ANNEX II: TERMS OF REFERENCE

1. BACKGROUND INFORMATION

1.1. Partner country

Serbia

1.2. Contracting Authority

Centre for palliative care and palliative medicine "BELhospice"

1.3. Country background

Terminally ill cancer patients are one of the most vulnerable social groups in Serbian society, which has not been fully recognised as such. Namely when oncology treatment of cancer patients is finished, they leave the hospital and are often left without proper support. Their suffering is increased due to the lack of appropriate care facilities as well as lack of the specific knowledge, expertise and resources. Patient's family members, who take a role of care givers, are likewise a vulnerable social group, inadequately recognised as such. They do not receive the necessary support to be able to cope with all problems that this disease brings and this can cause trauma in years to come. Palliative care aims to offer care and support to both the patient and its family. Serbia is one of the last countries in the world that still doesn't have a hospice as in-patient institution.

1.4. Current situation in the sector

In 2009, the Ministry of Health published a National Palliative Care Strategy which presents a good foundation for the development of palliative care in Serbia. This strategy proposes palliative care capacity to be raised by means of a comprehensive educational program, formulation of better policies, increased drug availability and development of palliative care teams within the public health system. The National Strategy for Palliative Care intends to promote the improvement of palliative care provision at all levels of health care, primary, secondary (general hospitals) and tertiary (clinical hospital canters, clinical centres, institutes), in line with the Council of Europe's Recommendation Rec (2003) 24 of the Committee of Ministers to member states on the organization of palliative care. Strategy refers to the partnership between health and social institutions and the involvement of the voluntary sector, however it is less clear about the roles envisaged for each group.

At present, palliative care services in Serbia are at an early stage of development. Currently, patients diagnosed with a terminal illness are often cared for in hospitals and are frequently admitted on an emergency admission basis when their condition changes or deteriorates. This is both costly to the health service and would often be unnecessary if specialist palliative care was available in the community. Some patients at home receive support from the existing Dom Zdravlja (DZ) home care teams, but this service is uneven across the regions.

There is currently little support for the family and other caregivers. Although social services are relatively well developed in Serbia and there is increasing provision through the voluntary as well as the statutory sector with statutory social workers based in all municipalities, the expertise and area of the work does not cover all aspects of palliative care. Therefore, family caregivers do not receive proper and adequate support.

In conclusion, the model that is active at present is medical rather than medico-psycho-social. Beneficiaries are not yet clearly defined (and so funding streams are uncoordinated and unreliable), and there is a deficit in skills, in primary care in particular.

1.5. Related programmes and other donor activities

Not Relevant.

2. OBJECTIVE, PURPOSE & EXPECTED RESULTS

2.1. Overall objective

To provide volunteering services to patients in accordance with the goals and purpose of DCC.

2.2. Purpose

The purpose of this contract is as follows:

To support the realisation of the overall objective of the project through providing volunteering services to beneficiaries in the Hospice Day Care Centre and in accordance to standards for the provision of social services and the work program of the BELhospice Centre.

2.3. Results to be achieved by the Contractor

Quality organization and coordination of volunteer services for patients and family members in Day Care Centre.

3. ASSUMPTIONS & RISKS

3.1. Assumptions underlying the project

The presence of a stable political environment - Serbia continues path toward European integration;
The readiness of stakeholders to cooperate with the project partners - relevant ministries and institutions are interested and providing support in establishing institutional/financial sustainability of community based services for terminally ill patients and their families and introduction the Hospice concept (particularly DCC) into the health and social system of Republic of Serbia. However, the project applicant as the service provider has through field work developed fundamental connections and cooperation with decision-makers at local and national level, as well as with governmental institutions. The project partners will also try to ensure a high level of cooperation and transparency of the action between the implementing partners and the donor, the state and non-state actors.
The results of fundraising activities contribute to the financial sustainability of the service in large extend – interest of donor community for support the DCC is stable and also increased, as the result of the awareness raising activities of the community.
The interest of citizens to include in volunteer activities exists and increased as the result of advocacy and media activities.

3.2. Risks

Delays in infrastructural works from the objective reasons that are out of control of the project team resulted in postponing providing DCC services.

4. SCOPE OF THE WORK

4.1. General

4.1.1. Project description

WHO defines hospice (palliative) care as an approach that improves the quality of life of patients and their families facing issues associated with terminal, life-threatening or life-limiting illnesses, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems; physical, social, psychological and spiritual. The terms hospice care and palliative care are synonymous, in terms of the approach, principles of work and services. General objectives of palliative care are to: provide relief from pain and other distressing symptoms; affirms life and regards dying as a normal process; integrates the psychological and spiritual and social aspects of patient care; offer a support system to help patients live as actively as possible ; offer a support system to help the family cope during the patient's illness and in their own bereavement; use a team approach to address the needs of patients and their families, including bereavement counselling, if indicated; enhance quality of life, and may also positively influence the course of illness; is applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy.

Palliative care can be offered in a variety of different settings including a special hospice residential unit, in the patient's own home, in a day care centre, out-patient clinic or even a hospital. The first hospice opened 50 years ago in Great Britain and the hospice movement has since spread all over the world (130 countries to date). Serbia is one of the very few European countries that still have no specialist hospice centre. BELhospice was the first charity/NGO to pioneer hospice care at home and provide palliative care education, beginning in 2004. Since that time it has sustained its services through fundraising, grants from its UK partner organization, Hospices of Hope, and other charitable grants and sources of funding. Belhospice received a grant from the Royal Norwegian Embassy in Belgrade in December 2016. This grant is enabling us to cover some of our key activities until the end of 2017, such as home visits of multidisciplinary team, training for volunteers and other professionals, workshops for patients and family members.

We would like to point out that some progress in the field of palliative care in Serbia ~~that~~ has been made in the last few years. In the period from 2011 to 2014 a project of the Ministry of Health called "Development of Palliative Care in Serbia" was realized in partnership with BELhospice. The greatest progress has been made in the field of education of professionals, primarily in the State health care system. In addition, accredited courses for professionals in the social care system were held. The emphasis of this project was the opening of thirteen "palliative care units" within hospitals in different cities of Serbia and the objectives of the project were focused on the health sector. The results of the project did not include a multidisciplinary approach and the formation of multidisciplinary teams. As a result, the formed palliative care units that have survived do not provide the psycho-social and spiritual care services that are integral to hospice.

However, in Serbia there is still no systematically planned and organized provision of palliative care. The Health Care Law still does not regulate the field of palliative care or recognize recognize an NGO as health care providers. On the other hand, the law on Social protection envisages the possibility for introducing community based social services for different groups with needs for social inclusion, where CSOs could be providers of services, under condition of obtaining the license for providing a social service, issued by MLEVSP. This is possible for BELhospice as a socio-medical facility.

The action aims to establish effective and sustainable community based hospice services, as innovative social service that would address the needs of patients and families affected by life-limiting and life-threatening illnesses, particularly but not exclusively cancer. During the past 13 years, BELhospice has successfully cared for more than 6,000 beneficiaries (2,000 patients and 4,000 family members). Based on the assessment of their needs, BELhospice has started the fundraising campaign in November 2015 for establishing the first unique hospice centre in Serbia, beginning with a new day care centre (DCC)., The goal is to create a model of good practice that can be replicated in other local communities in Serbia.

4.1.2. Geographical area to be covered

Serbia, Belgrade.

4.1.3. Target groups

Old and adult oncological patients and their family members.

4.2. Specific work

Provision of Palliative care and organization and coordination of volunteers activities within the Hospice Day Care Centre.

Main duties and responsibilities

- Informing patients and family members about volunteer services
- Participation on a meetings with multidisciplinary team
- Participation in organization and realization of creative workshops for patients in Day care centre
- Regruting of new volunteers, interviews and evaluations
- Organization and realization of educational course for volunteers
- Collecting documentation, signing contracts, preparation and engagement of volunteers
- Maintain regular volunteer meetings
- Participating in organization and realization of fundraising activities
- Cooperating with other civil society organizations, volunteer and youth organizations
- Keeping records of volunteer visits and engagements
- Recording volunteer data base
- Performing other tasks by director instructions

Qualifications and skills

- Bachelor Degree in social science
- Years of experience in volunteering
- Ability of empathy
- Good organizational skills
- Good communication skills
- Computer skills
- Teamwork skills
- Field work experience
- Knowledge of basic principles of the philosophy of palliative care
- Knowledge of volunteer role and significance in palliative care
- Knowledge volunteering regulations

General professional experience

Minimum of 3 years work experience with volunteers

Specific professional experience

Work experience in volunteer management

Area of expertise

Nor relevant

Working period

The contract will enter into effect upon signature of both parties. Volunteer coordinator will be engaged for the period of 9 months.

4.3. Project management

4.3.1. Responsible body

Volunteer coordinator is responsible for his work to the Social worker - coordinator of DCC services.

4.3.2. Management structure

The Project is organised to capitalize tangible changes and results outlined in the project Action. Project manager will manage and coordinate activities with staff and project partners. In order to ensure quality management and support project manager, Project Management team composed of experienced managers from BELhospice will ensure effectiveness, efficiency and quality in all program and program operations aspects. All stages and outcomes will be authorised by Project Management team. Also, Project Steering Committee composed of the respective representatives of the line ministries, local government, implementing partners, BELhospice management and Managing Board and Honorary Patrons, will provide support to implement actions and add value to the project impact.

4.3.3. Facilities to be provided by the Contracting Authority and/or other parties

Office space.

5. LOGISTICS AND TIMING

5.1. Location

Serbia, Belgrade, and more specific the BELhospice' office.

5.2. Start date & period of implementation

From 1 September 2018 to 31 May 2019

6. REQUIREMENTS

6.1. Staff

Note that civil servants and other staff of the public administration, of the partner country or of international/regional organisations based in the country, shall only be approved to work as experts if well justified. The justification should be submitted with the tender and shall include information on the added value the expert will bring as well as proof that the expert is seconded or on personal leave.

6.1.1. Key experts

NOT RELEVANT

6.1.2. Support staff & backstopping

Backstopping and support staff costs must be included in the fee rates.

6.2. Office accommodation

Office accomodation for Volunteer coordinator.

6.3. Facilities to be provided by the Contractor

Not relevant

6.4. Equipment

Desk, PC computer, File cabinet

6.5. Incidental expenditure

Not relevant

6.6. Lump sums

No lump sums are foreseen in this contract.

6.7. Expenditure verification

The provision for expenditure verification covers the fees of the auditor charged with verifying the expenditure of this contract in order to proceed with the payment of any pre-financing instalments and/or interim payments.

The provision for expenditure verification for this contract is [EUR] _ paid in RSD on the day of payment. This amount must be included unchanged in the Budget breakdown.

This provision cannot be decreased but can be increased during execution of the contract.

7. REPORTS

7.1. Reporting requirements

Weekly and Monthly report and Time sheets.

To summarise, in addition to any documents, reports and output specified under the duties and responsibilities of each key expert above, the Contractor shall provide the following reports:

Name of report	Content	Time of submission
Weekly report with number of patients and number of services	Progress vs. Plan	No later than 2 days after the start of implementation
Monthly report with number of patients and number of services	Report on outcomes completed accompanied	No later than 10 days after the end of the previous month

7.2. Submission & approval of reports

One copy of the reports referred to above must be submitted to the Project Manager identified in the contract. The reports must be written in English. The Project Manager is responsible for approving the reports.

8. MONITORING AND EVALUATION

8.1. Definition of indicators

Timely planning and reporting aligned to the Plans.

8.2. Special requirements

NA

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