



TERMS OF REFERENCE

PROGRAMME MANAGER, PRIMARY HEALTH CARE REFORM 2021-2030

1. BACKGROUND

The Ministry of Health and Wellness (MOHW) has embarked on an initiative to further reform Primary Health Care (PHC) in Jamaica. The proposed PHC Reform is aimed at addressing the epidemiological and demographic transition that has taken place in Jamaica over the last 40 years since the documentation of the PHC system in 1978. Importantly, the proposed PHC Reform is also aimed at achieving National Outcome #1 of the Vision 2030 Jamaica, National Development Plan: *“A healthy and Stable population”*.

PHC is defined as a whole-of-government and whole-of-society approach to health that combines the following three components:

- ***integrated health services with an emphasis on primary care and public health functions:*** meeting health needs through comprehensive promotive, protective, preventive, curative, rehabilitative and palliative care throughout life, by prioritizing key health services through primary care and essential public health functions as central elements of integrated health services;
- ***multi-sectoral policy and action:*** systematically addressing broader determinants of health (including social, economic and environmental factors, as well as individual characteristics and behaviours) through evidence-informed policies and actions across all sectors; and
- ***empowered people and communities:*** empowering individuals, families and communities to optimize their health as advocates of policies that promote and protect health and well-being, and as co-developers of health and social services.

By providing care *in* the community as well as care *through* the community, PHC addresses not only individual and family health needs, but also the broader issue of public health and the needs of defined populations. PHC is therefore an essential component of any health system and is the gateway into the health system for both individual care and population health services. PHC addresses most of a person’s health needs throughout their lifetime. This includes physical, mental, and social well-being and it is people-centered rather than disease-centered.

The principles of PHC were first outlined in the Declaration of Alma-Ata¹ at the International Conference on Primary Health Care in 1978, a seminal milestone in global health. Jamaica's Primary Care Perspective was presented at Alma Ata Conference and was seen as a best practice. Forty years later, global leaders ratified the Declaration of Astana² at the Global Conference on Primary Health Care, which took place in Astana, Kazakhstan in October 2018. Through the Declaration of Astana, member states reaffirmed their commitment to PHC as a cornerstone of sustainable health systems for the achievement of universal health coverage (UHC) and the health-related Sustainable Development Goals (SDGs).

2. OVERVIEW OF PRIMARY HEALTH CARE REFORM 2021 TO 2030

The MOHW's strategy for the reform of PHC over the next ten years is outlined in primary health care framework is outlined in the document *"Primary Health Care Reform for Jamaica 2021-2030"*³. The proposed PHC Reform takes a comprehensive look at the retooling of the primary health care services. The primary care services will be enhanced through reorganization and restructuring of health facilities, increase access points, increase in types of services offered and an improvement in quality of the service provided.

The goal of the proposed PHC Reform is an improved primary health care system to provide quality comprehensive care utilizing an Integrated Health System Delivery Network that is client centered and caters to each stage of the life cycle. The outcomes intended to be achieved by the PHC reform are:

- i. Primary care reoriented and restructured to meet the demands of the changing epidemiology and demography of Jamaica.
- ii. A comprehensive and quality primary health care service is developed to address Jamaica's main health challenges.
- iii. Linkages are established to provide an integrated health system network that delivers holistic care in appropriate settings in a timely and efficient manner.

The MOHW has developed a ten year Primary Health Care Implementation Plan (PHCIP) to guide the PHC Reform. The PHCIP consists of three components as follows, which are aligned to the three outcomes of the PHC Reform:

- Component 1: Reorientation and restructuring of primary health care
- Component 2: Comprehensive quality health care
- Component 3: Integrated Health System Network

The outputs to be achieved under each component are as follows:

a) Component 1: Reorientation and restructuring of primary health care

Output 1.1: Implementation Plan for Primary Health Care reform of primary health care in Jamaica approved and relevant policies and legislations updated to facilitate the implementation of the new model.

¹ https://cdn.who.int/media/docs/default-source/documents/almaata-declaration-en.pdf?sfvrsn=7b3c2167_2

² <https://www.who.int/docs/default-source/primary-health/declaration/gcphc-declaration.pdf>

³ Available at <https://www.moh.gov.jm/data/primary-healthcare-reform-for-jamaica-2021-2030/>

Output 1.2: Infrastructure of primary care facilities upgraded to meet the needs of the expanded scope and reach of primary health care.

Output 1.3: Organizational structure in primary health care facilities reviewed and upgraded to reflect the changes in health workforce with expansion and addition of services.

b) Component 2: Comprehensive quality health care

Output 2.1: The Scope for each primary care service is developed to ensure comprehensiveness and quality care.

Output 2.2: A standard scheme of service is developed that is holistic, appropriate and covers a broad spectrum of services.

Output 2.3: Primary Health care workforce is suitably equipped and resourced to deliver comprehensive and quality care.

c) Component 3: Integrated Health System Network

Output 3.1: Health Information Systems established to ensure communication and collaborative work across primary care facilities and between primary care and other levels of care.

Output 3.2: Protocols and procedures are in place to allow appropriate services to be provided to the patient at each health system access point and patient information is linked to ensure coordination of care services and continuity of care.

Output 3.3: Care is provided in health care and community settings that caters to patient's needs and are accessible and linked to other levels of care.

The PHCIP is to take place in three phases. The first phase is a critical planning phase and lasts over three years. The second phase transitions from planning to implementation and is for four three years while the third phase is the completion phase that lasts for three four years.

ROLE SUMMARY

The PHC Reform Programme Manager will work in collaboration with the Chief Medical Officer in providing overarching leadership, coordination, and guidance pertaining to the smooth administration and successful execution of all aspects of the PHC Reform 2021 -2030 in order to realise the strategic outputs of the same. The PHC Programme Manager will execute the foregoing through the efficient management of a Project Implementation Unit (PIU) within the Office of the Chief Medical Officer. The PHC Reform Programme Manager will also be responsible for the management oversight and direction of the project managers and other team members assigned to each component of the PHC Reform and is required to work collaboratively with the Executive Management of the MOHW, Regional Health Authorities and other GOJ stakeholders. The Programme Manager will play a critical role in the strategic planning, development, implementation, and monitoring of PHC Reform that will change the delivery of public primary care services for Jamaican residents The PHC Reform Programme Manager will mainly be responsible for:

- Planning, coordinating, monitoring, and reporting on activities across the programme.
- Leading the management of the PIU to enable efficiency and operating effectiveness.

- Monitoring and evaluating of activities paying close attention to critical milestones and key deliverables and initiate appropriate and timely risk management strategy where necessary to identify and mitigate constraints and potential bottlenecks to the Programme Implementation.
- Informing Chief Medical Officer of operational progress, risks, issues, major setbacks, resource constraints and significant deviations from agreed objectives/targets/actions.
- Liaising and coordinating activities with the stakeholders and represent the interests of the MOHW.

3. SCOPE OF WORK

The specific services of the PHC Reform Programme Manager shall include, but not limited to the following:

- a) Provide leadership to the implementation of the PHC Reform Programme through the life cycle of each component.
- b) Develop detailed PHC Reform Micro-Implementation Plan for each component of the Programme with clear, monitoring and evaluation framework with performance indicators, timelines and budget.
- c) Support the strategic direction of the PHC Reform Programme through initiating additional activities, developing new programs, and other management interventions wherever gaps in the programme are identified, or issues arise.
- d) Create and manage long-term goals and assist the MOHW in developing sustainability plans aligned with the Programme objectives.
- e) Develop an evaluation method to assess the PHC Reform programme's strengths, areas of improvement and weaknesses.
- f) Lead in the establishment of a dedicated PIU that will be responsible for ensuring full implementation of the PHC Reform Programme.
- g) Develop and manage work plans, define indicators and targets, and track progress against those targets.
- h) Efficiently manage the PHC Reform Programme's budget on behalf of the MOHW, monitor and track expenditure and costs against delivered and realized benefits as the Programme progresses, provide expenditure reports, and prepare monthly cash flow projections..
- i) Supervise the preparation of Terms of References (TOR) for the acquisition, and management of PIU team members, local and foreign consultants, monitoring progress on deliverables under those contracts and providing feedback as necessary.
- j) Participate in strategic programme discussions and planning to provide cutting-edge technical advice and to contribute to policy discussions and agenda setting to promote the PHC Reform agenda.
- k) Prepare policy papers, briefs and other strategic programme materials for management use, information and/or consideration to influence health system strengthening through the PHC Reform.
- l) Work closely with other MOHW's Technical team leads to ensure integration of results and a harmonized approach to maximize impact of the PHC Reform.

- m) Promote critical thinking, innovative approaches and good practices for sustainable initiatives under PHC Reform, including promoting the use of visualization tools (dashboards) and optimization and harmonization of information systems.
- n) Contribute to the development of policies and procedures and introduce innovation and best practices to ensure optimum efficiency and efficacy of sustainable PHC services.
- o) Lead, plan and implement capacity-building initiatives to enhance the competencies of stakeholders to promote sustainable results in the PHC Reform.
- p) Manage communication and relationships, both internally and externally, including organizing and chairing key programme meetings. Keep the MOHW updated proactively and regularly about the progress of implementation of the PHC Reform Programme, ensuring that it is fully integrated into MOHW's overall strategy and work.
- q) Contribute to the development of a communication strategy and ensure it is successfully implemented.
- r) Manage threats to Programme outcomes through planned risk management for each component.
- s) Ensure integrity of the Programme through execution of the Quality Assurance Strategy.
- t) Coordinate monitoring and evaluation of Program outputs and outcomes based on the Monitoring and Evaluation Framework.
- u) Maintain and manage key Programme documentation.
- v) Perform any other duties connected directly with the implementation of the PHC Reform Programme as required.

4. DELIVERABLES

Deliverables under this Consultancy are outlined in the table below. All documents submitted must conform to the following minimum standards:

- Follow the draft outline that is to be submitted to and approved prior to the deliverable being formally submitted
- Use language appropriate for a non-technical audience
- Be comprehensive, properly formatted and well presented
- Provide justifications for all assumptions
- Show evidence of consultation
- Presented to the MOHW and other Stakeholders to allow for feedback and comments
- Final version of deliverable to incorporate feedback from the MOHW and stakeholders and submitted in electronic, editable format (two hard copies).

No	Deliverable	Description
1.	Work Plan	The Work plan is the operational document for the consultancy and is used to determine the required inputs for the development and delivery of the output of the consultancy. As such the Work plan document must detail: <ul style="list-style-type: none"> - Methodology for providing the key outputs of the consultancy

No	Deliverable	Description
		<ul style="list-style-type: none"> - Resources required that are outside of the control of the consultant - Time line for the achievement of tasks associated with the consultant deliverables
2.	Programme Management Plan	<p>The Programme Management Plan must conform to accepted project management standards, identifying how and when the PHC Programme objectives will be achieved; clearly defining the deliverables, milestones, activities and resources required for successful execution of the PHC Reform, and must at a minimum detail how the following will be addressed under the project:</p> <ul style="list-style-type: none"> - Scope Management - Requirements Management - Cost Management - Schedule Management - Budget Management - Quality Management - Human Resource Management - Stakeholders Management - Communications Management - Risk Management - Procurement Management - Implementation <p>Final Project Plan must be submitted to the MOHW no more than six (6) weeks after contract signing.</p>
3.	PHC Reform Component Micro- Implementation Plans	<p>Review and finalize detailed micro- implementation plans for the each component of the PHC Reform. The Micro-Implementation Plans must include the for each component, sub-component and key activities, a brief objective, description of the activity, implementing entities and how the activities will be delivered, methodologies and processes, etc. The use of Gantt charts, and other graphics is required, particularly for complex activities and/or processes involving multiple stakeholders. Each component must have a detailed Gantt chart for the first 2-3 years of component activities (longer if possible) and then outline probable implementation scheduling for the remainder of the Programme.</p>
4.	Policies and Protocols	<p>Development and implementation of written guidelines, policies, and protocols to support the PHC Reform</p>

No	Deliverable	Description
5.	Training	Development and implementation of training programmes to support the PHC Reform
6.	Risk Management Framework	<p>This document should outline the following:</p> <ul style="list-style-type: none"> - Categorize the risks based on its potential impact on the project - Select mitigation controls. i.e. to outline the most appropriate control systems for the needs of the organization and the nature of the potential risks. - Establish a mechanism to implement mitigation controls and keep a record of how the controls are used in the context of the information system and the general risk management approach. - Monitor the mitigation controls and their effectiveness on an ongoing basis, documenting changes, flaws, potential improvements and the overall state of the risk management programme to report to the management board.
7.	Monitoring and Evaluation Plan	<p>This document will detail:</p> <ul style="list-style-type: none"> • Key Performance indicators (KPI) for programme success • Data capture and management plan • Means of verification for KPIs • Resource requirements for M&E implementation including key actors <p>Reporting frequency and responsible parties</p>
8.	Progress Reports	<p>The Programme Manager will be required to submit Monthly Progress Reports summarizing:</p> <ul style="list-style-type: none"> - the progress made during the period (planned vs. actual targets, etc.) - the proposed activities for the ensuing month, - risks, challenges, gaps, and recommendations for addressing them - adjustments to be made to project plans as required
9.	Project Close-Out Report	Document challenges, mitigating strategies, recommendations, evaluation of the project implementation. This must be benchmarked against the agreed Project Plan. Document should be done in accordance with agreed

No	Deliverable	Description
		international standard

5. INPUTS

The MOHW will provide the consultant with the necessary information and materials available at the Ministry for fulfillment of tasks

6. CHARACTERISTICS OF THE ASSIGNMENT

Reporting Relationship	All deliverables and/or reports will be reviewed and approved by the Chief Medical Office or designate within the portfolio entity.
Annual Evaluation	The Programme Manager will be required to complete an annual evaluation, which shall be conducted at the end of each contract anniversary year. The evaluation will seek to establish the performance of the Programme Manager over the contract period.
Nature of the Assignment:	The assignment is based on an individual services contract arrangement
Level of effort:	Full time level of effort, Mondays through Fridays. Some weekend or evening hours may be necessary.
Duration of Contract:	Twenty-Four (24) months, subject to renewal. Based on satisfactory performance
Location:	Kingston, Jamaica Travel may be required to other Government entities within and outside the Kingston Metropolitan Area including travel to all the health facilities under the programme.
Type of Consultancy:	Individual.
Type of Contract:	Payments made in equal monthly instalments based on the delivery of monthly reports
Financing Arrangements:	Consultancy payments will be made through the MOHW.

7. MINIMUM QUALIFICATION AND EXPERIENCE

The Consultant must meet the minimum required qualifications as detailed below or based on equivalency. Equivalency decisions are made on the basis of a combination of education and experience that would provide the required knowledge and abilities.

a) Education

- i. Masters' degree in public health or health policy, planning and financing or any other relevant field, from a recognized University.
- ii. Training/Certification in Project Management

b) Experience

Essential: At least ten (10) years of progressive working experience in the design, management and/or implementation of projects/programmes and/or working in a

relevant position to this post preferably the management of public health and development health programs. At least three (3) years relevant experience in health system strengthening preferably in Primary Health Care.

Experience in managing stakeholder relationships within complex projects with the ability to manage and resolve conflict, meet challenging deadlines and deliver under pressure.

Experience in contract and change management would be an asset.

Proven track record of managing and working effectively within multi-disciplinary teams.

c) Required Competences

The Programme Manager should have:

- i. Knowledge and skills in managing public health programmes, complemented by experience.
- ii. Knowledge of the Jamaican public health system and structures.
- iii. Excellent knowledge of project management principles.
- iv. Ability to cope well under pressure and to meet deadlines.
- v. Excellent analytical and judgment skills.
- vi. Excellent planning and organizing skills.
- vii. Excellent strategic leadership and management skills.
- viii. Excellent training and facilitation skills.
- ix. Sound analytical and strategic thinking.
- x. Excellent negotiating and problem-solving skills.
- xi. Ability to identify and evaluate alternative business solutions and strategies.
- xii. Ability to manage resources effectively.
- xiii. Strong customer orientation skills.
- xiv. Strong communication skills.
- xv. In-depth knowledge of and experience in the use of Microsoft Productivity Suite

d) Other Requirements

- i. A valid driver's license and owns a reliable motor vehicle.
- ii. Willingness to work beyond normal working hours and on weekends, whenever the need arises