**EXPERTISE FRANCE IN LIBYA**

**National blood transfusion system strengthening**

**MENDAMI 2**

**Terms of Reference**

**PROJECT MID-TERM AND FINAL EVALUATION AND CAPITALISATION**

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

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| Mission title | *Mid-term and final evaluation and capitalization of the National Blood Transfusion System Strengthening MENDAMI 2 project* |
| Beneficiary(ies) | *the National Blood Transfusion Services Authority (NBTSA);*  *Libya’s blood banks* |
| Country | Libya |
| Maximum budget | 40 000€ |
| Minimum number of days required | 90 workdays |
| Application deadline | All application documents must be submitted no later than 17:00 Tunis time on October 15th 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. MID-TERM AND FINAL EVALUATION AND CAPITALISATION

The mid-term and final Evaluation and Capitalisation of the Mendami 2 Project hold paramount significance for Expertise France, the project team, and the European Union. Serving as a cornerstone in performance monitoring and adaptive learning, this activity is meticulously designed to meet the exacting standards of Expertise France, ensuring the delivery of high-quality outputs and services. As Libya navigates through persistent socio-political challenges and healthcare crises, the Mendami 2 initiative emerges as a key initiative to contribute fortifying the national blood transfusion system. These evaluations and capitalisations serve as crucial junctures for introspection and fostering strategic adjustments.

The mid-term and final Evaluation / Capitalization has three main specific objectives:

* Evaluation:
* SO1: Evaluate the effectiveness of the activities related to creating and implementing the E-learning platform for the Libyan blood transfusion system, focusing on the challenges encountered, and progress made.
* SO2: Assess the support provided by the MENDAMI 2 project to anchor the National Blood Transfusion Services Authority (NBTSA) within the Libyan Health landscape.
* Capitalization
* SO3: Identify and document the best practices adopted or designed by the MENDAMI 2 project to influence directly and or indirectly the Libyan key decision-makers in sustaining the actions of the National Blood Transfusion Services Authority (NBTSA): access to information, human resources, and a dedicated budget.

The final evaluation criteria and evaluation questions will be more specifically discussed with the service provider within the agreed timeframe. Impact and sustainability criteria are already selected for the final evaluation.

Capitalization objectives and axes will also be discussed with the service provider.

The recommendations and conclusions of the mid-term evaluation and capitalization will also be used to define the objectives of the final evaluation and capitalization.

The evaluations aims to address the following questions:

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| Domain | Evaluation and Capitalisation Questions |
| Relevance | * How well do the activities of the MENDAMI 2 project align with the current needs of the Libyan blood transfusion system, particularly in addressing challenges related to institutional governance, mistrust, and the inefficiency of the healthcare organization? * To what extent has the MENDAMI 2 project been able to adapt to the evolving political and socio-economic landscape in Libya, particularly in the context of the healthcare system? |
| Coherence | * What synergies have been created between the MENDAMI 2 project and other interventions by Expertise France and other international organizations in the health sector? * How consistent are the MENDAMI 2 project activities with the broader Libyan health landscape, especially in terms of integration with existing health policies and initiatives? * In what ways has the project ensured that its objectives and activities are harmonized with the efforts of other stakeholders, such as the Libyan Ministry of Health and the World Health Organization, in the area of blood transfusion services? |
| Effectiveness | * To what extent have the MENDAMI 2 project activities contributed to the achievement of its desired outcomes, particularly in enhancing the capacity and functioning of the National Blood Transfusion Services Authority (NBTSA)? * What are the main factors that have facilitated or hindered the achievement of the project's objectives? |
| Sustainability | * What measures have been implemented to ensure the long-term sustainability of the MENDAMI 2 project outcomes, particularly in the context of the National Blood Transfusion Services Authority (NBTSA)? * How has the project built local capacity within the NBTSA and targeted blood banks to ensure continued operations and resilience beyond the project’s lifespan? * What strategies have been employed to secure ongoing financial and political support for the blood transfusion services, and how effective have these strategies been in ensuring the sustainability of the project’s impacts? |

The questions related to the capitalization component of the project:

* How did the MENDAMI 2 project successfully design and adopt practices to influence key Libyan decision-makers in supporting the long-term actions of the NBTSA, particularly regarding access to information, human resources management, and dedicated funding?
* *Focus*: *Exploration of the methods used to ensure decision-makers’ commitment to the sustained support of the NBTSA.*
* What lessons were learned from the mechanisms established by the MENDAMI 2 project for knowledge transfer and capacity building within the NBTSA, particularly regarding their effectiveness in empowering the agency to sustain its operations independently?
* *Focus: Exploration of the insights gained from capacity-building efforts, and how these lessons can inform future initiatives aimed at strengthening institutional resilience.*

For the final evaluation, a specific time will be devoted to rework on objectives and questions.

1. MISSION AND TASKS

The service provider in charge of the mid-term and final Evaluation and Capitalisation for MENDAMI 2 shall work in close cooperation with:

* the Project Manager of Mendami 2,
* the NBTSA Director,
* experts mobilized on the project as referents,
* blood bank managers and staff,
* other relevant actors based on the needs of the program.

1.1 Tasks

The service will consist in executing two thorough evaluation and capitalisation processes by completing the following tasks:

* ***Step 1: Inception Phase***
* Review project documentation, including intervention logic, previous reports, and background materials.
* Develop a detailed evaluation and capitalisation methodology, encompassing quantitative and qualitative approaches.
* Identify key stakeholders and beneficiaries for interviews and data collection.
* Prepare a comprehensive work plan, outlining roles, responsibilities, and timelines.
* Design data collection tools and protocols for primary data collection.
* Compile an inception report detailing the evaluation and capitalisation approach, methodology, and work plan.
* ***Step 2: Data Collection Phase***
* Conduct interviews and data collection activities with identified stakeholders and beneficiaries.
* Collect primary quantitative and qualitative data, ensuring accuracy and reliability.
* Clean and validate collected data to maintain data integrity.
* Analyze collected data to assess relevance, coherence, effectiveness, sustainability, and learning and adaptation.
* Present preliminary findings during a stakeholder meeting for feedback and discussion.
* ***Step 3: Analysis and Reporting***
* Analyze collected data to derive insights and conclusions regarding project performance.
* Compile a preliminary report summarizing key findings, conclusions, and recommendations.
* Incorporate feedback from stakeholders into the final report.
* Integrate feedback from Expertise France, project team, partners, and donors.
* Prepare a final report presenting comprehensive results, conclusions, and recommendations.
* ***Step 4: Presentation and Dissemination:***
* Create a final presentation highlighting key findings, conclusions, and recommendations.
* Schedule a meeting for presenting the final evaluation and capitalisation results to stakeholders.
* Facilitate discussion and dissemination of outcomes.
* Ensure alignment of presentation with objectives and deliverables.
* Address any questions or concerns raised during the presentation.

Please note that the mentioned tasks are not an exhaustive list of all the steps to be followed. They are subject to change in close coordination with the Mendami 2 project team, based on the inception reports that will be shared with the team.

1.2 Deliverables

For each evaluation and capitalisation process, the service provider shall provide the flowing list of deliverables, these latter must be submitted by e-mail in Word format to the recipients who will be indicated to the evaluation and capitalisation team during the inception phase. They must be written in English.

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| Deliverables | Main contents | Deadline[[2]](#footnote-2) |
| Deliverable #1  Inception  report | * Intervention logic ; * Preliminary documentary review ; * Methodology: quantitative and qualitative, collection methods, sample (proposed list of people to interview), methods of analysis ; * Evaluation and capitalisation matrix : questions, selection of tools and sources for data collection ; * Limits of the evaluation and capitalisation ; * Final detailed work plan ; * Distribution of roles and responsibilities ; * Data collection tools. | 15 days after the contract is signed |
| Deliverable #2  Preliminary  report | * Primary quantitative and qualitative data collected and cleaned ; * PowerPoint presentation of preliminary results during a meeting at the end of the collection phase ; * Analysis of the reliability and extent of the data collected ;   **Content of the report shall cover at least the following chapters:**   * Executive summary with key findings, conclusions and recommendations, * Program background, * Description of the status of the program and overview of the work done, * Evaluation and capitalisation background, * Criteria and questions, * Methodology, * Key findings, * Conclusions and recommendations * Lessons learnt and good practices, * Presentation of key findings, conclusions and recommendations in a summary table / matrix (Annex) * Presentation of the updated Theory of Change of the program (Annex) * Annexes including the ToR, a list of documents reviewed, and a list of persons interviewed | 45 days after the contract is signed |
| Deliverable #3  Final report & Capitalization sheet | * Integrates feedback from EF; project team, partners and donors. * Capitalization sheet according to the format requested by Expertise France | 75 days after the contract is signed |
| Deliverable #4  Final  presentation | * PowerPoint presentation of the evaluation and capitalization results during a meeting scheduled after the final report has been shared. | 85 days after contract is signed |

Based on the interim evaluation results, capitalization deliverables will be discussed again.

1.3 Evaluation Principals

The following is a list of principles that the evaluation and capitalisation team must adhere to:

* ***Impartiality and Independence:***
* The team members should have no direct affiliations or conflicts of interest with the targeted groups or key decision-makers involved in the project.
* They must maintain impartiality in their assessments and avoid any bias that could influence their findings.
* ***Credibility:***
* The evaluation and capitalisation should provide an unbiased and balanced assessment of the project's successes and failures.
* All findings and conclusions should be based on credible evidence and data collected through rigorous methodologies.
* ***Integrity:***
* Each member of the team should possess a clean professional history without any record of misconduct or unethical behavior.
* They should uphold high ethical standards and maintain the integrity of the evaluation process at all times.
* ***Accountability:***
* The team is responsible for their actions and decisions throughout the evaluation and capitalisation process.
* They should ensure that all data, information, and findings are accurately documented and shared with the project stakeholders.
* ***Transparency:***
* The evaluation and capitalisation process should be transparent, with all relevant data, information, and feedback shared openly with the project team and stakeholders.
* Transparency fosters trust and credibility in the findings and enhances the project's overall accountability.
* ***Inclusivity:***
* The team should adhere to EF's principles of inclusivity, considering factors such as gender, religion, disabilities, social norms, and cultural backgrounds.
* They should ensure that the evaluation and capitalisation process is inclusive and respects the diversity of perspectives and experiences within the project's target population.
* ***Do No Harm:***
* The team should take precautions to ensure that the evaluation and capitalisation process does not cause harm to any individuals or groups, especially vulnerable populations.
* They should prioritize the well-being and safety of all project beneficiaries and stakeholders throughout the process.
* ***Data Management and Privacy:***
* The team must adhere to strict data management protocols to safeguard the privacy and confidentiality of all individuals involved in the evaluation and capitalisation.
* The team should obtain informed consent for data collection and ensure that all data is stored securely and used only for evaluation and capitalisation purposes.

1. Expertise required

1/ Number of experts per assignment: At least 2 experts specialized in evaluation and learning, or one consulting firm.

2/ Profile of experts appointed to carry out this assignment

* **The service provider shall demonstrate:**
  + A minimum of 8 years of verifiable experience in international cooperation project evaluation and capitalisation;
  + Prior experience related to health sector (5 years minimum)
  + Knowledge of public health systems and policies in Libya, including familiarity with challenges specific to blood transfusion services.
  + Prior experience working on EU projects in Libya
  + Familiarity with EU work standards and regulations would demonstrate a strong understanding of best practices;
  + A good understanding of international standards and best practices applicable to quality management in the health sector and knowledge of local laws and regulations applicable in Libya.
  + Proficiency in qualitative and quantitative research methods, including survey design, data analysis, and interpretation.
  + Strong analytical skills for interpreting complex data and synthesizing findings into actionable recommendations.
  + Ability to communicate effectively with diverse stakeholders, including government officials, healthcare professionals, and community representatives.
  + Adaptability and flexibility to navigate unforeseen challenges and adjust evaluation and capitalisation approaches based on evolving circumstances.
  + Fluency in Arabic or knowledge of the local dialects would be advantageous for facilitating communication with stakeholders and understanding cultural nuances.
* **Will be considered as an asset:**
  + Documented evidence of successful evaluation and capitalisation on Health through letters of recommendation or references.
  + Proof of collaboration as lead contractor on similar projects in terms of content and target groups.
  + Familiarity with ethical considerations and protocols for conducting evaluations in sensitive environments, ensuring the protection of participants' rights and confidentiality.
  + Strong project management skills to coordinate fieldwork, manage timelines, and deliver high-quality reports within specified deadlines.

1. Location

The duty station for the service provider is **Tunis,** the mission can be yet completed remotely**.** Field missions in Libya might occur over the evaluation and capitalisation time upon necessity defined but the Mendami 2 Project Manager.

1. Duration

This consulting service is scheduled to last 17 months from the 16st of October 2024 until the 15th of March 2026. A minimum of 90 work days is required for this activity.

1. BUDGET AND ELIGIBLE COSTS

The maximum budget authorised for this activity is 40,000EUR.

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 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. Additionally, the service provider should present their vision of capitalization, including a definition, the benefits of capitalizing on projects, and proposed methods for achieving this within the context of MENDAMI 2.
* **A detailed financial offer:** This should present the overall budget for the mid-term and final evaluation and capitalization of the MENDAMI 2 project. 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), transportation costs, logistical expenses, translation fees, 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)
2. These are estimative dates and could be changed according to the needs of the project and the details of the contract. [↑](#footnote-ref-2)