

PC-1

SOCIAL HEALTH PROTECTION INITIATIVE (PHASE - II)

FOR

KHYBER PAKHTUNKHWA



HEALTH DEPARTMENT

GOVERNMENT OF KHYBER PAKHTUNKHWA

1. Name of the Project	Social Health Protection Initiative Phase - II for Khyber Pakhtunkhwa
2. Location	All the districts of Khyber Pakhtunkhwa
3. Authorities Responsible for	
a. Sponsoring	Government of Khyber Pakhtunkhwa
b. Execution	Health Department, Government of Khyber Pakhtunkhwa, through the Programme Management Unit (PMU) under the administrative control of Director General Health Services.
c. Operation and Maintenance	Health Department, Government of Khyber Pakhtunkhwa
d. Concerned Federal Ministry	N/A
4. Plan Provision	Phase II of the scheme is reflected in the Annual Development Programme, 2016 -17 with an allocation of Rs. 200 million.
5. Project Objectives and its relationship with Sectoral objectives	<ol style="list-style-type: none"> 1. To enhance access of the poorest population of the province to quality healthcare services by reduction of financial barriers. 2. To reduce out of pocket payments for health care services <p>The objectives of the project are in line with the objectives and outcomes of the Health Department as outlined in Health Sector Strategy 2010-17 i.e., to improve the health status of the population in the province by ensuring access to quality health care especially enhancing coverage and access to essential health services of the poor and vulnerable.</p>

6. Description, Justification and Technical Parameters

Implementation Arrangements

- The scheme would be implemented by an Insurance Company, selected through National Competitive Bidding consistent with the government procurement rules.

Insurance Mechanism

- The selected insurance company will enroll beneficiary household, the list of which will be acquired from Benazir Income Support Programme (BISP).
- Insurance firm will print Health Cards for the selected beneficiary household. The cards will be distributed through Community Based Organization contracted by insurance firm for this purpose. Card Distribution Centers (CDCs) will be established in the office of Union Council, RHCs, BHUs, Dispensaries, Government schools or any other Government institution.
- A Household will consist of at least seven (7) people including family head, his/her spouse and up to five children, and one elderly dependent person (parent of the family head, for example), if the number of children is less than five.
- Additional members of the household, if so desired would be covered by paying premium on individual basis.
- The insurance product will also be marketed for others whose premium is not paid by the Government but who are willing to purchase the same voluntarily.
- Estimated premium would be Rs. 1599 per household per

year. Exact premium would be determined after completion of the bidding process and selection of Insurance firm.

- The program will cover all ages, starting at birth.

Services to be Provided

- Mainly inpatient secondary care including General Medical ailments, General Surgical problems, Gynaecological & Maternity problems and common Paediatric diseases up to the limit of Rs. 30,000 would be provided to each member of the beneficiary household.
- Tertiary care facility for priority diseases may also include in the package subject to the agreement between the government and the selected Insurance Company.

Service Providers

- Healthcare services to the beneficiaries will be provided by the empanelled public and private hospitals/healthcare providers.
- The Insurance Company will carry out assessment of the available public and private health care facilities in each district on a pre defined criteria and will propose a list of hospitals/service providers to the Steering Committee for approval. Criteria for assessment are attached as **Annex I**.
- All the empanelled hospitals/service providers should be registered with Khyber Pakhtunkhwa Healthcare Commission (HCC) and should comply with provincial quality standards.
- Government Hospitals will be permitted to retain, without loss of budget, a minimum of 75% of the insurance income.
- The retained insurance funds will be utilized for improvement

of quality of healthcare services and payment of incentives to the hospital staff (detailed utilization mechanism is attached as **Annex II**).

- 25% of the fund to be remitted to the government which will be accrued in the special account/ health fund to be established and used solely for the purpose of enhancements in the insurance scheme.

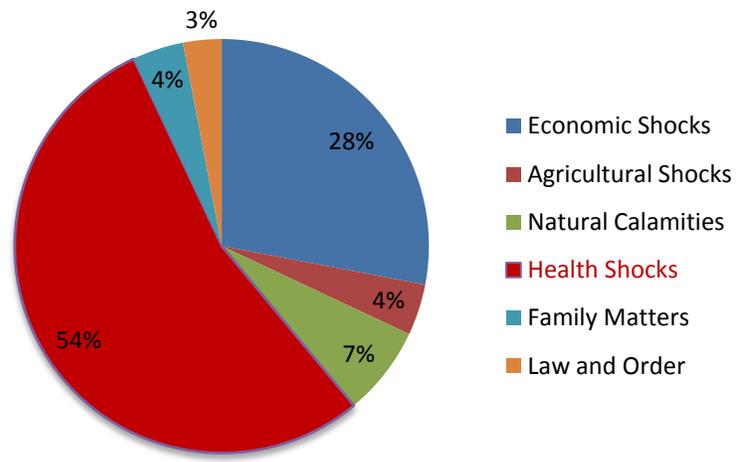
Promotion and Awareness

- The government will undertake promotional campaigns to create public awareness amongst the population for optimum utilization of the healthcare services.

Background

- A significant proportion of the population of Pakistan lives below the poverty line, and this segment of the population is exposed to a number of risks. Of all the risks, health risks pose the greatest threat to their lives and livelihoods. A health shock adds health expenditures to the burden of the poor precisely at the time when they can least afford it. Such shocks impose major costs on both poor and non-poor among surveyed families, resulting in situations that lead these families deeper into poverty. The share of those who had not yet recovered increases with the estimated cost of the shock, and is significantly higher for health shocks.
- The safety net survey shows that 54 % health shocks contribute to the poverty of community which is more than any other factor.

Most serious crisis and shocks over past three years in Pakistan (Safety Net Survey 2009)

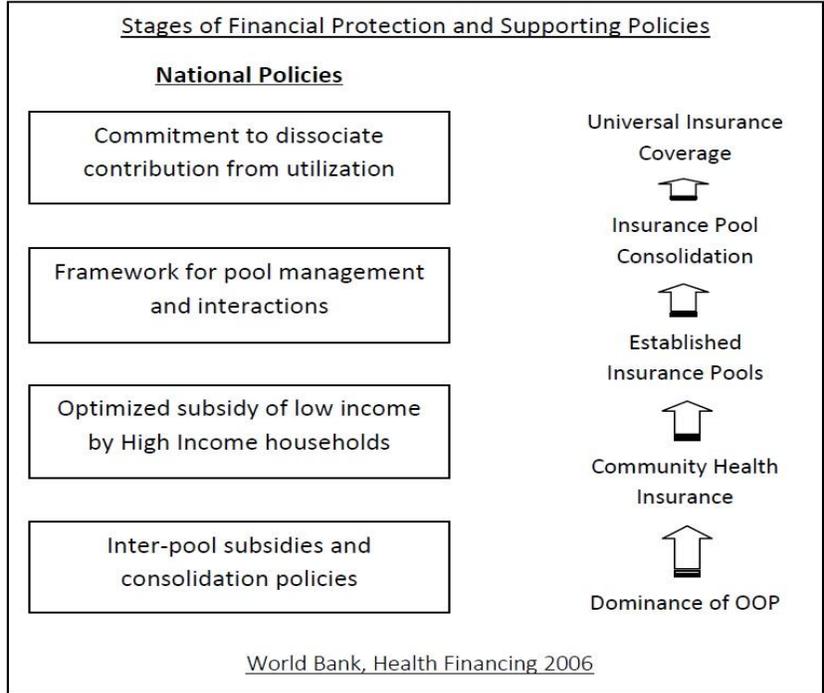


- In Khyber Pakhtunkhwa, there was great damage to human life and infrastructure after the earthquake in 2005. The people and the infrastructure in the areas still suffer the effects. The damage poses a major challenge to the Social Protection Initiatives in the country.
- Since 2008, Khyber Pakhtunkhwa has been faced with major security-related threats. At the peak of the conflict, between late April and mid-July 2009, around 2.7 million civilians fled the generalised violence.
- The region had not yet recovered from these shocks, when it was hit by widespread floods during July and August 2010. It is estimated that thousands of people died and over one million homes have been destroyed.
- The United Nations estimates that more than twenty million people have been injured or made homeless. These devastating calamities have pushed significant numbers of the population in these regions into poverty and homelessness, thus increasing need for social protection. There needs to be continued provision of preventive and curative health services, including psycho-social care, to the

crisis-affected population.

Policy Context of Social Protection in Pakistan and Khyber Pakhtunkhwa

- The constitution of the Islamic Republic of Pakistan (Article 38) guarantees, as a right, the provision of social security to all the citizens. The Government of Pakistan has developed strategies and undertaken a number of initiatives that fall in the area of social protection.
- Pakistan is a signatory to the new sustainable development agenda which was adopted on September 25, 2015 by countries as members of the United Nations. The Sustainable Development Goals adopted a set of goals to end poverty, protect the planet, and ensure prosperity for all. Goal 3 of the SDGs is to “Ensure healthy lives and promote well-being for all at all ages”. As a strategy to achieve the goal, Universal Health Coverage, including financial risk protection, has been identified.
- Universal health coverage is defined as “ensuring that all people have access to needed promotive, preventive, curative and rehabilitative health services, of sufficient quality to be effective, while also ensuring that people do not suffer financial hardship when paying for these services”. Universal health coverage has therefore become a major goal for health reform.
- The relationship between Universal Health Coverage and risk pooling through a health insurance scheme is demonstrated in the figure below:



- The Provincial Government has approved Comprehensive Development Strategy (CDS) for (2010-2017). With reference to CDS the Goal of the Department of Health in partnership with stakeholders, is “to improve the health status of the population in Khyber Pakhtunkhwa through ensuring access to a high quality, responsive healthcare delivery system which provides acceptable and affordable services in an equitable manner”.
- One of the outcomes of Government of Khyber Pakhtunkhwa Health sector strategy is enhancing coverage and access to essential health services, especially for the poor and vulnerable and a key objective to achieve this outcome by 2017 is that 40 % of the population of the province living below the poverty line, will have a form of social protection against catastrophic illnesses.
- Social Health Protection is an important element of Strategic Development Partnership Framework Government of Khyber

	Pakhtunkhwa (October 2013) as well as output Based Budget KP for 2014 -17 including Health.
7. Capital Cost Estimates	<ul style="list-style-type: none"> ○ Total Cost of the Programme for two years would be around Rs. 5362.200 million, 98 % of that is premium to be paid to the Insurance Company. ○ The premium cost is estimated on the basis of actuarial analysis conducted for Phase-I of the project by Oxford Policy Management (OPM) in 2011 with the collaboration of the Health Department KP and KfW. ○ As the Insurance company selected for Phase-I has quoted premium Rs.1700 which was the minimum amongst all the firms who submitted proposal for Phase-I, therefore the estimated premium for Phase-II would be more or less the same at this stage. However actual premium quoted by insurance firms during the bidding/selection process may vary from this figure. ○ Detailed cost estimates attached as Annex III.
8. Annual Operating and Maintenance Cost after Completion of the Project	In order to sustain Scheme, the annual operating and maintenance cost amounting to Rs. 2,620.800 million would be required in the form of Annual Premium for the poorest 50% population of the programme districts.
9. Demand and Supply Analysis	<p>Project Demand</p> <p>High levels of out of pocket expenditure for health services are a barrier to accessing health care when needed and can lead to or sustain poverty. Health financing strategies have an “insurance function”, which consists in “providing access to needed health</p>

	<p>care without financial impoverishment”.</p> <p>Supply Side Requirements</p> <p>Improving the physical structures, replenishing supplies and procuring equipment to the health care providers involved in the scheme will have a dramatic impact on the health insurance scheme. In case of the public sector hospitals, it will also be important to modify existing rules so that it is allowed for the public sector providers to retain earnings from the schemes without loss of budget, and being given the management freedoms to use these funds to provide staff incentives and improve the quality of services.</p>
<p>10. Financial Plan and Sources of Financing</p>	<ul style="list-style-type: none"> ○ All the funds would be provided by the Provincial Government from its own resources through Health Sector ADP.
<p>11. Project Benefits and Analysis</p>	
<p>i. Financial Benefits</p>	<p>There are no direct financial benefits to the sector however by providing financial protection to the people against healthcare costs, out of pocket expenditure will be decreased.</p>
<p>ii. Social Benefits</p>	<ul style="list-style-type: none"> ○ It is expected that through this scheme health status of the 50% poorest population in the province would be enhanced through improved access to health services as a result of reduction of financial barriers and strengthening of quality of health service provision. ○ It is also assumed that poverty will be reduced due to reduction of Out-of-pocket expenditure.
<p>iii. Employment generation (direct)</p>	<p>1. In order to run the project, a Project Management Unit (PMU) already established and staff is in place for existing</p>

<p>and indirect)</p>	<p>four districts and new staff will be recruited as per need:</p> <ol style="list-style-type: none"> 1) Coordinators 2) Account Officer 3) MIS Officer 4) Account Assistant 5) Computer Operators 6) Drivers 7) Naib Qasids 8) Chowkidaars <p>2. To administer the scheme, Insurance companies will establish their setups in the programme districts where they will also recruit new staff.</p>
<p>iv. Environmental Benefits</p>	<p>NA</p>
<p>v. Impact of delays on project cost and viability</p>	<p>Project cost may increase due to inflation or increase in salary packages.</p>
<p>12. Implementation Schedule of the Project</p>	
<p>a) Starting and Completion Date of the Project b) Result Based Monitoring (RBM) Indicators</p>	<p>The scheme is expected to be launched in October, 2016 subject to its approval from the competent forum and selection of insurance company, and expected to be completed by June 2018.</p> <p>RBM Indicators attached as Annex IV.</p>
<p>13. Management Structure and Manpower Requirements, Including Specialized</p>	<ul style="list-style-type: none"> ○ The Government of Khyber Pakhtunkhwa Health Department will be executing the programme under the administrative control of Director General Health Services through a PMU consisting of a Project Director assisted by

<p>Skills During Execution and Operational phases</p>	<p>Coordinators, Monitoring & Evaluation Officer, Accounts Officer, MIS Officer and other support staff. Detailed Management Structure attached as Annex V.</p> <ul style="list-style-type: none"> ○ The staff would be appointed according to the project policy; “Khyber Pakhtunkhwa Policy regulating appointment to posts in development projects”. ○ PMU will ensure that quality healthcare services are being provided to the beneficiaries of the programme. For this purpose PMU staff will conduct regular visits to the empanelled hospitals and communities in the districts. ○ ToRs of the PMU staff attached as Annex VI.
	<ul style="list-style-type: none"> ○ Oversight Arrangements - A project Steering Committee will provide guidance to the project team. Secretary Health will be the chairman of the Committee. <ul style="list-style-type: none"> ➤ Composition and ToRs of Steering Committee are attached as Annex VII.
<p>Additional Projects/Decisions Required to Maximize Socio-Economic Benefits from the Proposed Project</p>	<p>NA</p>
<p>15. Certificate</p>	<p>Certified that the project proposal has been prepared on the basis of instructions provided by the Planning Commission for the preparation of PC-I for Social Sector projects.</p>

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ANNEXURES

ANNEX I - CRITERIA FOR ASSESMENT OF HOSPITALS

The Health care facility should be either a Public or a Private Hospital having:

1. Registration with Khyber Pakhtunkhwa Healthcare Commission.
2. Patient beds based on services available for inpatient care.
3. Fully Qualified Doctors (registered with PMDC) available round the clock
4. Fully qualified nursing staff (registered with Khyber Pakhtunkhwa Nursing Board) present round the clock.
5. At least one of the specialties (Medical, Surgical, Pediatrics, Gynaecology/Obstetrics, Orthopedics/Traumatology or any other), with a qualified Specialist (FCPS/MCPS or equivalent).
6. An operational pharmacy and diagnostic services, or should be able to link with the same so as to provide cashless service to the patients. The diagnostic services should include:
 - All essential lab tests
 - X-rays
 - ECG
 - Ultrasonography
7. The facility should be fully equipped and engaged in providing care in relevant specialty:
 - Facility providing surgical care should be equipped with operation theatre.
 - Facility providing Gynae/Obstetrical care should have fully equipped Labour Room.

ANNEX II - MECHANISM FOR UTILIZATION OF RETAINED INSURANCE FUNDS

75% of the insurance funds retained by the empanelled public hospitals shall be utilized by the concerned hospital as per the following breakup:

- 60% - Measures to ensure improved quality standards in the respective health institution. The amount so retained will be reflected in the budgets of the respective health institution and will be specified for particular quality standards.
- 25% - Incentive Payments to Doctors providing services to insured patients
- 10 % on Nursing staff/Paramedics providing services to insured patients
- 02% on Administrative/management staff of the concerned hospitals.
- 03% on repair expenses of the concerned hospital

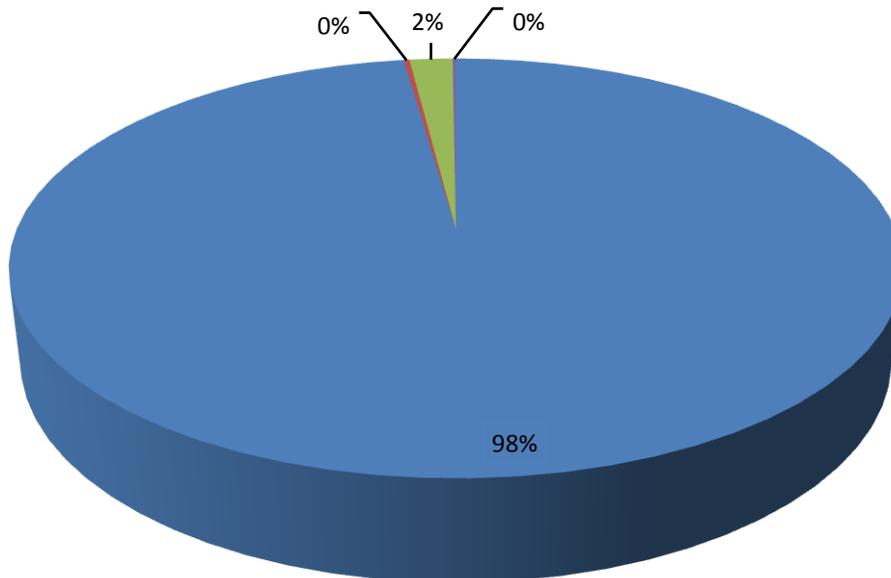
ANNEX III - PROGRAMME COST AND YEAR-WISE FINANCIAL BREAKUP

(Rs. millions)

S. No.	Components	Year 2016-17	Year 2017-18	Total Cost
1.	Premium Cost	2620.800	2620.800	5241.600
2.	Salary of Staff	6.300	6.615	12.915
3.	Operational Cost	70.035	30.005	100.040
4.	Vehicles, Equipment and Furniture Cost	7.465	0.180	7.645
TOTAL		2,704.600	2,657.600	5,362.200

PERCENTAGE OF COST DISTRIBUTION

■ Premium Cost ■ Salary of Staff ■ Operational Cost ■ Vehicles, Equipment and Furniture Cost



ANNEX III A - SALARY OF STAFF

(Rs. millions)

S. No	Name of Post	No. of Posts	Monthly Salary	Year 2016-17	Year 2017-18	Total
1.	Coordinators (BPS 17)	3	0.210	2.520	2.646	5.166
2.	Account Officer (BPS 17)	1	0.070	0.840	0.882	1.722
3.	MIS Officer (BPS 17)	1	0.070	0.840	0.882	1.722
4.	Account Assistant (BPS 16)	1	0.035	0.420	0.441	0.861
5.	Computer Operator (BPS 12)	2	0.050	0.600	0.630	1.230
6.	Drivers (BPS 4)	2	0.030	0.360	0.378	0.738
7.	Naib Qasids (BPS 2)	2	0.030	0.360	0.378	0.738
8.	Chowkidaar (BPS 1)	2	0.030	0.360	0.378	0.738
Total		14	0.525	6.300	6.615	12.915

ANNEX III B - OPERATIONAL COST

(Rs. millions)

S. No	Activity/Components	Year 2016-17	Year 2017-18	Total Cost
1	Telephone/ DSL charges	0.150	0.170	0.320
2	Stationary	0.300	0.350	0.650
3	Printing	0.100	0.150	0.250
4	Courier/Postage Charges	0.020	0.250	0.270
5	POL Charges	0.500	0.750	1.250
6	Repair and Maintenance of Vehicle	0.300	0.350	0.650
7	Miscellaneous/ Contingencies	0.600	0.600	1.200
8	Medical Charges	0.600	0.600	1.200
9	TA/DA	0.500	0.600	1.100
10	Rent and Maintenance of Office Building	1.200	1.320	2.520
11	Utilities Charges	0.350	0.450	0.800
12	Repair of Furniture	0.100	0.150	0.250
13	News Papers	0.015	0.015	0.030
14	Entertainment Charges	0.300	0.250	0.550
15	BISP Data Charges	25.000	-	25.000
16	Advertisement and Promotional activities	40.000	24.000	64.000
Total		70.035	30.005	100.040

ANNEX III C - VEHICLES, EQUIPMENT AND FURNITURE COST

(Rs. millions)

S. No	Equipment	QTY	Unit Cost	Year 2016-17	Year 2017-18	Total Cost
1	Procurement of Vehicles (Jeep)	2	2.500	5.000	0.000	5.000
2	Registration of Vehicles	2	0.060	0.120	0.000	0.120
3	Laptop Computer	5	0.085	0.425	0.000	0.425
4	Server Computer with UPS	1	0.250	0.250	0.000	0.250
5	Desktop Computers with UPS	3	0.060	0.180	0.000	0.180
6	Computer Software & Accessories	-	-	0.050	0.050	0.100
7	Heavy Duty Printer	1	0.080	0.080	0.000	0.080
8	Fax Machine	1	0.050	0.050	0.000	0.050
9	Air Conditioners	1	0.060	0.060	0.000	0.060
10	Purchase of Furniture	-	-	1.000	0.000	1.000
11	Office Networking	-	-	0.100	0.000	0.100
12	M & R of Equipments	-	-	0.150	0.130	0.280
Total				7.465	0.180	7.645

ANNEX IV - RBM INDICATORS

S. No.	Inputs	Outputs	Outcome		Targeted Impact
			Baseline Indicators	Targets after completion of Project	
1.	<ol style="list-style-type: none"> 1) Finalise tender procedure and tender content 2) Call for expression of Interest (EOI) 3) Request for proposal 4) Negotiate final agreements 	Output 1: Insurance Company is selected and Agreement signed for implementation of the Programme.	<ol style="list-style-type: none"> 1) Currently only 21 % poorest population of four Districts (Mardan, Malakand, Kohat and Chitral) is enjoying free health Insurance 2) Out of pocket expenditure in the Province is around 65.21%.¹ 	<ol style="list-style-type: none"> 1) 50 % of the population of the Province is enjoying free Health Insurance 2) Out of pocket expenditure of the enrolled population for inpatient care is reduced by at least 50 % 3) Insured population utilization rate of covered hospital care is 3-4% 	<p align="center">Health status of the population covered under the scheme is improved</p>
2.	<ol style="list-style-type: none"> 1) Beneficiaries data from BISP acquired and handed over to Insurance company. 2) Community based organization selected by Insurance company for card distribution. 3) Data screened, verified and Health Cards printed. 4) Card Distribution Centre's established in all Districts of the Province. 	Output 2: Health Cards distributed among all the beneficiaries.			
3.	<ul style="list-style-type: none"> • Health Department KP developed a mechanism and implemented policy that allows public hospitals to retain Insurance funds. 	Output 3: Public Hospitals are able to utilize retained Insurance funds generated by service provision to the			

¹ National Health Accounts 2011-12

		beneficiaries.			
4.	<ol style="list-style-type: none"> 1) Assessment of public and private hospitals completed 2) Rates for healthcare services and procedures agreed with hospitals 	Output 4: Sufficient number of hospitals (public and private) empanelled for provision of services			
5.	<ol style="list-style-type: none"> 1) Districts set up established by Insurance company. 2) Facilitation desks established and required staff hired. 	Output 5: Service provision started through empanelled hospitals			
6.	<ul style="list-style-type: none"> • Health Department sets up an Monitoring and Evaluation function, and periodically applies this functions to the implementing partners of the programme. 	Output 6: A robust monitoring and evaluation mechanism is in place and the programme activities are monitored regularly			

ANNEX V - MANAGEMENT STRUCTURE

S. No.	Name of Position	Number of Posts		
		Existing	New	Total
1.	Project Director (BPS18)	1	-	1
2.	Coordinators (BPS17)	1	3	4
3.	M & E Officer (BPS17)	1	-	1
4.	MIS Officer (BPS17)	-	1	1
5.	Accounts Officer (BPS17)	-	1	1
6.	Admin Officer	1	-	1
7.	Account Assistant	-	1	1
8.	Computer Operators	2	2	4
9.	Drivers	3	2	5
10.	Naib Qasids	2	2	4
11.	Chowkidaars	-	2	2
12.	Cleaner	1	-	1
Grand Total		12	14	26

ANNEX VI - TORS OF THE STAFF

PROJECT DIRECTOR (BPS-18)

Job Requirements/Qualifications

- MBBS along with MPH/ Masters in Health Planning & Policy or any other equivalent qualification from a PMDC/HEC recognized institute.
- Should have basic qualification/training in Health Care Financing with a minimum of 3 years experience in the relevant field.
- Excellent command of written and spoken English with an equally good command over communication, report writing and analytical skills.
- Publications and presentation of papers/attendance of national and international conferences and seminars in the relevant field would be given preference.
- Up to 55 years of age at the time of application.

Job Description

- Provide technical support to the Health Department in implementation of the programme.
- Supervision of the programme activities including Monitoring and Evaluation of the ongoing activities in the districts.
- To ensure that healthcare services are provided to the beneficiaries according to the approved quality standard of Health Department Khyber Pakhtunkhwa.
- Coordination with other safety net organizations and programmes (BISP, Zakat and Bait UI Mal etc).
- Convene meetings of Steering and other Committees constituted for the programme.
- To carry out other technical and managerial tasks of comparable nature as assigned by the Health Department.
- Dissemination of quarterly and annual reports of project activities.

ACCOUNT OFFICER (BPS-17)

Required Qualification

- MBA/ M.Com or equivalent qualification, recognized by HEC.
- At least 5 years experience in the relevant field (Accounting, Auditing, Financing and Budgeting).
- Computer literate (MS Word, Excel, Power Point etc).
- Good communication and report writing skills and understanding of government procedures and rules.
- Up to 50 years of age at the time of application.

Job Description

- To ensure that all accounting records including vouchers, ledger and cash book are up to date and maintained properly.
- To provide comprehensive financial services, including budgeting, purchasing and procurement.
- To ensure that all the vouchers are correct and payment is made to the vendors on time.
- To ensure correct and efficient operation of the accounts and that the accounts are reconciled on monthly basis with Accountant General Office.
- To provide necessary information and record to external auditors for financial and performance audits.
- To ensure on time supply of items required on daily basis.
- Coordinating with donors and NGOs regarding technical and in kind support for the Project operation.
- To prepare monthly, quarterly, annual and other account statements as required.
- Any other task assigned by the Project Director.

COORDINATOR (BPS-17)

Job Requirements/Qualifications

- MBBS/BDS along with MPH/ Masters in Health Planning & Policy or any other equivalent qualification from a PMDC/HEC recognized institute.
- Should have basic qualification/training in Health Care Financing and/or experience in relevant field.
- Excellent command of written and spoken English with an equally good command over communication, report writing and analytical skills.
- Publications and presentation of papers/attendance of national and international conference and seminars in the relevant field would be given preference.
- Up to 45 years of age at the time of application.

Job Description

- Monitoring and Evaluation of the project including visits to the programme districts and facilities.
- Coordination with other safety net organizations/programmes, District Health Authorities and all other stakeholders.
- Coordinate and arrange meetings of the programme.
- Assist Project Director in providing technical support in implementation of the project and to assure quality of healthcare services provided to the beneficiaries.
- Coordinating activities with implementing partners and Health care providers in the programme districts.
- Prepare quarterly and annual reports of the project activities.
- Carry out other technical or managerial tasks as assigned by the Project Director.

M & E OFFICER (BPS 17)

Job Requirements/Qualification

- Master Degree in relevant field, such as Public Health, Social Science or Research
- At least 3 years related experience in the humanitarian sector with a focus on health and research.
- Thorough knowledge of government health systems
- Strong report writing skills and analytical abilities
- Good interpersonal, communication and facilitation skills
- Excellent command of spoken and written English, Urdu and Pashto.
- Able to travel frequently to remote project locations
- Familiarity with GIS applications
- Up to 45 years of age at the time of application.

Responsibilities

- To assist the Project Director to review Project design and its components to develop monitoring and supervision protocols and identify feasible improvement strategies in relation to the successful implementation of the programme.
- Development of action plans in collaboration with provincial and district teams and implementing agencies.
- Strengthen coordination between Project, Health Department, District Health Authorities, Implementing Agencies and Government Departments involved in Social Health Protection.
- Generate and disseminate monthly, quarterly, annual and any other project reports.
- Any other tasks assigned by the Project Director.

MIS OFFICER (BPS 17)

Job Requirements/Qualifications

- M. Sc Computer Science/MCS or equivalent qualification from HEC recognized University
- At least 3 years relevant experience (Web development and Management, Networking, Databases and Programming).
- Technical expertise regarding data models, database design and development.
- Strong knowledge of databases (Oracle, MS SQL etc) and programming (Php,Java,.NET framework etc)
- Up to 45 years of age at the time of application.

Responsibilities

- Develop comprehensive information management system which can easily be accessible.
- Review and analyze online data as for the requirement of the PMU and implementing partner.
- Collect and compile information related with project from District, Stakeholder and support Project Director and preparing the report.
- Ensure IT database and hard copy of reports.
- To ensure that all the IT equipment working properly, including workstation and printers.
- Maintain and monitor internet link, equipment in the main office to ensure connectivity.
- To develop and maintain a comprehensive website.
- Coordination and obtaining information/ data from implementing Insurance company and other relevant sections and to ensure that correct information is entered in the programme Website.

- To coordinate with the relevant sections of Health Department for sharing of information.
- Enhance the efficiency and user-friendliness of HMIS data recording, entry, management, analysis and reporting processes and tools to improve data use for informed decision making.
- Supervise Computer Operators to maintain their Database.
- Perform any other duties assigned by the Project Director.

ADMIN & FINANCE OFFICER (BPS 16)

Job Requirements/Qualification

- MBA or M.Com or equivalent with 3 years relevant experience in office administration.
- Computer literate (MS Word, Excel, Power Point etc).
- Well versed in English.
- Good communication and report writing skills.
- Up to 40 years of age at the time of application.

Job Description/Responsibilities

- Report to Project Coordinator.
- Carry out all the activities related to accounts and finance
- Look after procurement matters of the project
- Be vigilant to avoid audit reservations / complications.
- Assist PD in all matters related to Finance.
- Adopt cost-effective options.

ACCOUNT ASSISTANT (BPS 16)

Job Requirements/Qualification

- BBA/ B.Com or equivalent qualification from HEC recognize University.
- At least 3 years relevant experience.
- Computer literate (MS Word, Excel, Power Point etc).
- Up to 40 years of age at the time of application.

Job Description/Responsibilities

- Bill preparation for Accountant General office.
- Maintenance of file system of all the bills paid and received
- Maintenance of stock register
- Monthly reconciliation with the Accountant General Office
- Payment of bills to the suppliers
- Any other duty assigned by the Account Officer

COMPUTER OPERATOR (BPS 12)

Job Requirement

- B. Sc in Computer Science / BCS / equivalent from HEC recognized University
- At least 2 years working experience in the relevant field.
- Must be proficient and comfortable in working in Windows environment as well as in MS Office applications and computer typing.
- Up to 30 years of age at the time of application.

Responsibilities

- Operates computers of the PMU.
- Makes data entry into various computer systems and analytical packages under the guidance from concerned staff officers of the project.
- Installs various types of software in computers of project and its computer network as and when required
- Maintains and troubleshoots computers and accessories / hardware of the project and its computer network as and when required
- Identifies and reports problems in computer hardware, software and project ICT network
- Performs computer typing work of the office
- Prepares various multimedia presentations for the office under the guidance from concerned staff of project
- Maintains soft copies of office record

DRIVER (BPS 4)

Job Requirement

- Valid LTV license with 5 year experience of driving.
- Acquaintance with Traffic Rules and signals.
- Priority will be given to matriculate
- Up to 45 years of age at the time of application.

Job Description

- To enter the official tours/mileage covered in the log book of the vehicles.
- Should check up the fuel, M/Oil and Radiator Water and Battery regularly.
- Overall look-after and maintenance of office vehicles.

- Any other task assigned by the Project Director.

NAIB QASID (BPS 2)

Job Requirement

- Up to 45 years of age at the time of application.
- Priority will be given to matriculate and skilled candidate.

Job Description

- To take daak and documents to other offices locally.
- General arrangement and tidiness of the office, furniture including dusting of office furniture, record etc.
- Shifting of articles of furniture from one place to another;
- Any other task assigned by the Project Director.

CHOWKIDAR (BPS 1)

Job Requirement

- Up to 45 years of age at the time of application.
- Preferably literate

Job Description

- To ensure the security and safety of the buildings and surrounding.
- Ability to hold security checks
- Any other task assigned by the Project Director.

SWEEPER/CLEANER (BPS 1)

Job Requirement

- Up to 45 years of age at the time of application.

- Preferably literate

Job Description

- Cleaning of the PMU offices and environment
- Any other task assigned by the Project Director.

ANNEX VII - COMPOSITION AND TORs OF STEERING COMMITTEE

Composition of Steering Committee

1. Secretary Health	Chairman
2. Director General Health Services	Member
3. Additional Secretary (Dev) Health	Member
4. Chief Health Sector Reform Unit	Member
5. Representative of Finance Department (Not below the rank of Deputy Secretary)	Member
6. Representative of Establishment Department (Not below the rank of Deputy Secretary)	Member
7. Representative of P&D Department (Not below the rank of Assistant Chief)	Member
8. Representative of Zakat	Member
9. Representative of Pakistan Bait UI Mal	Member
10. Project Director SHPI	Member/Secretary
11. Any other Co-opted Member	

ToRs of Steering Committee

1. Oversight of the Project
2. Final approval of the insurance firm for implementation of the programme
3. Approval of the hospitals/service providers for empanelment
4. Important decisions regarding inclusion/exclusion of services
5. Policy decisions regarding SHPI, including coordination with other safety net programmes (Zakat, Bait UI Mal, BISP, Social Welfare Department and others)
6. Any other decision when required