

VICE MINISTRY OF HEALTH SECTOR STRENGTHENING AND  
DEVELOPMENT  
DIRECTORATE OF SECTORIAL CONDUCTION (DCS)  
*UN/DAO PROJECT EXECUTOR*

**TERMS OF REFERENCE (TOR)**  
**CONSULTANCY FOR THE ELABORATION OF THE ANALYSIS OF THE STATUS  
OF COMPLIANCE WITH THE FUNCTIONS OF THE DPS/DAS,**

**SANTO DOMINGO, D.N.**  
**2024**



# 1. CONTEXT AND JUSTIFICATION

## 1. Presentation of the project

The French Development Agency (AFD), as part of the French cooperation system, supports the strengthening and development of themes that dynamize the economy, social development and human rights in society; As part of this support, it has granted a donation of 140,000 euros, part of which will be used to prepare a future project for the *"Strengthening of the Essential Public Health Functions (FESP) and the Ministry of Public Health and Social Assistance (MISPAS) in the Dominican Republic"*.

The main objective is to contribute to the integral strengthening of the Dominican health system, focusing on the development of the EPHF and reinforcing the role of MISPAS as the governing body at the central and territorial levels, as well as its role in the management and application of public health policies, including mental health and gender .

This grant is structured in 2 components:

1. **The analysis of the current situation of compliance with the steering role of the Provincial and Area Health Directorates (DPS/DAS) within the health system as decentralized entities of MISPAS** will focus on evaluating compliance with the steering functions of the DPS and DAS in the territory. This will be carried out through the collection, organization and analysis of pertinent information to understand the current situation, including its contexts, in addition to the level of fulfillment of the steering functions in the territory, an analysis of the current gaps, as well as information on the structure, functions, current profiles, production and training needs of the current staff, in relation to the current personnel, in order to determine the current situation, including the level of fulfillment of the steering functions in the territory, an analysis of the current gaps, in addition to collecting information on the structure, functions, current profiles, production and training needs of the current staff, in relation to the current personnel, in order to determine the level of fulfillment of the steering functions in the territory. In relation to the functions, these two diagnoses will allow the preparation of a manual with the organizational structure including the structure of the DPS and DAS, the functions of the areas, the production and profiles of the people needed in DPS and DAS, *as well as* the relations that must be established with the central level areas.
2. **The main objective of the study on mental health in the Dominican Republic is to identify deficiencies in mental health intervention strategies and to propose a public management model** to improve national policies related to this issue. To achieve this, a nationwide diagnosis will be carried out to provide relevant information to decision making in mental health (**MH**); this will involve a comprehensive analysis of mental, neurological and substance use disorders (**MNS**) throughout the country, in order to identify care needs and design effective program strategies to address them in the health system, with special emphasis on primary care.

La Agencia F... de... (text is very faint and blurry, but appears to be a paragraph of text)

El... (text is very faint and blurry, but appears to be a paragraph of text)

**ANEXO 1: ...**

1. ... (text is very faint and blurry, but appears to be a paragraph of text)

2. ... (text is very faint and blurry, but appears to be a paragraph of text)

## 2. Role of the institution

According to Law 42-01, General Health Law, the National Health System of the Dominican Republic plays the leading role over all the components and other basic functions of the system, manifesting itself through the development essential public health functions.

The governing body of the National Health System is the MISPAS together with its territorial, local and technical expressions. This steering role implies the political capacity of MISPAS to **direct, integrate, coordinate, regulate** and **supervise** every action related to the fundamental objective of promoting, protecting, improving and restoring the health of people and communities.

MISPAS, as the governing entity of the National Health System, promotes decentralization and deconcentration of the system. It seeks to reach out to individuals, families and communities to respond to their needs and adapt to changes in the environment that affect health and health care.

The DPS/DAS are decentralized agencies of MISPAS. The main objective of the DPS/DAS is to coordinate and **implement health policies, plans and programs at the provincial level, in line with national health policies and plans**. They are responsible for acting as the highest health authority in each province, representing MISPAS, and their functions include supporting and participating in strategic health studies. The expected functions of the DPS/DAS are summarized as follows:

- Collective health service provision** function, which includes health surveillance and quality of preventive services at the territorial level;
- inter-institutional coordination** and strategic alliances in the territory; **social participation**;
- the **control of compliance with sanitary norms** and quality standards of the public and private network services;
- the **formulation of territorial plans**, among other steering functions.



## II. GENERAL DESCRIPTION OF THE SERVICE

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Immersed in a process of continuous improvement, **MISPAS** has identified **the need to continue and deepen** the process of deconcentration of functions through the DPS/DAS in order to strengthen the steering role of the health system. This **deconcentration implies** the transfer of capacities, procedures and methodologies from the central level to the **DPS/DAS**.

The main objective of this consultancy is to conduct an analysis of the current situation of the Provincial and Area Health Directorates (DPS/DAS) in the health system, as part of their status as decentralized entities of the MISPAS.

In order to identify the gaps in the fulfillment of these functions, information will also be collected and analyzed regarding the current structure, current profiles, current main production and gaps in this production, training needs for the fulfillment of the steering role in the territory, which together with the gaps found in the execution of the steering functions, will be used to prepare a manual with the structure, functions, position profiles and expected production within the framework of the steering functions.

**The consultancy is structured around the following specific objectives:**

- **Conduct a diagnosis** of the fulfillment of the steering role **functions** at the **DPS/DAS level**, based on **the** current gaps in the exercise of these functions will be identified.
- Conduct a survey and analysis of the gaps between the current structure, profiles and positions of the DPS/DAS and those defined and approved by the MAP.
- Propose a Roadmap for the reduction of the identified gaps and for the assurance of the necessary structural and functional capacity of the DPS/DAS.

## III. DESCRIPTION OF LASTAREAS

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The following activities are proposed for the effective implementation of the consultancy:

- **Analyze current legislation and regulations related to the roles and responsibilities of the MISPAS, the** DPS and DAS in the framework of the health system.
- Accompany and support MISPAS in the process of internal validation and application of the *Steering Scorecard* tool. The key questions of this tool will be used to identify and assess the steering functions; other questions should be considered.
- Facilitate the evaluation process under the Scorecard tool, to identify the gaps in the DPS/DAS steering functions. This methodology should include criteria that facilitate a classification of the DPS/DAS, differentiating the level of development in the exercise of their functions. In order to assess the level of development, selected samples of the DPS/DAS should be taken, applying such criteria, which should be validated by the official counterpart personnel of I

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- Carry out visits to selected DPS and DAS, taking into account the level of development; such visits will allow assessing the compliance of some activity/s of one or more selected functions. The coverage of activities to be verified in the field will be decided based on the availability of time and resources.
- Prepare a diagnostic document with the analysis of the level of compliance with the steering functions in DPS/DAS and the gaps, as well as at the level of Deconcentrated Office of the Rector.
- Develop a methodology for the collection and analysis of information on the current structure, existing personnel, their profiles and personnel and training needs, taking into account the gaps in the steering role functions, as well as the developments in the exercise of these functions. Focusing on the requirements related to quantity and quality of personnel, training needs, development of methodologies and procedures, as well as physical spaces and functional infrastructures for the functions and services offered by the DPS/DAS and at the central level in the Decentralized Office of the Rectory.
- Validate the methodologies and deliverables with the counterparts assigned by MISPAS and the key personnel identified by MISPAS, especially with the Office of Coordination of Decentralized Management of the Rector's Office (OCGDR) in conjunction with the Directorate of Sectorial Management. To this end, working meetings will be held with these areas to present the methodologies before applying them and the deliverables generated in this consultancy.

**Table 1: Work Plan, including:**

1. Proposed work methodologies, including a concept note covering the work approach and tools.
2. Detailed work schedule (meetings, working sessions, validation sessions, field visits, logistics, training and coordination necessary for the field survey and deliverables with dates).
3. Identification of the people involved in the consultancy and technical focal points

- Deliverable 2:** Report of assistance provided for the review and validation of the Scorecard tool, including the results of the review and validation and methodological recommendations for its implementation.

Deliverable 3: Diagnosis of the gaps in the fulfillment of the governing functions of the DSP/OAS and at the central level based on the requirements of the scorecard and in reference to structures approved by the MAP for DPS/DAS.

The diagnosis should include:

- The evaluation will include visits to observe and collect information on selected DPS and DAS lead functions.

**Deliverable 4: Proposed Operational Plan that ensures:**

- ## 2. Formats

Verables and products of the activity (reports, presentations, etc.) must conform the formats and templates and by the MISPAS team.

All deliverables and products must be submitted in editable electronic version [Microsoft Word [docx], PowerPoint [ppt] and Excel [xlsx] and must be provided in Spanish. Non-editable electronic documents will not be accepted as "Portable Document Format" (PDF).

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All versions of deliverables or other products used or produced during the assignment must include the following non-responsibility clause:



*The sole responsibility for this publication lies with the authors. The European Union, the European Commission, AFD and the project implementing partners and the project team cannot held responsible for any use which may be made of the information contained .'*

## V. FOLLOW UP

The selected consulting firm will report its work to a follow-up team that will be made up of representatives of the AFD group, the Project Executing Unit of the Sectoral Management Directorate (UEP-DCS), the Vice Ministry of Health Sector Strengthening and Development and the Office of Coordination of the Decentralized Management of the Rector's Office (OCGDR), both belonging to the Ministry of Public Health and Social Assistance, who may request interim reports and will be responsible for validating the expected products after the requested adjustments have been duly made.

This team will be known, for practical purposes, as the "Technical and Validation Committee" and should be made up of an odd number of members to ensure a more efficient decision-making process and avoid possible ties in voting or evaluations. It is suggested that the table be formed by two (02) OCGDR technicians, two (02) representatives of the UEP-DCS coordination, three (03) technicians linked to the areas involved and (xx) representative of the AFD group. In specific cases where the expertise of the financial and procurement areas of the UEP-DG is required, their comments will be solicited, giving them a voice in the evaluations.

After the creation of the list of stakeholders requested in deliverable 1, the need to restructure this table will be assessed in order to ensure adequate representation of the areas involved.

## VI. DURATION

*Proposed schedule of expected deliverables/outputs*

Deliverable	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6
Deliverable 1	X					
Deliverable 2	X	X	X	X		
Deliverable 3				X	X	X
Deliverable 4						X

The estimated duration of the consultancy is 6 months from the date of signature of the contract. This date shall constitute the finite date of completion of the consultancy. The selected consulting firm must be equipped with the technical means, transportation, communication and human resources necessary for the implementation/execution of the service.

All activities related to the implementation of the consultancy (workshops - meetings - transfers) will be covered by AFD - EF.

The consulting firm exempts MISPAS and AFD from liability for incidents that occurred in the .

### Approval process:

The comments of the technical and validation board must be submitted no later than 15 add bs or ad bes lues  
dse the receipt of the draft deliverable

The integration of the observations will have to be carried out by the expe @ is movilizados dentro of 5 days  
working days, upon receipt.

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The final version must be validated by the team designated above and the institutions involved within 10 working days.

Reimbursement of mission-related expenses and final payments to experts will only be authorized after approval of the final deliverables by the project team.

*Handwritten signature*

## VII. PROFILE AND REQUIREMENTS

This consultancy is aimed at research institutions, consulting firms, and teams of professionals with extensive experience in carrying out this type of process. For this purpose, both the institutional curriculum and that of the team members will be evaluated. The consulting firm should have the following profiles:

**Area of expertise** Institution specialized in health, planning and public policy.

### **Professional training**

#### **1. Basic studies**

A professional with basic studies in health sciences.

A professional with basic studies in public administration.

#### **2. Specialized studies**

The consultant, a selected, a from the health area must have a graduate degree in public health.

The consultant, selected from the area of public administration, must have a postgraduate degree in organizational development.

### **Criteria (essential/required):**

#### **1. Experience**

- a) At least 5 years experience in functions within the health system in the Dominican Republic.
- b) At least 4 years of experience in organizational structure analysis and design.
- c) At least 4 years of experience in applied research in the health system or in public health issues.

#### **2. Skills**

- a. Perfect oral and written command of the Spanish language.
- b. MS Office user level computer tools management.
- c. Proficiency in the use of data processing and analysis tools (STATA, SPSS, SAS, any of these that allow you to analyze data, among others).

#### **3. Skills**

- a. Technical team with the ability to work simultaneously on a variety of issues and tasks, adjusting to priorities and achieving results with agreed objectives and deadlines.
- b. Ability to lead groups and work both collaboratively and independently, with strong **interpersonal** skills for effective collaboration with diverse stakeholders;
- c. Sensitivity to an intercultural and interinstitutional approach at the national level;
- d. Organizational qualities, rigorousness and capacity for analysis and synthesis;
- e. Relational qualities;
- f. Autonomy and sense of responsibility;

### **Formation of the teams**

The consulting team should have a minimum team composed of:

Consultant with experience in implementation of public health system functions and public health research, research should include evaluation of public health programs or interventions, or health policies (lead consultant).

Consultant in public management analysis, organizational analysis and design.

