

## **Section 7. Terms of Reference**



**REPÚBLICA DE MOÇAMBIQUE  
MINISTÉRIO DA SAÚDE  
Departamento de Aquisições  
(DA)**

---

### **Section V: TERMS OF REFERENCE**

**Design Review and Supervision  
of Works:  
Construction of Mecanhela District Hospital  
&  
Ngauma District Hospital**

**Niassa Province**

**Maputo, August, 2025**

## TERMS OF REFERENCE FOR CONSULTANCY SERVICES

### **CONSTRUCTION AND EQUIPPING OF MECANHELAS AND NGAUMA DISTRICT HOSPITALS IN NIASSA PROVINCE**

#### **1. INTRODUCTION**

Within the framework of its Strategic Plan for the Health Sector (PESS) and the One District, One Hospital initiative, the Ministry of Health (MoH) of Mozambique has identified as a key priority the strengthening of the referral network of the National Health Service (NHS). This measure aims to improve both the quality of health services and geographical equity in access to care for the population. Achieving this goal necessarily requires the provision of adequate and resilient physical infrastructure to support the delivery of health services.

In this context, the Government of Mozambique (GoM) has received financing from the Arab Bank for Economic Development in Africa (BADEA) and intends to apply part of the proceeds towards the cost of Consulting Services for the design review and supervision of works for the construction and equipping of the Mecanhelas District Hospital (150 beds) and the Ngauma District Hospital (100 beds), both located in Niassa Province.

#### **1.1 Project Description:**

The Project consists of: (i) civil and electro-mechanical works for establishment of Mecanhelas District Hospital and Ngauma District Hospital in Niassa province, (ii) Consultancy Services, (iii) provision of medical & non-medical equipment, Furnishing and Ambulances, laboratory, training equipment; and other relative activities.

#### **1.2 Project Objectives and Key Results:**

The goal of the Project is to contribute to the achievement of objectives of the National Health Policy, which aims at ensuring “Equal access to quality healthcare services for all Mozambicans”. Specifically, the project aims at increasing access to quality healthcare services through establishment of two new district hospitals in Mecanhelas and Ngauma in Niassa province. The key results include: (i) Two modern District Hospitals with a 150 and 100 bed capacity each, constructed, equipped, staffed and operational in Mecanhelas and Ngauma, (ii) Increase access to safe and sustainable health services, thereby contributing to economic and social development, for a population of more than 460,000 inhabitants in the districts of Mecanhelas and Ngauma, (iii) Reduce patient referrals outside the region from the current level of approximately 9,000 cases per year to fewer than 100 cases per year.(iv) Reduce the average travel distance for obtaining adequate secondary health care from the current 150–170 km to approximately 40–60 km

### **1.3 Project Location:**

The Project is located in Niassa Province, in the northern region of Mozambique, approximately 2,300 km from the capital Maputo. The District Hospitals will be established in Mecanhelas District, located about 200 km from Lichinga city, and in Ngauma District, located about 170 km from Lichinga city.

The proposed sites for the hospitals are under government ownership and have access to basic infrastructure, including electricity and water supply.

The catchment area for the new district hospital in Mecanhelas will serve an estimated population of about 260,000 inhabitants, while the district hospital in Ngauma will serve an estimated population of about 200,000 inhabitants, bringing the total population coverage to over 460,000 people.

The Ministry of Health (MoH), is planning to hire Consulting Firm(s) with expertise to carry out the tasks and provide all kinds of technical assistance and a variety of services needed.

The Procurement of professional services for the supervision of civil works for the Project will be undertaken in accordance with the (BADEA) Coordination Group Rules of Procedure for Use of Consultants for selection of Local/Saudi consulting company (LCB), procurement of civil works will also be carried out under BADEA rules of procedures for Limited Competitive Bidding (LCB) procedures limited to Local/Saudi company.

## **2. PURPOSE OF THE CONSULTANCY**

The services to be contracted include the provision of technical assistance to the Ministry of Health on Design Review, Site Adjustment and Supervision of Construction Works of the Mecanhelas District Hospital and the Ngauma District Hospital in Niassa province.

The Consultant shall work in close collaboration with the Departments of Infrastructure (DIEH) and Projects (DP) of the MoH as well as the beneficiaries (SPS-Niassa) in order to get the maximum possible technical information for better understanding of the object of this contest.

## **3. THE ASSIGNMENT**

The expected period for completion of the services is estimated according the following summary schedule:

1. Phase 1. – Assessment, Design Review Studies, Master plan and Report - *3½ month*
2. Phase 2. – Design Review and Site Adjustment- *4 months*
3. Phase 3. - Tendering, Procurement and Contracting - *4 months*

4. Phase 4. - Supervision of Construction Works (Supervision and Contract Services) is estimated in 21½ *calendar months*
5. Defects Liability Period and Final Report - 13 *months*

### 3.1. Phasing and Duration of the Assignment

The assignment will be divided in 4 (four) different stages/phases, according to the following:

1. Phase 1. – Assessment, Design Review Studies, and Report - 3½ months
  2. Phase 2. – Design Review and Site Adjustment- 4 months
  3. Phase 3. - Tendering, Procurement and Contracting - 4 *months*
  4. Phase 4. - Supervision of Construction Works (Supervision and Contract Services) is estimated in 21½ *calendar months*
  5. Defects Liability Period and Final Report - 13 months
- Total duration ----- 46 Months**

### 3.2. Contract Awarding

Consultants shall be selected based on their proposals for the assignment, showing the personnel and cost for all the Assignment. The contract award will cover all phases of the assignment.

### 3.3. Summary Description of the Assignment

The rationale of the assignment is to (1) assess the selected sites for the erection of the project, prepare of suitable master plans for the new facilities, including the required prospective extension based on the existing standards for construction of District Hospitals, (2) identification of mistakes and omissions in the existing detailed designs, bills of quantities, specifications, equipment schedules, etc.) and report to MoH and (3) Design Review and site Adjustment. To review the Detailed Design bills of quantities, specifications and (4) later, tender documents for contracting of suitable and qualified contractors for the construction of the proposed facilities and supervision of the civil construction of the proposed facilities (construction of Ribaué District Hospital and the Molumbo District Hospital).

Consultants shall closely work with Provincial Health Directorates, MoH – Directorate of Planning and Cooperation and Human Resources, Ministry of Public Works and Housing and Water Resources (MOPHRH) and beneficiaries representatives in order to get as much information as possible and to get close approvals for each and every main activity.

include, but not limited:

### 3.4. ASSESSMENTS , DESIGN REVIEW STUDIES,

#### 3.4.1. Site and facilities Assessments: The Consultant will carry out the following activities:

- i) Assessment of each facility-plot assigned for construction works so as to assure the appropriateness of the site for the purposes, the shape and stability of existing infrastructure. When doing assessments, the Consultants will take into account other aspects such as the availability of water and electrical supplies, area for future expansions, access to the facilities, sewage and the environmental conditions.

- ii) Review or prepare, soil investigation; perform topographical surveys and all other relevant information on targeted sites for the development of the necessary and adequate site adjustment design and standards for the construction. The Consultants will include structural and civil engineering investigation on existing facilities, if needed, for the upgrading and/or rehabilitation and extension.
- iii) Assessing and reviewing the previous similar surveys/designs that have been carried out by the MoH and find out how can be adapted in the context of the new situation. The Consultant work with all parties involved in order to fully understand the situation in each health facility in terms of physical construction, availability, conditions, capacities (present, medium term and for future development) services and equipment needed, and human resources requirements.
- iv) Assessing existing water supply, electrical supply, sewage and waste disposal systems, and environmental conditions including presenting technical studies in the context of the new and future expansion programs to be carried out in the site.
- v) During this stage of the studies, Consultants shall include in their reports photographic records (digital photos) from the sites and all existing facilities, including details from the significant problems described in the reports.

#### **3.4.2. Design Review Studies and Master Plan:**

Consultant will review the detailed design and elaborate a draft site adjustment for each institution Based on the results of the assessments and preliminary studies, the health unity in each site component. The Design Review and Site Adjustment comprises:

- i) Analysis of existing design project and conception
- ii) Review the demographic study of service area;

- ii) Review of the study and definition of health care needs and available services;
- iii) Analysis of existing facilities;
- iii) Review the organizational plan;
- iv) The consultant must assess the environmental and social impacts and provide the appropriate solutions in the project;
- v) Assess and ensure the resilience of future infrastructures to external climatic events.
- vi) Analysis of the site and physical concepts with emphasis on zoning and functional layout, functionality of the new facilities, environmental and sanitary conditions, mechanical and electrical reticulation, internal circulation flows (roads/pavements, logistics, etc), sewage/drainage, communication systems, and special safety provisions such as fire prevention, environmental preservation, etc.

**3.4.2.1.** The proposed master plan will show how future extensions, improvements, changes of use, etc., will be carried out whenever those are needed.

**3.4.2.2.** The Consultants are required to split up each site into patterns of zones, where, for instance, in-patient areas, medical service areas, out-patient areas, administration and technical services, etc., will be correctly placed and consolidated in a relationship to one another, in order to ensure long-term efficiency of different departments building blocks in each facility.

**Important Note:** When agreed master plan solutions would imply to reutilise existing facilities used by other facilities, Consultants shall prepare detailed plans and designs for similar facilities to be erected within the same Lot in order to guarantee the replacement of said functions.

**3.4.2.3. Master Plan Reports:** The Master Plans will be presented in an A4-A3 format to facilitate the use during the operations and will show the following conditions for the whole of each institution:

- i) Clear accessibility;
- ii) Provisions for further extensions;
- iii) External traffic flows of vehicle and goods;
- iv) Internal traffic flows of visitors, patients and staff;
- v) Climatic considerations;
- vi) Zoning of hospital or health centre functions including staff houses;
- vii) Position of all departments, and relationships between important health unity functions;
- viii) Functional criteria;
- ix) Security aspects;

- x) Technical aspects (water, sewage, drainage, electricity, telephone, ventilation and air conditioning, location and reticulation for medical gases, locations of fire fighting equipment, etc);
- xi) Environmental aspects (provision for trees, clinical and hazardous wastes, sewage treatment, etc);
- xii) Maintenance aspects;
- xiii) User participation;
- xiv) Facilities management aspects; and
- xv) Any other information agreed to be relevant.

The Master Plan report shall include summary detailed estimations for costs according all and every buildings and support infrastructures of each facility.

### **3.5. OUTLINE PROPOSALS AND REPORT**

#### **3.5.1. Preliminary Review Studies – Space and Material Standards:**

Based on the results of the agreed master plans, assessments and Review studies, the Consultant will develop and propose design solutions for the new District Hospitals (including extensions if required), based on existing construction standards of the MoH/ and its commitment to with locally available materials in the selected districts and locations.

**3.5.2.** Before proceeding to the preparation of detailed Review design for different project components, the Consultant is required to carry out preliminary studies in the following areas:

- i) Installations and fittings in sanitary areas;
- ii) Wall finishes in “wet” areas and in those areas where the hygienic conditions are expected to be critical;
- iii) Floor finishes in all internal and external areas;
- iv) Materials and methods for the construction of roofs and expansion joints where required;
- v) Materials, construction and removal methods for disposals;
- vi) Electrical materials and methodology for lighting
- vii) Any other preliminary studies which Client and Consultants may regard as important to be included.

**Important note:** These studies are needed in order to avoid mistakes from previous projects, especially in terms of technical specifications, design of different fittings, installations, selection of appropriate finishes, and building components.

#### **3.5.3. Reports on Space and Materials Standards:**

Upon the completion of the preliminary review studies, the Consultants will present a report and a list of Departments of the facility which can guide one in trying to visualize the size of each department in the total design for approval, describing the proposed space program, standards and solutions with relevant illustrative materials. Once those materials and solutions are approved, they will be applied for future design services.

#### **3.5.4. Outline Proposal (Output):**

Before proceeding for detailed review designs, the Consultant is required to submit an Outline Proposal for approval. The Consultants is advised that only a written approval from the MoH-DPC will be considered under this project. The outline proposals, for each project component, will include the following elements:

- i) Location, site plan and zoning including evaluation of existing facilities and staff housing.
- ii) Reviewed departmental, room data and space allocation schedules;
- iii) Site topography, soil conditions, accesses, sewage and drainage, water and power supplies, telephone lines and other relevant technical services;
- iv) Reviewed project drawings layouts and proposed technical solutions;
- v) Reviewed specifications of the proposed construction systems and material standards;
- vi) Environmental implications;
- vii) Evaluation of alternative solutions;
- viii) Evaluation of solutions for resilience of the future infrastructures;
- ix) Reviewed preliminary cost estimates and bill of quantities;
- x) Other relevant information the Consultant consider important or the MoH final decision-making process.

#### **3.6. DETAILED DESIGN REVIEW PROPOSALS AND REPORT**

The Consultants will present detailed design review proposals, in appropriate design scales, based on further elaboration of the outline proposals previously approved by the MoH through DPC/DIEH. In addition, the consultants will prepare and present the respective detailed documents for each project component, which will include the following:

- i) Site and Plan location;
- ii) Plans, Sections, and Elevations;
- iii) Construction methodology and Schedules;
- iv) Detailed implementation schedules and Bill of Quantities;
- v) Plan of Furniture and Equipment including equipment & furniture schedules and respective technical specifications;

- vi) Mechanical (reticulation of medical gases, ventilation and Air-Conditioning), Civil Engineering and Electrical, communications, security systems, where needed;
- vii) Confidential Cost Estimates;
- viii) Any other relevant information the Consultants may consider very important for the successful implementation of the project.

**Important note:**

- i. The Consultant shall put particular emphasis to the environmental implications of the proposed design solutions. In addition, the Consultant will provide detailed analysis of the environmental impact of each of the project components.
- ii. Because of the economic constraints in Mozambique, the proposed standards for construction works, new construction and technical installations must be conceived taking into account the future operating and maintenance costs.
- iii. The Consultant is responsible for review the diagrams and maps of equipment "incorporated" [1] and "semi-incorporated" [2]. Additionally, based on the final design to be implemented and after consultation with the entities responsible within the MOH for this specific component [3], the Consultant shall prepare their lists of equipment following the standards accepted by the MOH. The Consultant shall work closely with the staff of the MOH to ensure the accuracy of the specifications and add / tune any details. The technical specifications of the proposed equipment shall conform to international standards.
- iv. The Consultant shall review or prepare equipment lists (if necessary) based on maps for each compartment and should also detail all specifications and technical information as well as the physical conditions to be considered either (i) by the Contractor for the purposes of the acquisition and installation, or (ii) to customers at the time of bidding.
- v. The Consultant will be also responsible for the review or preparation of detailed cost estimative, based on the final list and specifications of equipment.
- vi. All drawings and documents to be produced within the scope of these services must be presented in duly standardized form and, in the appropriate technical language, the labels must be from the Ministry of Health (project owner)

### 3.6.1. Design Review Reports:

The Consultant will prepare comprehensive design review report containing all relevant design review criteria for the site layout including building layouts, service facilities (water and power supplies, sewage, roads, communication, pathways, safety devices. etc). Details on structural calculations, soil investigations, utility computations, etc., must be submitted in a separate volume.

#### 3.6.1.a) **Organization of Drawings:** The document shall include:

- i) **Cover-** Project Title and Index;
- ii) **Civil Drawings:** In this category shall be arranged in order indicated. The first plan shall be numbered **C1-1** and additional plans shall be numbered accordingly **C1-1, C1-2, C1-3**, and so on, according to the following:
  - 1) **C1-1:** Location Plan
  - 2) **C1-2:** Site Plan
  - 3) **C1-3:** Demolition
  - 4) **C1-4:** Grading
  - 5) **C1-5:** Paving and Drainage
  - 6) **C1-6:** Site Work Details
  - 7) **C1-7:** Landscaping
- iii) **Architectural Drawings:**
  - 1) **A1-1, A1-2, etc.:** Plans
  - 2) **A2-1, A2-2, etc.:** Elevations and General Sections
  - 3) **A3-1, A3-2, etc.:** Finishing Schedule, respectively:
    - a) Doors and Windows Schedules and Details including description of Locks and Ironmongery)
    - c) Painting Schedules with illustration (indoor and outdoor)
  - 4) **A4-1, A1-2, etc.:** Wall Sections and External Details
  - 5) **A5-1, A5-2, etc.:** Interior Details
  - 6) **A6-1, A6-2, etc.:** Reflected Ceiling Plans
- iv) **Structural Drawings:**
  - 1) **S1-1, S1-2, etc.:** Plans
  - 2) **S2-1, S2-2, etc.:** Schedules

- 3) S3-1, S3-2, etc.: Details
- 4) S4-1, S4-2, etc.: Elevations and General Sections

v. **Mechanical Drawings:**

- 1) M1-1, M1-2, etc.: Plans – Heating and Air-Conditioning
- 2) M2-1, M2-2, etc.: Plans – Plumbing and Special Systems
- 3) M3-1, M3-2, etc.: Details and Schedules

vi. **Electrical Drawings:**

- 1) E1-1, E1-2, etc.: Plans – Lighting
- 2) E2-1, E2-2, etc.: Plans – Power and Specials Systems
- 3) E3-1, E3-2, etc.: Details and Diagrams
- 4) E4-1, E4-2, etc.: Schedules

vii. **Equipment and Furniture Schedules**

1) **Room by Room Schedules**

(Plans, Sections, Elevations, Details)

2) **Detailed Specifications** (Including Illustrations)

3) **Detailed Lists of Equipment and Furniture**

**3.6.2. Resilience:**

The Consultant shall prepare the solutions and roadmap with measures taken and to be observed to ensure resilience to possible external climate events.

**3.6.3 Cost Estimates**

The Consultant shall prepare confidential-final cost estimates for all components of the project (civil works and furniture and equipment) based on final quantities (bill of quantities) and updated unit rates from the most recent rates of similar projects, including physical contingencies, price fluctuations unit midpoint of construction period, and a breakdown into local and foreign currency components.

**3.6.4. Implementation Schedules:**

The Consultant will also prepare detailed implementation schedules, including work plan, financing and implementation schedules for both Construction and Equipment component.

**3.6.5. Equipment and Furniture Schedules:**

i) The Consultants are responsible for the review or preparation (if necessary) of equipment schedules for the “incorporated”<sup>1</sup> and “semi-incorporated”<sup>2</sup> equipment. In addition, based on drawings of the project to be implemented, Consultants with close consultation with MoH’s Officials assigned for that specific purpose<sup>3</sup> would prepare the respective equipment lists and drawings, which must follow the MoH standards. The Consultant will seek advice from MoH officials for accurate specifications and additional details. Technical Specifications for equipment must comply with International Standards in order to facilitate the International Competitive Bidding process.

ii) The Consultants shall review or prepare (if necessary) the equipment lists based on respective detailed room by room schedules (plans, sections and elevations) and shall also draft all detailed specifications and technical – physical conditions to be considered (i) either for Contractors purposes for purchase and installation, either (ii) for purposes of consideration for Clients tendering and purchasing if for international or local/national bidding procedures.

iii) The Consultants also will take responsibility for preparing confidential-final cost estimates based on the final quantities and specifications for the equipment.

**Important note:**

(i) The Consultant shall include as part of the “construction works contract” all equipment, installations which are considered as “incorporated equipments”.

(ii) As part of the above, will be considered as part of the Contractor’s responsibilities the supply and installation-commissioning of the following equipment (not restricted to) water pumping systems, transformers and power generators, solar energy systems, air-conditioning equipment, air treatment and ventilation, lifts, internal communication systems, medical gases production-supply systems and distribution, kitchen and laundry (heavy machinery), etc.

### **3.7. TENDERING, PROCUREMENT AND CONTRACTING**

#### **3.7.1. Tendering, Procurement and Contracting:**

Tender preparation

After approval of the final design review report by the MoH – DPC and by the financier the Arab Bank for Economic Development in Africa(BADEA), the Consultant will proceed with tender preparation procedures. The tender

---

<sup>1</sup> **Incorporated Equipment:** means the equipment that will be part of the Contractors responsibility to provide during the Civil Works phase. It includes, but not restricts to: Incinerators, water pumping, electricity generators /power transformers, medical gases reticulations, telephone and communication, etc.

<sup>2</sup> **Semi-Incorporated Equipment:** means the equipment that not being part of the Contractors responsibility to provide during the Civil Works phase shall require special conditions (such as water, electricity and even physical conditions for installation). It includes, but not restricts to: Rx equipment, sterilization, laundry, kitchen, etc.

<sup>3</sup> The Consultant has to follow equipment specification standards which are fixed by the competent authorities of MOH such as (i) National Directorate for Medical Assistance, (ii) National Directorate for Administration and Finance – Logistics Department and (iii) the Department for Maintenance. All equipment to be selected – specified shall cope with standards acceptable to the MoH’s requirements.

documents will provide all necessary information to ensure Limited Competitive Bidding (LCB). As minimum, the tender documents will include:

- i) Site layout plan: ----- 1:500
- ii) Building plans: ----- 1:100 / 1:50
- iii) Sections and Elevations: ----- 1:100 / 1:50
- iv) Construction details: ----- 1:20
- v) Doors and Windows schedules: ----- 1:20 / 1:10
- vi) Structural engineering drawings: ----- 1:20
- vii) Room data schedules;
- viii) Mechanical and electrical engineering drawings;
- ix) Mechanical and reticulation for medical gases drawings, where necessary;
- x) Mechanical – ventilation and Air Conditioning schemes;
- xi) Water availability investigations and reports;
- xii) Water supply and drainage drawings in an appropriate scales;
- xiii) Landscaping and external works;
- xiv) Fencing details in suitable drawing scales;
- xv) Schedules and Bill of Quantities;
- xvi) Technical specifications;
- xvii) Semi-incorporated Equipment and/or furniture schedules, including adequate grouping of the “equipment families” for procurement purposes;
- xviii) Description of all trades.

**3.7.2.** In addition to the above tender documents, the Consultants will include the Instructions to Tenders, Conditions of Contract, Bidding Data, Special Conditions, Standards and Special Specifications and Detailed Schedules and Bill of Quantities.

All documents must comply with the Ministry of Public Works, Housing and Water Resources (MOPHRH) and MoH- D.A procurement standards, BADEA guidelines and standard bidding documents for International Competitive Bidding – ICB (equipments), and Limited Competitive Bidding – LCB (works, furniture etc), which basis will be provided by the MoH through DPC-(PIU-BADEA) for the Consultants use.

**3.7.3. Tendering Action:**

Prior to the contract award, the Consultants will perform the following services:

- i) Preparing the tender documents for the construction works for the facilities.
- ii) Assisting the MoH in conducting a pre-bid conference and site inspections including providing additional information needed by the bidders.
- iii) Preparing for approval an issue of any necessary revision or addenda to the tender documents by way of circular letters.
- iv) Assisting MoH in bid opening, perform the evaluation procedures and reports, prepare recommendations for the contract award. The Consultant will be required to prepare electronic presentation (summary and Power Point) for the board of the GoM in a format to be agreed with the Client.
- v) Assisting the MoH in contract negotiations, including preparation of minutes for approval, reporting format standards to be used for the construction supervision.

And;

- i) Will prepare the tender documents for procurement of all equipment for the facilities as per the Client's requirements.

### **3.8. SUPERVISION AND CONTRACT SERVICES**

**3.8.1.** Once the other phases of the services are completed, the Consultant during the Supervision of construction works phase will be required to:

- i. Should undertake detailed verification and identification of mistakes, omissions and other types of inconsistency in the detailed designs, bill of quantities, technical specifications, equipment schedules, etc.) And shall report to the MoH and propose ways to fix all these inconsistency for approval by the MoH, before the start of civil works.
- ii. Carry out the testing of the ground soil where will be built the District Hospitals and ensure that all the technical solutions adopted in the project are acceptable and ensure stability and durability of infrastructures to be built.
- iii. Represent the interest of the MoH vis-à-vis the contractor in all matters related with the construction works, the procurement/installation contract for non-medical equipment and the proper execution thereof.
- iv. Supervise the construction works including the procurement, installation of furniture and other equipment needed for both institutions. In addition, check and recommend for approval the contract-working schedule in order to comply with the health unit day-to-day activities. Also, prepare a disbursement schedule for dispatch to the client.
- v. Verify and/or produce, if it is necessary, and recommend for approval the lists of furniture and medical and non-medical equipment.
- vi. Assess all inputs, such as materials and labour force provided by the Contractors, including ensuring that those materials are correctly applied according to technical specifications.
- vii. Review and make recommendations to the MoH for payment requests from the Contractors, time extension, additional and works or similar matters.
- viii. Compute quantities of approved works and equipments and make recommendations to the MoH and to Contractors monthly and prepare final payment certificates.

- ix. Prepare and submit periodical reports to the MoH on the progress of works, Contractor's performance, quality of works, financial status and forecasts on the project.
- x. Consultants must propose and present for approval by the MoH any changes in the contract documents about the amount and time of completion, change/variation orders including alterations of plans, technical specifications and other details.
- xi. Inform MoH about problems or potential problems arising in the construction process and study and present possible solutions.
- xii. Maintain a technical engineers (Site Supervisors) on the sites for the supervision of all works including assisting contractors interpreting contracts documents, technical drawings, and all aspects of the works.
- xiii. Liaise closely with local facilities management to ensure that health services and other related services are not affected by construction operations, especially when Contractors carry them out off working schedule.
- xiv. Prepare and maintain inspection and engineering reports and records in order to document the progress of works and Contractors performance.
- xv. Verify and approve all contractor's designs for the temporary jobs. Check the correctness of the implementation of the activities and quotas. Take all measures to determine the final amounts.
- xvi. Assure the receipt of all warrants required under the terms of contract documents for materials and equipments agreed and incorporated in the project.
- xvii. Inspect all construction materials to be utilised on the project and organize respective quality tests so as to find out whether or not they comply with basic quality standards.
- xviii. Inspect and ensure the compliance of (SHE) rules, and certify that all safety, health and environment measures of the yard and place of work recommended for the protection of lives and properties were taken strictly into account.
- xix. Provide to the Client with all sets of "as-built" drawings, including works and services and user instruction and maintenance manuals required for all items provided under the contract for this project in AUTOCAD and/or ARCHICAD files (latest editions collected in CD-Rom formats).
- xx. Assist MoH getting all legal matters complying with national policies (such as registration procedures, keeping a local representative of the Ministry of Public Works, Housing and water

Resources (MOPHRH) informed, getting all drawings approved by local city officials – National Directorate of Energy (DN Energia), Municipal Council, local administration, etc.).

- xxi. Assessing the current maintenance conditions in the assigned area and present solutions to improve the maintenance performance appropriated for the new and rehabilitated facilities including equipments.
- xxii. During Post-Contract Services period, and during the defects liability period, the Consultant will assist the MoH solving all issues related with the construction works expected to occur. Therefore, the Consultant assumes all responsibilities for the works until the issuance of Defects liability Certificate expires including performing supervision of remedial works.
- xxiii. Carry out the final construction report summarizing major project activities, total effects from contract changes, claims/disputes and how those disputes were solved, especially on matters such as Bill of quantities, Costs and Time Schedule.
- xxiv. Training all the specific hospital staff, in order to operate and maintain the infrastructure built, as well as all furniture and equipment installed in.
- xxv. Perform additional tasks not mentioned in the above list, but deemed as necessary to the successful implementation of all activities according with the Terms of Contract. The Consultants responsibility for the works will expire upon the issuance of the final completion certificate by the MoH.

### **Important Note:**

*During the preparation of the proposals, the consultants are required to access to all project design documentation to certify and guarantee that as part of the "Contractor's Contract all equipment considered "corporate". In this sequence, are included were considered as part of the Contractor's liability, supply, assembly and testing of water pumping systems, transformers, generators, solar power systems, HVAC equipment, air treatment and ventilation, elevators, intercoms , production systems, supply and distribution of medical gases, heavy equipment kitchen and laundry, among others of a similar nature.*

**3.9. Summary of the assignments:** The assignments above described are summarized in the following outline:

## **1 – ASSESSMENT, MASTER PLANNING AND OUTLINE PROPOSALS**

### **i. Site Assessments**

- Site investigation and site registration
- Soil investigation, topographic survey
- Water and energy availability
- Data collection

**ii. Master Plan Studies**

- Position of all facilities and functional relationships
- Areas for future expansions
- Traffic organization
- Master Plan Reports

**iii. Preliminary Review Studies**

- Materials and construction methods to be used
- Report on Space and Materials Standards
- Draft Site Adjustment

**iv. Outline Proposals**

- Location plan, site adjustment plan and zoning
- Environmental assessment
- Review of departmental and room data schedules
- Alternative solutions
- Outline Proposals Reports

**2 – DETAILED DESIGN REVIEW PROPOSAL**

**v. Detailed Design Review Proposals:**

- Location plan/site
- Site adjustment
- Plans, sections, elevations
- Construction Methods and specifications
- Schedules and Bill Of Quantities
- Engineering services
- Design Report

**vii. Equipment Schedules (for incorporated and semi-incorporated equipment)**

- Equipments schedules;
- Equipment room layouts – location schedules;
- Equipment supply and installation requirements and physical installation schedules and specifications;
- Equipment lists and specifications (international standards);

**viii. Confidential Cost Estimates**

- Report on preliminary cost estimates and bill of quantities

**ix. Investment and Implementation Schedules**

- Final and Confidential cost estimates based on final quantities and updated rates from similar projects, including contingencies, price fluctuations, etc.

**3- TENDERING, PROCUREMENT AND CONTRACTING**

**i. Preparation of Tender Documents**

- Tender Documents
- Report

**ii. Tendering action**

- Tendering
- Appraisal
- Report on tendering/selection procedures

-Contract Award

#### **4- SUPERVISION AND POST CONTRACT SERVICES**

##### **i. Supervision of Construction Works**

- Review all drawings and alterations needed, and respective costs
- Supervision of the quality and materials construction process
- Supervision the progress of works and schedules
- Approval of construction certificates, invoices, etc;
- Decision on additional works, variation orders, etc
- Periodical Reports

##### **ii. Post Contract Services**

- Training the hospital and ITC staff for operation and maintenance;
- Regular inspection of the works and beneficiary support;
- Defects Liability Certificate
- Final Report

##### **Important:**

The assignments in these Terms of Reference are described in general ways. As mentioned above, the Consultants will need to work closely with all interested parties and relevant authorities in the Ministry of Health, local authorities and officials in specific details to accomplish the assignments.

#### **3.10. Assignment Reports and Documents:**

The Consultant, for each of the site and as part of their duties, shall submit the following reports and documents in English with copies in Portuguese (summary):

##### **Phase 1.**

- 1) Assessment reviewed study report (final) six (6) copies;
- 2) Draft Reviewed Master Plan Proposal Report, six (6) copies;
- 3) Final Reviewed Master Plan Report after receiving from the MoH all comments on Outline Report, 12 (twelve) copies (final format to be agreed previously with the Client);
- 4) Electronic Files with all reports of this phase in computer “CD or flash” format; (Drawings are requested to be in AUTOCAD/ARCHICAD and remaining documents in WORD and –or EXCEL - MS-OFFICE)
- 5) Summary Monthly Progress Reports (activities performed during period) – including copies from important documents produced, minutes of meetings and other relevant documents);
- 6) Outline proposals, space and material reports, draft designs, draft specifications, etc produced during the development of the design phase in order to get comments and approvals from MoH – DIEH/DP, 6 (six) working copies;
- 7) Outline – draft Detailed Design Report, ten (10) copies;
- 8) Space and Material Standards report, six (6) copies, (maximum 2 months after the comments from the MoH);

##### **Phase 2.**

- 1) Final Detailed Design Report (original-complete) on stable transparent two (2) copies plus five (5) sets of prints; (Drawings, Bill of quantities, specifications, equipment schedules, etc);
- 2) Equipment Lists and Equipment Room Schedules and Specifications (incorporated and semi-incorporate equipment), six (6) copies;
- 3) Electronic Files with all reports of this phase in computer “CD” format; (Drawings are requested to be in AUTOCAD/ ARCHICAD and remaining documents in WORD and –or EXCELL – MS-OFFICE)
- 4) Summary two week’s Progress Reports (activities performed during period) – including copies from important documents produced, minutes of meetings and other relevant documents);

Phase 3.

- 1) For the Tender Documents, twenty-five (25) copies of the Detailed Design Report with photo - reduced contract drawings (A4-A3) with related documents (Bills of Quantity, Specifications, etc);
- 2) Tender Documents twenty-five (25) copies (Standard Bidding Documents);
- 3) Preliminary Evaluation Report six (6) copies;
- 4) Final Evaluation Reports – six (6) copies;
- 5) Electronic Files with all reports of this phase in computer “CD or flash memory” format; (Drawings are requested to be in AUTOCAD/ ARCHICAD and remaining documents in WORD and –or EXCELL – MS-OFFICE)
- 6) Summary two week’s Progress Reports (activities performed during period) – including copies from important documents produced, minutes of meetings and other relevant documents;

Phase 4.

- 1) Reviewed Final Detailed Design Report ten (10) sets of prints; (Drawings, Bill of quantities, specifications, equipment schedules, etc);
- 2) equipment lists with their specifications and illustrations according to the standards accepted by the MOH , equipment lists for each compartment , equipment installation diagram for each areas ( incorporated, semi-incorporated and not incorporated , with a clear separation by the contractual framework ), fifteen ( 15 ) copies ;
- 3) ten (10) CD + Flash Drives containing electronic files of all reports (Drawings in AUTOCAD format and ARCHICAD; other documents in WORD and / or EXCEL). For all documents must be delivered also 1 copy of the PDF files.
- 4) Summary Monthly Progress reports describing briefly all activities performed in same period, six (6) copies (including copies from important documents produced, minutes of meetings and other relevant documents);
- 5) Quarterly Progress reports describing briefly all activities, according formats and guidelines from IDB, MISAU-DIEH, DP, six (6) copies. Quarterly reports shall include electronic pictures from the site with progress achievements;

- 6) Within a month after the completion of 5 sets of final reports, the final report summarizing the effects of contract changes, claims/disputes and how they were settled.
- 7) Full sets of “as-built” drawings on six (6) sets of prints, within one month after the construction works ended;
- 8) Electronic Files with all reports of this phase in computer “CD and flash memory” format; (Drawings are requested to be in AUTOCAD/ARCHICAD and remaining documents in WORD and –or EXCELL – MS-OFFICE)

**Important:**

From very beginning (assessment) Consultants shall record adequate information in “electronic photo format” (digital photos or quality scanned) from sites and facilities. Such prints shall be included in respective reports prepared by Consultant (where applicable). Full set of photos shall be recorded in “ computer electronic format” (MS-OFFICE media compatible formats) and handed over to the Client with all periodic assignment reports.

#### **4. KEY PROFESSIONAL STAFF AND REQUIRED QUALIFICATIONS FOR THE ASSIGNMENTS**

- 4.1.** The Consultant is responsible for securing all staff needed to accomplish the assignment. The minimum qualifications of the key professional staff accepted under this project is presented as follow:

**DESIGN REVIEW STAGE:**

- Project Manager – with 20 years working experience as a project manager
- Architect, Health (hospital) Facilities Planner – with more than 15 years sound experience in hospital’s and training facilities planning for Health Sector. A sound knowledge in Hospital Planning is an advantage;
- Engineering Services (Structural and Civil Engineering, Environmental engineers, Sewage and Drainage, Electrical Engineering, Mechanical Engineering, Hospital Equipment Specialist)
- Quantity Surveyor
- Draftsmen
- Secretary Services

**Important:**

1. All key staff shall have sound experience in hospital facilities planning and with Africa – southern Africa experience.
2. Consultant’s key staffs (a) namely: (Architects, Engineers, Hospital Equipment Specialists) must possess a University degree in respective area of study with more than 10 years of proved working experience, particularly in the health sector. Professionals such as Site Engineers and Quantity Surveyors (b) must possess a college degree and more than 10 years of working experiences in the respective field. But, a civil engineer technician with more than 15 years of working experiences may be accepted.

## SUPERVISION STAGE

- Project Manager
- Site Engineer (Supervision)
- Quantity Surveyor
- Draftsmen
- Secretary Services

♣ Project Coordinator: Civil Engineer or Architect with at least 20 years' experience (10 of which in a similar position) relevant to the Project Management, Contract Administration and Supervision of Works;

♣ Support Engineering (Structural and Civil Engineers, Environmental and SHE, Hydraulic, electrician, mechanic and Hospital Equipment Specialist) - Design Review and Inspection

♣ Quantity Survey

♣ CAD Operator

♣ Two Resident Engineers (one for each site) - Civil Engineer or Architect with 5 years of proven experience in similar sized Supervision of Works, solid knowledge of quality control, measurements, preparation of records, certificates, progress reports, structural design and other professional skills. Preference is given to technicians with experience working with the health sector. Although it is not desirable, the MoH may wish to consider acceptance of an average technical construction provided it has at least 10 year's experience, 5 of which in nature and works similar scale.

♣ Secretarial Services

### **important:**

1. All key personnel must have significant experience in the areas they are designated . The Consultant shall ensure that the key personnel proposed for the project is provided with technical competence for the proposed services.

2. Will be given advantage to experts who have knowledge ( and operated ) on the construction industry in the country or region; Although not mandatory , the MoH recommends consultants to employ locally recruited staff.

**4.2.** Key staff shall be involved during all stages of the services and, if awarded with supervision services shall remain in charge until de defects liability period.

## 5. INSTITUTIONAL FRAMEWORK

- 5.1. All the health activities in Niassa Province have administrative base on the provincial and districts levels. On the provincial level, a Provincial Health Director (PHD), who is responsible for all health facilities and activities, heads the MoH.
- 5.2. The “Departamento de Planificação” assures the coordination of all health activities. The District Directorate of Health is the main beneficiary and also plays an important role for the rehabilitation and construction program. These sectors are responsible for liaising the surveying team with all relevant officials of each level for the study and later services.
- 5.3. The Consultant’s team will be held accountable to these above-mentioned health institutions, which are subordinated to the MoH, and will collaborate thoroughly with them in the execution of the assignments under this project.
- 5.4. All Consultants are required to make all their best efforts working together with local health and local authorities of the assigned district (Administration and local Managers, etc.) in order to gather as much important information as possible for this project. In the same way, knowing the beneficiary community might be helpful the decision-making process for finding helpful solutions incorporating key elements the community in the project.
- 5.5. Also, Consultants are required to liaise with the Provincial Directorate for Public Works and Housing and Water Resources (DPOPHRH) officials to get necessary support. At the Ministry of Health level, DPC- DIEH, DP will coordinate all activities and backup the Provincial Directorates of Health. Reports, Final Designs, Tender Documents and all Preliminary and final outputs will first be approved by DPC- DIEH, DP before proceeding for following stages of the assignment.

## 6. TIME SCHEDULE

- 6.1 The Consultant will commence the study 15 days after the Contract Signature. The activities will be undertaken according to the following indicate schedule (Consultants must present a time schedule in their proposals):

### LOT 1 – Construction of a 150 beds District Hospital in Mecanhelas, Niassa Province

Activity	Duration [Cal. Months]
<b>Phase 1. <u>Assessment, Design Review Studies/ Masterplaning and Outline Proposal and Report</u></b>	
<b>Design Review, Outline Proposal and Report</b>	<b>3 1/2</b>
Mobilization.....	1/2
✓ Site Assessment, Inter. Master Plan, Design Review Studies and Report.....	1
<i>Review and Approval</i> .....	<i>1/2</i>
Final Master Plan, Design Review, Outline Proposals and Reports.....	1
<i>Final Review and Approval of Phase 1</i> .....	<i>1/2</i>
<b>Phase 2 <u>Detailed Design Review Proposals and Report</u></b>	<b>4</b>

✓ Final Detailed Design Review and Site Adjustment, Schedules, Bills of Quantities, Specifications, Equipment Lists and Final Reports on Design Phase.....	3 1/2
<i>Review and Approval</i> .....	1/2
<b>Phase 3. <u>Tendering, Procurement and Contracting</u></b>	<b>4</b>
✓ Preparation of Tender Documents.....	1/2
<i>Review and Approval</i> .....	1
✓ Tendering Period.....	1 1/2
<i>Review and Approval</i> .....	1/2
✓ Contract Award and final report.....	1/2
<b>Phase 4. <u>Supervision of Construction Works</u></b>	<b>21 1/2</b>
✓ Mobilization.....	1/2
✓ Supervision.....	18
✓ Hand-over – report/as built drawings .....	1
✓ Equipment Commissioning.....	2
<b><u>Defects Liability Period</u></b>	<b>12</b>
<i>Final Report</i> .....	1
<b><u>TOTAL</u></b>	<b>46</b>

[Forty-Six Cal-Months]

Important:

1. The estimated time duration for Construction works shall be considered just as a basis for costing of the proposals.
2. The actual Duration for the Construction works shall be adjusted according the estimations made during the design and tendering and final duration will depend on the results of the tendering.

**LOT 2 – Construction of two 100 beds District Hospitals in Ngauma, Niassa Province**

Activity	Duration [Cal. Months]
<b>Phase 1. <u>Assessment , Design Review Studies/ Masterplaning and Outline Proposal and Report</u></b>	
<b>Design Review, Outline Proposal and Report</b>	<b>3 1/2</b>
Mobilization.....	1/2
✓ Site Assessment, Inter. Master Plan, Design Review Studies and Report.....	1
<i>Review and Approval</i> .....	1/2
Final Master Plan, Design Review, Outline Proposals and Reports.....	1
<i>Final Review and Approval of Phase 1</i> .....	1/2
<b>Phase 2 <u>Detailed Design Review Proposals and Report</u></b>	<b>4</b>

✓ Final Detailed Design Review and Site Adjustment, Schedules, Bills of Quantities, Specifications, Equipment Lists and Final Reports on Design Phase.....	3 1/2
<i>Review and Approval</i> .....	1/2
<b>Phase 3. <u>Tendering, Procurement and Contracting</u></b>	<b>4</b>
✓ Preparation of Tender Documents.....	1/2
<i>Review and Approval</i> .....	1
✓ Tendering Period.....	1 1/2
<i>Review and Approval</i> .....	1/2
✓ Contract Award and final report.....	1/2
<b>Phase 4. <u>Supervision of Construction Works</u></b>	<b>21 1/2</b>
✓ Mobilization.....	1/2
✓ Supervision.....	18
✓ Hand-over – report/as built drawings .....	1
✓ Equipment Commissioning.....	2
<b><u>Defects Liability Period</u></b>	<b>12</b>
<i>Final Report</i> .....	<i>1</i>
<b><u>TOTAL</u></b>	<b>46</b>

[Forty-Six Cal-Months]

Important:

1. The estimated time duration for Construction works shall be considered just as a basis for costing of the proposals.
2. The actual Duration for the Construction works shall be adjusted according the estimations made during the design and tendering and final duration will depend on the results of the tendering.

## 7. FEES AND TERMS OF PAYMENT

### 7.1. Fees

7.1.1. The Consultant's Fees and Expenses for the assignment in covering all expenses: salaries, wages, documents, and all related items relevant to the professional services being provided.

7.1.2. The Consultant will submit detailed Fee and Expenditure Schedules along with financial proposal and the proposed stages of payments. Cost proposals shall be made following all and every form included in the Letter of Invitation. Failing to follow the guidelines for presentation of the financial proposals may result in faulty proposal and rejection of proposals.

7.1.3. All payments shall be made at the currency(cies) indicated by the Consultants. Any Taxes levies shall be reimbursed in local currency – Metical. Local expenses shall be reimbursed at same currency of the expenditures. No increase or decrease will occur to the fees as a result of fluctuation in prices or foreign exchange rates.

- 7.1.4. The Consultant's fees for the **Stages of Tendering and Supervision** services will be on-time charges and must be calculated as follows:
- i. The Fees payable to the Consultant must be calculated on a Man-Months basis according with proposed Work Program. The Consultant will calculate the fees based on Man-Month rates previously submitted in his financial proposal, which was approved by the Client.
  - ii. The Man-Months rates submitted with the financial proposal must include all detailed direct and indirect costs, including, but not limited to,
    - a) Salaries and wages of the personnel engaged in the activities, both on site and at the Consultant's offices, as well as trip tickets, leave allowance, travelling and other kinds of necessary expenses.
    - b) The Consultant office headquarters and other overheads attributable to the works to be performed.
    - c) All out-of-pocket expenses incurred by the Consultant in the performance of the services must be reimbursed upon receipts.
  - iii. The Program of Work Program, number and technical background of staffs to be employed in this project must be included as part of the proposal for the services.

## 7.2. Terms of Payment

- 7.2.1. For this assignment, the fees will be paid in according the schedule presented in the following table. Instalments are calculated as a percentage of the total contract amount in accordance with the amount of work to be done.

Activity	Instalment
Mobilization	
<i>Advance Payment N°1. (15 % of Total Fees for Phases 1, 2 &amp; 3)</i>	
<b>Phase 1. <u>Assessment , Review/Masterplaning and Outline Proposals</u></b>	
Site Assessment and Review Master Plan Studies Preliminary Review Studies, Outline Proposals and Reports <i>Review and Approval of Phase 1</i> <b><u>(100% of Professional Fees for Phase 1)</u></b>	
<b>Phase 2 <u>Detailed Design Review Proposals and Report</u></b>	
Final Design Review, Schedules, Bills of Quantities, Specifications, Equipment Lists and Final Reports <i>Review and Approval of Phase 2</i> <b><u>(100% of Professional Fees for Phases 2)</u></b>	
<b>Phase 3. <u>Tendering, Procurement and Contracting</u></b>	
Preparation of Tender Documents Tendering Period including Evaluation Reports Contract Award and Final Report	

*Review and Approval of Phase 3*  
(100% of Professional Fees for Phase 3)

**Phase 4. Supervision of Construction works**

Advance Payment N°2 - Phase 4 – (15 % off the Total Fees for Phase 4)

- Monthly statements (interim payments) calculated on the basis of staff inputs and actual services carried out by the Consultants corresponding to (90% of Total Fees, Phase 4)
  - Completion Certificate and Supervision Report,  
Including As Built Drawings  
*Review and Approval (5% of Total Fees)*
  - **Post Contract Services:**  
Final Inspection Report, *After Completion of Defects Liability Period*  
*Review and Approval (5% of Total Fees)*
- Advance Payment: This contract provides for advance payments against submission of Unconditional Bank Guarantees, covering the amount of the Advance Payment respectively, as follows:
- 1) Advance payment will be a portion of 15 % of the total “Professional Fees” for assignment– Supervision of Construction Works. The repayment of the advance payment will be achieved by deducting 15% of the professional fees, from the amounts invoiced in the subsequent installments until complete replenishment of the recovery for the Advance Payment for the supervision stage.
- The Bank Guarantee must be valid until complete replenishment of the recovery for the Advance Payment for the Contract. After complete recovery of the Advance Payment the Client will return the Bank Guarantee to the Consultants.
  - Payment for Reimbursable and Lump Sum expenses shall be made according to the justifications and invoices given by the Consultants during the execution of the Services. These expenses shall be claimed at the same time as the invoices for the professional fees at any stage of the assignment.
  - Final Payment: the Client shall pay the Final payment due to the Consultants at the end of the Services against the presentation of the Final Reports, and its approval.
  - Payments shall be made within forty five (45) days of receipt of the invoice and the relevant documents, and within sixty (60) days in the case of the final payment.
  - The amounts due in foreign currency will be paid in Foreign Currency – American Dollars. The amounts due in local currency will be paid in local Currency MZN (MOZ Meticais). The exchange rate to be used will be the prevailing rate as published by “Jornal Notícias” “Taxa de Câmbios do Mercado Interbancário” by

Banco de Moçambique, Central Bank, at day of approval of the invoice (Client).

- Any dispute, controversy, or claim arising out of or relating to this contract, or the breach, termination, or invalidity thereof, shall be settled by arbitration in accordance with the Government country's rules for settlement of disputes.

## **8. OBLIGATIONS AND RESPONSIBILITIES**

### **8.1. CONSULTANT OBLIGATIONS**

#### **8.1.1. General Obligations:**

- i. The Consultants must perform and carry out their obligations with all due diligence, efficiency, and economy, in accordance with generally accepted professional techniques and practices.
  - ii. The Consultants must observe good management practices, and employ appropriate and advanced technological knowledge, and safety methods.
  - iii. Consultants must act in behalf of the Client's goals as an adviser supporter of his legitimate interests with Sub-Consultants or third parties.
  - iv. The Consultant shall work closely with the authorities and local health structures ; SPS Niassa, the Ministry of Health- DIEH & DP the Ministry of Public Works and Housing and Water Resources And the Provincial Directorate of Public Works and Housing and Water Resources
  - v. Neither the Consultants nor Personnel under their responsibility nor Sub-Consultants shall engage either directly or indirectly, in any of the following:
  - vi. During the term of the Contract, any business or professional activities in the Government's Country, which would conflict with the activities assigned to them under this contract;
  - vii. After the termination of the Contract, such other activities as may be specified in the Contract.
- Within two (2) years after the expiration of the Contract, the Consultants, Sub-Consultants, and Personnel shall not disclose any confidential information related with this Project, Services, Business or Operations without Clients prior authorization.

#### **8.1.2. Specific Obligations:**

- i. Mobilize technical staff and all resources needed to undertake and accomplish the goal of this project.
- ii. Work in collaboration with the client in all activities and matters.
- iii. The transportation MoH -DIEH supervision staff for the purposes of the Services will be under the responsibility of the Consultant using the official car affects the Surveillance via the Contractor's Contract . The Consultant shall be available for collection from the MoH staff at headquarters or at SPS - Niassa or elsewhere within the same area of the project until its return .

### 8.1.3. SERVICES TO BE PROVIDED BY THE CONTRACTOR

It is the responsibility of the consultant ensure that included in the Contract Quantities map , the provision of the following facilities to the Consultant :

- i. offices on site ;
- ii. Office furniture;
- iii. Access to telephone and fax at the office;
- iv. Access to the laboratory and the development of verification tests
- v. Services car and fuel

## 8.2. GOVERNMENT RESPONSIBILITIES

- 8.2.1. The Government will make available to Consultants all existing information related to the study and will cooperate with Consultants and the Bank throughout the execution of the study.
- 8.2.1. The Government will appoint an official from the Project Implementation Unit of BADEA, at the Ministry of Health – to liaise with Consultants in all technical, organizational and financial matters throughout the assignment.
- 8.2.3. The Government will grant the following privileges and immunities to Consultants' expatriate staff needed to undertake the project:
  - i. Privilege to import foreign exchange into the country for the purpose of the study and personal needs. The referred amount in foreign exchange will be subject to exchange regulations and policies of Mozambique.
  - ii. The Government will assist Consultants obtaining all permits and authorizations required for the staff to work in Mozambique.
  - iii. The Government will assist Consultants obtaining clearance for entering in the properties in order to carry out the tasks (surveys, site investigations, etc.).
  - iv. The MoH will provide to Consultants all available documents such as study reports, layout drawings, and design standards.
- 8.2.4. The Government will not guarantee means such as transport, office space, and equipment to Consultants. Therefore, in the financial proposals Consultants are requested to quote all means necessary in order to carry out the works. All hardware, vehicles, equipment and other means acquired for the purpose of the consultancy will be reimbursed by the Client and returned to the Client after the completion of services.
- 8.2.5. Consultants will be assisted in the process of collecting data and necessary information for the preparation of documents under the scope of works. However, they will take responsibility of analyzing the information gathered and draw respective conclusions. The documents made available to Consultants must be returned at the end of the Contract.

## APPENDIXES

Appendix A:	Mozambique Map
Appendix B:	Niassa Province Mas
Appendix C:	Photograph of the Sites
Appendix D:	Architectural Brief and Functional Program
Appendix D:	Reference Type Plans

# Appendix A: Mozambique Map



## **Appendix B: Niassa Province Map**

## **Appendix C: Photograph of the Site**

## Appendix D:

### Architectural Brief and Functional Program

The project will comprise the Construction of a completely new Mecanhelas and Ngauma District Hospitals and Staff Houses facilities to accommodate the secondary level care.

A draft master plan for the Construction of the referred District Hospitals has already been prepared by DIEH (Department of Infrastructure and Hospital Equipment) of MoH and requires adjustment to the sites as above mentioned.

The main activities (architectural brief and functional program) proposed in the master plan for these facilities comprises, but are not essentially limited to the following:

#### 1.1.1..Administration, Admissions, Records

#### 1.1.2..Clinical Departments

- *Outpatients*: General, Internal Medicine, Surgical, Pediatric, Ophthalmology and Dental, – inclusive of treatment cubicles;
- *Emergency, Casualty*: Resuscitation, Trauma, Plaster, Observation, Minor surgery;
- *Laboratory*: chemical pathology, microbiology, serology, hematology, bacteriology;
- *X-ray/Radiology*: Bucky, Screening, Ecography (sonar)

- *Pharmacy and Dispensary*
- *Operating Theatre Department: General and specialist operating rooms – 2 general operating rooms*
- *Central Sterile Supplies Department*

**1.1.3..In-patient facilities:**

- *150 or 100 beds overall, divided in 50-bed nursing units, providing accommodation for the following services:*
  - Internal Medicine
  - Surgical
  - Obstetrics, Maternity

**1.1.4..Support and service departments**

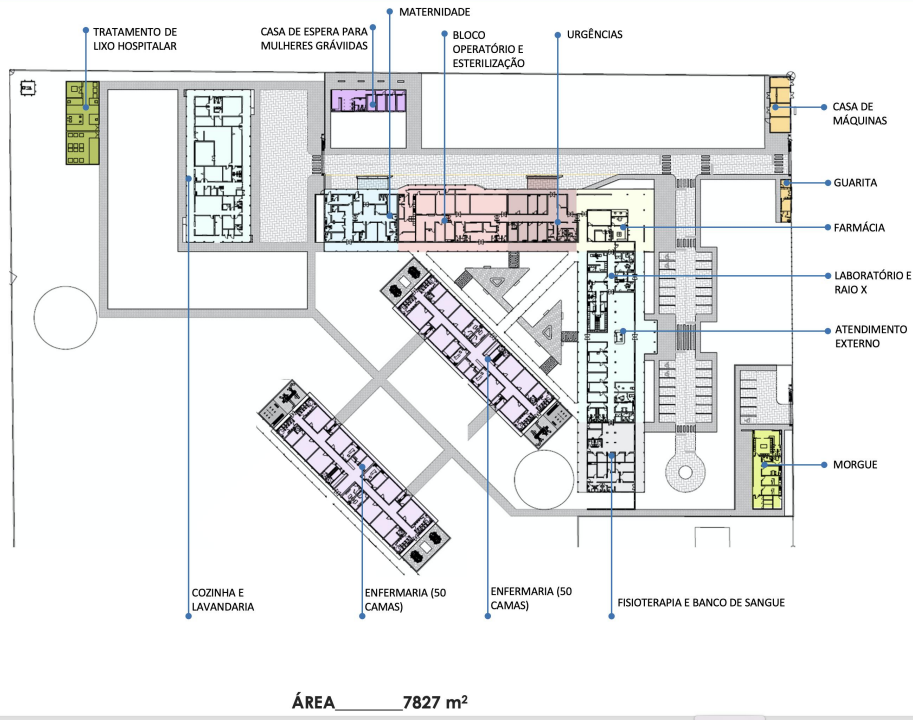
- Central kitchen
- Laundry
- Service installations – water, electrical, emergency generator, medical gasses, vacuum plant
- Incinerator and waste management installation
- Mortuary – Body storing, viewing, funeral parlor

**1.1.5..Other facilities**

- Police post, facilities for welfare workers
- Gate house and visitor control
- Landscaping

# Appendix D: Reference Type Plans

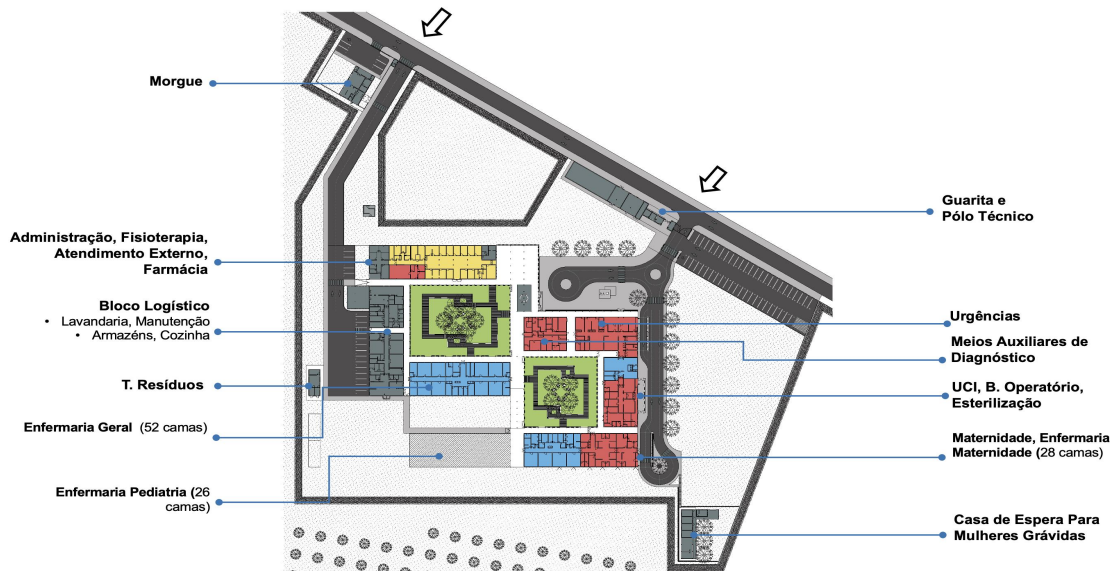
## 3.2 HOSPITAL DISTRITAL MODELO II (100 CAMAS)



## 3.2 HOSPITAL DISTRITAL MODELO II (100 CAMAS)



### 3.3 HOSPITAL DISTRITAL MODELO III (150 CAMAS)



ÁREA 9252 m<sup>2</sup>

### 3.3 HOSPITAL DISTRITAL MODELO III (150 CAMAS)

