

**TERMS OF REFERENCE**  
**CONSULTANCY FOR THE REORGANIZATION AND RESTRUCTURING OF THE PROJECTS AND HEALTH FACILITIES MAINTENANCE DIVISION**

<b>Project Location</b>	Jamaica
<b>Title:</b>	Consultant
<b>Place of Work</b>	Corporate Services Division
<b>Project Name</b>	Ministry of Health and Wellness Transformation Programme
<b>Funding Source</b>	Government of Jamaica/Ministry of Health and Wellness
<b>Project Duration</b>	3 Months

**BACKGROUND/CONTEXT**

Health is essential to human capital development and therefore key to national development and social wellbeing. Jamaica's growth and the macroeconomic situation operate within the context of the Jamaica Vision 2030 Jamaica - National Development Plan (Vision 2030 Jamaica). Jamaica is classified by the World Bank as an upper middle-income country, however, for decades the country has struggled with low growth, high public debt and many external shocks that have weakened the economy. The implementation of comprehensive reform programmes has resulted in improvements in most of the indicators for economic and social development.

In 2017 Jamaica's Human Development Index was 0.732, which places the country in the high human development category— positioning it at 97 out of 189 countries and territories. Fifty-four percent of the population resides in urban areas. Though on the decline, Jamaica continues to grapple with issues relating to poverty and unemployment, which contributes to the inequity in some health outcomes. In 2015, the gross enrollment rates for pre-primary, primary, secondary and tertiary institutions in the public and private education systems were 99.8%, 99.4%, 97.3% and 28.3 % respectively.

Jamaica remains vulnerable to natural and human induced hazards, such as hurricanes, earthquakes, floods, storm surge, drought and fires, and their related impact on the social and economic fabric of society. This vulnerability is one of the greatest challenges to the achievement of sustainable development. This is compounded by social issues such as poverty, the location of human settlements in high-risk areas, environmental degradation and instances of poorly constructed infrastructure and housing. The island's coral reefs, highland forests and mangroves are also vulnerable to climate change.

The health sector has celebrated numerous successes in health and the prevention, management and control of diseases. Improvements in life expectancy and the steady decline in infant and under-5 mortality attest

to the efforts of the people and the consistent policies of successive governments over time, however, challenges still remain.

Jamaica is experiencing both a demographic and epidemiological transition with the double burden of communicable diseases and non-communicable diseases (NCDs). Twelve percent of the population are older persons (60 years and over), with the proportion of older persons projected to increase to 16.8% by 2025. The risk factor burden is increasing with 1 in 3 persons having at least one chronic disease while the prevalence of comorbid conditions among those with a chronic illness have also increased. Maternal mortality rate has remained high, and new and emerging diseases such as Chikungunya, Zika, and Dengue continue to threaten population health. In contrast, utilization of public health care services is declining and in recent years the average length of stay and death rates in hospitals increased.

## **VISION FOR HEALTH 2030 - 10 YEAR STRATEGIC PLAN**

The Ministry of Health and Wellness (MOHW) is responsible for the health of the people of Jamaica and is focused on developing and implementing national strategies for improving health, delivering effective quality health services, setting standards and regulations and carrying out essential public health functions while promoting inter-sectoral actions for health. Acknowledging that a healthy and stable population is needed to drive the country's development, the Ministry of Health has developed its Vision for Health 2030 – ten-year Strategic Plan.

This Strategic Plan sets out the goals and health outcomes that the MOHW, working with other Ministries and stakeholders and the population at large, is committed to achieving by 2030. It responds directly to the Vision 2030 Jamaica - National Development Plan (Vision 2030) and it is fully aligned to the long-term vision and outlook for health expressed in its goals and principles. It considers the MOHW's commitment through various initiative previously undertaken that are outlined in the organization's Strategic Business Plan.

Vision for Health 2030 Plan further takes into account the country's international commitments to the Sustainable Development Goals (SDG's) adopted by the member states of the United Nations in September 2015 that provide the framework of our global commitment and contribution to improving the health of the world by 2030. In addition to the SDGs, the Ministers of Health of the Americas approved a strategic policy instrument - The Sustainable Health Agenda for the Americas (SHAA2030), that provides direction

and political vision for health development in the Region for the next 13 years. The goals and outcomes of this Strategic Plan are aligned with the SHAA2030 as part of our regional commitments.

**STRATEGIC GOAL 2** - The stewardship capacity of the Ministry of Health and Wellness is strengthened to improve leadership and governance to achieve universal access to health and universal health coverage. A key goal of the Vision for Health 2030 – ten-year Strategic Plan is the strengthening of the stewardship capacity of the MOHW to improve leadership and governance to achieve universal access to health and universal health coverage.

The Vision for Health 2030 ten-year Strategic Plan focuses on achieving the strengthening of capacities in the MOHW for effective leadership, alignment of planning and coordination of resources, and the capacity to generate, utilize and disseminate information for decision-making and transparency

The stewardship of health systems, is arguably the most complex but critical building block of any health system. It is about the role of the government in health and its relation to other actors whose activities impact on health to oversee and guide the entire health system, private as well as public, in order to protect the public interest. Leadership and governance involves ensuring strategic policy frameworks exist and are combined with effective oversight, coalition building, regulation, attention to system-design and accountability.

Several assessments conducted over recent years has shown that the structure of the MOHW needs to be adjusted to enhance its role as the corporate centre of the health system providing policy and procedural direction, setting and regulating standards and performance monitoring and evaluation. As such, one of the key strategic actions under strategic goal 2 is the modernization and restructuring of the MOHW to ensure effective stewardship and governance of the Health Sector.

### **MERGER OF PROJECTS BRANCH AND HEALTH FACILITIES MAINTENANCE UNIT**

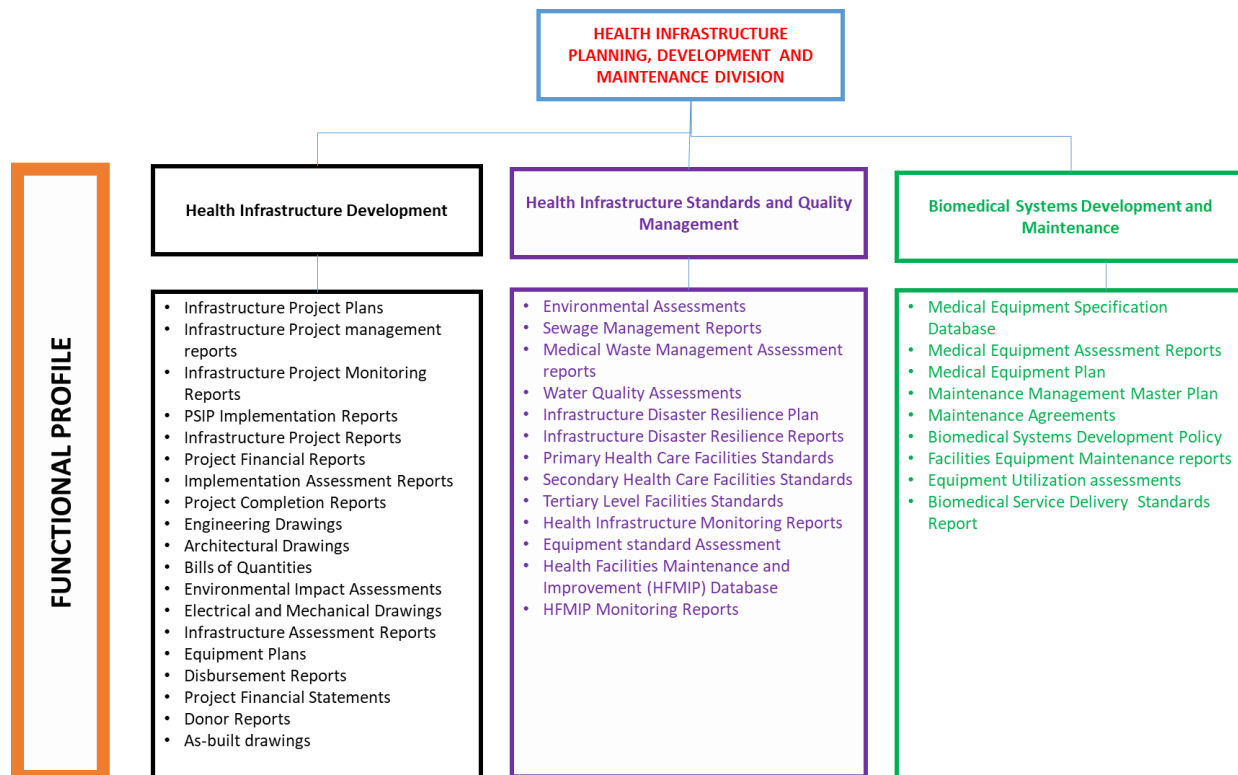
The Ministry of Health and Wellness is now implementing key actions in its Transformation Programme. One action that is being advanced at this time is the merger of the Project Planning and Implementation Unit and the Health Facilities Maintenance Unit. Both Units are functionally responsible for the operationalization of Strategic Outcome 6 of the Vision for Health 2030, making reliable and modern infrastructure available for Health Service delivery. More specifically the teams in both sections of the Ministry is responsible for the development and maintenance of Health infrastructure throughout the Public

Health System. It is proposed that the merger will form the Health Infrastructure Planning, Development and Maintenance Division (HIPDMD).

The Health Infrastructure Planning, Development and Maintenance Division will provide technical services for the Regional Health Authorities in the optimization of the infrastructure to ensure the highest level of service support to the operations of all aspects of the health system. The Division will be responsible for the coordination and management of the design for the buildout of health infrastructure, the design of all aspects of health infrastructure, the setting and monitoring of standards and the development and implementation of the Health Facilities Maintenance and Improvement Plans (HFMIIP).

The Division will manage the implementation of the Public Sector Investment Programme (PSIP) and will liaise with the MDAs responsible for the monitoring and evaluation of Programme. As part of this responsibility the Division will provide oversight to all multilateral and bilateral investments in infrastructure within the health system, ensuring synergy and coordination in the implementation process.

The proposed functional structure for the Division is outlined in the diagram below:



## **OBJECTIVES OF CONSULTANCY**

The objectives of the consultancy are:

1. Review and refine the strategic framework for the merger of the work teams for the creation of the new Division;
2. Review the current organizational structure and create an appropriate organizational structure that meets the expected outcomes for the new operations;
3. Develop the required job descriptions to support the delivery of the outputs of the new division;

## **SCOPE OF WORK**

The consultant is expected to:

- Develop a work plan that outlines the key activities to be completed under the consultancy to achieve the stated objectives.
- Conduct stakeholder meetings with heads of department and the head of agency to determine best functional profile for the establishment of the Division
- Develop and recommend a functional structure for the Division
- Develop and recommend an organizational structure for the Division
- Develop and recommend the competency profile for the resources that will deliver the output for the Division
- Develop and recommend job description and specifications in keeping with the Government of Jamaica prescribed formats for the positions that have been identified
- Develop and finalize the report for submission to the Ministry of Finance and the Public Service

**DELIVERABLES**

<b>No.</b>	<b>Deliverables</b>	<b>%</b>	<b>Timeline</b>
1.	<p>Work plan – This 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:</p> <ul style="list-style-type: none"> <li>▪ Methodology for providing the key outputs of the consultancy</li> <li>▪ Resources required that are outside of the control of the consultant</li> <li>▪ Time line for the achievement of tasks associated with the consultant deliverables</li> </ul>	10 %	Within ten (10) days of signing the contract
2.	<p>Functional Profile</p> <ul style="list-style-type: none"> <li>▪ This is a document that will outline the key deliverables/products of the Division and the group of resources that will be aligned to deliver these resources</li> </ul>	15%	Based on the implementation plan
3.	<p>Organizational chart</p> <ul style="list-style-type: none"> <li>▪ The structuring of the operational roles and responsibilities based on the arrangement of reporting arrangements for the delivery of key outputs of the Division</li> </ul>	15%	Based on the implementation plan.
4.	<p>Job Descriptions &amp; Specifications</p> <ul style="list-style-type: none"> <li>• Description includes an overview, role summary, catalogue of responsibilities, and the qualifications and experience required for a particular role. It also defines the soft skills and business skills required for success in the role. The JDs should be in output focused in conformance with the standards prescribed by the Ministry of Finance and the Public Service</li> </ul>	45%	Based on the implementation plan.
5.	<p>Final Submission</p> <ul style="list-style-type: none"> <li>• Final report with the consolidated information of the functional profile for the new Division, Organizational Chart for the new Division and the Job Descriptions in the format of the Ministry of Finance and the Public Service</li> </ul>	15%	15 working days after acceptance of JDs by the Ministry

**PERFORMANCE CRITERIA**

*This job is satisfactorily performed when:*

- The Consultant takes full responsibility of the project deliverables, quality and success.
- Important milestones are met and deliverables executed
- Reports and documents are accurate, maintained and submitted in a timely manner
- Work complies with technical specifications and policies
- All team members are kept abreast of current and relevant information
- Confidentiality and integrity is maintained

<b>Selection Method</b>	Direct Contracting
<b>Nature Of The Assignment:</b>	The assignment is based on an individual services contract arrangement
<b>Level Of Effort:</b>	Part time level of effort
<b>Period Of Contract</b>	3 months
<b>Payment Method</b>	Deliverable based contract. Payments will be made on the submission the defined outputs of the assignment during the prescribed timelines in accordance with the agreed work plan.
<b>Funding</b>	Funding will be provided by the Government of Jamaica.
<b>Reporting Arrangements</b>	Reports directly to the Director Organizational Development and Performance Management or designate. All deliverables must be signed off by the Principal Director, Corporate Services.
<b>Support</b>	The consultant will be required to provide all tools to facilitate the undertaking of the assignment. The MOHW will commit to making available on a timely basis, all relevant resource documents including: documentation inclusive of relevant reports on specific initiatives, projects, Corporate and Operational Plans, existing Staff Lists and job descriptions. The personnel of MOHW in the Project Planning and Implementation Unit and the Health Facilities and Maintenance Unit will make themselves available to be interviewed in order to facilitate the crucial information gathering phase of the assignment.
<b>Intellectual Property</b>	All information obtained during the delivery of this Consultancy is the property of the Ministry of Health and Wellness and requests to use same must be made in writing to the Chief Medical Officer/Permanent Secretary
<b>Travel</b>	Travel as required under this assignment should be budgeted for by the consultant.

## 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.

- MSc in Human Resource Management or MBA with specialization in Human Resource Management or equivalent

- At least five years' experience in Human Resource Development, including development of human resources strategies for Public Sector bodies
- Training and/or experience in Organizational Development (OD) and Change Management will be an asset
- Specific training in Workforce Planning & Management Analysis
- A minimum of two (2) similar assignments in business process analysis/ reengineering

## **REQUIRED COMPETENCES**

### **Core**

- Research skills, ability to design and conduct surveys and interviews
- Strong analytical skills
- Ability to work with multidisciplinary teams and cultivate strategic alliances with local and international organizations
- Excellent leadership and negotiating
- Proficiency in Microsoft Word, Excel, PowerPoint
- Ability to prepare clear and concise written and oral reports.
- Very strong interpersonal and communication skills

### **Technical**

- Sound knowledge of Organizational Development Theories, philosophies and methods; organizational analysis; change management models and theories
- Ability to design and develop OD tools and methods for complex organizational strengthening
- Sound knowledge of Government administration systems and operations management.
- Good working knowledge of the public health sector
- Knowledge of the Ministry's core business strategies to inform business process reviews.



## EVALUATION

The criteria and weighting system to be used in evaluating proposals are as follows:

<b>Criteria</b>	<b>Weight</b>
<b><u>Technical Approach and Methodology</u></b>	
Understanding of assignment and expected outputs; consultation strategy	<b>10%</b>
<b><u>Work Plan</u></b>	
Specification and sequencing of activities;	15%
Timeline for Completion of Tasks;	15%
Arrangements for coordination of activities	15%
<b>Work plan Total</b>	<b>45%</b>
<b><u>Qualifications and Experience</u></b>	
MSc. In HRM or MBA with specialization in HRM or equivalent	10%
Training in OD and Change Management	10%
Specific training in Workforce Planning & Management Analysis	10%
Experience in OD and Change Management:	10%
<ul style="list-style-type: none"> <li>• Five or more years 10%</li> <li>• 2 years or more but less than 5 years 5%</li> <li>• Less than 2 years 2%</li> </ul>	(max.)
Similar assignments in business process analysis/re-engineering:	5%
<ul style="list-style-type: none"> <li>• 2 or more assignments 5%</li> <li>• Less than 2 assignments 1%</li> </ul>	(max.)
<b>Qualifications and Experience Total</b>	<b>45%</b>
<b>Total Weight</b>	<b>100%</b>