## **Scope of Work**

## **Purpose**

Based on the discussions and current understanding the following is the proposed scope of work

1. Current Situation Analysis
   * To conduct an in-depth assessment in the pilot districts/urban areas of MST, we will be assessing the health system at all levels of care (viz. primary, secondary, tertiary, etc.) from the lens of the payer, the provider and the patient.To do an extensive region wise assessment in selected pilot districts of Gujarat for the existing system various levels of healthcare provided by MST as part of Healthcare Delivery Program.
2. The following specific areas would be addressed as part of the Current situation Analysis
   * Costing of NCD services
   * Human Resources – distribution, skill-mix and motivation
   * Health Financing services
   * Digital tools for care management
   * Elements of Monitoring and Evaluation, current data and its management
   * Financial Sustainability Study Options of Strengthening MST’s current model through innovative approaches for care delivery for low-income populations
3. Implementation Support
   * To provide implementation support on remote basis for the above solution areas discussed and finalized with MSTproject Team
   * Support will be provided to enable/facilitate identify partners and to establish action it in the field operations as required

## **Detailing about Scope of work**

1. Develop tools for conducting a process and community assessment along the lines of the secondary assessment
2. Conduct a study to map the processes of service delivery, IEC, community engagement, care delivery (operational, digital, costing, clinical processes, public health linkages etc.)
3. MST Program Partners Evaluation
4. ***Development and costing of NCD Benefit Packages***
5. Activity Based Costing would be conducted to design benefit packages
6. Qualitative Study: Perception study can reveal citizens’ attitudes and awareness about various beneﬁt options and willingness to pay
7. Physicians & Community Groups: Conduct stakeholder groups discussions to get feedback on the health benefits package design
8. Service Level - Quality Measurement Indicators& Clinical Guidelines
9. Benefit Package Design Perspectives would be studied during the field visit from
   1. Patient
   2. Payor
   3. Provider
10. Outputs
    1. NCD Package Configuration to the current health needs.
    2. NCD Package Costing
    3. NCD Clinical Guidelines
11. Implementation
    1. NCD Package Creation
    2. NCD Clinical Guidelines
    3. NCD Digital Tool Integration
    4. Communication Material
    5. Enrollment of members
    6. Process changes
    7. Staff Training
12. ***Development of Financial Sustainability Model***
    1. Understanding the current financial model of services
    2. Development of alternative models of sustainability with various options of
       1. Changes in servicey delivery model in terms of community mobilization, Digital Tools, Provider network, Public Health Linkages, Payor systems etc.
       2. Evaluation of options such as entrepreneurship, franchise, partnership models with Hospitals, Mobile Medical Van etc.
       3. Cost alternatives/reductions at program level and operational level
       4. Volumes Required for break even and future scale projections
       5. Implementation
          1. Finalized Solutions Support to be taken at Pilot Districts
          2. Monitor Progress KPI on Sustainability
          3. Design for Scale up
13. ***Development of Digital Tools*** 
    1. Understanding the current Digital Tools planned for implementation
    2. Mapping to the health service delivery/process model requirements
    3. Develop Requirements list
    4. Digital Plan Roadmap
    5. Implementation
       1. Identify Digital partners based on Digital Roadmap
       2. Digital Tools Implementation support at Pilot Districts
       3. Monitoring of Implementation & Scale up
14. ***Development of Health Financing (Patient Perspective)*** 
    1. Current status of finance and willingness to pay
    2. Financing options to be evaluated e.g.: Savings, Insurance, Loans, public health linkages, hospitals etc.
    3. Financial distress due to healthcare
    4. Feasibility of integration to fintech based tools
    5. Health Financing Roadmap
    6. Implementation
       1. Identify partners based on Health Financing Roadmap
       2. Health Financing Tools Implementation support at Pilot Districts
       3. Monitoring of Implementation & Scale up
15. ***Other Areas*** 
    1. Identify partners and facilitate to align for program strengthening and operational model development.
    2. Evaluation of Healthcare Entrepreneur Model (for Women Livelihood) in the program area.

Gantt Chart & Deliverables



**Commercial fee arrangement**: The total agreed value of the project as per the scope defined

above is INR 21,00,000. Out of which the agreed value payable to HCS will be 83% (INR 1,743,000)

Project Duration: One Year (March 10, 2021 to March 9, 2022)

Revenue share

a. HCS: 83% (INR 1,743,000)

b. Quality Health: 17% (INR 357,000)

Payment Details

|  |
| --- |
| Mobilisation - 1st Week - 25% |
| 2nd Milestone - Week 4 - 15% |
| 3rd Milestone - Week 8 - 15% |
| 4th Milestone - Week 12 - 15% |
| 5th Milestone - Week 16 - Implementation Support - 10% |
| 6th Milestone - Week 20 - Implementation Support - 10% |
| 7th Milestone - Week 24 - Implementation Support - 10% |

The Payment will be paid within 7 days from the date of receiving the funds from the prime funder by Quality Health

HCS will raise invoice within one week of receiving the tranche by Quality Health from Mahila SEWA Trust

Payment shall be released by Quality Health within one week from the date of receiving the

invoice.