



## Terms of Reference

**Title: Service Company to implement the data collection of the Survey “Assessment of Quality of Life and Access to Homecare Services in Albania – 2026”.**

### 1. Background

The overall goal of the Health for All Project in its Consolidation Phase (2023-2027) is to ensure better health for the Albanian population thanks to improved and inclusive primary health care services, while supporting the MoHSP and its regional entities enhance stewardship, management, and effectiveness of primary health care and homecare services. HAP is funded by the Swiss Agency for Development and Cooperation (SDC).

Home health services for homebound and bedbound patients, piloted by HAP, was approved by the Ministry of Health and Social Protection (MOHSP) in October 2021, and since then HAP has supported its implementation in 150 health centers in the territories of 20 Local Units of Health Care (LUHC).

HAP will conduct a survey on “*Quality of Life and Access to Home health care Services*” in Albania. Therefore, the HAP Center is looking for a service company to conduct the electronic data collection of the “*Quality of Life and Access to Home health care Services*” for the selected sample. The study protocol and questionnaire have been developed by the Swiss Tropical and Public Health Institute of Basel (SwissTPH) in collaboration with HAP and approved by the Ethical Committee of Ministry of Health and Social Welfare, Nr. 208/141, date 30.12. 2025.

### 2. Objectives

**The objective of this service mandate is to conduct the electronic data collection of the survey in the selected sample size. The service provider will not carry out any data processing and analysis but only the electronic data collection and their transfer to the designated server.**

The objective of the study is to assess the health-related quality of life and access to health care, of the patients in need for home care services. The list of bedbound patients, subject of homecare services has been elaborated from the Health Centres' personnel. A previous assessment of QoL for homebound patients has been conducted in 2023.

### 3. Approach

HAP Centre is looking for a service company to conduct the data collection for “*Quality of Life and Access to Homecare Services*” in selected health centres, firmly following the Study Protocol and definitions on these TORs.

The selected sample includes 15 health centres in 8 LUHCs. The sample population is composed of the identified homebound patients in 15 Health Centres or eventually their carers/family members. In total 300 patients/individuals will be invited to participate in the survey. **Table 1** presents a breakdown of the sample selected.

Under the assumption that the overall sample is 300 persons, it is anticipated that up to 8 interviewers will be needed to implement the evaluation plus 2 back-up interviewers. The assumption is that each interviewer will complete 4 to 5 interviews / day. The data collection should be conducted in 10 days of fieldwork. Interviewers can be recruited locally to reduce the cost and the logistic complexity. Daily supervision of data collection in the field is required.

**Table 1: Estimated sample size of homebound and bedbound patients**

LUHC	Health center	Eligible population/homebound patients and carers
Fier	Roskovec	6
	Portez	11
	Patos	50
Lushnje	Ballagat	17
Burrel	Klos	50
	Komsi	14
Bulqize	Shupenze	13
Diber	Melan	12
Durres	Qendra Shendetesore Nr. 1	18
	Shijak	11
	Manez	26
	Ishem	5
Shkoder	Bushat	30
	Vau Dejes	24
	Ana Malit	13
<b>Total</b>		<b>300*</b>

\*The

*number of homebound patients changes continuously. The correct number of homebound patients will be agreed with HC nurses.*

Data collection will be carried out electronically through the administration of the survey tool (Open Data Kit - ODK) on tablets. Data will be saved and transferred daily to the designated server at the Swiss TPH in Basel.

### 3.1 Approach of data collection

The participants in the study are homebound and bedbound individuals that need home health care due to their chronic health conditions. They are identified by the Health Centre personnel according to some well accepted criteria and are listed by name and address. The health centre nurses will facilitate the contact of data collection company with the patient/family member.

The data collector is obliged to state the purpose of the study, read the information letter about the study, and receive the written consent of the participant or proxy (family member or carer). If the person refuses to participate in the study, his/her decision will be respected. Only after the person gives his/her consent to participate in the study the data collection will start.

### 4. Responsibilities of the service company

HAP requires the service company to be responsible and fulfil the respective tasks related to qualitative data collection of the survey. It is also required by the company that these responsibilities are implemented in close collaboration with HAP. The service company should:

- Recruit the designated staff for the data collection, specifically field supervisors, and interviewers (*8 interviewers, 2 back-ups, and 2 field supervisors to allow data collection to happen in parallel in different sites*). Nevertheless, HAP has the right to refuse to work with any of the selected data collectors in case there are sensible and adequate reasons.
- Contract the data collectors and supervisors for the envisaged tasks and remunerate them and cover associated costs for these contracts.
- Co-train data collectors and supervisors together with HAP during 2 days of training, pretesting (1/2 day), and finalizing data collection instruments for the evaluation. Prepare a

short report on suggested changes to tools and procedures. HAP will cover parts of training that are related to content of questionnaire, eligible criteria of the participants in the study, ethical issues accompanying the study, and communication with Health Centre personnel.

- Cover parts of the training related to use and maintenance of Tablets, safety and security of data collected, data transferring and data quality. Logistic organization and supervision of data collection (*transport of data collectors, etc.*).
- Adapt field work plans and provide all required logistics in the field.
- Provide additional tablets (*back-up tablets as well*) and technical support for electronic data collection. HAP will provide 10 functional Tablets for this survey. In case additional tablets are needed the company should provide them.
- Conduct data collection in full compliance with the guidelines mentioned in the Study protocol, including ethical requirements.
- Ensure oversight of field operations (implementation of work plan) and conduct supervisory visits for quality assurance.
- Ensure timely transmission of electronic data to the central server.
- Take actions, as required, and requested, to improve data quality.
- Maintain daily contact with the person at HAP in charge of the study and if necessary, the focal point for this survey at SwissTPH in Basel, concerning specific technicalities of data collection. This is of utmost importance to ensure the quality of data collection.

## **5. To implement the survey the company should provide the following staff:**

### **5.1 A Study Field Coordinator - responsible for:**

- Coordinating all activities and communication between HAP Centre, the service company, and the team members on the side of the service company, specifically the field supervisors and data collectors.
- Ensuring all contractual agreements and standards, and that the data collection follows the procedures outlined in the study protocol.
- Coordinating the study logistic and ensuring quality of data collected.
- Ensure daily quality check of data collected and feedback to field supervisor and data collectors, in close collaboration with HAP team.
- Communicating with HAP Centre team daily related to data collection process, challenges and problems.
- Co-training together with HAP Centre team, the data collectors and field supervisors.
- Preparing reports for HAP Centre as per requirements.
- Developing the study work plan together with field supervisors and agree with HAP.
- Submitting the final Report that describes the work carried out by the service provider, including documentation of possible qualitative observations and supervision. The report will not exceed 5 pages (excluding annexes) and will be submitted to HAP no later than two weeks after the end of data collection.

### **The study field coordinator should have the following profile:**

- At least 5 years of experience in quantitative primary, electronic, data collection.
- Track record in data collection of similar scope (household health related surveys) and complexity (studying vulnerable groups to health-related issues and collecting sensitive information).
- Demonstrated involvement in research activities (through the development of study protocols including co-authors, sampling strategies, and data management plans for 3-5 studies in the last 10 years).
- Demonstrated experience in the CV related to management of data collection teams.
- English proficiency is a must for the communications with colleagues of the SwissTPH in Basel.

### **5.2 Data manager - responsible for:**

- Technical implementation of electronic data collection, including changes in electronic design of the questionnaire during training or after pre-test, the set-up of tablets and assistance in case of technical problems during data collection.
- Technical support for electronic data collection (tablet support, transfer of questioners in the server, etc.).
- Ensure that all tablet data is sent on the server adequately.
- Assist HAP in quality check of the data daily (extract of excel files of the data, etc.).
- Closely collaborate with HAP/Swiss TPH on server management.

#### **Data Manager should have the following profile:**

- IT background with not less than 5 years' experience with primary electronic data collection,
- Proven experience with server management, data (and database) management and equipment (ex: tablet) management.
- Proven experience with Open Data Kit, or similar software of data collection, for at least 2-3 studies of similar sample size.

### **5.3 Field supervisors – responsible for:**

- Data collection quality control, through their involvement in day-to-day data collection.
- Ensure that the work plan is implemented as foreseen and keep close communication with health centre staff.
- Conduct announced and unannounced supervisory visits for quality assurance.
- Conduct quality assurance following the interviewers in households.
- Be available and answer questions from data collectors related to the implementation of the survey.
- Communicate with the HAP project team daily for the conduct of the survey as well as with data collectors.
- The field supervisors are also responsible for communicating regularly (at least once per day) with the study field coordinator and should ensure the functionality and appropriate use of tablets.
- Verify feasibility of field work plans and ensure that they are implemented as planned.
- Ensure that data collection is done in full compliance with the guidelines mentioned in the Study protocol, including ethical requirements.
- Take actions, as required, and requested, to improve data quality.

#### **The field supervisors should have the following profile:**

- Demonstrated previous supervision experiences and management of data collectors in primary electronic data collection (at least 3 experiences) during the last 5 years
- Demonstrated experiences with tablet use in data collection (management of tablets, data collected, etc.)
- Willingness to travel also to remote places including overnight stays.
- Proven experience of collaboration with health or local authorities.

### **5.4 Data Collectors – responsible for:**

- Collecting the data according to the procedures outlined in the study protocol, in accordance with ethic principles.
- Ensuring written informed consent from patients/family members participating in the study
- Keeping regular and intensive communication with study field coordinator data manager, and supervisors as per emerging needs.

The data collectors are assisted, and supported by supervisors, data manager and study field coordinator. HAP enjoys the right to interrupt the work relation with the data collectors in case of heavy ethical violation rules and conditions.

**The data collectors should have the following profiles:**

- At least 3 years of previous experience with electronic primary data collection through use of tablets
- At least 3 years of previous experience with sensitive data collection processes, and/or vulnerable groups
- Previous experience with face-to-face interviewing techniques, for at least 3 years
- Demonstrated willingness to travel also to remote places including overnight stays

**6. The following services are NOT requested from the service company:**

- Design of survey and data collection tools
- Provision and set-up of server
- Tablets and sim cards will be provided by HAP (10 tablets). In case more tablets will be needed, they will be provided by the company.
- Sampling of health centers/LUHCs
- Identification of cluster for pretest
- Ethical clearance of the study protocol
- Analysis and reporting of results
- Logistic costs related to training of data collectors, field supervisors, data manager & study field coordinator, (lunch, dinner, accommodation and coffee break, training room rent).

The HAP Centre reserves the right to be directly involved in all activities of the implementation survey, specifically in quality assurance activities, which HAP might carry out in parallel and independently from the service company.

The data collection will be carried out in Albania and all the personnel involved must be Albanian.

**7. Timeframes and deliverables**

**The tentative timeframes are:**

- Announcement and contracting of the winning company will take place two weeks after the application deadline.
- Training for the interviewers will take place two weeks after the contract is signed
- Data collection will start immediately after the training and last for approximately 10 working days.

**Deliverables are:**

- Data collected as per TORs (*ensure that they are successfully transferred in the designated server*);
- A report in English that describes the work carried out by the service provider including documentation of possible qualitative observations and a supervision report, is required. The report will not exceed 5 pages (excluding annexes) and will be submitted to HAP within a maximum of two weeks after the end of data collection.

**8. Financial Offer**

The service provider should submit a Financial Offer as described in **Annex A**.

**9. Other business**

A contract between HAP (Health for All Project) and the service provider/company will be established covering the activities defined in these TORs and respective remuneration. HAP will provide all the coordination information necessary for the service provider.

**ANNEX A****Financial Offer for data collection of the survey “Assessment of Quality of Life and Access to Medical Home Care Services” in Albania 2026.**

In the **Financial Offer calculation**, the company should take into consideration to include:

- all expenses, fees, and taxes, for all positions that will be involved.
- cost for transport and other administrative costs (i.e., accommodation if required with the exception of training logistics expenses, which will be covered by HAP.).

NOTE: For transport cost calculation, note that the longest distance (where the data should be collected) from the health center is approximately 7 km. Also, consider that 40% of the rural areas (where the data should be collected) are in the farthest distance from the respective Local Government Units/Health Centre.

The Financial offer should be submitted in ALL, VAT equal to zero=0<sup>1</sup> for 15 Health Centers divided as per Table 1, expressed in cost for each interview.

**Table 1: Financial offer for 15 Health Centers with 300 persons**

Local Units of Health Care	Health center	Municipality	Administrative category	No of patients	Cost for each interview/in ALL	Total cost in ALL
Bulqizë	Shupenzë	Dibër	Rural	13		
Dibër	Melan	Dibër	Rural	12		
Burrel	Komsi	Burrel	Rural	14		
	Klos	Klos	Periurban	50		
<b><i>Subtotal 1</i></b>				<b><i>89</i></b>		
Fier	Roskovec	Roskovec	Periurban	6		
	Portëz	Fier	Rural	11		
	Patos	Patos	Periurban	50		
Lushnjë	Ballagat	Lushnjë	Rural	17		
<b><i>Subtotal 2</i></b>				<b><i>84</i></b>		
Durrës	Durrës No. 1	Durrës	Urban	18		
	Shijak	Shijak	Periurban	11		
	Manëz	Durrës	Rural	26		
	Ishëm	Durrës	Rural	5		
<b><i>Subtotal 3</i></b>				<b><i>60</i></b>		
Shkodër	Bushat	Bushat	Rural	30		
	Vau Dejës	Vau Dejës	Rural	24		
	Ana Malit	Shkodër	Rural	13		
<b><i>Subtotal 4</i></b>				<b><i>67</i></b>		
<b><i>Total</i></b>				<b><i>300</i></b>		
<b>Total amount, in ALL</b>						

<sup>1</sup> Pursuant to Instruction No. 6, dated 30.01.2015, “On Value Added Tax in the Republic of Albania,” as amended (most recently by Instruction No. 6, dated 24.02.2025), Article 63/1, all suppliers of goods and services under the HAP Project are required to issue invoices with VAT set to zero.4