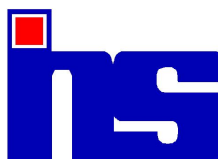


**Developing Terms of Reference for a Programme
Management Unit of a State Health Department:
The case of Andhra Pradesh**

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THE INSTITUTE OF HEALTH SYSTEMS

**Developing Terms of Reference for a Programme
Management Unit of a State Health Department:
The case of Andhra Pradesh**

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Terms of Reference

*Draft Submitted to the Department of Health, Medical, and Family Welfare
Government of Andhra Pradesh, and the
Department for International Development of the UK, Delhi Office
By the Institute of Health Systems, Hyderabad*

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1. Background

- 1.1 The Government of Andhra Pradesh (GoAP) is implementing a Health Sector Reform Programme (APHSRP) which seeks to reach the health MDGs, provide new models for improving systems and deliver better health services to the poor. The health sector reforms focus on increased utilization of quality health services especially by the poorest people and in the underserved area, by improved access to quality and responsive health services, strengthened governance and management in health sector, improved institutional mechanisms for community participation and systems for accountability; and strengthened financial management systems. These reforms are sought to be implemented under the framework of the National Rural Health Mission (NRHM), the health sector reform program of the central government being implemented in the State. The Government of India (GoI) and GoAP have committed significant resources for the reform programme. The GoAP is being supported in this endeavour by the Department for International Development (DfID).
- 1.2 The APHSRP is guided by the Medium Term Strategy and Expenditure Framework (MTSEF) of the Department of Health, Medical and Family Welfare (DoHMFw), GoAP. Background analysis which contributed to the development of the MTSEF found that there are weak administrative structures at state and district levels that contribute to inefficiency, low quality and inequities of access to services. One of the major problems identified was the lack of an effective policy, planning and budgeting unit and inadequate policy, planning and budgeting procedures¹. To overcome the existing problems on policy, planning and leadership capacity, the Department of Health, Medicine and Family Welfare created a Strategic Planning and Innovation Unit (SPIU) which is expected to be the leadership centre for the planning and reform process.
- 1.3 Attached to the Principal Secretary, the SPIU had two broad roles- the first to provide support on policy level reforms and the second to support implementation of reforms across various directorates and commissionerates of the department. Though these roles are not mutually exclusive, the SPIU was required to provide support at two levels- the Secretariat and the Heads of Departments. Therefore, during consultations held in planning for the APHSRP it was decided that the SPIU would have two wings. One wing (SPIU- A) will work closely with the Principal Secretary on the policy level reforms and provide support through research, analysis, consultations, comparisons, and consensus-building. The second wing (SPIU B) will work as the Technical Assistance agency which reports to and assists the Director of Health in implementation of reforms. Further, Efficiency and Planning Units (EPU) were also conceptualized to provide support for implementation of reforms at the district level. The institutional arrangements prescribed for technical support under the APHSRP is given in Annex-A
- 1.4 The National Rural Health Mission (NRHM) also underscored the importance of improving management of health programmes and has provided for establishment of a Program Management Unit at State and district levels. NRHM has also specified institutional mechanisms for oversight, program management and technical support at various levels. The State Program Management Unit (SPMU) is expected to function under the NRHM

¹ IHSG (2003). A medium term strategy and expenditure framework for health in Andhra Pradesh. Report submitted to DoHMFw, GoAP and DfID, India by International Health Systems Group, Harvard School of Public Health, Boston, 2003

Mission Director and provide management support through the lateral infusion of professionals on contract into the respective state health departments.

- 1.5 Given that the National Rural Health Mission is the key health sector reform programme of the Government of India implemented in all States including Andhra Pradesh, there was need to rationalize institutional arrangements of APHSRP within the overall NRHM framework. In AP, the HoD of the Commissionerate of Family Welfare (CFW) has been designated as the Mission Director of the State Rural Health Mission. Currently, there is a proposal within the government to re-designate the Commissioner of Family Welfare as the Commissioner of Health and Family Welfare with administrative control over the Directorate of Health (DoH) also. The DoH and CFW together are responsible for implementation of the bulk of NRHM programmes. Together they account for 70% of the department staff, over 50% of the state budget and over 90% of NRHM funds (about Rs. 600 crores in 2007-08). Further, NRHM funds have different accounting and reporting requirements compared to budgetary funds. There is therefore merit in having a State Programme Management Unit (SPMU) attached to the NRHM Mission Director to provide programme implementation support primarily to these two sub departments. The SPMU will also facilitate convergence with other health directorates/commissionerates and other stakeholders in implementation of the NRHM programmes. In addition to policy support at the Secretariat level, the SPMU will facilitate implementation of reforms that has department wide implications such as human resource management, financial management and other governance reforms.

2. Key Roles of the SPMU

The SPMU's key roles would include but not be limited to the following:

Planning and Monitoring

- SPMU will provide the State Health Mission with in house capacity for planning and monitoring of its programmes.
- At the start of the planning cycle, prepare necessary proposals for allocation of resources/ flexible funds to districts, municipalities, spending centres. Prepare a consolidated state PIP and obtain necessary approvals from State Health Society/ Mission as well as GoI. Communicate the amount allocated to concerned agencies
- Monitor and develop targeting processes to address the health problems of vulnerable and disadvantaged groups with the highest health risks and to coordinate with other government, NGO and private sector activities that target these groups.
- Prepare (through technical assistance) a planning and monitoring (including budgeting) manual for NRHM.
 - Update the manual at least on an annual basis to reflect experience in implementation and changes/ revised guidelines from GoI/GoAP etc.
 - Disseminate manual to districts, municipalities and other “spending”centres.
 - Carry out necessary training for personnel (including DPMU staff) in use of the Manual.
 - Follow up, provide necessary assistance to ensure that the plans from districts / municipalities, etc are prepared on time and in accordance with the manual.

Coordinate/ facilitate appraisal of plans, on the basis of appropriate criteria (in accordance with the Manual) and recommend approval after changes, if required.

- Follow up to ensure that districts/ municipalities/ spending centres submit monthly/ quarterly reports in accordance with the Manual. Review, analyse these reports, visit districts if necessary, participate in review meetings and recommend corrective action.
- Prepare consolidated monthly/quarterly progress reports highlighting achievements (physical/ financial) against the PIP, reasons for delay/ adverse variance, corrective action to be taken, etc. Follow up to ensure that agreed corrective action is implemented.
- Closely monitor progress vis-à-vis commitment to GoI/ donors. Report progress
- Design and implement/ continuously update a data base providing all necessary information relevant to NRHM including e.g. district/ block wise demographic data, performance against health indicators, status of public/ private facilities, etc.
- Carry out independent impact assessment studies (base-line, periodic) through technical assistance; analyze results and provide feed back to districts.
- Translate results of monitoring/evaluation activities into action plans
- Facilitate convergence with other health directorates/commissionerates and other stakeholders in implementation of the NRHM programmes.

Financial Management

- Ensure that funds are released to districts, municipalities, etc on time/in accordance with the planning and monitoring manual.
- Follow up to ensure that districts report back on statement of expenditure/ submission of utilization certificates.
- Promptly forward consolidated statements to MoHFW / concerned agencies.
- Closely monitor to ensure that the amounts are reimbursed on a priority basis.
- Develop an accounting manual and ensure staff in districts/ municipalities is appropriately trained.
- Ensure that procedures laid down in the accounting manual are followed.
- Identify suitable auditing firm (s) to carry out audits of districts/ municipalities.

Initiating Key Reforms

- Prepare proposals (with technical assistance, if necessary) for health sector reforms including piloting of new initiatives. Reforms could be in various areas including:
 - human resource development/ work force management
 - management of drugs and medical supplies,
 - public-private partnerships,
 - mechanisms for behaviour change communication

- alternative service delivery mechanisms etc
- Provide necessary assistance in taking forward health sector reform initiatives.
- Coordinate with SPIU to facilitate implementation of department wide reforms in areas such as human resource management, financial management and governance

Continuous Process Improvement

- Facilitate /provide necessary assistance through for instance; arrangements for training, review of operational guidelines etc to enable DPMUs to bring about continuous process improvement in delivery of services e.g. ASHA programme, RCH camps, referral transport, etc.
- Identify opportunities for improved utilization of resources across various DPHFW programmes, prepare proposals, obtain necessary approvals and follow up to ensure implementation.

Secretariat/Administrative

- Secretariat support to State Health Mission and Society including:
 - Arrangements for meetings
 - Compilation of reports/ background papers
 - Preparation of minutes
 - Follow up to ensure implementation etc.
- Facilitate adherence to all statutory requirements in line with the MOA and Bye-laws.
- Oversee functional and HR related aspects of DPMU staff and provide necessary assistance as and when required.
- Ensure periodic meetings of DPMU staff including for monitoring purposes and dissemination of experiences.

3. Institutional Arrangements of SPMU

- 3.1 The institutional framework under which SPMU will function is given in Annex B
- 3.2 The SPMU will function under the overall supervision and direction of the NRHM Mission Director.
- 3.3 The SPMU will oversee functioning of the District Programme Management Units and provide necessary assistance as and when required. DPMU staff will report to their counterparts in SPMU
- 3.4 The SPMU will work in close collaboration with the SPIU and support implementation of department wide reforms facilitated by the SPIU. Key staff of the SPMU is expected to closely work with their counterparts in SPIU in taking forward reforms.
- 3.5 DfID is facilitating short term and long term technical assistance for implementation of the health sector reforms. It is expected that the SPMU will work in close collaboration with and under technical guidance of the technical assistance agencies

4. Staffing of the SPMU

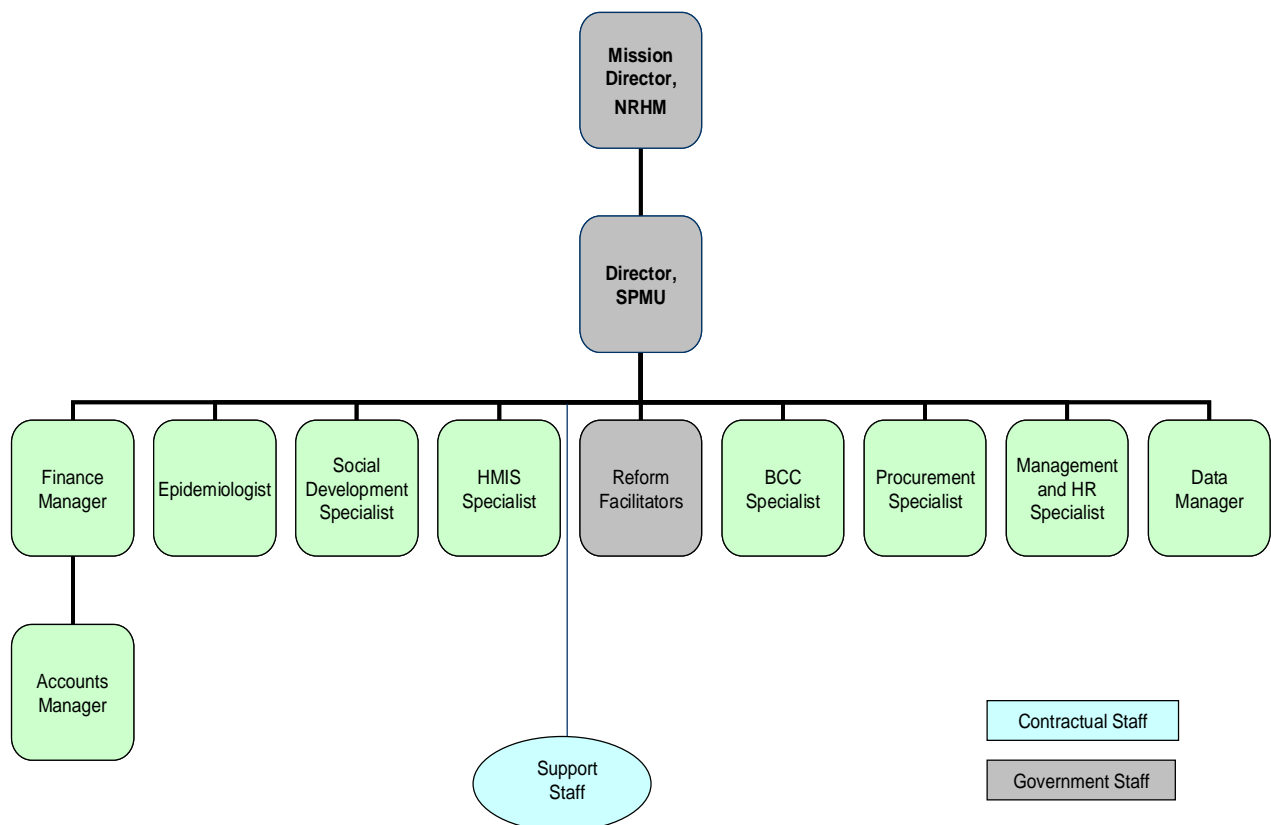
4.1 Staffing has been proposed keeping in mind the roles of the SPMU. The following positions are provided under NRHM

1. Director, SPMU²
2. Finance Manager, SPMU
3. Accounts Manager, SPMU
4. Data Manager, SPMU

4.2 The following additional staff is proposed

5. Epidemiologist
6. Behavior Change Communication Specialist
7. Social Development Specialist
8. Procurement Officer
9. Management and Human Resource Specialist
10. HMIS Specialist
11. Reforms Facilitator (Health)
12. Reforms Facilitator (Family Welfare)

Organogram of the State Programme Management Unit



² Under NRHM the post is that of Program Manager. To avoid confusion with various other programme managers for different programmes and to be consistent with designations adopted by the SPIU, it is suggested that the team leader be designated as the Director, SPMU

- 4.3 The Director and Reform Facilitators will be essentially from the government services on deputation to the SPMU. The role of both reform facilitators would be to help the line department actually implement the new strategies and reform programme. One reform facilitator would be deputed from the Commissionerate of Family Welfare and the other from the Directorate of Health. It is not clear at this point whether two members will be sufficient. If need be, the GoAP could consider increasing the positions, based on their utility and results delivered on ground.
- 4.4 It is proposed that the SPMU Director will be a state government officer of rank not less than Special Grade Deputy Collector with at least 5 years experience in social development sector, preferably with health sector experience.
- 4.5 It is proposed that the Reform Facilitators will be officers from the DoHMFW of a rank not less than Assistant Director
- 4.6 Where qualified personnel for other posts are available within government their services may be requisitioned by the SPMU. For instance; it is likely that an Epidemiologist may be available from within the health services itself. Other positions will be filled by trained professionals from outside of the department (open market contract positions). This balance of inside and outside staff is expected to provide the balance between ownership and the necessary induction of fresh talent and skills which are required.
- 4.7 For all positions candidates should have bonafide academic qualifications in areas of their expertise with at least 5 years of professional experience. Candidates should ideally be below 40 years. Strong oral and written communication skills in English are required. Knowledge of oral and written skills in Telugu would be an added advantage. Computing skills and mobility skills are essential for all posts. Previous experience of working with government systems will be a key consideration.
- 4.8 Indicative job descriptions of the SPMU staff is provided in Annex- C

5. Recruitment Process

- 5.1 Short listing of potential candidates for Director, SPMU through active and directed search by the NRHM Mission Director for a suitable person within government services. Selection of candidate by Mission Director in consultation with Principal Secretary and Director, SPIU. Deputation to SPMU will be requisitioned through normal government channels.
- 5.2 Selection of candidates for Reform Facilitators and other posts where qualified personnel are available within the Department to be done through active and directed search by the NRHM Mission Director in consultation with relevant HoDs. Deputation to SPMU will be requisitioned through normal government channels.
- 5.3 Since positions sought to be filled on contract basis are fairly senior professionals, it is proposed that the recruitment be done through a national level open competition basis, through an independent recruitment agency and reviewed by a commission made up of representatives of the Department of Health, Medicine and Family Welfare; GAD, and one representative of civil society. It is proposed that the Centre for Good Governance

(CGG) be appointed as the recruitment agency. In addition to being a public sector entity, the CGG is well experienced in setting up SPIUs and PMUs in different government departments. The following are the steps proposed:

1. Advertisement for candidates
2. Search
3. Preliminary screening
4. Secondary screening
5. Individual interviews
6. Selection by CGG
7. Review and approval by SPMU Recruitment Commission
8. Appointment

6. Work Environment

Work environment is a critical parameter determining the productivity of SPMU staff and parameters to be considered include:

- Adequate office space for SPMU including separate tables, chairs, storage space
- Computers, preferably Lap Tops
- Telephone
- Internet connectivity
- Access to fax /photocopier
- Travel arrangements for travel to districts
- Support Staff

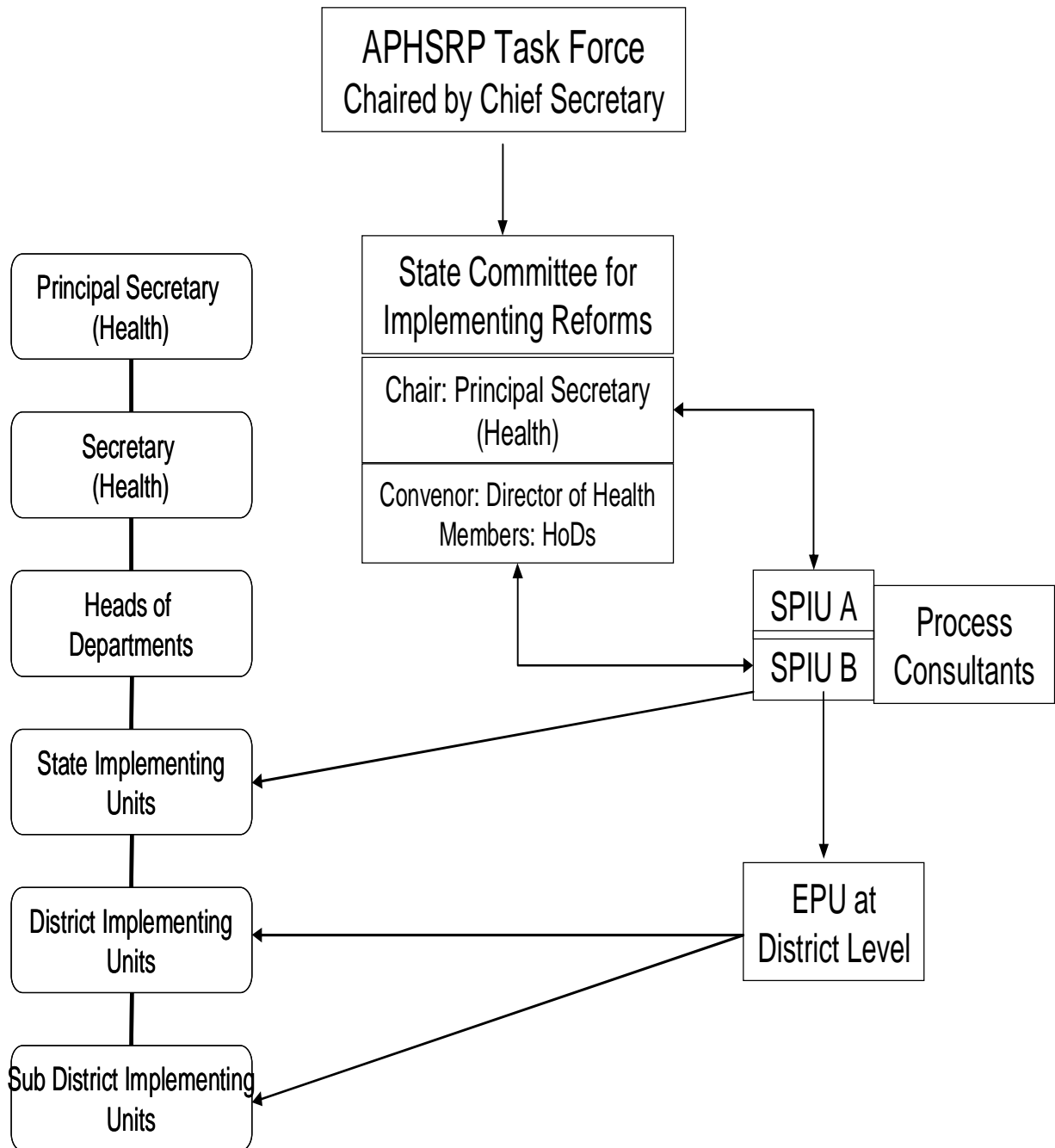
7. Salaries and Allowances

- 7.1. As is clear from individual profiles, it is hoped that the positions are filled by professionals of high calibre and proven track record of similar experience. Salaries under the Government structure will be inadequate to attract the kind of talent which is required. Also as they are contract positions, they will not be entitled to any perks such as pension. So the salary of the new SPMU members should be competitive, given the market demand for such professionals. Further, it may be noted that it may not be always feasible to find suitable candidates from within the State. Therefore the salary should be attractive for candidates to relocate.
- 7.2. It is proposed that a minimum salary of Rs. 50,000 per month be paid to contractual appointees. In deserving cases higher salary up to current limit of Rs. 85,000 fixed by CGG for contractual appointments may be considered.
- 7.3. The following allowances are proposed:
 1. One time cost for travel to Hyderabad by air/train for out station candidates joining SPMU
 2. Conveyance Allowance to support mobility of SPMU Staff. Currently CGG is providing pool car facility for SPIU consultants. This may not be a cost effective nor efficient arrangement given that staff is expected to have differing schedules.

Alternatively staff could be encouraged to use their own vehicles and a conveyance allowance equivalent to cost of 100 litres of petrol be paid every month.

3. Provision of mobile telephones or allowance to maintain the same as per CGG guidelines
4. Provision of an internet data card and monthly rentals of the same to enable internet connectivity

Annex-A: Institutional Arrangements for Technical Assistance Proposed Under the Andhra Pradesh Health Sector Reform Programme



Annex-B: Proposed Institutional Arrangements for Health Sector Reforms in Andhra Pradesh

Level	Oversight	Support for Policy Setting	Implementing Agency	Program Support	Technical Support
State	State Health Mission Chair: Chief Minister Convenor: P.S DoHMF	Strategic Planning and Innovation Unit (SPIU)	DoHMF Directorates	State Program Management Unit (SPMU)	State Health Resource Centre
	Mission Steering Group Chair: Health Minister Convenor: P.S DoHMF				
	State Health Society Governing Body Chair: Chief Secretary Executive Committee Chair: P.S DoHMF				
District	District Health Mission Chairman: Zilla Parishad Convenor: DMHO		DM&HO DCHS	District Program Management Unit (DPMU)	District Health Resource Centre
	District Health Society Governing Body Chair: District Collector Executive Committee Chair: CEO, ZP				
Mandal	Mandal Level Monitoring and Planning Committee		Mandal Level Institution/CHC		
Cluster	PHC Level Monitoring and Planning Committee		PHC		
Panchayat	Gram Panchayat Level Monitoring and Planning Committee		Sub-Centre		
Village	Village Health and Sanitation Committee		ASHA		

Annex C: Indicative Job Description of Key SPMU Staff

Proposed positions with the SPMU are:

1. Director (Team Leader)
2. Finance Manager
3. Accounts Manager
4. Data Manager
5. Epidemiologist
6. Behavior Change Communication Specialist
7. Social Development Specialist
8. Procurement Officer
9. Management and Human Resource Specialist
10. HMIS Specialist
11. Reforms Facilitator (Health)
12. Reforms Facilitator (Family Welfare)

Job descriptions of individual staff members have been drawn up keeping in mind the role of the SPMU. The role of the SPMU staff member is in assisting, facilitating and catalyzing certain processes within the department. The ownership for the action will continue to lie within the line departments and the SPMU member will assist the department in achieving its objects. The SPMU staff will work in close collaboration with the line department staff and seek help from Technical Assistance being provided through the DfID, as required.

The roles stated here define broad areas and functions, which the SPMU member needs to focus on. Specific tasks of the staff member will be many in each of the areas. Based on the priority under NRHM, these and certain other tasks will need to be worked out by the Team Leader (on a quarterly basis) with the individual staff members.

The job descriptions are provisional and subject to change based on feedback that the Department receives from various sources.

1. Team Leader: Director, SPMU

The key tasks of the Director, SPMU would include but not be limited to the following:

Managing of SPMU

- Management of the SPMU including staffing, training of the SPMU team
- Participate in recruiting of team members of the SPMU team, ensuring retention of the best talent.
- Prepare the annual action plan of the SPMU, and modify individual TORs based on the plan.
- Support and co-ordinate staff in achieving their individual TORs.
- Identifying staff positions within DoH/CFW that can perform the role of individual staff members of the SPMU (in the long run); ensuring closer co-ordination with these positions so as to ensure that capacities are passed on from SPMU to the line department staff.
- Coordinating and sharing information between the SPMU and the SPIU, Secretariat and sub-units within the Department.
- Work in close collaboration with Director, SPIU and facilitate implementation of department wide reforms and technical assistance to SPMU

Planning and Monitoring

- Lead the support to the State Health Mission to prepare strategic, medium term and annual operational plans. At the start of the planning cycle, prepare necessary proposals for allocation of resources/ flexible funds to districts, municipalities, spending centres. Prepare a consolidated state PIP and provide assistance in obtaining necessary approvals from State Health Society/ Mission as well as GoI. Provide necessary assistance in reaching an agreement with MoHFW, GoI on the Memorandum of Understanding (MoU). Follow up; provide necessary assistance to ensure that the plans from district / municipalities, etc are prepared on time and in accordance with the manual. Coordinate/ facilitate appraisal of plans, on the basis of appropriate criteria and recommend approval after changes, if required.
- Facilitate/ assist in preparation of a planning and monitoring manual for NRHM. Update the manual at least on an annual basis to reflect experience in implementation and changes/ revised guidelines from GoI, etc. Disseminate manual to districts, municipalities and other “spending”centres. Facilitate necessary training for personnel in use of the Manual.
- Follow up to ensure that districts/ municipalities/ spending centres submit monthly/ quarterly reports in accordance with the Manual. Review, analyse these reports, visit districts if necessary, participate in review meetings and recommend corrective action. Prepare consolidated monthly/quarterly progress reports highlighting achievements (physical/ financial) against the PIP, reasons for delay/ adverse variance, corrective action to be taken, etc. Follow up to ensure that agreed corrective action is implemented.
- Facilitate conduct of independent impact assessment studies through technical assistance; analyse results and provide feed back to districts
- Monitoring and assessing the implementation of the new strategies outside NRHM by DoH/CFW, particularly in the context of MTSEF.

- Facilitate convergence with other health directorates/commissionerates and other stakeholders in implementation of the NRHM programmes
- Assist performance review processes across participating departments

Continuous Process Improvement

- Facilitate /provide necessary assistance through e.g. arrangements for training, review of operational guidelines etc to enable DPMUs to bring about continuous process improvement in delivery of services e.g. ASHA programme, RCH camps, referral transport, etc.
- Identify opportunities for improved utilization of resources across various NRHM programmes, prepare proposals, obtain necessary approvals and follow up to ensure implementation.
- Develop a process to build planning and monitoring capacities at all levels within the DoH/CFW

Secretariat Functions

- Secretariat support to State Health Mission and Society including arrangements for meetings, compilation of reports/ background papers, preparation of minutes, maintenance of records, follow up to ensure implementation etc. Facilitate adherence to all statutory requirements in line with the MOA and Bye-laws.
- Ensure periodic meetings of DPMU staff including for monitoring purposes and sharing of experiences

Administrative Arrangements:

Reports to the NRHM, Mission Director

2. Finance Manager

The Finance Manager's key tasks would include but not be limited to the following:

- Develop an operational manual for management of funds in state society, district society and facility level societies (e.g. Hospital Development Societies); obtain necessary approvals
- Manage society funds including flexi pool funds by:
 - Overseeing disbursement of funds to implementing agencies
 - Ensuring that the accounting procedures laid down in the operational manual are followed
 - Preparation of statement of expenditure and collection of utilisation certificates
 - Ensuring conduct of financial accounting/ management audits and compliance with findings
- Ensure conduct of training needs assessment of state and district accounting staff and conduct of training programmes for them (such as double entry book keeping, using accounting software, etc).
- Budget analysis of the state, district and facility level societies and developing proposals for improving financial management systems at these levels.

Administrative Arrangements:

Reports to the Director, SPMU

3. Accounts Manager

The Account Manager's key tasks would include but not be limited to the following:

- Maintenance of books of accounts of the society, and monthly and annual closure of books of accounts.
- Disbursement of funds to implementing agencies.
- All bank related activities

Administrative Arrangements:

Reports to the Finance Manager, SPMU

4. Epidemiologist

The Epidemiologist's key tasks would include but not be limited to the following:

- Developing the public health and epidemiological components of the health and management information system (including a responsive decentralized surveillance system), which is capable of providing information for priority setting based on health indicators.
- Assist (HMIS Specialist/Surveillance officer under IDSP) in expanding the current routine health information system to include private sector and civil society and to introduce indicators of quality and mechanisms for validating the data.
- Leading the priority setting assessment of health problems and health needs for all planning and monitoring purposes.
- Ensuring that data from routine health information and surveillance systems is widely disseminated: publishing of reports, articles, etc
- Coordinating efforts of sub-departments of HM&FW and other departments in delivering public health care.
- Promote appropriate partnerships with the civil society and private sector, which are synergistic to the public health goals of the Government.
- Formulate operational guidelines for public health to be delivered by various sectors – Government, private and civil society.
- Study and recommend how best community based organizations and Panchayati Raj Institutions can play a role in provision of public health programmes and develop appropriate mechanisms for accountability to local institutions

Administrative Arrangements:

Reports to the Director, SPMU

5. Social Development Specialist

The Social Development Specialist's key tasks would include but not be limited to the following:

- Identifying and defining the poor, marginalized and special groups that require special attention of the Government.
- Understanding the health needs of these groups, their ability to pay and constraints.
- Ensuring that programmes under NRHM/APHSRP are sensitive to the requirements of these groups and address their needs directly and indirectly.
- Establishing mechanisms for these groups and their representatives to participate in health systems management and influence the system to meet their key requirements.
- Assist in district planning process
- Lead in developing Tribal Health Plans
- Facilitate convergence of NACP with NRHM particularly with regard to services for marginalized population
- Mainstreaming community participation
- Institutionalize systems at every level within the CFW/DoH to take into account their needs and address gender and poverty related issues while planning or implementing health programmes
- Develop systems to measure the user friendliness of the health systems to the special groups and means to ensure that the public health systems become responsive to this feedback.
- Ensuring that subsidies and special schemes for the special groups reach them and are not cornered by those who it is not intended for.
- Ensure that the Government schemes or programmes do not further marginalize or exacerbate any social situation that exists.
- Help action the relevant strategies already developed by the department.
- Coordinating and working closely with other social sector departments like Education, Rural Development, Women and Child Welfare, Tribal Welfare.

Administrative Arrangements:

Reports to the Director, SPMU

6. Management and Human Resource Specialist

The Management and Human Resource Specialist will work closely with the Human Resource Unit of the SPIU and provide assistance for:

- Developing an action plan for reorientation and restructuring of CFW and DoH to simplify and consolidate its structure at the state and district levels so that synergies are obtained and compartmentalization and fragmentation reduced.
- Performance management including review of roles and responsibilities of functionaries in DoH/CFW and drawing up of clear job charts; review of performance indicators and introduction of meaningful and logical indicators; preparation of 'Operational Manuals', particularly at district and sub-district level, which will make working systems smoother; and setting up of a comprehensive and centralized database of staff details linked to the HMIS
- Skills-mix and training needs assessment of human resources for improved public health services through DoH/CFW.
- Preparing comprehensive annual training plans which will address the requirements of different categories of staff in DoH/CFW
- Institutional assessment to identify and assess capacity of training institutions under CFW/DoH
- Developing pay and compensation mechanisms and performance incentives to staff.
- Carrying out staffing review and rationalization exercise in DoH and CFW, which will lead to optimum allocation, abolition of redundant vacant posts and creation of new posts as required.
- Identification of vacant posts in DoH/CFW and initiating steps to fill them up
- Estimating the human resource requirements, trends, possible shortages / excesses and planning for demand supply management at various levels. Predicting the kinds of staffing patterns for the future and adjusting demand and supply. Examine ways to increase supply of critical positions, in short and long term strategies.
- Work load assessments and utilization to identify excess staff for relocation. Identifying opportunities to outsource.
- Recommending appropriate team size and reporting structures.
- Cadre reviews, rationalization of staff, re-training and re-positioning.
- Analyzing existing supervision mechanisms at various levels, their effectiveness and implement improvements.
- Reviewing internal systems for management – reporting, filing, internal communication, recording, decision making, etc.
- Understanding the current mechanisms of communication within individuals in the department, intra departmental and with outsiders. Mechanisms to improve them.
- Critically examining the logistics requirement of the CFW/DoH and how best to improve them.

- Establishing quality control mechanisms at various levels of management.
- Examining decentralization, delegation and de-concentration within the department and implement mechanisms that improve performance.
- Measuring the reach of the health services, especially to the poor and vulnerable and devising mechanisms for optimal reach.
- Reviewing role of PRIs in health system management. Piloting and documenting experiences.
- Examining issues surrounding motivation and work productivity.
- Analysis of work force levels and hierarchies. Finding ways to reduce levels of decision-making.
- Understanding current organizational and work culture, its facilitatory and inhibitory role and ways to improve. Examine the leadership styles the suggest ways to improve.

Administrative Arrangements:

Reports to the Director, SPMU

7. Health and Management Information Systems Specialist

The HMIS Specialist will work closely with counterpart in SPIU and Database Manager in SPMU and provide assistance for:

- Setting up of a responsive and networked Health and Management Information System at sub-district, district and state level
- Suggesting and modifying the HMIS to suit the growing and changing needs.
- DoH/CFW to implement the system and use the results.
- Developing and implementing appropriate performance indicator system that reflects reality and useful in monitoring, working closely with the Epidemiologist and the Management and Human Resources Specialist
- Reviewing of the use of IT as a tool of productivity, at various levels.
- Suggesting investments and improvements in use of IT in data and communication.
- Implementing comprehensive IT solutions that improve productivity and reduce costs.
- Designing and develop databases at various levels.
- Helping the department use these databases in planning, monitoring and effective programme implementation.
- Drafting specifications and tenders for the information system hardware and software.
- Building capacity for MIS within CFW/DoH

Administrative Arrangements:

Reports to the Director, SPMU

8. Data Manager

The Data Manager's key tasks would include but not be limited to the following:

- Work closely with the team entrusted with preparation of the planning and monitoring manual to ensure that monitoring/reporting formats at state and district level are rationalized.
- Maintain a data base providing all necessary information relevant to NRHM including eg district/ block wise demographic data, performance against health indicators, status of public/ private facilities, etc.
- Compile monthly physical and financial progress reports and critically examine discrepancies and areas of improvement in reporting

Administrative Arrangements:

Reports to the Director, SPMU

9. Behavior Change Management Specialist

The BCC Specialist's key tasks would include but not be limited to the following:

- Appraisal of effectiveness of current communication strategies
- Assess BCC needs across the State and identify target audience groups
- Provide technical assistance in the areas of strategic communication, behavior centered approaches and effective behavior change interventions among the target audience
- Design and implement the various aspects of a communications strategy to enable positive changes in health behavior among diverse audience groups
- Work with field staff to lead and support the design, development and implementation of prevention strategies, programs and media campaigns
- Work with stakeholders at the national and local level and design processes that will allow stakeholder involvement
- Identify extra-departmental resources that can be used for BCC
- Strengthen the capacity of DoH/CFW to identify, develop, plan, and implement BCC activities with target groups, maximizing the use of available resources and partnerships.
- Develop and implement training, refresher training, and support for BCC activities
- Production of IEC and BCC materials for use in the State and help tailor generic materials to meet local needs.
- Encourage networking between agencies, governments, and NGOs across the State
- Develop plans of action for both outreach and monitoring of outreach

Administrative Arrangements:

Reports to the Director, SPMU

10. Procurement Officer

The Procurement Officer's key tasks would include but not be limited to the following

- Assist SPMU to manage procurement under NRHM and ensure that procurement is done in full accordance with GoAP/GOI's procurement procedures and practices and in accordance with programme timeframes.
- Maintain the NRHM related procurement files
- Prepare monthly and quarterly reports on the procurement under NRHM.
- Develop procurement procedures in compliance with GoI/GoAP guidelines
- Draft Procurement Handbook
- Contribute to the development of relevant parts of Financial Management and Accounting Manual
- Pre qualification of Consultants/Institutions
- Procurement of goods and services
- Work closely with APHMIDC/CGG and coordinate drawing up of specifications for procurement of goods and services procured through these agencies.
- Ensure compliance with all relevant GoAP/GoI guidelines and procedures for procurement of goods, works and services (including consultants).
- Assist the State Health Mission in ensuring that procurement arrangements are consistent with the Mission implementation and development objectives and as needed, discuss procurement options and possible solutions for improving implementation.
- Assistance in preparing Request for Proposals (RFPs) including detailed terms of reference, and assist the SPMU to undertake bid evaluations.
- Assistance in preparing the contracts with selected suppliers/contractors/consultants, including follow up for delivery of goods/services/works in accordance with the schedule.
- Assist Director and Finance Manager in approving and coordinating contractual payments.

Administrative Arrangements:

Reports to the Director, SPMU

11. Reform Facilitators (2)

The Reform Facilitator's key tasks would include but not be limited to the following:

- Facilitating the plan for health programmes – especially at the district level and the PRIs.
- Monitoring the implementation of the new strategies, through field visits, observations, meetings, etc. and recommend action.
- Documenting feedback from the department on implementation problems and solutions.
- Conducting studies and reviews to feed into decision-making on policies and procedures.
- Understand constraints faced by CFW/DoH and suggesting ways forward. Recommend need for change in strategies.
- Summarize and analyze feedback of staff members to the new strategies and reform processes.
- Identify and predict negative impacts of the new processes. Suggest appropriate changes.
- Trouble shooting, consulting and advising line department managers on implementation issues.
- Assisting the Mission Directorate in problem solving and implementation of the strategies or reforms.
- On job training, hand holding and mentoring of some key administrators.
- Participating in review meetings of the CFW/DoH and adding value to internal management processes.
- Act as resource persons for the respective line department on key strategic issues or in problem solving.
- Assist the other staff members of SPMU in their respective functional areas by providing the department's perspective and problems.

Administrative Arrangements:

Reports to the Director, SPMU