



**MINISTRY OF HEALTH
AND
THE CHRISTIAN HEALTH ASSOCIATION OF MALAWI**

**CONTRACT TEMPLATE
SERVICE LEVEL AGREEMENT**

**for the provision of
ESSENTIAL HEALTH SERVICES**

**Final Version
July, 2016**

Contract Template Service Level Agreement

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ABBREVIATIONS

BOD	Burden of Disease
CHAM	Christian Health Association of Malawi
CA	Contracting Authority
CMST	Central Medical Stores
DC	District Commissioner
DHIS	District Health Information System
DHMT	District Health Management Team
DHO	District Health Office
DHSM	District Health Service Mapping
EHP	Essential Health Package
FA	Fiduciary Agent
GOM	Government of Malawi
HAC	Health center Advisory Committee
HEC	Health & Environment Committee District Council
HF	Health Facility
HRH	Human Resources for Health
HAS	Health Surveillance Assistant
HSJF	Health Services Joint Fund
IP	In-Patient
MOH	Ministry of Health
MOU	Memorandum of Understanding
MOF	Ministry of Finance
M & E	Monitoring and Evaluation
MT	Monitoring Team
NLGFC	National Local Government Finance Committee
ORT	Other Recurrent Transaction
PP	Private Provider
PPPs	Public-Private-Partnerships
PPP-TWG	Public-Private-Partnership Technical Working Group
QAT	Quality Assurance Team
SLAs	Service Level Agreements
UHC	Universal Health Coverage
ZHSO	Zonal Health Support Office

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DEFINITIONS OF TERMS

Authority: The power, responsibility and accountability to achieve a desired goal. The authority can be delegated but the person who delegates remains accountable.

City Council: The Authority of a District mandated with the overall responsibility of planning and managing public services in a City;

CHAM: The Christian Health Association of Malawi, inclusive of its Proprietors, Boards, CHAM Secretariat and Units;

District Council: The Authority of a District mandated with the overall responsibility of planning and managing public services in a District or City;

DHMT: The team at the district level which is mandated to co-ordinate, implement and manage Government's health policies and strategies at the district level.

CHAM Unit: A CHAM health facility such as a dispensary, health post, health center, community hospital, hospital or health training institution.

General Assembly: The Christian Health Association of Malawi General Assembly.

Government: The Government of the Republic of Malawi, as represented by the Ministry of Health.

Health Centre Advisory Committee: Governance structure consisting of representatives of the catchment population of a Health Centre and representatives of the Health Centre management team that oversees the management of health services in a catchment area of a health facility

HTIs: Health training institutions belonging to CHAM.

Mediation Committee: A committee recognized by both Parties which mediates to resolve disagreements and conflicts arising from the contract which cannot be settled amicably

Ownership: The state of having exclusive legal rights to property, which includes the right to possess, use and dispose of the said property.

Party: The Government of the Republic of Malawi represented by the Ministry of Health or the Christian Health Association of Malawi; as the case may be.

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PPP: A legally enforceable contract in which a contracting Authority partners with a private sector partner to build, expand, improve or develop an infrastructure or service in which the contracting Authority and the private sector partner contribute one or more know-how, financial support, facilities, logistical support, operational management, investment or other input required for the successful deployment of a product or service, and for which the private partner is compensated in accordance with a pre-arranged plan in relation to the risk assumed and the value of the result to be achieved.

Quality Assurance Team: A multi-disciplinary team within the health facility charged with overseeing and improving quality assurance and client safety in health service delivery.

Regulatory Body: A health regulatory institution set by an Act of Parliament.

Representation: An employee of either party in a senior management position who is mandated by his/her party to sign the SLA on behalf of the party.

Service Level Agreement: An agreement entered into between the Government represented by a District or City Council and a CHAM unit where the latter provides an agreed package of health services, free of charge, to the population, and is reimbursed on the basis of a reimbursement mechanism jointly agreed with the Government.

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PREAMBLE

In reference to the National Public Procurement Act (2003), the National Public-Private Partnerships Act (2011), the Public-Private Partnership Strategy for the Health Sector (2014) and the Memorandum of Understanding between the Ministry of Health and the Christian Health Association of Malawi (2016)

and;

Understanding and committed to the need for partnership, collaboration and coordination to advance universal health coverage for the Malawian population and to progress health sector outcomes,

The District/City Council of _____ (*Name of District/City*), herein after referred to as the *Contracting Authority* on the one part;

and;

The CHAM Health Facility _____ (*Name and Location*), herein after referred to as the *CHAM Unit* on the other part;

Hereby enter into a:

Service Level Agreement

With the purpose:

To efficiently and effectively delivery of a package of quality health services of which scale, scope, standards, targets, timelines and operational modalities are defined by this agreement,

and;

For which the *CHAM Unit* is reimbursed a fee by the *Contracting Authority* based on agreed payment levels and schedules conditional to performance and achievements against targets as agreed upon and verified by measures clearly spelled out in this agreement.

Therefore, the Contracting Authority and the CHAM Unit hereby agree as follows:

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ARTICLE 1: DEFINITION OF THE PARTIES

1.1 The Contracting Authority

1.1.1 Name and Contact Details

The Contracting Authority (CA) of this Service Level Agreement (SLA) is the District/City Council of:

_____ (Name, Location)
_____ (Full Address)
_____ (Full Contact Details)

1.1.2 Representation

The CA is represented by the District/City Commissioner (DC):

_____ (Name, Position)
_____ (Full Address)
_____ (Full Contact Details)

As well as the District/City Health Officer (DHO):

_____ (Name, Position)
_____ (Full Address)
_____ (Full Contact Details)

1.2 The CHAM Unit

1.2.1 Name and Contact Details

The Private Provider (PP) of this SLA is the CHAM Unit:

_____ (Name, Location,)
_____ (Facility Type)
_____ (Registration No)¹
_____ (Full Address)
_____ (Full Contact Details)
_____ (Owner, Address)

1.2.2 Representation

The PP is represented by the legal owner of the CHAM Unit:

_____ (Name, Position)
_____ (Full Address)
_____ (Full Contact Details)

As well as the most senior management executive or facility administrator:

_____ (Name, Position)
_____ (Full Address)
_____ (Full Contact Details)

¹ Accreditation or Registration number with the Medical Council of Malawi.

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1.2.3 Banking Details

The Bank details of the CHAM Unit are as follows:

(Bank Name and Address): _____

(Name Account Holder): _____

(Account Number): _____

1.3 Contract Stakeholders

1.3.1 The Ministry of Health

The MOH, Department of Policy and Planning (DPPD) is the lawful witness on behalf of the CA. The MOH-DPPD shall be issued a signed copy of this SLA by the Contracting Authority.

1.3.2 CHAM Secretariat

The Secretariat of CHAM is the lawful witness on behalf of the CHAM Unit. The Secretariat shall be issued a signed copy of this SLA by the CHAM Unit.

ARTICLE 2: RESPONSIBILITIES OF THE PRIVATE PROVIDER

2.1 Definition of Services

2.1.1 Services

The CHAM Unit provides a defined package of essential health services *free of charge* to the population in its catchment area *entitled* for such services.²

The CHAM Unit provides its services in accordance with the principle of equity for Universal Health Coverage (UHC).

2.1.2 Scope

The scope of health services interventions to be provided is based on a District health service mapping and analysis.

2.1.3 Client Volumes

The estimate of service users is based on the catchment population and the morbidity and mortality data of the CHAM Unit of the preceding calendar year evidenced through the District Health Management Information System (HMIS).

A comprehensive list of EHP services is attached (Annex 1), and forms an integral part of this agreement.

² Not eligible for *free* health service as defined by this contract, are clients who access services from the CHAM Unit on a cost-sharing basis and those who are covered by a medical insurance scheme.

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2.2 Provision Quality of Care

2.2.1 Patient Charter

The CHAM Unit will adhere to the National Patient Charter.

2.2.2 National Policies and Guidelines

The provision of health services is executed in accordance with national policies, guidelines and protocols.

2.2.3 Efficiency

Health services are efficiently provided in a manner to secure maximum accessibility.

2.2.4 Quality and Safety of Care

Health services will be provided safely, adhering to accepted standards of clinical, nursing and patient care and in accordance with the accreditation level of the CHAM Unit with the Medical Association of Malawi.

2.2.5 Quality Assurance Team

The CHAM Unit will institute and operate a Quality Assurance Team (QAT).

2.3 Data Management and Reporting

2.3.1 Data Management

The CHAM unit is to operate and manage a Health Management Information System (HMIS) for the provision of timely, accurate and useful data to support management decision-making.

2.3.2 SLA Reporting

Routinely and before the 15th of the following month, the CHAM Unit will submit a monthly progress reports to the Contracting Authority on SLA implementation.

The CHAM Unit will submit copies of monthly progress reports to the CHAM Secretariat and the central MOH.

Copies of the monthly progress report will be kept on file in the CHAM Unit.

2.3.3 Routine HMIS Reporting

The CHAM Unit will submit monthly routine HMIS reports to the Contracting Authority as required by the Government.

2.4 Financial Administration, Reporting and Invoicing

2.4.1 Financial Administration

The CHAM Unit will operate a robust financial administrative system to account for SLA expenditures and to facilitate correct and complete invoicing. The financial administrative system should be in accordance with the Public Financial Management Act, the Public Audit Act and the Public Procurement Act.

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2.4.2 Financial Reporting and Invoice

Routinely and before the 15th of the following month, the CHAM Unit will submit a monthly financial report to the Contracting Authority.

Routinely and before the 15th of the following month, the CHAM Unit will submit a monthly invoice to the Contracting Authority.

The CHAM Unit will submit copies of the monthly financial report and invoice to the CHAM Secretariat and the central MOH.

Copies of the monthly financial report and invoice will be kept on file in the CHAM Unit.

2.4.3 External Financial Audit

Annually, the CHAM Unit is obliged to conduct an external financial audit of the SLA financial administration.

The CHAM Unit will submit a copy of the annual audit report to the Contracting Authority, with copies to the CHAM Secretariat and the central MOH.

2.4.4 Governance, Transparency and Accountability

The CHAM Unit will institute and a Hospital Advisory Committee (HAC) or Health Centre Advisory Committee, respectively.

The CHAM Unit will promote and maintain a climate of transparency, openness and mutual accountability in all transactions and will share relevant information with the Contracting Authority in a timely manner.

ARTICLE 3: RESPONSIBILITIES OF CONTRACTING AUTHORITY

3.1 District Health Service Planning

3.1.1 District Health Service Mapping

The Contracting Authority is responsible to facilitate or conduct a District Health Service Mapping (DHSM) prior to engage in an SLA.

The DHSM is preferably conducted in a participatory manner with CHAM Units involved.

The DHSM is to take various aspects into consideration such as demographics and BOD of the District, population size of various health facilities, location, functionality and actual services provided by health facilities, etc.

The DHSM is to determine the need, scope and scale of health services provided under this agreement.

The Contracting Authority will share a copy of the DHSM with the CHAM Unit concerned as well as with the ZHSO.

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The Contracting Authority will facilitate a meeting to discuss outcome of the DHSM with all stakeholders concerned in preparation to discuss opportunities to engage into an SLA.

3.1.2 Cross Border District Health Services

In case the CHAM Unit provides health services to a catchment area across the District border, the Contracting Authority is to engage into a joint DHSM with the neighboring District to determine the need for SLA and the respective Districts' contributions.

3.2 Endorsement CHAM Unit

3.2.1 Accreditation

The Contracting Authority is responsible to verify the validity of the accreditation of the CHAM Unit with the Medical Council of Malawi.

3.2.2 Organizational Scan

The Contracting Authority will assess organizational and management capacity of the CHAM Unit in relation to the scope, scale and level of services proposed in the SLA.

Within 1 month of assessing organizational and management capacity of the CHAM Unit, the Contracting Authority will submit a summary report to the CHAM Unit with an analysis and specific areas for immediate remedial action, if applicable.

The Contracting Authority will submit a copy of the report to the CHAM Secretariat and the ZHSO.

3.2.3 Staff Strength Assessment

The organizational scan includes the assessment of staff of the CHAM Unit to ascertain the workforce strength, staff levels in respect of staffing norms and professional mix and quality required for the provision of services proposed in the SLA.

3.3 Reporting

3.3.1 HMIS

The Contracting Authority is to receive, acknowledge and administer the monthly routine HMIS report from the CHAM Unit and, if applicable, provides feedback to the CHAM Unit within 1 month.

3.3.2 Periodic Progress Reports

The Contracting Authority is to receive, acknowledge and administer monthly SLA progress reports from the CHAM Unit and, if applicable, provides feedback to the CHAM Unit within 1 month.

The Contracting Authority will submit a monthly consolidated summary report on progress and performance disaggregated by SLAs in the District to the ZSHO with copies to the CHAM Secretariat.

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3.3.3 Financial Reports

The Contracting Authority is required to submit monthly financial reconciliation reports of all SLAs in the District to, including copies of all required documentation.

3.4 Budget, Financial Administration and Payments

3.4.1 General

Budget requirements, financial administration and payment modalities may be subject to change, depending on the decisions by the MOH.

3.4.1 SLA Budget Preparation

The Contracting Authority will prepare and include annual budget estimates for SLA implementation and payments according to specific MOH instructions.

3.4.2 Verification and Approval of SLA invoices

The Contracting Authority is to receive, acknowledge and administer monthly SLA invoices from the CHAM Unit and provides feedback to the CHAM Unit within 15 days of receiving the invoice.

The Contracting Authority is responsible for verifying and approving each invoice and making sure that all required documentation is complete and accurate within 15 days of receiving the invoice.

Required Documentation for verification and approval include:

- a. A signed and valid SLA contract;
- b. a referral note ('coupon') from Health Surveillance Assistance (HSA).
- c. a consolidated or summary invoice with the total amount that is claimed by the CHAM health facility in the last month, consistent with the SLA and that has been endorsed by the administrator of the CHAM health facility;
- d. a supporting summary table with the costs per agreed intervention in line with the SLA, and the number and details of the clients having received treatment (this may include the patient record number, but not the name, of the individual patients).

The Contracting Authority is required to communicate outcome of verification and approval of monthly SLA invoices to the independent monitoring unit and to MOH and CHAM Secretariat including copies of all required documentation within 15days after receiving the invoice.

3.4.3 SLA Payment

Conditional to verification and completeness of all required documentation, the MOH/HSJF is to effect payment of the SLA invoice to the CHAM Secretariat within 15 days of receiving the approval of the DHO.

Conditional to receiving payment from the MOH, the CHAM Secretariat is to effect payment of the SLA invoice to the CHAM Unit within 15 days of receiving the payment from the MOH/HSJF.

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3.4.4 Transparency and Accountability

Oversight of SLA implementation at the District is provided through the regular local Council or City governance structures.

The Contracting Authority will promote and maintain a climate of transparency, openness and mutual accountability in all transactions and share relevant information to keep the CHAM Unit informed.

3.5 Support, Supervision and Monitoring

3.5.1 Supportive Supervision

The Contracting Authority, through the DHO and DHMT, will provide regular supportive supervision to the CHAM Unit, according to their normal routine tasks and responsibilities.

3.5.2 Facilitative Support

The Contracting Authority will provide all necessary facilitative and administrative support to enable proper and timely execution of this SLA by the CHAM Unit.

3.5.3 Monitoring

The Contracting Authority, through the DHO and the DHMT, will perform regular monitoring of SLA implementation.

3.6 Public Notification

Upon signing the SLA, the Contracting Authority, in collaboration with the CHAM unit, will inform the general public in the catchment area of the CHAM Unit about implications, conditions and budget ceilings for access to free health services through the CHAM Unit.

ARTICLE 4: CONTRACT SUM

4.1 EHP Unit Prices

EHP unit prices are agreed upon in attached overview (Annex 1), which is an integral part of this contract.

Unless approved by the MOH, EHP unit prices are fixed for the duration of the SLA.

EHP unit prices include an estimated per ratio overhead costs for utility expenditures such as water, electricity and fuel.

4.2 Contract Sum

The contract sum is agreed upon between the Contracting Authority and the CHAM Unit based on SLA budget ceiling for the CHAM unit as well as the available SLA budget of the Contracting Authority.³

³ The SLA budget estimate for a health facility is based on an estimated per capita expenditure of essential health services, multiplied by the catchment population of the health facility.

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4.3 SLA Invoice and Fee Structure

The invoice and fee structure for EHP services rendered by the CHAM unit is based on cost-sharing, whereby the CHAM Unit is paid seventy (70) percent of the agreed EHP unit prices.

4.4 Total Contract SUM

The total contract sum for the SLA is MWK _____ , _____

(In words: _____).

4.4.1 Monthly Financial Maximum

A monthly financial maximum applies for reimbursement of MWK _____

(In words: _____).

The CHAM Unit should not exceed the monthly budget ceiling agreed upon. In case the monthly invoice exceeds the agreed monthly ceiling, the excess should be carried forward to the following month.

4.4.2 Variance

The total contract sum includes a variance (contingency) of 15%.

ARTICLE 5: CONTRACT MANAGEMENT ARRANGEMENT

5.1 Independent Monitoring Team

In addition to the routine supportive supervision and M&E carried out by the Contracting Authority through the DHO and DHMT, an independent Monitoring Team (MT) will conduct regular monitoring visits to the District.

The MT consist of a multi-disciplinary team of three specialists (administration/finance, clinical and M&E) and includes also a member of the respective ZHSO.

The MT is tasked to conduct M&E of SLA implementation and to verify that both parties live up to their obligations under the SLA. The MT is to verify and approve all SLA invoices including supporting documentation and inform and recommend the MOH/HSJF for payment, if applicable.

Next to M&E, the MT will provide capacity support to both parties under the SLA.

Each visit of the MT will result in a report with observations and recommendations, which will be shared with both parties with copies to HSO and the CHAM Secretariat and will form the basis for the next M&E visit of the MT to the district.

5.2 M&E Indicators

5.2.1 Outcome indicators

The routine HMIS will be used to assess results of SLA implementation in terms of increased client utilization rates for EHP services.

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5.2.2 SLA Management Indicators

To measure the extent, quality and effectiveness of SLA contract management by the Contracting Authority and the CHAM Unit, specific SLA Management indicators will be applied (Annex 3), which form an integrated part of this contract.

5.3 Governance Arrangements

A District SLA Steering Committee shall be instituted which will meet twice yearly to review SLA implementation and the performance of both the provider and the contractor. The Steering Committee shall be comprised of the District Commissioner, the Head of the District Council health committee, the relevant Zonal Supervisor, the DHO, the District Finance Officer, the District M&E Officer and the proprietor and in-charge of the CHAM Unit.

The District SLA Steering Committee shall be chaired by the ZHSO.

5.4 Review Contract Provisions

5.4.1 General

Unless directed by National MOH policy or guidelines with regard to SLAs, contract provisions may not be altered.

5.5 Penalty Clause

5.5.1 Non-Performance CHAM Unit

If the CHAM Unit is not performing in line with agreements agreed upon in this SLA or is contravening the purpose of this SLA and if such is established by arbitration by the Mediation Committee in line with the provisions under article 5.6.2 and on reasonable grounds, the Mediation Committee may impose administrative penalties such as: (1) giving a written warning; (2) directing the CHAM facility to remedy the contravention or (3); compensate the Contracting Authority, who may have suffered loss because of the contravention, in monetary terms.

In case the CHAM Unit fails or refuses to comply to an administrative penalty, commits an offence and, on conviction by the Mediation Committee, shall be liable to a fine or subject to investigation by the appropriate Malawian Authorities.

5.5.2 Non-Performance Contracting Authority

If the Contracting Authority is not performing in line with agreements agreed upon in this SLA or is contravening the purpose of this SLA and if such is established by arbitration by the Mediation Committee in line with the provisions under article 5.6.2 and on reasonable grounds, the Mediation Committee may impose administrative penalties such as: (1) giving a written warning; (2) directing the Contracting Authority to remedy the contravention or (3); compensate the CHAM Unit, who may have suffered loss because of the contravention, in monetary terms.

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In case the Contracting Authority fails to comply to an administrative penalty, it commits an offence and, on conviction by the Mediation Committee, shall be liable to a fine or subject to investigation by the appropriate Malawian Authorities.

5.6 Arbitration

5.6.1 Settlement Disputes

The Parties will use their best efforts to settle amicably all disputes arising out of or in connection with this SLA.

5.6.2 Mediation Committee

Any dispute between the Parties on matters arising pursuant to this SLA which cannot be settled amicably within 30 days after receipt by one Party of the other Party's request for such amicably settlement may be submitted by either Party for mediation to a Mediation Committee.

The Mediation Committee consist of representatives from the MOH and the CHAM Secretariat.

ARTICLE 6: DURATION, TERMINATION, SUSPENSION and RENEWAL

6.1 Duration

The duration of this SLA is for the period of : _____ (*Number of Years*)

With effect from the date of signing this contract by all parties: _____ (*Date*)

6.2 Termination

6.2.1 Contractual Completion

Upon completion of the contract, the SLA will be terminated.

6.2.2 Non Fulfilment of Contract Terms

The contract may be terminated in cases where the terms and conditions of the contract are not fulfilled.

6.2.3 Parties Withdrawal

Any Party seeking to withdraw from this SLA shall do so by giving a 2 month notice in writing to the other party giving reasons for the withdrawal.

Copies of this notice will be submitted to the ZHSO and the CHAM Secretariat.

6.3 Suspension

The SLA may be suspended on reasonable grounds for a period defined by the Mediation Committee.

6.4 Renewal

Based on the mutual request of both parties, the SLA may be renewed for a new term under freshly negotiated conditions.

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Negotiations for a new SLA shall be conducted and completed in the last three months of this current SLA.

ARTICLE 7: STANDARD BUSINESS PRACTICES

7.1 Anti-Corruption

Both Parties adhere to the national anti-corruption policies and strategies and respect national legal instruments on this subject.

7.2 Reporting Corrupt Practices

Corrupt practices by either party will be reported to the District SLA Steering Committee for review and follow-up.

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In Witness Whereof

The Parties to this SLA through their duly authorized representatives have executed this SLA on: _____ (Day and Date), and certify that they have read, understood and agreed to the terms and conditions of the SLA as set forth herein including the annexes attached:

For the Contracting Authority

The District Commissioner

_____ (Name) _____ (Sign)

The District Health Officer

_____ (Name) _____ (Sign)

For the CHAM Unit

The Facility Proprietor / Legal Owner

_____ (Name) _____ (Sign)

The Facility Senior Management

_____ (Name) _____ (Sign)

In Witness of

The Zonal Health Officer

_____ (Name) _____ (Sign)

CHAM Health Coordinator / CHAM Secretariat

_____ (Name) _____ (Sign)

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ANNEX

I. ESSENTIAL HEALTH SERVICES and RESPECTIVE CHAM FEES

A. ADULT DIAGNOSTIC and TREATMENT INTERVENTIONS

Adult Diagnostic and Treatment Interventions		CHAM Hospital		CHAM Health Centre	
		Cost Estimate MK (2016/17)	CHAM Fee MK (70% of Cost)	Cost Estimate MK (2016/17)	CHAM Fee MK (70% of Cost)
1	Abnormal Vaginal Discharge	931.31	651.91	931.31	651.91
2	Abscess Adult	1,852.10	1,296.47	1,852.10	1,296.47
3	Arthritis Non-Septic	1,589.49	1,112.64	1,589.49	1,112.64
4	Arthritis Septic	24,663.73	17,264.61	-	-
5	Asthma adult milder	4,682.98	3,278.09	4,682.98	3,278.09
6	Asthma Severe 1st Step adult	16,304.76	11,413.33	-	-
7	Asthma Severe not responding to	17,606.22	12,324.35	-	-
8	Anxiety Disorder	1,812.35	1,268.65	1,812.35	1,268.65
9	Balanitis	636.69	445.68	636.69	445.68
10	Bipolar	20,613.90	14,429.16	-	-
11	Blood Transfusion with MBTS	1,359.78	951.85	-	-
12	Blood Transfusion without MBTS	21,880.86	15,316.60	-	-
13	Blunt Trauma	2,083.56	1,458.49	2,083.56	1,458.49
14	BUBO	2,743.29	1,920.30	2,743.29	1,920.30
15	Cancer Screening	1,111.65	778.16	1,111.65	778.16
16	Cancer Maintenance MP	663.57	464.50	663.57	464.50
17	Cancer Maintenance	11,695.94	8,187.16	-	-
18	Catheter Change	1,304.57	913.20	1,304.57	913.20
19	CCF monthly Review	25,460.27	17,822.19	25,460.27	17,822.19
20	CCF IP	117,204.00	82,043.40	-	-
21	Cervix Cancer Screening	425.93	298.15	425.93	298.15
22	Cellulitis	1,819.17	1,273.42	-	-
23	Chicken pox adult	4,686.31	3,280.42	4,686.31	3,280.42
24	Congenital Syphilis Asymptomatic	541.38	378.97	541.38	378.97
25	Congenital Syphilis Symptomatic	11,294.51	7,906.15	-	-
26	Conjunctivitis allergic adult	169.43	118.60	169.43	118.60
27	Conjunctivitis Bacteria adult	278.11	194.67	278.11	194.67
28	COPD	3,097.88	2,168.52	-	-
29	Delirium Tremens	19,369.22	13,558.45	15,346.90	10,742.83
30	Diabetes Ketoacidosis	42,033.16	29,423.21	-	-
31	Diabetes Type1-OPD	7,202.72	5,041.90	7,202.72	5,041.90
32	Diabetes Type2-OPD	1,199.62	839.74	1,199.62	839.74
33	Dog Bite	23,823.02	16,676.11	23,823.02	16,676.11
34	Drug Alcohol Abuse	56,042.72	39,229.90	-	-
35	Dementia	15,489.16	10,842.41	12,645.41	8,851.79
36	Dysentery OPD adult	415.81	291.06	415.81	291.06
37	Dysentery IP adult	8,534.15	5,973.91	5,690.40	3,983.28
38	Eczema-Dermatitis adult	1,355.22	948.65	1,355.22	948.65
39	Epilepsy IP	23,189.35	16,232.55	-	-
40	Epilepsy OPD	731.56	512.09	731.56	512.09
41	Gastroenteritis IP Adult	14,996.24	10,497.37	12,152.49	8,506.75
42	Gastroenteritis IP adult HIV	15,306.58	10,714.60	-	-
43	Gastroenteritis OPD Adult	3,600.97	2,520.68	3,600.97	2,520.68
44	Genital Warts	272.87	191.01	272.87	191.01
45	Gonorrhoea	628.14	439.70	628.14	439.70
46	Gonorrhoea Pregnancy	5,166.49	3,616.54	5,166.49	3,616.54
47	GUD	3,081.15	2,156.81	3,081.15	2,156.81
48	GUD Congenital	272.61	190.83	272.61	190.83
49	Hyperosmolar Non Ketosis	31,678.95	22,175.26	-	-

Contract Template Service Level Agreement

50	Hypertension Mild	59.32	41.52	59.32	41.52
51	Hypertension Moderate	420.63	294.44	420.63	294.44
52	Hypertension Severe	750.90	525.63	750.90	525.63
53	Hypertension Severe +	824.60	577.22	824.60	577.22
54	LAP-PID	752.62	526.84	752.62	526.84
55	Lymphedema	49,440.06	34,608.04	49,440.06	34,608.04
56	Malaria IP adult	23,795.08	16,656.55	20,951.33	14,665.93
57	Malaria OPD adult	1,227.54	859.27	1,227.54	859.27
58	Measles IP adult	13,268.63	9,288.04	10,424.88	7,297.42
59	Measles OPD adult	2,361.41	1,652.98	2,361.41	1,652.98
60	Meningitis IP Adult	36,862.89	25,804.03	-	-
61	Mumps	70.92	49.64	70.92	49.64
62	Nephrotic Syndrome IP	43,739.50	30,617.65	-	-
63	Nephrotic Syndrome OPD	689.42	482.59	689.42	482.59
64	Neuro syphilis	32,196.80	22,537.76	-	-
65	Oedema Generalised	50,431.67	35,302.17	50,431.67	35,302.17
66	Onchocerciasis	2,820.00	1,974.00	2,820.00	1,974.00
67	Peptic Ulcer	1,096.33	767.43	1,096.33	767.43
68	Poisoning Organophosphate	4,734.40	3,314.08	4,734.40	3,314.08
69	Pneumonia IP adult	33,104.64	23,173.25	30,260.89	21,182.62
70	Pneumonia OPD adult	4,153.10	2,907.17	4,153.10	2,907.17
71	Rheumatic Heart Disease	2,675.54	1,872.88	2,675.54	1,872.88
72	Scabies adult	3,943.50	2,760.45	3,943.50	2,760.45
73	Schistosomiasis adult	1,597.08	1,117.96	1,597.08	1,117.96
74	Schizophrenia	7,609.69	5,326.79	-	-
75	Severe Sepsis adult	24,867.09	17,406.96	-	-
76	Severe Anaemia + MBTS blood	12,275.97	8,593.18	-	-
77	Severe Anaemia adult + blood	32,797.05	22,957.94	-	-
78	Snake Bite	4,540.14	3,178.10	4,540.14	3,178.10
79	Staphylococcal Scalding	565.14	395.60	565.14	395.60
80	Syphilis Early Stage	1,025.30	717.71	1,025.30	717.71
81	Syphilis Late Stage	21,270.06	14,889.04	-	-
82	Tetanus adult	33,742.72	23,619.91	-	-
83	Tonsillitis	406.20	284.34	406.20	284.34
84	Trypanosomiasis	39,195.67	27,436.97	-	-
85	Unipolar disorders	19,364.77	13,555.33	19,364.77	13,607.43
86	UTI adult	2,210.78	1,547.55	2,210.78	1,547.55

Note: Overhead Costs have been included for the all In-patients Interventions (IP) in above price summaries!

Overhead Cost <i>(In-Patient Admission Charged ONCE; not per day!).</i>	5,625.00	3,937.50	2,781.25	-
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Contract Template Service Level Agreement

B. PAEDIATRIC DIAGNOSTIC and TREATMENT INTERVENTIONS (6-12 Years)

PAEDIATRIC Diagnostic and Treatment Interventions (6-12 Yrs.)		CHAM Hospital		CHAM Health Centre	
		Cost Estimate MK (2016/17)	CHAM Fee MK (70% of Cost)	Cost Estimate MK (2016/17)	CHAM Fee MK (70% of Cost)
1	Abscess IP U12	7,788.25	5,451.77	4,944.50	3,461.15
2	Abscess OPD U12	1,757.21	1,230.05	1,757.21	1,230.05
3	Asthma U12	6,767.58	4,737.30	4,492.58	3,144.80
4	Atopic dermatitis U12	1,355.22	948.65	1,355.22	948.65
5	Blood Transfusion MBTS	1,359.78	951.85	-	-
6	Blood Transfusion	21,880.86	15,316.60	-	-
7	Burns U12	29,456.71	20,619.70	27,181.71	19,027.20
8	Chicken pox U12	1,405.68	983.98	1,405.68	983.98
9	Conjunctivitis U12	278.11	194.67	278.11	194.67
10	Dysentery U12	10,088.30	7,061.81	7,813.30	5,469.31
11	Fracture & Dislocation IP U12	9,401.34	6,580.94	7,126.34	4,988.44
12	Fracture & Dislocation OPD U12	5,292.48	3,704.73	5,292.48	3,704.73
13	Gastroenteritis IP U12	12,705.77	8,894.04	10,430.77	7,301.54
14	Gastroenteritis OPD U12	5,138.62	3,597.04	5,138.62	3,597.04
15	Malaria IP U12	18,240.75	12,768.53	15,965.75	11,176.03
16	Malaria OPD U12	3,796.28	2,657.39	3,796.28	2,657.39
17	Measles U12	9,416.39	6,591.47	7,141.39	4,998.97
18	Meningitis U12	54,397.44	38,078.21	52,122.44	36,485.71
19	Osteomyelitis U12	18,037.15	12,626.00	15,762.15	11,033.50
20	Otitis Media OPD U12	3,369.37	2,358.56	3,369.37	2,358.56
21	Pertussis U12	5,695.59	3,986.91	5,695.59	3,986.91
22	Pneumonia IP U12	17,634.92	12,344.45	15,359.92	10,751.95
23	Pneumonia OPD U12	3,500.95	2,450.66	3,500.95	2,450.66
24	Scabies U12	3,943.50	2,760.45	3,943.50	2,760.45
25	Schistosomiasis U12	863.97	604.78	863.97	604.78
26	Severe Sepsis U12	29,170.29	20,419.20	26,895.29	18,826.70
27	Severe Anaemia U12 (excl. Blood Transfusion)	9,754.56	6,828.20	7,479.56	5,235.70
28	Tetanus U12	30,973.93	21,681.75	28,698.93	20,089.25
29	UTI U12	6,827.25	4,779.07	4,552.25	3,186.57

Note: Overhead Costs have been included for the all In-patients Interventions (IP) in above price summaries!

Overhead Cost <i>(In-Patient Admission Charged ONCE; not per day!)</i>	5,625.00	3,937.50	2,781.25	-
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Contract Template Service Level Agreement

C. PAEDIATRIC DIAGNOSTIC and TREATMENT INTERVENTIONS (Under-5 Years)

PAEDIATRIC Diagnostic and Treatment Interventions (Under-5 Yrs.)		CHAM Hospital		CHAM Health Centre	
		Cost Estimate MK (2016/17)	CHAM Fee MK (70% of Cost)	Cost Estimate MK (2016/17)	CHAM Fee MK (70% of Cost)
1	Abscess IP U5	7,462.98	5,224.09	4,619.23	3,233.46
2	Abscess OPD U5	1,887.30	1,321.11	1,887.30	1,321.11
3	Asthma IP U5	6,984.38	4,889.06	4,140.63	2,898.44
4	Atopic dermatitis U5	677.61	474.33	677.61	474.33
5	Blood Transfusion MBTS	6,984.78	4,889.35	-	-
6	Blood Transfusion	27,505.86	19,254.10	-	-
7	Burns U5	9,118.12	6,382.68	9,118.12	6,382.68
8	Chicken pox U5	1,274.43	892.10	1,274.43	892.10
9	Conjunctivitis U5	278.11	194.67	278.11	194.67
10	Dysentery U5	3,137.13	2,195.99	3,137.13	2,195.99
11	Fracture & Dislocation IP U5	9,945.25	6,961.67	7,101.50	4,971.05
12	Fracture & Dislocation OPD U5	4,320.25	3,024.17	4,320.25	3,024.17
13	Gastroenteritis IP U5	10,999.86	7,699.90	8,156.11	5,709.28
14	Gastroenteritis OPD U5	5,138.62	3,597.04	5,138.62	3,597.04
15	Malaria IP U5	19,175.60	13,422.92	16,331.85	11,432.30
16	Malaria OPD U5	4,283.66	2,998.56	4,283.66	2,998.56
17	Malnutrition Severe	16,614.15	11,629.90	13,770.40	9,639.28
18	Measles U5	5,103.75	3,572.63	5,103.75	3,572.63
19	Meningitis U5	40,665.80	28,466.06	-	-
20	Osteomyelitis U5	14,151.25	9,905.88	14,151.25	9,905.88
21	Otitis Media OPD U5	3,865.88	2,706.11	3,865.88	2,706.11
22	Pertussis U5	4,736.02	3,315.22	4,736.02	3,315.22
23	Pneumonia IP U5	21,264.59	14,885.21	18,420.84	12,894.59
24	Pneumonia OPD U5	3,921.75	2,745.23	3,921.75	2,745.23
25	Scabies U5	3,295.23	2,306.66	3,295.23	2,306.66
26	Schistosomiasis U5	1,241.35	868.94	1,241.35	868.94
27	Severe Sepsis U5	25,009.48	17,506.63	-	-
28	Severe Anaemia U5 (excl. Blood Transfusion)	5,565.75	3,896.02	5,565.75	3,896.02
29	Tetanus U5	30,528.96	21,370.27	-	-

Note: Overhead Costs have been included for the all In-patients Interventions (IP) in above price summaries!

Overhead Cost <i>(In-Patient Admission: Charge ONCE; not per day!)</i>	5,625.00	3,937.50	2,781.25	-
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Contract Template Service Level Agreement

D. MATERNAL and NEWBORN DIAGNOSTIC and TREATMENT INTERVENTIONS

MATERNAL and NEWBORN Diagnostic and Treatment Interventions		CHAM Hospital		CHAM Health Centre	
		Cost Estimate MK (2016/17)	CHAM Fee MK (70% of Cost)	Cost Estimate MK (2016/17)	CHAM Fee MK (70% of Cost)
1	Ambulance Charge per KM		182.74		182.74
2	3rd Degree Tear	5,469.81	3,828.86	5,469.81	3,828.86
3	Anaemia Mild	725.05	507.53	725.05	507.53
4	Anaemia Severe IP	9,710.45	6,797.32	6,866.70	4,806.69
5	ANC	1,431.49	1,002.04	1,431.49	1,002.04
6	APPH IP	16,016.34	11,211.44	13,172.59	9,220.82
7	Blood Transfusion MBTS	6,984.78	4,889.35	4,141.03	2,898.72
8	Blood Transfusion	27,505.86	19,254.10	24,662.11	17,263.48
9	CS IP	25,985.83	18,190.08	-	-
10	CS 7Days AB IP	33,447.29	23,413.10	-	-
11	Eclampsia IP	21,273.71	14,891.36	-	-
12	Emergency Hysterectomy IP	69,097.07	48,367.95	-	-
13	Exam. under Anaesthesia IP	8,390.57	5,873.40	-	-
14	Evacuation IP	13,206.65	9,244.65	-	-
15	Gastroenteritis Mild	634.45	444.11	634.45	444.11
16	Gastroenteritis Severe IP	10,416.22	7,291.35	7,572.47	5,300.73
17	Induced Labour	2,046.33	1,432.43	2,046.33	1,432.43
18	Laparotomy IP	26,900.75	18,830.52	-	-
19	Malaria Non-Severe	1,820.12	1,274.08	1,820.12	1,274.08
20	Malaria Severe IP	18,103.30	12,672.31	15,259.55	10,681.69
21	Manual Removal	3,698.63	2,589.04	3,698.63	2,589.04
22	Meningitis IP	31,478.93	22,035.25	-	-
23	MVA	4,164.60	2,915.22	4,164.60	2,915.22
24	New-born Complication IP	12,125.39	8,487.77	9,281.64	6,497.15
25	New-born Complication OPD	587.03	410.92	587.03	410.92
26	Obstetric Scanning	102.71	71.89	-	-
27	Pneumonia Mild	845.83	592.08	845.83	592.08
28	Pneumonia Severe IP	17,161.46	12,013.02	14,317.71	10,022.39
29	Pre-referral Management IP	12,531.55	8,772.08	9,687.80	6,781.46
30	Pre-referral Mgt. New-born	754.63	528.24	754.63	528.24
31	Preterm Labour	7,649.01	5,354.31	7,649.01	5,354.31
32	PROM	2,483.24	1,738.27	2,483.24	1,738.27
33	Sepsis IP	28,965.16	20,275.62	26,121.41	18,284.99
34	Sickle-cell	11,069.76	7,748.83	11,069.76	7,748.83
35	Tear-Episiotomy	2,161.35	1,512.94	2,161.35	1,512.94
36	Tubal Ligation OPD	12,060.98	8,442.68	12,060.98	8,442.68
37	UTI	2,459.98	1,721.99	2,459.98	1,721.99
38	Vacuum Extraction	5,292.18	3,704.52	5,292.18	3,704.52
39	Vaginal Delivery	8,108.78	5,676.14	5,265.03	3,685.52
40	Vaginal Delivery Twins	9,776.12	6,843.28	6,932.37	4,852.66

Note: Overhead Costs have been included for the all In-patients Interventions (IP) in above price summaries!

Overhead Cost <i>(In-Patient Admission: Charge ONCE, not per day!)</i>	5,625.00	3,937.50	2,781.25	-
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Contract Template Service Level Agreement

E. SURGICAL DIAGNOSTIC and TREATMENT INTERVENTIONS

Surgical Diagnostic and Treatment Interventions		CHAM Hospital		CHAM Health Centre	
		Cost Estimate MK (2016/17)	CHAM Fee MK (70% of Cost)	Cost Estimate MK (2016/17)	CHAM Fee MK (70% of Cost)
1	Amputation	36,625.04	25,637.53	-	-
2	Anal Surgery	29,865.76	20,906.04	-	-
3	Appendectomy	43,612.93	30,529.05	-	-
4	Biopsy OPD	13,026.42	9,118.49	-	-
5	Bone Decompression	19,204.89	13,443.42	-	-
6	Bowel Surgery	48,932.57	34,252.80	-	-
7	Burns 10%	48,560.31	33,992.22	45,716.56	32,001.59
8	Burns 20%	53,110.50	37,177.35	-	-
9	Burns 30%	69,521.60	48,665.12	-	-
10	Contracture Release	19,661.94	13,763.36	-	-
11	Blood Transfusion with MBTS	1,359.78	951.85	1,359.78	951.85
12	Blood Transfusion without MBTS	21,880.86	15,316.60	21,880.86	15,316.60
13	Fracture External Fixation	24,029.15	16,820.40	21,185.40	14,829.78
14	Fracture Internal Fixation	21,883.55	15,318.48	-	-
15	Fracture Traction	52,031.18	36,421.83	49,187.43	34,431.20
16	Head Injury (pre-referral)	12,916.71	9,041.70	10,072.96	7,051.07
17	Hernia Repair	17,516.80	12,261.76	14,673.05	10,271.13
18	Excision of Hydrocoele	13,404.28	8,381.21	-	-
19	Excision of Lipoma	11,253.66	7,877.56	-	-
20	Mastectomy	24,778.90	17,345.23	-	-
21	Minor Procedures (with hospitalisation)	11,973.16	8,381.21	9,129.41	6,390.58
22	Minor Procedures (without Hospitalisation)	4,740.13	3,318.09	4,740.13	3,318.09
23	Myomectomy	26,026.56	18,218.59	-	-
24	Prostatectomy	37,007.24	25,905.07	-	-
25	Skin Graft	21,070.23	14,749.16	-	-
26	Tendon Repair	20,421.80	14,295.26	17,578.05	12,304.63
27	Tooth Extraction OPD	1,223.29	856.31	1,223.29	856.31
28	Wound Dressing Major IP (under Anaesthesia)	26,333.42	18,433.40	23,489.67	16,442.77
29	Wounds Dressing Major OPD (under Anaesthesia)	6,273.91	4,391.74	6,273.91	4,391.74

Note: Overhead Costs have been included for the all In-patients Interventions (IP) in above price summaries!

Overhead Cost <i>(In-Patient Admission: Charge ONCE; not per day!)</i>	5,625.00	3,937.50	2,781.25	-
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Contract Template Service Level Agreement

II. SLA Payment Framework

A provisional and direct-payment framework is agreed upon which addresses recurrent weaknesses in the past which have hindered timely SLA payments to the CHAM Units.⁴ The SLA payment framework follows the current well-functioning payment system for CHAM staff salary grants.

Summary

1. The SLA budget will be held centrally by MOH/HSJF.
2. Based on verification and approval of monthly SLA invoices by the DHO and an independent monitoring team on behalf of the MOH/HSJF, the MOH transfers the total approved SLA invoices directly to the CHAM Secretariat.
3. The CHAM Secretariat pays all CHAM units based on approved invoices on a monthly basis.

Roles and responsibilities of various actors

1. MOH/HSJF:
 - a. SLA Budget Holder;
 - b. Transfer SLA funds to CHAM Secretariat (monthly);
 - c. External audit CHAM Secretariat and SLA contracts;
2. CHAM Secretariat:
 - a. Follow up all actors (MOH/HSJF, CHAM Units, DHO, MT);
 - b. Payment of approved monthly SLA invoices to individual CHAM Units;
 - c. Internal and external audit;
3. DHOs:
 - a. Verify and approve SLA invoices and all supporting documentation;
4. Independent Monitoring Team:
 - a. Verify and approve SLA invoices and supporting documentation;
 - b. Notify MOH/HSJF for payment SLA invoices
5. CHAM Unit:
 - a. Provision SLA Service;
 - b. Submit monthly invoices plus supporting documentation to the DHO;

⁴ The provisional direct-payment system will be reviewed in due time and possibly aligned with the existing decentralized payment system of the GOM.

Contract Template Service Level Agreement

III. SLA MANAGEMENT INDICATORS

To measure the extent in which the two contract parties fulfil their contract management obligations, the following Management indicators apply (table 1):

Table 1: SLA Management Indicators

Indicator		Measure	Frequency
SLA Contract Management by District	The extent and quality in which the Contracting Authority fulfils mandatory requirements under the SLA	District Health Service Mapping	Once at start
		Organisational Scan of CHAM Unit	Once at start
		Annual SLA budgeting	Annually
		Administration of monthly summary and financial reporting by CHAM Unit	Quarterly
		Feedback provision to CHAM Unit on monthly summary and financial reporting	Quarterly
		Payment of monthly invoices	Quarterly
		Consolidated reporting to ZHSO, NLGFC, FA and CHAM Secretariat	Quarterly
		Support supervision to CHAM Unit	Quarterly
		Facilitative support to CHAM Unit	Quarterly
		Public Notification of SLA	Once at start
SLA Contract Management CHAM Unit	The extent and quality in which the Private Provider fulfils mandatory requirements under the SLA	Cooperation with ZHSO and CHAM Secretariat	Quarterly
		Monthly summary reporting	Quarterly
		Monthly invoicing	Quarterly
		Monthly financial reporting	Quarterly
		Administration of monthly reporting and invoicing	Quarterly
		Annual financial audit	Quarterly
Oversight by District SLA Steering Committee	The extent and quality in which the District SLA Steering Committee fulfils mandatory requirements under the SLA	Cooperation with DHO and DHMT	Quarterly
		Frequency of meetings	Quarterly
		Quality of oversight by Committee	Quarterly