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THE REPUBLIC OF TRINIDAD AND TOBAGO

**SUPPORT FOR HEALTH TRANSFORMATION PROGRAM
STRENGTHENING HEALTH SERVICES DELIVERY**

(TT-T1012)

PLAN OF OPERATIONS

This document was prepared by the project team consisting of: Ian Ho-a-Shu (SPH/CTT), Team Leader; Antonio Giuffrida (SCL/SPH); Rosina De Souza (LEG/SGO); Denise Salabie (CCB/CTT); Kevin D'Andrade (CCB/CTT); and Sheyla Silveira (SCL/SPH).

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N/A

BASIC SOCIOECONOMIC DATA

For Basic socioeconomic data, including public debt information, please refer to the following address:

http://www.iadb.org/res/externallink_list.cfm?language=en&parid=1&itemlid=1&detail=Box1#b1

INFORMATION AVAILABLE IN THE FILES OF SCL/SPH

PREPARATION:

EXECUTION:

Terms of Reference

ABBREVIATIONS

AOP	Annual Operational Plan
CARICOM	Caribbean Community
CDAP	Chronic Disease Assistance Programme
GORTT	Government of The Republic of Trinidad and Tobago
IDB	Inter-American Development Bank
LAC	Latin American and Caribbean
MDG	Millennium Development Goals
MH	Ministry of Health
NHS	National Health Service
PAHO	Pan-American Health Organization
PEC	Project Execution Committee
PU	Projects Unit
RHA	Regional Health Authority
TC	Technical Cooperation
UWI	University of the West Indies

PLAN OF OPERATIONS
For Nonreimbursable Technical Cooperation Programs
(TT-T1012)

I. EXECUTIVE SUMMARY

Project name:	Support for Health Transformation Program -Strengthening Health Services Delivery		
Beneficiaries:	The Ministry of Health (MH) and Regional Health Authorities (RHAs)		
Project team:	Ian Ho-a-Shu (SPH/CTT), Team Leader; Antonio Giuffrida (SCL/SPH); Rosina De Souza (LEG/SGO); Denise Salabie (CCB/CTT); Kevin D’Andrade (CCB/CTT); and Sheyla Silveira (SCL/SPH).		
Executing agency:	The Ministry of Health (MH)		
Financing:	IDB: Special Program for Employment, Poverty Reduction and Social Development in Support of the Millennium Development Goals (ORC/SOF): US\$600,000 Local: US\$150,000 Total: US\$750,000		
Objectives:	The general objective of the TC is to support the definition and early execution of RHA institutional strengthening activities based on an evidence-based approach and international best practices.		
Execution timetable:	Execution period:	18 months	
	Disbursement period:	24 months	
Special contractual conditions:	None		
Exceptions to Bank policies and procedures:	The proposed execution and disbursement periods will require an exception to the Bank’s policy governing the use of Social Fund resources (GN-2426-3, paragraph 3.10). The extended execution and disbursement periods are being proposed in order to facilitate completion of the institutional development initiatives being supported by the Program. (See Annex 1 – Results Framework)		
Environmental and social review:	The ESR reviewed the Technical Cooperation (TC) Profile on November 13 (Cleared 46-09) and approved classifying the TC as Category C according to the Bank Environmental Safeguard Policy (OP-703).		
Coordination with other Donors:	Pan-American Health Organization will provide technical support for the Human Resources component during the implementation of this TC (see paragraph 3.5).		

II. BACKGROUND AND JUSTIFICATION

A. The Health Sector

- 2.1 In 1994, the Regional Health Authorities Act was enacted, establishing five Regional Health Authorities (RHAs) -four in Trinidad and one in Tobago- as, independent statutory authorities accountable to the Minister of Health. The RHAs were set up to provide a range of health services to their catchment populations. The Ministry of Health retains *de facto* responsibility for setting the national framework and priorities, ensuring that public funds effectively meet the population's health needs and improve its health status, and establishing standards and monitoring achievement of these standards by RHAs and other service providers.
- 2.2 Significant progress in improving the health status of the population in Trinidad & Tobago has occurred over the last ten years, namely: (i) improved access to primary health care¹; (ii) establishment of community outreach programs throughout the five RHAs; (iii) increases in immunization coverage; (iv) reductions in surgical waiting lists; (v) the establishment of a national ambulance service; and (vi) significant physical infrastructure improvements. While health indicators compare favorably with the Caribbean Community (CARICOM) and good progress has been made toward achieving the Millennium Development Goals (MDGs), the Government of the Republic of Trinidad and Tobago (GORTT) now wishes to focus squarely on the five RHAs, the principal services providers, which face a number of delivery challenges.
- 2.3 The priority challenges are: (i) Data Collection, Analysis and Management -to inform planning and service delivery, health information systems, epidemiological surveillance, and the use of information for clinical decision-making; (ii) Human Resources Planning- there is need to increase levels of skilled service providers in RHAs. At present, the current public healthcare system suffers from not having a health workforce that corresponds in quantity, competency and quality to the current and projected health needs of the population;² (iii) Institutional Organization- there is need to strengthen the governance and institutional arrangements in the sector, namely, for the MH to *de facto* shed its service provider role and for the RHAs to focus on service delivery and quality, especially in the primary healthcare area; and (iv) Health Financing Strategies- the sector is constrained by funding shortfalls which is affecting both planning and service delivery functions. There is need to establish sustainable health financing strategies as part of an overall health financing model which GORTT is currently developing with the University of the West Indies (UWI) as part of its Vision 2020 National Strategic Plan.

¹ D. Mahabir, M.C. Gulliford (2005) Changing Patterns of Primary Care For Diabetes in Trinidad and Tobago over 10 years. *Diabetic Medicine* 22 (5), 619-624.

² Health Systems Profile- Trinidad and Tobago, PAHO/WHO, October 2008.

- 2.4 **Government objectives.** GORTT has set out the following high-level objectives for the health sector in its Vision 2020³ Plan: (i) increasing life expectancy rates (males: from 68.4 to 68.6 years; females: from 73.2 to 74.4 years); (ii) reducing infant mortality rate (24 per 1,000 births to 15 per 1,000); and (iii) increasing the availability of physicians from 10 per 10,000 population to 12 per 10,000 populations.
- 2.5 To address funding shortfalls, GORTT is committed to a mixed system for financing the delivery of health care to the population centered around the introduction of a National Health Service (NHS) with the following features: (i) the State through the NHS, will ensure free and universal access to a basket of services; and (ii) the population will be responsible through out of pocket or complementary private insurance for services beyond the package provided by the NHS.
- 2.6 While central government expenditure in the health sector has more than doubled in absolute terms over the 2002-2008 period, it has been relatively constant as a percentage of total recurrent expenditure.⁴ In 2002, the Government spent TTD\$1.3 billion or 8.9% of total recurrent expenditure on health; by 2008, this figure rose to almost TTD\$2.9 billion, but had actually fallen to just 8.3% of total recurrent expenditure. Total expenditure on health as a percentage of GDP over the 2002-2007 period has also shown a very little change, with 2002 at 5.0% and 2007 at 4.7%, with the GORTT providing the majority of that expenditure in five of the 6 years.⁵ Within this scenario, GORTT is seeking to define and implement innovative sector financing strategies as evidenced by GORTT's recent expansion of its Chronic Disease Assistance Programme (CDAP) in 2008, where all citizens suffering from chronic diseases are entitled to receive prescription drugs at no cost.
- 2.7 **Health Sector Priorities.** Within the framework of Vision 2020, the MH developed its Business Plan, 2008-2013, outlining the health transformation agenda and strategic direction for the sector as a whole. The transformation efforts of the central Ministry are underway in terms of improving its policy-planning and regulatory functions. As a complementary activity, GORTT now wishes to focus on improving the service delivery aspect of the sector by reviewing and reengineering the operational capability of the RHAs. Current GORTT health sector priorities include a continuing commitment to universal access to care and a focus on primary care and decentralized delivery systems. In this context, it is critical the implementation of the RHA institutional strengthening commence in short order for the health priorities to be successfully met. The complementarities of the reform efforts of both, the central Ministry and RHAs, brings added synergistical benefits for sustainable improvements in the sector.

³ VISION 2020- Transformation in Progress, Ministry of Planning, GORTT, 2007.

⁴ 2008 Annual Economic Survey, Central Bank of Trinidad and Tobago.

⁵ World Health Organization National Health Account - Trinidad and Tobago, www.who.int/nha/country/tto.pdf.

- 2.8 From the ongoing MH transformation and other recent experiences in the public sector, GORTT recognizes the establishment of a clear project plan with measurable baseline, and targets are critical success factors for the RHA institutional strengthening. GORTT is now seeking TC resources to support the RHA institutional strengthening in a structured manner, informed by international best practices which is consistent with GORTT's Vision 2020 objectives of improving quality, effectiveness and cost efficiency.
- 2.9 In the area of health care financing, the GORTT's long-term vision is to move towards a social health insurance system and with the assistance of UWI, GORTT is currently finalizing its NHS, a health financing model. Early indications are that the NHS will include the implementation of a number of health financing strategies, such as CDAP.

B. Links with country operational program

- 2.10 The TC supports the ongoing IDB Country Strategy update for the period 2009-2012, which envisions a role for the Bank in providing technical support for the definition of a programmatic and structured framework for the health sector, providing a basis for dialogue on possible loan financing opportunities.⁶ The TC has no explicit or implicit linkages to the operations in the portfolio or pipeline, but instead represents a standalone contribution to sector development by enhancing the basis for strategic dialogue and evidence based decision making.

III. PROGRAM OBJECTIVES AND DESCRIPTION

A. Objective

- 3.1 The general objective of the TC is to support the definition and early execution of RHA strengthening and operational transformation activities based on an evidence-led approach and international best practice. Specifically, the TC will contract specialized consultancy services to: (i) review operational performance of the RHAs; (ii) identify service delivery options; (iii) assess sector-wide HR requirements; (iv) develop capacity in data collection, health needs assessment and results based Management; and (v) identify health financing strategies.

B. Components, activities and products

- 3.2 To achieve the aforementioned objectives, the TC will finance the following components:

1. Component 1 – RHA Institutional Development

- 3.3 **RHA Performance Evaluation and Masterplan.** The TC will finance an operational performance evaluation of the RHAs, looking at: delivery capacity;

⁶ The Country Strategy for the period 2009-2012 is currently being updated.

range of services offered; client perceptions, the quality of services and the infrastructure available for service delivery. A masterplan will then be developed to define the critical implementation and process steps. Selected RHAs outsourced certain services to the private sector which highlights the need for feasibility studies on alternative service delivery models. The masterplan will outline alternative RHA service delivery options.

- 3.4 **Strengthening of Evidence Based Planning and Management Systems.** TC resources will fund the development and early implementation of an action plan for RHAs under the MH's oversight, to build RHA capacity in data collection, health needs assessment, and results-based project Management.
- 3.5 **Human Resource (HR) Development Plan.** Due to critical skills shortages, the TC will fund a HR Development and Manpower Plan for the health sector, including a long term strategy to address competency gaps and staff retention issues. PAHO is already providing technical collaboration in this area which the TC will complement accordingly.

2. Component 2 – Health Financing Strategies

- 3.6 The TC will support studies to assist with the sector financing strategies as part of NHS, expected to be completed by mid-2010.⁷
- 3.7 The consultancies outlined in Components 1 and 2 above will run concurrently.

IV. COST AND FINANCING

- 4.1 The total cost of this TC is estimated in US\$750,000, with financing from the Special Program for Employment, Poverty Reduction and Social Development in Support of the Millennium Development Goals (Social Fund), up to the amount of US\$600,000 and US\$150,000 in local counterpart funds provided by the MH. A detailed budget is enclosed as Annex II.

Table IV.1. Summarized Project Budget (US\$)

Components	Social Fund	Local	Total US\$	Total (%)
1. Component 1: RHA Institutional Development	430,000	107,500	537,500	72%
2. Component 2: Health Financing Strategies	85,000	21,250	106,250	14%
Subtotal	<u>515,000</u>	<u>128,750</u>	<u>643,750</u>	<u>86%</u>
Administrative cost	75,000	18,750	93,750	13%
Contingency	10,000	2,500	12,500	1%
TOTAL	<u>600,000</u>	<u>150,000</u>	<u>750,000</u>	<u>100%</u>

⁷ The TC may also be complemented by a Bank funded regional Health Knowledge Brokering Fund TC, to support a Latin American and Caribbean (LAC) network of experts to share related knowledge/experience.

A. Description and composition of financing

- 4.2 The Social Fund will fund the studies while GORTT will fund the stakeholder consultations/communication strategy as part of its counterpart contribution. A breakdown of the financing is presented in the detailed budget (see Annex II).

B. Sustainability

- 4.3 GORTT's decision to use its own funds to procure a RHA Integrated Healthcare Delivery System and a Health Information System to facilitate real-time data exchange, demonstrates long term commitment to RHA organizational development, which portends well for a positive impact on population health.

V. EXECUTING AGENCY AND MECHANISM

A. Executing Agency

- 5.1 The executing agency of the technical cooperation is the Ministry of Health of the Government of Republic of Trinidad and Tobago.

B. Executing mechanism

- 5.2 Under the control of the Permanent Secretary, a Projects Unit (PU) has already been established within the MH. The PU has experience in project management and currently supervises other MH projects. The PU comprises: (i) two senior Project Officers; and (ii) support personnel. TC Resources will finance a Technical and Financial Administrator who will work with the PU to oversee the execution of the TC. Other support personnel will come from MH staff. Other administrative expenses such as office space will come also be provided by the Executing Agency.

- 5.3 The PU is responsible for overall TC administration and oversight, including: administering the resources of the TC, its implementation schedule and expenditure plan and ensuring that the execution of the project is in line with the Result Framework and in the Annual Operational Plan (AOP).

- 5.4 A Project Execution Committee (PEC) will be formed to provide technical guidance during implementation. The PEC will include: the Permanent Secretary of the MH, the Chief Medical Officer, and the Chief Executive Officers of the five RHAs.

C. Program implementation readiness

- 5.5 The RHAs and MH are implementation-ready as evidenced by already functioning PU. The PU staff is familiar with the Inter-American Development Bank (IDB) procurement and execution procedures, so little learning-curve downtime is expected.

D. Execution period and disbursement schedule

- 5.6 The execution period will be 18 months and the disbursement period will be 24 months.

E. Disbursement administration and financial control

- 5.7 A **revolving fund** of up to 10% of the financing will be established to pay for TC expenses.
- 5.8 The resources of the TC will be administered by the MH, who will open a specific bank account to manage the resources of the TC.
- 5.9 TC financial records will be set out that: (i) the amounts received from the various sources can be easily identified; (ii) project expenses are registered in accordance with the chart of accounts approved by the Bank, with distinction made between Bank funds from other sources; and (iii) adequate supporting documentation and filing system are in place to identify goods acquired and services contracted.
- 5.10 **Financial auditing.** The MH will submit to the Bank, within 90 days after the last disbursement of the resources of the Program, the financial statements of the TC, audited by a firm of independent auditors acceptable to the Bank.

F. Procurement

- 5.11 The PCU will manage all procurement activity in accordance with the provisions of GN-2349-7 and GN-2350-7. The thresholds for program procurement in Trinidad and Tobago are:

Table V.1 Procurement table

	International Competitive Bidding	National Competitive Bidding	Shopping
Goods:	≥US\$250,000	US\$50,000– US\$250,000	<US\$50,000
Consulting Services: Shortlist Entirely National Consultants	<US\$200,000		

* The project procurement plan is included as Annex III.

VI. MONITORING AND EVALUATION

A. Monitoring, supervision and evaluation

- 6.1 The monitoring and supervision responsibilities of the Technical Cooperation will be executed jointly by VPS and VPC. The TC will be monitored using the indicators and targets set out in the Result Framework (Annex I). A final evaluation of the TC will be conducted by an independent consultant hired specifically for this purpose and financed as part of the project.

B. Technical and basic responsibility

- 6.2 SPH will maintain the technical responsibility and Country Office Trinidad & Tobago will have the basic responsibility for the TC.

C. Progress and final reports

- 6.3 The Technical/Financial Administrator of the TC will prepare and submit to the Bank; (i) the final financial statements, the semi-annual Revolving Fund Status Reports; (ii) the semi-annual progress reports; and (iii) a final report.

VII. PROGRAM BENEFITS AND RISKS

A. Program benefits and development impact

- 7.1 The TC will provide GORTT with: (i) the structure to implement the RHA institutional strengthening; and (ii) key inputs to their health financing strategies, resulting with better informed decision-making and improved service delivery efficiency and efficacy gains.

B. Target Beneficiaries

- 7.2 The TC outputs will improve RHA service delivery and evidence-based decisions, leading to better national health outcomes among the population.

C. Risks

- 7.3 Potential risk factor is limited stakeholder buy-in on the scope of the RHA transformation agenda. To mitigate the risk, the TC will finance a stakeholder consultation process and a social marketing strategy as part of Component 1.

VIII. ENVIRONMENTAL AND SOCIAL REVIEW

A. Date of ESR review

- 8.1 The proposed program has no environmental impact, given that its activities are mainly of an advisory nature. The ESR reviewed the CT Profile on November 13 (Cleared 46-09) and approved classifying the TC as Category “C” according to the ESR Safeguard Classification.

IX. CERTIFICATION

- 9.1 I hereby certify that this operation was approved for financing with resources from the Special Program for Employment, Poverty Reduction and Social Development in Support of the Millennium Development Goals (ORC/SOF) through a communication dated November 17, 2009 and signed by Goro

Mutsuura (VPC/GCM). Also, I certify that resources from the Special Program for Employment, Poverty Reduction and Social Development in Support of the Millennium Development Goals (ORC/SOF) are available for up to US\$600,000 in order to finance the activities described and budgeted in this Plan of Operations. This certification reserves resources for the referenced project for a period of eleven (11) calendar months counted from the date of signature below. 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 Plan of Operations. 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, for which the Fund is not at risk.

Original firmado

December 9, 2009

Margerite S. Berger
Chief, VPC/GCM

Date

X. APPROVAL

Original firmado

December 10, 2009

Ferdinando Regalía
Chief, SCL/SPH

Date

RESULTS MATRIX

Objective of the Program	Support the GORTT with the definition and early execution of the RHA strengthening and operational transformation which would improve delivery of services based on an evidence-led approach and best practice.
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Results Indicators	Baseline	Intermediate target 2010	Final target 2011	Observations
The delivery of services by 2 out of the 5 RHAs would be based on the updated health needs assessment data.	0	0	2	Verification: RHA Annual Reports.
Reduction in patient waiting time by 30 minutes at health facilities at 2 out of the 5 RHAs.	90 mins	0	60 mins	Verification: 1) MORI Survey 2) RHA Annual Reports
Component I. RHA Institutional Development	Baseline	Intermediate target 2010	Final target 2011	Observations
Products				
RHA Masterplan approved by Government.	0	0	1	Verification: Confirmed Cabinet Decision
RHA Human Resources /Manpower Development Plan approved by Government.	0	0	1	Verification: Confirmed Cabinet Decision
Action Plan for RHA Health Needs Assessment roll-out.	0	0	1	Verification: Confirmed Cabinet Decision
Component 2 – Health Financing Strategies	Baseline	Intermediate target 2010	Final target 2011	Observations
Products				
A high-level position paper listing health financing strategy options and preferred recommendations.	0	0	1	Verification: Acceptance of the Position Paper by MOH as confirmed by Cabinet Note

DETAILED BUDGET (US\$)

Component/Activities	Months / Number of items	Source		Total	Total (%)
		IDB-SF	Local		
1. Component 1 RHA Institutional Development					
1.1 Technical support (3 Individuals: 1 senior and 2 support consultants)					
a. Senior Health Planner Adviser	14	180,000		180,000	
b. Health Planner Consultant	12	80,000		80,000	
c. Business Modeling Consultant	12	60,000		60,000	
d. Human Resources and Manpower Consultant	12	50,000		50,000	
1.2 Evidence Based/Health Needs Assessment Consultant	12	60,000		60,000	
1.3 Social Communications			107,500	107,500	
Total Component 1		<u>430,000</u>	<u>107,500</u>	<u>537,500</u>	<u>72%</u>
2. Component 2 Health Financing Strategies					
2.1.1 Senior Health Financing Expert		85,000	21,250	106,250	
Total Component 2		<u>85,000</u>	<u>21,250</u>	<u>106,250</u>	<u>14%</u>
Subtotal Components		<u>515,000</u>	<u>128,750</u>	<u>643,750</u>	<u>86%</u>
Administrative cost		<u>75,000</u>	<u>18,750</u>	<u>93,750</u>	<u>13%</u>
Contingency		<u>10,000</u>	<u>2,500</u>	<u>12,500</u>	<u>1%</u>
GRAND TOTAL		<u>600,000</u>	<u>150,000</u>	<u>750,000</u>	<u>100%</u>
%		80%	20%	100%	

PROCUREMENT PLAN

Country: The Republic of Trinidad and Tobago
Executing agency: Ministry of Health
Project name: Support for Health Transformation Agenda-
Strengthening Health Service Delivery
Project and contract numbers: TT-T1012;
Date of project approval: December 2009
Date of signature of the contract:
Date of the final disbursement:

A) All contracts for the proposed TC will be carried out in accordance with the “Policies for the Procurement of Goods and Works Financed by the Inter-American Development Bank” (GN-2349-7), and “Policies for the Selection and Contracting of Consultants Financed by the Inter-American Development Bank” (GN-2350-7), and what is established in the Operative Plan and the current Procurement Plan.

B) Executing Agency’s capacity and Procurement Supervision on the part of the Bank: The Bank based on the experience and knowledge of the capacity of the Executor and the simple nature of the procurements involved, determined that the total project risk associated to the procurement management is low.

Address of the executing agency office responsible for the procurement plan:

Projects Unit
Telephone: (868) 625-3777/3839
Facsimile: (868) 627-4110
City Drugs Building, 4th Floor, Corner Charlotte Street & Independence Square, PORT of Spain, Trinidad.

PROCUREMENT PLAN

Description and type of the procurement contracts: <u>Consulting Services</u>	Estimated Costs	Procurement Method ¹	Review (ex-ante or ex-post)	Financing Sources		Specific Procurement Notice		Status ²
				BID (%)	Local (%)	Publication of Specific Procurement Notice	Completion of contract	
1. Technical and Financial Administrator	US\$ 45,000	ICQ	Ex-ante	100	0	January 2010	July 2011	Pending
2. Senior Health Planning Advisor	US\$ 180,000	ICQ	Ex-ante	100	0	January 2010	June 2011	Pending
3. Health Planner Consultant	US\$ 80,000	ICQ	Ex-ante	100	0	January 2010	January 2011	Pending
4. Business Modeling Consultant	US\$ 60,000	ICQ	Ex-ante	100	0	January 2010	January 2011	Pending
5. HR and Manpower Consultant	US\$ 50,000	ICQ	Ex-ante	100	0	January 2010	January 2011	Pending
6. Health Financing Strategies	US\$ 85,000	ICQ	Ex-ante	100	0	January 2010	January 2011	Pending
7. Health Needs Assessment	US\$ 60,000	ICQ	Ex-ante	100	0	January 2010	January 2011	Pending
8 Project Evaluation Consultant	US\$ 15,000	ICQ	Ex-Ante	100	0	March 2010	May 2011	Pending
TOTAL	<u>US\$575,000</u>							

¹ Notes: **Consulting Firms:** QCBS: Quality- and cost –Based Selection; QBS: Quality Based Selection; FBS: Selection under a Fixed Budget; LCS: Least-Cost Selection; CQS: Selection based on the consultant' Qualifications; SSS: Single Source Selection. **Individual Consultants:** ICQ: National Individual Consultant selection based on Qualifications.

² Terminology to be used: Pending/In Process/Awarded/Cancelled