**Appendix 1**

**Capacity Building of PHCCs on Accreditation**

**Terms Of Reference**

# CONTEXT AND JUSTIFICATION

## Context

Primary Healthcare Centers (PHCCs) are the backbone of healthcare delivery systems in many countries, including Lebanon. While PHCCs are essential in providing essential healthcare services to the population, there is a lack of standardized accreditation system for these facilities. This has resulted in varying levels of quality across PHCCs and limited accountability for the delivery of essential healthcare services.

The Ministry of Public Health (MoPH) has prioritized Accreditation as a key strategy to improve the quality and safety of healthcare services, and establish a sustainable process for implementing and measuring compliance with set standards. The overarching objectives of accreditation are to improve community confidence and trust, enhance the reputation of MoPH network facilities, ensure a focus on safety and quality, drive standardization and people-centered objectives, improve patient satisfaction, and fundamentally improve health outcomes.

In 1996, the MoPH established its National PHC Network to regulate and maintain quality of care and effective service delivery at over 270 PHC centers (PHCCs), most of which are affiliated with NGOs and municipalities, serving over 1 million people annually. The network delivers a comprehensive range of PHC services at reduced rates to improve access to quality healthcare, particularly among the most vulnerable. The MoPH also targets community needs through the integration of non-communicable disease management in PHC and the launch of the national mental health program.

In 2009, the Lebanese Ministry of Public Health launched the Primary Healthcare (PHC) accreditation program to improve quality across the continuum of care. Lebanon was the first to introduce an international accrediting entity in the region and the first to have contextualized primary care standards in the region.

While accreditation practices have ceased post 2018 given a plethora of factors, the most impactful being the economic crisis, the MOPH have taken steps to maintain adequate quality levels within PHCCs and place building blocks for the next national accreditation system. A critical aspect of this effort is the capacity building of PHCC staff, ensuring they are adequately trained and prepared for the accreditation process. This training is essential to close the existing gap in trained surveyors and meet the requirements for a robust and effective national accreditation system.

## Rationale

This training is designed to empower PHCCs with comprehensive knowledge and skills in national accreditation standards. The program aims not only to familiarize PHCC staff with these standards but also to equip them with the practical know-how to implement these standards effectively in their respective centers.

# CONSULTANCY OBJECTIVES

## Overall Objective

The primary goal is to strengthen the capacity of 8 Amel supported PHCCs under SAQIRH project for successful accreditation. This involves extensive training on national accreditation standards, practical exercises, and continuous support throughout the accreditation process.

## Specific Objective

* Develop and deliver a detailed training program tailored to the unique needs of PHCCs, focusing on national accreditation standards.
* Facilitate practical learning experiences, including mock surveys and observational exercises, to ensure PHCC staff gain hands-on experience in the accreditation process.

# METHODOLOGY

## Overall scope of the work

The consultancy will involve a comprehensive approach to training, including theoretical instruction, practical exercises, and. The aim is to ensure a thorough understanding and effective implementation of national accreditation standards.

## Main tasks

In the context of this assignment, the consultant will adhere to the planned methodology outlined below:

* **Interactive Training Sessions**: Conduct interactive and engaging training sessions for PHCC staff, ensuring a deep understanding of accreditation standards and their practical application.
* **Coaching visits:** Conduct 2 coaching visits per PHCC and provide practical recommendations to the centers

## Implementation

* Provision on the training sessions for the supported Amel PHCCs under SAQIRH by using the developed materials validated by MOPH PHCC department
* Pre- pos test for the training
* Providing also to the trained PHCCs two on job coaching sessions before initiating the mock survey
* Offer evaluation form for the participants to provide feedback on the training
* **Comprehensive Reporting**: Compile and present detailed reports and analyses of the training outcomes, mock survey results, and recommendations for ongoing improvement.
* **Mock visit to each PHCC**: providing a comprehensive report on the findings of each PHCC

# AREA OF INTERVENTION

The training and consultancy will encompass all Amel-supported PHCCs within the SAQIRH consortium in Beirut, Mount Lebanon, South Lebanon and Nabatiyeh.

# DURATION OF THE STUDY

The consultancy is planned to be completed by the Mid of May 2024, with a detailed schedule for each phase of the project. The training will take place during April and May following 2 on job training before implementing the mock survey after 6 months.

# FUNCTIONAL LINKS

The Consultant will be working directly under the overall supervision of Amel’s Health Coordinator. The consultancy will be led by one Consulting firm that must meet the criteria specified in Section 8 (Requirements).

# EXPECTED DELIVERABLE

* **provision of training on accreditation** including the planning of the sessions along with the provision by end of the consultancy for the detailed set of training materials, including handbooks, slide decks, and interactive modules., pre-post test, attendance sheet
* 2 on job training per facility conducted and recommendations provided to the facilities based on the MoPH Accreditation Checklist
* **Extensive Final Report**: A thorough final report encapsulating the training process, effectiveness, participant feedback, and strategic recommendations for future accreditation efforts.

The consulting firm is required to present an initial report and corresponding presentation. Additionally, the firm must electronically submit all survey data and analysis outputs (both raw and final) to Amel, with ownership of the survey data belonging to Amel. The consultant is expected to comply with and sign Amel’s code of conduct including the PSEAH policy.

# FINAL REPORT

Upon validation of the consultancy by the Amel’s technical team, the consultant is required to submit the final report, encompassing the following components:

1. a) Executive summary
2. b) Background
3. c) Objectives
4. d) Methodology of training
5. e) Results of conducted trainings, including pre and posttests, and certificates
6. f) Discussion
7. g) Conclusion
8. h) Recommendations and priorities
9. i) References
10. j) Acknowledgment
11. k) Appendices, including assignment of clusters, field test, questionnaires, reports of field visits, and reports of mock surveys.

The consultant will provide:

* A draft of the report by April 30, 2024, before the conclusion of the consultant's mission.
* A final report not exceeding 100 pages without annexes, accompanied by a shorter 15–20-page report.
* The report to be sent as one soft copy via email to Health@amel.org and programs@amel.org on the agreed-upon date.

Amel reserves the right to request corrections or modifications within 2 months after the report is submitted, and the consultant must be available if needed.

# PREREQUISITE QUALIFICATIONS

## Education

All firm members involved in the consultancy must possess at least a Master's degree or PHD with proven knowledge in Public Health, Health policy and management, Quality of care and primary healthcare.

## Professional experience

1. - Extensive experience in developing and delivering training programs.
2. - Previous involvement in accreditation implementation, with familiarity with policies and procedures at the PHCC level.
3. - Consulting experience in accreditation is advantageous.
4. - Proficiency in data management based on prior experience.
5. - Mandatory experience collaborating with MoPH.
6. - Relevant experience in the health sector.

## Competencies and knowledge

Excellent knowledge in Lebanese healthcare system and primary healthcare

## Languages

Fluency in English

# SELECTION CRITERIA

## Technical evaluation

The evaluation criteria consist of the following:

* Understanding of the Terms of Reference (TORs) (25 points)
* Relevance and quality of the proposed methodology (25 points)
* Experience and relevant technical references (15 points)
* Candidates' profiles (15 points)

Only technical offers scoring at least 70% will be deemed technically valid and considered for the subsequent evaluation phase.

## Financial evaluation

Only the financial offers from the candidates with at least 70% of the technical evaluation score will be considered. A financial evaluation score will be calculated for each offer, starting on the lowest bid.

## Final evaluation

The ultimate assessment will integrate both previous evaluations, with a 70% weighting for the technical offer and a 30% weighting for the financial offer. The candidate securing the highest overall score will be chosen. The financial proposal will be potentially negotiated with the selected candidate, staying within the confines of the available budget.

# OFFERS PRESENTATION

## Technical offer composition (in English)

A technical proposal (5-10 pages) comprising:

- Comprehension of the assignment’s challenges and the Terms of Reference (ToR): articulation of a problem statement and formulation of questions that the proposal aims to address.

- Presentation of the assessment's methodology and tools proposed.

- A detailed timeline indicating the completion schedule for each assessment phase. The proposed schedule should allocate time for mission briefing and debriefing.

## Financial offer composition (in English)

* 1. - A financial offer including a budget with detailed sections:
	2. - Fees
	3. - Transportation fees
	4. - Communication fees
	5. - HR fees (enumerators…)
	6. - Other expenses

**Deadline for submission**: Documents to be submitted **by email** before **05/04/2023**

A*pplications submitted after the above stated deadline for submission, for whatever reason or cause, shall be considered defaulting.*

**Submission of applications**

All documents must be submitted to the following email: procurementdpt@amel.org

**Only applications including the full list of requested documents will be considered.**