

TC Document

I. Basic Project Data

Country:	Jamaica
TC Name:	Improvement to Health Service Delivery
TC Number:	JA-T1141
Team Leader/Members:	Donna Harris (SPH/CJA), Team Leader; Pablo Ibarraran (SCL/SPH), Alternate team leader; Ian MacArthur (SPH/CBR), Janet Quarrie (SPH/CJA) Rene Herrera (FMP/CJA); Sudaney Blair (CCB/CJA); Pilar Jimenez (LEG/SGO); Naveen Jainauth-Umrao (FMP/CJA); Natalie Wegener (SCL/SPH); and Martha Guerra (SCL/SPH)
Taxonomy:	Operational Support (OS)
Date of TC Abstract authorization:	November 13, 2017
Beneficiary:	Ministry of Health (MOH) Jamaica via IDB support
Executing Agency and contact name	The IDB in partnership with Ministry of Health, Jamaica
Donors providing funding (amount and Fund's name):	Ordinary Capital Strategic Development Program for Social Development (SOC) for \$250,000; related loans JA-L1049 and JA-L1080
IDB Funding Requested:	US\$250,000
Local counterpart funding, if any:	None
Disbursement period (includes Execution):	30 months (24 months execution period)
Required start date:	January, 2018
Types of consultants:	Individual and Firms
Prepared by Unit:	SCL/SPH
Unit of Disbursement Responsibility:	COF/CJA
TC Included in Country Strategy:	Yes
TC included in CPD:	Yes
Institutional Strategy 2010-2020 (AB-3008):	Consistent with the Institutional Strategy Update 2010-2020 (AB-3008) and aligns with the challenge of development of social inclusion and equality and institutional capacity and rule of law.

II. Description of Associated Loan

- 2.1 This TC is designed to support the execution of two loans, JA-L1049 and JA-L1080 (Support to Health Systems Strengthening), the former being a policy based loan and the latter an investment program. The loans are in preparation stage and the team recently fielded a preliminary mission November 2 to 10, 2017 that began the dialogue with the authorities on the potential scope and objectives of the two programs and collected information to develop the project profile. An identification mission is planned for December 11, 2017 and this will facilitate the completion of the PP by February of 2018 and subsequent approval by July 2018. Preliminarily, the policy based loan will center on prevention and management of Non-communicable diseases (NCDs), and the investment loan will strengthen health networks to provide quality health services through an integrated approach.

III. Objectives and Justification of the TC

- 3.1 The general objective of this OS TC is to support the implementation of the two upcoming IDB programs (JA-L1049 and JA-L1080) by providing targeted and timely expertise and capacity building to enable the PEU to implement project resources in a timely manner and in alignment with IDB procurement, fiduciary and operational standards. To achieve this objective, this TC will finance institutional strengthening activities focused on improving the project planning and implementation systems and processes at the Ministry of Health in Jamaica.

- 3.2 **Jamaica health system.** Jamaica's health system involves a mix of public and private sectors. The public sector is comprised of 24 hospitals and 322 health centers. 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. The four decentralized Regional Health Authorities (RHAs) are responsible for health services delivery. The Ministry's policy priorities are aligned to health programmes that are of high level priority as reflected in the National Development Plan (Vision 2030 Jamaica) and the Sustainable Development Goals (SDGs). The Ministry of Health's strategic objectives are to: (i) provide the Jamaican population with health care service that is accessible and of the highest attainable standard; (ii) maintain and develop a qualified and professional workforce for the delivery of health and allied services; (iii) improve the quality of health information systems for planning and management of the health services; (iv) develop and monitor the implementation of viable health financing options; and (v) strengthen governance mechanisms in the areas of compliance, accountability, policy, legislative, and regulatory systems. The private sector healthcare complements the public sector in terms of providing greater access to quality and specialized care. In an effort to improve health outcomes, increase health equity, and reduce the financial risks associated with ill-health (particularly for the poor and vulnerable), the GOJ took steps towards Universal Health Coverage (UHC) by establishing the National Health Fund (NHF) in 2003, and abolishing health user fees in 2008.
- 3.3 **Resource allocation and performance challenges.** The Ministry has been constrained in meeting its strategic objectives due to inadequate human, physical and financial resources. Consequently, the capacity of the health system is in need of strengthening to address challenges with equipment and technologies as well as a shortage of personnel in critical areas including in specialist and critical care nurses. The World Bank recently completed a review of Public Health Expenditures in Jamaica aimed at understanding the performance of the health system and to identify areas of improvement in efficiency, equity and governance. The report highlighted issues of efficiency in areas such as health worker distribution, maintenance of equipment and administrative efficiency. The report also highlighted that the health system has been challenged by decreasing fiscal space due to low economic growth and a high debt burden. Jamaica's public-sector expenditure on healthcare is approximately 3.3 percent of GDP and when private sector expenditure is added, the total expenditure on healthcare stands at 5.9 percent. Accordingly, Jamaica total expenditure on health falls below the World Health Organization's recommended target spend of 8 percent of GDP. The limited fiscal space to recruit additional staff coupled with the IMF cap on staff cost to GDP has left the MOH with high demands and little capacity to respond to major health issues and emergencies.
- 3.4 **Strengthening the Ministry of Health (MOH).** Pursuant to its Strategic Business Plan for the period 2017 to 2020, the MOH is currently undertaking a number of key initiatives which are aimed at achieving the strategic objectives of the Ministry of Health as it pursues the transformation of the public health sector and advancing universal health coverage and universal access to health. These strategic initiatives include:
- a) The development of a ten-year strategic plan for the health sector, being developed with Bank's support under TC JA-T1092. This plan will include the development of a human resource plan, design and administrative restructuring plan and development of an infrastructure improvement and procurement plan.
 - b) The development of a sustainable National Health Insurance Plan, through the National Health Fund.
 - c) The Pan-American Health Organization (PAHO), pursuant to the Biennial Work Plan 2016-2017 for Jamaica, is providing technical assistance to the Ministry of Health to

undertake an Assessment of the Public Health Delivery System. This assessment is aimed at undertaking an assessment of the public health delivery system and make recommendations for the restructuring of the public health system for the efficient sustainable delivery of health services to meet the needs of the population and achieve the strategic policy priorities.

- d) In addition to the above mentioned strategic initiatives, the Ministry of Finance has requested assistance from the IDB for the health sector in the form of a policy based loan program supplemented by an investment loan for the lending cycle 2018/2019. The operations, (JA-L1049 & JA-L1080) will assist the Government of Jamaica develop national health policies and programs and strengthen health systems to improve health outcomes of the population. The program will also support the government develop a more integrated people centered health service delivery systems at an affordable price with focus on managing the increased burden of non-communicable diseases and strengthen capacity to deliver integrated primary health care services to the population.

- 3.5 Lack of resources continue to impact the ability of the MOH to meet the growing demands for care throughout the island and its capacity to implement related policies and its investment programs in a timely manner. Given these conditions, the MOH must undertake institutional strengthening in order to be well positioned to implement and sustain large scale investments targeted at the health system level. The MOH does not have internal capacity for management of large projects and has requested support in order to develop complementary processes to implement operations such as those funded by the IDB, in a timely and efficient manner which will maximize the benefits of such initiatives.
- 3.6 The implementation of the investments that will be financed through the partnership with the IDB will require strong and efficient project management capacity to plan, organize and manage the loan resources to bring about successful completion of specific project goals and objectives. Lessons learned from several IDB funded projects indicate that an experienced and qualified project team is a critical success factor and is predictive of successful project management. This TC is therefore intended to mitigate the risks against lack of expertise within the MOH and potential internal control and coordination risks.
- 3.7 **Strategic Alignment.** The program is consistent with the Update to the Institutional Strategy (UIS) 2010-2020 (AB-3008) and is strategically aligned with the development challenge of (i) social inclusion and equality. The program is also aligned with the cross-cutting theme of: (i) institutional capacity and rule of law by strengthening institutional capacity to administer and monitor outcomes of health systems improvement development projects from large international donors. Additionally, the program will contribute to the outcomes of the Corporate Results Framework (CRF) 2016-2019 (GN-2727-6) by providing operational support to projects that will increase the number of beneficiaries receiving healthcare services. In addition, it is aligned with the Jamaica Country Strategy (2016-2020) by focusing on the strategic area of strengthening public sector institutions and governance. Lastly this project is aligned with the objectives of the Strategic Programs for Social Development financed with Ordinary Capital (OC-SDP) (GN-2819-1), by strengthening efforts made by public institutions to be more effective and efficient in social programming, targeting and project execution.

IV. Description of activities and outputs and results

- 4.1 **Component 1: Capacity Strengthening for MOH.** In keeping with best practice¹, this component will support capacity strengthening of the MOH to implement health policies, programs and projects financed by the government and international donor agencies. In preparation for anticipated IDB support in mid-2018, this component will establish a Project Executing Unit (PEU) to ensure that: (i) eligibility for first disbursement is achieved well before the end of eligibility period; and (ii) IDB project resources are disbursed in a timely manner and in alignment with IDB procurement and fiduciary standards. In this regard, this component will provide resources to contract temporary consultancy services focused on: (i) project management; (ii) financial and procurement oversight and administration; and (iii) health systems subject matter expert to complement existing expertise within the MOH. The addition of these expertise for a period of up to one year, will enable the PEU to build capabilities to start preparing request for proposals and disbursing funds in a timely and efficient manner and in alignment with IDB standard and procedures. Second, this component will develop and implement a training plan to improve project management capacity for MOH existing staff. With IDB fiduciary team support, the contracted experts will share expertise via on-the job training and provide a seminar within their subject area for staff within MOH in order to facilitate knowledge transfer and the integration of their expertise within the organization.
- 4.2 **Component 2: Information Systems, training and development of operational manual.** This component will finance the design of software and training support related to the incorporation of planning, tracking, procurement and project management information system software. This will enhance the overall efficiency of project administrative and control environment in the MOH to improve execution capacity for the new loan programs. In particular this component will support the design of additional software, including systems integration and training. The Government of Jamaica will be responsible to purchase the license(s). Once implemented, this platform will be fully deployed by MOH for the technical and financial administration of the of the new IDB funded programs, and tailored to the specific IDB fiduciary requirements with respect to the chart of accounts and financial reporting, among others. This component will also support the design and delivery of a Program's Operational Manual which will outline the detailed governance and organizational processes required for the execution of the Jamaica Health Systems Strengthening Programs (JA-L1049 and JA-L1080) loans such as: the financing, and procurement guidelines associated with each component; the optimization of procurement and contracting processes between IDB and GOJ that align with IDB processes and procedures; the formal agreements with related agencies such as MOH, PIOJ, Ministry of Finance and the monitoring, evaluation and reporting of the program. The expected results are that the PEU will coordinate with and report to various agencies according to agreed guidelines in a timely manner. Ultimately this will help to ensure the two IDB funded programs are implemented and disbursed efficiently and on time.
- 4.3 **Evaluation.** \$10,000 for project evaluation is allocated, this will be carried out by a local consultant. No audit is required as this TC will be executed by the IDB.

Indicative Budget (non-refundable funds)

Component	Activity	IDB/ SOC Total US\$
Component I	Consultancy service in program management Support	70,000
	Consultancy service in Health Systems Support	50,000
	Consultancy service in financial & procurement management Support	70,000
Total Component I		190,000

¹ Strong Ministries for Strong Health Systems. The African Center for Global Health and Social Transformation (ACHEST) and The New York Academy of Medicine. 2010.

Component	Activity	IDB/ SOC Total US\$
Component II	Software system design with training support	30,000
	Operations Manual Development	20,000
Total Component II		50,000
Evaluation		10,000
Total		250,000

V. Executing agency and execution structure

- 5.1 The executing agency will be the IDB through SCL/SPH per the letter of request from the government of Jamaica. 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 Jamaica MOH is receiving support to strengthen their capacity to implement the Health Systems Strengthening Program Loans (JA-L1040 & JA-L1080). This TC will establish a PEU which will be responsible for the Loan program implementation, specifically: (i) presenting the annual operating plan and progress reports to the Bank; (ii) managing compliance of project outputs/activities; (iii) procurement and processing of contracts required for the implementation of agreed program components; and (iv) the financial management of the program in collaboration with the Ministry's central fiduciary unit that will assume direct respective responsibilities. While the Bank will execute the TC, the PIOJ will provide general oversight on progress an all selection of candidates for the roles identified herein will be done with the consensus of PIOJ, MOH and the IDB. These scenarios will build ownership of all recruitment decisions made under the TC.

VI. Major issues

- 6.1 For the TC to achieve its results, there is a need for robust coordination among departments within the MOH and other key partner ministries. This TC will ensure compliance with the establishment of the PEU, which will be required prior to approval of the loan JA-L1049 & JA-L1080 and also assures coordination among key participating agencies.

VII. Exceptions to Bank policy

- 7.1 There are no exceptions to Bank policies.

VIII. Environmental and Social Classification

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

Required Annexes:

[Letter of Request](#)
[Results Matrix](#)
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IMPROVEMENT TO HEALTH SERVICE DELIVERY

JA-T1141

CERTIFICATION

I hereby certify that this operation was approved for financing under the **Ordinary Capital Strategic Development Program for Social Development (SOC)** through a communication dated November 13, 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 until December 13, 2017. 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:	<u>(Original signed)</u>	<u>12/8/2017</u>
	Sonia M. Rivera	Date
	Chief	
	Grants and Co-Financing Management Unit	
	ORP/GCM	

APPROVED BY:	<u>(Original signed)</u>	<u>12/11/2017</u>
	Ferdinando Regalia	Date
	Division Chief	
	Social Protection and Health Division	
	SCL/SPH	



THE PLANNING INSTITUTE OF JAMAICA

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November 20, 2017

Ms. Dian Black
Deputy Financial Secretary (Actg.)
Ministry of Finance and the Public Service
30 National Heroes Circle
Kingston 4

Dear Ms. Black:

Request for letter of request for the Non-Reimbursable Technical Cooperation (TC) to Support and Improve Health Services Delivery

The Inter-American Development Bank (IDB) and the Ministry of Health (MOH) have been in discussions on the captioned technical cooperation project which is to be fully financed by the Bank at a total cost of US\$250,000. The project is aimed at strengthening the capacity of the MOH to support the implementation of the hybrid loan of US\$150.0M which is to be prepared for approval in 2018.

Among the outputs of the project will be the establishment of a Project Executing Unit within the MOH for the proposed investment project. The TC will be executed by the IDB in partnership with the Ministry and has been submitted to PIMSEC for consideration. The IDB has asked that an official request be submitted by the GOJ to facilitate its internal approval of the TC.

The PIOJ fully endorses this TC and recommends that a request for non-reimbursable financing of US\$250,000 be made for its implementation.

Yours sincerely,

Barbara Scott
For Director General

Attachment (1)

CC: Mrs. Sancia Bennett-Templer, PS, MOH
Mrs. Barbara Hew-Gooden, Director, PEX- MoFPS



ANY REPLY OR SUBSEQUENT REFERENCE SHOULD BE ADDRESSED TO THE
FINANCIAL SECRETARY AND THE FOLLOWING REFERENCE NUMBER QUOTED:-

Telephone No. 92-28600-16
Website: <http://www.mof.gov.jm>
Email: info@mof.gov.jm

MINISTRY OF FINANCE AND THE PUBLIC SERVICE
30 NATIONAL HEROES CIRCLE
P.O. BOX 512
KINGSTON
JAMAICA

December 8, 2017

Mrs. Therese Tuner-Jones
General Manager
Country Department, Caribbean Group
Inter-American Development Bank
40-46 Knutsford Boulevard
6th Floor
Kingston 5

Dear Mrs. Turner-Jones,

**Re: Request for Non-Reimbursable Technical Cooperation (TC) to provide Technical
Support to Improve Health Services Delivery – JA-T1141**

The Government of Jamaica (GOJ) remains committed to holistic national development and to the general wellbeing of the Jamaican citizens and as such the Health Sector is a priority target area crucial to the maintenance of a healthy and prosperous nation.

Consistent with that focus, the Inter-American Development Bank (IDB) will recall the previous discussions between the GOJ and the Bank in relation to the proposed hybrid operation in the sum of **US\$150 Million** comprising a Policy Based Loan of US\$100.0 Million and Investment Loan of US\$50.0 Million) to strengthen the health system in Jamaica and to improve the health outcomes of the population.

The Ministry of Finance and the Public Service (MOFPS) on behalf of the GOJ hereby requests from the IDB, Non-Reimbursable Technical Cooperation (TC) funding in the sum of **US\$250,000** to support the Ministry of Health (MOH) in the preparatory activities for the implementation of the hybrid loan which is expected to commence in 2018.

The MOH within its purview has oversight of the operations of Jamaica's Hospitals and Health Centres, along with the responsibilities of policy design and implementation, planning, monitoring and evaluation of the health care system. The MOH will also be the Executing Agency for the proposed hybrid operation in its role as the Public Body entrusted with the mandate to ensure the provision of quality health services and to promote healthy lifestyles and practices. We note however that the TC will be executed by the Bank in partnership with the MOH.

In that regard, the GOJ anticipates the support of the Bank in boosting the efforts of the MOH in improving health service delivery.

This letter supersedes and replaces the Ministry's letter dated November 24, 2017.

Yours sincerely,

Dian Black (Ms.)
for Financial Secretary






Results Matrix

Outcomes

Outcome:		1 PEU disburses project resources in a timely manner									
Indicators		Flags*	Unit of Measure	Baseline	Baseline Year	Means of verification		2018	2019	2020	EOP
1.1 PEU disburses at least 20% of project resources by EOP (JA-L1049-INV US\$60M)			%	0.00	2018	IDB Fiduciary Report	P	5.00	15.00	0.00	20.00
							P(a)	5.00	15.00	0.00	20.00
							A				
1.2 PEU disburses at least 20% of project resources by EOP (JA-L1080 PBL US\$40M)			%	0.00	2018	IDB Fiduciary Report	P	5.00	15.00	0.00	20.00
							P(a)	5.00		0.00	20.00
							A				
Outcome:		2 Ministry of Health (MOH) strategic & operational targets achieved									
Indicators		Flags*	Unit of Measure	Baseline	Baseline Year	Means of verification		2018	2019	2020	EOP
2.1 Total percentage of strategic & operational targets achieved (under MOH National Strategic Health Plan)			%	0.00	2018	MOH Report to IDB	P	0.00	15.00	15.00	30.00
							P(a)	0.00	15.00	15.00	30.00
							A				

 RF - Contribution

Outputs: Annual Physical and Financial Progress

1 Project Execution Expertise strengthened within MOH						Physical Progress					Financial Progress							
Outputs	Output Description	Unit or Measure	Baseline	Baseline Year	Means of verification		2018	2019	2020	EOP		2018	2019	2020	EOP	Theme	Fund	Flags
1.1 Project implementation unit established	Consultancies required for first disbursement of JA-L1080 & JA-L1049 funds contracted	PIUs (#)	0	2018	Signed Contracts	P	1	1	0	1	P	70000	120000	0	190000	Institutional Development	SOC	
						P(a)	1	1	0	1	P(a)	70000	120000	0	190000			
						A					A							
2 Information System for planning, tracking, procurement and project management						Physical Progress					Financial Progress							
Outputs	Output Description	Unit or Measure	Baseline	Baseline Year	Means of verification		2018	2019	2020	EOP		2018	2019	2020	EOP	Theme	Fund	Flags
2.1 Management information systems (MIS) designed	Software System designed	Systems (#)	0	2018	IDB Fiduciary & Procurement Supervision Report	P	0	1	0	1	P	10000	10000	0	20000	Institutional Development	SOC	
						P(a)	0	1	0	1	P(a)	10000	10000	0	20000			
						A					A							
2.2 Individuals Trained	Staff trained to operate software	Individuals (#)	0	2018	Software training reports	P	0	10	20	30	P	0	2000	8000	10000	Institutional Development	SOC	
						P(a)	0	10	20	30	P(a)	0	2000	8000	10000			
						A					A							
2.3 Operational manuals developed	Operations Manual Document developed for JA-L1049	Manuals (#)	0	2017	Operations Manual Document developed for JA-L1049 and approved by MOH and IDB	P		1		1	P		10000		10000	Institutional Development	SOC	
						P(a)		1		1	P(a)		10000		10000			
						A					A							
2.4 Operational manuals developed	Operations Manual Document developed for JA-L1080	Manuals (#)	0	2017	Operations Manual Document developed for JA-L1080 and approved by MOH and IDB	P		1		1	P		10000		10000	Institutional Development	SOC	
						P(a)		1		1	P(a)		10000		10000			
						A					A							

Other Cost

2018	2019	2020	Cost
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Other Cost
Administration & final evaluation

Total Cost
<div> <div>  CRF Indicator </div> <div>  Standard Output Indicator </div> </div>

P	\$0.00	\$0.00	\$10,000.00	\$10,000.00
P(a)	\$0.00	\$0.00	\$10,000.00	\$10,000.00
A				

	2018	2019	2020	Total Cost
P	\$80,000.00	\$152,000.00	\$18,000.00	\$250,000.00
P(a)	\$80,000.00	\$152,000.00	\$18,000.00	\$250,000.00
A				

**Jamaica
SPH/CJA**

PROGRAM MANAGEMENT AND CONTROL SUPPORT CONSULTANCY

TERMS OF REFERENCE

I. BACKGROUND.

Jamaica's health system involves a mix of public and private sectors. The public sector is comprised of 24 hospitals and 322 health centers. 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. The four decentralized Regional Health Authorities (RHAs) are responsible for health services delivery. The Ministry's policy priorities are aligned to health programmes that are of high level priority as reflected in the National Development Plan (Vision 2030 Jamaica) and the Sustainable Development Goals (SDGs). The Ministry of Health's strategic objectives are to: (i) provide the Jamaican population with health care service that is accessible and of the highest attainable standard; (ii) maintain and develop a qualified and professional workforce for the delivery of health and allied services; (iii) improve the quality of health information systems for planning and management of the health services; (iv) develop and monitor the implementation of viable health financing options; and (v) strengthen governance mechanisms in the areas of compliance, accountability, policy, legislative, and regulatory systems. The private sector healthcare complements the public sector in terms of providing greater access to quality and specialized care. In an effort to improve health outcomes, increase health equity, and reduce the financial risks associated with ill-health (particularly for the poor and vulnerable), the GOJ took steps towards Universal Health Coverage (UHC) by establishing the National Health Fund (NHF) in 2003, and abolishing health user fees in 2008.

The Ministry has been constrained in meeting its strategic objectives due to inadequate human, physical and financial resources. Consequently, the capacity of the health system is in need of strengthening to address challenges with equipment and technologies as well as a shortage of personnel in critical areas including in specialist and critical care nurses. The World Bank recently completed a review of Public Health Expenditures in Jamaica aimed at understanding the performance of the health system and to identify areas of improvement in efficiency, equity and governance. The World Bank's report on the aforementioned review of public health expenditures highlighted issues of efficiency in areas such as health worker distribution, maintenance of equipment and administrative efficiency. The report also highlighted that the health system has been challenged by decreasing fiscal space due to low economic growth and a high debt burden. Jamaica's public-sector expenditure on healthcare is approximately 3.3 percent of GDP and when private sector expenditure is added, the total expenditure on healthcare stands at 5.9 percent. Accordingly, Jamaica total expenditure on health falls below the World Health Organization's recommended target spend of 8 percent of GDP. The limited fiscal space to recruit additional staff coupled with the IMF cap on staff cost to GDP has left the MOH with high demands and little capacity to respond to major health issues and emergencies.

Resource challenges continue to impact the ability of the MOH to meet the growing demands for care throughout the island and its capacity to implement related policies and its investment programs in a timely manner. Given these conditions, the MOH must undertake institutional strengthening in order to be well positioned to implement and sustain large scale loan programs and projects targeted at the health system level; it must develop complementary processes to implement operations such as those funded by the IDB, in a timely and efficient manner which will maximize the benefits of such initiatives.

The IDB infusion of significant investment resources through the two loans will require strong and efficient project management capacity to plan, organize and manage the loan resources to bring about successful completion of specific project goals and objectives. Lessons learned from several IDB funded projects indicate that an experienced and qualified project team is a critical success factor and is predictive of successful project management. This consultancy is therefore intended to mitigate the risks against lack of expertise within the MOH and potential internal control and coordination risks by financing a project management expertise to strengthen execution capacity within the MOH.

II. OBJECTIVE OF THE CONSULTANCY

The main objective of the consultancy is to support the Ministry of Health in building program management expertise within the PEU. The program manager will report directly to the Permanent Secretary of the MOH and will be responsible for the successful implementation of two programs: Support to Health Systems Strengthening (JA-L1080 and JA-L1049) including associated monitoring, evaluation and control activities.

III. MAIN ACTIVITIES

- To prepare the monitoring and management control plan for the two programs.
- Assist the MOH with activities related to meeting conditions for disbursement pre- and post-approval of the loans.
- Plan and implement activities related to the rehabilitation of works identified under the program: contracting of necessary consultants for design, costing and initiation of procurement processes.
- Lead the preparation of the operational manual by contracting the necessary consultants and supervising the consultancy pre- and post-approval of the loans.
- To register and monitor control indicators specified in the Loan's Agreements and on the Operational Manual.
- To update, if necessary, the indicators for the evaluation of impact and execution progress and for ex-post evaluation of the project.
- To follow up and monitor regular activities of the PEU.
- To implement the monitoring and management control plan, spot management weaknesses during execution and propose and implement corrective measures.
- To evaluate the general progress of the two loans with all its components and outputs. To regularly inform MOH stakeholders and the IDB on the maintenance of the execution structure and mechanisms, the fulfillment of assigned responsibilities and the fulfillment with eligibility conditions according the Operational Manual and the Bank's policies.
- To gather information necessary for the preparation of regular reports and for particular inquiries concerning the execution of the project.
- To keep the Bank, PIOJ and the Permanent Secretary of MOH informed, on the project's progress, participating in all supervision visits and ensuring the fulfillment of all commitments recorded in the related Aide Memoirs.
- To coordinate the evaluation of outputs and impacts of the project and to support the contracting procedures for the related consultancies.
- To coordinate the technical reviews and audits of the project and to support the contracting procedures for the related consultancies.
- To share technical knowledge with other MOH staff members through regular seminars and on-the-job training.
- To give response to requests from the civic and non-governmental representatives concerning the progress of the project
- To execute additional activities as established in the Loan's Agreements and in the Operational Manual.

IV. SUPERVISION

The consultant activities will be supervised by the IDB in collaboration with the Permanent Secretary of MOH.

V. DELIVERABLES

#	Required Product	Frequency	Delivery date	Supervision
1	A monthly report on the consultant's above-mentioned activities.	monthly	15/ea/month	IDB/MOH
2	Final Report on all the activities carried out during the contract's period as well as the conclusions	Annually	Depending on the contract's period	IDB/MOH
3	Particular reports as requested by the PEU and the Bank concerning the project's progress.	As requested	As requested	IDB/MOH

VI. PAYMENTS SCHEDULE AND CONSULTANCY CONDITIONS.

The consultancy will have 3 initial trial months, after which the contract may be extended 9 additional months upon presentation of satisfactory performance results.

The PEU will provide physical space and necessary tools for the development of the consultant's activities.

The contract's amount will be distributed in 12 monthly payments that will be dependent on satisfactory implementation of activities and delivery of required products, as agreed between the contractor and the hired person.

VII. CHARACTERISTICS OF THE CONSULTANCY

Type: Individual.

Duration of the assignments: 12 months.

Place of work and mission: PEU within MOH, Kingston, Jamaica.

Qualifications and Experience: The consultant must hold a professional degree in engineering, management or economics. At least 10 years of general professional experience and a minimum of 5 years of experience in project and/or program management and supervision in projects execution financed by multilateral institutions. Experience of implementing health programs and policies is preferred. Experience in public sector stakeholder management, particularly on health issues is essential. Team-working skills, training experience desired.

COORDINATION

MOH Permanent Secretary will manage the program in close coordination with the IDB SPH/CJA team and PIOJ.

**Jamaica
SPH/CJA**

FINANCIAL MANGEMENT CONSULTANT

TERMS OF REFERENCE

I. BACKGROUND.

Jamaica's health system involves a mix of public and private sectors. The public sector is comprised of 24 hospitals and 322 health centers. 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. The four decentralized Regional Health Authorities (RHAs) are responsible for health services delivery. The Ministry's policy priorities are aligned to health programmes that are of high level priority as reflected in the National Development Plan (Vision 2030 Jamaica) and the Sustainable Development Goals (SDGs). The Ministry of Health's strategic objectives are to: (i) provide the Jamaican population with health care service that is accessible and of the highest attainable standard; (ii) maintain and develop a qualified and professional workforce for the delivery of health and allied services; (iii) improve the quality of health information systems for planning and management of the health services; (iv) develop and monitor the implementation of viable health financing options; and (v) strengthen governance mechanisms in the areas of compliance, accountability, policy, legislative, and regulatory systems. The private sector healthcare complements the public sector in terms of providing greater access to quality and specialized care. In an effort to improve health outcomes, increase health equity, and reduce the financial risks associated with ill-health (particularly for the poor and vulnerable), the GOJ took steps towards Universal Health Coverage (UHC) by establishing the National Health Fund (NHF) in 2003, and abolishing health user fees in 2008.

The Ministry has been constrained in meeting its strategic objectives due to inadequate human, physical and financial resources. Consequently, the capacity of the health system is in need of strengthening to address challenges with equipment and technologies as well as a shortage of personnel in critical areas including in specialist and critical care nurses. The World Bank recently completed a review of Public Health Expenditures in Jamaica aimed at understanding the performance of the health system and to identify areas of improvement in efficiency, equity and governance. The World Bank's report on the aforementioned review of public health expenditures highlighted issues of efficiency in areas such as health worker distribution, maintenance of equipment and administrative efficiency. The report also highlighted that the health system has been challenged by decreasing fiscal space due to low economic growth and a high debt burden. Jamaica's public-sector expenditure on healthcare is approximately 3.3 percent of GDP and when private sector expenditure is added, the total expenditure on healthcare stands at 5.9 percent. Accordingly, Jamaica total expenditure on health falls below the World Health Organization's recommended target spend of 8 percent of GDP. The limited fiscal space to recruit additional staff coupled with the IMF cap on staff cost to GDP has left the MOH with high demands and little capacity to respond to major health issues and emergencies.

Resource challenges continue to impact the ability of the MOH to meet the growing demands for care throughout the island and its capacity to implement related policies and its investment programs in a timely manner. Given these conditions, the MOH must undertake institutional strengthening in order to be well positioned to implement and sustain large scale loan programs and projects targeted at the health system level; it must develop complementary processes to implement operations such as those funded by the IDB, in a timely and efficient manner which will maximize the benefits of such initiatives.

The IDB infusion of significant investment resources through the two loans, (JA-I1049 and JA-L1080 that will be approved in 2018), will require strong and efficient project management capacity to plan, organize and manage the loan resources to bring about successful completion of specific project goals and objectives. Lessons learned from several IDB funded projects indicate that an experienced and qualified project team is a critical success factor and is predictive of successful project management.

This consultancy is therefore intended to mitigate the risks against lack of expertise within the MOH and potential internal control and coordination risks by financing a project management expertise to strengthen execution capacity within the MOH.

OBJECTIVE OF THE CONSULTANCY

The main objective of the consultancy is to support MOH in building financial management expertise within the PEU. The consultant will be responsible of the financial management of the Program, implementing the necessary mechanisms and controls to ensure appropriate and transparent use of the resources in order to achieve the Program's targets, in the agreed contract's schedules and according to the Operations Manual and the Bank's regulations and policies.

II. MAIN ACTIVITIES

- To ensure the fulfillment of the Bank's requirements in relation with fiduciary clauses and to prepare the related monitoring matrix.
- To prepare and to keep updated the financial program according to the project's Result's Matrix, the Annual Operative Plan (AOP) and the Procurement Plan (PRP). To ensure that all activities financed by the operation's resources are consistent with the Loan's Agreements and Operations Manual.
- To prepare and keep updated the cash flow information according with the project's financial program.
- To ensure that fiduciary records are well made according to the Bank's requirements of internal control.
- To open and manage the project's related bank accounts.
- To prepare monthly conciliation of the special account according to the accounting and Bank's records.
- To prepare the annual budget liaising with the Program's Coordinator and according to the requirements of the Ministry of Finance (MoF)
- To prepare monthly financial reports according with the Bank's requirements, presenting the accountability of the Program's funds use and the related justification information.
- To prepare monthly financial statements according with the Bank's and the MoF's requirements, including financial progress, fund's availability and payments. To review annual financial statements and seek the Project's Coordinator approval.
- To ensure the fulfillment of all fiduciary commitments with the resources of the project.
- To manage the contracting of the required annual financial audit for the project liaising with the Project Coordinator. To act as the project's counterpart for the financial audit.
- To implement the required internal control policies, tools and procedures to ensure a proper fiduciary management, including and integrated financial and accountable administrative system that will allow the identification of the source and final use of resources.
- To safe keep an updated archive of original documents related with the project's costs, disbursements requests and all information related with the project's treasury management.
- To manage and process disbursement requests according to the Bank's requirements.
- To manage and process with the government stakeholders the availability and allocation of counterpart's funds.
- To support the Project's Coordinator in any activity regarding the improvement of the project's execution efficiency and to keep the Operations Manual Updated.
- To keep records of the PEU office assets.

- To share technical knowledge with other PEU and PCJ staff members through regular seminars and on-the-job training.
- To prepare and ensure the fulfillment of an Action Plan after each Annual Financial Audit.
- All fiduciary activities defined by the Project's coordinator in order to achieve the project's goals.

III. SUPERVISION

The consultant activities will be supervised by the Program Manager within the PEU.

IV. DELIVERABLES

#	Required Product	Frequency	Delivery date	Supervision
1	Financial program report for the resources under the project.	Annually and monthly	15/dec (annual), and 15/ea/month	MOH/IDB
2	Cash flow and monitoring according to the financial program.	Biannually and monthly	15/jan y 15/jul, and 15/ea/month	MOH/IDB
3	Bank reconciliation of the special account according to accounting records and the IDB's records and requirements.	Monthly	15/ea/month	MOH/IDB
4	Budget, delivered to the project's coordinator.	Annually and monthly	15/ea/month and 30/jan (annual)	MOH/IDB
5	Financial reports and accountability of funds use with required justification information.	Biannually and monthly	15/ea/month and 30/jan and 15/jul	MOH/IDB
6	Financial Statements, monthly and annual, audited and prepared according with the Bank's requirements.	Annually and monthly	15/ea/month and depending on contract's period	MOH/IDB
7	Financial reports required by MoF and IDB	Permanent	Permanent	MOH/IDB
8	Fulfillment of financial commitments with the projects resources.	Permanent	Permanent	MOH/IDB
9	Financial audit contracted according with the Bank's requirements.	Annually	31/jul	MOH/IDB
10	Audited Financial Statements report delivered.	Annually	30/mar	MOH/IDB
11	Appropriate and updated fiduciary record archive of the Project.	Permanent	Permanent	MOH/IDB
12	Disbursement requests correctly processed and managed	Permanent	Permanent	MOH/IDB
13	Correct management with counterpart stakeholders ensuring availability and allocation of funds for the Project.	Permanent	Permanent	MOH/IDB
14	Operations Manual and Credit Agreements updated in fiduciary issues.	Permanent	Permanent	MOH/IDB
15	Asset's inventory updated	Permanent	Permanent	MOH/IDB
16	Action Plan after financial audits results prepared and implemented	Permanent	Permanent	MOH/IDB

V. PAYMENTS SCHEDULE AND CONSULTANCY CONDITIONS

The consultancy will have 3 initial trial months, after which the contract may be extended 9 additional months upon presentation of satisfactory performance results.

The PEU will provide physical space and necessary tools for the development of the consultant's activities.

The contract's amount will be distributed in 12 monthly payments that will be dependent on satisfactory implementation of activities and delivery of required products, as agreed between the contractor and the hired person.

VI. CHARACTERISTICS OF THE CONSULTANCY

Type: Individual.

Duration of the assignments: 12 months.

Place of work and mission: PEU within MOH in Kingston, Jamaica.

Qualifications and Experience: The consultant must hold a professional degree in business management, economics or public accountability, preferably with a master degree or specialization in finance, business management and public administration. At least 10 years of general professional experience and a minimum of 5 years of experience in financial management in projects financed by multilateral institutions. Experience in using the Integrated Financial Information System (IFIS), accounting software and costs center. Experience in preparation of financial programming and cashflows, experience in analysis and interpretation of accounting information and financial statements, experience in preparation of bank reconciliation. Experience in fiduciary monitoring. Experience in fulfillment of action plans after financial audits results. Experience in building a record archive. Team-working skills, training experience desired.

COORDINATION

MOH designated staff members will manage the program in close coordination with the IDB SPH/CJA team.

Jamaica
ENE/CJA

PROCUREMENT SPECIALIST CONSULTANCY

TERMS OF REFERENCE

I. BACKGROUND.

Jamaica's health system involves a mix of public and private sectors. The public sector is comprised of 24 hospitals and 322 health centers. 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. The four decentralized Regional Health Authorities (RHAs) are responsible for health services delivery. The Ministry's policy priorities are aligned to health programmes that are of high level priority as reflected in the National Development Plan (Vision 2030 Jamaica) and the Sustainable Development Goals (SDGs). The Ministry of Health's strategic objectives are to: (i) provide the Jamaican population with health care service that is accessible and of the highest attainable standard; (ii) maintain and develop a qualified and professional workforce for the delivery of health and allied services; (iii) improve the quality of health information systems for planning and management of the health services; (iv) develop and monitor the implementation of viable health financing options; and (v) strengthen governance mechanisms in the areas of compliance, accountability, policy, legislative, and regulatory systems. The private sector healthcare complements the public sector in terms of providing greater access to quality and specialized care. In an effort to improve health outcomes, increase health equity, and reduce the financial risks associated with ill-health (particularly for the poor and vulnerable), the GOJ took steps towards Universal Health Coverage (UHC) by establishing the National Health Fund (NHF) in 2003, and abolishing health user fees in 2008.

The Ministry has been constrained in meeting its strategic objectives due to inadequate human, physical and financial resources. Consequently, the capacity of the health system is in need of strengthening to address challenges with equipment and technologies as well as a shortage of personnel in critical areas including in specialist and critical care nurses. The World Bank recently completed a review of Public Health Expenditures in Jamaica aimed at understanding the performance of the health system and to identify areas of improvement in efficiency, equity and governance. The World Bank's report on the aforementioned review of public health expenditures highlighted issues of efficiency in areas such as health worker distribution, maintenance of equipment and administrative efficiency. The report also highlighted that the health system has been challenged by decreasing fiscal space due to low economic growth and a high debt burden. Jamaica's public-sector expenditure on healthcare is approximately 3.3 percent of GDP and when private sector expenditure is added, the total expenditure on healthcare stands at 5.9 percent. Accordingly, Jamaica total expenditure on health falls below the World Health Organization's recommended target spend of 8 percent of GDP. The limited fiscal space to recruit additional staff coupled with the IMF cap on staff cost to GDP has left the MOH with high demands and little capacity to respond to major health issues and emergencies.

Resource challenges continue to impact the ability of the MOH to meet the growing demands for care throughout the island and its capacity to implement related policies and its investment programs in a timely manner. Given these conditions, the MOH must undertake institutional strengthening in order to be well positioned to implement and sustain large scale loan programs and projects targeted at the health system level; it must develop complementary processes to implement operations such as those funded by the IDB, in a timely and efficient manner which will maximize the benefits of such initiatives.

The IDB infusion of significant investment resources through the two loans, ((JA-I1049 and JA-L1080 that will be approved in 2018), will require strong and efficient project management capacity to plan, organize and manage the loan resources to bring about successful completion of specific project goals and objectives. Lessons learned from several IDB funded projects indicate that an experienced and qualified project team is a critical success factor and is predictive of successful project management. This consultancy is therefore intended to mitigate the risks against lack of expertise within the MOH and potential internal control and coordination risks by financing a procurement expertise to strengthen execution capacity within the MOH.

II. OBJECTIVE OF THE CONSULTANCY

The main objective of the consultancy is to support MOH and its PEU in building procurement expertise, particularly as it relates to processes and procedures that are aligned with IDB's procurement policies within the PEU. The Procurement specialist will be responsible for the preparation of the Procurement Documents and will carry out all procurement processes according with the IDB's policies. The work will be undertaken considering procurement strategies for the local market and taking into account best international practices in similar projects. The consultant will support the optimization of procurement processes (between IDB and GOJ) so that the procurement documents can be approved on schedule while generating competition, promoting efficiency in the use of the project's resources and facilitating the works and particular consultancies' execution.

III. MAIN ACTIVITIES

- To prepare and update as necessary the annual procurement plans and to ensure their publication, execution and monitoring on schedule. It will be coordinated with the Program Manager and the respective technical units.
- To prepare all procurement documents, including the necessary Terms of Reference for goods, works and services according to the Operational Manual, the Loan's Agreements and the IDB's Procurement Policies, whose content the consultant must be totally aware. To coordinate the preparation of the related technical specifications.
- To monitor the correct progress of the procurement processes in order to ensure no-objection from the Bank on schedule for the diverse stages.
- To manage the publication on national and international media (i.e. Development Business) of the call for proposals for the procurement processes.
- To participate in the selection and contracting processes meetings and to prepare the related minutes in coordination with the technical units, as well as keeping informed main stakeholders on the processes.
- To participate in the call for proposals opening and to prepare the procurement opening minutes. To support the offers' evaluation process. To give advice and orientation to the Evaluation Committees concerning the Bank's procurement policies and procedures.
- To coordinate with the PEU clear and fair communication regarding requests for clarifications from the applicants. To prepare and implement a methodology for reception and follow up of complains related with the procurement processes and contracts' administration. To keep record of requests and related answers.
- To coordinate evaluation activities according to the Bank's Policies. To consolidate the evaluation of offers reports as required on the standardized Bank's forms and delivered no-objection requests.
- To participate in contracts' negotiation meetings, to prepare related minutes and to insert resulting particular agreements in the contracts.
- To manage the contracting process bureaucracy and to be aware of the content of the "black lists" for contracting with the IDB's procurement processes.
- To include eventual addenda to the contracts in agreement with the Project's Coordinator.
- To include the related contracts in the attachments in the disbursement requests sent to the Bank.
- To participate in the ex-post supervision activities for procurement and contracting processes not under ex-ante supervision of the Bank's procurement specialist.

- To keep updated the procurement plan and the schedule for contracts, reflecting those finished, those contracted and under execution, those under procurement process and those programmed.
- To keep control and updated records on the procurement and contracting processes including, inter alia (i) no-objections received; (ii) agreements and recommendations from procurement related missions; (iii) Procurement Plans approved; (iv) related ex-post supervision reports; (v) Loan's Agreement; and (vi) complains received.
- To identify risks to the project progress originated in the procurement processes and coordinate with the Project Coordinator corrective actions.
- To share technical knowledge with other PEU and PCJ staff members through regular seminars and on-the-job training.
- To execute additional activities as established in the Loan's Agreements and in the Operational Manual.

IV. SUPERVISION

The consultant activities will be supervised by the Program Manager within the PEU.

V. DELIVERABLES

#	Required Product	Frequency	Delivery date	Supervision
1	A monthly report on the consultant's above mentioned activities.	monthly	15/ea/month	PCJ
2	Final Report on all the activities carried out during the contract's period as well as the conclusions	Annually	Depending on the contract's period	PCJ
3	Particular reports as requested by the PEU and the Bank concerning the project's progress.	As requested	As requested	PCJ

VI. PAYMENTS SCHEDULE AND CONSULTANCY CONDITIONS.

The consultancy will have 3 initial trial months, after which the contract may be extended 9 additional months upon presentation of satisfactory performance results.

The PEU will provide physical space and necessary tools for the development of the consultant's activities.

The contract's amount will be distributed in 12 monthly payments that will be dependent on satisfactory implementation of activities and delivery of required products, as agreed between the contractor and the hired person.

VII. CHARACTERISTICS OF THE CONSULTANCY

Type: Individual.

Duration of the assignments: 12 months.

Place of work and mission: PEU within MOH, in Kingston, Jamaica.

Qualifications and Experience: The consultant must hold a professional degree in law or engineering, specialized in procurement and contracting processes. At least 15 years of general professional experience and a minimum of 10 years of experience in procurement activities management in projects financed by multilateral institutions. Stakeholder management, team-working skills and training experience desired.

COORDINATION

MOH designated staff members will manage the program and, in representation of the IDB

**Jamaica
SPH/CJA**

HEALTH SYSTEM SUPPORT CONSULTANCY

TERMS OF REFERENCE

I. BACKGROUND

Jamaica's health system involves a mix of public and private sectors. The public sector is comprised of 24 hospitals and 322 health centers. 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. The four decentralized Regional Health Authorities (RHAs) are responsible for health services delivery. The Ministry's policy priorities are aligned to health programmes that are of high level priority as reflected in the National Development Plan (Vision 2030 Jamaica) and the Sustainable Development Goals (SDGs). The Ministry of Health's strategic objectives are to: (i) provide the Jamaican population with health care service that is accessible and of the highest attainable standard; (ii) maintain and develop a qualified and professional workforce for the delivery of health and allied services; (iii) improve the quality of health information systems for planning and management of the health services; (iv) develop and monitor the implementation of viable health financing options; and (v) strengthen governance mechanisms in the areas of compliance, accountability, policy, legislative, and regulatory systems. The private sector healthcare complements the public sector in terms of providing greater access to quality and specialized care. In an effort to improve health outcomes, increase health equity, and reduce the financial risks associated with ill-health (particularly for the poor and vulnerable), the GOJ took steps towards Universal Health Coverage (UHC) by establishing the National Health Fund (NHF) in 2003, and abolishing health user fees in 2008.

The Ministry has been constrained in meeting its strategic objectives due to inadequate human, physical and financial resources. Consequently, the capacity of the health system is in need of strengthening to address challenges with equipment and technologies as well as a shortage of personnel in critical areas including in specialist and critical care nurses. The World Bank recently completed a review of Public Health Expenditures in Jamaica aimed at understanding the performance of the health system and to identify areas of improvement in efficiency, equity and governance. The World Bank's report on the aforementioned review of public health expenditures highlighted issues of efficiency in areas such as health worker distribution, maintenance of equipment and administrative efficiency. The report also highlighted that the health system has been challenged by decreasing fiscal space due to low economic growth and a high debt burden. Jamaica's public-sector expenditure on healthcare is approximately 3.3 percent of GDP and when private sector expenditure is added, the total expenditure on healthcare stands at 5.9 percent. Accordingly, Jamaica total expenditure on health falls below the World Health Organization's recommended target spend of 8 percent of GDP. The limited fiscal space to recruit additional staff coupled with the IMF cap on staff cost to GDP has left the MOH with high demands and little capacity to respond to major health issues and emergencies.

Resource challenges continue to impact the ability of the MOH to meet the growing demands for care throughout the island and its capacity to implement related policies and its investment programs in a timely manner. Given these conditions, the MOH must undertake institutional strengthening in order to be well positioned to implement and sustain large scale loan programs and projects targeted at the health system level; it must develop complementary processes to implement operations such as those funded by the IDB, in a timely and efficient manner which will maximize the benefits of such initiatives.

The IDB infusion of significant investment resources through the two loans, ((JA-I1049 and JA-L1080 that will be approved in 2018), will require strong and efficient project management capacity to plan, organize and manage the loan resources to bring about successful completion of specific project goals and objectives. Lessons learned from several IDB funded projects indicate that an experienced and qualified project team is a critical success factor and is predictive of successful project management. This consultancy is therefore intended to mitigate the risks against lack of expertise within the MOH and

potential internal control and coordination risks by financing financial management expertise to strengthen execution capacity within the MOH.

II. OBJECTIVE OF THE CONSULTANCY

The main objective is to provide technical support to the implementation of the two loans, health Systems Strengthening, (JA-L1049 and JA-L1080) with particular emphasis on program goals to strengthen health systems and health care delivery towards prevention, treatment and management of non-communicable diseases. The consultancy will support the MOH technical team design and implement health strategies and facilitate inter agency and inter-sectoral coordination and enhance collaboration among respective agencies.

III. MAIN ACTIVITIES

- To prepare the monitoring and management control plans for implementation of technical elements of the loan programs.
- Assist the MOH with technical activities related to meeting conditions for disbursement pre- and post-approval of the loans.
- Support the Ministry with designing, planning and implementing activities related to improving the delivery of primary health care services particularly in terms of the prevention and management of PHC
- Support the MOH in designing strategies, including communications, to encourage the uptake of NCD primary care services such as screening and treatment.
- Support the implementation of the Programme's M&E plan and advise of linkages to the national M&E framework and MoH M&E function within the Research and Policy Division of the MoH
- To evaluate the technical progress of the two loans with all its components and outputs. To regularly inform MOH stakeholders and the IDB on the maintenance of the execution structure and mechanisms.
- To gather information necessary for the preparation of regular reports and for particular inquiries concerning the execution of the project.
- To keep the Bank, PIOJ and the Permanent Secretary of MOH informed, on the project's technical progress, participating in all supervision visits and ensuring the fulfillment of all commitments recorded in the related Aide Memoirs.
- To share technical knowledge with other MOH staff members through regular seminars and on-the-job training.
- To give response to requests from the civic and non-governmental representatives concerning technical the progress of the project
- To execute additional activities as established in the Loan's Agreements and in the Operational Manual.

IV. SUPERVISION

The consultant activities will be supervised by the IDB in collaboration with the Permanent Secretary of MOH.

V. DELIVERABLES

#	Required Product	Frequency	Delivery date	Supervision
1	A monthly report on the consultant's above-mentioned activities.	monthly	15/ea/month	IDB/MOH
2	Final Report on all the activities carried out during the contract's period as well as the conclusions	Annually	Depending on the contract's period	IDB/MOH
3	Particular reports as requested by the PEU and the Bank concerning the project's progress.	As requested	As requested	IDB/MOH

VI. PAYMENTS SCHEDULE AND CONSULTANCY CONDITIONS

The consultancy will have 3 initial trial months, after which the contract may be extended 9 additional months upon presentation of satisfactory performance results.

The PEU will provide physical space and necessary tools for the development of the consultant's activities.

The contract's amount will be distributed in 12 monthly payments that will be dependent on satisfactory implementation of activities and delivery of required products, as agreed between the contractor and the hired person.

VII. CHARACTERISTICS OF THE CONSULTANCY

Type: Individual, Local

Duration of the assignments: 12 months.

Place of work and mission: PEU within MOH, Kingston, Jamaica.

Qualifications and Experience: The consultant must hold a Master's degree in public health or similar fields of knowledge, and have previous work experience with health systems and the prevention, management and treatment of NCDs. The consultant must have demonstrated in-depth knowledge of health network systems strengthening from primary care level to secondary care level.

COORDINATION

MOH Permanent Secretary will manage the program in close coordination with the IDB SPH/CJA team and PIOJ.

**Jamaica
SPH/CJA**

PREPARATION OF THE PROGRAM OPERATIONS MANUAL

TERMS OF REFERENCE

I. BACKGROUND

Jamaica's health system involves a mix of public and private sectors. The public sector is comprised of 24 hospitals and 322 health centers. 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. The four decentralized Regional Health Authorities (RHAs) are responsible for health services delivery. The Ministry's policy priorities are aligned to health programmes that are of high level priority as reflected in the National Development Plan (Vision 2030 Jamaica) and the Sustainable Development Goals (SDGs). The Ministry of Health's strategic objectives are to: (i) provide the Jamaican population with health care service that is accessible and of the highest attainable standard; (ii) maintain and develop a qualified and professional workforce for the delivery of health and allied services; (iii) improve the quality of health information systems for planning and management of the health services; (iv) develop and monitor the implementation of viable health financing options; and (v) strengthen governance mechanisms in the areas of compliance, accountability, policy, legislative, and regulatory systems. The private sector healthcare complements the public sector in terms of providing greater access to quality and specialized care. In an effort to improve health outcomes, increase health equity, and reduce the financial risks associated with ill-health (particularly for the poor and vulnerable), the GOJ took steps towards Universal Health Coverage (UHC) by establishing the National Health Fund (NHF) in 2003, and abolishing health user fees in 2008.

The Ministry has been constrained in meeting its strategic objectives due to inadequate human, physical and financial resources. Consequently, the capacity of the health system is in need of strengthening to address challenges with equipment and technologies as well as a shortage of personnel in critical areas including in specialist and critical care nurses. The World Bank recently completed a review of Public Health Expenditures in Jamaica aimed at understanding the performance of the health system and to identify areas of improvement in efficiency, equity and governance. The World Bank's report on the aforementioned review of public health expenditures highlighted issues of efficiency in areas such as health worker distribution, maintenance of equipment and administrative efficiency. The report also highlighted that the health system has been challenged by decreasing fiscal space due to low economic growth and a high debt burden. Jamaica's public-sector expenditure on healthcare is approximately 3.3 percent of GDP and when private sector expenditure is added, the total expenditure on healthcare stands at 5.9 percent. Accordingly, Jamaica total expenditure on health falls below the World Health Organization's recommended target spend of 8 percent of GDP. The limited fiscal space to recruit additional staff coupled with the IMF cap on staff cost to GDP has left the MOH with high demands and little capacity to respond to major health issues and emergencies.

Resource challenges continue to impact the ability of the MOH to meet the growing demands for care throughout the island and its capacity to implement related policies and its investment programs in a timely manner. Given these conditions, the MOH must undertake institutional strengthening in order to be well positioned to implement and sustain large scale loan programs and projects targeted at the health system level; it must develop complementary processes to implement operations such as those funded by the IDB, in a timely and efficient manner which will maximize the benefits of such initiatives.

The IDB infusion of significant investment resources through the two loans, (JA-L1049 and JA-L1080 that will be approved in 2018), will require strong and efficient project management capacity to plan, organize and manage the loan resources to bring about successful completion of specific project goals and objectives. Lessons learned from several IDB funded projects indicate that an experienced and qualified project team is a critical success factor and is predictive of successful project management. This consultancy is therefore intended to mitigate the risks against lack of expertise within the MOH and potential internal control and coordination risks by financing a consultant to prepare the operational manual that will document the guidelines to implement the new health programs.

II. OBJECTIVE OF THE CONSULTANCY

The main objective of the consultancy is to support MOH in preparing the Project Operational Manual (POM) for the two health loans, JA-L1049 and JA-L1080, indicating subjects such as the relation between the IDB and MOH and various agencies with whom MOH has to coordinate for the successful implementation of the programs. The POM will detail the workflows and responsibilities in the processes for procurement, disbursements and execution to be used in JA-L1049 and JA-L1080 the Program implementation.

III. MAIN ACTIVITIES

The consultant will prepare the documents that will describe the way in which the activities of the Program will be implemented during its execution, taking into account the following aspects:

- Review official literature of the sector related with the Program and all documentation produced at project preparation stage, namely the Loan Proposal and its annexes.
- Review Bank's Policies and document templates for reporting requirements with emphasis on Procurement, Financial and contractual reporting.
- Draft a comprehensive Operations Manual to facilitate the successful execution of the Program and according to the available Bank's template. It must include inter alia the following:
 - Program Description and Contractual Requirements
 - Technical, administrative and financial organizational structure for the Program.
 - Institutional Framework and responsibilities share, especially concerning the PEU and its relation with the Bank.
 - Coordination mechanism among stakeholders and with contractors and other government agencies.
 - Activities and Workflows
 - Preparation and execution of procurement processes, fiduciary management, technical issues management and no-objection workflows.
 - Technical, Social and Environmental Requirements
 - Reporting, supervision, monitoring and evaluation
 - Annexes containing applicable templates, such as the Terms of Reference of the PEU's required specialists.

- Integrate all comments and recommendation from GOJ and the Bank.
- Provide a Memorandum of Understanding that details the agreements and implementation arrangements that PCJ has with MSET, NWA and other key stakeholders of EMEP.

IV. DELIVERABLES

1. Work Plan for the above-mentioned activities
2. Draft POM
3. Final POM

V. PAYMENTS SCHEDULE.

The consultancy will be developed under a lump-sum basis according to the following structure of payments:

- 30% upon signature of the contract
- 40% upon approval of draft POM
- 30% upon approval of final POM

VI. CHARACTERISTICS OF THE CONSULTANCY

Type: Individual, Local

Duration of the assignments: 25 non-consecutive working days between. In addition, a total of five working days in Kingston (if consultant is not located directly in working area), Jamaica, is contemplated during this assignment.

Place of work and mission: Office of the consultant and Kingston, Jamaica, during the proposed period.

Qualifications and Experience: The consultant must hold a professional degree in project management, public sector management, business administration or related field of study. At least five years of experience in the preparation, execution, monitoring and evaluation of development assistance projects at both, bilateral and multilateral level. Previous experience working on energy sector projects and knowledge of utility operations would be an advantage. Experience of implementing health policies and programs. Experience in public sector stakeholder management, particularly on energy issues is essential. An excellent command of English for both written and verbal communication is required.

VII. COORDINATION

MOH designated staff members will manage the program in close coordination with the IDB SPH/CJA team.

PROCUREMENT PLAN FOR NON-REIMBURSABLE TECHNICAL COOPERATIONS										
Country: Jamaica						Executing agency: Ministry of Health (MoH)			Public or private sector: Public Sector	
Project number: JA-T1141						Title of Project: Technical Support to Improve Health Services Systems				
Period covered by the plan: 2017-2020										
Threshold for ex post review of procurements:						Goods and services (in US\$):		30,000	Consulting services(in US\$)	220,000
Item No.	Ref. AWP	Description (1)	Estimated contract cost (US\$)	Procurement Method (2)	Review of procurement (ex-ante or ex-	Source of financing		Estimated date of the procurement notice or start of the	Technical review by the PTL	Comments
						IDB	Local/other %			
1		Strengthening the Ministry of Health	\$ 210,000			\$ 210,000				
		Consulting Services								
	1.1	Consulting service for expertise support on program management for the EA	\$ 70,000	QCNI	ex-ante	\$ 70,000	0	Mar-18		
	1.2	Consulting service in Health Systems Support for the EA	\$ 50,000	QCNI	ex-ante	\$ 50,000	0	Mar-18		
	1.3	Consulting service for expertise support on fiduciary management for the EA	\$ 35,000	QCNI	ex-ante	\$ 35,000	0	Mar-18		
	1.4	Consulting service for expertise support on procurement management for the EA	\$ 35,000	QCNI	ex-ante	\$ 35,000	0	Mar-18		
	1.5	Operations Manual Development	\$ 20,000	QCNI	ex-ante	\$ 20,000	0	Mar-18		
2		Information Systems Training and Development of Operational Manual	\$ 30,000			\$ 30,000				
		Goods and Services								
	2.1	Software system development with training support	\$ 30,000	CB	ex-ante	\$ 30,000	0	Mar-18		
3		Evaluation	\$ 10,000			\$ 10,000				
		Consulting Services								
	3.1	Evaluation	\$ 10,000	SSS	ex-ante	\$ 10,000	0	Mar-19		
Total			\$ 250,000	Prepared by: Sudaney Blair			Date: 11/21/2017			
(1) Grouping together of similar procurement is recommended, such as computer hardware, 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 od 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) Goods and works: CB: Competitive bidding; PC: Price comparison; DC: Direct contracting.										
(2) Consulting firms: CQS: Selection Based on the Consultants' Qualifications; QCBS: Quality and cost-based selection; LCS: Least Cost Selection; FBS: Selection under a Fixed Budget; SSS: Single Source Selection; QBS: Quality Based selection.										
(2) Individual consultants: IICQ: International Individual Consultant Selection Based on Qualifications; SSS: Single Source Selection.										
(3) Ex ante/ex post review: In general, depending on the institutional capacity and level of risk associated with the procurement, ex post review is the standard modality. Ex ante review can be specified for critical or complex process.										
(4) Technical review: The PTL will use this column to define those procurement he/she considers "critical" or "complex" that require ex ante review of the terms of reference, technical specifications, reports, outputs, or other items.										