

“STRENGTHENING THE HEALTH SYSTEM” PROJECT

TERMS OF REFERENCE

CONSTRUCTION OF THREE (3) COMMUNITY HEALTH CENTERS in CABO DELGADO-MOZAMBIQUE under 3 Lots:

Lot 1 NTOCOTA – Pemba Metuge District

Lot 2 MARARANGE – Montepuez District

Lot 3 MAURUNGA – Chiure District



PEMBA, JULY 2022

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1. INTRODUCTION

Background

In Mozambique, the Health Portfolio has been expanding since February 2019, being currently a multi donor funded Portfolio.

Under the Health Portfolio, UNDP's intervention contributes to the implementation of the CMAM Strategic Plan for Pharmaceutical Logistics (PELF). UNDP technical support contributes to the CMAM and NTP efforts to improve treatment outcomes for MDR-TB, infectious disease control, and storage conditions of the medicines, vaccines and other health products. New financing agreement includes intervention in Beira city (Sofala Province) Medical Warehouse, and also comprehends the procurement and installation of incinerators for North and South Regions of the country for end-user MoH/Central Medical Stores.

As part of the ONE UN Health Plan and the MoH Emergency Response Plan, and through the partnership with the Government, National Health Institute, UNDP is strengthening laboratory capacity for decentralized COVID19 testing, ensuring adequate health infrastructure, including through rehabilitation and installation of prefabricated modules. For COVID-19 response is planned the continued establishment of Laboratories for testing and respective equipment. As well, new scope of works were requested for rehabilitation of Regional Health Infrastructures (Maputo, Nampula, Beira) for end-user National Health Institute.

Through Health projects, UNDP Mozambique is also establishing hospitalization centers for COVID-19 patients; and entering in Cabo Delgado to support re-establishment of basic social services through community health centers.

Community Health Center

Mozambique is a priority country for TB and HIV, with a high burden for both TB and HIV components. According to the 2013 WHO Global TB Report, the country has the third and fourth highest rates of TB incidence and prevalence, respectively, among the 22 high-burden countries.

The estimated prevalence of TB (all forms) has been stable over the past decade and estimated at 559/100,000 in 2013. Mortality is 69/100,000 for TB and HIV-negative patients and has increased slightly in the last four years; the mortality of HIV-infected TB patients is 148/100,000 and on a downward trend. The incidence (all forms) is at 551/100,000 and on an upward trend.

The case detection rate (all forms) is increasing steadily but is still low, standing at only 39% in 2016.

The current estimate is that the case detection rate is low, in part due to limited access to primary health care facilities.

The prevalence of MDR-TB among new TB patients is estimated at 3.7% and 20% among patients undergoing re-treatment.

The construction of 3 community porches will ensure healthier conditions for patients, provide a better working environment for healthcare professionals and reduce waiting time for patients and relatives while they wait for treatment. As a result, the conditions of clinical care for patients with MDR-TB will improve.

By improving the conditions of clinical care, it is expected that infections will be reduced and that MDR-TB patients will be less reluctant to undergo treatment and, consequently, the outcome of MDR-TB treatment will be improved.

In this regard, UNDP is requested to provide technical support for Global Fund grants to MISAU Mozambique. UNDP will ensure that implementation measures are in line with the requirements of the Global Fund and the Country Coordinating Mechanism to achieve the goals and improve the system.

The present Scope of work refers to the construction of Community Health Center in Ntocota Village – Metuge District – Cabo Delgado Province. The construction will be based on the Bill of Quantities made by the UNDP engineer and the project provided by the Ministry of Health. Bidders are advised to visit the site and familiarize themselves with the surroundings and to take the measures they deem necessary, as complaints for lack of knowledge of the site will not be accepted. The measurement method for all items will be based on actual dimensions, apertures are deductible and all calculations per m².

2. PROJECT DESCRIPTION

The project consists in Construction of Community Health Center, an integral part of the “STRENGTHENING THE HEALTH SYSTEM” Project in some district of Cabo Delgado

This project consists in construction of the followings buildings: **01 Community Health Center (including Gabinets) with one 2KVA Offgrid Photovoltaic System; 01 Sanitation (M/F); 01 Photovoltaic Water System (including execution of Water Tower and Borehole with submersible pump); 01 Fountain.**

The choice of this proposed construction was based on its importance according to the needs of the Government and the community in each District. The UNDP team conducted a site visit to explore the site, assess the Location and meet with the relevant authorities at the technical level, and concluded that it was more appropriate to carry out the construction of new Community Health Center in order to ensure good conditions for the community. The main interventions consist of the general construction site. It also consists of the construction of the above-mentioned infrastructures according to the Technical Specifications and the Bill of Quantities

Good quality materials must be used throughout the work, following the construction standards in force in the regulation of urban buildings.

2.1 Accessibility

To reach Ntocota Village (which is located in Pemba-Metuge District) one option is suitable and available:

- A) From Pemba City passing the N1 Road up to the coordinate -13.6266S 39.8400E (Proposed Location for the Implementation of Ntocota Health Center) – Dust Road, much more accessible and used.

Bellow is the Picture illustrating the General Layout of the Location to implement the Community Health Center.





To reach Mararange Village (which is Located in Montepuez District) one option is suitable and available:

- A) From Pemba City passing the N1 Road up to the coordinate -13.056930S 38.814351E (Proposed Location for the Implementation of Mararange Health Center) – Dust and tough Road, much more accessible and used.

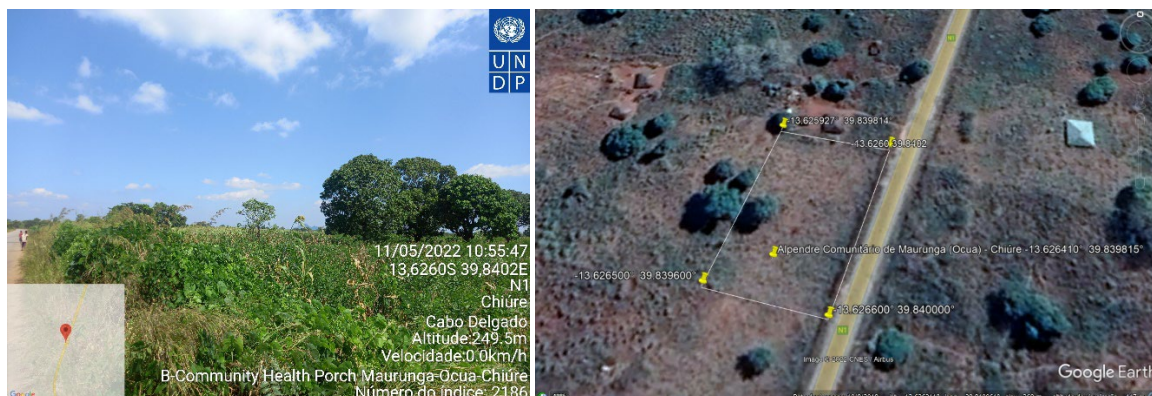
Bellow is the Picture illustrating the General Layout of the Location to implement the Community Health Center



To reach Maurunga Village (which is Located in the Administrative Post of Ocua within the Chiúre District) one option is suitable and available:

- B) From Pemba City passing the N1 Road up to the coordinate -13.6266S 39.8400E (Proposed Location for the Implementation of Mauruga Health Center) – Dust Road, much more accessible and used.

Bellow is the Picture illustrating the General Layout of the Location to implement the Community Health Center



3. DESCRIPTION OF THE MAIN ACTIVITIES

The company shall implement the constructions works, including the earth works, foundation, structure, door sand windows, MEP facilities, outdoor works and finishing.

Each area must be implemented with materials with the following general specifications, or similar of equal or superior quality:

Excavation and backfilling with compacted soil

Reinforced concrete foundation 20/25 steel B400S

Reinforced concrete structure 20/25 steel B400S

Cement block masonry walls class 15 (1:3:6);

Light roof: metal structure with galvanized GI sheets.

Aluminum doors and windows, glass 5mm

The structure must guarantee resistance to winds of up to 210 km/h.

4. METHOD OF ACHIEVEMENT

4.1. CONSTRUCTION MANAGEMENT

A construction company acquired under the supervision of one Supervision Company and by UNDP engineers will carry out the construction work on the premises. The Provincial Department of Health (DPS) will also following the work progress as main end-user.

4.2. CONSTRUCTION SCHEDULE

The Construction schedule is fully integrated with the general resource loaded for UNPD projects. The facilities will be executed on a dynamic schedule with project schedule goals to enable the project's mission performance objectives.

Expected starting date	01.10.2022
Duration of works	3 months
Delivery date	31.12.2022

5. INSTITUTIONAL ARRANGEMENTS

The Contractor shall report to UNDP Engineer who is responsible to approve its outputs or any focal point designated by UNDP Mozambique. The daily construction works will be directly supervised by an Engineering company hired by UNDP who will take care of the supervision of the works.

During the execution of the activities, it is expected the consulting firm to interact and collaborate with the responsible of surrounding buildings, technicians from the Provincial Health Services of Cabo Delgado Province.

The project will be conducted in accordance with the UNDP Engineer Quality Assurance Program (QAP) which applies to all work carried out at UNDP. The QAP will consist of the following criteria: Program, Design, Work Processes, Inspection, Evaluation, Quality Improvement, Documents and Records.

6. COMMISSIONING

COMMISSIONING / DEFECTS LIABILITY PERIOD

An important element of ultimate success will be the proper commissioning of the installation and instruments. Installation and instruments will require peak performance to fulfill the project's mission. The contractor's personnel will be responsible for the commissioning works.

The construction company shall make its team available through the Defect's Notification Period of the project to repair any defect identified, develop the As-Built drawings and any other requested technical documentation and for the preparation of project related final accounts and contractual close-out. Additionally, the Consultant may be requested to maintain a presence on site for the remaining construction works or the repair of identified defects.

7. FINAL DISPOSITIONS

Everything that is not mentioned in these specifications, it was recommended to follow the regulated techniques for the construction of such projects, and the procedures according to the instructions of the UNDP engineer.

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