Country	Afghanistan
Purchaser	Ministry of Health
Provider	NGO
Type of Service	See General Conditions of Contract
Government administration	Help build the managerial capacity of MOPH staff to successfully deliver the BPS; Help build the technical capacity of Afghan health staff working in the province to deliver the BPS.
Physical plant development and capital investment	The NGO will establish health centers and health posts using available and appropriate buildings.
Hospital (general and specialized)	first level referral, particularly emergency obstetrical care and trauma management
Basic primary care and preventive services	To ensure the provision of a package of basic primary services, including through community-based activities including satellite clinics, outreach activities, and supporting CHWs; Implement new interventions identified by the MOPH (such as diarrhea prevention through the safe water system or mental health improvements through community-based activities); Participate in special MOPH activities such as national immunization days and other mass campaign.
Diagnostic services	
Extended care	
Ambulance and transportation services	
Pharmaceuticals, medical supplies and equipment	The NGO will be responsible for the procurement drugs and supplies for the hospital and health centers/health posts.
Human resources, education and training	The NGO will be responsible for training female health workers obtaining their certificates from the certification board.
Knowledge management	To facilitate the participation of communities in the design, delivery, and evaluation of health services
Purchasing options	
Public-public partnership	
Government service delivery	
Project agreements	
Direct subventions	
Autonomization	
Corporatization	
Public – private partnership	
Service contract	
Contract in	In those areas served by existing NGO or MOH facilities, help strengthen service delivery.
Contract out	The Client (MOPH) will provide all MOPH facilities in the NGO's province, the use of vehicles and telecommunications equipment, relevant information and key reports and other data, services. At the end of the contract period, the equipment shall become the property of the client. The NGOs will use available and appropriate buildings to establish health centers and sub-centers. This may include renting temporary facilities or houses. The NGO will be responsible for mobilizing skilled health workers, and supervising the health workers on its payroll.
Leasing	
Concession	
Social Franchising	
Divestiture	
Basic Content of Contract	
Preamble	Yes
Total amount of payment	To be determined; through competitive bidding
Authorized persons and signature	Yes
Contract period	Three years starting from 2003
Summary content	N/A
Levels of services	To provide Basic Package of Health Services
Targeted population	The entire population of xxx province
Quality standards to be achieved	Health services provided should comply with the quality of care standards established by the MOPH.
Payment mechanisms	
Capitation	
Fee-for-service	
Block contracts	The provider's total remuneration shall not exceed the contract price and shall be a fixed lump-sum including all staff costs, sub-contractors' costs, travel, etc. There will also be performance based bonuses paid if objectively measure progress is particularly good
Labor and materials	
Cost-and-volume contracts	
Cost-per-case contracts	
Set price	
Prepayment	
Indemnification	
Variations to the agreement	Modification of the contract may only be made by written agreement between the parties. Article 2: commencement, completion, modification, and termination of the contract.
Best endeavours	Dispute shall be settled by: first, referral to the President of International Relations Department, MOPH. If the dispute has not been resolved, either party may refer it to an ad hoc mediation committee.
Arbitration	An arbitration committee is comprised of a representative of ministry of the government, a representative of AKBAR, and a representative of the donor/partner community. To encourage reasonableness in disputes which are primarily monetary, the arbitration committee will use "swing arbitration" I e, both parties will state their " most reasonable offer" and the committee can accept only one or the other.
Statutory regulations	This Contract, its meaning and interpretation, and the relation between the parties shall be governed by the Applicable Law.
Confidentiality	Confidential information shall not be disclosed without the prior written consent of the client either during the term or within two years after the expiration of the contract.
Information requirements and reporting formats	The NGO will have to implement the MOH standard recording and reporting system; Quarterly Report on progress made against the work plan; annual audit report;
What do contracts manage?	Inputs (Types of services, providers, drugs and supplies)
Does the provider have discretion	
To hire and fire staff?	The key personnel and sub-contractors are approved by the purchaser. The NGO will be responsible for mobilizing skilled health workers, and supervising the health workers on its payroll.
To set wages?	Yes
To decide services provided within the contract?	The price payable is set forth in the SC (Special Condition). For additional services as may be agreed under Clause 2.4, the bid price will be used proportionately. the Basic packages is not negotiable, the NGO can use other funds to deliver additional services.
To decide services provided outside the contract?	The NGO is free to provide other services it feels are important in the province but must provide at least all the BPS.
To set prices of services covered by the contract?	N/A
To set other prices?	N/A
Is this a performance-based contract?	Yes. 1% contract value bonus will be paid when there is a 10% point or more improvement from the previous highest score on health survey carried out by a third party; 5% contract value bonus will be paid when there is a 50% point increase in the combined score on the indicators measured by household and health facility surveys.
Performance goals and indicators	Performance indicators include maternal health, birth spacing, tuberculosis, malaria, micronutrient deficiencies, breastfeeding promotion and weaning, ARI, diarrheal diseases, immunization, quality of care, provincial hospital care, reaching women and the poor, strengthening the state, and capacity building. A composite score will be created from these indicators to provide an overall assessment of performance.
Evaluation of Project	The progress in achieving the objectives and specific targets will be evaluated through baseline and follow – on household and health facility surveys. Every six months a third party health facility assessment will be carried out to determine improvement in process indicators.
Links to contract	Copy of Contract
Contact person	Dr. Benjamin Loevinsohn bloevinsohn@worldbank.org

Country	**Burkina Faso**
Purchaser	Projet de Development Sante et Nutrition (PDSN)
Provider	Direction Regionale de la Sante (DRS)
Type of Service	
Government administration	
Physical plant development and capital investment	
Hospital (general and specialized)	
Basic primary care and preventive services	Fight against great epidemics, malnutrition, logistic maintenance, maintenance of cold chain, equipment, motor vehicles, Vaccination
Diagnostic services	
Extended care	
Ambulance and transportation services	
Pharmaceuticals, medical supplies and equipment	
Human resources, education and training	
Knowledge management	
Purchasing options	
Public-public partnership	
Government service delivery	
Project agreements	Each Region (DRS) and each District (DS) has a written management agreement with the PDSN management committee. These agreements specify the amount of funds to be allocated, the obligations of the receipt, the modalities of payment, financial management and auditing rules, and conditions for termination of the agreement.
Direct subventions	
Autonomization	
Corporatization	
Public – private partnership	
Service contract	
Contract in	
Contract out	
Leasing	
Concession	
Social Franchising	
Divestiture	
Basic Content of Contract	
Preamble	Yes
Total amount of payment	To be determined. All annual allocations of funds to regions and districts were contingent upon the national coordinating committee's examination and approval of the accomplishments from the previous year.
Authorized persons and signature	Yes
Contract period	To be determined
Summary content	Yes
Levels of services	In Annex, but not attached here
Targeted population	The scheme implicated in 52 districts, with population ranged from 28,000 to 470,000
Quality standards to be achieved	N/A
Payment mechanisms	
Capitation	
Fee-for-service	
Block contracts	
Labor and materials	
Cost-and-volume contracts	
Set price	
Prepayment	Yes
Indemnification	
Variations to the agreement	N/A. The project management committee may cancel the accord (See Article IX: Invalidation of agreement)
Best endeavours	N/A
Arbitration	N/A
Statutory regulations	N/A
Confidentiality	N/A
Information requirements and reporting formats	Yes. Progress reports, activity reports and financial status reports from all regions and districts were expected to be submitted to the central management committee.
What do contracts manage?	Output (Service delivery)
Does the provider have discretion	N/A
To hire and fire staff?	N/A
To set wages?	N/A
To decide services provided within the contract?	N/A
To decide services provided outside the contract?	N/A
To set prices of services covered by the contract?	N/A
To set other prices?	N/A
Is this a performance-based contract?	No. There are no explicit rewards and penalties in return for different degrees of performance targets across key measures such as improving immunization coverage or increasing prenatal care.
Performance goals and indicators	The following indicators must be reported in the CSPS Action Plan: proportion of the population that obtains service, vaccination coverage rate, rate of utilization of curative care services, rate of prenatal care coverage, rate of coverage for nutrition consultations, rate of assisted deliveries, rate of utilization of contraceptive methods, rate of maternal mortality, rate of screening for high risk pregnancies
Evaluation of Project	The primary health care system in Burkina Faso used data to monitor and measure performance. The data are required to be reported to the PDSN project. PDSN conducts regular financial audits. The self –reported data on indicators might not be a problem in the current system since funding were not tied to performance measures. But there would be problem of falsifying data if the system change to performance-based management. (Rena Eichler) The Burkina Faso project move towards the performance-based management with close supervision and monitoring. Each one of 52 districts has baseline data on performance indicators at the local level. They monitor it very carefully. Now, they also work to minimize the false reporting by commissioning financial and technical audit to introduce external supervision. (Denise Vaillancourt) The decentralization of Burkina Faso's health service system initiated in 1996 did not achieve its objective of improving health sector performance. This led to the redesign of the World Bank's 6-year Health and Nutrition Development Project which included formulation of annual action plans and signing of a project agreement. Internal and external monitoring and evaluation were conducted. (Joseph Naimoli)
Links to contract	Copy of contract Rena Eichler: Improving immunization coverage in an innovative primary health care delivery model Joseph Naimoli: Performance-based management in an evolving decentralized public health system in West Africa: the Case of Burkina Faso
Contact person	Zacharie Balina balina.z@cenatrin.bf Joseph Naimoli jnaimoli@worldbank.org

Country	**Cambodia**
Purchaser	MOH
Provider	Enfants et Developpement (NGO)
Type of Service	Basic Health Services
Government administration	Provide management and administration for the Ministry of Health staff and the District Management Team; Development of systems minimizing existing service delivery problems
Physical plant development and capital investment	Monitoring construction and repair of health facilities
Hospital (general and specialized)	Provide complementary package of services at the District Referral Hospital: Medial treatment, normal and complicated deliveries, emergency care, laboratory diagnosis, etc
Basic primary care and preventive services	Provision of primary curative services, chronic illnesses, emergency care, maternal and child care, Provision of special services (Tuberculosis, Leprosy, Malaria, Immunization, Birth Spacing)
Diagnostic services	
Extended care	
Ambulance and transportation services	
Pharmaceuticals, medical supplies and equipment	Ensure that health facilities, equipment and supplies are maintained at a level which enables health services to be provided in a safe and effective manner
Human resources, education and training	Management of staff
Knowledge management	Population census for catchment area, provide information required by health information system
Purchasing option	Contract in
Public-public partnership	
Government service delivery	
Project agreements	
Direct subventions	
Autonomization	
Corporatization	
Public – private partnership	
Service contract	
Contract in	The contractor will have day-to-day administrative and managerial authority over the District Health Staff and the District Management team.MOH will provide the personnel, facilities and property to the contractor. (See Terms of Reference, Appendix C1)
Contract out	
Leasing	
Concession	
Social Franchising	
Divestiture	
Basic Content of Contract	
Preamble	Yes
Total amount of payment	≤ $ 1,158, 300
Authorized persons and signature	Yes
Contract period	4 years
Summary content	Yes
Levels of services	Minimum package of activities, management and training, complementary package of services,
Targeted population	Population of Kirivong Operational District, Takeo Province. (population of about 160,000) The contractor shall ensure that the poorest and most vulnerable receive health services
Quality standards to be achieved	Quality of services should meet generally recognized professional standards.
Payment mechanisms	Block contract
Capitation	
Fee-for-service	
Block contracts	Government of Cambodia has received a loan from the Asian Development Bank toward the cost of the Basic Health Services Project. The contractor will receive the Health Budget through MOH, and Budget Supplement from the Loan Agreement.
Labor and materials	
Cost-and-volume contracts	
Set price	
Prepayment	
Indemnification	
Variations to the agreement	Suspension, termination of the contract, force majeure (XXII- XXVI) The contractor may petition to revision the Terms of Reference (Appendix C5)
Best endeavours	Disputes will follow "Procedures for resolving project implementation issues" (Appendix C5)
Arbitration	Any disputes or difference which cannot be amicably settled between the parties shall be finally settled under the Rules of Conciliation and Arbitration of the International Chamber of Commerce.
Statutory regulations	The contractor shall abide by all applicable laws and regulations in Cambodia and ensure that Civil Service and MOH personnel policies are followed.
Confidentiality	Yes. Confidential information shall not be disclosed except with the prior written consent of the Client.
Information requirements and reporting formats	Information will be collected for monitoring the contract. (Form C2-C4: Annual Financial Report, Progress Report and Quarterly Monitoring Report) The contract shall permit the duly authorized representative of the Client to inspect its records and accounts.
What do contracts manage?	Input (Types of service, staff patterns, facilities, equipment, and supplies) Output (Volume), service delivery and system development results
Does the provider have discretion	
To hire and fire staff?	No. But contractor has authority to transfer staff between Health Centers and/or the Referral Hospital to improve staffing patterns. Prrovincial Health Director is responsible for hire/fire staff.
To set wages?	No.
To decide services provided within the contract?	Yes.
To decide services provided outside the contract?	Yes
To set prices of services covered by the contract?	Yes, through bidding, user charges following MOH guideline
To set other prices?	If additional work is required for the purpose of the project, the payment for it will be based on a price negotiated between the contractor and client.
Is this a performance-based contract?	No. But the mid-term evaluation will be conducted with indicators shown in Appendix C1, section 3 used to determine eligibility for contract bonuses. The contractor may develop and implement incentive plans, including monetary or other rewards to increase staff quality of work and productivity
Performance goals and indicators	An achievement of a minimum of 60% of the goal for each variable is mandatory.
Evaluation of Project	The initial status of the district has been defined using 1997 baseline survey data. A mid-project survey was conducted near the end of year two to assess progress. The final evaluation was conducted at the end of the four-year contract. (See Appendix C1, Section 3: Evaluation of Work, Health Center and Outreach, and Evaluation of Referral Hospital) There are some improvement in service delivery, but the progress was slow. Contract-in districts showed increase in annual per capita contact rate, coverage of reproductive health services, immunization rates, but the increase was not as significantly as contract-out districts. The contracted-in districts also showed an increase in private expenditures. The actual contract is fine. Challenge is managing contract. In Cambodia project, two local consultants were used. They were able to smooth the water. To make it a performance-based contract, how to measure performance is really a challenge. We can use household survey to measure service delivery, but HHS is only done every couple of years, and is very expensive. The other way is through contract report, but to guarantee the accuracy of the report from contractors is a challenge. (Benjamin Loevinsohn)
Links to contract	Copy of contract; Benjamin Loevinsohn. Contracting for the delivery of primary health care in Cambodia: Design and initial experience of a large pilot-test Asia Development Bank. March 2002. Achieving the Twin Objectives of Efficiency and Equity: Contracting Health Services in Cambodia Robert Soeters and Fred Grriffiths. Improving government health services through contract management: a case from Cambodia
Contact person	Benjamin Loevinsohn bloevinsohn@worldbank.org

Country	Cambodia
Purchaser	MOH
Provider	Save the Children Fund- Australia (NGO)
Type of Service	
Government administration	Development of administrative and management systems, staffing patterns, job descriptions and remuneration scales for staff
Physical plant development and capital investment	Monitoring construction and repair of health facilities
Hospital (general and specialized)	Provide complementary package of services at the District Referral Hospital: Medial treatment, normal and complicated deliveries, emergency care, laboratory diagnosis, etc
Basic primary care and preventive services	Provision of primary curative services, chronic illnesses, emergency care, maternal and child care, Provision of special services (Tuberculosis, Leprosy, Malaria, Immunization, Birth Spacing)
Diagnostic services	
Extended care	
Ambulance and transportation services	
Pharmaceuticals, medical supplies and equipment	Supplying medications and consumable supplies. Ensure that health facilities, equipment and supplies are maintained at a level which enables health services to be provided in a safe and effective manner
Human resources, education and training	Hiring staff
Knowledge management	
Purchasing options	
Public-public partnership	
Government service delivery	
Project agreements	
Direct subventions	
Autonomization	
Corporatization	
Public – private partnership	
Service contract	
Contract in	
Contract out	The contractors have complete line responsibility for service delivery, including hiring, firing and setting wages, procuring and distributing essential drugs and supplies, organizing and staffing health facilities.
Leasing	
Concession	
Social Franchising	
Divestiture	
Basic Content of Contract	
Preamble	Yes
Total amount of payment	≤$ 2,476,989
Authorized persons and signature	Yes
Contract period	4 YEARS
Summary content	Yes
Levels of services	Minimum package of activities, management and training, complementary package of services,
Targeted population	The population of Memut Operational District, Kamong Cham Province. The contractor shall ensure that the poorest and most vulnerable receive health services.
Quality standards to be achieved	Procedures for Certifying Quality of Pharmaceuticals (Appendix C3) ;
Payment mechanisms	
Capitation	
Fee-for-service	
Block contracts	The Government of Cambodia received loan from Asian Development Bank toward the cost of the Basic Health Services Project. The amount has been fixed based on the Terms of Reference and Scope of Work.
Labor and materials	
Cost-and-volume contracts	
Set price	
Prepayment	
Variations to the agreement	The contract may be revised by the agreement between two parties. Suspension, termination of the contract, force majeure (XXII- XXVI) The contractor may petition to revision the Terms of Reference (Appendix C5)
Best endeavours	Disputes will follow "Procedures for resolving project implementation issues" (Appendix C5)
Arbitration	Any disputes or difference which cannot be amicably settled between the parties shall be finally settled under the Rules of Conciliation and Arbitration of the International Chamber of Commerce.
Statutory regulations	The contractor shall abide by all applicable laws and regulations in Cambodia and ensure that Civil Service and MOH personnel policies are followed.
Confidentiality	Yes. Confidential information shall not be disclosed except with the prior written consent of the Client.
Information requirements and reporting formats	Information will be collected for monitoring the contract. (Form C2-C4: Annual Financial Report, Progress Report and Quarterly Monitoring Report) The contract shall permit the duly authorized representative of the Client to inspect its records and accounts.
What do contracts manage?	Input (type of service, mix of providers) Output (quality, volume)
Does the provider have discretion	
To hire and fire staff?	Yes. The contractor has sole discretion regarding hiring health service delivery and supervisory staff.
To set wages?	Yes.
To decide services provided within the contract?	Yes.
To decide services provided outside the contract?	Yes
To set prices of services covered by the contract?	Yes, through bidding, user charges following MOH guideline
To set other prices?	N/A
Is this a performance-based contract?	No. But there are standards of performance required for progress payments. (Forms C2-C4)
Performance goals and indicators	Achievement will be measured. There is quarterly monitoring to assess fulfillment of obligations and thus eligibility for the Progress Payments.
Evaluation of Project	The initial status of the district has been defined using 1997 baseline survey data. A mid-project survey was conducted near the end of year two to assess progress. The final evaluation was conducted at the end of the four-year contract. (See Appendix C1, Section 3: Evaluation of Work, Health Center and Outreach, and Evaluation of Referral Hospital) The improvements in service delivery became evident quickly. The result of the final survey show that contract-out districts increased use of public health services to 1.7 contacts per capita. They also experienced an impressive increase in the use of reproductive health services and child health services. Contracting-out of health services also significantly reduced the out-of-pocket payment of the poor for health care. The actual contract is fine. Challenge is managing contract. In Cambodia project, two local consultants were used. They were able to smooth the water. To make it a performance-based contract, how to measure performance is really a challenge. We can use household survey to measure service delivery, but HHS is only done every couple of years, and is very expensive. The other way is through contract report, but to guarantee the accuracy of the report from contractors is a challenge. (Benjamin Loevinsohn)
Links to contract	Copy of contract; Benjamin Loevinsohn. Contracting for the delivery of primary health care in Cambodia: Design and initial experience of a large pilot-test Asia Development Bank. March 2002. Achieving the Twin Objectives of Efficiency and Equity: Contracting Health Services in Cambodia Robert Soeters and Fred Grriffiths. Improving government health services through contract management: a case from Cambodia
Contact person	Benjamin Loevinsohn bloevinsohn@worldbank.org

Country	**Estonia**
Purchaser	Estonia Health Insurance Fund
Provider	The Medical Institution
Type of Service	
Government administration	
Physical plant development and capital investment	
Hospital (general and specialized)	Provide planned specialized outpatient care, planned inpatient treatment and emergency care
Basic primary care and preventive services	
Diagnostic services	Included in specialized outpatient, inpatient services and emergency care
Extended care	
Ambulance and transportation services	
Pharmaceuticals, medical supplies and equipment	
Human resources, education and training	Train specialists to implement DRGs and prepare IT software
Knowledge management	
Purchasing options	
Public-public partnership	
Government service delivery	
Project agreements	
Direct subventions	
Autonomization	
Corporatization	All medical care providers are incorporated under private law, most of them owned by central and local governments
Public – private partnership	
Service contract	
Contract in	
Contract out	Government pays private entities to provide a whole range of health services, the medical institutions are responsible for managing employment and procurement of medications and other supplies.
Leasing	
Concession	
Social Franchising	
Divestiture	
Basic Content of Contract	
Preamble	Yes
Total amount of payment	To be determined (See Annex 1 for cost of contract and Annex 2 for detailed form costing different types of health services)
Authorized persons and signature	Yes
Contract period	1 year
Summary content	Yes
Levels of services	Separate annexes depending on health institution: general acute out and inpatient care differentiated to 19 specialties (annex 2); prevention activities; dental treatment; outpatient and inpatient nursing care; See Annex 3 for service description, Annex 8-13 for the scope of services and prices
Targeted population	Insured person registered with the Health Insurance Fund
Quality standards to be achieved	Follow medical or other recognized criteria approved by the Health Insurance Fund, maintain medical records, submit quality assurance reports (Annex 4); TISS (Therapeutic Intervention Scoring System) Implementation guidelines) for intensive care (Annex 13); Quality of dental treatment services (Annex 14)
Payment mechanisms	
Capitation	
Fee-for-service	Hospitals paid according to fee-for-service fee schedule
Block contracts	
Labor and materials	
Cost-and-volume contracts	Contracts organized using average cost per case and number of cases – Annex 2
Set price	
Prepayment	
Indemnification	The Health Insurance Fund pay to the Health Care Institution against a consolidated invoice; There is an absolute financial limit of the contract. See V. Cost and payment procedure, VI. Refusal of payment, VII. Inspection and payment of damages; Renegotiation procedures defined in Annex 3.
Variations to the agreement	The contract may be amended, suspended and terminated by an unattested written agreement of the parties.
Best endeavours	Dispute shall be resolved by negotiations with 30 calendar days
Arbitration	A three member arbitral tribunal shall be designated. (See Annex 16 for "Arbitration Rules")
Statutory regulations	Health Care Services Administration Act, Estonia Health Insurance Fund Act, Republic of Estonia Health Insurance Act and other legislations
Confidentiality	Ensure the safety, privacy, confidentiality of the personal data of insured person
Information requirements and reporting formats	Not available
What do contracts manage?	Input (Type of services) Output (Volume, quality, price, timing) See Annex 3
Does the provider have discretion	
To hire and fire staff?	Yes.
To set wages?	Yes.
To decide services provided within the contract?	No. The Health Insurance Fund sets the types and quantities/scope of the health services. The price lists should be accessible by and visible to patients. (Annex 7: Negotiated prices and price limits)
To decide services provided outside the contract?	Yes, but should pursuant to the Estonia Health Insurance Fund Act, Health Care Services Administration Act and other regulations.
To set prices of services covered by the contract?	No. The Health Insurance Fund determines the prices of health services.
To set other prices?	Yes. Health Care Institution may provide insured persons with health services for a charge in case that an insured person requests the reception of a specialist without a referral letter or speedier servicing. The fee for services should be reasonable.
Is this a performance-based contract?	Maybe a part of performance pay if applicable (3.6)
Performance goals and indicators	N/A
Evaluation of Project	N/A
Links to contract	Copy of contract
Contact person	April Harding aharding3@worldbank.org

Country	Estonia
Purchaser	Estonia Health Insurance Fund
Provider	Family Physician
Type of Service	
Government administration	
Physical plant development and capital investment	
Hospital (general and specialized)	
Basic primary care and preventive services	Services for the promotion of health, prevention of disease and health examination
Diagnostic services	Limited diagnostic services
Extended care	
Ambulance and transportation services	
Pharmaceuticals, medical supplies and equipment	
Human resources, education and training	Physicians required to complete at least defined minimum amount of continuous training
Knowledge management	
Purchasing options	
Public-public partnership	
Government service delivery	
Project agreements	
Direct subventions	
Autonomization	
Corporatization	
Public – private partnership	
Service contract	
Contract in	
Contract out	Government pays family physicians to provide a whole range of health services. The private entities are responsible for labor, supplies and management.
Leasing	
Concession	
Social Franchising	
Divestiture	
Basic Content of Contract	
Preamble	Yes
Total amount of payment	To be determined (See Annex 3&4 for "financial calculations of services rendered by general practitioner")
Authorized persons and signature	Yes
Contract period	To be determined
Summary content	Yes
Levels of services	Promotion of health, prevention of disease, health examinations and health services
Targeted population	Insured person who have been registered in the Family Physician's practice list
Quality standards to be achieved	Protection of Insured Persons, maintain medical documents, following treatment instructions an diagnostic guidelines (Annex 6)
Payment mechanisms	
Capitation	Capitation fee per person registered in the list and covered with insurance (Annex 2-4) See V. Procedure for payment; VIII. Refusal of payment and payment of damages;
Fee-for-service	
Block contracts	
Labor and materials	
Cost-and-volume contracts	
Set price	
Prepayment	The Health Insurance Fund shall make a payment to the Family Physician against an advance payment invoice for basic fee, capitation fee and additional fees
Indemnification	
Variations to the agreement	The contract may be amended, suspended and terminated by an unattested written agreement of the parties.
Best endeavours	Dispute shall be resolved by negotiations with 30 calendar days
Arbitration	A three member arbitral tribunal shall be designated. (See Annex 16 for "Arbitration Rules")
Statutory regulations	Health Care Services Administration Act, Estonia Health Insurance Fund Act, Republic of Estonia Health Insurance Act and other legislations
Confidentiality	Ensure the safety, privacy, confidentiality of the personal data of insured person
Information requirements and reporting formats	Family Physician shall submit to the Health Insurance Fund: Statement of expenses, report on their activities, and documents at the request of the Fund; Insurance fund shall submit to Family Physician: Overview of the professional activities, prescriptions for medical products and examinations prescribed by family physicians. Annex 9 is a Form of Report on the use of basic fee
What do contracts manage?	Input (Type of services, providers) Output (Volume, quality, price, timing) See Annex 5
Does the provider have discretion	
To hire and fire staff?	Yes. In the temporary absence of the family physicians, they shall organize substitution by other physicians.
To set wages?	Yes.
To decide services provided within the contract?	No. The government provides the price list of health services.
To decide services provided outside the contract?	Yes, the Family Physician shall notify the Health Insurance Fund of the prices applicable to health services which are not set forth in the price list.
To set prices of services covered by the contract?	No. The Health Insurance Fund determines the prices of health services.
To set other prices?	Yes. The Family Physician may charge a fee for a home visit and for performing services not included in the health insurance benefit, e.g. medical checks for driver's license
Is this a performance-based contract?	No. But some quality requirements could be developed to performance indicators, eg: patient waiting time for general care and emergency care (Annex5)
Performance goals and indicators	N/A
Evaluation of Project	N/A
Links to contract	Copy of contract
Contact person	April Harding aharding3@worldbank.org

Country	Haiti
Purchaser	Management Sciences for Health
Provider	Subcontractor in Haiti
Type of Service	
Government administration	To introduce performance based contracting through issuance of a fixed-price award-fee type contract
Physical plant development and capital investment	
Hospital (general and specialized)	
Basic primary care and preventive services	Reproductive health, nutrition, childhood immunization, and child health
Diagnostic services	
Extended care	
Ambulance and transportation services	
Pharmaceuticals, medical supplies and equipment	
Human resources, education and training	
Knowledge management	
Purchasing options	
Public-public partnership	
Government service delivery	
Project agreements	
Direct subventions	
Autonomization	
Corporatization	
Public – private partnership	
Service contract	
Contract in	
Contract out	√
Leasing	
Concession	
Social Franchising	
Divestiture	
Basic Content of Contract	
Preamble	Yes
Total amount of payment	N/A
Authorized persons and signature	N/A
Contract period	9 months
Summary content	Yes
Levels of services	Reproductive Health, Nutrition, Childhood Immunization , and Child Health which is described in the H52004 Strategy document
Targeted population	About160,560 residents in the communes of Pignon, Dondon, Saint Raphael, Ranquitte, Lavictorie
Quality standards to be achieved	N/A
Payment mechanisms	Performance-based payment
Capitation	
Fee-for-service	
Block contracts	This is a fixed-price with award-fee type subcontract. The fixed price is payable for services defined in Article V. The award fee will be provided as the subcontractor attains performance requirement defined in Article VI award fee plan.
Labor and materials	
Cost-and-volume contracts	
Set price	
Prepayment	
Indemnification	
Variations to the agreement	contract amendment
Best endeavours	N/A
Arbitration	N/A
Statutory regulations	N/A
Confidentiality	N/A
Information requirements and reporting formats	Monthly statistical reports are to be submitted to MSH-H52004 offices, three quarterly management reports and one final report shall be submitted.
What do contracts manage?	Input Output
Does the provider have discretion	
To hire and fire staff?	Yes.
To set wages?	Yes.
To decide services provided within the contract?	No. Performance of the work shall be subject to the technical directions of the MSH Chief of Party or his delegate.
To decide services provided outside the contract?	Yes.
To set prices of services covered by the contract?	Yes.
To set other prices?	Yes.
Is this a performance-based contract?	Yes. The contractor shall provide the subcontractor an incentive in accordance with the award fee plan. The total award fee will be calculated based on the relative weight of indicators for which subcontractor has met the agreed upon targets.
Performance goals and indicators	Percentage of women using ORT to treat children diarrhea, full vaccination coverage for children 12-23 months, coverage of pregnant women with 3 or ore prenatal visits; number of institutional service delivery points providing 4 or more modern methods of contraception, level of discontinuation rate for injectable and oral contraceptive; average duration of waiting time (See table: Selected indicators and targets for performance based financing.)
Evaluation of Project	The contracting in Haiti 2004 project is successful, especially the substantial increases in immunization coverage. The contract provides incentive for organizations to improve their management to be able to achieve the results. The challenge of contracting is that it's expensive to have staff to manage the contract. There is also cost of measuring the indicators. In this contract, independent firm was hired to measure the performance to ensure that those indicators accurately represented performance.
Links to contract	Copy of contract Rena Eichler et. al. April 2001. Performance-Based Payment to Improve the Impact of Health Services: Evidence From Haiti The Manager. 2001 Volume 10 Number 2. Using Performance-Based Payments to Improve Health Programs
Contact person	Rena Eichler reichler@worldbank.org

Country	India
Purchaser	Managed Care Purchasers (E.g. State Medicaid agencies)
Provider	Managed Care Organizations
Type of Service	
Government administration	
Physical plant development and capital investment	
Hospital (general and specialized)	TB-related inpatient hospital services, physician services, continuing diagnosis and evaluation services, discharge planning for hospitalized patients
Basic primary care and preventive services	TB-related screening services, TB-related diagnostic services, TB-related treatment services, DOT, case management services
Diagnostic services	
Extended care	
Ambulance and transportation services	
Pharmaceuticals, medical supplies and equipment	TB-related pharmaceutical services
Human resources, education and training	
Knowledge management	
Purchasing options	
Public-public partnership	
Government service delivery	
Project agreements	
Direct subventions	
Autonomization	
Corporatization	
Public – private partnership	
Service contract	
Contract in	
Contract out	√
Leasing	
Concession	
Social Franchising	
Divestiture	
Basic Content of Contract	
Preamble	No
Total amount of payment	No
Authorized persons and signature	No
Contract period	No
Summary content	No
Levels of services	TB-related screening, diagnostic and treatment services (See section 102: Covered Services)
Targeted population	Enrolled members receiving treatment of TB
Quality standards to be achieved	TB-related medical necessity standard. The providers should meet the network requirements set by the purchaser: Hospitals equipped with (AFB) isolation capabilities, clinical providers with experience in treatment of individuals with TB, referral providers specializing in the treatment of TB, laboratories maintaining expertise in mycobacteriology and conforming to national guidelines, appropriately trained case managers and DOT specialists
Payment mechanisms	
Capitation	
Fee-for-service	
Block contracts	
Labor and materials	
Cost-and-volume contracts	
Set price	
Prepayment	
Indemnification	Provider will be reimbursed by the local health agencies
Variations to the agreement	No
Best endeavours	No
Arbitration	No
Statutory regulations	No
Confidentiality	All federal, state and local laws relating to protection of patient confidentiality and management of medical records should be complied with.
Information requirements and reporting formats	Reporting diagnosed or suspected active TB cases, providing periodic clinical reports for members receiving treatment for TB,
What do contracts manage?	Input (Types of services, providers) Output (waiting time)
Does the provider have discretion	
To hire and fire staff?	N/A
To set wages?	N/A
To decide services provided within the contract?	N/A
To decide services provided outside the contract?	N/A
To set prices of services covered by the contract?	N/A
To set other prices?	N/A
Is this a performance-based contract?	No. But the providers need to submit performance measures for covered services and performance measures for making medical necessity determinations.
Performance goals and indicators	See Section 102, Section 103
Evaluation of Project	This is a model contract. No specific project to be evaluated.
Links to contract	Copy of Contract. Tuberculosis Control in a Changing health care system: Model Contract Specifications for managed care organizations Mukund Uplekar et. al 2001. Private practitioners and public health: weak links in Tuberculosis Control. The Lancet, 358 (9285): 912-916 D.E.C Weil. 2000. Advancing Tuberculosis Control within reforming health Systems. Int J Tuberc Lung DIS 4 (7) : 597-605
Contact person	Diana Weil dweil@worldbank.org
Note	The " Contractor" in this paper means " Purchaser" of managed care providers' services. In other contracts, "Contractor" means "Providers of services".. This model contract addresses issues that are pertinent to clinical care for patients with TB or the public health aspects of TB control. It defined in detail different diagnostic, treatment and preventive services to tuberculosis , standards and procedures being used to determine coverage. It also includes information on provider selection criteria, access standards , quality assurance for TB programs. But as a contract, it lacks of a lot of basic elements including sections to define purchaser and provider, contract period, authorized signatures from both parties, target population, variations to agreement, best endeavours and arbitration. This contract model could be used as a technical reference, combining with another standard contract model to develop a TB-specific health service contracts.

Country	India
Purch aser	District TB Control Society
Provider	NGO
Type of Service	
Government administration	
Physical plant development and capital investment	
Hospital (general and specialized)	
Basic primary care and preventive services	To provide diagnosis and treatment services for TB Control following the RNTCP strategy
Diagnostic services	perform AFB microscopy and maintain the Laboratory Register
Extended care	
Ambulance and transportation services	
Pharmaceuticals, medical supplies and equipment	Maintain adequate inventories of drugs and consumables for smooth operation of the RNTCP in the area
Human resources, education and training	Provide health education to the community
Knowledge management	
Purchasing options	
Public-public partnership	
Government service delivery	
Project agreements	
Direct subventions	
Autonomization	
Corporatization	
Public – private partnership	
Service contract	The District TB Control Society shall provide start-up and recurring costs and provide anti-TB drugs; The NGO shall provide its own medical officer, at its own sole expense, for diagnosis and treatment of tuberculosis;
Contract in	
Contract out	
Leasing	
Concession	
Social Franchising	
Divestiture	
Basic Content of Contract	
Preamble	Yes
Total amount of payment	Approximately 1,000,000 (in Rs)
Authorized persons and signature	Yes
Contract period	Two years
Summary content	District TB Control Society and NGO to cooperate in the implementation of TB control activities
Levels of services	To provide diagnosis and treatment services for TB control following the RNTCP strategy and thereby ensure an 85% cure rate; To develop the capacity of health care workers to diagnose and treat TB and implement the RNTCP.
Targeted population	Approximately 500,000 population
Quality standards to be achieved	To follow Technical Guidelines for RNTCP, Operational Guidelines for RNTCP, and Laboratory Manual for RNTCP
Payment mechanisms	
Capitation	
Fee-for-service	
Block contracts	
Labor and materials	The District TB Control Society provides start-up and recurring costs and provide anti-TB drugs.
Cost-and-volume contracts	
Set price	
Prepayment	
Indemnification	
Variations to the agreement	Either party shall have the right to terminate the understanding at any time with thirty days' notice in writing indicating reasons for the same to the other party.
Best endeavours	If a resolution between the two parties is not possible, the nthe State TB Officer shall attempt to resolve the dispute.
Arbitration	Failure to implement the project as agreed upon may lead to termination of this contract.
Statutory regulations	N/A
Confidentiality	N/A
Information requirements and reporting formats	Submit monthly and quarterly reports (New and Re-treatment cases, Sputum Conversion, Results of Treatment, Program Management and Logistics; submit an annual statement of audited accounts
What do contracts manage?	
Does the provider have discretion	
To hire and fire staff?	Yes. The NGO shall provide its own medical officer at its own sole expense, for diagnosis and treatment of tuberculosis.
To set wages?	N/A
To decide services provided within the contract?	N/A
To decide services provided outside the contract?	N/A
To set prices of services covered by the contract?	N/A
To set other prices?	N/A
Is this a performance-based contract?	No
Performance goals and indicators	N/A
Evaluation of Project	The NGO is required to submit Quarterly Reports (New and Re-treatment cases, Sputum Conversion, Results of Treatment, Program Management and Logistics). The DTCS shall evaluate the performance of the NGO every six months in order to ensure the appropriate implementation of this agreement to assess the need for technical support.
Links to contract	Copy of Contract G.R Khatri, T.R. Frieden. 2002. Controlling Tuberculosis in India. N. Engl J Med. 347 (18): 1420 – 1425 K.J.R. Murthy et.al. 2001. Public-Private Partnership in Tuberculosis Control: Experience in Hyderabad, India. Int J Tuberc Lung Dis. 5(4):354-359
Contact person	Diana Weil dweil@worldbank.org
Note	The India National Tuberculosis Control Programme involved Non-Governmental Organizations to play an active role in health promotion. There are five schemes for collaboration with NGOS, from health education and community outreach, to provision of directly observed treatment, to In-hospital care for tuberculosis disease, Microscopy and treatment center, and finally TB Unit Model. This is a Memorandum of Understanding : Tuberculosis Unit Model

Country	India
Purchaser	The District TB Society of xxx
Provider	NGO or Trust Hospital
Type of Service	
Government administration	
Physical plant development and capital investment	
Hospital (general and specialized)	Provide in-hospital care for tuberculosis patients
Basic primary care and preventive services	
Diagnostic services	Perform AFB microscopy and maintain the laboratory register; Perform laboratory quality control
Extended care	
Ambulance and transportation services	
Pharmaceuticals, medical supplies and equipment	
Human resources, education and training	
Knowledge management	
Purchasing options	
Public-public partnership	
Government service delivery	
Project agreements	
Direct subventions	
Autonomization	
Corporatization	
Public – private partnership	
Service contract	The NGO provides in-hospital care for tuberculosis patients. The hospital performs AFB smears for diagnosis and follow-up of patients on treatment. The District TB Control Society/Center will provide training and orientation, medications for RNTCP treatment, as well as laboratory consumables if the hospital is a designated microscopy center.
Contract in	
Contract out	
Leasing	
Concession	
Social Franchising	
Divestiture	
Basic Content of Contract	
Preamble	Yes
Total amount of payment	Rs 20,000 , medicines and laboratory consumables
Authorized persons and signature	Yes
Contract period	N/A
Summary content	The two parties agree to cooperate in the implementation of TB control activities to patients who require inpatient care.
Levels of services	To provide diagnosis and treatment services for TB control following the RNTCP strategy and thereby ensure an 85% cure rate; To develop the capacity of health care workers to diagnose and treat TB and implement the RNTCP.
Targeted population	Patients who require inpatient care
Quality standards to be achieved	The NGO must be registered under the Societies Registration Act, and should have a minimum of three years experience in the area of operation. NGO shall follow Technical Guidelines for RNTCP, Operational Guidelines for the RNTCP, and Laboratory Manual for RNTCP.
Payment mechanisms	
Capitation	
Fee-for-service	
Block contracts	
Labor and materials	The District TB Society shall provide RNTCP medicines and laboratory consumables for use as per RNTCP policy. Rs 20,000 will be paid by the DTCS as annual incidental charges for postage, use of telephone, fax, transportation, etc.
Cost-and-volume contracts	
Set price	
Prepayment	
Indemnification	
Variations to the agreement	No
Best endeavours	No
Arbitration	No
Statutory regulations	No
Confidentiality	No
Information requirements and reporting formats	The NGO is required to submit ‘ Monthly Report on Logistics and Microscopy- Peripheral Health Institution Level’ to the DTCS.
What do contracts manage?	Input (Type of Service)
Does the provider have discretion	
To hire and fire staff?	Yes.
To set wages?	Yes.
To decide services provided within the contract?	No. The NGO or Trust Hospital execute this project following RNTCP policy.
To decide services provided outside the contract?	Yes.
To set prices of services covered by the contract?	No. All medications and services under the RNTCP must be provided free of charge.
To set other prices?	Yes.
Is this a performance-based contract?	No
Performance goals and indicators	No
Evaluation of Project	The DTCS shall evaluate the performance of the NGO every six months to ensure the appropriate implementation of this agreement to assess the need for technical support.
Links to contract	Copy of Contract G.R Khatri, T.R. Frieden. 2002. Controlling Tuberculosis in India. N. Engl J Med. 347 (18): 1420 – 1425 K.J.R. Murthy et.al. 2001. Public-Private Partnership in Tuberculosis Control: Experience in Hyderabad, India. Int J Tuberc Lung Dis. 5(4):354-359
Contact person	Diana Weil dweil@worldbank.org
Note	The India National Tuberculosis Control Programme involved Non-Governmental Organizations to play an active role in health promotion. There are five schemes for collaboration with NGOS, from health education and community outreach, to provision of directly observed treatment, to In-hospital care for tuberculosis disease, Microscopy and treatment center, and finally TB Unit Model. This is a Memorandum of Understanding: In-Hospital Care for Tuberculosis Disease

Country	India
Purchaser	The District TB Control Society of XXX
Provider	NGO (Microscopy and Treatment Center)
Type of Service	
Government administration	
Physical plant development and capital investment	
Hospital (general and specialized)	
Basic primary care and preventive services	Provide anti-TB treatment , develop a system for direct observation of Therapy and follow-up.
Diagnostic services	Perform AFB microscopy and maintain the Laboratory Register; Perform laboratory quality control
Extended care	
Ambulance and transportation services	
Pharmaceuticals, medical supplies and equipment	Maintain adequate inventories of drugs and consumables
Human resources, education and training	Train TB workers according to the RNTCP policy
Knowledge management	Provide health education to the community
Purchasing options	
Public-public partnership	
Government service delivery	
Project agreements	
Direct subventions	
Autonomization	
Corporatization	
Public – private partnership	
Service contract	The NGO provide TB control service. The District TB society shall provide anti-TB drugs to NGO for the period of this agreement and provide Rs 50,000 as Grant-in-Aid.
Contract in	
Contract out	
Leasing	
Concession	
Social Franchising	
Divestiture	
Basic Content of Contract	
Preamble	Yes
Total amount of payment	Rs 50,000
Authorized persons and signature	Yes
Contract period	Two years
Summary content	The two parties agree to cooperate in the implementation of TB control activities to the population of XXX District.
Levels of services	To provide diagnosis and treatment services for TB control and to develop the capacity of health care workers to diagnose and treat TB and implement the RNTCP.
Targeted population	100,000 (The population of XXX District)
Quality standards to be achieved	The NGO must be registered under the Societies Registration Act, should have a minimum of 3 years experience in the area of operation, and available infrastructure, staff, or volunteers required in the field. The NGO must have a trained microscopist, a room with laboratory facilities.
Payment mechanisms	
Capitation	
Fee-for-service	
Block contracts	
Labor and materials	The District TB Society shall provide anti-TB drugs to the NGO; DTCS will pay NGO Rs 50,000 as annual incidental charges for postage, use of telephone, fax, transportation, etc.
Cost-and-volume contracts	
Set price	
Prepayment	
Indemnification	
Variations to the agreement	N/A
Best endeavours	Either party shall have the right to terminate the understanding at any time with thirty days' notice in writing indicating reasons for same to the other party. If the other party wishes to continue the contract, it must respond in writing within 30 days of receipt of termination notice.
Arbitration	If a resolution between the two parties is not possible, then the State TB Officer shall attempt to resolve the dispute.
Statutory regulations	N/A
Confidentiality	No
Information requirements and reporting formats	The NGO shall submit "Monthly Report on Logistics and Microscopy-Peripheral Health Institution Level" to the DTCS.
What do contracts manage?	Input (Type of services) Output (Volume)
Does the provider have discretion	
To hire and fire staff?	Yes.
To set wages?	Yes.
To decide services provided within the contract?	No. The NGO provides anti-TB treatment as per the RNTCP policy.
To decide services provided outside the contract?	N/A
To set prices of services covered by the contract?	No. Routine antibiotics will be provided to patients free of charge.
To set other prices?	N/A
Is this a performance-based contract?	No.
Performance goals and indicators	If the proportion of sputum positive patients is less than half of pulmonary cases put on treatment, or the sputum conversion rate at 3 months for new smear positive patients is less than 85%, intensive supervision and evaluation will be done collaboratively.
Evaluation of Project	The NGO is required to submit ' Monthly Report on Logistics and Microscopy-Peripheral Health Institution Level' to the DTCS. DTCS shall evaluate the performance of NGO every six months.
Links to contract	Copy of contract G.R Khatri, T.R. Frieden. 2002. Controlling Tuberculosis in India. N. Engl J Med. 347 (18): 1420 – 1425 K.J.R. Murthy et.al. 2001. Public-Private Partnership in Tuberculosis Control: Experience in Hyderabad, India. Int J Tuberc Lung Dis. 5(4):354-359
Contact person	Diana Weil dweil@worldbank.org
Note	The India National Tuberculosis Control Programme involved Non-Governmental Organizations to play an active role in health promotion. There are five schemes for collaboration with NGOS, from health education and community outreach, to provision of directly observed treatment, to In-hospital care for tuberculosis disease, Microscopy and treatment center, and finally TB Unit Model. This is a Memorandum of Understanding: Microscopy and Treatment Centre Model

Country	Mali
Purchaser	Le Ministere de la Sante
Provider	L'Association de Sante Communautaire
Type of Service	
Government administration	
Physical plant development and capital investment	Construction/ Renovation du Centre de Sante Communautaire
Hospital (general and specialized)	
Basic primary care and preventive services	Le Centre de Sante communautaire doit offrir le paquet minimum d'activites de soins curatifs, preventives, d'activites promotionnelles et sociales
Diagnostic services	Activites d'examen paraclinique
Extended care	
Ambulance and transportation services	
Pharmaceuticals, medical supplies and equipment	Assurer la disponibilite des medicaments essentiel
Human resources, education and training	
Knowledge management	Disposer d'un systeme local d'information qui facilite la prise de decision locale, l'auto'evaluation et la transmission d'informations requise par le systeme national d'information sanitaire
Purchasing options	
Public-public partnership	
Government service delivery	
Project agreements	
Direct subventions	
Autonomization	
Corporatization	
Public – private partnership	
Service contract	
Contract in	
Contract out	
Leasing	
Concession	Build Operate Transfer contract, the private sector makes capital investment in the form of construction of new facilities. *Please note that the question of ownership of the facilities is not covered in the contract and so far there is no clear decision regarding this issue. However, with the ongoing decentralization process, a final decision will be made as such an infrastructure should belong to "communes" . Be informed that the status quo has not result in any conflicting situation so far. (Dr. Daouda Malle)
Social Franchising	
Divestiture	
Basic Content of Contract	
Preamble	Yes
Total amount of payment	N/A
Authorized persons and signature	Yes
Contract period	Duree indeterminee
Summary content	N/A
Levels of services	offrir le paquet minimum d'activites de soins curatifs, preventives, d'activites promotionnelles et socials (Chapitre I: Mission d'un center de sante communautaire)
Targeted population	Les habitants de l'aire de sante definie a l'article i
Quality standards to be achieved	√ (Plateau technique de reference)
Payment mechanisms	
Capitation	
Fee-for-service	
Block contracts	
Labor and materials	Le Ministere charge de la sante doit contribuer …. F.CFA pour la construction/rehabilitation de l'etablissement de soins de sante, equipper le center de sante communautiare en materiels logistique, renouveler le materiel medical, mettre medicament essentials (Chapitre II: Des engagements de l'etat). L'association de sante communautaire financer ….. F.CFA pour construction/renovation du Center de Sante communautaire
Cost-and-volume contracts	
Set price	
Prepayment	
Indemnification	
Variations to the agreement	La presente convention peut etre modifie ou amendee d'accord partie
Best endeavours	En cas de non respect de l'Association de sante communautaire de ses engagements, l'etats peut reprendre tout ou partie de sa contribution.
Arbitration	N/A
Statutory regulations	Disposition de l'Arrete interministeriel no 94…./MSSPA/MATS/MFC.
Confidentiality	N/A
Information requirements and reporting formats	Yes. Fournir Rapports d'activites trimestriels, les information et les statistiques socio-sanitaires au medecin-chef du service socio-sanitaire de cercle ou de commune.
What do contracts manage?	Input
Does the provider have discretion	
To hire and fire staff?	Yes. L'association de sante communautaire doit declarer officiellement le personnel employer par l'association.
To set wages?	Yes.
To decide services provided within the contract?	N/A
To decide services provided outside the contract?	N/A
To set prices of services covered by the contract?	N/A
To set other prices?	N/A
Is this a performance-based contract?	No. Contract indicates what each party is responsible for but is not yet a performance based- contract. The utilization rates of Community Health Centers for both preventive and curative services could be included in the contract and used it to measure performance. (Dr. Daouda Malle)
Performance goals and indicators	
Evaluation of Project	The Poject Development Objectives of the PRODESS are "to improve the health outcome of the population, with a focus on meeting the health needs of the underserved segments of the population" Results are most notable for the poorest quintile, where infant and child mortality rates dropped down to 23% and 24% respectively from 1996 to 2001, clearly demonstrating that efforts to focus on the poorest have been effective. The contracting was effective in improving service delivery. The geographical access of the population to health service has increased from 40%in 1998 to 63% in 2002. The number of Community Health Centers (Centre de Santé Communautaires- CSCOM) has doubled during this period and all of the CSCOM are managed by the benificiary Communities. The contract is a mutual assistance between the MoH and the ASACO (Association de Santé Communataire). So far the main TOR are respected. The MOH contributes for 90% of the total cost for CSCOMs construction, provides equipments, mopeds and initial stock of Essential Drugs in generic forms. The MOH is also responsible for the training and the supervision of the health personnel. On the other hand, the ASAO participates for 10% of the cost of construction (in kind or cash), recruits and pays salaries of the health personnel and is responsible for the overall management of the health center. As a consequence the ASACO participates to the planning, budgeting, monitoring, evaluation of health interventions. However, in poorest zones, the MOH is using HIPC resources to pay the salaries of health personnel. There is a lot to be done in terms of quality assurance and health management Information system. In fact, re. Quality Assurance only 45% of existing CSCOMs are staffed with adequate personnel and information flows between the different levels of the health pyramid are not satisfactory. This contract was closely monitored during the implementation stage. The beneficiaries are involved at all stages of the process. The contracting issues are looked at during supervision mission on a regular basis and discussed during annual review meetings which involved all the stakeholders and development partners. (Dr. Daouda Malle)
Links to contract	Copy of contract;
Contact person	Daouda Malle dmalle@worldbank.org

Country	Niger
Purchaser	District Sanitaire de ------
Provider	Associations ONG,Groupes de Citoyen,Guerisseur traditionnel,Agent de sante communautaire, technicien de sante hors secteur public,simple citoyen
Type of Service	
Government administration	
Physical plant development and capital investment	Construction et rehabilitation
Hospital (general and specialized)	
Basic primary care and preventive services	IEC, vaccinations, marketing social des preservatifs et contraceptives, assainissement du milieu, salubrite et lutte antivecteurs
Diagnostic services	
Extended care	
Ambulance and transportation services	
Pharmaceuticals, medical supplies and equipment	Entretien
Human resources, education and training	Formation et recyclage
Knowledge management	Recherche operationnelle
Purchasing options	
Public-public partnership	
Government service delivery	
Project agreements	
Direct subventions	
Autonomization	
Corporatization	
Public – private partnership	
Service contract	
Contract in	
Contract out	L'activite est inscrite et budgetisee dans le PDSD; Le contractant fournira les prestations conformement aux codition de la convention
Leasing	
Concession	
Social Franchising	
Divestiture	
Basic Content of Contract	
Preamble	Yes
Total amount of payment	US $ 1,8 millions
Authorized persons and signature	Yes
Contract period	N/A
Summary content	No
Levels of services	Annex A; Descriptionm des prestations de services
Targeted population	Not clearly identified in the contract. But the service is in favor of the most vulnerable groups: Mothers and children
Quality standards to be achieved	Selection criteria for contractors is available (See Annex 3, Criteres de choix pour les contrats)
Payment mechanisms	Block Contract
Capitation	
Fee-for-service	
Block contracts	Le seuil de financement des activites d'intiative communautaire: ≤ 5 milllions F CFA
Labor and materials	
Cost-and-volume contracts	
Set price	
Prepayment	
Indemnification	
Variations to the agreement	N/A
Best endeavours	√ (controle d'execution, penalites)
Arbitration	N/A
Statutory regulations	N/A
Confidentiality	N/A
Information requirements and reporting formats	N/A
What do contracts manage?	Input
Does the provider have discretion	
To hire and fire staff?	N/A
To set wages?	N/A
To decide services provided within the contract?	N/A
To decide services provided outside the contract?	N/A
To set prices of services covered by the contract?	N/A
To set other prices?	N/A
Is this a performance-based contract?	No
Performance goals and indicators	N/A
Evaluation of Project	Niger project was an innovative idea when it was conceived in 1996, but lessons also have been learned along the implementation. One of the challenge is that review process is not very transparent. The mid-term evaluation of this project also raised some issues about information dissemination. The district health authorities have rosters of district health action plans and quarterly meeting memorandum. The basic idea of design is that subcontracting could be initiated by either District health team based on their health plans which the districts don't have capability of implementing, or by any local community or agency who have seen the action plans, for example, women groups are interested in reproductive health (utilization of contraceptive, vaccination, well baby care, etc. But many local potential partners are not well informed of these opportunities and don't have full access to those information to allow them to bid contracts. When the project first started in 1996, private sector is interested, but public sector is not comfortable of sub-contracting. It takes time to build this new mentality of partnership. Although slow, it's evolving. Also the feedback from mid-term evaluation is that there wasn't full transparency in approval process. The design of project was not rigorous enough to avoid those problems. In general, the project performs better in East than close to Niamey, the capital. There are successful cases, such as in the East, Women's group, theatre group who has bid for small amount contract to significantly raise utilization rate of contraceptive, well-baby, etc; Some Youth groups get small contracts to provide maintenance services to health facilities, e.g. the cleaning of health centers. It resulted in much cheaper services than using the public sector budget. Also, during the mid-term review, there was recommendations that District could contract with local public health schools to do monitoring, special studies, or student internship. The Schools of public health were extremely interested in that idea. The seeds have been planted, the ideas are germinating. Niger is also interested in moving towards performance-based management. One very big handicap is the political instability, on average, there is a new Minister of Health for every nine months. (Denise Vaillancourt)
Links to contract	Copy of Contract
Contact person	Denise Vaillancourt dvaillancourt@worldbank.org

Country	UK
Purchaser	Croydon Health Authority
Provider	Marie Stopes International
Type of Service	
Government administration	
Physical plant development and capital investment	
Hospital (general and specialized)	
Basic primary care and preventive services	
Diagnostic services	
Extended care	Termination of Pregnancy Services including: Pregnancy diagnosis, counseling and medical assessment, surgical and medical procedure, post-operative aftercare and contraceptive provision
Ambulance and transportation services	
Pharmaceuticals, medical supplies and equipment	
Human resources, education and training	
Knowledge management	
Purchasing options	
Public-public partnership	
Government service delivery	
Project agreements	
Direct subventions	
Autonomization	
Corporatization	
Public – private partnership	
Service contract	
Contract in	
Contract out	
Leasing	
Concession	
Social Franchising	MSI have developed specialist daycare centers in London, Essex, Leeds and Manchester. They are licensed under the terms of 1984 Nursing Homes Act and approved under the 1967 Abortion Act to perform termination of pregnancy procedures.
Divestiture	
Basic Content of Contract	
Preamble	Yes
Total amount of payment	Not available. The contract prices are attached as schedule 1
Authorized persons and signature	Yes
Contract period	Two years (1st February 1999 to 31 January 2001)
Summary content	No
Levels of services	Confirmation of pregnancy and determination of gestation; information, medical assessment and counseling to woman, termination of pregnancy service. (See schedule 3: service specification for women requiring a termination of pregnancy)
Targeted population	Any patients registered with a Croyden general practitioner
Quality standards to be achieved	Yes. The provider has primary responsibility for ensuring the quality of services and report on performance routinely via quarterly reports. The purchaser will monitoring a limited range of key indicators. (Section 2: Service Quality)
Payment mechanisms	
Capitation	
Fee-for-service	Yes. The provider will invoice the Purchaser on a monthly basis for activity purchased on a cost per case basis. (schedule 2: Billing and Payment Terms)
Block contracts	
Labor and materials	
Cost-and-volume contracts	
Set price	
Prepayment	
Indemnification	
Variations to the agreement	Any variation must have the prior agreement , in writing, of both the purchaser and the provider.
Best endeavours	Contract managers will have the right to require Chief Executives and charity boards to consider the problem if necessary.
Arbitration	N/A
Statutory regulations	This contract for services operates under National Health Service legislation generally, and specifically under the terms of the NHS and Community Care Act 1990.
Confidentiality	Client confidentiality is assured at all times.
Information requirements and reporting formats	The provider will supply quarterly monitoring reports on activity, contract activity monitoring data
What do contracts manage?	Input (Type of services) Output (Volume, service time, waiting time, patients charter)
Does the provider have discretion	N/A
To hire and fire staff?	N/A
To set wages?	N/A
To decide services provided within the contract?	N/A
To decide services provided outside the contract?	N/A
To set prices of services covered by the contract?	N/A
To set other prices?	N/A
Is this a performance-based contract?	No
Performance goals and indicators	
Evaluation of Project	N/A
Links to contract	Copy of Contract
Contact person	Julie Douglas Julie.Douglas@stopes.org.uk