IPA Quality Performance Framework for State Health Team	81
Annexure 1: Reporting format for fiduciary [standard formats for all IPA unit]	90
Annexure 2 Integrated IPA Performance Assessment Sheet	93
Annexure 3: Format for minutes of monthly facility meeting	93
Annexure 4. Health facility plan execution tracking tool	95
Annexure 5. IPA Agreement form	95
Annexure 6. Questionnaire for patient satisfaction interviews	98
Annexure 7. CKSI Vignettes overview and formats	101
Annexure 8. Example CKSI Competency Test	101
Annexure 9. Checklist for Coaching visit	102

Annexure 10.	Criteria for equity calculations, with instruction	104
Annexure 11.	104	
Annexure 12.	List of NQAS Certified Assessors in Mizoram as on 31.12.2022	107
	National level NQAS Certified Assessor	107
	State level NQAS Certified Assessor	107
Annexure 13.	Large Construction and large equipment	110
Annexure 14.	Surgical Safety Checklist	111
Annexure 15.	Matrix highlighting mode of procurement	112
Annexure 16 (a)	Sample Engagement Order	114
Annexure 16(b):	Sample Terms of Reference.....	115
Annexure 16(c):	Sample Agreement form for HR Recruitment.....	117
Annexure 17.	Sample format for TMER and UC.....	119
Annexure 18	Community Intervention	124
Annexure 19	References	133

List of tables

Table 1: Number and distribution of IPA units in Mizoram	9
Table 2: Framework for payment of IPAs including available IPA grants	10
Table 3: Example PHC - Maximum Annual IPA budget is 10,00,000 INR; Quarterly 2,50,000 INR.....	13
Table 4: Example CHC/SDH - Maximum Annual IPA budget is 20,00,000 INR; Quarterly 5,00,000 INR.....	14
Table 5: Example District Hospital - Maximum Annual IPA budget is 40,00,000 INR; Quarterly 10,00,000 INR	14
Table 6: Example District - Maximum Annual IPA budget is 28,00,000 INR; Quarterly 7,00,000 INR.....	14
Table 7: Example State Insurance Agency (MSHCS) – Maximum Annual IPA budget is 1,00,00,000 INR. Quarterly 25,00,000 INR	14
Table 8: Example State Health Team (DHS and DHME) – Maximum Annual IPA budget is 2,40,00,000 INR. Quarterly 60,00,000 INR	15
Table 9: Equity framework for IPA	15
Table 10: Framework for assessment of IPAs	17
Table 11: Percentage of IPA units to be selected for ex-post assessment and verification	19
Table 12: Assessment teams and the units to bear the cost of assessment	20
Table 13: Matrix showing the timelines for assessments/verification and payment to IPA units.....	24
Table 14: Penalty framework.....	25

About the manual

This manual is part of the legal agreement between the World Bank and the Government of Mizoram towards implementation of the Mizoram Health Systems Strengthening Project (MHSSP). The project management unit (PMU) of the MHSSP is responsible for implementation of the Internal Performance Agreements (IPA) including compliance to this operational manual. All concerned parties must ensure complete adherence to the guidance and norms of this manual. This version of the manual is built upon the draft manual (February 2022), and once approved by competent authorities (PSC of Mizoram HSSP and World Bank) will be applicable for the project duration. Any communication or directive to IPA units that deviates to the directives in this manual may not be issued unless reviewed and approved by the Project Steering committee and World Bank. Any activity conducted as a consequence of such a communication or orders will be considered mis-procurement.

GLOSSARY OF TERMS

AB-PMJAY	– Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana
BMWM	– Bio-Medical Waste Management
CHC	– Community Health Centre
CKSI	– Clinical Knowledge & Skills Improvement
DH	– District Hospital
DHME	– Directorate of Hospital & Medical Education
DHS	– Directorate of Health Services
DHT	– District Health Team
EPA	– Ex-Post Assessment
HF	– Health Facilities
IBF	– Input Based Financing
IBRD	– International Bank for Reconstruction and Development
IPA	– Internal Performance Agreement
IUFR	– Interim Unaudited Financial Report
MHSSP	– Mizoram Health Systems Strengthening Project
MSHCS	– Mizoram State Health Care Society
NQAS	– National Quality Assurance Standard
OOPE/OPE	– Out-of-Pocket Expenditure
OTG	– One-time Grant / One-time Quality Start-up Grant
PDO	– Project Development Objective
PHC	– Primary Health Centre
PMTA	– Project Management and Technical Support Agency
PMU	– Project Management Unit
RBF	– Result Based Financing
SDH	– Sub-District Hospital
SHT	– State Health Team
TMER	– Three-Monthly Expenditure Reports
UC	– Utilization Certificates
WB	– World Bank

Introduction

I.1. Mizoram Health Systems Strengthening Project

Since 2021, the Government of Mizoram has been implementing the Mizoram Health Systems Strengthening Project (MHSSP) through financial and technical support from the World Bank. The project is supported by an IBRD loan amounting to US\$32 million using an Investment Project Financing (IPF) instrument. The project is for a duration of 5 years effective from 13th July, 2021.

MHSSP is a stimulation project with four key components. The first three components address various elements of the PDO (management capacity, and quality), and the fourth component is a Contingent Emergency Response Component (CERC). The MHSSP combines results-based financing (RBF) and input-based financing (IBF) approaches to achieve enhanced performance management in the public sector. Component 1 of MHSSP is concerned with strengthening management and accountability through Internal Performance Agreements (IPA). IPAs will nudge the health system towards reforms and enhance the performance of administrative units and health facilities of various levels under Health & Family Welfare Department (H&FW). Component 2 of MHSSP will invest in the state health insurance programmes to improve the overall design, management, and effectiveness, while component 3 will focus on health systems development, structural quality improvements, and pilot health innovations. A combination of results-based approaches (Component 1) and input-based financing (Components 2 and 3) will address the key challenges faced by the health system in Mizoram in relation to challenges in the management structures, planning and financial processes, human resources, medicine supply, and quality of care.

I.2. Internal Performance Agreements.

IPAs are agreements signed between the project management unit (PMU) of MHSSP and two main levels of institutions in the health system, i.e., administrative units and health care facilities (HCFs) in Mizoram wherein the PMU agrees to financially incentivise the IPA units against achievement of set targets for pre-defined indicators. Therefore, funding is attached to specified and agreed-upon levels of performance of institutions in the system. Payment of incentive to an IPA unit is on a quarterly basis after completion of internal/Ex-Ante assessment which is also conducted quarterly.

IPAs intend to improve health outcomes in Mizoram by enhancing the performance of health facilities, district and state level administrative units, and also by increasing the demand for health services through community interventions (CI). Under the project PMU has taken up training of HWO's for training the community level functionaries on NCDs and health insurance. Under IPA at DHT level CI activities related indicator are included for SBCC activities at village level and its monitoring by HWOs. *(The detail note on community*

intervention is enclosed as an annexure 18) IPAs in Mizoram are drawn up for administrative units at the state and district levels, and various levels of health facilities, i.e., Primary Health Centres (PHCs), Community Health Centres (CHCs), Sub-District Hospitals (SDHs), and District Hospitals (DHs). At the district level, the Chief Medical Officer (CMO)'s office is the district administrative unit and the team constituted under the Chairmanship of the CMO is referred to as the District Health Team (DHT). At the state level the two directorates, Directorate of Health Services (DHS) and Directorate of Hospital & Medical Education (DHME) are taken as one IPA unit referred to as the State Health Team (SHT). The Mizoram State Health Care Society (MSHCS-Insurance Agency) is another separate state level IPA unit.

All IPAs are interlinked, but each of the IPAs has specific aims and focus, tailored for the IPA Unit involved based on their roles and responsibilities in the system. For health facilities (PHCs, CHCs, SDHs, and DHs), the IPAs intend to nudge the facilities towards delivery of better quality of services, attain National Quality Assurance Standards (NQAS) certification and improve their management capabilities. The IPAs for the health administration (District - CMO offices, and State directorates) are more focused on supervisory, coordination and coaching tasks, in part to facilitate and enable the health facilities to attain NQAS certification and mobilise the communities towards greater health insurance enrolment and health seeking behaviour for non-communicable diseases (NCDs). The State Health Insurance IPA intends to boost coverage, utilization, efficiency, and quality in implementing the various health insurance schemes.

The IPAs intend to address health systems goals of access to and quality of health services. By nudging the health facility IPA units towards NQAS certification, and by mobilizing the communities to seek out the 'quality' health services, it is envisaged that IPAs will be instrumental in improving health outcomes in the state.

I.2.1. Quality Certification

The IPAs have adopted quality framework to measure improvements in health services provision in health facilities. When a facility attains quality certification, it is an assurance to the public regarding the standard of care at the facility.

1. Internal Performance Agreements (IPA) units

Under the IPA framework, there are two types of IPA units – health care facility (HCF) units, and administrative units at state and district level.

1.1. Health care facility (HCF) units

1.1.1. There are two levels of Health care facility (HCF) - IPA units:

1. District Hospitals (DH)
2. Other HCF-IPA units which includes -
 - i. Sub-district hospitals (SDH)

- ii. Community Health Centres (CHC)
- iii. Primary Health Centres (PHC)

1.1.2. Eligibility criteria for HCFs to be considered for inclusion in IPA are:

1. A valid certificate for land ownership by Health & Family Welfare Department
2. The HCF must be functional. The HCF must have OPD attendance (including emergency/casualty) of at least average of 110 persons per month (considering that there would be 22 working days in a month) during April 2022 to December 2022, for a list of IPA units, see annexure 11.

1.2. Administrative units

There are two levels of administrative units:

1. State

At the state level, there are two IPA units –

- i. State health team (SHT) comprising of the Directorate of Health Services DHS), and Directorate of Hospital & Medical Education (DHME).
- ii. Mizoram State Health Care Society (MSHCS)

2. District

At the district administration level, the District Health Team (DHT) is constituted under the Chief Medical Officer (CMO).

As on 31.12.2022, number of IPA units are 75, however additionally 14 IPA units are included as per the eligibility criteria from January 2023 making a total of 89 IPA units.

Table 1: Number and distribution of IPA units in Mizoram

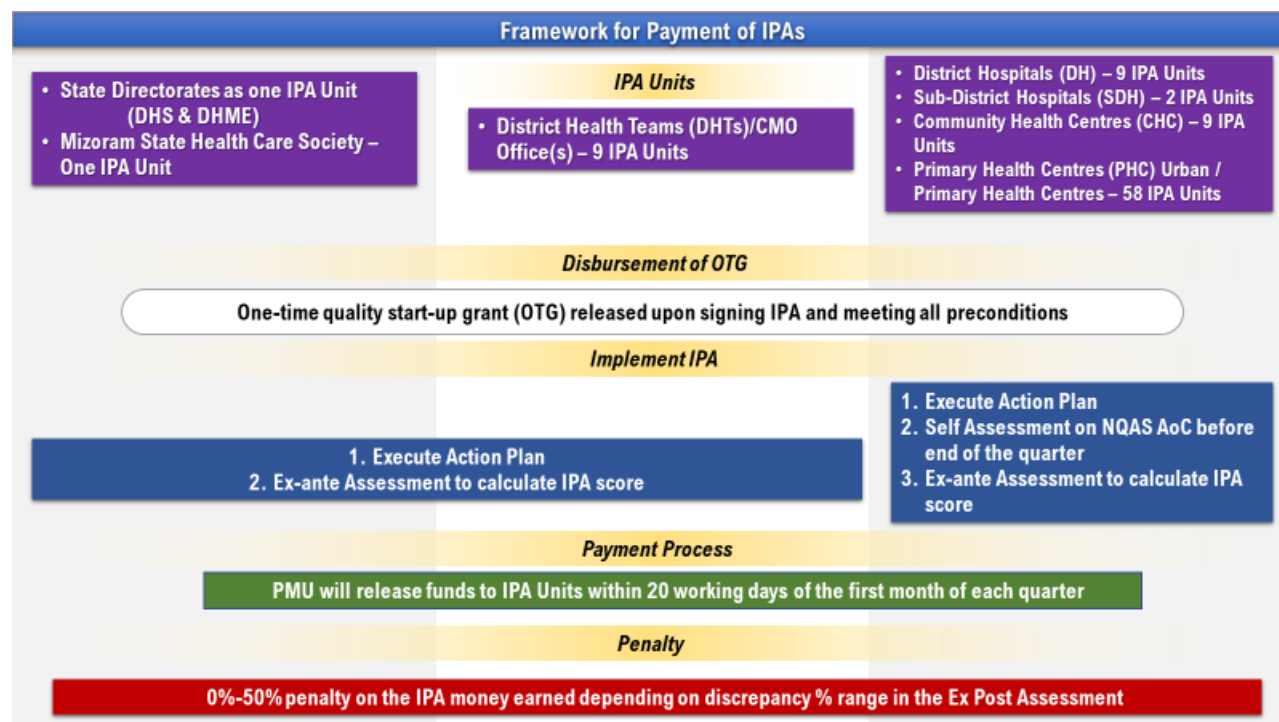
District	MSHCS	SHT	DHT	DH	SDH/CHC	PHC/UPHC	Total
Aizawl East	0	0	1	1	2	7	11
Aizawl West	1	1	1	1	1	6	11
Champhai	0	0	1	1	2	11	15
Kolasib	0	0	1	1	1	5	8
Lawngtlai	0	0	1	1	1	4	7
Lunglei	0	0	1	1	2	10	14
Mamit	0	0	1	1	1	8	11
Serchhip	0	0	1	1	1	4	7
Siaha	0	0	1	1	0	3	5
Total	1	1	9	9	11	58	89

2. Type of grants under IPA

The kinds of grants are available to the IPA units under the IPA framework:

1. One time grant (OTG) for IPA units
2. OTG for Community Interventions at District level.
3. Quarterly incentives (results-based financing) for CI and IPA units

Table 2: Framework for payment of IPAs including available IPA grants



2.1. One-time grant (OTG)

At the start of the IPA process, all IPA Units can obtain a one-time grant (OTG) which is equivalent to the maximum amount that the IPA unit can earn in two quarters as calculated from the total annual allocation. A one-time grant will only be distributed to newly established IPA units; previous recipients will no longer be eligible for the grant.

The unit must fulfil the following pre-conditions to receive one-time grant:

2.1.1. Criteria for receiving OTG

For the Health Facility IPA units - PHC, CHC, SDH and DH:

1. A separate IPA committee must be constituted with at least one regular state government employee from the department as one of the members, who will be one of the signatories

in the agreement and cheque. The committee should select chair, vice chair and the signatories from its committee members only

2. A formal agreement between the Health Facility IPA committee and the PMU must be in place with clear roles and responsibilities (this can be a digitally signed agreement).
3. The Health Facility (PHC, CHC, SDH, DH) must have a separate IPA bank account with minimum 2 signatories. One of the signatories must be a regular Government employee.
4. A first full NQAS baseline assessment will be completed, carried out by the District Quality Manager/ District Hospital Quality Manager /qualified State internal quality assessors.
5. A first costed action plan developed by the respective IPA committee with activities listed based on priority to be implemented in the next quarter. Activities proposed must be need-based. This detailed plan for PHC/CHC/SDH must be signed off by the health facility committee, District Health Team and Directorate of Health Services (DHS). Action Plans submitted by District Hospitals will be signed off by the DH IPA committee and Directorate of Hospital & Medical Education (DHME).
6. IPA Committees are encouraging to take guidance on preparing action plans / technical specifications from PMU / District Managers (if required)

For the District Health Teams:

1. A separate IPA committee must be constituted at the Chief Medical Officer's office. The Chairperson of the DHT IPA Committee should ideally be the Chief Medical Officer (CMO) or the senior most Senior Medical Officer (SMO). The committee should select chair, vice chair and the signatories from its committee members only.
2. A Formal Agreement between the District Health Team (embedded in the district health society) and the PMU must be in place with clear roles and responsibilities outlined (this can be a digitally signed contract).
3. The district health team (DHT) must have a separate IPA bank account with minimum 2 signatories. One of the signatories must be a regular Government employee.
4. A first full baseline NQAS assessment of health facilities (HF)-IPA units of the district is completed, carried out by the District Quality Assessment Team/DHT.
5. A first costed action plan developed by the respective IPA committee with activities listed based on priority to be implemented in the next quarter. Activities proposed must be need-based. This detailed plan for DHT must be signed off by the Directorate of Health Services (DHS).
6. IPA Committees are encouraged to take guidance on preparing action plans / technical specifications from PMU / District Managers (if required)

For the State Health Team:

1. A separate IPA committee must be constituted at the state level.
2. A Formal Agreement has been made with the PMU with clear roles and responsibilities.

3. The availability of a separate IPA bank account dedicated for the State Health Team with the Director of Health Services and the Director, Hospital and Medical Education as joint signatories.
4. The presence of a detailed costed plan of action in the selected priority areas, with a clear policy pathway from established baselines, considered priorities, funding needed and funding available.
5. IPA Committee is encouraged to take guidance on preparing action plans / technical specifications from PMU (if required).

For the MSHCS (Insurance):

1. A separate IPA committee must be constituted with members drawn from the Mizoram State Health Care Society (MSHCS).
2. A Formal Agreement has been made with the PMU with clear roles and responsibilities (this can be a digitally signed agreement).
3. The Mizoram State Health Care Society (MSHCS) must have a separate IPA bank account with minimum 2 signatories. One of the signatories must be a regular Government employee.
4. The presence of an approved detailed costed plan of action which includes among other activities how the MSHCS is going to arrive at solid denominators (baselines) for the indicator set before the end of the IPA pilot phase (6 months in two districts).
5. IPA Committee is encouraged to take guidance on preparing action plans / technical specifications from PMU (if required)

NB: Any proxy staff cannot be part of the committee. Authorised Bank Account signatories shall mandatorily attend the monthly meetings.

2.2. IPA reward (results-based financing)

The funds provided through an IPA for each of the IPA Units mentioned (PHCs, CHCs, SDHs, DHs, District and State IPA Units) is based on a score which an IPA Unit obtains during a quarterly ex-ante assessment, applying the assessment framework drafted for each level. There is a maximum, fixed annual budget allocated to each IPA Unit. This is the maximum amount that an IPA Unit (PHC, CHC etc.) can achieve through the IPAs distributed equally across 4 quarters in a year. The maximum amount an IPA unit can earn in a quarter is based on the score achieved for that assessment quarter and there is no carry-over of unearned amount to the next quarter. If an IPA Unit (health facility, District etc) scores less, this will result in less money being earned.

2.2.1. Criteria for receiving quarterly IPA incentives (results-based financing)

In order to receive the results-based financing funds on time the IPA units have to submit the following:

- i. Self-assessment completed by 85th to 90th day of the quarter and submitted to the State, (electronic submission is encouraged to reduce the time lag)
- ii. Expenditure statement (integrated) and the IPA fund submitted by 95th day (within five days of completion of quarter) (electronic submission is encouraged to reduce the time lag)
- iii. Ex-ante verification completed by 100th day (within 10 working days of completion of quarter) share the assessment scores, observations and suggestions with IPA unit on same day of assessment). PMU shall submit compiled Ex-ante assessment reports with World Bank within 15 days of completion of quarter.
- iv. Plan for the quarter to be submitted within 15 days of beginning of each quarter on rolling basis (IPA units which have completed ex ante verification can submit the plans as soon as the ex-ante verification is completed). Plan shall rely on the NQAS and IPA scores/gaps already provided by PMU, as well as suggestions from State Quality Assurance Cell, PMU/district quality managers, coaching visits, ex-ante assessors, and committee members.
- v. State to give approval of the budget after the ex-post assessment of the previous quarter, which will be completed by 115th day (50% of the IPA units).
- vi. For the IPA Units that are not under ex-post verification of the previous quarter, the state can give approval based on ex-ante scores after applying the penalties from previous quarter, if any.
- vii. All the approvals and funds shall be transferred within 20 working days of the first month of each quarter.

To elucidate the framework for quarterly payment of IPAs against the annual maximum allocated amount, examples are given in the tables below. If a hypothetical PHC is allocated an annual IPA grant of Rs. 10,00,000, the maximum amount the PHC can earn in a quarter is Rs. 2,50,000. The amount an IPA unit earns will be determined by the ex-ante score in percentage and applied to the maximum amount for the quarter.

The actual financial package for the PHC, CHC, SDH and DH is based on equity-based adjustments which is detailed in the appropriate section. All IPA Units will be benefited with up to additional 25% of their achievement as performance incentive, which will be calculated based on the score achieved by the IPA Units.

Table 3: Example PHC - Maximum Annual IPA budget is 10,00,000 INR; Quarterly 2,50,000 INR

Quarter	Score	Funding Obtained
1	45%	45% * 2,50,000 = 1,12,500 INR

2	55%	$55\% * 2,50,000 = 1,37,500$ INR
3	65%	$65\% * 2,50,000 = 1,62,500$ INR
4	75%	$75\% * 2,50,000 = 1,87,500$ INR
Total Funding Obtained		6,00,000 INR

Table 4: Example CHC/SDH - Maximum Annual IPA budget is 20,00,000 INR; Quarterly 5,00,000 INR

Quarter	Score	Funding Obtained
1	45%	$45\% * 5,00,000 = 2,25,000$ INR
2	55%	$55\% * 5,00,000 = 2,75,000$ INR
3	65%	$65\% * 5,00,000 = 3,25,000$ INR
4	75%	$75\% * 5,00,000 = 3,75,000$ INR
Total Funding Obtained		12,00,000 INR

Table 5: Example District Hospital - Maximum Annual IPA budget is 40,00,000 INR; Quarterly 10,00,000 INR

Quarter	Score	Funding Obtained
1	45%	$45\% * 10,00,000 = 4,50,000$ INR
2	55%	$55\% * 10,00,000 = 5,50,000$ INR
3	65%	$65\% * 10,00,000 = 6,50,000$ INR
4	75%	$75\% * 10,00,000 = 7,50,000$ INR
Total Funding Obtained		24,00,000 INR

Table 6: Example District - Maximum Annual IPA budget is 28,00,000 INR; Quarterly 7,00,000 INR

Quarter	Score	Funding Obtained
1	45%	$45\% * 7,00,000 = 315,000$
2	55%	$55\% * 7,00,000 = 385,000$
3	65%	$65\% * 7,00,000 = 455,000$
4	75%	$75\% * 7,00,000 = 525,000$
Total Funding Obtained		INR 16,80,000

Table 7: Example State Insurance Agency (MSHCS) – Maximum Annual IPA budget is 1,00,00,000 INR. Quarterly 25,00,000 INR

Quarter	Score	Funding Obtained
1	45%	$45\% * 25,00,000 = 11,25,000$
2	55%	$55\% * 25,00,000 = 13,75,000$
3	65%	$65\% * 25,00,000 = 16,25,000$

4	75%	75% * 25,00,000 = 18,75,000
Total Funding Obtained		INR 60,00,000

Table 8: Example State Health Team (DHS and DHME) – Maximum Annual IPA budget is 2,40,00,000 INR. Quarterly 60,00,000 INR

Quarter	Score	Funding Obtained
1	45%	45% * 60,00,000 = 27,00,000
2	55%	55% * 60,00,000 = 33,00,000
3	65%	65% * 60,00,000 = 39,00,000
4	75%	75% * 60,00,000 = 45,00,000
Total Funding Obtained		INR 1,44,00,000

3. Principles of IPA fund allocation

3.1. Annual and quarterly fund allocation

3.2. Equity adjustments

The maximum amount of IPA money an IPA unit can earn (allocated) per year can be adjusted for ‘equity’. Equity adjustments are introduced to ensure that resource is allocated on the basis of need to the greatest extent possible, thus, giving IPA units that are disadvantaged due to their geographical location (hard-to-reach) or low socio-economic status of the covered population slightly higher allocation.

As a result, in a difficult or less accessible area, PHCs, CHCs or SDHs can get a larger allocation as ‘maximum achievable’ IPA grant money per year in comparison with facilities in other more easily accessible or affluent areas.

The exact equity calibration for the different stakeholders in the health system is a macro-level decision, and mostly established by the state. Equity modelling can be adjusted on a regular basis if the situation on the ground changes. A tool to establish the equity calculations for facilities can be found in Annexure 10 with a short instruction. The criteria employed are listed in table below.

Table 9: Equity framework for IPA

Indicator	PHC	CHC-SDH	DH
Population to HF score	n/a	10%	20%
Inaccessibility score	34%	50%	50%
Distance from Civil Hospital, Aizawl	33%	n/a	n/a
OPD score	33%	20%	15%
IPD score	n/a	20%	15%

Total	100%	100%	100%
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- Population to health facility score – this is the population covered by the health facility as per the latest Government of India census or H&FW data
- Inaccessibility score – this indicates the distance of the HF from district headquarters or the district hospital in terms of the time it takes to reach the district headquarters/hospital from a PHC. For a district hospital or CHC, it is the time it takes from the DH or CHC to reach Civil Hospital, Aizawl.
- Distance from Civil Hospital, Aizawl – time it takes to reach Civil Hospital, Aizawl from the PHC
- OPD score – number of patients seen by the HF.
- IPD score – number of patients admitted by the HF.

4. Quality framework for IPA: Indicators for IPA units

The IPA framework intends to improve the performance of various stakeholders in the health system beyond the immediate IPA units. It has also been realized that without community interventions to increase the demand for health services the improvement in quality of health services that is certified, utilization as measured through other parameters is likely to be low. Therefore, it is important (critical) to also address the need to improve the health seeking behavior of the community to utilize health services especially from public health facilities. Therefore, ‘community interventions’ to improve the awareness regarding non-communicable diseases (NCDs) and health insurance has been included in the IPA framework.

The IPA framework intends to assess the performance of various stakeholders in the health system beyond the immediate IPA units. Towards this end, for each of the IPA units, a set of quality indicators has been selected strategically (please refer to Annexure 1 for Integrated Performance Framework). Each of the indicators is ‘weighted’ i.e., linked to money. The amount of the reward earned by IPA units is determined by their levels of performance as informed by various levels of assessment described in detail in the next section.

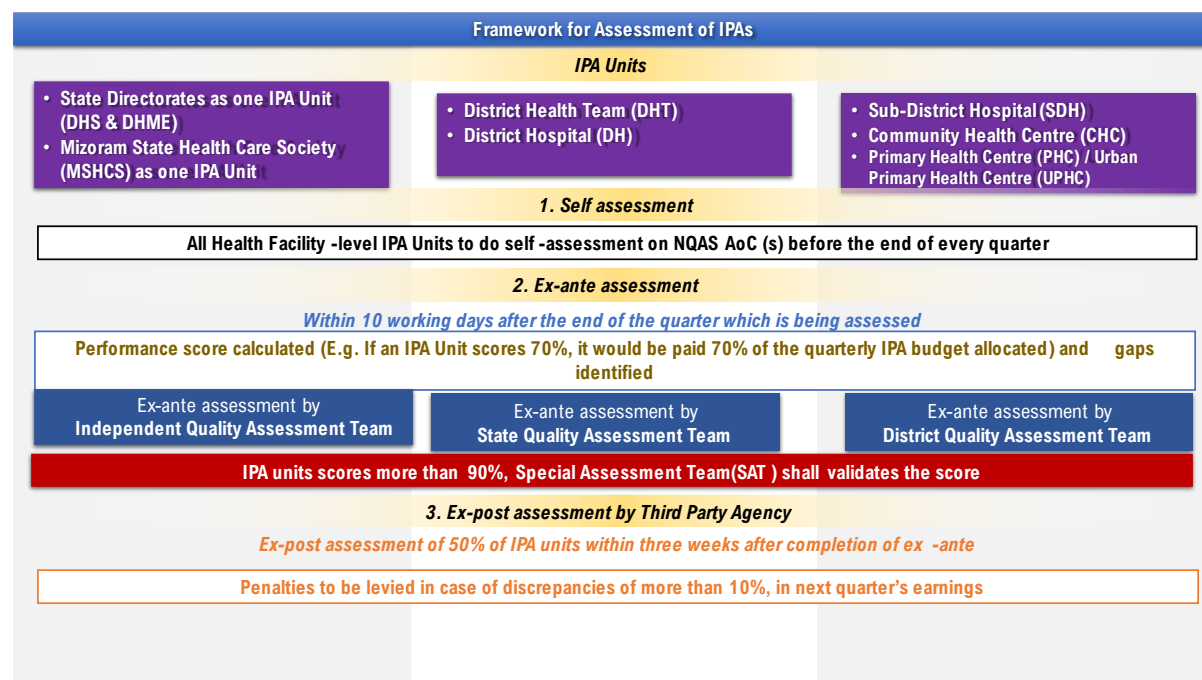
Most of the indicators in the IPA framework are assessed quarterly. For State Health Team and District Health Teams and District Hospitals, some of the IPA indicators are ‘upon-delivery’ one-time indicators against which there is a one-time assessment and reward (non-recurring).

The amount (percentage) earned by an IPA unit against the maximum quarterly allocated IPA money for the IPA unit is determined by the percentage score that an IPA unit achieves in the quarterly Ex-ante assessment. For example, if a health care facility (HCF) – IPA unit achieves 80% score in a given quarter, it will be paid 80% of the IPA unit’s quarterly IPA budget allocated.

5. Framework for assessment of IPA units

To assess the performance of IPA units against the agreed indicators, three levels of regular quarterly assessment for HCF-IPA units and two levels of regular quarterly performance assessment for State Health Team (SHT), District Health Team (DHT) and Mizoram State Health Care Society (MHSCS).

Table 10: Framework for assessment of IPAs



5.1. Self-Assessment

All health care facility (HCF) – IPA units will undertake self-assessment once every quarter to assess their progress towards achieving National Quality Assurance Standards (NQAS) certification. The HCF-IPA units will assess themselves against all the Areas of Concern (AoC) of NQAS for the quarter. The self-assessment scores and relevant documents must be readily available for further assessment.

5.2. Ex-ante assessment

All IPA units (HCFs & administrative) are to be assessed by a higher-order team for a completed quarter. This assessment is to establish the performance score for the quarter prior to payment and is therefore called the ex-ante (before payment) assessment. The scores (achievement) of an IPA unit for a quarter is determined through ex-ante assessment and is the basis for quarterly results-based IPA payment.

The ex-ante assessment teams must complete assessment of the IPA units for all the indicators irrespective of the scores (performance) in the current or previous assessments. Each of the indicators must be assessed independently without biases and assumptions.

The ex-ante assessments for all levels of IPA units for a completed IPA quarter must be completed within ten working days of the first month of the next quarter. The ex-ante teams will submit their complete reports in the prescribed format including the key area of concerns and observations, gaps and recommendations (only such report shall be considered as complete report) with the IPA units within one working day and with the PMU within two working days of completion of assessment either in hard or electronic form. Failure to submit the report within the stipulated timelines will be liable for a review with corresponding administrative action. PMU will compile all the assessment data and prepare Ex-Ante assessments report and submit to the Project Director and The World Bank team within 20 working days from the completion of past quarter.

5.3. Ex-post assessment by third party agency and verification

- 5.3.1.** After completion of the self-assessments by HCF-IPA units and ex-ante assessments for all IPA units, a third-party independent assessment agency (TPA) hired by the PMU will conduct an ex-post (after payment) assessment of the IPA units. This ex-post assessment by TPA is conducted using the same indicators used in the ex-ante assessment immediately after completion of ex-ante assessment and within two weeks of completion of the assessed quarter.
- 5.3.2.** Ex-post assessment of IPA units was conducted for all facilities during the first IPA quarter in the pilot districts. From the second IPA quarter onwards, 50% of each level of IPA units are to be selected for ex-post assessment is on the basis of random sampling. The TPA shall prepare a sample of 50% of the IPA units to be assessed and submit the schedule, including the dates and the list of IPA units, to the PMU for approval, after which the TPA shall begin ex-post assessment of the assessed quarter.
- 5.3.3.** For CKSI indicator, the TPA shall randomly select any one of the registered healthcare providers (HCP) in PHCs /CHCs and any four HCPs (2 doctors & 2 nurses) in SDHs/DHs for the ex- post assessment. The HCPs shall be assessed on the same CKSI tests they have undertaken during the ex-ante assessment.

Table 11: Percentage of IPA units to be selected for ex-post assessment and verification

Level of IPA unit	Percentage to be selected
State level IPA units (administrative)	50%
District level IPA units (administrative)	50%
Health facility IPA units – district hospitals	50%
Health facility IPA units – sub-district hospitals	50%
Health facility IPA units – community health centres	50%
Health facility IPA units – primary health centres	50%

- 5.3.4.** The TPA will submit the data (raw) collected to the PMU within one working day of completion of ex-post assessment of each IPA unit.
- 5.3.5.** The PMU will then share the ex-ante assessment data and report with the TPA for preparation of analysis and report comparing the ex-ante and ex-post assessments. The difference between the scores of the IPA units from ex-ante to ex-post assessments thus verified will determine the amount of reward (money) an IPA unit will earn in the next quarter depending upon whether the IPA incurs a penalty or not. A decrease of more than 10 percentage points from ex-ante to ex-post renders an IPA unit liable to incur percentage deductions as per the penalty framework given in Section 7.2.
- 5.3.6.** The TPA will submit a comprehensive analytical report of the ex-post verification to the PMU within the third week of the first month of every quarter to enable the PMU to share the findings of the self-, ex-ante-, ex-post-, and special assessment reports if conducted, of the assessed quarter to the Project Director in the fourth week of the first month of every quarter.

5.4. Special assessment

- 5.4.1.** The state will undertake a separate review and verification through a Special assessment team (SAT) in the following events:
- i. Whenever an IPA unit scores more than 90 % in the ex-ante assessment, the SAT will validate the score. The findings of the SAT and the scores thus determined will supersede the previous score and the corresponding IPA quarter reward will be determined by the new score. Based on number of IPA units scoring more than 85%, PMU will decide/prioritize number of IPA units to be validated.
 - ii. For all IPA units that incurs penalty of more than 25% of their quarterly IPA budget, the SAT will undertake a post payment review and verification, and submit a detailed report with critical observations, findings and recommendations to the Project Director within three working days of completion of reverification.
- 5.4.2.** Whenever special assessment of an IPA unit is warranted on account of conditions mentioned at 5.4.1., the report of the assessment and the verification must be completed within one month of the end of the quarter for which the IPA unit was assessed.

5.5. Assessors for IPA units

In this the different levels of assessment, teams to be constituted for different levels of IPA units are described as below.

For ex-ante assessment

- 5.5.1.** Ex-ante assessments for all levels of IPA units for a completed IPA quarter must be completed within 10 working days of the first month of the next quarter.
- 5.5.2.** All expenses relating to travel and accommodation of ex-ante assessment team would be reimbursed/paid as per the existing norms of the project. NQAS certified assessors will be paid the ‘assessor’s fee’ as per the approved entitlement policy. The assessors will be paid ₹3000.00 per assessment day (subject to change as per national guidelines) towards completion of assessment and submission of report.

Table 12: Assessment teams and the units to bear the cost of assessment.

Assessment team	Cost of assessment to be met by
District Quality Assessment Team (DQAT)	District Health Team (DHT)
State Quality Assessment Team (SQAT)	State Health Team (SHT)
Independent Assessment Teams (IAT)	Project Management Unit (PMU), MHSSP
Special Assessment Team (SAT)	Project Management Unit (PMU), MHSSP

5.5.3. District quality assessment team (DQAT) for HCF-IPA units except district hospitals

- 5.5.3.1.** All HCF-IPA units except district hospitals are to be assessed by the district quality assessment team (DQAT) for every IPA quarter within 10 working days of the first month of the next quarter.
- 5.5.3.2.** The DQAT is formed by the District Health Team (DHT) comprising of the following members:
- (i) Chief Medical Officer (CMO) – Team Leader
 - (ii) District Quality Manager (DQM) from PMU, MHSSP

- (iii) One (1) NQAS state/internal quality assessor engaged by the DHT (quality assessors from other districts can also be pooled)

5.5.3.3. In case, the CMO is unable to lead the assessment for a particular quarter, he may depute another official from his office not below the rank of a medical officer or the District Programme Manager (DPM), NHM to lead the assessment.

5.5.4. State quality assessment team (SQAT) for District Hospitals and District Health Team

5.5.4.1. State quality assessment team (SQAT) appointed by the State Health Team (SHT) will conduct the ex-ante assessment of district hospitals and district health team (DHT) within 10 working days of the first month of the next quarter.

5.5.4.2. The SQAT will comprise of the following members:

- (i) One (1) national NQAS assessor as Team Leader
- (ii) Two (2) state level NQAS assessors

5.5.4.3. One SQAT may be deployed to assess more than one district as required.

Team Leader of the SQAT will be responsible for timely submission of assessment report to the PMU.

5.5.5. Independent quality assessment team (IQAT) for State Health Team

5.5.5.1. An independent quality assessment team (IQAT) will be formed by the PMU to conduct the quarterly ex-ante assessment of the State Health Team (SHT).

5.5.5.2. IQAT for SHT will comprise of the following members:

- (i) One (1) representative from Indian Medical Association (IMA)
- (ii) One of the following - Director of allied medical education institutions/medical college
- (iii) Retired officials from Health & Family Welfare Dept. or any other Dept.

5.5.6. Independent quality assessment team (IQAT) for Mizoram State Health Care Society (MSHCS)

5.5.6.1. An independent quality assessment team (IQAT) will be formed by the PMU to conduct the quarterly ex-ante assessment of the Mizoram State Health Care Society (MSHCS).

5.5.6.2. IQAT for MSHCS will comprise of the following members:

- (iv) One (1) member from allied Govt. services/department/university
- (v) One representative from state finance department
- (vi) One external health insurance expert

For ex-post assessment

Ex-post assessment of all IPA units must be completed by the third-party independent agency engaged for the purpose within fourth week of first month after completion of quarter.

5.5.7. Third party independent assessment team

The PMU has engaged a third-party independent assessment agency to undertake quarterly ex-post assessment and verification of IPA units and their IPA scores to determine the IPA earnings of each IPA unit.

For needs-based assessment and verification

5.5.8. Special Assessment Team (SAT)

- 5.5.8.1. The special assessment team should consist of at least three persons out of which at least one member should be a qualified NQAS assessor. Members of SAT must not be part of the ex-ante or ex-post assessment teams.
- 5.5.8.2. The project director will constitute the SAT by drawing qualified persons from the PMU, WBTT and other agencies as applicable.
- 5.5.8.3. SAT will use the same checklist (tool) used in ex-ante and ex-post assessments.
- 5.5.8.4. Persons deployed for special assessment of IPA units should not have any conflict of interest. Any possible conflict of interest must be declared, and such a person should not be part of the team for the particular round. The person must be replaced by as suitable persons to meet the requirement of the special assessment.

For IPA units that meet either or both of the criteria for special assessment listed at 5.4.1., any review by the WBTT during official technical or review missions in the presence of at least one member who is a qualified NQAS assessor of the SAT as detailed by the Project Director will be taken as a Special assessment

5.6. Role of Project Management Unit (PMU) in IPA assessments and verification

- 5.6.1. Members of the project management unit (PMU), MHSSP must not participate in any ex-ante or ex-post assessments. However, PMU members can be part of the special assessment team (SAT) to be deployed when required.
- 5.6.2. After completion of the quarterly ex-ante assessments, the PMU will submit an ex-ante assessment report of the quarter complete with analysis of the performance of the IPA units including comparison between the self-assessment and the ex-ante assessment within twenty working days of the first month of the next quarter to the Project Director and WBTT.

- 5.6.3.** The PMU will be responsible for coordinating with the TPA for preparation of a comprehensive quarterly IPA report incorporating the findings of the self, ex-ante-, ex-post-, and special assessment reports if conducted, of the assessed quarter to the Project Director and the WBTT in the fourth week of the first month of every quarter.
- 5.7. The ex-ante and ex-post assessment system including the scores and payments will be reviewed by the PMU, MHSSP and the World Bank on a regular basis. For a given quarter, the review will be held in the last week of the first month of the next quarter.

6. Information Technology platform for IPA Management

- 6.1. IPA assessment will be undertaken using IPA Management System, a management system designed and implemented specifically for the state of Mizoram. All four levels of assessment viz. self-assessment, ex-ante assessment, ex-post assessment and special assessment will be carried out in the IPA Management System. The system will be available in web as well as android application (for offline data collection).
- 6.2. The IPA units will also be using the IPA Management System for their respective action plan submission for every quarter. Once the action plan is approved by the project and plan has been executed, the IPA units will have the feasibility of submitting the Three-Monthly Expenditure Report (TMER). At first, the TMER will be drafted in the system which will be reviewed by the PMU, once revision and necessary correction has been made, the final TMER report may be generated from the system. The printout copy of the report may be authorized by concern authority which will be submitted to the Project Director, MHSSP.
- 6.3. **Self-Assessment** the PMU will share with the IPA Units their respective unit's login credentials to the IPA Management System. Once the IPA units have access to the IPA Management System, the respective staff will perform their self-assessment quarterly/before the end of every quarter. The NQAS self-assessment will then be assessed by the respective ex-ante assessors (DQAT/SQAT).
- 6.4. **Ex-Ante Assessment:** The PMU will share with the DQAT, SQAT and IQAT the login credentials of the IPA Management System for each respective district. The assessors will then carry out the assessment for their respective IPA units. The assessment will include NQAS checklist, IPA checklist, patient satisfaction survey, surgical checklist and one time deliverables. Ex-ante report will be generated from the system for selected IPA units, the printout copy of the report will be authorized by the assessors. The signed copy of the report will then be submitted to respective higher authority for approval.
- 6.5. **Ex-Post Assessment:** The PMU will share with the Third-Party Verification team the login credentials of the IPA Management System. The assessors will then carry out the assessment on IPA units in a sampling basis. The assessment will be similar to the Ex-Ante assessment. Ex-post report will be generated from the system for selected IPA units,

the printout copy of the report will be authorized by the assessors. The signed copy of the report will then be submitted to respective higher authority for approval.

- 6.6. **Special Assessment:** In case the project decides to carry out special assessment during the IPA process, the PMU will provide login credentials to the selected IPA units, the assessment process will be similar to the ex-ante and ex-post assessment.
- 6.7. All level of assessors will enter data in the IPA Management System during the assessment. If due to unavailability of internet, power issues and other conditions precluding data entry on site, then the assessors will ensure that that data is collected on hard copy and entered into the IPA Management System as soon as possible. within two working days.

7. Framework for payment of IPA units

7.1. Assessment to financial rewards

- 7.1.1. An IPA unit's score in the ex-ante assessment determines the amount the IPA unit earns for the quarter subject to whether the IPA unit incurs a penalty from the previous quarter's verification or not.
- 7.1.2. The PMU will refer to the data entered by the assessors in the IPA Management System to determine the IPA rewards for the quarter. The IPA Management System will enable the PMU in monitoring the progress of IPA component in real time and result in more efficiency.
- 7.1.3. For DHT, Community Intervention will be assessed quarterly as per the IPA framework, by verifying the reports at DHT
- 7.1.4. Based on the score of the IPA unit, the timeline for payment of IPA rewards to the IPA units will be as follows:

Table 13: Matrix showing the timelines for assessments/verification and payment to IPA units

IPA Unit	Timeline			
	Completion of self-assessment	Completion of ex-ante	Completion of ex-post	Payment of IPA reward
HCF- SDH, CHC & PHC	Before the end of the quarter being assessed	Within ten working days after the end of the quarter being assessed	Within three weeks after completion of ex ante	-Within 20 working days -before 25 th of every first month of next quarter
District Hospitals	Before the end of the quarter being assessed	Within ten working days after the end of the quarter being assessed	Within three weeks after completion of ex ante	-Within 20 working days - before 25 th of every first month of next quarter
District Health Team	NA	Within ten working days after the end of the quarter being assessed	Within three weeks after completion of ex ante	-Within 20 working days -before 25 th of every first month of next quarter

IPA Unit	Timeline			
	Completion of self-assessment	Completion of ex-ante	Completion of ex-post	Payment of IPA reward
State Health Team	NA	Within ten working days after the end of the quarter being assessed	Within three weeks after completion of ex ante	-Within 20 working days -before 25 th of every first month of next quarter
Mizoram State Health Care Society	NA	Within ten working days after the end of the quarter being assessed	Within three weeks after completion of ex ante	-Within 20 days working days -before 25 th of every first month of next quarter

An ex-ante report with scores, observations, key quality gaps, and suggestions for quality improvement shall only be considered a complete report.

7.1.5. PMU will release the fund to IPA Units in the bank account opened specifically for IPA. Under no circumstance will IPA fund be transferred to any personal or other account maintained by the IPA units.

7.2. Framework for penalty: administrative measures for incorrect reporting

7.2.1. If the ex-post independent third-party agency assessment (TPA) finds that in the ex-post assessment the IPA unit has scored lower than the ex-ante scores by more than 10 percentage points, penalty will be applicable to the IPA unit being assessed, and the IPA unit responsible for assessment of the IPA unit. This is applicable for HCF-IPA units and DHT IPA units for their assessments.

7.2.2. Ex-ante assessments of the state level IPA units are done by independent teams. If the scores given by the IQATs are significantly higher than the ex-post verification, then penalties will be applied to the concerned state level IPA units only. **A persistent higher score in ex-ante- than ex-post assessment for three quarters in a year will result in review of the ex-ante team and appropriate action by the Project Director.**

7.2.3. Penalties pertain to the IPA performance-based grants only and will not affect other grant funding of the project. The penalties are as follows:

Table 14: Penalty framework

#	Discrepancy range (in percentage points)	Penalty (% funding deduction)
1	0 to 10	0 (ex-ante score maintained)
2	More than 10 up to 25	25%
3	More than 25	50%

7.2.4. The following examples may elucidate this further.

- (i) Suppose there is a PHC-X for which DHT-Y has deployed its DQAT for ex-ante assessment and PHC-X scores 90%, and the TPA deployed by the PMU find the ex-post verification score to be 60% points, the difference in the scores of PHC-X from ex-ante to ex-post assessment is 30%. As per the table above, the difference is more than 25 percentage points and so the penalty will be 50% deduction of the IPA earnings **of PHC-X and the DHT-Y** from their next quarter earnings.
- (ii) Similarly, the State Health Team (SHT) will be penalized along with any of the DHT (IPA unit) that incurs a penalty as per the penalty framework as it is responsible for the DHT quarterly ex-ante assessment.
- (iii) Ex-ante assessments for SHT and Insurance IPA are done by independent teams. If the scores given by the independent teams are significantly higher than the ex-post verification, then penalties will be applied to the concerned SHT and Insurance IPA units only. **A persistent higher score in ex-ante than the ex-post assessment for three quarters in a year will result in review of the independent team under the Chairmanship of the Project Director.**

8. Support structure for IPA units

8.1. Coaching

- 8.1.1. Coaching of IPA units refers to the capacity building and hand-holding support given by the State Health Team (SHT), Mizoram State Health Care Society (MSHCS) and District Health Team (DHT) to IPA units with objective of continuing improvement in the understanding of the IPA operational manual, IPA framework, quality of services and internal monitoring.
- 8.1.2. Report of each training and coaching visit must be prepared and shared with the PMU within seven days of completion of the visit.
- 8.1.3. The State Health Team will prepare a quarterly visit plan for coaching, trainings and supportive supervisory visit to all district hospitals (DH) and CMO offices. All DHs and CMO offices must be visited at least once every quarter.
SHT must visit at least one PHC or CHC or SDH in a quarter to monitor the support rendered by the district health team.
- 8.1.4. The District Health Team will prepare a quarterly visit plan for technical assistance and management, capacity building and supportive supervision visit to all health facilities. The DHTs should plan to visit all health facilities in their district at least once every quarter. Ex-ante assessment visits by DHT should not be considered part of the quarterly coaching visit to health facilities. The DHT may request for additional technical support from the SHT to improve the quality of coaching. The DHTS will conduct training on fund management, procurement processes, NQAS, IPHS norms, etc.

- 8.1.5.** The Mizoram State Health Care Society (MSHCS) will prepare their annual visit plan for supportive supervisory visit to all empanelled hospitals and district health teams to ensure smooth implementation of insurance schemes and to increase coverage.
- 8.1.6.** The PMU, MHSSP will organise quarterly review meetings with DQMs/DHQMs/IPA units to review the previous quarter's activities and progress thereof. Report of such review meetings must be submitted and shared with the World Bank within seven days of completion of review.
- 8.1.7.** Capacity building and trainings on specific topics must be organized for state and district staff time to time to improve the quality of support given to IPA units.

8.2. Technical support

8.2.1. Training on IPA Management System

Once the IPA Management is ready for rolled-out, the PMU in coordination with the technical agency, will organize a hands-on training following Training of Trainers (ToT) model. In this training, the master trainers will train all the District Quality Managers, District Hospital Quality Managers under MHSSP as well as DQAT, SQAT and IQAT assessors. The trainees will then further act as trainers for their respective district. The first training on district level will be conducted by the DQMs and DHQMs soon after the state level training is done.

Hand-holding support responsibility will be given to the DQMs and DHQMs of each district. Hand-holding support may be provided to the IPA facilities during coaching visits. As for the state level and MSHCS, hand-holding support will be provided by the PMU as and when required.

9. Fiduciary

9.1. Institutional arrangements

9.1.1. Internal Performance Agreement (IPA) Committee

- 9.1.1.1.** A separate IPA committee must be formed by each IPA unit with members drawn from the unit. The head of the unit may be appointed the chairperson of the IPA committee. At least 40% of the committee members should ideally be women. The committee should select the chairperson, vice-chairperson and member secretary of the IPA committee. Signatories for the IPA bank account should be from the IPA committee only.
- 9.1.1.2.** For PHC/CHC/SDH and DH IPA units – at least one member of the IPA committee should be a regular state government employee of Health & Family Welfare Department. He/she will be one of the signatories in the agreement and cheque (bank account).
- 9.1.1.3.** For the District Health Team (DHT) – the IPA committee must be constituted at the Chief Medical Officer's office. The chairperson may be nominated by the committee and should ideally be the CMO or the senior medical officer (SMO).

- 9.1.1.4. For the State Health Team (SHT) – the IPA committee must be constituted by the Secretary/Commissioner/Principal Secretary, Health & Family Welfare Department, Government of Mizoram. The Chairperson may be nominated from the IPA committee of the SHT.

Roles and Responsibilities of IPA Committee

- 9.1.1.5. The IPA committee of each IPA unit must have a monthly meeting as mandated by the IPA framework.
- 9.1.1.6. The IPA committee must prepare and submit a quarterly action plan (details at 9.1.2)
- 9.1.1.7. Separate procurement committee must be formed by the IPA committee for all the IPA units *except* SDH/CHC and PHCs to guide the procurement process. The procurement committee at these IPA units should have at least 5-7 members. **The chairman of the procurement committee should not be a member of the IPA committee.** The IPA Procurement Committee of an IPA unit is responsible for the procurement of all civil works, equipment, HR and other items including vigilance to establish compliance to the specifications as per supply order. However, post vigilance all procured items are to be handed over to the IPA committee for further management including entry into applicable stock registers and ‘issuing’.
- 9.1.1.8. At SDH/CHC/PHC IPA units, the IPA committee will undertake the roles and responsibilities of the procurement committee. However, any meeting conducted by the IPA unit for procurement purposes should not be mixed with other agenda, and the Minutes of such a meeting should be specific to procurement.

9.1.2. IPA Action Plan

- 9.1.2.1. The IPA action plan is a costed action plan that an IPA unit commits to implement during a fixed time period within the IPA budget. The action plan is dynamic, can be revised based on the need of priority by IPA unit and should be submitted within 3 weeks of original submission.
- 9.1.2.2. The action plan may include the following:
- (i) Activities that need to be done to achieve good scores/IPA rewards, i.e., activities that will enable the IPA unit to achieve the targets as per the IPA indicators/framework.
 - (ii) Activities that are required to enable better health services delivery but are not part of the IPA indicators/framework.
 - (iii) Declaration of activities undertaken or to be undertaken from other sources of funding such as RKS, insurance reimbursement, user fees, etc., that will be supplemented through IPA funds
- 9.1.2.3. The IPA unit will hold a meeting of the IPA committee to discuss and approve of the action plan. The Minutes of the IPA Committee meeting should be signed by Chairperson, the co-chair/member secretary and at least 2 members of the IPA

committee. For the PHC/CHC/SDH/ DH/ CMO the approved action plan of each quarter shall be shared with the respective District Commissioner's office.

- 9.1.2.4. The duly signed action plan including relevant technical enclosures such as technical specifications for equipment, civil works estimates and Terms of Reference (ToR) for HR, etc., and Minutes of the Meeting of the IPA committee are to be submitted to the PMU through proper channel.
- 9.1.2.5. The HCF-IPA units except for district hospitals will submit their action plans to the Chief Medical Officer (CMO) of their respective districts for approval. The action plan thus approved must be forwarded by the CMO to Directorate of Health Services (DHS) for approval and onward submission to PMU for final approval. The district hospitals are then required to submit the action plan to Directorate of Hospital & Medical Education (DHME) for approval and onward submission to PMU for final approval. DHS / DHME and PMU shall ensure that activities under the action plans are not duplicated nor already planned by the state level.
- 9.1.2.6. The IPA Action Plan for the one-time grant (OTG) shall be for an implementation period of 6 months beyond which all action plans will be for a duration of one IPA quarter, i.e., three months.
- 9.1.2.7. Each IPA quarterly action plan must be submitted within first week of the quarter starting.
- 9.1.2.8. The PMU will examine the action plan submitted for any duplication of activities, and provide inputs and suggestions or approval by email within seven days of receipt of the action plan to the IPA units. **If no response is received from the PMU within seven days, the plan must be considered approved.**
- 9.1.2.9. In the event any duplication is found, the PMU will inform the IPA unit and the concerned unit will re-submit the action plan with required changes.
- 9.1.2.10. The IPA Units must avoid duplication of activities such as purchase of items/equipment from other sources such as NHM/DHS/DHME, etc., to avoid delays in approval/implementation of action plan.

9.2. Financial norms

- 9.2.1. After signing of IPA and acceptance of action plan, the IPA recipient will have full autonomy and responsibility to use the released IPA funds within the guidelines given in this manual.
- 9.2.2. The IPA committee must ensure that the quarterly fund allocated is utilized within the quarter.
- 9.2.3. The IPA unit must submit the utilization certificate duly signed by the IPA Committee within 15 days of completion of the quarter, failing which further payments will be withheld until further notice.
- 9.2.4. Government accounting rules must be followed. All IPA units mandatorily keep statements of expenditure, utilization certificates etc which must be accompanied by

bills and vouchers. Billing of civil works must be accompanied by records of measurements and bills.

9.2.5. For the purpose of IPA implementation, all Civil Works costing more than 30% of the annual allocation of the IPA unit must be considered major works. Any civil works costing less than 30% of the annual IPA allocation must be considered minor works.

9.2.6. For the purpose of IPA implementation, all equipment (medical and non-medical) costing more than 30% of the annual allocation of the IPA unit must be considered 'large' equipment. Any equipment costing less than 30% of the annual IPA allocation must be considered 'small' equipment.

9.2.7. IPA units must practice good financial practice such as preparing and keeping bills, vouchers, quarterly utilization certificates, 3-monthly expenditure report etc. IPA units must keep the relevant support documents till project closing and the unit need to ensure to provide / produce during the time of Internal and external audit.

9.2.8. Three monthly expenditure report (annexure 17) must be submitted before 15th of the 1st month of the new quarter to PMU.

9.2.9. The IPA money must be audited as per general financial audit process.

9.2.10. Roles and Responsibilities of PMU, MHSSP in Financial Management

- (i) To ensure that the results-based financing (RBF) component is implemented with the IPA units in strict compliance to sound financial management principles.
- (ii) To ensure timely sanction and release of funds to IPA units
- (iii) To include the funds released to the IPA units in the PMU accounting system
- (iv) To maintain disbursement records for funds released to IPA units.
- (v) To effectively monitor and provide oversight on funds spent by the IPA units, ensure that utilization certificate and three-monthly expenditure reports (TMER) are submitted within prescribed timeline.
- (vi) Reporting of fund releases and expenses of IPA units in the Interim Unaudited Financial Report (IUFR) to the World Bank
- (vii) Ensure timely audit of the IPA units.
- (viii) Regular and timely update of IPA Management System
- (ix) Training and capacity building of the IPA units

9.2.11. Roles and Responsibilities of IPA Units in Financial Management

- (i) Opening and operating of a separate bank account for implementation of IPA
- (ii) Proper distribution of duties between the IPA Committee members on procurement, payment and accounting:
 - Bank account to be operated by two or three committee members as joint signatories.
 - The IPA units must ensure dedicated personnel for accounting and bookkeeping.
- (iii) Maintenance of book of accounts, registers and supporting documents
- (iv) Monthly reconciliation of bank account balance and cash in hand

- (v) Timely preparation and submission of Utilization Certificate (UC) and three-monthly expenditure reports (TMER) to PMU
- (vi) Facilitate financial audits and IPA verification process!
- (vii) Interest earned on savings bank account and any other earnings and contributions can be kept in the IPA bank account. These funds can be used by the IPA units for development activities within the project duration.
- (viii) Refund any unspent funds to PMU at the end of the project.

9.2.12. Pre-conditions for subsequent release of IPA

- 9.2.12.1. Availability of ex-ante assessment scores for a completed IPA quarter
- 9.2.12.2. Availability of ex-post verification scores for an IPA unit to establish if penalty is to be imposed.
- 9.2.12.3. IPA action plan for the quarter submitted by the IPA unit and approved by the PMU, MHSSP
- 9.2.12.4. Receipt of utilization certificate and three-monthly expenditure report (TMER) by PMU from the IPA units

9.2.13. Refund of IPA funds

- 9.2.13.1. Funds spent by the IPA units on activities under the ‘negative list’ identified during the audit and verification processes must be immediately refunded to the PMU. Until refunding to PMU is completed, further IPA money will not be released to the IPA unit.
- 9.2.13.2. If an IPA unit has an unspent IPA money equivalent to three full quarterly IPA budget, the IPA unit must submit an acceptable action plan to utilise the amount within the next quarter. If the IPA unit cannot justify adequately the plan to spend the unspent money, the amount may be refunded to PMU and no further IPA money will be released to the IPA unit.

9.2.14. Accounting

The IPA unit shall maintain the following books of accounts and registers. The books shall be maintained and preserved for audit by the auditors and verification by the PMU, World Bank and state government officials.

- (i) ‘Minute of Meetings’ book to record decisions taken by the IPA/Procurement Committee members with photos.
- (ii) Two-column cashbook to record cash and bank transactions.
- (iii) Bank passbook and bank reconciliation statement
- (iv) Asset register to record the list of available assets.
- (v) Stock register to record the movement of inventory.
- (vi) Cheque issue register to maintain a record of cheques issued.
- (vii) Bill registers to record the list of bills received
- (viii) File to maintain vouchers, bills and invoices.

9.2.15. Payment

- 9.2.15.1. IPA units will make payments only after receipt of original bills/invoices.
- 9.2.15.2. Invoice/bill shall be approved as per 'delegation of financial and administrative powers' of the Committee.
- 9.2.15.3. Suppliers/contractors must be paid within 7 days from the date of receipt of invoice.
- 9.2.15.4. The preferred mode of payment shall be electronic transfer or account payee cheque.
- 9.2.15.5. No single payment exceeding INR 5,000/- shall be made in cash. Cash payment for bills amounting to more than INR 5,000 will be permitted only with prior approval of the IPA committee with proper justification. The decision must be recorded in the Minute of Meetings book.
- 9.2.15.6. For cash payment of bills less than INR 5000, cash/payment receipt must be obtained from the party receiving the cash.

9.2.16. Financial Report

The IPA unit shall submit the utilization certificate (UC) and three-monthly expenditure report (TMER) to PMU before 15th of the 1st month of the new quarter. The formats for UC and TMER are at Annexure 17.

9.2.17. Audit

All IPA units will be subjected to internal audit through an external firm hired by the PMU. Both procurement and financial transactions will be audited. PMU has to ensure that required action is taken on observations and recommendations in the internal audit report.

Component 1 – IPA of MHSSP will be subjected to both internal audit and external audit by the Auditor General of India (AG).

9.3. Procurement norms

- 9.3.1. Procurement to be carried out under IPA is small and would mostly be under INR 75,00,000 (approx. US\$ 100,000). For procurement of items/civil works less than INR 75,00,000 request for quotations for off-the-shelf purchase through shopping methods (i.e., minimum three quotations with comparative statement) shall be used, unless otherwise specified, as per the requirement. For procurements of more than INR 75,00,000, national competitive bidding (NCB) procedures shall be adopted. .
- 9.3.2. For single procurements of value less than INR 30,000, the IPA committee may procure directly without any quotation, but bills and vouchers must be kept for recording and audit purposes. A detailed matrix on mode of procurement based on the cost of procurement to be done can be referred to at *Annexure 15*.
- 9.3.3. The IPA Committee will undertake necessary action for procurement of the items as per the decision of the Procurement Committee of the IPA unit.
- 9.3.4. Depending upon the cost of the items to be procured, the Procurement Committee may decide for the most appropriate procurement method to be followed.

- 9.3.5.** Mostly, as the value of procurement under IPA is likely to be less than INR 75,00,000, therefore, shopping method will most commonly be employed. In this, the procurement committee will recommend the IPA committee to approach a minimum of three suppliers/contractors. The procurement committee may specify the period for submission of quotations. Selection of contractors/sellers may be finalised by the Procurement Committee after careful evaluation in a separate bid/quotation evaluation meeting and recorded in its Minutes. The IPA Committee will issue a supply order/work order to the supplier/contractor. The time periods within which the items are to be supplied/work completed must be clearly communicated. The IPA committee must clearly document and penalize failure to comply with the deadlines.
- 9.3.6.** If the proposed procurement of activity/item/sub-project mandates issuance of open tender, then state procurement rules may be followed.
- 9.3.7.** As mentioned at, For the purpose of IPA implementation, all equipment (medical and non-medical) costing more than 30% of the annual allocation of the IPA unit must be considered ‘large’ equipment. Any equipment costing less than 30% of the annual IPA allocation must be considered ‘small’ equipment.
- 9.3.8.** For procurement of all medical/bio-medical equipment, the IPA units must ensure compliance to technical specifications in guidelines developed by Ministry of Health & Family Welfare (MoHFW), Government of India as given in Indian Public Health Standards (IPHS), National Health Systems Resources Centre (NHSRC) guidelines etc. Link to available guidelines is listed in Annexure 18. For any item for which technical specifications are not found in official guidelines, PMU will ensure provision of quality standards to IPA units.
- 9.3.9.** All items/equipment supplied by suppliers must be scrutinized for the purpose of vigilance by the procurement committee to check for compliance to the specifications as per the supply order.
- 9.3.10.** Items/equipment that have passed the quality checks (vigilance) must be formally accepted by the IPA units and entered into applicable stock registers (consumables/fixed assets). A separate issue register must be maintained in which it is clearly specified to which unit/person within the IPA unit the item is issued. This is applicable for all items (consumables and fixed).
- 9.3.11.** All medicines should be procured from low-cost pharmacies only. Eg., Jan Aushadhi store, Amrit Pharmacy, Dr Best, SayaCare, etc.
- 9.3.12.** All consumable and non-consumable items (including medical, non-medical and stationeries) can be procured directly from agencies already in the rate contract/empanelled list of the state government. If there is no rate contract/empanelled agencies in place, then three quotations should be collected before placing orders. *All items must be purchased as per the re-delegation of financial powers, 2019 or further amendments, unless otherwise specified.*
- 9.3.13.** PWD rate contracts as approved by Finance Department, Government of Mizoram shall be applicable to Civil works estimate of value up to INR 30,00,000 (US\$ 50,000).

9.3.14. Depending upon the nature and purpose of the minor works proposed, the PMU must provide technical specifications to the IPA units especially for works that have implications for compliance to acts/rules/regulations.

9.3.15. Technical specifications for civil work should meet the quality standards (eg., quotations below 30% of the estimated cost will not be acceptable). PMU will provide handholding support to IPA units.

9.3.16. All IPA units must comply to the following conditions while recruiting human resources through IPA:

9.3.16.1. For hiring of HR on short-term basis for IPA unit, the procurement committee must clearly define the terms of engagement including the monthly remuneration in the minutes of the procurement committee meeting. Any HR engaged by the IPA must be for very short duration with specific targets, ideally for less than 6 months beyond which the procurement committee of the IPA unit must re-convene to decide for re-engagement. Please refer to annexures 16 - a, b & c for sample engagement order, terms of reference and agreement form for HR.

9.3.16.2. Except for Group – D workers, all other level of HR hired must have the appropriate qualification(s) as mentioned in the latest recruitment rules of the ‘post’ as issued by Government of Mizoram.

9.3.16.3. HCF-IPA units must post the advertisement for their HR requirement either in the district health administration’s website or state health department website or MHSSP website.

9.3.16.4. District hospital – IPA units must post the advertisement for their HR requirement either in their district hospital website or state health department website or MHSSP website.

9.3.16.5. District Health Team – IPA units must post the advertisement for their HR requirement either in their district administration website or state health department website or MHSSP website.

9.3.16.6. State Health Team - must post the advertisement for their HR requirement either in the state health department website or MHSSP website.

9.4. Decision rights for IPA reward spending

9.4.1. Funding provided to IPA units should be treated as decentralized cash funding in addition to other funds received by the administrative units and the health care facilities such as the Rogi Kalyan Samiti (RKS) fund under National Health Mission (NHM), Fifteenth Finance Commission (FC-XV) health grants, etc.

9.4.2. IPA funds must be utilized to support the improvement of physical infrastructure, health services provision and ‘management’ of the IPA units.

9.4.3. IPA funds are to be utilized by each IPA unit with full operational autonomy in line with the principles of RKS funds. IPA fund recipients must ensure compliance to good procurement/financial practices as highlighted in 9.1., 9.2, and 9.3.

- 9.4.4.** All IPA units under the agreement may utilise IPA funds as per the decisions undertaken by the IPA committee of the unit while taking care not to undertake activities under the negative list as given in 9.4.5.
- 9.4.5.** All IPA units must ensure that civil works and other procurement are not in duplication with any other source. The administrative level and health care facility level IPA units are encouraged to strengthen coordination and cooperation to ensure that all available funding sources for both civil works and other procurements such as NHM, FC-XV, Pradhan Mantri – Ayushman Bharat Health Infrastructure Mission (PM-ABHIM), other schemes/grants and component 3 of MHSSP (inputs-based financing) are utilised judiciously and strategically.
- 9.4.6.** All IPA units are empowered to spend the IPA money on improving the quantity and quality of human resources, equipment, drugs, consumables and services as per the latest quality standards.
- 9.4.7.** Any medicine or diagnostics purchased from MHSSP funds including through IPA funds must be provided free of cost to patients.

9.4.8. Negative list for IPA reward spending

For all the IPA fund recipients, the money received in the dedicated bank account for the IPA cannot be used for:

- i. the purchase of land,
- ii. direct staff cash incentives,
- iii. donations/loans to individuals/ agencies/ religious institutions or any other groups,
- iv. personal or familial financial benefits
- v. any illegal activities,
- vi. payment of health insurance premium or claim settlement or medical reimbursement.

10. Role of Project Management Unit (PMU) of MHSSP

- 10.1. Periodic hands on training of the ex-ante and ex-post assessors with submission of training report (with pre-and post-test) within seven days of completion of the trainings
- 10.2. Review of the IPA implementation (twice a month), with review report submitted to project director and copy to bank task team.
- 10.3. Review of the action plans, their approval. The approvals of action plan to accompany with notes, technical specifications for civil work or equipment or rate charts along with rate contract details for the medicines and consumables.
- 10.4. Sharing the ex-ante assessment dates and time with the third-party assessment agency
- 10.5. Review, report writing of the ex-ante report for each round and submission of the same in time. Writing the special review report if undertaken.
- 10.6. Sharing the ex-ante data and report with the third-party agency for the ex-post report for each round

- 10.7. Lead the joint review of the ex-ante and ex-post report and dissemination of the same with the two directorates, District Quality teams and internal assessment teams.
- 10.8. Timely payment (to Assessors and IPA units) and tracking of payment- expenditure for each IPA unit. Timely audit of the IPA units.
- 10.9. Quarterly analysis of IPA indicators, publication in public domain
- 10.10. Informing bank task team of any irregularities related to the IPA implementation.

11. Detailed description of IPA indicators

11.1. IPA Quality Performance Framework for PHC, CHC & SDH

- 11.1.1. PHC, CHC & SDH IPA units will undertake self-assessment before the end of the quarter using NQAS all Areas of Concerns
- 11.1.2. The District Quality Assessment Team (DQAT) will conduct the quarterly ex-ante assessment using the tools given in the table below.
- 11.1.3. An independent third-party assessment agency (TPA) will conduct an ex-post assessment using the same tools as used by the DQAT in the ex-ante assessment.
- 11.1.4. A special assessment team, if deployed, will use the same set of tools as used in the ex-ante and ex-post assessments.
- 11.1.5. In line with the larger motive of the IPAs, boosting and preparing facilities to attain NQAS certification is a continuous process. Therefore, all HCF IPA units will conduct self-assessment for all areas of concern under NQAS every quarter. Ex-ante assessment will also cover all areas of concern under NQAS every quarter to determine the difference in the self-assessment and ex-ante scores. Ex-post will conduct assessment against all areas of concern under NQAS for comparison between ex-ante and ex-post scores

11.1.6. IPA Performance Framework for Primary Health Centres (PHC) in detail

CODE	PHC - Internal Performance Agreement Assessment Framework	SCORE
PHC_1_NQAS	[Planning and Management] Timeliness, Accuracy of Quarterly NQAS Self-Assessment	300
	This indicator is a planning and management quality indicator. It looks at timely and accurate assessment by the health facilities of their progress towards NQAS certification. Each quarter all NQAS areas of concern are examined for all departments in details. Subsequently, the District Quality Assessment Team (DQAT) will assess the timely and accurate scoring by the health facilities for all the NQAS areas of concern. The DQAT looks at whether the self-assessment undertaken by the HFs (PHC) has been timely and accurately executed. The Ex-Post Assessment will also follow the same procedures followed by the DQAT.	

	<p>The following criteria should be met.</p> <p>(i). The NQAS all area(s) of concern for the past quarter have been self-assessed BEFORE the end of the quarter AND results are available.</p> <p>(ii). Documents related to the NQAS all areas of concern/under assessment are submitted within 30 minutes of request.</p> <p><u>Decision Rule:</u></p> <p>(i) Self-assessment completed on time – 50 (ii) Documents that were used for assessment of NQAS is made available in the portal - 50 (iii) NQAS percentage score in the ex-ante assessment *200 (If the NQAS score is 50 then the total marks will be 100) <i>For all areas of concern in all departments</i></p>	
PHC_2_Meetings	[Planning and Management] Monthly Health Facility Management team meetings	45
	<p>Each monthly meeting minutes are assessed for the following 11 composite criteria. On an all or nothing basis. Each monthly meeting minutes, if responding to ALL 11 criteria, earns 45 points.</p> <p>(1) Date of the Meeting</p> <p>(2) Agenda</p> <p>(3) Signed list of participants</p> <p>(4) Follow-up report of the decisions taken at the previous meeting</p> <p>(5) Implementation report of recommendations or decisions adopted at the previous meeting</p> <p>(6) In each issue section/agenda/proposed activity there is a description of the problem</p> <p>(7) In each issue section/agenda/proposed activity there is a list of developed recommendations or decisions taken</p> <p>(8) In each issue section/agenda/proposed activity there is a deadline to solve the issue</p> <p>(9) In each issue section/agenda/proposed activity there is a responsible person named</p> <p>(10) Each month the monthly financial balance is discussed (signed monthly expenditure reports in the prescribed format are available)</p> <p>(11) Minutes of the meetings are signed by the Chairperson and the Member Secretary.</p>	

	Decision Rule: All or nothing for each of the three meetings: All 11 composite criteria need to be met for a meeting to get the score of 15 points. Three monthly meetings are thus MAX 45 points.	
PHC_3_Execution	[Planning and Management]. Level of Execution of Planned Activities	60
	This indicator captures realistic planning and the follow-up on the completion of various activities agreed for the past quarter in relation to quality improvement. To assess progress on agreed activities, a realistic quarterly activity plan will be drafted by facilities after assessing their quality improvement progress and needs. In drafting such a plan, they can benefit from consultations with experts e.g., District NQAS assessors.	
	Decision Rule: The number of activities planned to be executed in the past quarter(s) is the denominator. (<i>Any approved but uncompleted activity will add to the denominator cumulatively</i>). The number of activities completed is the numerator. The maximum number of points [60] is obtained when activities executed divided by the number planned is \geq to 1. The formula is [(Activities Completed/Activities planned in the past quarters) * 60	
PHC_4_Premises	[Infection control, Hygiene and Biomedical Waste Disposal]. General Premises	12
	Criterion 1: The health centre has a complete surrounding wall or fence, and there is no sign of damage.	
	Criterion 2: No medical waste lying around on the premises. (A single medical waste item lying around anywhere on the premises leads to a zero score).	
	Criterion 3: No litter of any kind lying around on the premises (loss of 3 points).	
	Criterion 4: The premises have at least one clearly visible garbage can, not full.	
	Decision Rule: Each of the four criteria is 3 points, however, if criterion 2 is NOT met, then 0 score for the entire indicator	
PHC_5_Cleanliness	[Infection control, Hygiene and Biomedical Waste Disposal]. Cleanliness of OPD, labour room and male and female wards	20
	Criterion 1: The floors, ceiling, walls, and doors are clean and there is no litter on the floor.	
	Criterion 2: The room smells of disinfectant.	

	<p>Criterion 3: The room has bins for biomedical waste and garbage bins, which are not full (more can be added without spilling over).</p> <p>Decision Rule: All or nothing for all three criteria applied to the OPD (5p), labour room (5p) and male (5p) and female (5p) wards. and four wards - (i) Maximum 20 points if all units are available and have the full scores. (ii) If there is no separate Male and Female ward but rather a combined ward, then max score attainable for the two combined is 5 points.</p>	
PHC_6_Handwashing	[Infection control, Hygiene and Biomedical Waste Disposal]. Handwashing	12
	<p>Criterion 1: Running water present (tap is functional, and water is coming out) or container with a functional tap containing water.</p> <p>Criterion 2: Paper napkins /clean cloths/ hand dryer machine available to dry hands.</p> <p>Criterion 3: Antiseptic Soap (bar/liquid) is available (not detergent).</p> <p>Criterion 4: Alcohol based hand rub (sanitiser) is available in the hand washing point for hand hygiene.</p> <p>Decision Rule: All or nothing for all four criteria for each of the four units. 3 points per ward. Maximum of 12 points if all four units are available and have the full scores. Assess handwashing in each of four units/departments: OPD (3p), Delivery room (3), Casualty/Emergency (3), Laboratory 3).</p>	
PHC_7_Toilets	[Infection control, Hygiene and Biomedical Waste Disposal]. Toilet	16
	<p>Criterion 1: There must at least one accessible PwD friendly toilet for both female & male patients at the facility as per latest CPWD manual.</p> <p>Criterion 2: The toilet has a door, and each toilet is lockable from inside.</p> <p>Criterion 3: Each lock is functional.</p> <p>Criterion 4: Doors cannot be locked from outside. (<i>This will not be applicable to staff toilet</i>).</p> <p>Criterion 5: Each toilet has running water or container with water and a ladle for flushing the toilet.</p> <p>Criterion 6: Each toilet has a facility (inside or outside next to toilet) to wash hands with running water - or a water container with a functional tap containing water, hand dryer and soap.</p>	

	<p>Criterion 7: Each toilet has a functional light (either electric or solar).</p> <p>Criterion 8: Each toilet has no visible waste.</p> <p>Criterion 9: Each toilet has no flies.</p> <p>Criterion 10: No foul-smelling odour in each toilet (and may have air refresher).</p> <p>Decision Rule: (i) Availability of PWD friendly toilet in the facility (2p) (ii) All or nothing for 2-9 criteria. 3.5 points per unit. Assess toilet facilities in four units. Male IPD (3.5), Female IPD (3.5); Delivery room (3.5); OPD (3.5).</p>	
PHC_8_Med_Waste	[Infection control, Hygiene and Biomedical Waste Disposal]. Medical Waste Handling	20
	<p>Criterion 1: Garbage bin/Biomedical waste bins available and not full</p> <p>Criterion 2: Garbage bin does not contain used syringes or needles.</p> <p>Criterion 3: Safety Box/Sharp containers available and not full</p> <p>Decision Rule: All or nothing for all three criteria for each of the four wards. Assess four wards/departments for availability of waste handling: IPD (5); Delivery room (5); Injection room/dressing room (5); Laboratory (5).</p>	
PHC_9_Waste_Disposal	[Infection control, Hygiene and Biomedical Waste Disposal]. Medical Waste Disposal	10
	<p>Criterion 1: Medical Waste Management Plan is available, designated staff is there; four elements described (sorting; handling; interim storage; final disposal)</p> <p>Criterion 2: Medical waste is treated separately in marked containers: organic (infectious) waste is separated from non-organic waste. Waste is colour coded and marked according to the BMWM Rules 2016 and further amendments.</p> <p>Criterion 3: Sharps and needles are disposed in a sharps' container.</p> <p>Criterion 4: Sharp wastes are sent to a reference incinerator/sharp pit [see register]. Sharp containers to be sterilized before reuse.</p> <p>Criterion 5: Infectious medical waste is either burnt or buried according to the BMWM guidelines.</p>	

	Decision Rule: All or nothing; all 5 criteria need to be met to obtain the score of 10 point	
PHC_10_Patient_Exp	[Patient Experience] Quarterly execution of 10 patient satisfaction interviews	100
	Assessing Patient Satisfaction by the DQAT/EPCV through telephone interviews of 10 randomly selected patients (5 from OPD, 5 from IPD) seen in the PHC in the previous quarter using a quantified questionnaire. Names of patients will not be recorded, only their file numbers, and phone numbers. Decision Rule: The interviews will be scored in percentages from the maximum score accomplished for the questionnaire. After completion of ten interviews, establish the average percentage of the patient satisfaction scores. That average percentage score * 100 points is the IPA score for this indicator in the quarterly assessment.	
PHC_11_Insurance Efficiency	[Insurance Efficiency-Claim fund utilization report uploaded on the SHA portal on or before 5th of the first month of the new quarter.	25
	This indicator assesses how regularly AB-PMJAY and MSHCS quarterly claim fund utilisation reports are uploaded on the SHA portal. Decision Rule: If the claim fund utilization reports are submitted on or before 5 th of the first month of new quarter then 25 marks will be awarded, If not 0.	
PHC_12_CKSI	[Serial Knowledge Tests] Provider Knowledge	120
	This indicator assesses the performance on Clinical Knowledge & Skills Improvement (CKSI) learning, in a quarterly test, by the staff of a health facility. While the average performance of clinical staff will be used to calculate provider performance, the individual's contribution to this average will not be tracked. Individual health workers will get personalized feedback on their performance and will be able to see their level of performance as compared to others in the district, and the State. Criterion 1: All doctors and nurses working in the health facility have been registered on the CKSI platform. - 10 Criterion 2: Minimum 80% attendance for doctors and nurses registered on the CKSI during the assessment. - 10	

	<p>Criterion 3: The CKSI test for the past quarter has taken place in a supervised environment, supervised by the DHT (data are available on the CKSI platform). - 80</p> <p>Criterion 4: Each registered HCP shall complete at least 12 learning vignettes per quarter or 1 vignette per week. -20</p> <p>Decision Rule: Criterion 1,2 and 4: If the criteria are met then scores shall be awarded and no scores shall be awarded if the criterion is not met.</p> <p>Criterion 3: - The average score for the CKSI vignettes achieved by the doctors and nurses is calculated. This average score will be used to compute this indicator. For instance, if the average score is 70%, then the facility scores $70\% * 80$ points = 56 points. The DHT will supervise the quarterly CKSI exam. The exam will take place in the health facility, This depends on the internet connectivity through Wi-Fi or 3G/4G. It is the responsibility of the health facility to have their staff registered on the CKSI Platform and accessing the app. It is also the responsibility of both the health facility and the DHT to ensure that the quarterly test takes place. IF the test does not take place, then 80 points will be forfeited.</p>	
<p>PHC_13_Grievance redressal</p>	<p>Monthly Grievance Redressal.</p>	<p>30</p>
	<p>Grievances – Facility level grievances redressal committee for Health & Family Welfare Department including insurance related grievances is constituted. Availability of grievance redressal mechanism in the public domain. Statistics of grievance received and grievance addressed to be published in the district website.</p> <p>Criterion 1: Monthly meeting in which grievances are addressed and either escalated or resolved as minute.</p> <p>Criterion 2: Grievances – Monthly reporting mechanism of grievance redressal including reports on follow-up of grievances</p> <p>Criterion 3: Submission of monthly grievance reports including the recording, follow-up and resolution of grievances. The monthly reports to be submitted on or before 30th of every month to the District Health Team (DHT).</p>	

	Decision Rule: All three criteria need to be met to get the score of 30.																																		
PHC_14_HRH	Human Resources for Health	50																																	
	At least 3 outreach programmes to be conducted in the subcentres within the jurisdiction of the PHC in a quarter – 50																																		
	<p>Decision rule: If 3 outreach camps conducted =50 score If 2 outreach camps conducted =70% of 50 Below 2 outreach camps conducted = 0</p> <p><i>*Records of outreach programme conducted to be verified)</i></p>																																		
PHC_15_Essential Medicine	Essential Medicine Stockout –Availability of 10 listed Essential Medicines in the facility	60																																	
	<table border="1"> <thead> <tr> <th>S/no</th> <th>Medicines</th> <th>Dosage</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td>Paracetamol</td> <td>Tablet – 650 mg Tablet - 500 mg Syrup – 250mg / 5ml (P)</td> </tr> <tr> <td>2.</td> <td>Cetirizine</td> <td>Tablet-10mg Oral Liquid -5mg/5ml</td> </tr> <tr> <td>3.</td> <td>Dexamethasone</td> <td>Tablet – 2mg Tablet – 4mg Injection - 4mg/ml</td> </tr> <tr> <td>4.</td> <td>Naloxone</td> <td>Injection 0.4 mg/ml</td> </tr> <tr> <td>5.</td> <td>Azithromycin</td> <td>Tablet – 500 mg Syrup -200mg /5ml</td> </tr> <tr> <td>6.</td> <td>Ondansetron</td> <td>Tablet - 4mg Oral Liquid - 2mg/5ml (p) Injection – 2mg/ml</td> </tr> <tr> <td>7.</td> <td>Metformin</td> <td>Tablet – 500mg Tablet – 1000 mg</td> </tr> <tr> <td>8.</td> <td>Amlodipine</td> <td>Tablet – 2.5 mg Tablet - 5 mg</td> </tr> <tr> <td>9.</td> <td>Pantoprazole + Domperidone</td> <td>Tablet - 40mg+ 20mg Injection – 40mg</td> </tr> <tr> <td>10.</td> <td>Co-trimoxazole</td> <td>Tablet – 80 + 400 mg</td> </tr> </tbody> </table> <p>Decision rule: i) If all available, then score is 60 ii) If 7- 9 medicines are available, then 80% of 60 iii)Below 7, score is 0.</p> <p>** Any essential medicine from the above list shall be considered as available if any or all dosage types of the</p>	S/no	Medicines	Dosage	1.	Paracetamol	Tablet – 650 mg Tablet - 500 mg Syrup – 250mg / 5ml (P)	2.	Cetirizine	Tablet-10mg Oral Liquid -5mg/5ml	3.	Dexamethasone	Tablet – 2mg Tablet – 4mg Injection - 4mg/ml	4.	Naloxone	Injection 0.4 mg/ml	5.	Azithromycin	Tablet – 500 mg Syrup -200mg /5ml	6.	Ondansetron	Tablet - 4mg Oral Liquid - 2mg/5ml (p) Injection – 2mg/ml	7.	Metformin	Tablet – 500mg Tablet – 1000 mg	8.	Amlodipine	Tablet – 2.5 mg Tablet - 5 mg	9.	Pantoprazole + Domperidone	Tablet - 40mg+ 20mg Injection – 40mg	10.	Co-trimoxazole	Tablet – 80 + 400 mg	
S/no	Medicines	Dosage																																	
1.	Paracetamol	Tablet – 650 mg Tablet - 500 mg Syrup – 250mg / 5ml (P)																																	
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6.	Ondansetron	Tablet - 4mg Oral Liquid - 2mg/5ml (p) Injection – 2mg/ml																																	
7.	Metformin	Tablet – 500mg Tablet – 1000 mg																																	
8.	Amlodipine	Tablet – 2.5 mg Tablet - 5 mg																																	
9.	Pantoprazole + Domperidone	Tablet - 40mg+ 20mg Injection – 40mg																																	
10.	Co-trimoxazole	Tablet – 80 + 400 mg																																	

	<i>listed medicines is available during the time of assessment.</i>	
PHC_16_Essential diagnostics	Essential Diagnostics stockout – Availability of 10 listed essential diagnostics in the facility	60
	1.Haemoglobin 2.HCV 3.HBsAG 4.ABO Rh 5.HIV Test for Antibodies 6.Widal 7.Dengue 8.Scrub Typhus 9.Random Blood Sugar (RBS) 10.Urine RE Decision rule: i) If all the listed diagnostics are available, then score is 50 ii) If 7 – 9 diagnostics are available, then 80% of 50 iii) Below 7, score is 0. iv) From the above list of Essential Diagnostics, proportion of tests provided free of cost to patients - 10	
PHC_17_Low-Cost Drugs	Procurement of all medicines from low-cost medicine providers	60
	This indicator assesses availability of low-cost medicines in the PHC/UPHC either through a functional low-cost medicine store or through procurement of low-cost medicine from authorised/designated suppliers or manufacturers Decision Rule: i) Availability of low-cost medicines store/list of authorised/designated suppliers or manufacturers of low-cost medicines – 5 ii) Procurement of low-cost medicines from authorised/designated suppliers or manufacturers - 55	
	PLACEHOLDER	
TOTAL	MAX [1,000 points = 100%]	1000

Gaps Identified: -	Recommendations: -

11.1.7. IPA Quality Performance Framework for CHC/SDH

CODE	CHC - Internal Performance Agreement Assessment Framework	SCORE
CHC_SDH_1_NQAS	[Planning and Management] Timeliness, Accuracy of Quarterly NQAS Self-Assessment	300
	<p>This indicator is a planning and management quality indicator. It looks at timely and accurate assessment by the health facilities of their progress towards NQAS certification. Each quarter, NQAS areas of concern are assessed in detail in the following departments.</p> <p>Subsequently, the District Quality Assessment Team (DQAT) will assess the timely and accurate scoring by the health facilities for the NQAS areas of concern. The DQAT looks at whether the self-assessment undertaken by the HFs (CHC & SDH) has been timely and accurately executed. The Ex-Post Assessment will also follow the same procedures followed by the DQAT.</p> <p>List of Departments for NQAS assessment:</p> <ol style="list-style-type: none"> 1. Accident & Emergency 2. OPD 3. IPD 4. Labour Room 5. New-Born Stabilization Unit 6. Operational Theatre 7. Laboratory 8. Radiology 9. Pharmacy 10. Blood Storage 	
	The following criteria should be met.	

	<p>(i). The NQAS areas of concern for the past quarter have been self-assessed BEFORE the end of the quarter AND results are available.</p> <p>(ii). All documents related to the NQAS areas of concern/under assessment are submitted within 30 minutes of request.</p> <p>Decision Rule: (i) Self-assessment completed – 50. (ii) Documents that were used for assessment of NQAS is made available in the portal – 50 (iii) NQAS percentage score in the ex-ante assessment *200 (If the NQAS score is 50 then the total marks will be 100)</p>	
CHC_SDH_2_Meetings	[Planning and Management] Monthly Health Facility Management team meetings	45
	<p>Each monthly meeting minutes are assessed for the following 11 composite criteria. On an all or nothing basis. Each monthly meeting minutes, if responding to ALL 11 criteria, earns 45 points.</p> <p>(1) Date of the Meeting</p> <p>(2) Agenda</p> <p>(3) Signed list of participants</p> <p>(4) Follow-up report of the decisions taken at the previous meeting</p> <p>(5) Implementation report of recommendations or decisions adopted at the previous meeting</p> <p>(6) In each issue section/agenda/proposed activity there is a description of the problem</p> <p>(7) In each issue section/agenda/proposed activity there is a list of developed recommendations or decisions taken</p> <p>(8) In each issue section/agenda/proposed activity there is a deadline to solve the issue</p> <p>(9) In each issue section/agenda/proposed activity there is a responsible person named</p> <p>(10) Each month the monthly financial balance is discussed (signed monthly expenditure reports in the prescribed format are available)</p> <p>(11) Minutes of the meetings are signed by the Chairperson and the Member Secretary.</p> <p>Decision Rule: All or nothing for each of the three meetings: All 11 composite criteria need to be met for a meeting to get the score of 15 points. Three monthly meetings are thus MAX 45 points.</p>	

CHC_SDH_3_Execution	[Planning and Management]. Level of Execution of Planned Activities	60
	<p>This indicator captures integrated planning and the follow-up on the completion of various activities agreed for the past quarter in relation to quality improvement. To assess progress on agreed activities, a realistic quarterly activity plan will be drafted by facilities after assessing their quality improvement progress and needs. In drafting such a plan, they can benefit from consultations with experts e.g., District NQAS assessors.</p> <p>Decision Rule: The number of activities planned to be executed in the past quarter(s) is the denominator. (<i>Any approved but uncompleted activity will add to the denominator cumulatively</i>). The number of activities completed is the numerator. The maximum number of points [60] is obtained when activities executed divided by the number planned is ≥ 1. The formula is [(Activities Completed/Activities planned in the past quarters) * 60]</p>	
CHC_SDH_4_Premises	[Infection control, Hygiene and Biomedical Waste Disposal]. General Premises	12
	<p>Criterion 1: The health centre has a complete surrounding wall or fence, and there is no sign of damage.</p> <p>Criterion 2: No medical waste lying around on the premises. (A single medical waste item lying around anywhere on the premises leads to a zero score).</p> <p>Criterion 3: No litter of any kind lying around on the premises (loss of 4 points).</p> <p>Criterion 4: The premises have at least one clearly visible garbage can, not full.</p> <p>Decision Rule: Each of the four criteria is 4 points, however, if criterion 2 is NOT met, then 0 score for the entire indicator</p>	
CHC_SDH_5_Cleanlines	[Infection control, Hygiene and Biomedical Waste Disposal]. Cleanliness of OPD, labour room and male and female wards	16
	<p>Criterion 1: The floors, ceiling, walls, and doors are clean and there is no litter on the floor.</p> <p>Criterion 2: The room smells of disinfectant.</p> <p>Criterion 3: The room has bins for biomedical waste and garbage bins, which are not full (more can be added without spilling over).</p>	

	Decision Rule: All or nothing for all three criteria applied to the OPD (4), labour room (4) and male (4) and female (4) wards. and four wards - (i) Maximum 16 points if all units are available and have the full scores. (ii) If there is no separate Male and Female ward but rather a combined ward, then max score attainable for the two combined is 4 points.	
CHC_SDH_6_Handwashing	[Infection control, Hygiene and Biomedical Waste Disposal]. Handwashing	12
	<p>Criterion 1: Running water present (tap is functional, and water is coming out) or container with a functional tap containing water.</p> <p>Criterion 2: Paper napkins /clean cloths/ hand dryer machine available to dry hands.</p> <p>Criterion 3: Antiseptic Soap (bar/liquid) is available (not detergent).</p> <p>Criterion 4: Alcohol based hand rub (sanitiser) is available in the hand washing point for hand hygiene.</p> <p>Decision Rule: All or nothing for all four criteria for each of the four units. 3 points per ward. Maximum of 12 points if all four units are available and have the full scores. Assess handwashing in each of four units/departments: OPD (3p), Delivery room (3p), Casualty/Emergency (3p), Laboratory (3p).</p>	
CHC_SDH_7_Toilets	[Infection control, Hygiene and Biomedical Waste Disposal]. Toilet	16
	<p>Criterion 1: There must at least one accessible PwD friendly both female and male toilets at the facility as per latest CPWD manual. (Separate male and female toilets in case of combined/general OPD).</p> <p>Criterion 2: The toilet has a door, and each toilet is lockable from inside.</p> <p>Criterion 3: Each lock is functional.</p> <p>Criterion 4: Doors cannot be locked from outside. (<i>This will not be applicable to staff toilet</i>).</p> <p>Criterion 5: Each toilet has running water or container with water and a ladle for flushing the toilet.</p> <p>Criterion 6: Each toilet has a facility (inside or outside next to toilet) to wash hands with running water - or a water container with a functional tap containing water, hand dryer and soap.</p> <p>Criterion 7: Each toilet has a functional light (either electric or solar).</p>	

	<p>Criterion 8: Each toilet has no visible waste.</p> <p>Criterion 9: Each toilet has no flies.</p> <p>Criterion 10: No foul-smelling odour in each toilet (and may have air refresher).</p> <p>Decision Rule: (i) Availability of PWD friendly toilets in the facility (2) (ii) All or nothing for 2-9 criteria. 3.5 points per unit. Assess toilet facilities in four units. Male IPD (3.5), Female IPD (3.5); Delivery room (3.5); OPD (3.5)</p>	
CHC_SDH_8_Med_Waste	[Infection control, Hygiene and Biomedical Waste Disposal]. Medical Waste Handling	20
	<p>Criterion 1: Garbage bin/Biomedical waste bins available and not full</p> <p>Criterion 2: Garbage bin does not contain used syringes or needles.</p> <p>Criterion 3: Safety Box/Sharp containers available and not full</p> <p>Decision Rule: All or nothing for all three criteria for each of the four wards. Assess four wards/departments for availability of waste handling: IPD (5); Delivery room (5); Injection room/dressing room (5); Laboratory (5).</p>	
CHC_SDH_9_Waste_Disposal	[Infection control, Hygiene and Biomedical Waste Disposal]. Medical Waste Disposal	9
	<p>Criterion 1: Medical Waste Management Plan is available, designated staff is there; four elements described (sorting; handling; interim storage; final disposal)</p> <p>Criterion 2: Medical waste is treated separately in marked containers: organic (infectious) waste is separated from non-organic waste. Waste is colour coded and marked according to the BMW Rules 2016 and further amendments.</p> <p>Criterion 3: Sharps and needles are disposed in a sharps' container.</p> <p>Criterion 4: Sharp wastes are sent to a reference incinerator/sharp pit [see register]. Sharp containers to be sterilized before reuse.</p> <p>Criterion 5: Infectious medical waste treated and is disposed according to the BMW guidelines.</p> <p>Decision Rule: All or nothing; all 5 criteria need to be met to obtain the score of 9</p>	

CHC_SDH_10_Patient_Exp	[Patient Experience] Quarterly execution of 20 patient satisfaction interviews	100
	Assessing Patient Satisfaction by the DQAT/EPCV through telephone interviews of twenty randomly selected patients (10 from OPD and 10 from IPD) seen in the CHC/SDH in the previous quarter using a quantified questionnaire. Names of patients will not be recorded, only their file numbers, and phone numbers.	
	Decision Rule: The interviews will be scored in percentages from the maximum score accomplished for the questionnaire. After completion of ten interviews, establish the average percentage of the patient satisfaction scores. That average percentage score * 100 points is the IPA score for this indicator in the quarterly assessment.	
CHC_SDH_11_Insurance Efficiency	Insurance Efficiency - Claim fund utilization report uploaded on the SHA portal on or before 5th of the first month of the new quarter	25
	This indicator assesses how regularly AB-PMJAY and MSHCS quarterly claim fund utilisation reports are uploaded on the SHA portal.	
	Decision Rule: If the claim fund utilization reports are submitted on or before 5 th of the first month of new quarter then 25 marks will be awarded, If not 0.	
CHC_SDH_12_CKSI	[Serial Knowledge Tests] Provider Knowledge	120
	This indicator assesses the performance on Clinical Knowledge & Skills Improvement (CKSI) learning, in a quarterly test, by the staff of a health facility. While the average performance of clinical staff will be used to calculate provider performance, the individual's contribution to this average will not be tracked. Individual health workers will get personalized feedback on their performance and will be able to see their level of performance as compared to others in the district, and the State.	
	Criterion 1: All doctors and nurses working in the health facility have been registered on the CKSI platform - 10	
	Criterion 2: Minimum 80% attendance for doctors and nurses registered on the CKSI platform - 10	
	Criterion 3: The CKSI test for the past quarter has taken place in a supervised environment, supervised by the DHT (data are available on the CKSI platform) - 80	

	<p>Criterion 4: Each registered HCP should complete at least 12 learning vignettes per quarter or 1 vignette per week - 20</p> <p>Decision Rule: Criterion 1,2 and 4: If the criteria are met then scores shall be awarded and no scores shall be awarded if the criterion is not met. Criterion 3:- The average score for the CKSI vignettes achieved by the doctors and nurses is calculated. This average score will be used to compute this indicator. For instance, if the average score is 70%, then the facility scores 70%*80 points = 56 points. The DHT will supervise the quarterly CKSI exam. The exam will take place in the health facility. This depends on the internet connectivity through Wi-Fi or 3G/4G. It is the responsibility of the health facility to have their staff registered on the CKSI Platform and accessing the app. It is also the responsibility of both the health facility and the DHT to ensure that the quarterly test takes place. IF the test does not take place, then 80 points will be forfeited.</p>	
CHC_SDH_13_Grievance redressal	Monthly Grievance redressal.	30
	<p>Grievances - Facility level grievance redressal committee for Health & Family Welfare Department including insurance related grievances is constituted. Availability of grievance redressal mechanism in the public domain. Statistics of grievance received, and grievance addressed to be published in the district website.</p> <p>Criterion 1: Monthly meeting in which grievances are escalated, addressed and resolved and minutes of meeting prepared</p> <p>Criterion 2: Grievances – Monthly reporting mechanism of grievance redressal including reports on follow-up of grievances</p> <p>Criterion 3: Submission of monthly grievance reports including the recording, follow-up and resolution of grievances. The monthly reports to be submitted on time to the District Health Team (DHT).</p> <p>Decision Rule: All three criteria need to be met to get the score of 30.</p>	
CHC_SDH_14_HRH	Human Resources for Health	75
	OPD clinics of at least 3 specialities were conducted from the below mentioned list during the past quarter	

	<ul style="list-style-type: none"> i. Paediatrics Clinic ii. Obstetrics & Gynaecology Clinic iii. General Surgery Clinic iv. Ophthalmology Clinic v. Dental Clinic <p>The facility may outsource specialist from District Hospital, Private Hospital, Zoram Medical College and retired specialists</p> <p>Decision rule: If 3 speciality clinics are conducted from the above list = 75 score If 2 speciality clinics are conducted from the above list = 60% of 75 If 1 or no Specialist clinic are conducted = 0</p>																																														
CHC_SDH_15_Essential medicine	Essential medicine stockout – randomly selected 15 drugs from the CHC/SDH specific essential medicine list	50																																													
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">S/no</th> <th style="width: 40%;">Medicines</th> <th style="width: 50%;">Dosage</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td>Paracetamol</td> <td>Tablet – 650 mg Tablet - 500 mg Syrup – 250mg / 5ml (P)</td> </tr> <tr> <td>2.</td> <td>Diclofenac</td> <td>Tablet 50 mg Injection 25mg/ml</td> </tr> <tr> <td>3.</td> <td>Cetirizine</td> <td>Tablet-10mg Oral Liquid -5mg/5ml</td> </tr> <tr> <td>4.</td> <td>Diazepam</td> <td>Injection 5mg /ml</td> </tr> <tr> <td>5.</td> <td>Dexamethasone</td> <td>Tablet – 2mg Tablet – 4mg Injection -4mg/ml</td> </tr> <tr> <td>6.</td> <td>Naloxone</td> <td>Injection 0.4 mg/ml</td> </tr> <tr> <td>7.</td> <td>Azithromycin</td> <td>Tablet – 500 mg Syrup -200mg /5ml</td> </tr> <tr> <td>8.</td> <td>Ondansetron</td> <td>Tablet- 4mg Oral Liquid-2mg/5ml (p) Injection – 2mg/ml</td> </tr> <tr> <td>9.</td> <td>Metformin</td> <td>Tablet – 500mg Tablet – 1000 mg</td> </tr> <tr> <td>10.</td> <td>Amlodipine</td> <td>Tablet – 2.5 mg Tablet - 5 mg</td> </tr> <tr> <td>11</td> <td>Furosemide</td> <td>Tablet – 40 mg Injection-10mg/ml</td> </tr> <tr> <td>12.</td> <td>Pantoprazole + Domperidone</td> <td>Tablet -40mg+ 20mg Injection – 40mg</td> </tr> <tr> <td>13.</td> <td>Bisacodyl</td> <td>Tablet -5mg Suppository -5mg</td> </tr> <tr> <td>14.</td> <td>Co-trimoxazole</td> <td>Tablet – 80 + 400 mg</td> </tr> </tbody> </table>	S/no	Medicines	Dosage	1.	Paracetamol	Tablet – 650 mg Tablet - 500 mg Syrup – 250mg / 5ml (P)	2.	Diclofenac	Tablet 50 mg Injection 25mg/ml	3.	Cetirizine	Tablet-10mg Oral Liquid -5mg/5ml	4.	Diazepam	Injection 5mg /ml	5.	Dexamethasone	Tablet – 2mg Tablet – 4mg Injection -4mg/ml	6.	Naloxone	Injection 0.4 mg/ml	7.	Azithromycin	Tablet – 500 mg Syrup -200mg /5ml	8.	Ondansetron	Tablet- 4mg Oral Liquid-2mg/5ml (p) Injection – 2mg/ml	9.	Metformin	Tablet – 500mg Tablet – 1000 mg	10.	Amlodipine	Tablet – 2.5 mg Tablet - 5 mg	11	Furosemide	Tablet – 40 mg Injection-10mg/ml	12.	Pantoprazole + Domperidone	Tablet -40mg+ 20mg Injection – 40mg	13.	Bisacodyl	Tablet -5mg Suppository -5mg	14.	Co-trimoxazole	Tablet – 80 + 400 mg	
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	15	Snake Venom anti serum	-	
	<p>Decision rule: iv) If all available, then score is 50 v) If 11 - 14 medicines are available, then 80% of 50 vi) Below 11, score is 0. ** Any essential medicine from the above list shall be considered as available if any or all dosage types of the listed medicines is available during the time of assessment.</p>			
CHC_SDH_16_Essential diagnostics	Essential Diagnostics stockout – randomly selected 15 essential diagnostics from the CHC/SDH specific essential diagnostic list			50
	<ol style="list-style-type: none"> 1. Haemoglobin 2. HCV Antibody test 3. HBsAG 4. ABO Rh 5. HIV Test for Antibodies 6. Widal 7. Dengue 8. Scrub Typhus 9. Random Blood Sugar (RBS) 10. Urine RE 11. Visual Inspection with Ascetic Acid (VIA) 12. Platelet Count 13. HBA1c 14. Serum Creatinine 15. Blood Urea 			
	<p>Decision rule: v) If all the listed diagnostics are available, then score is 40 vi) If 11 – 14 diagnostics are available, then 80% of 40 vii) Below 11, score is 0. viii) From the above list of Essential Diagnostics, proportion of tests provided free of cost to patients -10</p>			
CHC_SDH_17_Blood	[Blood and Blood products] Availability of Blood and Blood products			10
	<p>Criterion 1: Blood Storage Centre is established and functional.</p> <p>Criterion 2: Availability of at least 2 doses of 4 blood groups with active shelf life</p>			

	Decision Rule: All or nothing; both criteria need to be met to obtain the score.	
CHC_SDH_18_Low-Cost Medicine	Indenting and procurement of all medicines from low-cost medicine providers	50
	This indicator assesses availability of low-cost medicines in the CHC/SDH either through availability of a functional low-cost medicine store or through procurement of low-cost medicine from authorised/designated suppliers or manufacturers. Decision Rule: iii) Availability of low-cost medicines store/list of authorised/designated suppliers or manufacturers of low-cost medicines – 5 iv) Procurement of low-cost medicines from authorised/designated suppliers or manufacturers -45	
	Placeholder	
TOTAL	MAX [1,000 points = 100%]	1000

Gaps Identified: -	Recommendations: -

11.2. IPA Quality Performance Framework for District Hospitals

CODE	DH - Internal Performance Agreement Assessment Framework	SCORE
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DH_1_NQAS	[Planning and Management] Timeliness, Accuracy of Quarterly NQAS Self-Assessment	300
	<p>This indicator is a planning and management quality indicator. It looks at timely and accurate assessment by the health facilities of their progress towards NQAS certification. Each quarter, NQAS areas of concern are assessed in detail in the following departments. Subsequently, the State Quality Assessment Team (SQAT) will assess the timely and accurate scoring by the health facilities for the NQAS areas of concern. The Ex-Post Assessment will also follow the same procedures followed by the SQAT.</p> <p>List of Departments for NQAS assessment:</p> <ol style="list-style-type: none"> 1. Accident & Emergency 2. OPD (Paediatrics & Obstetrics & Gynaecology) 3. Labour Room 4. Obstetrics & Gynaecology Ward 5. Paediatric Ward 6. SNCU 7. Maternity OT 8. PPU 9. Operation Theatre 10 Laboratory 11. Radiology 12. Pharmacy 13. Blood Storage 14. General Administration <p>The following criteria should be met: -</p> <p>(i). The NQAS areas of concern for the past quarter have been self-assessed BEFORE the end of the quarter AND results are available.</p> <p>(ii). All documents related to the NQAS areas of concern/under assessment are submitted within 30 minutes of request.</p> <p>Decision Rule:</p> <p>(i) Self-assessment completed – 50 (ii) Documents that were used for assessment of NQAS is made available in the portal - 50 (iii) NQAS percentage score in the ex-ante assessment *200 (If the NQAS score is 50 then the total marks will be 100)</p>	
DH_2_Meetings	[Planning and Management] Monthly DH Management team meetings	45

	<p>Each monthly meeting minutes are assessed for the following 11 composite criteria. On an all or nothing basis. Each monthly meeting minutes, if responding to ALL 11 criteria, earns 45 points.</p> <p>(1) Date of the Meeting</p> <p>(2) Agenda</p> <p>(3) Signed list of participants</p> <p>(4) Follow-up of the decisions taken during the previous meeting</p> <p>(5) Implementation of recommendations or decisions adopted at the previous meeting</p> <p>(6) In each issue section there is a description of the problem</p> <p>(7) In each issue section there is a list of developed recommendations or decisions taken.</p> <p>(8) In each issue section there is a deadline to solve the issue</p> <p>(9) In each issue section there is a responsible person named</p> <p>(10) Each month the monthly financial balance is discussed (monthly income and expense statements are available)</p> <p>(11) Minutes of the meetings are signed by the chairperson</p> <p>Decision Rule: All or nothing for each of the three meetings: ALL 11 composite criteria need to be met for a meeting to get the score of 15 points. Three monthly meetings are thus 45 points.</p>	
DH_3_Execution	[Planning and Management]. Level of Execution of Planned Activities	35
	<p>This indicator pertains to Integrated planning and the follow-up on the completion of several activities agreed for the past quarter in relation to quality improvement. To assess progress on the agreed activities, a realistic quarterly activity plan will be drafted by the District Hospital after assessing their quality improvement progress and needs. In drafting such a plan, they can benefit from consultations with e.g., special state NQAS assessors.</p>	
	<p>Decision Rule: The number of activities planned to be executed in the past quarter(s) is the denominator. <i>(Any approved but uncompleted activity will add to the denominator cumulatively)</i>. The number of activities completed is the numerator. The maximum number of points [35] is obtained when activities executed divided by the number planned is \geq to 1. The formula is $[(\text{Activities Completed}/\text{Activities planned in the past quarters}) * 35]$</p>	

DH_4_Premises	[Infection control, Hygiene and Biomedical Waste Disposal]. General Premises	8
	Criterion 1: The Hospital has a surrounding wall or fence.	
	Criterion 2: No medical waste lying around on the premises. (A single medical waste item lying around anywhere on the premises leads to a zero score).	
	Criterion 3: No litter of any kind lying around on the premises (paper; plastic; a single paper or plastic wrap anywhere on the premises will lead to a loss of 2 points).	
	Criterion 4: The premises have at least one clearly visible garbage can, not full.	
	Decision Rule: Each of the four criteria is 2 points, however, if criterion 2 is NOT met, then 0 score for the entire indicator.	
DH_5_Cleanliness	[Infection control, Hygiene and Biomedical Waste Disposal]. Cleanliness of Wards	8
	Criterion 1: The floors, ceiling, walls, and doors are clean and there is no litter on the floor.	
	Criterion 2: The ward smells of disinfectant.	
	Criterion 3: The ward has bins for biomedical waste and garbage bins, which were not full (more can be added without spilling over).	
	Decision Rule: All or nothing for all three criteria for each of the four wards. Maximum 8 points if all four wards/departments are available and have the full scores. (In case there is no separate Male/Female ward but rather a combined ward, then max score for the two combined is 2). Assess each ward: OPD (2); Delivery room (2); Male ward (2), Female ward 2).	
DH_6_Handwashing	[Infection control, Hygiene and Biomedical Waste Disposal]. Handwashing	8
	Criterion 1: Running water present (tap is functioning, water coming out) or container with a functioning tap containing water.	
	Criterion 2: Paper napkins /clean cloths/hand dryer available to dry hands.	
	Criterion 3: Soap (bar/liquid) is available (no detergent).	
	Criterion 4: Alcohol based hand rub is available for hand hygiene	

	Decision Rule: All or nothing for all four criteria for each of the four wards. 2 points per ward. Maximum of 10 points if all four Wards are available and have the full scores. Assess handwashing in each of four wards/departments: OPD (2), Delivery room (2), Maternity Ward (2), Laboratory (2).	
DH_7_Toilets	[Infection control, Hygiene and Biomedical Waste Disposal]. Toilet	10
	Criterion 1: There must at least one accessible PwD toilets for both male and female patients at OPD & IPDs as per latest CPWD manual	
	Criterion 2: The toilet has a door, and each toilet is lockable from the inside.	
	Criterion 3: Each lock is functional.	
	Criterion 4: Doors cannot be locked from the outside.	
	Criterion 5: Each toilet has running water or container with water with a ladle for flushing the toilet.	
	Criterion 6: Each toilet has a place (inside or outside next to the toilet) to wash hands with running water - or a water container with a functional tap containing water, paper napkins and soap.	
	Criterion 7: Each toilet has a functional light (either electric or solar).	
	Criterion 8: Each toilet has no visible waste.	
	Criterion 9: Each toilet has no flies.	
	Criterion 10: No foul-smelling odour in each toilet (and may have air refresher).	
	Decision Rule: (i) Availability of PWD friendly toilets in OPD and IPD (2) (ii) All or nothing for 2-9 criteria, in each of the four wards. 2 point per ward. Assess toilet facilities in four wards/departments. Male IPD (2), Female IPD (2); Delivery room (2); OPD (2).	
DH_8_Med_Waste	[Infection control, Hygiene and Biomedical Waste Disposal]. Medical Waste Handling	16
	Criterion 1: Garbage/Biomedical waste bin available and not full.	
	Criterion 2: Garbage/Biomedical waste bin does not contain used syringes or needles.	
	Criterion 3: Safety Box/Sharps container available and not full	

	Decision Rule: All or none for all three criteria for each of the four wards. (4 for each ward). Assess four wards/departments for availability of waste handling: All IPDs (4); Delivery room (4); Injection room/dressing room (4); Laboratory (4p).	
DH_9_Waste_Dis	[Infection control, Hygiene and Biomedical Waste Disposal]. Medical Waste Disposal	10
	<p>Criterion 1: Medical Waste Management Plan is available, designated staff is there; four elements described (sorting; handling; interim storage; final disposal).</p> <p>Criterion 2: Medical waste is treated separately in marked containers: organic (infectious) waste is separated from non-organic waste. Waste is colour coded and marked according to the BMW Rules 2016 and further amendments.</p> <p>Criterion 3: Sharps and needles are disposed of in a sharps' container.</p> <p>Criterion 4: Sharps containers are sent to a reference incinerator /sharp pit [see register] Sharp containers to be sterilized before reuse.</p> <p>Criterion 5: Infectious medical waste is treated according to the BMW guidelines</p> <p>Decision Rule: all or nothing; all 5 criteria need to be met to obtain the score.</p>	
DH_10_Patient_Exp	Patient Experience	100
	<p>Assessing Patient Satisfaction in the Hospital by the State Health Team. State Health Team executes telephone interviews of twenty (20) randomly selected patients seen in the Hospital in the previous quarter, using a quantified questionnaire. Patients are selected through systematic random sampling from admissions over the past quarter. Selection will be: Paediatric department: 5 patients; Internal Medicine department: 5 patients; OBS/GYN dept: 5 patients; and Surgical Department 5 patients. Names of patients will not be recorded, only their file numbers, and phone numbers.</p> <p>Decision Rule: The patient satisfaction questionnaire is a 100% scale. Establish the average satisfaction percentage for all patient interviews executed. For that: Add up all scores in questionnaires/20 patients interviewed. The group average * 100 points is the IPA score.</p>	

DH_11_ Insurance Efficiency	Insurance Efficiency - Claim fund utilization report uploaded on the SHA portal on or before 5th of the first month of the new quarter	25
	<p>This indicator assesses how regularly AB-PMJAY and MSHCS quarterly claim fund utilisation reports are uploaded on the SHA portal.</p> <p>Decision Rule: If the claim fund utilization reports are submitted on or before 5th of the first month of new quarter then 25 marks will be awarded, If not 0.</p>	
DH_12_CKSI	[Serial Knowledge Tests] Provider Knowledge	120
	<p>This indicator assesses the performance on Clinical Knowledge & Skills Improvement (CKSI) learning, in a quarterly test, by the staff of a health facility. While the average performance of clinical staff will be used to calculate provider performance, the individual's contribution to this average will not be tracked. Individual health workers will get personalized feedback on their performance and will be able to see their level of performance as compared to others in the District and the State.</p> <p>Criterion 1: All doctors and nurses working in the health facility have been registered on the CKSI platform. -10</p> <p>Criterion 2: Minimum 80% attendance for doctors and nurses registered on the CKSI platform during the assessment. -10</p> <p>Criterion 3: The CKSI test for the past quarter has taken place in a supervised environment, supervised by the SHT (data are available on the CKSI platform)-80</p> <p>Criterion 4: Each registered HCP should complete at least 12 learning vignettes per quarter or 1 vignette per week. -20</p>	

	<p>Decision Rule: Criterion 1,2 and 4: If the criteria are met then scores shall be awarded and no scores shall be awarded if the criterion is not met. Criterion 3: - The average score for the CKSI vignettes achieved by the doctors and nurses is calculated. This average score will be used to compute this indicator. For instance, if the average score is 70%, then the facility scores $70\% \times 80 \text{ points} = 56 \text{ points}$. The DHT will supervise the quarterly CKSI exam. The exam will take place in the health facility. This depends on the internet connectivity through Wi-Fi or 3G/4G. It is the responsibility of the health facility to have their staff registered on the CKSI Platform and accessing the app. It is also the responsibility of both the health facility and the DHT to ensure that the quarterly test takes place. IF the test does not take place, then 80 points will be forfeited.</p>	
DH_13_Grievance redressal	Monthly Grievance redressal.	30
	<p>Criterion 1: Monthly meeting in which grievances are escalated, addressed and resolved and minutes of meeting prepared.</p> <p>Criterion 2: Grievances – Monthly reporting mechanism of grievance redressal including reports on follow-up of grievances</p>	
	<p>Criterion 3: Submission of monthly grievance reports including the recording, follow-up and resolution of grievances. The monthly reports to be submitted on or before 30th of every month to the State Health Team (SHT) - DHME.</p>	
DH_14_Blood	[Blood and Blood products] Availability of Blood and Blood products	30
	<p>1. Availability of one certified employee for blood transfusion who is responsible for the appropriate storage [5 points]</p> <p>2. Availability of reagents for the determination of blood group and Rh factor that are stored properly AND availability of a plasma defroster [10 points]</p> <p>3. Availability of at least 2 doses of 4 blood groups with shelf life current; [10 points]</p> <p>4.</p>	

	<p>Monthly submission of hemovigilance reports in the National Hemovigilance Programme Portal. [5 points]</p> <p>Decision Rule: For each of the 4 criteria has an individual score; Maximum is 30 points.</p>	
DH_15_ Essential medicine	[Drugs and Medical Consumables] Drugs and Medical Consumables Management	60
	<p>1. Availability of a minimum two-month supply with adequate shelf-life according to the Essential Drugs List of IPHS 2022(Volume 1) till the revised EDL of the State is published (30 points).</p> <p>2. No stock-out of medicines in the emergency tray of the Emergency Department, Labour room and OT. (15 points).</p> <p>3. No stock-out for tracer drugs during the past quarter and the current evaluation, random selection of four drugs. (15 points)</p> <p>Decision Rule: All or nothing; all three criteria must be met to get the 60 points.</p>	
DH_16_Drug Supply Chain	Effective supply chain management of essential drugs through DVDMS.	30
	<p>Decision Rule: All DHs of the respective districts to ensure the following that:</p> <p>i. the health facilities shall update the stock/status of Essential medicines in DVDMS every month - 15.</p> <p>ii. the health facilities raise their requests / indents for supply of essential medicines through the DVDMS -10</p>	
DH_17_Low-Cost Drugs	Availability of functional low-cost medicine store or all medicines procured from low-cost medicine providers	25
	<p>This indicator assesses availability of low-cost medicines in the district hospital either through a functional low-cost medicine store or through procurement of low-cost medicine from authorised/designated suppliers or manufacturers</p> <p>Decision Rule:</p> <p>i) Availability of list of authorised/designated suppliers or manufacturers of low-cost medicines – 2.5</p> <p>ii) Procurement of low-cost medicines from authorised/designated suppliers or manufacturers -20</p> <p>iii) Stock register maintained for low-cost medicines. -2.5</p>	

DH_18_Essential diagnostics	Essential Diagnostics stockout – randomly selected 20 essential diagnostics from the DH specific essential diagnostic list	30
	<ol style="list-style-type: none"> 1. Haemoglobin 2. HCV Antibody test 3. HBsAG 4. ABO Rh 5. HIV Test for Antibodies 6. Widal 7. Dengue 8. Scrub Typhus 9. Tuberculosis sputum for AFB 10. Urine RE 11. Rapid Plasma Reagin (Rpr) 12. Platelet Count 13. HBA1c 14. Serum Creatinine 15. Blood Urea 16. ECG 17. Pap Smear 18. X-Ray 19. Endoscopy 20. Liver Function Test <p>Decision Rule:</p> <ul style="list-style-type: none"> i) If all the listed diagnostics are available, then score is 20 ii) If 15 – 18 diagnostics are available, then 80% of 20 iii) Below 15, score is 0. iv) From the above list of Essential Diagnostics, proportion of tests provided free of cost to patients -10 	
DH_19_SSC	[Surgical Safety Checklist] Simulation Exercise for the Surgical Safety Checklist	20

	<p>Skill demonstration. See Checklist ‘Surgical Safety Checklist Competency Test’. This can be done either in the theatre, or in a spacious room with a table. Need to select the theatre team on duty (surgeon; anaesthetist and operating room nurse, a person who acts as the patient, and the circulating nurse). The assessors do not provide any suggestions, they only observe the role play and score the items (this is called the ‘fishbowl technique’: observing like one observes fish in a fishbowl). It is advisable that at least two assessors observe this role play each with a checklist, so they can compare notes. At the end of the role play, immediate feedback is provided to the team (without changing the score obtained).</p> <p>Decision Rule: All or nothing for simulation exercise. The checklist has three sections: (i) before anaesthesia; (ii) during operation and (iii) after the operation. Each section has several observable items. If more than 2 of these items are wrong in any of the three sections, then 0 points for this section. If more than 2 points of difference exists for each of the three sections: 0 for this section and 0 for all sections. Full checklist score is worth 20 IPA points.</p>	
DH_20_HRH	Human resources for health	30
	<p>Criterion: Availability of minimum specialist doctors for the specialist care as listed below according to IPHS 2022</p> <ol style="list-style-type: none"> 1. Medical Officer (MBBS) 2. Medicine 3. Surgery 4. Obstetrics/Gynaecology 5. Paediatrics 6. Orthopaedics 7. Ophthalmology 8. Anaesthesiology 9. Psychiatry 10. Radiology 11. Dental 12. Ear Nose Throat. <p>Decision rule:</p> <ol style="list-style-type: none"> i. If all above select specialists are available, then score is 30 ii. If 9 of the above select specialists are available, then 80% of 30 iii. If 7 of the above select specialists are available, then 70% of 30 	

	iv. Availability of select specialists of 7 and below, score is 0.	
DH_21_Portfolio Services	Portfolio Services	60
	<p>OPD clinics of at least 3 specialists / super specialists not available in the District Hospital were conducted during the past quarter</p> <p>The District Hospital may outsource the specialists / super specialists from other District Hospitals, Zoram Medical College, Private Hospitals, Retired Specialists.</p>	
	<p>Decision rule: If 3 specialists / super specialists have conducted clinics = 60 If 2 specialists / super specialists have conducted clinics = 70% of 60 If no specialists / super specialists have conducted clinics = 0</p>	
	PLACEHOLDER	
TOTAL	MAX [1,000 points = 100%]	1000

Gaps Identified: -	Recommendations: -

HRH Enumeration	Accurate and comprehensive Human resource for Health Data system of Mizoram.	
	<p>This indicator captures accurate information of the health workers of the state. Accurate and timely health workforce data is crucial for health workforce planning, training, reducing, or eliminating misinformation and duplicate health worker records and tracking appropriate health professionals. In addition, comprehensive Human resource for health data can ensure quality control, provide easy access to information on distribution and utilization of health personnel, and assist in budgeting, research development and advocacy. All the staff (regular and contract) and facilities under H&FW Dept, Government of Mizoram will be enumerated. Enumeration of staff is a onetime deliverable and an incentive of ₹1,00,000 shall be awarded upon successful and complete enumeration of all staff in the District Hospital.</p>	
	<p>Verification: Letter issued by the Medical Superintendent / District Medical Superintendent upon completion of enumeration</p>	
	<p>Decision Rule: If the enumeration is completed for all staff within June 2023, an incentive of ₹1,00,000 shall be awarded to the respective DH.</p>	

11.3. IPA Quality Performance Framework for District Health Team

11.3.1. Quarterly assessed indicators for District Health Team (DHT)

CODE	DHT - Internal Performance Agreement Assessment Framework	SCORE
DHT_1_Meetings	[Planning and Management] DHT - Monthly Management team meetings	45
	<p>Three monthly meeting minutes are assessed for the following 11 composite criteria. On an all or nothing basis. Each monthly meeting minutes, if responding to ALL 11 criteria, earns 120 points.</p> <p>(1) Date of the Meeting</p> <p>(2) Agenda of the meeting; this should mandatorily include BMWM activities being followed in the district.</p> <p>(3) Signed list of participants</p> <p>(4) Follow-up of the decisions taken during the previous meeting,</p> <p>(5) Implementation of recommendations or decisions adopted at the previous meeting,</p> <p>(6) In each issue section there is a description of the problem.</p> <p>(7) In each issue section there is a list of developed recommendations or decisions taken,</p> <p>(8) In each issue section there is a deadline to solve the issue</p> <p>(9) In each issue section there is a responsible person named</p> <p>(10) Each month the monthly financial balance is discussed (monthly income and expense statements are available)</p> <p>(11) Minutes of the meetings are signed by the chairperson</p> <p>Decision Rule: All or nothing for each of the three meetings: ALL 11 composite criteria need to be met for a meeting to get the score of 15 points. Three monthly meetings are thus 45 points.</p>	
DHT_2_Coaching	[Planning and Management]. DHT - Supervision and Coaching of Health Facilities	150

	<p>This indicator assesses the number of quality improvement coaching visits executed with records, compared to the number of such visits planned. Each quarter, the district drafts a plan in which the number of coaching visits by the District Health Team to the health facilities is scheduled. Each quarter, the plan is confirmed to the required coaching needs and the concrete number of coaching visits for the quarter planned. The indicator assesses how many of the planned visits took place, evidenced from detailed field visit reports, training reports</p> <p>Decision Rule: Executed coaching visits past quarter/planned coaching visits past quarter *150 points. If the draft district plan is not available, the DHT will lose the 150 points.</p>	
DHT_3_Quality Assessment	Percentage of IPA sites (PHC+CHC+SDH) where quality assessment is completed on time and report submitted.	250
	Decision Rule: Numerator is the number of sites where IPA ex-ante assessment was completed and reports submitted as per the operations manual, (within 10 working days in the portal) and the denominator is the total number of IPA units*250.	
DHT_4_Data Analysis	Data Analysis	100
	<p>A dedicated team is deployed to collect and analyse the data pertaining to Health & Family Welfare Department(H&FW).</p> <p>Criterion:</p> <p>i) Team is responsible to collect and analyse the data regarding burden of diseases in the district (facility wise), district level disease epidemiology, health services requirement etc.-50.</p> <p>ii) Statistics of grievance received, and grievance addressed of the PHC/CHC's to be collected by the team and made available in the district website – 50</p>	
DHT_5_Implementation of condemnation policy	Condemnation	120

	<p>Total no of non-functional equipment and vehicles condemned / total no of non-functional equipment and vehicles available in the district *100.</p> <p>i) If score is 100%, 120 points is awarded. ii) If score is between 60% to 99%, 80 points is awarded. iii) Less than 60%, 0 points</p>	
DHT_6_Equipment maintenance	Maintenance	100
	<p>Total number of medical equipment inspected for maintenance and have put maintenance stickers / Total no of medical equipment enlisted in the district *100.</p> <p>i) If score is 100%, 100 points is awarded. ii) If score is between 60% to 90%, 85 points is awarded. iii) Less than 60%, 0 points</p>	
DHT_7_Drug Supply Chain	Drug Supply Chain	200
	<p>Decision Rule: All CMOs of the respective districts to ensure the following that:</p> <p>Criterion 1- the health facilities under their jurisdiction shall update the stock/status of Essential medicines in DVDMS every month</p> <p>Criterion 2- the health facilities raise their requests / indents for supply of essential medicines through the DVDMS</p>	
	<p>Decision Rule:</p> <p>i) If all facilities under the CMO jurisdiction updated both criterion 1&2 - 200 ii) If 60% and above of facilities under the CMO jurisdiction updated both criterion 1&2 - 120 iii) Less than 60%, 0 points</p>	
DHT_8_Grievance redressal	Quarterly grievance redressal.	35

	<p>Grievances – District level grievances redressal committee for Health & Family Welfare Department including insurance related grievances is constituted. Availability of grievance redressal mechanism in the public domain. (E.g.: district website)</p>	
	<p>Criterion 1: Quarterly meeting in which grievances are addressed and either escalated or resolved as minute</p>	
	<p>Criterion 2: Grievances – Quarterly reporting mechanism of grievance redressal including reports on follow-up of grievances</p>	
	<p>Criterion 3: Submission of quarterly grievance reports including the recording, follow-up and resolution of grievances. The quarterly reports to be submitted to the DHS.</p>	
	<p>Criterion 4: Statistics of grievance received, and grievance addressed to be put in the district website</p>	
	<p>Decision Rule: All four criteria need to be met to get the score of 35.</p>	
	<p>PLACEHOLDER</p>	
TOTAL		1000

Gaps Identified: -	Recommendations: -

11.3.2 IPA for Human Resource Enumeration.

HRH Enumeration	Accurate and comprehensive Human resource for Health Data system of Mizoram.	
	<p>This indicator captures accurate information of the health workers of the state. Accurate and timely health workforce data is crucial for health workforce planning, training, reducing, or eliminating misinformation and duplicate health worker records and tracking appropriate health professionals. In addition, comprehensive Human resource for health data can ensure quality control, provide easy access to information on distribution and utilization of health personnel, and assist in budgeting, research development and advocacy. All the staff (regular and contract) and facilities under H&FW Dept, Government of Mizoram will be enumerated. Enumeration of staff is a onetime deliverable and an incentive of ₹3,00,000 shall be awarded upon successful and complete enumeration of all staff under the jurisdiction of respective CMO.</p> <p>Verification: Letter issued by the Chief Medical Officer upon completion of enumeration</p> <p>Decision Rule: All or nothing for the CMO's office. If the enumeration is completed for all staff under the jurisdiction of the respective CMO within June 2023, an incentive of ₹3,00,000 shall be awarded to the respective CMO.</p>	

11.3.3 IPA for Community Intervention activities.

IPA for Community Intervention activities

The indicators for community intervention are applicable from the quarter where the training has completed in the respective districts targeting the identified villages. (Indicators and scoring pattern will be revised, if required, after the pilot period of six months).

Indicator: 75% village level functionaries (VHSNC/SHG/MHIP/Other) trained followed by supportive supervision in SBCC skills and tools on healthy lifestyle, NCDs and health insurance in identified villages of the district through HWOs	SCORE = 100
Criterion 1:	

<p>75% village level functionaries (members of VHSNC/SHG/MHIP/Other from the identified villages) have been trained as per the list available with DHT</p> <p>Criterion 2: 75% village functionaries (members of VHSNC/SHG/MHIP/Other) have been met for supportive supervision visit by HWO</p> <p>Criterion 3 : 100 % of VHSNC have conducted monthly VHSNC meetings</p>	
<p>Decision rule:</p> <ol style="list-style-type: none"> 1. Submission of training completion report with photographs, and attendance duly signed by participants, score = 40 Once the trainings are completed, every subsequent quarter, full score will be given. 2. Any change in members of village functionaries, to be trained during supportive supervision visits 3. After completion of training, supportive supervision visits to be conducted once a month by HWOs and its Reports of each batch/village in jurisdiction with attendance duly signed by participants, score = 40 Submission of VHSNC monthly meeting minutes to the CMO through the respective Medical Officers = 20 	
<p>Verification activities: Training Completion Report (if applicable for the reporting quarter) and Supportive Supervision Reports, available in the CMO office.</p>	
<p>Indicator: 75% coverage of Inter-personal Communication (IPC), mid-media and mass media activities in 100% of the identified villages of district through trained village level functionaries of VHSNC/Village Council/MHIP/Others (e.g., AWWs, ASHAs, Village Council Members, School Teacher etc.)</p>	Total Score = 100
<p>Criterion 1: IPC, mid-media, mass media plan submitted in advance, in the beginning of quarter</p> <p>Criterion 2: IPC sessions: minimum 75% coverage of household in a quarter Maximum Score = 25 (However, IPA unit shall try to achieve max 100% coverage)</p> <p>Criterion 3: Mid media activities: 100% achievement of the activity in a quarter Maximum Score = 35</p>	

<p>Criterion 4: Mass media: 100% achievement of the activity in a quarter. Score = 30</p>	
<p>Decision rule:</p> <p>(i) Submission of plan as per criterion 1. Score = 10 With information including total households of village, classification of activity wise mid-media-wise and mass media plan in upcoming quarter etc.</p> <p>(ii) IPC activities: Score = 25. (<75% = 0) Percentage of households covered (Numerator: Number of HHs covered during the quarter/Denominator: Total Number of HH in village *100)</p> <p>(iii) Mid-media activities: At least 2 activities using suggested mid-media-media activities covering entire village, score = 35 (<2 activities = 0)</p> <p>(iv) Mass-media activities: At least 1 activity using suggested mass - media activities covering entire village, score = 30</p>	
<p>Verification activities: Three consecutive months reports of IPC/mid-media and mass-media submitted by VHSNC/HWO available in the DHT office. In case of Group IPC, mid-media and mass-media photographs/news clips shall also be part of report.</p>	

11.4. IPA Quality Performance Framework for Mizoram State Health Care Society

Insurance (MSHCS) - Internal Performance Agreement Assessment Framework		
CODE	INDICATORS FOR MSHCS	SCORE
INS_1_Cover age	<p>[Insurance Coverage]: Percentage of eligible households enrolled under AB-PMJAY. The AB-PMJAY scheme is used as proxy for coverage. Counting at state level the enrolment numbers of households compared to estimated eligible households for AB-PMJAY as proxy for coverage trends.</p> <p>1. The households enrolled mentioned in the decision rule shall be the number of Ayushman Card holders with unique household ID in the State Data Warehouse</p> <p>2. The eligible households mentioned in the decision rule shall be the total number of AB PM-JAY beneficiaries identified as per the ABPMJAY guideline</p>	100

INS_2_Monitoring	[Insurance Monitoring] Quarterly monitoring visits as per Quarter plan.	SCORE 100
	<p>Criterion: Quarterly monitoring plan is available and will include the number of planned visits in the quarter. Quarterly visits are executed according to plan, with written reports. (100 points)</p> <p>Verification Activities:</p> <ol style="list-style-type: none"> 1) Verify the presence of a quarterly Monitoring plan which is a prerequisite. 2) Verify the total number of planned visits executed, i.e., presence of Office Order, Tour Diary and reports of the monitoring visits. <p>Decision Rule:</p> <ol style="list-style-type: none"> i) If Quarterly monitoring plan is not available, then 0 score for the entire indicator. ii) Score based on Total number of planned visits executed with report available / Total number of quarterly visits planned) * 100. 	
INS_3_Audit	[Insurance Monitoring] Number of empanelled (government) hospital audits undertaken as per plan.	SCORE 65
	<p>Verification Activities:</p> <ol style="list-style-type: none"> 1) Verify the presence of the Quarterly audit plan, which is a prerequisite. If not available, 0 points. 2) Verify the total number of planned visits executed, i.e., with presence of Office Order, Tour Diary and report of the audit. <p>Decision Rule:</p> <ol style="list-style-type: none"> i) If Quarterly audit plan is not available, then 0 score for the entire indicator. ii) Number of government empanelled hospitals audited with audit reports available / the number of governments empanelled hospitals to be audited as per plan *65. 	
INS_4_Audit	[Insurance Monitoring] Number of hospital audit recommendations (all DH/CHC/SDH/PHC) for which concrete actions have been taken with report filed.	SCORE 60
	Criterion 1: Action taken report is available- 30 points.	

	<p>Criterion 2: Verify number of recommendations for which actions taken with report has been filed (numerator) against the total number of recommendations (denominator)-30</p> <p>Decision Rule: Each of the criteria is worth 30 points. However, if criteria 1 is not met, then 0 score for the entire indicator.</p>													
<p>INS_5_InsEff</p>	<p>[Insurance Efficiency]: Percentage of claims for which audit has been executed according to protocol.</p>	<p>75</p>												
	<p>1. The activities of audits to be performed by MSHCS shall be as follows.</p> <table border="1" data-bbox="432 696 1222 1720"> <thead> <tr> <th data-bbox="432 696 821 741">Name of Audit</th> <th data-bbox="821 696 1222 741">Target</th> </tr> </thead> <tbody> <tr> <td data-bbox="432 741 821 936"> Medical Audit {(total number of medical audit executed/ total number of claims approved) * 100} </td> <td data-bbox="821 741 1222 936"> 5% of total claims approved in the quarter under assessment </td> </tr> <tr> <td data-bbox="432 936 821 1131"> Beneficiary Audit {(total number of beneficiary audit executed/ total number of claims approved) * 100} </td> <td data-bbox="821 936 1222 1131"> 5% of total claims approved in the quarter under assessment </td> </tr> <tr> <td data-bbox="432 1131 821 1326"> Death Audit {(total number of death audit executed/ total number of mortality cases) * 100} </td> <td data-bbox="821 1131 1222 1326"> 100% of mortality cases on which claim have been approved in the quarter under assessment </td> </tr> <tr> <td data-bbox="432 1326 821 1520"> NAFU triggers {(total number of NAFU triggers audit executed/ total number of NAFU triggers) * 100} </td> <td data-bbox="821 1326 1222 1520"> 100% of triggers in the quarter under assessment </td> </tr> <tr> <td data-bbox="432 1520 821 1715"> SAFU triggers {(total number of SAFU triggers audit executed/ total number of SAFU triggers) * 100} </td> <td data-bbox="821 1520 1222 1715"> 100% of triggers in the quarter under assessment </td> </tr> </tbody> </table> <p>2. Medical Audit shall be classified as Desk Audit and Field Audit MSHCS shall audit 4% of total claims approved within the Quarter for Desk Audit and 1% of total claim approved within the quarter for Field Audit. The 1% field</p>	Name of Audit	Target	Medical Audit {(total number of medical audit executed/ total number of claims approved) * 100}	5% of total claims approved in the quarter under assessment	Beneficiary Audit {(total number of beneficiary audit executed/ total number of claims approved) * 100}	5% of total claims approved in the quarter under assessment	Death Audit {(total number of death audit executed/ total number of mortality cases) * 100}	100% of mortality cases on which claim have been approved in the quarter under assessment	NAFU triggers {(total number of NAFU triggers audit executed/ total number of NAFU triggers) * 100}	100% of triggers in the quarter under assessment	SAFU triggers {(total number of SAFU triggers audit executed/ total number of SAFU triggers) * 100}	100% of triggers in the quarter under assessment	
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SAFU triggers {(total number of SAFU triggers audit executed/ total number of SAFU triggers) * 100}	100% of triggers in the quarter under assessment													

	<p>Audit mentioned here is not mandatory and may be converted to Desk Audit as required. 1% field audit will only be conducted when MSHCS marked a CASE as potential fraud and a site visit is deemed necessary.</p> <ol style="list-style-type: none"> 3. Beneficiary Audit shall be 5% of total claims approved within the Quarter. The beneficiaries audited shall be a claimee from the claims approved within the quarter. 4. Death Audit shall be 100% of all mortality cases from the claims approved within the Quarter. 5. National Anti-Fraud Unit (NAFU) triggers to be audited shall be 100% of all triggers (Provider Suspicion and Beneficiary Suspicion) in the Transaction Management System (TMS). Only triggers received within the Quarter irrespective of the date of claim shall be assessed/verified within the quarter. 6. Any NAFU triggers on medical audit amounting to more than 300, if opted by MSHCS shall be split into batches not more than 3, each batch containing not less than 400 triggers. 7. State Anti-Fraud Unit (SAFU) triggers to be audited shall be 100% of all triggers. Only triggers received within the quarter irrespective of the date of claim shall be assessed/verified within the quarter. The list of SAFU triggers (if any) will be provided by MSHCS. 8. For Medical Audit and Beneficiary Audit, the target of Audits shall be random sampling from all districts where applicable (for adequate geographical and specialty representation) 9. For Death audit, NAFU and SAFU audit, the MHCS shall undertake field investigation as a part of its audit, if required, depending on the fact of the case and its merits and demerits. 10. Records on audit reports shall be provided by MSHCS in the reporting format (Annexure 7, 7A &7B) of NHA or any additional format which may be introduced by NHA or the SHA from time to time 	
	<p>Verification activities:</p> <ol style="list-style-type: none"> 1. Counting the percentage of audits (Medical Audit, Beneficiary Audit, Death Audit, SAFU Triggers) undertaken compared to percentages required as stated above. 2. Check the SHA-AFO login in TMS for any NAFU trigger audit whether any triggered within the assessed quarter remains pending for action. 	

	<p>3. Verification of actual execution of the audits through audit reports or field verification as required.</p> <p>Decision Rule: All If percentages of audits are conformed or a larger percentage (= or >) than percentages required per guideline, then the corresponding full points are given.</p> <table border="1" data-bbox="435 454 1222 927"> <thead> <tr> <th>Name of Audit</th> <th>Target</th> <th>Score</th> </tr> </thead> <tbody> <tr> <td>Medical Audit</td> <td>5%</td> <td>15</td> </tr> <tr> <td>Beneficiary Audit</td> <td>5%</td> <td>15</td> </tr> <tr> <td>Death Audit</td> <td>100%</td> <td>15</td> </tr> <tr> <td>NAFU triggers</td> <td>100%</td> <td>15</td> </tr> <tr> <td>SAFU triggers</td> <td>100%</td> <td>15</td> </tr> <tr> <td>TOTAL</td> <td></td> <td>75</td> </tr> </tbody> </table>	Name of Audit	Target	Score	Medical Audit	5%	15	Beneficiary Audit	5%	15	Death Audit	100%	15	NAFU triggers	100%	15	SAFU triggers	100%	15	TOTAL		75	
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TOTAL		75																					
<p>INS_6_InsEff 2</p>	<p>[Insurance Efficiency]: Average time taken (in days) for disbursement of reimbursed claims to the Facility by State Health Agency in a quarter.</p>	<p>120</p>																					
	<p>Decision rule:</p> <ol style="list-style-type: none"> 1. Less than 7 working days, 120 points will be awarded. 2. Between 7 and 14 working days, 60 points will be awarded. 3. More than 14 days, no scores shall be given. <p>Note: In the event that the state does not receive the fund from NHA, the State Health Agency (SHA) will be awarded maximum score for this indicator. This is contingent on the availability of funds from NHA.</p>																						
<p>INS_7_InsEff 3</p>	<p>[Insurance Efficiency]: At least 95% of the empanelled government Hospitals (DH, SDH, CHC and PHC) will have less than 5% of claim rejection ratio by value.</p>	<p>80</p>																					
	<ol style="list-style-type: none"> 1. All DH, SDH CHC and PHC will be enrolled. 2. The claims in which CRR is to be calculated on assessment within a quarter shall be any and all claims which have been approved by SHA login in TMS within the quarter. Any and all other claim(s) which had yet to be approved will be assessed when the claim is approved by SHA 3. The claim rejection ratio (CRR) shall be claim rejection ratio by value and be calculated as 																						

	<p>(P-Q)/P Wherein, P is the total claim amount initiated by the hospital Q is the total claim amount approved by MSHCS</p> <p>4. The following rejection amount shall be deemed invalid (not considered as rejection) for calculation of CRR in assessment.</p> <p style="padding-left: 40px;">Claim amount which is advised by NHA/SHA to reject, partially reject and/or re-process due to technical faults.</p> <p style="padding-left: 40px;">Claim amount which is deducted as per Guidelines laid in the Claims Adjudication Manual.</p> <p>Claim amount resulting from deduction in excess length of stay or excess pre-auth enhancement. (Until TMS is configured by NHA to process automatically)</p> <p>Decision Rule: All or none if the following condition is need to be fulfilled: For CHC/SDH/PHC: <25% CRR For DH: <15% CRR For Tertiary Care Hospital (MSCI) <10% CRR</p>	
<p>INS_8_InsQ</p>	<p>[Insurance quality]: Percentage of grievances that have been redressed within the prescribed TAT of 30 days.</p>	<p>SCORE 60</p>
	<p>Any and all forms of grievance shall be deemed as a valid “Grievance” only when it is recorded in the CGRMS portal.</p> <p>The agreed Turn Around Time (TAT) for Grievance Redressal shall be 30 days from the date of receipt of grievance indicated in the CGRMS portal.</p> <p>The MSHCS if required by assessment/verification team for verification of Turn Around Time (TAT) shall provide relevant logins.</p> <p>The grievance to be assessed within a quarter shall be limited to all grievances with status marked as resolved/discarded within the quarter. Any grievance still in process will be evaluated only when the agreed TAT of 30 days is over.</p> <p>A grievance discarded due to any reason (example: a grievance may be discarded if the grievance is against Common Service Centre (CSC) for charging money for e-card). Such discarded grievances will also be eligible for</p>	

	<p>assessment and will be treated as a satisfactory redressal of grievance.</p> <p>If a grievance is unable to be resolved due to inability to contact the grievant party, MSHCS must comply to the below mentioned guidelines before closing a grievance.</p> <p style="padding-left: 40px;">A minimum of 5 attempts must be made to contact the grievant party.</p> <p style="padding-left: 40px;">The first 3 attempts should have a minimum time interval of 24 hours.</p> <p style="padding-left: 40px;">The last 2 attempts should have a minimum time interval of 72 hours.</p> <p>The grievance shall not be closed before 23 days from the date of receipt of the grievance.</p> <p>Verification activities: Assessment for the AB-PMJAY scheme. Count percentage of grievances which have been addressed within 30 days from the date of entry/registration in the grievance's redressal portal. i.e., Central Grievance Redressal Mechanism System (CGRMS), or written complaints received in form or letter or email or logged in person and recorded by the officials in some register (manual or otherwise).</p> <p>Decision Rule: Percentage of grievances addressed within 30 days of entry * 100</p>	
INS_9_KnM	[Insurance knowledge management]: Annual training plan, quarterly execution of agreed training plan.	100
	<p>Annually, the MSHCS agrees on a training plan with quarterly execution deliverables. Every Quarter, it is assessed whether the agreed trainings have taken place.</p> <p>The following documents shall be furnished by MSHCS for proof of execution and number of trainings.</p> <ol style="list-style-type: none"> 1. Office order for execution of Capacity Building 2. Training report available with training details and participant list with pre and post-test. <p>Decision Rule: Number of trainings conducted with proof of execution/number of trainings planned * 100</p>	
INS_10_ERP Dev	[ERP Development]: Development of integrated IT application module.	90
	The following criteria will be:	

	<p>Criterion 1: Development of ERP modules such as Beneficiary identification, verification, and management module, Hospital empanelment module, Hospital transaction module including patient registration, treatment records, discharge, preauthorisation, online claim submission, Grievance management module, financial management module, MIS, and reports, Monitoring and audit module, Fraud prevention and management.</p> <p>Criterion 2: Paperless registration and claim process for all insurance schemes.</p> <p>Verification activities: Verify the presence/availability of details mentioned in Criterion 1 and Criterion 2 above.</p> <p>Decision Rule: (i) If the above criteria are achieved 90 points (ii) If only one is achieved 50% of 90 points</p>	
INS_11_Policy	[Insurance Policy]: Develop a comprehensive roadmap for improving the design, management, operations, and administration of the MSHCS.	90
	<p>Development of Standard Operating Procedures (SOP) and SOP to be made available in the public domain</p> <ol style="list-style-type: none"> i. Beneficiary Identification and Enrolment, ii. Preauthorization and Claims Management, iii. Hospital Empanelment, iv. Fraud and Abuse Control Management, v. Grievance Redressal, vi. Financial Management, vii. SOP for capacity building viii. Monitoring & Evaluation. <p>Decision Rule: revisit If MSHCS developed any of the 2 SOP Guidelines from the above 8 SOP listed during the past quarter, then 90 points will be awarded</p>	
INS_12_Execution	[Planning and Management]. Level of Execution of Planned Activities	60

	This indicator pertains to Integrated planning and the follow-up on the completion of several activities agreed for the past quarter in relation to quality improvement. To assess progress on the agreed activities, a realistic quarterly activity plan will be drafted by the MSHCS after assessing improvement progress and needs of the Society.	
	Decision Rule: The number of activities planned to be executed in the past quarter(s) is the denominator. <i>(Any approved but uncompleted activity will add to the denominator cumulatively).</i> The formula is [(Activities Completed/Activities planned in the past quarters) * 100]	
	PLACEHOLDER	
	MAX [1,000 points = 100%]	1000

Gaps Identified: -	Recommendations: -

11.5. IPA Quality Performance Framework for State Health Team

CODE	STATE DIRECTORATES (DHS AND DHME) - Internal Performance Agreement Assessment Framework	SCORE
SHT_1_JMM	[Planning and Management] Monthly Joint Quality Assessment Meeting for State Directorates (DHS AND DHME)	45

	<p>Joint Monthly Meetings, which are supposed to foster the execution of systematic policy follow up and review of reports and self-assessment of the roles of Special Quality Assessment Team. The monthly meeting minutes are assessed for the following 11 composite criteria, on an all or nothing basis. Each monthly meeting minutes, if responding to ALL 11 criteria, earns 45 points.</p> <p>This indicator pertains to joint monthly meetings in which the various evaluations and policy execution tracking results related to the IPAs come together.</p> <p>(1) Date of the Meeting</p> <p>(2) Agenda</p> <p>(3) Signed list of participants</p> <p>(4) Follow-up of the decisions taken during the previous meeting</p> <p>(5) Implementation of recommendations or decisions adopted at the previous meeting</p> <p>(6) In each issue section there is a description of the problem</p> <p>(7) In each issue section there is a list of developed recommendations or decisions taken</p> <p>(8) In each issue section there is a deadline to solve the issue</p> <p>(9) In each issue section there is a responsible named</p> <p>(10) Each month the monthly financial balance is discussed (monthly income and expense statements are available)</p> <p>(11) Minutes of the meetings are signed by the chairperson</p> <p>Decision Rule: All or nothing for each of the three meetings: ALL 11 composite criteria need to be met for a meeting with minutes available to get the score of 15 points. Three monthly meetings are thus 45 points.</p>	
<p>SHT_2_Dist_Ass</p>	<p>[Planning and Management Quality] Planning and proper Execution of Quarterly IPA assessment visits to Districts.</p>	<p>200</p>
	<p>This indicator pertains to the execution of the State Quality Assessment Team's quarterly IPA assessment visit, for the DH and CMO assessment. For this visit, the latest protocol for DHT assessment has been used. Records of this assessment by the SQAT are available upon demand, within 30 minutes. A scoring of the district performance using the district protocol has taken places for all 9 Districts, with all documents available on demand. NB: The self-assessment scores of DH will not be provided</p>	

	<p>to the SQAT before or during the assessment. SQAT needs to take independent assessment</p> <p>Decision Rule: All or nothing. The following criteria should be met. If any one of the following four composite indicators is not met, then 0 score]:</p> <p>All Districts under IPA in the state have been assessed by the State Quality Assessment Team through the most recent District - IPA assessment with in first 10 working days of the first month of the following the quarter.</p> <p>All documentation of the assessment scoring can be produced upon demand.</p>	
SHT_3_Coaching	[Knowledge Management] State –Coaching	100
	<p>This indicator assesses the number of quality improvement coaching visits (on site for each DH and CMO) executed with records, compared to the number of such visits planned. Each quarter the SHT drafts a plan in which the number of coaching visits by the State Health Team to the DH/CMO.. Each quarter, the plan is confirmed to the required coaching needs and the concrete number of coaching visits for the quarter planned. The indicator assesses how many of the planned visits took place, evidenced from detailed coaching visit reports, training reports.</p> <p>Decision Rule: Executed coaching visits/training past quarter/planned coaching visits past quarter *100 points. If the draft district plan is not available, the SHT will lose the 100 points.</p>	
SHT_4_Policy_Guidelines	Development of Standard Treatment Guidelines, (STGs), State Public Health Emergency Guidelines, Revision of EDL	130
	<p>Decision Rule:</p> <p>i) Develop Standard Treatment Guidelines - 40 ii) Institutionalise Standard Treatment Guidelines developed – 20 iii)Develop State Public Health Emergency guidelines - 20 iv) Revision of State EDL – 40 v) STG and EDL are available in the State website - 10</p>	

SHT_5_Standard Treatment guidelines Training	Training on Standard Treatment guideline at DH, CHC/SDH and PHC in the last quarter	50
	<p>Percentage of Doctors and Nurses from the above institutions trained on standard treatment guidelines</p> <p>Decision Rule: Training report available with pre/post-test, training details, presentations, case studies, and participant list with focus on the most common disease burden at the health facilities. Facilities given printed STG and trained/Total no facilities planned for the quarter *50</p>	
SHT_6_Portfolio of Services	Number of DH providing the essential specialist care in the last quarter as per IPHS 2022.	150
	<p>List of the essential specialist care is as follows:</p> <ol style="list-style-type: none"> 1. Medical Officer (MBBS) 2. Medicine 3. Surgery 4. Obstetrics/Gynaecology 5. Paediatrics 6. Orthopaedics 7. Ophthalmology 8. Anaesthesiology 9. Psychiatry 10. Radiology 11. Dental 12. Ear Nose Throat. <p>Decision Rule Total Number of DH providing 12 essential specialist care/ Total number of DH in the state *100</p> <p>i) If score is 100%, 150 points will be awarded ii) If score is between 60% to 99%, 130 points will be awarded iii) If score is less than 60%, no points will be awarded</p>	
SHT_7_Portfolio Diagnostic services	DH providing minimum of 20 (as per IPHS 2022) essential diagnostic services in the last quarter.	25

	<p>Total Number of DH providing 20 essential diagnostic services / Total number of DH in the state * 25</p> <ol style="list-style-type: none"> 1. Haemoglobin 2. HCV Antibody test 3. HBsAG 4. ABO Rh 5. HIV Test for Antibodies 6. Widal 7. Dengue 8. Scrub Typhus 9. Tuberculosis sputum for AFB 10. Urine RE 11. Rapid Plasma Reagin (Rpr) 12. Platelet Count 13. HBA1c 14. Serum Creatinine 15. Blood Urea 16. ECG 17. Pap Smear 18. X-Ray 19. Endoscopy 20. Liver Function Test <p>Decision Rule:</p> <ol style="list-style-type: none"> i) If score is 100%, 25 points is awarded. ii) If score is between 50% and 99%, 20 points is awarded. iii) Less than 50%, 0 points <p><i>Records of diagnostics services provided during a quarter shall be verified by the facility and submitted to SHT-DHME.</i></p>	
<p>SHT_8_ Drug Supply Chain</p>	<p>Effective supply chain management of essential drugs through DVDMS.</p>	<p>100</p>

	<p>State (DHS & DHME) shall regularly monitor the essential drugs stock status of the HCF and the requests / indents raised in the DVDMS by the HCFs. Health facilities of the district are supplied with essential medicines through the CMO office / DH as per the indents raised by the health facilities in the DVDMS</p>	
	<p>Decision Rule: Percentage of Facility supplied with essential drugs as per indents raised.</p> <ul style="list-style-type: none"> - If score is 100%, 100 points is awarded. - If score is between 60% and 99%, 80 points is awarded. - Less than 60%, 0 points 	
<p>SHT_9_Low-Cost Medicine</p>	<p>Percentage of DH/CHC/SDH having functional low-cost medicine outlet [Jan Aushadhi and/or Amrit Pharmacy/ any other] divided by Total number of DH/SDH/CHC *100.</p>	<p>50</p>
	<p>Decision Rule:</p> <ul style="list-style-type: none"> i) If score is 100%, 75 points is awarded. ii) If score is between 50% and 99%, 40 points is awarded. iii) Less than 50%, 0 points 	
<p>SHT_10_PAY</p>	<p>[Planning and Management/Quality] - The execution of timely payments on the IPA agreements.</p>	<p>50</p>
	<p>This indicator pertains to timely payment of the IPA grants to all IPA Units under IPA contract within 10 days after receiving the final payment order.</p> <p>Criterion 1: Final payment order created before the end of the month following the quarter.</p> <p>Criterion 2: payments to all contracted institutions (PHC, DH, DHT) executed within 10 days after receiving the final payment order & proof of transfer of payments to establishments and health institutions available (payment order with proof of receipt from the Bank).</p> <p>Criterion 3: Copy of the consolidated payment order sent by email to all DHTs / DHs / MSHCS / SHT within 48 hours after executing the payment order.</p> <p>Decision Rule: All or nothing for all criteria. If any of the criteria is not met, 0 points.</p>	

SHT_11_ICT	[DIGITAL/DASHBOARD] State – Development and Maintenance of Digital Dashboard	50
	<p>This indicator will be captured in a matrix format – Development and maintenance of the digital dashboard of all health facilities, and their monthly progress and performance, at State level.</p> <p>i. Publication of digital dashboard in the Department’s website</p> <p>ii. Benchmarking of monthly reports with comparisons for tracking progress of the health facilities on key performance indicators of NQAS and any other indicators SHT may choose to track. (Note: As data in these indicators will be available in public domain, the SHT shall take all precautionary measures on what data will be published in the Dashboard).</p> <p>Decision Rule: Count number of monthly progress and performance of health facilities updated / total number of health facilities * 50.</p>	
SHT_12_GRM	Grievance redressal mechanism (GRM) in place in all DHS, DHME	30
	<p>1. Ensure clear display of information about the GRM and details of the Nodal Officer in charge in all offices and health facilities</p> <p>2. Monthly report of grievances received (in any form), processed and followed-up (Nil report must be submitted in case no grievances are recorded).</p> <p>3. A separate dashboard for grievances must be maintained at the state department and district websites.</p> <p>Decision rule: All or nothing for all criteria. If any one of the criteria is not met, then 0 score.</p>	
SHT_13_ICC	Internal Complaint Committee (ICC) – in place in DHS and DHME, establishments, and health facilities with regards to strengthening gender, Sexual Exploitation and Abuse/Sexual Harassment (SEA/SH), and Gender Based Violence (GBV) related actions	20
	<p>1. Ensure all offices, establishments and health facilities having more than 10 employees each form an Internal Complaint Committee.</p> <p>2. Ensure clear display of information about the ICC and details of the Nodal Officer in charge in all offices and health facilities applicable</p> <p>3. Monthly report of complaints received (in any form), processed and followed-up (Nil report must be submitted in case no complaints are recorded).</p>	

	Decision rule: All or nothing for all criteria. If any one of the criteria is not met, then 0 score.	
	PLACEHOLDER	
	MAX [1,000 points = 100%]	1000

Gaps Identified: -	Recommendations: -

HRH Enumeration	Accurate and comprehensive Human resource for health data system of Mizoram. Put it inside the IPA not outside	
	This indicator captures accurate information of the health workers of the state. Accurate and timely health workforce data is crucial for health workforce planning, training, reducing, or eliminating misinformation and duplicate health worker records and tracking of health professionals. In addition, comprehensive Human resource for health data can ensure quality control, provide easy access to information on distribution and utilization of health personnel, and assist in budgeting, research development and advocacy. All the staff (regular and contract) and facilities under H&FW Dept, Government of Mizoram will be enumerated. Enumeration of staff is a onetime deliverable and an incentive of ₹5,00,000 shall be awarded upon successful and complete enumeration of all staff under the jurisdiction of both DHS & DHME	
	Verification: Letter issued by State Health Team upon completion of enumeration	

<p>Decision Rule: All or nothing for the State Health Team. If the enumeration is completed for all staff under the jurisdiction of both directorates (DHS&DHME) within June 2023 an incentive of ₹5,00,000 shall be awarded to the State Health Team.</p>

Annexure 1: Reporting format for fiduciary [standard formats for all IPA unit]

Standard scoring:

- a. 30% weight for updating the integrated plan.
- b. 70% weight max for completion of all activity under IPA (proportional scores as per activity completion)

Annex-1.1: Integrated Action Plan Format

Funding source:

1. IPA funds
2. NHM funds/RKS/Jas
3. State Funds
4. Insurance funds
5. Funds from user fees

Sl. No	Activity Name	Type of Work-Capacity Building/ Training/ Procurement of Equipment/ Human Resources etc.	Unit (s)	Unit Cost	Estimated Budget	Sources of Funds	Timeline	Justification
1	Procurement of BMW Bins		20	₹ XXX	₹ XXX	IPA - ₹ xxx RKS - ₹ xxx	Name of month or number of months	Adherence to IPA Checklist
2	Training on NQAS		No of trainings	Training cost for 1 event	Total cost of the trainings proposed	IPA - ₹ xxx	Name of month or number	Adherence to IPA Checklist

Sl. No	Activity Name	Type of Work-Capacity Building/ Training/ Procurement of Equipment/ Human Resources etc.	Unit (s)	Unit Cost	Estimated Budget	Sources of Funds	Timeline	Justification
							of months	
	Total					₹ xxxx		

Annex-1.2: General Guidelines for Financial Management and Books of Accounts

Annex-1.2.1: Fixed Asset Register

Every IPA Units should maintain a fixed asset register mentioning the following details:

Asset No	Type of Asset	Date of Purchase	Purchase value (Rs)	The location where the asset is kept	Action Plan No	Asset Identification Number
1	Almirah	12 th Sept 19	10,000	Storeroom XX	2	PHC/XXX/123
2	Sintex (1000 litres)	17 th Sept 19	6,000	Roof XXXX	5	CMO(X)/ABC123

Annex-1.2.2: Two-column Cash Book to record Cash and Bank transactions.

Receipt					Payment				
Date	Particular	Amount			Date	Particular	Amount		
		Cash	Bank	Total			Cash	Bank	Total

Annex-1.2.3: Cheque Issue Register:

The register should contain the following information:

Sl. No.	Date of issue of Cheque	Purpose	Bill No.	Party to Whom cheque is issued	Amount (Rs)	Cheque No.	Signature of the person who signs the cheque		Signature of the person who draws the cheque
							CMO	SMO/DIO	
1	10.1.2021	Purchase of furniture	250XX	Mr. John	15,000	123456			

Annex-1.2.4: Bill Register:

Bill No	Date	Purpose	File No	Amount	Signature
250	10/01/2021	Purchased of furniture	FN/12/003/1	15,000	

Annex-1.3: Actual Payment Receipts (APR)

- (i) There should be no overwriting in any bill.
- (ii) In an APR, any amount above Rs. 500 should be countersigned by the seller/ service provider with a revenue stamp.
- (iii) Date, Month and Year should be entered in all APR.
- (iv) APR should contain complete details for the payment made/Recipient details & Countersign by the Chairperson with Seal

Sample APR:

**Office of the
Name of IPA recipient institution**

Name of District:

Actual Payment Receipt

Received a sum of *Rs.3000/- (Rupees Three Thousand Only)* from the office of the Chief Medical Officer (Name of District) towards the expenses incurred *for the hiring of the vehicle to go to A Health Centre from B on 14th June 2019. (Veh. No. NL-07-0000)* for the purposes *of monitoring & Verification of health facilities.*

Counter signed by:

Name: Mr.A

Designation: CMO/SMO

Date: 14th June 2019

Phone No- XXXXXX

Signature of recipient:

Name: Mr.B

Designation: Driver

Date: 14th June 2019

Phone No-XXXXXXX

Points to Note

- All the invoices/ bills should be maintained/ kept in a file.

- Every time the Verification teams visit the RBF recipient for verification, make sure they put their signature and seal along with the date of visit whenever they verify the cashbook, meeting minutes, any books of accounts and documents.
- Cash and bank books should be maintained in the date-wise expenditure format and not as per the action plan basis. Bank reconciliation should be carried out regularly – at least once a month.
- Cash payment for transactions amounting to more than Rs. 5,000/- will not be accepted.
- Payment made without the actual original invoices/bills for the purchase or other utilities above Rs.2,500/- must be discouraged at all levels. For payments made below Rs. 2,500/- Actual Payment Receipt (APR) must be obtained from the party receiving the cash.
- Three (3) different quotation comparison sheets should be kept on record for verification and audit purpose.

Annexure 2 Integrated IPA Performance Assessment Sheet

A separate IPA performance Assessment sheet is available through an app/web portal developed for data entry purposes.

Annexure 3: Format for minutes of monthly facility meeting

PHC/CHC/SDH Meeting Minutes

Date of meeting:

Venue:

1. Signed list of participants
2. Approved Agenda of the meeting

3. Endorsement of last meeting's minutes: ask if all members agree with the minutes of the last meeting, adapt where needed.
4. Follow-up the recommendation of the last meeting's minutes
5. Financial Report (Monthly Income-Expense statement discussed)
6. Discussion of Agenda: Agenda may include but not limited to –
 - a) Health Financing
 - b) Other Business
 - c) Health problems
 - d) Special Events
 - e) Community Feedback, etc.
7. For each issue/agenda/proposed activity, there is.
 - a) a description of the problem,
 - b) a list of developed recommendations or decisions taken,
 - c) a deadline to solve the issue,
 - d) one or more responsible persons named.
8. Action list for the next meeting
9. Date next meeting

Date of report:

Signature and Name of the Chairperson

A form for monthly income/expenditure must be prepared as per the standard financial practice/procedure of the Project.

Annexure 4. Health facility plan execution tracking tool

Integrated Actions plan Execution Tracking List.		
		<p>Every quarter, each IPA unit drafts an action plan based on its analysis of quality improvement, notably towards NQAS certification. In drafting this action plan, the facility can get consultative feedback from experts such as the NQAS experts in the District or State dealing with the key concerns on which actions are proposed.</p> <p>There are two sections of the action plan tracking.</p> <p>Funding source:</p> <ol style="list-style-type: none"> 1. IPA funds 2. NHM funds/rks/Jas 3. State Funds 4. Insurance funds 5. Funds from user fees <p>For IPA payments:</p> <ol style="list-style-type: none"> 1. Updating of all integrated plan for the quarter from all the funding components (30%) 2. Action plan completion score for IPA (total completed/total plan) 70% <p>This tool tracks the execution of actions agreed on for the quarter and contributes to the IPA overall assessment score. The denominator in the quarterly assessment IPA score for this indicator is the number of actions agreed on for the quarter assessed. The nominator is the number of actions completed. This tool helps to list the actions for the quarter, preceded by a short description of the analysis used to arrive at the action list. So, if five actions were proposed and only 2 actions have been completed, the score is $2/5 = 40\%$.</p>

Annexure 5. IPA Agreement form

Mizoram Health Systems Strengthening Project (MHSSP) under the Health and Family Welfare Department, Government of Mizoram (hereinafter referred to as the **FIRST PARTY**), and the _____ PHC (hereinafter referred to as the **SECOND PARTY**), hereby agree to enter into the following Internal Performance Agreement (IPA), which will run from _____ (date) to _____ (date). The rules of this performance agreement are herewith stated.

DESCRIPTION OF THE RULES OF THE IPA AGREEMENT

General Description of the Performance-based Grant:

The performance-based grant is money, provided based on results or performance, being paid to the **SECOND PARTY** to improve management capacity and accountability through the IPA performance framework. Maximum funding can be obtained after scoring 100 percent IPA score during each of the four quarterly IPA assessments. If the scores are lower than 100%, the grant money earned will be adjusted accordingly as given in Table 1 below.

Table 1: Illustration of obtainable grant money based on scores –

If maximum annual IPA budget is 10,00,000 INR, then Quarterly IPA budget i.e., ₹2,50,000 INR will be used for calculating grant money obtained for that quarter.

Quarter	Score	Funding Obtained
1	45%	45% * 2,50,000 = 1,12,500 INR
2	55%	55% * 2,50,000 = 1,37,500 INR
3	65%	65% * 2,50,000 = 1,62,500 INR
4	75%	75% * 2,50,000 = 1,87,500 INR
Total Funding Obtained		6,00,000 INR

Verification Mechanisms for the IPA for the SECOND PARTY:

The IPA for the performance framework is assessed in three steps.

- 1) **Self-assessment:** The **SECOND PARTY** must assess themselves at the end of every quarter as a part of their performance framework prior to ex-ante verification.
- 2) **Ex-ante verification:** Every quarter, a District Quality Assessment Team hosted by the DHT will execute an assessment against the framework. This verification will establish the IPA score and form the basis for the quarterly IPA payment. The assessment will be carried out within 15 days after the end of the quarter that is being assessed.
- 3) **Ex-post assessment:** A third-party agency will counter-verify the ex-ante performance assessment against the same performance framework. This counter verification will take place *after* the payment for the reported IPA performance has been made and is therefore called ‘ex-post assessment’. This ex-post assessment will be undertaken within four weeks after completion of the ex-ante verification. If large discrepancies are found between ex-ante and ex-post assessments, penalties may follow.

Joint Accountability for internal IPA assessments.

The **SECOND PARTY** and the District Quality Assessment Team have joint responsibility as to the final agreed IPA score. In case of discrepancies larger than 10 percentage points between the ex-ante and the ex-post IPA assessments, penalties will be applied to the IPA earnings of the DHT.

Decision rights on IPA funding.

The money received in the separate bank account for the IPA cannot be used for:

- a) the purchase of land.
- b) direct staff cash incentives
- c) donations/loans to individuals/ agencies/ religious institutions or any other groups.
- d) personal financing
- e) any illegal activities.

While the State Directorates will take responsibility for financing large construction and large equipment as part of the state internal performance agreement and input-based financing, the Facility Level Committee is empowered to make expenditure for improvement of human resources, equipment, drugs, consumables, and services for an improved management capacity and accountability.

One-time ‘start up grant’ (OTG):

A one-time start-up grant equivalent to two quarterly IPA cycles will be granted on meeting the following set of preconditions:

- 7. A formal agreement between the Health Facility committee and the PMU must be in place with clear roles and responsibilities (this can be a digitally signed contract).
- 8. The Health Facility (CHC/SDH) must have a separate Health Facility bank account with two signatories, with one prominent person from the local community, preferably female.
- 9. A first full NQAS baseline assessment will be completed, carried out by the District Quality Manager/ District Hospital Quality Manager /qualified State internal quality assessors.
- 10. A first costed plan developed by the respective facility committee with numbered actions based on the most important HF needs has been created by the health facility committee to be addressed in the coming quarter. This costed plan will consider the priorities, but also the total funding available and funds needed. This detailed plan will be signed off by the facility committee and DHT.

All funds will be credited into the designated account as below:

Name of the Bank:

Name in Bank account number:

Bank account number:

Bank address:

IFSC code:

Coaching, Technical Assistance and Support:

Capacity building and hand holding support will be given by the DHT to improve quality of services and internal monitoring as and when required.

Efficient use of money for intended purposes.

The Primary Health Centres will fund quality improvement activities while keeping bills and vouchers. All expenditures will be audited by the general financial audit process. Though the quantum of expenditure is not linked to receipt of money, an unspent amount equivalent to

three full quarterly IPA amounts will affect the release of funds or adjustments in the next release.¹

Signed/Date:
XXX and XXX

Annexure 6. Questionnaire for patient satisfaction interviews

Hospital IPD ID No./ OPD No. : _____

Phone Number of the Patient: _____

S. No	Assessment Parameters	Feedback Score (Put a ✓)
1	Were you given either an OPD/IPD Registration Slip/Card, or a referral slip for treatment, with details of the department or hospital you need to visit and when?	Yes=5
		No=0
2	What is your level of satisfaction with the availability of sufficient information in the Facility/Hospital? (Such as directions given & location signs for Registration counter, or on the Laboratory, Radiology Department, Dispensary, etc.)?	Fully Satisfied =5
		Satisfied= 4
		Acceptable = 3
		Not satisfied=2
		Not satisfied at all= 0
3	What is your level of satisfaction with the waiting time for the screening test/examination?	Fully Satisfied =5
		Satisfied= 4
		Acceptable =3
		Not satisfied=2
		Not satisfied at all= 0
4	What is your level of satisfaction with the amenities in the waiting area (such as chairs, drinking water and cleanliness of bathrooms & toilets)?	Fully Satisfied =10
		Satisfied= 7
		Acceptable =5
		Not satisfied=2
		Not satisfied at all= 0
5		Fully Satisfied =10

S. No	Assessment Parameters	Feedback Score (Put a ✓)
	What is your level of satisfaction with the attitude of the doctor and other health staff?	Satisfied= 7
		Acceptable =5
		Not satisfied=2
		Not satisfied at all= 0
6	Did health staff explain the diagnosis to you?	Yes=10
		No=0
7	What was the diagnosis?	Name: Naming = 5 Not naming = 0
8	Did the doctor or pharmacist explain to you how to use medicines?	Yes=10
		No=0
9	Did you have to go outside to purchase the drugs in a pharmacy?	Yes=0
		No=10
10	In general, what is your level of satisfaction with the services provided to you by the hospital?	Fully Satisfied =10
		Satisfied =7
		Acceptable =5
		Not satisfied =2
		Not satisfied at all =0
11	Would you recommend this health centre/hospital to your relatives?	Yes=10
		No=0
12	How do you rate the Cleanliness of the facility such as Ward, Bathrooms & Toilets, Bedsheets, Pillow Covers, Campus Surroundings & Drains?	Fully Satisfied =10
		Satisfied= 7
		Acceptable =5
		Not satisfied=2
		Not satisfied at all= 0
13	Which health insurance your family is eligible for	ABPMJAY MHCS Other Do not Know
14	Do you have any of the health insurance card	ABPMJAY MHCS Other Do not Know Do not have any card
15	During your last visit did the hospital provided information on the benefits of	ABPMJAY MHCS

S. No	Assessment Parameters	Feedback Score (Put a ✓)
		Did not provide any information
16	Do you know what documents you need to bring for enrolment in health insurance?	
17	Do you want to enroll in the health insurance ?	Yes/ No
	Why? Or why not?	

Annexure 7. CKSI Vignettes overview and formats

Clinical vignette is a clinical case simulation exercise mimicking a patient's journey (start to exit) in a real-life consultation room/situation supposedly through an IT based platform/app. It differs from conventional online medical curriculums as it intends to upskill the knowledge of a learner through an interactive content designed for learners considering disease pattern, local aptness, and adherence to standard treatment guidelines in a short amount of time. It adopts a Low-Dose High-Frequency* technique which aims at maximal retention of clinical knowledge, skills, and attitudes through short, targeted in-service simulation-based learning activities, which are spaced over time and reinforced with structured, ongoing practices sessions on the jobsite.

The agency engaged will develop clinical vignettes from suggested 27 clinical cases and ensure an evidence-based scoring sheets on the following clinical/disease priority areas of the project's Results Based Framework (RBF). This must be done in close consultation with the client to ensure maximum relevancy of the case simulations' design. The cases developed will be drawn from the 4 broad clinical areas mentioned below:

- 1) Obstetrical care
- 2) Neonatal and infant care
- 3) Communicable Diseases (CDs)
- 4) Non-communicable Diseases (NCDs)

The agency will train and orient key H & FW Dept. officials, MHSSP PMU and other key stakeholders of the project on the assignment - its implementation, expected outcomes, feedbacks and associated data management and analytics.

Annexure 8. Example CKSI Competency Test

<https://play.google.com/store/apps/details?id=com.mhssp>

Annexure 9. Checklist for Coaching visit

Here, a matrix with ‘chief support and coaching activities’ to be expected in the first two years of the project. The State (PMU) and District in consultation with TA Agencies will formulate this plan and actions proposed.

**SAMPLE CHECKLIST FOR COACHING VISIT
(THIS IS NOT FOR THE IPA ASSESSMENT VISIT TO BE USED BY PMU, SHT,
DHT)**

Name of the District:

Name of IPA UNIT:

Date of Visit:

Address of IPA UNIT:

Type of UNIT: PHC/CHC/SDH/DHT (pl. tick whichever is applicable)

Basic Information IPA Unit:

IPA assessment baseline Date:		IPA Quarter wise score	
IPA assessment baseline Score:		IPA budget allocated	
Last Date of NQAS Assessment:		IPA budget received during the quarter	
NQAS Score:		IPA budget cumulative received / Expenditure	

Name of the Visiting Officer/s and Staff	Designation
Staff met during visit	
Follow-upon previous visit (For action points, refer to previous visit reports)	
Date of last visit:	Name of the officer visited last time:
Action points of last visit	Action taken (Status)

Support extended by the visiting officer	
<p><i>(Briefly list the support extended to the IPA Unit during the visit, based on gaps identified by Assessment team and any other areas of Quality Improvement, following are few suggestive areas)</i></p> <p><i>Support for Quality Improvement:</i></p> <p><i>Support in Action Plan preparation/revision:</i></p> <p><i>Support on Financial Management of IPA:</i></p> <p><i>Any other:</i></p>	

Observations/Suggestions: (For facility if any):

Sl. No.	Observation	Suggestion/action to be taken	Responsible person	Timeline

(Attach additional sheet as required)

Signature of visiting officer:

Signature of the Facility/Unit in-charge:

Annexure 10. Criteria for equity calculations, with instruction

Indicator	PHC	CHC-SDH	DH
Population to HF score	N/A	10%	20%
Inaccessibility score	34%	50%	50%
Distance from Civil Hospital, Aizawl	33%	N/A	N/A
OPD score	33%	20%	15%
IPD score	N/A	20%	15%
Total	100%	100%	100%

Note:

- 1) For PHC, 50% of the allocated annual budget will be fixed for all facilities and the remaining 50% will only be included in equity adjustment.
- 2) For CHC, SDH and DH, 100% of the allocated annual budget will be included in their equity adjustment.
- 3) For DHT community intervention activities budget is allocated based on number of VHSNCs in the district

Annexure 11. List of IPA Units as of January 2023

Sl. No.	State / District	Name of IPA Unit
1	State	SHT (DHS & DHME)
2	State	MSHCS
3	Aizawl East	Aizawl Civil Hospital -DH
4	Aizawl East	DHT-CMO Aizawl E
5	Aizawl East	Darlawn PHC
6	Aizawl East	ITI UPHC
7	Aizawl East	Phuaibuang PHC
8	Aizawl East	Sihphir UPHC
9	Aizawl East	Thingsulthliah PHC
10	Aizawl East	Saitual CHC- DH

11	Aizawl East	Sakawrdai CHC
12	Aizawl West	State Referral Hospital
13	Aizawl West	DHT-CMO Aizawl W
14	Aizawl West	Aibawk PHC
15	Aizawl West	Chawlhmun UPHC
16	Aizawl West	Lengpui PHC
17	Aizawl West	Sairang PHC
18	Aizawl West	Sialsuk PHC
19	Aizawl West	Kulikawn SDH
20	Champhai	Champhai DH
21	Champhai	DHT-CMO Champhai
22	Champhai	Bungzung PHC
23	Champhai	Farkawn PHC
24	Champhai	Hnahlan PHC
25	Champhai	Kawlkulh PHC
26	Champhai	Khawbung PHC
27	Champhai	Khawhai PHC
28	Champhai	N.E Khawdungsei PHC
29	Champhai	Sialhawk PHC
30	Champhai	Biate CHC
31	Champhai	Ngopa CHC
32	Kolasib	Kolasib DH
33	Kolasib	DHT-CMO Kolasib
34	Kolasib	Bilkhawthlir PHC
35	Kolasib	Kawnpui PHC
36	Kolasib	Vairengte CHC
37	Lawngtlai	Lawngtlai DH
38	Lawngtlai	DHT-CMO Lawngtlai
39	Lawngtlai	Bualpui NG PHC
40	Lawngtlai	Bungtlang S PHC
41	Lawngtlai	Sangau PHC
42	Lawngtlai	South Lungpher PHC
43	Lawngtlai	Chawngte CHC
44	Lunglei	Lunglei Civil Hospital - DH
45	Lunglei	DHT-CMO Lunglei
46	Lunglei	Tlabung SDH - CHC
47	Lunglei	Buarpui PHC
48	Lunglei	Bunghmun PHC
49	Lunglei	Cherhlun PHC
50	Lunglei	Chhipphir PHC

51	Lunglei	Haulawng PHC
52	Lunglei	Lungsen PHC
53	Lunglei	Pangzawl PHC
54	Lunglei	S. Vanlaiphai PHC
55	Lunglei	Hnahthial CHC- DH
56	Mamit	Mamit DH
57	Mamit	DHT-CMO Mamit
58	Mamit	Kanghmun PHC
59	Mamit	Kawrtethawveng PHC
60	Mamit	Marpara PHC
61	Mamit	Phuldungsei PHC
62	Mamit	Reiek PHC
63	Mamit	West Phaileng PHC
64	Mamit	Kawrthah CHC
65	Serchhip	Serchhip DH
66	Serchhip	DHT-CMO Serchhip
67	Serchhip	Chhingchhip PHC
68	Serchhip	E Lungdar PHC
69	Serchhip	Khawlailung PHC
70	Serchhip	N Vanlaiphai PHC
71	Serchhip	Thenzawl CHC
72	Siaha	Saiha DH
73	Siaha	DHT-CMO Siaha
74	Siaha	Chhaolo/Chhualung PHC
75	Siaha	Phura PHC

Newly added IPA units from Y2Q1

Sl. No.	District	Name of IPA Unit
1	Aizawl East	Phullen PHC
2	Aizawl East	Suangpuilawn PHC
3	Aizawl West	Lawipu UPHC
4	Champhai	Khawzawl DH/PHC
5	Champhai	Rabung PHC
6	Champhai	Mimbung PHC
7	Kolasib	Bairabi PHC
8	Kolasib	Bukupui PHC
9	Kolasib	Lungdai PHC

10	Lunglei	Hrangchalkawn UPHC
11	Lunglei	Tawipui S PHC
12	Mamit	Rawpuichhip PHC
13	Mamit	Zawlnuam PHC
14	Siaha	Tipa/Tuipang PHC

Annexure 12. List of NQAS Certified Assessors in Mizoram as on 31.12.2022

National level NQAS Certified Assessor

Sl No.	Name	Designation	Place of Posting	District
1	Dr. Renee Lalrinzuali	HOD	Dept. of Optometry, RIPANS	Aizawl
2	Dr. Lalrosangi	Assistant Professor	Dept. of Pharmacy, RIPANS	Aizawl
3	Dr. Lalnunpuii	Biochemist	Civil Hospital, Lunglei	Aizawl
4	Dr. R. Lalsanglura	Medical Officer	Hnahthial CHC	Lunglei
5	Dr. Roluahpuii Chawngthu	Medical Officer	Rawpuichhip PHC	Mamit
6	Dr KT Lalrammawia	Medical Officer (AYUSH)	DH Champhai	Champhai
7	Dr. Zolankimi Ngente	Medical Officer	Aibawk PHC	Aizawl
8	Dr. Lalchhanhima Hmar	Medical Officer	Bilkhawthlir PHC	Kolasib
9	Dr. Rebecca Rosangpuii	Dental Surgeon	Darlawn PHC	Aizawl

State level NQAS Certified Assessor

Sl. No	Name	Posting Place	District
1	Dr. B Lalramhluna	PHC Phuaibuang	Aizawl
2	C Sawithuami	PHC Kawrtethawveng	Mamit
3	Dr Andrew Lalramliana	PHC Chhingchhip	Serchhip
4	Dr C Lalduhsaka	DH Kolasib	Kolasib
5	Dr C Lalrosanga	DH Siaha	Siaha
6	Dr C Vanlalhlimpaia	DH Kolasib	Kolasib
7	Dr C Vanlalhruaia	PHC Reiek	Aizawl
8	Dr Chawngthanchhunga	MSHCS	Aizawl

9	Dr Christina Zonunmawiii	PHC Lungsen	Lunglei
10	Dr Evelyn Lalremsangi	Zoram Medical College	Aizawl
11	Dr F Lalrimawii	SRF Falkawn	Aizawl
12	Dr H Thangliana	PHC Kanghmun	Mamit
13	Dr James RE Mawia	SDH Kulikawn	Aizawl
14	Dr John Zohmingthanga	Zoram Medical College	Aizawl
15	Dr Joseph Lalrindika Chawngthu	DH Lunglei	Lunglei
16	Dr Krossnunpuii	DH Champhai	Champhai
17	Dr Lalchhanhimi	Civil Hospital Aizawl	Aizawl
18	Dr Lalchhuankimi	Civil Hospital Aizawl	Aizawl
19	Dr Laldinpuii	Pursuing PG	-
20	Dr Lalduhawmi Pachuau	Kulikawn Hospital	Aizawl
21	Dr Lalhmingmawia	Civil Hospital, Aizawl	Aizawl
22	Dr Lalhmingmawii	Civil Hospital, Aizawl	Aizawl
23	Dr Lalhruazelali Ralte	Zoram Medical College	Aizawl
24	Dr Lalnunhlhma Kiangte	DH Serchhip	Serchhip
25	Dr Lalnuntluangi Kiangte	CMO Office, Mamit	Mamit
26	Dr Lalpianmawia Ralte	PHC Kawrtethawveng	Mamit
27	Dr Lalramliana	Retired	Aizawl
28	Dr Lalrinchhana	Civil Hospital Aizawl	Aizawl
29	Dr Lalsanga	Retired	
30	Dr Lalthanpuii	DHS	Aizawl
31	Dr Laltlanliani	State Consultant (QA) NHM	Aizawl
32	Dr Lawrence Lalramenga Ralte	PHC Thingsulthliah	Aizawl
33	Dr Mary Muanpuii Ralte	Civil Hospital Aizawl	Aizawl
34	Dr Vanhmingliani Kiangte	Guwahati High Court, Aizawl Bench	Aizawl
35	Dr Vanlalmuankima	PHC Darlawn	Aizawl
36	Dr Vanlalrengpuia Chinzah	SPM NHM	Aizawl
37	Dr ZD Lalmuanawma	DH Serchhip	Serchhip
38	Dr Zoramthanga	Civil Hospital Aizawl	Aizawl
39	Dr Zothankhuma Chhakchhuak	CMO Mamit	Mamit
40	K Lalbiaknii	PHC Khawrulian Ward Superintendent	Aizawl
41	Lalremmawii	DHME	Aizawl
42	Lalthanpuii	DH Serchhip	Serchhip
43	R Lalmuankima	Sutra Consulting Pvt. Ltd.	Aizawl

44	Remlalmuani	PHC Reiek Ward Superintendent	Aizawl
45	T Lalremsiami	Civil Hospital, Lunglei	Lunglei
46	Vanlalruata Pautu	State Consultant QM	Aizawl
47	Vanlalzawna	PHC Khawruhlian	Aizawl
48	V. Vanlalthumi	Hnahthial N SHC	Lunglei
49	Abigail KT Zaizai	Siaha	Siaha
50	Julie Lalawmawii	Kolasib	Kolasib
51	F Lalbiakthara	Lunglei	Lunglei
52	Lalruatsangi Khiangte	CMO, Lawngtlai	Lawngtlai
53	Elesi Beinopha	Tuipui Ferry Subcentre	Siaha
54	Rebecca Lalremsangi	Diakkawn Subcentre, Kolasib	Kolasib
55	Marina lalengkimi	Saitual SHC	Aizawl
56	Lalchhanmawii	Civil Hospital, Lunglei	Lunglei
57	H T Laltharzuali	Tachhip SHC	Aizawl
58	P C Vanlalduati	DH, Lawngtlai	Lawngtlai
59	Dr. John Lalthanpuia	CMO Office, Champhai	Champhai
60	K Vanlalrintlaki	Mamit SHC, AB-HWC	Mamit
61	L S Lalnienga	MHSSP PMU	Aizawl
62	Dr. Lalchhuansanga Pachhau	NHM, Mizoram	Aizawl
63	Dr. Nunsangzela Khupchawng	MHSSP PMU	Aizawl
64	Lalmangaihzuali	DH, Champhai	Champhai
65	H C Lalhriatpuii	Buhchangphai, HWCISHC	Kolasib
66	Lalremruati Fanai	Pangbalkawn SHC	Kolasib
67	Lalkhawngaihzuali	Mampui HWC-SHC	Lawngtlai
68	Zodinliani	Zote SHC-HWC	Champhai
69	Lalrindiki	Subhealth Centre, North Hlimen	Kolasib
70	Lalnunpuii	DH, Kolasib	Kolasib
71	Lalawmpuii Fanai	Chanmari Central SC, Lunglei	Lunglei
72	Lalrinpuii	CMO Office, Serchhip	Serchhip
73	Elsa Lalremkimi	Tanhriil HWC	Aizawl
74	Vanlalmangaihzuali	CMO Office, Mamit	Mamit
75	Rosie Zosangkimi	NHM, Mizoram	Aizawl
76	H Lalmuankimi	NUHM, Mizoram	Aizawl
77	Dr Lalzuitluangi	UPHC Lawipu	Aizawl
78	Dr Alin Lalvenhimi	UPHC Zemabawk	Aizawl

79	Ruthi Lalnunfeli	HWC Rahsiveng	Lunglei
80	Dr. Jacinta Lalhmunsangi	ZMC, Falkawn	Aizawl
81	Dr. Lalngaihawmi Chhangte	DIO,CMO Serchhip	Serchhip
82	Malsawmdawngliani	HWC Bazar Veng	Lunglei
83	Malsawmsangi Pachuau	HWC Ramthar Veng	Lunglei
84	K L Khawlrinawii	CMO Champhai	Champhai
85	Dr Lalramengi	DH, Champhai	Champhai
86	Ludy Lalramdinpuii	HWC Bethlehem Vengthlang	Aizawl
87	Dr Samuel Laldinthara	UPHC, Champhai	Champhai
88	Dr Annie Lalhriatengi (Ayush)	DH, Mamit	Mamit
89	Vera Lalnunpuii	HWC, Thinglian	Serchhip
90	Lalthazualia	HWC, Zotlang	Lunglei
91	Dr Ruth VL Ralte	UPHC, ITI	Aizawl
92	Dr K Lalruati	UPHC, Sazaikawn	Lunglei
93	Reena Lalengpuii	HWC, Durtlang	Aizawl
94	Dr Lalramhluna	PHC, Sialhawk	Champhai
95	Dr Salome Zonunsangi Hanmte (Dental)	Civil Hospital, Aizawl	Aizawl
96	Dr Lalrindika	DH, Lawngtlai	Lawngtlai
97	Dr Noel Lalremruata Sailo	PHC, Sangau	Lawngtlai
98	Lalbiakzuali	HWC, Luangmual	Aizawl
99	Dr R Lalrintluanga	UPHC,Hlimen	Aizawl
100	Dr Lalrempuii	Civil Hospital Aizawl	Aizawl
101	Malsawmdawngi	HWC, Diakkawn	Kolasib
102	Dr Lalrohlpuii	PHC, E Lungdar	Serchhip

Annexure 13. Large Construction and large equipment

Large Construction: Large Construction shall mean the contract value more than 30% of the IPA annual budget allocated to the health facility.

Large Equipment: Large equipment shall mean the procurement cost more than 30% of the IPA annual budget allocated to the health facility.

Annexure 14. Surgical Safety Checklist

Hospital: Patient's Name: Diagnosis:	Date: Age/Sex: <input type="checkbox"/> Emergency <input type="checkbox"/> Elective	
Before induction of anesthesia	Before skin incision	Before patient leaves operating room
<ul style="list-style-type: none"> <input type="checkbox"/> Patient has confirmed his/her identity, site, procedure, and consent <input type="checkbox"/> Site marked <input type="checkbox"/> Anesthesia machine and medication check complete <input type="checkbox"/> Pulse oximeter is on the patient and functioning <input type="checkbox"/> Checked whether patient has known allergy <input type="checkbox"/> Difficult airway or aspiration risk, and availability of rescue equipment checked <input type="checkbox"/> Checked whether patient has any problems in blood coagulation Risk of >500ml blood loss (7ml/kg in children)? <ul style="list-style-type: none"> <input type="checkbox"/> No <input type="checkbox"/> Yes, and two IVs/central access and fluids planned 	<ul style="list-style-type: none"> All team members <ul style="list-style-type: none"> <input type="checkbox"/> Introduced themselves by name and role Surgeon verifies <ul style="list-style-type: none"> <input type="checkbox"/> Patient's name, procedure and where the incision will be made <input type="checkbox"/> Anticipated critical or non-routine steps <input type="checkbox"/> Duration of operation <input type="checkbox"/> Anticipated blood loss Are imaging and other relevant pre-operative tests reviewed and available? <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> Not applicable Anesthetist verifies <ul style="list-style-type: none"> Antibiotic was given within 60 min of incision? <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> Not applicable <input type="checkbox"/> Are there any patient-specific concerns? Nursing team reviews <ul style="list-style-type: none"> <input type="checkbox"/> Equipment sterility (including indicator results) <input type="checkbox"/> Equipment issues or any concerns 	<ul style="list-style-type: none"> Nurse Verbally Confirms <ul style="list-style-type: none"> <input type="checkbox"/> Name of the procedure <input type="checkbox"/> Completion of instrument, sponge and needle counts <input type="checkbox"/> Specimen labeling (read specimen labels aloud, including patient name) <input type="checkbox"/> Whether there are any equipment problems to be addressed Surgeon, Anesthetist and Nurse <ul style="list-style-type: none"> <input type="checkbox"/> Key concerns for recovery and management of this patient

Surgical Safety Checklist – Simulation Exercise – Maximum 20 points Score

Examination arrangements: **1 operating room (OR) nurse, anesthesiologist, surgeon and circulation nurse** are selected randomly. A fifth person must play the patient. They can do this simulation exercise in the actual theater or play it around an imaginary theater table. The four selected health staff must act out the Surgical Safety Checklist. The assessors stand around the arrangement and do not provide instructions, but just check all elements on the checklist. The assessors observe and do not intervene. This is called the 'fishbowl observation technique'. See checklist below this grid: **If more than 2 points difference for each of the three sections: 0 for this section and 0 for all sections.** Section Before Induction is 11 (9 minimum needed); Section Before Skin Incision is 10 (minimum is 8); Section Before Patient leaves operating room is 5 (minimum is three).

The circulation nurse is the one in charge, and is using a copy checklist, and checks all points. He/she can say: 'let us start', after which the operating room nurse starts with point 1, introducing him/herself to the patient etc.

The Assessors apply the fishbowl observation technique and observe only.

Example: Section 1: 1 error (ok); Section 2: 2 errors (ok); Section 3: 2 errors (ok); so full 20 points score. Now: Section 1: 1 error (ok); Section 2: 0 errors (ok); Section 3: 3 errors (fail): therefore 0 points for this exercise.

Nr	Before Induction of Anesthesia	Yes	No	Before Skin Incision	Yes	No	Before patient leaves operating room	Yes	No
Operating Room Nurse			All team members			Nurse verbally confirms			
1	Introduces him or herself to the patient			1 2	Introduce themselves by name and role		22	Name of the procedure	
2	Confirms name and surname of the patient			Surgeon			23	Completion of instruments, sponge and needle counts	
3	Confirms operative site and method of operation			1 3	Verifies patients name, procedure and where the incision will be made		24	Specimen labelling (read specimen labels aloud, including patient name)	
4	Marking of operative site and surgical field preparation			1 4	Verifies anticipated critical or non-routine steps		25	Whether there are any equipment problems to be addressed	
5	Checks consent for surgery			1 5	Verifies duration of operation		Surgeon, Anesthetist and Nurse		
Anesthetist			1 6			Verifies anticipated blood loss	26	Key concerns for recovery and management of this patient	
6	Pulse oximeter is on the patient and functioning			1 7	Verifies whether imaging or other tests have been reviewed and are available				
7	Checked whether patient has known allergy			Anesthetist					
8	Checked whether there is airway or aspiration risk			1 8	Verifies whether antibiotic was given 60 min before incision				
9	Availability of rescue equipment			1 9	Verifies any patient specific concerns				
10	Checked whether patient has any known blood coagulation problems			Nursing team					
11	Checks whether there is risk of > 500 ml blood loss			2 0	Reviews equipment sterility (including indicator results)				
	If YES: two IVs or central line and fluids planned			2 1	Equipment Issues or any concerns				

Recommended:

Before induction of anesthesia	Before skin incision	Before patient leaves operating room
OR nurse →	OR nurse →	OR nurse →
Anesthesiologist →	Anesthesiologist →	Anesthesiologist →
	Surgeon →	Surgeon →

Annexure 15. Matrix highlighting mode of procurement

Range/Threshold	Responsible	Indication
Procurement value less than Rs. 30,000/- per activity/sub-project.	IPA Committee can directly execute the activity	<ul style="list-style-type: none"> • Direct purchase can be done. • No quotations needed. • Bills and vouchers mandatory.

Range/Threshold	Responsible	Indication
Work value between Rs. 30,000/- to Rs. 3,00,000/- per activity/sub-project.	IPA Committee will undertake all preliminary activities.	<ul style="list-style-type: none"> • No approvals required apart from the approved action plan. • For civil works, all estimates/Bill of Quantities (BOQ) must be approved and countersigned by a qualified civil engineer. • Separate estimates must be prepared for each activity/sub-project. For example, estimates for construction of sharp pits and repair of public toilet must be prepared separately. • Once the estimates/BOQ are prepared, share it to PMU, MHSSP for guidance. • Respective IPA Unit's Procurement committee may be approached for further actions. • Measurements of all works executed shall be recorded in measurement book as per actual work done and will be counter-signed by IPA Unit in-charge.
Work value above Rs. 3,00,000/- per activity/sub-project.	IPA Committee/ Procurement committee will ensure compliance to procurement norms as per project agreement.	<ul style="list-style-type: none"> • Prior approval from higher authority required. PHC, CHC/SDH -CMO CMO – DHS DH-DHME SHT/MSHCS – PMU • For civil works, approval from Executive Engineer, HFW required. • If approved, further steps may be followed: <ul style="list-style-type: none"> ○ Advertisement/Tender to be published in District / State Website ○ 3 quotations to be collected. ○ Procurement committee will evaluate bid documents. ○ Contract to be awarded to lowest bidder. ○ Measurements of all works executed shall be recorded in measurement book as per actual work done and will be counter-signed by Executive Engineer, HFW

Annexure 16 (a) Sample Engagement Order

OFFICE OF THE (MO/MS/DMS/CMO/MSHCS/SHT)

No.....

Dated,

ENGAGEMENT ORDER

(Name of selected candidate), s/o/d/o..., (Address) is hereby engaged to the post of (name of post) on contractual basis solely by (name of facility) w.e.f. the date of joining the post up to a period of (...). He/she will be given a fixed approved remuneration of Rs.... only per month from the MHSSP-IPA funds received at the facility/unit.

He/she is informed to sign a contract agreement and submit joining report to (head of facility) within (...) days from issue of this order. No joining report will be accepted after the expiry of this date and shall be deemed to deny his/her appointment.

The engagement shall not bestow upon his/her right to claim for regular appointment and shall not infer propositions other than the stipulated position and tenure. It should be noted that the Health & Family Welfare Department do not partake nor infer engagement within the system but the (name of IPA unit) alone. It may also be noted that he/she may be terminated from his/her services for unsatisfactory performance and conduct even before the expiry of the contract period.

(Name of Head)

Designation

Dated

Memo

Copy to:

Designation of Head

Annexure 16(b): Sample Terms of Reference

Sample Terms of Reference

[name of post]

for

[name of facility/unit]

Background

The Mizoram Health Systems Strengthening Project with financial and technical assistance from the World Bank aims to improve the management, quality, accessibility, and delivery of health services in the state of Mizoram at various health facilities and units. With funding from the MHSSP, {name of facility} proposed to engage {name of position} for efficient execution of Internal Performance Agreement (IPA)/ (or any specific need of the employer)

Contract duration: (proposed period)

Objective: (clear and precise objective)

Scope of work: (precise scope of the work)

Job Responsibilities: (jot down all the expected deliverables/works/responsibilities)

- 1) ...
- 2) ...
- 3) ...

Key Skills:

Qualification(s):

Experience:

Essential:

- At least (...) years of experience in ...
- Experience of working in the public sector will be added advantage

Skills and Competencies:

- 1) Knowledge of English/ (or as per needs of the facility)
- 2) Effective communication skills, with demonstrated ability to talk and listen to people and build rapport with them
- 3) Computer proficiency and familiarity with MS Word, Excel, PowerPoint. (Subject to change as per name of position)

Age limit:

Up to 35/ (as per scope of work) years as on date of advertisement with five years' relaxation for reserved (SC/ST/OBC) category.

Emoluments:

Consolidated Pay of Rs... per month with (5 %/or any proposed rate) increment annually (or any other proposed frequency) on extension of contract.

Reporting:

The (name of post) will report to Medical Superintendent/District Medical Superintendent/Chief Medical Officer/Medical Officer and (if required) District Quality Manager at the facility/unit.

Contract Term:

The assignment is on purely contractual basis and do not infer/bestow upon his/her right to claim for regular appointment in the government. The tenure will be (...) duration. The initial contract will be for (...) at a time and extended based on satisfactory performance.

General Information:

Engagement of the (name of post) will be on a full-time basis and (any other necessary information needed)

Annexure 16(c): Sample Agreement form for HR Recruitment

AGREEMENT FORM
(For employment on contract basis)

ARTICLE OF AGREEMENT made this day of _____ BETWEEN
_____ of the first part and the (Designation of Head of unit), (name of IPA unit).

Whereas the (name of IPA unit) having engaged the party of the first part has agreed to serve the (name of IPA unit) on the terms and conditions here in after contained. Now these PRESENTS, WITNESS AND THE PARTIES here to respectively agree as follows:

1. The party of the first part shall submit to the orders of the (head of IPA unit) and shall remain in the designated post w.e.f. the date of submission of joining report up to a period of (duration as advertised).
2. The party of the first part shall devote his/her whole time to his/her duties and always obey the rules prescribed from time to time for the regulation of the branch of the public service which he/she may belong and shall, whenever requires, proceed to any part of Mizoram, and there perform such duties as may be assigned to him/her.
3. The service of the party may be terminated as follows:
 - i). At the end of contract period by either partly or wholly without notice.
 - ii). By the Procurement Committee without previous notice if the (name of IPA Unit) IPA Committee is satisfied on medical evidence that the party of the first part is unfit and is unlikely by reason of ill health for the discharge of his/her duties provided that the decision of the IPA Committee that the party of the first part is likely to continue unfit shall be conclusively binding on the party of the first part.
 - iii). By the Head of IPA unit having appropriate authority without any previous notice if party of the first part shall be guilty of any insubordination, temperance, or other misconduct or if any breach or non-performance of any of the provisions of these presence or any rules pertaining to the Branch or Public Service to which he may belong or is found unsuitable for the efficient performance of his duties.
 - iv). There is no restriction on the upper age limit except that no person beyond 60 years should be employed on contract service.
4. The Engagement is purely specified for (name of IPA unit) for the post of _____ and he/she by any means may not claim for transfer/posting in other place and shall not render nor infer vantage point(s) for engagement under Health & Family Welfare Department, Government of Mizoram.

5. The remuneration for the post of _____ to which the party of the first is appointed shall comprise fixed pay of Rs. _____ /-per month.
6. The party of the first part shall be eligible, (as per permitted/proposed) days Casual Leave and (as per permitted/proposed) days Earned Leave per year without carry over of the unspent balance of the next year and no-encashment of unutilized Earned Leave. (CL/EL may/ may not be laid down as per IPA unit's decision)

In witness there of the party of the first part and (Head of IPA Unit) and on behalf of the (name of IPA Unit) have here unto set their hands the day and year first above written.

Signed by (Designation of Head of IPA unit), (name of IPA Unit) in presence of the witness.

Name of Employee: _____

Signature

Address

Date

(Name of IPA unit)
(Name of Head of IPA Unit)
(Designation)
Date

Witness:

Name

Signature

Annexure 17. Sample format for TMER and UC

**Mizoram Health Systems Strengthening Project (MHSSP)
Health & Family Welfare Department, Govt of Mizoram
Quarterly Expenditure Reporting Format
(Three Monthly Expenditure Report – TMER)**

IPA unit Name.....

FORMATS FOR EXPENDITURE AND REVENUE ACCOUNTS OF COMMITTEE
(TO BE MAINTAINED AND SUBMITTED WITH BILLS AND PROOF OF PAYMENT)

Duration: (from.... To.....)	
-------------------------------------	--

Details of Committee

Level of committee (State/MSHCS/DHT/DH/CHC/SDH/PHC)	
Name of Committee	
Address of Committee	
Name of District	
Bank Account No	
Bank Name	
IFSC Code	

Statement of IPA Fund Status	Bank	Cash
Particulars	Amount (Rs.)	Amount (Rs.)
A - Opening Balance		
B - Sheet 1: Activity wise Statement of IPA Fund/budget Received/Utilised (Current Quarter Receipts)		
C - Contra (Cash to Bank/Bank to Cash)		
D - Other Receipts (Pls Specify)		
E - Total Fund Available (A+B+C+D)		
E - Sheet 1: Activity wise Statement of IPA Fund/budget Received/Utilised (Current Quarter Payments)		
F - Contra (Bank to Cash/Cash to Bank)		

G - Other Payments (Pls Specify)		
H - Total Fund Utilized (E+F+G)		
I - Closing Balance*		

*Difference with bank statement balance shall be supported with Bank Reconciliation Statement.

Sheet 1: Activity wise Statement of IPA Fund/budget Received/Utilised during current period				Fund Received		Fund Utilised		
S.No.	Activities	Category Civil/Consultancy/ Goods/Consumables	Budget (Rs.)	Date of Receipt	Current Quarter Receipts (Rs.)	Date of Payment	Current Quarter Payments (Rs.)	Remarks
1								
2								
3								
4								
5								

Sheet 2: Financial Details of Fund received under different Schemes/projects/user fees etc (Current Quarter)						
S.No.	Scheme Name	Opening Balance	Receipts	Payments	Closing Balance	Remarks
1	NHM					
2	AB PMJAY					
3	RKS					
4	User Fees					
5	State					

Sheet 3: Details of IPA Funds (Quarter-wise Receipt and Payment)

S.No.	Quarter/OTG	Opening Balance	Receipts	Payments	Closing Balance	Remarks
1						
2						
3						
4						
5						

Bank Reconciliation Statement (BRS) as on.....

SI No	Particulars	Cheque No	Date	Amount (Rs)	Amount (Rs)
1	Balance as per Bank Statement as on.....				
2	Add:				
	Amount Debited in Bank Statement but not entered in Cashbook as on				
	a)				
	b)				
	c)				
	Total (sum of 2)				
3	Less:				
	Cheque issued and entered in cashbook but not cleared from bank as on				
	a)				
	b)				
	c)				

	Total (sum of 3)				
4	Balance as per Cashbook as on				
	(4=1+2-3)				

	Cashbook Balance as on	
--	------------------------------	--

	Difference in BRS	
--	-------------------	--

Name, Designation & Signature of State/MSHCS/DHT/DH/CHC/SDH/PHC

Name & Designation/Role	Signature

Date:

Signed and stamped by:

Chairperson State/MSHCS/DHT/ DH/CHC/SDH/PHC	Co-Signatory State/MSHCS/DHT/ DH/CHC/SDH/PHC
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FORMS
GFR 12 C
 [See Rule 239]

FORM UTILIZATION CERTIFICATE
IPA UNIT -.....

SI.	Letter No. & Date	Amount (Rs)	
			Certified that out of Rs grants sanctioned/released in favour of (IPA Unit name-) under Mizoram Health Systems Strengthening Project Letter No. given in the margin, a sum of Rs has been utilized for the purpose of assigned activities for which it was sanctioned and that the balance of Rs. remaining unutilized as on has been surrendered to the project/will be utilized subsequently.
	Total	-	

Certified that I have satisfied myself that the conditions on which the grants-in aid was sanctioned have been duly fulfilled / are being fulfilled and that I have checked attached Three-Monthly Expenditure Report (TMER) of concerned period to see that the money was utilized for the propose for which it was sanctioned.

Signature.....

Name.....

Designation

Date... ..

Annexure 18 Community Intervention

Community Intervention Guidance Note – Implementation design, mechanism

Background

Evidence from the state, other parts of India and other countries of the world uphold that community mobilization is essential when there is need to uplift whole community for better quality of life which includes better health of members of the community. Unhealthy lifestyle adversely affecting health and prolonged undetected illnesses leads to serious health issues which could have been avoided with healthy life behaviours and early detection of illnesses. Rising burden of non-communicable diseases (NCD) in Mizoram is a great concern and it calls for community mobilization to adopt healthy lifestyle and early detection of NCDs.

Mizoram Health System Strengthening Project (MHSSP) took cognizance of the rising NCDs in the state and low uptake of health insurance schemes and, hence, one of the focus areas includes Social Behaviour Change Communication (SBCC) tools and techniques to be used to mobilize the community to adopt healthy lifestyle, enable in early detection of NCDs and increase uptake of health insurance scheme. 55.5%² of the State diseases burden is due to Non-Communicable Diseases (NCDs). Households with any usual member covered under a health insurance/financing scheme is 46.4 %³ onlyⁱ. Its scope includes design of communication strategies, roll out of communication strategies in targeted areas by training to relevant functionaries and develop M&E system to monitor the quantity, quality and effectiveness of messages, tools, materials, and activities.

Since SBCC at community level requires well trained change agents at community level, partnering with institutions with community level functionaries who are already engaged in community mobilization would be helpful for MHSSP. Young Mizo Associations are in existence since decades for welfare of local community. Non-government organization (NGOs) like MHIP an women's association is working since long for empowerment and welfare. System driven institutions like VHSNCs and SHGs are already in existence, while VHSNCs are institution within health system with objective to mobilize community for health, sanitation and nutrition. SHGs are engaged in income generation and livelihood activities. All these institutions have made their deep root into the community and are working as change agents in their local community. Leveraging their existence and influence in local community, MHSSP has partnered with VHSNCs, SHGs and MHIP for health awareness focused on NCDs and health insurance.

Implementation design

Community intervention under MHSSP designed to work in two areas –

² India Council of Medical Research, Public Health Foundation of India, Institute of Health Metrics and Evaluation. India: Health of Nation's States – The India State -Level Disease Burden Initiative. New Delhi, India: ICMR, PHFI, and IHME: 20217

³ NFHS - 5

1. Build capacity of community/village level functionaries to undertake SBCC activities, where MHSSP is targeting to train community level functionaries to become effective change agent using SBCC skills, tools and materials to mobilize the community for adopting healthy lifestyle, awareness on NCDs and health insurance schemes

2. Support to undertake SBCC activities at community/village level

Broad implementation design of community intervention includes two level of activities - (1) capacity building exercise of HWOs, DQMs, DHT and IEC material development/production being undertaken by MHSSP, PMU level,(2) The village/community level SBCC activities including and monitoring at village/community level undertaken DHT-IPA.

Under IPA, MHSSP supports to SBCC activities comply with principles of geographic equity adjustments as the support to be extended to VHSNCs to carry out SBCC activities where different geographical conditions and local conditions get considered, such as, density of VHSNCs in the district. SBCC activities being part of component 1 focused on key structural quality elements such as planning, budgeting, and coordination; user experience targeting women etc. Community interventions envisaged under IPA.

Since community intervention shall be customized in local context which requires learning of what works and what not before rolling out to larger scale, the implementation has been envisaged to be in two phases. Phase 1 will be pilot phase covering three districts with three models of community intervention, and Phase 2 will be scaled-up phase across the state based on learning from pilot phase.

Implementation mechanism

Brief plan for pilot phase implementation and monitoring is given below.

SBCC Activities	Plan	Implementation by	Monitoring and Verification	Financing mechanism
IEC material development, production and distribution	MHSSP – State Level	PMU		PMU
Handholding and Supervisory Visit	Trained HWOs to Community Level Functionaries. Supervisory Report to be submitted to DHT. DQM/DCM to make supervisory visits to Community Level Functionaries.	DHT	DHT	IPA

SBCC Activities	Plan	Implementation by	Monitoring and Verification	Financing mechanism
SBCC activities	Trained Community Level Functionaries to submit Action Plan and Periodical Reports to HWOs. HWOs to compile and plans and reports to DHT	Trained Community Level Functionaries	DHT, SHT and IVA - Independent Verification Agency (Sutra Consulting)	IPA

Three districts have been selected for pilot phase testing three models using three different institutions in each district. The table below summarizes the three models with primary local institution, support institutions and role of trained functionaries:

	District	Primary Local Partner Institution/functionaries	Support Local Partner Institution/Functionaries	Role of Trained functionaries of the Partner Institutions	Other Local Institutions to be engaged for SBCC activities
1	Lawngtlai	VHSNC	ASHA, AWW, Village Council Members	Use SBCC skills and materials to mobilize local community with help of other local institutions	Village Council, Schools, YMA, Church etc.
2	Kolasib	SHG	VHSNC, ASHA, AWW, Village Council Members		
3	Mamit	MHIP	VHSNC, ASHA, AWW, Village Council Members		

The pilot intervention will identify villages with VHSNCs in all the three districts. Further, villages with strong roots of SHGs and MHIP will be identified in the respective districts where SHGs and MHIP are primary partners. Around 15% to 20% of total number of villages in respective districts with above mentioned criteria will be intervention villages for the pilot phase.

While in the three models' primary local institution will be different, yet, VHSNCs will be anchoring financial support to SBCC activities in all three models at peripheral level.

SBCC skills development focused on NCDs and health insurance effort will create pool of trainers at state level (Master Trainers) and at District/health facility level (District Community Mobiliser/Health and Wellness Officer). District /health facility level trained resources will train community level members of VHSNCs, SHGs, MHIP and other institutions like Village Council, School etc. to execute SBCC interventions in their local community. Local institutions like Village Council, YMA, Church, schools etc. will be local partners who shall be involved by the trained functionaries in the process of community mobilization.

One of the key factors of success of SBCC process is to reinforce the communication messages in several ways and more frequently. Community intervention is expected to support three broad classes of communication media (Inter-personal communication, mid media and mass media) which in turn will support and reinforce each other because every step of media has its own characteristic to influence behaviour change. The IEC materials will be developed and supplied by PMU, MHSSP to District Health Team (DHT) to be further disseminated to community level functionaries. This will be continuous process as different communication materials will be developed to address various issues as emerging from the field. Trained functionaries will be further supported with protocols about use of IEC materials and also, they will be provided necessary trainings during the course of time.

Community Intervention Operational Guideline will be shared with DHT, HWOs and Community Level Functionaries for reference, providing guidance and tools to plan, implement, operate and report different activities and information to be followed. After completion of pilot for 6 months, PMU will scale up the activity to all the districts by making required changes based on the learnings from pilot activities.

Following table is a brief on three classes of media, their importance and guidance for use is as below for quarterly planning:

Communication	Activities	SBCC tools and techniques
Inter-personal communication	One-to-one communication: Communication with individuals and Household	Leaflets, Flip-card Using inter-personal communication skills to positively influence individuals and households
	Group level communication sessions (VHNDs, Health Days, other events)	Flipbook, Leaflets, Games, etc. Using group communication skills to engage limited number of individuals to build common understanding, consensus, and peer influence to change behaviour. The functionaries shall distribute relevant leaflets during individual/household level and group level communication. If possible the functionaries can use flip chart to explain NCDs and health insurance.
Mid-media communication	Poster pasting	Mid-media activities are to reach out to community in general to generate awareness.
	Wall painting	Trained functionaries to identify common places (VC office, schools, community hall, turning points from where local community commutes) in their village where local community gathers or pass through. Poster pasting, wall writing banners to be placed to those identified places from where it is visible and readable.
	Miking	
	Other	

Communication	Activities	SBCC tools and techniques
		Protocol for use of mid-media will be circulated among trained functionaries.
Mass media communication	Rallies, Organizing village events (e.g. rallies, school functions) , etc.	Mass media is an effective media, being used to reach out larger population in less time. It is used to reinforce the IPC and mid-media activities as well as to initiate mid-media and IPC activities once mass media triggers inquisitiveness among community members to know more about the subject matter.
	Advertisement/article in local YMA or MHIP newsletters/newspapers	<p>Depending on locally available mass media channels and resources, trained functionaries are suggested to use rallies and advertisement/article in local newsletter/papers.</p> <p>Local partner institution will have flexibility to plan size and scope their mass media activities innovatively. Drawing competition: Organise drawing completion/sport competition at school on subject. Papers and colors can be provided by trained functionaries. School principal, drawing teacher, VC President can facilitate top performers. Rally: Rally can be planned organized after competition or independent of the competition. Prize distribution to top performers can be planned towards end of the rally. The rally can be addressed by local influential leaders (MLA, Head of VC, Priest of Church etc.) focused on healthy lifestyle, risk factors of NCDs, NCD services available in nearest health centre, promoting uptake of health insurance schemes etc.</p> <p>Local newspaper: Functionaries can plan to publish awareness messages to local newspapers from local institutions – VC, Church, YMA newsletter etc. Small write-ups can also be given to publish in the local newspapers</p>

Monitoring Mechanism – SBCC Activities and Expenditure

DHT may hire a District Community Mobiliser (DCM) to provide supervision, monitor training and SBCC activities, accounting of expenses and fund disbursement initially for the pilot activities in the district. VHSNCs have to submit their action plan, activities report as well as financial expenditure report to DCM with the help of/through HWOs.

The trained HWOs under the project for SBCC, will be engaged in supervision, monitoring and financial reporting to CMO. The travel allowance of HWOs shall be supported from DHT-IPA.

VHSNCs have to submit their action plan, activities report as well as financial expenditure report to HWOs. The HWOs, after scrutiny and compilation of SBCC activities and financial expenditure to report to DHT (CMO) of the district.

A separate monitoring mechanism including reporting structure tools periodical reporting tools for both training and SBCC activities will be developed and shared for every level.

Monitoring Indicators

Since IPC, mid-media and mass media activities are to be led by trained community level functionaries, it will require monitoring of their activities to measure contribution towards objective of the SBCC activities as well as learning from community. Knowing that various determinants can be attributed for increased uptake of NCD services and health insurance, hence, primarily output based indicators have been envisaged for funds transfer at district level to measure SBCC efforts by trained functionaries. Since all three media are complementing each other, hence, the functionaries shall plan activities covering IPC, mid-media and mass media activities in every quarter. Such plan to be submitted in advance to DHT (CMO)/HWO. The pre-requisite of measuring the indicators will be availability of:

- Identification and list of community level functionaries
 - VHSNC members from HWOs-H&FW Department.
 - SHG members from Kolasib District
 - MHIP members from Mamit District
 - Number/List of households from VHSNC/HWO

Community intervention indicators and activities will be applicable from the quarter for those districts in which DHT and HWOs have been trained.

Budget and Fund flow Mechanism:

Budget preparation and fund flow mechanism are important to carry out activities as per plan. Well-functioning financial management systems are required to be in place to finance the activities in timely manner.

As envisaged, that:

- MHSSP (PMU) - DHT:
 - Budget and action plan to be prepared by DHT and submitted to PMU for release of fund under IPA -community intervention (SBCC activities)
 - After submission of the action plans, and assessment score, PMU will release IPA incentives to DHT
 - Fund will be transferred to DHT-IPA bank account which has already been operational
 - Quarterly reporting of fund utilisation/SoE is to be submitted to PMU for further release IPA-incentives under community intervention. If the SoE/UC are not submitted IPA funds will not be released by PMU.
 - In the first quarter a startup budget for SBCC activities shall be given in advance after submission of the first action plan of the respective quarter.
 - Fund should not be diverted/utilized for any other purpose other than PMU approved activities.
 - Retention of cash in individual custody is not encouraged.

- DHT – VHSNC at Community Level:
 - SBCC activities to be undertaken by community level functionaries, budget for these activities will be supported by DHT
 - Approximately Rs. 5,000 per village per quarter would be required for SBCC activities
 - Every quarter community level functionary will receive funds through VHSNC bank account for SBCC activities from DHT/CMO after submission of quarterly action plan through their HWO.
 - Community level functionaries shall submit all bill, vouchers, statement of expenditure to DHT through HWO.
 - District Community Mobilizer (DCM) may be hired by DHT for community intervention monitoring purpose.
 - District Community Mobilizer (DCM) salary and HWO supportive supervision visits travel allowances shall be included in Quarterly IPA-CI plan
 - Fund should not be diverted/utilized for any other purpose other than PMU approved activities
 - Retention of cash in individual custody is not encouraged

Financial and programmatic accountability will be with the DHT.

Please note that, flexibility in planning of SBCC activities and financial support for SBCC activities are to encourage local ownership by community level functionaries and key stakeholders of the local community. Hence, it is encouraged that community level functionaries and key local stakeholders shall mobilise local resources and funds also to carry out SBCC activities for better health of their own community members and families.

Audit & Verification:

DCM at DHT/CMO level (with support from DHT accountant) will be person for compliances of all accounting & documentation relating to community intervention activities and accountable for random verification/audit from MHSSP/AG/Internal Auditor.

Annex-18.1: Terms of Reference for District Community Mobilizer (DCM)

DISTRICT COMMUNITY MOBILIZER (DCM)

Duty Station: District Headquarter/ CMO Office

Duration: 6 months with the possibility of renewal subject to satisfactory performance

Reporting to: Project Director, MHSSP and CMO of Respective District

Objective of District Community Mobilizer:

Under the overall supervision of the Chief Medical Officer, the District Community Mobilizer will be responsible for Community Intervention implementation by organizing large-scale community engagement activities to support MHSSP. The District Community Mobilizer will support the project team and partners to plan, implement, supervise, monitor, and evaluate community mobilization activities including the SBCC (social and behaviour change communication), VHSNC, SHGs and MHIP training activities in his/her respective areas. S/he will ensure commitment and involvement of local authorities, village level institutions and community members in the program. S/he will work in close coordination and maintain good working relationship with the PMU of MHSSP, other government line agencies, and other stakeholders in the State and the World Bank team for the smooth operation of project activities. The detailed tasks and responsibilities are mentioned below:

Responsibilities:

The District Community Mobilizer will liaise closely with district level stakeholders as well as the Project Coordinator, MHSSP and the World Bank Team.

Key responsibilities will include:

- Contribute to community intervention strategy roll out in the district by liaising with PMU, community level functionaries and the community members.
- Work closely with Health & Wellness Centres to roll out community intervention activities.
- Ensure effective delivery of services, timely submission of monthly plans and completion report from the community level functionaries for timely release of funds.
- Work closely with the IPA assessment team, verification agency and the implementing partners to ensure timely collection, analysis, and reporting of the field-level data.
- Undertake regular field visits to ensure smooth implementation of the community intervention activities of MHSSP.
- Proper documentation of the community level activities.
- Contribute to innovation in community level activities.
- Perform any other duties as required or directed by the reporting authority.

Measurable outputs of the work assignment:

- Monthly reports are prepared and updated.

- Implementation of project activities as per the plan.
- All project related assignments to be performed in timely manner.

Educational Qualification:

Master's or equivalent degree in Social Work/ Social Sciences / Public Health/ Public Administration/Political Science/ or any other relevant field as required.

Experience:

- Minimum of 2 years relevant experience in humanitarian activities and/ or community mobilization or related area is required.
- Experience in community development, and communication related activity is an added advantage.
- Knowledge of local community development principles, trends, and policies in Mizoram is an asset.
- Strong oral and written communication skills in English and Mizo.

Languages:

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

Essential:

- Good computer skills (word processing, spread-sheets, email / internet) and ability to be self-supporting in most administrative tasks.
- Ability to develop reports and plans.
- Excellent conceptual and analytical skills. Demonstrable ability to think strategically, innovatively and practically to ensure achievement of desired change objectives.
- Ability to communicate effectively with a wide range of audiences at local, state and national levels.
- Strong organizational skills and ability to effectively handle multiple tasks and meet strict deadlines.
- Excellent interpersonal skills, flexibility, adaptability and ability to work effectively as a member of a team.
- Skills in Communication and People Management is required.
- Qualified local candidates are strongly encouraged to apply.

Salary and Contract term:

- Consolidated Pay of Rs 40,000/- (Rupees Forty Thousand) per month.
- The assignment is on purely contractual basis. The tenure will be co-terminus with the project duration. The contract will be for 6 months at a time and extended based on satisfactory performance.

Annexure 19 References

National Health Systems Resources Centre (NHSRC), National Quality Assurance Standards for Public Health Facilities 2020 (Revised)

http://qi.nhsrcindia.org/sites/default/files/1596%20NQAS%20for%20PHF%202020_16%20Dec%202021.pdf

All NQAS guidelines and tools can be accessed from <http://qi.nhsrcindia.org/cms-detail/national-quality-assurance-standards/MTAx>

All IPHS guidelines can be assessed from [IPHS 2022 Guidelines | National Health Systems Resource Centre \(nhsrcindia.org\)](#)
