

Costing Exercise Coverage schemes for secondary healthcare service (Child delivery). In Akkar/BML/South/Tripoli, Lebanon Terms Of Reference	
Country / Region	Lebanon
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Source of funding	ECHO
Author(s)	PUI Lebanon

1. CONTEXT AND JUSTIFICATION

1.1. CONTEXT

For the past three years, Lebanon has faced a triple crisis that has led to severe repercussions across most sectors. One sector in particular that has been significantly impacted is the health sector; the ongoing economic crisis has significantly reduced the purchasing power of citizens. According to a Reuters' report which was published in January 2022, as a result of the currency devaluing by 90% of its original value and has pushed approximately 80% of the population below the poverty line. As a result, according to a 2021 UNESCWA report on multi-dimensional poverty in Lebanon about a third of the population, equivalent to 430,000 households, were deprived of healthcare services as of 2021, with the figure increasing to 83% of households that include a PWD reporting barriers to access most often linked to lack of affordable services and the cost of transportation (Lebanon MSNA 2021). Furthermore, an April 2022 UNICEF report on healthcare in Lebanon highlights the shortage of medical and human resources as being the direct result of the worsening economic crisis affecting local purchasing power, with the greatest impact ensuing from the reduction of services being felt by the most vulnerable households.

The grim reality of reduced accessibility and availability of health services has had a deep impact on people in need of sexual and reproductive health (SRH) services such as pregnant and lactating women (PLW), women, and girls. According to the latest studies on the effectiveness of sexual and reproductive health services during humanitarian crises, poor access to SRH services is known to generate (1) a high risk of mortality or morbidity due to pregnancy-related complications; (2) unintended or unwanted pregnancies; (3) complications related to unsafe abortions; (4) sexual and gender-based violence (SGBV); and (5) an increased incidence of sexually transmitted infections (STIs), including HIV. According to the latest data shared by the Lebanese statistics department at MoPH, ever since 2017, tremendous efforts have been put into to reducing maternal and neonatal mortality. In 2018, the maternal mortality rate dropped significantly and remained almost the same (13.7) in 2019. This trend was halted in 2020, with the maternal mortality rate increasing to 16.9, a phenomenon ascribed to COVID-19. During December 2021, there has been a remarkable increase in the total number of cases with 37 Maternal deaths for 2021 compared 22 maternal deaths in 2020 and out of the 37 cases, 17 were COVID-19 related.

As of 2021, the Health Utilization and Access Survey (HAUS), annually conducted by the UNCHR, showed regression or stagnation across most services. With regards to delivery patterns, 84% of participants (239) had delivered in a hospital, a 3% reduction from the figures of 2020. On the other hand, a 3% increase was observed in terms of those who had delivered in medical facilities other than hospitals amounting to a total of 11% (31). In terms of antenatal care

services, there has been a 16% reduction from 2020 with 70% of women who have delivered reporting receiving ANC services⁹. In addition, of all the women that delivered only 49% went for 4 or more ANC visits, a significant decrease from 12% from the previous year. With regards to post-natal care (PNC) services, only 32% (90) of the 289 women who had delivered had sought PNC services as reported by a 2021 UNHCR survey on health service utilization of Syrian refugees in Lebanon. Among those who did not receive ANC services, the most common barrier to not accessing ANC service was reported to be the inability to pay off clinic fees (44%) followed by the belief that ANC was unnecessary (30%). In terms of costs, the study further elaborated that only 24–36% of Syrian refugee women indicated that SRH services were affordable and accessible, despite the re-enforced subsidies to access PHC services. In addition, the study highlighted that transportation fees and medications are often not covered, which add up to an additional cost of 20–30 USD per visit. In addition to this in conservative and rural communities, access to SRHR and sexual health education is limited and, as such, women's vulnerability to unwanted pregnancies, unsafe abortions, and STIs is increased.

This further compounded by the significant challenges Lebanon is facing in delivering quality and accessible secondary healthcare services. There are several coverage mechanisms in place, including the Ministry of Public Health (MOPH), National Social Security Fund (NSSF), Army, private insurance, and out-of-pocket payments. However, these mechanisms are fragmented, leading to coverage gaps for many beneficiaries. As an NGO that subsidizes healthcare services, we aim to identify the best coverage scheme to cover these gaps and improve health outcomes for high-risk pregnancies.

1.2. SECONDARY HEALTHCARE ACTIVITIES

To ensure relevant impact on reducing negative maternal and neonatal outcomes within the community, PUI implements cash assistance programs to tackle existing barriers that impede access to essential SRH services:

- The Birth cash assistance, which is currently being implemented under ECHO, attempts to financially support beneficiaries seeking out delivery services by covering a certain percentage of the costs (which vary based on nationality).
- The transportation cash assistance, provided under ECHO, aims to enhance access by removing the beneficiaries' transportation costs at all stages of pregnancy (Antenatal care visit, delivery, and post natal care visit)

1.3. RATIONALE

The situation in Lebanon is dire, and the healthcare sector has been significantly impacted by the ongoing economic crisis. As a result, a large percentage of the population has been deprived of healthcare services, with particular challenges in accessing sexual and reproductive health services. This situation is leading to high rates of morbidity and mortality, as well as other negative health outcomes.

Given these challenges, it is essential to understand the costs associated with providing quality and accessible healthcare services, particularly for high-risk pregnancies. Conducting a costing exercise will facilitate the identification of the best coverage schemes that can bridge the gaps in current coverage mechanisms and improve health outcomes for vulnerable populations.

Additionally, understanding the costs associated with providing healthcare services will help to identify potential inefficiencies in the current system and guide decision-making around resource allocation. This can ultimately lead to more effective and efficient use of resources, improving health outcomes and reducing costs in the long term.

Overall, conducting a costing exercise is a crucial step in addressing the healthcare challenges faced by Lebanon, and is an important component of our broader efforts to improve access to quality healthcare services for vulnerable populations.

2. CONSULTANCY OBJECTIVES

2.1. OVERALL OBJECTIVE

The overall objective of this consultancy is to conduct a costing exercise for secondary healthcare delivery services in Lebanon and identify the best coverage scheme to improve access and health outcomes for high-risk pregnancies.

2.2. SPECIFIC OBJECTIVES

- Identify the coverage mechanisms currently in place for secondary healthcare delivery services in Lebanon, including the Ministry of Public Health (MOPH), National Social Security Fund (NSSF), Army, private insurance, and out-of-pocket payments.
- Determine the strengths and weaknesses of each coverage mechanism, including the extent of coverage, the financial protection provided, and the accessibility and quality of healthcare services.
- Identify the coverage gap for beneficiaries, particularly for high-risk pregnancies, and assess the financial burden associated with accessing secondary healthcare delivery services.
- Identify best practices and lessons learned from the current ECHO project, in addition to, benchmarking with other similar programs implemented in Lebanon or in other countries.
- Analyze the cost-effectiveness of different coverage mechanisms and explore potential financing options to support the coverage gap for beneficiaries.
- Develop recommendations for the best coverage scheme to follow to efficiently close the coverage gap for beneficiaries, including the roles and responsibilities of different stakeholders and potential policy and regulatory changes required.

3. METHODOLOGY

3.1. OVER-ALL SCOPE OF THE WORK

The consultant is responsible for leading and conducting a comprehensive costing exercise for secondary healthcare delivery services in Lebanon in collaboration with MOPH and identify the best coverage scheme for high-risk pregnancies. The consultancy will involve a review of literature and policy documents, engagement with stakeholders, and a costing exercise. The final output will be recommendations for the best coverage scheme, including potential policy changes.

3.2. MAIN TASKS

In the frame of this assignment, the consultant will follow the following planned methodology:

- Preliminary meetings with MOPH.
- Preparation and inception
- Data collection (desk review, key informant interviews, focus group discussions, and surveys)
- Costing exercise
- Hospital visits
- Data analysis
- Preliminary meeting with PU-AMI to clarify terms of the study and ensure mutual agreement on expectations and deliverables
- Delivery of brief 3 – 5 pages inception report detailing consultancy firm/consultant understanding of the work required, proposed approach to work, analysis approaches, and timeframe for deliverables.
- Review of literature and policy documents related to secondary healthcare delivery services and coverage mechanisms in Lebanon.
- Conduct KIIs with policymakers and key stakeholders (representatives of coverage entities such as MOPH, NSSF, UNHCR, etc.) involved in secondary healthcare delivery services and coverage mechanisms in Lebanon.

- Conduct KIIs with healthcare providers and administrators of healthcare facilities involved in secondary healthcare delivery services in Lebanon.
- Conduct KIIs with beneficiaries and potential beneficiaries of secondary healthcare delivery services in Lebanon.
- Conduct FGDs with beneficiaries and potential beneficiaries of secondary healthcare delivery services in Lebanon.
- Conduct surveys with beneficiaries and potential beneficiaries of secondary healthcare delivery services in Lebanon.
- Conduct a costing exercise for secondary healthcare delivery services, including direct medical costs and indirect costs associated with complications.
- Consultation with stakeholders, including policymakers, healthcare providers, and beneficiaries.
- The consultant will carry out visits to communities, PHCCs and contracted hospitals to understand the flow and processes followed in the aforementioned areas of intervention.
- Document observations and data collected.
- During this phase, the consultant will proceed with data entry followed by data analysis.

4. AREA OF INTERVENTION

The study will cover all areas of operation in which PUI has a contracted hospital which include Akkar, BML, South, and Tripoli

5. DURATION OF THE STUDY

The assigned activities have to be conducted in maximum **3 Months**. The timeframe to implement the following activities will be defined by the consultant.

6. FUNCTIONAL LINKS

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

7. EXPECTED DELIVERABLE

7.1. RESEARCH PROTOCOL AND TRAINING TOOLS

- Submit a detailed protocol in MS Word, research tool/ questionnaire, and presentation slides to PUI.

7.2. PRELIMINARY REPORT AND DATA SET

- The consultant should submit preliminary report and presentation.
- The consultant should submit all the data and analysis outputs (both raw & final) electronically to PUI. All the data of the survey will be under PUI ownership and the consultant should agree to sign PUI data protection policy.

7.3. FINAL RESEARCH REPORT

- Following the validation of the research by PUI technical team, the consultant should submit the final report incorporating all inputs:
 - a. Executive summary
 - b. Background
 - c. Objectives
 - d. Methodology
 - e. Results
 - f. Discussion
 - g. Conclusion
 - h. Recommendations and priorities
 - i. References
 - j. Acknowledgment
 - k. Appendices including Assignment of clusters, field test, Questionnaires etc.

Specifications of submission:

- A final report which should not exceed 100 pages without annexes and a 15-20 pages short report
- A draft of the report must be presented end of ~~XX~~ 2023 before the end of the consultant mission
- The report must be provided in 1 soft copy sent by email to the Health Coordinator on the date formerly agreed.
- PUI can request corrections or modifications within 1 month after the report is released and the consultant must ensure that s/he is available if necessary.
- PUI will allocate the cost as follows (40% at the beginning and 60% at the end of the study once the final product is validated by PUI).

8. PREREQUISITE QUALIFICATIONS

8.1. Education

- Advanced degree in health financing, Public health/ Economics/ finance/MBA with sound knowledge in the field of Public health.

8.2. Professional experience

- Knowledge of the Lebanese health system.
- Significant experience in Health Policy and Financing.
- Experience in developing a costing tool to support the implementation.
- Experience working with NGOs.
- CV

8.3. Competencies and knowledge

- Excellent report writing and presentation skills.
- Strong critical analysis skills and attention to detail.
- Cultural sensitivity and gender sensitivity/ awareness.

8.4. Languages

- Fluency in English and Arabic, French is an asset.

9. SELECTION CRITERIA

9.1 Technical evaluation

Evaluation criteria are the following:

- TORs understanding (25 points)
- Relevance and quality of the proposed methodology (25 points)
- Experience and relevant technical references (15 points)
- Candidates profile (15 points)

Only the technical offers reaching at least 70% of the score will be declared technically valid and selected for the next phase of evaluation

9.2 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.

9.3 Final evaluation

The final evaluation will combine both prior evaluations, accordingly a 70% moderation for the technical offer and a 30% moderation for the financial offer. The candidate who will have the higher score will be selected. The financial offer will be analyzed and possibly negotiated with the candidate within the limit of the available budget.

10. OFFERS PRESENTATION

10.1 Technical offer composition (in English)

- A technical offer **(5-10 pages) including:**
 - o 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
 - o The methodology and tools proposed for the assessment
 - o The timetable showing the details for the completion of each of the assessment phases. The proposed schedule should include time for briefing and debriefing on the mission.

10.2 Financial offer composition (in English)

- A financial offer including a budget with detailed sections (fees, other costs)
 - o Fees
 - o Visa fees
 - o Medical insurance and coverage
 - o International transportation
 - o National transportation
 - o Housing
 - o Communication fees
 - o HR fees (enumerators...)
 - o Other expenses

Deadline for submission: Documents to be submitted **by email** before **...03/10/2023**

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.off@premiere-urgence-lib.org & log.proc.spec@premiere-urgence-lib.org & log.co@premiere-urgence-lib.org with Reference: LIB/MD/23/COO/047 ECHO CONSULTANCY EXERCISE

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