

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	
<i>Government service delivery</i>	
<i>Project agreements</i>	
<i>Direct subventions</i>	
<i>Autonomization</i>	
<i>Corporatization</i>	
Public – private partnership	
<i>Service contract</i>	
<i>Contract in</i>	
<i>Contract out</i>	
<i>Leasing</i>	
<i>Concession</i>	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)
<i>Social Franchising</i>	
<i>Divestiture</i>	
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 sociaux (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	
<i>Capitation</i>	
<i>Fee-for-service</i>	
<i>Block contracts</i>	
<i>Labor and materials</i>	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 communautaire en materiels logistique, renouveler le materiel medical, mettre medicament essentiels (Chapitre II: Des engagements de l'etat). L'association de sante communautaire financer F.CFA pour construction/renovation du Center de Sante communautaire
<i>Cost-and-volume contracts</i>	
<i>Set price</i>	
<i>Prepayment</i>	
<i>Indemnification</i>	
Variations to the agreement	La presente convention peut etre modifie ou amende 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	
<i>To hire and fire staff?</i>	Yes. L'association de sante communautaire doit declarer officiellement le personnel employer par l'association.
<i>To set wages?</i>	Yes.
<i>To decide services provided within the contract?</i>	N/A
<i>To decide services provided outside the contract?</i>	N/A
<i>To set prices of services covered by the contract?</i>	N/A
<i>To set other prices?</i>	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 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 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 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 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;
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