SPECIFIC TERMS OF REFERENCE

Third Party Monitoring of the Lebanon Health Programme for Syrian refugees and vulnerable Lebanese population

FWC SIEA 2018- LOT 4: - Human development and safety net EuropeAid/138778/DH/SER/multi

Request for service: 2019/408213

1. BACKGROUND

Political context

Lebanon is a fragile state characterised by weak institutions that are prey to entrenched confessional divisions. This makes the adoption and implementation of key government policies difficult. Furthermore, the political system is designed to cement multi-confessional co-existence through checks and balances that provide for short-term stability but restrict the scope for reform.

Since the 1990 armistice, Lebanon has been continuously subject to enormous internal and external pressures and shocks, including the on-going presence of Palestinian refugee camps, outbreaks of conflict with Israel, politically sponsored internal violence and terrorist attacks. The Syrian crisis has led to further polarization and weakening of governance limiting the scope for legislative process or policy formulation and implementation. Lebanon has so far been the country hosting the biggest number of refugees from Syria per capita with an arrival of around 1.5 million people since 2012. The protracted refugee crisis in Lebanon has impacts beyond the refugee population, exacerbating pre-existing development constraints, and worsening economic situation (with an inflation rate estimated at 6.5% for 2018[1]). The aggravation of the economic situation is reflected in the estimated of 37 percent of vulnerable Lebanese; 69 percent of Syrians refugees and 65 percent of Palestine refugees in Lebanon who are living below the poverty line[2].

Health Sector

The Lebanese **health sector** is hospital-centred and physician-driven. It is characterised by a dominant private sector -mostly for profit-, a very active NGO sector often aligned on confessional divisions and on political affiliation. The public health sector was already weak and facing major challenges before the Syrian crisis amid serious attempts by the Ministry of Public Health (MoPH) to regain its leadership and regulatory role over the past two decades. The MoPH sat up an accreditation scheme for a primary healthcare network of about 221[3] health facilities. These health facilities, often run by Lebanese NGOs, provide a range of consultations and services that should become the core activities of Primary Health Care Centers (PHCC). However, affordability and predictability remain primary barriers for affected populations to access public-sponsored basic /primary health services with user fees ranging from US$ 3.30 to 5.30 per visit. Particularly when coupled with the cost of diagnostic tests, medications and travel, health care is out of reach for many.

[1] VaSyr Executive Brief 2018 https://data2.unhcr.org/en/documents/details/67983

[2] Protection Sector 2019 LCRP Update https://reliefweb.int/report/lebanon/lebanon-crisis-response-plan-2017-2020-2019-update

[3] Number is changing over the time in a range between 205 and 222 accredited centers

Public secondary and tertiary health care institutions in Lebanon are semi-autonomous. 85% of hospital beds are offered through private hospitals making the referral care very expensive. Access to hospital care for Syrian refugees is primarily covered through a network of 48 hospitals across Lebanon (public and private), contracted by UNHCR through a third party administrator. UNHCR subsidized healthcare is limited to obstetric and life-threatening conditions. Refugees bear a part of the hospital bills and often face difficulties to secure these funds which reduce their access to healthcare and expose them to protection concerns (abusive practices by hospitals). 50% of the Lebanese have no healthcare insurance at all; leaving them under the responsibility of the MoPH acting as an 'insurer of the last resort'. Uninsured Lebanese patients pay 5% of the bill in public hospitals and 15% in private ones, with the Ministry covering the rest. However, the ministry reimbursements haves been either severely delayed or not forthcoming at all given the insufficient funding for the healthcare sector. To avoid and reduce the financial burden, private hospitals have been favouring customers who can afford the hospital fee thus limiting the access of vulnerable Lebanese to secondary and tertiary healthcare services.

The overall health situation for Syrian refugees continues to deteriorate from the findings of the VASYR 2018[4]. Faced with a more restrictive and coercive environment aimed at deterring them from staying/encouraging them to return – even if conditions in Syria are not yet conducive, Syrian refugees continue to face increasing access barriers aside of non-standardised and often unaffordable cost of health services throughout Lebanon, feasibility of transport, and more in general lack of legal documentation with risk of arrest and detention at security checkpoints. As a result refugees are pushed in negative coping mechanisms of hiding and their vulnerability increase.

EU intervention

The EU intervention in the health sector is conducted by the European Regional Trust Fund (EUTF) in Response to the Syrian Crisis, the 'Madad Fund'[5].

- A first regional programme (Action Document) was adopted by the EUTF in its December 2015 for EUR 59 million[6]. The following projects were accepted from this Action Document and currently being implemented:

a) 'Addressing Vulnerabilities of Refugees and Host Communities in Five Countries Affected by the Syria Crisis'- TF-MADAD/2017/T04.30-implemented by a consortium led by Danish Red Cross and other 18 Red cross/crescent societies implemented in 5 countries including Lebanon[7].
b) 'Strengthening Protection Mechanisms for Syrian Refugees and Vulnerable Host-Communities in Jordan and Lebanon'- TF-MADAD/2017/ T04.31 implemented by a consortium led by Medair NGO.

4 https://www.unhcr.org/lb/wp-content/uploads/sites/16/2018/12/VASyR-2018.pdf
5 More information on the EUTF website: https://ec.europa.eu/trustfund-syria-region/content/home_en
6 https://ec.europa.eu/trustfund-syria-region/sites/tfsr/files/20160526-ad-2nd-board-health_0.pdf
7 https://ec.europa.eu/trustfund-syria-region/sites/tfsr/files/red_cross_factsheet_-_livelihoods_and_local_development_-_jordan_lebanon_iraq_egypt_and_turkey_1.pdf

c) ‘Resilience and Social Cohesion Programme (RSCP)[8]- TF-MADAD/2017/ T04.40-50, implemented by AFD and Italian Cooperation, in Lebanon, Jordan and Iraq.

- In December 2016, a specific programme (Action Document) targeting health sector in Lebanon was adopted by the EUTF for an amount of EUR 70 million: the ‘Lebanon Health Programme for Syrian refugees and vulnerable Lebanese population’[9] .

The **Overall Objective** of this Action Document is to contribute to increase access to quality, equitable and affordable health services (care and drugs), and increase the capacities of primary and secondary health sectors with a particular focus to reduce tension among communities while accessing health services and respond to vulnerable Lebanese and Syrian refugees' demand.

The implementation foresees three areas of intervention:

- **Area of intervention 1**: To ensure continuity of supplies of essential acute medicines, chronic disease medications and vaccines to the Lebanese Ministry of Public Health (MoPH) and the Primary Health Care Centres (PHCCs) thus guaranteeing essential acute medicines, and chronic disease medications and vaccine pipelines; while at the same time, strengthening the health system and building the capacity of the MOPH as also recommended in the review of the previous actions finalized in spring 2017.
- **Area of intervention 2**: To pilot a Basic Package of primary health care Services (BPS) (including primary health care, mother and child care, reproductive and mental health as well as assistance to disable people) for both Syrian refugees and vulnerable Lebanese at an equitable, affordable and predictable rate, whilst strengthening key health institutions including the MoPH and targeted PHCCs. This pilot will integrate a strong data and research part, with the option to scale up support, should the approach demonstrate results and successes.
- **Area of intervention 3**: To initiate a pilot programme in secondary health care for life-saving medical and surgical cases in line with the MoPH strategy calling for support to address secondary and tertiary health care financing shortfalls, covering for example care for life-savings, whilst supporting the sustainability of health institutions in Lebanon.
- In addition to the areas of interventions mentioned, **a cross-cutting component** was added, related to the establishment of an appropriate monitoring of the whole MADAD Health intervention, considering the country health information and monitoring systems.

The following projects were adopted and are currently under implementation:

d) ‘Providing essential life-saving care to refugees in Lebanon’, TF-Madad/2017/T04.47, implemented by UNHCR[10].
e) ‘Reducing Economic Barriers to Accessing Health Services in Lebanon REBAHS’, TF-Madad/2017/T04.54 implemented by International Medical Corps, Fundacion Promocion Social and Premiere Urgence Internationale[11].

8 https://ec.europa.eu/trustfund-syria-region/sites/tfsr/files/resilience_and_social_cohesion_programme_factsheet_-_ic_-_livelihoods_and_local_development_-_jordan_and_lebanon_1.pdf
9 https://ec.europa.eu/trustfund-syria-region/sites/tfsr/files/revised_5th_board_action_document_madad_health_lebanon_revised18042018.pdf
10 https://ec.europa.eu/trustfund-syria-region/sites/tfsr/files/unhcr_factsheet_-_health_services_-_lebanon_1.pdf

f) ‘Strengthening the health care system and provision of chronic medications at primary health care centers’ TF-Madad/2018/T04.74, implemented by World Heatlh Organization[12].
g) ‘Securing access to essential medical commodities for most vulnerable population’ TF-Madad/2018/T04.96 implemented by Unicef.
h) ‘Improving Access to Health Care Services for Persons with Disabilities in Lebanon’, TF-Madad/2018/T04.147, implemented by IMC and FPSC.

All these projects in the 3 areas of interventions are under implementation.

The present assignment aims to finalize the implementation of the cross-cutting component of the Action Document.

- A new set of EUTF funded programmes in the health sector in Lebanon is under preparation, taking lessons from the past and current programmes, and will be part of the programmes to be monitored and assessed under this assignment.

2. DESCRIPTION OF THE ASSIGNMENT

2.1 Global objective

The global objective of this assignment is to contribute to the reinforcement of the health management system by improving accountability for results, through third party verification and monitoring of development strategies. Cooperation with all stakeholders active in the sector (e.g. national and local Lebanese authorities, local academia and research centers, other NGOs and international organizations) will be ensured and strengthened in order to gather reliable, independent data and statistics, which could be used to orientate the needed reforms in the sector.

In particular, this third party monitoring will serve to monitor the performance of the projects (5) funded by the EUTF Action Document ‘**Lebanon Health Programme for Syrian refugees and vulnerable Lebanese population’**, the first Lebanon-only health Action approved by the Trust Fund Board in December 2016. It will also monitor the other EUTF funded regional projects (3) that include a health component for Lebanon, and the new set of EUTF health funded programmes for Lebanon under preparation (number of projects be determined later).
The results will especially focus on the enabling factors and those hampering a proper delivery of results in order to adjust its design or current implementing modalities. They will provide useful information and data to be used by MoPH in order to progress towards the Universal Health Care coverage (UHC). At the same time, results could be also used to understand the performance of the Action with the aim to better orientate the possible future donors’ interventions by gathering evidence, improving disaggregated data collection, analysis and management linking up with existing platforms or networks.

The key stakeholders of the third party monitoring will be the Lebanese Ministry of Public Health (MoPH), the Ministry of Social Affairs (MoSA), EU services (EUTF Madad, EU

[11] https://ec.europa.eu/trustfund-syria-region/sites/tfsr/files/imc_factsheet_-_health_services_-_lebanon_1.pdf
[12] https://ec.europa.eu/trustfund-syria-region/sites/tfsr/files/who_factsheet_-_health_services_-_lebanon_1.pdf

Delegation to Lebanon), the implementing partners of EUTF projects, UN agencies, civil society and EU Member States. Some results could be also relevant for other donors active in the health sector in Lebanon for their current/future actions.

2.2 Specific objective(s)[13]

- The Strengthening and capacity building actions on the MoPH health information system (in synergy with other HSS activities) by providing independent, reliable figures and statistics.

- The overall independent assessment of the current and past performance of the EUTF Action Document 'Lebanon Health Programme for Syrian refugees and vulnerable Lebanese population' against the six building blocks of an health system in the context of the Lebanese health system[14], as well as other EUTF health related programmes, past and future, in Lebanon, as described above.
- The overall independent assessment of the current and past performance of the regional projects having a health components implemented in Lebanon, paying particular attention to their complementarity with the projects contracted from the EUTF Action Document 'Lebanon Health Programme for Syrian refugees and vulnerable Lebanese population'. Particular focus has to be made on the added value/impact of the regional dimension in the Lebanese health sector.

2.3 Requested services, including suggested methodology[15]

This third party monitoring will provide a monitoring of all the EU/EUTF funded projects in the health sector in Lebanon, while focusing on progress to date, explaining the reason why progress is happening or is not happening as planned, and by providing recommendations on how to improve the Action during its residual duration in order to achieve the expected objectives, taking into account problems and opportunities. More in particular, the Action will need to be monitored against the six building blocks of a health system in the context of the Lebanese health system. Data produced by the third party monitoring will serve to MoPH to strengthen its information management system by providing the necessary elements to further progress towards the Universal Health Care coverage. More in particular, the availability of reliable data will allow MoPH to have further elements in order to select a financial sustainable model in public health. At the same time, these data will be useful in order to prepare the ground for a new set of programme (a new Action) in the health sector on the basis of key lessons and best practices on impact and sustainability of the Action in the health sector.

[13] The global and specific objectives shall clarify that all EU funded actions must promote the cross-cutting objectives of the EC: environment and climate change, rights based approach, persons with disability, indigenous peoples and gender equality.

[14] https://www.who.int/healthinfo/systems/WHO_MBHSS_2010_full_web.pdf

[15] Contractors should describe how the action will contribute to the all cross cutting issues mentioned above and notably to the gender equality and the empowerment of women. This will include the communication action messages, materials and management structures.

The third party monitoring should focus in particular on these specific elements:

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- To monitor the delivery of services and the – expected – improvements in coverage and quality, both at Primary Health Care (PHC) and Secondary Health Care (SHC);

- Analyse and describe strengths and weaknesses in service delivery and identify possible solutions;

- To monitor if the Action and its projects are taking into account adequately the needs of national and local partners;

- the interaction/dialogue/coordination with MOPH/MOSA and other health stakeholders;

- the complementarity/coordination with other health projects financed by other donors;

- the added value of the regional projects having an health component for Lebanon; their level of interaction/coordination/complementarity with the projects financed in the framework of the Action 'Lebanon Health Programme for Syrian refugees and vulnerable Lebanese population' as well as with MOPH, MOSA, the Lebanese health system and the main health stakeholders.

- Particular focus on the suggestion of the elements to be changed/modified in order to make the Action and its projects more performant, sustainable/in line with the Lebanese health strategy and needs as well as the existing health initiatives.

- Assess the performance of the health system and evaluate the impact prospects of the results based financing scheme in Lebanon

- Assessing projects performance against achieved results or planned objectives and consider potential prospects of impact on the Lebanese health system; including their sustainability after the end of the Action

- Asses the quality of pharmaceuticals in a sample of health facilities, the supply chain management (on the basis of the results of the available evaluations); reasons behind shortage/ identify possible feasible and realistic solutions;

- Providing an independent assessment of the national Health Management Information System;

The third party monitoring should be implemented in collaboration with national institutions/academia active in the health sector. This criteria is absolutely necessary in order to respect the humanitarian-development nexus which is a key component of all the EUTF financed projects and Actions. The Third Party Monitoring should serve the local and national health authorities, besides the EU. It should allow to the MoPH Information System to have additional data necessary to beef and drive the national health policies and consequently the EU and international support to the sector. For this reason, collaboration and involvement of the local academia are key in ensuring continuity after the end of the assignment.

A Reference Group composed by EU representatives, MoPH and relevant health stakeholders will meet at least every six months (at minimum during the Steering Committee of EUTF funded projects) to guide, supervise and provide inputs on the wok conducted.

This assignment will need to take into account, when available, the monitoring and evaluation made at sector/projects level as well as the results of the ROM conducted. Minutes of the past National Health Steering Committee as well as the Steering Committee of EUTF funded projects will be made available for the experts. They will be invited to attend the future meetings of the Steering Committee of EUTF funded projects and present regular updates. The Third Party Monitoring will make use and complement the existing information and data elaborated by the EUTF Monitoring and Evaluation Technical Assistance. Given the difference in scope and geographical scope, there is no risk of overlapping in activities but an adequate coordination has to be ensured in order to maximize coordination, synergies and complementarity.

It should not bring additional burden to health workers and managers and it should be independent from the implementers 'monitoring, yet in collaboration and support.

2.4 Required outputs

The specific issues to be addressed as formulated below are indicative and not exhaustive. Based on the latter and following initial consultations and document analysis, the consultants/experts will discuss them with the Contracting Authority/Reference Group and propose in their Inception Report a complete and finalised set of issues to be addressed with indication of specific Judgement Criteria and Indicators, as well as the relevant data collection sources and tools.

Once agreed through the approval of the Inception Report, the issues to be addressed will become contractually binding.

More specifically, these are some of the elements (list is not exhaustive) to be taken into consideration at each project level:

- *Providing essential lifesaving care to refugees in Lebanon*, TF-MADAD/2017/T04.30, implemented by UNHCR- Budget 15 Million EUR:
    1. The impact of the project on the Lebanese health system strengthen and governance; the impact on the social tensions among vulnerable population; focus on the aspects to include/modify in order to make the project more sustainable/ inclusive for vulnerable Lebanese citizens; the interaction with MOPH/ other health stakeholders; the referral system between Primary Health Care (PHC) and Secondary Health Care (SHC)

- *Reducing Economic Barriers to Accessing Health Services in Lebanon-REBAHS* Lebanon, MADAD/2017/T04.54, implemented by a consortium led by IMC- Budget 32 Million EUR:
    2. The impact/sustainability of the pilot of basic health services implemented through a flat-fee rate in the REBAHS project; its complementarity with existing projects /programmes service delivery, impact on human resources and health financing methodologies as well

as with possible future interventions; its impact on reducing the social tensions among vulnerable population

3. Proper monitoring of the quality incentives paid to the clinics/health personnel with a particular focus on how the incentives have a) been paid according to the measurable performance criteria, and b) actually contributed to better healthcare for refugees. Monitor of the performance-based funds paid at PHC level.
4. The M&E has to take into account the results of the internal programmatic and operational review of the REBAHS project made by IMC UK as well as internal researches conducted on the 'flat-fee model'
5. The efficiency of referral system between Primary Health Care (PHC) and Secondary Health Care (SHC); the coordination/cooperation/risk of duplication with the existing supply chain management for acute, chronic and psychotropic medications

- *Strengthening the health care system resilience and provision of chronic medications at primary health care centres for vulnerable Syrian refugee and Lebanese host communities,* TF-MADAD/2017/T04.74, implemented by WHO- 13,4 Million EUR

6. On the basis of the results of the evaluation on the supply chain management conducted in 2017, monitor and evaluate the efficiency of the supply chain management for chronic drugs while identifying realistic and feasible/acceptable solutions to reduce/eliminate shortages; to monitor and evaluate the possible disparity in costs for acute and/or chronic medications between vulnerable Lebanese and Syrian beneficiaries and its impact on the social tensions between the two groups
7. To monitor and evaluate the strengthening and capacity building actions on the MoPH health information system (in synergy with other HSS activities) as well as the impact of the project on the strengthening of the Lebanese health system, the health governance and health financing as well as the role played in promoting the coordination and cooperation between MOPH/MOSA.

- *Securing access to essential medical commodities for most vulnerable population in Lebanon,* TF-MADAD/2018/T04.96, implemented by UNICEF : 5,6 Million EUR

8. On the basis of the results of the evaluation on the supply chain management conducted in 2017, monitor and evaluate the efficiency of the supply chain management for acute medications and vaccinations while identifying realistic and feasible/acceptable solutions to reduce/eliminate shortages; to monitor and evaluate the possible disparity in costs for acute and/or chronic medications between vulnerable Lebanese and Syrian beneficiaries and its impact on the social tensions between the two groups.
9. To monitor and evaluate coordination/ exchange of information with other EU funded projects/ health stakeholders/ complementarity of actions.

- *Improving Access to Quality Health Care for Persons with Disabilities in Lebanon,* MADAD/2018/ T04.147 implemented by a consortium led by IMC, 3,2 Million EUR

10. To monitor and evaluate the sustainability of the project and the feasibility of its integration in the flat-fee model; the impact on the interaction/coordination between MOSA/MOPH

As concerning the health component of the EUTF regional projects previously mentioned, the third party monitoring should pay particular attention to the complementarity with the projects implemented in the framework of the 'Lebanon Health Programme for Syrian refugees and vulnerable Lebanese population' Action Document, as well as on the added value of the regional dimension while focussing on their sustainability.

This assignment will be carried out in four phases

- Desk/ Inception
- Field-Continuous Monitoring
- Synthesis
- Final Dissemination

The following table presents an overview of the **key activities** to be conducted within each phase and lists **the outputs** to be produced by the team as well as the **key meetings** with the Contracting Authority and the Reference Group.

The core team of the Reference Group will be composed by the persons in charge of the health sector at the EUD Lebanon and ECHO Lebanon, by relevant colleagues in charge of health at HQ as well as colleagues in charge of M&E at EUTF HQ. MoPH/MoSA services will associated/consulted according to the needs. The same applies to others health stakeholders.

Phases of the evaluation	Key activities	Outputs and *meetings*
Desk Phase/Inception Phase (2 weeks maximum)	• In-depth document analysis (focused on the indicative issues to be addressed) • Initial document/data collection • Background analysis • Stakeholder analysis • Methodological design of the third party monitoring - • Identification of information gaps and of hypotheses to be tested in the field phase	• Kick-off meeting with the Contracting Authority and the Reference Group (in Beirut) • Draft inception report including the calendar of the first results • Slide presentation+ note of the Inception Report with the Contracting Authority and the Reference Group (to be held in Beirut) • **Draft inception report** adjusted/modifies after the kick-off meeting

Phases of the evaluation	Key activities	Outputs and *meetings*
Field Phase/ continuous Monitoring	• Gathering of primary evidence with the use of the most appropriate techniques • Data collection and analysis	• Initial meetings at country level with all relevant health stakeholders. • **QuaterlyNotes**. Each of these notes will include the main results of the continuous monitoring every 3 months of implementation to be discussed/presented during the EUTF Project Steering Committees. • **Final assessment reports** of each of the projects (to be presented maximum 3 months after the end of the activities) (minimum 10 final assessment reports) • Slide Presentation of key findings of each final assessment reports • Debriefings with the Reference Group –face to face in Beirut , every 6 months.
Synthesis phase	• Final analysis of findings (with focus on the Indicative issues) • Formulation of the overall assessment, conclusions and recommendations • Reporting	• Draft Final Report • **Final Report** • Slide presentation • Meeting with Reference Group face-to-face in Beirut
Dissemination phase	• Organisation of the final presentation seminar at the presence of the main health stakeholders.	• Final presentation

Desk/ Inception Phase

The assignment will start with a Desk phase during which the document analysis will take place. The analysis should include a brief synthesis of the existing literature relevant to the Action, including previously conducted ROM and evaluations, available research studies conducted by the implementing partners/civil society/other donors.

The analysis of the relevant documents shall be systematic and all the relevant documents will be reviewed.

This phase aims at structuring the assignment and clarifying the key issues to be addressed.

The phase will start with initial background study, to be conducted by the experts' team from home. It will then continue with a kick-off session in Beirut between the Reference Group and the experts' team where the draft inception report will be presented. The Team Leader and other key members have to attend the meeting. The meeting aims at arriving at a clear and shared understanding of the scope of the third party monitoring, its limitations and feasibility. It also serves to clarify expectations regarding valuation outputs, the methodology to be used and, where necessary, to pass on additional or latest relevant information

The limitations faced or to be faced during the third party monitoring exercise will be discussed and mitigation measures described in the Inception Report. Finally, the work plan for the overall process will be presented and agreed in this phase; this work plan shall be in line with that proposed in the present ToRs. Any modifications shall be justified and agreed with the Contracting Authority.

Field Phase/ continuous Monitoring

The Field Phase starts immediately after approval of the Inception Report by the Contracting Authority.

If any significant deviation from the agreed work plan or schedule is perceived as creating a risk for the quality or not respecting the end of the validity of the specific contract, these elements are to be immediately discussed with the Contracting Authority band, regarding the validity of the contract, corrective measures undertaken.

In the first days of the field phase, the expert team shall hold a briefing meeting with all the relevant health stakeholders.

During the **field/continuous monitoring phase**, the team shall ensure adequate and regular contact and consultation with, and involvement of the different stakeholders; with the relevant government authorities and agencies. **Quarterly Notes** will be prepared every 3 months including the main results of the continuous monitoring. Moreover, **Final Assesments reports** of each of the projects (maximum 3 months after the end of the activities). Regular debriefings with the Reference Group –face to face in Beirut-will take place.

At the end of the field phase, the team will summarise its work, analyse the reliability and coverage of data collection, and present preliminary findings in a meeting with the relevant health stakeholders including the EUD, the MOPH/MOSA, and the health implementing partners.

Synthesis Phase

This phase is devoted to the preparation by the contractor of **a Final Report**, including an Executive Summary, entailing the analysis of the data collected during the desk/inception and field phases and preparation of the overall assessment, conclusions and recommendations of the third party monitoring. The expert team will present, in the Final Report the findings, conclusions and recommendations.

The experts team will make sure that:

- Their assessments are objective and balanced, statements are accurate and evidence-based, and recommendations realistic and clearly targeted.

• When drafting the report, they will acknowledge clearly where changes in the desired direction are known to be already taking place.

The experts' team will deliver and then present in Beirut the Draft Final Report to the Reference Group to discuss the draft findings, conclusions and recommendations. Relevant members of the team have to attend this meeting.

The Contracting Authority consolidates the comments expressed by the Reference Group members and sends them to the experts' team for the report revision, which will then finalise the Final Report and by addressing the relevant comments.

Dissemination phase

The main results and recommendations of the Final report will have to be presented to the main health stakeholders.

The outputs must match quality standards. The text of the reports should be illustrated, as appropriate, with maps, graphs and table.

List of outputs:

	Number of Pages *(excluding annexes)*	**Main Content**	**Timing for submission**
Inception Report	Max 30 pages	• Intervention logic • Stakeholder map • Methodology for the third party monitoring • Data gaps to be addressed, issues still to be covered and hypotheses to be tested during the field visit • Analysis of risks related and mitigation measures • Work plan	End of Desk/Inception Phase
Quarterly Notes (every 3 months-on all the projects)	Max 15 pages	• Activities conducted during the continuous monitoring phase • Difficulties encountered during the continuous monitoring phase and mitigation measures adopted • Regular (every 3 months) key findings of the continuous monitoring. • List of recommendations to be implemented in order to improve/solve the possible difficulties/ gaps encountered in the different projects	Continuous Monitoring Phase

	Number of Pages *(excluding annexes)*	Main Content	Timing for submission
Final Assessment Reports of each projects (minimum 10)	Max 40 pages	• **Final assessment reports** of each projects These reports should include: Key findings and results, with a focus on the impact, cooperation/ complementarity with other projects, sustainability, contribution to the system strengthening as well as recommendations for a possible/non -possible continuation/modification of activities/projects.	End of each projects financed in the framework of the Action (max 3 months after the end of activities)
Draft Final Report	Max 60 pages	• Final Report including the concluding remarks of the continuous monitoring, relevant key findings, results and recommendations.	End of Synthesis Phase
Final report	Max 60 pages	• Same specifications as of the Draft Final Report, incorporating any comments received from the concerned parties on the draft report that have been accepted	2 weeks after having received comments to the Draft Final Report.

2.5 Language of the Specific Contract

The language of the specific contract is to be English. Executive summary of the final report will be translated in Arabic (or the equivalent decided upon request with Contracting Authority).

3. EXPERTS PROFILE or EXPERTISE REQUIRED

To work in cooperation/collaboration with national academic institutions/academia is required.

3.1 Number of requested experts[16] per category and number of man-days per expert or per category

This is a fee-based contract. The number of working days of the experts shall be as follows:

- 160 working days for the Expert 1 (category I)
- 350 working days for the Expert 2 (category II)
- 350 working days for the Expert 3 (category III)

[16] The European Union pursues an equal opportunities policy. Gender balance in the proposed team, at both administrative/secretarial and decision-making levels, is highly recommended.

3.2 Profile per expert or expertise required:

It is strongly recommended to have a balanced team with international as well as regional/local expertise. Strong cooperation with local academia is required in order to ensure the sustainability/system strengthening aspect of the health information management system.

Expert 1 will be the Team Leader and will bear the ultimate responsibility for supplying the final version of the above-mentioned outputs. He/she will need to orientate and supervision activities performed by experts 2 and 3.

Minimum requirements of the team

- Category and duration of equivalent experience

EXPERT 1 (Cat. I experts)

Required:

Education

- ✓ Advanced university degree (Master's degree or equivalent) in statistics, social science, business administration, management, economics, development economics or related discipline. A first level university degree in combination with qualifying experience (at least 10 years) may be accepted in lieu of the advanced university degree;

Experience

- ✓ Minimum twelve years of relevant experience in humanitarian assistance and/or in complex emergency settings with substantive knowledge and practical experience of undertaking M&E activities;
- ✓ Proven technical skills in monitoring and evaluation, including qualitative and quantitative data collection and analysis, third party monitoring practices and procedures acquired during previous professional experience (at least 6 projects);
- ✓ Previous project management experience (at least 3 projects) with a proven track record of dealing with senior government officials, donors, civil society organizations and non-state actors;

Language skills

- ✓ Fluent in both written and oral English.

Asset:

- ✓ Proven professional experience in public health systems, including health supply chain management and evaluation. (at least 1 project)
- ✓ A previous experience in managing EU funded projects.
- ✓ Demonstrated ability to train and build capacity of others in multi-cultural contexts proven by previous professional experience acquired in international contexts;
- ✓ Database, data management and data analysis skills;
- ✓ Knowledge of Arabic or/and French

EXPERT 2 (Cat. II expert)

Required:

Education

- ✓ Advanced university degree (Master's degree or equivalent) in business administration, management, statistics, economics, public health or a related field. A first-level university degree in combination with qualifying experience (4 years) may be accepted in lieu of the advanced university degree.

Experience

- ✓ Minimum six years of relevant experience with substantive knowledge and practical experience of undertaking Research or Monitoring and Evlauation activities (at least 4 projects), preferably in the local academia in Lebanon.
- ✓ Proven Expertise in the health sector (at least 2 projects).
- ✓ Experience (at least 2 years or 2 projects) on national Lebanese health system.

Language skills

- ✓ Fluent in both written and oral English and Arabic

Asset:

- ✓ Knowledge of French
- ✓ Experience (at least 1 year or 2 projects) working with quantitative and qualitative data as well as monitoring frameworks and indicators acquired in the Lebanese academia;
- ✓ Experience in compiling and disseminating national Lebanese health statistics/knowledge of the health information system in Lebanon.
- ✓ Experience working with government counterparts and coordinate with various stakeholders such as Health or other ministries and government agencies, donors and NGOs proven by previous professional experience.

EXPERT 3 (Cat. III expert)

Required:

Education

- ✓ Advanced university degree (Master's degree or equivalent) in business administration, management, statistics, economics, public health or a related field. A first-level university degree in combination with qualifying experience (3years) may be accepted in lieu of the advanced university degree

Experience

- ✓ Minimum three years of relevant experience with substantive knowledge and practical experience of undertaking Research, Monitoring or Evaluation activities (at least 2 projects), preferably in the local academia in Lebanon.
- ✓ Proven Expertise in the health sector in Lebanon.
- ✓ Experience (at least 1 years or 1 projects) on national Lebanese health system

Language skills

- ✓ Fluent in both written and oral English and Arabic

Asset:

- ✓ Practical experience working with quantitative and qualitative data as well as monitoring frameworks and indicators acquired in the Lebanese academia (at least 1 project;
- ✓ Experience (at least 1 project) on compiling and disseminating national Lebanese health statistics/knowledge of the health information system in Lebanon preferred .
- ✓ Knowledge of French

Only expert's presence is required for briefings and/or debriefings

4. LOCATION AND DURATION

4.1 Starting period

Provisional start of the assignment is September 2019.

4.2 Foreseen finishing period or duration

The duration of the contract will be **32 months**.

4.3 Planning, including the period for notification for placement of the staff as per Article 16.4 a) of the General Conditions

As part of the technical offer, the framework contractor must include a timetable to be finalised in the Inception Report. The 'Indicative dates' are not to be formulated as fixed dates but rather as days (or weeks, or months) from the beginning of the assignment. Staff as to start working on the assignment from the day after the contract signature.

Indicatively, the repartition of working days will be done during the inception phase and following the needs of monitoring expressed by the Contracting Authority. Some period might be more and less intense for experts' work. Indicatively, the first 3 months should be relatively intense.
The first quarterly note of the contract 'Providing essential lifesaving care to refugees in Lebanon', TF-MADAD/2017/T04.47, sh**ould be finalized not later by the end of September 2019; while the Final assessment report by end of October 2019.**

Sufficient forward planning is to be taken into account in order to ensure the active participation and consultation with government representatives, national / local or other stakeholders.

4.4 Location(s) of assignment: in case of more than 1 location of assignment, identify the main location and for each location the working days per expert needed

The assignment will take place in Lebanon, with regular field visits in the different regions where the projects are implemented.

4.5 Management team member : presence not obligatory at the kick off meeting

5. REPORTING

5.1 Content

Interim reports (narrative reports linked to an invoice) and final reports have to be in line with the payment schedule contained in article 29.1 of the General Conditions.

5.2 Language

All reports shall be submitted in English. The final report will be translated in Arabic.

5.3 Submission/comments timing

For each report (quarterly notes and assessment reports), the Contracting Authority will send to the Contractor consolidated comments received from the Reference Group or the approval of the report within 15 calendar days. The revised reports addressing the comments shall be submitted within 10 calendar days from the date of receipt of the comments. The team of experts should provide a separate document explaining how and where comments have been integrated or the reason for not integrating certain comments, if this is the case.

5.4 Number of report(s) copies

The approved version of the Final Report will be provided in 5 paper copies and in electronic version at no extra cost. Draft report will be sent only in electronic version. All reports will be produced using Font Arial or Times New Roman minimum letter size 11 and 12 respectively, single spacing, double sided. They will be sent in Word and PDF formats.

6. INCIDENTAL EXPENDITURE

- As stated in the Global Terms of Reference of the Framework Contract, the Contractor will make available appropriate management and backstopping mechanisms, quality control systems, secretariat and any other support staff (editors, proof readers etc.) that it considers necessary in order to implement the Framework Contract. The support team will provide all the necessary logistical support both prior and during the assignment to allow the experts to concentrate on their primary responsibilities. All secretariat costs both in the Contractor's Headquarters and in Lebanon, which may include communications (fax, phone, mail, internet, courier etc.), report production and secretarial services are considered as an overhead and included in the fee rates of expert, who shall be fully equipped. Office accommodation for experts working on the contract is to be provided by the Contractor. Experts will have to be equipped with own portable computers and Internet connection care of the Contractor.

No equipment is to be purchased on behalf of the Contracting Authority/beneficiary country within the context of this contract.

In line with the general conditions and global terms of reference of the FwC COM 2015, the Contractor shall ensure that experts are adequately supported and equipped. In particular it

must ensure that there is sufficient administrative, secretarial and interpreting provision to enable experts to concentrate on their primary responsibilities. It must also transfer funds as necessary to support their work under the contract and to ensure that its employees are paid regularly and in a timely fashion.

Authorised items under reimbursable:

- ✓ Translation in Arabic of the final report (or equivalent)
- ✓ Travel cost for inter-city project visits in Lebanon out of Beirut
- ✓ Organization of 1 workshop for dissemination of results

The maximum estimated amount for incidental expenditure is EUR 37,000

- The applicable tax and customs arrangements are as follows:

The European Commission and the Republic of Lebanon have agreed in a Framework Convention on taxation and customs regime applicable to Lebanon on projects financed under the general budget of the European Union, signed on 16/04/2015, to exonerate certain taxes.

- Each invoice (intermediary and final) will be accompanied with an expenditure verification report : the maximum amount for this costs is EUR 18,000, to be reported in the Financial Offer.

7. **MONITORING AND EVALUATION**

➢ **Definition of indicators**

For the approval of the draft and final report the following elements, *inter alia*, will be taken into consideration:

Quantitative elements:

- ✓ Number and relevance of key informants/stakeholders interviewed (at least 20)
- ✓ Number of PHCCs/SDCs/Hospitals visited in each of the six governorates (at least 30)
- ✓ Number of beneficiaries encountered/interviewed with a particular attention to the most vulnerable ones (at least 50)
- ✓ Geographical/regional balance

Qualitative elements:

- ✓ Inclusion of the priorities of MoPH as well as of the ones of health stakeholders and the beneficiaries with a particular attention to the most vulnerable ones;
- ✓ Understanding of the local realities/challenges/existing limitation in the structure and organization of the public health system
- ✓ Taking into account conflict sensitivity to be applied along the assignment
- ✓ Feasibility and sustainability of the proposed recommendations

A methodology has to be included in the offer, specifying the modalities of intervention as well as the experts' mobilisation.

ANNEX I: INFORMATION THAT WILL BE PROVIDED TO THE EXPERTS TEAM

- Legal texts and political commitments pertaining to the Action(s) to be evaluated
- Lebanon Crisis Response Plan and Health Response Strategy for the Syrian crisis in Lebanon
- Joint Humanitarian Development Framework
- EUTF Madad M&E Framework
- Relevant national / sector policies and plans from partners and other donors including the National Mental Health Strategy Action financing agreement and addenda
- Action's quarterly and annual progress reports, and technical reports, including Quarterly Information Notes (QiN) for all projects
- European Commission's Result Oriented Monitoring (ROM) Reports, and other external and internal monitoring reports of the Action including all evaluations and/or ROM previously conducted by the EU in the sector
- Action's mid-term evaluation report and other relevant evaluations, audit, reports
- Relevant documentation from National/Local partners and other donors
- Calendar and minutes of all the meeting of the Steering Committee of the Action(s)
- Any other relevant document

Note: This list is indicative and not exhaustive. The evaluation team has to identify and obtain any other document worth analysing, through independent research and during interviews with relevant informed parties and stakeholders of the Action