

<b>Accreditation readiness of PUI supported PHCCS</b>	
<b>Lebanon</b>	
<b>Terms Of Reference</b>	
<b>Country / Region</b>	Lebanon
<b>Start date</b>	01 / 06/ 2024
<b>Source of funding</b>	AFD
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## **1. CONTEXT AND JUSTIFICATION**

### **1.1. 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 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. As of now, the MoPH has resumed some accreditation activities, but there is a significant gap in trained surveyors, highlighting the need for training representatives from MoPH and INGOs, including PUI staff.

### **1.2. Rationale**

The Training of Trainers (TOT) is crucial for increasing national capacity to train focal points within

I/NGO staff in collaboration with MoPH. These trainees will become national surveyors, supporting MoPH in conducting surveys and training PHCCs quality focal points to implement quality standards and self-assessment.

## **2. CONSULTANCY OBJECTIVES**

### **2.1. Overall Objective**

The primary goal is to enhance designated I/NGO staff capabilities in conducting national accreditation, transforming them into national surveyors. This involves training on accreditation standards, practical observation in mock surveys, and coaching sessions for PHCC staff.

### **2.2. Specific Objective**

- Educate I/NGOs staff on accreditation standards and the quantifiable elements to standardize the process, mitigating subjectivity in assessments.
- Provision of practical coaching of the trained INGO staff on the mock process.

## **3. METHODOLOGY**

### **3.1. Overall scope of the work**

The consultancy aims to enhance the capacity I/NGO staff participating in theoretical and practical training sessions.

### **3.2. Main tasks**

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

- Provision of TOT: Conduct Training of Trainers and directly train I/NGO staff using the prepared and validated training materials.
- Mock Surveys with Observational Learning: Organize mock accreditation surveys at selected PHCCs, where I/NGO staff will participate as observers. This will provide them with practical insights into the survey process, enhancing their understanding and preparing them for future roles as national surveyors.
- Data Analysis for Training Provided: Analyze the effectiveness of the training, evaluate knowledge gained, and identify any requirements for refresher training or on-the-job coaching sessions for I/NGOs with specific needs.
- Provide a Final Report to PUI: Summarize the training provided, present findings from data analysis, and offer recommendations in a comprehensive final report.

### **3.3. Implementation**

- Conduct an initial meeting with PUI to clarify study terms, ensuring mutual agreement on expectations and deliverables.
- Engage in a meeting with MOPH to assess their training needs and deliverable requirements. Consult stakeholders, including policymakers, healthcare providers, and PHCCs, to understand their specific needs.
- Provide a concise 3–5-page inception report outlining the consultancy firm/consultant's understanding of the required work, proposed approach, analysis methods, and the timeframe for deliverables.
- Develop and execute a TOT program for I/NGO staff, covering both basic and advanced accreditation training.
- Facilitate mock surveys at PHCCs, ensuring I/NGO staff's active observation. This will involve practical training scenarios to mimic real accreditation surveys, providing I/NGO staff with hands-on experience.
- By the conclusion of the consultancy, the consultant is expected to deliver TOT materials to PUI and MOPH, and conduct the necessary TOT sessions.

### **3. AREA OF INTERVENTION**

The study will cover national areas of operation, focusing on enhancing the capacity of designated I/NGO staff across Lebanon.

### **4. DURATION OF THE STUDY**

The specified tasks must be completed by the end of August 2024. The consultant will determine the schedule for carrying out these activities.

### **5. FUNCTIONAL LINKS**

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

### **6. EXPECTED DELIVERABLE**

#### **6.1. Research protocol and training tools**

- Provide PUI with a comprehensive protocol in MS Word, along with the research tool/questionnaire and accompanying slides.
- Share the training package documents.

#### **6.2. Preliminary report and data set**

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 PUI, with ownership of the survey data belonging to PUI. The consultant is expected to comply with and sign PUI's data protection policy.

### **7. FINAL RESEARCH REPORT**

Upon validation of the research by the PUI technical team, the consultant is required to submit the final report, encompassing the following components:

- a) Executive summary
- b) Background
- c) Objectives
- d) Methodology
- e) Results of conducted trainings, including pre and posttests, and certificates
- f) Discussion
- g) Conclusion
- h) Recommendations and priorities
- i) References
- j) Acknowledgment
- k) Appendices, including assignment of clusters, field test, questionnaires, etc.

The consultant will provide:

- A draft of the report by March 1, 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 [heal.co@premiere-urgence-lib.org](mailto:heal.co@premiere-urgence-lib.org) on the agreed-upon date.

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

## 8. PREREQUISITE QUALIFICATIONS

### a. Education

Master's degree or PHD with proven knowledge in Public Health, Health policy and management, Quality of care.

### b. Professional experience

- Prior TOT experience in accreditation within Lebanon.
- Previous involvement in accreditation implementation, with familiarity with policies and procedures at the PHCC level.
- Consulting experience in accreditation is advantageous.
- Proficiency in data management based on prior experience.
- Mandatory experience collaborating with MoPH.
- Relevant experience in the health sector.

### c. Competencies and knowledge

Excellent knowledge in Lebanese healthcare system and primary healthcare

### d. Languages

Fluency in English

## 9. SELECTION CRITERIA

### a. 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.

### b. 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.

### c. 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.

## 10. OFFERS PRESENTATION

### a. Technical offer composition (in English)

A technical proposal (5-10 pages) comprising:

- Comprehension of the study'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.

- b. Financial offer composition (in English)**
- A financial offer including a budget with detailed sections (fees, other costs)
    - o Fees
    - o Visa fees
    - o International transportation
    - o National transportation
    - o Communication fees
    - o HR fees (enumerators...)
    - o Other expenses
    - o Offer signed and stamped with quotation validity, payment terms and expected starting date
    - o **Licensed Company/Consultant - Completed all necessary registration with the Ministry of Interior and Ministry of Finance**

Deadline for submission. Documents to be submitted by email before 21/05/2024

*Applications 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:

- [log.proc.spec@premiere-urgence-lib.org](mailto:log.proc.spec@premiere-urgence-lib.org)
- in cc: [Heal.co@premiere-urgence-lib.org](mailto:Heal.co@premiere-urgence-lib.org) and [log.proc.off@premiere-urgence-lib.org](mailto:log.proc.off@premiere-urgence-lib.org)

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