

REQUEST FOR EXPRESSIONS OF INTEREST CONSULTING SERVICES

Republic of Lebanon
LEBANON HEALTH RESILIENCE PROJECT
Loan No.: *(P163476)*

Assignment Title: Reaya Pilot Project Evaluation
Reference No. LB-MOPH-483018-CS-QCBS

The Ministry of Public Health *has received* financing from the World Bank toward the cost of the **LEBANON HEALTH RESILIENCE PROJECT** and intends to apply part of the proceeds for consulting services.

The consulting services (“the Services”) will focus on the examining and assessing the planning, implementation, sustainability, and scalability of the Reaya pilot project across designated primary health care centers across Lebanon.

The Ministry of Public Health now invites eligible consulting firms (“Consultants”) to indicate their interest in providing the Services. Interested Consultants should provide information demonstrating that they have the required qualifications and relevant experience to perform the Services. **The shortlisting criteria to be invited for the RFP are:**

- Relevant Experience with Similar Assignments
 - Demonstrated experience in conducting program evaluations, particularly in the health sector
 - Experience in evaluating national-level pilot programs or working with ministries of health is a strong asset.
- Technical and Methodological Expertise
 - Evidence of the firm’s capacity to apply robust evaluation methodologies (qualitative and quantitative),
 - Familiarity and proven experience developing and using indicators, sampling strategies, reporting and data collection tools.
- Team Qualifications and Expertise/Composition:

General outline of the expertise available within the firm that is relevant to the proposed assignment. This includes a list of key experts, including but not limited to evaluation specialists, health economists, statisticians, public health experts, and professionals with experience in health policy, PHC, social protection, and capitation models.

The attention of interested Consultants is drawn to paragraph 1.9 of the World Bank's *Guidelines: Selection and Employment of Consultants [under IBRD Loans and IDA Credits & Grants] by World Bank Borrowers* ("Consultant Guidelines"), setting forth the World Bank's policy on conflict of interest.

Consultants may associate with other firms in the form of a joint venture or a sub-consultancy to enhance their qualifications.

A Consultant will be selected in accordance with the Quality Cost Based method set out in the Consultant Guidelines.

Further information can be obtained at the address below during office hours {10:00 to 14:00 hours}.

Expressions of interest must be delivered in a written form to the address below by e-mail by **April 27, 2025**.

Please find attached below a detailed Terms of Reference about the activity.

Ministry of Public Health
Attn: Mr. Saad Abdallah, Procurement Officer
Ministry of Public Health Building, Jnah area.
Tel: 01/830300 – ext. 750
E-mail: saadabdallah@hotmail.com

Terms of Reference
Lebanon Health Resilience Project
Reaya Pilot Project Evaluation
LB-MOPH-483018-CS-QCBS
Lebanon

A- BACKGROUND

The Lebanon Health Resilience Project (LHRP) is a seven-year project funded by the World Bank. The total project budget is US\$120 million. The project is designed to support the Ministry of Public Health (MoPH) strategy to establish a pro-poor Universal Health Coverage program. The project aims to increase access to quality healthcare services to poor Lebanese and displaced Syrians in Lebanon and to strengthen the Government's capacity to respond to COVID-19. The LHRP project is also financing the cost of care of uninsured Lebanese in

contracted public and private hospitals, and the procurement and the deployment of COVID-19 vaccines.

The REAYA pilot project (Component 1 of the LHRP) will provide beneficiaries with access to quality primary health care (PHC) through providing essential health benefit packages using the capitation model and a fixed co-payment by enrolled beneficiaries —as their contribution to the cost of services that they receive (enrollment fee). It utilizes the Long-term Primary Healthcare Subsidization Protocol (LPSP), which is designed to provide preventive and promotive PHC services, ensure a comprehensive management for chronic diseases prevalent within the community, and provide evidence-based cost-effective treatment to common acute and chronic conditions. Additionally, the project aims to upgrade and enhance the capacity of the selected Primary Health Care Centers (PHCCs) through capacity-building activities and financing the procurement of equipment and recruitment of health personnel.

The success of this pilot shall inform decision makers and other third-party payers to follow the same model and purchase services in PHCCS. It will also help the MoPH in expanding this model to other ambulatory services, namely private family medicine/general practice, pediatrics, and gynecology clinics. Furthermore, secondary outcomes of this project not only include PHCCs with a strengthened capacity but will also have a powerful impact related to disease prevention, better management of chronic diseases, decrease in hospitalization rates, and enhancement in the overall health status of the population.

The project is expected to be executed over an eighteen-months period, starting **September 2024**, and comprises three parts:

1. Provision of a package of essential healthcare services (LPSP) to eligible vulnerable beneficiaries (around 210,000 beneficiaries selected from the Emergency Social Safety Net [ESSN] database) at selected 67 PHCCs
2. Capacity building and strengthening of PHCCs; and
3. Project management, monitoring, and outreach.

B- SCOPE OF THE EVALUATION

The evaluation will focus on examining and assessing the planning, implementation, sustainability, and scalability of the REAYA pilot project across designated PHCCs in Lebanon. Specifically, it will cover the following areas:

- a) **Efficiency of the Financing Mechanism:** Analyze how the capitation model impacts financial sustainability, cost-effectiveness, and service delivery.
- b) **Service Delivery and Accessibility:** Evaluate whether the REAYA program improved access to quality healthcare for vulnerable groups, including women, children, and displaced populations.
- c) **Program Design and Operational Logistics:** Assess the appropriateness of the program's design in achieving its objectives, including co-payment structure, resource allocation, and collaboration with stakeholders.

- d) **Health Outcomes and Beneficiary Satisfaction:** Identify measurable improvements in health indicators, service utilization rates, and beneficiary feedback.
- e) **Sustainability and Scalability:** Evaluate the program's potential for expansion and its compatibility with other health initiatives at the institutional level.

C- OBJECTIVES OF THE EVALUATION

a) Evaluate the Efficiency of the Financial Mechanism:

- Determine the efficiency and sustainability of the capitation model in supporting PHCCs while maintaining quality care.
- Review the long-term financial and operational viability of the capitation model, including its suitability for wider adoption across Lebanon's healthcare landscape.
- Analyze how efficiently the project's financial and material resources were used, including fund allocation for PHCCs, staffing, and capacity building (Resource utilization).

b) Assess Service delivery and accessibility:

- Identify how the program has improved the accessibility and quality of primary healthcare services for beneficiaries.
- Assess whether the project has achieved its stated objectives in healthcare access, quality, and outcomes, including beneficiaries' accessibility and service provision, and improvements in chronic disease management.

c) Analyze Program Design and operational logistics:

- Identify best practices, challenges, and lessons learned to inform future healthcare programming.
- Examine any operational, logistical, or financial barriers that impeded project implementation and service delivery.
- Assess collaboration and communication with key stakeholders
- Gather insights from healthcare workers, and program staff to identify operational challenges.

d) Measure Health Outcomes and beneficiary satisfaction:

- Track health indicators, measure beneficiary satisfaction, and integrate feedback from healthcare workers to assess the program's impact on vulnerable populations.

e) Evaluating sustainability and scalability:

- Provide recommendations for the program's potential for expansion and its compatibility with other health initiatives at the institutional level.

D. EVALUATION QUESTIONS

Efficiency and Design:

1. **To what extent was the design of the REAYA program appropriate to achieve its objectives?** Indicator 1: Percentage of beneficiaries accessing the full package of healthcare services (LPSP) within the program's timeline.
Indicator 2: Percentage of transactions processed correctly and on time through the Phenics IT system.

Indicator 3: Traveling time to the nearest PHCC for beneficiaries in rural or hard-to-reach areas compared to urban areas.

Sub-Questions:

- 1.1 To what extent was the design of the REAYA program effective in addressing the healthcare needs of beneficiaries, specifically in relation to registration, enrollment, and access to services?
 - 1.2 How effective was the Phenics IT system in supporting project implementation across all phases, including database management and payment processing?
 - 1.3 How effective were the stakeholder partnerships and coordination mechanisms between the REAYA program and other health initiatives in achieving program outcomes delivery?
 - 1.4 Was the geographic distribution of PHCCs adequate to ensure comprehensive coverage?
- 2. How efficient was the program in utilizing financial, human, and infrastructure resources?** Indicator 1: Percentage of PHCCs meeting or exceeding performance targets under the Capitation Model.
Indicator 2: Percentage of beneficiaries who report satisfaction with the registration, enrollment, and access to services provided by the REAYA program.

Sub-Questions:

- 2.1 How well did the allocation of resources respond to emerging challenges (e.g. staffing, logistics, or demand changes) during the pilot?
- 2.2 How satisfied are beneficiaries with the quality, timeliness, and relevance of the services provided, and which aspects of service delivery were most/least satisfactory?
- 2.3 Were the services delivered in a financially efficient manner, ensuring optimal use of resources while maintaining service quality?
- 2.4 To what extent did the Capitation Model incentivize PHCCs to meet or exceed performance targets?
- 2.5 What risk mitigation strategies were in place within the Capitation Model, and how effective were they in addressing unexpected challenges (e.g., resource shortages, displacement)?

Service Accessibility and Impact

- 3. How has the REAYA program impacted access to quality healthcare for beneficiaries?**

Indicator: Number of Vulnerable Lebanese Beneficiaries with Access to Essential Primary Healthcare Services

Sub-questions:

- 3.1 Were services equally accessible (in terms of location, affordability, and availability to all beneficiary groups (e.g., women, children, persons with disabilities))?
- 3.2 How effective were the feedback mechanisms during the program's implementation in identifying challenges and improving service delivery?
- 3.3 Were the co-payment structures affordable for beneficiaries, and how did affordability impact service utilization?

Sustainability and Scalability

- 4. How sustainable is the Reaya program considering financial, operational, and political risks?** Indicator: Percentage of PHCCs reporting adequate financial and physical resources to deliver LPSP services effectively.

Sub-Questions:

- 4.1 What financial, operational, political risks could impact the program's sustainability?
- 4.2 What key lessons from the pilot phase can be applied to ensure successful future scaling or replication of the program? What adjustments or improvements should be considered?
- 4.3 How has the Reaya program demonstrated adaptability to changes or challenges during implementation and how might these adaptations contribute to sustainability?
- 4.4 Were the financial and physical resources at PHCCs sufficient to support the delivery of LPSP services effectively?
- 4.5 How do the direct and indirect costs of the REAYA program (i.e. payments made to providers and the costs of the TPA etc.) compare with other PHC financing modalities (i.e. the PHC support modalities financed by the European Union and the Agence Francaise de Developpement) and their direct and indirect costs (i.e. payments made to providers and costs for NGOs/iNGOs used in supervision etc.).
- 4.6 How sustainable is the Capitation Model for maintaining quality service delivery without imposing financial strain on PHCCs?

E. EVALUATION METHODOLOGY

The service provider is expected to employ a mixed-methods approach, incorporating both qualitative and quantitative data collection. This comprehensive methodology aims to provide a holistic understanding of the REAYA project's effectiveness. The service provider should outline a detailed methodology as part of the technical proposal, ensuring that it adheres to the minimum criteria specified below:

- **Desk Review:** Analyzing relevant project documents, financial statements, MoPH reports, PHENICS system data, and monitoring records.

- **Field Visits and Direct Observations:** Conducting site visits to a representative sample of PHCCs (taking into consideration the capacity, geographical location, and ownership of the PHCCs) to observe service provision with a specific focus on assessing service quality, accessibility, and logistical arrangements.
- **Quantitative Surveys:** Designing and administering surveys to collect data on health outcomes, resource utilization, beneficiary satisfaction, and service utilization.
- **Qualitative Interviews and Focus Groups:** Conducting semi-structured interviews and focus group discussions with beneficiaries, healthcare providers, project staff, and other stakeholders to gain in-depth insights into their experiences and feedback on the services.
- **Data Analysis:** Use robust statistical methods to interpret quantitative data from PHENICS and MoPH databases and thematic analysis for qualitative data, identifying trends, correlations, and areas for improvement.
- **Coverage of PHCCs:** The evaluation will encompass all Primary Healthcare Centers (PHCCs) involved in the REAYA project, distributed across various Lebanese governorates.

1. Data Sources

The evaluation should utilize a diverse array of data sources to ensure a comprehensive assessment of the REAYA project.

- **PHENICS:** The PHENICS platform, developed by the MoPH IT team, supports service delivery, quality improvement, and patient engagement at the PHCC and community levels. Data can be extracted from PHENICS database, offering insights into healthcare utilization, service quality, and resource management.
- **TPA Reports:** Reports from the Third-Party Administrator (TPA) including:
 - Beneficiary satisfaction survey results.
 - PHCC field monitoring survey findings.
 - Statistics on services received by beneficiaries.
- **MoPH Reports:** Reports and administrative documents from the MoPH, particularly the PHC department. These include:
 - PHC department annual reports and statistics.
 - MoPH administrative documents such as Vision 2030, WHO reports, and field coordinator reports.
 - Call center reports detailing operational activities and beneficiary interactions.
- **Previous evaluations:** Evaluations of PHC programs/support initiatives in Lebanon
 - The 2025 evaluation of the EU-supported PHC initiative conducted by Conseil Santé and SICI Dominus as implementing partners.
 - Any previous rounds of evaluations of the EU and AFD-supported PHC programs.

2. Data Collection Tools

The firm is expected to employ the appropriate data collection tools to effectively answer the evaluation questions. Below are suggested tools, and the firm may propose additional tools as needed based on their evaluation methodology and approach.

- **Interviews:** Key informant interviews to be developed and tailored to capture feedback from Semi-structured interviews with beneficiaries, healthcare workers, stakeholders, and PHCC staff, MoPH staff, and other relevant stakeholders.
- **Surveys:** Quantitative surveys to be developed and carried out with the relevant target groups as required (including beneficiaries of the REAYA group, PHCC staff and health workers).
- **Focus Group Discussions:** An open-ended discussion guide to be developed to engage groups of beneficiaries and healthcare providers to discuss their perceptions of service quality and access.
- **Field Observations:** Checklists to be developed and assessed during PHCC site visits to assess operational practices and service interactions.
- **Beneficiary Feedback Mechanisms:** Existing channels used to gather input from beneficiaries regarding their experiences with the services.
- **Document Review:** Review of program related documents, reports, and monitoring data to assess program implementation, progress, and alignment with the objectives.

F. EXPECTED DELIVERABLES

The firm is expected to deliver the following reports in English language and in *Arabic* within **Nine months** of contract initiation:

- ☑ **Inception Report:** The Inception Report should outline the Firm's understanding of the evaluation and detail how the evaluation questions will be addressed. It must include the evaluation framework and methodology (overall design, evaluation questions, sampling strategy, data collection, and analysis plan), as well as the evaluation work plan (timeline of the evaluation process and key deliverables). Additionally, it should cover resources and team composition, ethical considerations (data privacy and ethical protocols), stakeholder mapping and communication plan, risk management, and budget/resource allocation. The Inception Report should be delivered within **one month** of the contract signature. The firm is expected to conduct a presentation of the inception report. **Feedback will be provided by the MOPH within two weeks of report submission.**
- ☑ **Interim Progress Report:** Summary of initial findings and key issues encountered during fieldwork. This report is expected to be delivered two months after the inception report approval. The firm is also expected to provide the MoPH with Weekly updates during the fieldwork phase.
- ☑ **Draft Evaluation Report:** The Firm shall submit a draft report presenting findings, analysis, and preliminary recommendations within Four **months** of the inception report's approval. **Feedback will be provided by the MOPH within one month of report submission.**
- ☑ **Final Evaluation Report:** The Final Evaluation Report should be submitted within **two Weeks** of receiving feedback on the Draft Evaluation Report. **Feedback will be provided by the MOPH within two weeks of report submission.** The final report should match the contents laid out in the inception report and include the following sections:
 - Executive Summary: A concise summary of the evaluation, key findings, conclusions, and recommendations.
 - Introduction: A general overview of the situation, including the context and purpose of the evaluation.

- **Evaluation Methodology Overview:** A detailed explanation of the evaluation framework and approach.
 - **Data Collection Methodology Aligned with Project Objectives:** A comprehensive description of the methods used to gather data, ensuring alignment with project goals.
 - **Data Analysis by Type of Collected Data:** An analysis of the data collected, categorized by type and source.
 - **Findings:** Organized by key evaluation questions or criteria, presenting clear and actionable insights.
 - **Conclusions:** Summarizing the overall outcomes and implications of the findings.
 - **Recommendations:** Practical and evidence-based suggestions for improving future programs or addressing identified gaps.
 - **Best Practices and Lessons Learned:** Highlighting successful approaches and valuable insights gained during the evaluation.
 - **Annexes:** Including data collection tools, stakeholder list (with interviewees), references (sources and reports cited), and details about the evaluation team (roles and qualifications).
 - **Raw data:** The datasets should be annexed to the deliverables but not published ensuring data privacy.
- ☑ **Presentation of Findings:** A formal presentation to the MoPH, project management unit (PMU), the WB team and relevant stakeholders summarizing key insights, challenges, and recommendations, should be conducted after approval of the final evaluation report. Based on the presentation to relevant stakeholders, the firm may be required to make minor adjustments and revisions to the presentation and final evaluation report.

Activity	Deliverable	Allocated Time
Inception report including design, methodology and detailed work plan	Inception report	One month after contract signature. (Feedback will be provided by the MOPH within two weeks of report submission)
Progress Report Summary of initial findings and key issues encountered during fieldwork.	Interim Progress Report	Two months after the inception report's approval
Submission of a draft report presenting findings, analysis, and preliminary recommendations within three months of the inception report's approval.	Draft evaluation Report	Four months after the inception report approval. (Feedback will be provided by the MOPH within one month of report submission)
Final evaluation report incorporating all data with their analysis, findings, recommendations, and limitations.	Final evaluation report	Two weeks after feedback on the draft report is received. (Feedback will be provided by the MOPH within two weeks of report

		submission)
Presentation of findings to the MoPH, project management unit (PMU), and relevant stakeholders summarizing key insights, challenges, and recommendations.	Power point presentation and infographics	Two weeks after feedback on the draft report is received (before the project closing date on March 31, 2026).

G- PAYMENT SCHEDULE

The Firm shall be paid the consultancy fee upon submission and approval of the following deliverables:

- 20% after submission and approval of the inception report along with an official invoice.
- 50% upon submission and approval of the draft evaluation report along with an official invoice.
- 30% after the submission and approval of the final report and presentation of findings along with an official invoice.

The consultancy fee will be paid as Lump Sum amount covering all expenses related to the assignment incurred by the Firm. These include, without limitation, remuneration and overhead cost. (i.e. Human resources; Material resources; Transportation; IT services; etc.)

H- REQUIRED EXPERTISE AND QUALIFICATION

Minimum Requirements for the Firm:

- A demonstrated track record of successfully implementing field studies and project evaluations. using mixed methods approach integrating qualitative and quantitative research methods.
- Proven ability to deliver high-quality analytical work under stringent deadlines.
- Capacity to deploy field surveyors across diverse geographical regions.
- Proficiency in producing comprehensive evaluation reports.
- Commitment to maintaining confidentiality and adhering to information security protocols.
- Ability to work with documents in both Arabic and English.

- Experience with similar tasks involving governmental institutions, the World Bank or other comparable international organizations is considered an asset.
- Experience in evaluating health or social projects is considered an asset.
- Experience in Lebanon or MENA or the World Bank list of Fragile and Conflict-affected countries is considered an asset.

Minimum Required Qualifications of Key Staff:

1. Team Leader: To manage the working team to oversee the technical work and provide overall follow-up and coordination with the different stakeholders.

- PhD in public health or another related field.
- A minimum of 7 years with extensive work experience in project/program management.
- Strong experience working with the Lebanese Government or international organizations.
- Excellent team management skills.
- Excellent communication skills, both written and oral.
- Ability to build and deliver presentations to all levels of the business and effectively explain complex issues and concepts in simple, understandable language.
- Ability to interact and communicate effectively with all partners.
- Good command of English and Arabic with experience in Microsoft Office.

2. Senior Researcher: To lead the overall research activities of the assessment tools and final report.

- A master's or equivalent research experience in economics, public health or another related field.
- At least 5 years of experience in designing and leading evaluation projects in Lebanon.
- Expertise in quantitative and qualitative research methods.
- Excellent team management skills.
- Excellent writing, communication, and data analytics skills.
- Good command of English and Arabic with experience in Microsoft Office.

3. Public Health Specialist: To conduct the tasks and ensure that they are technically sound.

- A minimum of a master's degree in public health or another related field.
- At least 5 years of substantive experience in public health and public sector.
- Good command of English and Arabic (social terms) with experience in Microsoft Office

4. Health Financing Specialist:

- A minimum of a master's degree in economics or another related field.
- At least 5 years of substantive experience in public health and public sector.

- Good command of English with experience in Microsoft Office

5. Data Analyst/ Statistician: To lead the analysis following data collection.

- A minimum of a master's degree in economics, statistics, epidemiology, Mathematics or another related field.
- At least 3 years of experience in data analytics and research.
- Ability to build and deliver presentations to all levels of the business and effectively explain complex issues and concepts in simple, understandable language.
- Excellent writing skills and ability to manage large datasets with experience in Microsoft Office.

In addition to the core team, the firm is expected to have an administrative and coordination team, as well as, to mobilize, train and supervise their enumerators, in alignment with the methodology proposed.

I- IMPLEMENTATION ARRANGEMENTS

The Firm will conduct the work in their own office spaces and make the required field visits to the MoPH/PMU and PHCCs as needed. All field visits must be coordinated with the PMU at MoPH to ensure cooperation from the centers and access to required data. The Firm will be responsible for all logistics and resources, (material/human) needed for the project, and will be granted access to PHCCs' Health Information System (HIS/PHENICS) if needed.

J- DURATION OF THE ASSIGNMENT

This assignment will be carried out for a period of 9 months (before the closing date of the Lebanon Health Resilience Project; March 31, 2026- financing source; IBRD-87710, TF-A5424) and all deliverables must be completed within the timeline expected. In case any deliverable is not submitted and accepted by the closing date of the project, the related expense will not be eligible for payment.