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 campaigns.

Diagnostic services: N/A

Extended care: N/A

Ambulance and transportation services: N/A

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-private partnership

Government service delivery

Project agreements

Direct subventions

Autonomization

Corporatization

Public – private partnership

Service contract

Contract in this area 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: N/A

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: N/A

Cost-and-volume contracts: N/A

Cost-per-case contracts: N/A

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: N/A

Arbitration

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.

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

Do not set 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
- 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
  - 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  

**Service contract**  
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**  

**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 Krivong 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**  

**Labor and materials**  

**Cost and volume contracts**  

**Set price**  

**Prepayment**  

**Indemnification**  
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 contractor 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**  
No. But contractor has authority to transfer staff between Health Centers and/or the Referral Hospital to improve staffing patterns. Provincial Health Director is responsible for hire-fire staff.  

**To hire and fire staff?**  
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)  

**Links to contract**  

**Contact person**  
Benjamin Loevinsohn bloevinsohn@worldbank.org
| **Country** | Cambodia |
| **Purchaser** | MOH |
| **Provider** | Save the Children Fund- Australia (NGO) |

### Government Administration
- Development of administrative and management systems, staffing patterns, job descriptions and remuneration scales for staff
- Monitoring construction and repair of health facilities

### Physical Plant Development and Capital Investment
- Provide complementary package of services at the District Referral Hospital: Medical treatment, normal and complicated deliveries, emergency care, laboratory diagnosis, etc.
- Provision of primary curative services, chronic illnesses, emergency care, maternal and child care, Provision of special services (Tuberculosis, Leprosy, Malaria, Immunization, Birth Spacing)

### Basic Primary Care and Preventive Services
- 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
- Hiring staff

### Evaluation of Project
- Achievement will be measured. There is quarterly monitoring to assess fulfillment of obligations and thus eligibility for the Progress Payments.

### Purchasing Options
| Public-private partnership |
| **Government Service Delivery** |
| Project agreements |
| Direct subventions |
| 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.

### Public Administration
- 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.

### What do contracts manage?
- Procedures for Certifying Quality of Pharmaceuticals (Appendix C3)

### Payment Mechanism
- Prepayment

### Contract Period
- 4 YEARS

### Levels of Services
- Minimum package of activities, management and training, complementary package of services,

### Targeted Population
- The population of Menmat Operational District, Kampong Cham Province.

### Quality Standards to be Achieved
- Procedures for Certifying Quality of Pharmaceuticals (Appendix C3)

### 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 Format
- Information will be collected for monitoring the contract. (Form C2-C4: Annual Financial Report, Progress Report and Quarterly Monitoring Report)

### What do contracts manage?
- Input (type of service, mix of providers) Output (quality, volume)

### Does the provider have discretion?
- Yes. The contractor has sole discretion regarding hiring health service delivery and supervisory staff.

### To hire and fire staff?
- 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)

### Links to Contract

### Contact Person
- Benjamin Loevinsohn bloevinsohn@worldbank.org
<table>
<thead>
<tr>
<th>Type of Service</th>
<th>Country</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government administration</td>
<td>Estonia</td>
<td>Provide planned specialized outpatient care, planned inpatient treatment and emergency care</td>
</tr>
<tr>
<td>Physical plant development and capital investment</td>
<td>Estonia</td>
<td>Included in specialized outpatient, inpatient services and emergency care</td>
</tr>
<tr>
<td>Hospital (general and specialized)</td>
<td>Estonia Health Insurance Fund</td>
<td>Train specialists to implement DRGs and prepare IT software</td>
</tr>
<tr>
<td>Basic primary care and preventive services</td>
<td>The Medical Institution</td>
<td></td>
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<tr>
<td>Diagnostic services</td>
<td></td>
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<tr>
<td>Extended care</td>
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<tr>
<td>Ambulance and transportation services</td>
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<tr>
<td>Pharmaceuticals, medical supplies and equipment</td>
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<tr>
<td>Human resources, education and training</td>
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<tr>
<td>Knowledge management</td>
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</tbody>
</table>

**Purchasing options**

| Public-public partnership                  |                  |                                                                              |
| Government service delivery                |                  |                                                                              |
| Project agreements                         |                  |                                                                              |
| Direct subventions                         |                  |                                                                              |
| Autonomization                             |                  |                                                                              |
| Corporation                                |                  | 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                               |                  |                                                                              |
| 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                             |                  |                                                                              |
| Cost-and-volume contracts                   |                  | Contracts organized using average cost per case and number of cases – Annex 2 |
| Set price                                   |                  |                                                                              |
| Prepayment                                  |                  |                                                                              |

**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 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  
agharding3@worldbank.org
<table>
<thead>
<tr>
<th>Type of Service</th>
<th>Purchasing options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government administration</td>
<td>Public–private partnership</td>
</tr>
<tr>
<td>Physical plant development and capital investment</td>
<td>Government service delivery</td>
</tr>
<tr>
<td>Hospital (general and specialized)</td>
<td>Project agreements</td>
</tr>
<tr>
<td>Basic primary care and preventive services</td>
<td>Direct subventions</td>
</tr>
<tr>
<td>Diagnostic services</td>
<td>Autonomization</td>
</tr>
<tr>
<td>Extended care</td>
<td>Corporation</td>
</tr>
<tr>
<td>Ambulance and transportation services</td>
<td>Public–private partnership</td>
</tr>
<tr>
<td>Pharmaceuticals, medical supplies and equipment</td>
<td>Service contract</td>
</tr>
<tr>
<td>Human resources, education and training</td>
<td>Contract in</td>
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<td></td>
<td>Contract out</td>
</tr>
<tr>
<td></td>
<td>Government pays family physicians to provide a whole range of health services. The private entities are responsible for labor, supplies and management.</td>
</tr>
<tr>
<td></td>
<td>Leasing</td>
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<td></td>
<td>Concession</td>
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<td></td>
<td>Social Franchising</td>
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<td></td>
<td>Divestiture</td>
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</tbody>
</table>

### Basic Content of Contract

<table>
<thead>
<tr>
<th>Preamble</th>
<th>Total amount of payment</th>
<th>Authorized persons and signature</th>
<th>Contract period</th>
<th>Summary content</th>
<th>Levels of services</th>
<th>Targeted population</th>
<th>Quality standards to be achieved</th>
<th>Payment mechanisms</th>
<th>Fee-for-service</th>
<th>Block contracts</th>
<th>Labor and materials</th>
<th>Cost-and-volume contracts</th>
<th>Set price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>To be determined (See Annex 3 &amp; 4 for &quot;financial calculations of services rendered by general practitioner&quot;)</td>
<td>Yes</td>
<td>To be determined</td>
<td>Yes</td>
<td>Promotion of health, prevention of disease, health examinations and health services</td>
<td>Insured person who have been registered in the Family Physician’s practice list</td>
<td>Protection of insured persons, maintain medical documents, following treatment instructions and diagnostic guidelines (Annex 6)</td>
<td>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;</td>
<td>Capitation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Best endeavours

- Dispute shall be resolved by negotiations with 30 calendar days
- A three member arbitral tribunal shall be designated. (See Annex 16 for “Arbitration Rules”)
- Health Care Services Administration Act, Estonia Health Insurance Fund Act, Republic of Estonia Health Insurance Act and other legislations
- Ensure the safety, privacy, confidentiality of the personal data of insured person
- 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
- In the temporary absence of the family physicians, they shall organize substitution by other physicians.
- Yes.
- Yes.
- No. The government provides the price list of health services.
- 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.
- No. The Health Insurance Fund determines the prices of health services.
- 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
- No. But some quality requirements could be developed to performance indicators, eg: patient waiting time for general care and emergency care (Annex 3)
- N/A
- 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:** About 150,560 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
  - 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?** Yes.
- **Output?** Yes.

### Does the provider have discretion?
- **To hire and fire staff?** Yes.
- **To set wages?** Yes.
- **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 more 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

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**Notes:**
- For the full contract details and performance-based funding targets, please refer to the original sources provided in the links.
- The evaluation of the project highlights its success in increasing immunization coverage through performance-based incentives.
- The complexities of performance-based contracting are noted, including the cost of indicator measurement and independent verification of performance results.
<table>
<thead>
<tr>
<th>Country</th>
<th>India</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purchaser</td>
<td>Managed Care Purchasers (E.g. State Medicaid agencies)</td>
</tr>
<tr>
<td>Provider</td>
<td>Managed Care Organizations</td>
</tr>
</tbody>
</table>

### Type of Service

<table>
<thead>
<tr>
<th>Government administration</th>
<th>Physical plant development and capital investment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital (general and specialized)</td>
<td>TB-related inpatient hospital services, physician services, continuing diagnosis and evaluation services, discharge planning for hospitalized patients</td>
</tr>
<tr>
<td>Basic primary care and preventive services</td>
<td>TB-related screening services, TB-related diagnostic services, TB-related treatment services, DOT, case management services</td>
</tr>
<tr>
<td>Diagnostic services</td>
<td></td>
</tr>
<tr>
<td>Extended care</td>
<td></td>
</tr>
<tr>
<td>Ambulance and transportation services</td>
<td></td>
</tr>
<tr>
<td>Pharmaceuticals, medical supplies and equipment</td>
<td>TB-related pharmaceutical services</td>
</tr>
<tr>
<td>Human resources, education and training</td>
<td></td>
</tr>
</tbody>
</table>

### 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

### Basic Content of Contract

<table>
<thead>
<tr>
<th>Preamble</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total amount of payment</td>
<td>No</td>
</tr>
<tr>
<td>Authorized persons and signature</td>
<td>No</td>
</tr>
<tr>
<td>Contract period</td>
<td>No</td>
</tr>
<tr>
<td>Summary content</td>
<td>No</td>
</tr>
<tr>
<td>Levels of services</td>
<td>TB-related screening, diagnostic and treatment services (See section 102: Covered Services)</td>
</tr>
</tbody>
</table>

### 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, reporting financial performance measures, and reporting performance measures for making medical necessity determinations.

### What do contracts manage?

<table>
<thead>
<tr>
<th>Input (Types of services, providers)</th>
<th>Output (waiting time)</th>
</tr>
</thead>
</table>

### 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

### 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.
<table>
<thead>
<tr>
<th>Country</th>
<th>India</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purchaser</td>
<td>District TB Control Society</td>
</tr>
<tr>
<td>Provider</td>
<td>NGO</td>
</tr>
<tr>
<td><strong>Type of Service</strong></td>
<td></td>
</tr>
<tr>
<td>Government administration</td>
<td></td>
</tr>
<tr>
<td>Physical plant development and capital investment</td>
<td></td>
</tr>
<tr>
<td>Hospital (general and specialized)</td>
<td></td>
</tr>
<tr>
<td>Basic primary care and preventive services</td>
<td>To provide diagnosis and treatment services for TB Control following the RNTCP strategy</td>
</tr>
<tr>
<td>Diagnostic services</td>
<td>perform AFB microscopy and maintain the Laboratory Register</td>
</tr>
<tr>
<td>Extended care</td>
<td></td>
</tr>
<tr>
<td>Ambulance and transportation services</td>
<td></td>
</tr>
<tr>
<td>Pharmaceuticals, medical supplies and equipment</td>
<td>Maintain adequate inventories of drugs and consumables for smooth operation of the RNTCP in the area</td>
</tr>
<tr>
<td>Human resources, education and training</td>
<td>Provide health education to the community</td>
</tr>
<tr>
<td>Knowledge management</td>
<td></td>
</tr>
<tr>
<td><strong>Purchasing options</strong></td>
<td></td>
</tr>
<tr>
<td>Public-public partnership</td>
<td></td>
</tr>
<tr>
<td>Government service delivery</td>
<td></td>
</tr>
<tr>
<td>Project agreements</td>
<td></td>
</tr>
<tr>
<td>Direct subventions</td>
<td></td>
</tr>
<tr>
<td>Autonomization</td>
<td></td>
</tr>
<tr>
<td>Corporatization</td>
<td></td>
</tr>
</tbody>
</table>

**Public – private partnership**

<table>
<thead>
<tr>
<th>Service contract</th>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contract in</td>
<td></td>
</tr>
<tr>
<td>Contract out</td>
<td></td>
</tr>
<tr>
<td>Leasing</td>
<td></td>
</tr>
<tr>
<td>Concession</td>
<td></td>
</tr>
<tr>
<td>Social Franchising</td>
<td></td>
</tr>
<tr>
<td>Divestiture</td>
<td></td>
</tr>
</tbody>
</table>

**Basic Content of Contract**

<table>
<thead>
<tr>
<th>Preamble</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total amount of payment</td>
<td>Approximately 1,000,000 (in Rs)</td>
</tr>
<tr>
<td>Authorized persons and signature</td>
<td>Yes</td>
</tr>
<tr>
<td>Contract period</td>
<td>Two years</td>
</tr>
<tr>
<td>Summary content</td>
<td>District TB Control Society and NGO to cooperate in the implementation of TB control activities</td>
</tr>
<tr>
<td>Levels of services</td>
<td>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.</td>
</tr>
<tr>
<td>Targeted population</td>
<td>Approximately 500,000 population</td>
</tr>
<tr>
<td>Quality standards to be achieved</td>
<td>To follow Technical Guidelines for RNTCP, Operational Guidelines for RNTCP, and Laboratory Manual for RNTCP</td>
</tr>
<tr>
<td>Payment mechanisms</td>
<td></td>
</tr>
<tr>
<td>Captitation</td>
<td></td>
</tr>
<tr>
<td>Fee-for-service</td>
<td></td>
</tr>
<tr>
<td>Block contracts</td>
<td></td>
</tr>
<tr>
<td>Labor and materials</td>
<td>The District TB Control Society provides start-up and recurring costs and provide anti-TB drugs.</td>
</tr>
<tr>
<td>Cost-and-volume contracts</td>
<td></td>
</tr>
<tr>
<td>Set price</td>
<td></td>
</tr>
<tr>
<td>Prepayment</td>
<td></td>
</tr>
<tr>
<td>Indemnification</td>
<td></td>
</tr>
<tr>
<td>Variations to the agreement</td>
<td>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.</td>
</tr>
<tr>
<td>Best endeavours</td>
<td>If a resolution between the two parties is not possible, the nthe State TB Officer shall attempt to resolve the dispute.</td>
</tr>
<tr>
<td>Arbitration</td>
<td>Failure to implement the project as agreed upon may lead to termination of this contract.</td>
</tr>
<tr>
<td>Statutory regulations</td>
<td>N/A</td>
</tr>
<tr>
<td>Confidentiality</td>
<td>N/A</td>
</tr>
<tr>
<td>Information requirements and reporting formats</td>
<td>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</td>
</tr>
</tbody>
</table>

**What does contracts manage?**

| Does the provider have discretion | N/A                                                                                      |
| 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**

|------------------|---------------------------------------------------------------------------------------------------------|

**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
<table>
<thead>
<tr>
<th>Country</th>
<th>India</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purchaser</td>
<td>The District TB Society of xxx</td>
</tr>
<tr>
<td>Provider</td>
<td>NGO or Trust Hospital</td>
</tr>
</tbody>
</table>

### 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.**

### Basic Content of Contract

#### Preamble

<table>
<thead>
<tr>
<th>Yes</th>
</tr>
</thead>
</table>

#### Total amount of payment

<table>
<thead>
<tr>
<th>Rs 20,000 , medicines and laboratory consumables</th>
</tr>
</thead>
</table>

#### Authorized persons and signature

<table>
<thead>
<tr>
<th>Yes</th>
</tr>
</thead>
</table>

#### Contract period

<table>
<thead>
<tr>
<th>N/A</th>
</tr>
</thead>
</table>

#### 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

#### 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

<table>
<thead>
<tr>
<th>No</th>
</tr>
</thead>
</table>

#### Best endeavours

<table>
<thead>
<tr>
<th>No</th>
</tr>
</thead>
</table>

#### Arbitration

<table>
<thead>
<tr>
<th>No</th>
</tr>
</thead>
</table>

#### Statutory regulations

<table>
<thead>
<tr>
<th>No</th>
</tr>
</thead>
</table>

#### Confidentiality

<table>
<thead>
<tr>
<th>No</th>
</tr>
</thead>
</table>

#### 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

### 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
- Diagnostic services
- Provide anti-TB treatment, develop a system for direct observation of Therapy and follow-up.
- 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**: N/A
- **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

**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
Contact person
Daouda Malle
dmalle@worldbank.org

Links to contract
Copy of contract

Evaluation of Project
The Project 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 services has increased from 40% in 1998 to 63% in 2002. The number of Community Health Centers (Centre de Santé Communautaire- CSCOM) has doubled during this period and all of the CSCOM are managed by the beneficiary Communities. The contract is a mutual assistance between the MoH and the ASACO (Association de Santé Communautaire). So far the main TOR are respected. The MoH 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 participating to the planning, budgeting, monitoring, evaluation of health interventions. (Dr. Daouda Malle)

Best endeavours
En cas de non respect de l’Association de santé communautaire de ses engagements, l’état peut reprendre tout ou partie de sa contribution.

Confidentiality
N/A

Statutory regulations
Disposition de l’Arrête interministeriel no 94../MSAP/MATS/MFC.

Information requirements and reporting formats
Yes. Fournir Rapports d’activités trimestriels, les informations 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
Yes. L’association de sante communautaire doit declarer officiellement le personnel employer par l’association.

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

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 to measure performance. (Dr. Daouda Malle)

Performance goals and indicators

Country
Mali

Purchaser
Le Ministere de la Sante

Provider
L’Association de Sante Communautaire

Type of Service

Physical plant development and capital investment
Construction/ Renovation du Centre de Sante Communautaire

Hospital (general and specialized)
Le Centre de Sante communautaire doit offrir le paquet minimum d’activites de soins curatifs, preventives, d’activites promotionnelles et sociales

Basic primary care and preventive services
Activités d’examen parénthique

Diagnostic services
Activités d’examen parénthique

Extended care

Ambulance and transportation services

Pharmaceuticals, medical supplies and equipment
Assurer la disponibilité des medicaments essentiels

Human resources, education and training

Knowledge management
Disposer d’un systeme local d’information qui facilite la prise de decision locale, l’autoévaluation 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

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 resulted in any conflicting situation so far. (Dr. Daouda Malle)

Social Franchising

Diversifiate

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

Level of services
offrir le paquet minimum d’activites de soins curatifs, preventives, d’activites promotionnelles et sociales (Chapitre I: Mission d’un center de sante communautaire)

Targeted population
Les habitants de l’arrèt de sante définie a l’article 1

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’établissement de soins de sante, equiper le center de sante communautaire en materiels logistique, renouveler le materiel medical, mettre medicament essentiels (Chapitre II: Des engagements de l’état). L’association de sante communautaire financer … F.CFA pour construction/rehabilitation du Center de Sante Communautaire

Cost-and-volume contracts

Set price

Prepayment

Indemnification

Variations to the agreement
La presente convention peut etre modifie ou amenee d’accord partie

Best endeavours
En cas de non respect de l’Association de sante communautaire de ses engagements, l’état peut reprendre tout ou partie de sa contribution.

Arbitration
N/A

Confidentiality
N/A

Information requirements and reporting formats
Yes. Fournir Rapports d’activites trimestriels, les informations 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
Yes. L’association de sante communautaire doit declarer officiellement le personnel employer par l’association.

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 to measure performance. (Dr. Daouda Malle)

Performance goals and indicators

Evaluation of Project
The Project 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 services 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 beneficiary Communities. The contract is a mutual assistance between the MoH and the ASACO (Association de Santé Communautaire). So far the main TOR are respected. The MOH contributes for 10% of the total cost for CSCOM construction, provides equipment, mobeds 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)
### Summary Content

**Contract period**
- Niger

**Authorized persons and signature**
- Denise Vaillancourt

**Country**
- Niger

**Purchaser**
- District Sanitaire de

**Provider**
- Associations ONG, Groupes de Citoyen, Guerisseur traditionnel, Agent de santé communautaire, technicien de santé hors secteur public, simple citoyen

### Type of Service

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### Purchasing options

- Public-public partnership
- Government service delivery
- Project agreements
- Direct subventions
- Corporatization
- Public - private partnership
- Service contract
- Contract in
- Contract out
- Leasing
- Concession
- Social Franchising
- Divestiture

### Basic Content of Contract

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### What does contract manage?

- Input

### Does the provider have discretion?

- No

### To hire and fire staff?

- Yes

### To set wages?

- Yes

### To decide services provided within the contract?

- Yes

### To decide services provided outside the contract?

- No

### To set prices of services covered by the contract?

- No

### To set other prices?

- Yes

### To set prices of services covered by the contract?

- Yes

### To hire and fire staff?

- Yes

### To set wages?

- Yes

### To decide services provided within the contract?

- Yes

### To decide services provided outside the contract?

- No

### To set prices of services covered by the contract?

- No

### To set other prices?

- Yes

### 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; 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, Woman’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
- 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.

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