KAZAKHSTAN

Development of six new hospitals

HEALTHCARE PLANNING ADVISORY SERVICES TO THE MINISTRY OF HEALTH OF THE REPUBLIC OF KAZAKHSTAN

TERMS OF REFERENCE

1. BACKGROUND

The Ministry of Health of the Republic of Kazakhstan (the "**MoH**") is developing a new Hospitals Modernisation Programme (**"State Programme"**), which envisages the construction of up to 19 new hospitals to replace 40 outdated existing facilities and the upgrade of up to 50% of the hospital bed capacity in Kazakhstan. Hospital projects under the State Programme will follow the facility management model and will be procured as Public Private Partnerships ("**PPP**") or utilise the Design, Build, Operate and Maintain ("**DBOM**") approach.

The purpose of this healthcare planning consultancy assignment is the development of comprehensive hospital healthcare needs assessments and hospital functional specifications for 6 of these new hospitals. The hospitals included in this initial first phase of the programme are as follows:

No.	Location	Estimated bed numbers
1	Kyzylorda (DBOM)	500
2	Kokshetau (PPP)	630
3	Kostanai (PPP)	500
4	Taraz (PPP)	500
5	Pavlodar (PPP)	500
6	Atyrau (PPP)	500

Bed numbers presented above are broad estimates only at this stage as this Consultancy assignment is intended to develop accurate bed numbers for each hospital.

2. OBJECTIVES

The objective of this assignment is the development of comprehensive hospital healthcare needs assessments and hospital functional specifications for 6 of these new hospitals. The healthcare services to be provided in these hospitals will be delivered by the Kazakhstan Ministry of Health (MoH). Consequently, once completed, the hospital functional specifications will be owned by, and the responsibility of, the MoH. Hence, the Consultant must engage with MoH at every stage of this assignment and receive MoH and EBRD sign-off before proceeding to the next stage.

This consultancy assignment is split into three stages for each hospital:

Stage 1 Data gathering: The Consultant is to initially determine how much healthcare needs assessment and hospital functional specification work, if any, has been performed by MoH for each hospital, how up to date this is and how relevant is the output data for the development of the hospital functional specifications. It is expected, and should be planned for by the Consultant, that there will be little or no data available for each hospital. What data is available may be out of date or unsuitable for the purpose of developing the healthcare needs assessment. Consequently, the Consultant should plan for and price to conduct the data gathering exercised detailed below in the scope of work.

Stage 2 Healthcare Needs Assessment: Following stage 1, if this work has not been progressed or the output data is inadequate to develop the corresponding hospital functional specification, then the Consultant is to undertake an entire or partial healthcare needs assessment as detailed in the scope for this stage below. It is envisaged that entire new healthcare needs assessments will be required for all six hospitals and hence the Consultant should plan and price for this.

Stage 3 Hospital Functional Specification: Following stages 1 and 2, depending on how much work MoH may have already done in developing functional specifications for each hospital, the consultant is to develop comprehensive functional specifications for each hospital that meet the requirements of the scope of work below.

3. SCOPE OF WORK

3.1 Stage 1: Data Gathering

To developing an understanding of the healthcare service model for each hospital, the Consultant will identifying the catchment population, developing an in-depth understanding of the demographic composition of the populations (and how this is likely to change over the coming years), identify the clinical model currently provided and the workforce requirements to deliver the model of care. Principally, this information will be determined through Consultant research, MoH meetings and site visits involving qualitative interviews with key members of staff.

From the data retrieved, the Consultant is to identify key issues, barriers and enablers to current service delivery, as well as opportunities for improvement and potential alternative approaches to service delivery.

Data to be gathered by the Consultant will include:

Demographic data sets:

- Population by city/region that the hospital is to cover;
- Demographic data (age, gender, nationality) by city/region;
- Burden of disease by city/region.

Clinical data sets:

- Activity data for each of the centres - admissions, length of stay, bed occupancy;
- Treatment/diagnosis data;
- Waiting lists;
- Clinical staff profiles.

Economic and other data sets:

- Operating costs (pay, consumables, FM);
- Revenue streams;
- Equipment asset registers (including Hospital Information Systems and other e-systems);
- Building guidance notes and regulations.

City/Region and existing facilities visits

The Consultant will undertake site visits to existing current surrounding public and private hospital facilities where the current catchment population accesses clinical services. For each site, the Consultant will determine:

- The current service offering;
- Demand and capacity per specialty, broken down into inpatients, day same service admissions, and outpatients and ED visits;
- Constraints in clinical services; and
- Future plans / strategies for service expansion.

Through semi-structured interviews with appropriate clinicians and management staff, the Consultant will determine any issues pertaining to the level of service coverage, current and anticipated operational challenges, the barriers/enablers to providing quality, cost-effective care at a local level.

The Consultant will identify any current high-level service gaps that may include, but not limited to:

- Level of service coverage across each region, stratified by adult/children services and by gender;
- Quality of care provision and access to a sufficiently qualified and diverse clinical workforce;
- Adequate provision of supporting services within each centre i.e. diagnostic capabilities; and
- Access to consumables and clinical devices.

The Consultant will also benchmark current service provision against examples of local and international best practice to assess discrepancies and identify the scale of improvement required. This is to include medical provision in Kazakhstan (i.e. actual services provided) and the organisational processes adopted for the provision of these services.

The Consultant deliverables for this stage for each hospital will be a data gathering report detailing what existing data was found and how suitable this proved to be and also the process then followed by the Consultant to gather suitable data for the healthcare needs assessment. All data collected and the interpretation of this is to be presented in this report. The Consultant is also to develop a virtual Data Room for MoH that will contain all data collected during this stage and all reporting. All subsequent stage work, reports, documentation and presentations are to be stored in this Data Room also.

3.2 Stage 2: Healthcare Needs Assessment

The data collected from Stage 1 will be utilised by the Consultant who will use this data to generate the following information:

- The specific hospital healthcare services requirements

- The hospital optimal workforce composition

The components of the Healthcare Needs Assessment are to be as follows:

1. Healthcare Needs Assessment for the population in this region. This must provide forecasts of patient numbers currently and 10 and 20 years into the future factoring in:
    a. forecast population changes
    b. demographic profile changes
    c. forecast changes to the burden of disease
    d. anticipated changes to wider health and social care provision
2. Clinical Model for the region based on this Healthcare Needs Assessment and incorporating international best practice.
3. Patient Pathways for healthcare treatment as part of this Clinical Model. This is to contain specific pathways for this new hospital and demonstrate how these contribute overall to the regional Clinical Model. This must factor in the services provided by the existing healthcare estate in the region.
4. Workforce Model for the hospital detailing how these clinical pathways will be delivered and by whom.
5. Service Model for the hospital detailing how the Clinical Model will be operationalised? i.e.
    a. What healthcare services are required from the hospital?
    b. What is the configuration of the services?
    c. Which services are to be provided by the MoH and which might be provided by the private sector (i.e. hard and soft facilities management services and peripheral medical services such as laboratory, pharmacy, mortuary etc.)

Once the Healthcare Needs Assessment has been completed, the Consultant will opine on the ability of the existing healthcare estate in each city/region to deliver modern healthcare services defined by the Healthcare Needs Assessment. This should include a high-level assessment of the extent of any hospital refurbishment/remodelling that would be needed if MoH decided on this option rather than an entirely new build option on a new greenfield site. This is meant to be a high level fitness for purpose evaluation of the existing facilities to deliver the healthcare services required and not a full option appraisal.

The Consultant is also to visit the new site or sites proposed in each city/region for the new hospital construction and is to opine on the suitability of each site for:

    a. The construction of the new hospital
    b. Adequacy of space for staff and patient car parking
    c. Adequacy of space for construction logistics
    d. Accessibility of the site for the demographic that the hospital is to serve

The Consultant deliverables for this stage for each hospital will be a Healthcare Needs Assessment report and a PowerPoint presentation detailing the process followed, the data retrieved, how the data was interpreted and the Consultant recommendations for each hospital healthcare provision.

3.3 Stage 3: Hospital Functional Specification

This document defines the infrastructure (the size and nature) of the new hospital and the healthcare equipment requirements and will form part of the tendering documents for the PPP and DBOM procurement process for the 6 hospitals in this first phase. The contents of each of the Functional Specifications to be developed by the Consultant is to be as follows as a minimum:

Functional Specification Contents

1. Model of care philosophy for the hospital
2. Healthcare services philosophy detailing the healthcare services to be delivered at the hospital
3. Different hospital departments (functional areas) required to deliver these healthcare services, forecast patient volumes (by type) and the size of each space
4. Number of beds required in each department or in general wards
5. Number and size of specialist areas (i.e. theatres, imaging, A&E, mortuary etc.)
6. Number and size of non-medical areas needed for the functioning of the hospital (i.e. catering, admin, laundry etc.)
7. Patient pathways through the hospital and desired departmental adjacencies
8. Room accommodation schedule and adjacencies
9. Standard room layouts (i.e. patient bedrooms, examination rooms, consulting rooms, treatment rooms, theatres, imaging, laboratories etc.)
10. Numbers and professions of medical staff that are expected to work in the hospital
11. Quantity, type and location of all medical and imaging equipment

The Consultant deliverables for this stage for each hospital will be the Hospital Functional Specification document and a PowerPoint presentation detailing and justifying how this has been developed from the Healthcare Needs Assessment.

If requested, the Consultant is also to help MoH plan and organise an overseas visit for MoH and representatives from each region to visit international best practice hospitals.

4. IMPLEMENTATION ARRANGEMENTS AND DELIVERABLES

Government side contribution: For the purposes of the assignment the MoH will:

- Assign an Russian speaking manager to act as a day-to-day liaison point (for meeting requests, documentation requests, the Project Preparation Group logistics) for the duration of the Project;
- Provide to the Consultant or ensure full access to all appropriate information and data within the context of the work, including MoH records, plans, reports, designs and other documents as appropriate. However, it will be the responsibility of the Consultant to translate these documents to the extent required and to ensure the data is current and relevant;
- Provide its own acceptance of Deliverables in a timely manner;
- Assist and facilitate meetings between Consultants and relevant ministries, agencies or other official bodies.

The Consultant will be responsible for all interpretation and translation services it may require. The Consultant shall arrange for its own work space while travelling.

The MoH will designate senior officials to be the primary contact persons with specific responsibility for assisting the Consultant and co-ordinating activities. The MoH and regional authorities will provide access to all of their facilities and employees for questioning or assistance related to the Project.

All documentation related to the work of the Consultants shall be and will remain the property of MoH after completion of the assignment. The Consultant shall not publish, use or dispose of this documentation without the written consent of MoH.

Deliverables

- Consultant will prepare the assignment Deliverables within the time limits and on terms set out below.
- When preparing the Deliverables, the Consultant shall provide draft versions of its Deliverables to the MoH and EBRD.
- The Deliverables will be considered as final only after EBRD and MoH acknowledge their quality as acceptable.

Deliverables	**Language**	**Recipient**	**Timeline (since previous stage)**
Stage 1: Data Gathering 1 month			
Data Gathering report for Kyzylorda Hospital	Eng & Rus	MoH, EBRD, Project Coordinator	4 weeks
Data Gathering report for each of the PPP Hospitals	Eng & Rus	MoH, EBRD, Project Coordinator	4 weeks
Creation of a virtual Data Room		MoH, EBRD, Project Coordinator	4 weeks
Stage 2: Healthcare Needs Assessment 2 month			
Healthcare Needs Assessment report for Kyzylorda Hospital	Eng & Rus	MoH, EBRD, Project Coordinator	6 weeks
Healthcare Needs Assessment presentation for Kyzylorda Hospital	Eng & Rus	MoH, EBRD, Project Coordinator	6 weeks
Healthcare Needs Assessment report for the 5 PPP Hospitals	Eng & Rus	MoH, EBRD, Project Coordinator	2 months
Healthcare Needs Assessment presentation for the 5 PPP Hospitals	Eng & Rus	MoH, EBRD, Project Coordinator	2 months
Stage 3: Hospital Functional Specifications 2 month			
Hospital Functional Specification for the Kyzylorda DBOM Hospital	Eng & Rus	MoH, EBRD, Project Coordinator	4 weeks

Deliverables	Language	Recipient	Timeline (since previous stage)
Hospital Functional Specification presentation for the Kyzylorda DBOM Hospital	Eng & Rus	MoH, EBRD, Project Coordinator	4 weeks
Hospital Functional Specifications for the 5 PPP Hospitals	Eng & Rus	MoH, EBRD, Project Coordinator	2 months
Hospital Functional Specification presentations for the 5 PPP Hospitals	Eng & Rus	MoH, EBRD, Project Coordinator	2 months

Timing:
The overall duration of the assignment should be no longer than 5 months after the date of Consultancy contract. It is expected that the Consultant will work on all six hospitals simultaneously. However, the priority hospital for procurement will be the Kyzylorda DBOM Hospital and hence the healthcare planning activities are to be fast-tracked for this scheme and completed within 3 months of the date of the Consultancy contract if not sooner.

Logistics:
It is envisaged that the Project Team Leader will spend a significant amount of time working in Nur-Sultan during the term of the engagement. The Consultant shall continuously interact with the MoH in order to discuss support required, data issues and progress. It is expected that the Team Leader will attend two meetings a month in Nur-Sultan to present progress and the deliverables during assignment.

For the purpose of management of the project, communications and interaction with MoH and management and engagement with stakeholders, the Consultant will have at least three members of their team permanently based at MoH offices in Nur Sultan for the duration of the data gathering, site visit and stakeholder engagement phases of the assignment. This will be a combination of key experts, non-key experts and non-core experts (see definitions below).

Language and translations:
The tasks of the assignment will be conducted in English and Russian languages. The Consultant will be required to review existing documentation mostly in Russian. Most of the communication with the MoH will be in Russian. The Consultant shall ensure that its Project Team is able to communicate fluently in English and Russian.

Deliverables must be provided to MoH and EBRD in Russian and English in 2 (two) copies (one copy for each party) in hardcopy and electronic format, bind securely, paginated and signed by an authorized person. All data will be made available in Microsoft Excel without passwords or lock/hidden cells.

The Consultant shall be required to explain and disclose to MoH and EBRD all information, calculations, references, all input data and otherwise that are indicated in the Deliverables. None of the above may be deemed confidential information in relation to MoH, EBRD and Kazakhstan Project Preparation Fund (KPPF).

Reporting to the Bank:
Additionally, the Consultant will be expected to produce monthly Project Reports to EBRD in English in order to communicate concepts and progress of the Assignment to the EBRD. These reports shall be sent to Svetlana Radchenko (radchens@ebrd.com), Operation Leader of the Project, and Alexey Timchenko (timchena@ebrd.com), Operation Leader of the Assignment.

The Consultant shall also be available to respond to any comments/questions that might be received from EBRD during its review of the project.

5. CONSULTANT'S PROFILE

The Consultant should ensure that the appropriately qualified experts are available, as required, for each of the different tasks outlined above. It is expected that the Assignment will be led by an appropriately qualified team leader/hospital healthcare planning specialist, accompanied by both key and supporting experts. Based on the fields of expertise and the tasks mentioned above, it is proposed that the team of the Consultant should consist at least of the following expatriate and local experts:

Key Expert No 1 - Project Team Leader
- a university degree or equivalent qualification,
- 15 years or more of previous professional experience in the field of hospital healthcare planning, across multiple countries, including for hospitals of a similar size to those intended in this programme;
- previous professional experience in the leadership and project management of comparable assignments;

Key Expert No 2 – Hospital Healthcare Planner at least 2 consultants
- a university degree or equivalent qualification,
- 15 years or more of previous professional experience in the field of hospital healthcare planning, across multiple countries, including for hospitals of a similar size to those intended in this programme;

Junior Hospital Healthcare Planner
- a university degree or equivalent qualification,
- 5 years or more of previous professional experience in the field of hospital healthcare planning.

Other experts - The Consultant can also propose a number of non-core team members / sub-contractors to fulfil specific tasks (similar to a selection from a short list) and these non-core team members / sub-contractors are not restricted from being part of more than one bid.

The non-core team members are expected to include at least 3 local Russian speaking experts with good communication skills and evidenced technical knowledge of hospital sector (at least 5 years' experience in hospitals in Kazakhstan). Non-core sub-contractors may also include local agencies/project institutes.

MoH is willing to assist the Consultant with the identification of Kazakh non-core team members that will be based in Nur Sultan although the responsibility for the recruitment or subcontracting of these lies entirely with the Consultant.

The Consultant shall engage Russian and, if necessary, Kazakh language speaking staff on their team or arrange for translation/interpreting when necessary.

STRUCTURE OF THE PROPOSAL

Bidders are required to prepare proposals in accordance with the Request for Proposal Templates included in the Procurement Notice. In addition, bidders are required to ensure that the following information is presented as part of their technical proposal:

1. Approach to implementation of the scope of work (covering the scope outlined above) **(maximum of 5 pages)**.
2. Project team, with clear identification of the role of team members, their proposed % time spent on the project (by Stage) and their experience in (i) healthcare planning with an indication, for each transaction of the role of the person, and status of the transaction (closed, aborted, in progress), (ii) Experience in Kazakhstan or other CIS countries in infrastructure, (iii) and their language skills.

Provide a summary table that includes the following:

Name	Current Employer	Time in days	Facility Management Experience				Local Experience		Languages	
			Name of Project	Year	Role	Status	KZ	CIS	Language	Level

Include a tick on local experience if it is more than one year accumulated in the last 10 years.

The non-core team members of the Consultant are to be included in the proposal including an expectation of how the work tasks will be split between the core and non-core team members.

3. Staff time. Please provide detailed allocation of staff time to this project in a table format by tasks and in man/days.
4. Long version references and CVs should be included as Annex.
5. List scope clarifications, caveats and limitations of the proposal.