



## Meghalaya Health Systems Strengthening Project

Government of Meghalaya



### ADVERTISEMENT

Applications from citizens of India are urgently required for appointment on contractual basis for filling up the following post as given below for the **Meghalaya Health Systems Strengthening (MHSS) Project, Meghalaya**

Sl. no	Name of Post	No of Post	Remuneration	Essential Qualification	Place of Posting
			(INR)		
1	Project Architect	1	Negotiable	Master of Architecture (M. Arch) with at least 1 year OR Bachelor of Architecture (B. Arch) with at least 2 years of relevant experience in health related planning and design.	Shillong
2	Training Consultant	1	Negotiable	MD/MS (OBG) with minimum 15 years of clinical experience and minimum 5 years of relevant training/field experience in Public Health Related Matters.	Shillong

Qualified and interested candidates can submit their applications electronically through **Google Form** (Links below) only on or before **4:00pm of the 31<sup>st</sup> August 2021**, with soft copies of their bio-data, certificates and job experience. The Terms of Reference for the above post can be downloaded from the NHM Meghalaya website under MHSSP Recruitment (Link: <http://nhmmeghalaya.nic.in/>).

#### Terms and Conditions:

- All biodata and testimonials (incl. CV/Resume) are to be scanned and forwarded in a **single PDF file**.
- All applicants are required to fill the Google form as per link below (Mandatory):

Training Consultant : <https://forms.gle/p3DZ9RMUFuFzAq5w5>

Project Architect : <https://forms.gle/7cnqb2V3QZJgeYpZ6>

Sd/-

**Ramkumar S, IAS**  
Project Director, Meghalaya Health Systems  
Strengthening Project

## Terms of References for Project Architect under Meghalaya Health Systems Strengthening Project (MHSSP)

### 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.

Job Title : Project Architect  
No. of Positions: 1 (one)  
Duty Station : Shillong  
Organisation : Meghalaya Health Systems Strengthening Project (MHSSP)  
Nature of Job : Purely Contractual Basis  
Duration : 1 year with provision for extension to 3 years subject to satisfactory performance and/or validity of the Project  
Qualifications : Master of Architecture (M. Arch) with at least 1 year OR Bachelor of Architecture (B. Arch) with at least 2 years of relevant experience in health related planning and design.  
Salary : Negotiable

## **Job Profile | Duties and Responsibilities:**

1. The overall responsibility is **planning and designing** of healthcare facilities including Sub-centres (SC), Primary Health Centres (PHC), Community Health Centres (CHC), District Hospitals (DHs), Maternal and Child Health Hospitals (MCH).
2. Study the existing architecture of health facilities in the State by using an appropriate sampling methodology.
3. Mapping / assessment of gaps in the architecture of health facilities and documenting the same.
4. Retrofitting of architectural and functional best practices in existing health facilities.
5. Planning and design should take into account the local parameters like terrain, culture, climate, etc. of the concerned location of the health facilities.
6. Drive the pre-planning considerations in the construction/renovation of health facilities that includes strategy and mission of the hospital; the services to be provided by the facility, etc.
7. Initiate and drive discussions with the planning team which may include government officials, administrators, consultants, healthcare professionals, and doctors.
8. Support in the collection of geographic, social and demographic information about the area and residents around the health facility site.
9. Risk-benefit analysis of planning and design on the basis of available/ required inventory and equipment in the health facility.
10. Preparation of comprehensive schematic drawings and architectural plans (including 3D) as per the information collected and best practices in the healthcare industry. The architectural plan should include all structural, mechanical and electrical aspects.
11. Accounting of foot traffic, workflow, equipment, disaster management, environment and social management, etc in the planning and design.
12. Preparation of bid tender documents wrt construction/ renovation of health facilities.
13. Cost estimation of the construction/ renovation of health facilities that includes costs of equipment, utilities, landscapes, etc.
14. Site visits are required for accessing existing facilities or land for construction of new facilities in order to plan and design with efficacy.

## **Required Skills:**

1. Demonstrating/safeguarding ethics and integrity;
2. Plans, coordinates, and organizes workload while remaining aware of changing priorities and competing deadlines;
3. Sense of curiosity and willingness to build skills while working;
4. Excellent IT skills, including a working knowledge of presentation software packages, preferably Microsoft Office Word, Excel and PowerPoint,
5. Excellent skills in AutoCAD, Revit, Rhino 3D or any other relevant architectural design software is preferred.
6. Ability to work in a team, and drive outcome-oriented outcomes.
7. Excellent command of the English language, both verbal and written.

## Terms of References for Training Consultant under Meghalaya Health Systems Strengthening Project (MHSSP)

### Introduction to the Project

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

Job Title : Training Consultant  
No. of Positions: 1 (one)  
Duty Station : Shillong  
Organisation : Meghalaya Health Systems Strengthening Project (MHSSP)  
Nature of Job : Purely Contractual Basis  
Duration : 1 year with extension up to 2 years based on performance and requirement  
Qualifications : MD/MS (OBG) with minimum 15 years of clinical experience and minimum 5 years of relevant training/field experience in Public Health Related Matters.  
Salary : Negotiable

## **Duties and Responsibilities:**

### *As-is Assessment*

1. Assess the level of response and capacity of health care services available to women during pregnancy, delivery and 1 year postnatal.
2. Identify gaps from a clinical point of view w.r.t. to the health services provided to mothers in the health facilities.
3. Visits to Traditional Birth Attendants (TBAs) and observation of antenatal, intrapartum and postnatal practices. Understanding the activities and role of TBAs in Meghalaya.
4. Evaluation of the performance of MMR and IMR indicators in the State based on available data and/or primary research in identified health facilities

### *Training Framework Formulation*

5. Formulate a training framework for doctors that encompasses various scenarios of complications that may arise during births in the health facilities.
6. Formulate a training framework to increase skills, abilities and instincts of nurses, ANMs, ASHA workers that will enable them to identify at risk mothers while providing high quality maternal care.
7. Formulate a training framework for Traditional Birth Attendants (TBAs) that will enable them to improve the scientific and hygienic aspect of maternal and child health care.
8. Create a referral system for TBAs to ensure safe deliveries w.r.t. at risk mothers.
9. Create a training framework for community leaders, village heads, health care workers to enable them to better manage maternal births, especially emergencies. In addition to this, the framework should also include best practises of maternal / infant care and family planning services.
10. Develop an Action Plan to improve reporting of maternal and infant deaths. Action Plan to include death audits and verbal autopsies.

### *Monitoring and Evaluation*

11. Create checks and balances at the district and block levels to reduce gaps in health service delivery.
12. Monitor and evaluate all training programs for effectiveness of the training frameworks recommended.
13. Monitor and evaluate effectiveness of action plans and SOPs recommended for various aspects of maternal and child health.
14. Unannounced visits to health facilities to check on the compliance of health workers to the training frameworks recommended.

## **Key Deliverables**

### *Reports / Documentation/ Visits on the following:*

1. Health seeking behaviour of women in the identified blocks/villages
2. Effectiveness of Traditional Birth Attendants (TBA)
3. Gaps in the health care services provided to mothers from a clinical point of view.
4. Monthly monitoring and evaluation reports on the effectiveness of all ongoing training programs.
5. Performance of the State in MMR and IMR indicators.
6. Minimum stay in the field for 12-15 working days of a month.

*Formulation of Training Framework / Action Plans / SOPs on the following:*

1. Various scenarios of complications that may arise during births in the health facilities.
2. Improving skills, abilities and instincts of nurses, ANMs, ASHA workers that will enable them to identify risky mothers while providing high quality maternal care.
3. Traditional Birth Attendants (TBAs) that will enable them to improve the scientific and hygienic aspect of maternal and child health care.
4. Referral system for TBAs to ensure safe deliveries w.r.t. at risk mothers.
5. Management of maternal births, especially emergencies for community leaders, village heads, health care workers to enable them to better manage maternal births, especially emergencies. Best practises of maternal / infant care and family planning services should be included.
6. Reporting of maternal and infant deaths. Death audits and verbal autopsies to be included.

*Training Capacity Building and Oversight*

1. Formation of oversight teams at each identified block.
2. Selection and training of interested personnel from the Community/ Village and health workers to act as master trainers for effective dissemination of the best practices w.r.t. management of maternal and child health, morbidity reporting, etc.
3. Capacity building – strengthening skills, instincts, abilities of all relevant health workers (master trainers) w.r.t. providing quality health care to mothers and infant.
4. Monitoring of effectiveness of interventions provided through the training frameworks recommended, followed by assessment and analysis, and consequently, providing interventions for addressing the remaining gaps.