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# BACKGROUND INFORMATION

## Partner country

Republic of North Macedonia

## Contracting authority

Municipality of Negotino

## Current situation in the sector

Access to healthcare for the elderly in North Macedonia faces challenges with fragmented systems, increasing demand, and underfunded social care, though reforms are underway, including home visits by nurses, digital health tools (Moe Zdravje app), and projects to improve long-term care (LTC), heavily relying on family/informal care, with government efforts focused on integrating health and social services to meet needs, especially in rural areas.  As the population ages in North Macedonia, the family structures are changing and the health and social systems have limited capacity to provide integrated and person-centred care, leaving older people in the country to face a number of health, social and economic challenges (World Health Organization).

In order to tackle the health and social challenges of the ageing population, over the past few years the Ministry of Labour and Social Policy adopted the National Strategy for Elderly People 2010–2020 and the Action Plan for Healthy Ageing 2020. The Ministry of Health introduced several initiatives to provide greater access to health services for older people, such as home visits by community nurses (also called patronage nurses), the rural doctors project1 and mobile pharmacies, as well as piloting the introduction of integrated health and social services. Furthermore, the Ministry of Health – supported by WHO – initiated a health system reform under which the strengthening of primary health care (PHC) was identified as a key intervention to improve the quality, continuity and overall performance of health services. The reform aims to ensure equitable access to health care and to rebuild a responsive PHC that helps converge health protection and promotion, disease prevention, and primary curative services on the one hand with highly needed public health population-based and social interventions on the other hand. North Macedonia has an established model of integrated palliative and geriatric care at the tertiary level. However, with seven specialist palliative care adult services (0.4 per 100,000 people) and none at all for children, there is insufficient capacity to meet current and projected demand. My role was to understand the national context and work with stakeholders to develop strategies to implement best practice.

# OBJECTIVES & EXPECTED OUTPUTS

The **ElderCare** project addresses the growing challenge of dementia in the cross-border area of **Pella** in Greece and **Negotino** in North Macedonia. In both regions, the number of elderly people living with dementia is rising, while access to specialised care remains limited—particularly in North Macedonia, where services are fragmented and support systems for families are scarce. ElderCare introduces an innovative, community-based approach designed to improve the quality of life for people with dementia, their caregivers, and elderly individuals at high risk of developing the condition.

Central to the project is the establishment of cross-border, multidisciplinary **Memory Teams** composed of municipal staff, healthcare professionals and scientific experts. These teams will operate across Pella and the Vardar region, providing personalised care plans, early detection services, and a range of non-pharmaceutical therapies, including occupational, artistic and physical activities, as well as mental training through digital means. Their work will be supported by advanced digital tools, including e-platforms for dementia risk registration, remote support for caregivers and e-learning modules to train both professionals and non-professional volunteers.

The project also brings significant investment in new services and facilities. **Mobile health units** will deliver care to remote and underserved communities, while in Negotino a **Day Center Unit** for elderly and vulnerable groups will be established, alongside a specialised **rehabilitation centre** within the Negotino Public Health Clinic. In Pella, interventions will make use of local facilities and community networks to deliver health services, capacity building for municipal staff and volunteers, and awareness-raising activities to reduce stigma and promote dementia-inclusive communities.

Activities are designed to ensure sustainability by training local staff and volunteers in family- and community-based dementia care, creating a model that can be maintained after the project ends. Scientific support and training will be provided by the Greek Association of Alzheimer’s Disease and Related Disorders and the Institute for Alzheimer’s Disease and Neuroscience, ensuring that all interventions are based on the latest research and best practices.

ElderCare will directly benefit elderly people with dementia, elderly individuals at high risk, caregivers, healthcare professionals, volunteers, and the wider community. It will deliver equal and improved access to dementia care, enhance skills for those providing care, increase social inclusion and create sustainable, community-driven care models that can be replicated elsewhere.

Co-funded by the Interreg VI-A IPA Greece–North Macedonia Programme, the project will be implemented for two years and is expected to reach around **5,000 people per year** through improved or new healthcare services, establishing a scalable model for effective cross-border dementia care.

## Overall objective

The overall project objectives are:

* To provide mobile and other health services for elderly people in the cross-border municipalities (including mountainous and remote areas) through mobile Units for Dementia (Memory Teams);
* To provide e-distance health services with modern technological products on both sides of the border;
* To undertake cross-border initiatives for supporting communities to access the primary health care system, in order to secure social and family care
* To promote health and well-being of elderly persons, with a special focus on identified marginalized communities (people with dementia and their care-givers) ensuring equal access to quality and inclusive mainstream services in healthcare;
* To implement interventions non pharmaceutical treatment for the elderly;
* To safeguard the sustainability of the interventions by training the staff of the local entities (municipalities and hospital) and by developing e-training platforms for future members of the “Memory Teams”.

## Specific objective(s)

The specific objective (Outcome) of this contract is as follows:

successful implementation of the project and foreseen tender procedures

## Expected outputs to be achieved by the contractor

The service will be paid on the basis of the delivery of the specified output(s). Payments might be totally or partially withheld if the contractual result(s) have not been reached in conformity with the detailed terms of reference. Payment(s) is/are based on the approval of this/these deliverable(s). Partial payment has to be determined according to the partial implementation of the output(s).

The expected outputs of this contract are as follows:

* Formulated all necessary project implementation documents (progress reports, financial documentations etc)
* Provided of consultancy in the area of Project management and procurement
* Formulated 2 supply tender dossiers by PRAG 2025

# ASSUMPTIONS & RISKS

## Assumptions underlying the project

Good cooperation between all parties involved in the contract completion.

## Risks

No significant risks have been identified for the completion of the contract

# SCOPE OF THE WORK

## General

### Description of the assignment

The Consultant should provide expertise in the area of the project management and procurement which should contribute to the successful implementation of project. The Consultant should support Project Team in the entire process of project implementation and in fulfilling the obligations undertaken in terms of preparing project progress reports, financial reports, schedule of project activities, assistance in the preparation of the Table of expenditures and advices in the collection of the supporting documents. The Contractor will also assist on resource planning allocation and control of projects pipeline in coordination with the municipality staff.

As the Public Health Institution “Negotino Public Health Clinic” as a beneficiary of the project “ElderCare” intend to announce two tenders for supply, the assignment of the present contract, also include providing of expertise in the preparation of PRAG tender dossier and support of project team throughout the entire tendering process and concluding contract with selected contractors and enable smooth implementation of planned procurements. Procurement procedures need to be implemented according the EU and PRAG rules version PRAG 2025. If during the implementation of the project certain changes occur to the budget itself and there is a need for additional tender procedures, the Consultant is obliged to support the project team in implementing them.

### Geographical area to be covered

Municipality of Negotino

### Target groups

The main target groups addressed by the Action are: Residents (including the elderly population and their care givers along with the population in high risk of dementia), Regional and Local Authorities, Disadvantaged and marginalized individuals and social groups, as defined by the Committee on Economic, Social and Cultural Rights.

## Specific work

**4.2.1 Support of the project team in the implementation of the project**

The assignment of the present contract is to provide expert knowledge and expertise in the implementation of project through support of project team in preparation of schedule of project activities, preparation of progress and financial reports for the actions carried out, assistance in the preparation of the Table of expenditures and advices in the collection of the supporting documents. The Contractor will also assist on resource planning allocation and control of projects pipeline in coordination with the project staff. The expert should support in delivery of on-time scope actions and results, guidance and clarification in performance of the project activities. Assistance on resource planning allocation and control of projects pipeline in coordination with the municipality staff

Coordination actions with the project staff, planning of the financial resources and timing of the activities in correspondence with the procurement plan, adjustment of the actions related to the actual implementation conditions. Also, from the technical aspects of the project implementation, the Consultant should provide all necessary expertise, including and procurements consultancy, for proper project implementation.

**4.2.2 Formulation of the tender dossiers for supply and service by PRAG 2025**

The consultant should formulate following tender dossiers:

* Two Simplified Supply Tender Dossiers

Procurement procedures need to be implemented according the EU and PRAG rules version PRAG 2025.

If during the implementation of the project certain changes occur to the budget itself and there is a need for additional tender procedures, the Consultant is obliged to support the project team in implementing them.

## Project management

### Responsible body

The Contracting Authority is Public Health Institution “Negotino Public Health Clinic”, Republic of North Macedonia and in that capacity, it is responsible to launch the service tender procedure, sign the service contract, authorize payments to the contractor and handle the financial management and control during project implementation. The day-to-day operational project implementation will be performed by Public Health Institution “Negotino Public Health Clinic”, Project office – which is responsible for implementation of project.

### Management structure

The project “Equal access to health care for the elderly population in the cross-border area: facing the challenge of dementia”. is implemented by Municipality of Pella from Greece in partnership with Public Health Institution “Negotino Public Health Clinic” and 3 other partners. Public Health Institution “Negotino Public Health Clinic” will be the Contracting Authority responsible for regular coordination as well as coordination with the other partners and will have the overall responsibility of implementation of the project activities in Republic of North Macedonia.

### Facilities to be provided by the contracting authority and/or other parties

The Contracting Authority will provide all available information and will fully co-operate with the Consultant in order to achieve the best results. Technical information and access to the existing records, any useful information and/or documentation which may be relevant to the performance of the Contract will be provided upon request.

# LOGISTICS AND TIMING

## Location

Municipality of Negotino

## Start date & period of implementation of tasks

The intended start date is 15.01.2026 and the period of implementation of the contract will be 19 months from this date.

# REQUIREMENTS

## Personnel

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 able to provide input 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 on any potential interference or conflict of interest of the proposed expert in his/her function as expert and his/her present or previous functions working as civil servant. Moreover, proof should be submitted that the expert is seconded or on personal leave.

The selection procedures used by the contractor to select the experts who provide input to the contract must be transparent, must guarantee the absence of professional conflicting interests and the absence of any discrimination based on former or current nationality, gender, place of residence, or any other ground. The findings of the selection panel must be recorded.

All experts must be independent and free from conflicts of interest in the responsibilities they take on.

### Experts

Minimum requirements for experts are not defined

### Support facilities & backstopping

The costs for support facilities, including backstopping, are included in the tenderer's financial offer.

## Office accommodation

Office accommodation for each expert providing input to the contract is to be provided by the contracting authority.

## Facilities to be provided by the contractor

The contractor shall ensure that experts are adequately supported and equipped. In particular it must ensure that there is sufficient administrative, secretarial and interpreting provision to enable experts to concentrate on their primary responsibilities. It must also transfer funds as necessary to support their work under the contract and to ensure that its employees are paid regularly and in a timely fashion.

## Equipment

**No** equipment is to be purchased on behalf of the contracting authority / partner country as part of this service contract or transferred to the contracting authority / partner country at the end of this contract. Any equipment related to this contract which is to be acquired by the partner country must be purchased by means of a separate supply tender procedure.

# REPORTS

## Reporting requirements

The contractor will submit the following reports in English in one original:

* **Final report** of maximum 3 pages (main text, excluding annexes). This report shall be submitted no later than one month before the end of the period of implementation of tasks.

## Submission and approval of reports

The report referred to above must be submitted to the project coordinator. The project coordinator is responsible for approving the reports.

# MONITORING AND EVALUATION

## Definition of indicators

* Formulated project reports and provided technical expertise
* Formulated 2 Tender dossiers

## Special requirements

N.A.

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