Health Exploratory mission / Needs assessment Terms of Reference	
Country / Region	Beirut - Lebanon
Start date	ASAP – *max about the Monday 2nd of January 2017*
Source of funding	PUI's HQ funds - Emergency Response Department (ERD)
Author(s)	Lebanon Heath Coordinator – Lebanon mission

1.INTRODUCTION

1.1. CONTEXT

The Lebanon mission is one of the biggest missions within PUI. The Syrian crisis has led to massive displacement of population into the country during the last 5 years. The situation is still tense, with scared resources to welcome refugees and political instability.
As the Syrian Crisis is in its fourth year, the number of Syrians seeking refuge in other countries has reached an unprecedented scale. Currently 25% of the population in Lebanon is refugee/displaced, the highest worldwide compared to its population size. 85% of registered refugees (around 1,2 million) live in 182 localities in which 67% of the host population is living below the poverty line. This sudden and dramatic increase in population has exerted a lot of pressure on the country's infrastructure and institutions with serious repercussions on the country's economic stability. Prior to this crisis, Lebanon was already hosting half a million Palestinian refugees; the pressure on the Lebanese government and local population is very high[1].

In April 2015, the United Nations Security Council declared that the intemational community has to help Lebanon in its efforts to host more than 1 million refugees from neighboring Syria[2]. The Security Council also expressed concern over border violations including the presence of terrorists and violence extremist groups in Lebanese territory3. Since the beginning of March 2015, the government of Lebanon, through the General Security Directorate is enforcing entry regularization among refugees entering from Syria. The Lebanese government has also asked the UNHCR to stop the registration process hence new refugees and new born babies cannot be registered anymore and refugees that arrived after the 511 of January 2015 have been unregistered. This means it is now much harder for Syrians to enter the country, while those residing in Lebanon are also facing difficulties in renewing their residency or having access to humanitarian aid or public facilities. This situation will place an increased economic strain on the families, and in addition to the expected decrease in basic assistance due to low funding levels, an escalation in negative coping mechanisms (such as begging, child labor, child marriages, sexual services for food/accommodation, petty crime, etc.) might be witnessed.

While Palestinian refugees are settled in camps, there are no official camps for Syrian refugees in Lebanon. On a case by case basis, the government may authorize the establishment of formal tented settlements (FTS). However, Syrian refugees are mainly settled in small shelter units (SSU), collective shelters (CS) or informal settlements (IS). The spillover of the Syrian crisis into Lebanon compounded pre- existing vulnerabilities among the Lebanese society. Refugee populations have in many cases settled in areas inhabited by impoverished and vulnerable Lebanese communities further stretching limited or non-existent sources of income and public services at the local level.

[1] Health Response Strategy
http://www.moph.gov.lb/userfiles/files/HRS%2020final%20updated%20Oct%202016.pdf
[2] UNFPA Regional Situation Report For Syria Crisis, available on :
http://data.unhcr.org/syrianrefugees/country.php?id=122 28th/Nov/2016
[3] Ibid.

Due to the large and rising influx of refugees, Lebanon's health sector is under strain. Syrian refugees are accessing public services extended to Lebanese citizens, thus putting pressure on the delivery and quality of services and public finances. The immediate impact of the rapid increase in patients over such a short time period has primarily been met through existing structures, and an accelerated use and hence depletion of drugs. The Government of Lebanon (GOL) has borne part of the healthcare costs of refugees by paying for their hospital emergency visits, drugs, immunizations, and disease surveillance while UNHCR and other international organizations subsidize around 75 percent of refugees' outpatient and life threatening inpatient healthcare cost. In parallel, uninsured Lebanese continue to carry the burden of healthcare costs[4].

Lebanon has a pluralistic health system with multiple sources of financing, financing agents, and providers. Only 50.1 percent of the population is insured under the three main insurance schemes - the National Social Security Fund (47.8 percent), public schemes covering mainly public sector employees and the armed forces (30.8 percent), private sector (16.3 percent), and others (5.1 percent)[2].
With only half of the population receiving health insurance, out-of-pocket Expenditures (OOPs) represent a large source of health financing particularly for the poor households. The burden of household out-of-pocket spending is 37.34 percent in 2012. The lower income groups spent a higher percentage of their income (14 percent) on health than those with higher income (4.2 percent). The obligation to pay directly for services, is subjecting a large proportion of the population to financial hardship, even impoverishment[2].

According to the 2015 Vulnerability Assessment of Syrian Refugees (VASyR), 27% of households among the Syrian displaced population count at least one member with a specific need: chronic disease (13%), permanent disability (3%), temporary disability or another issue. 70% of displaced households reported a child needing care in the month prior to the survey. Almost half (47.5%) of Palestine Refugees from Syria (PRS) households have at least one member suffering from a chronic condition. 66% of PRS had an acute illness in the last 6 months[1].

1.2. PUI LEBANON MISSION HISTORY

Premiere Urgence Intemationale (PUI) is a non-governmental non-profit, non-political and non-religious intemational aid organization. Our teams are committed to supporting civilians' victims of marginalization and exclusion or hit by natural disasters, wars and economic collapses, by answering their fundamental needs. Or aim is to provide emergency relief to uprooted people in order to help them recover their dignity and regain self-sufficiency. The association leads in average 190 projects by year in the following sectors of intervention: food security, health, nutrition, construction and rehabilitation of infrastructures, water, sanitation, hygiene and economic recovery. PUI is providing assistance to around 5 million people in 20 countries - in Africa, Asia, Middle East, Eastern Europe and France.

As of 1996, PUI established a presence in Lebanon first focused on the Palestinian refugees and since 2011, focused on the Syrian crises. Ever since, PUI tackled the needs emerging from conflicts, protracted humanitarian crisis and chronic underdevelopment with a diverse panel of activities ranging from emergency response to recovery.
PUI is currently implementing a great range of activities related to food security, WASH, shelter, health, rehabilitation, education, social cohesion and protection in three areas, namely the Akkar district in North Governorate, Beirut and Mount Lebanon Governorates, and Saida and Jezzine districts in the South Governorate, and Nabatieh district in Nabatieh Governorate.
Activities related to the health sector include support and monitoring of Primary Health Care Centers and the establishment of referral systems to PHC, the establishment of Early Warning Systems, health promotion, and psychosocial support.
Looking at the health intervention, the program has decreased a lot in 2015, with only 6 PHCCs currently supported and 1 outreach team (2 MMUs up to beginning of 2016). The projects are implemented in 2 bases: Akkar and Saida (not anymore in Beirut).

[4]Emergency Primary Health care Restoration Project World Bank
http://documents.worldbank.org/curated/en/185271468266958778/pdf/PAD12050PAD0P15264600PUBLIC00Box391428B.pdf

The Lebanese health system is mainly private, leading to challenges in improving the access and quality of offered services for the most vulnerable. Some PHCCs are part of the MoPH network; this gives a kind of guarantee about their procedures. The support to PHCC run by private owners is challenging as the relationships are mainly based on financial aspects. A pay for performance system has been recently set up (under MoU) to give more flexibility to PUI in dealing with these partnerships. The outreach approach is also not easy to implement, as refugees live within the community in various settings (eg: informal settlements, rented building).

A referral system to Secondary Health Care is in place with the support from UNHCR (reimbursing cares up to 90% from selected SHC HF). The health cares are not free of charge, so PUI has set up a flat fee in the PHCCs to remove the financial barriers. Outreach services are free, while patients still need to pay a part of their SHC or specialized cares.

The 2 ongoing health projects are as follows:

- BPRM, 16086, from 01/09/2016 up to 01/02/2017, 6 Primary Health Care Centers "PHCCS" providing targeted emergency assistance for Syrian crisis affected population in Lebanon.
This health project aims to provide a comprehensive primary health care to Syrian refugees and vulnerable Lebanese. Other objectives developed in this proposal includes protection and shelter to improve the overall living condition and enhance the access to basic services.

- AFD, 16012-1, from 01/01/2016 up to 31/12/2017; health, education and Psychosocial Support (PSS) activities.
This project is under a multi-country grant signed with AFD for Iraq, Lebanon and Jordan. It corresponds mainly to health, education and PSS activities, and is only implemented in Akkar for Lebanon mission. The outreach team should provide services for chronic patients (delivery of drugs first provided by Young Men Christian Association (YMCA) through he MoPH) and for Pregnant and Lactating Women (PLW) (ANC and PNC). Social via social workers including in the outreach team should be implemented. Educational activities are also part of this project.

1.3. MAP OF THE ZONE

Our zone of intervention include two health facilities in the North Governorate -Akkar and two in the South Governorate Saida and two in Mount Lebanon.

1.4. ASSESSMENT JUSTIFICATION

IMC and PU/AMI which both support PHCCs as two of the leading PHC INGOs in the country, met with various stakeholders of the Lebanon Crisis Responds Plan (LCRP) 2016 process and targeted donors to determine an effective response to supporting improved and equitable access as well as a more resilient PHC system in Lebanon for the future. In a number of meetings including high level technical exchanges with UNHCR, Ministry of Public Health (MoPH), the World Bank, health care INGOs, local level participatory discussions with SyR and vulnerable care seekers in host communities, discussions with clinic staff in the existing network of around 50 PHCCs, and analysis of pertinent documents, strategies, health access surveys, the idea for this was formed.

Meetings with potential and existing donors such as EU/MADAD in Beirut, UNHCR, ECHO, and BPRM were held to advocate for the ideas of the needs of a setting a more standardize package of health care for the population in need.

Access to primary health care is a major issue for refugees and vulnerable groups all around Lebanon. One of the main barrier faced by refugees is the cost to reach health care facilities and the cost of health care services itself. It is estimated that the money spend in the health care needs has increased from 90 USD/month in 2014 to an average of 148 USD/month in 2016[5,6].

The mission is planning to extend its health intervention, and will develop a project including the support to multiple PHCC in consortium with IMC (20 PHCCs for PUI and 40 PHCCs for IMC) and under MADAD funds. As of today, this is the main opportunity for the mission to increase its impact on health.

2. ASSESSMENT OBJECTIVES

2.1. OVERALL OBJECTIVE

To provide the technical expertise in the development of a **sustainable financial model of services provision** in 60 primary health care centers in Lebanon.

2.2. SPECIFIC OBJECTIVE

1. To **create a flat fee rate/model** focus on consumption of diagnostic and lab test **for basic coverage in a primary health care** setting.

2. To **develop the proposal** in coordination with the steering committee composed of PU-AMI and IMC and directors and technical staff.

3. To provide technical support for both organizations on **scaling up the model and designing a quality standard system to incorporate contracts/ MOUs with the Primary Health Care Clinics.**

[5] Health Access and Utilization Survey Among non-Camp Syrian Refugees, July, 2014 (http://data .unhcr.org/syrianrefugees/download.php_id=711)

[6] Health access and utilization survey among Syrian refugees in Lebanon available at URL: http://data.unhcr.org/syrianrefugees/working_group.php?Page=Country&LocationId=122&Id=20

3. TASKS

1. Review and analyze data obtained by PU-AMI and IMC to model a basic coverage of expected costs of the proposed primary health care program, with a focus on consumption of diagnostic and lab tests
2. Support PU-AMI and IMC Program Teams in designing a quality standards system to incorporate into contracts/MOUs with the Primary Health Care Clinics and provide in a proposal annex (ex system of diagnostic test approval, penalties vs incentives for clinics' noncompliance, etc.)
3. Contribute substantially to the design of the PHC package to be offered under the proposed program by comparing the Government of Lebanon, World Bank, WHO, and United Nations existing programs and recommendations as well as those currently offered under existing PU-AMI and IMC programs.
4. Develop the different part of the proposal according to PU-AMI assigned responsibilities for the health package of service to be delivered.
5. Coordinate with PU-AMI and IMC senior staff to outline objectives for consultant's time on the ground in Lebanon and to identify a schedule for meetings and activities s/he should conduct while there
6. Determine what follow-up should be taken by the PU-AMI and IMC team following the consultant's departure

4. METHODOLOGY

The method to be used it is let at the consultant's initiative and constitutes an integral part of the methodological proposal.

4.1. PREPARATORY BRIEFING

At HQ level:
- Desk manager / Program officer briefings based in Paris
- Health Referent based in MERO, Amman

At Mission level:
- Head of Mission (HoM)
- Deputy HoM for Programmes (DPoMP)
- Health Coordinator

4.2. QUANTITATIVE AND QUALITATIVE METHODS

The methodology will be defined and organised between the consultant, the mission and the steering committee.

It will have to specify the mix of **quantitative methods** (e.g. checklist of visits, stakeholders to visit, questionnaires)/ and **qualitative methods** (semi-guided interviews with individuals, focus groups, village observations) required according to objectives, duration and the context of the exploratory mission.

4.3. KEY DOCUMENTS

1. Ministry of Public Health--Health Response Strategy a new approach 2016 and beyond, Maintaining Health Security, Preserving Population Health & Saving Children and Women Lives[7]
2. Vulnerability Assessment of Syrian Refugees in Lebanon (2015, 2016)—aiming to provide an overview of the vulnerability situation of Syrian refugees in Lebanon[8]
3. The Lebanon Crisis Response Plan 2017 aiming at ensuring access for targeted population with a standardized basic health service package at the PHCC level while strengthening PHCCs to provide reliable quality services.
4. The Regional Refugee and Resilience Plan (3RP) 2016-2017 calling for stabilization of Lebanon according to the 2013 roadmap striving to restore and build resilience in equitable access to and quality of sustainable public services[9].
5. Lebanon-Emergency Primary Healthcare Restoration Project[10]
6. Memorandum of Understanding between PU-AMI and PHCCs—aiming to support the contract and package of services PU-AMI is financially covering and explicatory annexes.
7. Syrian Refugees Crisis Impact on Lebanese Public Hospitals-Financial impact analysis[11]
8. Compilation of essential e-mails sharing relevant information within the implementers
9. Proposal template---Trust Funds EU
10. Concept Note submitted to MADAD
11. Data Sets (consultations, Finance)

4.4. CONTACTS

The consultant will need the support of the following key personnel in order to develop requested objectives. Contacts will be given to the consultant at the beginning of the consultancy.

Premiere Urgence-Aide Medicale Internationale

- Head of Mission
- Deputy Head of Mission
- Health Coordinator
- Administrator/Finance

International Medical Corps:

- Justine McGowan –Deputy Country Director IMC
- Eduard Tschan –Country Director IMC
- Finance Manager IMC?

Other stakeholders to consider if need:

- MoPH, UNHCR?
- Field visit to one/two PHCCs aiming to discuss the laboratory utilization, ranges of prices offer in the PHCC vs. market.

[7] Ministry of Public Health--Health Response Strategy a new approach 2016 and beyond http://www.moph.gov.lb/userfiles/files/HRS%20-%20final%20updated%20Oct%202016.pdf

[8] Vulnerability Assessment Syrian Refugees
http://data.unhcr.org/syrianrefugees/documents.php?page=1&view=grid&Search=%23VASyR%23

[9]Regional Refugees and Resilience Plan 2016-2017 (3RP) http://www.3rpsyriacrisis.org/wp-content/uploads/2015/12/3RP-Regional-Overview-2016-2017.pdf

[10] Emergency Primary Health care Restoration Project World Bank
http://documents.worldbank.org/curated/en/185271468266958778/pdf/PAD12050PAD0P15264600PUBLIC00Box391428B.pdf

[11] Syrian Refugees Crisis Impact on Lebanese Public Hospital Financial Impact
Analysis :file:///C:/Users/Lenovo/Downloads/SyrianRefugeesImpactonPublicHospitals-APISReport.pdf

5. ORGANISATION OF THE MISSION

5.1 COMPOSITION OF ASSESSMENT TEAM

Consultant desire background:

- Advance degree in Economics/ Finance/ MBA with sound knowledge in the field of Public Health, preferably working with International Non-Governmental Organizations.
- Familiar with the Lebanese Health System

The other team require for the consultancy are in country, in this order:

PU-AMI	IMC	Support
Head of Mission Deputy Head of Mission Health Coordinator Administrator/Finance Field Coordinators	Country Director Deputy Country Director Health Coordinator Finance/Administration	Driver Car Cell phone Translator Health Program managers (assessment of PHCCs)

5.2 LOGISTICS, SECURITY AND ADMINISTRATIVE ORGANISATION

- ✓ PU-AMI will cover all expenses regarding round trip transportation to and from home/mission, visa, vaccines… (Ref. to the Visa Guidelines for expatriates, Q&A Visa)
- ✓ Insurance including medical coverage and complementary healthcare, 24/24 assistance and repatriation
- ✓ Housing in collective accommodation with internet
- ✓ Collective Working office with internet
- ✓ Working hours 8:00 am to 16:30 with 30 minutes lunch break
- ✓ Lebanon has a typically Mediterranean climate. There are four distinct seasons. Winter (December to mid-March) is mostly rainy, with snow in the mountains.

5.3 FOLLOW-UP MANAGEMENT

Headquarters in coordination with the field agreed in the frequency of follow up, who will be the focal point and tool/s and means of communication to be used for the follow up.

In a first time general meeting (PU-AMI, IMC) will be held in order to define general responsibilities of different part of the proposal to be developed defining the roles of the "**steering team''** --technical support on proposal configuration requested, meeting frequencies/deadline.
Work language in and progress notes will be done in English.

5.4 TIMETABLE

	Specific Objectives	Activities	W1	W2	W3	W4
1	Review and analyze pilot PU-AMI business model and propose a scale up plan to incorporate through 60 Primary Health Care Centers (PHCC)	Briefing with PU-AMI Health Coord and IMC Deputy country director/others about the business model.				
		Provide documents/data set from PU-AMI and IMC/ MoU PHCC/revision of Package of Lab/imaging test				

2	Develop the system to incorporate contracts/MoU with the PHCC	Review existing MoU in PU-AMI PHCCs, Key summary of documents (MoPH/WHO/PU-AMI..other) regarding package of services for lab and imaging test				
3	Development of the proposal	Review World Bank document of "Health Coverage for all" en ensure there is not duplication of actions (IMC provide translated document)				
		PU-AMI and IMC technical team deliver to the consultant activities to be integrated				
		Feedbacks from IMC/PU-AMI on the final proposal document				

6. EXPECTED DELIVERABLES

During the assessment intervention, the consultant is responsible for developing the EU MADAD proposal, and the financial model to be followed for the proportional increase of provision of medical services in primary care, more specifically:

A. Full proposal development as for application form provided by the European Union Commission/European Development Funds. (Referred to the form for detail instruction)

The full application form include:
1. General information
2. The action: (1) description of the action, methodology, indicative action plan for implementing the action, sustainability, Logical Framework, Budget. (2) Experience
3. The lead applicant, the co-applicant(s) and affiliated entities
4. Associates participating in the action
5. Declarations

B. Technical annexes of flat fee model/ template MoU for PHCC/assessment/background

6.1. ASSESSMENT / EXPLORATORY MISSION REPORT

Following the established framework and a maximum of 25-30 pages, excluding appendixes.
A draft of the report must be presented on the **25th January 2017** a week before the definite meeting date.
The report must be released with detail methodology and annexes for the implementation of the action, different sizing options paper copies as well as electronic versions.
All versions must be released to Head of Mission and Head Quarters and on the date formerly agreed **27th January 2017.**

The health referent, Head of Mission, Programme Officer or Desk Manager can request corrections or modifications after the report is released and the evaluator must ensure that he is available if necessary. Possibility depending on headquarters request.

6.2. POWER POINT PRESENTATION

A PPT summarizing main results and information collected, in English, will be presented during the debriefing.

6.3. A DEBRIEFING

A first debriefing will be done at the mission level and then at HQ level.

7. BUDGET

From the development funds, the total amount allocated include flight tickets, transportation at field level and accommodation cost will be covered by PU-AMI.

8. APPENDICES

- Template of the exploratory mission report and grid
- PUI health intervention framework
- Key documents (chapter 4.3)

9. APPLICATIONS

Interested candidates should submit in English:

- A technical offer with (5 pages max):
  - Understanding of the challenges of the study and the Terms of Reference (ToR): development of a problematic and formulation of questions, which the offer proposes to respond to
  - The methodology and tools proposed for the evaluation
  - The timetable showing the details for the completion of each of the evaluation phases. The proposed schedule should include time for briefing and debriefing on the mission and as much as possible at headquarter.
- A financial offer including a budget with detailed sections (fees, other costs)
- An updated CV
- References

Applicants should send all of this documentation in electronic format to

- **Cécile WILS, Program Officer for Lebanon : cwils@premiere-urgence.org**
- **Cc: Health Advisor, Giorgi Pkhakadze : gpkhakadze@premiere-urgence.org**

The deadline for the submission of applications will be the 25/12/2016