TERMS OF REFERENCE

PROJECT IMPLEMENTATION UNIT

COMMUNITY EMPOWERMENT AND STRENGTHENING OF HEALTHCARE ACCESS

THROUGH

MARYAM NAWAZ HEALTH CLINIC

The Chief Minister's Punjab Health Reforms

Health & Population Department
Government of the Punjab

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TERMS OF REFERENCE (TORS)

MARYAM NAWAZ HEALTH CLINIC
The Chief Minister's Punjab Health Reforms

1. BACKGROUND

The **Maryam Nawaz Health Clinic Initiative**, launched under the **Chief Minister's Punjab Health Reforms**, represents a transformative approach to addressing challenges in healthcare delivery across rural and underserved areas of Punjab. Drawing inspiration from successful global models, such as the **United Kingdom's NHS Quality and Outcomes Framework (BMJ, 2018)**, **Sweden's competitive primary care outsourcing system (OECD, 2017)**, and **Spain's Alzira Model (Lancet, 2019)**, the initiative introduces a **pay-for-performance framework** to revitalize lagging **Basic Health Units (MNHCs)**. This innovative outsourcing strategy entrusts the management of 150 lagging MNHCs to young healthcare providers, linking their financial incentives to measurable performance benchmarks such as patient attendance, maternal health services, and immunization coverage.

The initiative ensures **accountability, cost-efficiency**, and **service quality**, mirroring best practices seen globally. For example, **Rwanda** demonstrated improved vaccination rates and reduced maternal mortality through performance-based healthcare contracts (**WHO, 2018**), while **Bangladesh's Smiling Sun Clinics** empowered local providers to deliver impactful maternal and child health services (**World Bank, 2018**).

Beyond improving healthcare delivery, the initiative fosters **entrepreneurship among healthcare professionals**, giving them autonomy to manage MNHCs as sustainable ventures. This ownership drives innovation, operational efficiency, and improved patient outcomes, positioning the initiative as a model for healthcare reform that balances community needs with global standards of performance and accountability.

2. INTRODUCTION

The **Maryam Nawaz Health Clinic Initiative** is set to bring transformative improvements to healthcare delivery across the selected Basic Health Units (BHUs) in Punjab. The initiative aims to significantly enhance service delivery, with patient attendance projected to increase substantially per BHU each month, ensuring broader access to essential healthcare services in underserved areas. It will also improve cost efficiency by optimizing resource allocation and reducing operational inefficiencies. This transformative initiative places a strong emphasis on selecting **young, dynamic doctors and professional healthcare providers** to manage and operate Basic Health Units (BHUs) with a renewed

sense of energy, purpose, and commitment to delivering excellence in healthcare services. Recognizing the critical role of **primary healthcare** as the backbone of the healthcare system, the government has undertaken a groundbreaking effort to **revamp and modernize primary healthcare facilities**, including both BHUs and Maryam Nawaz Hospital/ Rural Health Center (MNH/RHC). The initiative introduces **new, innovative strategies** aimed at strengthening healthcare delivery, empowering **energetic and motivated health managers** to bring about meaningful change in their respective communities.

Under this model, these facilities are operationalized using a **pay-for-performance framework**, which directly ties compensation to the achievement of clearly defined and measurable outcomes. This incentivized system ensures that service providers are motivated to deliver not only efficient and effective healthcare but also maintain a high standard of **quality, accountability, and transparency**. The focus on **performance metrics**, such as patient attendance, maternal and child health coverage, immunization rates, and emergency service availability, ensures that healthcare delivery aligns with the needs of the communities served.

By integrating **young professionals** into the healthcare system through this model, the government not only revitalizes the operational capacity of these facilities but also fosters a culture of innovation, ownership, and responsibility. This approach establishes a dynamic and sustainable framework for healthcare, prioritizing **accessible, free, and comprehensive services** for all while aligning with global best practices for primary healthcare transformation.

Additionally, the initiative will create sustainable self-employment opportunities for healthcare professionals, empowering young doctors to manage their facilities and contributing to local economic development. By holding providers to high operational standards, the initiative will ensure the consistent delivery of vital healthcare services, including maternal health, immunization, family planning, and emergency care. Leveraging global best practices and implementing a pay-for-performance model, the initiative revitalizes lagging MNHCs, sets new benchmarks for accountability and efficiency, and establishes a sustainable entrepreneurial framework to improve healthcare access for rural communities across Punjab.

Indicators	Supply Side Benefits	Demand Side Benefits
Cost Efficiency	Reduced operational cost	Patients receive free healthcare services while minimizing Out of Pocket Expenditures.
Service Delivery	Increase service delivery threefold through better resource utilization	Provides access to high-quality healthcare, especially maternal and childcare, family planning, and immunization with extended Hours of service delivery.
Staff Utilization	Overcomes underutilization of existing H&PD staff	Ensures availability of qualified doctors and allied healthcare professionals in rural areas
Healthcare Quality	Improves alignment with H&PD and Punjab government healthcare objectives	Enhances the quality and availability of primary healthcare services without additional cost to patients
Accountability and Performance	Links payments to performance, ensuring better healthcare delivery	Improves patient satisfaction through consistent, high-quality healthcare services
Private Sector Involvement	Encourages Communities to run lagging MNHCs	The engagement of local providers fosters a sense of ownership and builds trust between the community and healthcare facilities.
Sustainability	Ensures long-term financial sustainability for H&PD through cost savings	Guarantees continuous access to healthcare without financial strain on patients
Opportunity for Doctors	Entrepreneurial Model for Young Doctors	Local doctors can run MNHCs as private practices without charging patients directly
Scalability and Innovation	The success of this model in pilot MNHCs provides a framework for scaling the initiative across the province	Private sector involvement encourages the adoption of innovative practices and technologies to improve service delivery.

3. PROJECT OBJECTIVES

The **"Service Delivery Model"** for primary healthcare services, specifically designed for **Basic Health Units (BHIs)**, aims to address the critical challenges of underutilization and suboptimal healthcare delivery in underserved communities. By focusing on efficiency,

quality, and sustainability, this model seeks to transform healthcare outcomes for rural populations. The key objectives of the initiative are:

1. **Maximize Utilization**
    - Increase patient visits and ensure full utilization of MNHC by enhancing the delivery of essential healthcare services, including **outpatient care**, **maternal and child health**, **family planning**, and other primary health services.
    - Improve the accessibility and reliability of healthcare services for communities that have historically been underserved.
2. **Enhance Healthcare Outcomes**
    - Focus on improving critical health indicators, particularly in areas where MNHCs have underperformed, such as **maternal and child health services** and **preventive care**.
    - Deliver consistent, high-quality care to address healthcare disparities and reduce preventable illnesses and mortality rates in underserved regions.
3. **Performance and Accountability**
    - Introduce a **pay-for-performance model** to align provider payments with measurable service delivery milestones.
    - Encourage healthcare providers to deliver critical services with greater efficiency, reliability, and accountability.
    - Establish a transparent system to monitor and evaluate performance through digital tools like the **Electronic Medical Record (EMR)** system.
4. **Cost-Effective Operations**
    - Optimize service delivery processes to achieve **cost efficiency**, enabling the model to deliver **three times the current level of service at reduced costs**.
    - Create a sustainable system where operational expenses are minimized without compromising the quality of care provided to patients.
5. **Empower Healthcare Providers**
    - Provide healthcare providers with the autonomy to manage **Maryam Nawaz Health Clinic (MNHC)** independently, while adhering to government-supported guidelines to ensure standardized service delivery.

- Encourage providers to take full ownership of MNHC operations, fostering a culture of **innovation**, **accountability**, and a strong commitment to high-quality healthcare services.

All healthcare services are delivered **free-of-cost** to patients, with the government covering operational expenses and reimbursing healthcare providers for their services. This ensures a clear distinction from privately operated clinics, as the model prioritizes accessibility and equity for underserved communities.

4. IMPLEMENTATION APPROACH

Scope of Assignment

The outsourcing model under the **MARYAM NAWAZ HEALTH CLINIC** initiative marks a significant step toward transforming primary healthcare delivery in Punjab. This initiative focuses on the selection of **young doctors and professional healthcare providers** to manage and operate these 24/7 MNHCs with renewed energy, clear goals, and a strong commitment to excellence.

The government has taken a groundbreaking initiative to **revamp primary healthcare facilities**, including MNHCs and Maryam Nawaz Hospital/ Rural Health Center (MNH/RHC), aiming to bring a new inertia to healthcare service delivery. By integrating innovative strategies and engaging **new, young, and energetic health managers**, the government seeks to operationalize these MNHCs under a **pay-for-performance model (Performance Based Financing)**. This model ensures that service providers are paid to deliver measurable outcomes, with their compensation tied directly to service quality and performance metrics.

The core objective is to ensure that these facilities provide **free, high-quality, and comprehensive healthcare services** to underserved communities. This includes a focus on maternal and child health, immunization, family planning, outpatient care, and emergency services. The selected health managers will play a critical role in ensuring that these revitalized MNHCs operate efficiently, maintain high standards of care, and remain accessible to all segments of the population.

By entrusting the management of these facilities to motivated professionals, the government aims to set new benchmarks in healthcare service delivery, accountability, and efficiency, ensuring that the benefits of this initiative reach every corner of Punjab.

4.1. Operational Management

The selected Health Managers will be responsible for overseeing the day-to-day operations of the MNHCs (round the clock 7 days of the week). The Health Manager

/Doctor's presence will be required for 8 hours (08:00AM to 04:00PM) though the Health Manager/Doctor availability after 04:00PM will be appreciated for quality healthcare services. This includes:

i. **Managing Facility Operations**: Ensuring the smooth functioning of all aspects of the MNHCs, including patient flow, resource allocation, and coordination of services to meet the community's healthcare needs efficiently.

ii. **Ensuring Functionality**: At the time of contract termination or handover, the responsible entities will ensure that all biomedical equipment and the MNHC itself are fully functional and in good condition, ready for continued operation under future management.

iii. **Repair and Maintenance**: Once the department hands over a fully functional MNHC, the selected entities will be responsible for all ongoing repair and maintenance work, ensuring that the facility and all equipment remain operational throughout the duration of the contract. This includes regular inspections, timely repairs, and maintaining high standards of hygiene and safety.

iv. **Medicine and Disposable Supplies**: The entity will ensure the continuous availability of essential quality medicines (as per essential & emergency medicine list provided to the Health Manager after signing of contract) and disposable medical supplies such as syringes, bandages, and surgical gloves, which are crucial for providing basic healthcare services. The entity will manage the procurement, storage, and distribution of these supplies to ensure uninterrupted service delivery.

v. **Provision of Specific Items by H&PD**: Certain critical medical supplies will be provided by the **Health & Population Department (H&PD)**:

- **EPI Vaccines**: Vaccines for the **Expanded Program on Immunization (EPI)**, including those for diseases such as polio, measles, diphtheria, and tetanus, will be supplied by H&PD to ensure immunization coverage for the community.
- **TB Drugs**: Drugs for the treatment of **Tuberculosis (TB)** will be provided by H&PD to support national efforts in combating TB and ensuring proper treatment and follow-up for TB patients.
- **Family Planning (FP) Implants**: Contraceptive implants for family planning services will also be supplied by H&PD, ensuring that MNHCs have the necessary tools to provide family planning services as part of their maternal and child healthcare offerings.

- **Nutrition commodities:** H&PD will provide nutrition commodities.

Innovation and Efficiency in Supply Chain Management

This model ensures a robust and reliable supply chain through a **collaborative approach** between healthcare providers and H&PD:

- Providers will integrate **digital inventory management tools** to monitor supplies in real time, track usage patterns, and forecast future needs accurately.
- A streamlined supply chain will enable timely procurement and distribution, minimizing stockouts and wastage.
- **Cold chain management** will be implemented for temperature-sensitive supplies, such as vaccines, to maintain their efficacy.

4. Community-Centered Service Delivery

To enhance trust and ensure effective healthcare delivery:

- Providers will engage with the local community to identify specific health needs and tailor services accordingly.
- Outreach programs will raise awareness about immunization, nutrition, family planning, and other essential services provided at MNHC.
- Regular community feedback will be incorporated to improve service quality and foster a sense of ownership among the population.

Key Innovations

- **Integrated Monitoring and Reporting Systems**:
  Providers will utilize digital tools such as the **Electronic Medical Record (EMR)** system to enable **real-time reporting** and data-driven decision-making. This ensures transparent performance evaluation and efficient service delivery tracking.
- **Central Command and Control Monitoring**:
  Service delivery will be closely monitored through mandatory bio-matric attendance system, **Central Command and Control System**, with **CCTV cameras installed at each MNHC**. This advanced system ensures real-time surveillance and operational oversight, enabling swift responses to any service delivery gaps.
- **Service Delivery Verification**:
  Service delivery performance will be verified through a **dedicated call center**, which will contact patients for feedback and service confirmation. Additionally, **household cluster surveys** will provide an on-ground assessment of healthcare

access, satisfaction, and outcomes, ensuring a comprehensive evaluation of service impact.

- **Emergency Preparedness Plans**:
  MNHCs will be equipped to handle emergencies effectively, including **maternal complications**, **outbreaks**, and **seasonal health challenges**. These plans will include protocols for managing critical conditions, ensuring timely care, and reducing preventable complications.
- **Comprehensive Training for Health Managers**:
  An **initial training session** will be conducted for all selected health managers to provide orientation on the model and **Standard Operating Procedures (SOPs)** for facility management. This training will ensure that managers are well-prepared to deliver high-quality services, adhere to operational protocols, and manage their MNHCs effectively.
- **Camp Clinics with Specialist Doctors**:
  Health managers will be encouraged and motivated to organize **camp clinics** featuring specialist doctors. These clinics will be conducted in **deep rural areas** to provide access to advanced medical care for underserved populations, ensuring that even remote communities benefit from specialist consultations and treatments.
- **Private Practice**
  Health Manager/ Doctor will be ineligible to establish his own clinic/ hospital during the contract period.

These key innovations collectively ensure that the **Maryam Nawaz Health Clinic Initiative** not only delivers high-quality healthcare but also operates with transparency, efficiency, and a strong focus on community needs. By leveraging technology, comprehensive training, and proactive community engagement, the initiative is designed to revolutionize primary healthcare delivery in Punjab.

4.2. Service Delivery

The selected Health Managers will be responsible for providing essential healthcare services, including:

- **Maternal and Child Healthcare**: Comprehensive antenatal, postnatal care, and delivery services (round the clock).
- **Family Planning**: Providing access to family planning services, including counseling and the provision of both short-term and long-term contraceptives (round the clock).

- **Immunization**: Administering vaccines in line with the Expanded Program on Immunization-EPI (round the clock).
- **Treatment of Malnutrition and TB Care**: Offering specialized services to screen and treat malnourished children and patients with Tuberculosis-TB (08:00AM to 04:00PM).
- **General Outpatient Services (OPD)**: Offering consultations for common illnesses and general healthcare needs (08:00AM to 04:00PM).
- **Emergency Services**: Providing basic emergency services as required (round the clock).

4.3. Human Resources Management

The selected Health Managers managing the MNHCs will be responsible for recruiting, training, and managing a competent healthcare workforce:

- **Recruitment and Training**: Hiring dispensers/ Pharmacy Technicians/ Pharmacist, Skill Birth Attendant Lady Health Visitors (LHVs)/ Midwives/ Charge Nurses (atleast 03 for MNHC with capping payment of Rs. 893,000/- per month and 3 for MNHC with capping payment of Rs. 690,500/- per month) and other support staff, ensuring they are trained and capable of delivering quality healthcare services.
- **Staff Management**: Regularly evaluating the performance of healthcare professionals and ensuring adherence to healthcare standards.
- **Compliance with PHC Standards**: Ensuring that all healthcare staff and operations comply with the "**Punjab Healthcare Commission's (PHC)"** Minimum Service Delivery Standards (MSDS), including regular PHC licensing within six months of taking over the health facility.

4.4. Monitoring and Reporting

Ensuring transparency and accountability through data-driven monitoring and reporting:

- **Data Entry into EMR**: Recording all service data in real-time using the H&PD's Electronic Medical Record (EMR) system.
- **Monthly Reports**: Submitting regular performance reports detailing services provided, patient visits, and other key metrics.

- **Regular Audits**: Participating in regular third-party audits to ensure compliance with pay-for-performance targets and healthcare delivery standards.
- **Coordination with District Health Authorities**: Ensuring regular communication with the District Health Authorities (DHA) for oversight and compliance.

5. DEPARTMENTAL ROLES AND RESPONSIBILITIES

5.1. Health & Population Department (H&PD)

The H&PD will play a crucial role in ensuring the smooth functioning of the outsourcing model by:

- **Release of Finances**: Reimbursements against service delivery in each MNHC shall be made by the H&PD / Project Implementation Unit after verification of invoice/service delivery details by Claims Scrutiny Committee directly to the service provider through crossed cheque / online transfers
- **EMR Integration**: All data will be entered into the EMR system, ensuring transparency and real-time tracking of healthcare services.
- **Service Delivery Verification**: H&PD will ensure that service delivery is verified through performance audits, and payments will be disbursed accordingly.

5.2. District Health Authorities (DHA)

The DHAs will be responsible for regular oversight and monitoring of the MNHCs:

- **Regular Visits**: DHAs will conduct regular visits to the MNHCs to assess their operations, ensuring that they are meeting the required healthcare standards.
- **Monitoring and Evaluation Assistants (MEAs)**: MEAs will visit each MNHC monthly to collect data related to service delivery, patient satisfaction, and healthcare outcomes.
- **Service Delivery Audits**: MEAs will review the accuracy of the data recorded in the EMR system and verify that healthcare services are being provided as per the contract.

5.3. Coordination with Outreach Staff

Outreach staff from the H&PD will work closely with MNHC staff to ensure seamless service delivery:

- **Coordination with MNHC Staff**: Outreach workers will collaborate with MNHC in-charges to facilitate healthcare programs such as immunization drives, maternal health initiatives, and family planning services.
- **Community Engagement**: Outreach staff will work to engage the community and ensure that public health services reach the targeted populations, with regular feedback to MNHC in-charges on community health needs.

6. REPAIR AND MAINTENANCE RESPONSIBILITIES

As the department will hand over the MNHCs in fully functional condition, the selected Health Managers managing the MNHCs will be responsible for the following:

- **Ongoing Repair and Maintenance**: Ensuring that all infrastructure, facilities, and equipment remain fully operational and well-maintained throughout the duration of the contract.
- **Biomedical Equipment Functionality**: Ensuring that all biomedical equipment handed over by the department is kept in working condition and is returned fully operational at the end of the contract term or upon contract termination.
- **Facility Management**: Regularly inspecting the facility for any repair or maintenance needs and ensuring that all issues are addressed promptly.

This comprehensive scope of assignment defines the responsibilities of the selected Health Managers selected to manage MNHCs, as well as the critical roles played by H&PD and DHA in ensuring service delivery and monitoring. Through this coordinated approach, the outsourcing model aims to improve healthcare outcomes, service quality, and operational efficiency at MNHCs across Punjab.

7. Detailed Responsibility Matrix of Health Manger

The selected individual Health Manager (Doctor) managing the **MARYAM NAWAZ HEALTH CLINIC** has several key responsibilities, ensuring the delivery of high-quality healthcare services, effective management of human resources, and adherence to all required regulations and standards. The following are the key functions

7.1. Comprehensive Healthcare Delivery

7.1.1. Maternal and Child Healthcare:

- **Antenatal Care**: Provide comprehensive antenatal care, including routine checkups, screening for complications, and counseling on maternal

nutrition and pregnancy management. Ensure proper health tracking for pregnant women.

- **Postnatal Care**: Deliver postnatal care to mothers and newborns, offering services such as breastfeeding support, health checks for the mother and infant, and vaccinations.
- **Deliveries**: Manage normal deliveries and provide appropriate care during labor and childbirth. Ensure safe delivery practices and emergency referral systems for complicated cases.
- **Family Planning Services**: Offer counseling on family planning options and administer contraceptive methods, including short-acting and long-acting methods such as IUDs and implants.

7.1.2. Immunization Programs:

- Administer vaccines which will be provided by the department as per the **Expanded Program on Immunization (EPI)** schedule, ensuring that children receive vaccinations for diseases like polio, measles, diphtheria, tetanus, hepatitis, BCG, MMR, and others.
- Keep detailed immunization records and follow up on missed vaccinations to ensure high immunization coverage in the community.
- The entity will ensure the proper maintenance of the **cold chain** for all vaccines, ensuring they are stored and transported at the correct temperatures to maintain efficacy.

7.1.3. General Outpatient Services (OPD):

- Provide consultations for common illnesses, minor injuries, and other general health issues. This includes diagnosing and treating infectious diseases, non-communicable diseases, and acute medical conditions.
- Manage the treatment of chronic diseases such as diabetes, hypertension, and asthma, ensuring patients receive appropriate medications and follow-up care.
- Increase the volume of outpatient visits by providing accessible and reliable healthcare services.

7.1.4. Malnutrition Screening and Treatment:

- Conduct regular screenings to identify malnutrition in children under five years old, pregnant women, and lactating mothers.

- Provide therapeutic feeding programs, micronutrient supplementation, and nutrition counseling to address cases of malnutrition.
- Collaborate with local nutrition programs to ensure that malnourished individuals receive the necessary support and treatment.

7.1.5. Tuberculosis (TB) Care:

- Screen and diagnose patients for tuberculosis (TB) as per national TB program guidelines.
- Manage TB treatment, including Directly Observed Treatment, Short course (DOTS), and ensure patients complete the full course of medication.
- TB medicines will be provided by the Department.
- Provide follow-up care and monitor TB patients for potential drug resistance or complications.

7.1.6. Emergency & Referral Services

- **Basic Emergency Care:** The entity will ensure that basic emergency care is available at the MNHC, including the stabilization of patients with acute medical conditions, injuries, or other urgent health concerns. Patients requiring further medical attention will be referred to higher-level healthcare facilities, ensuring a smooth transition and timely access to advanced care.
- **Management of Medical Emergencies:** The MNHC will be equipped to handle medical emergencies such as maternal complications, accidents, and sudden illnesses. The healthcare team will provide immediate care to stabilize patients, initiate urgent interventions, and, when necessary, make referrals to specialized facilities capable of handling more complex cases.
- **Referral Coordination:** The MNHC staff will maintain strong communication lines with secondary and tertiary healthcare facilities to facilitate the referral of emergency cases. Clear referral protocols will be followed to ensure that patients are transferred safely and efficiently for advanced treatment.
- **Rural Ambulance Service (RAS) 1034 Ambulance Service:** The Departmental Rural Ambulance Service (RAS 1034) will be on call to support the transportation of patients needing urgent care beyond

the capabilities of the MNHC. The entity will coordinate with the RAS service to arrange for timely transfers, ensuring patients are safely transported to the appropriate higher-level healthcare facility for continued treatment.

This integrated approach ensures that the MNHC can effectively manage emergencies while ensuring that patients needing more specialized care are quickly referred to and transferred to the appropriate facilities

7.2. Data Entry and Reporting

1. **Accurate Record Keeping**:
   - Maintain detailed and accurate electronic medical records (EMR) of all services provided at the MNHC, including patient visits, treatments, immunizations, and other healthcare services as per the H&PD guidelines.
   - Ensure that data is regularly updated in the H&PD EMR system to enable real-time tracking of service delivery and healthcare outcomes.

2. **Monthly Performance Reporting**:
   - Submit monthly reports to the Health & Population Department (H&PD), detailing service delivery metrics such as patient volume, immunizations administered, maternal and child healthcare visits, and family planning services.
   - These reports will be used for verifying service delivery and processing payments under the pay-for-performance model.

7.3. Human Resources Management

1. **Recruitment and Staffing**:
   - Recruit qualified and skilled healthcare professionals to meet the staffing requirements of the MNHC, ensuring that all key roles are filled, including, Dispensers/Pharmacy Technicians/Pharmacist (1), Lady Health Visitors (LHVs)/ Midwives/ Charge Nurses (2 for Phase-I and 3 for Phase-II/Phase-III) and support staff (2).
   - Ensure staffing levels are adequate to meet community needs and maintain uninterrupted service delivery.

2. **Staff Training and Development**:

- Provide continuous training and development opportunities for all healthcare staff, ensuring they are up to date with the latest national healthcare protocols, including maternal and child health, immunization, TB care, and emergency care.
- Ensure all staff members are trained in the use of the EMR system for accurate data entry and reporting.

3. **Performance Management**:
   - Regularly assess the performance of healthcare staff, ensuring that they are delivering services in accordance with national standards and departmental objectives.
   - Encourage accountability and excellence by monitoring staff adherence to healthcare protocols and rewarding high performers under the pay-for-performance model.

7.4. Accountability and Compliance

1. **Compliance with Health Protocols**:
   - Ensure full compliance with all healthcare protocols and standards set by the H&PD, the Punjab Healthcare Commission (PHC). This includes adherence to the **Minimum Service Delivery Standards (MSDS)** for healthcare facilities.

2. **PHC Licensing**:
   - Ensure the MNHC obtains and maintains licensing from the Punjab Healthcare Commission (PHC) within six months of taking over the facility, ensuring that all necessary regulatory requirements are met.

3. **Monitoring and Evaluation**
   - Cooperate with third-party monitors and the District Health Authorities (DHA) during regular visits and evaluations. These assessments will ensure that the MNHC is meeting performance standards and service delivery targets.
   - Address any deficiencies or areas for improvement identified during monitoring visits and ensure compliance with recommendation

7.5. Qualifications and Team Composition

Required Qualification and selection criteria of doctors/professionals/healthcare providers is as follows:

Eligibility / Qualifications/ Criteria

To effectively manage and operate a Maryam Nawaz Health Clinic under the outsourcing model, the selected entity or individual healthcare provider must meet the following minimum qualifications and staffing requirements:

1. **Educational Qualification**:
   The Candidates must possess an **MBBS** degree from a recognized institution and must be registered with the **Pakistan Medical and Dental Council (PMDC)**.
2. **Experience**:
   - Managerial, administrative and clinical experience.
   - Preference will be given to candidates with experience managing healthcare facilities, especially in rural or underserved areas.
   - Candidates who are already working in Basic Health Units (MNHCs) are encouraged to apply.
3. **Eligibility Restrictions and Conditions:**

I. **Ineligibility**:
   - Individuals already working as health managers will be ineligible to apply for MNHCs advertised in this phase/ cycle of hiring.
   - Health Managers of **Maryam Nawaz Health Clinics,** whose contracts were terminated due to **poor performance/ violation of contract obligations** in any previous role are also ineligible to apply. He/she will be ineligible to claim CIP marks (if induction policy allows/ accept).

II. **Permanent Officers under H&PD**:
   - Permanent officers working under the **Health & Population Department (H&PD)** are eligible to apply, provided they secure a **No Objection Certificate (NOC)** from the department with extraordinary leave tittle of minimum one year.
   - If selected, such candidates will only be eligible to sign a contract after availing **Extraordinary Leave (EOL)** as per entitlement under the relevant rules -or- after submission of approved resignation.

III. Health facilities once allocated shall not be exchanged in any circumstances.

4. **Financial Stability**:
   Applicants must submit a bank guarantee at least worth **of 0.5 million PKR**, to ensure their capability of managing and sustaining the health center.

5. **Documentation**:
   - A valid registration certificate must be provided with the application.
   - The submission of forged or fake documents will result in disqualification and possible criminal proceedings.
6. **Age Limit:** Maximum age limit to apply is 45 Years at the time of application.
7. **Evaluation Process**: H&PD will form a selection committee to assess and evaluate requests for expression of interest (REOIs). Factors such as technical expertise, financial viability will be considered during the selection.
8. **Selection of Entities/Individuals**:
   - The best-suited individuals will be selected based on their ability to effectively manage the healthcare facility and provide quality healthcare services.
   - Applicants can apply for 03 different healthcare facilities, however, he/she will be selected for one Maryam Nawaz Health Clinic (if eligible as per merit).
   - Doctors already working on locum/contract/adhoc basis can apply but they will have to resign from the post before signing the contract.
9. **Selection Criteria**

EVALUATION CRITERIA	MAXIMUM MARKS	EVALUATION PARAMETERS
Matric	7	Matric or Equivalent
FSC	10	FSC or Equivalent
MBBS	15	MBBS from HEC recognized institution
Post Graduation	10	FCPS/MCPS/MS/MD/Masters/MPHIL/PGD
University Positions/ Distinctions	8	2 mark each for position/ distinction
Experience	20	Each Year 10 Marks for BHU/RHC & 5 marks/year for THQ/ DHQ /Public Teaching Hospital
Quality of Proposal	10	Selection committee shall evaluate the proposal and assign marks.
Interview (Management Capacity)	20	Selection committee will evaluate individuals.
Total Marks (100)		

7.5.2. Team Composition

1. **Medical Officer/Women Medical Officer**:

- **Qualification**: Must hold an **MBBS degree** from a recognized institution and be registered with the **Pakistan Medical and Dental Council (PMDC)**.
- **Experience**: Preference will be given to candidates with experience in managing primary healthcare facilities, particularly in rural or underserved areas.
- **Role**: The Medical Officer will be responsible for overseeing all clinical services provided at the MNHC, ensuring high-quality care across maternal and child health, general OPD, immunization, and emergency service.

2. **Dispenser 01**:

- **Qualification**: Must be certified by the relevant health authority, with experience in handling medical prescriptions and dispensing medications. Pharmacist/ pharmacy technicians can be hired.
- **Role**: The Dispenser will manage the MNHC pharmacy, ensure proper storage and handling of medicines, and dispense medications to patients in line with prescriptions from the Medical Officer.

3. **Lady Health Visitor (LHV**)(2 for Phase-I and 3 for Phase-II/Phase-III)
   - **Qualification**: Must hold certification as a **Lady Health Visitor** and have experience in maternal and child healthcare, including family planning, antenatal, and postnatal services. Midwives / Charge nurses can be hired.
   - **Role**: The LHV will provide essential services related to maternal and child health, including antenatal checkups, immunizations, family planning counseling, and home visits where necessary.

4. **Support Staff (2)**:
   - **Security Guard**: Ensures the safety and security of the MNHC facility and staff.
   - **Sweeper**: Responsible for maintaining cleanliness and hygiene at the MNHC, ensuring compliance with health and safety regulations.

This well-rounded team ensures that the MNHC is equipped to deliver comprehensive healthcare services, manage resources effectively, and maintain compliance with healthcare standards and protocols.

Selection Process and Selection

- **Competitive selection Process:** A transparent and competitive selection process will be initiated to select qualified entities or individual healthcare providers (doctors) for managing the identified MNHCs.
  - **Selection Criteria**: Applicants will be evaluated based on their healthcare experience, management capacity, ability to meet service delivery expectations.
- **Evaluation Process**: H&PD will form a selection committee to assess and evaluate bids. Factors such as technical expertise, financial viability will be considered during the selection.
- **Selection of Health Managers**: The best-suited selected Health Managers will be selected based on their ability to effectively manage the MNHCs and provide quality healthcare services.

3. Contract Signing

- **Contract Formation**: Once the selection process is completed, tri-party contracts will signed between H&PD, DHA and the individual healthcare provider/ Health Manager.
  - **Service Delivery Expectations**: The contract will clearly outline the scope of services to be delivered, including maternal and child healthcare, immunizations, family planning, general OPD services, and emergency care.
  - **Payment Model**: The contract will specify the **pay-for-performance** payment model, detailing how payments will be tied to verified service delivery metrics.
  - **Reporting Mechanisms**: The contract will also establish reporting requirements, including regular updates through the Electronic Medical Record (EMR) system and monthly performance reports.
- **Duration and Renewal**: The duration of the contract will be 01 year.

4. Training and Orientation

- **H&PD-led Training**: After contract signing, H&PD will organize comprehensive training sessions for the selected entities or individual healthcare providers and their staff.

- **EMR Systems**: Training will focus on the effective use of the EMR system for recording patient data, tracking service delivery, and submitting performance reports.
- **Healthcare Protocols**: The training will cover adherence to national healthcare protocols, including maternal and child health services, immunization schedules, family planning, TB care, and malnutrition treatment.
- **Performance Reporting**: Participants will be instructed to submit regular performance reports to H&PD, including data entry into the EMR and monthly reporting requirements.

5. Service Delivery Initiation

- **Commencement of Operations**: After completing training and orientation, the selected Health Managers will commence service delivery at **MARYAM NAWAZ HEALTH CLINIC** under framework.
  - **Essential Services**: MNHCs will provide essential services such as maternal and child healthcare, antenatal and postnatal care, family planning, immunization, TB care, malnutrition screening, general OPD services, and emergency care.
  - **Initial Setup**: The initial phase will focus on ensuring the smooth transition of operations, resource allocation, and patient management.
  - **Ongoing Support**: H&PD will provide ongoing support to ensure that all required resources**.**

6. Monitoring and Evaluation

i. **Monthly Third-Party Assessments**: To ensure compliance with healthcare standards and contractual obligations, third-party assessments will be conducted monthly.
  - **Performance Metrics**: Assessments will focus on key performance indicators (KPIs) such as patient throughput, quality of care, adherence to immunization schedules, maternal and child health services, and proper use of the EMR system.
  - **Service Delivery Compliance**: The third-party assessors will also verify that healthcare services are being delivered as per the contract and that the entity/individual is adhering to the required national healthcare protocols.

- **Corrective Action**: Any deficiencies identified during the assessments will be reported to H&PD, and corrective action will be mandated, with follow-up assessments to ensure compliance.

ii. **District Health Authority (DHA) Visits**: The DHA will conduct regular visits to the MNHCs to oversee operational management, service delivery, and compliance with healthcare standards.

iii. **Monitoring and Evaluation Assistants (MEAs)**: MEAs will make monthly visits to the MNHCs to collect and verify service delivery data, which will be cross-referenced with data in the EMR system to ensure accuracy.

7. Payment Processing

I. **Data Verification**: Payments will be processed based on verified service delivery data submitted via the EMR system. The data will be cross-checked by H&PD, Monitoring Assistant, Surveillance Assistant and third-party monitors to ensure accuracy. Reimbursements against service delivery in each MNHC shall be made by the H&PD / Project Management Unit after verification of invoice/service delivery details by Claims Scrutiny Committee directly to the service provider through crossed cheque / online transfers

- **Service Delivery Data**: Key service delivery metrics, such as the number of patient visits, vaccinations administered, family planning services provided, and maternal health consultations, will be used to determine payment.

II. **Pay-for-Performance Model**: Payments will be released to the entities or individual healthcare providers based on their ability to meet the performance benchmarks set in the contract.

- **Timely Payments**: Upon verification, payments will be disbursed in a timely manner to ensure the continuous delivery of healthcare services.
- **Performance-Based Adjustments**: Selected Health Managers who exceed performance expectations may be eligible for additional incentives, while those who fail to meet benchmarks may face reductions in payment or other penalties as outlined in the contract

9. DELIVERABLES

I. **Service Delivery Reports**:

- **Monthly reports** detailing the healthcare services provided at each MNHC, including key metrics such as outpatient department (OPD) visits, maternal and child health services (antenatal, postnatal care, and deliveries), family planning services, immunizations, and other essential healthcare interventions.

II. **Key Performance Indicators (KPIs)**:

- Performance data related to the utilization of healthcare services, including patient visits, the quality of services provided, patient satisfaction levels, and key health outcomes, such as immunization coverage and maternal health improvements. This data will be used to measure the effectiveness of the service delivery and compliance with performance targets.

III. **Compliance and Audit Reports**:

- **Compliance documentation** that confirms adherence to H&PD healthcare protocols and standards, including the Punjab Healthcare Commission's Minimum Service Delivery Standards (MSDS). These reports will also include findings from regular audits and third-party monitoring assessments, detailing areas of strength and any identified gaps in service delivery.

IV. **Financial Statements**:

- **Quarterly financial statements** outlining the detailed costs of service delivery, payments received from H&PD based on verified performance, and any outstanding financial dues. These statements will ensure transparency and accountability in the financial management of each MNHC under the outsourcing model.

10. PAY-FOR-PERFORMANCE BASED ON SERVICE DELIVERY (PERFORMANCE BASED FINANCING)

Payments will be structured based on the delivery of verifiable healthcare services, as follows (as capped payment and no extra/other payment admissible /paid):

For MNHCs under Phase-I

Services	Per Month ceiling /maximum payment		
	No. of Patient/ services (Capped/ Max)	Per visit/ patient payment	Total Ceiling Payment/ month
OPD Visits	850	400	340,000
Treatment & Screening of Malnourished	200	200	40,000
Antenatal Visits	160	600	96,000
Normal Delivery	20	6,500	130,000
Postnatal Care	40	200	8,000
Post-Partum/Abortion FP Services	20	300	6,000
Family Planning (Short-Acting)	50	150	7,500
Family Planning (Long Acting)	30	400	12,000
EPI Vaccination	200	100	20,000
TB Patients	30	200	6,000
Repair & Maintenance	-		25000
Total / Month	**1,600**		**690,500**

For MNHCs under Phase-II/Phase-III

Services	Per Month ceiling /maximum payment		
	No. of Patient/ services (Capped/ Max)	Per visit/ patient payment	Total Ceiling Payment/ month
OPD Visits	1,100	400	440,000
Treatment & Screening of Malnourished	250	200	50,000
Antenatal Visits	200	600	120,000
Normal Delivery	30	6,500	195,000
Postnatal Care	50	200	10,000
Post-Partum/Abortion FP Services	20	300	6,000
Family Planning (Short-Acting)	60	150	9,000
Family Planning (Long Acting)	30	400	12,000
EPI Vaccination	200	100	20,000
TB Patients	30	200	6,000
Repair & Maintenance	-	-	25,000
Total / Month	**1,970**	**-**	**893,000**

11. PAYMENT MODALITY

The payment modality for the outsourcing model is designed to ensure accountability, transparency, and timely disbursement of funds based on verified service delivery. The process will be structured as follows:

i. Service Delivery Data Entry:

- **Data Recording**: The entity or individual managing the MNHC will be responsible for accurately recording all service delivery data in the **H&PD Electronic Medical Record (EMR)** system. This includes recording details of every service provided, such as OPD visits, maternal and child health services, immunizations, family planning, TB care, and emergency services.
- **Real-Time Entry**: Data must be entered in real-time at the service is provided to ensure up-to-date information for monitoring and verification.

ii. Data Verification:

- **H&PD Oversight**: The data entered the EMR system will be verified by the **H&P Department**, **Project Implementation Unit (PIU)**, Directorate of **Monitoring & Evolution (M&E)**, **Health Information & Service Delivery Unit (HISDU)** and the **District Health Authority (DHA)**. The verification process will ensure that all reported services have been accurately delivered and recorded.
- **Site Visits**: Periodic physical site visits will be conducted by the P&SH Department, Project Management Unit, District Health Authority, Surveillance Assistant (SA) and Monitoring Assistants (MAs) to cross-check the data entered the EMR system with actual service delivery on the ground.
- **Data Accuracy and Compliance**: Any discrepancies or inaccuracies in the data entry will be flagged, and further investigation will be conducted to assess the validity of the reported services.

iii. Payment Release:

- **Monthly Payment Processing**: After the verification process is complete, H&PD/PIU will process payments monthly. Payments will be directly tied to the volume and quality of services delivered, as reported and verified through the EMR system through HISDU.
- Reimbursements against service delivery in each MNHC shall be made by the H&PD/PIU after verification of invoice/service delivery details by Claims Scrutiny Committee directly to the service provider through crossed cheque / online transfers

- **Timely Remuneration**: Payments will be disbursed in a timely manner to ensure that the entity or individual managing the MNHC is properly compensated for services provided. Delays in payment processing will be avoided to maintain uninterrupted service delivery.

iv. Fines for Non-Compliance and Fake Entries:

- **Fake Data Entries**: If data verification reveals that false or inaccurate entries have been made in the EMR system to inflate service delivery figures, the entity or individual responsible will face **financial penalties** -or- **termination of Contract with immediate effect.**
- **Fines**: A **fine** will be imposed based on the severity of the fraudulent data entry. Repeated violations will result in increasing fines, and the amount of the fine will be deducted from future payments.

v. Contract Termination for Low Performance or Severe Deviations:

- **Low Performance**: If the entity or individual fails to meet key performance indicators (KPIs) or service delivery targets over an extended period, H&PD/PIU reserves the right to terminate the contract.
- **Performance Reviews**: Regular performance reviews will be conducted, and if an entity or individual consistently underperforms, despite warnings and opportunities for improvement, the contract may be terminated.
- **Severe Deviations from Contract Agreement**: Any **severe breach of the contract**, such as failure to comply with health protocols, failure to maintain proper service standards, as these 24/7 facilities are already operational but department intends to increase the services delivery through performance based financing model widely being practiced world-wide. As per the EMR, a baseline service delivery (number of patient/ visit/ services on each facility) has been established and department expects increase in patient foot-fall after handing-over, the decrease in baseline will result in immediate termination of the contract.

13. ANNEXURES

Responsibilities of the Health & Population Department (H&PD) vs Individual Doctors in Managing Maryam Nawaz Health Clinic (MNHCs)

THE CHIEF MINISTER'S PUNJAB HEALTH REFORMS INITIATIVE

Component	Departmental Responsibilities (H&PD)	Health Manager/ Entity Responsibilities
1. Operational Management		
Managing Facility Operations	Provide overall policy guidance and healthcare standards for the smooth functioning of MNHCs.	Manage day-to-day operations, ensuring efficient patient flow, resource allocation, and service coordination.
Ensuring Functionality	Provide a fully functional MNHC, including infrastructure and equipment, at the time of handover.	Ensure that all biomedical equipment and infrastructure remain fully functional and well-maintained during the contract period.
Repair and Maintenance	Ensure that the facility is fully functional at the time of handover.	Responsible for ongoing repair and maintenance of the MNHC, conducting regular inspections and timely repairs to maintain hygiene, safety, and operational standards.
Medicine and Disposable Supplies	Provide specific supplies, such as vaccines for the Expanded Program on Immunization (EPI), TB drugs, and family planning (FP) implants.	Ensure continuous availability of essential medicines, disposables (syringes, bandages, gloves), and manage procurement, storage, and distribution of supplies for uninterrupted service.
2. Service Delivery		
Maternal and Child Healthcare	Provide support and guidelines for maternal and child healthcare services.	Deliver comprehensive antenatal, postnatal, and safe delivery services.
Family Planning	Supply family planning materials like implants.	Provide access to family planning services, including counseling and provision of short-term and long-term contraceptive methods.
Immunization	Supply vaccines as part of the Expanded Program on Immunization (EPI).	Administer vaccines according to the EPI schedule and ensure high immunization coverage in the community.

Component	Departmental Responsibilities (H&PD)	Health Manager/ Entity Responsibilities
Treatment of Malnutrition and TB Care	Supply TB drugs and provide guidelines for treatment of malnutrition and TB.	Screen and treat malnourished children and TB patients, ensuring follow-up care as needed.
General Outpatient Services (OPD)	Provide policy guidance and performance standards for general healthcare services.	Deliver OPD consultations for common illnesses and general healthcare needs, ensuring efficient patient services.
Emergency Services	Ensure coordination with **RAS 1034 Ambulance Service** for patient referrals.	Provide emergency services, stabilize patients, and refer them to higher-level facilities as needed.
3. Human Resource Management		
Recruitment and Training	Provide guidelines and support for staffing requirements and compliance with national healthcare standards.	Recruit and train medical officers, dispensers/ Pharmacy Technicians/Pharmacist, Lady Health Visitors (LHVs)/ Midwives/ Charge Nurses and support staff to deliver quality healthcare services.
Staff Management	Oversee general healthcare workforce standards and provide staff training support.	Regularly evaluate staff performance and ensure healthcare professionals adhere to set standards.
Compliance with PHC Standards	Ensure MNHCs comply with **Punjab Healthcare Commission (PHC) Minimum Service Delivery Standards (MSDS)** and obtain PHC licenses within six months.	Ensure that all staff and operations comply with PHC standards and obtain and maintain required licensing for the facility.
4. Monitoring and Reporting		
Data Entry into EMR	Provide the **Electronic Medical Record (EMR)** system and oversee its implementation and usage.	Record all service data in real-time into the EMR system to ensure transparency and accountability.
Monthly Reports	Monitor and evaluate the reports submitted by the entities and ensure compliance with contractual performance targets.	Submit monthly reports on key performance indicators such as patient visits, immunization coverage, and healthcare services provided.
Regular Audits	Conduct regular third-party audits and inspections to ensure compliance with healthcare delivery standards and pay-for-performance criteria.	Participate in audits and ensure compliance with pay-for-performance targets, addressing any issues identified during audits.

Component	Departmental Responsibilities (H&PD)	Health Manager/ Entity Responsibilities
Coordination with DHA	The **District Health Authorities (DHA)** will maintain regular communication with entities, overseeing their performance and service delivery standards.	Ensure coordination with DHA for effective healthcare delivery, oversight, and timely compliance with departmental guidelines and regulations.