Saint Vincent and the Grenadines OECS Regional Health Project

Terms of Reference

For the Consultancy Services for Design & Construction Supervision for Establishment of Isolation Faculties at Identified Locations at Marriaqua, Georgetown, Chateaubelair and Buccament

SVGRHP-C-CQS-3

OECS Regional Health Project Economic Planning and Sustainable Development Division Ministry of Finance and Economic Planning Kingstown, Saint Vincent and the Grenadines

TERMS OF REFERENCE

1. <u>BACKGROUND</u>

A. Background

St. Vincent and the Grenadines has received financing from the World Bank in the sum of \$6.0 million towards the cost of OECS Regional Health Project and it intends to apply part of the proceeds for the payment of goods, works, related services and consultancy services to be procured under the project.

The project is implemented jointly with three other OECS Countries – Dominica, Grenada and St. Lucia, together with the regional organizations, CARPHA and OECS. In St. Vincent it will be implemented by the Ministry of Finance, Economic Planning, and Information Technology with technical support from the Ministry of Health, Wellness and the Environment (MoHWE). The project will improve the country's preparedness in dealing with Public health Emergencies and consists of four components as follows:

Component 1: Improved Health Facilities and Laboratory Capacity

This component focuses on improving the resilience and capacity of select health facilities and laboratories to provide services to manage a public health emergency, including an emerging disease outbreak, extreme weather event or other disaster. The component will support the refurbishment and equipping of select health facilities to ensure continuity of care and improve laboratory infrastructure and equipment with corresponding training.

Component 2. Strengthening Public Health Surveillance and Emergency Management

This component will support efforts to strengthen public health preparedness, including surveillance and emergency response through improvement of national and regional capacities and promotion of cross-border collaboration. This component would improve the completeness and quality of the reporting chain for surveillance activities from the national to regional level, including improvements in interoperability and the development of a regional dashboard to monitor trends. The project would also address vulnerabilities at the national level, in areas such

as port health and development of national health emergency response mechanisms and operations centers. Similar efforts would be made in regional preparedness and response, including the development of an emergency health services coordinating mechanism. Improved surveillance activities will allow for better monitoring of climate-sensitive diseases and their evolution over time, thereby reducing the vulnerability of the population to climate change.

Component 3: Institutional Capacity Building, Project Management and Coordination

Component 3 will support the critical building blocks for strong implementation and coordination required for implementing this regional project. Specific institutional capacity building activities include technical assistance for contract management, procurement, financial management (FM), environmental and social safeguards, construction supervision (e.g. engineer and/or architect), monitoring and evaluation, and project audits. With respect to project management and coordination, this component will finance personnel for project execution and regional coordination platforms for knowledge sharing among the implementing entities and collective monitoring of implementation status. Finally, related operating expenses and equipment will also be financed.

Component 4. Contingency Emergency Response Component (CERC)

This zero-cost component aims to provide immediate surge funding in the event of a public health emergency, such as a disease outbreak. The CERC is only triggered in the case of a public health emergency and when certain actions, as agreed by the Government and Bank teams, are met. These actions can include: (i) the country declares a national public health emergency; and (ii) presents a sound and actionable country-level response plan. Having the CERC in place provides a compelling platform for country-level discussions on the importance and need for country-level readiness to respond to disease outbreaks. The CERC was triggered for the COVID-19 pandemic on April 16, 2020 for Saint Vincent and the Grenadines in the amount of US\$4.5 million.

Procurement under the project will be carried out in accordance with the 'World Bank Procurement Regulations for IPF Borrowers for Goods, Works, Non-Consulting and Consulting Services' dated July 2016 and revised in November 2017 and August 2018 ('Procurement Regulations') and applicable to Investment Project Financing (IPF). The project is subject to the World Bank's

Anticorruption Guidelines, dated October 15, 2006, and revised in January 2011 and as July 1, 2016. As required, a comprehensive Project Procurement Strategy for Development (PPSD) has been prepared by the Project. These procurement regulations are available on the World Bank website (www.worldbank.org).

2. <u>OBJECTIVE</u>

The objective of the proposed consultancy is to provide technical support to the Public Sector and Investment Programme Management Unit (PSIPMU), within the Economic Planning Division, Ministry of Finance and Economic Planning, Kingstown, St. Vincent for the preparation of detailed designs/construction drawings, technical specifications, development of the Environmental and Social Management Plan, consultations with key stakeholders, bills of quantities, preparation of bidding documents and construction supervision of infrastructure works during the construction and defects liability periods for the construction of the following buildings for the retrofitting/refurbishment of the following existing facilities to provide isolation capacity: (i) Levi Latham Health Centre/Marriaqua (ii) Georgetown SMART Hospital (iii) Buccament Polyclinic,and the (iv) ChateaubelairSMART Hospital (See Appendix C for design requirements).

3. <u>DURATION</u>

It is expected that the consultancy will be completed over a period of 9 months for design preparation (Phase 1), 12 months for completion of infrastructure works, and 12 months for the defects liability period (Phase 2).

4. <u>GENERAL REQUIREMENTS</u>

The PSIPMU as the client, will be contractually responsible for the consultant's assignment, however, the consultant will work closely with the MoHWE, which will be responsible for the health-related construction requirements. The consultant will be responsible for carrying out pre and post contract services to ensure compliance with the approved designs, bills of quantities, working drawings and technical specifications for all works in accordance with acceptable international design standards and engineering codes of practice.

It is understood that the consultant will provide all the necessary technical support staff to administer, manage, and supervise the project and fulfil the requirements of the PSIPMU, according to the drawings and contract documents. The consultant will also carry out any additional services, which the PSIPMU may reasonably require, relating to the design and supervision of the project.

To ensure adequate project management and the implementation of agreed quality assurance/quality control procedures, the consultant must include in the technical proposal, a suitable Design and Construction Supervision Management Program emphasising project organisation, set-up to meet its budget and schedule objectives, resources management, environmental, traffic and safety administration, engineering value analysis, performance and critical path planning and monitoring, and project reporting systems.

5. <u>SCOPE OF SERVICES</u>

The scope of services shall include, but not be limited to, the following main activities:

General Services

The services shall be carried out in accordance with generally accepted standards of professional practice, following recognized engineering and management principles and practices for Pre and Post Contract Services. The consultant's scope of work is understood to cover all activities necessary to accomplish the stated objectives of these services while adhering to the afore mentioned principles and practices, whether or not a specific activity is cited in this Terms of Reference (TOR).

Phase 1: Preparation of Design and Bidding Documents.

Task 1: Inception Report

- (a) Review and conduct independent site visits to collect data to inform design (civil, structural, electrical, mechanical, architectural). The consultant is expected to conduct a site visit to each location.
- (b) Develop an assessment report for each location. The Chateaubelair Hospital is of particular interest because there will be an addition to the existing structure. In this case, the report must include, but not limited to, soil testing, site survey/topographic,

(c) The consultant shall provide an **Inception Report** covering all 4 locations and expected civil works within two weeks of contract signing. The suggested template for the report is shown in Appendix B.

Task 2: Preliminary Designs:

- a) Based on attachment A, prepare preliminary drawings per location.
 - a. Levi Latham Health Care and the Buccament Polyclinic requirements are as per Appendix A 1
 - b. Georgetown SMART Hospital and Chateaubelair Hospital as per Appendix A-2
- b) Submit a design report indicating recommendations regarding the designs. The consultant is also expected to prepare preliminary bills of quantities (BOQs) and a cost estimate based on local rates.
- c) Develop an Environmental and Social Management Plan (ESMP) covering the four locations with identification of potential environmental and social impacts and mitigation measures, based on the template provided by the PSIMPU, as well as the local implementation of the Grievance Redress Mechanism of the Project. The content of the ESMP will inform the design, BOQs, costs, and schedules, as well as the associated Environmental, Social, Health and Safety (ESHS) requirements for all bidding and contacting documents.
- d) The consultant shall be responsible to make a presentation of the **Preliminary Design report** to the PSIPMU and is required to do this via the use of a power point presentation.

Task 3: Consultations

- a) Develop a stakeholder engagement map identifying key stakeholders per location.
- b) Following approval of Preliminary Design report by the PSIPMU, the consult shall undertake consultations with key stakeholders to inform them on preliminary designs, potential environmental and social impacts as well as mitigation measures. The consultant will liaise closely with the PSIPMU to ensure that communities are consulted, informed and forewarned of planned site activities in a timely manner. The communities are to be given opportunities to ask questions and kept informed of the nature, timing/duration, extent of activities and likely short, medium and long-term impacts on them. These consultations shall be documented and a log kept of all such communications.

Task 4: Preparation of Final Detailed designs:

a) Following approval of the recommendations by the client and taking into consideration feedback received from communities during consultations, the consultant shall make

revisions to the designs of the various infrastructure sub projects, as necessary, for the proper completion and/or functioning of the works.

- b) The consultant shall update the ESMP based on the final detailed designs and the results of the consultations.
- c) The consultant is expected to revise the BOQs in accordance with the design recommendations and provide more accurate BOQ based on the final detailed design of the works. Current costs for similar works in SVG will be used as a basis for all unit rates and estimates. The consultant is expected to proceed with these BOQ adjustments using his marked–up drawings.
- d) The consultant shall be responsible to make a presentation of the **Final Detailed Design report** to the PSIPMU and is required to do this via the use of a slide/power point presentation.

Task 5: Bid Documentation and Procurement:

- a) Review and submit documents to be included in the standard bidding documents for the contract to allow the PSIPMU to solicit bids from contractors (local ®ional). The documents will include:
 - i. Working Drawings
 - ii. Technical Specifications
 - iii. Bills of Quantities
 - iv. ESHS requirements
- b) Prepare ESHS requirements to be included in the bid documents, with emphasis on the construction operations, taking into account the findings from the ESMP, including code of conduct with Gender based violence provisions.
- c) Conduct a pre bid site meeting, accompany contractors on site visits, provide clarifications to the bidding documents if raised by the potential bidders, and prepare minutes of the pre bid site meetings.
- d) Provide technical advice to the client during the procurement process including clarifications requests received from the bidders, technical support in the preparation of the bid evaluation report and recommendation for award.

Phase 2: Construction Supervision

- a) Advise the contractor on the interpretation of the construction drawings and technical specifications and prepare and issue supplementary drawings, specifications and instruction during the construction period, as required.
- b) Review the contractor's work plan including construction schedule and comment on the procedures, methods and sequence of the work.
- c) Review construction drawings and prepare amendments, if necessary, with the prior approval of the PSIPMU.
- d) Consider and advise on alternative methods, equipment and materials proposed by the contractor and provide clearance to the contractor with the prior approval of the PSIPMU.
- e) Provide advice to the PSIPMU on the validity of any changes proposed by the contractor for additions or deletions to the contract and advise on the cost and issue of variation orders to the contractor.
- f) Process contractor's interim payment claims and final payments and issue progress certificates (IPC) for the client's acceptance.
- g) Maintain records related to the contracts.
- h) Arrange and prepare minutes of the monthly site meetings.
- i) Review job monthly progress reports, make comments and recommend any appropriate action as required.
- j) Provide technical advice to the client and recommend appropriate actions if needed during construction phase on planning and scheduling.
- k) Conduct budgeting, estimating, and "cost and quality" control.
- **l**)
- m) Ensure implementation of the ESMP
- n) Submit monthly progress reports to include:
 - Planned and actual progress of works
 - Status of incomplete works

- Material, labour, plant availability
- Revised schedules
- Variations and change orders
- Financial particulars
- Quality Assurance and Quality Control
- Progress photographs
- Environmental and Social monitoring (ESMP implementation)
- Health and Safety monitoring
- Factors adversely affecting progress of project
- Outstanding decisions
- Weather conditions
- Accidents on site and any other relevant details.
- Compliance with Code of Conduct
- Grievances submitted at each location, including channels used for submission, status of resolution and any pending decision to respond a grievance.
- o) 3- monthly Financial Report
 - Contract particulars
 - Contractor's claims
 - Projected final costs of projects (Revised BOQ)
 - Projected net variances
 - Expenditure to date
 - Cash-flow projections.
- p) Project Management Information System:

The Consultant will propose the setting up of a new computer-based Project Management Information System (PMIS), which will keep an up to date record of the design reports, procurement process for the award of civil work contracts, signed contract, BOQs, quality control management system, environmental and social management system, progress reports, minutes of the meetings, certification of contractor's invoices, completion reports and any other project related information on a web-based share point information system, which can be used by all the three parties:the consultant, the client and the funding agency. The PSIPMU will provide the list of authorized users to whom a password would be given for access to the PMIS.

Resident Services during Construction

a) Provide full-time resident staff services during construction phase.

- b) Ensure that the contractor is carrying out the work in accordance with the contract documents and communicate with the contractor and the client regarding deficiencies in the work and other matters of direct interest or concern. Where necessary, check contractor's survey lines, levels, grade and the results of laboratory testing.
- c) Monitor and report on the contractor's compliance with the ESMP and associated ESHS requirements as well as GRM implementation.
- d) Arrange for all necessary testing required from the material testing laboratory for the samples collected from the completed works and carry out technical inspection of materials to ensure that they are consistent with the approved technical specifications.
- e) Investigate and report on all unusual circumstances that may arise during construction.
- f) Carry out final inspection at the conclusion of the construction contract as part of the acceptance program of the client.

Post-Construction Services

- a) Ensure that the contractor prepares any necessary maintenance manuals.
- b) Ensure that the contractor prepares accurate "as-built" drawings of the works.
- c) Carry out site inspections and identify deficiencies during the contract defects liability period, monitor the rectification of deficiencies and prepare final acceptance documentation at the expiry of the defect's liability period.
- d) Prepare a Project Completion Report on the construction contract, including the as-built drawings, implementation of the ESMP and confirmation that all grievances have been satisfactorily resolved.

6. <u>INPUTS</u>

The Client

- a) All plans, pictures, reports, topographical surveys, etc. of the proposed works that might be necessary and applicable in the execution of the work required under this TOR.
- b) Access to the project sites,

- c) The client shall provide liaison with other ministries, departments, and authorities, etc. in order to introduce the consultant. The consultant however shall be fully responsible for collecting data, information, etc. from these agencies,
- d) The client may assign staff to the consultant for training in the various aspects of the work,
- e) The client will assist the consultant in obtaining visas, work permits, driving licenses, car registration, etc. and any other formalities found necessary for the consultant's personnel entering or leaving Saint Vincent and the Grenadines for the purpose of carrying out the services.
- f) The client would make available its laboratory facilities and staff for use by the consultant in performing tests, both in the laboratory and in the field to the extent that they are capable of, or have the necessary equipment to undertake such tests.
- g) The client will provide a template for the elaboration of the ESMP.

The Consultant

The consultant will be required to undertake the various activities outlined in Section 5 of this TOR. The Consultant will provide the equipment and software required to carry out the assignment and be responsible for obtaining all additional information for the execution of the services necessary for the project.

7. **REPORTING REQUIREMENTS**

The Consultants shall submit the following products to PSIPMU's satisfaction:

Phase 1: Design Review

- a) **Inception Report**: Within two (2) weeks of contract signing, the consultant shall submit an inception report in line with the template suggested in Appendix B.
- b) **Preliminary Design report**: Within four (4) weeks after acceptance of the Inception Report, the consultant is required to submit a **Preliminary Design report** and make a presentation to the PSIPMU.

The PSIPMU should forward comments on the report to the consultant within two (2) weeks of receipt.

c) **Consultations report**: within four (4) weeks after acceptance of the Preliminary Design report, the consultants required to submit a report informing of the consultation process and results for each of the locations.

d) **Final Detailed Design Report:** within six (6) weeks after acceptance of the Preliminary Design report, the consultants required to submit the final designs report make a presentation to the PSIPMU.

The PSIPMU should forward comments on the report to the consultants within two (2) weeks of receipt.

- e) An ESMP covering the four locations following the template provided by the PSIPMU.
- f) **Bid Document and ESHS requirements**: within four (4) weeks after acceptance of the final design report, the consultant is required to submit the documents needed to prepare the standard bidding documents for works.
- g) **Bid Evaluation Report**: Arithmetical checks and analysis Report, two (2) weeks after the bid opening.

Phase 2: Supervision

- a) **Monthly Construction Progress Reports**: Prepare detailed monthly reports on the progress of the design and construction, indicating any engineering difficulties affecting efficient and timely execution and compliance with Environmental and Social requirements, commencing one (1) month after the start date as defined in the contract.
- b) **Project Completion Report**: Prepare a completion report (in line with the template suggested in Appendix D) on construction of the project, operation and maintenance manual and as-built drawings, and compliance with Environmental and Social requirements within three (3) months after the date of issue of a certificate of completion of the project.

Four (4) hard copies and one (1) CD copy of all reports are to be submitted to the PSIPMU. Drawings are to be submitted on 16" x 22" paper and in AutoCAD format (CD).

A suggested template for the report is included in Appendix D. The report shall address all aspects of the project implementation, including financial summaries, suggestions and recommendations for future design and construction methods, technical specifications, any changes in Special Conditions of Contract and photographs. Three (3) sets of 'as-built' drawings and CDs /DVDs containing all the information contained in the Final Report are to be presented.

8. MANPOWER SCHEDULING AND COSTS

In estimating man – month requirements and cost of the services, the consultant should ensure that the proposal takes full account of all of the above requirements and the following items.

- Consultant's remuneration
- Consultant's out of pocket expenses
- Support staff services
- Equipment hire
- Communication costs
- Report reproduction costs
- Contract documentation costs
- Supervision costs
- Survey costs
- Accommodation
- Transportation

9. WORKING TEAM MINIMUM REQUIREMENTS

Firms should have experience in building design and supervision with at least two (2) successfully completed similar assignments during the past five (5) years. Firms should have qualified professional staff in the following areas: Civil/Structural Engineering, Architectural, Mechanical (electrical and plumbing) Engineering and Quantity Surveying, and ESHS supervision.

Key Expert	Qualification & Skills	General Experience	Specific Experience
Key Expert 1: Architect (Team Leader for phase 1 only)	BA degree from an accredited university programme in Architecture	10 years spent in design and supervision of infrastructure projects	At least two (2) construction projects in the health sector.
Key Expert 2: Civil Engineer (Phase 1 only)	A BSc from an accredited university programme in Civil Engineering	10 years minimum experience in the Construction/infrastructure	At least two (2) construction projects in the health sector.
Key Expert 3: Mechanical/Plumbing Engineer (Phase 1 only)	A BSc degree from an accredited university programme in Mechanical Engineering	10 years minimum experience in design of infrastructure projects.	A minimum of 2 similar projects as mechanical designer or similar position, within the last 5 years.
Key Expert 4: Electrical Engineer (Phase 1 only)	A BSc degree from an accredited university programme in Electrical Engineering	10 years minimum experience in design of infrastructure projects.	A minimum of 2 similar projects as electrical designer or similar position, within the last 5 years.
Key Expert 5: Environmental/Social Specialist (Phase 1 & 2)	A BSc degree from an accredited university programme in Earth Science, Environmental Management, or equivalent	5 years minimum experience in the supervision of ESHS aspects on construction sites.	 At least 1 similar project as Environmental Monitoring or similar position, within the last 5 years. Experience in World Bank procedures are advantageous
Key Expert 5: Quantity Surveyor (Phase 1 & 2)	A BSc degree from an accredited university programme in Quantity Surveying, or equivalent	8 years minimum experience in quantification of similar of infrastructure projects.	A minimum of 2 similar projects as Quantity surveyor or similar position, within the last 5 years.
Key Expert 6: Resident Engineer (Team leader for phase 2)	A BSc from an accredited university programme in Civil Engineering,	5 years minimum experience in the construction in supervision of similar projects.	- A minimum of 2 similar projects as Team Leader or similar position, within the last 5 years - Experience in World Bank procedures are advantageous

The firm must select and hire other experts as required according to the profiles identified in these TOR. All experts must be independent and free from conflicts of interest in the responsibilities they take on.

APPENDIX A-1/A-2



Georgetown Health Centre



Buccament Polyclinic



Chateaubelair Hospital



APPENDIX B

Inception Report Template

The consultant is free to format the Inception Report for his consultancy to his normal presentation, but the report shall contain the following minimum content:

- Executive Summary
- Introduction
- Background and description of various project elements
- Understanding of Project objectives
- Contract signing and Project commencement
- Team mobilization and project activities to date
- Data collection and review
- Data gaps
- Assumptions, Risks and Mitigation Strategy for Data gaps
- Comments on TOR
- Design Review criteria
- Project Organisation / Lines of communication
- Project execution, methodology and scheduling
- Proposed outlines for review, interim, quarterly and final reports
- Appendices e.g. meeting details, Organisation Chart, TOR, Photographs etc.

APPENDIX C

Concept Designs

(1) Levi Latham Health Centre & Buccament Polyclinic proposed layout



- (2) Guidelines for the classification and designs of isolation rooms in health care facilities: To be provided by the Ministry of Health, Wellness and the Environment
- (3) Additional guidelines:

https://www.who.int/publications/i/item/severe-acute-respiratory-infections-treatment-centre

https://www.cdc.gov/coronavirus/2019-ncov/global-covid-19/operational-considerations-isolationcenters.html

https://www.who.int/publications/i/item/operational-considerations-for-case-management-of-covid-19-in-health-facility-and-community

APPENDIX D

Final Completion Report Template

This report shall address all aspects of the Project implementation, including financial summaries, suggestions and recommendations for future design and construction methods, technical specifications, any changes in Special Conditions of Contract and photographs. Three (3) sets of 'as-built' drawings and CDs/DVDs containing all the information contained in the Final Report are to be presented to the client. This will be prepared by the consultant within twelve (12) weeks of completion of the works contract. The consultant is free to format the Final Completion Report to his normal presentation, but the report shall contain the following minimum content.

A typical Contents page is as shown below:

- Table of Contents
- Acknowledgements
- Executive Summary
- Background
- Aims and Objectives
- Methodology (including codes and standards used)
- Implementation
- Outputs and Results (including any designs and design check calculations)
- Quality Assurance and Quality Control
- Outcomes
- Conclusions
- Recommendations
- Lessons learnt
- References
- Appendices