

Terms of Reference

Home Based Care need assessment study in Diber and Fier

1. Background

The overall goal of the second phase of Health for All Project (HAP-2 Project) in Albania is to ensure better health for the Albanian population thanks to improved primary health care services, while supporting the MOHSP and its regional entities improve stewardship, management and effectiveness of primary health care; and make sure that citizens in target regions have access and use effectively primary health care services of better quality. HAP-2 Project is a Swiss Agency for Development and Cooperation (SDC) founded project.

The primary health care system faces several challenges. Phase 2 of the Health for All project (HAP) supports among else the initiative of MoHSP and other partners of the health sector to redefine PHC service models, including home-based care.

Findings from the literature review have identified several main target groups (elderly, people with non-communicable diseases, and disabled) in Albanian population for whom the HBC can be applied/offered and their major health needs related to the conditions surrounding the health situation, such as access to health services, poverty, etc. This study will contribute to identify health needs that can be addressed under HBC service by PHC service providers, what resources are needed and adequate approaches to respond to these needs.

The results of the vulnerability study “Health Vulnerability in PHC” completed in February 2019 show that several factors impact accessibility of health services in Albania such as: 1) financial constraints, 2) poor health conditions and inability to go to the health center; 3) distance from the health centers and cost related to transportation; 4) lack of trust in the health care system; 5) constraints related to work or inability to leave the work.

At the same time, home-based care has been, and it is still being offered by PHC personnel to some specific categories of population such as new-born babies, young mothers, vaccination target groups, etc. This package of home-based care is very limited and should include additional services for other categories of patients and consumers.

The Ministry of Health and Social Protection has elaborated a Draft Strategy of PHC is foreseeing the piloting of new services in PHC, aiming at meeting unmet needs of the population, and serving the vulnerable population. Home care is one of the approaches suggested and planned to be piloted, serving the elderly people, chronically ill and long-term care, palliative care, and many other health situations.

The study will be conducted through a qualitative approach, applying focus groups and in-depth interviews. The existing, selected HBC services offered to selective groups of population, are not standardized and can be considered as an initial step of HBC services. The qualitative approach allows us to explore needs, practices, experiences, and types of services that can be offered in the frame of HBC. Also, it allows exploration of the environment and resources needed for priority health needs and groups of population. The data collection process will be organized in conducting focus groups discussions and in-depth interviews.

HAP is looking for a service provider (company or NGO) to conduct qualitative data collection, data processing and analysis and elaborate recommendations in a written report. The report of the study and findings should outline realistic models of Home-

Based Care to be offered by Primary Health Care services in both regions, Diber and Fier, with specific elements reflecting urban and rural environment.

2. Objectives and outcomes of the study

2.1 Main objective:

The study main objective is to assess the needs for HBC services that can be provided by PHC personnel in urban and rural areas in both regions of HAP (Diber and Fier).

The specific objectives of this consultancy are:

- Assess the current situation of home care services in Albania, type of services provided and by whom;
- Identify the groups of population and communities in need for home-based care and the type health services these groups may need in the two regions;
- Propose the home services that PHC personnel in the two regions can provide and explore the possible model(s) of home-based care to be offered in urban and/or rural settings, including facilitating and enabling factors to HBC;
- Identify and evaluate the necessary conditions in place (skills, resources, regulatory frame etc.) for the personnel to provide these HBC services (including exploration of social services, community agencies and organizations).

2.2 Main outcome:

The main expected outcome is to explore and suggest models of home-based care in urban and rural areas possibly (including types of services, resources, skills, groups to be served, etc.). The suggested models will be described in a written report/document.

Specific outcomes/results include:

- Description and/or list of the current HBC services offered in Albania, including:
 - health conditions, groups of population served
 - types of services offered, profile outline of the persons offering HBC, description of patient identification systems, description of HBC data recording systems,
 - skills, resources, regulatory frames under which the HBC is offered.
- List of groups of population in need for HBC in rural and urban areas, identified services that can be offered by PHC personnel including necessary skills and knowledge, explore conditions of offering HBC in urban and rural settings and resources needed.
- Home care services that can be provided by PHC in Diber and Fier.
- Facilitating and enabling factors, list of barriers, in order to implement home-based care, in both HAP regions.
- Models for HBC that can be provided by PHC services in Diber and Fier.
- Map of explored supportive services/organisations with description of roles and responsibilities, that can be an added value for HBC implementation, different from PHC in Diber and Fier region.

3. Methodology of the study

The study will be conducted through a qualitative approach, applying focus groups and in-depth interviews. The data collection process will be organized in conducting focus groups discussions and in-depth interviews.

3.1 Data collection and participants in the study

Data collection will be conducted in both regions, Diber and Fier, including urban and rural experiences, male and female participants. The data collection approach includes conduction of Focus Groups and In-depth interviews with key informants from Primary Health Care System. Data collection (including data sources): FG with 6-8 members. The FG will consist of 6-8 participants and will be carried out as follows:

- 2 FGs with **Family Doctors** (1 Diber and 1 Fier - mix of rural and urban, men & women)
- 4 FGs with **Family Nurses** (1 rural and 1 urban in Diber, same in Fier, men & women)
- 2 FG with **Community Members**, chronically ill and their caregivers (chronically ill, elderly, caregiver of disabled, 1 Urban Fier, and 1 Rural Diber)
- 2 In-depth interviews with **HC Directors** (1 in-depth interview with Fier Urban, 1 in-depth interview with rural Diber)
- 2 In-depth interviews with **social workers** operating in municipal social services (2 Diber vs Fier)

2 In-depth interviews with representatives of **Chronic Patient Associations**.

Total: FG = 8; In-depth interviews 6.

3.2 Training of data collectors, tools developed and pretesting

The teams of data collectors will be trained and guided on the specificities of the study protocol, types and use of guidelines, ethical issues related to the study, and logistics on how to organize the focus groups and in-depth interviews. Also, the approach of organization of FG will be discussed and elaborated. One day training for clarifying these issues will be organized. Two facilitators, two note keepers, the data analyst and HAP staff will be involved in the training. The team leader of the study will lead the training process in close collaboration with HAP. Logistics about the training will be supported by HAP.

Question guides will be developed for the FGD and In-depth interviews, adapted for specific target groups involved in different processes of data collection. The guide questions should be developed by team leader in collaboration with team members and HAP. The guides should be pretested first, before the data collection.

4. In order to conduct this service HAP is looking for a service company:

4.1 The service company is expected to undertake the following activities:

- Select the team leader (co-leaders) with the required background and experiences in order to undertake this survey.
- Select operational staff of two facilitators, two note keepers to conduct qualitative data collection
- Select a data analyst to conduct qualitative data analysis
- Ensures pretesting of the guides developed (not more than one day)
- Conduct data collection in full compliance with the guidelines mentioned in the Study protocol, including ethical requirements, under the leadership of the team leader(s).
- Conduct and facilitate the Focus Group and In-depth interviews with described participants in the study.
- Provide transcripts of discussions. The transcripts of the focus group and in-depth interviews will be written by a note keeper.

- Provide logistic for conducting Focus Group and In-depth interviews, related to place of the event, and occurrence of the events, and ensure announcement of the participants for focus groups and in-depth interviews
- Analyse the qualitative data and present findings.
- Write a report based on the data analyses provided, including recommendations on HBC services and models.
- Closely work with the HAP project implementation team.

5. To implement the study the service company shall provide the following staff with respective qualifications and experiences:

5.1 Team leader (or team of co-leaders)

The team leader should satisfy the following criteria:

- Senior expert in Public Health, Health Management or Social Sciences Management of Integrated Social Services
- PhD or Master degree in Public Health, Health Management or Management of Social Services
- Not less than 10 years proved experience on the above-mentioned areas
- High level of analytical and synthesis skills
- Deep knowledge of Primary Health Care organizational and functional structure in Albania
- Knowledge and/or practice of Home-Based Care services, would be preferable
- Excellent writing skills in Albanian and English
- Excellent teamwork capacities; in case of co-leaders of the process, should closely work in a synergic way with the other senior leader.

Task and responsibilities

- Lead the study process, and ensure that the process of conducting the study is in accordance with Study Protocol and Ethical Issues
- Ensure quality of the process, responsible for supervising of data collection
- Lead the process of developing guidelines for different participating target groups in the study, and consult the products with HAP up to their finalization
- Coordinate the process for conducting focus groups in collaboration with HAP
- Conduct in-depth interview with the selected key informants
- Write the Study Report; based on findings from the field work propose in a synthetic manner the services and models of Home-Based Care that can be applied in Primary Health Care in Diber and Fier Region, with differences in urban and rural areas
- Develop a Policy Brief on HBC services and models adapted that can be offered in the conditions of Albania

5.2 Data collectors and Data Analyses

Two teams of qualitative data collection will be engaged in this process. One team will work in Diber region, and the second team in Fier region. The team is composed by one **facilitator** of FG and/or In-depth interview and one **note keeper**. In total there should be four persons engaged, two facilitators and two note keepers for data collection. The FGD and in-depth interviews will be recorded. All the discussions with study participants will be transcribed and cleaned.

Analysis of the focus groups discussions and in-depth interviews will be done subsequently through the transcript of the materials. The analyses for the FG discussions and in-depth interviews will be done through qualitative analyses software (for example NVivo or similar).

The facilitator should satisfy the following criteria:

- Master's degree in Health-related issues, Public Health or Health Management
- Proven experience on Primary Health Care, PHC management, clinical work etc,
- Proven experience with qualitative data collection, and facilitating group discussions
- Good facilitating skills and able to maintain the rhythm of the discussion within the FG
- Not less than 5 years working with surveys; health surveys and research is preferable

Tasks and responsibilities

- Inform the participants about the study before the process of data collection
- Ensures agreement of the participants in the study and sign the agreement
- Ensures agreement of the participants to be recorded
- Facilitate focus group discussions and in-depth interviews as per study protocol
- Closely collaborate with note keeper during the process of data collection
- Act in compliance with the study protocol and ethical issues of data collection

a. The note keeper should satisfy the following criteria:

- Master's degree in Public Health and/or Social Science
- Previous experience with research, not less than 2 years
- Experience with note keeping and transcription of FG and in-depth interviews
- Good listening skills and writing ones

Tasks and responsibilities:

- Keep notes during the focus group discussions and in-depth interviews as per study protocol
- Ensure the recording of discussions
- Provide transcript of data collected for focus groups and in-depth interviews
- Act in compliance with the study protocol and ethical issues of data collection

b. Data analyst

A professional with lots of experience on qualitative data analyses should be involved to do the analysis of the data, upon reception of the transcripts.

The data analysis professional should satisfy the following criteria:

- Master's degree in Research, Public Health and/or Social Sciences.
- Not less than 10 years' experience on conducting research
- Proven experience of conducting qualitative research
- Skilful on the use of qualitative data analyses software
- Proven experience of conducting analyses of qualitative data through software

Tasks and responsibilities

- Analyse the qualitative data based on transcript submitted (context analysis, list of possible implemented models (elements of possible models) triangulation of data on HBC practices and models from study participants (health and Social Providers) and community members and representative of Patient Associations.
- Use qualitative data analysing software.

- Contribute at Study Report Writing and development of the possible models of HBC to be implemented.
- Act in compliance with the study protocol and ethical issues of data analyses and proceeding

6. Deliverables

6.1 Transcript of the discussions from focus groups and in-depth interviews

The consulting company should submit to HAP:

- a. The registered discussions from focus groups and in-depth interviews
- b. The transcribed discussions from focus groups and in-depth interviews
- c. The informed consent signed from participants
- d. Report on study implementation/operational aspects of the consultancy (not more than 5 pages, excluding annexes)

6.2 Final Technical Study Report

A final report on the study findings will be developed and submitted to HAP. Conclusions and recommendations drawn from the study will be used to develop and implement on a pilot basis a feasible model of Home-Based Care Services within Primary Health Care, in both regions.

The report should include chapters related to findings on:

- a. Description of the current home care services offered in Albania.
- b. Identified groups of population in need for HBC in rural and urban areas,
- c. Proposed services that can be offered by PHC personnel including necessary skills and knowledge and explore and describe the pre-conditions in place for offering HBC in urban and rural settings and resources needed.
- d. List of facilitating and enabling factors, list of barriers, in order to implement home-based care, in both HAP regions.
- e. Map of explored actors with description of roles and responsibilities
- f. **Final chapter should include conclusions and recommendations that outline concrete Models of home-based care in urban and rural areas possibly (including types of services, resources, skills, groups to be served, etc.), for both regions Diber and Fier.**

6.3 Policy Brief on HBC Models

- The team leader should develop a Policy Paper/Brief with findings and recommendations resulting from the study on HBC services and Models in Albania.

7: In order to apply, the company shall provide the following documents which will be evaluated with the respective percentage:

- a. CV of the company showing previous experiences with conducting surveys, and capacities of successful implementation of them, preferably qualitative surveys **(10%)**
- b. Financial offer in ALL, as per proposed budget format (price with VAT¹) in ALL **(30%)**
- c. CV of team leader/s (emphasizing experiences requires in these TORs Part 5.1) **(25%)**

¹ Price with VAT, not VAT = 0.

- d. CVs of key staff and assigned positions (*detailed CVs of focus groups and in-depth interviews **facilitators, note keeper and data analyst**, are required, emphasizing the experiences required in these TORs for each position*) **(25%)**
- e. Propose a timeline to conduct the service **(10%)**
- f. Company's registration documents (NIPT, Extract of QKB, etc)
- g. A Document certifying that (your subject):
 - has met its fiscal obligations, issued by the Tax Administration;
 - has paid all social insurance obligations, issued by the Tax Administration;
 - certification by the Tax Administration which indicates the annual turnover for the last 3 years.

8: Financial Offer

The service provider should submit a Financial Offer that includes all expenses, fees and taxes, for the different positions and activities. The number of working days and daily rates shall be specified. Costs for transport and accommodation shall be provided as separate budget lines. (see Budget Proposal doc). Please note that you should provide a fiscal invoice, VAT included (the invoice should not be with VAT = 0).

9: Other business

A contract between HAP (Health for All Project) and the service provider will be established covering the activities defined in these TORs and respective remuneration. The service provider will keep HAP informed about any difficulties or any barriers that may affect or delay the implementation of this consultancy service.

The application package should be sent on 20 January 2020, by the 4pm **at the mailing address: HAP Centre, Rruga "Themistokli Gërmenji", St. Pallati Helios, Kati II, Tirana, Albania**. HAP will provide all the coordination information necessary for the service provider. We estimate that the selection will take place within January 2020. This consultancy service will be conducted within January – March 2020, and the final report should be submitted not later than March 15, 2020.