

# **Terms of Reference (ToR)**



## **Consultancy**

### **Development of Manual for Diabetes and Hypertension Peer-support Groups**

Jan-Feb 2022

# 1. Background

Non-communicable diseases (NCDs) such as diabetes and hypertension are a dominant and growing health and development challenge worldwide but still remain severely under-prioritized also in middle-income countries. In Lebanon, a double burden is observable whereby prevalence rates of NCDs are high and rising, and where an influx of 1.5 million Syrian refugees over the past years has placed an enormous pressure on the Lebanese health system and its ability to provide even basic care to people with NCDs, Syrian refugees and vulnerable Lebanese host populations alike. In addition, main NCD risk factors such as unhealthy diet, smoking, physical inactivity and psychosocial stress are widespread among Syrian refugees and among Lebanese host communities leading to a further risk of increased disease burden in the coming years.

Poor mental health and psychosocial well-being inflicts on people's capacity to prevent or manage NCDs. It was only with the Declaration following the UN High-Level Meeting (UN HLM) on Universal Health Coverage in 2018 that mental health conditions were fully recognized as an NCD, and a risk factor, but a stronger operational integration of PSS in the health care sector, NCD interventions and in healthy lifestyle promotion remains to be developed. In Lebanon, LRC has longstanding experience in delivering PSS to further social cohesion and well-being among refugees and vulnerable communities, which is an opportunity to build a more integrated approach with health care interventions.

The project **Bridging the Gap** which is supported by the Novo Nordisk Foundation addresses both of these overarching challenges in order to improve access to care, health and well-being of Syrian refugees and vulnerable host populations.

The project was developed as a joint effort between Danish Red Cross (DRC) and World Diabetes Foundation (WDF) with the aspiration to explore and benefit from institutional and programmatic synergies seeking to support most efficiently an integrated NCD-humanitarian response in Lebanon. This integrated NCD-humanitarian response approach focuses on capacity building at primary health care and community level, with institutional ownership and project implementation lead of the Lebanese Red Cross (LRC)(together with DRC) and the Lebanese Ministry of Public Health (MoPH)(together with WDF).

The project is implemented over a 4-year period 2021-2024 and has the overall ambition to **improve the health and well-being of vulnerable refugee -, migrant - and host populations (including youth) in Lebanon** with focus on SDG target 3.4, which is: "by 2030, to reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being"<sup>1</sup>.

The project has an outcome and output as relevant to this assignment:

**Outcome 1:** Vulnerable refugee, migrant and host populations including youth in target communities have increased capacity to prevent and manage health risks related to NCDs.

Output 1.3: Strengthened capacity for self-management and social support among patients living with NCDs in target communities and selfcare for vulnerable people living with NCDs

## Consultancy assignment linkage to project deliverables

This consultancy assignment, the development of a Training of Trainers (ToT) training package on diabetes and hypertension for Peer support groups is linked to **Output 1.3. Strengthened capacity for self-management and social support among patients living with NCDs in target communities and selfcare for vulnerable people living with NCDs**

The training package will allow LRC volunteers/master trainers to roll out and cascade the training to more volunteers and support group facilitators.

# 2. Objectives and Scope

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<sup>1</sup> UN Sustainable Development Goals, adopted by all UN Member States in 2015, as part of the 2030 Agenda for Sustainable Development, Goal 3: Ensure healthy lives and promote well-being for all at all ages — Target 3.4. <https://www.un.org/sustainabledevelopment/health/>

## 2.1. Main objective

The main objective of the consultancy is to compile and develop a Training of Trainers (ToT) manual on Diabetes and Hypertension to be used by the Lebanon Red Cross (LRC) under the "Bridging the Gap" project supported by Danish Red Cross and the Novo Foundation.

The manual should contain, but not be limited to, the following topics/sessions:

1. INTRODUCTION: Ground rules, ice breaking, consent, confidentiality, aim and content of sessions, location and timing, methods of communication, contingency plans (including What's App group)
2. PATIENT EMPOWERMENT: Skills such as active listening, goal setting, self-management plans, understanding roles of different people of diabetes care team and preparing for a consultation
3. WHAT IS DIABETES AND HYPERTENSION: what is diabetes, what is hypertension, what are the symptoms, shared modifiable risk factors, role of healthy living, treatment options, potential acute complications and when to seek help, long-term complications (with nurse/doctor)
4. LIVING WITH DIABETES: How daily choices and daily routine affect blood sugar? Why it is important to lower HbA1c / blood glucose level? Diabetic foot assessment and care, toenail care, footwear, insulin (storage, dosage, administration), how to act in case of an acute diabetic emergency (hypo or hyperglycemia) (with nurse/doctor). A specific session will be provided for those with hypertension
5. HEALTHY EATING: what are the effects of an unhealthy diet, what is a healthy diet, how to adapt recommendations to local context, including healthy recipes. Use behavior change techniques (motivational interviewing) (with the support of Celine and Amani, nutritionist within the LRC MSS Department)
6. PROBLEM SOLVING: demonstrate problem solving, strategies to staying motivated, identifying barriers to self-management
7. STRESS MANAGEMENT: know your stressors, bucket of stress, previous stressful experiences (how your body reacted and how you felt), what do you do (to ease your stress), grounding and breathing techniques
8. PHYSICAL ACTIVITY: effect of physical activity on blood pressure and blood sugar, preparing for exercise (if diabetic) physical activity including exercise examples, setting goals (motivational interviewing).
9. MEDICATIONS AND ADHERENCE: benefits of taking medications, barriers to taking them, purposes, actions, side effects and guidelines for taking certain medications (doctor support)
10. COGNITIVE EXERCISES: to stimulate mental alertness ex: UNO, Bingo, Sudoku, chess, quizzes, backgammon
11. SOCIAL SUPPORT: buddy system, linking yourself and family, the importance of support systems, service mapping in their regions
12. Wrap-up, how we will proceed, further questions

### Specific objectives and deliverables:

- Compile an overview ("database") of existing training material that should be used in the Training of Trainers sessions.
- Develop in consultation with LRC and DRC relevant staff, a Training of Trainers manual for 12 sessions of estimated length of each session 1-1,5 hours, including establishing of peer-support groups, technical topics and involvement of family members and according to above list of topics.
- Provide material to be used in annexes.
- Provide a facilitation guide.
- Provide a check list for each session to be used by social workers with a space for self-evaluation
- In addition, develop one training session for relevant social workers and/or health staff and PSS core team on the LRC set-up, establishment and facilitation skills for the self-support groups

## 3. Methodology

The Methodology expected:

1. Interviews with key staff from LRC and DRC for clarification on the expected outcomes
2. Review of existing training materials of relevance and in line with MoH guidelines.
3. Testing 3 selected modules of the manual with LRC social workers, PSS core team and health staff for finetuning of manual and material, kind of dry run exercise.

4. After implementation started (time frame to be defined) provide 2 coaching sessions on the field.

## 4. Roles & Responsibilities

An in-country consultant will be recruited to develop the training manual. The successful candidate should be a highly experienced trainer and manual developer with a very good understanding of Primary Health care and NCD care in specific (diabetes and hypertension care and support) and psychosocial interventions.

Lebanon Red Cross and Danish Red Cross will:

Screen the proposal submitted by candidates and select the final candidate.

Contribute to manual development by providing feedback to the consultant first draft.

Provide support to consultant with information on project's activities, LRC methodology, clarification on expectations and needs.

Approve final draft of the manual and respective material.

## 5. Deliverables & Schedule

The consultancy will be undertaken in Q1 2022 during a period of no. 26 of days after signing the contract.

### Indicative training manual development schedule:

- ToR reviewed and finalized with consultant's input: 1 day
- Document review: 1 day
- Drafting/compilation of manual: 12 days.
- Circulation for comments and incorporate feedback: 3 days
- Final version of manual and relevant documents, after receiving LRC/DRC feedbacks: 5 days
- Training on Peer Support Group Manual for people living with NCD (3 selected modules) + facilitation skills: no more than 4 days.

### Deliverables:

- Draft of Peer support group training manual on Diabetes and Hypertension presented to LRC/DRC for feedback by: **8/03/ 2022, with 50% of the first draft presented by 2nd<sup>th</sup> of March.**
- Final version of manual for Peer Support Group on Diabetes and Hypertension, including reference and bibliography by: **17/03/2022**
- Presentation/debrief of ToT manual development process to LRC/DRC team 26 days after signing the contract.
- Training on Peer Support Group manual to LRC social workers, PSS core team and Health staff starting by: **21/03/2022 lasting no more than 4 days**

## 6. Candidate requirements

The candidate is expected to have the following competencies:

- Strong experience in developing training materials on similar topics;
- Strong practical experience of conducting and delivering trainings.
- Solid experience in NCD care (Diabetes and Hypertension) as well as mental health and psychosocial support interventions at both national and community level.
- Excellent organizational, communication and writing skills.
- Have a background in health, public health, or psychology professions.
- Ability to synthesize, critically analyze and digest large amounts of information materials available.
- Preferably: in-depth understanding and/or experience of working with the RC/RC Movement;
- Preferably of NCDs and MHPSS global guidelines and best practices
- Language Skills: Fluent Arabic and English (both spoken and written).

## **7. Budget**

The total proposal for the development of the manual shall include fees and reimbursable cost for expenses incurred in relation to the evaluation. DRC shall pay the Consultant an amount not to exceed a ceiling of USD 12,000.

## **8. Relevant documentation**

### Diabetes care

- To be forwarded at interest

### Diet

- To be forwarded at interest

### MHPSS care in relation to NCD

- To be forwarded at interest

### Training on NCD care

- To be forwarded at interest

The provided material is to be used as reference, but list is not exhaustive, and consultant is expected to use additional resources.