

TERMS OF REFERENCE

Integrating the health dimension into local emergency preparedness and response efforts in Albania

PROJECT:	SOLIDAR – TOGETHER IN HEALTH EMERGENCIES
Category:	National Subcontractor
Corresponding to Outcome:	<p>Outcome 1: Strengthening the Health Emergency System</p> <p>Outcome 2: Strengthen Emergency Medical Services</p> <p>Outcome 3: Strengthening Community engagement</p>
Support for Activity:	<p>Activity 1.3.3 Support capacity building of the NACP Directorate of Education, Training, and Information Technology for the preparation of training programs in health emergencies, communication, and preparedness of volunteers, etc.</p> <p>Activity 1.5.1 Facilitate cooperation between municipalities and health, education and other public institutions, CSOs, and private partners, in the process of incorporating the health dimension in their drafting DRA, DRM, and Local Plans for Civil Emergencies (LPCE) documents, with focus on vulnerable populations in collaboration with CRN.</p> <p>Activity 1.5.2 Support municipalities in the process of integrating the concept of public health emergencies preparedness and response in the basic strategic documents and work plans of each municipality in the selected regions with focus on vulnerable populations.</p> <p>Activity 1.5.3 Strengthen the capacities of the Regional Civil Protection Centre on public health emergency preparedness and response.</p> <p>Activity 2.1.4 Support 24/7 HCs and MHs to develop comprehensive Emergency Response Plans (ERP) at individual health facility and at regional level</p> <p>Activity 2.1.5 Strengthen 24/7 HCs and MHs' capabilities to promote and foster community participation and engagement in health emergency preparedness and response, as an entry point for Outcome 3. by supporting HCs/MHs to organize community drills and simulations to practice emergency response procedures collectively, by enhancing the involvement of community members in scenario-based exercises that simulate emergency situations.</p> <p>Activity 3.2.3 Support TFL and other organizations in developing a community information and education program to be conducted in coordination with the CRN through educational and informative sessions and small exercise drills.</p>
Period of assignment:	25.09.2024 – 31.08.2026

1. BACKGROUND

Albania is a disaster-prone country and occasionally exposed to natural and man-made hazards. Emergency events, such as floods, forest fires, droughts, torrential rains, high snowfalls, heatwaves, landslides, avalanches, earthquakes, and epidemics, are encountered annually. In 2019, Albania experienced a strong earthquake and shortly afterwards, the COVID-19 pandemic hit and put the Albanian healthcare system under considerable pressure, with health services disrupted and many lives lost. Both disasters implied a heavy burden on the country's economy, livelihoods, and human development. The dimension of disasters in Albania are impacted by the level of poverty, state of infrastructure, constructions in risk areas due to fast urbanization, and exploitation of natural resources, such as overuse of forests and riverbanks. The lack of medical emergency supplies and resources during disasters plays a key role, and gaps in coordination between institutions and agencies involved in emergency preparedness and response. Especially, the primary healthcare (PHC) level has limited capacities to respond to a health emergency.

The Project "SOLIDAR – Together in Health Emergencies", enabled through the support of the Embassy of Switzerland in Albania, aims to improve access to quality emergency medical services for the Albanian population by strengthening the health emergency system at all levels. The support is provided at the national level and sub-national level to key system actors, building on existing structures and cooperation and jointly designing and implementing new solutions to establish a strong emergency preparedness and response. The main phase, Phase I, is implemented in the period between November 2023 and November 2027.

Project Goal: People, including the most vulnerable, have improved access to quality emergency care services managed by a more resilient health emergency system at all levels.

2. RATIONALE

Since June 2015, Albania has undergone a significant local government territorial reform, clustering smaller municipalities into larger units, reducing the number from 373 to 61. The new legal framework, including Law no. 131/2015 on "Local Self-Government" and Law no. 121/2016 on "Social Care Services", has transferred several critical functions to local governments. The following functions are particularly relevant in the context of health emergencies, preparedness and response: fire protection and rescue; construction, rehabilitation, and maintenance of primary health service buildings; the organization of local-level health protection education activities; management of social centers; and planning, budgeting and providing social services, including mapping needs, establishing a basket of services, and preparing local plans for social care services.

In addition, Law no. 45/2019 on "Civil Protection" extends responsibilities to all public and private entities and citizens to undertake a structured approach to civility protection. This includes a) carrying out a risk assessment in each territory, drafting and approving a disaster risk assessment document, b) informing the public and endangered communities based on the findings of the disaster risk assessment document, c) developing Local Plans for Civil Emergencies (LPCEs), incorporating strategies to manage identified risks and d) engaging and training communities through simulations and small drills, enhancing their ability to react effectively in case of disasters or emergencies.

To date, the National Agency for Civil Protection (NACP) with support from the United Nations Development Program (UNDP) has developed Disaster Risk Assessment (DRA) and Disaster Risk Reduction (DRR) templates. These templates have been successfully applied in municipalities in the

Prefecture of Fier. Other municipalities are expected to adopt and implement these templates to enhance their disaster preparedness. However, these documents currently lack an integrated health component, which is crucial for comprehensive emergency preparedness. Field visits revealed that none of the municipalities or health centers had prepared these documents. Additionally, communities are not used to preparing, planning and performing exercises to build their knowledge and skills on how to behave in case of disaster.

The SOLIDAR project envisages to address these gaps by a) supporting the NACP in developing and incorporating the necessary health components into the DRA and DRR actions and b) strengthen the capacity of the NACP in conducting joint exercise drills at community level to ensure that communities have the knowledge and skills necessary to respond effectively when emergencies arise.

3. ASSIGNMENT OBJECTIVE

The objective of this consultancy is to identify a strong service provider to provide technical assistance for the development of an integrated methodology for public health risk assessments, risk management, and civil protection planning. This approach should be consistently implemented across different entities at local level, including municipalities, health centers, and community resilience networks (CRNs). The SOLIDAR project aims to initiate a sustainable process of incorporating the health dimension into key disaster risk management documents, with a particular focus on vulnerable populations. In addition, the consultancy will support the establishment of joint exercise drills to ensure a coordinated response between health and non-health actors, thereby better preparing communities to respond to emergencies.

4. SPECIFIC OBJECTIVES

Within the present assignment, the SOLIDAR project is looking for a service provider offering technical assistance to:

1. Contribute to the development of an integrated methodology, manual and tools for incorporating the health dimension into DRAs/ SRRs/ LPCEs at municipality level, as well as into ERPs at health center level, and for CRNs¹
2. Contribute to building capacity at NACP's Directorate of Education and Information Technology (NACP-DEIT), Regional Civil Protection Centers, and Health Centers for sustainable joint trainings in public health emergency simulation trainings and prepare training module in health education/ training packages.
3. Develop and oversee the implementation of joint inter-organizational exercise drills, strengthening the capacity of NACP, Regional Civil Protection Centers, Prefectures, local governments, health centers, communities, and local civil society organizations in planning and conducting joint exercise drills.
4. Support the establishment of a volunteer pool for communication and preparedness, facilitating joint inter-institutional implementation of drills.

¹ A community Resilience Network is created by a partnership of local communities, Health Centers, municipalities, schools, etc.



5. SCOPE OF WORK

The contractor will be responsible for the following tasks:

Work Package 1. Integrated methodology for public health emergency preparedness and response

*Contribute to the development of an **integrated methodology, manual and tools** for incorporating the health dimension into DRAs/ DRMs/ SRRs/ LPCEs at municipality level, as well as into ERPs at health center level, and for CRNs*

Tasks:

- Under the leadership of the international subcontractor, develop a rapid situational analysis of the current governance system and status of existing policies, strategies and other key documents related to public health and civil emergency preparedness and response at local level, i.e. at prefectures and corresponding municipalities, including evaluating the roles and responsibilities of local governments, health centers, municipality hospitals, local health care units, the Regional Directorates of the Health Care Operator, civil protection staff, and regional units of the NACP, etc. and including reviewing DRA/ DRM/ SRR/ LPCE methodologies developed by UNDP for NACP.
- Compile a structured and concise report on the findings of the situational analysis, share with the international subcontractor for feedback, incorporate feedback and present a final report to the SOLIDAR project team.
- Organize regional workshops in consultation with the international subcontractor as tools for continuous coordination and collaboration for collecting opinions and feedback from a wide range of stakeholders, aligning views over the proposed health dimension in their drafting DRA, SRR, and LPCE documents, with focus on vulnerable populations.
- Advocate for the integration of the health requirements into the main templates for DRA/ DRM, LPCE plans developed by NACP with UNDP;
- Under the lead of an international subcontractor, develop an integrated methodology, manual and tools for including the health dimension in the development of DRAs, SRRs, and LPCEs, with focus on vulnerable populations.
- With support from the international consultants, support municipalities, MHs & HCs in the process of integrating the concept of public health emergencies preparedness and response in the basic strategic documents of each municipality / health center in the selected regions with focus on vulnerable populations.

Deliverables/Outputs for WP 1

- **Joint Situational Analysis Report** collaboratively produced with the local subcontractor on the current state of public health emergency preparedness and response at local level.
- **Contribution to the Integrated Methodology, Manual and Tools, including Public Health Emergency Preparedness and Response Component** to be integrated into:
 - Disaster Risk Assessment template developed by the NACP and UNDP
 - Disaster Risk Management template developed by the NACP and UNDP
 - Strategy for Risk Reduction at municipal level
 - Local Plan for Civil Protection / framework for the development of customized emergency response plans for health center
 - Model ERPs for Health Centers and CRNs
- Organization of five **(5) Stakeholder Engagement Workshops**, including workshop documentation, workshop agendas, workshop facilitation and meeting minutes.



- **Applied Integrated Methodology:**

- Support 12 HCs and 7 MHs in developing / adapting their ERPs
- Support 14 municipalities and 5 CRNs in developing / updating their DRAs / DRRs / LECPs to incorporate the health dimension

Work Package 2: Capacity building on public health emergency preparedness and response

*Build the **capacity in public health emergency preparedness and response** of the NACP-DEIT, Regional Civil Protection Centers, HCs and MHs*

- Provide input for the capacity building plan on public health emergency preparedness and response at local level to be implemented and monitored by the NACP-DEIT
- Assist the international subcontractor in the process of identifying potential trainees for the TOT program for the training in Planning for Public Health Emergencies from organizations such as RCPC, Prefecture civil protection services, municipalities, LHCUs, Health centers, local subcontractor, NGOs, etc..
- Participate in the TOT program, internalize new knowledge, skills and attitudes and support the NACP in establishing a sustainable pool of trainers
- Support the NACP in implementing 5 (five) trainings together with newly trained trainers on Public Health Emergencies under supervision of the international subcontractor

Deliverables/Outputs for WP 2

- List of participants for the ToT (20 participants)
- Concept for establishing a sustainable pool of trainers
- Organization and participation in the ToT training program
- Organization and implementation of 5 (five) training programs, including training documentation, list of participants, training evaluation and feedback forms from participants;
- Reports from the 5 trainings in Public Health Emergencies

Work Package 3: Methodology for joint inter-organizational exercise drills

Support the International subcontractor and the NACP-DEIT in conducting joint inter-organizational exercise drills to simulate disaster risk response with a focus on the health component

- Provide input to the development of a **methodology for joint inter-organizational exercise drills** and contribute to the strengthening of the capacity of Regional Civil Protection Centres, local government, communities, local civic organizations in **conducting joint exercise drills/ Communication and preparedness of volunteers** (joint inter-institutional implementation of drills).
 - With support from the International sub-contractor, contribute to defining **methodologies / manuals for developing joint small exercise drills** at municipality / community levels according to population density / type of disaster;
 - Organize and participate in two (2) ToT sessions to be conducted by the international subcontractor with 15 participants each – trainers are to be selected from NACP, regional Civil protection centers, Ros, LHCUs, MH/HCs, Prefectures, municipalities, NGOs, etc.
 - With guidance from the international subcontractor, support the NACP in implementing five (5) trainings for planning the drills and then implement the five (5) exercise drills in selected municipalities/ communities, with the participation of representatives from health centers/ local communities/ CRNs



Deliverables/Outputs for WP 3

- Manuals for Joint exercise drills for the different types of disasters
- Organization and Participation in two (2) ToT sessions on drills design and implementation
- Delivery of 5 trainings in drills planning, implementation and monitoring
- Five (5) exercise drills implemented
- Reports with lessons learned after drills implementation
- Final Report including key actions to be retained as **organizational responsibilities** in the “rules for functioning” of the different organizational stakeholders.

6. APPROACH

The national subcontractor shall work closely and under technical direction and supervision of the international subcontractor and with specific Working Groups representing different organizations and stakeholders depending on the work package.

WP1: Integrated methodology for public health emergency preparedness and response

The local subcontractor will work in close collaboration with the specific municipalities and prefectures, HCs, MHs, CSOs: a large consultation process will be developed with regional government agencies of health, civil emergency, education and civil society organizations, and members of CRNs. Particular tasks for the municipal level and for the Health Centers/ MHs/ LHCUs/ ROs shall be outlined in this effort to define emergency response plans. The technical assistance will support the processes needed for the development of templates for the health component of the DRA, DRM, SRRA and LPCE, such as workshop organization for collecting feedback or for disseminating the technical advice from the international subcontractor. WP1 will be implemented as intertwined with WP2, as the trainings provided in WP2 will support the design of the disaster risk assessment plans or disaster management plans at municipality, HC/MH and CRN level.

WP2: Capacity building on public health emergency preparedness and response

The development of training capacity shall follow a systematic approach of ensuring the steady progress towards reaching the national, regional, local and community levels, aiming to develop in time a decentralized training capacity. Trainings shall be conducted at designated training hubs identified by SOLIDAR and its institutional partners such as NACP, HCO/ RO. The technical assistance will develop the training package and organizing the delivery of training of trainers’ sessions for representative of NACP- DEIT, local government, prefecture, regional government agencies, HCs, CSOs and members of CRN, representatives of the local subcontractor and a subsequent training provided by the NACP with support from the local subcontractor.

WP3: Methodology for joint inter-organizational exercise drills

Exercise drills are to be developed for disasters such as pandemics, floods, earthquake and fire. A desired pattern for the implementation of exercise drills shall be shared within different workshops with a range of multi-institutional stakeholders to understand the limits and the feasibility for the proposed

exercise drills. After initial adjustments in these working groups, a final plan for implementation of each of the drills type shall be defined.

A multi-stakeholders training is required for drills planning and management and to ensure that all participants understand their roles and responsibilities in upcoming drills. Each organization shall have one representative with observer status during the drills to monitor and evaluate the proceedings. Post-drill reports will be compiled, discussed and analysed to highlight key learnings and areas for improvement. Exercise drills days shall be jointly implemented.

7. QUALITY ASSURANCE

The SOLIDAR project is highly committed to ensure the highest quality of the actions it undertakes, and thus each of the assignment needs to ensure the attainment of the best possible quality outcomes. During the present assignment, the subcontractor shall therefore apply at least the following quality measures:

- Propose personnel who are professional experts in their fields without any appearance of a conflict of interest with the present assignment;
- Apply a methodological approach that is of the highest quality and state-of-the art;
- Effectively communicate with the project staff and stakeholders in order to manage expectations and address any concerns;
- Regularly monitor and evaluate the implementation of activities and flag any obstacles early on;
- Provide monthly reports with attached reports from workshops and training sessions during that period of time to highlight meaningful progress in the different intervention areas;
- Hold monthly meetings (after the receipt of monthly reports) with the responsible SOLIDAR project staff to ensure timely feedback on the course of action and to spot potential changes needed in the actions undertaken;
- Comply with the projects' directives, procurement guidelines and visibility and communication guidelines and rules;
- Receive approval from the SOLIDAR on final products prepared (Draft and Final documents of the Manual).

8. SERVICE PERIOD

The assignment will start on 25.09.2024 and end on 31.08.2026.

No.	Milestone	Deadline
1	Joint report with the international subcontractor on the current state of public health emergency preparedness and response at local level	15.10.2024
2	Contribute to the Integrated Methodology, Manual and Tools, including public health emergencies Preparedness and Response Component to be integrated to templates developed by NACP, UNDP, at local level, and ERP for HC and CRN.	15.02.2025
3	Organization of five (5) Stakeholder Engagement Workshops, including workshop documentation, workshop agendas, workshop facilitation and meeting minutes.	30.04.2025



4	Applied Integrated Methodology: Support 12 HCs and 7 MHs in developing / adapting their ERPs; Support 14 municipalities and 5 CRNs in developing / updating their DRAs / DRMs/ DRRs / LECPs to incorporate the health dimension	15.10.2025
5	Concept for establishing a sustainable pool of trainers and Draft list of participants for the TOT (20 participants)	15.02.2025
6	Organize and implement of 5 (five) training programs, and reports including training documentation, list of participants, training evaluation and feedback forms from participants;	15.06.2025
7	Contribute to the training plan / capacity building (including timelines, staff responsibilities, etc, for NACP- Directorate of Education and Information Technology.	15.08.2025
8	Contribute for the Manuals for Joint exercise drills for the different types of disasters.	15.07.2025
9	Support the training of trainers for drills design/ implementation.	15.09.2025
10	Delivery of 5 trainings in drills planning, implementation and monitoring	15.01.2026
11	Five (5) exercise drills implemented	01.06.2026
12	Reports with lessons learned after drills implementation	15.07.2026
13	Final Report including key actions to be retained as organizational responsibilities in the “rules for functioning” of the different organizational stakeholders	15.08.2026

10. QUALIFICATION AND SELECTION CRITERIA FOR THE ORGANIZATION

The organization should have the following qualifications in order to address effectively and timely the specific requirements of this assignment:

Technical experience:

- At least 2 reference projects implemented in fields of public health emergency and/ or policy development in civil protection or emergency preparedness or training and policy development in the local government, implemented in the past 5 years.

11. PROPOSAL REQUIREMENTS

Interested organizations are invited to submit a proposal that includes:

- **A technical proposal** consisting of a detailed methodology of the assignment with the description of the proposed approach, timeline of proposed activities in view of obtaining the needed deliverables of this assignment. The technical proposal should not exceed 10 pages, excluding CVs). It must be legible (font size 11 Arial) and clearly formulated. The CVs of the personnel proposed must be submitted using the provided format. The CV of the proposed expert shall each not exceed 4 pages.

- **A financial proposal** including a proposed budget, including a breakdown of costs per deliverable for experts' fees, number of working days, daily allowances, logistic expenses and all other activities involving the financial cost- using the attached Financial Offer Form.

12. AWARD CRITERIA

The weighted average basis will be applied to evaluate the applicant. The award of the contract will be made to the organization whose offer has been evaluated and determined as:

- Responsive/compliant/acceptable, and;
- Having received the highest score out of a pre-determined set of weighted technical and financial criteria specific to the solicitation, as stipulated below:

AC	Award Criteria	Weighting
	Technical Proposal	70%
AC 1	Approach and methodology for the assignment	30%
AC 2	Work Plan, including proposed timeline	5%
AC 3	Quality control mechanisms and sustainability of the intervention	5%
AC 4	<p>Qualification of expert 1 – Senior Expert for Health Emergency</p> <ul style="list-style-type: none"> • An advanced degree in a relevant field (e.g., health emergency, public health, studies of development of local government). • Extensive experience in healthcare emergency, civil emergency, training and development of civil emergency and policy). • Proven experience in developing capacity building materials, guidelines, or manuals related to health in disaster risk management • Strong knowledge of the civil emergency system and process of decentralization of local government in Albania. • Experience working in multidisciplinary teams and engaging with government agencies, NGOs, and other stakeholders • Excellent research, analytical, and communication skills. • Ability to work collaboratively with diverse stakeholders. • Proven experience in capacity building and training. • Proven capacity to conduct literature review; • Proven capacity to develop and deliver written reports; • Working experience and very good knowledge of the health system in Albania. <p>Excellent oral and written communication skills in English.</p> <p>Qualification of expert 2 – Senior training expert</p> <ul style="list-style-type: none"> • An advanced degree in a relevant field (e.g., sociology, psychology, local government development, etc..). • Experience working in multidisciplinary and multisectoral teams and engaging with government agencies, NGOs, and other stakeholders • Proven experience in developing capacity building materials, guidelines, or manuals related to health in disaster risk management • Proven experience in capacity building and training. • Proven capacity to conduct literature review; • Proven capacity to develop and deliver written reports; 	30%



	Qualification of expert 3 – Local Government / organizational development expert <ul style="list-style-type: none">• An advanced degree in a relevant field (e.g., health sector/ local government sector, social sector, etc...)• Experience in healthcare emergency, civil emergency, emergency preparedness, organizational development/ defining organizational internal regulations• Good knowledge of the civil emergency system and process of decentralization of local government in Albania• Experience working in multidisciplinary teams and engaging with government agencies, NGOs, and other stakeholders• Excellent research, analytical, and communication skills• Ability to work collaboratively with diverse stakeholders• Proven capacity to conduct literature review• Proven capacity to develop and deliver written reports• Working experience and good knowledge of the civil protection/ public health / social services system in Albania	
	Financial Proposal	30%
AC 5	Clarity and coherence of the financial proposal, realistic estimation of the costs for the training implementation	10%
AC 6	Financial score = lowest price / price of the tender being considered x 100	20%

13. ADMINISTRATIVE ASPECTS

In order to respond to the objectives of the assignment, the selected organization is expected to closely work with the project “SOLIDAR”, a local subcontractor and other relevant actors. The project team will provide all the necessary documents and facilitate access to different sources of information, whenever possible. The SOLIDAR project team will monitor and supervise the selected organization in every step of the process. No action will be taken without the approval of the SOLIDAR Project. All activities should be conducted in accordance with the requirements and timeline included in these Terms of Reference. The organization will be required to comply with all legal framework provisions; regular meetings will be held with the contracting authority to review progress and address any issues. The organization shall submit regular progress reports in accordance with the agreed schedule. The contracting organization will facilitate the logistics required for travel and workshop organization, including venue arrangements. Any changes or modifications to the project shall be documented and agreed upon by both parties in writing.