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| --- | --- |
| C:\Users\turlinf\Desktop\AFD_embleme_horizontale_designation_RVB.png  | ***CALL FOR PROJECTS PROPOSAL*** ***LEBANON******“Improving access to quality primary health services for vulnerable populations in Lebanon“******April 2020*** |

The French Development Agency (Agence Française de Développement - AFD) wishes to finance International and Lebanese non-governmental organizations (NGOs) or other non-profit organizations to implement a project aiming at improving access to quality primary health services for vulnerable populations in Lebanon (see the Terms of Reference (ToR) in Section VII).

This project will be funded through AFD Minka Middle East Initiative. Established in 2017, its objective is to provide multiannual support to Syria’s neighboring countries. This regional program seeks to finance development projects that mitigate the vulnerabilities generated by population displacements and strengthen the resilience of the host countries. AFD has earmarked a grant of maximum EUR 10 million to fund one single project, with a duration of 36 to 48 months.

The project will be selected based on a project concept note (see template in Section III), to be provided together with an administrative file (Section IV) and information sheets (Sections V and VI), to be submitted electronically at the latest by 12 pm, Paris time, on 15th June 2020. Late proposals will be rejected.

The selected NGOs will be then invited to complete their appraisal processes, working closely with the AFD Project team, and submit a final comprehensive project note. This final note must include any points arising from the discussions with AFD, thus allowing the Project Manager to present the projects to AFD's governing bodies.

**The documents of the call for proposals will be available from 1st April 2020on the AFD website:** [**http://afd.dgmarket.com**](http://afd.dgmarket.com)

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VII. Terms of reference (ToR)

For further questions and enquiries, applicants may write to:

Thomas GONNET (AFD - Task Team Leader, Paris Office - gonnett@afd.fr)

Thibault NOTTEGHEM (AFD - Fragility & Conflict Advisor, Paris Office - notteghemt@afd.fr)

Régis MABILAIS (AFD - Country Manager for Lebanon, Paris Office - mabilaisr@afd.fr)

Farah ASFAHANI (AFD - Regional Project Manager, Middle East Office - asfahanif@afd.fr)

Every question and its respective answer will be shared on the afd.dgmarket.com platform for everyone’s knowledge.

1. GENERAL FRAMEWORK DEFINED BY AFD

**Article 1. General terms & conditions**

The call for proposals ***“Improving access to quality primary health services for vulnerable populations in Lebanon“*** (the "Call") aims at financing one development project managed by International and Lebanese non-governmental organizations (NGO) or other non-profit organizations. The applicant can apply individually or as a consortium. In both cases, the Project Lead Institution (or PLI):

* Must be registered in Lebanon or be in the registration process;
* Must have a local office in Lebanon, and be used to working closely with local actors;
* Must have past experience in project implementation in Lebanon, especially in the primary health sector, and in social cohesion activities;
* Should be able to collaborate smoothly i) with the Lebanese authorities especially the Ministry of Public Health (MoPH) and decentralized technical services at governorate and/or district level, as well as ii) with AFD local office in Lebanon and AFD headquarters;
* Should have the capacity to implement large projects: the overall budget of the suggested project must not represent more than 35% of the PLI annual resources over the last three accounting periods.
	1. The framework of the Call is to make available a subsidy amounting to a total of maximum EUR 10,000,000 (ten million euros) for the operational project, with a focus on improving access to primary health services for vulnerable populations in Lebanon (host communities and Syrian refugees) and supporting existing public health systems by strengthening their resilience (see the ToR in Section VII).
	2. The project can target one or several governorates in particular, provided the choice is properly justified and will support reaching of the objectives of the Project.
	3. Only one proposal by PLI can be submitted.
	4. Collaboration of national and international NGOs within consortiums is strongly encouraged, as well as close interactions with local and national authorities. In such cases, the planned activities and estimated remuneration of each organization involved in the consortium must be declared explicitly in the proposed budget detailing the different components of the project.
	5. AFD reserves the right to end this Call if it is deemed necessary.

**Article 2. Procedural rules**

1. Through this Call, AFD’s intention is to support the financing of projects developed and defined by the PLIs for a period of *36 to 48* months.
2. AFD's financial support can fund up to 100% of the budget of the project, including taxes. However, other financial contributions are encouraged and will be positively assessed.
3. Operational partnerships between national and international NGOs, helping to strengthen the capacities of local organizations and institutions (operating processes in line with public policies and national strategies), are encouraged. Collaboration and strong operational synergies may be developed with local actors (public authorities and, if relevant, academia and private sector organisations).
4. Gender issues should be specifically taken into account through the proposed projects.
5. The budget cannot be used for (i) expenses not directly related to the project, (ii) services already provided in other AFD-funded projects for the same PLI, (iii) services already provided in projects other than those funded by AFD.
6. The cost of the operations of the selected PLI will be funded with advance payments as follows:
* First disbursement based on the year 1 estimated budget of the project;
* Further yearly disbursements after the delivery of annual financial auditing reports and an implementation reports, and based on actualized yearly provisional budgets.
1. PLIs are responsible of all the costs related to the design of their proposal. Under no circumstances AFD could be considered responsible for the costs incurred, nor can be required to pay for it. Only expenditure incurred after signing of the financing agreement will be considered as eligible expenses for AFD financial support.
2. Administrative and management costs cannot exceed 10% of the total budget. The cost of head-office staff in charge of the project must be fully detailed in the "Administrative costs" budget line. Only the expenses for mission of the staff from head-office may be transferred to another cost category such as "Support and monitoring". Special attention will be paid to minimize the project management costs versus activities benefiting directly to the targeted population.
3. If the project is co-financed with another sponsor, procedures could be adapted to its operating procedure, subject to AFD approval.

**Article 3. Submitting the proposals**

1. Selection is based on a project concept note (see template in Section III), together with an administrative file (see Section IV), and information sheets (Sections V and VI) **to be all submitted at the latest *by 12 pm Paris time on 15th June 2020***.
2. For the selected proposal, the PLI will be invited to discussions with the AFD Project team, so that additional technical or financial information may be added to the initial project note. The final complete proposal must include all the points arising from the discussions with AFD Project team. It will be submitted to the decision-making bodies of AFD for final approval.

**Article 4. Audit, reporting, review and capitalization**

1. Applicants must include in their proposal a budget dedicated to external audits. The selected PLI will have to contract with an audit firm; the method of selection and the final choice of the auditor have to pass through AFD's no-objection. The auditor will need to carry out the necessary diligence to check that the funds have been properly used. The cost of the audit is considered as part of the project, up to a limit of approximately 2% of the total project cost.
2. A semi-annual technical and financial report of the activities carried out as part of the project must be sent to AFD, and will be shared with the relevant national and/or local authorities*.*
3. The PLI will carry out and finance a mid-term evaluation and a final evaluation. Additionally, AFD may carry out and finance a final evaluation as part of its usual procedures.
4. AFD encourages the design of a dedicated component for monitoring, learning and communication in the project activities, in order to help to disseminate lesson learnt /good practices, and be part of the effort for the promotion of the project. This component is funded as part of the project.

**Article 5. Contract currency and payment currencies**

1. PLIs must prepare their proposals in euros (EUR), which is the currency of the financing agreement. The budget must include all taxes, be fixed and not modifiable.

**Article 6. Knowledge of the terms & conditions of the call for proposals**

1. When submitting their proposal, the PLIs are supposed to:
* have studied the terms & conditions related to the Call as described in this document; and to have accepted them;
* fully understand the nature and scope of the actions required, the local working conditions and all the constraints associated with the actions;
* have studied the general terms & conditions (Article 1 – Section I), the administration file and the information sheets (Sections IV, V and VI).

**Article 7. Opening of the proposals and Selection Committee**

1. The bids will be opened by the AFD Project team, including representatives from the AFD Headquarters in Paris: the Project Manager from the Health and Social Protection Division, the regional desk for Lebanon, a representative from the Crisis and Conflict Division, and one from the Civil Society Organizations Division. A representative from the AFD office in Lebanon (the Regional Health and Social Protection Project Manager for the Middle East) will also attend. Representatives from the French Embassy, from the MoPH and from Coordination SUD may attend the opening of the tenders as observers.

A report will be drafted regarding the opening of the bids, stating whether the submitted proposals i) comply with the reception date/time and ii) include the full set of documents (project note and administration file).

1. The complying proposals will be selected by a Selection Committee, with the same members as the Committee that opened the bids. After the opening, the scoring matrix and the chosen proposals will be sent beforehand to all Committee members. An external consultant and/or observers may also attend the Committee meeting to review and select the proposal. The AFD Project team will write a report on the selection. It will include an analysis for each project reviewed, justifying its selection or refusal. This analysis will be communicated to the PLIs involved. National and local authorities will be informed on the selected project.

**Article 8. Clarification of the proposal**

1. In order to make the proposals easier to review, assess and compare, the Selection Committee may ask PLIs to clarify some aspects of their proposal.

**Article 9. Determining the compliance of the proposal**

1. The Committee may reject a proposal from a PLI that is deemed not to have the human, technical and/or financial resources to implement efficiently the submitted project.

**Article 10. Assessing and classifying the proposals**

1. The Selection Committee will assess and compare proposals which have been recognized as complying with defined criteria.
2. The proposals will be rated out of 100 points during the selection stage using the following scoring matrix**:**

|  |  |  |
| --- | --- | --- |
| **Title** | **Pts** | **Criteria** |
| **In depth initial analysis (20)** |
| In depth initial analysis / problem statement in the proposed area/sector | 20 | Knowledge of the national policies/strategies and systems for (i) planning/implementing primary health care activities, (ii) access to health services for vulnerable people (Syrian refugees and host communities) in Lebanon.Presentation of the context of the project; needs assessments of the targeted populations / communities, taking into account the diversity of communities and stakeholders. Presentation of the various stakeholders targeting the same the area and dealing in with the topics of primary health care, as well as social cohesion and social welfare.Quality of the dialogue established with the authorities and other relevant stakeholders at central and local levels, with a focus on the latter. |
| **Positioning of PLI(s) and their partners (10)** |
| Positioning of the PLIs in Middle East / Lebanon  | 10 | Presentation of the PLIs’ and their partner’s, if any, past and ongoing work in Middle East / Lebanon, with a focus on activities related to the Call.Activities planned in in Middle East / Lebanon (including those not funded by AFD).Value added specifically by the PLI, its potential partner(s), and their respective approaches. |
| **Presentation of the project (45)** |
| Operational scope and Methodology  | 30 | Detailed presentation of the project, based on a needs assessment.* Detailed presentation of the planned activities,
* Relevance of the proposed activities to address the different PHCC constraints for providing access to quality services to Syrian refugees and vulnerable Lebanese,
* Relevance of the proposed approach to identify targeted beneficiaries, taking into account their specific needs and vulnerabilities, as well as of the related tracking and monitoring,
* The proposal will clearly explain the intervention logic (theory of change), the main objectives pursued, the expected results, the performance indicators and the underlying assumptions, taking into account Minka Middle East objectives, such as ensuring rapid initial results (within a 6-month timeframe) while setting up structuring activities at the same time.

Methodology for the overall support process with details for:* Strengthening health facilities and allowing them to respond to increased needs in a context of limited resources,
* Reinforcement of Ministry of Public Health steering tools (information and communication system, accreditation of PHCC, quality control, grievance redress mechanism…),
* Making Primary Health Centers vectors of social cohesion between communities,
* Strengthening the capacities of the local partner(s),
* Collaborating with decentralized technical services and other permanent Lebanese stakeholders, such as municipalities and civil society organisations,
* Active participation in existing health coordination platforms.

Analysis of risks and opportunitiesRisks will be widely analyzed through a “do no harm” approach. Two main categories of risks will be distinguished : * contextual risks (humanitarian situation, social and political context, economic situation, change in policies, security risks…) that may have an impact on the project (its implementation or its results)
* Programmatic risks (implementation capacities, quality of the collaboration between stakeholders, frustrations or tensions generated by the activities or actors involved in the project, technical and financial complexity…)

The project document should detail how activities will contribute to the improvement of social cohesion in the project area, and/or how specific activities will contribute to strengthen it. |
| Cross-cutting issues | 5 | Integration of gender, youth and climate-related challenges, medical waste management, and humanitarian-development nexus that, if properly addressed, will enhance the project's effectiveness and durability. |
| M&E | 5 | Framework proposed for M&E and learningInnovative/participatory M&E methods |
| Project sustainability | 5 | Transfer to local actorsSustainability of activities beyond project termination (exit strategy)Upscaling potential Overall expected impact on the proposed area/sector |
| **Resources employed (25)** |
| Budget | 10 | Relevance of the budget in relation to the area and operational scope of the project.Proportion of the budget that will directly benefit the populations.Proportion of the budget that will fund the management costs or other indirect costs in view of maximizing direct expenses for the beneficiaries. |
| Team & Organization | 10 | Organizational chart proposed for the project (nameless, specifying only functions and roles)Team organizationIf in consortium, organization inside the consortium (leadership, coordination, etc.) Ability to pursue a dialogue with representatives from AFD Headquarters and its regional office in Lebanon, and with the local and national authorities. |
| Partnerships  | 5 | Partnership and collaboration with other local CSOs/NGOs and other community initiatives (groups, etc.).Partnership with public institutions.Organization of the partnership (e.g. leadership and coordinationSynergy of actions between the organizations involved (if relevant). |

**Article 11. AFD’s right to reject any proposal**

1. AFD reserves the right to reject any proposal and to cancel the Call as long as it has not awarded the subsidy, without incurring any responsibility towards the PLIs concerned and without having to give any reasons for cancellation nor refusal.

**Article 12. Developing the projects**

1. Once the project has been selected, the AFD Project team will carry out an open dialogue with the PLI with the aim of improving jointly the proposal. The PLI from the selected consortium is free to incorporate or reject the suggestions and AFD is free to stop the process. Amongst many others, the following specific points may constitute a reason not to accept the PLI’s final proposal:
* refusal to participate in a dialogue with the AFD Project team in order to develop/enrich the proposal,
* refusal to give arguments explaining why amendments suggested by the AFD Project team have not been incorporated,
* existence of a gap of more than 10 % between the budget presented in the project concept note and the final project note.

**Article 13. Confidentiality**

1. No information relating to the review, clarifications, assessment, and comparison of proposals or recommendations relating to the award of the subsidy/subsidies may be disclosed to PLIs or to anyone else outside the review and assessment procedure, from the moment the envelopes are opened until the award of the subsidy or subsidies is announced to the selected PLIs.
2. Any attempt by a PLI to influence the Selection Committee during the procedure of reviewing, assessing and comparing the proposals will have as a consequence the exclusion of the PLI and its proposal from the process.

**Article 14. Information on the selection process**

1. The consortium that is selected by the Selection Committee will be informed by e-mail. The Selection Committee sets the timeframe for the consortium to draft the full technical and financial file that will support the dialogue and due diligence.
2. Once the technical and financial document has been formally validated by the consortium and the award procedure has been validated by AFD’s governing bodies, AFD will inform the lead PLI by letter and email.

**Article 15. Information on the award and signing of the funding agreement**

1. Upon final validation of the selected project, the AFD Project team will inform the consortium’s lead PLI by letter and email, and send the draft financing agreement for approval before signature.

1. Method used to select and validate proposals

The process leading to the funding agreement is carried out in two stages:

1. Selection based on a project concept note (see template in Section III), together with an administrative file (Section IV), and information sheets (Sections V and VI) to be submitted at the latest ***by 12 pm Paris time on* *15th June 2020.***
2. Sustained dialogue with the Project team to develop the proposal and present a final project note that will be used as a basis for submitting the proposal to AFD's governing bodies.

**SELECTING THE PROPOSALS**

**Selection based on a project concept note and an administration file**

Each lead PLI has to supply electronic copies in pdf format of:

its proposal, using the template project note with the cover sheet and the budget table signed by someone authorized to request financing on behalf of the PLI;

all the administrative documents required (Section IV), including the information sheet about the applicant (Section V) and the information sheet about the project partner(s) (Section VI);

Additionally, each lead PLI has to supply electronic copy in Excel format of:

the proposed budget for the Project and all relevant documents drafted under this format.

These electronic copies should be sent by mail to the contacts reported below.

* Thomas GONNET (AFD - Task Team Leader, Paris Office - gonnett@afd.fr)
* Thibault NOTTEGHEM (AFD - Fragility & Conflict Advisor, Paris Office - notteghemt@afd.fr)
* Farah ASFAHANI (AFD - Regional Project Manager, Middle East Office - asfahanif@afd.fr)
* Régis MABILAIS (AFD - Country Manager for Lebanon, Paris Office - mabilaisr@afd.fr)

**Proposals can be written in French or English**.

Each page of the documents making up the proposal must be initialed by the lead PLI.

**PREPARATION AND FINAL VALIDATION OF THE PROPOSALS**

Once it receives notification that its project has been selected, the PLI / the consortium can start the process of compiling its final proposal, which will take the form of a final project note. To do so, it will start a dialogue with AFD. AFD will keep the local authorities informed of the results of this dialogue.

Following this process, the Project team will give his/her agreement to validate the project note, if it considers that the final proposal reflects the content of the initial project note while including satisfactorily all the items arising from the dialogue it has had with the PLI and its partners. Once the PLI has sent the final project note, the project will be submitted to AFD's governing bodies for final approval.

1. Project note template

 ***“Improving access to quality primary health services for vulnerable populations in Lebanon“***

**Call for projects**

**Due date for submitting project notes:** **15th June 2020, at 12 pm, Paris time (determined by date/hour of arrival)**

**Electronic submission (by email)**

**Name of applicant:**

1. **Information about THE LEAD PLI sponsoring the project (1-page maximum)**

|  |  |
| --- | --- |
| **Title of call for projects** |  |
| Applicant |  |
| Acronym |  |
| Nationality |  |
| Legal status |  |
| Address |  |
| Telephone no. |  |
| Fax number |  |
| E-mail address of the applicant |  |
| Website of the applicant |  |
| Project contact |  |
| E-mail address of project contact |  |
| Project title |  |
| Year of establishment in Lebanon |  |
| Partners for project implementation (international and Lebanese) |  |
| Locations (country, governorate, districts, if relevant, municipality) |  |
| Total cost of the action |  |
| Contribution requested from AFD |  |
| Contributions from any other partners |  |
| Duration of the action |  |

**2. Project overview**

**2.1 Brief description of the proposed project (5 pages maximum)**

1. **Area and context** of project implementation
2. **Experiences** of the PLI(s) in the country, governorate, and districts targeted by the call for projects
3. **Intervention logic and overall objectives** of the project
4. **Results** expected from the project; its **impact** and **activities**
5. **Partners:** description of partners (international, national, local), contributions of each and terms of the partnership
6. **Beneficiaries**: description of target groups and local beneficiaries
7. Key elements of the proposed **budget**

**2.2 The project:** **relevance, objectives, mechanism, methodology, actions, risks (10 pages maximum)**

1. **Description of the relevance of the proposal with regard to the local context.**

Explain the relevance of the project with regard to (i) the needs expressed by vulnerable Lebanese and Syrians refugees in terms of health and primary health care, (ii) national policies/strategies in the field addressed by the call for projects, (iii) the activities of others actors in the field targeted by the call for projects in the country. Clearly explain the intervention logic and the underlying assumptions made for the project (theory of change).

1. **Identification of the beneficiaries**

Explain how PHCC and beneficiaries will be selected: what criteria will be taken into account? How to access them? How to get them involved in the project?

1. **Outcomes expected locally, possible impact**

Describe the results expected for PHCC and direct beneficiaries, as well as the potential impact on the area of activity. PLI will propose indicative targets in terms of number of people supported by the program, disaggregated by nationality, gender and age.

1. **Organisational framework**

 Answer in particular to these questions: With whom will the project be implemented? Who are the project partners? How will local populations be consulted during project appraisal, implementation and monitoring? What bodies and mechanisms will be put in place to oversee the project and manage partner relations? How will feedback from stakeholders be collected and taken into account during project implementation (monitoring, feedback and complaint mechanism, etc.)?

1. **Operating procedures**

 Describe the general methodology envisioned as well as procedures relating to actions that are especially decisive to the project's success.

1. **Description of main activities**

Describe all the activities to be carried out simultaneously or in the order in which they will be carried out.

1. **Cost of implementation**

 Develop a one-page budget (including taxes)[[1]](#footnote-1) that shows clearly each project component and the related financing needs. Most substantial expenditures may be accompanied by brief explanations. The total amount requested at the end of the review may vary by 10% above or below this indicative budget.

1. **Likely risks and resources to address them**

 Explain the contextual risks to consider and the measures envisioned to mitigate them.

**2.3 Project implementation capability, expertise (4 pages maximum)**

1. **Capacity for implementing the project (organization and partners);** partnership agreement between the PLI and other stakeholders involved in the project.

*Submission of this agreement is not a requirement to finalize the proposal, but a signed copy will be a condition precedent to the signing of the funding agreement between AFD and the PLI. If possible, a draft can be added as an appendix to the application.* *This agreement must be sufficiently detailed with regard to the sharing of responsibilities, operating procedures and internal project governance.*

1. **Expertise employed: Proposed organizational chart for the Project (nameless, specifying only functions and role)**.
2. **Ability to lead a dialogue with local authorities and AFD** Headquarters and regional office in Beirut.

**2.4 Appendices**

1. **Project overview letter** (see below)
2. **Logical framework**
3. **Provisional implementation timetable**
4. **Detailed budget:** *a table showing the overall projected expenses broken down by project components that clearly distinguishes administrative and personnel expenses (expatriate and local staff), and audit, evaluation and supervision expenses.*

*If applicable, co-funding should be clearly explained. In this case, AFD resources should be clearly separated in the budget.* *Finally, the applicant must provide guarantees that all co-funding streams are secured.*

*See template in Appendix 2.*

1. **Where appropriate, studies and notes related to the sector of intervention and the project (max 40 pages)**
2. **Registration Certificate from the Lebanese Authorities or any other document that would be required by the authorities (or proving that a registration request has been submitted to Lebanese authorities)** to work in the areas targeted by the project from the PLI and all members of the consortium if relevant. *Submission of this authorisation and/or request is not a requirement to finalize the proposal, but a signed copy will be a condition precedent to the signing of the agreement with the PLI.*

**Appendix 1 - PROJECT OVERVIEW LETTER template**

**SUBMISSION OF A PROJECT PROPOSAL**

to

The Director of the Agence Française de Développement (AFD)

Dear Sir,

After examining the tender documents of the Call for projects *"Improving access to quality primary health services for vulnerable populations in Lebanon”*, we, the undersigned, (given name(s), surname(s)) ....., acting in our capacity as ...... (position(s)) in the name and on behalf of..... (legal name and address of the tenderer or the members of the consortium), after reviewing all the items included in or mentioned in these tender documents and after assessing, from our own point of view and under our responsibility, the nature of this call for projects,

Submit, bearing our signatures, the following project proposal accompanied by a budget,

We jointly and severally undertake, with (*name of the PLI*) .... serving as agent and manager of the consortium, to carry out the project in accordance with the proposal expressed in our draft and at the costs that we have estimated ourselves, which show the amount of funding requested in EUR to be:

AMOUNT WITH ALL TAXES AND DUTIES: EUR ................. (amount in figures and letters),

under the economic conditions of the month of the authorized deadline for submitting our proposal, that is …….. June 2020.

We agree that AFD is not required to respond to any of the proposals it receives.

I confirm, under penalty of termination as a matter of right, that I am not subject to, and that the PLI or consortium of actors on whose behalf I am acting is not subject to legal prohibitions in France or in the State(s) where our associations are headquartered, nor in the country of proposed intervention.

Signed in ....................., on .........................

Signature

*The signatory shall attach the instrument that delegates to him/her the power to commit his/her association.* *In the case of a temporary consortium of associations, attach the instrument which constitutes the consortium and names its manager and agent.*

**Appendix 2 - Budget template (in euros)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | ***Year 1*** | ***Year 2*** | ***Year 3*** | ***…*** | ***Total*** | ***% of Grand Total*** |
| Activities/programme |   |   |   |  |  |  |
| Human resources |   |   |   |  |  |  |
| Logistics |   |   |   |  |  |  |
| Monitoring/evaluation |   |   |   |  |  |  |
| Stock-taking/lessons learnt |   |   |   |  |  |  |
| Project-related communication activities |   |   |   |  |  |  |
| Audits |   |   |   |  |  |  |
| Safety (if applicable) |   |   |   |  |  |  |
| SUBTOTAL, DIRECT COSTS |  |  |  |  |  |  |
| Miscellaneous and contingencies (maximum 10% of direct costs subtotal) |  |  |  |  |  |  |
| TOTAL, DIRECT COSTS |  |  |  |  |  |  |
| Administrative costs (maximum 10% of direct costs total) |   |  |  |  |  |  |
| GRAND TOTAL |  |  |  |  |  |  |

1. Administrative record of the PLI sponsoring the project

Each of the documents in the administrative file must be named in accordance with the numbers defined in the list below (for example, electronic documents to be named: “1. Information sheet… ” or “9.a. Balance sheet and operating accounts 2017” and “9.b. Balance sheet and operating accounts 2018”…).

1. Applicant information sheet (section V);
2. Copy of signed articles of association;
3. A copy of the statement of registration with the prefecture and a copy of the publication in the Official Journal or its equivalent according to the State’s regulation where the PLI’s headquarters are established;
4. If available, any document demonstrating the capacity of the PLI carrying out the project to intervene in Lebanon in accordance with local regulations;
5. Dated list of board members, offices and senior executives with their contact information and date of the most recent elections;
6. Organization chart dated and signed by the chief executive;
7. Activity reports from the last three years and excerpt or supplement on activities in the country where the call for projects is to be implemented;
8. Minutes of the most recent shareholders' meeting or at least the agenda of the most recent shareholders' meeting and key resolutions;
9. Certified and audited balance sheets and operating statements for the past three years (with appendices and explanatory notes) that have been approved by the general assembly and show the origins (public or private) of financial resources. This information should then be updated each year.
10. Forecast budget for the fiscal year under way, both overall and for the country where the call for projects is to be implemented, that includes a list of anticipated public funding and indicates whether it has been requested or obtained, as approved by the general assembly and signed;
11. List of private funders contributing more than 10% of the PLI's most recent budget approved by the general assembly and/or more than 10% of the budget of the present project, and the members of their Boards of Directors.
12. Information sheets on project partner(s) (section VI).

**Proposals must be submitted electronically no later than 15th June 2020 at 12 pm, Paris time (time/date receipt at AFD, to be confirmed by a formal acknowledgement of receipt) and sent by mail to the following addresses:** **gonnett@afd.fr****,** notteghemt@afd.fr, asfahanif@afd.fr and mabilaisr@afd.fr.

**All proposals received after the time and date indicated above will be rejected.**

1. Information sheet on the PLI sponsoring the project

|  |  |
| --- | --- |
| **Full name of organisation:** |  |
| **Acronym:** |  |
| **Mailing address:**(to which all correspondence regarding this project should be sent) |  |
| **Location of registered office:** (if different from mailing address) |  |
| **Telephone:** |  |
| **E-mail address:**  |  |
| **Internet site:** |  |

|  |  |
| --- | --- |
| **Purpose of the organisation:** |  |
| **Geographic area(s) of action:** |  |
| **Field(s) of action:** |  |
| **Existence of a strategic document approved by the general assembly[[2]](#footnote-2):** |  |
| **Main funding and partnerships established between the PLI** **and AFD over the past 3 years.** (specify the purpose, amount of funding and AFD department involved) |  |
| **Main funding and partnerships established between the PLIs and the French Ministry of Foreign Affairs over the past 3 years.** (specify the purpose, amount of funding and ministerial department involved) [*if applicable*] |  |
| **Membership in collectives, networks, platforms:** |  |
| **Main publications of the PLI :** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Contact person(s) for this project** | **Name** | **Telephone** | **E-mail address** |
| Technical contact: |  |  |  |
| Financial contact: |  |  |  |
| Administrative contact: |  |  |  |
| **Given name and surname of the Executive Director:** |  |
| **Surname, given name and position of the person responsible for this application for co-funding[[3]](#footnote-3):** |  |

|  |  |
| --- | --- |
| **Date of creation:** |  |
| **Legal status:** |  |
| **References of registration with the prefecture:** |
| No. |  | Date |  | Department |  |
| **Date of publication in the *Official Journal* or its equivalent:** |  |
| **If appropriate, date of designation as "in the public interest" (non for profit):** |  |
| **If applicable, the date of approval by a ministry and which one:** |  |

|  |  |
| --- | --- |
| **Surname and given name of president:** |  |
| **Surname and given name of secretary general:** |  |
| **Surname and given name of treasurer:** |  |
| **Number of members on the Board of Directors[[4]](#footnote-4):** |  |
| **Does the organisation have a member working for Agence Française de Développement?**If yes, specify the name(s) and position(s)  |  |
| **Does the organisation have a politically exposed person[[5]](#footnote-5)?**If yes, specify the name(s) and position(s)  |  |
| **Date of the General Assembly during which the current members of the Board of Directors and executive committee were elected:** |  |
| **Expiration dates of the terms of these members:** |  |
| **Expected date of the next General Assembly:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **31/12/2017** | **31/12/2018** | **31/12/2019** |
| **Number of members** |  |  |  |
| **Number of contributors** |  |  |  |
| **Amount of contributions** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Staff at the head office of the PLI** (FTE[[6]](#footnote-6))**:** | Total  | Total | Total |
| Employee(s) |  |  |  |
| Volunteer(s) |  |  |  |
| Total |  |  |  |
| **Staff abroad:** | Total | Total | Total |
| Expatriate employee(s) |  |  |  |
| Local employee(s) |  |  |  |
| Volunteer(s) |  |  |  |
| Total |  |  |  |

|  |  |
| --- | --- |
| **Budget items by source of expenditures** | **Total amounts of funding allocated over the past three years (in euros)** |
| **2017** | **%** | **2018** | **%** | **2019** | **%** | **Total** | **%** |
| **Operating costs** |
| Personnel costs (employees in the field and at head office [expatriates and locals) |   |  |   |  |   |  |   |  |
| Leasing fees |   |  |   |  |   |  |   |  |
| Finance charges and taxes  |   |  |   |  |   |  |   |  |
| Communication and fund-raising expenses |   |  |   |  |   |  |   |  |
| Subtotal |   |  |   |  |   |  |   |  |
| **Actions[[7]](#footnote-7)** |
| Diagnostic, Identification of target groups, monitoring and evaluation, cooperation with other institutions |   |  |   |  |   |  |   |  |
| Support to vocational training and other forms of skills development |   |  |   |  |   |  |   |  |
| Support to employment creation and access to employment |   |  |   |  |   |  |   |  |
| Support to the health and social protection sectors |  |  |  |  |  |  |  |  |
| Other forms of assistance to vulnerable groups |   |  |   |  |   |  |   |  |
| Provision of volunteers (if relevant) |  |  |  |  |  |  |  |  |
| Other |  |  |  |  |  |  |  |  |
| Subtotal |   |  |   |  |   |  |   |  |
| **TOTAL** |  |  |  |  |  |  |  |  |

**Amount of total financial resources for past three years (in euros)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Year** | **Turnover of the** **PLI** | **Of which public funds[[8]](#footnote-8)** | **% of total turnover** | **Of which private funds** | **% of total turnover** |
| **2017** |  | **Total amount:** |  |  | **Total amount:** |  |  |
| Of which AFD: |  |  | Of which contributor(s) giving more than 10% of the total budget of the PLI[[9]](#footnote-9): |  |  |
| Of which other central government/ministries: |  |  |
| **2018** |  | **Total amount:** |  |  | **Total amount:** |  |  |
| Of which AFD: |  |  | Of which contributor(s) giving more than 10% of the total budget of the PLI: |  |  |
| Of which other central government/ministries: |  |  |
| **2019** |  | **Total amount:** |  |  | **Total amount:** |  |  |
| Of which AFD: |  |  | Of which contributor(s) giving more than 10% of the total budget of the PLI: |  |  |
| Of which other central government/ministries: |  |  |

1. INFORMATION SHEET ON PROJECT PARTNER(S)

***To be completed for each partner involved in the project***

Specify the total number of partners involved in the project:

|  |  |
| --- | --- |
| **Full name of organisation:** |  |
| **Acronym:** |  |
| **Mailing address:** |  |
| **Location of registered office:** (if different from mailing address) |  |
| **Telephone:** |  |
| **Fax:** |  |
| **E-mail address:**  |  |
| **Internet site:** |  |

|  |  |
| --- | --- |
| **Contact person(s) for this project:** |  |
| **Given name and surname of the Executive Director:** |  |

|  |  |
| --- | --- |
| **Date created:** |  |
| **Legal status:**(Attach to the technical file the certificate of registration or its equivalent; if the structure is informal, indicate that here.) |  |

|  |  |
| --- | --- |
| **Surname and given name of president:** |  |
| **Number of members on the Board of Directors:** |  |
| **List of members of the Board of Directors:** |  |

|  |  |
| --- | --- |
| **Purpose of the organisation:** |  |
| **Primary areas of involvement:** |  |
| **Human resources of the organisation:** |  |
| **Total annual budget in Euros:** |  |
| **Main donors:** |  |
| **Membership in networks, federations, collectives, etc. :** |  |
| **History and nature of cooperation with the partner(s):** institutional and contractual ties |  |
| **Role and involvement in preparing the proposed project:** |  |
| **Role and involvement in implementing the proposed project:** |  |
| **Experience with similar actions with regard to its role in implementing the proposed action:** |  |

1. TERMS OF REFENCE

The AFD offers, in the form of a grant to Lebanese and international non-governmental organizations, to support the implementation of project (s) in the health sector aimed at **improving access to primary health care services for vulnerable populations in Lebanon (host communities and Syrian refugees) and to support existing public health systems by strengthening their resilience.**

**I. CONTEXT FOR IMPLEMENTING THE CALL FOR PROJECTS**

1. **The impact of the Syrian refugee crisis in Lebanon**

Beyond its political and security impact, the armed conflict in Syria has resulted in the influx to Lebanon of around 1.6 million refugees[[10]](#footnote-10), in addition to more than 200,000 Palestinian refugees. Lebanon, which has a population estimated at around 4.5 million, thus hosts the largest population of refugees per capita globally (more than 25%). The presence of Syrian refugees, which is concentrated in the already disadvantaged regions (mainly the North and the Bekaa), puts enormous pressure on public services, especially social services.

The need to ensure access to health care services for vulnerable populations impacted by the Syrian crisis was estimated at $ 267 million in 2019 alone, mainly targeting access to primary health care services[[11]](#footnote-11). However, according to the UNHCR, the health sector is only 52% funded for the year 2020.

Syrian refugees have access to a network of 237 Primary Health Care Centers (PHCCs) spread across the Lebanese territory (see Figure 1), 220 Social Development Centers (SDCs), and about 700 dispensaries. Their support is partially or fully subsidized. Regarding hospitalization, the UNHCR limits coverage to obstetric and life-threatening situations, for reimbursement of up to 75% (or even 90% in some cases) of costs.

Living conditions and access to basic services for Syrian refugees remain very critical and seem to have deteriorated in 2019 (refugees have difficulty paying their rent, resort to negative coping strategies (child Labor), and limit their movements), linked in particular to the increase in their debt (+ 10% in 2019) and to increasingly constrained access to the Labor market[[12]](#footnote-12). For 34% of Syrian refugees, the payment of health costs is the main reason for their debt. Health costs representing on average 12% of monthly household expenses in 2019 (a stable figure since 2017).

In addition, an increase in tensions between refugees and host communities, a propensity for violence and polarized stories on social networks (particularly in the Bekaa and in the North) are observed[[13]](#footnote-13). The concerns are less and less security related and more and more economical, linked to the sharing of resources. The frequency of contact between communities is decreasing. Thus, the economic crisis raises fears of increased incidents and violence.

1. **The impact of the recent financial and economic crisis in Lebanon**

Furthermore, the recent economic and financial crisis in Lebanon (rising prices, rising unemployment, shortages, etc.) weakens the poorest Lebanese, and increasingly, the middle class. World Bank projections, based on a 25% price increase, forecast a 40.9% to 45% increase in the share of the population below the poverty line and from 20% to 22% below the level of extreme poverty[[14]](#footnote-14)/[[15]](#footnote-15). The consequences of the current crisis are diverse and affect different sectors: there is a loss of livelihood, a lack of access to services, an increase in psychological distress and an increased exposure to protection risks, including the risk of eviction and exploitation[[16]](#footnote-16). According to the World Food Program (WFP), the average cost of the survival food basket increased by 8% between mid and end of October 2019[[17]](#footnote-17). This increase in the prices of basic food products is substantial over such a short period.

1. **Primary health care, a risk of overload**

According to the 2019 VASyR data, the proportion of Syrian households who reported being unable to access primary health care due to costs has continued to increase since 2017 from 53% to 75%. According to health sector contingency indicators monitored by the UNHCR since the start of the economic crisis in Lebanon, the last quarter of 2019 witnessed an increase of 14.5% in the number of Lebanese who go to PHCCs for treatment and 11% in the number of Lebanese patients registered in the YMCA program (which allows them free access to medicines for chronic diseases).

Access to primary health care is therefore a real short-term issue for many Lebanese and Syrians. For PHCCs, this indicates a potential additional load. Coupled with risks of shortage of medicines and medical consumables, the resurgence of the use of these subsidized[[18]](#footnote-18) primary health care services associated with high expectations of Lebanese patients in terms of quality of services could not only lead to an overload of PHCCs and an insufficient supply of care but also to tensions.

This increase in demand is confronted with a decrease in funding from the already under-funded health sector. Several NGOs have had to adopt an emergency approach by reducing or even suspending the services they offer[[19]](#footnote-19). However, it should be noted that the European Union, the GAC (Global Affairs Canada) and the BPRM (Bureau of Population, Refugees, and Migration) plan to continue to support the primary health care sector and the PHCCs in 2020 through NGOs.

Figure 1. Distribution of PHCCs on Lebanese territory[[20]](#footnote-20)



One of the models adopted in the primary health sector is that of the "flat fee model", according to which patients (Lebanese or Syrians) pay 3,000 LBP (or 2 USD) per visit for a set of services: an initial medical consultation (primary health care, maternal and child health, mental health, disability), essential diagnostic tests and medicines. All consultations and tests required for monitoring the same disease for the same patient are free. In the event that the costs cannot be paid after assessing their level of vulnerability, patients can access the services free of charge.

At the end of each month, the NGOs reimburse to the PHCCs the remaining cost of the consultation (7,000 LBP, or 4.6 USD, which corresponds to 70% of the initial cost of a consultation at 10,000 LBP) and the cost of laboratory and imaging tests[[21]](#footnote-21). Beyond the cost of the consultation, the NGOs also provide direct support to the PHCCs to cope with the increased number of patients. This support includes (i) a contribution to staff salaries; (ii) free additional essential medicines to create stocks in the event of a shortage of medicines; (iii) a contribution to operating costs based on the number of patients who accessed the PHCCs per month; (iv) and coaching and medical supervision to control the quality of health care provided.

1. **Lebanese Government’s Primary Health Care Policy**

Primary health service providers in Lebanon are mainly civil society actors (see Figure 2). The MoPH does not “contract” like a conventional “insurer”, but supplies in-kind materials to a national network of “affiliated” PHCCs. Therefore, The MoPH acts as a “network facilitator” in this sector. The MoPH supports this network through supplying essential medicines, vaccines, and certain materials (medical consumables) and equipment. It also develops guidelines for health education materials and training activities.

In return, PHCCs in the network commit to providing a complete set of primary health care services including: vaccination, essential medicines, cardiology, pediatrics, reproductive health and oral health. They also play an important role in school health, health education, nutrition and environmental health[[22]](#footnote-22).

Figure 2. Distribution of PHCCs among the various operational entities[[23]](#footnote-23)



The priority of the MoPH for any intervention in the primary health care sector via NGOs is the durability and sustainability of the action. According to the MoPH, many of the programs implemented by NGOs in this sector since the start of the Syrian refugee crisis were not designed with a view for sustainability, the main problem being the very high operational cost of the models offered. For the MoPH, it is important not to abuse mobile medical units and to use them only when necessary, in remote regions, by conceiving them as bridges between the community and the nearest PHCC.

Regarding the supply of medicines, the Ministry of Public Health (MoPH) uses three different supply mechanisms, depending on the type of medicine:

1. Vaccines are supplied by UNICEF which uses an international tendering system;
2. Medicines for chronic treatment are purchased and distributed to the PHCCs by the NGO YMCA, the purchase being made through WHO, which also contributes to the purchase of essential medicines for acute illnesses;
3. The purchase of certain medicines (for cancer, HIV and certain psychiatric illnesses) is carried out by the MoPH through a local tender.

In addition, NGOs (local and international) can buy medicines at the local market when the MoPH is faced with stock-outs. It should be noted that this is not new, but the current financial crisis has aggravated the perturbation of existing supply chains. The purchase of medicines by NGOs requires authorization from the MoPH, and must follow a pre-established list of essential medicines. These purchases are managed and stored through the national management system of the MoPH (the Karantina warehouse).

**II. SUGGESTED ORIENTATIONS**

1. **Purpose of the project**

This call for projects aims to take into account the primary health care needs of vulnerable populations (Lebanese, refugees, or others) in a context where improving access to care and strengthening existing public health care systems appear essential.

The projects must therefore contribute to strengthening the Lebanese public health care system, so that it can best respond to the challenges of quality of primary health care, equity and social cohesion, in a context of inequalities and social tensions. They will implement short, medium and long-term activities with the most direct outcome possible for the most vulnerable populations to promote their access to quality primary health care.

**The purpose: Vulnerable populations in Lebanon receive quality primary health care through the existing national health care system.**

1. Specific objectives of the project

In the health sector, the objectives of the MoPH's response strategy from 2016 (“*Health Response Strategy of the Ministry of Public Health - 2016 and beyond”*) as well as those of the Lebanon Crisis Response Plan 2017-2020 (“*Lebanon Crisis Response Plan 2017-2020”*) focus on two priorities:

* Improve access to health services for Syrian refugees and vulnerable Lebanese;
* Strengthen health facilities and allow them to respond to increased needs in a context of limited resources.

**For this project, the specific objectives will be aligned with the above-mentioned objectives:**

* **Vulnerable populations living in Lebanon have access to preventive and curative primary health care services**
* **Existing health care systems are strengthened and able to respond to the increase in health demand of vulnerable populations residing in Lebanon**
* **Primary health care centers are vectors of social cohesion between communities**
1. **Content of the project**

The project aims to reduce access barriers to primary health care for vulnerable populations residing in Lebanon through:

1. subsidizing the cost of consultations, laboratory and imaging tests in primary care;
2. supporting PHCCs to improve the quality of services and the management of the medicine supply chain, and increase their capacity to cope with an increased patient load;
3. community awareness to disseminate key health messages and provide information on access to health care.

The activities to be developed must be integrated within the framework of the priorities of the Primary Health Care Department of the MoPH and must be aligned with the LCRP response objectives.

The projects selected within the framework of the Call must:

* have a community component which ensures the link between the community and the PHCC;
* take into account the different needs and interests of women and men in terms of access to health care services;
* be attentive to the specific vulnerabilities of children and youth, the elderly and people with disabilities;
* guarantee the accessibility of services for all vulnerable populations, regardless of their nationality;
* take into consideration the pricing policy for services proposed by the government;
* take into account the logic of humanitarian – development nexus by guaranteeing sustainable access to quality primary health care services;
* consolidate the health care system by strengthening the capacities of actors at different levels: institutional, health establishments, medical and paramedical personnel (including the use of the existing information system, Phenics);
* follow a method of coordination with the other implemented actions in the field of primary health care in Lebanon by actively participating in the various coordination platforms;
* define and implement a method of consultation and participation of local populations during the project life cycle allowing the needs of host populations as well as refugee populations to be taken into account, particularly in perspective of contributing to tension reduction[[24]](#footnote-24);
* be implemented in one or more area (s) within the defined perimeter (s) (villages or a group of villages, or districts), in order to facilitate the exchange with local actors and their participation in the project, to encourage the involvement of the local civil society and to promote the emergence and the implementation of community action;
* propose a process of capitalization and knowledge sharing based on the project;
* take into consideration the security constraint in the construction of offers.

The project implemented must include a reinforced monitoring-evaluation-capitalization component (including monitoring of the changes observed and progress made, taking into account changes in the context and relying on a process of consultation with the beneficiaries of the project) and a visibility-communication component.

The project will have to take into account the objectives of the “Minka Middle East Initiative”[[25]](#footnote-25), namely to mitigate the risks of propagation of the Syrian conflict beyond its borders by supporting the humanitarian-development transition and by acting in response but also to prevent future crises. The project should allow the implementation of the first tangible activities during the first six months, be reactive to changes in the intervention context, plan a "Do No Harm" approach, target the areas most affected by the Syrian refugee crisis, aim to directly improve access to basic services for vulnerable populations and reduce community tensions. The project area (s) can thus be located throughout the Lebanese territory as long as it (they) is (are) highly vulnerable (situations of poverty for Lebanese and Syrians, concentration of refugees, limited access to primary health care services, etc.).

The project should ensure that it does not duplicate activities undertaken by other civil society actors or by government entities. As previously mentioned, it will have to be aligned with the national health and response strategies to the Syrian crisis, in particular the national strategy of the MoPH (2016-2020), the LCRP (2017-2020), and their updates. The proposal must indicate how the project is linked to them and must detail the exit strategy.

1. **Eligible structures and partnerships**

In order to respond to (i) a requirement for responsiveness and complementarity of the proposed actions, (ii) following a logic of durability and good integration, the AFD suggests that NGOs present a project developed in consortium. Within this consortium, a leading NGO will ensure the development of the Project, the coordination of the various NGOs, as well as the administrative and financial management of the Project. As a consortium lead, it will sign the grant agreement with the AFD.

In addition, the consistency of the consortium's composition must be based on the comparative advantages and complementary expertise of its members. A holistic approach to primary health care will be more appreciated than a project that settles for a broad coverage of Lebanese territory or a division of the territory between several NGOs.

In the framework of the implementation of the “localization of aid” agenda, bidders are strongly encouraged to work in partnership with national and local public organizations and civil society organizations in order to strengthen their abilities. Projects based on this type of partnership and following the principles of strengthening local entities will be favored.

While it encourages partnerships and transfer of skills between international and national organizations, the AFD will favor projects in which aid will mainly be deployed by local organizations. The AFD assigns great importance to strengthening Lebanese NGOs and their involvement in assisting the most vulnerable. As vectors of change and social cohesion, Lebanese NGOs can contribute to mitigating the effects of the crisis and ensure that efforts are maintained over time allowing a greater sustainability, in a context where political and economic actors are still discredited.

Therefore, particular attention will be paid to ensure that the consortium demonstrates a dynamic of transfer of skills and that the position of Lebanese NGOs in the governance of the project is reinforced at the end of the project.

The NGO members of the consortium must therefore be:

* non-profit organizations, local or international;
* already registered (or in the registration process) and operational in Lebanon;
* having previous experience working in a consortium (both for the lead NGO of the consortium and for the NGO members of the consortium);
* having previous experience in the targeted region / area;
* having experience in implementing projects in crisis contexts;
* having experience in implementing health projects, particularly in the primary health care sector;
* having a communication capacity i) with central authorities (MoPH / Primary Health Department) and local authorities, and ii) with the AFD;
* capable of demonstrating their capacity to implement large-scale projects ( the budget for the project submitted should not represent more than 35% of the lead NGO's annual resources for the last 3 certified fiscal years);

Finally, the fiduciary risks related to the Lebanese crisis should be taken into consideration, and especially a possible decision by the Central Bank of Lebanon to significantly reduce the value of deposits. In order to prevent this, the project funds should first be paid into a bank account held abroad by a bank "acceptable" to the AFD, if the lead NGO considers it necessary. To achieve this, the organization that signs the agreement with the AFD and represents the consortium must be able to provide this guarantee.

The leading organization of the consortium should therefore be:

* capable of receiving funds in an account abroad and ensuring transfers to the bank accounts of its partners;
* able to deploy its own import and supply circuits or to contract with other structures to supply medical inputs if necessary (medicines, equipment and other medical consumables) to the PHCCs.
1. **Type of eligible projects**
2. Geographical location of the intervention

The geographic areas favored in this call for projects will be the areas particularly affected by the Syrian crisis, namely those hosting a large number of Syrian refugees and where community tensions surrounding access to services are the strongest. The impact of the recent economic and financial crisis should also be taken into account. Complementarity with existing projects, financed in particular by the EU, the World Bank, the BPRM and the GAC should be considered in order to optimize the coverage of the entire Lebanese territory and to prevent any duplication. Thus, the location of the intervention is left to the candidates’ initiative based on established needs and operational capacities.

1. Selection of primary health care centers (PHCCs)

It is required that the PHCCs included in the project are part of the PHCC network of the MoPH, or that they are already following the process necessary to be part of it. It is also required that the choice of PHCCs is made in consultation with the Primary Health Care Department of the MoPH.

In the current context, the display of a non-political and non-confessional action seems essential today. NGOs that respond to the call for projects should therefore select only PHCCs that guarantee free and secure access to all, regardless of their religious affiliation and origin. PHCCs openly associated with religious or political obedience will be discarded. The AFD will have to provide a Notice of No Objection on the proposed PHCC list for the selected project.

1. Mobile clinics

The AFD is not inclined to encourage the deployment of mobile clinics. Projects wishing to integrate funding for this system should therefore demonstrate its relevance and added value.

1. Monitoring: strengthening of the MoPH management tools

The project will help promote the PHENICS system (Primary Healthcare Network Information and Communication System), which was launched in 2016 at the initiative of the MoPH, and is gradually being deployed across all PHCCs. It is an information management tool, from awareness raising to patient registration, service delivery and referrals.

In addition, the other monitoring tools developed by the MoPH should be integrated into the project as much as possible:

* User satisfaction questionnaire: post verification of the quantity of services and user satisfaction by questioning a random sample of beneficiaries;
* Quality checklist: pre-verification of the quality of PHCC services through visits by field coordinators;
* Complaint system: collection and monitoring of complaints / complaints transmitted to the MoPH monthly by hotline, website, mobile application, or via the patient satisfaction questionnaire.

Thus, the project will help facilitate staff training and the deployment of monitoring and evaluation tools for PHCCs proposed by the MoPH.

1. Improving the quality of health services offered at the PHCC level
* **Accreditation process:** A PHCC accreditation process was initiated in 2008 by the MoPH, in conjunction with Accreditation Canada. This system is considered as an essential quality assurance mechanism by the MoPH. It includes training, several phases of assessment, and ultimately entitles you to a "basic", "advanced" or "excellence" status. The process takes an average of 2 years. 52 PHCCs are accredited and 66 are in the process of accreditation, till present. The AFD considers that this process deserves to be supported.
* **Continuum of care**: Referral of patients to hospitals and their follow-up must be ensured at PHCC level. Within the framework of this project, financial support for the remaing unpaid amount for secondary health care of vulnerable patients could be considered for the Lebanese as well as the Syrian refugees. However, since referral and management of secondary care can prove to be very expensive, it should be limited to the vital emergencies of the most vulnerable patients.
1. Vaccination

There is no need to provide funds for the purchase of vaccines under this project. On the other hand, the involvement of PHCCs in vaccination campaigns could be considered.

1. Cross-cutting themes that the AFD wishes to see integrated into the project (non-exhaustive list)
* **Mental health:** Contribute to the implementation of the action plan of the National Mental Health Program.
* **Gender:** Health needs and usages of women and men differ and require a specific approach. NGOs that have developed activities or an action plan to better take into account the differentiated needs and interests of women and men in terms of access to health services and the supply of care will be given priority.

These activities may include, among other things:

* ensuring the participation of men and women,
* collecting, analysis and use of sex-disaggregated data,
* carer-patient relationship,
* fighting against gender inequalities

Since March 2014, the AFD has adopted a new transversal intervention framework on gender and the reduction of gender inequalities in its activities. The AFD has made the commitment that 100% of the projects funded seek to improve equality between women and men and promote women empowerment.

* **Management of medical waste from PHCCs:** The medical waste management of the PHCCs must respect the principles set out by the WHO for better management of medical waste. These principles require that all entities funding or supporting health care activities cover the costs of medical waste management and include them in their budgets.

Among other things, NGOs must:

* include the promotion of good waste management in their communication
* implement programs or activities that contribute to the proper management of medical waste
* develop innovative solutions to reduce the volume and toxicity of the waste produced
* **Handicap**
* **Social cohesion:** strengthening resilience and social cohesion (ref. the model developed by the NGOs AMEL and International Alert[[26]](#footnote-26))
1. Covid-19 Pandemic

NGOs are encouraged to include certain activities relating to this major health crisis in their proposals. However, taking into account the planned grant funding date, these activities would not relate to the screening and treatment of infected persons, but rather to the strengthening in the medium term of epidemiological surveillance and health surveillance in Lebanon as well as infection prevention and control (IPC).The development of capacities in terms of preparedness and response could thus be envisaged: health security systems and awareness campaigns for the populations, healthcare structures designated for the care of infected patients (rehabilitation, equipment, medicines, human resources, etc.).

1. Approaches that the AFD wishes to see developed in the project
* Tangible activities implemented in the first 6 months of the project;
* Linkages between humanitarian and development activities (nexus);
* Application of the “do no harm” approach;
* A monitoring-evaluation-learning process;
* An explicit theory of change.
1. Duration of the project

The AFD intends to contribute to the financing of expenses necessary for the realization of projects designed and defined by NGOs for a period of 36 to 48 months. This provision allows the candidates to have a certain latitude in the duration of implementation.

1. Budgetary framework

The AFD has a grant envelope of 10 million euros for this call for proposal from which it is planned to select one project. However, it is possible for the AFD to retain two projects if it considers it possible / necessary.

1. Provisional calendar of the call for projects
* April 1st, 2020...........Launch of the call for projects and receipt of proposals
* June 15th, 2020.……..Deadline for submitting projects
* June 30th, 2020.……..Transmission of commission results to candidates
* July 2020.…………………Co-construction of the project with the selected consortium
* September 2020.…....Approval of project grant by the AFD decision-making bodies
* October 2020.………….Signature of the grant agreement
1. The template provided in Appendix 2 may be used for this task. [↑](#footnote-ref-1)
2. Attach to the administrative record the NGO's strategic document, which is compulsory when applying for a grant in the framework of a programme agreement. [↑](#footnote-ref-2)
3. Attach to the administrative record a list of persons authorized to sign agreements and any other official documents for the association. [↑](#footnote-ref-3)
4. Attached a detailed list to the administrative record [↑](#footnote-ref-4)
5. A politically exposed person (PEP) is a person who exercises or has exercised important public functions; these include heads of state or government, politicians of high rank, senior officials within the government, magistrates or high-ranking military personnel, executives of a state-owned company or political party leaders. Business relations with the family members of a PEP or persons closely associated with them can involve risks, in terms of reputation, similar to those associated with PEPs themselves. This expression does not cover persons of middle or lower rank in the categories listed above [↑](#footnote-ref-5)
6. Full time equivalent [↑](#footnote-ref-6)
7. International development work and development education actions [↑](#footnote-ref-7)
8. Record here all funds of public origin: grants and subsidies; public funds of local, national, international origin. [↑](#footnote-ref-8)
9. Please list here all the private contributors who have made a contribution greater than or equal to 10% of the total budget of the NGO (relative to the most recent annual accounts approved by the General Assembly). If it is a legal person, provide the list of the members of this organisation's Board of Directors (surname, given name, position and address). If it is a moral person, provide their identity (surname, first name, position and address). [↑](#footnote-ref-9)
10. Lebanon Crisis Response Plan (LCRP) 2017-2020: <https://reliefweb.int/sites/reliefweb.int/files/resources/67780.pdf> [↑](#footnote-ref-10)
11. Lebanon Crisis Response Plan (LCRP) 2017-2020: <https://reliefweb.int/sites/reliefweb.int/files/resources/67780.pdf> [↑](#footnote-ref-11)
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13. UNDP, 2019 [↑](#footnote-ref-13)
14. Press release : World Bank: Lebanon is in the Midst of Economic, Financial and Social Hardship, Situation Could Get worse, Nov 2019: <https://www.worldbank.org/en/news/press-release/2019/11/06/world-bank-lebanon-is-in-the-midst-of-economic-financial-and-social-hardship-situation-could-get-worse> [↑](#footnote-ref-14)
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22. MoPH Health Strategic Plan 2016-2020, Dec 2016: <https://www.moph.gov.lb/userfiles/files/%D9%90Announcement/Final-StrategicPlanHealth2017.pdf> [↑](#footnote-ref-22)
23. WHO PRIMASYS study, 2017: <http://www10.who.int/alliance-hpsr/projects/AHPSR-PRIMASYS-Lebanon-comprehensive.pdf> [↑](#footnote-ref-23)
24. Please see as a reference the approach proposed by Amel and International Alert’s research : « [Integrating Social Stability into Health and Protection Services](https://www.international-alert.org/publications/integrating-social-stability-health-and-protection-services-lebanon) » [↑](#footnote-ref-24)
25. https://www.afd.fr/en/ressources/minka-middle-east-initiative [↑](#footnote-ref-25)
26. <https://www.international-alert.org/sites/default/files/Lebanon_SocialStabilityIntoHealth_EN_2020.pdf> [↑](#footnote-ref-26)