

TECHNICAL COOPERATION DOCUMENT

I. Basic Information

▪ Country:	Republic of Trinidad and Tobago
▪ TC Name:	Implementation Support for the Health Service Support Program (HSSP)
▪ TC Number:	TT-T1070
▪ Team Leader/Members:	Ian Ho-a-Shu (SPH/CTT); Priya Ramsumair (CCB/CTT); Gregory Dunbar (FMP/CTT); Javier Jimenez (LEG/SGO); Martha Guerra (SCL/SPH); Leonor-Odile Corriols Diaz (VPC/FMP) and Natalie Wegener Carmona (SCL/SPH)
▪ Taxonomy:	Operational Support
▪ Operation Supported by the TC:	Health Services Support Program (TT-L1039)
▪ Date of TC Abstract authorization:	May 25, 2017
▪ Beneficiary:	Republic of Trinidad & Tobago via Ministry of Health
▪ Executing Agency and contact name:	Inter-American Development Bank through the Social Protection and Health Division (SCL/SPH)
▪ Donors providing funding (amount and Fund's name):	Ordinary Capital Strategic Development Program for Social Development (SOC)
▪ IDB Funding Requested:	\$250,000
▪ Local counterpart funding, if any:	No
▪ Disbursement period (which includes execution period):	30 months (execution period: 24 months)
▪ Required start date:	September 1, 2017
▪ Types of consultants (firm or individual consultants):	Individuals and firms
▪ Prepared by Unit:	SCL/SPH
▪ Unit of Disbursement Responsibility:	SPH/CTT
▪ TC Included in Country Strategy (y/n);	Yes
▪ TC included in CPD (y/n):	Yes
▪ Aligned to Update to the Institutional Strategy (UIS) 2010-2020 (AB-3008)	Special needs of less developed and small countries; Strengthening institutional capacities

II. Description of the Associated Loan/Guarantee

- 2.1 **The Health Services Support Program (HSSP)** operation TT-L1039 seeks to prevent and control risk factors and non-communicable diseases (NCDs) among adults, and primary and secondary school students by strengthening the delivery of integrated primary care services; implementing behavior change programs and policies; improving health information management; ensuring adequate HRH; and enhancing health facilities investment management through the innovative application and use of information and communication technology (ICT) including hardware, software, people, data and network. To achieve this objective, TT-L1039 will focus on strengthening the delivery of primary care services at the Regional Health Authorities by reorienting primary care services to address NCDs, improving human resources management at the RHAs, enhancing NCDs surveillance through a health information management system and improving health facilities management. TT-L1039 was approved in December 2014, and following a change in Government in September 2015, the loan contract was signed in 2016, and declared eligible in May 2017.

TT-L1039 is now in the process of kicking off implementation having completed its Start Up Workshop on 29 June 2017. Much of the preparation for the loan was foreseen under an initial investment of a \$5M Project Preparation and Execution Facility (PROPEF) Investment which must be repaid to the Bank as part of the loan expenses. As the implementation procurement law was not foreseen as part of the PROPEF funds and the mechanism to change fund purposes therein is cumbersome and lengthy, this technical cooperation is intended as a more direct route to bolster the investment loan's success.

III. Objectives and Justification of the TC

- 3.1 **Roles of the MOH and RHAs.** The Ministry of Health (MOH) provides stewardship of the country's health system by setting health priorities, policy, and is responsible for planning, monitoring, and evaluation. Five decentralized regional health authorities (RHAs) are responsible for health service delivery. The MOH is the Executing Agency for TT-L1039.
- 3.2 **MOH Strategic Plan.** During the design stage of TT-L1039, the MOH was in the process of completing its Strategic Plan which was intended to provide a roadmap for the future, address organization challenges and identify the systems and processes at the MOH necessary to support the implementation of TT-L1039. While the Strategic Plan was completed in 2016, the MOH has identified that the plan has critical gaps, including, the absence of a communication plan, a step by step costed implementation plan and a clear strategy on how to develop the complementary business processes to efficiently implement operation TT-L1039. While TT-L1039 will fund the key activities set out in the National Strategic Plan for the Prevention and Control of NCDs which focusses on improving the delivery of primary care capacity at the RHA level, there is now a corresponding need to strengthen the MOH's strategic planning capabilities to sustain the sector transformations that will be brought about through the implementation of operation TT-L1039.

NCDs Policy and Program Unit (NCDPPU). At a June 2017 Management Retreat, the MOH also determined that to build the required capacity at the MOH to sustain the gains derived under TT-L1039, a dedicated NCDs Policy and Program Unit (NCDPPU) is to be established at the MOH. Not originally contemplated during the design of TT-L1039, this new NCDPPU will track tangible progress on the implementation of national policies, plans and interventions to ensure that there is a consistent, comprehensive and multi-sectoral approach to addressing the six main NCDs and related risk factors. In addition, the NCDPPU will expand the MOH's surveillance capacity by managing four NCDs Registries, namely, Diabetes, Cancer, Heart and Stroke, which will be established under operation TT-L1039. To this end, there is now needed to determine the appropriate organizational arrangements required to integrate the NCDPPU into the MOH operations.

- 3.3 **Public Procurement Reform.** In June 2016, the Government of Trinidad and Tobago took a policy decision to embark on a public procurement reform initiative as set out in its new public procurement legislation which was proclaimed in 2016¹. This reform which was not contemplated during the design and preparation of the TT-L1039 as the

¹ Public Procurement and Disposal of Public Property Act 2015 through the 2016 Amendment Act.

legislation was not yet in public draft form, now requires ministries to shore up their capacity to manage public procurement as well as manage and monitor performance of state owned enterprises, boards, authorities and non-governmental entities that procure using public monies under their fiduciary responsibility. During the MOH Management Retreat in June 2017, the need for expanded technical assistance to remove existing operational bottlenecks was identified as a top priority to efficiently implement TT-L1039 and at the same time meet the requirements of the new public procurement system. Bottlenecks are defined as a constraint or obstacle that limits throughput or the utilization of capacity resulting in the limited performance of the entire system. In the procurement cycle, bottlenecks often appear as delays, varying in length, depending on the step in the procurement cycle where the bottleneck occurs². Different types of procurements vary in complexity and length. In particular, the purpose of the needed the step by step implementation plan is to set out detailed actions outlining how the MOH will build capacity to manage its own procurement and at the same time, set out the clear recommendations as to how the MOH will manage and monitor the procurement performance of the RHAs who under the new procurement framework will now be directly accountable to the MOH.

- 3.4 **Objective.** The general objective of the TC is to support the implementation of the operation TT-L1039. To achieve this, this TC will finance institutional strengthening activities focused on improving the strategic planning and organizational systems and processes at the Ministry of Health necessary to support the implementation of TT-L1039.
- 3.5 **Strategic alignment.** The TC is consistent with the Update to the Institutional Strategy (UIS) 2010-2020 (AB-3008) and is strategically aligned with the development challenges of social inclusion and equality in the Health and Nutrition Sector Framework (GN-2735-7) by focusing on the needs of the less developed and small countries. It also supports the Ordinary Capital Strategic Development Programs (OC-SDPs in GN-28-19-1) by strengthening institutional capacities to effectively prepare, monitor, execute and evaluate projects. In addition, it is aligned with IDB Group Country Strategy with the Republic of Trinidad and Tobago 2016-2020 (GN-2888) by focusing on the strategic area of strengthening public sector institutions and governance.

IV. Description of activities/components and budget

- 4.1 **Component 1: Operational Constraints Assessment.** This component will fund: (i) an assessment to identify organizational bottlenecks at the MOH; and (ii) an action plan to streamline existing systems, processes and establish new organizational arrangements at the MOH to facilitate smooth implementation of large scale health systems strengthening programs, in this instance loan operation TT-L1039.
- 4.2 **Component 2: Rigorous Gap Analysis and Costing Estimation for detailed Procurement Readiness Plan.** For the MOH to meet the requirements of the new public procurement legislation, this component will develop a detailed costed MOH Procurement Readiness Implementation Plan to allow the MOH to meet and sustain its procurement requirements. In addition, it is important that the

² Addressing Procurement Bottlenecks, USAID, 2013.

implementation plan identify actions that are feasible, locally appropriate, and based on evidence and good practice, including consideration of effectiveness, efficiency and sustainability within the new public procurement framework. To this end, this component will fund consultancy services to do the following: (i) a detailed procurement diagnostic review of the MOH's institutional preparedness and capacities to carry out the procurement functions as specified in the new procurement legislation; and (ii) based on the results of the diagnostic, a gap identification, analysis and costed implementation plan will be done.

- 4.3 **Component 3: MOH Strategic Plan.** In keeping with best practice³ and incorporating the outputs from Components 1 and 2, this component will fund the development of a comprehensive five-year strategic plan with an accompanying operational plan and Monitoring & Evaluation framework. The MOH Strategic Plan will also be embedded in Government's broader strategic management framework that will pay equal attention to implementation and to monitoring and evaluation (M&E). As identified in MOH Management Retreat in June 2017, the situational analysis required to develop the Strategic Plan is to go beyond the traditional SWOT analysis and include a careful diagnosis of the root causes underlying the observed performance problems to identify practical and relevant actions that will need to be carried out. (See [Results Matrix with Original Indicators](#)).

Indicative Budget (US\$)	
Activity/Component	IDB/Fund Funding (USD)
1. Operational Constraints Assessment and Action Plan	\$90,000
2. Procurement Readiness Plan	\$70,000
3. Ministry of Health Strategic Plan	\$60,000
4. Project Administration/Final Evaluation	\$30,000
TOTAL	\$250,000

- 4.4 **Monitoring arrangements.** Monitoring the quality and progress of the TC will be carried out directly by the IDB and through IDB institutional systems, under the responsibility of the TC Project Team Leader and with the support of a consultant hired for monitoring and evaluation purposes. The final products will also be reviewed by the Project Team to ensure the quality of products and services funded under this TC. A final evaluation is also planned to assess project success and is included in the project administration budget.

V. Executing Agency and Execution Structure

- 5.1 **Executing Agency (EA).** The executing agency is the IDB through SCL/SPH per the letter of request from the government of TT. Procurement of consulting and non-consulting services will be carried out in accordance with the policies for the selection and contracting of consultants financed by the IDB (GN-2765-1) for firms, (AM-650 CWEs) for individuals and (GN-2303-20) for non-consulting services if required, as well as in keeping with the provisions established in the procurement plan. Through this TC, the TT MOH is receiving support to improve their capacity to implement the \$48.40M Health Services Support Program Loan (TT-L1039). In oversight of parallel institutional strengthening projects of this nature which coincide with the execution of

³ Strong Ministries for Strong Health Systems. The African Center for Global Health and Social Transformation (ACHEST) and The New York Academy of Medicine. 2010.

a large-scale loan, the beneficiary of the Loan has agreed that the IDB is positioned more objectively to provide execution and oversight of the consultancies that will be carried out under this TC. The results of these consultancies are intended to bring large scale improvements to the operation of the MOH and with the oversight of these consultancies removed from the MOH itself, the results are more likely to achieve higher impact.

VI. Major Issues

- 5.1 For the TC to achieve its results, there is a clear need for robust coordination among administrative and technical departments within the MOH and other key partner ministries. The Inter-Ministerial Steering Committee which has been established as an execution condition for TT-L1039 will also serve as the mechanism to facilitate effective inter-agency coordination in the execution of this TC. This mechanism will also facilitate coordination between the TC and TT-L1039.

VII. Exceptions to Bank policy

- 7.1 This TC does not contain exceptions to IDB's policies.

VIII. Environmental and Social Strategy

- 8.1 This TC has an ESG classification of "C" as it will not have any negative environmental or social impact. (see Filters [SSF](#) and [SPF](#)).

Required Annexes:

- [Letter of Request](#)
- [Indicative Results Matrix](#)
- [Terms of Reference](#)
- [Procurement Plan](#)



**MINISTRY OF PLANNING AND DEVELOPMENT
OFFICE OF THE PERMANENT SECRETARY**

Level 14, Eric Williams Financial Building, Independence Square, Port-of-Spain, Trinidad and Tobago, WI
Tel: 612 9700 ext. 2016/1329 Fax: 623 8123.

July 07, 2017

Mr. Tomás Bermúdez
Representative
Inter-American Development Bank
17, Alexandra Street, St. Clair
Port of Spain

Dear Mr. Bermúdez

**RE: Technical Cooperation TT-T1070- Implementation Support for the Health Services
Support Programme**

I refer to the Technical Cooperation (TC) project as captioned above, which is in the preparation phase and correspondence from the Ministry of Health (MOH) dated July 05, 2017. The objective of the proposed TC is to provide support for the implementation of the Health Service Support Programme (HSSP), which is being executed by the MOH. It is anticipated that the TC will enhance the strategic planning and organizational systems and processes at the MOH. The HSSP and by extension the TC are aligned to the following themes of the country's National Development Strategy 2016-2020 (Vision 2030):

- Putting People First: Nurturing Our Greatest Asset;
- Delivering Good Governance and Service Excellence; and
- Building Globally Competitive Businesses.

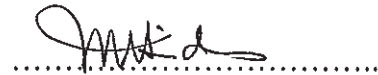
Furthermore, they are consistent with the strategic areas set out in the Country Strategy between Trinidad and Tobago and the Inter-American Development Bank (IDB) as they will contribute to strengthening of a public sector institution and governance as well as fostering human development.

To this end, the Government of the Republic of Trinidad and Tobago requests the support of the IDB to finance the TC: *Implementation Support for the Health Services Support Programme*, in the amount of US\$250,000.00. Given the nature of the TC, we are also requesting that the IDB

execute the TC, through the Social Protection and Health Division. The justification for this arrangement is that the execution by the IDB will enable access to the Bank's highly specialized expertise in health, thus minimizing execution delays.

I look forward to a positive response regarding the Bank's support in this critical area.

Sincerely,



/s/Permanent Secretary
Ministry of Planning and Development



Operation
Number: **TT-T1070**
TCM Cycle: **TCM Period 2017**
Last Update: **8/28/2017**

Inter-American Development Bank - IDB

Result Matrix

Outcomes

Outcome: [1 Ministry of Health \(MOH\) strategic & operational targets achieved](#)

Indicators	Flags*	Unit of Measure	Baseline	Baseline Year	Means of verification		2017	2018	2019	EOP
1.1 Percentage of Strategic & operational targets achieved		%	0.00	2017	Balance Scorecard Document approved by Cabinet; Cabinet minutes.	P	0.00	10.00	80.00	90.00
						P(a)	0.00	10.00	80.00	90.00
						A				

Outcome: [2 Ministry of Health \(MOH\) institutional and strategic capacity strengthened](#)

Indicators	Flags*	Unit of Measure	Baseline	Baseline Year	Means of verification		2017	2018	2019	EOP
2.1 Percentage of policy decisions made utilizing the systems and processes developed as outlined in revised organizational arrangements action plan		%	0.00	2017	Ministry of Health Management Reports	P	0.00	10.00	80.00	90.00
						P(a)	0.00	10.00	80.00	90.00
						A				

Outcome: [3 Operational barriers in MOH reduced](#)

Indicators	Flags*	Unit of Measure	Baseline	Baseline Year	Means of verification		2017	2018	2019	EOP
3.1 Percentage of operational barriers identified in the operational plan that are addressed		%	0.00	2017	Ministry of Health Management Reports	P	0.00	10.00	80.00	90.00
						P(a)	0.00	10.00	80.00	90.00
						A				

RF - Contribution

Outputs: Annual Physical and Financial Progress

1 Assessment to identify potential organizational bottlenecks at the MOH completed						Physical Progress					Financial Progress						
Outputs	Fund Indicator	Unit of Measure	Baseline	Baseline Year	Means of Verification		2017	2018	2019	EOP		2017	2018	2019	EOP	Theme	Flags
1.1 Institutional capacity analysis conducted	SOF	Assessments (#)	0	2017	Report accepted by Ministry of Health as confirmed in a formal letter to the IDB	P	0	1	0	1	P	5000	25000	15000	45000	Institutional Development	
						P(a)	0	1	0	1	P(a)	5000	25000	15000	40000		
						A					A						
2 Action plan to improve operational capacity approved						Physical Progress					Financial Progress						
Outputs	Fund Indicator	Unit of Measure	Baseline	Baseline Year	Means of Verification		2017	2018	2019	EOP		2017	2018	2019	EOP	Theme	Flags
2.1 Action plans designed	SOF	Action Plans (#)	0	2017	Document approved by Cabinet as recorded in Cabinet minute.	P	0	1	1	2	P	5000	30000	10000	45000	Institutional Development	
						P(a)	0	1	1	2	P(a)	5000	30000	10000	40000		
						A					A						
3 Procurement Readiness implementation plan approved						Physical Progress					Financial Progress						
Outputs	Fund Indicator	Unit of Measure	Baseline	Baseline Year	Means of Verification		2017	2018	2019	EOP		2017	2018	2019	EOP	Theme	Flags
3.1 Institutional capacity analysis conducted	SOF	Assessments (#)	0	2017	Report accepted by Ministry of Health as confirmed in a formal letter to the IDB	P	0	1	0	1	P	5000	20000	10000	35000	Institutional Development	
						P(a)	0	1	0	1	P(a)	5000	20000	10000	30000		
						A					A						
3.2 Implementation and Management Plan developed	SOF	Plans (#)	0	2017	Document approved by Cabinet as recorded in Cabinet minute.	P	0	0	1	1	P	0	10000	25000	35000	Social Development	

Please note that the Overall Stage represents the stage of the operation at the time of this report's publication, which might not necessarily match the stage of the operation during the PMR Cycle to which the report pertains.

					Cabinet minute.	P(a)	0	0	1	1	P(a)	0	10000	25000	35000		
						A					A						
4 Five-year strategic plan with step by step operational plan and M & E framework approved						Physical Progress					Financial Progress						
Outputs	Fund Indicator	Unit of Measure	Baseline	Baseline Year	Means of Verification		2017	2018	2019	EOP		2017	2018	2019	EOP	Theme	Flags
4.1 Strategies designed	SOF	Strategies (#)	0	2017	Document approved by Cabinet as recorded in Cabinet minute.	P	0	0	1	1	P	0	20000	10000	30000	Institutional Development	
						P(a)	0	0	1	1	P(a)	0	20000	10000	30000		
						A					A						
4.2 Implementation and Management Plan developed	SOF	Plans (#)	0	2017	Document approved by Cabinet as recorded in Cabinet minute	P	0	0	1	1	P	0	10000	5000	15000	Social Development	
						P(a)	0	0	1	1	P(a)	0	10000	5000	15000		
						A					A						
4.3 Monitoring and Evaluation Plan developed	SOF	Plans (#)	0	2017	Document approved by Cabinet as recorded in Cabinet minute	P	0	0	1	1	P	5000	10000	0	15000	Social Development	
						P(a)	0	0	1	1	P(a)	5000	10000	0	10000		
						A					A						
5 Final Evaluation						Physical Progress					Financial Progress						
Outputs	Fund Indicator	Unit of Measure	Baseline	Baseline Year	Means of Verification		2017	2018	2019	EOP		2017	2018	2019	EOP	Theme	Flags
5.1 Process evaluations conducted	Other(SOC) SOC	Evaluation Final Report (#)	0	2017	Final evaluation document approved by IDB and MOH staff	P	0	0	1	1	P	0	0	15000	15000	Institutional Development	
						P(a)	0	0	1	1	P(a)	0	0	15000	15000		
						A					A						

Other Cost
Project Administration

	2017	2018	2019	Cost
P	\$5,000.00	\$5,000.00	\$5,000.00	\$15,000.00
P(a)	\$5,000.00	\$5,000.00	\$5,000.00	\$10,000.00
A				

Total Cost

	2017	2018	2019	Total Cost
P	\$25,000.00	\$130,000.00	\$95,000.00	\$250,000.00
P(a)	\$25,000.00	\$130,000.00	\$95,000.00	\$225,000.00
A				

CRF Indicator
 Standard Output Indicator

Please note that the Overall Stage represents the stage of the operation at the time of this report's publication, which might not necessarily match the stage of the operation during the PMR Cycle to which the report pertains.

ANNEX A

Trinidad & Tobago

SCL/SPH, CTT

MINISTRY OF HEALTH GAP ASSESSMENT FOR PROCUREMENT UNIT REQUIREMENTS

TERMS OF REFERENCE

Background

Established in 1959, the Inter-American Development Bank (“IDB” or “Bank”) is the main source of financing for economic, social and institutional development in Latin America and the Caribbean. It provides loans, grants, guarantees, policy advice and technical assistance to the public and private sectors of its borrowing countries.

The Government of Trinidad and Tobago is currently embarking on a public procurement reform initiative as set out in its new public procurement legislation. This reform requires ministries to shore up their capacity to manage public procurement and manage and monitor performance of state owned enterprises, boards, authorities and non-governmental entities that procure using public monies under their fiduciary responsibility. The MOH requires technical assistance to develop a step by step implementation plan to meet the requirements of the new public procurement system in order to prevent any additional procurement bottlenecks to the implementation of TT-L1039. In particular, the step by step implementation plan is to set out detailed actions outlining how the MOH will build capacity to manage its own procurement and at the same time, set out the clear recommendations as to how the MOH will manage and monitor the procurement performance of the RHAs who under the new procurement framework, will now be directly accountable to the MOH.

Consultancy objective(s)

The objective of this consultancy is to assist the Ministry of Health(MOH) in developing an effective procurement unit and a coherent plan of action to implement the new public procurement legislation, expected to be proclaimed in August 2017.

For the MOH to meet the requirements of the new public procurement legislation, a detailed costed MOH Procurement Readiness Implementation Plan is required to allow the MOH to meet and sustain its procurement requirements. It is important that the implementation plan identify actions that are feasible, locally appropriate, and based on evidence and good practice, including consideration of effectiveness, efficiency and sustainability within the new public procurement framework/.

As part of its objectives, this consultancy will determine:

- The business goals, structure, operation and functionality of the MoH
- How the ministry interfaces with the various Regional Health Authorities (RHA)s to purchase required goods and services
- The role and functionality of state owned enterprises in supporting the operations of the MoH
- The requirements of the Trinidad and Tobago Public Procurement and Disposal of Public Property legislation.

- The current MoH procurement procedures and policies which govern existing transactions.
- The deficiencies that exist within the MoH in meeting the requirements of the legislation & associated policies
- The measures required to close the existing gaps
- Conditions necessary to raise existing standards to meet legislative requirements and best practice where MoH policies may exist but are insufficient.
- A suitable organization structure for the MoH procurement unit
- How existing procurement staff can be re-integrated into the new system – talent management
- The technical requirements and experience of personnel required to create the optimal team.
- Training requirements for the team and MoH end users / demand managers
- A department workflow and to provide team leaders with a good overview of all department processes for a streamlined procurement
- Areas where the policy does not support efficiency within the MoH
- An optimal Tender committee team to supervise strategic procurement within the MoH

Rules and regulations set in place to govern the process of acquiring the goods and services needed by the company to function efficiently. If you do not have a policy in place, this is one of the first things you should do.

Main activities

The selected candidate will:

1. Review and understand the national Public Procurement and Disposal of Public Property legislation
2. Analyze the existing organization structure of the MoH and its inter-relation with the current procurement function.
3. Review procurement activities inclusive of processes within the RHA's
4. Based on the knowledge of (1) & (2) - Customize the MoH Procurement Handbook
5. Generate a procurement strategy for identified categories of procurement within the MoH
6. Develop a monitoring framework for Regional Health Authorities to ensure compliance with the new procurement processes.
7. Recommend a suitable system for procurement performance within the MoH. This would allow the MoH to understand the efficiencies gained within the procurement unit.
8. Perform an extensive risk assessment and gap analysis based on knowledge of the existing MoH system, the MoH's objectives and the requirements of the new Public Procurement and Disposal of Public Property legislation.
9. Perform primary data collection and collation, including:
 - a. In person interviews with end users and procurement and warehousing / materials staff for client feedback
10. Perform analysis of quantitative and qualitative data, including:
 - a. Procurement Spend Reports
 - b. Vendor Management Systems
11. Prepare a comprehensive report addressing the evaluation questions at section 2.0 above
12. Present report of findings and recommendations to MoH*

*Note: It is expected that the presentation will be made in person to the Ministry executive, and the Inter American Development Bank

Reports / Deliverables [If Applicable]

DELIVERABLE	DEADLINE
Contract signature	-
An inception report with a detailed work plan and description of the methodology to be used including draft questionnaires, interview guides and organizational assessment instrument.	End of week 1
<p>A draft final report that addresses all aspects of the scope of work outlined above. The final report should:</p> <ul style="list-style-type: none"> - Identify the existing gaps in the current MoH Procurement Process and recommendations to meet the requirements of the legislation. - Provide a high level overview of customised changes recommended to the procurement handbook. - Objectively identify the rationale for recommendations made to the procurement process - Be comprehensive and articulated to suit a non-technical individual - Include an Executive Summary; - Address findings of the assessment; and - Include summarized recommendations for improvement. <p>Recommendations made within the various areas of the report should include technical requirements and scopes of work to allow the PIU to commence tendering activities for the upgrades.</p> <p>Also, the final report should provide information on the activities completed, findings, challenges in executing the assignment and action taken or strategies to address same.</p>	End of week 2
A PowerPoint presentation to the Ministry Executives and selected stakeholders, outlining the key findings of the assessment, and providing an opportunity for knowledge transfer.	
Final Report - An electronic copy of the final report and all data sets compiled for the report should be submitted with three (3) copies of the report.	End of week 3

Qualifications

- Education: Post graduate degree in Supply Chain Management;
- Language: Fluency in English, effective communication skills and excellent analytical and report writing skills.
- Areas of Expertise: The selected consultant should have experience developing and executing purchasing systems for large organizations. Experience with strategic planning

and category management in supply chain management, specifically with complex procurement transactions greater than US\$10M. Experience with health sector procurement is preferred but not mandatory. Consultant should have at least five (5) years supervisory capacity experience in a procurement and supply chain management.

Characteristics of the Consultancy

- *Consultancy category and modality:* Defined Term Contractual
- *Contract duration:* Four (4) weeks from the commencement of contract
- *Place(s) of work:* Port-of-Spain, Trinidad & Tobago (TT), Ministry of Health Headquarters (MOH)
- *Responsible person:* Ian Ho-a-Shu, IDB and Permanent Secretary, TT MOH

Payment and Conditions: Compensation will be determined in accordance with Bank's policies and procedures. The Bank, pursuant to applicable policies, may contribute toward travel and moving expenses. In addition, candidates must be citizens of an IDB member country.

Visa and Work Permit: The Bank, pursuant to applicable policies, may submit a visa request to the applicable immigration authorities; however, the granting of the visa is at the discretion of the immigration authorities. Notwithstanding, it is the responsibility of the candidate to obtain the necessary visa or work permits required by the authorities of the country(ies) in which the services will be rendered to the Bank. If a candidate cannot obtain a visa or work permit to render services to the Bank the contractual offer will be rescinded

Consanguinity: Pursuant to applicable Bank policy, candidates with relatives (including the fourth degree of consanguinity and the second degree of affinity, including spouse) working for the Bank as staff members or Complementary Workforce contractuels, will not be eligible to provide services for the Bank.

Diversity: The Bank is committed to diversity and inclusion and to providing equal opportunities to all candidates. We embrace diversity on the basis of gender, age, education, national origin, ethnic origin, race, disability, sexual orientation, religion, and HIV/AIDs status. We encourage women, Afro-descendants and persons of indigenous origins to apply.

Trinidad & Tobago

SCL/SPH, CTT

MINISTRY OPERATIONAL ASSESSMENT TO IDENTIFY AND RESOLVE ORGANIZATIONAL BOTTLENECKS THROUGH STREAMLINED SYSTEMS, PROCESSES & ORGANIZATIONAL STRUCTURES

TERMS OF REFERENCE

Background

Established in 1959, the Inter-American Development Bank (“IDB” or “Bank”) is the main source of financing for economic, social and institutional development in Latin America and the Caribbean. It provides loans, grants, guarantees, policy advice and technical assistance to the public and private sectors of its borrowing countries.

The Government of Trinidad and Tobago is currently embarking on a public procurement reform initiative as set out in its new public procurement legislation. This reform requires ministries to shore up their capacity to manage public procurement and manage and monitor performance of state owned enterprises, boards, authorities and non-governmental entities that procure using public monies under their fiduciary responsibility. The MOH requires technical assistance to develop a step by step implementation plan to meet the requirements of the new public procurement system in order to prevent any additional procurement bottlenecks to the implementation of TT-L1039. In particular, the step by step implementation plan is to set out detailed actions outlining how the MOH will build capacity to manage its own procurement and at the same time, set out the clear recommendations as to how the MOH will manage and monitor the procurement performance of the RHAs who under the new procurement framework, will now be directly accountable to the MOH.

Consultancy objective(s)

The objective of this consultancy is to identify organizational bottlenecks at the MOH and propose an action plan to streamline existing systems, processes and establish new organizational arrangements at the MOH that will facilitate smooth implementation of large scale health systems strengthening programs, in this instance loan operation TT-L1039.

The operational capacity assessment should bring rigor and a systematic, adaptable method to determine desired capacities (capacity needs), assess existing capacities (capacity assets), and establish capacity development priorities. With this information the consultant will make recommendations and develop a roadmap to prioritize operational capacity development interventions and measures to mitigate threats to this roadmap.

Main activities

Working under the overall supervision of and proving support to the TT MOH, the selected candidate will:

1. In line with the objectives of the consultancy, clarify the scale and scope of the assessment, including:

- a. Whose capacities need to be assessed?
 - i. At a minimum the following areas of responsibility (units) in the MOH must be included in the assessment: Finance (including budget creation/approval, financial transaction/liquid asset management), Procurement/Tender Notices, Logistics, Project Management, Human Resources, Health Policy, Research & Planning, Health Systems, International Cooperation Desk, Health Programmes & Technical Support Services, Health Promotion, Communications, Public Health.
 - b. Which capacities need to be assessed per unit?
2. Form a Stakeholder Mapping and Engagement:
 - a. Map key stakeholders
 - b. Prepare a stakeholder engagement plan
3. Engage stakeholders appropriately at the following stages of the process:
 - a. Scoping and designing the assessment
 - b. Data collection
 - c. Validation of results
 - d. Sharing results and planning next steps
4. Design and Plan the Assessment
5. Review assessment tools available and identify tool(s) that match the objectives
6. Adapt the tools to match the objectives
7. Plan the data collection approach and map data sources to the assessment tool
8. Prepare a workplan for the assessment exercise including outputs to be achieved, activities, due dates, roles and responsibilities and budget.
9. Conduct the Assessment
10. Prepare interview/self-assessment questionnaires, data collection checklists etc.
11. Collect data as appropriate (e.g. review documents, interviews, workshops, self-assessment instruments etc)
12. Record findings
13. Compile and analyze data collected by indicator
14. Assign ratings according to the assessment approach
15. Debrief key stakeholders on findings
16. Facilitate validation of findings with key stakeholders (e.g. through a workshop or series of workshops)
17. Prepare Assessment Report and propose a road map with timeline to mitigate the bottlenecks and inefficiencies identified
18. Prepare a sustainability plan which includes an assessment of current partnerships and identifies potential and new strategic alliances contributing to operational capacity strengthening

Reports / Deliverables [If applicable]

1. Assessment workplan including:
 - a. Objectives of the assessment
 - b. Scale and scope of the assessment
 - c. Stakeholder mapping and engagement plan
 - d. Assessment approach (tools and data collection)
 - e. Assessment workplan including outputs to be achieved, activities, due dates, roles and responsibilities and budget.
2. Preliminary findings
3. Final report including:

- a. Introduction and background
- b. An executive summary
- c. A description of the approach
- d. A presentation of the context
- e. A report of the assessment findings along with recommendations for organizational changes
- f. A road map to implement the changes with timeline to mitigate the bottlenecks and inefficiencies identified

Qualifications

- Education: Post graduate degree in Operations Research, Health Services Organization, Leadership and Organizational Change, or Management Science and Engineering;
- Language: Fluency in English, effective communication skills and excellent analytical and report writing skills.
- Areas of Expertise: The selected consultant should have experience developing and executing operational systems for large organizations. Experience with strategic planning and human resource management, and organizational change management. Experience directing an organization that oversees delivery of healthcare services is preferred but not mandatory. Consultant should have at least five (5) years supervisory capacity experience in a health services setting.

Characteristics of the Consultancy

- *Consultancy category and modality*: Defined Term Contractual
- *Contract duration*: Eight (8) weeks from the commencement of contract
- *Place(s) of work*: Port-of-Spain, Trinidad & Tobago (TT), Ministry of Health Headquarters (MOH)
- *Responsible person*: Ian Ho-a-Shu, IDB and Permanent Secretary, TT MOH

Payment and Conditions: Compensation will be determined in accordance with Bank's policies and procedures. The Bank, pursuant to applicable policies, may contribute toward travel and moving expenses. In addition, candidates must be citizens of an IDB member country.

Visa and Work Permit: The Bank, pursuant to applicable policies, may submit a visa request to the applicable immigration authorities; however, the granting of the visa is at the discretion of the immigration authorities. Notwithstanding, it is the responsibility of the candidate to obtain the necessary visa or work permits required by the authorities of the country(ies) in which the services will be rendered to the Bank. If a candidate cannot obtain a visa or work permit to render services to the Bank the contractual offer will be rescinded

Consanguinity: Pursuant to applicable Bank policy, candidates with relatives (including the fourth degree of consanguinity and the second degree of affinity, including spouse) working for the Bank as staff members or Complementary Workforce contractuels, will not be eligible to provide services for the Bank.

Diversity: The Bank is committed to diversity and inclusion and to providing equal opportunities to all candidates. We embrace diversity on the basis of gender, age, education, national origin, ethnic origin, race, disability, sexual orientation, religion, and HIV/AIDs status. We encourage women, Afro-descendants and persons of indigenous origins to apply.

Trinidad & Tobago

SCL/SPH, CTT

DEVELOPMENT OF SHORT AND LONG TERM STRATEGIC PLAN FOR MINISTRY OF HEALTH TT

TERMS OF REFERENCE

Background

Established in 1959, the Inter-American Development Bank (“IDB” or “Bank”) is the main source of financing for economic, social and institutional development in Latin America and the Caribbean. It provides loans, grants, guarantees, policy advice and technical assistance to the public and private sectors of its borrowing countries.

The Ministry of Health (MOH) provides stewardship of the country’s health system by setting health priorities, policy, and is responsible for planning, monitoring, and evaluation; and five decentralized regional health authorities (RHAs) who are responsible for health service delivery. In addition, the MOH is the Executing Agency for the operation TT-L1039.

Responding to the epidemiological and demographic transition in TT, characterized by a high prevalence of Non-Communicable Diseases (NCDs), which now claim more lives than infectious diseases¹, the MOH focused its efforts over the last three years to develop a National Strategic Plan for the Prevention and Control of NCDs. While loan operation TT-L1039 will fund the key activities set out in the National Strategic Plan for the Prevention and Control of NCDs which focusses on improving the delivery of primary care capacity at the RHAs, there is now a corresponding need to strengthen the MOH’s strategic planning capabilities in order to sustain the sector transformations that will be brought about through the implementation of operation TT-L1039². The MOH Strategic Plan will also be embedded in Government’s broader strategic management framework that will pay equal attention to implementation and to monitoring and evaluation (M&E). In addition, and as identified in MOH Management Retreat in June 2017, the situation analysis required to develop the Strategic Plan is to go beyond the traditional SWOT analysis and include a careful diagnosis of the root causes underlying the observed performance problems in order to identify practical and relevant actions that will need to be carried out, if the capacity at the MOH is to improve.

Consultancy objective(s)

The purpose of the consultancy is to support and lead the Ministry of Health and its stakeholders in a technically grounded, consultative and participatory planning process, to include root cause analysis and extensive consultations with public sector partners and the private sector. The substantive outcome will be a five-year strategic plan for the period 2018-2022 and a long term ten-year strategic plan in line with the Ministry’s Mandate, including institutional arrangements,

¹ NCDs account for 78% of all deaths in Trinidad and Tobago. World Health Organization (WHO). (2011).

² HRH Manpower Plan for the Health Sector of Trinidad and Tobago. HRH Unit, MOH, TT. 2017

specific activities, proposed programmes, timelines, targets and a detailed costing. The consultant should also provide a communication and monitoring plan.

Main activities

Working under the overall supervision of and providing support to the TT MOH, the selected candidate will:

The consultant will work with the Minister of Health, the Permanent Secretary and their appointed key stakeholders for strategic planning.

The consultant will lead and guide the process of developing the five-year strategic plan and the full ten-year strategic plan.

This will include:

1. A review of existing Ministry action and strategic plans, policy frameworks, laws, approaches, national implementation plans and other relevant documents;
2. Sound methodology for development of the strategic plan for how the Ministry can most effectively meet its objectives;
3. Collection of any necessary additional data on past MOH performance, using the Operational Constraints Assessment and Procurement Requirements plan as inputs to inform;
4. Causal factor analysis to understand root causes of past performance issues for the Ministry of Health including identification of constraints and opportunities to improve MOH operational performance through firming up strategic direction;
5. Stakeholder mapping and consultation;
6. Plans for new programmes and sector sub-strategies that address the constraints and create the needed support systems and incentives;
7. Development of a vision and mission statement;
8. Development, validation, finalization and costing of a strategic plan 2018-2022 including a results matrix, and a detailed implementation plan for 2018-2019 and general activities for 2018-2020;
9. Development, validation, finalization and costing of a strategic plan 2022-2026;
10. Monitoring and evaluation strategy and communications plan.

More specifically the consultant will carry out the following tasks at a minimum:

1. Desk review of documents relevant to an understanding of the mandate, legal and policy framework, work and context of the Ministry of Health. These will include the previous strategic plans, legislation governing the Ministry's subvention agencies, national legislation relevant to guiding health policies in the delivery of care, implementation of national action plans, and existing assessments of the TT health sector
2. Review other current relevant policy frameworks, laws, approaches and national implementation plans on health policies, care delivery and health promotion in TT.
3. Develop an understanding of the current situation of health policy development and health care delivery in TT. Paying special attention to issues of sustainable care delivery structures, investment promotion, work force enhancement and retention.
4. Hold discussions with the staff of the Ministry of Health and the strategic planning key stakeholders to build a common approach to the assignment.
5. Conduct the causal factor analysis to understand root causes of past performance issues
6. Conduct a needs assessment of the Ministry of Health, which will include a review of the Ministry of Health existing structure and institutional arrangements with a view to developing a "strategy for expansion". This will be a component of the final strategic plan.

7. Develop a comprehensive methodology and work plan for a participatory process of the development of the Ministry of Health strategic plan with a view to achieving both support, concrete co-operation and programming with relevant agencies such as the the Ministry of Social Protection, Department of Labour, Department of Education, the Ministry of Finance, other relevant agencies, and external funders.
8. Hold consultations and facilitate interviews with relevant stakeholders including but not limited to: relevant government departments, private sector companies, hospital associations, and other private sector organizations and the donor community and civil society/NGOs. At all stages, the Minister of Health's appointed key strategic planning personnel will be closely involved with the process.
9. Develop an advanced draft strategic plan for discussion with staff and the methodology for a national consultation process which will closely include Ministry staff.
10. Together with the Ministry of Health, lead a thorough programme of national consultations to receive feedback on draft strategic plan.
11. Finalize the strategic plan, including results matrix and a detailed implementation plan for 2018-2019 and provide general activities for 2018-2020. The plan should include jointly developed vision and mission statements, priority programmes and sector sub-strategies, baselines and targets, timelines and resource allocations and a monitoring plan and communications plan.
12. Ensure that the strategic plan is professionally costed and includes a plan for how to integrate the strategic plans of sub-sectors and subvention agencies of the Ministry.

Reports / Deliverables

1. Inception Report

This report should include:

- a. A comprehensive desk review of documents relevant to an understanding and execution of the assignment
- b. An elaboration of a methodology/action plan, work plan, list and contacts of key stakeholders to be engaged

2. Advanced Draft Reports, Strategy for National Consultation

- a. The Draft Reports should be at an advanced stage of completion including all relevant sections outlined above in Activities. It will be availed to reviewers for feedback and will also form the basis for the national consultations.
- b. A draft programme for the national consultations will include proposed number and type of convenings, planning sessions or similar discussion, as well as participants. This will be agreed with the Ministry of Health, which will have responsibility for implementing the logistical arrangements in relation to venue, sending and following-up on invitations, and assisting with the presentations

3. Final Draft Strategic Plans

The final products of the process will be a final draft of the 2018-2022 strategic plan for the Ministry of the Health and a final draft of the 2022-2026 plan which builds on and incorporates the first five-years' plan. Features of the final drafts will include, among other things:

- a. An executive summary
- b. A succinct review of the context of healthcare policies and delivery in TT
- c. An overview of the mandate of the Ministry of Health and the implications for its organization and relation with partner entities
- d. A causal factor analysis on past performance issues and needs assessment for the Ministry of Health
- e. A succinct Vision Statement (should be easy to remember)
- f. A succinct Mission Statement

- g. Key Strategic Priorities
- h. A detailed implementation plan which will include all implementable strategic priority activities that balance the short term quick results and long term strategic work that deliver the most results within the capacities and resources and time frames for 2018-2022 and general activities for the following years
- i. Summary analysis of principal partners for the successful implementation of the Ministry of Health programme and detailed priorities
- j. Logical Framework and Results Matrix for the implementation of the Strategic Plan including objectives, baselines and targets, defined timelines and resource allocations, in both financial and human terms, as well as relevant indicators and regular evaluations of their results and impact
- k. Detailed cost estimation for the implementation of the Strategic Plan, mapped to possible funding options including central Government and the country strategies and funding cycles of development partners
- l. Time-frame for the delivery of each year's strategic objectives
- m. Monitoring and Evaluation strategy

Qualifications

- Education: Postgraduate degree in a technical field relevant to healthcare organizational planning, an MD and MBA would be an ideal combination.
- Language: Fluency in English, effective communication skills and excellent analytical and report writing skills.
- Areas of Expertise: The selected firm should have experience developing and executing strategic planning for large organizations, at least 10-years experience working with or for developing country governments and/or on topics relating to government policy. Experience with strategic planning and human resource management, and organizational change management. Experience directing an organization that oversees delivery of healthcare services is preferred but not mandatory. Consultants should have at least five (5) years supervisory capacity experience in a health services setting. Consultants must have experience and understanding of TT country politics and the Caribbean Region.

Characteristics of the Consultancy

- *Consultancy category and modality:* Defined Term Contractual
- *Contract duration:* Six (6) months from the commencement of contract
- *Place(s) of work:* Port-of-Spain, Trinidad & Tobago (TT), Ministry of Health Headquarters (MOH)
- *Responsible person:* Ian Ho-a-Shu, IDB and Permanent Secretary, TT MOH

Payment and Conditions: Compensation will be determined in accordance with Bank's policies and procedures. The Bank, pursuant to applicable policies, may contribute toward travel and moving expenses. In addition, candidates must be citizens of an IDB member country.

Visa and Work Permit: The Bank, pursuant to applicable policies, may submit a visa request to the applicable immigration authorities; however, the granting of the visa is at the discretion of the immigration authorities. Notwithstanding, it is the responsibility of the candidate to obtain the necessary visa or work permits required by the authorities of the country(ies) in which the services will be rendered to the Bank. If a candidate cannot obtain a visa or work permit to render services to the Bank the contractual offer will be rescinded

Consanguinity: Pursuant to applicable Bank policy, candidates with relatives (including the

fourth degree of consanguinity and the second degree of affinity, including spouse) working for the Bank as staff members or Complementary Workforce contractuels, will not be eligible to provide services for the Bank.

Diversity: The Bank is committed to diversity and inclusion and to providing equal opportunities to all candidates. We embrace diversity on the basis of gender, age, education, national origin, ethnic origin, race, disability, sexual orientation, religion, and HIV/AIDS status. We encourage women, Afro-descendants and persons of indigenous origins to apply.

Trinidad & Tobago

SCL/SPH, CTT

FINAL PROJECT EVALUATION AND COMPLETION REPORT FOR TT-L1039

TERMS OF REFERENCE

Background

Established in 1959, the Inter-American Development Bank (“IDB” or “Bank”) is the main source of financing for economic, social and institutional development in Latin America and the Caribbean. It provides loans, grants, guarantees, policy advice and technical assistance to the public and private sectors of its borrowing countries.

The objective of the Health Services Support Program (HSSP, TT-L1039) is to prevent and control risk factors and non-communicable diseases among adults, and primary and secondary school students by strengthening the delivery of integrated primary care services; implementing behavior change programs and policies; improving health information management; ensuring adequate Human Resources for Health (HRH); and enhancing health facilities investment management through the innovative application and use of information and communication technology (ICT) including hardware, software, people, data and network.

The general objective of this TC (TT-T1070) is to support the implementation of the operation TT L1039. To achieve this, this TC will finance institutional strengthening activities focused on improving the strategic planning and organizational systems and processes at the Ministry of Health necessary to support the implementation of TT-L1039. It will also finance a final project evaluation.

The TC includes the following components:

Component 1: Operational Constraints Assessment and Action Plan for MOH

Component 2: Procurement Readiness Plan for MOH

Component 3: 5 and 10-year Strategic Plan for MOH

For these Components, the End of Project Indicators at the Purpose Level include:

- Decreased operational bottlenecks within MOH
- Operational readiness achieved in order to implement TT Procurement Reform Law
- Increased strategic direction and guidance for MOH sub-agencies

Consultancy objective(s)

As stipulated within the Technical Cooperation Document, an ex-post evaluation of this project is to be undertaken jointly by the Ministry of Health/Project Execution Unit (MOH/PEU) and the Bank to assess the program's success in obtaining the objectives of the Programme and derive lessons and share experiences which would guide the design and implementation of further reforms. Moreover, this exercise aims to provide the MOH/PEU and the Bank with an assessment of the TC and include lessons learnt for adoption during the implementation of similar reform programmes.

As such, the objective of this consultancy exercise will be to perform an ex-post evaluation, producing a Project Completion Report for the TC as per the Bank's reporting format and guidelines and a comprehensive Project Outcome Assessment Report. It is expected that the Bank's Project Completion Report will be a summary of the larger outcome document.

In this regard, a model outline for the Bank's Project Completion Report is the following:

1. The Project
 - a. Project Context
 - b. Project Description
 - c. Development Objectives
 - d. Components
2. Results
 - a. Outcomes
 - b. Externalities
 - c. Outputs
 - d. Project Costs
3. Project Implementation
 - a. Analysis of Critical Factors
 - b. Performance of contracted parties
 - c. Bank Performance
4. Sustainability
 - a. Analysis of Critical Factors
 - b. Potential Risks
 - c. Institutional Capacity
5. Monitoring and Evaluation
 - a. Information on Results
 - b. Future Monitoring and Ex-Post Evaluation
6. Lessons Learned

Main activities

A methodology for the structure of this ex-post evaluation, combined with the deliverables required for it, is suggested below. The Consultant may submit a revised methodology with an application, should it be desired, but this is subject to approval by the Client.

TASK A: Inception Stage.

Consultant will be expected to: Review available project documentation; conduct initial meetings with all stakeholders; perform a project background analysis; and clarify/confirm project requirements.

TASK B: Planning Stage.

At this stage, the Consultant is expected to develop a draft work plan for the Project Completion Reporting Consultancy Service, detailing a schedule of documents required, stakeholder and other meeting schedules and required Client deliverables.

Deliverables at this stage include: an Initial Report of Consultation meeting minutes and a draft work plan, due at the end of the second week of the commencement of the contract. The work plan shall be reviewed and agreed upon by the Client.

TASK C: Implementation Stage.

The Consultant implements the assessment methodology in this stage, providing the required services for the provision of a draft Bank Project Completion Report, firstly, and secondly a draft Project Outcome Assessment Report for the more substantial outcome paper.

Specific inputs which may be required include documentation on:

- Project achievements;
- Parties involved in the TC components;
- Progress on the implementation of action and strategic plans developed under the TC
- Achievements via the Implementation of Services Agreements

Deliverables at this stage include the presentation of drafts or interim Reports of the two documents as described in Section 3 on Consultancy Objectives, in accordance with the approved/amended work plan and/or defined tasks approved by the MoH personnel.

TASK D: Reporting Stage.

The Consultant shall prepare and submit the Project Completion Report, which is according to Bank format and guidelines.

The Consultant shall also prepare and formally present to client representatives a draft report of the findings and recommendations as per the Project Outcome Assessment Report objectives.

Further, the Consultant is to review comments made at the presentation, and conduct any additional studies recommended and present a final report after consultation with stakeholders.

Reports / Deliverables

The consultant shall present reports in accordance with requirements stated in the deliverables as follows:

- i. An Initial Report as per the Planning Stage, giving details of the initial works and the proposed work plan
- ii. Progress Reports as is necessary to communicate the progress of the services and the interim findings.
- iii. Draft Reports of both the Bank Project Completion Report and the Project Outcome Assessment Report
- IV. Final Reports as per Task D and report on the Methodology and Deliverables Framework.

Qualifications

Education: Graduate degree or technical certification in project management, monitoring and evaluation, and strategic planning

Language: Fluency in English, effective communication skills and excellent analytical and report writing skills.

Areas of Expertise: The selected consultant should have international consulting or work experience, demonstrated skills and experience in project planning and management with a background in strategic project planning and implementation, evaluation of projects and an intimate knowledge of human resource management and health planning.

The consultant should possess experience in dealing with senior decision-makers in the public and private sector. The consultant is expected to possess strong analytical and organizational skills. Efficient computer and communication skills are a must. The consultant should have experience and understanding of TT country setting and the Caribbean Region.

Characteristics of the Consultancy

- *Consultancy category and modality:* Defined Term Contractual
- *Contract duration:* 30 non-consecutive days from the commencement of contract
- *Place(s) of work:* Port-of-Spain, Trinidad & Tobago (TT), Ministry of Health Headquarters (MOH)
- *Responsible person:* Ian Ho-a-Shu, IDB and Permanent Secretary, TT MOH

Payment and Conditions: Compensation will be determined in accordance with Bank's policies and procedures. The Bank, pursuant to applicable policies, may contribute toward travel and moving expenses. In addition, candidates must be citizens of an IDB member country.

Visa and Work Permit: The Bank, pursuant to applicable policies, may submit a visa request to the applicable immigration authorities; however, the granting of the visa is at the discretion of the immigration authorities. Notwithstanding, it is the responsibility of the candidate to obtain the necessary visa or work permits required by the authorities of the country(ies) in which the services will be rendered to the Bank. If a candidate cannot obtain a visa or work permit to render services to the Bank the contractual offer will be rescinded

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Diversity: The Bank is committed to diversity and inclusion and to providing equal opportunities to all candidates. We embrace diversity on the basis of gender, age, education, national origin, ethnic origin, race, disability, sexual orientation, religion, and HIV/AIDs status. We encourage women, Afro-descendants and persons of indigenous origins to apply.

Trinidad and Tobago

SPH/CTT

RESEARCH CONSULTANT to Perform Project Administration and Review Technical Deliverables under TT-T1070

TERMS OF REFERENCE

Background

The Health Services Support Program (HSSP) operation TT-L1039 seeks to prevent and control risk factors and non-communicable diseases (NCDs) among adults, and primary and secondary school students by strengthening the delivery of integrated primary care services; implementing behavior change programs and policies; improving health information management; ensuring adequate HRH; and enhancing health facilities investment management through the innovative application and use of information and communication technology (ICT) including hardware, software, people, data and network. To achieve this objective, TT-L1039 will focus on strengthening the delivery of primary care services at the Regional Health Authorities by reorienting primary care services to address NCDs, improving human resources management at the RHAs, enhancing NCDs surveillance through a health information management system and improving health facilities management. TT-L1039 was approved in December 2014, and following a change in Government in September 2015, the loan contract was signed in 2016, and declared eligible in May 2017.

Much of the preparation for the loan was foreseen under an initial investment of a \$1.5M Project Preparation and Execution Facility (PROPEF) Investment which must be repaid to the Bank as part of the loan expenses. As the implementation procurement law was not foreseen as part of the PROPEF funds and the mechanism to change fund purposes therein is cumbersome and lengthy, this technical cooperation is intended as a more direct route to bolster the investment loan's success.

The general objective of the TC: TT-T1070 is to support the implementation of the operation TT-L1039. To achieve this, this TC will finance the following deliverables:

1. Operational Constraints Assessment and Action Plan
2. Procurement Readiness Plan
3. Ministry of Health Strategic Plan

Consultancy objective(s)

To assist the Project Team Leader to review the following key deliverables, make recommendations for improvement and supervise consultants contracting s under TT-T1070:

1. Operational Constraints Assessment and Action Plan
2. Procurement Readiness Plan
3. Ministry of Health Strategic Plan

Conduct research to the Project Team Leader on best practices in which Ministries of Health have undergone successful organizational transformation change.

Main activities

The main activities of the Research Assistant will include: (i) review deliverables from consultants hired under TT-T1070, (ii) make recommendations for improving consultant deliverables and (iii) assist the Project Team Leader to supervise the consultants hired under TT-T1070.

Main responsibilities: (1) Complete documentation with respect to hiring of consultants under the TT-T1070; (2) Assist with the preparation of special reports, briefs and correspondence as needed; (3) Follow-up with MOH Technical Team on responses required by the consultants to complete their deliverables; and (4) Conduct research to the Project Team Leader on best practices in which Ministries of Health have undergone successful organizational transformation change.

Reports / Deliverables

Monthly Progress Report outlining research/work completed.

Payment Schedule

Compensation shall be paid monthly based on the submission of an invoice supported by a monthly progress report.

Qualifications

Education: Bachelor's degree in any social sciences discipline.

Experience: A minimum of 5 years of experience in a research based environment.

Language: Fluency in English.

Areas of Expertise: Conducting, analyzing and presenting technical research

Skills: Strong oral and written communication skills; strong analytical and reporting skills and the ability to respond in writing by providing clear, concise, timely and accurate information; and proficient in MS Office applications and any other statistical tools such as SPSS.

Competencies: Must be results oriented and target driven; can build strategic relationships among stakeholders by asking clear, concise and relevant questions in order to obtain information from staff and other clients; shows flexibility and openness to differing ideas and solutions in highly complex situations regarding policies; procedures and reporting lines; and has the ability to influence others by presenting ideas with confidence, energy and passion;

Characteristics of the Consultancy

Consultancy category and modality: Products and External Services Contractual

Contract duration: 50 man days over the period: 1 October 2017 to 1 April 2018

Place(s) of work: IDB CTT Office

Coordinator: The Research Assistant will be supervised by Ian Ho-a-Shu, (SPH/CTT) Project Team Leader

Payment and Conditions of Employment: Remuneration will be determined in accordance with Bank regulations and criteria.

Consanguinity: Individuals with relatives working for the IDB within, and including the fourth degree of consanguinity and the second degree of affinity are not eligible for employment as staff or consultants. Candidates must be citizens of a member country of the Inter-American Development Bank.

Diversity: The IDB is committed to diversity and inclusion and to providing equal opportunities in employment. We embrace diversity on the basis of gender, age, education, national origin, ethnic origin, race, disability, sexual orientation, religion, and HIV/AIDs status. We encourage women, Afro descendants and persons of indigenous origins to apply.

PROCUREMENT PLAN FOR BANK EXECUTED OPERATIONS														
Country: Trinidad and Tobago						Executing Agency: IDB						UBR: CCB/CTT		
Project number: TT-T1070					Title of Project: Implementation Support for the Health Service Support Program (HSSP) loan									
Period covered by the Plan: 24 months					Total Project Amount: \$ 250,000									
Component	Procurement Type (1) (2)	Service type (1) (2)	Description	Estimated contract cost (US\$)	Selection Method (2)	Type of Contract	Source of Financing and Percentage				Estimated date of the procurement notice	Estimated contract start date	Estimated contract length	Comments
							IDB/MIF		Other External Donor					
							Amount	%	Amount	%				
Component 1	A. Consulting services	Consulting Firm (GN-2765)	Organisational Development	\$ 90,000	SCS	Lump Sum	\$ 90,000	100%	\$ -	0%	15-Jan-18	15-Aug-18	2 months	
Component 2	A. Consulting services	Individual Consultant (AM-650)	Procurement Readiness Plan	\$ 70,000	IICQ	Lump Sum	\$ 70,000	100%	\$ -	0%	N/A	1-Nov-17	3 months	
Component 3	A. Consulting services	Individual Consultant (AM-650)	Strategic Plan Consultant	\$ 60,000	IICQ	Lump Sum	\$ 60,000	100%	\$ -	0%	N/A	30-Nov-17	1.5 months	
			Project Administration-Research Consultant	\$ 15,000	IICQ	Framework Agreement	\$ 15,000	100%	-	0%	N/A	1-Nov-17	50 man days over 17 months	
Component 4	A. Consulting services	Individual Consultant (AM-650)	Final project evaluation	\$ 15,000	IICQ	Lump Sum	\$ 15,000	100%	\$ -	0%	N/A	1-Sep-19	2.5 months	
										0%				
										0%				
										0%				
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										0%				
										0%				
										0%				
										0%				
Prepared by:			TOTALS	\$ 250,000			\$ 250,000	100%	\$ -	0%				
(1) Grouping together of similar procurement is recommended, such as publications, travel, etc. If there are a number of similar individual contracts to be executed at different times, they can be grouped together under a single heading with an explanation in the comments column indicating the average individual amount and the period during which the contract would be executed. For example: an export promotion project that includes travel to participate in fairs would have an item called "airfare for fairs", an estimated total value of US\$5,000, and an explanation in the Comments column: "This is for approximately four different airfares to participate in fairs in the region in years X and X1".														
(2) (i) Individual consultants: ICQ: Individual Consultant Selection Based on Qualifications; SSS: Single Source Selection. Selection process to be done in accordance with AM-650.														
(2) (ii) Consulting firms: Per GN-2765-1, Consulting Firm selection methods for Bank-executed Operations are: Single Source Selection (SSS); Simplified Competitive Selection (<=250K); Fully Competitive (>250K); and Framework Agreement Task Order (FWTO). All Consulting Firm selection processes under this policy must use the electronic module in Convergence.														
(2) (iii) Goods: Per GN-2765-1, par. A.2.2.c: "The procurement of goods and related services, except when such goods and related services are necessary to achieve the objectives of the Bank-executed Operational Work and are included in the consulting services contract and represent less than ten percent (10%) of the consulting services contract value."														

IMPLEMENTATION SUPPORT FOR THE HEALTH SERVICE SUPPORT PROGRAM (HSSP)

TT-T1070

CERTIFICATION

I hereby certify that this operation was approved for financing under **Ordinary Capital Strategic Development Program for Social Development (SOC)** through a communication dated July 20, 2017 and signed by Mariana Mendoza (ORP/GCM). Also, I certify that resources from said fund are available for up to **US\$250,000** in order to finance the activities described and budgeted in this document. This certification reserves resource for the referenced project for a period of six (6) calendar months counted from the date of eligibility from the funding source. If the project is not approved by the IDB within that period, the reserve of resources will be cancelled, except in the case a new certification is granted. The commitment and disbursement of these resources shall be made only by the Bank in US dollars. The same currency shall be used to stipulate the remuneration and payments to consultants, except in the case of local consultants working in their own borrowing member country who shall have their remuneration defined and paid in the currency of such country. No resources of the Fund shall be made available to cover amounts greater than the amount certified herein above for the implementation of this operation. Amounts greater than the certified amount may arise from commitments on contracts denominated in a currency other than the Fund currency, resulting in currency exchange rate differences, represent a risk that will not be absorbed by the Fund.

CERTIFIED BY:

Original signed

8/29/17

Sonia M. Rivera

Date

Division Chief

Grants and Co-Financing Management Unit

ORP/GCM

APPROVED BY:

Original signed

8/30/17

Ferdinando Regalia

Date

Division Chief

Social Protection and Health Division

SCL/SPH