



Meghalaya Health Systems Strengthening Project

Government of Meghalaya



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Expression of Interest

The Meghalaya Health Systems Strengthening Project (MHSSP), Health & Family Welfare Department, Government of Meghalaya, invites eligible candidates to apply for the assignment of developing Clinical Vignettes (CVs) for capacity building of staff working in health facilities. The detailed Terms of Reference along with other Terms & Conditions are available for download on the Project website <https://www.meghssp.org> under the Recruitment tab. The last date for submission of applications is 19th June 2025.

Applicants are advised to regularly visit the MHSSP website for any future updates or correspondence related to this assignment.

Sd/-

Ramakrishna Chitturi, IAS
Project Director, MHSSP

The document is digitally approved. Hence signature is not needed.



Meghalaya Health Systems Strengthening Project

Dept. of Health & Family Welfare, Government of Meghalaya

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Terms of Reference for engaging an Individual Consultant/s on a short-term basis for development of Clinical Vignettes for the state of Meghalaya

RFP: Individual Consultant/s on a short-term basis for development of Clinical Vignettes

Introduction to the Project

Meghalaya, a small state in the North East India, carved out of Assam in 1972, has a Legislative Assembly and three autonomous Hill Councils, covering all 11 districts. With a population of 3 million (2011), the state is on average poorer than rest of India, but more equitable, as only 12 percent of the population live below the national poverty line in comparison to 22 percent at the national level (2011-12). The state is predominantly rural (80 percent), with a hilly terrain, rapid urbanization and poor connectivity. With 86 percent of the population categorized as Scheduled Tribe, Meghalaya's main ethnic communities are the Khasis, the Garos and the Jaintias. The complexities in the governance structures provide unique challenges to social and health outcomes, that need local solutions.

The Government of Meghalaya is committed to improving the health status of its citizens. Despite considerable challenges, the state has shown progress in various health indicators over the last decades. To further accelerate the progress, the Department of Health and Family Welfare (DoHFW), Government of Meghalaya with technical and financial support from the World Bank, is implementing 'Meghalaya Health Systems Strengthening Project' (MHSSP) in the state. The MHSSP intends to improve accountability, quality and utilization of health services in Meghalaya, especially among public facilities at primary health center (PHC), community health center (CHC) and district hospital levels. In order to achieve its objectives, the MHSSP will over the next five years adopt a system approach to combine results-based financing and input-based financing with the aim of achieving enhanced performance management in the public sector.

The project activities are structured across 4 broad areas, while the first three address different parts of the project development objective (Accountability, Quality and Utilization), the fourth area is related to Contingent Emergency Response Component. The details are as under:

Area 1: Improve accountability and strengthen governance through Internal performance agreements: This will support the creation of an enabling environment for reforms at each level (state, district and sub-district), enhance performance of the DoHFW and its subsidiaries, and improve efficiency of the public health administration.

Area 2: Strengthen Systems to Sustain Quality of health service: This will focus on improving the quality of care through a comprehensive quality assurance for health service; augmenting systems related to human resource management, bio-medical waste management, procurement and supply chain, and project management capacity.

Area 3: Increase coverage and utilization of quality health services: This will mainly focus on increasing the coverage of the state health insurance program, pilot for strengthening primary care response through the Health and Wellness Centers, strengthening community interventions and engagement.

Area 4: Contingent Emergency Response Component: A mechanism for provision of immediate response to an Eligible Crisis or Emergency, as needed.

A. Objective

- To develop Clinical Vignettes (CVs) for the continued capacity building of staff nurses and doctors at the PHC and CHC level, based on standard methodology and standard national health guidelines as required by the client on a topic allotted by the client and mutually agreed by the consultant..

Details of the CVs

- Each CV will have 4 variations i.e. For MOs (Basic and Advanced) and for Staff Nurses (Basic and Advanced)

- The topics will be:

A. Maternal health:

1. Normal delivery
2. Postpartum hemorrhage
3. Anemia in pregnancy
4. Pregnancy-induced hypertension
5. Abortion and its complications
6. Diabetes in pregnancy
7. Antepartum hemorrhage
8. Preterm labour management

B. Child Health:

1. Normal delivery and management
2. Screening of newborn: management of cleft palate/clubfoot/CHD
3. Preterm birth or low birth weight newborn
4. Respiratory distress at birth
5. Neonatal jaundice
6. Neonatal sepsis
7. Respiratory infection in infant: pneumonia and URTI
8. Diarrhea in infant; prevention and management

C. Non communicable diseases:

1. Hypertension: diagnosis, management and patient counseling
2. Diabetes mellitus: diagnosis, management and patient counseling
3. Acute myocardial infarction
4. Cerebral stroke
5. Management of respiratory conditions: Pneumonia/Asthma/COPD
6. Arthritis and joint issues: acute and chronic
7. Oral and esophageal cancer: detection/ diagnosis/ management
8. Breast cancer and cervical cancer: detection/ diagnosis/ management

D. Communicable diseases

E. Non-clinical health care skill sets.

B. Scope of work

Background preparation

1. Review all the necessary documents and guidelines to understand the background and importance of the specific topic for the state
2. Collect and review standard clinical guidelines from national and reputed international sources
3. Understand the technical requirements of the digital platform

Creation of content

4. Based on the above-mentioned and in consultation with the project team, create a draft structure for each topic
5. Create content on each topic separately for staff nurses and doctors, at two levels - basic and advanced and ensure all the specific requirements are covered.

Review process

6. Make changes in the content based on the feedback from the technical (medical) and design reviewers.
7. Submit the CVs in the format according to the agreed schedule.
8. Make any changes in the CVs if required after field testing.

Submission

9. Submit CVs that are comprehensive, medically correct, in the appropriate digital format and gender inclusive.

CV format:

Topic specific:

- a. An appropriate case history
- b. Clinical findings
- c. Relevant investigations
- d. Case management and follow up
- e. Patient counseling as appropriate
- f. With reasons/ explanations for correct or wrong answers
- g. Visuals as appropriate for enhancing understanding and creating an attractive visual content.

Staff specific variations for each CV:

For Staff Nurses - 1A. Basic and 1B. Advanced

For Medical officers - 2A. Basic and 2B. Advanced.

Expected outputs

- a. Attendance at the onboarding and instructional design workshop which will be conducted at the MHSSP office, Shillong online or offline
- b. A completed CV means submission of CV in the required format (with tables/ visuals/ explanations/ references and further reading), review by PMU expert staff for grammatical errors and format and plagiarism, review by state expert committee for content and uploaded on the platform.
- c. Submit each CV according to the agreed schedule, approximately 2 per month
- d. Be available to attend all project-related meetings online or offline.

C. Methodology

The consultant will strictly follow the work plan and the time schedule agreed with the client for the assignment.

- a. The client will prepare an appropriate methodology along with the consultant and relevant stakeholders
- b. The consultant will work closely with the point person/s from the client.
- c. The consultant will raise queries and seek clarifications on time.
- d. The consultant will follow all directions from the client during the course of the assignment
- e. The consultant will inform the client about any delays, in a timely manner.

D. Duration of the assignment

Each clinical vignette submission will be an assignment for a duration of 2 months, with deliverables at the end of the time period as per the schedule.

E. Duty station

The consultant will complete the assignment through a mixed method, on site at the MHSSP office, Shillong and through a distance mode, based on the agreed work-plan and methodology.

F. Required qualifications and skills

- Bachelors degree in either medical, paramedical or nursing domains, eg MBBS, AYUSH, BSc Nursing, BDS; with a Masters like MD, MS, MPH, etc
- Minimum of 5 years of work experience in health programs or organizations,
- Knowledge and experience in writing medical content, training content or curriculum development
- Knowledge and experience in working with digital platforms for training or teaching.

G. Financial details

- The consultant will use her/his own computer, internet and phone.
- The consultant will submit an invoice for the completed CVs as per the decided schedule.
- The Tax Deduction at Sources (GST/IT) will be deducted from the consultant.

H. Payment details

Upon submission of the final CV for a single topic - including 4 variations SN (2 levels) and MO (2 levels) an amount of Rs.20,000/. (Rupees twenty thousand only) will be paid as an honorarium only after the review and the changes are completed.

Submission of Offer:

The Application must reach MHSSP electronically (pmu.admin@meghssp.org) with the subject line- Individual Consultant for CV on or before (19th June 2025). Each Application submitted electronically would be acknowledged and only this acknowledgement will constitute proof of submission.