

Terms of reference (ToRs) for the procurement of services below the EU threshold

Project Title: *Strengthening the Health System and Pandemic Response in Libya*

**Project number/
cost centre:**

21.2077.2-001-00

Promoting practice-oriented and gender-sensitive professional education and training for better skilled health workforce in Libya

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0. List of abbreviations

CPD	Continuing Professional Development
HE	Higher Education
MoH	Ministry of Health
MoE	Ministry of Education
MoHESR	Ministry of Higher Education and Scientific research
MoL	Ministry of Labour and Rehabilitation
MoTVE	Ministry of Technical and Vocational Education
PHCI	Primary Health Care Institute
SBE	Simulation Based Education
ToT	Training of Trainers
ToR	Terms of reference
TVE	Technical and Vocational Education
WFME	World Federation for Medical Education
WP	Work package

1. Context

1.1.1 General context

Once a thriving middle-income nation, Libya is currently tackling with a multitude of challenges, including significant issues within its health care sector. Under Gaddafi's regime, Libya was a heavily centralised country, all public services were operated by the government and were free to all citizens.

After the 2011 uprising and international intervention, Gaddafi was removed from power and the country fell into deep civil and economic unrest. This was followed by the civil war between the UN-backed Tripoli-based Government of National Accord (GNA) led by Prime Minister Fayez al-Sarraj and the Libyan National Army (LNA) under General Khalifa Haftar which ended with a ceasefire agreement in October 2020. In March 2021 the Government of National Unity (GNU) was instituted as the provisional government. Abdul Hamid Dbeibeh is the Prime Minister of the Unity government at the time of writing. He was selected in the Libyan Political Dialogue Forum on 5th of February 2021 and sworn in on the 10th of March of the same year. Elections were expected to be held on different dates however, they have been delayed for an indefinite period for now.

1.1.2 Libyan health system and policy context

After years of unrest, about 1.1 of Libya's 6.5 million inhabitants currently have no access to health care. In many places, basic health services and clinics have been destroyed or damaged. Particularly in rural areas, health care institutions are partially closed or not fully functional. In addition, there is often a lack of essential equipment, medicines, and sufficiently qualified personnel.

During the years following the 2011 uprising and international intervention, many foreign medical staff, who made up most of the medical profession in Libya, were forced to leave the country. The war, later further reinforced by the COVID-19 pandemic, has degraded the already poor health services across Libya. Previous attempts made to establish a decentralised health care system have fallen short due to the absence of national policies, guidelines, oversight, and verification mechanisms. Today, the Libyan health care system faces many challenges including limited management capacity and funding, equipment, medical supplies, personnel shortages, especially in certain paramount areas such as nursing, midwives, psychosocial support, emergency doctors, cardiology, etc.

The main reported problems include:

- (a) uneven distribution of the health workforce,
- (b) poor human resources management,
- (c) acute shortages of primary healthcare nurses, midwives and family physicians (but a surplus of doctors, dentists, and pharmacists)
- (d) outdated regulations and policy guidelines, and
- (e) a rapidly growing but poorly regulated private sector.

In 2022, the Ministry of Health (MoH) formally endorsed and published the National Health Workforce Strategic Plan 2022-2030. This comprehensive plan was collaboratively developed with the support of the World Health Organization (WHO). The strategic plan now serves the MoH as a vital framework and aims to build a high-quality and balanced skill-mix health workforce, ensuring equitable

distribution of personnel across all levels of the health system and areas (e. g. reducing the shortage of doctors in remote and southern areas). It further emphasises quality improvement mechanism, processes and the monitoring of governance and management in the sector.

Its strategic objectives are the following:

1. Equity in its availability and distribution.
2. Improved human resources management with a redefinition of health system management to guarantee effective delivery of integrated continuum of care by defining health district, municipality, and hospitals as management units.
3. Continuous professional development of the health workforce.
4. Evidence-based updating of policies to guide the registration, accreditation, licensing, skills development, and practice of the workforce.
5. Strengthened public-private health partnerships.

1.1.3 Health education context

In the health education sector, the uncontrolled growth of private faculties for health professions and the lack of accreditation of institutions and training programs have led over the years to a high number of students. At the same time, there is a lack of high-quality pre-service education, training and professional continuing education for health professionals at all levels. As a result, the qualifications and competencies of staff are often inadequate to respond adequately in exceptional situations, including epidemics or pandemics.

The COVID-19 pandemic has further exacerbated this situation. In March 2020, the Ministry of Health (MoH) adopted a decree assigning municipalities the sole responsibility for COVID-19 pandemic preparedness. As a result, municipal emergency coordination committees for pandemic preparedness were requested by government decree. However, municipalities are not equipped to take over the primary responsibility for COVID-19 control. Neither are they prepared to take charge of strengthening primary health care, partly due to the national authorities which have not taken any steps to adequately guide this process of transition.

This situation particularly affects women, as they are generally restricted in their undertakings and movements, not least by interventions of militias. They cannot for example attend training courses in other cities without a male family member. The female-dominated nursing profession entirely lacks professional development opportunities and enjoys little public prestige. Due to the security situation and the absence of a national human resources development strategy, the public health system is unable to retain well-qualified personnel and deploy them where they are needed. As a result, women are forced to travel long distances for prenatal care and childbirth or to forgo preventive check-ups, and there is a risk that health emergencies cannot be treated in a timely and competent manner.

1.1.4 Governance of the medical education system in Libya

The Libyan medical education system suffers from a lack of coordination and cooperation among different stakeholders of the public health system. For example, the academic physicians and scientists play little or no role in planning or supervising national health plans and programs. There is a disconnection between the major governing bodies, the Ministry of Health (MoH) and the Ministry of Education (MoE) and Ministry of Higher Education and Scientific research (MoHESR). The resulting lack of coordination and communication between the three entities, resulted in a number of shortcomings that can be summarise as follows:

- an uncontrolled number of independent medical schools,

- an array of various education systems in the country,
- an uncontrolled admission system to medical schools, and
- insufficient quality of governance of these medical schools.

A national policy, strategic actions plans and implementation framework for nursing and midwifery education development in Libya 2022-2032 has also very recently been published outlining the national policy and strategic directions to improve nursery and midwifery education.

1.1.5 Information on accreditation standards

The objective of the Global Strategy on Human Resources for Health: Workforce 2030 (WHO, 2016) is that 'by 2020, all countries will have established accreditation mechanisms for health training institutions'. With the establishment of the global Task Force on Accreditation in Medical Education by the World Health Organisation (WHO) and the World Federation of Medical Education (WFME), medical schools in Libya are encouraged to be accredited by the national accreditation centre to be involved in the WFME accreditation program. The WFME evaluates agencies against internationally accepted criteria for accreditation. Recognition status is the quality measure which confers the understanding that the quality of medical education in accredited schools is to an appropriate and rigorous standard. The WFME publishes best practice Global Standards for Quality Improvement of Medical Education, covering: Basic Medical Education comprising 106 basic standards and 90 quality development standards. The standards for accreditation by the WFME distinguish between levels of medical education and training which are (a) Basic Medical Education, (b) Post Graduate Medical Education, and (c) Continuing Professional Development. The standards are divided into basic areas and further divided into sub-standards, providing guidance and key questions.

1.2 The project SHSPR

GIZ supports efforts to improve the performance of the health system through the implementation of the project "Strengthening the Health System and of Pandemic Response in Libya" (SHSPR). The main objective of SHSPR is that "Libya's health system is efficiently managed and better prepared to respond to challenges and notifiable infectious diseases". The project's main political partner is the Ministry of Health (MoH). On the implementation level the project will further cooperate with the Ministry of Higher Education and Scientific Research (MoHESR), the Ministry of Labour and Rehabilitation (MoL), the Ministry of Technical and Vocational Education (MoTVE), and with institutions and structures which are subordinated to them, in particular selected educational institutions, as well as the National Centre for Disease Control (NCDC) and selected district health authorities.

The project will primarily focus on improving the performance of the health sector management, improving the teaching, and learning methods of the education institutions for selected health professions, and on strengthening the health system in view of future pandemic preparedness and response. Its four main intervention areas/outputs are the following:

- (1) improvement of the capacity for health management at primary, secondary and district health authority levels,
- (2) improvement of the capacity of selected educational institutions for practice-oriented teaching in selected health professions, adapted to modern quality standards,
- (3) improvement of the capacities of the National Centre for Disease Control (NCDC) and their district branches to respond to disease outbreaks and pandemics, and

(4) fostering structures for professional networking and mentoring between universities and teaching hospitals.

Detailed information on the project logic and indicators:

Project Objective Libyan Health system actors are more responsive to health needs and challenges	
OUTPUT 1	The capacities of primary and secondary services as well as district health authorities for health management are improved.
OUTPUT 2	The capacities of selected educational institutions for practice oriented and gender sensitive teaching in selected health professions and according to quality standards are improved.
OUTPUT 3	The information base of health authorities and health care facilities on reportable disease is improved.
OUTPUT 4	Professional networking in the health sector is improved

The logic of the project (outcome to output indicators) is described in the following table. The achievement of Output 2 indicators has a direct correlation to the Module indicators.

<p>Output 2 The capacities of selected educational institutions for practice oriented and gender sensitive teaching in selected health n professions and according to quality standards are improved</p>	<p>Modules (Outcome) Indicators</p> <p>M1 Project indicator (Module) M1: Performance descriptions for 2 health professions, one of which is particularly relevant for women, that are aligned with current quality standards are used in the national human resources development strategy of the Libyan Ministry of Health.</p> <p>M2 Project Indicator (Module) M2: Teaching staff of 3 educational institutions trained in curriculum development implements adapted standards in 2 academic/training programs.</p>	<p>Output 2 indicators:</p> <p>O2.1: 5 continuing training modules for selected health professions that are practice oriented and gender sensitive and meet quality standards are integrated by teaching and training institutions into their curricula</p> <p>O2.2: - 250 of 500 trained teachers are applying new acquired didactics</p>	<p>Preliminary Activities: Consulting for the updating of selected study and training programs In-service consulting for teaching staff on curriculum development and on the revision of continuing or advanced training modules Consulting for teaching staff on modern teaching methods and formats NOTE: topics suggested during Strategic Workshop for in-service practice-oriented trainings include family practice, conflict management, change management, leadership for women, legislation in terms of family orientated jobs</p>
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2. Tasks to be performed by the contractor.

The contractor is tasked to contributing significantly to the realization of Output 2, while ensuring compliance with the associated output indicators outlined (Output 2) in this chapter. Among these indicators are the module objective indicators M1 and M2, as referenced in Chapter 1. The contractor's activities will facilitate timely and effective follow-up advice with the partners throughout the implementation period.

In general:

- The contractor is responsible for selecting, preparing, training, and steering the international and national, short and long-term experts assigned to perform the advisory tasks.
- The contractor provides equipment and supplies (consumables) and assumes the associated operating and administrative costs.
- The contractor manages costs and expenditures, accounting processes and invoicing in line with the requirements of GIZ.
- The contractor reports regularly to GIZ in accordance with the current AVB of the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH
- In derogation from the GIZ AVB, the reports required by the contractor to be submitted are mentioned in the deliverables and milestones described below.

It is of utmost importance to underscore that the primary working language with national partners will be Arabic. Consequently, all work packages must include provisions for interpretation and translation to/from Arabic.

Furthermore, the contractor is expected to actively engage in the digitalization process, with a preference for digital approaches in teaching and learning activities. Digitalization is an important cross-cutting theme in the project, encompassing all other outputs and indicators.

Period of assignment: from mid November 2023 until November 2024.

The planned assignment involves **delivering two (2) work packages (WP) in the target areas.**

Target area and sample: The two work packages will be carried out in the 5 project selected municipalities of Tripoli, Ghadames, Benghazi, Shahat and Al-Bawanis. And will target primarily public health education institutions, among 3 academic, 11 technical and vocational education institutions in the five (5) selected municipalities and PHCI in Tripoli and Benghazi. The University of Sebha would be one of the main educational targeted Institution in the South given its proximity to Al-Bawanis municipality.

For Work Package 1 (WP1), the contractor will conduct a **Baseline and Institutional Needs Assessment** that is intended to provide baseline indicators, benchmark the status of the education system, and identify needs and options to modernize pedagogy, didactics, teaching methods and formats.

For Work Package 2 (WP2), the contractor is responsible for **module design, curricula revision and training delivery** with the identification, revision (or development) and introduction of the following continuing educational qualifications at Higher Education (HE) and TVE levels for faculty teacher and training of Trainers (ToT).

The contractor shall execute designated activities that enable timely and effective follow-up advice during the implementation period.

Overall, the contractor shall perform services in the following areas of action:

1. Conduct a baseline and institutional needs assessment for the education institutions in selected municipalities to determine baseline values for project indicators and analyse requirements for enhancing health education in ongoing health professional development.
2. Revise or develop continuing professional education modules for selected health professions, focusing on modern and gender-sensitive competency skills.
3. Provide training in different teaching formats such as Training of Trainers (ToT) in identified skills and competencies needs.

The contractor is responsible for providing the following work packages and the accompanying milestones:

2.1 Work package 1. Baseline and Institutional Needs Assessment (WP 1)

WP 1, intends to:

- i. Establish baseline indicators to track progress during project implementation, clarify the definition of the existing performance indicators while verifying their achievability and
- ii. provide in-depth understanding of the needs for health education quality improvement, specifically in the area of new didactics and content of continuous professional education and training programs in selected health professions and targeted institutions (Project target area). The Baseline/ institutional Needs assessment will also be used in the future for performance evaluations by providing a point of comparison for future data collection using the same data sources.

The contractor is expected to collect primary and secondary data and conduct survey activities, in the intervention target area, to gather multiple information that will provide a broad understanding of the context in relation to the quality of teaching in health education institutions and assess capacity building needs of those targeted health education institutions for improvement of quality of teaching and alignment of curricula to international standards. The collection of qualitative and quantitative data will identify and/or specify suitable indicators that can be used to track the project's achievements in meeting its objectives, monitoring progress and potentially inform any impact evaluation of the project. In order to establish baseline indicators, the contractor will analyze the performance indicators and clarify them by providing disaggregated and proxy indicators to support full comprehension of the achievability of the indicated performance indicators. For example, the contractor will first disaggregate Output indicators and establish proxy indicators allowing to understand what are practice oriented trainings, what elements are useful to define gender sensitive training or modules and what makes a training meeting quality standards.

Main tasks of WP 1:

I. Carry out a stocktaking of information on the current status of quality education and training offer in the Libyan health academic and TVE institutions of the 5 target project municipalities as well as the in-service formative programs within Primary health care level in collaboration with the Primary Health Care Institute (PHCI) of the Ministry of Health in Tripoli.

Information to be collected includes among others:

- organisational data of the public health education institutions of the target area (including at least 3 academic and 11 TVE institutions, in the 5 selected municipalities and PHCI at central level (and municipality branches) such as number of teachers/faculties, number of students, number of continuous health education training programs, number of attendees per year (disaggregated by gender and health professions),

- quality standards of continuous education training and programs and the level of alignment of the continuous education and training curricula with international standards (WFME), the type of competences covered in programs,
- the certification and /or accreditation status of the selected institutions,
- The policy and operational cooperation work of donors with the relevant ministries (MoH, MoHESR and MoTVE) on relevant project area such as curricula enhancement, accreditation of health institutions, gender focused programs, (for example, see policy work on midwifery and nursing carried out by The United Nations Population Fund (UNFPA)).

The contractor will use and update if needed, an existing institutional mapping of health education institutions already carried out by GIZ and will describe in further details the types of available study and training programs of the educational institutions within the 5 selected Municipalities.

Programs observed may include:

- (a) *pre-service, in-service, technical, medical education and trainings.*
- (b) *continuing medical education.*
- (c) *continuous professional development (CPD) and*
- (d) *formats (in-person, digital, blended, short-courses, coaching, mentoring, workshops).*

As indication, some preliminary medical specialisations areas mentioned by stakeholders in both the strategic and planning workshop held in Tunis, are nursing, midwifery, obstetrics and gynaecology, mental health, and psycho-social support (MHPSS), digital health, health management or biotechnology.

II. Identify and map all other relevant actors, including development partners and the United Nations to then determine the activities currently undertaken by these actors and assess their potential for complementarity, for possible collaborations and coordination. This would be useful to then align efforts of existing actors effectively in relevant health education areas. GIZ team will provide the contractor with useful available contacts and already shared documents.

III. Conduct surveys in the intervention target area to gather multiple information that will provide a broad understanding of the context in relation to the quality of teaching in health education institutions and assess capacity building needs of those targeted health education institutions and education hospitals at PHC level in collaboration with the PHCI for improvement of quality of teaching and alignment of curricula to international standards. The qualitative and quantitative data collection exercise will also identify and/or specify suitable indicators that can be used to track the project's achievements in meeting its objectives, monitoring progress and potentially inform any impact evaluation of the project.

IV. Establish baseline values for performance indicators and if needed provide suggestions for revisions to the performance indicators (using proxy indicators) based on the specific and tangible information collected in the target areas. A preliminary table with baseline indicators will be shared with the GIZ project management staff. The project staff will then take action to make sure that if suggestions for refinement of performance indicators are recommended, these are endorsed internally and with the institutional partner.

V. Assess the needs and priorities of the mapped health education institutions and education hospitals at PHC level in collaboration with the Primary Health Care Institute (PHCI) on continuous education and in service training programs in “soft /social skills “with a focus on counselling, communication. Among others, the needs assessment, for each targeted institution, will at least collect information on:

- Current methodology and teaching applied didactics in the targeted institutions with specific focus on patient-centred standards (as per national and international requirements).

- Quality standards of the continuous education programs based on medical education standards (NCQA) in selected universities, colleges, and technical institutes and their current or planned efforts to improve quality standards.
- Accreditation status and requirements for pre-service, in-service medical education, and continued professional development institutions. This will help to highlight all needed requirements (curricula, teaching methods, staff, digital technologies, etc...) for quality-based curricula for achieving standards for national accreditation by the National Centre for Quality Assurance and Accreditation of Education and Training (NCQAA).
- Specific needs for improvement, updates and revisions of selected continuous education and training programs of both education, technical and training institutions, educational hospitals (level of PHC) and PHCI to align with international quality standards in terms of methodological innovations, digitalisation, gender-sensitivity, practice-oriented approach to teaching and learning.
- Need for specific training modules for nurses and midwives in the area of soft skills.
- Needs of faculty professors, TVE trainers and PHCI trainers on specific ToT areas to improve their teaching techniques and methodologies.
- Needs of trainers and faculties in acquiring new didactics and teaching methodologies according to modern standards.
- Equipment and capacity status of selected institutions to provide digital training and existence in-house of laboratories for simulation-based techniques, with particular attention to technical and TVE institutions.

VI. Provide operational recommendations based on the needs assessment findings in terms of needs for module revisions (also to align with WFME and accreditation needs) and for improvements in didactic and teaching methodologies (for example blended learning, Simulation based techniques, etc.) for faculty and TVE teaching staff and PHC trainers recommendations shall specifically identify institutions that will be targeted by the project with identified specific updates of modules for CPD to allow revision of curricula of selected education training institutions and education hospitals to conform with international standards and shall also indicate the categories of faculty and technical institutions professors and TVE trainers that could benefit from ToT (Trainers of Training) offered in WP2, both on CPD well as on teaching methodologies and didactics of according to modern standards. Recommendations for Module revision will take into consideration the output indicator requirement for practice oriented, gender sensitive, digitalised modules and a preliminary area of interest in the competence areas of social and soft skills.

The contractor through the above main tasks will be able to shed light on the role that the project “SHSPR” can assume as a technical assistance provider to Libya MoH and its partners in health education. The focus of the Baseline/Institutional Needs Assessments is to provide inputs to the project in order to:

- Identify health priority job professions in need for enhancement in their specific continuous education and training programs (both academic, technical, or vocational).
- Pre-Identify 4 partner universities/TVE institutions in the five selected municipalities to inject resources for module design and training as indicated in the WP2 of these ToR.
- Provide training in selected priority continuous education and training modules that need specific revisions/changes in alignment with international standards (WFME) underlining requirements such as practice oriented and gender sensitive modules. Preliminary focus areas are soft skills/communication, digital formats and simulation-based techniques for nurses, midwifery, obstetrician, and emergency care staff.
- Assess capacity building options for trainers and faculties to acquire new didactics and teaching methodologies according to modern standards and

- Implement relevant methodological ToT activities for CPD (for example in the areas of soft skills, SMB (simulation-based techniques) needed to achieve the suggested improvements.
- Identify beneficiaries' categories for the upcoming ToT on the new updated modules (WP2) both for academic faculties, trainers and teaching staff at PHC level.

The baseline-institutional needs assessment will identify health professions for enhancement of capacity under the framework of the output activities. Preliminary priority health professions are nursing and midwifery. Their relevance for this output were already discussed during a strategic planning workshop, held in Tunis, in December 2022, with the project stakeholders and during the project appraisal mission. The project places significant emphasis on incorporating these specializations into comprehensive professional programs and subsequently training the staff accordingly. As part of the institutional needs assessment, thorough consideration will be given to these two job professions, among other factors, with the objective of determining the most suitable qualifications and course of further continuous education and refreshers.

Data collection and analysis: The baseline-institutional needs assessment will collect a range of relevant information on the existing type of medical health education institutions (academic and TVE as well as education hospitals at PHC level), going from numbers of faculties and trainers, the number of graduates for selective health professions (i.e., nurses, midwives, etc.) the number of students and /or professionals attending continuous health education courses in selected health education institution, the ratio patient/medical staff, etc. Data collection will be based on primary and secondary data obtained in coordination with the GIZ team who will help with the identification of key informants according to the type of information to be collected.

Some of the relevant data and statistics are already available from government institutions (MoH, MoHESR, MoTVE) and other sources. For example, some of the above relevant data can be found in aggregated form in the Service Availability and Readiness Assessment (SARA 2018). Survey and interviews with identified key informants in the target area will help with specific data collection. Other sources include relevant donors work in similar areas. For example, about nursing and midwifery education, UNFP has produced relevant documentation to be consulted.

The contractor will design the methodology and research tools for the baseline institutional needs assessment, including:

1. The sample frame: identifying sources and informants in the target area (e.g., relevant stakeholders of the national health education system, quality control and accreditation institutions, representatives of relevant ministries in functions related to the output, deans and directors of academic TVE institutions, teaching staff of output relevant academic and TVE health education institutions, municipal directors involved in health higher and TVE education, representatives of international partners active in the area of health education, such as UNFPA, etc.)
2. The assessment tools (survey questionnaires, guidelines for group meetings and interviews with etc.). Tools need to be appropriate for the local situation and adequate and in line with the specific elements of the performance of output 2 indicators. The contractor is expected to make sure that tools can verify basic information in the field to allow for establishment of baseline values and the indicator feasibility. For example, the number of indicated trainers to be trained according to existing baseline indicators, needs to be realistic and to correspond to the reality on the ground, especially when it comes to some of the proposed field of health professions (i.e., midwives, nurses).

WP 1 Deliverables: The contractor is responsible to deliver the following:

- **A set of methodological tools**, appropriately designed according to the context and specific project needs, including a timeline.
- **A guide note on the definition of baseline indicators** and an explanation of the selected proxy indicators and on how they connect to output indicators 2, as well as explanations in case of recommendations to refine performance indicators.
- **A final baseline report and an institutional needs assessment report that includes:**
 - A description of the methodology.
 - A status report of the health academic and TVE education institutions in the project target areas (sample), that includes background information on the target institutions , the programs offered in continuous education for selected professions and their characteristics in terms of how practice oriented and gender sensitive they are, targeting nurses and midwives), status report on the level of alignment of the continuous education and training curricula with international standards, the type of competences covered in programs, the cooperation work of donors with the relevant ministries (MoH, MoHESR and MoTVE) on curricula enhancement, the accreditations status of the selected institutions, the type of teaching methodologies and didactics used.
 - Findings and a set of conclusions on the analysis of needs of selected academic and training health institutions in terms of capacity constraints and gaps in continuous health education, in module design, in teaching techniques and methodologies, in the use of digital technologies for training delivery.
 - Operational recommendations on the revision or introduction of new modules and/or teaching formats in selected programs (initial reference health professions are nurses and midwives but not exclusively) (including soft skills).
 - Operational recommendations on areas for ToT in new didactics and teaching methodologies (I.e., digital formats, simulation-based techniques for midwives, nursing and /or transversally on the emergency care professionals for obstetrics, nursing and midwifery, etc.) for both teaching staff of academic, training and PHCI institutions
 - A final table with a set of recommendations on
 - i. module revision and update in the area of soft skills for CPD
 - ii. training of trainers for the acquisition of new didactics for selected health education staff offering continuous education and training and on-the-job training.
- **A selection of job professions and health education institutions** where up to date modules for CPD could be introduced.
- **PowerPoint Presentations of the report** and main findings for internal and external use in Tunis during a restitution workshop (both international and national expert will be present).

WP 1 Milestones

Milestones	Deadline
A Kick off meeting is conducted with GIZ	3 days after contract award
A detailed methodology (including work plan, timeline, sample size, research sites, data generation analysis plan) is shared with SHSPR-Team	2 weeks after briefing and kick off meeting with GIZ team
Relevant literature review and mapping of health education stakeholders relevant to the project is completed	3 weeks after contract award
Institutional mapping of health education institutions in the 5 selected regions is finalised and workplan for the field work completed	3 weeks after contract award
Mapping of all other relevant actors, including development partners and the United Nations regarding potential synergies is finalised	3 weeks after contract award
Field work is concluded and described in field work reports	8 weeks after contract award
Data is analyzed	9 weeks after contract award
A Draft report is shared with the SHSPR team	10 weeks after contract award
A Country Mission to Tunisia for first return of information to the GIZ team is carried out	10 weeks after contract award
A Final report with strategic and operational recommendations is elaborated	11 weeks after contract award
Powerpoint presentation with final findings and recommendations is shared with the national stakeholders and partners and the GIZ team and relevant partners	12 weeks after contract award

2.2 Work package 2 Module development and training (WP 2)

The contractor is tasked with curricula revision, module design, and training delivery, alongside identifying, revising/ developing, and introducing educational qualifications for Higher Education (HE) and Technical Vocational Education (TVE) levels, such as:

- **Continuing Professional Development (CPD)**
- **ToT (Training of Trainers)**
- **Simulation based Education (SBE) training**

These courses are to be organized in close co-operation with the Ministry of Higher Education, the Ministry of Technical and Vocational Education, the Ministry of Health and respective department on Human Resource development, aligned with other development partners, WHO, accreditation centers, and of professional associations in Libya. The implementation format as well as special measures should particularly promote the participation of women in these training courses.

2.2.1. WP 2 Development of a Continuing Professional Development (CPD) for TVE trainer and HE teacher

SHSR's project Output 2 "Strengthening education & training capacities of health education institutions and health professions" promotes the capacity of education/training providers to offer modern skill and competencies qualifications for health professionals.

This may include, depending on the outcomes of the needs assessment, the revision or development of an in-service or blended-learning course with digital formats for practicing TVE and HE teachers in specific aspects of nursing/midwifery (to be confirmed at needs assessment). The CPD in service or blended learning course to be designed is intended to provide in-service teachers at universities/vocational colleges in the field of nursing/midwifery with the opportunity to gain further medical-specific and pedagogical /didactic competencies.

A reference curriculum for midwifery/nursing as well as a concept for a further training course which were developed by UNFPA, are to be taken as reference points for the blended-learning format to be designed.

The task of the contractor is to consult each of the four selected partner universities/TVE (2 UNI and 2 TVE colleges) institutions (during needs assessment) in the five selected municipalities on the development of an in-service or blended-learning format of the CPD course (health education areas tbc) for TVE and HE teachers. The consultancy includes both technical and organizational aspects of developing and implementing the programme. One crucial aspect of the consultancy will be the design of the fitting blended-learning format, i.e., the adequate mix of online-based learning and classroom learning.

In this area of action, **the contractor delivers the following services:**

1. Design of an in-service/blended-learning format of the CPD study programme in e.g. nursing/midwifery to be viable for each of the partner university and TVE colleges.
2. Development of elements of the distance learning modules at each of the four partner universities/TVE colleagues ensuring that the curricula fulfil the accreditation criteria of the WFME as well as respective national and institutional requirements.
3. Trainings for university /TVE teachers & staff to ensure an adequate implementation quality of the newly to be introduced CPD.
4. Production of online modules for the CPD programme for further tutorials if applicable.

The contractor is responsible **for delivering the following work products:**

- Elaborated CPD modules for each of four partner universities/TVE colleges,
- Curricula (including, if applicable, readily produced online-learning modules),
- Study and exam regulations,
- Collection of required teaching and learning material (both digital and analogue).

As shown in the following table, specific milestones are to be reached at specific points during the contract term:

Milestone	Deadline
Blended-learning format of CPD course (incl. concept and methodology) applicable for each partner context designed and validated	2 months after contract award
Curricula of blended-learning CPD module for nursing/midwifery (emergency obstetric) faculties at each partner university/TVE colleges adapted or developed and approved to meet quality standards /integrated in the system	6 months after contract award
Offline and Online modules adapted to the context and ready for implementation	6 months after contract award
Training on the technicalities of delivery and steering of the distance-learning CPD program held (training and development department)	7 months after contract award
Subject-related and methodological trainings for university/TVE teachers held (Communication, didactics, interactive teaching)	10 months after contract award
Training for university / TVE staff (faculty staff & administrative) on how to organize and steer a blended-learning course (if applicable)	10 months after contract award

The contractor's work must directly comply with the following results indicators of SHSPR output indicators:

2.1 which is five (5) continuing training modules for selected health professions that are practice oriented and gender sensitive and meet quality standards are integrated by teaching and training institutions into their curricula and output indicator.

2.2.2 WP 2 ToT (Training of Trainers) /short course curriculum development and training focusing on enhancing soft/social skills for health professional at PHC level

Another aim in the project Output 2“Strengthening Education & Training Capacities of health education and health professions” is the focus on the curriculum development focusing on enhancing soft/social skills for health professional at PHC level in collaboration with the Primary Health Care Institute (PHCI).

Depending on the situation at the Primary Health Care Institute of MoH, such a study course can be either newly developed from scratch or established by revising an already existing programme.

A crucial building block of the envisaged programme is the cooperation with the social sector for making sure that the ToT courses are responsive to the mandate of person-centred care at PHC level. To ensure orientation, a systematic involvement of the social sector in the development and implementation of each customized study program is to be foreseen. Furthermore, the development of these Training of Trainers (ToT) short courses aims to align effectively with both the specific needs of the PHCI institution and the broader national requirements. This alignment ensures that the ToT programs not only cater to the institution's standards but also maintain adherence to the quality benchmarks set by the World Federation for Medical Education (WFME). The task of the contractor is to consult Primary Health Care Institute at the stage of the needs assessment study for the

development of a ToT programme “soft /social skills “with a focus on counselling, communication, etc. For this purpose, a technical working group consisting of PHCI staff and further, ministry officials will have been established by GIZ. The consultancy includes both technical and organizational aspects of developing and implementing the programme.

In this area of action, **the contractor delivers the following services:**

1. Contextualization of the generic curriculum at PHC level as per the national and institutional requirements.
2. Trainings for PHC family doctors, nurses and trainers at PHC level.
3. Ensuring that the ToT of PHCI programmes comply with the quality standards of the WFME.

The contractor is responsible for **delivering the following work products elaborated including:**

- Curricula and study plan
- Lists of required teaching & learning equipment (textbooks, logistic software, training equipment, etc.).
- Organisational chart and responsibilities (job profiles/descriptions).
- Training for PHCI (management & administrative) on how to establish cooperation for outreach activity (PHC- level).
- Subject-relevant trainings for ToT of PHCI.
- Methodological trainings for ToT trainers of PHCI.

As shown in the following table, specific milestones are to be reached at specific points during the contract term:

Milestone	Deadline
Identified and selected trainers (ToTs of PHCI for planned trainings on social and soft skills)	1 month after contract award
Curricula as well as study & exam regulations of ToT for social and soft skills for family doctors and nurses at PHC level developed	3 months after contract award
ToT of PHCI for family doctors and nurses /midwives	10 months after contract award

The contractor’s work must directly comply with the following results indicators of SHSPR output indicators:

2.1 which is five (5) continuing training modules for selected health professions that are practice oriented and gender sensitive and meet quality standards are integrated by teaching and training institutions into their curricula and output indicator.

2.2 which is 250 of 500 trained teachers are applying new acquired didactics.

2.2.3 Development of a Simulation Based Education (SBE) training module, such as nursing, midwifery and obstetric emergencies

Another goal in the "Strengthening education & training capacities of health education health professionals" output 1 is to establish Simulation-Based Education (SBE) in order to contribute to practice oriented and gender sensitive education. The contractor will support to incorporate SBE in the existing Libya pre-service and in-service training system. The SBE program will be developed in

collaboration with the respective university and can be established in various fields such as maternal and newborn health, emergency care, etc. either by creating a new SBE program or revising an existing one, depending on the specific circumstances of the university. One suggestion is to introduce SBE into the Bachelor in Midwifery Course, which has been supported by UNFPA in two local universities of the selected five municipalities. The plan is to roll this model out to the other selected universities in other fields such as emergency care. One important building block is the Simulation lab for SBE where required skills and competencies are taught in an environment that provides the realism of clinical settings without risk to patient safety. Teaching and learning activities should be designed to foster the application of critical thinking, decision making and integration of knowledge along with the psychomotor practice of skills.

Faculties of the Bachelor of Midwifery education of the two University will be trained by regional and international experts on simulation-based education. Target groups are also in-service doctors, nurses and midwives who are trained through the in-service training courses at five training sites to be identified during the project.

The contractor's task involves consulting with pre-selected universities in the selected municipalities to develop and implement Simulation-Based Education (SBE) programs. Working groups, comprising faculty staff, representatives from partner companies in SBE labs, and ministry officials established by GIZ, will facilitate this process. The consultancy covers technical and organizational aspects, focusing on specific program development aligned with the healthcare workforce needs in the respective region where the university is located.

The contractor will **provide the following services in this area:**

1. Develop or revise practice-oriented approaches (e.g., SBE) in knowledge acquisition, skills proficiency, critical thinking/decision making, simulation in teams, clinical experience, and practice through a working group established at the pilot university within the five selected municipalities.
2. Develop new or revise existing SBE curriculum in collaboration with respective working group.
3. Incorporate private sector inputs in the curriculum development/revision for the mentioned specialties of SBE, considering newly developed Standard Operating Procedures (SoPs), preferences, and demands of stakeholders.
4. Engage private universities/companies in the implementation of SBE programs, including relevant agreements and contractual prerequisites.
5. Provide training for university teachers on SBE methodologies.
6. Offer organizational support to partner universities during the process of introducing the new SBE, addressing logistics and related aspects.
7. Ensure compliance of the SBE programs with national and international quality standards.

The contractor is responsible **for delivering the following work products:**

- Developed methodology on SBE into the curricula of e.g., bachelor midwifery
- Developed SBE program at one partner university including:
 - Curricula and study plans.
 - Study and exam regulations.
- Agreements and contractual prerequisites with partner universities.

- Lists of required teaching and learning equipment (textbooks, workshops, software, laboratory equipment, (patient simulators including new born, birthing and birth complication simulators etc.).
- Conducted information events to engage private universities and companies as partners in implementing SBE programs.
- Provided training for faculty staff (management and teachers) on establishing SBE and respective laboratories.
- Conducted subject-relevant trainings and methodological trainings for teachers.

As shown in the following table, specific milestones are to be reached at specific points during the contract term:

Milestone	Deadline
Simulation based education set up (skill lab and trainers) of the Bachelor in Midwifery /Nurse study (incl. Concept and methodology) applicable for the partner university context designed and validated	2 months after contract award
Curricula as well as study & exam regulations of SBE programmes at partner university is approved	4 months after contract award
SBE training are conducted in identified partner universities	5 months after contract award
Pool of master trainers for the delivery of the SBE at university, midwifery /nursing faculty created	6 months after contract award

The contractor will provide the following results indicators of SHSPR output indicators:

2.1 which is five (5) continuing training modules for selected health professions that are practice oriented and gender sensitive and meet quality standards are integrated by teaching and training institutions into their curricula and output indicator.

2.2 which is 250 of 500 trained teachers are applying new acquired didactics

See also Annex A. List of education institutions in the five selected municipalities & Annex B List of GIZ partner municipalities in Libya

3. Concept

In the tender, the tenderer is required to show how the objectives defined in Chapter 2 (Tasks to be performed) are to be achieved, if applicable under consideration of further method-related requirements (technical-methodological concept). In addition, the tenderer must describe the project management system for service provision.

Note: The numbers in parentheses correspond to the lines of the technical assessment grid.

Technical-methodological concept

Strategy (1.1): The tenderer is required to consider the tasks to be performed with reference to the objectives of the services put out to tender (see Chapter 1) (1.1.1). Following this, the tenderer presents and justifies the explicit strategy with which it intends to provide the services for which it is responsible (see Chapter 2 Tasks to be performed) (1.1.2).

The tenderer is required to present the actors relevant for the services for which it is responsible and describe the **cooperation (1.2)** with them.

The tenderer is required to present and explain its approach to **steering** the measures with the project partners (1.3.1) and its contribution to the **results-based monitoring system (1.3.2)**.

The tenderer is required to describe the key **processes** for the services for which it is responsible and create an **operational plan** or schedule (1.4.1) that describes how the services according to Chapter 2 (Tasks to be performed by the contractor) are to be provided. In particular, the tenderer is required to describe the necessary work steps and, if applicable, take account of the milestones and **contributions** of other actors (partner contributions) in accordance with Chapter 2 (Tasks to be performed) (1.4.2).

The tenderer is required to describe its contribution to knowledge management for the partner (1.5.1) and GIZ and to promote scaling-up effects (1.5.2) under **learning and innovation**.

The tenderer is required to explain its approach for **coordination with the GIZ project**. (1.6.1) In particular, the project management requirements specified in Chapter 2 (Tasks to be performed by the contractor) must be explained in detail.

The tenderer is required to draw up a **personnel assignment plan (1.6.2)** with explanatory notes that lists all the experts proposed in the tender; the plan includes information on assignment dates (duration and expert months) and locations of the individual members of the team complete with the allocation of work steps as set out in the schedule.

4. Personnel concept

The Contractor is responsible for selecting, preparing, training and steering the team experts assigned to perform on the work packages. The tenderer is therefore required to provide personnel who are suited to filling the positions described, based on their CVs (see Chapter 7), the range of tasks involved and the required qualifications.

An international team leader (TL) will oversee the comprehensive execution and timely completion of WP 1 & 2. A national deputy team leader (Key expert 1), specializing in Education (HE and TVE), will manage operations and supervision in Libya, ensuring seamless coordination with local institutions, productive collaboration with the GIZ team in Libya and Tunis, and alignment with specified tasks (detailed below). For WP 1 a national Monitoring and Evaluation Expert (Expert 2) is provided. Additionally, national short-term Experts (Pool 1) will reinforce WP 2 as described above. And the international short-term Consultants (Expert Pool 2) will offer guidance on curriculum enhancements, accreditation prerequisites, and alignment with global standards

The support to modernizing professional education systems in Libya shall take selected international models and experience as a starting point, i.e., the contractor must have profound knowledge of the success factors of examples of TVE, cooperative HEs approaches, in-service training and further education. At the same time, for a successful adaptation of these approaches the contractor must

possess a deep understanding of the specific legislative and regulative frameworks and the socio-economic backgrounds of national professional education systems in Libya.

Minimum requirement(s): Key expert 1 (national deputy team leader) must possess a native speaking level of Arabic. Please note, that tenders which do not meet this requirement will be considered ineligible and will be excluded regardless of all further parts of the bid.

The qualifications listed below are the requirements for achieving the maximum number of points in the technical assessment.

Team Leader (international)

- Tasks of the Team Leader:
 - Overall responsibility for the services/advisory packages of the contractor
 - Ensuring the coherence and complementarity of the contractor's services with other services delivered by the project at local and national level.
 - Develop the concept for the Baseline institutional needs assessment dispatching specific responsibilities to the national key experts.
 - Validate methodological tools.
 - Coordinate all deliverables and overall sequencing of activities and tasks for WP1.
 - Analysis of the draft report results
 - Elaboration of the final report for the baseline institutional needs assessment
 - Design, implementation, monitoring and evaluation of capacity development.
 - measures for local partners in the following areas: capacity and institutional development of health education institutions and their teaching staff, improving the skills competency of health workers in selected medical disciplines,
 - Taking cross-cutting themes into consideration (for example, gender equality and digitalisation)
 - Staff management, in particular identifying the need for short-term assignments within the available budget, planning and managing the assignments and supporting local and international experts.
 - Ensuring that monitoring procedures are carried out
 - Regular reporting in accordance with milestones and deadlines
 - Responsibility for checking the use of funds and financial planning in consultation with the officer responsible for the commission at GIZ
 - Supporting the officer responsible for the commission in updating and/or adapting the project strategy, in evaluations and in preparing a follow-on phase
 - Maintaining contact with other donors and the German embassy in Libya

- Qualifications of the Team Leader
 - Education/training (2.1.1): University degree (master's degree) in medicine or/and public health, education studies, or in a similar subject
 - Language (2.1.2): Excellent knowledge and command of English, C1 in the Common European Framework of Reference for Languages, A good command of Arabic, B1 in the Common European Framework of Reference for Languages
 - General professional experience (2.1.3): 10 years of professional experience in public health, higher education, health education; 5 years of professional experience in the development of analytical studies, applied social research. Extensive professional experience and demonstrated in-depth knowledge of health system strengthening.

- Specific professional experience (2.1.4): Sectoral in-depth knowledge of the health sector and education sector. Professional experience and demonstrated in-depth knowledge of education (higher and TVE) of health professionals, of health in higher education/training/technical education. Extensive professional experience and demonstrated in-depth knowledge in supporting education institutions on the accreditation process.
- Leadership/management experience (2.1.5): Experience in managing studies (such as baselines, surveys), in managing related required personnel to conduct studies also in remote setting and in coordinating staff for the promotion of capacity development services and advice.
- Regional experience (2.1.6): 8 years of professional experience in Africa and Middle east, of which 2 years in projects in Algeria, Libya, Tunisia, Lebanon
- Development Cooperation (DC) (2.1.7): 8 years of experience working, advising, and consulting with international development cooperation organisations and multilateral organisations.
- Other (2.1.8): Evidence of participation in Capacity WORKS training

Key Expert 1 (national “Deputy” TL - Expert of Education (HE and TVE))

- Tasks of Key expert 1
 - Ensure overarching coordination on the ground on the two WP s
 - Plan and supervise all activities related to WP 1
 - Develop the methodology and research tools for the baseline institutional needs assessment.
 - Plan and carry out two country missions (Tunis) and interaction with GIZ-Team based in Tunis and Libya
 - Plan and coordinates WP1 services, supporting national experts in Expert pool 1 for consolidation of results of the field work.
 - Coordinate field work activities and ensure smooth logistics in liaison with GIZ team in Libya.
 - Conducting interviews and field work activities for the Baseline needs Assessment.
 - Conduct interviews with relevant high-level stakeholders.
 - Develop a draft baseline institutional needs assessment report based on ad interim reports from experts 1 and 2.
 - Prepare final presentation and discussion with the project team.
 - Liaise with the GIZ team in Libya.
 - Conceptualise and supervise/backstopping towards revising and developing modules with distance learning elements in "Continuing Professional Development (CPD)" for a total of four partner education institutions (2 universities, 2 TVE colleges) in the selected five municipalities (as described in WP 3.1).
 - Conceptualise and supervise/backstopping towards revising and developing a training module on social and soft skills for the Training of Trainers (ToT) of Primary Health Care Institute (PHCI) for family doctors and nurses in the five selected municipalities (as described in the TOR).
 - Revise and develop Simulation Based Education (SBE) program to be integrated into the curricula of one "model" university in the five selected municipalities, focusing on areas like bachelor nursing/midwifery.
 - Plan and supervise of all HE and TVE-related activities in WP 2.
 - Plan and supervise the assignment of national short-term experts (STEs) for related activities, in coordination with the Team Leader and the GIZ project staff in Libya.
 - Actively contribute to the technical mentoring of HE- and TVE-related stakeholders.

- Maintain continuous communication with responsible GIZ project staff.

Qualifications of Key expert 1 (national deputy team leader)

- Education/training (2.2.1): University degree (master's degree) in medicine/public health or in Education studies
- Language (2.2.2): Excellent knowledge and command of English, C1 in the Common European Framework of Reference for Languages. (Note: *Minimum native speaking level of Arabic mandatory, see above*)
- General professional experience (2.2.3): 7 years of professional experience in health policy and any medical field with national and international organisations; 5 years of professional experience in the participation of analytical studies and familiarity with applied social research methodologies; Extensive professional experience and demonstrated in-depth knowledge of health system strengthening.
- Specific professional experience (2.2.4): In-depth knowledge of Higher and TVE education systems in health education in Libya
- Leadership/management experience (2.2.5): Experience in managing studies (such as baselines, surveys), in managing related required personnel to conduct studies and also in remote settings and coordination of teams on the ground
- Regional experience (2.2.6): 8 years of professional experience in Libya
- Development Cooperation (DC) experience (2.2.7): 3 years of experience working, advising and consulting with international development cooperation organisations and multilateral organisations

Short-Term Expert 2 (national Monitoring and Evaluation):

- Tasks of the Expert 2 (M&E):
 - Develop the assessment methodological tools.
 - Elaborate working section on indicators of the baseline institutional needs assessment.
 - Develop status report of the health academic, technical and TVE education institutions in the project target areas.
 - Analyze field work data
 - Elaborate draft report with findings, conclusions on the analysis of needs of selected academic, technical, training health institutions as well as PHCI and operational recommendations on adjustments to modules (focusing on soft skills) as well as on the areas of ToT in new didactics and teaching methodologies.
 - Write up field work reports and provide draft results in a guide-note on indicators.
- Qualifications of Expert 2 (M&E):
 - Education/training (2.3.1): University degree (master's degree) in social studies, Economics, Public health
 - Language (2.3.2): Excellent knowledge and command of English, C1 in the Common European Framework of Reference for Languages. native speaking level of Libyan Arabic.
 - General professional experience (2.3.3): 5 years of professional experience in conduction of M&E and social applied research studies
 - Specific professional experience (2.3.4): Knowledge of Higher and TVE education systems in the area of health education
 - Regional experience (2.3.6): 5 years of professional experience in Libya

- Development Cooperation (DC) experience (2.3.7): 5 years of experience working in M&E and conduction of social assessments and impact assessment with international development cooperation organizations and multilateral organizations in Libya or in the region.

Short-term Expert Pools: For the technical assessment, an average of the qualifications of all specified members of the expert pool is calculated. Please send a CV for each pool member (see below Chapter 7 Requirements on the format of the bid) for the assessment.

Short-term Expert Pool 1 (national Module development and training) – minimum 2, maximum 3 members:

- Tasks of Experts Pool 1 (national Module development and training):
 - Assist pilot Universities and TVE colleges in incorporating various module formats into their education programs, including the development of electronic educational content if needed and feasible.
 - Conduct training sessions or provide inputs for university and TVE staff involved in managing blended-learning programs outlined in Chapter 2.
 - Provide training and guidance on subject-specific topics and methodological workshops for university/TVE teachers and Training of Trainers (ToT) at the Primary Health Care Institute.
 - Offer technical support in developing or revising standards to serve as the foundation for module certification and accreditation.
 - Evaluate the institutional capabilities of pre-selected health workforce education providers in the five chosen municipalities.
 - Develop materials and procedures related to the training content and methodologies.
- Qualifications Expert Pool 1 Module development and training
 - Education/training (2.6.1): All experts should hold a university degree (bachelor's/master's) in one of the following fields: in education studies, vocational pedagogy public health, medical (nursing, midwifery) or a related discipline. Additionally, they should have formal qualifications in curriculum development of TVE/UNI programmes such as in nursing/midwifery, emergency care, patient safety, soft skills, mentoring/coaching. Furthermore, expertise in HR management/planning within the health sector.
 - Language (2.6.2): Proficiency in English (CEFR C1), native level knowledge of Arabic
 - General Professional Experience (2.6.3): 5 years of experience in areas such as patient safety, mentoring/coaching, clinical specialties in Mother and Child Health, organizational development, capacity building, and healthcare administration
 - Specific professional experience (2.6.4): 5 years of international experience in developing TVE /HET systems. 5 years in educational governance and management in TVE, with expertise in developing occupational standards and TVE/HE curriculum.
 - Regional experience (2.6.5): 3 years of working experience in Libya, MENA or Maghreb region.
 - Experience in Development cooperation (DC) (2.6.6): 3 years of experience in DC

Short-term Expert Pool 2 (international Capacity Development and Module development) minimum 1, maximum 2 members:

- Tasks of the Expert Pool 2:
 - Provide expert advice to Ministry of Higher Education and Ministry of TVE on operationalizing capacity development strategies for educational institutions and the health workforce.

- Consult with the National Accreditation and Quality Assurance Center on the design and implementation of new or updated teaching modules meeting national and international standards.
 - Consult with the National Accreditation and Quality Assurance Center on updating of curricula.
 - Advise on capacity building sustainability measures and how to operationalise cascade of training after ToT activities.
 - Advise on the WPs project management, along with capacity development measures for partner institutions, adhering to GIZ standards.
- **Qualifications of Expert Pool 2 Capacity development / Module development**
- Education/training (2.7.1): All experts hold a university degree (Master's) in one of the following fields: education studies, vocational pedagogy, higher education, public health, medical (nursing, midwifery) or a related discipline.
 - Language (2.7.2): Proficiency in English (CEFR C1), native level of Arabic
 - General Professional Experience (2.7.3): formal qualifications in curriculum development of TVE/UNI programmes such as in nursing/midwifery, emergency care, patient safety, soft skills, mentoring/coaching. Extensive professional experience and demonstrated in-depth knowledge in supporting education institutions on the accreditation. Furthermore, expertise in HR management/planning within the health sector.
 - Specific professional experience (2.7.4): 5 years of international experience in developing TVE /HET systems. 5 years in educational governance and management in TVE, with expertise in developing occupational standards and TVE/HE curriculum.
 - Regional experience (2.7.5): 3 years of working experience in Libya, MENA or one of the seven Maghreb regions.
 - Development cooperation (DC) experience (2.7.6): 7 years of development cooperation work, advising, and consulting with international development cooperation organisations.

Soft skills of team members of the contractor:

In addition to their specialist qualifications, the following qualifications are required of team members:

- Analytical skills
- Proactive Initiative
- Communication skills
- Socio-cultural competence
- Efficient, partner- and client-focused working methods
- Interdisciplinary thinking

5. Costing requirements

Assignment of personnel and travel expenses

Per-diem and overnight accommodation allowances are reimbursed as a lump sum up to the maximum amounts permissible under tax law for each country as set out in the country table in the circular from the German Federal Ministry of Finance on travel expense remuneration (downloadable at <https://www.bundesfinanzministerium.de>).

Accommodation costs which exceed this up to a reasonable amount and the cost of flights and other main forms of transport can be reimbursed against evidence.

All business travel must be agreed in advance by the officer responsible for the project.

Sustainability aspects for travel

GIZ would like to reduce greenhouse gas emissions (CO₂ emissions) caused by travel. When preparing your tender, please incorporate options for reducing emissions, such as selecting the lowest-emission booking class (economy) and using means of transport, airlines and flight routes with a higher CO₂ efficiency. For short distances, travel by train (second class) or e-mobility should be the preferred option.

If they cannot be avoided, CO₂ emissions caused by air travel should be offset. GIZ specifies a budget for this, through which the carbon offsets can be settled against evidence.

There are many different providers in the market for emissions certificates, and they have different climate impact ambitions. The [Development and Climate Alliance \(German only\)](#) has published a [list of standards \(German only\)](#). GIZ recommends using the standards specified there.

Specification of inputs

Fee days	Number of experts	Number of days per expert	Total	Comments
Team Leader (TL)	1	50	50	International
Key Expert 1	1	100	100	National dept. TL
Expert 2 M&E	1	20	20	National Short-term M&E
Expert Pool 1	2-3	tbd	95	National Module dev. and training specialist
Expert Pool 2	1-2	tbd	20	International Short term
Travel expenses	Quantity	Price	Total	Comments
Per-diem allowance in Tunisia	15			Up to 15 man-day per diem for Tunisia missions
Overnight allowance in Tunisia	15			Up to 15 over nights in Tunisia missions
Per-diem Allowance in Libya	60			up to 60 days for field work in remote areas in Libya
Overnight Allowance in Libya	60			up to 60 nights for field work in remote areas in Libya

Transport	Quantity	Price	Total	Comments
International flights to Tunisa	6			Up to 6 return tickets to Tunisia
Domestic flights within Libya	10			Up to 10 return trips from Tripoli to Benghazi, Tripoli- Sahat, Tripoli Sahba
CO ₂ compensation for air travel	32	43,75	1.400	A budget is earmarked for settling carbon offsets against evidence. 32 one way based on average between international flights and national.
Libya Transportation	3.522			3 trips by car to Ghadames based on return equal 1174 km for 15 Cent per km
Libya Transportation	3			Taxi from Sahba to Albawanis for up to 3 times
Other costs	Number	Price	Total	Comments
TRAININGS in LIBYA	7	12.000	84.000	The total budget contains the following costs: Rental of Training venue for 7 training sessions of 5 days duration for up to 18 participants (plus chaperons for women participants), accommodation and per diem for participants when needed, 1 coffee and 1 lunch break /day/participant and transportation costs for participants (calculated based on 0.15cent per km for travel distances), training materials, translations and interpretation services and rental of translation equipment, didactic manuals for all training participants, technical equipment, print out of material if needed, etc.
Flexible remuneration	1	5.000	5.000	A budget of EUR 5.000 is foreseen for flexible remuneration. Use of flexible budget will require prior written approval from GIZ.

Trainings:

Please describe in your concept how you implement GIZ's minimum standards for sustainable event management (**see annexes to the terms of reference**).

Training planning and delivery shall be in line with the quality and technical requirements indicated in the TOR and discussed with the GIZ team. TOT Training are conceived for a minimum of 15 to 20 participants in presence in Libya (Target areas) and for more participants (if needed) when digital formats are delivered. Each training shall be expected to be 5 days training.

The contractor is expected to cover at minimum the following costs:

- Logistics for trainings: including, the rental of the venue, daily lunches and 1 coffee break.
- In some cases, participants may require lodging, per diem and transportation will be covered by the contractor on a need basis.
- Translations services
- Interpretations services and rental of equipment on a need basis
- Didactic material for all participants such as training manuals, and printing of material if needed.
- Simple IT equipment if needed for training purposes, etc.

6. Inputs of GIZ or other actors

GIZ and/or other actors are expected to make the following available: GIZ will provide support for logistic organisation of the WP 1 and advise and coordination on the organisation of training planning and coordination on the ground for WP 2.

7. Requirements on the format of the tender

The structure of the tender must correspond to the structure of the ToRs. In particular, the detailed structure of the concept (Chapter 3) should be organised in accordance with the positively weighted criteria in the assessment grid (not with zero). The tender must be legible (font size 11 or larger) and clearly formulated. It must be drawn up in English (language).

The complete tender must not exceed 15 pages (excluding CVs). If one of the maximum page lengths is exceeded, the content appearing after the cut-off point will not be included in the assessment. External content (e.g., links to websites) will also not be considered.

The CVs of the personnel proposed in accordance with Chapter 4 of the ToRs must be submitted using the format specified in the terms and conditions for application. The CVs shall not exceed 4 pages each. They must clearly show the position and job the proposed person held in the reference project and for how long. The CVs should be submitted in English (language).

8. Annexes

Annex A till D:

Annex A. List of education institutions in the five selected municipalities

N°	Municipalities	Universities / Technical Schools	Name of Faculties/Technical Schools
1	Al Bawanis	University of Sebha	Faculty of Nursing
2			Faculty of Medecine
3			Faculty of Pharmacy
4			Faculty of Dentisry
5	Ghadamees	Technical Schools	Intermediate Institute of Comprehensive Professions
6			Al-Safa Al-Munir Institute for Higher and Intermediate Education
7	Tripoli Center	University of Tripoli	Faculty of Nursing
8			Faculty of Medical Technology
9			Faculty of Medicine
10			Faculty of Pharmacy
11			Faculty of Dentistry
12		Technical Schools	CIS College Tripoli
13			Tripoli international Training Center Life Suppot TITCLS
14	Benghazi	University of Benghazi	Faculty of Medicine
15			Faculty of Public Health
16			Faculty of Dentistry
17			Faculty of Pharmacy
18			Faculty of Nursing
19			Faculty of Biomedical Science
20		Technical Schools	Institute of Medical Technology for Health Education and Training
21			White Hands higher health institue
22	Shahat	Technical Schools	Higher institute of science and Technology
23			Intermediate institue of Nursing (Alfaidia)

Annex B. GIZ partner municipalities in Libya

	GIZ Municipalities	Region
1	Benghazi	East
2	Al-Bayda	East
3	Shahat	East
4	Tobruk	East
5	Ajdabiya	East
6	Brega	East
7	Jalu	East
8	Jakharrah	East
9	Awijla	East
10	Abu Slim	West
11	Hay Alandalus	West
12	Msallata	West
13	Misrata	West
14	Zliten	West
15	Nalut	West
16	Zintan	West
17	Jadu	West
18	Tawergha	West
19	Tarhuna	West
20	Garabulli	West
21	Janzour	West
22	Ghadames	West
23	Al-Shweirif	South
24	Al-Bawanes	South
25	Al-Sharqiya	South
26	Edri El-Shati (Brak)	South
27	Zweillah	South
28	Bergen	South
29	Al-Jufra	West
30	Tripoli Center	West

Annex C. Strengthening the Health System and Pandemic Response in Libya – Fact sheet



Implemented by
giz Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH



Strengthening Health System and Pandemic Response in Libya

Libyan health system actors are more responsive to health needs and challenges

The challenge

After years of conflict, about 1.1 of Libya's 6.5 million inhabitants currently have no access to health care. In many places, basic health services and clinics have been destroyed or damaged. In rural areas, health care institutions are partially closed or not fully functional with a lack of essential equipment, medicines, and sufficiently qualified personnel. Women are particularly affected, often obliged to travel long distances for prenatal care and childbirth or to forgo preventive checkups with the risk that emergencies cannot be treated in a timely or competent manner. COVID-19 pandemic further exacerbated the situation, adding stress on Municipalities not adequately equipped and unprepared for pandemic control and response.

In the Libyan health context, the problem also lies on the quality and distribution of health human resources. Qualifications and competencies of medical staff are insufficient to respond adequately to health-related needs, even more in emergencies, especially including cases of epidemics or pandemics. Over the years, the health education sector has suffered from an uncontrolled growth of faculties for health professions, a lack of accreditation of institutions and training programs resulting in lack of high-quality education for health personnel at all levels and a lack of perspectives for health professional development opportunities.

GIZ is commissioned by the Federal Ministry for Economic Cooperation and Development (BMZ) to support the Ministry of Health in Libya, with the implementation of the "Strengthening Health System and of Pandemic Response in Libya" Project, SHSPR.

- I. performance improvement of managers of health institutions through capacity development of health management personnel down to the municipal level and managers of primary, secondary health care institutions and the National Disease Centre for enhancing the referral and reporting system and
- II. health education advancement at different levels: academic and technical education as well as vocational and in-service training. Capacity development is expected to address the underlying structural causes of Libya's disrupted health system while continuing to meet ongoing humanitarian needs including future pandemic preparedness and responses.

Project name	Strengthening health system and pandemic response in Libya
Commissioned by	Federal Ministry for Economic Cooperation and Development (BMZ)
Project region	Libya
Lead executing agency	Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH
Duration	June 2022 – May 2025

Our approach

The Ministry of Health is actively promoting a patient-centered approach to ensure universal primary health care coverage. Concurrently, the National Center for Disease Control is developing





Implemented by



a strategy for implementing an e-Integrated Disease Surveillance and Response system (IDSRS). In collaboration with the Ministry of Health, Ministry of Higher Education and Scientific Research, Ministry of TVET, Ministry of Labor, and Ministry of Local Government, the SHSPR Project is working towards establishing a robust health management system at both national and municipal levels. This project aims to enhance the performance of the health sector by strengthening the capacities of health managers and improving curricula for relevant health education programs. This strategic approach is anticipated to foster public trust in government and relevant health state institutions. To this end, the Project intends to provide support for the revision of specific health education curricula and teaching methodologies, catering to the requirements of both academic and vocational as well as continuing training domains. Furthermore, the Project seeks to address the health sector's call for adherence to international health education standards by introducing updated curricula that are practical, digitized, and sensitive to gender considerations. Furthermore, the Project will concentrate efforts on fortifying municipal levels of healthcare by collaborating with heads of directorates and managers responsible for primary and secondary healthcare at the local level. Lastly, it aligns with the International Action Plan 2030 initiated by the United Nations and contributes to the achievement of Sustainable Development Goals (SDGs) 1, 3, 4, and 16.

SHSPR approach covers 4 main areas of intervention :

1. Strengthening the performance and competencies of health managers in primary and secondary (focus on referral) health care and within health authorities at central and municipal level with capacity strengthening in areas such as human resource management, patient-centered management, interdisciplinary patient safety teams. Furthermore, in this area of intervention the project will contribute to the development of job descriptions for selected health professions aiming at their integration in the new national workforce development strategy.
2. Improving the teaching capacities of selected health educational institutions by integrating updated training modules, modern and digital teaching methodologies, and gender-sensitive aspects. This

area of intervention will cooperate with national relevant bodies such as the NCQAA and CAHEL for adequate consideration of the existing curricula framework for health education in Libya and the fair processes needed to update and modernize it.

3. Enhancing disease reporting by health authorities and facilities. The NCDC will be assisted in developing a nationwide Integrated Disease Surveillance and Response system, and district municipal health authorities will be trained to use modern data systems to report diseases to national authorities. Health workers in health facilities will also be trained to better diagnose diseases. This will enable a timely response to epidemic-prone diseases at all levels of the health system and better respond to current needs and pandemic challenges.
4. Strengthening the knowledge and skills of health workers through professional networking, including university collaborations and mentorship programs. This will improve competencies to respond to current needs and pandemic challenges in the Libyan health system.

Main project launching activities

Selection of up to 6 municipalities for the implementation of the four intervention areas (outputs) of the project.

Planning workshop with national partners and key stakeholders.

Selection of medical education and training institutions for faculty and teaching staff development in the respective municipalities.

Comprehensive Baseline and Institutional Needs Assessment to identify capacity strengthening needs in health management at the level of central and municipal directorates and primary and secondary health care facilities.

Review of selected educational and training programs and curricula and the needs to adapt standards to meet competence-based international academic and training program requirements.

Develop a national e-IDSRS strategy.

Develop a proposal for a university hospital partnership.

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Annex D. Minimum standards for sustainable event management at GIZ

GIZ Guide Sustainable Event Management.pdf



Event venues and **accommodation** for the participants should be evaluated not only on cost and performance aspects, but also on social and environmental criteria. There are appropriate certifications for hotels and event venues that facilitate the evaluation of the premises – and

providers' information on their own internal sustainability management often shows their willingness and ability to implement sustainability-oriented measures.

Nachhaltige Beschaffung

Environmental and social criteria must also be taken into account when procuring conference materials, decorations and other products, as well as when selecting service providers. Conference materials in particular are a simple and efficient starting point for making a statement about the sustainability of the event. Decorations can also support the theme of the event or reflect the cultural characteristics of the region, thus creating awareness of sustainability among the participants. When selecting products, you

must always be aware of the German Government's procurement guidelines, and sustainability aspects must be included as a minimum or award criteria in your invitations to tender. The **Sustainable Procurement Report** and the **Sustainability Compass** also provide guidance for sustainable procurement. If you don't select the services directly, but instead order them via the provider of the premises, ask the providers about sustainability measures practised by their service providers.



Energy and climate

The 'Energy and Climate' field of activity plays a crucial role as an overarching theme, e.g. in the mobility of the participants and the selection of conference buildings and hotels at the venue location. This independent approach is intended to underline and focus the organisers' attention on the environmental significance of the theme.

Climate-influencing energy consumption occurs when participants travel to & from the event and when they move from place to place on site. Heating, air conditioning, lighting and technology in conference buildings also consume energy.



Waste management



In this field of activity, the dual aim is to prevent or reduce the generation of waste and to ensure efficient waste separation. This applies to the conference location

(catering, conference materials) as well as to the hotel and the preparation phase (dissemination of handouts/conference documents).