

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



CONFIDENTIAL

IMPLEMENTATION OF TRAININGS FOR HEALTHCARE PROFESSIONALS ACROSS 7 IMPLEMENTING REGIONS IN G-012928-001 GHANA

Project number:

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AG	Commissioning party
AN	Contractor
AVB	General Terms and Conditions of Contract for supplying services and work
FK	Expert
FKT	Expert days
KZFK	Short-term expert
ToRs	Terms of reference
OTCMS	Over-the-counter-medicine sellers

0. Context

i. Brief information on the project

The AYA Integrated Healthcare Initiative builds upon the success of the Ghana Heart Initiative (GHI) which aims to further strengthen healthcare systems in Ghana, with a specific focus on improving the detection and management of cardiovascular diseases (CVDs) and Type II Diabetes. The overarching **vision** foresees that “by 2030, Ghanaians will have access to information on NCDs, effective screening for CVDs, Diabetes and other NCDs and affordable state-of-the-art care”.

With funding support from four pharmaceutical companies and a foundation, and implemented by GIZ, the project aims to strengthen the health system’s capacity for noncommunicable disease (NCD) prevention and management across all levels of care in Ghana’s public health facilities.

The AYA project is based on a modular approach, comprising three modules aimed at improving the patient journey for chronic NCDs through health system strengthening interventions. Additionally, two disease-specific modules focus on improving the technical capacity of healthcare professionals for the integrated treatment of CVDs and Type 2 Diabetes. Further, there are two modules designed to strengthen NCD laboratory capacity and research networks. Monitoring and Evaluation serves as a cross-cutting component. AYA seeks to achieve the following objectives:

To improve the quality and integration of NCD service delivery at health facilities through capacitating at least eight (8) Networks of Practice in model region.

To train **2,800 Health Care Providers**.

To screen **150,000 adult Ghanaians** for Obesity, Hypertension and Diabetes at the community level in the pilot areas.

80% of people diagnosed with CVD or Diabetes II in the pilot areas have been linked to care.

80% of patients with Hypertension or Diabetes II **have controlled levels** of blood pressure/glucose levels.

>2,000.000 adult Ghanaians have accessed improved outpatient service.

The project will be implemented in seven (7) implementing regions of Ghana. Find below the training categories per region being implemented.

ii. The trainings planned are as follows:

A. Cascade Trainings on Integrated CVD/T2D management in each implementing region

- a 2-day training for Community Health Officers (CHOs), Community Health Nurses (CHNs), and nutritionists across seven implementing regions. Selected staff from 22 participating pharmacies and OTCMS within these regions will also participate. 7 Regional Health Promotion Officers (HPOs) will further train CHNs and CHOs on patient education and health promotion during the cascade training.

- b 2-day training for nurses from selected hospitals and primary healthcare facilities across 7 regions using the updated *Facilitators' Guide* across 7 implementing regions.
- c 3-day trainings for physician assistants and doctors from selected hospitals and primary healthcare facilities across 7 regions using the *Facilitators' Guide* across 7 implementing regions.

B. Implementing Regions

The cascade trainings will be conducted across the following seven regions below:

	Ashanti Region	Doctors (Dist.)	Nurses (Dist. & HC)	Nutritionist (Dist.)	PA's (HC)	CHOs(inc. CHNs) - CHPS	Total numbers	Community Pharmacy
1	Ahafo Ano South East	3	8	1	2	23	37	
2	Asante Akim South	3	8	1	2	28	42	
3	Obuasi	3	8	1	2	27	41	
4	Amansie Central	3	8	1	2	28	42	
5	Bosomtwe	3	8	1	2	31	45	
6	Bosome Freho	3	8	1	2	24	38	
7	Asante Akim Central	3	8	1	2	24	38	
8	Sekyerere East	3	8	1	2	24	38	
	Regional Total	24	64	8	16	209	321	8
	Northern Region							
9	Tolon	3	8	1	5	28	45	
10	Yendi	3	8	1	5	34	51	
	Total	6	16	2	10	62	96	8
	North East							
11	West Mamprusi	3	8	1	3	33	48	
12	East mamprusi	3	8	1	3	33	48	
	Regional Total	6	16	2	6	66	96	4
	Savannah Region							
13	Sawla Tuna Kalba District	2	8	1	2	28	41	
14	West Gonja Municipal	2	8	1	2	28	41	
	Regional Total	4	16	2	4	56	82	4
	Ahafo Region							
15	Tano south	2	8	1	3	33	47	
16	Asunafo North Municipal	2	8	1	4	38	53	

	Regional Total	4	16	2	7	71	100	8
	Western							
17	Wassa Amenfi East	4	8	1	4	33	50	
18	Effia-Kwesimintsim	4	8	1	4	38	55	
	Sekondi Takoradi Municipal Assembly	4	4	1		5		
	Regional Total	12	20	3	8	76	105	8
	Western North							
19	Joaboso	3	8	1	4	33	49	
20	Aowin	3	8	1	4	38	54	
	Regional Total	6	16	2	8	71	103	4
Grand Total		62	164	21	59	611	903	44

The above trainees will be nominated through the respective Regional Health Management Teams (RHMTs). Trainings will be conducted on a regional basis, ensuring localized delivery and participation.

C. Other Trainings in the Ashanti Region

- I) Training of healthcare professionals (HCPs) from eight (8) selected districts in the Ashanti region on Standard Operating Procedures (SoP) for Therapeutic Patient Education in the regional capital.
 - 250 healthcare providers, including *nurses, physician assistants, and community health nurses*, will be trained from eight participating districts in the Ashanti Region, with nominations coordinated by the District Health Management Teams and shared with the AYA team before training commences. The participating districts are:
 1. Ahafo Ano South-East
 2. Asante Akim South
 3. Obuasi
 4. Amansie Central
 5. Bosomtwe
 6. Bosome Freho
 7. Asante Akim Central
 8. Sekyere East
- II) Training of Patient support group focal persons on SOP for patient support groups in the Ashanti Region

- Patient support group focal persons will be trained at the Ashanti regional capital on newly developed SOP for patient support groups with four representatives per district in attendance. Training will be led by two (2) Master trainers with four (4) regional representatives from RHMT/DHD in attendance. Participants will be attending from:

1. Ahafo Ano South East
2. Asante Akim South
3. Obuasi
4. Amansie Central
5. Bosomtwe
6. Bosome Freho
7. Asante Akim Central
8. Sekyere East

C. TNT coordination for 25 nurses selected from the initial cohort of 250 healthcare providers trained in patient empowerment activities. This workshop will take place after the completion of the SOP TPE training and will be conducted in the Ahafo Ano South East and Asante Akim South districts of the Ashanti Region.

1. Tasks to be performed by the contractor

Firm to coordinate trainings for healthcare professionals across Seven Implementing Regions under the AYA Integrated Healthcare Initiative in Ghana.

The contractor is responsible for providing the following services:

1. Administer regional training budgets for the 7 Implementing regions for the cascade trainings on the Integrated CVD/T2D trainings for CHNs, Nurses, Physician Assistants, Doctors. This shall be carried out in close collaboration with the AYA Team and Ghana Health Service Regional Health Management Teams of implementing regions (GHS RHMT).
2. Coordinate the disbursement of fees for 172 trainers (fees include training), for implementation of cascade trainings in close consultation with AYA team.
3. Proactively involve cascade training trainers ahead of time to ensure their training requirements are fulfilled and distribute updated Facilitator's guides and CHPs booklets to them prior to the training sessions per trainee target.
4. Ensure that GHS Trainers of Trainers (ToTs) are engaged well in advance and adequately prepared for the trainings, in close coordination with the AYA team. This includes confirming that all required materials (pre-and post-tests, training documents, and related tools) are ready prior to training. The firm shall also work with the AYA team to review and apply the training checklist to ensure effective organization and delivery. **(The GHS has an established pool of Trainers of Trainers (ToTs), from which selections will be made and formally communicated prior to the commencement of the trainings.)**

5. Coordinate with AYA team to ensure online pre-training tests and post-training tests are conducted for all participants, daily evaluation and final evaluation forms are completed and submitted promptly.
6. Organize the selection of venues (preferably an appropriate cost-effective training centre or minimum 2-star hotel) in consultation with GHS RHMTs and AYA Team, with conferencing facilities suitable for all training needs and accommodation for trainers and trainees where necessary.
7. Organize training logistics and other arrangements (venue, refreshment, accommodation) for trainers and trainees according to training locations provided
8. Coordinate the disbursement of transportation expenses and per diem where required and agreed for trainers and trainees at GIZ rates.
9. Coordinate the effective implementation of training sessions in collaboration with the GHS RHMTs.
10. Ensure the timely completion of training for 250 healthcare providers across the eight participating districts in the Ashanti Region by AYA Master Trainers. The AYA team will provide the trainers and training materials, excluding stationery and other logistics, and close collaboration with the AYA team will be required throughout the process.
11. Ensure the timely completion of training for patient support focal persons representing 8 districts in the Ashanti regions. This will be conducted at the regional capital. The AYA team will provide the trainers and training materials, excluding stationery and other logistics, and close collaboration with the AYA team will be required throughout the process. List of patient support groups will be provided by AYA team.
12. Coordinate with AYA team to ensure TNT of 25 HCPs and 6 GHS facilitators in the Ashanti region is conducted
13. Coordinate the disbursement of fees for trainers in close consultation with AYA team for SOP training for patient support groups and therapeutic patient education.
14. Undertake all preparatory logistics required for training. These may include printing, photocopies and stationery required for trainers and trainees (pens and notebooks)
15. Have regular fortnightly update meetings with AYA Team.

(Note: List of trainees for all the trainings will be shared by the AYA team)

2. Responsibilities, output objectives and output indicators

Output 1: Coordination with GHS RHMTs and planning cascade trainings.

Output 1 objective: All required resources are mobilized, and planning is completed in coordination with GHS RHMTs and AYA Team.

Output 1 Indicators:

- 172 trainers are engaged and prepared to train during specified timelines. **(by end of July 2026)**
- Training roll-out and coordination plans including budget have been developed in coordination with GHS RHMTs and AYA Team for the 7 implementing regions. - Training venues have been secured.

Output 2: Sensitization of stakeholders in each implementation region

Output 2 Objective: All stakeholders are aware and sensitized of planned trainings.

Output 2 Indicators:

- Through the GHS RHMTs, the management teams of hospitals and primary healthcare facilities across the 7 implementing regions are fully briefed and understand the training coordination approach by firm.
- 172 trainers are briefed and understand the training coordination approach by firm.

Output 3: Trainings on Integrated CVD/T2D management in each implementation region

Output 3 Objective: Cascade trainings are completed across the levels of care within the 7 implementing regions.

Output 3 Indicators:

- **611** community health officers (CHOs) and CHNs have been trained using the *CHPS Booklet*.
- **44** pharmacy staff have been trained on screening activities and use of the NCD tracker.
- **164** nurses from selected hospitals and primary healthcare facilities across 7 regions have been trained using the updated *Facilitators' Guide*.
- **121** physician assistants and doctors from selected hospitals and primary healthcare facilities across 7 regions have been trained using the *Facilitators' Guide*.
- **21** nutritionists have been trained on non-pharmacological treatment of CVDs and Type 2 Diabetes

Output 4: Training of 250 HCPs on SOP for Therapeutic Patient Education in Ashanti

Region

Output 4 Objective: Workshop to train selected Healthcare providers on developed SOP for therapeutic patient education in the Ashanti Region.

Output 4 Indicators:

- 250 HCPs selected from eight (8) participating districts in the Ashanti region (earlier mentioned) have been trained on SOP for therapeutic patient education by eight (8) Master Trainers.

Output 5: Training of patient support group focal persons on SOP for patient support groups in the Ashanti region

Output 5 Objective: Workshop to train pre-selected patient support group focal persons on SOP for patient support groups by AYA trainers in the Ashanti Region.

Output 5 Indicators:

- 36 patient support group focal persons from participating districts in the Ashanti region have been trained on the newly developed *SOP for patient support groups* in the regional capital by two (2) Master trainers

Output 6: Workshop for 25 selected nurses in Ashanti Region

Output 6 Objective: Coordination of TNT for training of selected Healthcare providers (main on patient empowerment activities and use of patient self-management ICT tool completed in the Ashanti Region.

Output 6 Indicators:

- 25 nurses and 6 GHS facilitators' TNT disbursed for training on developed patient ICT Tool and the patient empowerment processes

Certain **Milestones**, as laid out in the table below, are to be achieved during the contract term:

Milestones	Deadline/place/person responsible	Criteria for acceptance
Compilation and coordination of Regional training budgets in collaboration with GHS RHMTs and AYA Team	June 2026/ Implementing regions/ Firm	Submitted regional training budgets to AYA Team
Cascade Trainings coordinated and conducted	June 2026/ Implementing regions/Firm	Summary training report submitted (per training) after trainings
Ensure online pre-training and post-training assessments for all participants is conducted	Throughout training period/ Implementing regions/ Firm	Results received by AYA Team in real time during trainings

Ensure completion of SOP Therapeutic Patient Education training for 250 HCPs by Master Trainers	June 2026/ Ashanti Region/Firm	Summary training report submitted after trainings
Coordinate TNT for 25 nurses conducted (pretest/post-tests submission apply)	July 2026/ Ashanti Region / Firm	TNT signing sheet submitted to AYA Team
Attendance of participants to training and workshops	Throughout Training period/ Implementing regions/ Firm	Signed attendance list of participants per training/workshop submitted after each training to AYA Team
Final training report submission	At completion of trainings/firm	Comprehensive and detailed report of entire coordination assignment conducted

Period of assignment: from 22.05.2026 until 29.03.2027.

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.

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 Context) (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**.

Project management of the contractor (1.6)

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 Tasks to be performed by the firm 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 days) and locations of the individual members of the team complete with the allocation of work steps as set out in the schedule.

Backstopping (1.6.3)

The tenderer is required to describe its backstopping concept. The following services are part of the standard backstopping package, which (like ancillary personnel costs) must be factored into the fee schedules of the staff listed in the tender Service-delivery control

- Managing adaptations to changing conditions
- Ensuring the flow of information between the tenderer and GIZ (AYA team)
- Assuming personnel responsibility for the contractor's experts
- Process-oriented steering for implementation of the commission
- Securing the administrative conclusion of the project

4. Personnel concept

The tenderer is required to provide personnel who are suited to filling the positions described, on the basis of their CVs, the range of tasks involved and the required qualifications.

The below specified qualifications represent the requirements to reach the maximum number of points in the technical assessment.

Expert 1: Team leader

Tasks of the team leader

Overall responsibility for the advisory packages of the contractor (quality and deadlines)
Coordinating and ensuring communication with GIZ, partners and others involved in the project

Personnel management, in particular identifying the need for short-term assignments within the available budget, as well as planning and steering assignments and supporting local and international short-term experts

Regular reporting in accordance with deadlines

Qualifications of the team leader

- Education/training (2.1.1): University degree in health related or (project) management, business administration or related field
- Language (2.1.2): C1-level language proficiency in English
- General professional experience (2.1.3): 5 years of professional experience in project management and/or event management
- Specific professional experience (2.1.4): 3 years of experience in coordinating and providing logistics for training programmes across different sectors

- Leadership/management experience (2.1.5): 4 years of management/leadership experience in projects, companies or other organisations with disciplinary leadership responsibility
- Regional experience (2.1.6): 3 years of experience in projects in Ghana and two examples with an annual turnover of at least 1,000,000.00 GHS
- Development cooperation (DC) experience (2.1.7): 2 years of experience in development cooperation projects

Short-term expert pool: with a minimum of 4, maximum of 8 experts

Tasks of the short-term expert pool

Offer admin, coordination and logistics and event support

Qualifications of the short-term expert pool

- Education/training (2.6.1): 8 experts with university qualification in Administration, Accounting and Finance, Human Resource Management, project management or related field.
- Language (2.6.2): 8 experts with C1-level language proficiency in English
- General professional experience (2.6.3): 8 experts with 3 years of professional experience in the provision of trainings for professionals across different sectors, including the health sector in Ghana
- Specific professional experience (2.6.4): 1 year of experience in coordinating, providing logistics, event coordination for training programmes across different sectors
- Regional experience (2.6.5): 1 year of experience in projects in Ghana

The tenderer must provide a clear overview of all proposed short-term experts and their individual qualifications.

The tenderer must assign all the proposed experts to the required qualifications and clearly present them in a separate table preceding the CVs. The summary presentation must mention only qualifications that are actually indicated in the CVs. Professional experience must be evidenced by meaningful references in the CVs. It is advisable to make explicit reference to each example of professional experience.

The qualifications mentioned correspond to the requirements for achieving the highest number of points in the technical assessment.

Soft skills of team members

In addition to their specialist qualifications, all team members are also expected to have the following qualifications:

- Team skills
- Initiative
- Communication skills
- Sociocultural and intercultural skills
- Efficient partner- and client-oriented working methods
- Interdisciplinary thinking

Soft skills are not evaluated.

5. Costing requirements

In your tender, please do not deviate from the specification of inputs required in these ToRs (the number of experts and expert days, the budget specified in the price schedule). This is part of the competitive tender and is used to ensure that the tenders can be compared objectively. Please note: only services that were commissioned by GIZ and rendered by the contractor will be remunerated. We would also like to point out that it may not be necessary to make use of the total number of proposed expert days.

Assignment of experts

The number of expert days corresponds to full working days.

Fee days	Number of experts	Number of days per expert	Comments
Designation of Team Lead	1	60	The team will interface with the AYA team or ensure they introduce key person to engage. The lead alongside some of the experts from the pool will be taken through an onboarding session by the AYA
Designation short-term expert pool	8	22	22 expert-days in total for all experts
Travel expenses	Number of experts	Number of days per expert	Comments
Per-diem allowance in country of assignment	9	11	This comprises of 1 team lead and 8 short-term experts. This translates to 99 per-diems in total between the 9 experts for 11 days each
Overnight allowance in country of assignment (Accommodation)	9	12	For 6 implementing regions with 8 short term experts and 1 team lead. This translates to 108 nights in total between the 9 experts at 12 days each.
	2	9	For Ashanti regional trainings, 1 team lead and 1 short-term expert from the pool. This translates to 18 nights in total

			between the lead expert and a short term expert assigned to the Ashanti region's activities
Transport	Number of experts	Number of days per expert	Comments
Travel expenses (car, flight)	9 experts		Travel within the country of assignment, transfer to/from airport etc. Show documents to support car rental or personal vehicle (car rental invoice and receipts or fuel receipts and logbook for use of personal/company vehicle etc.) within assignment period with prior approval by project.

Other costs	Number	Price	Comments
Workshops and trainings	1		<p>The budget contains the following costs.</p> <ul style="list-style-type: none"> • Participants TNT (See annex for guidance) • Conference package (Venue, Food, Conference room) (See annex for guidance) • Accommodation cost for participants (See annex for guidance) • Trainers & Regional Facilitators allowances & transportation
Procurement of materials and equipment	1		The budget contains the following costs: stationery, pens etc.

Per diem allowances are reimbursed as a lump sum and 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 from the [German Federal Ministry of Finance – tax treatment of travel expenses and allowances for international business travel as of 1 January 2025 \(GERMAN ONLY\)](#)).

Accommodation allowances are reimbursed as detailed in the specification of inputs below.

With special justification, additional Accommodation costs up to a reasonable amount can be reimbursed against evidence.

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

6. Requirements on the format of the tender

The structure of the tender must correspond to the structure of the ToR. 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 10 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 can also be submitted in English (language).

Please calculate your financial tender based exactly on the parameters specified in Chapter 5 Quantitative requirements. The contractor is not contractually entitled to use up the days, trips, workshops or budgets in full. The number of days, trips and workshops and the budgets will be contractually agreed as maximum limits. The specifications for pricing are defined in the price schedule.

7. Annexes

No.	Activity	Cadre or person to be trained	No. of days for activity	Location of training	Implementing (Regions/Districts)	Comments
1	Cascade Trainings: Integrated Hypertension and Type II Diabetes	CHNs Pharmacists/OT CMS Nurses Physician assistants and Doctors	2-day training 2-day training for pharmacists/OTC MS staff (to attend on Day-2 of CHN training) 2-day training 3-day training	Regional capitals of the 7 implementing regions	7 regions	Hotel accommodation and conference Package, TNT required for participants and facilitators attending trainings. Facilitation fees for 172 trainers (see <i>breakdown per region below</i>) GHS HQ facilitators' fees for 14 members 44 pharmacy/OTC MS staff from 7 implementing regions (refer to table 1 in document)
2	Training: (SoP) for Therapeutic Patient Education for 250 HCPs	CHNs Nurses Physician assistants	2-day training	Kumasi	Ashanti region districts of attendees - <i>Ahafo Ano South East, Asante Akim South, Obuasi, Amansie Central, Bosomtwe, Bosome Freho, Asante Akim Central, Sekyere East</i>	8 Master Trainers from Accra will be paired to deliver 2-day trainings (three batched trainings), each with at least 84 trainees. Hotel accommodation and conference Package, TNT required for participants and

						<p>facilitators attending trainings.</p> <p>Fees for trainers required for 6 trainers</p> <p>Consider room to accommodate class size (at least 84 trainees per batch)</p> <p>Number of trainees (list of trainees will be provided by AYA team) expected: 250</p> <p>HCPs spread across the participating 8 districts of the Ashanti region (<i>Averagely 32 HCPs per District</i>)</p> <p>4 Regional Facilitators from Ashanti RHD to attend (non residential)</p>
3	Training: (SoP) for patient support groups	Focal persons pre-selected as patient support group leads	1-day Training	Kumasi	<p>Ashanti region - <i>Ahafo Ano South East, Asante Akim South, Obuasi, Amansie Central, Bosomtwe, Bosome Freho, Asante Akim Central, Sekyere East</i></p>	<p>Trainees: 4 focal persons per district from 8 districts indicated</p> <p>2 Regional Facilitators each from DHD and RHD</p> <p>Training fees for 2 trainers</p> <p>Accommodation and conference Package, and TNT required for 2 trainers (from Accra), participants and</p>

						<p>facilitators attending trainings.</p> <p>Fees for trainers required for 2 trainers</p>
4	Coordinate TNT for selected 25 nurses for patient empowerment activities				<p>Ashanti region: Ahafo Ano South East</p> <p>Asante Akim South</p>	<p>25 selected Nurses from the two districts of the indicated Ashanti Region.</p> <p>Other attendees form GHS (6):</p> <p>Averagely 15 per district (2 districts)</p>

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8. 3. Breakdown of numbers for budget calculation

Category	Item	No. of Days	No of people	Total Number	Comments
	Cascade				
	Kumasi Cascade trainers (CHNs) Allowance & transportation	2	8	16	4 batches of cascade trainings for 2days each. 6 trainers to rotate
	Cascade trainers (Doctors&PAs) Allowance & transportation	3	92	276	66 trainers across 7 regions and 14 GHS HQ facilitators
	Cascade (Nurses) Allowance & transportation	2	37	74	25 trainers across 7 regions
	Cascade trainers (CHNs) Allowance & transportation	1	37	37	25 trainers across 7 regions
	Kumasi HIO trainers for CHNs	4	2	8	4 batches of cascade trainings for 1day each. 2 trainers per training
	Kumasi HPO trainers for CHNs	4	1	4	4 batches of cascade trainings for 1day each. 1 HPO trainer per training
	HIO cascade training for CHNs	1	2	12	1 trainer per day across 6 regions
Trainers/Facilitators	HPO trainers for CHNs	1	1	6	1 trainer per day across 6 regions
	SOP TPE & Patient Advocates				
	Allowances (TPE) trainers	2	8	12	For 8 trainers; 2-day training
	Allowances (Patient support groups) trainers	1	2	2	For 2 trainers; 1-day training
	Regional facilitators (TPE)			4	GHS reps from Ashanti RHMT

Form 41-14-7en

Regional facilitators for 25 nurses' workshop	1	6	6	RMHT reps from the districts in the districts
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Regional facilitators (Patient support groups)			4	RMHT/DHD reps from the districts in the districts
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Participants' T&T	Cascade				
	Cascade Drs and PAs		121	121	Fixed TNT for training, to-and-fro
	Cascade Nurses, CHNs and Nutritionists		796	796	Fixed TNT for training, to-and-fro
	SOP TPE		250	250	Fixed TNT for training, to-and-fro
	Patient support groups		32	32	Fixed TNT for training, to-and-fro
	Pharmacy reps		44	44	Fixed TNT for training, to-and-fro
	Training for 25 Nurses plus 6 GHS reps		31	31	Fixed TNT for training, to-and-fro

Accommodation	Cascade				
	2-day training (Nurses)	3	164	492	3-night accommodation required
	2-day training (3-nights) (CHOs & CHNs, Nutritionists)	3	646	1938	3-night accommodation required
	3-day training (4-nights) (Doctors & PAs)	4	121	484	4-night accommodation required
	2-day Nurses training (3-nights) (Trainers)	3	25	75	3-night accommodation required
	2-day CHOs & CHNs training (3-nights) (Trainers)	3	25	75	3-night accommodation required
	3-day Doctors & PAs training (4-nights) (Trainers)	4	31	124	4-night accommodation required
	2-day Pharmacy reps (3 nights)	3	44	132	3-night accommodation required
	SOP TPE , 2-day training (3-nights)	3	260	780	3-night accommodation required
	HIO Trainer	1	2	12	2 reps per training for 6 regions

HPO Trainer	1	1	6	1 rep per training for 6 regions
HIO Trainer Kumasi	4	2	8	2 HIO Trainers for 4 batches of cascade trainings for 1day each
HPO Trainer Kumasi	4	1	4	1 HPO Trainers for 4 batches of cascade trainings for 1day each
Patient support groups, 1-day training (1-night)		32	32	1-night accommodation required

Venue & Conference package	Cascade				
	2-day training (Nurses)	2	164	328	2-day conference package to include lunch and 2 coffee breaks (no dinner cost to be included; refund total dinner cost to participants)
	2-day training (CHOs & CHNs, Nutritionists)	2	646	1292	2-day conference package to include lunch and 2 coffee breaks (no dinner cost to be included; refund total dinner cost to participants)
	3-day training (Doctors & PAs)	3	121	363	3-day conference package to include lunch and 2 coffee breaks (no dinner cost to be included; refund total dinner cost to participants)
	2-day Nurses training (Trainers)	2	25	50	2-day conference package to include lunch and 2 coffee breaks (no dinner cost to be included; refund total dinner cost to participants)

2-day CHO & CHNs training (Trainers)	2	25	50	2-day conference package to include lunch and 2 coffee breaks (no dinner cost to be included; refund total dinner cost to participants)
3-day Doctors & PAs training (Trainers)	3	66	198	3-day conference package to include lunch and 2 coffee breaks (no dinner cost to be included; refund total dinner cost to participants)
Pharmacy Reps , 2-day training	1	44	44	1-day conference package to include lunch and 2 coffee breaks (no dinner cost to be included; refund total dinner cost to participants)
SOP TPE , 2-day training	2	260	520	2-day conference package to include lunch and 2 coffee breaks (no dinner cost to be included; refund total dinner cost to participants)
Patient support groups, 1-day training	1	39	39	1-day conference package to include lunch and 2 coffee breaks (no dinner cost to be included; refund total dinner cost to participants)