



# TERMS OF REFERENCE FOR A CONSULTANCY PROGRAMME ADMINISTRATOR – HEALTH HURRICANE RESPONSE PROGRAMME

## 1. SUMMARY

|                            |   |
|----------------------------|---|
| <b>Project Location</b>    | JAMAICA   |
| <b>Title</b>               | Programme Administrator                                 |
| <b>Project Name</b>        | Post-Hurricane Melissa Health Response Programme (HHRP) |
| <b>Funding Source</b>      | Government of Jamaica/Ministry of Health and Wellness   |
| <b>Project Duration</b>    | 24 Months   |
| <b>Proposed Start date</b> | Immediately upon contract award                         |

## 2. BACKGROUND

Hurricane Melissa, a Category 5 hurricane, made landfall on the island on 28 October 2025, 12:00 noon, on the southwestern coast of Jamaica near New Hope, Westmoreland. The Ministry of Health and Wellness (MOHW) had held preparatory meetings with all Regions and Parishes and had placed response teams on standby since 22 October 2025, when the country was placed under a Tropical Storm Watch. The Health Emergency Operations Centre (HEOC) was activated at 10:00 am, 23 October 2025. All public health centres were operational until 2:00 pm on 24 October 2025. Public hospitals began offering emergency services only on 23 October 2025.

The Category 5 Hurricane resulted in significant damage to the health infrastructure, especially in the parishes of St. Elizabeth, Westmoreland, St. James and Trelawny. All levels of health services, including Primary, Secondary, and Tertiary institutions, sustained significant damage to all sections of the facilities, resulting in a dramatic impairment of service delivery.

In response to the disaster, the MOHW has finalised the development of the Hurricane Melissa Response Programme (HMRP). The objective of the strategy is to restore health services to the populations in the most affected areas and to mitigate the outbreak of any disease within the population post the hurricane. The plan is defined into three (3) phases:

| PHASE                  | ACTIONS   | CHARACTERISTICS                        |
|------------------------|---|--|
| <b>PHASE-1: RELIEF</b> | Restoring health services at the primary, secondary and tertiary levels, protecting the population from the outbreak of disease and providing psychosocial support to the population and health care workers. | Should be implemented within 3 months. |

| PHASE                   | ACTIONS   | CHARACTERISTICS                            |
|-------------------------|---|--|
| PHASE 2: REHABILITATION | Execute repairs to parts of the building and equipment that have been damaged and affect full operations—continued environmental plan.    | Should be implemented within 4 -18 months. |
| PHASE 3: RECONSTRUCTION | Activities that will make the facility resilient to natural disasters, such as hurricanes, and meet health business continuity standards. | Should be implemented within 3 – 5 years.  |

In order for the health system to effectively recover from the impact of Hurricane Melissa a significant capital investment programme will have to be undertaken. These investments must be made through the lens of the 5 Strategic Goals of the Vision for Health 2030: 10 Year Strategic Plan:

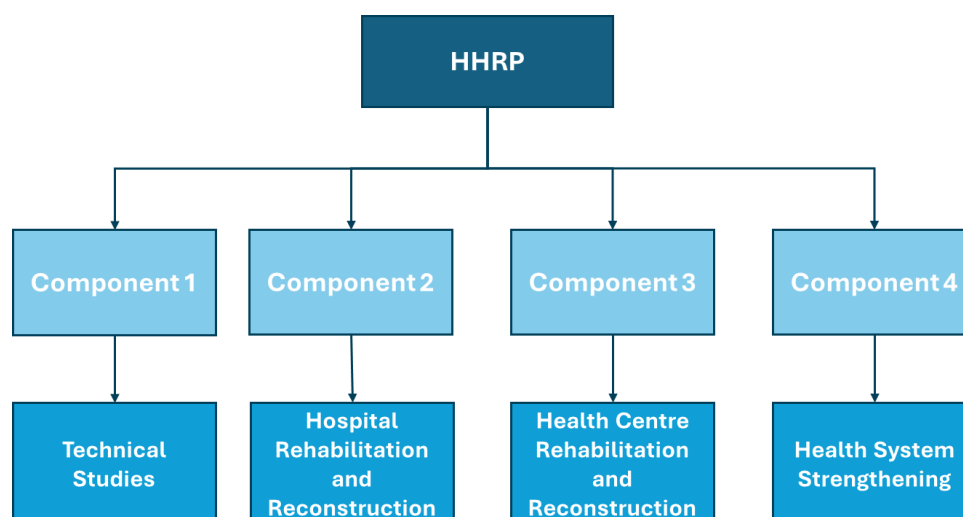
- **STRATEGIC GOAL 1:** Safeguarding access to equitable, comprehensive and quality health care
- **STRATEGIC GOAL 2:** The stewardship capacity of the ministry of health & wellness is strengthened to improve leadership and governance to achieve universal access to health and universal health coverage.
- **STRATEGIC GOAL 3:** Increased and improved health financing for equity and efficiency
- **STRATEGIC GOAL 4:** Ensuring human resources for health sufficient in number and competencies aligned to the model of care and committed to the mission
- **STRATEGIC GOAL 5:** Social participation and health promotion to address the social determinants of health
- **STRATEGIC GOAL 6:** Making reliable and modern infrastructure available for health service delivery

There are also opportunities to be explored in relation to how these investments can advance the achievement of the overall Goal of the Ministry. The Health System must become more resilient and must “Build Back Better”. As part of the implementation programme, the MOHW requires **technical assessments and the preparation of construction packages** to guide rehabilitation works. These assessments must be aligned with:

- i) The Secondary Care Reform Programme
- ii) The Primary Care Reform Programme
- iii) Jamaica Building Code (2018), **including referenced** codes
- iv) Health Facilities Building Code
- v) PAHO Smart Health Facilities Standards, including:
  - Energy efficiency & solar readiness
  - Rainwater harvesting
  - Safe water systems
  - Resilient mechanical & electrical systems
  - Natural ventilation
  - Climate-resilient design
- vi) Occupational Health & Safety requirements (ISO 45001:2018)
- vii) Disaster-resilient construction and hazard-mitigation principles.

The outputs will guide MOHW’s national primary healthcare restoration programme.

The programme is designed with the following project structure:



- **Component 1** will produce all the essential technical reports for the rehabilitation and reconstruction activities of the programme.
- **Component 2** will support the reconstruction and rehabilitation of 4 hospitals: Falmouth Hospital, Noel Holmes Hospital, Sav-la-Mar Hospital and the Black River Hospital. These activities will be guided by the technical reports and may include the construction of new facilities. This component will also support the procurement of equipment and furniture for the hospitals.
- **Component 3** will support the reconstruction and rehabilitation activities in 101 affected health centres in the Parishes of Trelawny, St. James, Hanover, Westmoreland and St. Elizabeth. These activities will include repairs of existing facilities, the expansion of 36 health centres and the construction of new facilities in accordance with the technical review recommendations. This component will also support the procurement of equipment and furniture for the facilities
- **Component 4** will support the implementation of health system strengthening interventions in all health facilities to include the implementation of change management actions, Information Communication Technology as well as Health Information System solutions.

The estimated total value of the investment is **US\$178M**.

### **Primary Health Care Reform**

The Ministry of Health and Wellness has embarked on the renewal of primary health care since 2019. The Primary Health Care Reform plan will reclassify health centres to three levels: Comprehensive, District and Community. This reform is to align the primary health care services with the needs of the population considering increasing burden of non-communicable diseases, increase in the elderly population and environmental health changes because of climate change.

The services to be delivered in the three levels are outlined in the Primary Health Care Reform 2019 – 2030 document available on the MOHW website. For the health centres to offer the level of service designated, expansion of space is required. This will allow the delivery of consistent and reliable services in selected health centres, creating more access for health promotion and prevention and treatment of diseases.

Many of the health centres that are designated for upgrade and thus expansion of infrastructure were damaged in Hurricane Melissa. The effort to rebuild is to incorporate the changes to accommodate the reform as far as possible.

The assessment of the existing infrastructure for damage and how the renovation is contemplated will affect and be affected by any expansion now or in the future. The assessment therefore must assess the infrastructure for renovation and expansion and designs for rebuilding must include the agreed expansion.

The Ministry, in collaboration with the Regional Health Authorities, conducted a comprehensive categorisation of the damage to the health centres caused by the hurricane. This categorisation of damage is detailed in the table below:

| TYPE OF DAMAGE | DEFINITION  |
|----------------|---|
| <b>MAJOR</b>   | <ul style="list-style-type: none"> <li>• More than 60% Roof Damage</li> <li>• No Water Storage Facility</li> <li>• No Electrical Backup System</li> <li>• More than 60% of the Equipment and Furniture was damaged</li> <li>• More than 6 weeks to Effect Basic Repair</li> </ul>   |
| <b>MEDIUM</b>  | <ul style="list-style-type: none"> <li>• Between 30% to 59% of Roof Damage</li> <li>• Water Storage Facility available, but No Water</li> <li>• Generator available but requires an Electrical Assessment</li> <li>• Between 30% to 59 % of Equipment and Furniture is damaged</li> <li>• 4-6 weeks to Effect Basic Repair</li> </ul> |
| <b>MINOR</b>   | <ul style="list-style-type: none"> <li>• Less than 30% of Roof Damage</li> <li>• Water Storage Facility available with Water Source</li> <li>• Generator available and Electrical Assessment Complete</li> <li>• Less than 30% of Equipment and Furniture Damaged</li> <li>• 1-4 weeks to Effect Basic Repair</li> </ul>              |

Based on this categorisation, the following damage report has been provided:

HCs – Health Centres

NA – No Assessment Available

| Damage Level       | Type & No. of Health Centres |           |           |          |          | Grand Total | % of Total No. of HCs |
|--------------------|------------------------------|-----------|-----------|----------|----------|-------------|-----------------------|
|                    | I                            | II        | III       | IV       | V        |             |                       |
| Major              | 22                           | 21        | 11        | 3        | 1        | 58          | 57%                   |
| Medium             | 1                            | 4         | 1         | 0        | 0        | 6           | 6%                    |
| Minor              | 11                           | 5         | 2         | 0        | 0        | 18          | 18%                   |
| NA                 | 5                            | 4         | 2         | 0        | 0        | 11          | 11%                   |
| No Damage          | 4                            | 2         | 2         | 0        | 0        | 8           | 8%                    |
| <b>Grand Total</b> | <b>43</b>                    | <b>36</b> | <b>18</b> | <b>3</b> | <b>1</b> | <b>101</b>  |                       |

### Secondary Health Care Reform

Jamaica's secondary healthcare reform is guided by the Vision for Health 2030 Ten-Year Strategic Plan and the Secondary Care Model (2024 Update). These plans aim to modernize hospitals and specialized centres to increase access to efficient, high-quality services. Key components of the reform include:

- **Infrastructure Expansion:** The Ministry of Health and Wellness is currently executing the largest infrastructure build-out since independence, including over 450 new hospital beds. Significant projects under the HHRP include rehabilitation/relocation of the following facilities:
  - Falmouth Hospital

- Noel Holmes Hospital
- Sav-la-Mar Hospital, and
- Black River Hospital.

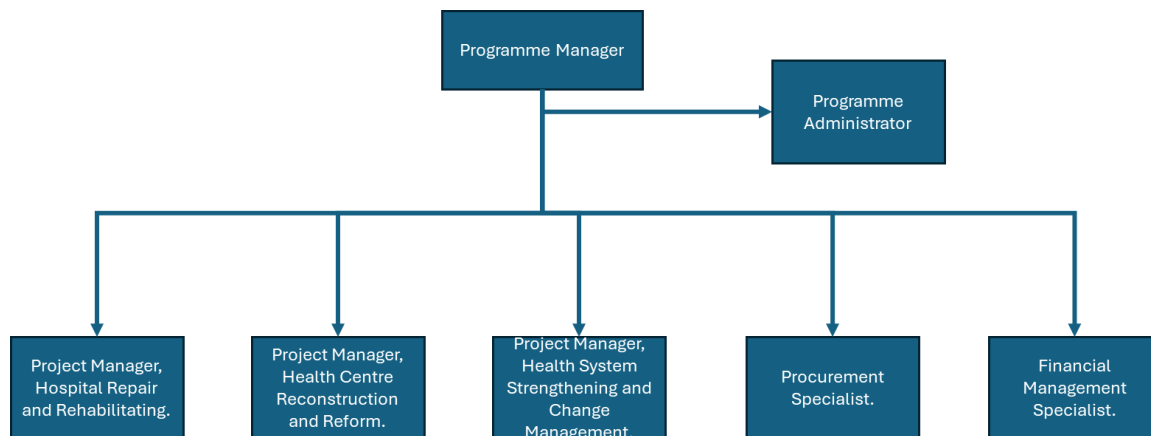
Building and renovation of new operating theatres.

- **Integration with Primary Care:** Under the Primary Care Reform Plan 2021-2030, secondary and primary facilities are being integrated to create a seamless referral system. This aims to reduce hospital congestion by treating chronic conditions at the community level first.
- **Digital Transformation:** Implementation of a nationwide Electronic Health Records (EHR) system and expanded telehealth services to modernize patient management and streamline service delivery between regions.
- **Human Resource Development:** Increasing the number of medical posts, including hundreds of new positions for physicians and nurses, to staff upgraded and expanded facilities.

## 2.0 PROGRAMME MANAGEMENT OFFICE (PMO)

As a part of the implementation process the Ministry will be creating a PMO. The PMO will a central organizational unit that standardizes project management practices, provides governance, and offers support to ensure projects and programs align with strategic business goals, improving efficiency, resource allocation, and successful delivery across the HHRP.

The PMO will be operated at the Head of the Ministry and will be staffed by technical experts to support the implementation. The PMO will be structured based on the 5 components and will be led by a Programme Manager. The following **schema represents the interim outline of the PMO**. This may be adjusted based on the assessment of the Programme Manager and the Ministry:



## 3.0 ROLE SUMMARY

A project/program administrator provides crucial operational support, focusing on smooth daily activities by managing documentation (logs, reports, files), coordinating meetings/logistics, tracking progress/timelines, monitoring budgets, and ensuring adherence to standards. The officer will act as the central hub for communication and records, keeping the project organized and on track from start to finish..

## 4.0 SCOPE OF WORK

- Support effective organization of the PEU including assisting in solving administrative problems, programme/project planning, development and execution of stated goals and objectives.

- Provide project administrative, management and technical expertise in the implementation and monitoring of the project and all project activities.
- Track project deliverables and reporting timelines and work with the project team to ensure timely completion and dissemination.
- Manage the co-ordination and preparation of meetings, workshops, seminars, and other such activities organized by the PEU
- Enable proper and effective office management.
- Participate in team meetings and support the capturing and completion of next steps and action items
- Support the development of documents including presentations, reports, contracts etc. in PowerPoint, Word and other written documentation/communication
- Prepare and proofread correspondence including reports, templates, training material, staff manuals, memoranda and documents.
- Transcribe dictated or written material.
- Organise and manage the hard copies of signed documentation, other paper and electronic filing systems.
- Provide communication support to the relevant staff on time to ensure timely supports for project activities.
- Manage calendars and arranges appointments for members of the PEU.
- Monitor office supplies and replenish stocks as required.
- Maintain a well-organized filing system
- Performs other related functions assigned from time to time by the Programme Manager.

## 5.0 DELIVERABLES

| No. | Deliverable  | Timeline   | Allocation                  |
|-----|--|--|-----------------------------|
| 1   | <p><b>Work plan</b> – 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>○ Timeline for the achievement of tasks associated with the Consultant deliverables</li> </ul> | 20 days after start of assignment.                 | 10% of total contract value |
| 2   | <p><b>22 Monthly Reports:</b> These reports that cover a period of 22 months of implementation. The report should detail:</p> <ul style="list-style-type: none"> <li>• Workplan activities completed during the period.</li> <li>• Other actions or activities undertaken during the reporting period.</li> </ul>  | Presented on the 5 <sup>th</sup> day of the month. | 80% of total contract value |

| No. | Deliverable   | Timeline                | Allocation                  |
|-----|---|-------------------------|-----------------------------|
|     | <ul style="list-style-type: none"> <li>Adjustments that are necessary to the implementation plan based on information that would have been acquired during the period.</li> <li>Risk assessment for the completion of activities within the schedule as per the workplan.</li> <li>Recommendations for actions that are necessary to be taken to implement activities that are not within the scope of the consultant. Cost or budget implications for the implementation of the key activities.</li> </ul> |                         |                             |
| 3   | <b>Final Report</b> – The report summarizes a project's lifecycle, detailing objectives, performance, outcomes, and lessons learned, including an overview, performance assessment (scope, budget, schedule), key achievements, challenges faced, detailed lessons learned, and recommendations for the future,   | Final Month of Contract | 10% of total contract value |

## 6.0 SUPERVISION/ REPORTING RELATIONSHIP

The Programme Administrator will report directly to the Programme Manager, HHRP. All deliverables and/or reports will be reviewed by Programme Manager.

The Programme Administrator will be required to maintain liaison with Ministry executives/officers and with partners/agencies involved in the Programme.

## 7.0 PERFORMANCE STANDARDS

| Performance Indicators   | Unit of Assessment      | Performance Rating                     |                                |   |                                      |                                       |
|--|-------------------------|--|--------------------------------|---|--------------------------------------|---------------------------------------|
|  |                         | Unsatisfactory                         | Needs Improvement              | Acceptable                              | Requirements Met                     | Exceeds Requirements                  |
|  |                         | <30.0%                                 | 30.0%-49.9%                    | 50.0% – 69.9%                           | 70.0%-83.9%                          | 84% – 100%                            |
| <b>ADMINISTRATION</b>  |                         |  |                                |   |                                      |                                       |
| Document control & submission compliance (file naming, versioning, completeness, submission format per MOHW agreed template) | Level of Compliance     | Frequent non-compliance; missing items | Several resubmissions required | Minor deficiencies; generally compliant | Fully compliant; minimal corrections | Fully compliant; proactive, error     |
| <b>EXECUTION [PS1]</b>   |                         |  |                                |   |                                      |                                       |
| Workplan   | working days            | > 10                                   | 8–10                           | 6–7                                     | 5                                    | < 5                                   |
| Monthly Reports  | working days            | > 10                                   | 8–10                           | 5–7                                     | On time (per Work Plan)              | Early submission without quality loss |
| Procurement Plan implementation in accordance with agreed schedule.  | Implementation rate (%) | >30%                                   | 31% - 45%                      | 46% - 65%                               | 65% - 75%                            | <76%                                  |

## 8.0 EVALUATION

The Programme Administrator will be required to complete a quarterly or semester evaluation, which shall be conducted at the end of each semester. The evaluation will seek to establish the performance of the Procurement Specialist in the execution of the contract over the period.

## 9.0 CHARACTERISTICS OF THE ASSIGNMENT

|   |  |
|---|--|
| <b>Procurement Method &amp; Competition level</b> | Request for Proposals - The assignment is based on an individual services contract arrangement.  |
| <b>Nature of the Assignment</b>                   | The assignment is based on a services contract arrangement.  |
| <b>Location of Assignment</b>                     | Kingston, Jamaica. Travel will be required to the affected Parishes of Trelawny, St. James, Hanover, Westmoreland and St. Elizabeth as well as other Government entities within and outside the Kingston Metropolitan Area.  |
| <b>Level of Effort</b>                            | Full time level of effort, Mondays through Fridays. Some weekend or evening hours may be necessary.  |
| <b>Period of Contract</b>                         | Twenty-Four (24) months, subject to an extension. Based on satisfactory performance.   |
| <b>Payment Method</b>                             | Deliverable-based contract. Payments will be made upon submission of an invoice and approval of the deliverables of the assignment within the prescribed timelines, in accordance with the agreed work plan by the MOHW.   |
| <b>Funding</b>                                    | The Government of Jamaica will provide funding.  |
| <b>Reporting Arrangements</b>                     | The Consultant's activities will be supervised directly by the <b>Programme Manager for the HHRP</b> . The Regional Health Authorities (RHAs) and the MOHW technical team will provide support as required. The officer shall have a maximum of 10 working days to accept, make suggestions, observe, or reject each report submitted by the Consultants.  |
| <b>Support</b>                                    | The Consultant will be required to provide all necessary tools to facilitate the assignment. Facilitation will be made with the RHAs and the Parish Management in the affected areas. The Project Management Unit will also be assigned vehicles that may be used by the Procurement Specialist in the execution of his/her duties.  |
| <b>Confidentiality and Data Protection</b>        | The Consultant shall treat all information obtained in the execution of this assignment as confidential and shall not disclose any such information to unauthorised persons. Any patient data or sensitive health facility information encountered shall be handled in compliance with applicable privacy laws and guidelines. This confidentiality obligation remains even after the contract ends.   |
| <b>Intellectual Property</b>                      | The Consultant shall transfer to the MOHW the intellectual property of the products resulting from the contract and undertakes to deliver all the information gathered and may not use, either partially or totally, any product of this consultancy without written authorisation. Considering that the information handled is confidential, the Consultant may use it only as a professional portfolio and may not use, sell, distribute, or dispose of, in whole or in part, any product of this consultancy without written authorisation. |
| <b>Travel</b>                                     | Travel is required under this assignment and must be included in the Bid Price.  |
| <b>Financial Arrangements</b>                     | Consultancy payments will be made through the MOHW.  |

## 10.0 MINIMUM QUALIFICATION AND EXPERIENCE

The incumbent must meet the minimum required qualifications as detailed below.

- Bachelors’ degree in a Social Science related field
- 3 years’ proven experience working in an administrative or similar capacity, for example research assistant.
- Basic proficiency in data analysis (quantitative and qualitative) and report writing.

### 10.1 REQUIRED COMPETENCES

The Procurement Administrator should have:

- Proficiency in Microsoft Applications including EXCEL and WORD
- Excellent ability to communicate clearly, accurately and concisely, both verbally and in writing
- Strong attention to detail and thoroughness in work product
- Ability to multitask
- Ability to work in a team and independently with minimal supervision
- Fast learning, resourceful, and excellent computer skills.
- Ability to work with tight deadlines and deliver exceptional results.
- Ability to develop and maintain constructive relationships with multiple and diverse target audiences.
- Using case study show their ability to resolve conflicts

### 11.0 Selection Criteria

#### Section A – Mandatory Requirements (Pass/Fail)

All bidders **must** meet the following mandatory requirements to proceed to the technical evaluation.

| Mandatory Requirement   | Submitted  | Status (Pass/Fail) |
|---|--|--------------------|
| Proof of Academic Qualifications  | <input type="checkbox"/> Yes <input type="checkbox"/> No |                    |
| Signed Curriculum Vitae   | <input type="checkbox"/> Yes <input type="checkbox"/> No |                    |
| Signed Fin-2, Fin-3 and Fin-4 Forms   | <input type="checkbox"/> Yes <input type="checkbox"/> No |                    |
| Signed Letter of Quotation  | <input type="checkbox"/> Yes <input type="checkbox"/> No |                    |
| Valid Tax Compliance Certificate as at the date of the deadline for bid submission. | <input type="checkbox"/> Yes <input type="checkbox"/> No |                    |
| Bid Validity (90 days)  | <input type="checkbox"/> Yes <input type="checkbox"/> No |                    |

**Only Individual Consultants meeting all mandatory requirements may proceed to scoring.**

### 12.0 Section B – Technical Evaluation (70 Points)

**Only Individual Consultants that score 75% or more on the Technical Evaluation may proceed to the interview stage of the selection process.**

| Criteria | Points |
|----------|--------|
|----------|--------|

|   |            |
|---|------------|
| <b>Bachelors' degree in a Social Science related field</b>  | 50         |
| <b>3 years' proven experience working in an administrative or similar capacity, for example research assistant.</b> | 30         |
| <b>Basic proficiency in data analysis (quantitative and qualitative) and report writing</b>                         | 20         |
| <b>TOTAL</b>  | <b>100</b> |

### Interview Rating

Individuals with the highest score will be selected.

| <b>Criteria</b>   | <b>Points</b> |
|---|---------------|
| Using case study show strong attention to detail and thoroughness in work product   | 20            |
| Provided examples to show ability to work with tight deadlines and deliver exceptional results.   | 10            |
| Demonstrates excellent ability to communicate clearly, accurately and concisely, both verbally and in writing.                            | 15            |
| Using case study show their ability to develop and maintain constructive relationships with multiple and diverse target audiences.        | 15            |
| Provided examples to show their ability to multitask and to be resourceful.   | 5             |
| Provided examples to show their ability for fast learning and to apply knowledge, and excellent computer skills.                          | 10            |
| Using case study show their ability to resolve conflicts  | 5             |
| Provided examples to show their ability to work in a team and independently with minimal supervision                                      | 10            |
| Using case study show their ability and proficiency in use of Microsoft office suite and other relevant computer applications and systems | 10            |
| <b>TOTAL</b>  | <b>100</b>    |

### 13.0 OTHER REQUIREMENTS

- Willingness to work beyond normal working hours and on weekends, whenever the need arises