Terms of Reference

(ToR)

Activity	Development of Three-Year Business Plan (FY2026–FY2028), for SOS Medical Center's Maternity Ward
Date	0ct 8,2025
Deadline	October 24, 2025
Location	Congo Town Monrovia, Liberia
Prepared by	Lamin Cisse
Reviewed by	Ag. National Director
Approval	HGFD

Background

SOS Medical Center (SOS MC) is a patient-centered facility in Greater Monrovia providing OPD/IPD care, Emergency services, Diagnostics, Pharmacy, Immunization, and Hospital-on-Wheels outreach. Building on recent growth and anticipating the FY2026–FY2028 horizon, SOS MC aims to strengthen service quality, expand priority lines (including Maternity and Neonatal), advance digital health, and ensure financial sustainability. To this end, SOS MC seeks to engage a qualified **consultancy firm** to develop an investor-ready, data-driven **Three-Year Business Plan** aligned with Liberia's health policies and the SOS mission. The assignment will include market and payer analysis, service-line strategies, a robust financial model (integrated P&L, Cash Flow, Balance Sheet), a phased capex/opex plan, and clear KPIs with risk and sensitivity testing (including FX and inflation scenarios). The firm will also produce a practical implementation roadmap and an executive investor deck to support partnerships, donors, and financing discussions.

Purpose and Objectives

SOS MC seeks a qualified consulting partner to produce an investor-ready Business Plan that:

1- Sets a clear growth strategy for FY2026–FY2028, aligned with Liberia's health policies and SOS CV's mission.
2- Provides a robust financial model (Excel) with scenarios to guide investment decisions and long-term sustainability.
3- Recommends a phased investment and implementation roadmap with KPIs, risks, and mitigations.
4- Articulates a compelling partner/donor narrative and value-for-money case.

2) Scope of Work

A. Situational and Market Analysis

- Service mapping: OPD/IPD, ER, diagnostics (lab/imaging), pharmacy, immunization, ambulance/medical transport, outreach (Hospital-on-Wheels).
- Service-line strategies: Maternity and Neonatal, Emergency, Diagnostics
- Demand and competition: catchment analysis; competitor benchmarking (public, private, faith-based); utilization trends.
- Payer mix and tariffs: cash, insurers, corporate accounts, development partners; reimbursement terms.
- Policy and regulation: LMDC licensing; LMHRA (medicines/devices); data privacy; IPC/biomedical waste obligations relevant to service expansion.
- Capacity baseline: infrastructure and equipment; throughput and constraints for ER, maternity/neonatal, imaging, laboratory.
- Digital readiness (high-level): Electronic Health Record/Laboratory Information System/Radiology Information System status, connectivity, reporting.
- Human resources baseline: headcount by cadre, skills mix, rosters, training gaps.

B. Strategy and Service-Line Plans

- Three-year strategic goals and success metrics.
- Service-line strategies: Maternity and Neonatal, Emergency, Diagnostics (lab/imaging), Pharmacy, Specialist clinics (Internal Medicine, Pediatrics).
- Referral network design (named partners for surgery, ICU, blood bank etc.).
- Pricing and access policies (equity/waivers; social protection).
- Marketing and community engagement to grow utilization (including Hospital-on-Wheels linkage).
- HR strategy: skills mix, recruitment, retention, CPD.

- Partnerships and resource mobilization: insurers, NGOs, PPP options, donors.
- Digital and data strategy: pragmatic enhancements that enable the plan.
- Maternal

C. Financial Modelling and Funding Strategy

- Volume forecasts and capacity assumptions by service line.
- Three-year integrated Profit and Lost statement, Cash Flow, Balance Sheet with working-capital needs (clearly labeled assumptions; monthly or quarterly phasing).
- Capex plan (facility works, equipment, ICT) with phasing and vendor/price assumptions.
- Opex plan (staffing, utilities, consumables, maintenance, supply chain).
- Unit costs, price bands, contribution margins; break-even, Return on Investment, Net Present Value.
- Scenario and sensitivity analysis (best/base/conservative; Foreign exchange inflation shocks).
- Funding options: internal surplus, grants, concessional loans, PPPs, equipment financing.

D. Implementation Roadmap and Risk

- Phased implementation plan with milestones, responsibilities, budget envelope, and dependencies (Gantt).
- Risk register (regulatory, supply, HR, power, FX) with mitigations and triggers.
- M&E/KPI framework with a one-page leadership dashboard and reporting cadence.

3) Deliverables

1. Inception Report and Workplan.
2. Market and Baseline Assessment (slide deck + data annex).
3. Draft Business Plan + Excel Financial Model (assumptions register, scenario toggles, audit sheet).
4. Validation Workshop (slides, minutes, attendance).
5. Final Business Plan (Word + PDF) and Final Excel Model.
6. Executive Investor Deck (≤20 slides).
7. Handover Package (editable files, data sources, model dictionary; briefing for SMC staff).

Each deliverable must include a one-page executive summary.

4) Team and Qualifications (Minimum)

5- Team Lead / Health Strategy — 10+ yrs; hospital planning; West Africa experience preferred.
6- Health Financing / Financial Modeller — 5+ yrs; advanced Excel; healthcare unit costing.
7- Health Economist / Market Analyst — 5+ yrs; demand modelling; competitor analysis.
8- Biomedical/Facilities Planner — 5+ yrs; equipment lists, capex estimates (as needed).
9- Data / MEAL Analyst — 5+ yrs; dashboarding.
10- Local Coordinators/Researchers — Liberia-based.
11- Firm: at least two similar hospital business plans delivered in Africa in the past five years (references required).

5) Methodology and Quality Assurance

Mixed-methods (document review, key-informant interviews, facility walk-throughs, limited time-motion as needed); standards-aware (MoH, LMDC, LMHRA, WHO) where relevant to planning; co-creation with SMC leadership; triangulated data with an assumptions register and version control. Models must include an audit sheet, protected formulas, and scenario toggles. Language: English with clear, non-technical summaries.

6) Governance, Access and Communication

Client Focal Point: Clinical Manager, SOS MC (or delegate). Steering Committee: Acting ND, HROD, Finance Controller, Procurement, SOS MC leadership. Weekly check-ins (≤60 minutes); milestone presentations; secure file-sharing with version control. SOS MC provides reasonable access to records under confidentiality; the Consultant manages logistics and ethical safeguards.

7) Budget and Payment (Illustrative)

12- 30% on approval of the Inception Report.
13- 40% on acceptance of the Draft Business Plan + Financial Model.
14- 30% on acceptance of the Final Plan + Investor Deck + Handover.
15- Bidders must submit a fixed-price quotation inclusive of taxes, travel, and incidentals.

8) Submission Requirements and Evaluation

Required: Cover letter; Technical proposal (understanding, method, workplan, team, QA); Company profile and similar assignments (with contacts); CVs (≤3 pages each); Financial proposal (separate file); Availability and conflict-of-interest declaration.

Email: procurement@sosliberia.org

Subject: "Proposal: SOS MC Three-Year Business Plan — [Firm Name]"

Evaluation (Illustrative):

16- Relevant experience (Africa hospital business planning) 30%
17- Methodology and workplan quality — 25%
18- Team qualifications and Liberia presence — 20%
19- Financial proposal (value for money) — 15%
20- Timeline feasibility and risk management — 10%
21- Minimum technical score to qualify for financial evaluation: 70/100.

9) Legal, Ethics and Intellectual Property:

Comply with Liberian laws/regulations (MoH, LMHRA, LMDC, labor, data privacy). All deliverables and underlying data/models are the property of SOS Children's Villages Liberia. Confidentiality and Non-Disclosure are required.

Points of Contact:

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