

REQUEST FOR EXPRESSIONS OF INTEREST
CONSULTING SERVICES FOR BANK-EXECUTED OPERATIONS
SIMPLIFIED COMPETITIVE SELECTION PROCESS

PROJECT NAME: Consulting services for the development of the Functional Medical Plan and the Master Plan for Justinien University Hospital (HUI) in Cap-Haïtien (Haiti)

SELECTION PROCESS #: HA-T1350-P001

SELECTION METHOD: Simplified Competitive

COUNTRY: Haiti

SECTOR OR DEPARTMENT: SCL/HNP

TC NAME: Supporting the expansion and planning for the sustainability of health access

FUNDING – TC #: ATN/OC-22495-HA

LINK TO TC DOCUMENT: <https://www.iadb.org/en/project/HA-T1350>

Attention Consulting Firms: Important Update Regarding BEO Bidder Portal Registration

All consulting firms, both new and previously registered in the [BEO Portal](#), **must add their Business Partner Number (BP Number)** to their organization's profiles to participate or continue participating in a BEO procurement process.

Please refer to the [FAQs](#) in the Portal for more details on **"How to Find or Obtain Your BP Number"**.

Avoid delays by not waiting until the last moment to complete this update. This process may take up to **48 hours** to complete and could prevent your organization from participating in a BEO Process.

For further questions or assistance, use the [live chat](#) on the BEO Bidder Portal page or email us at ocs.procurement@iadb.org

The Inter-American Development Bank (the Bank) was established in December of 1959 to help accelerate economic and social development in Latin America and the Caribbean. Today, the Bank is a major catalyst in mobilizing resources for the region (For more information about the Bank, please refer to the Bank's website at www.iadb.org.)

Section 1. Purpose of this Request for Expression of Interest

1.1 The Bank is executing the above-mentioned project. The Bank intends to contract consulting services described in this Request for Expressions of Interest (REOI). The purpose of this REOI is to obtain sufficient information to enable the Bank to evaluate if the eligible consulting firms (CF) have the experience and qualifications relevant to provide the consulting services requested by the Bank.

1.2 As defined in the Corporate Procurement Policy ([GN-2303-33](#)), participating CF must be from a Bank's Member Country¹ or Territory² to be eligible to submit an Expression of Interest (EOI). CF with the required experience relevant to the assignment shall be assessed. The Bank will conduct the assessment and ranking of the EOI submitted by the CF that expressed interest. The Bank will invite CF to submit a proposal in the order in which the ranking is established. If the proposal of the first-ranked CF is acceptable, the CF will be invited to negotiate a Contract. If the negotiations with the first-ranked CF fail, the next-ranked CF may be invited to submit a proposal and negotiate.

1.3 This REOI is not to be construed as either an RFP or an offer to contract and in no way obligates the Bank to contract anyone. The Bank reserves the right to reject any and all participating CF for any or no reason without having to provide an explanation. The Bank does not bind itself in any way to select any participating consulting firm. No debrief will be provided as to why CF have or have not been shortlisted.

Section 2. Instructions to the eligible consulting firms

2.1 Expressions of interest must be delivered using the *Bidder Portal for the Selection and Contracting of Consulting Firms for Bank-Executed Operations* (the Portal) (<http://beo-procurement.iadb.org>) by: **[September 15th, 2026]**, 5:00 P.M. (**Washington, D.C., Time**) in PDF format only (Max. 45MB).

2.2 To access the Portal, the CF must generate a registration account, including **all** the data requested by the Portal. If any of the information requested is not included, the consulting firm will not be able to participate in this or any other Bank-executed selection process for operational work. If the consulting firm has been previously registered, please validate that you have **all** the consulting firm's information updated and complete before submitting an EOI.

2.3 Eligible CF may partner in the form of a Consortium/joint venture (JV) to enhance their qualifications. Such Consortium/JV shall appoint one of the CF as the representative responsible for the communications, the registration in the Portal, and

¹ **Member Countries:** Argentina, Austria, Bahamas, Barbados, Belgium, Belize, Bolivia, Brazil, Canada, Colombia, Costa Rica, Chile, Croatia, Denmark, Dominican Republic, Ecuador, El Salvador, Finland, France, Germany, Guatemala, Guyana, Haiti, Honduras, Israel, Italy, Jamaica, Japan, Mexico, Netherlands, Nicaragua, Norway, Panama, Paraguay, People's Republic of China, Peru, Portugal, Republic of Korea, Slovenia, Spain, Suriname, Sweden, Switzerland, Trinidad & Tobago, United Kingdom, United States, Uruguay and Venezuela.

² **Eligible Territories:** a) Guadeloupe, French Guiana, Martinique, Reunion – as Departments of France; b) U.S. Virgin Islands, Puerto Rico, Guam – as Territories of the USA; c) Aruba – as a constituent country of the Netherlands; and Bonaire, Curacao, Saint Marten, Saba, St Eustatius – as Departments of the Netherlands; d) Hong Kong – as a Special Administrative Region of the People's Republic of China.

the submission of the corresponding documents.

2.4 Interested CF may obtain further information during office hours, 09:00 AM to 05:00 PM (**Washington, D.C. Time**), by sending an email to: EMMAM@iadb.org

Inter-American Development Bank

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2.5 The Bank hereby invites eligible CF to indicate their interest in providing the services described below in the draft Terms of Reference for the consulting services. Interested CF must provide information establishing that they have the necessary experience and are qualified to perform the services. So that all responses may be properly evaluated, eligible CF must include in their submissions the information requested in the following section, with full and clear explanations.

Section 3. Consulting Services

3.1 The consulting services include providing technical support to the Government of Haiti, through the Economic and Social Assistance Fund (FAES) and in coordination with the Ministry of Public Health and Population (MSPP), **for the development of the Functional Medical Plan, Hospital Master Plan, and phased Investment Plan for the modernization and expansion of Justinien University Hospital in Cap-Haïtien, Haiti.** Specifically, the services will include: (i) conducting a comprehensive assessment of current and projected healthcare demand, the hospital's role within the regional health services network, existing infrastructure, medical and non-medical equipment, human resources, operational processes, logistics, governance, performance, and exposure to natural and health-related risks; (ii) defining the future model of care, service portfolio, functional capacities, spatial requirements, operational flows, staffing needs, and minimum performance standards required to guide the hospital's architectural and engineering design; (iii) preparing a BIM-supported Hospital Master Plan that establishes the functional zoning of the hospital complex, the treatment of existing buildings, the phased construction and relocation strategy, measures to ensure continuity of hospital operations during construction, and climate resilience, sustainability, and disaster-risk-management requirements; and (iv) developing a prioritized and costed Investment Plan, including capital expenditure and incremental operating cost estimates, implementation schedules, equipment and technology requirements, temporary facilities, commissioning activities, and clearly defined investment packages to support the subsequent procurement of the hospital's detailed design, construction, equipping, and supervision services.

To carry out these services, the consulting firm shall be capable of conducting fieldwork,

stakeholder consultations, workshops, and presentations in French. If French is not a working language of the proposed team, the firm shall include at least one qualified French-speaking team member or a qualified French—English or French—Spanish interpreter/translator as part of the proposed team.

Award of this contract shall render the selected firm ineligible to participate in the subsequent procurement process for the design and supervision of the rehabilitation works of the Hôpital Universitaire Justinien.

3.2 Although there is no standard format for presenting an Expression of Interest, eligible CF must submit an EOI containing the following information:

- 1) Basic Information—Provide the official name of CF, the contact's name, email address, phone numbers, and office address (es) of the key contact (s) responsible for the EOI.
- 2) Background—Provide a description of the CF. The CF may include brochures or documents that provide information about its organization, history, mission, structure, and number of staff.
- 3) Experience related to the requested consulting services—Provide all kinds of evidence the CF considers appropriate to show its experience and expertise in delivering services similar to those described in Annex A, Terms of Reference (e.g., brochures, reports, studies, description of similar assignments, references to cases in which it has provided similar services, experience in similar conditions, availability of appropriate skills among staff, etc.)

3.3 Estimated budget: **USD 150 000**

Annex A. Draft Terms of Reference

Please note that the attached Terms of Reference may be subject to changes by the Bank. The CF that have been shortlisted will be notified of these changes.

ANNEX A – Terms of reference

Consulting services for the development of the Functional Medical Plan and the Master Plan for Justinien University Hospital in Cap-Haïtien (Haiti), to serve as input for the procurement of the design of the new infrastructure

Haiti

HA-T1350; ATN/OC-22495

Supporting the expansion and planning for the sustainability of health access

1. Background

Haiti has long faced chronic instability, exacerbated by natural disasters, widespread poverty and inequality, escalating violence linked to armed groups, and ongoing social and political unrest. These combined factors

have further exacerbated the country's fragility, placing significant strain on its public institutions and services, which has severely impacted access to health care, among other services.

Haiti's health system faces a critical situation, characterized by a fragmented service delivery network, an unequal distribution of human resources and infrastructure, and significant access gaps. [Haiti has the highest rate of potentially preventable premature mortality in Latin America and the Caribbean](#) (598.9 per 100,000 inhabitants, compared to 379.5 in Latin America and the Caribbean and 293.8 in Central America), reflecting inadequate access to and use of essential health services. This challenge is further highlighted by Haiti's low score [on the 2019 Health Access and Quality Index \(HAQ\)—24.5 out of 100](#)—which is below the regional average for Latin America and the Caribbean (50.7) and the subregional average for the Caribbean (42.2).

The shortage of quality hospital infrastructure is one of the main factors limiting access to essential specialized services.

[The hospitals visited during the IDB's technical mission in support of the development of program 6049/GR](#) revealed a lack of preventive maintenance; deteriorated roofs and leaks causing water damage; unsafe electrical installations; a lack of drinking water; failure to comply with minimum waste management standards, posing a significant risk of biological hazards; inadequate ventilation or air conditioning systems; closed operating rooms and inpatient wards, affecting both patient comfort and sanitary conditions; and the absence of contingency plans for natural disasters.

In October 2025, the Bank approved [operation HA-J0012 \(6049/GR-HA\)](#), which will enable the expansion of hospital facilities and services—a critical step to prevent further deterioration in health outcomes and reduce inequalities.

In the area of health infrastructure (Component IV of the operation HA-J0012), funding will be provided for the renovation and expansion of the Justinien University Hospital, the construction of the new Ouanaminthe Hospital (replacing the current facility), and the renovation and expansion of four (4) regional hospitals in the Greater North of the country.

Justinien University Hospital (HUU), located in Cap-Haïtien, is the main referral center in northern Haiti, and performs healthcare delivery, teaching, and research functions. However, it faces significant structural limitations: obsolete and fragmented infrastructure in isolated wards; weak functional organization of services; limited capacity to address patient needs; problems with clinical and logistical flows; and a lack of integration with the health services network.

The operation is implemented by the Fund for Economic and Social Assistance (FAES), which has been highly effective. Executing Agency for the [social protection portfolio—which has included basic health interventions since 2021](#). To ensure the project's successful implementation, it is essential to strengthen FAES's capacity both in investment bidding processes and in supervising the construction of healthcare facilities.

Furthermore, there is a risk to the sustainability of the investments due to Haiti's limited fiscal space and the government's restricted capacity to absorb recurring costs after the project's completion, especially in the context of a public budget that prioritizes spending on security. Therefore, continued external support and cost-effective interventions are essential to preserve achievements, limit the long-term fiscal burden, and support a shift toward community-based care that emphasizes prevention and health promotion. A gradual, longer-term approach, linked to clear triggers based on the sector's absorption capacity (financial and human resources), will be needed to sustain investments and manage the rehabilitated and expanded facilities over time.

Technical cooperation [HA-T1350](#) has been approved to provide support in the two areas identified: strengthening the implementing agency's technical capacity for tendering, contracting, and supervising investments financed under [operation HA-J0012 \(6049/GR-HA\)](#); and mitigating sustainability risks by conducting the necessary fiscal impact studies to assess the burden that the new health facilities will place on the country's public budget.

2. Objective of the Consultancy

General Objective

To develop the **Hospital Master Plan**, the **Functional Medical Plan** and **phased Investment Plan** for the rehabilitation and expansion of **Justinien University Hospital** (Cap-Haïtien, Haiti), These plans shall establish the technical, functional, and spatial framework for the hospital's modernization and future development and define the sequencing of interventions across four phases.

Together, these planning exercises shall provide the strategic basis for the subsequent procurement of architectural and engineering design services under Operation HA-J0012 ([6049/GR-HA](#)).

Specific Objectives

1. Conduct a comprehensive assessment of the hospital (infrastructure, services, human resources, equipment, demand projections).
2. Conduct a Hospital Pre-Investment Study (EPH) / Feasibility Report.
3. Define the hospital's care model and service portfolio.
4. Develop the Functional Medical Plan (FMP) (organization of services, flows, capacities) and the Architectural Medical Program (AMP) (list of spaces and dimensions).
5. Design the physical-spatial Master Plan (zoning, expansion, and consecutive phases of intervention).
6. Propose a prioritized, phased investment plan.
7. Incorporate criteria for climate resilience, sustainability, and risk management.

3. Scope of Services

The consulting firm shall develop the following components:

3.1 Comprehensive Assessment

- Epidemiological analysis and projected demand for the hospital
- Assessment of the healthcare network (referral/counter-referral)
- Assessment of the hospital's existing infrastructure (condition, capacity, risks)
- Assessment of equipment and technology
- Organizational and human resources analysis
- Assessment of flows (patients, staff, supplies, waste)

3.2 Functional Medical Plan (FMP)

- Definition of the care model (tertiary level and teaching role)
- Portfolio of services by specialty
- Service capacity planning (beds, outpatient visits, operating rooms, ICU, etc.)
- Functional relationships between services
- Clinical and logistical flowcharts
- Definition of critical areas (emergency, maternity, surgery, ICU)
- Quality criteria, patient safety, and humanization
- Architectural Medical Program (AMP)

3.3 Hospital Master Plan

- Site zoning
- Functional Organization of the Hospital Complex
- Proposal for modular and phased growth (the preliminary study prepared by the Bank's Social Infrastructure Group [GIS] shall be used as a reference)
- Strategy for intervention on existing infrastructure (renovation, demolition, expansion and temporary relocation)
- Definition of built areas and floor space by service
- Integration of teaching and research
- Structural strategy (new vs. existing)
- Sustainability criteria (energy, water, sanitation, stormwater, waste, backups, redundancy)
- Disaster resilience (seismic, climatic, health-related, medical gases)
- Design criteria including nature-based solutions (livability)

3.4 Investment Plan

- Cost estimates (CAPEX)
- Identification and prioritization by phases
- Identification of critical interventions
- Implementation schedule

4. Consulting Methodology

The firm shall apply a participatory methodology that includes, among other aspects:

- Document and regulatory review
- Fieldwork (technical visits)
- Interviews with key stakeholders (Ministry of Public Health and Population [MSPP], the Departmental Health Directorates, hospitals directors and management team, Economic and Social Assistance Fund [FAES], Bank team, etc.)
- Participatory workshops to share progress on the consultancy
- Iterative validation of deliverables

5. Expected Deliverables

The expected deliverables and the tentative submission schedule, calculated from the date of contract signature, are summarized below:

DELIVERABLE	DESCRIPTION	DEADLINE
Product 1	Inception Report and detailed work plan	Second week
Product 2	HUJ Diagnostic Assessment and Hospital Pre-Investment Study (EPH)	Sixth week
Product 3	HUJ Functional Medical Plan, Architectural Medical Program (AMP), and Master Plan	Tenth week
Product 4	Consolidated Final Report, including HUJ Investment Plan	Fifteenth week

All deliverables and supporting documentation shall be provided in French.

Product 1: Inception Report and detailed Work Plan

The consultant shall submit the detailed work plan, methodology, stakeholder engagement plan, field mission schedule, information requirements, and deliverable preparation strategy.

Product 2: HUJ Diagnostic Assessment and Hospital Pre-Investment Study (EPH)

Note: Given Haiti's fragile operating context, the scope and level of detail of the study may need to be adapted and streamlined compared with similar studies conducted in more stable environments, while ensuring that it remains sufficiently robust to support informed decision-making.

This assessment is of strategic importance because it must: (i) provide the technical basis for the Functional Medical Plan; (ii) prevent over- or under-sizing of hospital services and infrastructure; (iii) reduce the risk of changes in scope during the design phase; and (iv) ensure consistency with the service-delivery model of the healthcare network.

The assessment shall be formally reviewed and validated by the hospital's management team and the MSPP before work begins on the Functional Medical Plan.

General approach to the assessment. The assessment must apply a systemic, forward-looking, and investment-decision-oriented approach, rather than a merely descriptive one. Its objectives shall be to:

- Identify structural, operational and functional gaps
- Determine current and projected demand for healthcare services

- Assess the hospital's existing and future capacity to provide care
- Generate quantified inputs for the Functional Medical Plan and the Master Plan.

The diagnostic assessment must include the following specific deliverables:

- **Deliverable D-1: Comprehensive diagnostic report.** Consolidated document
- **Deliverable D-2: Structured database.** Excel file containing:
 - Services
 - Production
 - Human Resources (HR)
 - Areas
- **Deliverable D-3: Infrastructure assessment.** Technical data sheets by building
- **Deliverable D-4: Flow analysis.** Diagrams
- **Deliverable D-5: Demand projection.** Scenarios

Components of the Diagnosis. The assessment must cover at least the following ten (10) components or areas:

- a. Demand analysis and epidemiological profile with a projection of at least 10–15 years.**
 - Characterization of the reference population (HUU's actual catchment area)
 - Demographic analysis:
 - Population growth
 - Age and sex structure
 - Epidemiological profile:
 - Leading causes of morbidity and mortality
 - Disease burden (if available)
 - Analysis of service utilization:
 - Consultations, discharges, surgeries, deliveries, etc.
 - Identification of gaps between demand and supply
- b. Analysis of the health services network with a clear definition of the level of complexity and expected portfolio of the HUU**
 - Mapping of facilities in northern Haiti
 - Level of complexity of each facility
 - Analysis of:
 - Referrals and counter-referrals
 - Avoidable referrals
 - Identification of the current and future role of the HUU within the network
- c. Assessment of the current infrastructure, providing a clear classification (for each block of the existing facilities) regarding the required intervention (renovate / demolish / expand)**
 - Physical assessment of the hospital's various infrastructure components:
 - Topographic situation
 - Structural condition
 - Seismic and climatic vulnerability
 - Conditions of:
 - Electricity
 - Water and sanitation
 - Waste management
 - Medical gases
 - Laundry
 - Identification of:
 - Obsolete areas
 - Recoverable areas
 - Areas in critical condition
- d. Assessment of existing equipment to serve as a baseline for future equipment planning**

- Complete inventory of equipment:
 - Medical
 - Non-medical
 - Status:
 - Operational
 - Obsolete
 - Out of service
 - Major technological gaps identified by service
- e. Organizational and Human Resources (HR) assessment and estimation of preliminary HR requirements for the proper operation of the remodeled/expanded facilities**
- Organizational structure
 - Staffing by professional category
 - Shift distribution
 - Skills and training gaps
 - Productivity analysis
- f. Analysis of processes and workflows and identification of key operational issues to be addressed with the new infrastructure**
- Assessment of current workflows:
 - Patients
 - Staff
 - Supplies
 - Waste
 - Identification of:
 - Bottlenecks
 - Critical junctions (clean/dirty)
 - Operational inefficiencies
- g. Analysis of overall hospital performance to establish a performance baseline for functional redesign**
- Key indicators:
 - Hospital occupancy
 - Average length of stay
 - Bed turnover
 - Cesarean section rate
 - Use of Operating Rooms
 - Quality:
 - Hospital-acquired infections (if data are available)
 - In-hospital mortality
- h. Assessment of management and governance, as well as identification of institutional constraints to management improvement (particularly in the areas of efficiency and quality)**
- Hospital management model
 - Management autonomy
 - Information systems
 - Administrative and financial processes
- i. Logistics assessment and identification of requirements for logistics redesign in new infrastructure**
- Medication supply
 - Supply chain
 - Storage
 - Internal distribution

j. Risk and resilience assessment to enable the provision of resources and risk mitigation in the design of new infrastructure

- Natural hazards:
 1. Earthquakes
 2. Hurricanes
 3. Floods
 4. Droughts
 5. Heat waves
- Health risks:
 1. Epidemics
 2. In-hospital contamination due to simultaneous construction works
- Hospital response capacity

Product 3: HUI Functional Medical Plan (FMP), Architectural Medical Program (AMP), and Master Plan

The FMP shall be developed beyond the conceptual level and structured as a **binding operational and technical instrument for the subsequent architectural and engineering design process**, incorporating the following level of detail:

k. Service portfolio and care program

- Definition by service lines (emergency, maternal-child, surgical, internal medicine, pediatrics, ICU, diagnostics, rehabilitation, teaching).
- Expected output (annual): consultations, discharges, surgeries, deliveries, diagnostic tests.
- Demand scenarios (base, conservative, expansive).

l. Functional sizing to enable the creation of a master hospital sizing table

For each service:

- Number of beds (by type: inpatient, ICU, intermediate care)
- Number of examination rooms
- Number of operating rooms / delivery rooms
- Emergency observation stations
- Critical equipment (CT, X-ray, laboratory, etc.)

m. Functional Medical Plan (FMP)

- Definition of functional units
- List of rooms by service
- Areas:
 - Usable area (m²)
 - Total floor area
- Functional relationships (adjacency matrix)
- Circulation hierarchy:
 - Patients
 - Staff
 - Clean / dirty
 - Logistics

The expected output shall be *tables such as: Service – Location – Area – m² – Equipment – Staff – Checklist of mandatory design requirements – Comments*

n. Operational flows (BPMN diagrams or equivalents)

Development of detailed diagrams of:

- Patient flow (emergency, scheduled, inpatients)
- Surgical flow
- Maternal-perinatal flow
- Specimen flow (laboratory)
- Waste flow

- Hospital linen flow
- Medication and supplies flow

o. Hospital operating model for the new infrastructure, including:

- Operating hours by department
- Initial estimate of staffing levels (broken down by shift)
- Shift model
- Levels of clinical care
- Integration with the healthcare network (referral/counter-referral)

The FMP shall be structured so that it can be **directly used in the design contract bidding process:**

➤ **FMP as the basis for the “Employer’s Requirements”**

The FMP must be part of the Employer’s Requirements (ER). It must clearly define, at a minimum:

- Mandatory functional requirements
- Minimum performance standards
- Verifiable indicators

➤ **Traceability: FMP → AMP → Design → Construction**

The following must be ensured:

- Each area/space defined in the FMP corresponds to the drawings
- Each functional requirement has verification criteria

➤ **Definition of performance levels**

- Installed capacity (beds, operating rooms, consultation rooms)
- Response times (emergency, diagnosis)
- Operational indicators (occupancy, turnover, wait times)

➤ **The FMP shall serve as the fundamental input for the design contract**

The FMP must allow for:

- Tender the design under the IDB’s standard document scheme to contract consulting service
- Avoid functional ambiguities
- Minimizing change orders

p. Detailed Scope of the Master Plan

General Approach.

The Master Plan must define a **comprehensive vision for the HUJ’s development in the medium and long term (10–20 years)**, incorporating:

- Functional reorganization of the hospital
- Interventions on existing infrastructure
- Phased growth strategy
- Guarantee of operational continuity during construction

The Master Plan must include, for each priority phase, an **architectural preliminary design at an advanced conceptual level**, sufficient to:

- Define the building footprint, volumetry, and heights.
- Establish preliminary technical engineering criteria (conceptual level).
- Locate main systems (core areas, circulation routes, technical areas).
- Serve as a basis for contracting the final design.
- Propose an architectural preliminary design at an advanced conceptual level that allows for the validation of the dimensions.
- Keep the hospital Services working with provisional transfers between construction stages.

The Master Plan must allow for: structuring the construction contract(s) by phases, clearly defining the scope of each phase and the interfaces between phases; and reducing the risk of contractual variations.

The critical value of this approach is that it shall:

- Avoid operational disruption during construction
- Reduce costs due to rework
- Improve execution efficiency
- Align future design with operational reality
- Facilitate phased financing

The following must constitute the specific deliverables of the Master Plan:

- **Deliverable PD-1: Hospital master plan.** General zoning
- **Deliverable PD-2: Intervention strategy.** Classification of existing buildings
- **Deliverable PD-3: Phasing plan**
 - Detailed sequence
 - Schedule
- **Deliverable PD-4: Relocation plan.** Service relocations
- **Deliverable PD-5: Operation continuity strategy during construction.** Safety and continuity measures
- **Deliverable PD-6: Investment Estimate.** CAPEX by Phase

The Master Plan shall not be limited to a physical “layout,” but an **executable hospital transformation plan**. It must incorporate the following components:

Functional zoning of the hospital complex

- Organization of the hospital into major zones, taking into account the current situation:
 - Emergency Department
 - Outpatient or ambulatory care
 - Inpatient care (internal medicine, pediatrics, surgery, maternity, etc.)
 - Critical care
 - Diagnostics (Laboratory, X-ray, etc.)
 - Operating rooms
 - Logistics
 - Teaching
- Separation of patient flows:
 - Public
 - Clinical
 - Logistics

The expected output is a zoning plan with a functional logic at the hospital complex, building, and service levels.

Strategy for Existing Infrastructure

For each existing wing, the following should be summarized:

- Assessment:
 - Functional status
 - Functional value
- Classification:
 - Maintain without intervention
 - Rehabilitate
 - Functionally reconfigure
 - Demolish

The expected output is a matrix identifying building – condition – recommended intervention

Phased Planning (constitutes the central element of the Master Plan)

➤ **Definition of intervention phases**

The Master Plan shall establish a logical, feasible, and clearly defined sequence of implementation phases and sub-phases. At a minimum, the phasing strategy must address:

- Preparation / preliminary work
- Construction of new priority buildings

- Relocation of utilities
- Renovation of existing buildings

The work carried out by the Bank's Social Infrastructure Group (GIS), which proposes organizing the project into four (4) major phases, will serve as a reference, expecting to be improved and optimized.

➤ **Sequencing principles**

The sequencing strategy must:

- Minimize disruption to critical services
- Avoid unnecessary multiple relocations
- Prioritize areas with the greatest health impact
- Ensure the safety of patients and staff

➤ **Transfer Plan (Hospital Decongestion)**

Key elements to be considered include:

- Identification of the services to be transferred
- Sequencing of transfers
- Identification of required temporary spaces
- Requirements for transitional operations

The expected output is a sequential schedule of construction work and service relocations.

Considerations regarding the need for the hospital to remain operational during construction

The Master Plan must include:

- Physical separation between construction and operations
- Measures to control:
 - Noise
 - Dust
 - Vibrations
- Separate access points
- Operational continuity
- Risk management

Enabling infrastructure and critical facilities

Before and during phases, the operability of critical systems required to sustain hospital services shall be ensured:

- Electrical systems (backup, redundancy)
- Water and sanitation
- Medical gases
- Waste management
- ICT

The Master Plan must also identify structural, technical, and operational bottlenecks that could compromise implementation or service continuity.

Product 4: Consolidated final Report, including HUI Investment Plan

This deliverable shall consolidate the outputs of the consultancy and include:

- Final Hospital Master Plan
- Final Functional Medical Plan

q. Detailed Scope of the Investment Plan

The Investment Plan is the strategic-operational instrument that translates the Functional Medical Plan (FMP) and the Master Plan into a concrete, prioritized, costed, and financially viable program of interventions, which will enable the subsequent structuring of tenders for the design, construction, equipping, and commissioning of the hospital.

This Plan must incorporate criteria for technical, economic, operational, and environmental sustainability, as well as ensure alignment with international standards (including best practices and FIDIC contractual frameworks).

The Investment Plan must:

- Translate the portfolio of needs identified in the FMP and the Master Plan into specific investment projects
- Define a phased schedule in accordance with the sequence of interventions established in the Master Plan
- Robustly estimate capital expenditure (CAPEX) costs and impacts on operating expenses (OPEX)

The consulting firm shall develop a comprehensive inventory of interventions derived from the Master Plan, organized into at least the following categories:

Infrastructure

- Demolition
- New construction
- Renovation and rehabilitation of existing pavilions
- Functional adaptations (according to FMP)
- Contingency support works (temporary facilities, for example, to temporarily house patients and/or facilities to keep electrical, water, medical gas, and ICT systems operational, etc.)

Equipment

- Medical equipment (by services and levels of complexity)
- Non-medical equipment
- Technology and IT equipment (HIS, RIS/PACS, interoperability)

Systems and processes

- Health information systems
- Hospital logistics
- Key clinical and administrative processes

Commissioning

- Pre-commissioning and clinical and non-clinical commissioning
- Trial run
- Staff training

As indicated, investment costs and operating costs must be estimated:

➤ **Capital costs (CAPEX)**

Costs must be estimated with sufficient detail to allow for future tenders:

- Civil works (by type and phase)
- Equipment (by service)
- Technology systems
- Supervision, management, and contingency costs
- Costs associated with FIDIC standards (engineering, risks, variations)

➤ **Incremental operating costs (OPEX)**

The analysis must include:

- Additional human resources (HR)
- Maintenance (preventive and corrective)
- Consumption (energy, supplies, medications)
- Operating costs associated with new capacities

This analysis shall serve as input for the fiscal impact study of the operation, which will be conducted by a separate consulting firm.

6. Schedule of Payments

Payments shall be made upon approval of the corresponding deliverables, according to the following schedule:

Deliverable	% Payment	Date
Product 1	20%	Month 1
Product 2	25%	Month 2
Product 3	25%	Month 4
Product 4	30%	Month 5

All deliverables and supporting documentation shall be provided in French.

7. Profile of the Consulting Firm

A firm with experience in hospital and healthcare planning, pre-investment studies or similar experiences, having completed at least eight (8) similar projects in the last 10 years, with at least two (2) of these projects in developing or fragile countries.

The firm must be able to conduct fieldwork, stakeholder consultations, workshops, and presentations in French. If French is not a working language of the proposed team, the firm must include, at least, one qualified French-speaking team member or a qualified French—English or French—Spanish interpreter/translator as part of the proposed team.

8. Required Key Team

- **Project Director:** Senior hospital architect with more than 15 years of experience in hospital design and a cumulative total of five years in developing or fragile countries. Proficiency in French is desirable.
- **Health Planning Specialist:** Physician with training in hospital management and/or public health and/or health planning, with more than 10 years of experience in planning hospital systems and/or integrated health networks.
- **Hospital Architect:** Hospital architect with more than 8 years of experience in hospital design and coordination with engineering.
- **Engineer (Civil/Facilities):** Civil engineer with over five years of experience in hospital design and coordinating with other disciplines
- **Medical Equipment Specialist:** Biomedical professional with more than five years of experience in planning hospital equipment requirements and/or designing comprehensive hospital projects.
- **Public Health/Epidemiology Specialist:** Physician specializing in public health or epidemiology with more than five years of experience in healthcare resource planning and demand forecasting
- **Cost Specialist:** Economist or similar with training in health economics and more than five years of experience in hospital budgeting
- **Translator (French/English or French/Spanish):** when French is not the main spoken language of the firm
 - *Requirements for key personnel:*
 - Languages: French is required for fieldwork and stakeholder engagement; proficiency in English and/or Spanish is desirable.

- Availability for fieldwork in Haiti

9. Contract Type

- Type: Lump sum
- Duration: 6 months
- Work location: Haiti (field visits) (10%) and remote work (90%)

Award of this contract shall render the selected firm ineligible to participate in the subsequent procurement process for the design and supervision of the rehabilitation works of the Hôpital Universitaire Justinien.

10. Evaluation Criteria

The selection process shall follow the Quality and Cost-Based Selection (QCBS) methodology with the following weightings:

- Firm experience (30%)
- Team experience (30%)
- Proposed methodology (20%)
- Financial proposal (20%)