

TERMS OF REFERENCE

Support of Health Sector Consultant

Strengthening Health System Resilience Project

*Ministry of Finance, Economic Planning and Information Technology of Saint
Vincent and the Grenadines*

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I. Introduction

A. Project Background

Saint Vincent and the Grenadines (SVG), a member of the Organization of the Eastern Caribbean States (OECS), is comprised of 32 small islands and cays spanning an area of 389 km² with a population of 110,947 people. SVG is a small state and an upper middle-income island economy that depends primarily on services, mainly related to tourism. SVG has a gross domestic product (GDP) of US\$7,879 per capita (IMF 2021) (Atlas method) with a life expectancy of 73 years (2019).

SVG is highly vulnerable to natural disasters. Increased intensity of, and continuous exposure to, multiple hazards such as hurricanes, flooding, and sea-level rise, are destroying health care infrastructure and service facilities and degrading them over time. Rising temperatures and changes in rainfall patterns are expected to increase the range and prevalence of vector-borne diseases, e.g., malaria and dengue, and the incidence of water-borne illnesses and increase risks for the population affected by non-communicable diseases (NCDs). SVG health facilities require improvements to enhance their long-term resilience by integrating adaptation and mitigation measures in future construction, governance and service delivery. Such measures will have financial and social benefits and positive impacts on health outcomes.

The health service delivery network is composed of a dated public sector model and unregulated private sector. The public sector includes 45 primary healthcare (PHC) facilities (37 district clinics, 5 rural hospitals and 3 polyclinics), 2 secondary level facilities (the Milton Cato Memorial Hospital (MCMH) in the capital, Kingstown and the Modern Medical Complex in Georgetown), and 2 long-term facilities (Lewis Punnett Home for the Elderly and the Mental Health and Rehabilitation Center). There is no tertiary level facility in the country.

The GoSVG has identified formidable constraints with regards to the capacity and organization of its public health service network to deliver quality health care efficiently. Hospital service capacity is limited due to major infrastructural challenges, a narrow service profile and insufficient qualified personnel. The challenges of the MCMH hospital, established in early 19th century and gone through restructuring and refurbishment in 1900s, are both structural and functional, including a limited-service portfolio and weaknesses in quality of care. Structurally, there is an urgent need to replace the existing building due to major defects. The limited availability of specialist care, particularly for NCDs, drives demand for overseas treatment, estimated to be around US\$15-20 million annually. On the other hand, primary facilities are underutilized given trust and quality issues, largely due to governance challenges and limited financing at the primary facility level to improve service organization and quality. As a result, there is an over-reliance on hospitals to deliver primary-level services, which leads to higher concentration (congestion) of patients at the main hospital, affecting quality.

The Saint Vincent and the Grenadines Strengthening Health System and Resilience Project (SHSRP), with financing and support by the World Bank, aims to strengthen the capacity of hospital services and health system resilience in advancing the goals and targets of the National Health Sector Strategic Plan (NHSSP) and the National Economic and Social Development Plan (NESDP). The project will also benefit from technical assistance activities financed under the Korea-World Bank Partnership Facility (KWPF). These investments are expected to play a transformative role in strengthening the capacity and adaptability of the national health sector, including the ability to effectively respond to costly disease outbreaks, devastating natural disasters, and the rising burden of chronic Non-Communicable Diseases.

The essential focus of the SHSRP is to promote resilience, quality, and efficiency at the secondary health care level and throughout the health system and induce providers and consumers to seek care early and at lowest appropriate level of care. Specifically, the project will finance infrastructure development, purchase of medical equipment, establish a robust hospital digital management information system for service efficiency and quality, and strengthen hospital governance and management.

II. Project Components

The Project has four components that complement each other to achieve the Project Development Objective (PDO) defined as “to increase the scope and quality of hospital services, strengthen health system resilience, and provide immediate and effective response to an eligible emergency”:

- (a) Component 1 – Development and Launch of a New Acute Care Hospital
- (b) Component 2 – Strengthening Health System Resilience
- (c) Component 3 – Project Management, Coordination and Evaluation
- (d) Component 4 – Contingency Emergency Response Component.

PDO indicators, Intermediate Results Indicators by components, respective evaluation and monitoring plans, description of the Project components are provided in the Project Appraisal Document¹. The total Project cost is about US\$101 million.

III. Institutional Arrangements

The project is being implemented jointly by the Ministry of Finance, Economic Planning and Information Technology (MOFEPIT) and the Ministry of Health, Wellness and the Environment (MOHWE).

The Project implementation arrangements that have a multi-layer structure are shown in Figure 1 and require the participation of a number of national agencies and institutions.

Roles and responsibilities of the key Project stakeholders are described in Table 1 below.

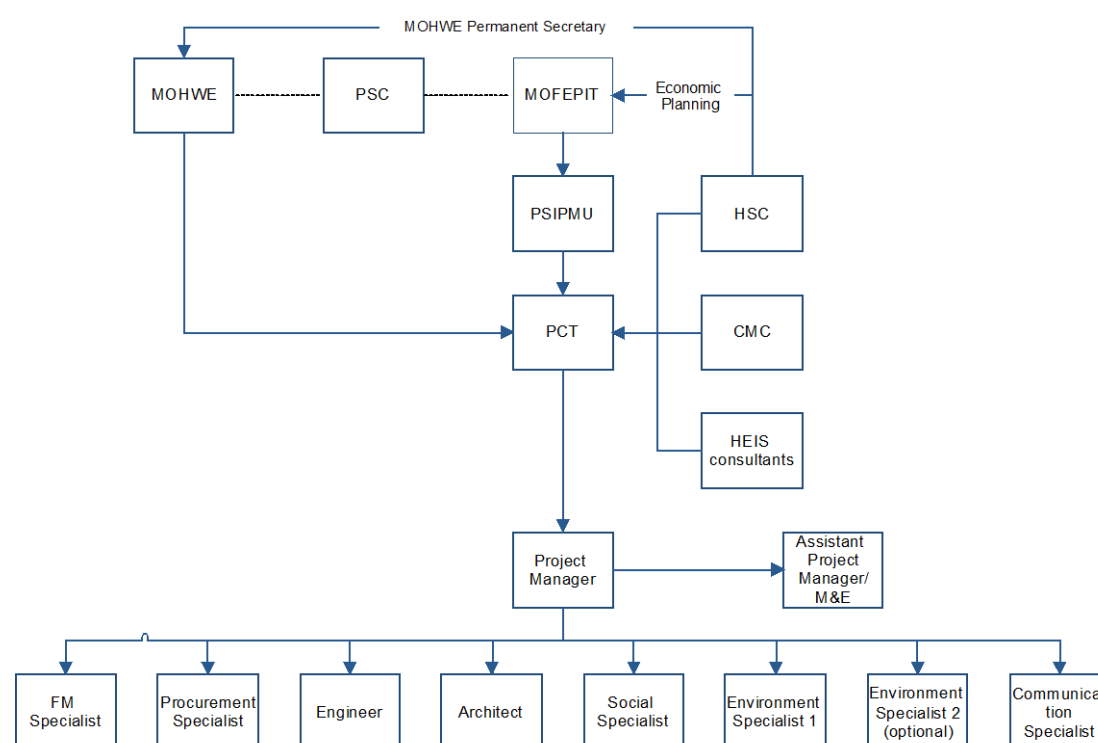


Figure 1. Project Implementation Arrangements

¹ <https://documents.worldbank.org/en/publication/documents-reports/documentdetail/107971659637418302/st-vincent-and-the-grenadines-strengthening-health-system-resilience-project>

Table 1. Roles and Responsibilities of Key Project Stakeholders

Project Stakeholders	Composition	Roles and Responsibilities
Project Steering Committee (PSC)	MOFEPIT, MOHWE and other public agencies, statutory bodies and associations as required	<p>High-level oversight to steer key decisions and policies on reforms required to develop (construct and operationalize) an improved hospital system and a resilient health system. The PSC will be co-chaired by MOFEPIT and MOHWE with the following component-specific oversight responsibilities, aligned with the technical skills required for the given component:</p> <ul style="list-style-type: none"> (i) Component 1 is chaired by MOFEPIT due to the inhouse capacity already in existence for procurement, safeguards and fiduciary management for construction, (ii) Component 2 is chaired by MOHWE given the technical skills required to guide the direction and implementation of sector reform, and (iii) Component 3 is chaired by MOFEPIT with support of MOHWE.
World Bank		<ul style="list-style-type: none"> - provide financing for the Project, technical assistance and advice in Project planning and implementation - observe the Project implementation to ensure compliance with the provisions of the Financing Agreement and achieve the Project objectives
MOFEPIT	line departments and units, including Public Sector Investment Project Management Unit (PSIPMU)	a government counterpart in charge of the Project implementation and will act as an implementing agency
MoHWE	line departments and units	a project co-owner and guidance on implementation of the sector reform
Project Coordination Team (PCT)		a dedicated implementation team that will be responsible for, project planning, procurement, financial management, quality assurance, quality management, monitoring and evaluation, safeguards compliance and development and implementation of communication strategy
	Project Manager	<ul style="list-style-type: none"> - oversee project management, and coordinate between the implementing ministries, the World Bank and other key stakeholders - report to the Director of Economic Planning and liaise with the MOHWE PS

Project Stakeholders	Composition	Roles and Responsibilities
	Assistant Project Manager/M&E	<ul style="list-style-type: none"> - support project planning and management and will be responsible for project monitoring and evaluation - provide technical input on highly technical, sector-specific data gathering, monitoring and interpretation of the results and will be supported by the CMC for Component 1
	Engineer and Architect	<ul style="list-style-type: none"> - support contract management and quality assurance for activities under components 1 and 2
	Social Specialist and Environmental Specialist	<ul style="list-style-type: none"> - responsible for day-to-day work on Project environmental and social issues - to be supported by the a PSIPMU's environment and social specialists
	Optional Environment Specialist/Engineer	<ul style="list-style-type: none"> - support with implementation of sustainability and green measures
	Procurement Specialist	<ul style="list-style-type: none"> - manage the Project procurement activities - to be supported by the CMC
	Financial Management (FM) Specialist	<ul style="list-style-type: none"> - manage fiduciary aspects and ensure compliance with FM reporting requirements
	Communication Specialist	<ul style="list-style-type: none"> - support development and implementation of a communication strategy
Arnos Vale Acute Care Hospital (AVACH) and MCMH Management Teams		<ul style="list-style-type: none"> - support planning, implementation, acceptance, taking over, operation and maintenance of the new hospital, including transfer of services and equipment from MCMH to AVACH and ensuring continuity of services
Hospital Services Authority	To be established	<ul style="list-style-type: none"> -
Construction Management Consultant (CMC)	a multidisciplinary team	<ul style="list-style-type: none"> - support with the implementation of Component 1 of the Project
Health Sector Consultant (HSC)	a multidisciplinary team	<ul style="list-style-type: none"> - as per this Terms of Reference

Project Stakeholders	Composition	Roles and Responsibilities
Hands-On Extended Implementation Support (HEIS) Consultant(s)	procurement and, as may be necessary, engineering support	<ul style="list-style-type: none"> - procurement – support with establishment of the PCT, capacity building, procurement planning and implementation, including preparedness for procurement of the hospital construction, medical and laboratory equipment, hospital strategic plan, CMC and HSC - engineering – strengthen engineering expertise to implement the Project
Central Procurement Board	seven members - four members are public officers, and three private sector representatives appointed by the Minister of FEPIT	<ul style="list-style-type: none"> - approve pre-qualification, initially selected or shortlisted suppliers, contractors and consultants to be invited to bid or request for proposals or quotations as well as contract awards above EC\$45,000
Ad-hoc Evaluation Committees	suitably qualified experts depending on the required expertise and the procurement scope and complexity	<ul style="list-style-type: none"> - evaluate bids, proposals and quotations
Ad-hoc Review Committee	normally, a chairperson and two more members with relevant qualifications	<ul style="list-style-type: none"> - handle procurement-related complaints in accordance with the provisions of the Procurement Regulations
Other Participating Agencies, Statutory Bodies, and Committees	-	<p>support with the Project implementation within authority of various agencies, statutory bodies and committees such as:</p> <ul style="list-style-type: none"> - Physical Planning and Development Board (PPDB) - Ministry of Transport, Works, Lands and Surveys, and Physical Planning - Ministry of National Mobilization, Social Development, Family, Gender Affairs, Youth, Housing and Informal Human Settlement - Attorney General's Chambers - National Emergency Management Organisation (NEMO) - Saint Vincent Electricity Services Limited - Central Water and Sewerage Authority, etc.

IV. Objectives

A Health Sector Consultant (HSC or the Consultant) will be contracted to support the GOSVG with governance and management reforms and achievement of PDO by assisting the MOFEPIT, MOHWE, PCT and other Project stakeholders as may be necessary with the implementation of Component 2 in the most efficient, cost-effective, and well-coordinated manner and providing technical advice on strategic choices and approaches to improve, among other areas, the health sector policy and regulatory framework, the hospital governance and management, health financing, service delivery organization, health management information system and options for capacity building and strengthening. In the context, the Consultant is required to provide support with:

- (a) management of Project activities under Component 2, including monitoring and evaluation,
- (b) technical matters,
- (c) procurement matters,
- (d) contract management,
- (e) capacity building

V. Scope of Services

A. General Considerations

The Consultant shall assist MOFEPIT, MOHWE, the PCT and other Project stakeholders as may be necessary with the implementation of Component 2 of the Project in accordance with the Financing Agreement, Project Appraisal Document, the Procurement Plan, the Project Operations Manual, the Procurement Regulations for IPF Borrowers dated November 2020 (“the Procurement Regulations”), Guidelines on Preventing and Combatting Fraud and Corruption in Projects Financed by IBRD Loans and IDA Credits and Grants dated 15 October 2006, and revised in January 2011 and as of 1 July 2016 (“the Anti-Corruption Guidelines”) and other Project documents as appropriate. The Consultant is required to deliver the services with due consideration of, and adherence to the national legal and regulatory frameworks and industry best practices.

1. Current Status of Activities under Component 2 and Their Interrelations with Other Project Activities

The strategies, plans and legislative and regulatory frameworks to be developed, finalised and/or adopted under Component 2 will inform:

- (a) update of a list of equipment and other goods to be aligned with the AVACH service profile, including a list of equipment to be transferred from the MCMH to the AVACH and non-consulting and other related services,
- (b) development and implementation of a plan for physical transfer of equipment and assets from the MCMH to the AVACH that ensures continuity of services during the transition period, and
- (c) development and implementation of a maintenance strategy and plan for the hospital building and engineering infrastructure and the existing and new equipment that will be supplied/transferred to and installed in the AVACH considering improved hospital financing models as per the Hospital Strategic Plan and the Health Financing Policy and Strategy.

Performance of the above activities, which are under Component 1, will require coordination of input and output of the HSC, CMC and other Project stakeholders.

The status of strategies, plans and legislative and regulatory frameworks is given below:

- (a) finalisation and implementation of the Hospital Strategic Plan (HSP)

The draft HSP has been developed, including a clearly defined vision, mission, strategic objectives, and high-level assessments in the following core areas:

- (i) health sector market analysis
- (ii) service profile with consideration for resources (e.g., strategic staffing²).
The AVACH will provide an expanded scope of quality hospital services to align with changing health care needs that are expected to include:
 - a. services in all domains of acute hospital care including trauma care, acute care surgery, urgent care, critical care, emergency medicine, inpatient stabilization, and outpatient care
 - b. a full range of allied health services required to support diagnostic, treatment, and rehabilitative interventions, including medical laboratory technology, radiography, pharmacy, audiology, optometry, physical therapy, psychology, social work. The viability of expanding the service profile of the AVACH to include some tertiary services currently accessed overseas will also be explored.
 - c. an increased capacity to treat climate-induced diseases and injuries, such as those resulting from heatwaves, hurricanes, and other climate shocks, which are expected to increase in frequency and severity in the future.
 - d. a major role in the treatment component of the non-communicable diseases management cascade.
- (iii) functional review of the design to inform the construction of the new hospital and related procedures, temporary facilities and essential upgrades to avoid service disruptions in the event of a climate or other disasters, such as an extreme weather event, financing aspects, pre-building processes
- (iv) hospital governance and management and organization (legal status, organizational structure and organizational transition)
- (v) financial model (projections, income and balance sheet), including considerations for macro-economic impact, and
- (vi) transition planning, including innovative opportunities.

The HSP finalisation will, among other things:

- detail Human Resources needs in the context of the improved hospital governance and financing models, including considerations on increased autonomy for the hospital to recruit staff, review of contract types to attract local and international specialists, and application of bonding agreements to retain staff trained using public resources
- consider and propose climate mitigating solutions for managing waste, improving water and electricity consumption for sustainability, and local food sourcing options
- contain annual targets for the strategic priorities to assess progress.

The GOSVG will appoint an Operative Team that will benefit from capacity strengthening and will be mandated to coordinate and manage the implementation of the HSP.

- (b) development and implementation of a Transition Plan.

Development of the Transition Plan is an on-going activity supported by the World Bank to ensure a smooth transition from the MCMH to the AVACH. It will integrate existing and planned GOVSG structures to effectively plan and manage transition process.

² A Human Resources for Health strategy / strategic workforce plan for the AVACH, as part of the Health Strategic Plan, is to be developed and executed by the GoSVG to ensure business continuity, effective care, patient safety and satisfaction. Human Resources for Health development and management will be a centre piece to modernizing the governance and management of hospitals and will contribute to the project's vision of maintaining stable service quality during shocks and emergencies.

The Transition Plan implementation will involve management training and capacity strengthening in clinical and administrative areas, logistical plans and moves to ensure a smooth transfer of equipment, management and monitoring of the Human Resources transition, changes in procedures related to the improved governance and financing models, and, lastly, supporting overall change management and strategic communication with stakeholders.

(c) strengthening Health Care Waste Management.

The Project will support the development of a hospital specific HCWM strategy for the AVACH in support of the MoHWE and the Central Waste and Sewage Authority (CWSA), the Government agency responsible for waste management. The OECS Regional Health Project supports the development of a national HCWM strategy, and this specific strategy will feed into the national strategy.

(d) strengthening Legislative and Regulatory Frameworks

The Project will also extend support to the MoHWE and the Attorney General's Office to review and strengthen the legislative and regulatory framework governing the provision of health services and goods through the public and private sectors.

(e) National Health Sector Strategy

The National Health Sector Strategy will be updated as part of strengthening sector policy and strategy development. The updated strategy assumes establishment of a new hospital governance model to include the AVACH and to move from a fully public entity toward to a new autonomous Hospital Services Authority.

(f) Health Financing Policy and Strategy

The development of the Health Financing Policy Strategy by the MOHWE, with technical assistance provided under the Project, will be closely coordinated with the MOFEPIT and aligned with public finance management and macro-fiscal considerations. As part of modernizing health financing, the Project will support the development of an improved hospital financing model, including considerations for improved revenue source diversification and cost recovery for sustainability, and enhancement of the budgeting and resource allocation process with a prospective provider payment model to transfer resources to the hospital and introduce performance incentives while keeping costs contained.

B. Support with Management of Component 2, including Monitoring and Evaluation

The Consultant is required to support MOHWE, MOFEPIT, the PCT and other Project stakeholders as may be necessary in the following areas:

- (a) review Project documents, studies, plans, strategies as well as legal and regulatory frameworks, interact with Project counterparts during the situational analysis and prepare and submit for review by the Client an Inception Report that should demonstrate that the implementation of the Project activities are resourced adequately and will be carried out in a timely, cost-effective and well-coordinated manner with a robust process for quality assurance and risk management in place. In this context, the Inception Report should include, but not limited to, the following:
 - (i) initial findings highlighting priority areas and tasks.
 - (ii) identified risks and proposed risk mitigation measures addressing, among other things, COVID-19, communication procedure, contract management arrangements and preparation of contract management plans, using a recognized industry standard methodology.
 - (iii) quality assurance procedures.
 - (iv) elaborated work programme reflecting interrelations of the Project activities and methodology for each area of support and identify anticipated outputs, required inputs and time and resource-bound activity schedule.
 - (v) be sufficiently detailed to indicate how the objectives of the assignment will be met.

- (b) support and guide the PCT with developing and updating a consolidated implementation plan for Component 2.
- (c) support the PCT with coordination of the Project activities under Component 2, including input of the national Project stakeholders and consultants.
- (d) apply an established structured and internationally recognised Project Management Methodology.
- (e) support and guide the PCT with updating monitoring and evaluation arrangements for Component 2 in compliance with Financing Agreement provisions, PAD, POM and other relevant regulations.
- (f) support and guide the PCT with monitoring of the Project activities and the indicators under Component 2 as given in the Results Framework and Monitoring.
- (g) support the PCT with preparation of a mid-term review report and provide guidance for data collection for the Project Completion Report.
- (h) host bi-annual PSC meetings with participation of other Projects stakeholders as necessary to present progress reports related to activities under Component 2 as well as prepare other ad-hoc information at the request of the Client.

C. Technical Support

The Consultant is required to provide the PCT, MOFEPIT, MOHWE and other Project stakeholders as may be necessary with technical advice on strategic choices and approaches on key reforms and with technical support at all stages of the procurement and contract management cycle for the procurement packages listed in Annex 1 to the Terms of Reference:

- (a) evidence-based technical advice, recommendations and professional opinion on priorities related to key health sector reforms, including health policy development and implementation, health financing, hospital governance and management, health management information system, innovation in health service delivery, health management system, human resources, and other areas as defined in Annex 1.
- (b) guide the GOSVG on implementation of priority actions in the context of cross sector policies, plans and frameworks and, if appropriate, identify and facilitate additional technical assistance in the areas identified in paragraph (b) above.
- (c) update market analysis to obtain up-to-date data, improve market knowledge and understanding, including capacity, market and logistic constraints, and recommend expansion of advertising opportunities to improve market response. It may result in updating the list of contracts for consulting services given in Annex 1 in order to optimise the implementation schedule, sequence of activities and procurement packaging.
- (d) develop Terms of Reference and shortlisting criteria.
- (e) prepare estimated time input of key experts and cost estimates for consulting services with breakdown by remuneration, reimbursables and local taxes.
- (f) develop criteria, sub-criteria, and point system for the evaluation of technical proposals.
- (g) in accordance with Annex XI. Contract Management of the Procurement Regulations, develop and update contract management plans, identifying, among other things, critical milestones and expected completion and acceptance dates, risks and risk mitigation measures, actors and their roles and responsibilities, interrelations with other Project activities, required resources, key performance indicators and other factors that may affect the implementation of the contracts. Preparation of the contract management plans should be initiated when drafting the Terms of Reference and then updated as selection procedures and contract implementation progress.
- (h) technical support during shortlisting, selection process, proposal evaluation, review of deliverables and contract management are detailed in the subsequent sections.

The expected level of the technical support may vary for different consulting contracts depending on their complexity, required inputs, etc.

The input related to preparation of the above documents should be coordinated with the respective Project stakeholders and consultants to effectively manage their inputs and outputs and to ensure compliance with legal and regulatory frameworks, the Financing Agreement standards and other relevant documents.

The technical parts of the procurement documents must be in the formats provided in the Standard Procurement Documents or other formats acceptable to the World Bank and appropriate for a small island context.

D. Procurement Support

The Consultant shall participate in the procurement process in an advisory role and support the PCT, MOFEPIT, MOHWE, ad-hoc Evaluation Committees and ad-hoc Review Committee with carrying out procurement of works, goods and non-consulting services listed in Annex 1 to the Terms of Reference. The required support and guidance will include, but will not be limited to, the following:

- (a) timely provide information and data required to record all procurement and contract management actions in Systematic Tracking of Exchanges in Procurement (STEP) and to update PPSD in part of Component 2.
- (b) preparation of shortlists, including evaluation of Expressions of Interest against shortlisting criteria.
- (c) holding of pre-proposal meetings; preparation of clarifications of, and addenda to, the Requests for Proposals and pre-proposal meeting minutes; and support with obtaining World Bank's no-objection to the addenda, as necessary.
- (d) evaluation of technical proposals, including their compliance with the Terms of Reference, analysis of proposals strengths and weaknesses, as well as areas to be addressed during the negotiations.
- (e) support with obtaining approval of the technical evaluation report by the Central Tenders Board and the World Bank, as necessary.
- (f) evaluation of financial proposals, including price analysis.
- (g) contract negotiations, including preparation of contract negotiations minutes.
- (h) debriefing and procurement-related complaints handling and support with obtaining approval of the World Bank, as necessary.
- (i) update of procurement-related risk assessments, risk mitigation measures and contract management plans.

E. Contract Management

The Consultant is required to support the PCT, MOFEPIT, MOHWE and other Project counterparts with management of each contract listed in Annex 1 to the Terms of Reference. The support may include, but not limited to:

- (a) organize and conduct a kick-off meeting with the consultants, PCT, MOFEPIT, MOHWE and other Project stakeholders or government officials as designated by the Client.
- (b) conduct scheduled and ad-hoc coordination meetings with the Client, the consultants.
- (c) assist with coordination of inputs and outputs of the consultants and Project counterparts.

- (d) update contract management plans as necessary; monitor performance of contracts and re-assess risks; apply proactive approach to develop and implement risk mitigation measures and remedial actions in case of unacceptable deviations from contract conditions.
- (e) prepare addenda to contracts.
- (f) review deliverables prepared by the consultants, identify any deviations, and recommend remedial actions.
- (g) assist with settling all disputes or differences, which may arise between the Client and the consultants, in a timely manner. In the case of litigation and arbitration the Consultant shall assist the Client in the preparation of the documents needed by the Client. The Consultant shall provide comprehensive report and recommendation on any dispute arising out of the contract; advise the Client throughout arbitration process during the course of the contract.
- (h) contract completion reports, including assessment of consultants' performance.

The expected level of the contract management support may vary for different procurement packages defined in Annex 1 to the Terms of Reference and depending on their complexity, Project counterparts' capacity, etc.

F. Capacity Building

The Consultant is required to develop a Capacity Building Plan for the PCT, MOFEPIT, MOHWE and other Project counterparts that is focused on capacity-building in the core activities under Component 2 such as health policy development and implementation, health financing, hospital governance and management, health management information system, innovation in health service delivery and other areas as defined in the Terms of Reference. This plan is expected to comprise training programs, knowledge transfer and other activities and ensure self-sustaining capacity within GOSVG.

The capacity building tasks will include, but not limited to:

- (a) support and guidance with development of the Capacity Building Plan describing capacity building goals in the Component 2 context, sequencing of tasks and deliverables, actors and their roles and responsibilities, measurement indicators, quality assurance, training, communication, monitoring and feedback arrangements.
- (b) use of different approaches to support personnel of the PCT, MOFEPIT, MOHWE and other Project counterparts with self-paced e-learning and recommendations for specialized training in the areas identified above.
- (c) a peer-to-peer twinning approach is expected to apply for the capacity building to cover not only traditional training methods such as off-job and in-house trainings, workshops and seminars but also provide the PCT, MOFEPIT, MOHWE and other Project counterparts with an opportunity to apply newly acquired knowledge and skills in practice under guidance of the Consultant's experts to be acting as mentors in the areas of their expertise and to be providing support and feedback during the learning process.
- (d) monitoring, coordination, assessment and update of the Capacity Building Plan implementation.

VI. Deliverables

A. List of Deliverables and Milestones

Table 2. Deliverables and Milestones

Code	Deliverables	Milestones
Support with Management of Component 2, including Monitoring and Evaluation		
D-1.1	Inception Report	within 8 weeks from the Contract Commencement Date
D-1.2	Consolidated Implementation Plan for Component 2	within 8 weeks from the Contract Commencement Date
D-1.3	Updated Monitoring and Evaluation Arrangements	within 8 weeks from the Contract Commencement Date
D-1.4	Monitoring and Evaluation Reports against indicators for Component 1 specified in the Results Framework and Monitoring	in accordance with the agreed evaluation and monitoring arrangements
D-1.5	Guidance on Preparation of the Mid-term Review Report	to be determined
D-1.6	Guidance on Data Collection for the Project Completion Report	12 weeks before the Contract Completion Date
D-1.7	Monthly Progress Report	within 15 working days after the end of each calendar month
D-1.8	Bi-annual PSC meetings to present progress reports on Component 2	a week before bi-annual PSC meetings
D-1.9	Draft Final Report	8 weeks before the Contract Completion Date
D-1.10	Final Report	2 weeks following the Client's Comments on the Draft Final Report
...		
Technical Support		
D-2.1	Terms of Reference, Market Analysis, Shortlisting Criteria, Time Input of Key Experts and Cost Estimates for Contracts defined in Annex 1	in accordance with the updated Procurement Plan for respective procurement packages
D-2.2	Criteria, Sub-criteria, and Point System for the Evaluation of Technical Proposals for Contracts defined in Annex 1	in accordance with the updated Procurement Plan for respective procurement packages
D-2.3	Contract Management Plan for Contracts defined in Annex 1	in accordance with the updated Procurement Plan

Code	Deliverables	Milestones
		risk assessment, risk mitigation measures, contract management plan to update during the procurement and contract management on an as needed basis
D-2.4	Evidence-based technical advice, recommendations and professional opinion related to the selected priority areas	in accordance with the agreed Inception Report
D-2.5	Guidance on implementation of priority actions	in accordance with contract implementation work schedules and agreed plans
Procurement Support		
D-3.1	Information and Data to Update the PPSD in Part of Component 2	on an as-needed basis
D-3.2	Data and information required to record all procurement actions in STEP and updated procurement plan in part of Component 2	on an as-needed basis
D-3.3	Input for preparation of shortlists for contracts defined in Annex 1	in accordance with the updated Procurement Plan
D-3.4	Input for Clarifications, Addenda and Minutes for contracts defined in Annex 1	in accordance with the provisions of the procurement documents
D-3.5	Input for technical and financial evaluation for contracts defined in Annex 1 in accordance with the agreed selection methods and approaches in the updated Procurement Plan	in accordance with the provisions of the procurement documents
D-3.6	Input for contract negotiations, including preparation of contract negotiations minutes for contracts defined in Annex 1	in accordance with the provisions of the procurement documents
D-3.7	Input for debriefing and procurement – related complaints	in accordance with the provisions of the procurement documents
Contract Management		
D-4.1	Input for kick-off, scheduled and ad-hoc meetings for contracts defined in Annex 1	within 3 working days upon respective meetings
D-4.2	Reports on Review of Design for Installation of Goods	in accordance with the contract provisions
D-4.3	Addenda to contracts defined in Annex 1	on an as-needed basis
D-4.4	Reports of review of deliverables under contracts defined in Annex 1	in accordance with the contract provisions
D-4.5	Completion Reports for contracts defined in Annex 1	in accordance with the contract provisions

Code	Deliverables	Milestones
D-4.6	Other Documents in accordance with the goods contracts	in accordance with the contract provisions
Capacity Building		
D-5.1	Capacity Building Plan	within 8 weeks from the Contract Commencement Date
D-5.2	Training materials and training activities	in accordance with the agreed Capacity Building Plan

B. Submission and Approval of Deliverables

The Consultant will report to the Authorized Representative of the Client who will be responsible for approval of invoices and coordination of review and approval of the deliverables by the relevant Project counterparts.

All reports and deliverables shall be in English.

All deliverables should be submitted electronically in the format(s) agreed by the Consultant and the Client.

The deliverables subject to prior review by the World Bank are deemed to be accepted upon receiving no-objection of the World Bank.

VII. Team Composition and Qualification Requirements

A. Qualification Requirements for the Consultant as a Firm

The Consultant shall be a qualified firm or association of firms which possess the following:

- (a) Experience providing advisory services in the following areas:
 - (i) Health system development / sector policy development and implementation with demonstrated understanding / practice of sustainable health care reform, health system resilience;
 - (ii) experience in development of health sector legislation and regulation
 - (iii) Health care management and organization, with experience in hospital-level health care management
 - (iv) Health financing, including experience in hospital financing
 - (v) Digital in health / HIS
 - (vi) Policy evaluation / Monitoring & Evaluation
- (b) At least ten (10) years of experience providing high level advisory services to governments on project management, preferably under projects comprising components related to health sector reform
- (c) Experience providing project management / technical advisory services for projects financed by the World Bank or other multi-lateral development agencies
- (d) Experience providing advice on health sector reform in small-island countries is highly desirable

B. Team Composition

The Consultant will deploy a multidisciplinary team having an appropriate mix of international and national key and non-key experts to deliver the services outlined in the Terms of Reference. The list of key experts and their qualifications requirements are provided in the subsequent sub-section of the Terms of Reference.

C. Qualification Requirements for the Key Experts

1. General Considerations

All Key Experts should demonstrate:

- (a) high proficiency in spoken and written English
- (b) high proficiency in MS Office (Word, Excel, PowerPoint, MS Project etc,) and excellent web navigation skills
- (c) excellent communication and interpersonal skills and ability to work effectively with internal and external partners
- (d) experience in small island states is highly desirable.

2. Qualification Requirements and Estimated Time Input

Table 3. *Qualification Requirements and Estimated Time Input*

Key Experts and Expected Time Input	Education	General Experience	Specific Experience
K-1: Team Leader - {input: full time}	- at least a Master's degree in Public Health, Healthcare Management or related areas - professional project management certificate is an asset - registered with the relevant professional body is an asset	- minimum 15 years of experience in planning, management and evaluation of health policies, strategies and action plans	- minimum 7 years of experience in managing multidisciplinary teams under health projects preferably financed by the international donor organizations (World Bank, Caribbean Development Bank, Interamerican Development Bank, etc.) - - -
K-2: {Health Economist} - {input: full time}	- At least a Master's degree in Health Economics or Health Financing	- Minimum 10 years of experience in health sector reform -	- Experience in health sector reform in small-island states is desirable -
K-3: Health Human Resources Management Specialist {input: full time}	- At least a Master's degree in Human Resources Management with Health Care Specialisation	- Minimum 7 years of experience health human resources management	- Experience in health human resources management in small-island states is desirable
K-4: Health information technology expert {input: intermittent}	- At least a master's degree in health information technology/digital health - Preferably registered with the relevant professional body	- Minimum 10 years of experience in the design and management of health information management systems -	- - -

Mandatory Non-Key Experts and Expected Time Input	Education	General Experience	Specific Experience
N-1: {Communications Expert} - {input: intermittent}	- Master's degree in Communications or a related field -	- Minimum 10 years' experience designing and implementing communication strategies	- Experience designing implementing and designing communication strategies in the area of health care - -
N-2: {Change management specialist} - {input: intermittent}	- Master's degree in Behavioural Sciences or a related field -	- Minimum 10 years' experience in the application of change management principles, methodologies, tools, large-scale organizational change efforts	- Experience designing implementing and designing communication strategies in the area of health care primarily related to health care / health sector reform - - -
N-3: {Healthcare Transition Expert} {input: intermittent}	- Master's degree in logistics - -	- Minimum 10 years' experience in health care management -	- Experience in health care facility transition - - -
-	-	-	-

VIII. Contract Duration

The expected duration of the assignment is approximately 54 months; an initial period of 12 months, to be extended upon successful performance.

IX. Monitoring and Evaluation of Consultant's Performance

Consultant performance will, on a regular basis, be monitored by the PCT through directly contacting the Consultant's Team Leader and experts, reviewing deliverables, and regularly evaluating the results achieved.

The performance will be considered as having been satisfactorily if the objectives and specified results have been achieved, the activities have been carried out as required by these Terms of Reference, and the required reports have been produced on time and have been of high quality.

To facilitate monitoring and assessment of the performance of the contract and to ensure that successful outcomes are achieved, Table 4 provides key performance indicators (KPIs).

Table 4. Key Performance Indicators

Key Performance Indicators	Description
Governance and Risks	<ul style="list-style-type: none"> - timely notification on delays - issues resolved in accordance with agreed procedures - risks raised and resolved in accordance with the effective mitigation plan
Quality	<ul style="list-style-type: none"> - delivery of services in accordance with the contract provisions
Costs	<ul style="list-style-type: none"> - delivery of services within the agreed budget
Time	<ul style="list-style-type: none"> - delivery of services in accordance with the agreed schedules such as the procurement plan, contract management plans, etc.
Relationships	<ul style="list-style-type: none"> - participation of consultant's representatives in management, progress and ad-hoc meetings - timely response to ad-hoc requests
Communication and Reporting	<ul style="list-style-type: none"> - provision of information, including responding to requests, complaints, clarifications etc. in accordance with the agreed communication strategy and - effective communication with the Project stakeholders

X. Resources Provided by the Client

A. Data and Documents

The Client will provide the Consultant with available data, documentation and information required for service delivery:

1. Financing Agreement - <https://projects.worldbank.org/en/projects-operations/document-detail/P176559?type=projects>
2. Project Appraisal Document - <https://documents.worldbank.org/en/publication/documents-reports/documentdetail/107971659637418302/st-vincent-and-the-grenadines-strengthening-health-system-resilience-project>
3. Procurement Plan - <https://projects.worldbank.org/en/projects-operations/project-procurement/P176559>
4. Standard Procurement Documents - <https://www.worldbank.org/en/projects-operations/products-and-services/brief/procurement-new-framework>
5. National Health Sector Strategy
6. Draft Hospital Strategic Plan
7. National Health Care Waste Management Strategy
8. National Emergency and Disaster Management Act No. 15 of 2006
9. Emergency Powers Act No. 45 of 1970
10. National Disaster Response Plan, 2005
11. National Climate Change Policy, 2019
12. National One Health All Hazards Management Plan
13. National Energy Policy, 2009
14. Solid Waste Management Regulations of 2006
15. Standard “Safe Working During the COVID-19 Pandemic – SVGNS 85:2020”

B. Personnel

The Authorized Representative of the Client will facilitate the Consultant and will act as liaison with PCT, MOFEPIT, MOHWE, the World Bank and other Project stakeholders.

The Client will also provide access to personnel of public agencies and department as required for the contract purposes as well as identify staff the Consultant should mentor in particular areas of expertise.

C. Facilities

The Consultant will be responsible for office accommodation, communications, including access to the Internet, computer, printing, copying and other equipment and related costs, and local transportation in SVG.

The Client will provide the Consultant with conference and meeting facilities.

Annexes to the Terms of Reference

Annex 1. List of Contracts to Be Implemented with Support of the Consultant

The Consultant is expected to provide the following support to the PCT, MOFEPI and MOHWE with procurement of works, goods, consulting and non-consulting services listed in the table below.

Procurement Package	Description	Cost Estimates, US\$ million	Expected Schedule ³	Technical Support	Procurement (Advisory Capacity)	Contract Management
Finalisation and Implementation of Hospital Strategic Plan and Development and Implementation of a Hospital Transition Plan	Consulting Services – firm: - Market analysis - Business profile and strategy - Resilience to natural hazards - Management and organization - Financial models - measures to ensure a smooth transition from the Milton Cato Memorial Hospital (MCMH) to the AVACH	1.50	Begin: Q4'23 End: Q4'24	√	√	√
Strengthening the Legislative and Regulatory Framework and Capacity	Consulting Services – firm: - legislative Review and Drafting (Public Health Act, Medical Practitioners Act, HSA Act, Act guiding fee schedule) - strengthening regulatory bodies	0.70	Begin: Q3'24 End: Q2'26	√	√	√
Strengthening Sector Policy and Governance	Consulting Services – firm: - strengthening NHSSP - development of Health Financing Policy and Strategy - development of model for HSA, HRH contracting model	0.25	Begin: Q2'24 End: Q1'26	√	√	√
Strengthening Quality of Care	Consulting Services – firm: - preparation for licensing and accreditation - assessment and gap analysis	0.10	Begin: Q4'24 End: Q2'26	√	√	√

³ “Begin” means initiation of bidding/selection procedures. “End” means acceptance of goods and services.

Procurement Package	Description	Cost Estimates, US\$ million	Expected Schedule ³	Technical Support	Procurement (Advisory Capacity)	Contract Management
Strengthening Quality of Care (QoC) Improvement and Referral System	Consulting Services – firm: - QoC tools and system - guidelines, SOPs, etc. - referral system strengthening - training	0.40	Begin: Q1'25 End: Q2'26	√	√	√
Development of Contingency Plans	Consulting Services – firm: - develop and adopt a Contingency Manual - develop 5 hospital plans - training	0.30	Begin: Q1'25 End: Q2'26	√	√	√
Development of Infection Prevention and Control Action Plan	Consulting Services – firm: - develop IPC action plan - training	0.25	Begin: Q1'25 End: Q2'26	√	√	√
IPC and EMT Training	Training activities to be determined based on the IPC action plan and may include consulting services, training equipment and operating expenses (catering, venues, etc.)	0.30	Begin: TBD End: TBD	√	√	√
Training for Frontline Staff to Support Gender Based Violence Victims during Emergencies	Consulting services – Individual: - review SOP on GBV - training activities to support survivors of violence and to be built on WHO curriculum to train healthcare providers to address violence against women - it may include consulting services and operating expenses (catering, venues, etc.)	0.10	Begin: Q2'25 End: Q4'25	√	√	√
Equipment for EMT training	TBD	TBD	Begin: TBD End: TBD	√	-	-

Procurement Package	Description	Cost Estimates, US\$ million	Expected Schedule ³	Technical Support	Procurement (Advisory Capacity)	Contract Management
Supply and Installation of Hospital Management Information System (HMIS)	Goods – Information Systems: <ul style="list-style-type: none"> - development of HMIS based on performance specifications - supply of HW/SW, training, piloting, warranty/ maintenance - training, change management - coordination with the new hospital construction 	1.30	Begin: Q3'24 End: Q1'27	√ ⁴	-	-
Upgrade of Laboratory Information System	Goods – Information Systems: <ul style="list-style-type: none"> - upgrade of LIS and interface to HMIS - training, piloting, warranty/maintenance - coordination with the new hospital completion, HMIS and change management activities 	0.075	Begin: Q1'25 End: Q2'26	–	–	–
Procurement of System Access Devices	Goods: <ul style="list-style-type: none"> - procurement of HMIS access devices 	0.125	Begin: Q4'24 End: Q1'26	–	–	–
HCWM facility-specific strategy	Consulting Services – Individual: <ul style="list-style-type: none"> - development of facility-specific strategy 	0.05	Begin: Q1'25 End: Q4'25			

⁴ The HSC is required to prepare Terms of Reference for a consultant to develop business process, high-level functional and non-functional requirements for HMIS supply and installation and support selection process and management of the consulting contract. This consultancy should be planned in a way to ensure commencement of the bidding process as specified in the table.

