

TERMS OF REFERENCE (ToRs)

Strengthening capacities of local health authorities (regional operator, local units of health services and health insurance fund) on monitoring the implementation of Home Care services by Primary Health Care (PHC) teams.

I. 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 (PHC) services. HAP supports the Ministry of Health and Social Protection (MoHSP) for the implementation of the Primary Health Care Development Strategy (PHC), 2020-2025. One of the objectives is the "reorganization of PHC services with integrated health and social care at the local level with the creation of new PHC service models, including home care".

In the light of this objective, HAP has supported the conception and further piloting of new Home Care (HBC) models in 9 (nine) Health Centers (HC) in the regions of Dibra and Fier. The aim of HBC services is to provide access to planned health care services for the elderly and homebound patients with a high degree of temporary and permanent dependence who suffer from a chronic disease in advanced stages.

MoHSP decided in Year 4 of HAP 2 to upscale these services in 22 (twenty-two) additional PHC facilities in geographical areas under the responsibility of 5 LUHCs (Korça, Durrës, Elbasan, Shkodra and Tirana). The home care services have presently started to be implemented by the 22 HCs. The Central Operator, the Regional Operator, and the relevant Local Health Care Units (HLCUs) are tasked to lead, implement, monitor, and ensure the continuity of these services. Recently, HAP has been tasked to support the 6 (six) LUHCs (adding Berat) with the HBC implementation in 27 additional HCs.

The Strategy for Development of PHC services 2020-2025 aims to enhance the monitoring and supportive supervision functions of local health authorities to ensure continuous quality improvement. Therefore, in addition to the HBC related trainings (standard nursing procedures and Peer Groups included), local health authorities and management teams consider that monitoring of HBC's implementation is an important mechanism that motivates the PHC staff and ensures the sustainability of the HBC implementation.

Based on the PHC Development Strategy 2020-2025 and the regulatory frame on monitoring in PHC" approved by the MoHSP, Compulsory Health Care Insurance Fund (CHCIF), the Central Operator, HAP has supported the elaboration of monitoring tools which allows health authorities to assess the implementation of the HBC intervention. These tools include key indicators, checklists, and monitoring plan that can be used to gather qualitative and quantitative data as well. Monitoring tools can be used for internal as well as external monitoring.

Strengthening the capacity of central and local health authorities at this stage is very important as effective monitoring can significantly increase the competence and satisfaction of home care providers, improving their performance, which in turn can increase the well-being and satisfaction of HBC patients.

In this context, HAP plans to continue to provide further support for the implementation of the HBC intervention through strengthening the skills of local health authorities in monitoring the implementation of Home Care services by PHC teams in LUHCs Fier, Dibër, Korçë, Durrës, Elbasan, Shkodër, Tiranë and Berat.

In this frame, HAP is seeking a local company to provide technical training aiming at strengthening monitoring capacities of the specialists working at the regional operator(s), local units of health care services, health insurance fund and HCs managers/HBC coordinators regarding the implementation of Home Care services by PHC teams under the responsibility of LUHCs Fier, Diber, Korça, Durres, Elbasan, Shkodra, Tirana and Berat.

II. Objective

The provider will offer in total 16 (sixteen) accredited training sessions; (two-days training for each of the 8 LUHCs with five effective training hours per day) aiming to strengthen the monitoring capacities of LUHCs, the relevant branches of Compulsory Health Care Insurance Fund (CHCIF), and HCs managers/HBC coordinators in the regions of Fier, Dibër, Korçë, Durrës, Elbasan, Shkodër, Tirana and Berat regarding the implementation of home care services, as per agenda and the calendar agreed with HAP.

III. Participants in the Training (Please see the Table nr 1)

Participants in the training “Strengthening capacities of local health authorities on monitoring the implementation of the homecare services by PHC providers” are employees in charge for primary health care at: 1) LUHCs of Fier, Diber, Korça, Durres, Elbasan, Shkodra, Tirana and Berat, 2) the respective branches of Compulsory Health Care Insurance Fund. Moreover, the 22 HC’s management teams (managers &HBC coordinators) where HBC implementation has started will also attend the training program.

IV. Approaches

- The Provider will deliver:

Eight (8) rounds of two-day accredited training sessions - in total 16 training days- will be provided on “Strengthening capacities of local health authorities (regional operator, local units of health services, health insurance fund and HC managerial teams) on monitoring the implementation of Home Care services by Primary Health Care (PHC) teams”.

- The Training calendar and the agenda should be agreed between the two parties.
- The number of trainees participating in one training session will vary from 12 to 15 (fifteen) in one meeting room.
- The number of trainers present during the training should be 2 (two).
- In general, the agenda of the training “Strengthening capacities of local health authorities on monitoring the HBC implementation by PHC teams” should be focused on the essential skills required for monitoring healthcare services. (for more information you can consult the agenda elaborated by HAP, which will be shared with you later). An interactive approach should be used during the classroom training to engage participants with the information analysis, encourage active participation, and enhance their learning outcomes.
- In Workplace Training: An interactive approach should also be used for on-the-job training (Day II) to enhance specialist and workers' knowledge and skillset. The specialists and health care managers/providers should be involved in a learning process of guiding, helping, training, and encouraging staff to improve their performance to provide high-quality healthcare services. Trainers should use coaching and mentoring on-the-job training, to promote a collaborative and supportive supervision learning culture.
- In concrete, the respective agenda should involve the following:

Day I- Classroom/theoretical session consisting of presentation and explanation of 1) indicators for monitoring implementation of HBC as the respective monitoring plan recommend and 2) the way how to use this monitoring tools (the table of quantitative indicators, patient chart's observation, observation of the home visit etc)

Day II a) Practical session consisting of monitoring visits under trainers' supervision in health centers premises (patient's chart supervision).

b) Classroom/closing session on "sharing the findings of the monitoring visits with eventual questions/comments and highlighting possible needs for further support"

V. Parties' responsibilities

The provider:

- The Provider has the responsibility to mobilize the trainers to provide 16 (sixteen) accredited training sessions on "Strengthening capacities of local health authorities on monitoring the homecare implementation of the PHC teams".
- The Provider is responsible for the accreditation of the training including the payment of the accreditation fee at the Agency of Quality Assurance of Health and Social Services (ASCK). This cost will be reimbursed by HAP against the respective invoice issued by ASCK and the evidence of payment made
- The trainer/s mobilized by the provider, will read, internalize, and master the training materials (Internal regulation of HBC and Monitoring tools) provided by HAP and make use of them to prepare the respective PPTs and any other working materials.
- During the second day of the training, the trainers should go to the premises of the HCs and patient's home to supervise the trainees as they carry out the monitoring visit as per respective agenda.
- 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 covered by the provider.
- After each training session, the provider will hand over to HAP the signed certificates with the name and surname of each participant, date of training attached with the respective signed list of attendees, for co-signature and distribution to the respective trainees through HAP local coordinators.
- The provider will keep HAP informed about any difficulties, change of trainers or any hindrances that may affect or delay the provision of the service foreseen by this specific Contract.
- During the time of implementation of these ToRs, the provider will be in contact with HAP staff in charge of HBC implementation.

HAP

- The printed training materials (Internal regulation of HBC and all the check lists of monitoring) will be made available to the trainees by HAP during the activity via Trainers and HAP.
- HAP will be responsible for providing logistic support during the CME activities, such as accommodation for trainers, meeting rooms, refreshments, and meals.
- HAP will co-sign and distribute the certificates to the respective trainees.

VI. Deliverables

After the provision of the service, the provider will submit to HAP the Report describing the work

done/service provided (**signed and submitted to HAP electronically and in hard copy**), attached with:

- PPT, any other eventual working materials/tools, and any electronic teaching resource
- The trainees' evaluation of the course and of the trainer's performance.
- Accreditation of the training
- List of participants submitted for the purpose of accreditation and the real list of participants.
- Training calendar implemented.
- Photos from the trainings

VII. **Deliverable Time:** Within 20 September 2023

The interested applicants are requested to submit offers with the following documents, within 10th of July, 4 pm:

1. The profile of the applicant (CV), proving previous training experiences with health care providers.
2. The CV of the trainers the provider will deploy proving:
 - a- a minimum of 3-5 years of experience in health care and education activities
 - b- preferably previous experience on clinical audit in health care
3. **The training daily fee**, in All, VAT and tax included, including the preparatory work to master training materials provided by HAP and development of the respective PPT and any other eventual working materials/tools. *Please note that in one training day the number of the trainers should be not less than 2 (two).*
4. Transport cost for trainers in All/km, tax included
5. The registration documents of the organization (NIPT, QKB,etc) and Certificate of tax liability, stating whether they are subject to VAT or not.

Table 1: Participants

Nr	Region	Operator	Specialists of LUHC	Specialist of Health Insurance Fund	HCs manager	HBC coordinators	Total nr of participants	Nr of groups	Total nr of trainings	Place of training
1	Fier (LUHCs Fier, Lushnje)	1	2	1	5	5	14	1	2	Fier
2	Diber (Mat, Bulqize, Peshkopi)	1	3	1	4	4	13	1	2	Diber
3	Tirana		4	1	4	4	14	1	2	Tirana
4	Durres		2	1	4	4	12	1	2	Durres
5	Shkodra	1	2	1	4	4	12	1	2	Shkodra
6	Elbasan	1	2	1	6	6	15	1	2	Elbasan
7	Berat		2	1	4	4	12	1	2	Berat
8	Korca		2	1	4	4	11	1	2	Korca
	Total	4	18	8	35	35	103	8	16	