



## TERMS of REFERENCE (ToRs)

### **Strengthening capacities of family medicine teams on the use of Clinical Guidelines and Protocols of NCDs (Diabetes, Hypertension, Dyslipidaemia, Asthma and Chronic Obstructive Pulmonary Disease).**

#### **1. Background**

Health for All (HAP) is a project of the Swiss Agency for Development and Cooperation (SDC) of the Swiss Government and is being implemented in Albania since 2015. Its overall goal is that the Albanian population benefits from better health due to improved and inclusive primary health care. Since 1 April 2023 the Swiss Tropical and Public Health Institute (SwissTPH) and the HAP Centre are implementing the Consolidation Phase (third phase) of HAP.

As part of the strategy to improve the quality of Primary Health Care (PHC), HAP has provided support for: i) elaboration of the clinical guidelines and protocols (CGP) for the five most common non communicable diseases (NCDs) managed daily at PHC such as diabetes, hypertension, dyslipidaemia, asthma and chronic obstructive pulmonary disease (COPD); ii) implementation of a series of training focused on: a) use in the daily practice of the CGPs for 5 NCDs, targeting family doctors (FD), general practitioners (GPs) and nurses, and b) monitoring capacities of central and local health authorities regarding implementation of CGPs for 5NCDs by family medicine teams. The latest has been implemented in two steps: a) a formal training in the classroom of the personnel selected by Regional Directories of the Operator (RHO) and Local Units of Health Care (LUHC) and, b) coaching provided during the monitoring visits carried out by their teams. Finally, HAP has supported family medicine teams for setting up and making operational the Peer Groups (PGs) that work on management of NCDs.

In the frame of the consolidation phase, HAP will further collaborate with the central and respective regional and local health authorities to provide support for implementation of training activities on NCDs and their monitoring (coaching included) to the following RHOs and LUHCs: Tiranë, Kavajë, Elbasan, Pogradec, Shkodër, Kukës, Lezhë, Mirditë, Korçë, and Berat.

In this context HAP is seeking to contract one consultancy organization/company to provide: 1)Continuous Medical Education (CME) on i)everyday use of CGPs for diabetes, hypertension, dyslipidaemia, asthma, and COPD; and ii)on monitoring of family medicine teams regarding implementation of CGPs for 5NCDs, and 2) coaching health authority teams during implementation of their monitoring activities related to the use of CGPs of 5 NCDs by family medicine teams. A framework contract will be signed with the selected consultancy organization that will encompass these activities, as specified below.

The training and coaching will be provided during 1 (one) year starting from the day the contract becomes effective. The potential consultancy organization (Provider) should submit a proposal answering the requisites as described in these ToRs for implementation of training activities and coaching the RHOs, LUHCs and HCs teams selected by MoHSP.

#### **2. Main Objective**

The main objectives of these Terms of Reference are: 1) to strengthen capacities of family doctors and nurses working in selected primary health centers in the territories of the above-mentioned LUHCs, to use in their daily practice the CGPs for diabetes, hypertension, dyslipidaemia, asthma and COPD and 2) to provide support for strengthening capacities of the above-mentioned regional and local health authorities in monitoring the implementation of CGPs for 5 NCDs by family medicine teams (GPs/FDs and Family Nurses).

#### **3. Specific objectives**

The specific objectives of these ToRs are the following:

3.1. Provide accredited ToT training on implementation in the daily practice of CGPs for diabetes, hypertension, dyslipidaemia, asthma and COPD by FDs/GPs and nurses.

3.2. Provide accredited training to the central/regional (RHO) and local health authorities (LUHCs) on monitoring the implementation of CGPs by family medicine teams.

3.3 Provide coaching to the teams of health authorities during the implementation of monitoring activities on the use of CGPs for 5 NCDs by family medicine teams.

## **Approaches**

### **4.1 General aspects**

The Provider should be able to deliver the training activities and coaching as defined in the objectives of these ToRs with its own human resources, in the areas under the responsibility of LUHCs of Tiranë, Kavajë, Elbasan, Pogradec, Shkodër Kukës, Lezhë, Mirditë, Korçë, and Berat.

The training courses should combine theoretical and practical sessions, applying “hands on” learning techniques, meaning the consistent and active involvement of all trainees. The trainers engaged in the provision of these services should be experienced PHC providers.

The number of trainers present during the training should be 2 (two). The number of trainees participating in one training session will vary from 10 (ten) to 15 (fifteen), but should not be less than 10 (ten) participants.

The coaching of the monitoring teams of health authorities during implementation of their monitoring activities on use of CGPs for 5 NCDs by family medicine teams, will be provided by 1(one) expert. One coaching cycle includes the following: i) before the monitoring visit provide support to draft the agenda of the monitoring visit, ii) during the monitoring visit at health center premises provide supportive supervision to the monitors of health authorities and the HC teams and iii) after the monitoring visit, provide support to draft the monitoring report. This report once finalized will be sent to the monitored health center and the respective health authorities.

The provider will be informed by HAP about the calendar of the coaching visits in the above-mentioned areas, timely in advance.

For the specific services covered by the framework contract, the selected provider will receive a written request from HAP, specifying the details of the activity (topics, draft-agenda, the number of participants, names, positions of participating health professionals, the venue of the activity, the respective timelines, and any relevant additional detail of the activity to be implemented).

Then, the provider will plan the training and/or the coaching activity, and within one week will inform HAP about the agenda/s, calendar, trainers, consultants who will deliver respectively the training or the coaching. Once the training or the coaching agenda and calendar are approved by HAP, the provider will implement activities as agreed by both parties.

HAP will supply the provider with respective reference training and working materials. The PPTs and any other documents elaborated in the frame of this contract are property of HAP and are submitted to SDC rules on intellectual property.

### **4.2 Specific aspects for the CME activities**

The selected provider will bear the responsibility for mobilizing the trainers who will provide the training. The number of trainers during the training should be 2 (two): one family doctor and one family nurse. The trainers mobilized by the provider will read, internalize, and master the reference training materials (CGP, respective training manuals) provided by HAP and make use of them to prepare the respective PPTs and any other working materials.

The printed reference training material will be made available to the trainees by HAP during the activity. The printed power point presentations and any relevant didactic material and any electronic teaching resource will

be made available to the trainees from the provider during the activity, therefore the respective printing cost will be under them.

The provider is responsible for accreditation of the training including the payment of accreditation fee at the National Agency for the Quality of Health and Social Care. These costs will be reimbursed by HAP against the respective invoices.

Transportation of trainers and coaches to the venue of the activity will be under the responsibility of the provider. HAP will be responsible for providing logistical support during the activities, such as accommodation for trainers, consultants, their driver and participants, meeting room venue, refreshments, and meals.

#### **4.3 During the time of implementation of the contract, the provider will:**

1. Closely collaborate with HAP staff in charge of Quality of Health Care.
2. Keep HAP informed about any difficulties, change of trainers and/or consultants or any hindrances that may affect or delay the provision of the service foreseen by the specific Contract. In case of changing the trainers and/or the consultants, the provider should send the CV-s of the new team member(s) proposed and wait for HAP approval.

#### **4. Deliverables**

**After the provision of services as agreed through specific contracts, the provider will submit to HAP:**

The Report describing the work done/service provided (**signed and submitted to HAP electronically and in hard copy**),

##### **a) in case of training attached with:**

- PPT, any other eventual working materials/tools, and any electronic teaching resource
- Training Agenda
- Calendar of training sessions implemented.
- The document issued by ASCK confirming accreditation of the training.
- The trainees' evaluation of the course and of trainer's performance.
- List of participants submitted for the purpose of accreditation and the real list of participants.
- Photos from the trainings/activities

##### **b) in case of coaching attached with:**

- Agenda of each coaching day
- Calendar of the coaching days implemented.
- The evaluation for each member of the monitoring teams participating in the coaching days (highlighting the level of engagement, the fulfilment of his/her tasks and the competencies demonstrated during the monitoring day/s and what he/she needs to improve).
- List of attendees on each coaching day.
- Photos from the coaching days.

#### **5. Time Frame**

The implementation of the activities should take place during 1 (one) year, starting from the day the contract becomes effective.