



TERMS OF REFERENCE

Knowledge, Attitudes, Practices and Behaviors (KAPB) survey among general population with respect to accessing and using emergency care to understand barriers and obstacles of emergency care from their perspective in selected regions in Albania

PROJECT:	SOLIDAR – TOGETHER IN HEALTH EMERGENCIES
Category:	Subcontract
Cross cutting task	Baseline assessment
Period of assignment:	02.09.2024 - 30.11.2024

1. BACKGROUND

Albania is a disaster-prone country and is exposed from time to time to natural and man-made hazards. Emergency events, such as floods, forest fires, droughts, torrential rains and high snowfalls, heatwaves, landslides, avalanches, earthquakes, and epidemics, are encountered annually. In 2019, Albania experienced a strong earthquake that affected 11 municipalities, more than 47,000 people directly and more than 155,000 people indirectly and accounted for 51 fatalities and 913 injuries. Shortly afterwards, the COVID-19 pandemic hit and put the Albanian healthcare system in shock, with 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 affected 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 as well as gaps in coordination between institutions and agencies involved in emergency preparedness and response. Especially, the primary healthcare level has limited capacities to respond to an emergency.

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.

Project Objectives:

Outcome 1: Strengthening the Health Emergency System

Public health actors engage in an effective and efficient health emergency preparedness and response.

Outcome 2: Strengthening Emergency Medical Services

Emergency medical services of high quality are available to people in the entire country, in particular at primary healthcare level.

Outcome 3: Strengthening Community Engagement

Citizens and CSOs take an active role and contribute to a constructive dialogue with the Government of Albania to improve the country's resilience to public health emergencies.

2. RATIONALE

Understanding the Knowledge, Attitudes, Practices and Behaviors (KAPB) of the general population is crucial for the effective implementation and evaluation of any health intervention. Accurate baseline data allows for the establishment of sound monitoring and evaluation frameworks, enabling a clear assessment of the program's impact and the effectiveness of the program's actions. Specifically, for the SOLIDAR project, understanding barriers and obstacles of emergency care from the perspective of the general population is of high interest to select the most appropriate tools for intervention.

During the inception phase of the SOLIDAR project, a KAPB survey was conducted among the vulnerable population, hence reflecting only the knowledge, attitudes, practices and behaviors of the most vulnerable part of the population. While this provided valuable insights into the needs and challenges faced by these groups, it did not capture the perspectives of the broader population. To ensure that the project's interventions are relevant, inclusive, and effective on a national scale, it is essential to extend this research to include the general population across the selected regions. This assignment aims to address this gap by assessing the KAPB of the general population regarding emergency care services and preparedness.

Moreover, community engagement has emerged as a critical component of effective emergency preparedness and response, particularly considering recent experiences with the post-earthquake recovery and the COVID-19 pandemic. Engaging communities meaningfully requires a deep understanding of their knowledge and perceptions, as well as the structural and social factors that influence their behaviors. The findings from this survey shall therefore particularly inform actions which seek to enhance community engagement and resilience. By establishing networks, organizing and mobilizing community members, and fostering their active participation in decision-making processes, the project aims to empower communities and strengthen their role in emergency preparedness and response. This, in turn, is expected to lead to a more resilient health system and better preparedness for future emergencies at both the community and national levels. Assessing KAPB at general population level is particularly relevant in this context.

3. ASSIGNMENT OBJECTIVE

The SOLIDAR project is seeking to contract an organization/company capable of conducting a baseline assessment of Knowledge, Attitudes, Practices and Behaviors (KAPB) of the general population¹ in selected regions (kindly refer to the list of regions in Chapter 6) with respect to:

- Access and use of emergency care services in times of peace
- Emergency preparedness in case of disaster

This will serve to inform the project strategy and effective activities towards increasing the quality of current health care emergency services as well as emergency preparedness and response, hence

¹ The general population to be considered shall be the population over 18 years old in the target municipalities.

contributing to setting of a useful baseline regarding an informed, engaged and empowered population that will accelerate successful planned interventions in this area in the selected regions.

The findings will be used also to inform the development of community resilience network and citizen participation in the selected regions, to strengthen coordination mechanisms and health system responsiveness, responsibility, accountability and transparency mechanisms in the selected regions, to strengthen CSOs and citizens' associations and citizens' ability to advocate for emergency preparedness, and develop an evidence-informed strategic communication that leads to positive change among individuals, families, communities and service providers in these regions.

4. SPECIFIC OBJECTIVES

The specific objectives of this assignment are as follows:

1. To assess the knowledge of the general population emergency care services, including their rights, available services, and how to access these services and to determine their level of awareness regarding emergency preparedness and response in the selected regions.
2. To identify and analyze attitudes and perceptions of the general population towards emergency care services and understand the community's perceptions of the quality and effectiveness of emergency care services in the selected regions.
3. To identify the percentage of patients satisfied with the provision of services from the target health facilities.
4. To identify the number of people living in the designated TACAs - disaggregated per age, sex, vulnerable status², ethnicity (if possible) locality- who were exposed to awareness raising messages on emergency preparedness and response.
5. To explore the current practices and behaviors related to accessing and utilizing the current emergency care services and to identify the common practices in preparing for and responding to emergencies at the individual and community levels.
6. To identify the structural, social, and individual barriers that limit access to and utilization of the current emergency care services and to explore the factors that facilitate or hinder effective citizen participation and advocacy in emergency preparedness and response.
7. To evaluate the role and effectiveness of local civil society organizations (CSOs) and media in community engagement during emergencies and to assess the extent of community participation in emergency preparedness and response initiatives.
8. To recommend tailored strategies and interventions to improve access to and utilization of emergency care services, considering gender, social inclusion, and leaving no one behind perspectives.
9. To assess the use and acceptability of digital technologies by the general population in handling health emergency situations.

5. SCOPE OF WORK

The selected organization will be required to:

- Develop and implement the research methodology (design and execute quantitative and qualitative research methodologies, including sampling procedures, data collection instruments, and consent processes), tailored to assess the KAPB among the general population in selected regions.

² Definition of vulnerability status shall be provided by SOLIDAR as it was a result of a prior assessment



- Conduct surveys and focus groups to gather data on emergency care knowledge, attitudes, practices, and behaviors, ensuring the data collection tools are contextually appropriate.
- Analyze the data to identify barriers and facilitators, and draft a comprehensive report detailing findings, disaggregated by socio-demographic, economic, geographic and health indicators.
- Develop and provide recommendations for tailored strategies, interventions, and services to improve access to and utilization of emergency care services, considering gender, social inclusion, and 'leave-no-one-behind' perspectives.
- To provide recommendations for enhancing community resilience and citizen participation in case of health emergencies, improving health system responsiveness, accountability, and transparency.
- Deliver a comprehensive Report with the research findings in English and Albanian, including recommendations for emergency interventions and a referral and crisis support system.
- Ensure all activities comply with local regulations and standards related to research conduction and maintain regular communication and coordination with the SOLIDAR project team.

6. APPROACH

This study will be conceptualized in two phases:

- **In the first phase**, the research team will conduct a survey in the Selected Regions using quantitative and qualitative research methods, with the aim to assess and explore knowledge, attitudes, practices and behaviors of the general population regarding access and use of current emergency services and emergency preparedness.
- **In the second phase**, the research team will come up with recommendations or suggestions on strategies and interventions to improve access and use of current emergency care services and emergency preparedness in the general population in the Selected Regions.

Quantitative and qualitative survey

The Service provider is required to develop a quantitative and qualitative research methodology that directly aligns with the study's aim and objectives. This methodology should build upon the existing foundation laid during the project's inception phase, utilizing relevant documents, findings, and insights gathered at that time.

In addition to these research tools, there is need also to develop consent forms, protocols, and recruitment statements. It is imperative that all tools are drafted to fit the local context; this includes translation into the proper local language(s) when appropriate. All tools and relevant documents must be made available in both English and Albanian. Newly developed tools must be pretested and revised based on the findings of the pretesting exercise and drafts should be shared and discussed with the project before finalization and implementation.

Specific provisions

The quantitative methodology should be suitable to measure KAPB of the general population in the Selected Regions regarding access and use of emergency care services, as well as emergency preparedness. The quantitative methodology should include issues (but not be limited to) such as: detailed information on sampling procedure (that ensures the representativeness of the whole target population in the Selected Regions), selection of subjects and variables, data collection instrument, data quality, timeline of research, etc. It is important that collaboration with a project is clearly defined, and key process steps are identified. Also, there is a need to develop procedures for obtaining informed



consent of subjects, assess anticipated risks to subjects, and ensure privacy and confidentiality of all subjects and data records.

Regarding qualitative study, the Service Provider needs to make sure that the proposed methodology will not duplicate recent/existing research efforts but rather fill gaps that exist in the current data, using suitable qualitative research tools. **Focus groups** should be the preferred modality to collect qualitative data among the general population. Focus groups from the general population (a mix of ages, genders, and socioeconomic backgrounds to capture a broad range of perspectives) and focus groups with key demographic groups (representatives of families with young children, single parents, individuals with disabilities, elderly, chronic diseases patients, ethnic and cultural minorities, etc.) would be encouraged and mark an advantage in the bidding process.

The research team will be responsible for drafting transcripts of all FGDs conducted. These transcripts should also be translated into English and shared with the project. Transcripts should be analyzed, and key findings and themes should be written up in a draft research report. This report should also include a description of the research process, including methodology, challenges experienced, and limitations. A first draft should be shared and discussed with the project prior to finalization.

Both quantitative and qualitative research tools should be suitable to explore the following issues (but not limited to them) among the general population, identified during the Inception phase of the project:

- Explore and assess respondents' level of knowledge (e.g. knowledge on where to access services, what to know about their rights, if they know their doctor) on emergency care services
- Explore and assess the current knowledge levels, attitudes, practices and behaviors that facilitate or limit citizen participation and advocacy
- Explore the individual, group (social) and structural (system) barriers to access and use of emergency services, at the PHC level or beyond, in routine normal conditions and under stress (public health emergencies, emergency preparedness, emergency response)
- Explore what are the needs of general population regarding emergency medical care services
- Explore and assess the current knowledge levels, attitudes, practices and behaviors of citizens that facilitate or limit creation of health system accountability and transparency mechanisms
- Explore and assess the extent of knowledge on ways to report problems, mistreatments, lack of services (e.g. complain mechanisms)
- Explore and assess the degree to which respondents are familiar with the services, and service providers in their communities
- Explore and assess respondents' perceptions in relation to quality of care, when using the emergency care
- Explore and assess the degree to which respondents currently use the health system, and emergency care
- Explore if the respondents understand that they can have a role when it comes to health care services / emergency preparedness in their communities
- Describe and explore the social/cultural norms that surround health emergency services/emergency preparedness
- Explore and assess the use and acceptability of digital technologies by the general population in handling health emergency situations.

Segregation by locality, gender, age, ethnicity, and people with disabilities, etc. are to be discussed with the SOLIDAR project to ensure required disaggregation of data. It ensures that the data collected is inclusive and provides insights into how different demographic groups perceive and interact with emergency care services.



Sampling Methodology and Representativeness

Bidders are required to propose a robust sampling methodology that ensures the representativeness of the survey data at the Territorial Administrative and Community Areas (TACA) level. The sampling approach should be designed to accurately reflect the demographic, social, and economic diversity of the populations within each TACA, ensuring that the findings are reliable and generalizable across the different regions targeted by the project.

The proposed methodology should include detailed information on the sample size calculation, selection criteria, and procedures for randomization, where applicable. Bidders must also demonstrate how they will ensure the inclusion of various population sub-groups, such as by gender, age, ethnicity, and disability status, to capture a comprehensive understanding of the Knowledge, Attitudes, Practices, and Behaviors (KAPB) across the different TACAs.

The service provider is expected to provide a clear plan for achieving this representativeness, including strategies for overcoming potential challenges related to accessibility, population density, or diversity within the TACAs. Proposals that clearly demonstrate a scientifically sound and practically feasible sampling methodology will be given priority consideration.

The targeted regions are shown in Table 1.

Table 1: Territorial areas of intervention

Nr.	TACA	Regional Operator	Municipality	Name of health facility	Type of health facility
1	Fushë-Kruja – Kruja – Kamza – Vora	Tirana	Kruja	Kruja Hospital	Municipality Hospital
			Fushë-Kruja	Fushë-Kruja HC	24/7 Health Center
			Kamza	Kamza HC	24/7 Health Center
			Vora	Vora HC	24/7 Health Center
2	Puka - Fushë-Arrëz – Luf – Qelëz – Gjegjan	Shkodra	Puka	Puka Hospital	Municipality Hospital
			Fushë-Arrëz	Fushë-Arrëz HC	24/7 Health Center
			Puka	Luf HC	24/7 Health Center
			Puka	Qelëz HC	24/7 Health Center
			Puka	Gjegjan HC	24/7 Health Center
3	Velipoja – Dajç	Shkodra	Shkodra	Velipoja HC	2 Regular Health Center
			Shkodra	Dajç HC	Regular Health Center
4	Malësia e Madhe	Shkodra	Malësia e Madhe	Malësia e Madhe Hospital	Municipality Hospital
5	Tepelena-Përmet-Këlcyra	Vlora	Tepelena	Tepelena Hospital	Municipality Hospital
			Përmet	Përmet Hospital	Municipality Hospital
			Këlcyra	Këlcyra HC	24/7 Health Center
6	Cërrik – Belsh – Gramsh – Peqin	Elbasan	Gramsh	Gramsh Hospital	Municipality Hospital
			Peqin	Peqin Hospital	Municipality Hospital
			Cërrik	Cërrik HC	24/7 Health Center
			Belsh	Belsh HC	24/7 Health Center

The modalities for the organization of such research activities (to go in each HC or MH or not, sample selection, sample size, number of focus groups, etc.) will be left in the discretion of the Service Provider, always aiming to achieve the best possible representativeness of the target population.

The quantitative methodology used should ensure the generalization of findings regarding the KAPB survey. On the other hand, and in the context of **the qualitative methodology**, in each development region, focus groups should be conducted with various general population groups to achieve the objectives of qualitative research stated earlier.



All focus groups will have to be conducted in the catchment area of various 24/7 health centers and/or municipality hospitals (the specific modalities, as stated earlier, will be the responsibility of the Service Provider). The focus groups should include groups from the general population.

The Service provider is expected to provide full details of the quantitative and qualitative methodology that it will employ, as well as the plan/schedule of activities, focus groups and other activities in the framework of this assignment.

The contracted Services Provider is recommended to use questions from the previously designed and used tools (i.e. in the KAPB on vulnerable persons conducted in the inception period) as this will allow for data comparison between the vulnerable and general population. However, the Service Provider can also come up with additional data collection tools if they are appropriate for the achievement of the objectives of this assignment.

Digital data collection

To ensure the integrity, accuracy, and efficiency of data management throughout the project, it is strongly preferred that bidders utilize digital data collection tools compatible with the Project's existing Monitoring & Evaluation (M&E) system Toladata. These tools should ideally support data exports in formats like CSV or be integrated via API (Ona, Kobotoolbox), or CSV (survey CTO, CommCare, OpenDataKit, Excel). The use of digital data collection tools will enable real-time monitoring, reduce errors associated with manual data entry, and streamline the process of data analysis and reporting. While Excel-based data collection is acceptable, proposals that incorporate direct digital data collection methods will be given preferential consideration, as they align more closely with the project's goals for efficiency and data security. Bidders are encouraged to demonstrate their capability and experience in using such tools as part of their technical proposal, outlining how they plan to ensure data accuracy, security, and compatibility with Toladata.

7. QUALITY ASSURANCE

Quality assurance is essential to research. SOLIDAR aims to continuously monitor the quality of the proposed KAPB survey activities by implementing robust mechanisms for checking experts' qualification, proposed quantitative and qualitative research methodologies, instruments of data collection, monitoring and evaluation.

Hence, SOLIDAR reserves the right to engage and employ various mechanisms, procedures, and standards to ensure the highest quality of scientific research by the implementing organization, as follows:

- *Methodology development* – The service provider must develop robust quantitative and qualitative methodologies. These should include detailed sampling procedures to ensure representativeness, data collection instruments, and protocols for obtaining informed consent. Pre-testing and iterative refinement of these tools are crucial to ensure they are contextually appropriate and effective.
- *Data collection and management* – Quality control measures must be integrated into the data collection process. This includes training field teams thoroughly, using standardized procedures for focus groups and surveys, and ensuring accurate transcription and translation of qualitative data. All data should be collected and stored securely, maintaining the privacy and confidentiality of participants.
- *Data analysis and reporting* – The analysis of collected data must be rigorous, using appropriate statistical and thematic analysis techniques. The disaggregation of results by major socio-demographic, economic, and health indicators is essential to understand diverse population

segments. Draft reports should detail data collection procedures, emerging themes, and any limitations encountered. The project team should review and validate these findings before finalizing reports.

- *Personnel and expertise* – The selected service provider must have a proven track record in organizing, conducting, and analyzing quantitative and qualitative research, particularly in KAPB surveys. The expertise of the proposed staff is critical, and their qualifications should align with the requirements detailed in the TORs.
- *Regular monitoring and feedback* – Regular communication and coordination with the SOLIDAR project team are essential. Progress should be monitored through scheduled meetings and progress reports. Any issues or deviations from the planned methodology should be promptly addressed and documented.

8. SERVICE PERIOD

The assignment will start on 02.09. 2024 and end on 30.11.2024.

The selected Service Provider will provide a detailed timeline of all activities and deliverable due dates for the length of the activities, in accordance with the total duration of this assignment.

9. DELIVERABLES

<i>Knowledge, attitudes, practices and behaviours (KAPB) survey among general population with respect to accessing and using emergency care to understand barriers and obstacles of emergency care from their perspective in selected regions</i>		
SPECIFIC TASKS	DELIVERABLES	DEADLINE
1. RESEARCH METHODOLOGY, RECRUITMENT STRATEGY, AND CONSENT PROCESS: <ul style="list-style-type: none"> • Develop and finalize the research methodology, recruitment strategy, and consent process. • Develop and finalize timeline of research activity, including key meetings with project team. 	<ul style="list-style-type: none"> • Research methodology, recruitment strategy, and consent process, including timeline of research activity. 	<ul style="list-style-type: none"> • 05 September 2024



2.	<p>INSTRUMENTS:</p> <ul style="list-style-type: none"> • Design, validate and finalize research instruments, consent forms, protocols, guidelines for FGDs, etc. • Translate all research instruments from English into local languages. 	<ul style="list-style-type: none"> • All final quantitative data collection instruments, FG discussion guides, consent forms and protocols in local language(s) and English. 	<ul style="list-style-type: none"> • 05 September 2024
3.	<p><u>FIELD WORK, DATA ENTERING & TRANSCRIPTS:</u></p> <ul style="list-style-type: none"> • Recruit and train field work team. • Carry out the agreed quantitative and qualitative data collection activities. • Enter quantitative data into electronic format • Tape/record all FGDs. • Transcribe and translate all tapes into English. 	<ul style="list-style-type: none"> • Excel sheet with all quantitative data entered. • Recordings of all FGDs. • Transcripts of all FGDs in English (electronic copies). 	<ul style="list-style-type: none"> • 30th September 2024
4.	<p><u>DATA ANALYSIS & FINAL REPORT:</u></p> <ul style="list-style-type: none"> • Analyse data collected. • Draft a report describing data collection procedures and emerging themes as well as limitations/problems encountered. • Finalize the reports after they are reviewed by project team. 	<ul style="list-style-type: none"> • Raw and analysed data. The disaggregation of quantitative results according to major socio-demographic, economic and health indicators should be provided. • Reports describing data collection procedures, emerging themes, and limitations/problems encountered. • Presentation of findings and recommendations to the project team. 	<ul style="list-style-type: none"> • 20 October 2024 • 30th November 2024

10. PROFILE OF SERVICE PROVIDER

Consultant's qualifications

1. Organization's technical capabilities and previous experience:

Provide a description of at least 2 prior experiences in organizing, conducting, and analyzing quantitative and/or qualitative research in the past 5 years. Briefly address the following points with concrete examples of past experience:



- Descriptions of prior work, especially related to quantitative and qualitative research, should be included along with a list of current clients.
- Experience in KAPB research.
- Applicants are required to submit 1 or 2 exemplary qualitative research reports, as part of their proposals (please include as an annex).

2. Management and business qualifications:

- Describe the overall management structure of the organization and propose specific management structure for these Services. Also describe the Applicant's equipment, especially computer hardware and software, which would be relevant to the work to be undertaken. The proposal should also address with concrete evidence to show that the organization possesses these business qualifications:
- Availability of office space (independent or shared) and permanent address.
- Registration Certificate, renewed license valid for the current Albanian budget year and other evidence which demonstrates that the organization is approved to conduct research.
- Applicants should mention licenses and registration in the narrative proposal and attach copies of registration and license documents as appendices to the proposal.

11. PROPOSAL REQUIREMENTS

Interested organizations are invited to submit a proposal that includes:

- **Technical Proposal:** A detailed methodology of the assignment with the description of the proposed quantitative and qualitative methodology that will be used, as well as other necessary elements such as: data collection instruments, FG guides, Gantt chart, definition of expected deliverables and timelines, expert profiles and qualifications (at least 3 CVs for experts), etc. The complete technical proposal shall not exceed 15 pages (excluding CVs). It must be legible (font size 11 Arial) and clearly formulated.
- **Financial Proposal:** A proposed budget, including a breakdown of costs per deliverable for experts' fees, number of working days, daily allowances, accommodation expenses, travel expenses, logistic expenses, etc. using the attached Financial Offer Form.
- CVs of all members of the experts' group (Consultancy Service Provider), including a summary of expertise areas as per requirements of these "Terms of Reference", as per AC 4 below. The CVs of the personnel proposed must be submitted using the format provided. The CVs shall not exceed 4 pages.

12. AWARD CRITERIA

A 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	40%
AC 2	Work Plan, including proposed activities	5%
AC 3	Quality control mechanisms	5%
AC 4	Qualification of the personnel: <ul style="list-style-type: none">• Expertise in qualitative and quantitative research - Proven experience in designing and conducting both qualitative and quantitative research methodologies (including sampling procedures, data collection instruments, and protocols for informed consent).• Experience in KAPB Surveys - Specific experience in Knowledge, Attitudes, Practices, and Behaviors (KAPB) surveys is essential. Prior work on similar projects, particularly those focusing on emergency care services, disaster preparedness, and community resilience, is highly desirable.• Technical and analytical skills - Strong technical skills in data collection and analysis, including familiarity with data analysis software and tools. Ability to disaggregate data by socio-demographic, economic, and health indicators to ensure comprehensive and detailed reporting.• Communication and report writing skills - Excellent written and verbal communication skills, with the ability to draft clear, concise, and comprehensive reports. Experience in translating technical findings into actionable recommendations for diverse stakeholders, including policymakers, civil society organizations, and community members.• Knowledge of local context - In-depth understanding of the local context, including cultural, social, and economic factors influencing emergency care and disaster preparedness in Albania. Experience in translating research instruments and reports into the local context.• Focus groups skills - Ability to conduct focus groups.• Project management and coordination - Strong project management skills, including the ability to coordinate and supervise field teams, manage timelines, and ensure the timely delivery of project outputs.	20%
	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. ROLES AND RESPONSIBILITIES

To respond to the objectives of assignment, the selected organization is expected to closely work with the project “SOLIDAR” and other relevant actors. The team of the SOLIDAR project will monitor, supervise and facilitate the services offered by the Service Provider in every step of the process. No action will be taken without the approval of the project. The project team will provide all the necessary documents and facilitate access to different sources of information, whenever possible.

The contracted Service Provider is responsible for:



- Obtaining/accessing the necessary documents for conducting: the required literature review; the designs of research methodology, qualitative and quantitative surveys, and relevant related analysis.
- Periodic communication with the project team to update on progress of the consultancy.
- Organizing and conducting data collection activities with representatives of the general population, accordingly, selected following the sampling and recruiting strategy.
- Organizing and conducting in-depth interviews with groups from the general population and key informants, and
- Submitting a comprehensive final report.

All activities should be conducted in accordance with the requirements and timeline included in these Terms of Reference.

14. ADMINISTRATIVE ASPECTS

The organization will be required to comply with all local regulations and standards related to research conduction.

Regular meetings will be held with the contracting authority to review progress and address any issues. The organization shall submit regular progress reports as per the agreed-upon schedule.

The contracted Services Provider will facilitate the logistics required for the conduction of all activities foreseen in its technical proposal.

Any changes or modifications to the project shall be documented and agreed upon by both parties in writing.

A contract between the project implemented by SOLIDAR Project and the organization will be established covering the activities defined in these “Terms of Reference”.