



MINISTRY OF HEALTH

AND

THE CHRISTIAN HEALTH ASSOCIATION OF MALAWI

SERVICE LEVEL AGREEMENT

for the provision of

ESSENTIAL HEALTH SERVICES

Budget Period
July 2018 – June 2019

June 2018

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
CS	Caesarian Section
DC	District Commissioner
DHIS-2	District Health Information System (version 2)
DHMT	District Health Management Team
DHO	District Health Office
DHSM	District Health Service Mapping
DPPD	Department Policy and Planning Development
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
MPIs	Management Performance Indicators
M&E	Monitoring and Evaluation
MT	Monitoring Team
NLGFC	National Local Government Finance Committee
ORT	Other Recurrent Transaction
OPD	Out-Patient Department
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

Service Level Agreement

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 Health Facilities;

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 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 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 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, and is reimbursed on the basis of a jointly agreed fee structure.

Service Level Agreement

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 (MOU) 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 provide a package of Essential Health Services;

Of which;

Scale, scope, targets, timelines and operational modalities are agreed upon by both Parties:

And;

For which the *Contracting Authority* will pay a fee to the *CHAM Unit* based on actual health services rendered and conditional to performance and verification.

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

(Article 1 – 7, Next Pages)

Service Level Agreement

ARTICLE 1: DEFINITION OF THE PARTIES

1.1 The Contracting Authority

1.1.1 Name and Contact Details

The Contracting Authority of this Service Level Agreement is the District/City Council of:

_____ (*Name District or City Council*)
_____ (*Full Address & Location*)
_____ (*Contact Details; Phone, Email*)

1.1.2 Representation

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

_____ (*Name, Position*)
_____ (*Full Address & Location*)
_____ (*Contact Details; Phone, Email*)

As well as the Acting Director of Health and Social Services (DHO):

_____ (*Name, Position*)
_____ (*Full Address & Location*)
_____ (*Contact Details; Phone, Email*)

1.2 The CHAM Unit

1.2.1 Name and Contact Details

The CHAM Unit is:

_____ (*Full Name*)
_____ (*Facility Type*)
_____ (*Registration Nr*)
_____ (*Full Address & Location*)
_____ (*Contact Details; Phone, Email*)

1.2.2 Representation

The CHAM Unit is represented by its **Legal Owner (Proprietor)**:

_____ (*Name, Position*)
_____ (*Full Address & Location*)
_____ (*Contact Details; Phone, Email*)

And by the Senior Management Executive or Facility In Charge or Administrator:

_____ (*Name, Position*)
_____ (*Full Address and Location*)
_____ (*Contact Details; Phone, Email*)

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2.1.3 Scale of Services

The volume of services (number of clients) is based on an estimate, mutually agreed by both Parties. The estimate is based on:

- (1) The size of the catchment population of the CHAM Unit and a projected utilization rate;
- (2) The capacity of the CHAM Unit in the preceding calendar years;

Scale of EHP services provided under this contract may be amended at any time during the contract period after consultation and mutual agreement by both Parties.

2.2 Quality of Care

2.2.1 Patient Charter

The CHAM Unit will adhere to the National Quality Management Policy and the 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 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 Council of Malawi.

2.2.4 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 report to the Contracting Authority.

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

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

2.3.3 Routine DHIS Reporting

The CHAM Unit will submit monthly DHIS-II reports to the Contracting Authority.

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2.4 Financial Administration, Reporting and Invoicing

2.4.1 Financial Administration

The CHAM Unit will operate a robust financial management system to administer SLA expenditures and -invoicing. The financial management system should be in accordance with the Public Financial Management Act, the Public Audit Act and the Public Procurement Act.

2.4.2 SLA Invoice

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 the monthly invoice to the CHAM Secretariat after verification and approval by the DHO for the Contracting Agent. The SLA invoices should be duly signed and stamped by the DHO and the CHAM Unit before it is submitted to CHAM Secretariat.

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

No payment of SLA invoices will be effectuated in case the CHAM facility delays submitting invoices beyond 6 months after service provision, unless there is valid justification authenticated by DHO.

2.4.3 SLA Payment Receipts

Not later than one (1) week after receiving SLA payment, the CHAM Unit will formally acknowledge receipt to CHAM Secretariat.

The CHAM Unit shall issue an official (cash) receipt which shall bear: Name of the Health Facility; date; total amount received (in figure and in words); reference to SLA invoice; Cheque number or, if appropriate, date/reference number of bank transfer;

None or late submission of SLA payment receipts will result in **no payment** of the next monthly SLA invoice.

2.4.4 External Financial Audit

The CHAM Unit is obliged to conduct an annual external audit of the SLA financial administration.

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

2.4.5 Governance, Transparency and Accountability

The CHAM Unit will institute a Hospital Advisory Committee or Health Centre Advisory Committee, respectively.

The CHAM Unit will maintain transparency and accountability and will share relevant information with the Contracting Authority in a timely manner.

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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 conduct a District Health Service Mapping (DHSM) prior to engage with the CHAM Unit in an SLA.

The DHSM is preferably conducted in a participatory manner involving the CHAM Unit.

The DHSM is to take various aspects into consideration such as demographics, Burden of Disease (BOD), size of catchment population, the capacity and actual services provided by health facilities, etc.

The Contracting Authority is to determine 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 and with the Chief Quality Management Office in that Zone.

The Contracting Authority will facilitate a meeting to discuss outcome of the DHSM with the CHAM Unit.

The Contracting Authority together with the CHAM Unit will facilitate awareness and sensitization of the community about the SLA implementation and any changes thereof.

3.1.2 Cross Border District Health Services

In case the CHAM Unit provides health services to a population of more than one (1) District, the Contracting Authority is to agree with the DHO of the neighboring District to determine the need for an SLA and the respective Districts' contributions.

3.2 Capacity Assessment 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 Capacity Assessment

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

Within 1 month of assessing the capacity of the CHAM Unit, the Contracting Authority will submit the assessment report to the CHAM Unit.

The Contracting Authority will submit a copy of the assessment report to the CHAM Secretariat and the Chief Quality Management Office in that Zone.

3.2.3 Workforce Assessment

The assessment includes an evaluation of staff capacity of the CHAM Unit looking at workforce strength in relation to proposed delivery of services under this agreement.

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3.3 Reporting

3.3.1 DHIS

The Contracting Authority is to receive, acknowledge and administer the monthly routine DHIS 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 and ZSHO within 1 month.

3.4 Financial Management and Administration

3.4.1 General

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

3.4.2 SLA Budget Preparation

The Contracting Authority will prepare annual SLA budget estimates according to specific MOH instructions.

3.4.3 Verification and Approval of SLA invoices

The Contracting Authority is to receive, acknowledge and administer monthly SLA invoices from the CHAM Unit.

The Contracting Authority is responsible for verifying and approving each SLA invoice within 15 days of receiving the invoice.

The Contracting Authority is to verify that SLA invoices have all required supporting documentation including:

- a. A copy of the signed SLA contract for the appropriate budget year (2018/19);
- b. A summary invoice with the total amount that is claimed by the CHAM Unit, consistent with the scope and scale of approved SLA and that has been endorsed by the administrator or management of the CHAM health facility (**Annex II, Section A**);
- c. Supporting summary tables with the costs per agreed intervention in line with the SLA, the number of the clients having received treatment and an anonymous reference to specific client details (**Annex II, Section B-C**).

3.4.4 SLA Payment

Conditional to receiving a complete accurate invoice submission from the facility, CHAM secretariat is to consolidate, facilitate independent (DMT) verification and submit to MOH for payment processing within 10 days of receiving the approved SLA invoice.

Conditional to verification and approval by the Contracting Authority, the MOH is to effect payment of the SLA invoice to the CHAM Secretariat within 15 days of receiving the approved SLA invoice through the CHAM secretariat (**Annex III**).

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Conditional to receiving payment from the MOH, the CHAM Secretariat is to effect payment of the SLA invoice to the CHAM Unit within 5 days of receiving the payment from the MOH.

3.4.5 Transparency and Accountability

Oversight of SLA implementation is provided by normal Local Council or City governance structures and institutions.

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, in line with their normal routine tasks and responsibilities.

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

3.5.2 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 scope, scale and conditions of health Services provided under the SLA.

ARTICLE 4: CONTRACT SUM

4.1 Unit Costs of Services

Unit costs for various categories of services are agreed upon and form an integral part of this contract (**Annex I, Section A-F**).

Unit costs for all services are fixed for the duration of fiscal year 2018/19.

4.2 Contract Sum

The SLA contract sum agreed upon is within the total SLA budget ceiling of the respective District (DHO) for budget year 2018/19 mandated by the MOH. ¹

4.3 CHAM Fee Structure

CHAM Fees are based on cost-sharing and are seventy percent (70%) of the agreed unit costs of the respective service (**Annex I, Section A-F**).

¹ Annually, District SLA Budget Ceilings are determined by the MOH based on SLA program performance of the preceding year and available (donor) funding.

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4.4 Contract SUM

The total contract sum is:

MK , , .

(*In Words:* _____).

4.3 Amendment of Contract Sum

The annual Contract Sum may be amended any time within the fiscal year, based on changes in scale and scope of EHP services provided by the CHAM Unit and after mutual agreement between the two Parties.

Upon amendment of facility allocated annual sum, the contracting Authority, shall ensure that the actual expenditure remains within the district aggregate allocated annual sums, otherwise the Contracting Authority has to consult MOH through SLA Unit.

The amended contract sum agreed upon shall be reflected in an annex to this contract, duly signed by both Parties (**Annex VI**).

ARTICLE 5: CONTRACT MANAGEMENT

5.1 Independent Monitoring Team

In addition to the routine supportive supervision and monitoring carried out by the Contracting Authority, an independent Monitoring Team (MT) may conduct additional monitoring visits on behalf of both parties or on behalf of the MOH.

The MT is tasked to verify implementation and management of the SLA. The MT may verify SLA invoices, including supporting documentation, and recommend the MOH for payment, if applicable. The MT may also provide capacity support to both parties of the SLA.

Visits of the MT will be properly documented and reports will be shared with both Parties.

5.2 Progress Indicators

5.2.1 Process and Performance Indicators

Specific SLA Management Performance Indicators (MPIs) are applicable which form an integrated part of this contract (**Annex IV**).

5.2.2 Outcome and Impact Indicators

Routinely, DHIS-II will be used to assess outcome and impact of SLA implementation in terms of increased client utilization rates for EHP services.

5.3 Oversight and Compliance

Oversight shall be provided by the Secretary for Health on behalf of the MOH and the Executive Director of CHAM. ²

² This is done in the context of the MOU (2016) between the MOH and CHAM (article 7).

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A District SLA Steering Committee shall meet twice a year to assess SLA management and implementation and review performance of both Parties.

The Steering Committee shall be comprised of the District Commissioner, the Head of the District Council Health Committee, the Chief Quality Management Officer of the respective zone, the DHO, the District Finance Officer and the proprietor of the CHAM Unit.

5.4 Review Contract Provisions

Unless authorized by the MOH, SLA contract provisions may not be altered.

5.5 Penalty Clause

5.5.1 Non-Performance CHAM Unit

In case the CHAM Unit is not performing in line with articles stipulated in the SLA or is contravening the purpose of the 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:

- a. Giving a written warning;
- b. Directing the CHAM Unit to remedy the contravention;
- c. Compensate the Contracting Authority in monetary terms.

In case the CHAM Unit fails to comply to an administrative penalty or commits an offence, on conviction by the Mediation Committee, the CHAM Unit 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:

- a. Giving a written warning;
- b. Directing the Contracting Authority to remedy the contravention;
- c. Compensate the CHAM Unit, who may have suffered loss because of the contravention, in monetary terms.

In case the Contracting Authority fails to comply to an administrative penalty or it commits an offence, on conviction by the Mediation Committee, the Contracting Authority 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.

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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 the Secretary of Health of the MOH and the Executive Director of CHAM.

ARTICLE 6: DURATION, TERMINATION, SUSPENSION and RENEWAL

6.1 Duration

The duration of this Agreement (SLA) is for the period of *one (1) year from 1st July 2018 up to 30th June 2019* with effect from: _____ (Date).

6.2 Termination

6.2.1 Contractual Completion

The SLA will be terminated upon completion of the contract period on *30th June, 2019*.

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 CQMO in the respective Zone 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 desire of both parties, the SLA may be renewed for a new period.

Negotiations for a new SLA shall be completed in the last quarter of the budget year 2018/19 (*April-June 2019*).

ARTICLE 7: STANDARD BUSINESS PRACTICES

7.1 Anti-Corruption

Both Parties adhere to national anti-corruption policies and regulations.

7.2 Reporting Corrupt Practices

Corrupt practices by either Party will be reported to the Secretary of Health and the Executive Director of CHAM for immediate review and follow-up.

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In Witness Whereof

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

For Contracting Authority

The District Commissioner

_____ (Name) _____ (Sign / Stamp)

The Acting Director of Health and Social Services(DHO)

_____ (Name) _____ (Sign / Stamp)

For CHAM Unit

The Proprietor/ CHAM Health Coordinator

_____ (Name) _____ (Sign / Stamp)

The Facility Senior Management

_____ (Name) _____ (Sign / Stamp)

In Witness of

The Chief Quality Management Officer (Zone)

_____ (Name) _____ (Sign / Stamp)

CHAM Secretariat

_____ (Name) _____ (Sign / Stamp)

Service Level Agreement

ANNEX

I. COST ESTIMATES ESSENTIAL HEALTH SERVICES and APPROVED CHAM FEES

A. Adult Diagnostic and Treatment Intervention

Important Note:
All Unit costs have been re-calculated compared to 2017/18. Changes are based on average increases of unit prices and an estimated annual inflation rate.

Table 1: CHAM Fees: Adult Diagnostic / Treatment Interventions

	ADULT Diagnostic and Treatment Interventions	Revised Cost Estimate 2018/19 (excluding Overhead Costs) (MK)	Approved CHAM Fee 2018/19 (MK)
1	Abnormal Vaginal Discharge (AVD-	608.03	425.62
2	Abscess Adult	3,148.79	2,204.15
3	Arthritis-Non-Septic	2,246.24	1,572.37
4	Arthritis Septic	19,423.72	13,596.61
5	Asthma mild	6,815.03	4,770.52
6	Asthma Severe	6,952.35	4,866.64
7	Anxiety Disorder	459.43	321.60
8	Balanitis	424.47	297.13
9	Bipolar Disorder	11,930.26	8,351.19
10	Blood Transfusion with MBTS	2,625.09	1,837.56
11	Blood Transfusion without MBTS	8,579.54	6,005.68
12	Blunt Trauma	1,116.66	781.66
13	BUBO	312.47	218.73
14	Bronchitis	2,392.15	1,674.51
15	Cancer Screening - Biopsy	7,429.79	5,200.85
16	Cancer Maintenance Mild Pain	2,327.71	1,629.39
17	Cancer Maintenance Severe Pain	11,036.18	7,725.33
18	Catheter Change	1,365.07	955.55
19	Congestive Cardiac Failure (CCF)	7,419.36	5,193.55
20	Congestive Cardiac Failure (CCF)IP	13,155.34	9,208.74
21	Cervix Cancer Screening (VIA)	288.69	202.08
22	Cellulitis	5,644.31	3,951.01
23	Chicken pox adult	3,448.52	2,413.96
24	Conjunctivitis allergic adult	193.79	135.65
25	Conjunctivitis Bacteria adult	508.51	355.96
26	Chronic Obstructive Pulmonary	2,388.80	1,672.16
27	Delirium Tremens Hospital	8,207.74	5,745.41
28	Delirium Tremens Health centre	6,954.85	4,868.40
29	Dental Abscess	664.67	465.27
30	Diabetes Ketoacidosis/Hyperosmolar	49,416.35	34,591.44
31	Diabetes Type1-OPD	18,606.30	13,024.41
32	Diabetes Type2-OPD	4,691.19	3,283.83
33	Dog Bite	25,976.82	18,183.77
34	Dementia	5,485.15	3,839.61
35	Dysentery OPD adult	902.99	632.09
36	Dysentery IP adult	3,781.03	2,646.72
37	Eczema-Dermatitis adult	1,512.61	1,058.83
38	Epilepsy IP	15,352.03	10,746.42
39	Epilepsy OPD	3,450.25	2,415.17
40	Epistaxis	1,482.28	1,037.60
41	Fracture POP	3,192.88	2,235.02
42	Gastroenteritis IP Adult	7,108.53	4,975.97
43	Gastroenteritis IP adult HiV	7,326.56	5,128.59
44	Gastroenteritis OPD Adult	1,281.66	897.16

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45	Genital Warts	194.52	136.16
46	Gonorrhoea	643.75	450.63
47	Gonorrhoea Pregnancy	4,518.58	3,163.01
48	Genital Ulcer Disease (GUD)	2,020.84	1,414.59
49	Genital Ulcer Disease (GUD)	286.28	200.39
50	Hypertension Mild	314.67	220.27
51	Hypertension Moderate	1,041.43	729.00
52	Hypertension Severe	3,741.17	2,618.82
53	Hysteria	1,142.22	799.55
54	Lower Abdominal Pain / Pelvic Inflammatory Disease (LAP-PID)	755.40	528.78
55	Malaria IP adult	8,541.55	5,979.08
56	Malaria OPD adult	857.29	600.10
57	Measles IP adult	5,903.27	4,132.29
58	Measles OPD adult	2,054.52	1,438.17
59	Meningitis IP Adult	48,411.63	33,888.14
60	Migraine	493.54	345.48
61	Mumps	490.11	343.08
62	Muscle skeletal Pain	235.55	164.89
63	Nephrotic Syndrome IP	8,449.37	5,914.56
64	Nephrotic Syndrome OPD	494.49	346.14
65	Neurosyphilis	14,077.58	9,854.30
66	Oedema Generalised	7,136.93	4,995.85
67	Onchocerciasis	3,102.00	2,171.40
68	Oral conditions	1,076.87	753.81
69	Oral candidiasis	1,599.58	1,119.71
70	Peptic Ulcer	2,468.62	1,728.03
71	Poisoning Organophosphate	6,031.59	4,222.11
72	Pneumonia IP adult	21,921.38	15,344.96
73	Pneumonia OPD adult	1,279.95	895.97
74	Rheumatic Heart Disease	6,075.78	4,253.05
75	Scabies adult	3,627.19	2,539.03
76	Schistosomiasis adult	750.46	525.32
77	Schizophrenia	6,700.40	4,690.28
78	Severe Sepsis adult	16,147.60	11,303.32
79	Severe Anaemia adult	3,106.29	2,174.41
80	Snake Bite	4,569.44	3,198.61
81	Soft tissue injury	1,329.68	930.78
82	Staphylococcal Scalding	1,215.04	850.53
83	Syphilis Early Treatment	1,403.65	982.56
84	Syphilis Late Treatment	5,527.35	3,869.14
85	Tetanus adult	25,841.94	18,089.36
86	Typhoid mild	1,853.37	1,297.36
87	Typhoid Severe	22,467.19	15,727.03
88	Tonsillitis	1,103.65	772.55
89	Trypanosomiasis	35,088.64	24,562.05
90	Unipolar disorders	15,753.00	11,027.10
91	UTI adult	1,012.66	708.86
92	Worm Infestation	371.61	260.13
93	Worm Infestation	371.61	260.13
Important Note: Overhead costs are NOT included in interventions for In-patients (IP). Overhead costs should therefore be charged additionally: once for every new In-Patient .			
Ambulance Costs for Referral (per 1 KM)			229.16
Overhead Cost: Hospital			7,193.95
Overhead Costs: Health Centre			3,557.01

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B. Paediatric Diagnostic and Treatment Interventions (6-12 Years)

Important Note:
All Unit costs have been re-calculated compared to 2017/18. Changes are based on average increases of unit prices and an estimated annual inflation rate.

Table 2: CHAM Fees: Diagnostic / Treatment Interventions Children 6-12 Years of Age

PAEDIATRIC (6-12 Yrs.) Diagnostic and Treatment Interventions		Revised Cost Estimate 2018/19 (excluding Overhead Costs) (MK)	Approved CHAM Fee 2018/19 (MK)
1	Abscess IP	3,328.91	2,330.24
2	Abscess OPD	2,420.38	1,694.27
3	ARI/URTI	328.70	230.09
4	Asthma/Bronchitis mild	3,660.93	2,562.65
5	Asthma Severe	7,371.89	5,160.32
6	Atopic dermatitis	1,512.61	1,058.83
7	Blood Transfusion MBTS	2,625.09	1,837.56
8	Blood Transfusion	9,481.91	6,637.34
9	Burns OPD	2,802.95	1,962.06
10	Burns IP Initial Management	8,832.67	6,182.87
11	Burns IP Each wound dressing	3,067.75	2,147.42
12	Chicken pox	2,956.31	2,069.42
13	Conjunctivitis	230.58	161.40
14	Dysentery	4,945.52	3,461.86
15	Fracture & Dislocation IP	3,417.49	2,392.24
16	Fracture OPD	2,463.50	1,724.45
17	Gastroenteritis IP	3,880.49	2,716.34
18	Gastroenteritis OPD	886.23	620.36
19	Malaria IP	9,516.65	6,661.66
20	Malaria OPD	784.48	549.14
21	Malnutrition Mild OTP U5	583.15	408.21
22	Malnutrition Severe NRU	4,207.61	2,945.33
23	Measles Rubella	2,865.51	2,005.86
24	Meningitis	39,915.85	27,941.10
25	Oral conditions	833.66	583.56
26	Osteomyelitis	23,320.65	16,324.46
27	Otitis Media OPD	627.21	439.04
28	Pertussis	2,096.89	1,467.82
29	Pneumonia IP	7,736.27	5,415.39
30	Pneumonia OPD	587.15	411.01
31	Scabies	1,880.69	1,316.48
32	Schistosomiasis	1,315.82	921.08
33	Sepsis	16,143.13	11,300.19
34	Severe Anaemia	2,896.27	2,027.39
35	Tetanus	26,249.97	18,374.98
36	UTI	653.15	457.20
Important Note: Overhead costs are NOT included in interventions for In-patients (IP). Overhead costs should therefore be charged additionally: once for every new In-Patient .			
Ambulance Costs for Referral (per 1 KM)			229.16
Overhead Cost: Hospital			7,193.95
Overhead Costs: Health Centre			3,557.01

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C. Paediatric Diagnostic and Treatment Interventions (Under-5 Years)

Important Note:
All Unit costs have been re-calculated compared to 2017/18. Changes are based on average increases of unit prices and an estimated annual inflation rate

Table 3: CHAM Fees: Diagnostic / Treatment Interventions Children Under-5 years of Age

PAEDIATRIC (Under-5 Yrs.) Diagnostic and Treatment Interventions		Revised Cost Estimate 2018/19 (excluding Overhead Costs) (MK)	Approved CHAM Fee 2018/19 (MK)
1	Abscess IP	4,466.52	3,126.56
2	Abscess OPD	3,693.70	2,585.59
3	ARI-URTI	1,140.57	798.40
4	Asthma/Bronchitis	2,594.21	1,815.95
5	Atopic dermatitis	1,161.74	813.22
6	Blood Transfusion MBTS	2,625.09	1,837.56
7	Blood Transfusion	9,481.91	6,637.34
8	Burns OPD	2,524.87	1,767.41
9	Burns IP-Initial Management	9,189.30	6,432.51
10	Burns IP-Each Wound dressing	3,214.21	2,249.95
11	Chicken Pox	2,448.09	1,713.66
12	Conjunctivitis	398.19	278.74
13	Dysentery	4,148.30	2,903.81
14	Epistaxis	1,482.28	1,037.60
15	Fracture & Dislocation IP	4,311.20	3,017.84
16	Fracture OPD	3,149.76	2,204.83
17	Foreign body removal	6,110.72	4,277.51
18	Gastroenteritis IP	4,438.53	3,106.97
19	Gastroenteritis OPD	1,138.00	796.60
20	Hernia Repair	15,852.00	11,096
21	Impetigo	2,265.13	1,585.59
22	Malaria IP	8,926.48	6,248.54
23	Malaria OPD	1,970.02	1,379.02
24	Malnutrition Mild OTP	656.71	459.70
25	Malnutrition Severe NRU	8,292.01	5,804.41
26	Measles Rubella	3,388.00	2,371.60
27	Meningitis	20,064.66	14,045.26
28	Oral conditions	1,599.58	1,119.71
29	Osteomyelitis	24,866.11	17,406.28
30	Otitis Media OPD	1,031.27	721.89
31	Pertussis	1,942.97	1,360.08
32	Pneumonia IP	9,051.59	6,336.11
33	Pneumonia OPD	1,285.39	899.77
34	Scabies	1,924.30	1,347.01
35	Schistosomiasis	1,397.74	978.42
36	Sepsis	15,965.85	11,176.09
37	Severe Anaemia	5,538.79	3,877.15
38	Tetanus	22,189.31	15,532.52
39	Tonsillitis	1,103.65	772.55
40	Worm Infestation	371.61	260.13
Important Note: Overhead costs are NOT included in interventions for In-patients (IP). Overhead costs should therefore be charged additionally: once for every new In-Patient .			
Ambulance Costs for Referral (per 1 KM)			229.16
Overhead Cost: Hospital			7,193.95
Overhead Costs: Health Centre			3,557.01

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D. Maternal and Newborn Diagnostic and Treatment Interventions

Important Note:
All Unit costs have been re-calculated compared to 2017/18. Changes are based on average increases of unit prices and an estimated annual inflation rate

Table 4: CHAM Fees: Maternal and Newborn Diagnostic / Treatment Interventions

	MATERNAL and NEWBORN Diagnostic and Treatment Interventions	Revised Cost Estimate 2018/19 (excluding Overhead Costs) (MK)	Approved CHAM Fee 2018/19 (MK)
1	3rd Degree Tear	8,293.50	5,805.45
2	Anaemia Mild	1,311.15	917.80
3	Anaemia Severe	2,266.61	1,586.63
4	ANC-First visit	2,284.58	2,284.58
5	ANC-Subsequent visit	916.18	916.18
6	APPH	12,715.54	8,900.87
7	ARI-URTI	757.08	529.95
8	BBA	3,776.62	2,643.63
9	Blood Transfusion MBTS	2,625.09	1,837.56
10	Blood Transfusion	9,481.91	6,637.34
11	CS	22,119.74	15,483.82
12	CS 7Days AB	32,614.50	22,830.15
13	Eclampsia	26,280.66	18,396.46
14	Emergency Hysterectomy	45,565.77	31,896.04
15	EUA	4,758.71	3,331.09
16	Epistaxis	1,482.28	1,037.60
17	Evacuation D&C	10,969.69	7,678.78
18	Gastroenteritis Mild	1,117.44	782.21
19	Gastroenteritis Severe	5,486.85	3,840.80
20	Gonorrhoea Pregnancy	1,628.90	1,140.23
21	Ind. Labour	3,291.38	2,303.97
22	Laparotomy	32,116.41	22,481.48
23	LAP_PID	755.40	528.78
24	Malaria Non-Severe	1,553.68	1,087.58
25	Malaria Severe	7,605.17	5,323.62
26	Manual Removal	7,850.54	5,495.38
27	Meningitis	35,079.59	24,555.71
28	MVA	8,201.33	5,740.93
29	Minor Disorders of Pregnancy	235.55	164.89
30	Migraine	493.54	345.48
31	Muscle Skeletal Pain	235.55	164.89
32	Newborn Complications IP	9,577.96	6,704.57
33	Newborn Complications OPD	914.29	640.00
34	Obstetric Scanning	1,841.85	1,289.29
35	Postnatal check	1,117.85	782.49
36	Pneumonia Mild	1,433.67	1,003.57
37	Pneumonia Severe	10,335.93	7,235.15
38	Pregnancy Induced	8,313.60	5,819.52
39	Pre-referral Management	4,490.01	3,143.01
40	Pre-referral Mgt Newborn	1,373.54	961.48
41	Preterm Labour	3,660.57	2,562.40
42	PROM	4,776.14	3,343.30
43	Sepsis	21,478.50	15,034.95
44	Septic Abortion	20,819.52	14,573.66
45	Sickle-cell	10,459.54	7,321.68
46	Tear-Episiotomy	2,629.67	1,840.77
47	Tonsillitis	1,103.65	772.55
48	Threatening Abortion	5,434.71	3,804.30
49	Tubal Ligation	4,852.15	3,396.50
50	UTI	2,806.68	1,964.67
51	Vacuum Extraction	7,290.38	5,103.27

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52	Vaginal Delivery	3,768.16	2,637.71
53	Vaginal Delivery Twins	6,761.83	4,733.28
Important Note: Overhead costs are NOT included in interventions for In-patients (IP). Overhead costs should therefore be charged additionally: once for every new In-Patient .			
Ambulance Cost for Referrals (per 1 KM)			229.16
Overhead Cost: Hospital			7,193.95
Overhead Costs: Health Centre			3,557.01

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E. Surgical Diagnostic and Treatment Interventions

Important Note:
All Unit costs have been re-calculated compared to 2017/18. Changes are based on average increases of unit prices and an estimated annual inflation (MKW) of 10%.

Table 5: CHAM Fees: Surgical Diagnostic / Treatment Interventions

SURGICAL Diagnostic and Treatment Interventions		Revised Cost Estimate 2018/19 (excluding Overhead Costs) (MK)	Approved CHAM Fee 2018/19 (MK)
1	Amputation	23,411.90	16,388.33
2	Anal Surgery	14,918.13	10,442.69
3	Appendectomy	35,811.44	25,068.01
4	Biopsy OPD	15,946.43	11,162.50
5	Bone Decompression	16,029.71	11,220.79
6	Bowel Surgery	51,730.96	36,211.67
7	Burns IP 0-10%	45,787.57	32,051.30
8	Burns IP >10-20%	58,024.57	40,617.20
9	Burns IP >20 -30%	77,823.70	54,476.59
10	Contracture Release	21,154.80	14,808.36
11	Blood Transfusion with MBTS	2,006.67	1,404.67
12	Blood Transfusion without MBTS	8,579.54	6,005.68
13	Fracture External Fixation	21,323.75	14,926.62
14	Fracture Internal Fixation	21,195.80	14,837.06
15	Fracture Traction	52,628.18	36,839.73
16	Head Injury (pre-referral)	13,449.95	9,414.96
17	Hernia Repair	15,852.00	11,096.40
18	Hydrocelectomy	11,991.29	8,393.91
19	Lipectomy	10,496.89	7,347.83
20	Mastectomy	21,491.89	15,044.32
21	Minor Procedures IP	12,049.03	8,434.32
22	Minor Procedures 2 OPD	5,603.50	3,922.45
23	Myomectomy	20,926.83	14,648.78
24	Prostatectomy	33,764.28	23,634.99
25	Skin Graft	30,110.33	21,077.23
26	Tendon Repair	20,127.79	14,089.46
27	Tooth Extraction	875.98	613.19
28	Wounds Major 1 IP	26,007.08	18,204.95
29	Wounds Major 2 OPD	5,169.28	3,618.49
Important Note: Overhead costs are NOT included in interventions for In-patients (IP). Overhead costs should therefore be charged additionally: once for every new In-Patient .			
Ambulance Cost for Referrals (per 1 KM)			229.16
Overhead Cost: Hospital			7,193.95
Overhead Costs: Health Centre			3,557.01

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F. Other Diagnostic and Treatment Options Agreed Upon

Important Note:
 Apart from Interventions agreed upon in previous Annex (A-E), the Parties may agree on additional Diagnostic and Treatment Interventions. These Interventions have to be mentioned in this annex (F). The two Contract Parties should agree on estimated costs per each Intervention.

Table 6: CHAM Fees: Other Diagnostic / Treatment Interventions

	OTHER / ADDITIONAL Diagnostic and Treatment Interventions	Estimated Costs per Intervention 2018/19 (Agreed between two Contract Parties)	Agreed CHAM Fee (MK) (70% of Total Estimated Costs)
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Important Note: Overhead costs are NOT included in interventions for In-patients (IP). Overhead costs should therefore be charged additionally: once for every new In-Patient .			
	Ambulance Cost for Referrals (per 1 KM)		229.16
	Overhead Cost: Hospital		7,193.95
	Overhead Costs: Health Centre		3,557.01

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II. SLA INVOICE AND REPORTING FORMAT

A. SLA Invoice

SLA INVOICE: July 2018 - June 2019	
Name Health Facility:	
Address:	Invoice Number:
Cell / Phone:	Invoice Month:
Email:	Invoice Date:
TO MINISTRY OF HEALTH: Director of Finance, PO Box 30377, Lilongwe 3 TROUGH: CHAM SECRETARIAT: SLA Unit, PO Box 30378, Lilongwe 3	
SERVICES RENDERED AS PER ATTACHED LIST	TOTAL (MK)
A. ADULT DIAGNOSTICS AND TREATMENT	-
B. PAEDIATRIC (6-12 Yrs) DIAGNOSTICS AND TREATMENT	-
C. PAEDIATRIC (Under 5-Yrs) DIAGNOSTICS AND TREATMENT	-
D. MATERNAL and NEWBORN DIAGNOSTICS AND TREATMENT	-
E. SURGICAL DIAGNOSTICS AND TREATMENT	-
F. OTHER INTERVENTIONS	-
TOTAL (MK)	-
Total In Words (MK):	
BANK ACCOUNT DETAILS	
Name of Bank:	
Name of Account:	
Account Number:	
PREPARED / AUTHORIZED BY HEALTH FACILITY	
Prepared by Accounts Department:	Authorized by Management:
Name: _____	Name: _____
Signatory: _____	Signatory: _____
<div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">STAMP Health Facility</div>	
VERIFIED and APPROVED BY DISTRICT/CITY HEALTH OFFICER	
Name: _____	Signatory: _____
<div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">STAMP District Health Office</div>	
IMPORTANT NOTE	
THIS INVOICE CAN ONLY BE PAID BASED ON A SIGNED SLA CONTRACT FOR THE PERIOD: JULY 2018-JUNE 2019 > MAKE SURE A COPY OF THE SIGNED SLA CONTRACT IS SEND TO CHAM SECRETARIAT <	
REQUIRED ATTACHMENTS	
(1) Monthly Summary Report; (2) Summary Invoice per Diagnostic and Treatment Category; (3) Summary Report Client Records per Diagnostic and Treatment Category.	

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B. SLA Summary Report

MONTHLY SUMMARY REPORT		
NAME HEALTH FACILITY:		
YEAR:	MONTH:	
I. TOTAL SLA CLAIM		
Diagnostic and Treatment Groups / Categories	Number of SLA Clients	Total SLA Claim (MK)
A ADULT	-	-
B PAEDIATRIC (6-12 Yrs)	-	-
C PAEDIATRIC (Under 5-Yrs)	-	-
D MATERNAL and NEWBORN	-	-
E SURGICAL	-	-
F OTHERS	-	-
TOTAL CASES / CLAIM	-	-
II. SLA PROGRESS REPORT		
A. POSITIVE OUTCOMES?		
B. MAIN CHALLENGES?		
C. HOW to IMPROVE?		
NAME / SIGNATORY ADMINISTRATOR	DATE	HEALTH FACILITY STAMP

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C. SLA Invoice detailed Report

(Note: This report is to be submitted per each Intervention Category: A-F)

SLA MONTHLY INVOICE: JULY 2018 - JUNE 2019					
NAME HEALTH FACILITY:					
YEAR:		MONTH:			
PAEDIATRIC Diagnostic and Treatment Interventions (Under 5-Yrs)	Diagnostic Code	Fee / Case (MK)	Total Monthly Cases	Total Monthly Claim (MK)	
1	Abscess IP U5	C1	3,126.56	-	-
2	Abscess OPD U5	C2	2,585.59	-	-
3	ARI-URTI U5	C3	798.40	-	-
4	Asthma/Bronchitis U5	C4	1815.95	-	-
5	Atopic dermatitis U5	C5	813.22	-	-
6	Blood Transfusion MBTS	C6	1,837.56	-	-
7	Blood Transfusion	C7	6,637.34	-	-
8	Burns U5 (OPD)	C8	1,767.41	-	-
9	Burns IP-Initial Mngmt U5	C9	6,432.51	-	-
10	Burns IP-Each Wound dressing U5	C10	2,249.95	-	-
11	Chicken pox U5	C11	1713.66	-	-
12	Conjunctivitis U5	C12	278.74	-	-
13	Dysentery U5	C13	2,903.81	-	-
14	Epistaxis	C14	1,037.60	-	-
15	Fracture & Dislocation IP U5	C15	3017.84	-	-
16	Fracture OPD U5	C16	2,204.83	-	-
17	Foreign body removal U5	C17	4,277.51	-	-
18	Gastroenteritis IP U5	C18	3,106.97	-	-
19	Gastroenteritis OPD U5	C19	796.60	-	-
20	Hernia Repair	C20	11,096.00	-	-
21	Impetigo	C21	1,585.59	-	-
22	Malaria IP U5	C22	6248.54	-	-
23	Malaria OPD U5	C23	1,379.02	-	-
24	Malnutrition Mild OTP U5	C24	459.70	-	-
25	Malnutrition Severe NRU	C25	5,804.41	-	-
26	Measles Rubella U5	C26	2371.6	-	-
27	Meningitis U5	C27	14,045.26	-	-
28	Oral conditions U5	C28	1,119.71	-	-
29	Osteomyelitis U5	C29	17,406.28	-	-
30	Otitis Media OPD U5	C30	721.89	-	-
31	Pertussis U5	C31	1,360.08	-	-
32	Pneumonia IP U5	C32	6,336.11	-	-
33	Pneumonia OPD U5	C33	899.77	-	-
34	Scabies U5	C34	1,347.01	-	-
35	Schistosomiasis U5	C35	978.42	-	-
36	Sepsis U5	C36	11,176.09	-	-
37	Severe Anemia U5	C37	3877.15	-	-
38	Tetanus U5	C38	15,532.52	-	-
39	Tonsillitis	C39	772.55	-	-
40	Worm Infestation U5	C40	260.13	-	-
Overhead costs should be charged additionally: once for every new In-Patient.					
Ambulance Costs for Referrals (per 1 KM)		229.16	0	-	
Number of referrals made					
Overhead Costs: HOSPITAL		7,193.95	0	-	
Overhead Costs: HEALTH CENTRE		3,557.01	-	-	
TOTALS			-	-	

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III. SLA PAYMENT SYSTEM

The outline of the payment system in place is as follows:

1. The MOH is the Budget Holder;
2. Based on approval of SLA invoices by the DHO and verification by an independent monitoring team, the CHAM Secretariat submits a consolidated invoice of all approved SLA invoices to the MOH for payment;
3. After verification and approval, the MOH pays the total approved SLA invoices to the CHAM Secretariat;
4. Based on submission of a payment receipt of previous monthly SLA payment(s), CHAM Secretariat pays CHAM Unit.

Responsibilities of various Parties

1. MOH:
 - a. SLA Budget Holder;
 - b. Transfer SLA funds to CHAM Secretariat;
 - c. Audit CHAM Secretariat and SLA contracts.
2. CHAM Secretariat:
 - a. Follow up all actors (MOH, CHAM Units, DHO, MT);
 - b. Payment of approved SLA invoices to individual CHAM Units;
 - c. Internal audit of SLA program.
3. DHOs:
 - a. Verify and approve SLA invoices including supporting documents before the 15th of each following month.
4. Independent Monitoring Team:
 - a. Verify and approve SLA invoices and supporting documents;
 - b. Notify MOH for payment approved SLA invoices.
5. CHAM Unit:
 - a. Submit monthly SLA invoices to DHO for verification and approval;
 - b. Submit approved (signed/stamped) SLA invoices plus required documentation to CHAM Secretariat by 15th of each following month;
 - c. Submit payment receipts to CHAM Secretariat not later than one (1) week after receiving payment.

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IV. SLA MANAGEMENT PERFORMANCE INDICATORS

To assess the extent in which the two Parties fulfil their obligations under the SLA, the following Management Performance Indicators (MPIs) and measures are monitored:

Table 7: SLA Management Performance Indicators and Measures

Party	Indicator	Measure
Contracting Authority (District)	The extent and quality in which the District fulfils mandatory SLA Management tasks	Conduct District Health Service Mapping
		Assess functional capacity of CHAM Unit, including Human Resources
		Negotiate and agree SLA with CHAM Unit
		Inform public on available SLA Services (together with CHAM Unit)
		Timely verify and approve monthly SLA invoices from CHAM Unit
		Conduct periodic Support Supervision to CHAM Unit
		Cooperate with ZHSO and CHAM Secretariat on SLA program
		Conduct periodic meetings with SLA Steering Committee
CHAM Unit	The extent and quality in which the CHAM Unit fulfils mandatory SLA Management tasks	Timely negotiate SLA with District
		Inform public on available SLA services (together with District)
		Provide quality health services
		Report SLA service-data in DHIS-2
		Oversee, manage and administer SLA program and SLA funds
		Timely process monthly SLA invoices and payment receipts
		Follow-up on periodic support supervision by District and CHAM secretariat

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V. VERIFICATION PROTOCOL SLA INVOICE

The verification protocol is a checklist that is used by both Parties to ensure accurate, complete and timely submission of SLA invoices to CHAM Secretariat.

Verify each SLA Invoice on the following and CORRECT if needed

I	Required Invoice Format	Yes	No
1	The invoice follows the required template (SLA invoice template 2017/18)?		
II.	SLA Invoice (1st Page monthly SLA Invoice)	Yes	No
2	Name, address and contact details (Cell, e-mail) of Health Facility are correct?		
3	Invoice number and month are correct?		
4	Totals of respective Services (A/B/C/D/E/F) correspond with totals of these services in detailed Claim summaries?		
5	Banking details complete and correct?		
6	Authorization by senior management health facility complete, signed and stamped?		
7	DHO verification complete, signed and stamped?		
8	Signed copy of SLA contract 2018/19 attached (signed by all parties!!)?		
9	Signed copy of revised SLA contract 2017/18 with updated SLA budget ceilings attached?		
10	Summary Report (outcomes, challenges, improvements) attached?		
11	Summary Invoices (6X: for each diagnostic group A/B/C/D/E/F) attached?		
12	Summary Client/Patient Details and Records (6X: for each diagnostic group A/B/C/D/E/F) attached?		
III	Monthly Summary Report (2nd Page monthly SLA Invoice)	Yes	No
13	Totals of respective Services (A/B/C/D/E/F) correspond with totals of these services on SLA invoice (1 st Page)?		
14	'Positive Outcomes' are mentioned: they are clear and relevant?		
15	'Main Challenges' are mentioned: they are clear and relevant?		
16	Suggestions for 'Improvements' are made: they are clear and relevant?		
17	Summary report is signed and stamped?		
IV	Summary Report: Claim MATERNAL and NEWBORN Diagnostic and Treatment Interventions	Yes	No
18	Total numbers of monthly cases per intervention (D1-D43) are correct?		
19	Total claims per intervention (D1-D43) are correct?		
20	Overhead Cost is correct using the appropriate health facility level (hospital/health Centre) and only once per every new in-patient?		
21	Overall Total Claim adds up?		
V	Summary Report: Details Patient Records for MATERNAL and NEWBORN Diagnostic and Treatment Interventions	Yes	No
22	Full Name of Clients/Patients are recorded?		
23	Age, Sex and villages of Clients/Patients are consistently recorded?		
24	Numbers of referral notes are consistently recorded?		
25	Each Client/Patient has a unique reference number from one of the health facilities Registries?		
26	Each Client/Patient has a reference to one of the diagnostic codes (D-D43)?		
27	A random check of a minimum of 5 Clients shows that all Clients could be traced back in the respective health facility registers?		
VI	Summary Report: Claim PAEDIATRIC (>5yrs) Diagnostic and Treatment Interventions	Yes	No
28	Total numbers of monthly cases per intervention (C1-C33) are correct?		
29	Total claims per intervention (C1-C33) are correct?		
30	Overhead Cost is correct using the appropriate health facility level (hospital/health Centre) and only once per every new in-patient?		
31	Overall Total Claim adds up?		

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VII	Summary Report: Details Patient Records for PAEDIATIRC (>5yrs) Diagnostic and Treatment Interventions		Yes	No
	32	Full Name of Clients/Patients are recorded?		
	33	Age, Sex and villages of Clients/Patients are consistently recorded?		
	34	Numbers of referral notes are consistently recorded?		
	35	Each Client/Patient has a unique reference number from one of the health facilities Registries?		
	36	Each Client/Patient has a reference to one of the diagnostic codes (C1-C33)?		
	37	A random check of a minimum of 5 Clients shows that all Clients could be traced back in the respective health facility registers?		
VIII	Summary Report: Claim SURGICAL Diagnostic and Treatment Interventions		Yes	No
	38	Total numbers of monthly cases per intervention (E1-E29) are correct?		
	39	Total claims per intervention (E1-E29) are correct?		
	40	Overhead Cost is correct using the appropriate health facility level (hospital/health Centre) and only once per every new in-patient?		
	41	Overall Total Claim adds up?		
IX	Summary Report: Details Patient Records for SURGICAL Diagnostic and Treatment Interventions		Yes	No
	42	Full Name of Clients/Patients are recorded?		
	43	Age, Sex and villages of Clients/Patients are consistently recorded?		
	44	Numbers of referral notes are consistently recorded?		
	45	The Client has a unique reference no in a health facilities Registry?		
	46	Each Client/Patient has a reference to one of the diagnostic codes (E1-E29)?		
	47	A random check of a minimum of 5 Clients shows that all Clients could be traced back in the respective health facility registers?		
X	Summary Report: Claim CHILDREN (6-12 yrs) Diagnostic and Treatment Interventions		Yes	No
	48	Total numbers of monthly cases per intervention (B1-D34) are correct?		
	49	Total claims per intervention (B1-B34) are correct?		
	50	Overhead Cost is correct using the appropriate health facility level (hospital/health Centre) and only once per every new in-patient?		
	51	Overall Total Claim adds up?		
XI	Summary Report: Details Patient Records for CHILDREN (6-12 yrs) Diagnostic and Treatment Interventions		Yes	No
	52	Full Name of Clients/Patients are recorded?		
	53	Age, Sex and villages of Clients/Patients are consistently recorded?		
	54	Numbers of referral notes are consistently recorded?		
	55	Each Client/Patient has a unique reference number from one of the health facilities Registries?		
	56	Each Client/Patient has a reference to one of the diagnostic codes (B1-B34)?		
	57	A random check of a minimum of 5 Clients shows that all Clients could be traced back in the respective health facility registers?		
XII	Summary Report: Claim SURGICAL Diagnostic and Treatment Interventions		Yes	No
	58	Total numbers of monthly cases per intervention (E1-E29) are correct?		
	59	Total claims per intervention (E1-E29) are correct?		
	60	Overhead Cost is correct using the appropriate health facility level (hospital/health Centre) and only once per every new in-patient?		
	61	Overall Total Claim adds up?		

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XIII	Summary Report: Details Patient Records for SURGICAL Diagnostic and Treatment Interventions		Yes	No
	62	Full Name of Clients/Patients are recorded?		
	63	Age, Sex and villages of Clients/Patients are consistently recorded?		
	64	Numbers of referral notes are consistently recorded?		
	65	Each Client/Patient has a unique reference number from one of the health facilities Registries?		
	66	Each Client/Patient has a reference to one of the diagnostic codes (E1-E29)?		
	67	A random check of a minimum of 5 Clients shows that all Clients could be traced back in the respective health facility registers?		
XIV	Summary Report: Claim OTHER Diagnostic and Treatment Interventions		Yes	No
	68	Total numbers of monthly cases per intervention (F1-F30) are correct?		
	69	Total claims per intervention (F1-F30) are correct?		
	70	Overhead Cost is correct using the appropriate health facility level (hospital/health Centre) and only once per every new in-patient?		
	71	Overall Total Claim adds up?		
XV	Summary Report: Details Patient Records for OTHER Diagnostic and Treatment Interventions		Yes	No
	72	Full Name of Clients/Patients are recorded?		
	73	Age, Sex and villages of Clients/Patients are consistently recorded?		
	74	Numbers of referral notes are consistently recorded?		
	75	Each Client/Patient has a unique reference number from one of the health facilities Registries?		
	76	Each Client/Patient has a reference to one of the diagnostic codes (F1-F30)?		
	77	A random check of a minimum of 5 Clients shows that all Clients could be traced back in the respective health facility registers?		

Only submit invoices that are correct, complete and have all required support documents.

Keep a copy of this verification protocol on file in the health facility

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VI. FORMAT SLA CONTRACT AMENDMENT

SLA CONTRACT AMENDMENT

With reference to the current and valid SLA for the period July 2018 to June 2019 signed on _____ (*date of signing original SLA*) between The District/City Council of _____ (*Name of District / City Council*), herein referred to as the *Contracting Authority* on the one part and the CHAM Health Facility _____ (*Name of CHAM Health Facility*), herein referred to as the *CHAM Unit* on the other part, it is hereby agreed by both Parties to amend the original Contract Sum of MK _____ (*Mention Contract Sum for applicable period, refer to Article 4.2.1 or 4.2.2*) for the period _____ (*Mention either: July 2018 - June 2019*) to:

MK , , .

(*In Words:* _____)

with the understanding that all other Articles of the original SLA remain unchanged and in force;

In Witness Whereof

<i>For Contracting Authority</i>
<p><u><i>The Acting Director of Health and Social Services(DHO)</i></u></p> <p>_____ (<i>Name</i>) _____ (<i>Sign / Stamp</i>)</p> <p>_____ (<i>Date</i>)</p>

<i>For CHAM Unit</i>
<p><u><i>The Management</i></u></p> <p>_____ (<i>Name</i>) _____ (<i>Sign / Stamp</i>)</p> <p>_____ (<i>Date</i>)</p>