Terms of Reference (ToR) for Procurement of Services for Organizing and Delivering Training to Healthcare Providers under KP-HCIP Health (Peshawar, Swabi, Haripur, Nowshera)

Background

The **Khyber Pakhtunkhwa Human Capital Investment Project (KP-HCIP)**, funded by the World Bank, aims to improve the availability, utilization, and quality of essential health services in Khyber Pakhtunkhwa, especially for women and children. The project supports the phased implementation of the **Essential Package of Health Services (EPHS)** in selected districts and emphasizes strengthening the health workforce under Sub-Component 1.2: **Human Resources for Health (HRH) Capacity Building**.

As part of its commitment to strengthening the delivery of quality healthcare services, KP-HCIP has been enhancing the competencies of Primary Health Care (PHC) providers through standardized, evidence-based training programs. These trainings are guided by approved clinical protocols and structured modules to ensure consistency with national and international best practices. To date, more than **1,900 healthcare personnel** have been trained and capacitated through these programs, implemented by the Provincial Health Services Academy (PHSA), Khyber Pakhtunkhwa under the KP-HCIP.

Building upon these gains, KP-HCIP now plans to **scale up training efforts** by engaging a qualified third-party firm. This firm will be responsible for conducting priority trainings at the district level (Peshawar, Swabi, Haripur, and Nowshera), identified through a recent Health Facility Assessment (HFA), with a focus on the EPHS. These targeted trainings aim to address critical service delivery gaps, enhance clinical competencies, and ensure the readiness of PHC providers to deliver high-quality, people-centered care across the project districts.

Objectives

The primary objectives of engaging the third-party training firm are to:

1. **Strengthen Capacity in Priority Areas:** Build the capacity of healthcare providers and managers in priority areas identified by the HFA, with a focus on delivering the Essential Package of Health Services (EPHS) at the primary care level.
2. **Deliver Standardized, Hands-On Training:** Provide standardized, practical trainings based on approved clinical protocols to enhance providers' skills and ensure continuous learning for improved service delivery.

3. **Ensure Ongoing Mentorship:** Provide ongoing mentorship and follow-up support after training to sustain improvements, address on-the-job challenges, and reinforce the application of new skills in health facilities.
4. **Implement Monitoring & Evaluation:** Establish effective monitoring and evaluation mechanisms to measure training effectiveness, track improvements in service delivery, and guide continuous quality improvement.
5. **Conduct SEA/SH and Code of Conduct Training:** Deliver dedicated training on Sexual Exploitation and Abuse/Sexual Harassment (SEA/SH), survivor-centered response, GRM (reporting and response mechanisms), ethical behaviour, and mandatory compliance with the Code of Conduct for all healthcare providers.

Scope of Work

The selected firm will be responsible for designing and implementing a comprehensive capacity-building program for nominated healthcare participants across the four target districts, in consultation with the relevant District Health Officers (DHOs) and Medical Superintendents (MSs). The scope of work includes, but is not limited to, the following key activities:

1. **Capacity Building of Healthcare Providers and Managers:** The firm will focus on strengthening the skills and knowledge of healthcare providers and managers in priority technical areas identified through the HFA, with particular emphasis on the EPHS. The firm will develop and deliver tailored training programs to address the identified gaps, ensuring alignment with approved government guidelines and standards.

2. **Deliver Standardized, Hands-On Trainings:** The firm will conduct practical, hands-on training sessions designed to enhance clinical skills, critical thinking, and decision-making among healthcare providers. Trainings will use interactive and adult learning methods (such as simulations, case studies, role-plays, and on-site demonstrations) to encourage experiential learning. All sessions should be delivered in a standardized manner to ensure consistency in quality and outcomes across districts.

3. **Training Logistics and Administration:** The firm will handle end-to-end training logistics and administration. Responsibilities include, but are not limited to:

4. Pre-training preparations (securing venues, arranging trainers/facilitators, preparing training materials, and coordinating with local health authorities).
5. Facilitator and participant management, including travel and accommodation logistics as needed.

6. Administering pre- and post-training assessments to gauge knowledge/skill improvement, and conducting session evaluations.
7. Ensuring a gender-responsive and inclusive training environment that accommodates female participants and is sensitive to local cultural norms.
8. Submitting individual training session reports for each module conducted (details on reporting are in the Deliverables section).
9. **Ongoing Mentorship and Follow-Up Support:** To maintain and reinforce skills acquired during the trainings, the firm will implement a system of continuous mentorship and supportive supervision. This includes scheduling regular follow-up visits to the health facilities where trainees are posted. During these visits, the firm's mentors will provide on-site technical assistance, observe service delivery, and guide healthcare providers in applying their new skills. Identified challenges or gaps in practice will be addressed through coaching, and a feedback mechanism will be established between trainees and supervisors to encourage continuous performance improvement.

Deliverables

The firm is expected to produce the following deliverables, in close coordination with the KP-HCIP Project Management Unit (PMU) and relevant stakeholders. All reports and materials should be prepared in a professional manner and submitted on time as per an agreed schedule:

1. **Training Implementation Plan:** A comprehensive plan detailing the overall training approach and schedule. This plan should include the training calendar, target districts, number and categories of participants per session, the specific training modules/topics to be delivered, and the logistical arrangements. It should also outline the coordination strategy with district health authorities (DHOs, MSs) to ensure smooth implementation.
2. **Training Materials and Tools:** A complete set of training materials and tools will be updated to explicitly incorporate SEA/SH components in line with World Bank guidelines to be used during the capacity-building program. These should include facilitator guides, participant manuals, presentation slides, case study documents, simulation exercise guides, handouts, and assessment tools (pre- and post-tests). All training materials must be aligned with the Department of Health, Khyber Pakhtunkhwa's approved guidelines or nationally endorsed modules, and should be approved by the relevant authorities before use.
3. **Training Session Delivery Reports:** For each training session conducted, an individual session report should be prepared. This report will include the list of participants (with attendance sheets, disaggregated by gender and cadre), pre- and post-training assessment

results summarizing knowledge/skill gains, a summary of participant feedback or session evaluation results, any challenges encountered during the session, lessons learned, and photographic evidence from the training venue.

The Following trainings needs to be delivered:

S. No.	Trainings to be conducted under KP-HCIP	No. of Training Days per/ batch	Cadre of Participants/ Key Stakeholders	Expected Number of Participants (Nominations will be shared by DGHS, DHOs & MSs)
1	District Health Information System (DHIS - 2)	3	Health Managers, Doctors, Nurses, Paramedics, DEOs	600
2	ToT on Health Care Waste Management (HCWM)	3	Health Managers, Doctors, Nurses, Paramedics	320
3	Gender Mainstreaming	1	Health Managers, Doctors, Nurses, Paramedics	320
4	GRM & Social Safe Guard	1	Health Managers, Doctors, Nurses, Paramedics	500
5	Family Planning (FP)	3	Health Managers, Gynaecologists, WMOs, Nurses, LHVs	272
6	RMNCH (Mother and Child Health & Wellness Module)	6	Health Managers, Gynaecologists, Peadiatricians, MOs, WMOs, Nurses, Paramedics	500
7	Trickle Down Training on Health Care Waste Managemetn (HCWM) & FP	1	Leftover Nurses, Paramedics, Support Staff	300
8	Trickle Down Training on FP	3	WMOs, LHVs, LHSs/ LHWs	300
9	Nutrition (Maternal, Infant and Young Child Nutrition)	6	Health Managers, Gynaecologists, Peadiatricians, MOs, WMOs, Nurses, Paramedics/ LHVs, Nutrition Assisstants	250
10	Manual on Referral Guidelines	1	Health Managers, Doctors, Nurses, Paramedics	250
11	Communicable Diseases + IPC + Water, Sanitation, and Hygiene (WASH) for Disease Prevention in Primary Healthcare	4	Health Managers, Doctors, Nurses, Paramedics	250
12	Healthcare Quality and Patient Safety in Primary Care	2	Health Managers, Doctors, Nurses, Paramedics	250
13	Emergency and Disaster Preparedness in Primary Care Settings +Emergency Medical Response in Primary Care Settings	3	Health Managers, Doctors, Nurses, Paramedics	250
14	Promoting Healthy Living and Preventing Non-Communicable Diseases (NCDs) + Disability, Elderly Care, and Rehabilitation + Respiratory Health and Environmental Protection in Primary Care	4	Health Managers, Doctors, Nurses, Paramedics	250
15	Minimun Service Delivery Standards (MSDS)	2	Health Managers, Doctors, Nurses, Paramedics	250
16	Human Resource Management, Monitoring & Evaluation in Primary Care + Leadership & Management in Primary Care	3	Health Managers, Incharge of HFs	220
17	DHIS - 2 Data Analysis & Visualization in Primary Care	1	Health Managers, Incharge of HFs, DEOs	220

4. **Consolidated Training Progress Reports:** Periodic consolidated progress reports (on a monthly or quarterly basis, as agreed) summarizing all training activities during that period. These reports should provide an overview of sessions conducted (by date and location), the number and profile of participants trained, overall pre/post assessment results and observed improvements, feedback trends from participants, and any corrective actions or adaptations made to the training program. This will serve to track progress against targets and timelines.

5. **Mentorship and Supportive Supervision Reports:** Detailed reports on the follow-up mentorship visits and supportive supervision provided in the field. For each facility visit or mentorship round, the report should document the observations made (e.g. how well recent trainees are applying skills), the mentoring or coaching activities conducted, any remaining capacity gaps identified among staff, solutions or recommendations provided on-site, and any improvements or changes in service delivery noted since the training. These reports will help in assessing the on-the-job impact of the trainings.

6. **Monitoring and Evaluation (M&E) Framework:** A clearly defined M&E plan for the training program, outlining the key performance indicators (KPIs) to be tracked, the data collection tools and methodologies to be used (e.g. knowledge assessments, skills checklists, service delivery indicators at facilities), and the frequency of data collection and reporting. The M&E framework should also detail how the training outcomes will be measured (e.g. improvement in specific health service indicators, trainee performance in follow-up assessments, etc.) and how the data will be used for course correction and learning.

7. **Final Project Completion Report:** A comprehensive final report submitted at the conclusion of the assignment. This report should synthesize the entire capacity-building initiative, including the number of trainings conducted and participants trained, analysis of pre/post-test results and overall knowledge gain, improvements observed in service delivery (if measured), challenges faced during implementation and how they were addressed, success stories or case studies illustrating impact, and recommendations for sustaining the capacity gains. The final report should also provide recommendations for future training initiatives or additional capacity-building needs beyond the project.

Duration

- **Assignment Timeline:** The assignment is expected till June 2026 (06 **months)**, commencing from the date of contract signing. All training activities, mentorship visits, and reporting should be completed within this period.
- **Flexible Scheduling:** The training schedule will remain flexible to accommodate the availability of health staff and nominations from the Director General Health Services (DGHS), as well as the respective District Health Officers (DHOs) and Medical Superintendents (MSs) of the targeted districts. The firm should be prepared to adjust the timing of training sessions in consultation with these authorities to ensure maximum participation and minimal disruption to health services.

Firm Eligibility Criteria

- As per REOI

1. **Qualified Technical and Training Team:** The firm should have access to a pool of qualified public health and clinical experts who can serve as trainers and mentors. This includes professionals skilled in adult learning methodologies, clinical instruction, and supportive supervision. The proposal should include CVs of key proposed personnel (e.g., team lead, master trainers (which will be elaborated at RFP stage), M&E officer, Logistic Officer) to demonstrate their qualifications and experience. Trainers with expertise in maternal and child health, primary care, and community health (especially related to EPHS) will be an advantage.

2. **Strong Monitoring, Evaluation, and Reporting Systems:** The firm must have robust systems for monitoring training activities and evaluating outcomes. This includes the ability to conduct pre- and post-training knowledge assessments, track participant attendance and performance, and maintain databases of training data. Experience with digital data collection tools, training information management systems, or other innovative M&E approaches will be considered a plus. The firm should also be capable of producing timely analytical reports on progress.

3. **Language and Cultural Competence:** The training team must be capable of delivering content in English as well as local languages (Pashto and Urdu) as needed, ensuring that language is not a barrier for any participant. Additionally, the firm should demonstrate cultural sensitivity and inclusivity in its approach – for example, being mindful of local customs, gender dynamics, and working norms in the target districts. Training sessions should be conducted in a manner that is respectful and accessible to all participants (male and female).

Coordination

The contracted firm will be expected to work in close coordination with government counterparts and the KP-HCIP Project Management Unit to ensure the program's success. Specifically, the firm will:

- **Reporting:** Report directly to the Deputy Project Director (DPD) and the Project Director of KP-HCIP. Regular update meetings (e.g., monthly or as required) should be scheduled to brief the project leadership on progress, challenges, and plans.
- **Collaboration:** Coordinate closely with the PMU's technical team and focal persons. This includes aligning training content and schedules with other project activities, sharing data and insights from the field, and responding to guidance or feedback from the PMU. The firm should also collaborate with district health authorities (DHOs, MSs) for participant selection, use of facilities for trainings, and follow-up supervision visits.

- **Government Engagement:** Ensure all activities are carried out with the knowledge and involvement of the Department of Health, Khyber Pakhtunkhwa. Any advocacy or policy issues encountered during training (for example, needed improvements in facilities or supplies) should be communicated through the proper channels to the government via the KP-HCIP PMU.

KP-HCIP Health – Consolidated Training Implementation Plan (to be completed by June 2026)

S.#	Training Title	Duration (Days)	Total Participants	No. of Batches (= Total ÷ 30, rounded up)	Districts Covered	Tentative Schedule (Completion by Jun 2026)	Implementing Agency	Remarks / Focus Area
1	District Health Information System (DHIS-2)	3	600	**20 batches**	All 4 districts + DGHS	Completed	Private Firm (PMU oversight)	Data reporting, DHIS-2 analytics, use for decision-making
2	Trickle down on Health-Care Waste Management (HCWM)	3	320	**11 batches**	All districts + central staff	Jan – Mar 2026	Private Firm	1. ToTs completed 2. Cascade on Waste segregation, autoclave operation, color-coding will be conducted
3	Gender Mainstreaming	1	320	**11 batches**	All districts + DGHS	Jan – March 2026	Private Firm	Gender equality awareness and inclusive planning
4	GRM & Social Safeguard	1	500	**17 batches**	All districts + central GRM unit	Jan – March 2026	Private Firm	Grievance redress, social inclusion, SEA/SH prevention

5	Family Planning (FP)	3	272	**10 batches**	All districts	Jan – Mar 2026	Private Firm	FP methods, counseling, supply chain
6	RMNCH (Mother & Child Health & Wellness Module)	6	500	**17 batches**	All districts	Feb – Apr 2026	Private Firm	Maternal care, newborn resuscitation, postnatal follow-up
7	Trickle-Down Training on HCWM & FP	3	300	**10 batches**	All districts	Feb – Mar 2026	Private Firm	Refresher on waste handling + FP integration
8	Trickle-Down Training on FP	3	300	**10 batches**	All districts	Mar – Apr 2026	Private Firm	Field-level orientation for LHVs/LHSs/LHWs
9	Nutrition (Maternal, Infant & Young Child Nutrition)	6	250	**9 batches**	All districts	Mar – Apr 2026	Private Firm	Maternal & child nutrition counseling, growth monitoring
10	Manual on Referral Guidelines	1	250	**9 batches**	All districts	Apr 2026	Private Firm	Standard referral pathways and record-keeping
11	Communicable Diseases + IPC + WASH for Disease Prevention	3	250	**9 batches**	All districts	Apr – May 2026	Private Firm	IPC precautions, WASH standards, disease surveillance

12	Healthcare Quality & Patient Safety in Primary Care	3	250	**9 batches**	All districts	Apr – May 2026	Private Firm	Clinical standards and quality improvement methods
13	Emergency & Disaster Preparedness + Emergency Medical Response	3	250	**9 batches**	All districts + Rescue 1122	May 2026	Private Firm	Facility emergency plans, BLS, triage, disaster response
14	Promoting Healthy Living & Preventing NCDs (+ Disability, Elderly Care & Rehabilitation)	3	250	**9 batches**	All districts	May – Jun 2026	Private Firm	NCD screening, health promotion, elderly care
15	Minimum Service Delivery Standards (MSDS)	3	250	**9 batches**	All districts	May – Jun 2026	Private Firm	Facility readiness checklists, compliance monitoring
16	Human Resource Mgmt, M&E in Primary Care + Leadership & Management	3	220	**8 batches**	All districts + DGHS	Jun 2026	Private Firm	Leadership, data-driven decision making

17	DHIS-2 Data Analysis & Visualization in Primary Care	3	220	**8 batches**	All districts + central MIS cell	Jun 2026	Private Firm	Advanced DHIS-2 dashboards & data use

Note: These timelines shall be followed.