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# Technical assistance to PUI Lebanon for the monitoring of the Flat Fee Model

## Terms of Reference

<b>Country / Region</b>	Beirut. Lebanon
<b>Start date</b>	ASAP
<b>Source of funding</b>	EU MADAD
<b>Author(s)</b>	Lebanon Health Coordinator / Health Adviser

## 1. INTRODUCTION

### 1.1. CONTEXT

Ten years from the start of the Syrian Crisis, Lebanon remains a fragile and conflict affected setting (FCAS)<sup>1</sup> which has recently seen a deepening crisis curbing its economy which, compounded with unprecedented challenges that have arisen from the COVID-19 epidemic, has left vulnerable refugees and host populations in Lebanon in dire circumstances. The estimated 1.5 million Syrian refugees (including 910,256 registered with the UNHCR as of the 31<sup>st</sup> of January 2020), 208,000 Palestinian refugees (including 27,248 Palestinian Refugees from Syria (PRS)) as well as 1.5 million of vulnerable Lebanese<sup>2</sup> are particularly affected by the current context. Indeed, within this unparalleled economic and social crisis likely to deepen in the coming months, vulnerable populations in Lebanon are facing a long-term marginalization and exclusion from economic resources, leading to an overall deterioration of

In this growing crisis, the highly fragmented Lebanese healthcare system, dominated by the private sector struggles to meet the needs with only half of the Lebanese population covered by National Social Security Fund (NSSF), or other governmental or private insurance schemes and health care coverage for Palestinian refugees via United Nations Relief and Work Agency (UNRWA) and the partial subsidization by the United Nations High Commission for Refugees (UNHCR) and other INGOs of Syrian refugees' primary and secondary care the access to health for vulnerable population remains weak, and often requires co-payments that can impact on their economic situation.. Feedbacks received by PUI hotlines and field-teams have confirmed the increasing struggle for vulnerable Households (HHs) to meet their most basic daily needs<sup>3</sup>, and their increasing reliance on a wide range of potentially harmful

<sup>1</sup> World Bank. FY20 List of Fragile and Conflict-affected Situations <http://pubdocs.worldbank.org/en/179011582771134576/FCS-FY20.pdf>. Fragility is a multidimensional concept, encompassing economic, environmental, political, societal and security criteria

<sup>2</sup> LCRP: Lebanese Crisis Response Plan 2017-2020, updated 2019

<sup>3</sup> This is corroborated by reports such as IRC Protection Monitoring and UNHCR Protection monitoring, April and May 2020



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strategies, such as reducing expenditures on education and health (treatments, consultations, etc), food quality and quantity, increasing debts, selling assets, sending children to work, etc. In this setting, the demand for primary healthcare from Syrian Families has increased to 63% (an increase of 9% since 2018). In addition, the COVID-19 pandemic public health measures (restriction of movements especially) associated with the a reluctance to approach health facilities, particularly for refugees, led to an overall decrease of 40 to 50% in the number of consultations provided among PUI's supported clinics in March and April 2020, in comparison with January 2020. An assessment carried out during April 2020 confirmed this analysis, and reported that the main barriers identified by the respondents causing a reduction/limitation in their access to healthcare were financial barriers (40%), transportation costs (23.5%) and shortage of medications (41%)<sup>4</sup>. Barriers are notably critical for Persons with Disabilities (PwDs) and populations at risk of marginalization<sup>5</sup>.

Despite great needs, the Ministry of Public Health (MoPH) budget never exceeded 3% of the total Government Budget, and only 5% of the MoPH budget went to preventive programs and interventions. The main source of health financing in Lebanon remains individual households with the private sector increasing the trend towards expensive and technological advanced curative care at the expense of preventive care and primary healthcare. Furthermore, the primary healthcare sector has not received enough funding to develop and expand public Mental Health (MH) services and NGOs offering MH consultations are facing challenges in referring people with severe mental disorders requiring treatment with medication. Patients faces considerable amount of waiting time to get an appointment, as well as difficulties to access health-care centres due to distance or transportation cost.<sup>4</sup>

The deterioration of the economic context, aggravated by a reduction of livelihood opportunities, renders the cost of primary health care unaffordable for both vulnerable refugees and host communities. Furthermore, as observed by Amel<sup>6</sup>, this situation is also threatening the already frail social stability, and is leading to a perception of increased tension between and among communities<sup>7</sup>.

## 1.2. PUI MISSION HISTORY

PUI has been working in Lebanon since 1996 and currently leads activities in BML, South, Akkar and North governorates. Since March 2012, PUI has developed a regional approach in response to the populations affected by the Syrian crisis implementing multi-sectoral humanitarian-development resilience-orientated programs across Syria, Lebanon, Iraq and Jordan with the support of several donors, including AFD, the UN, EU and USG agencies such as BPRM or OFDA<sup>8</sup>. Driven by the need in Lebanon to deliver aid to Syrian Refugees while also strengthening the host health care system PUI developed the Flat Fee Model (FFM) under the project Reducing Economic Barriers to Accessing Health Services in Lebanon (REBAHS). Since 2018, in consortium with International Medical Corps (IMC) and funded by the EU trust fund MADAD, PUI has been supporting 20 Primary Health Care Centers (PHCCs) across Lebanon through the FFM, allowing the provision of 363,571 consultations to vulnerable populations. In parallel to this PUI has been using its 30 years of multisectoral expertise to develop fully integrated programming. Thanks to its extensive experience in supporting PHCCs, and based on context evolutions, PUI has continuously enhanced its intervention logic to better address the health and protection needs of the health rights holders (or "patients") and their communities. Finally, PUI is currently working on prevention and response to the COVID-19 pandemic and is supporting the MoPH response plan through the support and management of isolation centers in north Lebanon, all of

<sup>4</sup> Department for International Development (DFID) consortium: HI & IRC & NRC, Worsening access to healthcare in crisis-hit Lebanon - May 2020

<sup>5</sup> Ibid. The report notably mentions that "Households with a person with disabilities already face greater financial strain, due to extra costs associated with nutritional requirements, medication needs, hygiene needs, transportation, and care, leaving fewer resources available for other household members" (p.4)

<sup>6</sup> This trend is being reflected and contextualized in a cover note drafted by Amel and International Alert in May 2020 "Health and Protection: Vectors for Social Stability - adapting and responding to emerging crises"

<sup>7</sup> Information shared by partners of the Social Stability Sector: <https://reliefweb.int/report/lebanon/regular-perception-surveys-social-tensions-throughout-lebanon-wave-vi-august-2019>

<sup>8</sup> Please refer to the Table of Acronyms, in appendix e.1



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which has fed in to the consortiums integrating health security elements in its Health System Strengthening Actions.

### 1.3. MAP OF THE ZONE

Our zone of intervention include 20 Health Facilities in Akkar, North, BML, South and Nabatiye



## 2. TECHNICAL ASSISTENCE REQUESTED

PUI has just started the 3<sup>rd</sup> year of intervention of “Reducing Economic Barriers to Accessing Health Services” (REBAHS) in Lebanon a consortium with IMC (21 PHCCs for PUI and 40 PHCCs for IMC)

In this context, PUI is looking for technical expertise to monitor, evaluate and enhance the currently being implemented “Flat Fee Model”.



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## 2.1. OVERALL OBJECTIVE

To assess and identify best practices, challenges, lessons, knowledge and experiences of applying the FFM. It will aim to identify the potential influence and interaction between the FFM and other PUI and partner activities. Primarily, it should make clear and practical recommendations to inform the implementation and development of the FFM in an ever-changing context

## 2.2. SPECIFIC OBJECTIVE

1. To review key performance indicators for the FFM this should include both its ability to support Lebanon towards Universal Health Coverage (UHC). Drawing on the concepts of equity, fairness and the values and principles inherent to the concept of UHC. Including an analysis of the benefits and burdens of the FFM in terms of:
  - Benefits: Effective coverage of health services, of good quality, should be according to need.
  - Burden: the degree to which financial contributions are de-linked from service use and based on ability to pay with protection from out of pocket expenditureIn addition to this, there should be an analysis of the broader relevance, effectiveness, efficiency, coherence and sustainability of the model as a whole including all its health systems strengthening elements.
2. Make recommendations for the modification of the model in coordination with PUI technical staff.
3. To Provide technical support to PUI on the practical implementation of the model

## 2.3. PROPOSED SCOPE OF TECHNICAL SUPPORT

The proposed scope of technical support is across two core areas:

- Area of support 1: Assess the current flat fee model and review/ adjust the design of a flat fee model to ensure optimisation in line with REBAHS objectives
- Area of support 2: Provide technical input to implementation of the model on the ground.

# 4. METHODOLOGY

The methodology proposed would potentially involve:

The Consultant will develop with the Lebanon Health Coordinator and MEAL Coordinator with support from the Health Advisor Key Performance Indicators that will be monitored on a regular basis.

Monthly technical back up support by skype and emails to PUI Health Coordinator in charge of FFM on a daily basis. This technical back up will be equivalent to one day per month; In order to be efficient, it is proposed to set up a monthly half day skype meeting and time to prepare and review questions and documentation before this skype meeting; The participants to this meetings will be decided with PUI and can include both PUI HQ, and Lebanon office staff involved in MADAD project. In 2021, the monthly support will also include support in review article on lessons learnt on the FFM that PUI plan to elaborate; When relevant, the monthly support will consists of contributing to PUI head office steering committee meeting;

A yearly mission in PUI Lebanon to concentrate the technical support on monitoring data analysis and in depth discussion on the FFM main costs drivers and methodological parameters; The mission will last



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5 working days in Lebanon and will allow working session; In dialogue with PUI, the Consultant will propose specific TORs before each mission.

## 5. EXPECTED DELIVERABLES

- A. Each month, the Consultant will share minutes of the monthly skype meeting;
- B. For each mission, the Consultant will elaborate a short mission report reporting the activities during the mission and the decisions taken regarding the FFM and the phasing of the project.
- C. For any document written by PUI about REBAHS or the FFM, the Consultant will provide technical support.
- D. A final report will be elaborated by the Consultant in order to give the main conclusions and recommendations about the FFM at the end of the project and to make external communication.

## 6. EXPERIENCE/QUALIFICATIONS OF THE CONSULTANT

The consultant should have the following qualifications and experience:

### Required:

- Advance degree in Economics/Finance/MBA with sound knowledge in the field of Public Health
- Knowledge of the Lebanese Health System
- Significant experience in Health Policy and Financing
- Experience working with International NGOs
- Excellent English oral, report writing and presentation skills.
- Strong critical analysis skills and attention to detail.
- Cultural sensitivity and gender sensitivity/awareness.

### Desired:

- Familiarity and/or direct experience with PUI programming and approaches.

## 7. APPLICATIONS

*Interested candidates should submit in English:*

✓ *A technical offer with:*

- *Understanding of the Terms of Reference (ToR): development of key points and formulation of key questions, which the offer proposes to respond to*
- *The methodology and tools proposed for the evaluation*



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- *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 the headquarters.*
- ✓ *A financial offer including a budget with detailed sections (fees, other costs)*
- ✓ *An updated CV*
- ✓ *An example of similar consultancies*
- ✓ *References*

*Consultants should send all of this documentation in electronic format to **following email address:***  
[stg-csyr@premiere-urgence.org](mailto:stg-csyr@premiere-urgence.org)

*The deadline for the submission of applications will be the **24<sup>th</sup> July 2020***

*The approximative date for communication to selected applicant will be **31<sup>st</sup> July 2020***