



AFD SAQIRH Project  
**Mid-Term Evaluation**  
**Terms of Reference**

*V.2 April 2022*



<b>Donor</b>	Agence Française de Développement (AFD)
<b>Project title</b>	Strengthening Access to a Quality, Inclusive and Resilient Healthcare system: SAQIRH
<b>Duration</b>	3 years (from the 01/10/2020 to the 30/09/2023)
<b>Total Budget</b>	12,500,000.00€
<b>Locations</b>	Lebanon: Bekaa, North, Akkar, Beirut and Mount Lebanon, South, Nabatieh
<b>Implementing Actor (lead)</b>	Première Urgence Internationale (PUI)
<b>Partners</b>	Médecins du Monde - France (MdM) Amel Association International (Amel)
<b>Target (unique Beneficiaries)</b>	199,406

## 1. Background

### 1.1. Context

The context in which the program is situated—including organisational, social, political, regulatory, economic, or other factors that have been directly relevant to the program’s implementation.

Ten years on from the start of the Syrian Crisis, Lebanon remains a fragile and conflict-affected setting (FCAS) facing overlapping and protracted crises. The Syrian crisis, the COVID-19 pandemic along with the unprecedented combined economical-financial and political crisis have exacerbated vulnerabilities among refugees and host communities. The Lebanese pound has shed 86% of its value against the US dollar since the crisis began. Inflation rages at an annual rate of 295%. Consequently, an estimated 55% of Lebanese households and 91% of Syrian families currently live below the poverty line on less than 3.84USD/day<sup>1</sup>. According to the World Food Program, 1.2 million Syrian refugees are severely or moderately food insecure and 49% of Lebanese are worried about their access to food. As families’ vulnerability worsens, tensions between and within communities are rising due to competition over resources and services as people strive to meet their basic needs. In this context, access to healthcare has worsened. Lebanon’s healthcare system is highly privatized without any proper social insurance covering health fees. Thus, the cost of health services has become a significant barrier for more and more persons who struggle to meet their basic needs due to hyperinflation. Financial barriers include transportation fees to reach healthcare facilities, service fees and cost of complementary exams and medication. In parallel, catastrophic health expenditures are more likely within vulnerable populations and can push households deeper into poverty and indebtedness.

Key contextual elements to be considered specific to the catchment areas of the supported PHCCs include the increased need for primary care services especially among host communities, increased barriers to access primary care services and access to essential medicines, increased instances of S/GBV, and increased protection needs. Increased need for primary care is reflected in the exponential increase in the number of consultations delivered by the funded primary care centres. Interestingly, the number of Lebanese accessing services at the funded centres has surpassed the number of refugees in most areas. This can be associated with a set of determinants ranging from the deterioration of the financial building block of the Lebanese healthcare system, and the collapse of key social insurance schemes. Hence significant out-of-pocket payments are shouldered by Lebanese attending secondary care/private clinics, and more generally the entire population residing in Lebanon. The affordability of primary care services, due to the coverage offered by this project, reduces, to a certain extent, out-of-pocket payments.

### 1.2. Project

Project title: Strengthening Access to a Quality, Inclusive and Resilient Healthcare system (SAQIRH)

**General objective:** Vulnerable Populations in Lebanon receive Quality Primary Health Care through a more Resilient, Inclusive and Conflict-Sensitive National Health Care System.

**Outcome 1:** Vulnerable populations (host communities and refugees) living in Lebanon have increased equitable access to quality affordable preventative and curative healthcare complemented with integrated services.

**Outcome 2:** Strengthening the existing national health system to be able to respond to the needs of the vulnerable population in Lebanon.

**Outcome 3:** Primary health care acts as a vector for health promotion and social cohesion at both PHCC and community levels to enhance resilience.

Rights-holders: Women, men, boys and girls including persons at risk and persons with disabilities, vulnerable Lebanese, Syrian, Palestinian and other nationalities.

**The project target:**

- 199,406 right-holders provided with gender sensitive, age appropriate and inclusive PHCC services
- 39,400 persons participating in community-based activities

**Project duration:** 01/10/2020 to 30/09/2023

Project partners: The project, funded by Agence Française de Développement (AFD), is implemented by a consortium composed of two international NGOs: Première Urgence Internationale (PU-AMI – leading agency) and MdM, and 1 local NGO: Amel Association International.

**PU-AMI** service partners are:

- Al Najat Dispensary
- Saint Paul PHCC

**MdM** service partners are:

- Sawaed Lil Aamal PHCC in Faour/Kfar Zabad (Zahle)
- Terbol Governmental PHCC in Terbol (Zahle)
- Mashghara Governmental Hospital PHCC in Mashghara (West Bekaa)

**Amel Association's** Operating PHCCs:

- Khyam PHCC
- Bazourieh PHCC
- Sour PHCC

**Amel Association's** service Partners:

- Boughouljian PHCC
- Al Zarif PHCC

### ***1.3. Stakeholders***

Stakeholders involved in SAQIRH can be classified into two categories: External and Internal Stakeholders. Internal Stakeholders are key personnel working within the consortium, while external stakeholders are organisations/individuals who frequently engage with the consortium.

**Internal Stakeholders:**

- Country Directors/Heads of Mission
- Program Managers/Deputy head of Missions
- Technical Coordinators
- Field Coordinators / officers
- Representatives and staff from the PHCCs

**External stakeholders:**

- The Agence française de développement (AFD)
- The Lebanese Ministry of Public Health
- The Joint National Health Sector Working Group chaired by UNHCR and WHO
- Health Sector Partners

- The National Protection Work Group Hosted by UNHCR
- Protection Sector Partners
- The National Mental Health Program (NMHP)
- The Mental Health Psycho-Social Support (MHPSS) Work Group Hosted by the (NMHP)

## 2. Rationale / intervention logic for the evaluation

### 2.1. Purpose, timing and target users

The Mid-Term Evaluation will be conceived as a formative study primarily aimed at learning purposes and action-oriented recommendations. Carried out roughly in the middle of the implementation period, the study will focus on specific elements identified by the Consortium as in need of in-depth assessment and, if relevant, concrete re-adjustment during the last year of the project. Accordingly, the main audience of the study are the stakeholders involved in the SAQIRH Steering Committee, including representatives of Première Urgence Internationale, Médecins du Monde, Amel and the Lebanese MoPH, as well as all relevant managerial and technical staff.

At the end of the project, a Final Evaluation exercise is planned to embed a summative standpoint, focusing more closely on outcome/impact and sustainability-related aspects of the intervention.

## 3. Objectives, Evaluation Questions, Scope

### 3.1. Objectives and Evaluation Questions

The study will respond to three main Objectives, related to each of the project pillars mentioned above and related Outcomes. The study must reply to all Evaluation Questions listed below but applicants are encouraged to suggest additional questions if deemed relevant.

Outcome 1. Vulnerable populations (host communities and refugees) living in Lebanon have increased equitable access to quality affordable preventative and curative healthcare complemented with integrated services.

Objective 1: Assess the Relevance, Coverage, Effectiveness, Efficiency, and Sustainability of the services provided inside the PHCCs, identifying best practices, challenges, and suggested ways forward.

#### Relevance

- To what extent were the services provided under this project relevant to the health needs in the areas of intervention

#### Coverage

- Are there major gaps in covering specific vulnerable groups? To what extent are the vulnerability criteria comprehensive of all vulnerable profiles encountered?
- What are the barriers preventing these groups from having access and which measures could be taken to overcome this challenge?
- Have persons with disability, of all ages and gender, been increasingly identified in PHCC through the use of the Washington Group Questionnaire (WGQ) and consultations?

#### Effectiveness

- To what extent does the financial support given to PHCC to cover consultation increase access to PHC services?
- To what extent are the PHC services provided integrated with other services?
- What was the impact of the support granted by Consortium funded HR positions inside MOPH?

- To what extent were the Health Information System (HIS) features and implementation satisfying in meeting the requirements of project and national strategy (data accuracy, data entry, generation...)
- To what extent could persons with Mental Health (MH) conditions be properly identified following the MhGAP training, and be provided with the relevant care? (Effectiveness)
  - To what extent people in the catchment areas experienced an increased awareness of mental health?

#### Efficiency

- To what extent does Performance-Based Financing (PBF) contribute to increasing the quality of care?

#### Sustainability:

- To what extent services provided at the level of the PHCC will be maintained once the project is ceased, including, but not limited to, Sexual and Reproductive Health (SRH) services?

Outcome 2. Strengthening the existing national health system to be able to respond to the needs of the vulnerable population in Lebanon

Objective 2: Assess to what extent the technical support granted to PHCCS is strengthening their level of efficiency and promoting the integration and accessibility of services.

#### Relevance

- To what extent the effort on Mental health (MH) was in line with the vision/agenda of each PHCC?

#### Effectiveness

- Do beneficiaries feel that PHCC staff are providing services in a gender/age/diversity appropriate way?
- What are the methodologies allowing the transfer of knowledge to PHCC staff on protection inclusion-related topics?
- To what extent the technical support given to PHCC increase the knowledge and skills of staff?
- To what extent the technical support provided to PHCCs has been able to improve their level of efficiency - beyond the Flat Fee Model (FFM) - in order to "absorb the increase in health demand" in the long run?

#### Sustainability:

- To what extent will the PHCCs adhere to MoPH quality standards and guidelines after the project is completed?

Outcome 3. Primary health care act as a vector for health promotion and social cohesion at both PHCC and community levels to enhance resilience

Objective 3: Assess the Coverage and Effectiveness of the community base component of the project.

#### Coverage

- To what extent have the community activities reached the most vulnerable and less accessible groups?
- To what extent have community activities been designed to be inclusive, age/gender/diversity/culturally appropriate?
- To what extent have the activities planned inside the communities been successfully reshaped in order to be carried out in areas with limited accessibility?

### Effectiveness

- To what extent do the PHCCs staff have increased knowledge on social stability and are conflict-sensitive in their practices?

### Sustainability:

- To what extent, will the PHCCs continue to act as an advocate for preventative care within communities beyond the duration of the Project?

### 3.2. Scope

As mentioned above, the project faced a number of contextual challenges, which led to delays in the implementation of several activities. Also, different activities have started at different times in each PHCC. The Mid-Term Evaluation study will cover all the actions carried out between January 2021 and April/May 2022 but will take into consideration each PHCC-specific timeline. The PHCCs to be covered by the study are the following:

PHCC Name	Region	Partner
Al Najat Dispensary	North	PUI
St. Paul PHCC	North	PUI
Sawaed Lil Amal	Bekaa	MdM
Mashghara PHCC	Bekaa	MdM
Terbol Gov. Health Center	Bekaa	MdM
Khyam PHC	South	Amel
Bazourieh PHC	South	Amel
Sour PHC	South	Amel
El Zarif Medical centre	Mount Lebanon	PUI / Amel
Boughourijian	Mount Lebanon	PUI / Amel

St. Paul PHCC's involvement in the project started only in October 2021; its inclusion in the Evaluation study will be agreed upon with the Consultant during the first round of debriefings.

The support to two previously involved PHCCs has been discontinued (Order of Malta Socio-Medical Centre - Khaldiyeh and Fared Medical Centre) and they will not be covered by the study.

## 4. Methodology

The Evaluation must be designed as a non-experimental study informed by a strong utilisation-focused approach. Applicants are requested to submit a detailed Evaluation Matrix specifying specific methodologies (data collection and analysis) to be used for each of the Evaluation Questions listed above, as well as the relevant stakeholders foreseen to be contacted and relevant sampling approaches. In order to foster triangulation, a mix of secondary data and quantitative/qualitative data collection methods must be considered, whenever relevant. Logical and explicit linkages should be provided between data sources, data collection methods, analysis methods and expected results. Finally, the evaluation methodology must explicitly and clearly state the limitations of the chosen evaluation methods.



The consultant will be provided with a large number of project documents, including the Narrative Proposal (1), Project bi-annual reports (3), Project monthly internal reports (20+), Patient Satisfaction Surveys (3), Patient Expenditure Baseline (1).

The evaluation will be expected to include, but not be limited to, the following groups:

- Targeted beneficiaries (Syrian, Lebanese, and other nationalities) (women and men), to be included in quantitative and qualitative assessments
- Implementing partners' (PUI, MDM, Amel) programme management and field teams.
- Targeted PHCC medical and non-medical staff members
- Community actors: community health workers, informal settlement focal points
- Government agencies: Ministry of Public Health, municipalities (as relevant to particular PHCCs)

## **5. Governance and Management**

An evaluation management committee, composed by the SAQIRH Consortium partners representatives, will manage the selected consultant. The committee will have overall accountability for the evaluation and will be responsible for the day-to-day management tasks, including establishing the cadence of meetings to ensure the evaluation progress is in line with the agreed timeline, coordination of internal review process with technical staff and approval of deliverables.

## **6. Guiding principles or values.**

The consultant will agree to abide by PUI relevant policies, including PUI Code of Conduct, PUI Anti-Fraud and Corruption Policy, Child Protection Policy and Protection from Sexual Exploitation and Abuse Policy. The consultant will be orientated to these policies before engaging in data collection. Also, the selected consultant will strictly abide to the following ethical and professional principles:

- All data collection activities will grant to any contacted person the right to anonymity and confidentiality
- The evaluation team will guarantee its independence from the evaluated intervention, not being involved in its execution or management or any other of its components.
- In case of any problem arising during any phase of the evaluation, PUI will be notified immediately.
- The evaluation team guarantees the truth of the information compiled in the final report.

## **7. Deliverables, timeline and Intellectual Property Rights.**

Applicants are requested to submit a timeline of the evaluation, detailing the steps of the work and identifying tentative dates (assumed start date: September 2022). Here below the mandatory deliverables to be provided:

### **7.1. Final report**

The report shall follow the following format:

- Cover Page
- Table of Contents
- Executive Summary: standalone summary, describing the Action, main findings of the evaluation, and conclusions and recommendations. Maximum 2 pages.

- **Main Body:** The main body of the report shall elaborate the points listed in the Executive Summary, including references to the methodology used for the evaluation and the context of the action. For each key conclusion there should be a corresponding recommendation. Recommendations should be as realistic, operational and pragmatic as possible, considering the context of the country
- **Annexes:** Listed and correctly numbered. Format for the main body of the report is:
  - List of Acronyms
  - Contents
  - Background Information
  - Methodology
  - Evaluation Challenges and Limitations
  - Findings & Analysis of Action Results
  - Lessons Learned and Recommendations and Conclusions
  - The terms of reference for the evaluation
  - The data collection tools
  - The sampling table along with the list of locations covered under the evaluation
  - The composition of the team of the consultancy firm
  - List of documents and bibliography.

The report should be submitted in English (annexes included) and should not be longer than 35 pages (excluding annexes).

The release of the compiled information and of the final report is the SAQIRH consortium's and AFD's prerogative. All documentation including data related to the assignment shall remain the sole and exclusive property of the SAQIRH consortium.

### **7.2. Debriefings**

The evaluator should provide one debriefing with the relevant SAQIRH Consortium representatives on the draft report and on the main findings, conclusions, and recommendations of the evaluation. Relevant comments should be incorporated into the final report.

### **7.3. Learning Workshop**

The evaluator should facilitate a learning workshop (in Beirut):

- To present the draft report and the findings of the evaluation to the SAQIRH Consortium, national stakeholders and donor representatives.
- To gather feedback on the findings and build consensus on recommendations.
- To develop action-oriented workshop statements on lessons learned and proposed improvements for the future.

## 8. Professional qualifications.

The selected consultant (or consultancy firm) should fulfil the following:

- Holder(s) of an advanced degree in social sciences or relevant field
- Experience in conducting similar evaluations and research with demonstrated capacity to analyse qualitative findings
- Proven and documented record/portfolio with similar evaluations
- Experience in engaging with local communities, and demonstrating a high level of cultural competence
- Knowledge in Health, Protection and social stability sectors of intervention
- Significant field experience in the evaluation of humanitarian response
- Significant experience in coordination, design, implementation, monitoring and evaluation
- Have an in-depth understanding of the Syrian and Palestinian refugees as well as Hosting communities in Lebanon
- Strong analytical and research skills
- Good communications skills and experience of workshop facilitation;
- Proficiency in both Arabic and English
- Independence from the parties involved

## 9. Logistics procedures & Submission Guidelines

Your offer must arrive before September 19<sup>th</sup>, 2022 at 12:00 (Beirut time) by e-mail or by office delivery.

The consultant(s) will have to submit application documents including information of the financial/economic capacity of the company/entity or the umbrella company in the case of individual consultants, a trade register if applicable (to be justified if not available), valid tax receipt from the Ministry of Finance if applicable (to be justified if not), Certificate of the VAT register, a technical and financial proposal, and the Curriculum Vitae of the relevant consultant showcasing similar work. In the case of individual consultants, the same documents should be provided except for the financial capacity of the company/entity.

The technical proposal should include a summary of the stages of the intervention, a detailed description of the methodology that will be adopted, a time schedule of the planned activities for the whole duration of the assignment, a table of deliverables & work plans, the means of implementation and needed resources (with a clear outline of limitations), and the potential risks identified that would have one or more impact on the mission.

The financial proposal should include a breakdown of all costs that are to be charged to PUI based on the expected deliverables and number of days needed to complete the assignment. An indication of unit costs should be provided (e.g. 1day= 1 Unit= XX USD).

The consultant(s) have to submit a soft copy copying the following email addresses:

Abir dib: Logistic Coordinator: [lib.log@pu-ami.org](mailto:lib.log@pu-ami.org)

Fadi Martinos: Consortium Manager: [lib.conso.manager@pu-ami.org](mailto:lib.conso.manager@pu-ami.org)

Sarah Nachar: [lib.log-proc@pu-ami.org](mailto:lib.log-proc@pu-ami.org)

The consultant(s) can also submit a hard copy at PU-AMI's office in Ashrafieh at the following address:

Ashrafieh, Furn El hayek street, Ayoub Building, 6th Floor

Final payment to the consultant will be dependent on the completion of all deliverables.

## 10. Offers' evaluation

Submissions will be evaluated in consideration of the Evaluation Criteria as stated below. The technical proposal will be evaluated on 70%, whereas the financial one will be evaluated on 30%. Below is the breakdown of technical proposal on 100%, which will be adjusted to 70%:

Criteria	Weight
Proposed Methodology and work plan	60%
The structure of the organization including: <ul style="list-style-type: none"> <li>- Management structure &amp; Key Personnel</li> <li>- Financial capacity</li> <li>- Proven record/portfolio of similar evaluations</li> <li>- Knowledge of the context and limitations</li> </ul> In the case of individual consultants: C.V including portfolio	40%
<b>Total</b>	<b>100 %</b>

Financial Proposal (30%): To be computed as a ratio of the Proposal's offer to the lowest price among the proposals received by PUI.

Proposals with a total ratio (Technical and Financial) lower than 65% will be rejected.