**EXPERTISE FRANCE IN LIBYA**

**National blood transfusion system strengthening**

**MENDAMI 2**

**Terms of Reference**

**E-LEARNING PLATFORM ENGLISH INTEGRATION**

Expertise France is a public agency and the interministerial actor in international technical cooperation, subsidiary of the Agence Française de Développement Group (AFD Group). As the second largest agency in Europe, it designs and implements projects that sustainably strengthen public policies in developing and emerging countries, in the sectors of governance, security, climate, health, education. It operates in key areas of development and contributes alongside its partners to the implementation of the Sustainable Development Goals (SDGs).

1. General Information

|  |  |
| --- | --- |
| Mission title | *E-learning platform English integration for MENDAMI 2 project* |
| Beneficiary(ies) | *the National Blood Transfusion Services Authority (NBTSA);*  *Libya’s blood banks*  *General population* |
| Country | Libya |
| Minimum number of days required | 60 workdays |
| Application deadline | All application documents must be submitted no later than 17:00 Tunis time on October 21th 2024, by the close of business. |

1. Context of the project

1.1 General context

Since 2011, Libya has lived through numerous political and economic tribulations. The protracted conflict has caused a collapse in oil revenues with severe consequences to the capacity of the Libyan institutions to raise public revenues and deliver basic services. The economic situation deteriorated (inflation, high inflation rates, liquidity crisis and black market), further deepening vulnerabilities of Libyan population.

The Libyan Political Agreement signed in December 2015 aimed at bringing the two governments in Tripoli and Tobruk together by forming a Presidential Council in Tripoli and to appoint an interim Government of National Accord (GNA). However, although installed in Tripoli since March 2016, the GNA has never been recognized by the House of Representative, based in Tobruk, which was one of the conditions set by the agreement. The internationally backed GNA continues to struggle for legitimacy and with it to restore security and build institutions that can provide basic services across the country.

Overall, Libya’s macro-economic situation remains unchanged through the political upheavals: the economy suffers from these political divisions and the conflict has destroyed the recovery that had begun in 2017, on the basis of increased oil production, after oil fields were taken over by the Government.

Since GNA came into power, the country’s security situation faced several challenges with the worst being in April 2019. This is when a military campaign was launched by the Libyan National Army (LNA), led by General Hafter, to take over the capital, Tripoli. The LNA's offensive against Tripoli has resulted in an increased destabilization of Libya.

The Berlin Process eventually brought about a new government of national Unity, sworn in on 15 march 2021. As general elections were foreseen at the end of 2021 but are yet to be held, Libya remains de facto divided in two, with co-existence of competing governments. Consequently, Libya continues to suffer from the impact of this protracted political crisis, which leads to outbreaks of violence, displacements and a general worsening of people’s living conditions.

1.2 Health context

Following the general tendency, the Libyan health system has been severely weakened by the past and current political situation and does not guarantee the provision of sufficient public and therefore health services.

While the country’s security environment could provide a logical justification for all the challenges the Libyan health system is currently facing, such as medicines and health products supply disruptions, qualified health professionals departure as well as a restricted access to medical and paramedical infrastructures for the general population, it is definitely not the sector woes only reason. The continuing shortcomings of the health system in Libya, which continue to deeply affect the Libyan population, are also a sign of a fragmented public commitment towards this sector that does not guarantee an adequate continuum of training of health personnel nor a sustainable administration of infrastructures and equipment (investment, maintenance and renewal). The deployment of health policies with limited interrelationships on the basis of general funding that still has to strive towards equity and from which emerges a supply of care that does not systematically correspond to the most pressing or larger national needs, is symptomatic of the country’s ambivalent situation. While legal orientations - from health related decrees to medical protocols - should apply, their implementation in full compliance is not systematic due to management and appropriation differences between sites, but also to the fact that they became over time theories often invalidated by common practices which have evolved negatively because of an increasingly hostile implementation environment, leading to an obvious deterioration in patient care and management.

Although the cycle of civil violence recently appears to be slowing down, generating a period of relative stability, the Libyan context restrain a proper holistic approach on healthcare issues and public or private health services delivery. The Libyan healthcare system was already under pressure before the COVID-19 outbreak and the situation has logically worsened as a result of the spread of the pandemic with discrimination threatening the right of minorities to health in some parts of the country, who had already been fighting for years for equal access to healthcare.

Militia attacks on healthcare facilities in Libya were still reported during summer 2022 and in some areas, teams of ambulance attendants and other medical personnel were unable to assist civilians due to the intensity of the conflict between belligerents. Several health infrastructures have also been critically damaged as a direct result of the numerous fighting.

To this day, the widespread risk of insecurity still mainly prevents the few international organizations working on health support to propose new initiatives, to develop or sometimes even maintain their current activities within the country.

1.3 Blood Transfusion context

**Blood transfusion** is an indispensable component of healthcare services, and is particularly important for maternal and child health and survival. It contributes to saving millions of lives each year in both routine and emergency situations, permits increasingly complex medical and surgical interventions and improves the outcome of patients with a variety of acute and chronic pathologies. It is today impossible de quantify the number of individuals saved by transfusion medicine. It is however common knowledge in the field of haematology that Libya has a weak data collection process that still cannot generate trustable figures. The number is arguably high according to the estimation of the Director of the National Blood Transfusion Services Authority (NBTSA).

In countries where diagnostic facilities and treatment options are limited, the majority of transfusions are prescribed for the treatment of complications during pregnancy and childbirth, trauma and the management of acquired and congenital blood disorders.

The availability of safe blood will contribute to achieving the United Nations Sustainable Development Goals (SDG) 3 including direct contribution to:

* 3.1 - By 2030, reduce the global maternal mortality ratio to less than 70 per 100 000 live births.
* 3.2 - By 2030, end preventable deaths of new-borns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1 000 live births and under-5 mortality to at least as low as 25 per 1 000 live births.
* 3.6 - By 2030, halve the number of global deaths and injuries from road traffic accidents.

The Libyan blood transfusion system (BTS) currently faces two critical challenges that prevents it from adequately delivering its mission and providing the Libyan population with sufficient safe blood products:

* The first challenge is the fragmented nature of the BTS institutional organisation.
* The second one is the very low number of voluntary non-remunerated blood donors in the country.

Both challenges regularly translate into acute problems in the daily work of blood establishments. The first typically generates issues of supply of consumables, funding, shortages of qualified and competent human resources, poor enforcement of quality and technical standards. The second challenge - partially induced by the first – results into low stocks and/or shortages of blood products. Such fragile basis makes the Libyan blood transfusion system ill-prepared to withstand sudden changes in its environment. The severe effects of the current political and security situation as well as the COVID-19 pandemic showed this point: blood banks outside Tripoli or Benghazi face regular shortages and some are even forced into temporary closure.

The absence of a centralised and efficient national management of blood supply made it difficult for the system to reform and improve from within. Two previous reports[[1]](#footnote-1) by the WHO already highlighted this absence of leadership and recommended for it to be addressed swiftly. The critical change needed to improve the fragmented and fragile Libyan BTS can only come from a drastic improvement of its working standards in blood establishments. In that respect, Libya's NBTSA formally established in November 2022, is arguably an essential step forward to improve the national transfusion system.

Until November 2022, Libya managed its entire national blood transfusion system from a department of the Ministry of Health, bringing together both the country's blood banks and laboratories. This mixed system did not correspond to WHO recommendations and severely limited the overall development of the blood transfusion system. By often reducing it to the laboratory work alone, this set-up it hampered the creation of an effective interface of blood banks and hospitals, it could not foster a culture of data collection, documentation or more broadly instil the concept of quality assurance in transfusion medicine. Both this new agency and the newly minted department of quality management of the Ministry of Health will become the first partners and beneficiaries of the MENDAMI project in its phase 2.

1. MAIN OBJECTIVES OF THE PROJECTS

Since 2019, the Ministry of Health and Expertise France have worked jointly through the MENDAMI programme, to strengthen elements of the Libyan Blood Transfusion System. This initiative has managed some encouraging successes in the fields of continuing education for blood banks staff, clinical use of blood and national awareness campaigning, proving that is still possible to bring changes to a weak and fragile national system. With its network of scientific consultants, the MENDAMI programme offers an ideal platform to continue building a much needed resilience into the public blood transfusion system.

To tackle some of these issues, Expertise France, the French technical cooperation agency, together with the European Union, and in close cooperation with both international and local Libyan partners, have developed a set of targeted activities based on several years of experience in order to improve Libya’s health environment and support the national blood transfusion system.

**MENDAMI 2** is a 3-year project (2023-2025) which aims at strengthening the national blood transfusion system in Libya. This scale-up project is a continuation of the MENDAMI phase 1 (2019-2022), with an institutional anchoring at the NBTSA level created in late 2022. The total budget of the programme is **1.5 million euros**.

The **overall objective** is to contribute to making the Libyan blood transfusion system resilient and able to withstand sudden changes at local and national level through the integration of a quality management system according to WHO standards.

Two specific objectives are defined:

* **Specific objective 1: to contribute to quality transfusion medicine services in blood establishments and hospitals through quality management**
* **Specific objective 2: to contribute the availability of blood products in the blood establishments targeted.**

To achieve these specific objectives, 6 outputs are defined, covering the spectrum of the quality management cycle.

* + **Output 1:** The National Blood transfusion services Authority sets up quality management plans needed for the blood transfusion system to the management of transfusion medicine in Libya.

The project will aim to support the drafting of a national quality manual for blood services in Libya, comprised of all fundamental organizational plans, processes and procedures to structure the Libyan national blood system and contribute to its sustainability and continuity. Subsequently it will be to ensure all documents are based on a national policy, proper legislative and regulatory framework and have adequate financing.

* + **Output 2:** Blood transfusion national standards and related documents are set as national references, updated and controlled by the NBTSA. They are reached in consensus with blood establishments to improve blood safety.

The support will be focused on the creation of the blood transfusion standards - from donor to patient - to be used as national references for all operations and management: Standard operating procedures, Equipment operating procedures and Job descriptions –functional or operational parts;

* + **Output 3:** A Transfusion Medicine documentation system that covers all vein to vein processes is established.

It should include support the creation of a national documentation (identification and traceability) system implemented at blood establishment level to gather all Outputs 1 and 2 related or induced records, forms, reports, attachments, operating manuals.

* + **Output 4:** Employees of blood establishments and hospitals strengthen the knowledge and skills through the implementation of a nationwide continuing professional training programme.

The objective would be to support the National Blood Transfusion Authority in organizing, promoting and implementing a nationwide continuous professional teaching and training programme for employees in blood establishments and hospitals.

* + **Output 5:** Compliance with set standards (monitoring and evaluation, haemovigilance) in blood banks is controlled by a national system of assessment.

The activities would be focused on supporting the creation and organization of a national system of assessment and monitoring/evaluation to control compliance with set standards (monitoring and evaluation, statistical process control, haemovigilance).

* + **Output 6:** Factors limiting individual blood donations within the population in Libya are reduced by implementation of a communication plan, awareness campaigns and a national donor management programme.

A research study on factors limiting individual blood donations in Libya was conducted at the start of Phase 1 of the project. Its results were taken into account in the national communication and awareness strategy elaborated during phase 2 and which will be implemented in Phase 2. During phase 2, a second study will be conducted after the implementation of the awareness campaigns to analyze their impact and thus assess the extent to which they remove obstacles to blood donation.

1. E-LEARNING MANAGEMENT SYSTEM

When COVID-19 outbreak started to paralyse most countries During MENDAMI 1, project stakeholders agreed to a proposition made by EF to bring most of the training activities planned for Libyan professionals online. An e-learning company (Edufactory) was then recruited to design and build an online learning management system (LMS) that would contain a course in Arabic whose scientific content would be developed by experts mobilised on the project after international best practices.

To set-up the content of the online training, project experts worked with Edufactory on creating seven modules covering all processes from vein to vein, that is from donors to patients:

1. Selection and recruitment of blood donors

2. Blood collection

3. Blood processing and storage

4. Transfusion transmitted infection testing

5. Blood compatibility testing

6. Transfusion at the bedside

7. Quality Management in Transfusion Medicine

Each module, composed of various chapters, was intended to a specific audience in the blood banks or in the hospitals. In principle staff have a specific training (i.e. a certain number of modules) according to their profession and doctors have access to all modules. Staff are evaluated after each module and will receive a certificate only upon completion of this pre-arranged set of modules.

*Modules titles and targets*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **MODULES NAMES AND TOPICS** | **TARGETS** | | | | | Estimated duration *(hours, tests included)* |
| **Blood banks** | | | | **Hospitals** |
| Managers | Doctors | Nurses | Lab technicians | Nurses |
| 1.Selection and recruitment of blood donors | **X** | **X** | **X** | **X** |  | 9 H |
| 2.Blood collection |  | **X** | **X** |  |  | 6.5 H |
| 3.Blood processing and storage |  | **X** |  | **X** |  | 10.5 H |
| 4.Transfusion transmitted infection testing (TTI) |  | **X** |  | **X** |  | 7.5 H |
| 5.Blood compatibility testing |  | **X** |  | **X** |  | 9.5 H |
| 6.Transfusion at the bedside |  | **X** | **X** |  | **X** | 9 H |
| 7.Quality Management in Transfusion Medicine | **X** | **X** | **X** | **X** |  | 8 H |

*Total suggested duration of training*

|  |  |  |
| --- | --- | --- |
| **Staff targeted** | **Modules number** | **Total training hours** |
| **Nurses in Blood establishments** | 1,2,6,7 | 32.5 hours |
| **Nurses in Hospital** | 6 | 9 hours |
| **Lab technicians in blood establishments** | 1,3,4,5,7 | 44 hours |
| **Doctors in blood establishments** | 1,2,3,4,5,6,7 | >50 hours |
| **Managers of blood establishments** | 1,7 | 17 hours |

Expertise France asked Edufactory to build a back office (database) that can generate reports (i) for blood bank directors and tutors to check the progress of technical staff and assess the need for individual support, (ii) for the Ministry of Health and the National Blood Transfusion Services Authority to monitor which blood banks are taking more time than others to progress in the e-learning programme and therefore provide a specific support.

The modules/chapters are updated using PowerPoint and Words via Articulate Storyline 360 software prior their upload on the LMS (WordPress 6.4.2 / LearnDash 4.3.1.2), using PHP script.

The English translation of the modules content itself will be achieved by another service provider.

The translation in English of the overall learning management system is now required to offer a possibilities for students and professionals to obtain a training certificate in this language.

1. MISSION AND TASKS

The service provider in charge of the E-learning platform translation for MENDAMI 2 shall work in close cooperation with:

* the NBTSA Director,
* the Project Manager of Mendami 2,
* experts mobilized on the project as referent,
* other relevant actors based on the needs of the programme.

1.1 Tasks

The support will consist in:

* Ensuring the integration of the English translation of:
  + All 7 learning modules (37 chapters, approx. 2450 slides for which design is also to be adjusted when necessary);
  + All 7 tests and questionnaires;
  + All resources documents (summary sheets of chapters and annexes, 761 slides);
  + The general glossary.
* Ensuring the translation from Arabic to English of:
  + The Learning Management System public interface (homepage, registration page, presentation pages, certificates, FAQ and database sheet).
* Ensuring the reporting of activities managed by:
  + Providing weekly updates on the advancement situation;
  + Providing a final report on the activity achievement.

1.2 Deliverables

The service provider shall provide:

* All material translated into English on the Learning Management System;
* Weekly updates on the advancement situation;
* A final report on the activity managed.

1. Expertise required

* The service provider shall demonstrate:
  + A minimum of 10 years of verifiable experience in developing Learning Management Systems in English (25pts max. upon ranking);
  + Prior experience working with international organizations on cooperation activities in Libya (15pts max. upon ranking);
  + Prior experience in healthcare related projects (15pts max. upon ranking);
  + Bilingual (English/Arabic) Storyline integration experience
  + Strong experience on data collection (10pts max. upon ranking);
  + Familiarity with EU projects and work standards and regulations (5pts max.);
* Will be considered as an asset:
  + Proof of collaboration as lead contractor on similar projects in terms of content.
  + Proven reporting skills;
  + Strong interpersonal skills and ability to deliver for the project.

1. Location

The duty station for the service provider is **Tunis** but the mission can be realized remotely**.** Field missions might occur over the project time in Libya upon necessity defined but the NBTSA Director or the Mendami 2 Project Manager.

1. Duration

This consulting service is scheduled to last 4 months between 01 of November 2024 until 30 of April 2025.

1. ELIGIBLE COSTS

Expertise France will take in charge the direct cost for:

* Transportation and accommodation only in case of requirement at the behest of Expertise France for specific field missions within Libya related to the e-learning programme implementation and upon receipts provision.

1. Content of offers

For the MENDAMI 2 project, the tenders must include:

* **A complete technical offer:** This should include an analysis of the elements outlined in the terms of reference, the proposed methodology, and CVs highlighting relevant experience in similar projects. The offer must also include the elements specified in these terms of reference, such as a detailed work plan for the various phases, coordination between experts, and a comprehensive timetable.
* **A detailed financial offer:** This should present the overall budget for the overall English translation of all documents and supervision activity. The budget should detail the following items: daily consultancy fees, a breakdown of the time allocated to each stage of the work, ancillary costs (including additional services and documentation) and proposed payment arrangements.

1. - Blood Transfusion Services in Libya Nov 1998 by Robin C Knight - WHO consultant; Situation analysis of laboratory and blood safety in Libya February 2003 by Prof. Dr. Cees Sibinga - WHO consultant. Further studies have not been published. [↑](#footnote-ref-1)