INFOPRO RESEARCH

Improving Access to Quality Health Care for Persons with Disabilities in Lebanon

- Final Report -

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Table of Contents

List of Acronyms

BML	Beirut/Mount Lebanon
CATI	Computer Assisted Telephone Interviews
CHW	Community Health Worker
CMC	Charity Medical Center
COVID	Corona Virus Disease
FGD	Focus Group Discussion
FPSC	Fundacion Promocion Social de la Cultura
ICF	International Classification of Functioning, Disability and Health
IMC	International Medical Corps
KII	Key Informant Interview
LL	Lebanese Lira
MEAL	Monitoring, Evaluation Accountability and Learning
MOPH	Ministry of Public Health
MOSA	Ministry of Social Affairs
PDM	Post Distributing Monitoring
PHCC	Primary Health Care center
PWD	Persons with Disabilities
QID	Question Identification
REBAH	Reducing Economic Barriers to Accessing Health Services
SDC	Social Development Center
TOR	Terns of Reference
UK	United Kingdom
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNRWA	United Nations Relief and Works Agency for Palestine Refugees
USD	United States Dollar
VASYR	Vulnerability Assessment of Syrian Refugees in Lebanon
WFP	World Food Programme
WHO	World Health Organization

Executive Summary

International Medical Corps UK (IMC), in partnership with Fundacion Promocion Social de la Cultura (FPSC), launched a 16-month program in 2019 titled "Improving Access to Quality Health Care for Persons with Disabilities in Lebanon." The aim of the 16-month program is to improve access to quality primary health care for Syrian refugees and other vulnerable populations with disabilities within six communities located in North Lebanon, South Lebanon, Bekaa, Beirut/Mount Lebanon, Akkar. The project had the following objectives:

- Objective 1: Provision of quality health care services to people with disabilities
- Objective 2: Provision of people with disabilities with focused community support and outreach
- Objective 3: Provision of a disability and health situational analysis report which primarily aims to gain an understanding of the health situation faced by Syrian refugees and Lebanese PwDs in Lebanon

And the following indicators to be measured:

- Indicator 1: Percentage of beneficiaries with a disability reporting increased access to health services
- Indicator 2: Percentage of beneficiaries with motor and sensory disability who report satisfaction with health services, mobility and other assistive devices

This evaluation report seeks to provide an assessment of the project by addressing a set of key questions relating to its relevance, effectiveness, efficiency, impact, and sustainability. The report also includes recommendations based on the main challenges reported by various project stakeholders and beneficiaries consulted throughout this evaluation.

Methodology

A mixed methodological approach was used for data collection and analysis in which information was drawn from a range of stakeholders. The evaluation process started with a comprehensive literature review of IMC's project documentation (see Annex 5). This was followed by a qualitative and quantitative data collection process comprised of the following:

1) Fourteen Key Informant Interviews (KII's) with different key stakeholders (see Annex 3)
2) Five focus groups with Lebanese and Non-Lebanese from both genders across Akkar, Tripoli, Beirut/Mount Lebanon, South and Beqaa
3) Computer Assisted Telephone Interviews (CATI) with 300 direct beneficiaries who have visited the PHCCs and have received support from the programme

Summary of Findings

Relevance – The project is relevant in terms of the adequacy of its design and implementation in the areas under study. Representatives from the Ministry of Public Health (MoPH) confirmed the compliance of the project with the ministry's strategy for development. Representatives from the MoPH, PHCCs and IMC were aware of the deficiencies of the sector and of the project's positive response on beneficiaries. 92 percent of surveyed PwDs showed increased access to health services due to the altered access, provision of needed services and enhanced staff treatment at PHCCs. This has resulted in the reduction of the financial and physical barriers faced by PwDs. Besides, outreach sessions, detection of new cases, and spreading awareness were three main aspects that contributed to increasing PwD's access to health services after being suppressed by their communities.

Efficiency – In general, the project reached its intended goal with the pre-set budget and funding agreed upon. IMC staff revealed that the resources allocated complied with the project objectives and goals and were well managed. The quality of the services, rehabilitation sessions and assistive devices, mobility devices and living aids provided was satisfying. Alterations, training and resources allocated were aligned to the needs of the PHCCs.
However, in reference to the IMC, MoPH and the PHCC staff, the scope and budget of the project were both sufficient for the targets set in place, yet, the actual numbers of PwDs in Lebanon exceed those targets. The three parties commonly reported positive relations between them all and none highlighted any challenges during the project intervention. In addition, PwDs reported positive relations with the PHCC staff, and described their experiences as highly satisfactory.

Effectiveness – The expected results were realized and revealed in the interviews with all various stakeholders and beneficiaries. Staff members of IMC, MoPH and PHCCs acknowledged that the project did achieve its first objective of increasing PwDs' access to quality health care services. PHCCs also reported increased the importance of their centers with the provision of such support. The CATI survey showed improvements in the PwDs' physical access to PHCCs, access to needed services and information and their financial ability to receive services. It also showed PwDs high levels of satisfaction with the treatment, communication and knowledge of the PHCC staff. The second objective of the program which aimed at detecting and referring new cases in communities, raising awareness and follow up were considered highly effective by all interviewees.

Impact – The project had a noticeable positive effect on PwDs and PHCCs due to the provision of services, structural and physical alterations, in addition to the staff's enriched knowledge on issues related to disabilities. This was reported by interviewed IMC, MoPh and PHCCs staff members. Community Health Workers (CHWs) reported extremely positive outcomes of the project because it has extensively reached many beneficiaries and has provided them with support they have never received before. Additionally, according to the MoPH, the project was able to empower all PwDs across Lebanon regardless of their type of disability, gender, age group or nationality and this was further confirmed by PHCC staff members.

Sustainability – Project sustainability was apparent across all local stakeholders who demonstrated their motivation through the retention of materials, equipment, devices and alterations provided by the IMC to all REBAH supported PHCCs. Furthermore, MoPH, PHCCs and IMC staff members believe that the project will succeed to sustain only if this sector attracted more donors and funding. Yet, apart from funding, mainstreaming PwDs within PHCCs was made possible and persistent due to the sensitization of the community and improved access of PwDs in supported centers. Nevertheless, services provided have been broadly incorporated in the REBAH II project.

Summary of Recommendations

The following recommendations are proposed by this evaluation to address the highlighted issues faced throughout the project:

- Improve delivery time of requested services and devices taking into consideration the exact quantities needed
- Increase the number of equipment and devices at primary health care centers so that they can cater to a larger number of PwD's
- Support primary healthcare centers so that they can provide a certain number of rehabilitation sessions themselves without the need for referrals in specific cases
- Provide PwD's with free-of-charge transportation to primary healthcare centers
- Development of standard education sessions for each type of disability that will enhance the capacity of PwDs and their caregivers to practice and conduct home based rehabilitation such as (physiotherapy and speech therapy)
- Rehabilitation sessions should be longer in terms of duration
- Provision of a supported disability card from PHCCs that monitors all services needed and those received.

Impact Goals

Results chain	Indicators	Endline	Sources of verification
Specific Objective : Increased access to quality health care of persons with disabilities	1. Percentage of beneficiaries with a disability reporting increased access to health services	84%	Endline Survey with beneficiaries who reported no hindrance, discomfort in accessing PHCCs, no difficulty in taking appointments and satisfaction with PHCC staff members
	2. Percentage of beneficiaries with motor and sensory disability who report satisfaction with health services, mobility and other assistive devices	89%	Endline survey with beneficiaries with motor and sensory disabilities who reported being satisfied or very satisfied with the quality of health services received

Project Synopsis

Project Key Information

On January 2018, The International Medical Corps UK, started a European Union Regional Trust Fund in Response to the Syrian Crisis project, titled "Improving Access to Quality health Care for Persons with Disabilities in Lebanon". It was implemented in Akkar, Tripoli, Mount Lebanon, Beirut, South and Beqaa. Over two years and three months, IMC has been working directly with 54 primary health care centers (PHCCs), 779 PHCC staff, volunteers and community health workers, 38 Training of Trainers and 20 Community health workers across Lebanon.

Context

The Syrian conflict has caused the displacement of millions of Syrians from their homeland to neighboring countries. Approximately 12 million Syrians are currently in need of assistance of which more than 5.5 million refugees are located in neighboring countries. So far the displaced are divided between Lebanon, Jordan, Iraq, Egypt, and Turkey. Figures show that Lebanon is hosting approximately 890,000 Syrian refugees registered with UNHCR, the highest per capita proportion of refugees in the world. The vast majority of refugees live within Lebanese communities across the country with most being concentrated in the North Lebanon and the Bekaa. Their presence in Lebanon has led to a large strain on basic services and the health sector has been severely impacted as a result. Prior to the Syrian crisis, the health sector was already facing many challenges with patients being forced to rely on multiple sources of financing, financing agents, and providers. This was exacerbated as a result of the Syrian crisis. The demand for healthcare services increased significantly in regions with high numbers of refugees. The most marginalized and vulnerable groups and especially people with disabilities – who were already under served by the state - bore the brunt of this situation. Currently the Lebanese government issues disability cards to Lebanese nationals, on a voluntary basis. The latest available figures in 2015 reveal that there are currently 90,000 PWD's registered with the Ministry of Social Affairs. However, overall disability figures, indicate that in reality Lebanon has an estimated 400,000 individuals who are disabled[1]. As for Syrian Refugees, the VASYR 2019 study conducted by UNICEF, UNHCR, and WFP reveals that approximately 6 percent are disabled (this includes physical or mental disabilities) which translates to approximately 55,000 individuals. Therefore, programmes that work on improving access to quality health care services for PwDs are vital.

1 Healthcare Needs and Barriers of Persons with Disabilities: An exploratory study among Syrian refugees, Palestine refugees from Syria, and Lebanese, Issam Fares Institute for Public Policy and International Affairs, September 2018

Description of the logic of intervention

The main objective of the programme is to address and improve the access to quality primary health care for Syrian refugees and other vulnerable populations with disabilities within communities located in North Lebanon, South Lebanon, Bekaa, Beirut, Mount Lebanon and Akkar.

The overall objectives are as follows: Provision of quality health care services to people with disabilities; provision of people with disabilities with focused community support and outreach; Disability and health situational analysis report which primarily aims to gain an understanding of the health situation faced by Syrian refugees and Lebanese PwDs in Lebanon.

The first objective aims to provide a set of provisions to better the health care serviced received by PwDs. First, the provision of quality health care services through 54 supported primary health care centres (PHCCs). Second, provision of specialized diagnostic tests and assistive devices for all types of disabilities in all IMC REBAHs supported clinics. Third, provisions of mobility assistive devices, hearing and visuals aids and specialized products for PwD. Fourth, provision of comprehensive rehabilitation services for PwDs at supported rehabilitation centres and fifth, provide trainings to PHCC staff, volunteers and community health workers (CHWs).

More specifically, it aims to widen the services available for PwDs by improving their physical access to PHCCs, subsidized and/or free-of-charge rehabilitation sessions, diagnostic tests and mobility assistive devices and living aids and lastly, staff and community trainings. These trainings will enrich staff attitudes and knowledge towards PwDs.

The second objective aims to increase targets and widen the scope of outreach by recruiting and training volunteers from each community to detect, refer and follow-up with PwDs. Additionally, community health workers will conduct health awareness sessions related to disability and community support groups for PwDs and their caregivers.

The third objective aims to undergo a disability and health situational analysis report to gain understanding on the needs and challenges faced by Lebanese and Syrian PwDs.

In specific, the specific objective of the end line assessment is increased access to quality health care for PwDs.

In the longer term, the overall action aims at bettering the quality of health care services and increasing awareness in regards to disability. It is foreseen that such a threefold approach will contribute to increase access to quality health care services to PwDs.

External evaluation key information

In September 2020, InfoPro was hired to provide an end-line assessment of the project. The aim of this assessment is to determine the relevance, efficiency, effectiveness, impact and sustainability of the project. The assessment specifically assessed the extent to which the program has met its objectives, planned outcomes and recommendations for improvement to feed back into future projects in the same sector and areas.

InfoPro proposed a mixed methodological approach for information collection and analysis. The approach enables evaluators to draw extensive information from a range of stakeholders and overcome the methodological or tool-specific limitations. Employment of multiple tools facilitates the evaluators to cross-reference and validates the information provided by a variety of key informants and respondents. The involvement of multiple stakeholders was placed at the heart of evaluation to capture their views, observations and suggestions.

InfoPro started the evaluation by performing a comprehensive literature review of the IMC's project documentation (see Annex 5 for list of documents reviewed). The review allowed InfoPro to better comprehend the project and understand its operational environment and challenges. The literature review comprised a wide array of documents such as FPSC Disability & Health Situational Analysis Report, the PwD_Madad logframe, the NCE proposal, and the PwD Post Distribution Monitoring report. The literature review helped to cast the end-line assessment into context.

InfoPro employed both primary and secondary methods to collect the qualitative and quantitative data. The data collection process started on September 22, 2020 and ended on October 13, 2020. For the qualitative segment, 14 KII's with stakeholders and five focus groups with direct beneficiaries were conducted. For the quantitative segment, 300 Computer Assisted Telephone Interviews (CATI) with direct beneficiaries who have benefited from the services provided by IMC were conducted.

1) **Qualitative Segment**

Key Informant Interviews:

Categories	Sample
IMC Management and Staff	2
PHCC Management and Staff	5
Ministries (MOSA and MOPH)	2
Community health workers	5
Total	14

Focus Groups:

Geographic Location	Profile
Akkar	Non-Lebanese Males
South	Lebanese Males
Tripoli	Non-Lebanese Females
BML	Lebanese Females
Bekaa	Non-Lebanese Males

2) Quantitative Segment

In placing its sampling strategy, InfoPro made sure that it is representative of varying nationalities and is balanced in gender. The sample was randomly selected with a confidence level of 95 percent and a margin of error of 4.7 percent. The sample was distributed as shown below:

Geographic Location	PwDs	Percent Distribution	Total Number of Interviews
Akkar	358	12%	37
South	766	26%	78
Tripoli	624	21%	64
BML	858	29%	88
Bekaa	327	11%	33
Total	2,933	100%	300

The tables below summarize the sample distribution across nationality, gender and services received:

Geographic Location	Total Number of Interviews	Gender		Nationality	
		Male	Female	Lebanese	Non-Lebanese
Akkar	37	19	18	17	20
South	78	39	39	41	37
Tripoli	64	33	31	27	37
BML	88	41	47	55	33
Bekaa	33	16	17	14	19
Total	300	148	152	154	146

Total	Rehabilitation Services	Mobility and Living Aids	Other Assistive Devices (eyeglasses and hearing aids)
300	102	30	168

Those interviews and surveys were developed with a view to help respondents reflect on project design, delivery and results, based on their level of engagement and to capture varying perspectives from different stakeholders and beneficiaries (see Annex 4 for data collection tools).

This study had a few limitations due to the spread of the COVID-19 virus at the time of data collection; InfoPro conducted all key informant interviews by telephone. This affected the nature and length of the discussion guides as they had to account for a telephone survey and not a face-to-face interview. Additionally, due to forced lockdown of certain areas across Lebanon, focus group discussions were postponed until safety measurements and regulations were eased and our moderator and invitees were able to attend the discussion. Finally, since part of the study was qualitative in nature, the findings can provide a contextualized understanding on some of the project's aspects but cannot be used to generalize the results.

Findings

Relevance

1.1 Was the action adequately designed to respond to the needs of the direct beneficiaries?

Overall, the project was adequately designed to respond to the needs of the various communities and beneficiaries targeted. A situational analysis report and needs analysis was conducted by IMC prior to the start of the project to identify the needs of the direct beneficiaries which fed into the design of the project. The inclusion of stakeholders was an integral part of the design. As a main stakeholder, the Ministry of Public Health (MoPH) played an active role at the onset of the study by providing information which helped in ensuring that activities proposed were in line with the ministries strategy and vision. The Ministry, according to team members, also shared with IMC their deficiencies / gaps in fully supporting PwDs such as the need to equip PHCC's, the need to renovate PHCCss so that they can become accessible to PwD's, and the need to provide free of charge sessions and services to PwD's. The IMC according to MoPH team members incorporated these recommendations as part of the project design.

Beneficiaries also conveyed that the project was designed in a way that responded to their needs since it tackled the main barriers which in the past had hindered their receiving better quality health care services. The focus group discussions revealed these main issues to be the geographic locations of the PHCC's, financial challenges in paying for the required services, and lack of supported medical services such as the need of rehabilitation services, consultations with specialist doctor, mobility and living aids, and assistive devices. In specific, the CATI survey showed that 82 percent of beneficiaries considered financial challenges as a main barrier, 11 percent geographic access, and 4 percent lack of medical services. The project was also able to respond to the needs of a large number of MOSA cardholders who were not benefiting from the services that they needed.

For PHCCs, all representatives from five different PHCCs confirmed that they were aware of the needs of the PwDs in their area but were not able to provide any support because their centers did not cater to the needs of PwD's. Their centers required extensive renovation to become more easily accessible for the disabled such as bathrooms, rails and ramps. Their centers also lacked medical equipment that would support the various disabilities of PwD's. Most importantly they required financial support so that PwDs can benefit from services that were not possible to be reached because of their cost. The PHCC's revealed that the IMC was able to fulfill most of their needs such as providing diagnostic and rehabilitation service sessions, mobility and living aids, assistive devices and physical structural alterations to the actual center.

Interviews with CHWs recruited as part of the program, demonstrated a lack of clarity with regards to the selection criteria utilized by IMC for their recruitment. All five interviewees declared that they usually volunteer in their community and consider this as the main reason why they were recruited. They explained that their role in the program was to spread awareness, detect new disability cases and refer them to supported services in each area. The CHW's conveyed that their main responsibilities were definitely relevant to the needs of both the community and PwDs. They also added that each community had its own negative perception towards people with disability and it was their duty to trigger and better this perception. One health worker highlighted that PwDs were discriminated against, treated badly and considered repulsively contagious. Thus, an urgent need for community outreach was needed to spread awareness on the needs of PwDs. In addition to that, another major responsibility of theirs was to detect more and more cases of disabilities that were not discovered and refer them to supported PHCCs in their area. Therefore, with every new detected case and referral, higher targets are reached.

1.2 Were the project methodologies and activities relevant to achieve the project objectives?

Due to the interventions of CHWs, PwDs were able to easily access PHCCs and benefitting from better quality medical services. CHW's have also been able to widen the scope of support by detecting new cases and spreading awareness among community members.

Furthermore, both IMC staff members and members of the MoPH that were interviewed agreed on the fact that the project remained relevant despite all the turmoil that Lebanon has gone through in the past year. The needs of both beneficiaries and PHCCs remained the same if not increased during these unstable times. IMC was able to cater to these needs by continuing to provide support to PwD's and by providing support to PHCC's in the form of masks, sterilizers, and other resources in order to limit the spread of the COVID-19 pandemic.

Lastly, the project did offer different types of support and was designed sufficiently but faced a few limitations. IMC staff and PHCC staff highlighted the following: 1) the need for the project to cater and reach more people with disabilities and 2) to include Palestinians who are at times not able to access the services provided by UNRWA due to lack of funding. While beneficiaries indicated that there was a need for 1) more rehabilitation supported session; 2) free-of-charge transportation; 3) having higher amounts of mobility and living aids and assistive devices; 4) home visitations services. In general, indicators were well-defined, measurable and relevant.

1.3 Were indicator target values realistic?

A monthly monitoring mechanism was done to measure how fast the impact of the project was and how efficiently IMC was reaching their targets. It was apparent to them that the targets set were realistic and slightly low in comparison to the actual needs they encountered. With the immense needs of PwDs, response rates were higher than expected and budgeting was amended and changed in certain areas. Budget monitoring was a must to meet the needs and targets of each allocated area. Lastly, the targets were definitely realistic but it was later realized that funding was lower in comparison to the actual needs of beneficiaries.

Efficiency

2.1 Was the project managed in a cost-efficient manner (in terms of human, financial and other resources versus the results)?

According to a staff member at IMC, the project was "efficiently implemented to reach the intended goals and within the previously set time frame". Each member had to track spending every month and report whether funding was allocated in the correct place. Overall, budgeting was successful and was distributed correctly but by the end of the project, a long waiting list was set on hold.

When asked about efficiency of allocated resources, it was commonly agreed that the allocations served to comply all project objectives and targets. All representatives from five different PHCCs reported that the alternations they have received were all excellent, highly needed with no quality gaps. However, it was commonly reported that additional quantities of services, assistive devices, and mobility and living aids were needed to saturate a larger majority of those in need. "Same results cannot be achieved with fewer quantities and funds, on the contrary we need more quantities of all the services and devices provided" reported one PHCC representative.

Interviewees also showed their satisfaction with the trainings that were given to the community health workers and PHCCs staff. Trainings were perceived as very important, efficient, and beneficial. The number of trainers was also reported as sufficient, and both training sessions and trainers were professionally organized, punctual and extremely informative. Health workers felt that they were more competent and confident about their ability to support and spread awareness amongst their communities. The CATI survey showed that 89 percent of beneficiaries were satisfied with the knowledge of community health workers, 65 percent satisfied with the Medical staff at PHCCs and 62 percent satisfied with the Non-Medical staff at PHCCs.

Some PHCC's, however, did mention that at times resources allocated were not sufficient for the needs of PwD's. They highlighted that the physiotherapy sessions allocated per patient were not sufficient and that they did not have sufficient assistive devices at times. Order delays of mobility aids were also a barrier to reaching satisfactions. Late replies and delays were reported by the majority of focus group participants.

On another note, the members of IMC and the MoPH also believed that things related to service duplication amongst patients, selection criteria of patients, and the provision of mobility and living aids and rehabilitation sessions should have been done differently. Staff members indicated that patients should have been prioritized over others depending on their ability to physically visit the center and if a patient has already received a service from the PHCC already. In detail, one IMC member clarified that if there were no delays with procurement and delivery, several PwDs wouldn't have waited months to receive their mobility and living aids. It was added that rehabilitation sessions should not be limited to a certain number of sessions but should be given until successful results are achieved. Lastly, service duplication should have been thoroughly monitored because some individuals benefited from several services more than once which deprived others from benefitting as well.

2.2 What were the external constraints to achieving better efficiency and how well were they mitigated?

The economic crisis and high inflation in Lebanon urged patients to rely on the services the project was providing significantly. On the other hand, with the emergence of the COVID-19 outbreak, patients were obliged to limit their visits to the center due to the lock down and social distancing safety measures. However, this did not affect the relationship between direct beneficiaries and the staff at the PHCCs. Regardless of all challenges faced, PHCC staff members were always able to keep a good and respectful relationship between themselves and the patients. Almost all beneficiaries highlighted that their relationship with the staff at the PHCCs they visit was far beyond amazing and they were treated with privilege and have never been mistreated. The CATI survey showed a 93 percent of beneficiaries treated normally at PHCCs and not discriminated, and that staff members are willing to listen carefully to them and answer all their queries.
Moreover, relationships with the stakeholders were reported positive from both PHCCs and Community Health workers.

For PHCCs, no significant challenges were faced and constant coordination with IMC and the Ministry of Public Health was done on a daily basis. Additionally, in regards to the relationships with PwDs, all five PHCC members interviewed reported that relationship is good between both parties but some limitations regarding service delay slightly affected this relationship. Regardless of such limitation, PwDs were definitely satisfied with the services they were capable of providing.

For Community Health Workers, all five health workers reported that their work with IMC was great. They expressed how professional, informative and friendly IMC members were. Regarding interactions and relationships with the PwDs, two community health workers reported that it was difficult for them to approach the disabled and his/her parents at first because of their lack of trust with strangers, but with

time, they were able to succeed with their intervention. All other CHWs acknowledged how excellent their relationship with PwDs was and how responsive and grateful they were for the project. In specific, a CHW elaborated stating “I believe that they were passionate about this project and had high hopes in it. This project is very important for both PwDs and the society”.

For IMC, working with PHCCs was very exciting and challenging at the same time. It was reported that primary healthcare directors were happy with the results of the project because they were capable of helping PwDs. In addition to that, there has always been a good relationship with the ministries and frequent interactions and reporting to keep them in the loop of the progress and upcoming activities. In specific, both members interviewed at the Ministry of Public Health elaborated about the great collaboration done with IMC and how professionally the job was implemented.

Effectiveness

3.1 Were the expected results realized?

The expected results were realized and revealed in the interviews with all various stakeholders and beneficiaries. IMC staff members and members of the Ministry of Public Health acknowledged that the project did achieve its objective of improving PwDs access to quality health care services. The alterations done on the PHCCs decreased the barriers that were faced by patients. In specific, the CATI survey showed that only two percent consider physical access as a barrier while members at IMC also reported that the project did improve PwDs access to quality health services.

The project did succeed in amplifying the ability of PHCCs to deliver better services to PwDs. As shown in the below tables, the staff trainings, physical alternations and free-of –charge medical services provided were all successful and have led to serve positive impacts in terms of:

1. Physical accessibility
2. Accessibility to health services
3. Accessibility to information
4. Financial ability to access services
5. Accessibility to referrals and advice
6. Accessibility through PHCC staff

Table 1: Access to health services List of Indicators

Indicator 1	Sources of verification	Target Achieved
Percentage of beneficiaries with a disability reporting increased access to health services		
Physical accessibility	PwDs who face any hindrance or discomfort in physical accessibility outside the PHCC	1%
Physical accessibility	PwDs who face any hindrance or discomfort in physical accessibility within PHCC	1%
Physical accessibility	Facilities missing at PHCCs	Ramps and wheelchairs: 4 out of 300 Adjustable examination tables: 1 out of 300 Adequate parking space: 1 out of 300
Physical accessibility	PwDs who usually face physical access barriers when receiving health care services	2%
Physical accessibility	Specific problems faced by PwDs within physical access	Health centers are not physically accessible (narrow entrance doors, stairs at entrance, etc.): 50% Moving difficulties inside the health centers/ Inability to use all their divisions because they are inaccessible: 25% Lack of availability of adapted medical equipment that can serve my specific disability needs (equipment used in medical examinations or medical treatment and therapies): 25%
Physical accessibility	PwDs receiving health care services from hospitals and doctors (outside of PHCC) because PHCC is not physically accessible	2 respondents received services from outside the PHCCs.
Physical accessibility	PwDs who have seen any additional improvement in physical accessibility at PHCCs after the improvements done with IMC's intervention	2%
Accessibility to health services	PwDs using the MoSA disability card to access health care services	21%
Accessibility to health services	PwDs who usually face medical service barriers when receiving healthcare services	4%
Accessibility to health services	Specific problems faced by PwDs within medical service barriers	Limited specialized services for persons with disabilities: 18% Difficulty in obtaining appointments: 18% Lack of adequate medical care: 12% Lack of medication: 35%

		Long waiting period to obtain an appointment: 18%
Accessibility to health services	Proportion of health care services received out of services that were needed by PwDs	92%
Accessibility to health services	Satisfaction of PwDs with the health services	29 out of 40 participants from focus groups reported satisfaction
Accessibility to health services	PwDs who have seen improvement in the aids and devices provided	1%
Accessibility to health services	PwDs who have seen improvement in the health care services provided	45%
Accessibility to health services	PwDs receiving health care services from hospitals and doctors (outside of PHCC) because service is not available at PHCC	0 (none took services only from hospitals and doctors outside the PHCC)
Accessibility to health services	PwDs waiting a long time to get the needed services	16%
Accessibility to health services	PwDs having difficulties in taking appointments	5%
Accessibility to information	PwDs who usually face lack of information barriers when receiving healthcare services	0
Accessibility to information	Specific problems faced by PwDs within lack of information	0
Accessibility to information	PwDs who have seen improvement in the accessibility to information about health care services	2%
Accessibility to information	PwDs receiving health care services from hospitals and doctors (outside of PHCC) because they are not aware that these services exist at PHCCs	0
Financial ability to access services	PwDs who usually face financial challenges when receiving healthcare services	82%
Financial ability to access services	Specific problems faced by PwDs within financial challenges	Difficulty in paying fees required by some centers 94% Specialized services such as imaging and laboratory tests are expensive 2% Transportation from/to health center is expensive 4%
Financial ability to access services	PwDs who have seen improvement in the cost of services	4%
Financial ability to access	PwDs who had to pay for health care services	37%

services		
Financial ability to access services	Cost paid per accessed service	• Average cost of General medical consultations: 2,766 Lebanese Lira • Average cost of Consultation with specialist doctor (cardiologist, gynecologist, ophthalmologist, etc.): 4,287 Lebanese Lira • Average cost of Diagnostic tests (laboratory tests, imaging): 113,137 Lebanese Lira • Average cost of Mental Health Services: 65,000 Lebanese Lira • Average cost of Rehabilitation services (physiotherapy, occupational therapy, speech therapy, etc.): 27,105 Lebanese Lira • Average cost of Medications: 0 • Average cost of Mobility Assistive devices (Walkers, wheelchairs, air mattresses, etc.) Lebanese Lira: 108,375 • Average cost of Other Assistive devices (living Aid): 14,385 Lebanese Lira
Financial ability to access services	PwDs who consider the cost acceptable	70%
Financial ability to access services	PwDs receiving health care services from hospitals and doctors (outside of PHCC) because services are costly at PHCC	0
Accessibility to referrals and advice	PwDs who have seen improvement in the referral mechanisms used at PHCC	4%
Accessibility to referrals and advice	PwDs confidence in knowledge of PHCC staff in referring them to the appropriate centres	4%
Accessibility to referrals and advice	PwDs satisfaction with referrals given by community health workers	94%
Accessibility to referrals and advice	PwDs satisfaction with knowledge of community health workers about their medical condition	94%
Accessibility through PHCC staff	PwDs who usually face attitudinal barriers when receiving health care services	0
Accessibility through PHCC staff	Specific problems faced by PwDs within attitudinal barriers	0
Accessibility through PHCC staff	PwDs who have seen improvement in the communication and treatment of PHCC staff	26%
Accessibility through	PwDs who have seen improvement in the knowledge and	4%

PHCC staff	expertise of PHCC staff/physicians	
Accessibility through PHCC staff	PwDs receiving health care services from hospitals and doctors (outside of PHCC) because staff/physicians are incompetent	0
Accessibility through PHCC staff	PHCC staffs' willingness to listen and answer PWDs' questions	93%
Accessibility through PHCC staff	PHCC staff empowering PwDs with enough information regarding their impairment	93%
Accessibility through PHCC staff	PHCC staff providing similar treatment to PwDs as other patients	93%
Accessibility through PHCC staff	PwDs' relationships with PHCC medical staff	96%
Accessibility through PHCC staff	PwDs' relationships with PHCC non-medical staff	93%
Accessibility through PHCC staff	PwDs who confirmed that the number of staff at PHCCs are sufficient to handle all patients	91%

Further, all five PHCC members interviewed reported that the supported services provided showed that there is huge number of PwDs in every area but were undiscovered due to the lack of services provided. Overall, PHCCs were able to deliver better and more services in a more effective way.

3.2 Is the quality of outputs satisfactory, in line with what was initially planned?

According to the PwDs, barriers initially decreased with the start of the project and came again when it stopped. Several beneficiaries reported that they have witnessed support in the past two years because they were receiving living aids such as diapers and milk for their children. But, when the project stopped, they were forced to purchase these items on their own expenses and with the current cost of living that has become extremely hard on them.

Over the past two years, PwDs needed a set of different services and devices such as assistive devices, medications and rehabilitations sessions. On average, patients would pay an amount of LL 3,000 for a doctor's appointment, LL 25,000 to LL 45,000 for extra rehabilitations sessions, and nothing for assistive devices. Generally, the cost paid was reported acceptable if one has the money. Persons with disabilities reported that if it weren't for the project, they wouldn't have been able to receive ten rehabilitation sessions or assistive devices. In detail, 82 percent of interviewed beneficiaries reported facing financial barriers, but with the provision of free-of-charge services and devices many who were not able to reach any type of health services are currently able to do so, which highly led to their satisfaction with the services, the devices and mainly with the affordability of both. The CATI survey showed that 73 percent of beneficiaries have a monthly household income that is less than LL750, 000 of which 29 percent are Lebanese and 44 percent are Non-Lebanese. Hence, with the project, PwDs were relieved from a financial burden that was forbidding them from accessing health care services and are now capable of accessing all heath care services at the centers easily.

On another note, all interviewed PwDs stated that they receive the services needed from PHCCs in their area and have appraised the change in treatment and knowledge of the staff members. One attendee in the Beqaa region reported that the staff at the PHCC he visits has immensely elevated and improved and would rate his experience as excellent. Generally, all five PWDs groups interviewed reported high satisfaction rates with the PHCC they visit, its staff and the services they provide.

The satisfaction of the quality of outputs measured in the survey can be summarized as follows:

Table 2: Satisfaction with health services, mobility and other assistive devices - List of Indicators

Indicator 2	Sources of verification	Target Achieved
Percentage of beneficiaries with motor and sensory disability who report satisfaction with health services, mobility and other assistive devices		
Satisfaction with services	Satisfaction of PwDs with the general medical consultations	100%
Satisfaction with services	Satisfaction of PwDs with the consultations with specialist doctors	98%
Satisfaction with services	Satisfaction of PwDs with the diagnostic tests	100%
Satisfaction with services	Satisfaction of PwDs with the rehabilitation services	100%
Satisfaction with services	Satisfaction of PwDs with the mental health services	100%
Satisfaction with services	Satisfaction of PwDs with the medications	62%
Satisfaction with devices	Satisfaction of PwDs with the living aids and mobility devices	96%
Satisfaction with devices	Satisfaction of PwDs with other assistive devices	88%
Satisfaction with finding/receiving needed services	Satisfaction of PwDs who found the healthcare services needed at PHCCs, rehabilitation centres or diagnostic centres	92%
Satisfaction with affordability	Satisfaction in regards to service affordability	70%
Satisfaction with PHCC staff	Satisfaction of PwDs with the referrals and knowledge of staff in regards to health care services	8%

Lastly, in regards to those who were approached by Community Health workers, at least eight attendees acknowledged that they were contacted by a volunteer from their area to refer them to a PHCC to receive the needed services. Despite all the positive impact, the majority PwDs interviewed reported that the general perception of the community towards them is still negative and has remained the same. The CATI survey showed that 62 percent of beneficiaries noted that the community around them still does not accept cases of disability and 63 percent still do not receive fair treatment. Many people look down on them and pity them for who they are. On the other hand, a few others reported that they have witnessed better treatment from their surroundings and that people have become more aware and educated about disability in general. One attendee in Mount Lebanon highlighted that her son is living normally now, he is being treated like everyone else and she praised the community health worker's job for raising awareness in her area.

3.3 Did the achievement of the project output results conduct to the achievement of the outcomes? To which extent was the IMC successful in adapting its strategies and implementation approaches to overcome contextual challenges? What were the major factors influencing the achievement or non-achievement of set objectives?

The outcomes of the project intervention were achieved. Mainly, the CATI survey showed that 98 percent of patients benefit from services provided at PHCCs and as mentioned earlier the economic crisis pushed beneficiaries to benefit more from the support provided. The overall situation in Lebanon imposed many to rely on any type of support they may receive which was part of the reason behind reaching outcomes.

IMC did their best to mitigate the effects of the events in Lebanon on the project. One highlighted that the job was exhausting but they were able to manage and reach their objectives successfully.

All Community Health workers were given the required set of trainings to be able to deliver adequate referrals and awareness sessions. Having 50 percent of the CHWs as PwDs, this enhanced their role in spreading awareness and added value to their job requirement. This also left a positive impact on them and the beneficiaries. They believed that no minimum targets were required, but, according to them, benefitting one person in need is a target achieved.

Overall, all the support provided helped in the achievement of the set objectives and goals, but specifically, according to all five members of the PHCCs interviewed, the major factor that influenced in achieving the positive results was the relief from financial burdens. As one PHCC representative reported, "when patients knew about the services offered and supported, the center started to welcome immense flows of PwDs that they have never seen before".

Impact

4.1 What evidence is there that the project contributed to the achievement of its overall objective?

The project was able to achieve its goals after realizing the deep need of PwDs. The more evidence here is the number of PwDs who were truly in need and received the services needed. Moreover, many new patients started visiting PHCCs they were not able to visit before in order to open new files and benefit from services provided.

As shown in the above tables, the survey showed high levels of access to and contentment of PHCC's services and staff. The CATI survey showed that 92 percent of respondents did receive one or more of the health services they once needed in the past two years. Furthermore, the CATI survey showed that 89 percent of respondents were satisfied with the referral mechanism done by CHW. It was apparent that the

detection, referral and awareness sessions were successful due to the interest of the community members in participations plus their change of perceptions and awareness towards Persons with Disabilities.

One CHW also highlighted that with their referral, one patient who faced physical impairments and was not financially able to visit a doctor to diagnose her with a treatment for her case, benefited from physiotherapy sessions and is getting better. Thus, it is evident to say that the project was able to reach its overall objective.

Besides the goals that were achieved, interviews revealed that the positive impacts beneficiaries experienced was solely because of the project intervention.

4.2 What, if any, were the unintended impacts of the project intervention, both positive and negative? Was the project able to monitor, mitigate and respond to any unintended negative effects?

Furthermore, there were no unintended impacts of the projects but, when the project was ceased, PwDs felt that they were left behind. CHWs acknowledged that they were contacted by several PwDs after their work was done asking for help. This was due to the high demand of needs and their vulnerability.

4.3 What has been the outcome of the project on the PwD's access to health services? Are there differences across nationality and geographic areas?

The outcomes of the project were generally positive. All five members interviewed at PHCCs agreed that project was able to provide better and accessible services to PwDs within their regions regardless of their nationality. Additionally, the Ministry of Public Health and IMC staff also affirmed that the project was able to enable all PwDs across Lebanon regardless of their type of disability, gender, age group or nationality.

Sustainability

5.1 What evidence is there to suggest the project's interventions and/or results will be sustained after the project end?

At the time of evaluation, all community health workers and supported PHCCS are still using the resources received from the project. In fact, all five community health workers reported that they are ready to contribute in continuing their outreach sessions and detection of new cases with all the materials left with them. Moreover, interviews showed that CHWs are prepared to continue raising awareness on key disability factors by sharing information and guidance to people from their communities on disability.

Furthermore, with their want and ability to continue, they noted that they need IMC's intervention so that they can continue their referral work and expose greater numbers of PwDs who are in need of better qualities of health care services.

Moreover, CHWs and PHCCs agreed that they will certainly continue applying all practices taken from trainings and take good care of all the alterations done to their centers and maintain all the equipment they have received in order to provide more services to more PwDs in the future. As for the doctors and physicians at the centers, it was reported that they will be able to maintain appropriate screening, monitoring and follow-ups but their job will be limited if patients won't be able to follow the prescriptions due to the lack of supported services and their financial in-capabilities. Additionally, it was elaborated that PHCCs without any doubt will be hindered if not cease to provide free-of-charge devices

due to their high prices and the fluctuated currency exchange in Lebanon but may be able to provide consultations and sessions with a supported price if the center was capable to handle this cost.

With that in mind, it was agreed that both Ministry of Public Health and Ministry of Social Affairs are not capable of continuing the project and in providing such support because they definitely lack funding. According to IMC staff members, they believe that the project will succeed to sustain only if the health sector attracted more donors and funding to continue from where they have reached. Nevertheless, to ensure sustainability, mainstreaming PwDs in PHCCs became a key goal and was also broadly incorporated with the service provisions in the REBAH II project. One reported that any organization holding a good budget is capable of making positive impacts on the heath sector. Nonetheless, the sector related to disabilities requires even higher budgets and management due to the lack of support along the years.

In addition to the above, both members of the Ministry of Public Health agreed that they would be glad to collaborate with IMC in the future for more projects because they believe that there are yet much more needs that should be addressed for both PwDs and PHCCs.

5.2 What are the possibilities for replication and extension of the project's outcomes? Have the necessary measures been taken to build capacities? To enhance the role of PHCC staff and community health workers?

Three out of five members at PHCCs reported that they are not able to provide capacity building trainings to their staff because of COVID-19 safety measures and because they are under staffed. Training sessions will take time and patients will have to wait for staff to finish, thus it will be taking away support from patients.

Conclusions

Overall, the project was adequately planned and implemented in the areas under study. The project was relevantly designed to meet the requirements of both PwDs, PHCCs and the community as a whole. It was commonly reported that there was an immense need of the project on the level of providing health care centers with support and on the level of providing awareness sessions to the community.

Interviews with stakeholders confirmed that the project was managed in a cost-efficient manner taking into consideration the unexpected number of PwDs that have visited PHCCs after the initiation of the project. Trainings, alterations and equipment/device distribution was done efficiently and equally amongst all beneficiaries regardless of their gender, type of disability and nationality.

Results of the program were successfully realized. All stakeholders were satisfied with the positive impact the project had. It was clear to say that the project succeeded in providing quality primary health care services to PwDs and has increased their satisfaction towards such services. Furthermore, apparent impacts were realized and attributable to the project's interventions for all stakeholders.
Overall, (1) the support of essential structural and physical alterations of the PHCCs rendered them accessible to PwDs; (2) beneficiaries were satisfied and grateful for the provision of diagnostic tests, assistive devices for all types of disabilities, including hearing and visual aids; and (3) the trainings helped staff members to better the experience of PwDs at PHCCs and helped community health care workers in widening the scope of exposure to increase the number of beneficiaries, in addition to spreading awareness and outreach campaigns amongst communities.

Lastly, all interviewed PHCCs and community health workers showed their motivation towards sustaining the project goals. Most materials provided by IMC (e.g. trainings, materials, equipment) were retained by them for future use. However, both IMC and Ministry of Public Health staff members expressed the importance of future funding in this sector in specific because they believe that the government and authorized parties are not capable of providing the same quality of support this project did.

Recommendations

Community health workers noted out several recommendations for the future. In Akkar, the community health worker recommended that living aids should be available in larger amounts at healthcare centers before a patient requests them. In addition, Beirut/Mount Lebanon community health workers recommended that activities and support should be made for specific age groups and specific types of disability. Meaning that, each age group will have its own set of support and each PwD will be able to understand his/her needs more. In Tripoli, one participant suggested that PHCCs should provide or distribute disability cards that cover more services and only serves PwDs.

According to members of PHCCs, all five members agreed that the project should continue and similarly to community health workers, the number of devices and equipment provided should be increased. A member from the Beqaa region recommends that rehabilitation sessions should be done at the PHCC itself, in this sense, the center will have increased responsibilities and services to prove. Another recommendation was provided by a member from the South, reporting that provision of transportation would be a plus to increase the access of PwDs to healthcare services because many patients are not able to benefit from any type of support provided to them because of their lack of ability to reach it.

Most importantly, PwDs recommended that parents or caregivers should learn how to apply physiotherapy, in this way, they will be able to benefit without having to worry about the financial constraints. Additionally, other beneficiaries from Akkar noted out that rehabilitation sessions should be longer in terms of duration and the PHCC should always have physicians and staff members at the center around the clock. Lastly, in Beqaa, PwDs recommended that donors should financially support healthcare centers which interventions are limited to dealing with PwDs and not all patients.

ANNEX 1 – End Line Assessment Terms of Reference

Improving Access to Quality Health Care for Persons with Disabilities in Lebanon **THE EUROPEAN UNION REGIONAL TRUST FUND IN RESPONSE TO THE SYRIAN CRISIS - PwD**	
Location(s) of the action:	**Lebanon: Tripoli, Akkar, South, Bekaa, Beirut/Mount Lebanon**
Name of the lead applicant	International Medical Corps UK

1. BACKGROUND

Since the beginning of the war in Syria in 2011, over five million people have fled the country to neighbouring countries, making Lebanon the country with the world's highest concentration of refugees per inhabitant. The situation in Lebanon remains unstable, with considerable unmet needs among Syrian refugees and other vulnerable populations, mainly in access to primary health care, with People with Disabilities (PwDs) being at a greater risk of being excluded from health care services. In Lebanon, this issue is exacerbated by a lack of targeted interventions for PwDs at the national level.

In fact, the number of PwDs increased in Lebanon as a result of the Syrian refugee influx to the country. Given the number of vulnerable and marginalised individuals in Lebanon, the needs of the disabled refugees remain predominantly unaddressed. Assessments conducted in Syrian refugee communities show that 7.0 percent of Syrian households have at least one member with a disability. Of these PwDs, 5.3 percent are above the age of 24, 3.4 percent of PwDs are in the age range of 18-24, and 2.3 percent of PwDs are in the age range of 0-17.

DESCRIPTION OF ACTION

International Medical Corps UK (IMC), is now in the final implementation months of the 16-month project funded by the *The European Union Regional Trust Fund in Response to the Syrian Crisis*. Throughout the project, IMC has worked to improve access to quality primary health care for persons with disabilities for Syrian refugees and other vulnerable populations in the regions North, South, Bekaa, Beirut/Mount Lebanon, Akkar.

The **overall objective** of the proposed intervention is to reduce the vulnerability of crisis affected populations across Lebanon, with a focus on people with disabilities (PWD). As a means to achieving this goal, IMC, together with FPSC, have worked to bolster the capacity of the local health system to better deliver health services to meet the needs of PwDs in Lebanon.

IMC expected to achieve the following specific objectives related to disability-focused primary health care, policy understanding, and population awareness. IMC, the lead applicant, has been providing disability-focused services for primary health care and community health services across all regions of Lebanon; FPSC (the co-applicant) has been increasing information on understanding of the situation for PwDs and has been improving frontline capacity of those engaged in providing services for PwDs in Lebanon.

<u>Specific Objective 1:</u> Provision of quality primary health care services through REBAHS supported PHCCs for PwDs:

Four different activities have been provided under this specific objective to support the provision of quality care for PwDs.

Activity 1.1: Supporting essential structural and physical alterations of 54 PHCCs to render them accessible to persons with disabilities.

Activity 1.2: Provide specialised diagnostic tests and assistive devices for all types of disabilities in all IMC REBAHS supported clinics.

Activity 1.3: Provide mobility assistive devices, hearing and visual aids, and specialised products for PwDs.

Activity 1.4: Provide comprehensive rehabilitation services for PwDs at the rehabilitation centres.

Activity 1.5: Training of PHCC staff, volunteers, and community health workers (CHWs)

<u>Specific Objective 2:</u> Provision of PwD-focused community support and outreach:

Four different activities have been provided under this specific objective to ensure the provision of PwD-focused community support and outreach:

Activity 2.1: Recruiting and training of community health workers (CHWs).

Activity 2.2: Detection, referral, and follow-up of PwDs

Activity 2.3: Health awareness raising including messages related to disability.

Activity 2.4: Community support groups for PwDs and caregivers of PwDs

<u>Specific Objective 3:</u> Disability and health situational analysis report:

This assessment primarily aims to gain a holistic understanding of the health situation faced by Syrian refugee and Lebanese PwDs in Lebanon. The purpose is to frame the health context of PwDs as per set indicators, understand health-related perceptions and priorities as defined by PwDs themselves, and detail ongoing barriers to health. To achieve the above, both quantitative and qualitative data collection tools will be developed and utilised (under the supervision of the FPSC Disability Advisor), and a variety of service users, stakeholders, and gatekeepers involved.This national study will provide a quantitative and qualitative examination of the health, healthcare, and associated factors of three PwD groups in Lebanon (Syrian PwDs, Lebanese PwDs with a MoSA disability card, and Lebanese PwDs without a MoSA disability card), in line with the WHO ICF framework.

PURPOSE OF CONSULTANCY

The consultancy aims at conducting an end line assessment for the project *Improving Access to Quality Health Care for Persons with Disabilities in Lebanon*.

The overall purpose of the end line assessment is to clearly identify, articulate, and document the current status of the variables which were addressed, and improvement measured, through this project. The product of the end line assessment will measure any changes resulting from the interventions, as well as achievements at the end of the project. The outcome will also inform any modifications that may be made to any future similar projects in order to acquire optimum achievements of results. **The specific objectives of the end line assessment:**

No.	Objective	Indicator – logic of intervention	Target communities
1.	Increased access to quality health care for persons with disabilities	Percentage of beneficiaries with a disability reporting increased access to health services	54 communities
		Percentage of beneficiaries with motor and sensory disability who report satisfaction with health services, mobility and other assistive devices	54 communities

Geographic Scope:

The Endline scope will cover the intervention's geographic coverage across Lebanon in the **Tripoli, Akkar, South, Bekaa, Beirut/Mount Lebanon** governorates.

Targeted Areas

Governorates	Targeted Communities	Governorates	Targeted Communities
Akkar	Iman Bebnine	South	Mowasat-Nazih Bizri
	Maternal &Child care Municipality center/Meshmesh		Kayan Tyre
	Tanmiyah PHCC		Haret Saida SDC-Haret Saida
	Sahel		Bir El Ehssan -Ghaziyeh

	Aranissa		I.H.S-Maachouk
	Berqayl/Ershad		I.H.S-Burj Kalaway
	CMC (Charity Medical Center)		I.H.S-Siddikine
	Halba Gov Center		Caritas
	Fneidek Government Center		SDC Bent Jbeil
	Talmaayan		Ansar Municipality Clinic
	Kfartoun		
	AHC-Mashta Birehh		
Tripoli	Iman Mina	BML	Baskinta
	Azzahraa medical center/Tripoli		Tayyouneh
	Al Karameh Health Center		Jbeil
	Deddeh Medical Center - Koura		
	Hanan Sultan Medical Center		Karaghuesian
	Iman Sir Dinniye		I.H.S Amrousiyeh
	Nahda Minieh		AlZahraa
	Nahda Bedawi		Dar El Wafaa
Beqaa	Labwe		Kayan Beirut
	Social Development Center (SDC) - Zahle		Raya Care Center
	Enaya		Barja
	Ghazze		
	Farouk		Ketermaya Sayer PHC- Sayer

	Ali Nahri		**Amir Majid Irslan-Choueifat**
	Bar Elias		
	SDC Baalback		**Rafic Hariri Tarek Jdideh**
			Imam Rida PHCC
			Soeurs De Notre Dame De Charite Du Bon Pasteur; Dispensaire Saint Antoine
	Nafela Foundation		

The end line assessment will be designed based on the project's log frame, indicators and some pre-identified data collection methods and tools that will be adapted for the purpose of the end line assessment.

IMC is expecting the consultant to implement the various stages of data collection (preparation, planning, implementation and analysis) of the end line assessment. IMC expects the assessment to include, but not be limited to, the following groups:

- Targeted beneficiaries (Syrian, Lebanese, Iraqis and/or Palestinian) (women and men); to be included in quantitative and qualitative assessments
- Partners and stakeholders involved in the project at different levels:
    - Implementing partners: programme management and field teams.
    - Targeted PHCC staff members: Service providers (medical and non-medical staff)
    - Community actors: community health workers, informal settlement focal points
    - Government agencies: Ministry of Public Health, Ministry of Social Affairs, municipalities (as relevant to particular PHCCs)3

2. METHODOLOGY

The end line assessment will be conducted by an external consultancy firm or team of consultants. The firm/team are expected to develop an endline evaluation of the project covering the complete process from the proposal of the methodology, data collection to the analysis and the interpretation of the results in a report This will be done jointly with the M&E department, with necessary technical input and information provided regarding the project to ensure the data collection tools and methodology capture the required data.

The final proposed data collection tools are to be shared with the MEAL Manager before the commencement of the actual fieldwork. The consultant will be expected to include a mix of quantitative and qualitative data collection methods such as surveys, focus group discussions, key informant interviews, and assessments. Triangulation of data through different tools and sources is considered

fundamental. Following is the potential list of methods that International Medical Corps expects to the consultant to use in order to measure various indicators

- PwD healthcare survey.
- Staff competency standard assessment.
- Focus group discussions with targeted communities.
- Key informant interviews with PHCC management and staff, Project management teams.

3. KEY TASKS

The assignment involves the participatory preparation and implementation of the project end line. For the assignment, it is expected that the consultant will ensure participation at different levels including communities, partners, IMC, and other relevant stakeholders.

The following specific tasks are to be carried out:

1. Contact with IMC and partners' teams to:
    - Attend an inception meeting
    - Review available resources for carrying out the end line
    - Ensure common understanding on the TOR
2. Desk review of the project's key documents including but not limited to:
    - Project proposal and log frame
    - Review project standard operating procedures and conduct inception meetings with project stakeholders
    - Report from inception workshop
3. Develop in consultation with IMC the first draft inception report for end line implementation (in English) including:
    3.1 For each indicator, suggested data collection methods and tools.

    3.2 Detailed sampling strategy per indicators as relevant (for FGDs maybe?)

    3.3 Detailed field implementation plan

    3.4 Tools and template for data analysis and reporting

    3.5 Data entry system and analysis plan

    3.6 Study plan for relevant review of secondary data, reports, studies, surveys, etc.
4. Translate relevant tools in Arabic if needed, implement field test of tools and methods suggested and collect feedback from IMC, key partners' staff
5. Review and finalise inception report for end line implementation based on feedback collected and field test findings
    3.1 For each indicator, agreed data collection methods and tool, sampling strategy and guidance notes. Tools and guidance notes should be provided in both English and Arabic.
    3.2 Final field implementation plan with protocols for the enumerators and supervisors in English and Arabic
    3.3 Field manual for enumerators English and Arabic
    3.4 Final tools and template for analysis and reporting (both in English and Arabic)
    3.5 Final data entry and analysis plan (in English)
6. Recruit, train, and manage the enumerators and data entry staff

7. Data collection in selected communities and PHCC
8. Data entry, cleaning and analysis
9. Render first draft end line report to IMC and partners for comments
10. Finalize the end line report within 10 working days of receiving comments.

THE EXPECTED OUTPUT OF END LINE CONSULTANT

Deliverables:

- Inception report including the proposed methodology, sample size, team composition and detailed implementation plan.
- Qualitative and quantitative data collection tools
- Qualitative and quantitative data along with summary tables and statistics
- PowerPoint presentation reflecting the findings
- A clear and concise, well-written end line report containing lists and tables, facts and figures demonstrating the state of the baseline situation and other findings at start of project.
- Final workshop on the findings of the baseline (cost for workshop venue to be covered by IMC)

Required Format for the end line assessment report:

The final end line assessment report will be submitted to IMC and should not exceed more than 30 – 35 pages (without the annexes). The final end line assessment report should be produced in English and must include at least the following:

- Cover page
- Table of contents
- List of abbreviation
- Executive Summary that should include major findings of baseline assessment including indicator table, conclusions and recommendations;
- The objectives of end line
- A description and justification of the methodology used, timing of end line and challenges / limitations of the analysis
- A presentation of results and the analysis
- Challenges, conclusions, recommendations
- Annexes

Report annexes should include:

- The terms of reference for end line assessment;
- The data collection tools;
- The sampling table along with the list of locations covered under end line assessment.
- The composition of end line team
- List of documents and bibliography.

4. LOGISTICS

The consultants will be responsible for logistical arrangements such as transportation, communication, translation, management of enumerators, and outreach. IMC programme teams will provide limited support on tasks related to coordination and scheduling at field level.

TIMELINE

IMC is expecting the completion of the consultancy tasks as described in this ToR over a maximum period of 2.5 months starting upon contract signature.

General Conditions of the consultancy

- The consultant will agree to abide by International Medical Corps code of conduct, Child Safeguarding policy requirements. The consultant will be orientated to these policies before engaging in data collection.
- Final payment to the consultant will be dependent on the completion of all deliverables.
- Consideration of Ethics: The consultant will ensure that written consent is obtained from all participants in the study.

Intellectual property rights:

All documentation including data related to the assignment shall remain the sole and exclusive property of IMC

Deliverables/Due Dates/Payment Schedule:

Deliverable	Due Date	Payment
1. Upon delivery of inception report including sample methodology, data collection tools, implementation plan	End of June 2020	25%
2. Draft end line assessment report	End of July 2020	40%
3. Final report	End of August 2020	35%

5. PROFILE OF THE END LINE CONSULTANT(s) or Firm

Qualifications and experience required:

- Minimum of 8 years of experience in administering studies, collecting data and producing quality baseline/end line assessment reports, preferably for international non-profit organizations or multilateral agencies
- Demonstrated experience in baseline/end line study design, including sampling, applying a mixed methods approach, developing tools, developing data quality protocols and training enumerators
- Demonstrated experience in quantitative and qualitative data analysis
- Knowledge and experience with primary health care issues, policies and services systems, particularly in developing country contexts. Preferred experience with community health and mental health services.
- Fluency in English and Arabic
- Knowledge of Syrian crisis and familiarity with country context.

HOW TO APPLY

Send your proposal to Logistics Coordinator and MEAL Manager no later than June 15th 2020.

The proposal should contain:

- A letter of interest addressed to the Logistics Coordinator and MEAL Manager hhijazi@InternationalMedicalCorps.org - kwehbe@internationalmedicalcorps.org
- A technical offer showing the interpretation of the ToR and indicating a detailed proposed methodology, team composition and draft work plan.
- A detailed financial offer reflecting the cost in USD required for the undertaking the work required
- CV of the consultants or consultancy firm showing previous relevant experience. Examples of previous related work encouraged.

ANNEX 2 – Data collection Tools

DISCUSSION GUIDE – Community Health Workers

Date of Interview:
Location (Caza/ Governorate):
Interviewee Name:
Interviewer Name:

Introduction

Thank you very much for setting aside time to talk with me today.
Project Introduction: My name is _____ and I work with InfoPro who has been contracted by IMC.
Research Introduction: The International Medical Corps UK (IMC), together with Fundacion Promocion Social de la Cultura (FPSC), launched a 16-month program in 2019 that aims to improve access to quality primary health care for Syrian refugees and other vulnerable populations with disabilities within 54 communities located in North Lebanon, South Lebanon, Bekaa, Beirut/Mount Lebanon, Akkar. The target groups that were engaged to achieve project objectives were vulnerable people with disabilities (PwDs), primary healthcare centres (PHCCs), community health workers (CHWs) and government authorities. For this reason, we will be asking you a lot of questions regarding your reflections, feedback and recommendations for the IMC program "Improving Access to Quality Health Care for Persons with Disabilities in Lebanon" in addition to the relevance, efficiency, effectiveness, impact and sustainability of the project. You were selected for this interview because you were involved in the program as a key stakeholder. However, it is not mandatory to answer all the questions in the discussion guide.
Interview Timeframe and Procedure: The conversation will take 25 to 35 minutes.
Permission to Record: If you don't mind, I would like to record our conversation. This allows us at a later stage to listen to the conversation and transcribe the information you provided us with during the meeting. I would like to assure you that no one outside of our team will have access to these recordings. Once the study is finalized, we will delete them.
BEGIN RECORDING Before we begin, do you have any questions?

Background

1. **Please tell me briefly about yourself and how did you learn about IMC and their project?**
2. **Could you tell us about the activities or tasks that you partook in as part of this project?**
   a) Did you undergo training? What was the training about?
   b) Did you detect cases of disabilities within your community? How many? Did you refer them to receive health services at supported clinics and later follow up with them to ensure compliance with the prescribed sessions or treatment? Could you tell us a bit about the process?
   c) Did you partake in conducting health and nutrition awareness sessions mainstreaming disability? If yes, what was your role?

Relevance

In this section we will explore the relevance and appropriateness of actions and strategy to the target's population needs. We will ask about the project planning process and the internal logic and coherence of the project design.

3. **Prior to IMC's intervention, were there similar projects in your area specifically targeting PwDs?**

a) Prior to IMC's intervention, were people with disabilities from your community in need of outreach activities, support and health advice concerning the services provided by health and rehabilitation centres? Please explain.
b) Prior to IMC's intervention, did your community suffer from a lack of health and disability awareness? Did the general population have a negative perception of people with disabilities? If yes, what were those perceptions?
c) In your opinion, what were the most pressing needs and challenges faced by PwDs in your community?
d) Was the IMC's project designed in a way to meet the needs of the community at large and PwD's in specific? If yes, how?

4. **What criteria did IMC follow to recruit community health workers (CHWs) in your community *(gender, age, nationality, disability status, location, etc.)*? Do you think that the selection criteria used was appropriate and justifiable?**
5. **With all the recent challenges facing the country (COVID-19, economic crisis, etc.), has the project design and training materials used remained relevant to the needs of PwDs in your community? How?**

Efficiency

In this section we will explore whether the project results have been achieved at reasonable cost in terms of quality, quantity and time. We will also discuss the relationship between you and other stakeholders.

6. **How efficiently did IMC implement the trainings given to Community Health Workers CHWs?**
   a) How many community health workers received training in your area? Was the number of trainers sufficient? Were the trainers qualified? Did the trainers spend sufficient time with you during the trainings? Please explain.
   b) Were the training sessions well-organized? Were there any delays during the implementation of the project? If yes, what caused these delays?
7. **How has the relationship been between you/your team of CHWs and IMC?**
   a) Did you face any challenges when working with IMC? If yes, please specify the kinds of challenges.
   b) How frequent were your interactions with IMC?
   c) Did you receive any guidance from IMC? If yes, what did it include? Did you have someone to refer in case you encountered any problem during project implementation?
8. **How has the relationship been between you/your team of CHWs and the people with disabilities from your community whom you detected, referred and followed up with?**
   a) Did you face any challenges when communicating with PwDs from your community? If yes, what were the challenged faced?
   b) How well did they accept and respond to the support provided (referrals and follow-ups)?

Effectiveness

In this section we will assess the contribution made by results to achievement of the project purpose, and how assumptions have affected project achievements. This will include a specific assessment of the benefits accruing to target groups.

9. **What was the impact of receiving trainings on you and your team of CHWs?**

a) Did the training increase your knowledge about PwDs' needs and the health care service gaps? How?
b) Did the training empower you/your team of CHWs to be able to identify PwDs in your community and refer them to suitable rehabilitation centres? Please explain?
c) Did IMC set certain targets for you to reach? If yes, what were they? Were you able to meet them? Why or why not?

10. What was the impact of the health awareness raising campaigns on the community?

a) What were the topics tackled in the health awareness sessions? Were they actually attended by the community? What was the profile of participants and attendees?
b) Did the awareness sessions contribute to a better comprehension of disability? Did these sessions help promote a positive perception of all types of disabilities among community members? How?

Impact

In this section we will examine the effect of the project on its wider environment and its contribution to the wider policy or sector objectives.

11. What evidence is there that the project contributed to the achievement of its overall objectives?

Overall Objective: To reduce the vulnerability of crisis affected populations across Lebanon, with a focus on people with disabilities (PwDs)

12. What, if any, were the unintended impacts of the project intervention, both positive and negative on CHWs and PwDs in your community? Was the project able to monitor, mitigate and respond to any unintended negative effects?

13. Are the apparent impacts which you have mentioned attributable to the project's interventions? Are there any other factors that might have led to them?

Sustainability

In this section we will assess the likelihood of benefits produced by the project to continue to flow after external funding has ended.

14. Will you/your team of CHWs continue your outreach activities after direct support from the programme ended?

a) Do you still have the training materials to support you in continuing your outreach activities?
b) Are you/your team of CHWs still able to detect and refer PwDs to rehabilitation centres and service providers after direct support from the pogramme ended?
c) Have IMC taken any measures to ensure the sustainability of PwD-focused community support and outreach? If yes, what measures did they take?

15. Are you/your team of CHWs equipped and ready to continue raising awareness on key disability issues in your community in the future? If yes, how? If no, what is missing?

Recommendations

In this section we will assess the key lessons learnt, best practices and recommendations to feed back into current and future IMC programming in the same sectoral areas and using similar approaches to meeting objectives.

16. What are your recommendations and lessons learnt regarding the programme? What should be done differently in future projects? What are the activities that can be improved?

DISCUSSION GUIDE – IMC Management and Staff

Date of Interview:
Location (Caza/ Governorate):
Interviewee Name:
Interviewee Position:
Interviewer Name:

Introduction

Thank you very much for setting aside time to talk with me today.
Project Introduction: My name is _____ and I work with InfoPro who has been contracted by IMC.
Research Introduction: We will be asking you a lot of questions regarding your reflections, feedback and recommendations for the IMC program "Improving Access to Quality Health Care for Persons with Disabilities in Lebanon" in addition to the relevance, efficiency, effectiveness, impact and sustainability of the project. You were selected for this interview because you were involved in the program as a key stakeholder. However, it is not mandatory to answer all the questions in the discussion guide.
Interview Timeframe and Procedure: The conversation will take 35 to 45 minutes.
Permission to Record: If you don't mind, I would like to record our conversation. This allows us at a later stage to listen to the conversation and transcribe the information you provided us with during the meeting. I would like to assure you that no one outside of our team will have access to these recordings. Once the study is finalized, we will delete them.
BEGIN RECORDING Before we begin, do you have any questions?

Background

1. **Please tell me briefly how long have you been working with [ORGANIZATION], and what is your current role?**

Relevance

2. **Prior to the current intervention / project, was a needs analysis conducted with project stakeholders and beneficiaries? What were the findings of the needs analysis? What were the needs of people with disabilities (PwDs) and primary health care centres (PHCCs)?**
3. **If a needs analysis was not conducted, what sources of information did you rely on in identifying the needs / gaps of PwD's and PHCC's (sources of data used, meetings with stakeholders conducted, etc.)? Do you feel that these sources were reliable? Why / why not?**
4. **Were stakeholders involved in the project design process? Who was involved? What was their contribution? In your opinion, were there other stakeholders that should have been involved? Who exactly? How would they have added value to the project?**
5. **Was nationality taken into account when designing the project? How did it feed into the project design? Are there any other criteria that should have been taken into account?**
6. **How were the PHCCs selected? Was the selection of PHCCs in the geographical areas appropriate for reaching PwDs in need of assistance? If yes, how? If no, why not?**

7. **Did you monitor the project's progress on a continuous basis? How? Were the indicators specific, measurable, detailed and relevant to measure the achievement of the results and objectives? Please explain.**
8. **Were baselines set for each relevant indicator? Were indicators' target values realistic? If not, why is that? On what basis were target values set?**
9. **With all the recent challenges facing the country (COVID-19, economic crisis, etc.), has the project design remained relevant to the needs of PwDs and PHCCs? How?**

Efficiency

10. **How would you rate the overall efficiency of the IMC project in terms of resources used versus the results?**
    a) How did you track your spending?
    b) Did initial financial forecasts have to be adapted at any stage during the project? Why?
    c) Looking back, were the resources, inputs and funds placed for the project commensurate with its requirements? Could the same results have been achieved with less resources, inputs and funds? Why or why not?
    d) Was the timeframe allocated realistic? Were results achieved within the timeframe specified? Why or why not?
    e) Were any mechanisms placed to counteract any diversion from the original project plan? If yes, to what extent where they effective?
    f) Any insights as to what should be done differently in the future?
11. **What were some of the external constraints to achieving better efficiency and how well were they mitigated?**
    a) Were there any legal constraints (restricting policies and laws concerning PwDs, etc.), social constraints (limited participation by community health workers, lack of cooperation from PHCC staff, etc.), logistical constraints (finding Lebanese PwDs who do not hold a disability card, outdated data from ministries, etc.) or any other constraints that have affected the efficiency of project implementation? If yes, how well were they mitigated?
    b) Did the economic crisis and the spread of the COVID-19 virus in Lebanon affect the efficiency of this project? How? What measures did IMC take to mitigate it?
    c) Any other constraints? What are your insights and recommendation for future programming?
12. **Please describe the relationship between your organization and all the other stakeholders involved in the programme (Ministries, FPS, PHCC staff, community health workers, ToT participants)?**
    d) How frequent were your interactions with each of these stakeholders?
    e) Did you face any challenges when working with any of these stakeholders? If yes, please specify what types of challenges?
    f) Were there any delays in the planning and implementation of the program caused by any of these stakeholders? If yes, what was the cause of these delays? What could have been done differently to counteract these problems?

d) Was there a lack of coordination and cooperation between IMC and the different stakeholders (Ministries, FPSC, PHCC staff, volunteers, CHWs, ToT participants)? If yes, how was it mitigated?

Effectiveness

13. Did the achievement of the results improve the accessibility and coverage of quality primary health care services for people with disabilities (PwDs)?

d) Did the support with essential structural and physical alterations provided to PHCCs make them more accessible to people with disabilities? How?

e) Did the project improve PwDs' access to free-of-charge specialized diagnostic tests in the supported clinics? How?

f) Did the project improve PwDs' access to free mobility assistive devices, hearing and visual aids, and specialized products? How? Was the quantity supplied sufficient to meet their needs? Were these distributed devices of good quality? Please specify.

g) Did the project improve PwDs' access to comprehensive free-of-charge rehabilitation services? How? To what extent were these services effective in helping PwDs in their recovery process and in becoming more independent?

h) Was the training that was provided to PHCC staff, volunteers, and community health workers effective in improving their knowledge about disabilities, their communication with PwDs and their attitudes towards patients with disabilities? Please explain.

i) In your opinion, what gaps still exist in PwDs' accessibility to quality primary health care services?

14. Why were the following target values not fully reached? What factors disrupted their fulfillment? How can the gap be explained?

Indicator	Target Value	Result	Progress in %
Number of cases receiving specialized diagnostic tests	4,030	3,546	87.99%
Number of rehabilitation sessions provided for Syrian and other vulnerable populations	15,400	14,995	97.37%
Number of PHCC staff, volunteers and community health workers trained on key health and disability issues	1,200	779	64.92%
Number of participants in the Training of Trainers (ToT) on health and disability	60	38	63.33%

15. Did the achievement of results increase PwD-focused community support and outreach?

a) Was the project able to reach out and train community health workers (CHWs) on health and nutrition topics? If yes, how many CHWs did IMC recruit and train? Were CHWs capable of detecting cases of disabilities in their communities, undertaking individual assessments and referring them to the appropriate clinics? Please explain.

b) Was the project effective in raising health awareness related to disability? How did the community's perception of disabilities change?

c) Were the community support groups successful in empowering PwDs and caregivers of PwDs to develop strengths and techniques in overcoming psychosocial stressors? Please provide examples.
d) What were some of the challenges faced that hindered the achievement of the project's goals?

16. **Did the disability and health situational analysis report help IMC and FPS in understanding health-related perceptions, priorities and barriers as defined by PwDs in Lebanon?**
    a) Was the study effective in examining health service access and utilization by PwDs in Lebanon? Were there any limitations to the study?
    b) Was the project able to meet the needs of PwDs that were identified in the disability and health situation report? If yes, how? If no, what should be done differently in the future?
    c) Was the support provided aligned to those of varying nationalities, areas of residence, MoSA status, etc.? Was any group excluded?
17. **To which extent was the IMC successful in adapting its strategies and implementation approaches to overcome contextual challenges?**

Impact

18. **What evidence is there that the project contributed to the achievement of its overall objective?**

Overall Objective: To reduce the vulnerability of crisis affected populations across Lebanon, with a focus on people with disabilities (PwDs)

19. **What, if any, were the unintended impacts of the project intervention, both positive and negative? Was the project able to monitor, mitigate and respond to any unintended negative effects?**
20. **What has been the outcome of the project on the PWD's access to health services? Are there differences across nationality and geographic areas?**

Sustainability

21. **What risks are visible regarding the sustainable effectiveness of the interventions undertaken?**
22. **To what extent are the (counterpart) organizations (financially, personnel-wise and in terms of organization) capable and prepared to maintain the positive effects of the development interventions without support in the long term? Please explain.**
23. **What evidence is there to suggest the project's interventions and/or results will be sustained after the project end?**
    a) Based on your knowledge, do you believe that the Ministry of Social Affairs (MoSA), the Ministry of Public Health (MoPH) or PHCCs are planning to or working on further increasing the access of PwDs to health care services in Lebanon? How?
    b) What measures were taken to guarantee the sustainability of the project? (Training of PHCC staff, volunteers and community health workers, Training of trainers (ToT), distributing training materials to the ministries, engaging community health workers, etc.)
    c) Are any of the project results expected to last longer than the timeframe of the project?

24. **Are the ToT participants capable and equipped to continue the provision of training to PHCC staff in the future? Is MoSA or MoPH still using any of the training materials and curriculum that were provided by IMC and FPSC?**
25. **Have IMC or any of the project stakeholders taken initiatives to build capacities? To enhance the role of PHCC staff and community health workers?**

Recommendations

In this section we will assess the key lessons learnt, best practices and recommendations to feed back into current and future IMC programming in the same sectoral areas and using similar approaches to meeting objectives.

26. **What are your recommendations and lessons learnt regarding the programme? What should be done differently in future projects? What are the activities that can be improved?**

DISCUSSION GUIDE – Ministries

Date of Interview:
Location (Caza/ Governorate):
Name of Institution/Organization:
Interviewee Name:
Interviewee Position:

Introduction

Thank you very much for setting aside time to talk with me today.
Project Introduction: My name is _____ and I work with InfoPro who has been contracted by IMC.
Research Introduction: The International Medical Corps UK (IMC), together with Fundacion Promocion Social de la Cultura (FPS), launched a 16-month program in 2019 that aims to improve access to quality primary health care for Syrian refugees and other vulnerable populations with disabilities within 54 communities located in North Lebanon, South Lebanon, Bekaa, Beirut/Mount Lebanon, Akkar. The target groups that were engaged to achieve project objectives were vulnerable people with disabilities (PwDs), primary healthcare centres (PHCCs), community health workers (CHWs) and government authorities. For this reason, we will be asking you a lot of questions regarding your reflections, feedback and recommendations for this project in addition to the relevance, efficiency, effectiveness, impact and sustainability of the project. You were selected for this interview because you were involved in the program as a key stakeholder. However, it is not mandatory to answer all the questions in this guide.
Interview Timeframe and Procedure: The conversation will take 30 to 40 minutes.
Permission to Record: If you don't mind, I would like to record our conversation. This allows us at a later stage to listen to the conversation and transcribe the information you provided us with during the meeting. I would like to assure you that no one outside of our team will have access to these recordings. Once the study is finalized, we will delete them.
BEGIN RECORDING Before we begin, do you have any questions?

Background

1. **Please tell me briefly how long have you been working with [PHCC], and what is your current role?**
2. **Could you tell us about the activities that the IMC provided at this PHCC?**
   a) Was the PHCC provided with essential structural and physical alterations? What did they comprise of?
   b) Was your staff provided with training by the IMC? What topics did the training sessions cover?
   c) Did this PHCC receive support enabling it to provide PwDs with free-of-charge mobility assistive devices, hearing and visual aids and specialized products as part of this program?
   d) Did this PHCC receive support enabling it to provide specialized diagnostic tests and rehabilitation services to PwDs or to refer them to specialized centres based on each patient's medical condition?

Relevance

In this section we will explore the relevance and appropriateness of the support provided to this PHCC and the degree to which it responds to its needs. We will also assess whether the project was designed to respond to the needs of vulnerable people with disabilities (PwDs) in the community.

3. **Was the project adequately designed to respond to the needs of this PHCC?**

a) Before the project intervention, what were the needs of this PHCC when it comes to providing health care services to PwDs? What type of support was needed for the PHCC to improve its services?
b) Were physical and structural alterations needed to improve the PHCC's accessibility? Were there other types of support that were needed by the PHCC? Please specify.
c) Do you feel that the IMC response was in alignment with the PHCC's needs? If not, what needs were not tackled as a part of this program?
d) Was your PHCC involved in the decision making process? Was your feedback taken into account in designing the program?

4. **Before the project intervention, did this PHCC provide trainings to its staff** on the needs of PwDs, how best to interact with them, the use of appropriate language in addition to key health and disability issues?
   a) If training was not provided, why not? What were the hindering factors?
   b) If training was provided, in your opinion, were there any gaps in the trainings that this PHCC provided to its staff? What type of gaps? Please explain why these gaps were not tackled by your institution? What were the challenges? Did IMC's project respond to those gaps? Please explain (i.e completely, partially etc.)
   c) Prior to IMC's intervention, were there any incidents/complaints at this PHCC from PwDs in terms of the way they were treated, the communication used, referral mechanisms, etc.? Did this lessen as a result of the IMC intervention?

5. **Was the project adequately designed to respond to the needs of PwDs in the community?**
   a) Is the PHCC aware of the particular needs of PwDs in the community and the barriers they face when accessing healthcare services at PHCCs? Do the services offered at this PHCC to PwDs and their relative costs differ based on nationality (Lebanese vs. Syrian) and based on the availability of a MoSA disability card? To what extent were PwDs aware of their rights and aware of the services they receive through a disability card?
   b) Was the IMC project designed in a way that improves PwDs' accessibility to primary health care services and lessens the barriers they face?
   c) Were there any changes that have occurred during the course of the project that have affected your service delivery (ex. Economic, political, COVID-19, etc.)? Please explain. Has IMC's project remained relevant to the PHCC's needs despite those changes? If not, then please highlight future needs?

Efficiency

In this section we will explore whether the project results have been achieved at reasonable cost in terms of quality, quantity and time. We will also discuss the relationship between your PHCC and other stakeholders.

6. **How efficiently did IMC implement the essential structural and physical alterations and the staff trainings at this PHCC?**
   d) Were the resources allocated by the IMC commensurate with the PHCC's needs? Were there any gaps in inputs / resources throughout the duration of the project? Please specify. Could the same results have been achieved with less inputs, resources and funds? What should have been done differently in your opinion?

e) How many of your staff members received training from the IMC? Was the number of trainers sufficient to train your staff? Were the trainers qualified? Did the trainers spend sufficient time at your PHCC during the trainings? What were the topics covered?
f) Were the training sessions well-organized?

7. **In general, were there any delays during the implementation of the IMC project? If yes, what was the cause of these delays?**
8. **Please describe the relationship between this PHCC and the following stakeholders involved in the programme: IMC, FPSC, MoPH, MoSA and service providers?**
   a) How frequent were your interactions with each of these stakeholders?
   b) Did you face any challenges when working with any of these stakeholders? If yes, please specify what kind of challenges.
   c) What in your opinion should have been done differently?
9. **Please describe the relationship between this PHCC and the PwDs who benefited from the services provided within this programme?**
   a) Throughout the course of the project, did you face any challenges when providing health care services to any of the PwDs who visited during the period of implementation? Please highlight these challenges.
   b) How well did PwDs accept and respond to the support provided (specialized diagnostic tests, assistive devices, rehabilitation services, improved attitudes and knowledge by health care staff, improved physical accessibility to centre)?
10. **How did the economic crisis and the COVID-19 pandemic affect the efficiency of the project? What measures did IMC take to mitigate it?**

Effectiveness

In this section we will assess the contribution made by results to achievement of the project purpose, and how assumptions have affected project achievements. This will include a specific assessment of the benefits accruing to target groups.

11. **What was the impact of receiving essential structural and physical alterations on the PHCC? Did it increase PwD's accessibility to quality primary health care services? If yes, how?**
    a) Were you satisfied with the quality of the physical alterations and equipment that this PHCC received through the IMC project? Did they meet your expectations?
    b) Was the number of facilities and equipment provided sufficient to meet the needs of this PHCC?
12. **Did the provision of training to PHCC staff on key health and disability issues improve their knowledge and attitude towards people with disabilities? If yes, how?**
    a) Is there any evidence that proves that PwDs were more satisfied with the way they were treated and communicated with at this PHCC? Please specify.
13. **Prior to the project intervention, which of the below health care services did this PHCC provide to PwDs? Were these services and products sufficiently available to meet the needs of PwDs? Were these services covered for free by the MoSA disability card?**

Probe: General medical consultations, consultation with specialized doctor, diagnostic tests, mental health services, rehabilitation services, medications, assistive devices, surgery, etc.

14. **During the course of the programme, did PwDs have increased access to the above healthcare services (whether at PHCCs or at other specialized centres through referrals)?**
    a) Did the programme help decrease the financial costs and burdens accrued by PwDs when accessing these services (regardless of nationality and availability of a disability card)? If yes, how?
    b) Did the programme have an impact on the quality and quantity of the products/services offered at the PHCC? If yes, how?
15. **Is the PHCC now capable of delivering primary health care services to PwDs in a more effective way? Please explain.**

Impact

In this section we will examine the effect of the project on its wider environment and its contribution to the wider policy or sector objectives.

16. **What has been the outcome of the project on the PwD's access to health services? Are there differences across nationality?**
17. **What, if any, were the unintended impacts of the project intervention, both positive and negative on the PHCC, its staff members, and PwDs' lives (social inclusion, awareness on their rights, knowledge about their health condition, etc.)? Was the project able to monitor, mitigate and respond to any unintended negative effects?**
18. **Are the apparent impacts which you have mentioned attributable to the project's interventions? Are there any other factors that might have led to them?**

Sustainability

In this section we will assess the likelihood of benefits produced by the project to continue to flow after external funding has ended.

19. **After direct support from the programme ends, in your opinion, will the MoPH and MoSA be able to provide financial and in-kind support to PHCCs that help secure affordable services to PwDs (regardless of nationality and availability of a MOSA disability card)? Please explain.**
20. **In your opinion, is there anything that might hinder the PHCC's ability to continue delivering specialized diagnostic tests, assistive devices, and referrals to rehabilitation centres after direct support from the programme ended? Please specify.**
21. **Is the PHCC undertaking any measures to maintain the physical and structural alterations and facilities to better accommodate PwDs in the future? What kind of measures?**
22. **Is the PHCC planning on using the rights-based, disability and health curriculum to further build the capacity of PHCC staff to provide appropriate care and treatment to PwDs? How? Does this PHCC face any challenges in delivering such trainings to its staff on a continuous basis? If yes, what types of challenges?**

23. **Following the trainings received, are the physicians and doctors at this PHCC capable of conducting appropriate screening, monitoring and follow-up diagnostics and referring PwDs to diagnostic centres and rehabilitation centres based on their medical condition? Please explain.**
24. **Is the MoPH, MoSA or PHCC in the process of designing or implementing any policies or improvements that could improve the quality and accessibility of services provided to PwDs? If yes, what types of policies? Are there other initiatives which might be in the pipeline i.e. through international donors?**

Recommendations

In this section we will assess the key lessons learnt, best practices and recommendations to feed back into current and future IMC programming in the same sectoral areas and using similar approaches to meeting objectives.

25. **What are your recommendations and lessons learnt regarding the programme? What should be done differently in future projects? What are the activities that can be improved?**

DISCUSSION GUIDE – Primary HealthCare Centres

Date of Interview:
Location (Caza/ Governorate):
Name of Institution/Organization:
Interviewee Name:
Interviewee Position:

Introduction

Thank you very much for setting aside time to talk with me today.
Project Introduction: My name is _____ and I work with InfoPro who has been contracted by IMC.
Research Introduction: The International Medical Corps UK (IMC), together with Fundacion Promocion Social de la Cultura (FPSC), launched a 16-month program in 2019 that aims to improve access to quality primary health care for Syrian refugees and other vulnerable populations with disabilities within 54 communities located in North Lebanon, South Lebanon, Bekaa, Beirut/Mount Lebanon, Akkar. The target groups that were engaged to achieve project objectives were vulnerable people with disabilities (PwDs), primary healthcare centres (PHCCs), community health workers (CHWs) and government authorities. For this reason, we will be asking you a lot of questions regarding your reflections, feedback and recommendations for this project in addition to the relevance, efficiency, effectiveness, impact and sustainability of the project. You were selected for this interview because you were involved in the program as a key stakeholder. However, it is not mandatory to answer all the questions in this guide.
Interview Timeframe and Procedure: The conversation will take 30 to 40 minutes.
Permission to Record: If you don't mind, I would like to record our conversation. This allows us at a later stage to listen to the conversation and transcribe the information you provided us with during the meeting. I would like to assure you that no one outside of our team will have access to these recordings. Once the study is finalized, we will delete them.
BEGIN RECORDING Before we begin, do you have any questions?

Background

1. **Please tell me briefly how long have you been working with [PHCC], and what is your current role?**
2. **Could you tell us about the activities that the IMC provided at this PHCC?**
   e) Was the PHCC provided with essential structural and physical alterations? What did they comprise of?
   f) Was your staff provided with training by the IMC? What topics did the training sessions cover?
   g) Did this PHCC receive support enabling it to provide PwDs with free-of-charge mobility assistive devices, hearing and visual aids and specialized products as part of this program?
   h) Did this PHCC receive support enabling it to provide specialized diagnostic tests and rehabilitation services to PwDs or to refer them to specialized centres based on each patient's medical condition?

Relevance

In this section we will explore the relevance and appropriateness of the support provided to this PHCC and the degree to which it responds to its needs. We will also assess whether the project was designed to respond to the needs of vulnerable people with disabilities (PwDs) in the community.

3. **Was the project adequately designed to respond to the needs of this PHCC?**

e) Before the project intervention, what were the needs of this PHCC when it comes to providing health care services to PwDs? What type of support was needed for the PHCC to improve its services?

f) Were physical and structural alterations needed to improve the PHCC's accessibility? Were there other types of support that were needed by the PHCC? Please specify.

g) Do you feel that the IMC response was in alignment with the PHCC's needs? If not, what needs were not tackled as a part of this program?

h) Was your PHCC involved in the decision making process? Was your feedback taken into account in designing the program?

4. **Before the project intervention, did this PHCC provide trainings to its staff** on the needs of PwDs, how best to interact with them, the use of appropriate language in addition to key health and disability issues?

d) If training was not provided, why not? What were the hindering factors?

e) If training was provided, in your opinion, were there any gaps in the trainings that this PHCC provided to its staff? What type of gaps? Please explain why these gaps were not tackled by your institution? What were the challenges? Did IMC's project respond to those gaps? Please explain (i.e completely, partially etc.)

f) Prior to IMC's intervention, were there any incidents/complaints at this PHCC from PwDs in terms of the way they were treated, the communication used, referral mechanisms, etc.? Did this lessen as a result of the IMC intervention?

5. **Was the project adequately designed to respond to the needs of PwDs in the community?**

c) Is the PHCC aware of the particular needs of PwDs in the community and the barriers they face when accessing healthcare services at PHCCs? Do the services offered at this PHCC to PwDs and their relative costs differ based on nationality (Lebanese vs. Syrian) and based on the availability of a MoSA disability card? To what extent were PwDs aware of their rights and aware of the services they receive through a disability card?

d) Was the IMC project designed in a way that improves PwDs' accessibility to primary health care services and lessens the barriers they face?

d) Were there any changes that have occurred during the course of the project that have affected your service delivery (ex. Economic, political, COVID-19, etc.)? Please explain. Has IMC's project remained relevant to the PHCC's needs despite those changes? If not, then please highlight future needs?

Efficiency

In this section we will explore whether the project results have been achieved at reasonable cost in terms of quality, quantity and time. We will also discuss the relationship between your PHCC and other stakeholders.

6. **How efficiently did IMC implement the essential structural and physical alterations and the staff trainings at this PHCC?**

g) Were the resources allocated by the IMC commensurate with the PHCC's needs? Were there any gaps in inputs / resources throughout the duration of the project? Please specify. Could the same

results have been achieved with less inputs, resources and funds? What should have been done differently in your opinion?

h) How many of your staff members received training from the IMC? Was the number of trainers sufficient to train your staff? Were the trainers qualified? Did the trainers spend sufficient time at your PHCC during the trainings? What were the topics covered?

i) Were the training sessions well-organized?

7. **In general, were there any delays during the implementation of the IMC project? If yes, what was the cause of these delays?**

8. **Please describe the relationship between this PHCC and the following stakeholders involved in the programme: IMC, FPSC, MoPH, MoSA and service providers?**

   d) How frequent were your interactions with each of these stakeholders?

   e) Did you face any challenges when working with any of these stakeholders? If yes, please specify what kind of challenges.

   f) What in your opinion should have been done differently?

9. **Please describe the relationship between this PHCC and the PwDs who benefited from the services provided within this programme?**

   c) Throughout the course of the project, did you face any challenges when providing health care services to any of the PwDs who visited during the period of implementation? Please highlight these challenges.

   d) How well did PwDs accept and respond to the support provided (specialized diagnostic tests, assistive devices, rehabilitation services, improved attitudes and knowledge by health care staff, improved physical accessibility to centre)?

10. **How did the economic crisis and the COVID-19 pandemic affect the efficiency of the project? What measures did IMC take to mitigate it?**

Effectiveness

In this section we will assess the contribution made by results to achievement of the project purpose, and how assumptions have affected project achievements. This will include a specific assessment of the benefits accruing to target groups.

11. **What was the impact of receiving essential structural and physical alterations on the PHCC? Did it increase PwD's accessibility to quality primary health care services? If yes, how?**

    c) Were you satisfied with the quality of the physical alterations and equipment that this PHCC received through the IMC project? Did they meet your expectations?

    d) Was the number of facilities and equipment provided sufficient to meet the needs of this PHCC?

12. **Did the provision of training to PHCC staff on key health and disability issues improve their knowledge and attitude towards people with disabilities? If yes, how?**

    b) Is there any evidence that proves that PwDs were more satisfied with the way they were treated and communicated with at this PHCC? Please specify.

13. **Prior to the project intervention, which of the below health care services did this PHCC provide to PwDs? Were these services and products sufficiently available to meet the needs of PwDs? Were these services covered for free by the MoSA disability card?**

Probe: General medical consultations, consultation with specialized doctor, diagnostic tests, mental health services, rehabilitation services, medications, assistive devices, surgery, etc.

14. **During the course of the programme, did PwDs have increased access to the above healthcare services (whether at PHCCs or at other specialized centres through referrals)?**
    c) Did the programme help decrease the financial costs and burdens accrued by PwDs when accessing these services (regardless of nationality and availability of a disability card)? If yes, how?
    d) Did the programme have an impact on the quality and quantity of the products/services offered at the PHCC? If yes, how?
15. **Is the PHCC now capable of delivering primary health care services to PwDs in a more effective way? Please explain.**

Impact

In this section we will examine the effect of the project on its wider environment and its contribution to the wider policy or sector objectives.

16. **What has been the outcome of the project on the PwD's access to health services? Are there differences across nationality?**
17. **What, if any, were the unintended impacts of the project intervention, both positive and negative on the PHCC, its staff members, and PwDs' lives (social inclusion, awareness on their rights, knowledge about their health condition, etc.)? Was the project able to monitor, mitigate and respond to any unintended negative effects?**
18. **Are the apparent impacts which you have mentioned attributable to the project's interventions? Are there any other factors that might have led to them?**

Sustainability

In this section we will assess the likelihood of benefits produced by the project to continue to flow after external funding has ended.

19. **After direct support from the programme ends, in your opinion, will the MoPH and MoSA be able to provide financial and in-kind support to PHCCs that help secure affordable services to PwDs (regardless of nationality and availability of a MOSA disability card)? Please explain.**
20. **In your opinion, is there anything that might hinder the PHCC's ability to continue delivering specialized diagnostic tests, assistive devices, and referrals to rehabilitation centres after direct support from the programme ended? Please specify.**
21. **Is the PHCC undertaking any measures to maintain the physical and structural alterations and facilities to better accommodate PwDs in the future? What kind of measures?**
22. **Is the PHCC planning on using the rights-based, disability and health curriculum to further build the capacity of PHCC staff to provide appropriate care and treatment to**

PwDs? How? Does this PHCC face any challenges in delivering such trainings to its staff on a continuous basis? If yes, what types of challenges?

23. **Following the trainings received, are the physicians and doctors at this PHCC capable of conducting appropriate screening, monitoring and follow-up diagnostics and referring PwDs to diagnostic centres and rehabilitation centres based on their medical condition? Please explain.**
24. **Is the MoPH, MoSA or PHCC in the process of designing or implementing any policies or improvements that could improve the quality and accessibility of services provided to PwDs? If yes, what types of policies? Are there other initiatives which might be in the pipeline i.e. through international donors?**

Recommendations

In this section we will assess the key lessons learnt, best practices and recommendations to feed back into current and future IMC programming in the same sectoral areas and using similar approaches to meeting objectives.

25. **What are your recommendations and lessons learnt regarding the programme? What should be done differently in future projects? What are the activities that can be improved?**

DISCUSSION GUIDE – Focus Group Guide

Date:
Location (Caza/ Governorate):
Number of participants:
Moderator:
Notetaker:

Introduction

Thank you very much for setting aside time to talk with me today.
Project Introduction: My name is _____ and I work with InfoPro who has been contracted by the International Medical Corps UK (IMC).
Research Introduction: IMC, together with Fundacion Promocion Social de la Cultura (FPSC), launched a 16-month program in 2019 that aims to improve access to quality primary health care for Syrian refugees and other vulnerable populations with disabilities within 54 communities located in North Lebanon, South Lebanon, Bekaa, Beirut/Mount Lebanon, Akkar. The target groups that were engaged to achieve project objectives were persons with disabilities that are from different nationalities. The program aimed at providing vulnerable PwDs with support by providing them with different health care services. For this reason, , we will be asking you a lot of questions regarding your reflections, feedback and recommendations for the IMC program "Improving Access to Quality Health Care for Persons with Disabilities in Lebanon" in addition to the relevance, efficiency, effectiveness, impact and sustainability of the project. You were selected for this interview because you were involved in the program as direct beneficiaries.
Confidentiality: Before we begin, I want to let you know that we will keep all the information or examples you give us during this conversation private. We will not share any information about you or anything you tell us with anyone who is not on our team. Your name will not be mentioned in the report. This way, nothing you tell us will be connected to you in the report.
Interview Timeframe and Procedure: The conversation will take up to one hour and a half. We will ask you several questions during this time frame, and my colleague will be taking notes.
Permission to Record: If you don't mind, I would like to record our conversation. This allows us at a later stage to listen to the conversation and transcribe the information you provided us with during the meeting. I would like to assure you that no one outside of our team will have access to these recordings. Once the study is finalized we will delete them.
BEGIN RECORDING Before we begin, do you have any questions?
Explain: Your role (as participants) is to:

- Speak up and don't speak over anyone else
- One person talks at a time
- Share your own thoughts and ideas; do not feel you have to agree with your neighbor
- Be open, participate, and have fun

We'd like to start off by asking each of you to introduce yourselves to the group. Please only give your first name. We will go around the table starting with ___. Just give us your name, age, nationality and your type of disability.

Notetaker should note names on tags for participants, and then should write down the name with a corresponding number in the notes. Notetaker should use the assigned numbers to track who says what during the discussion.

- **Participant Profile:**

Would you please introduce yourself?

Participant Number	Participant Name	Age	Gender	Nationality	Type of Disability
1					
2					
3					
4					
5					
6					
7					
8					

Health Care Services

1. **What are the barriers that you usually face when accessing health care services? Have there been any changes in those barriers over the past two years? How do these barriers differ according to your nationality or whether you have a MoSA disability card?**

Probe: Geographical barriers, physical barriers, financial barriers, information and interactional barriers, and medical services barriers

2. **What are the health services that you usually need? How often do you need those services? Where do you usually receive them from? Are you able to access those services on your own? If not, who do you rely on?**

Probe: Diagnostic tests, medications, surgeries, rehabilitation services, hospitalization, medical care, etc.

3. **Do you have a regular PHCC that you visit? What are types of services/support that you usually receive at this PHCC? How much do you usually pay on average per each service? Do you find the cost acceptable and affordable? How has your accessibility to the services at this PHCC changed during the past two years?**
4. **Did you need any assistive devices during the past two years? If yes, what were they? From where did you receive them? Did you face any challenges during this process of obtaining these devices? If yes, what were these challenges? What was the cost of those devices? Please rate their quality.**
5. **Were you ever in need of rehabilitation services? If yes, what services exactly? Where do you usually receive these services and how much do they cost you? How did your accessibility to such services change over the past two years?**
6. **Were you ever in need of specialized diagnostic services? Where do you usually get such services (PHCCs, specialized diagnostic centers, hospitals (outside PHCCs), etc.)? How much do you usually have to pay for such services? How have these elements changed over the past two years?**
7. **Throughout the past years, how did the government and relevant ministries (MoSA, MoPH) support you in accessing quality health care services?**
   a) Do you have a MoSA disability card? If no, why haven't you applied for one? If yes, since when?

b) For those who have a disability card, how did you learn about it? Have you ever used it? What benefits did you receive through it? If you have never used it before, why so?

General Assessment of PHCC

8. **Please describe the relationship between you and the staff at the PHCC that you visit? Have you ever had any incidents in which you felt mistreated or ignored? If yes, please describe those incidents. Have there been any changes in the way PHCC staff communicate with you during the past two years? If yes, please explain.**

Probe: Treatment and communication, discrimination, knowledge of PHCC staff, helpfulness, appropriate referrals, proper terminology, etc.

9. **How knowledgeable are PHCC staff about cases of disabilities and the specific services that are usually required by PwDs?**
10. **Have you had any challenges in physically accessing the PHCC that you usually visit? If yes, what were those challenges? Have there been any improvements in the physical accessibility of this PHCC during the past two years? If yes, what were those improvements?**

Probe: Outdoor facilities: Parking space, entrance door, outdoor ramp, etc.; Indoor facilities: Bathroom, adjustable examination tables, adapted signs, wider doors, indoor ramps, etc.)

11. **How can you describe your experience during your visits to PHCCs, rehabilitation centers and diagnostic centers? How has it changed throughout the past two years?**
    a) How long do you usually have to wait to take an appointment or to see a doctor?
    b) How much time do you usually spend with your physician? Do you feel it is sufficient for you to get all the information/support you needed? Please explain.
    c) What were the equipment/testing services needed during your PHCC visit? Are they properly adapted to cater for your specific needs? If yes, how? Are you satisfied with the services provided? If not, please explain why?
12. **What are the physical and structural alterations and facilities that are still needed at this PHCC? Please explain how they would enhance your experience with receiving health care services at PHCCs?**
13. **What do you think is still lacking in your interactions with PHCC staff? What are the aspects or skills that PHCC staff still need to work on to improve their provision of health care services to PwDs?**

Probe: Knowledge about disabilities, sharing of information, listening skills, treatment, terminologies used, helpfulness, etc.

14. **What health care services are still missing at the PHCC? How often do you need these services? Please explain how the addition of these services would have an impact on your overall access to health care services?**
15. **In general, how satisfied are you with the PHCC that you regularly visit? Are there issues that you feel are crucial that are still not provided?**

Community Health Workers/General Community

16. **Have you been approached by a CHW during the past two years? If yes, please describe the process that you went through.**
    a) Was the CHW well-informed and knowledgeable about your case of disability and the specific services that you would need? Please explain.
    b) How comfortable were you in the process? To which centre did the CHW refer you? Did you follow the CHW's advice? If no, why not? If yes, did you get the service needed at the centre? What challenges did you face? In general, how satisfied were you in the referrals that were provided by the CHW?
    c) How often did the CHW follow-up with you?
17. **How has the general perception of the community towards you and other PwDs change during the past two years? Please provide examples. Do you believe you have better chances of employment/education now? Why or why not?**

Probe: Treatment, communication, acceptance, discrimination, etc.

Recommendations

18. **What are your reflections and feedback in regards to the health care services that you have received during the past two years from PHCCs, rehabilitation centres, specialized diagnostic centres and community health workers?**
19. **What other elements should be addressed in future programmes to further improve your accessibility to health care services?**

International Medical Corps UK (IMC)
-Improving Access to Quality Health Care for Persons with Disabilities (PwDs) in Lebanon-
CATI Survey

-Persons with Disabilities (PwDs)-

QID

Fieldworker Name:

Interview date:		
Day	**Month**	**Year**

Administrative Section	**Yes**	**No**	**Person in charge:**
Edited	01	02	
Coded	01	02	
Quota Checked	01	02	
Back-checked	01	02	
Accepted	01	02	
Imputed	01	02	
Editing Comments:			Back-Check Comments:

Name of interviewee:	
Mohafaza	
Caza	
Area of Residence	
Landline Number	
Mobile Number	

Hello, my name is _____, I work for InfoPro Research who has been contracted by IMC. IMC, together with Fundacion Promocion Social de la Cultura (FPSC), launched a 16-month program in 2019

that aims to improve access to quality primary health care for Syrian refugees and other vulnerable populations with disabilities within 54 communities located in North Lebanon, South Lebanon, Bekaa, Beirut/Mount Lebanon, Akkar. I would like to take a few minutes of your time to ask you some questions about the health care services which you received at PHCCs, diagnostic centres and rehabilitation centres during the past two years. . You were selected for this survey because you were involved in the program as a direct beneficiary. Your knowledge and feedback will be of great benefit to the outcome of the study. I assure you that your name will not be presented anywhere in the study and all the data will remain confidential, therefore, I urge you to give me your honest personal opinion.

Section S: Selection Criteria

S1- What is the PHCC that you (PwD) are currently visiting:	
PHCC Name: _____	If PHCC is one of the 54 supported PHCCs by IMC, Continue Otherwise, exit interview

Section Z: Demographic Questions/ Background

Z1- Gender of PwD *(Unaided-Single Response)*	
01	Male
02	Female

Z2- Age of PwD:	_____ Years

If Age of PwD is greater than or equal to 18 years old, Continue

If age of PwD < 18 years old, Skip to Z5

Z3- What is the marital status of the PwD? *(Unaided-Single Response)*	
01	Single
02	Married
03	Divorced
04	Widowed
95	Refused

Z4- What is the current and main occupation of the PwD? *(Unaided-Single Response)*

01	Self-employed
02	In paid employment
03	Temporarily not working (unemployed or sick)
04	Retired
05	Not working/responsible for ordinary shopping and looking after daily needs
06	Not working/disability-related
07	Still studying
95	Refused
97	Do Not Know

Skip to Z6

Z5- Does the PwD attend a school/vocational institute? ***(Unaided-Single Response)***	
01	Yes
02	No
95	Refused
97	Do Not Know

Z6- Is the PwD able to fill out the survey by him/herself? ***To be asked to the head of the household***	
01	Yes
02	No

If PwD is not able to fill out the survey by him/herself or if age of PwD is <18 years old, please fill out the survey with the Caregiver who usually takes the PwD to PHCCs

***All questions that follow are about the PwD**

Z7- Is the respondent the Person with disability (PwD) or his/her caregiver? ***(Unaided-Single Response)***	
01	Person with Disability (PwD)
02	Caregiver

Z8- Nationality of PwD ***(Unaided-Single Response)***	
01	Lebanese
02	Syrian
03	Palestinian
04	Iraqi

98	Other (Please specify): _____
95	Refused
97	Do Not Know

Z9- What is your / PwD current living situation? ***(Unaided-Single Response)***	
01	With parents
02	With children
03	With other family members
04	Independently
05	At an institution
95	Refused
97	Do Not Know

Z10- What is your / PwD's **household** monthly average income in Lebanese Lira? ***(Unaided-Single Response)***	
01	Less than LL 750,000
02	From LL 750,000 – LL 1,499,999
03	From LL 1,500,000 – LL 2,249,999
04	From LL 2,250,000 – LL 2,999,999
05	From LL 3,000,000 – LL 4,499,999
06	From LL 4,500,000 – LL 7,499,999
07	From LL 7,500,000 – LL 14,999,999
08	More than LL 14,999,999
95	Refused
97	Do Not Know

Z11- What type of disability do you / does PwD have? ***(Unaided-Multiple Response)***	
01	Intellectual disability
02	Specific learning difficulties
03	Visual impairments
04	Hearing impairment
05	Autism
06	Physical impairment
07	Speech impairment
08	Mental Illness
98	Other (Please specify): _____
95	Refused
97	Do Not Know

Z12- How long have you / has the PwD been visiting the PHCC (specified in S1) for the purpose of PwD services? ***(Aided-Single Response)***	
01	Less than 6 months
02	Between 6 months and a year
03	For 1-2 years
04	For 3-5 years
05	For more than 5 years
95	Refused
97	Do Not Know

Z13- How frequent were your / PwD's visits to this PHCC during the past two years? ***(Aided-Single Response)***	
01	More than once per month
02	Every month
03	7-11 times per year
04	3-6 times per year
05	Once or twice per year
06	Once every two years
07	Never
95	Refused
97	Do Not Know

Z14- Have you / PwD shifted PHCCs in the last two years? ***(Unaided-Single Response)***		
01	Yes	Continue
02	No	Skip to Z16
95	Refused	
97	Do Not Know	

Z15- If yes, why? ***(Unaided-Multiple Response)***	
01	Inconvenient location
02	Unavailability of the health services needed
03	Unavailability of assistive devices
04	Unaffordable prices
05	Bad treatment by staff/ Discrimination
06	Not physically accessible
07	Lack of knowledge/expertise of staff members
08	Not accepting MoSA disability cards
98	Other, please specify: _____
95	Refused
97	Do Not Know

Z16- Do you / PwD hold a disability card from MoSA? *(Unaided-Single Response)*		
01	Yes	Skip to Z18
02	No	Continue
95	Refused	
97	Do Not Know	

Z17- If no, why not? *(Unaided-Multiple Response)*	
01	Nationality constraints
02	Never heard of it
03	No benefits
04	Long process behind getting one or renewing the card
05	My disability didn't fall under the classification of disabilities used by MoSA
06	It's shameful to hold one
98	Other (Please specify): _____
95	Refused
97	Do Not Know

Skip to Section A

Z18- Do you / PwD usually use the MoSA disability card to access any health care services? *(Unaided-Single Response)*		
01	Yes	Continue
02	No	Skip to Section A
95	Refused	
97	Do Not Know	

Z19- If yes, what services did you / PwD benefit from through the MoSA disability card? *(Unaided-Multiple Response)*	
01	Rehabilitation services
02	General hospitalization
03	Specialized health services (Blood tests, imaging, specialist doctors, etc.)
04	Medications
05	Assistive devices
06	Surgery
98	Other, please specify:
95	Refused
97	Do Not Know

Section A: Health Care Services

A1- In general, what are the types of barriers that you / PwD usually face when trying to access health care services? ***(Unaided-Multiple Response)***

A2- For each barrier not mentioned by respondent, please ask: Is the following a barrier? ***(Aided-Multiple Response)***

A3- For all barriers mentioned in A1 and A2, please indicate in specific the exact problem you / PwD are facing? ***(Unaided-Multiple Response)***

Types of barriers	A1	A2	A3- Specific problem	
Geographic access	01	01	01	Services are located in far and unreachable places
			02	Transportation is not available
			03	Transportation is not accessible
			04	Lack of security in the PHCC or the area surrounding it
			98	Other, please specify: _____
			95	Refused
			97	Do Not Know
Physical access	02	02	01	Health centers are not physically accessible (narrow entrance doors, stairs at entrance, etc.)
			02	Moving difficulties inside the health centers/ Inability to use all their divisions because they are inaccessible
			03	Lack of availability of adapted medical equipment that can serve my specific disability needs (equipment used in medical examinations or medical treatment and therapies)
			98	Other, please specify: _____
			95	Refused
			97	Do Not Know
Financial challenges	03	03	01	Difficulty in paying fees required by some centers
			02	Specialized services such as imaging and laboratory tests are expensive
			03	Transportation from/to health centre is expensive
			98	Other, please specify: _____
			95	Refused
			97	Do Not Know
Lack of information	04	04	01	Lack of information regarding the availability and location of specific needed services

			02	Lack of accessibility to information adaptive to the needs related to disability
			98	Other, please specify: _____
			95	Refused
			97	Do Not Know
Attitudinal barriers	05	05	01	Lack of knowledge among employees regarding how to deal with persons with disabilities
			02	Difficulty in communicating with the health service provider or other staff members
			03	The use of wrong and negative terminology by the employees or medical staff when talking to you or when speaking about disability
			04	Your being subject to discrimination and marginalization by employees and medical staff
			98	Other, please specify: _____
			95	Refused
			97	Do Not Know
Medical service barriers	06	06	01	Limited specialized services for persons with disabilities
			02	Difficulty in obtaining appointments
			03	Lack of availability of adaptive copies of forms that must be filled and other documents (such as tests results and medical reports) that meet your specific disability needs
			04	Lack of adequate medical care
			05	Lack of medication
			06	Long waiting period to obtain an appointment
			98	Other, please specify: _____
			95	Refused
			97	Do Not Know
Other 1 (Please specify): _____	981	981		
Other 2 (Please specify): _____	982	982		
Refused	95	95		
Do Not Know	97	97		

A4- What were the healthcare services that you / PwD needed during the past two years? ***(Aided-Multiple Response)***

A5- Please indicate if you / PwD received the services required? ***(Unaided-Single Response)***

A6- If received, from where did you / PwD receive each service? ***(Unaided-Multiple Response)***

A4 - Service		A5- Was the service received?				A6- From where did you receive each service?							
		Yes	No	Refused	Do Not Know	PHCC	Specialized diagnostic centre	Rehabilitation centre	Hospital (outside of PHCC)	Doctor (outside of PHCC)	Other, please specify: _____	Refused	Do Not Know
01	General medical consultations	01	02	95	97	01	02	03	04	05	98	95	97
02	Consultation with specialist doctor (cardiologist, gynecologist, ophthalmologist, etc.)	01	02	95	97	01	02	03	04	05	98	95	97
03	Diagnostic tests (laboratory tests, imaging)	01	02	95	97	01	02	03	04	05	98	95	97
04	Mental Health Services	01	02	95	97	01	02	03	04	05	98	95	97
05	Rehabilitation services (physiotherapy, occupational therapy, speech therapy, etc.)	01	02	95	97	01	02	03	04	05	98	95	97
06	Medications	01	02	95	97	01	02	03	04	05	98	95	97
07	Mobility devices and living aids (Walkers, wheelchairs, etc.)	01	02	95	97	01	02	03	04	05	98	95	97
08	Other assistive devices (hearing aids, visual aids (eyeglasses))	01	02	95	97	01	02	03	04	05	98	95	97
98	Other, please specify: _____	01	02	95	97	01	02	03	04	05	98	95	97

If A6="01" for at least one of the services i.e. respondent received at least one of the services at a PHCC, ask A7. Otherwise, please go to the other skip condition

A7- Please specify the PHCC(s) that you received the service from:

PHCC(s) Name: _____ , _____ , _____

Ask A8 if A6="01" or "02" or "03" for at least one of the services i.e. respondent received at least one of the needed services from either a PHCC, a specialized diagnostic centre or a rehabilitation centre. Otherwise skip to A9

A8- For the health services that were received through a PHCC/specialized diagnostic centre/rehabilitation centre, please indicate your satisfaction with the quality of the services received? ***(Aided-Single Response)***

Service		A8- Satisfaction Level						
		Very Satisfied	Satisfied	Neither Satisfied nor Dissatisfied	Not Satisfied	Not Satisfied at all	Refused	Do not Know
01	General medical consultations	01	02	03	04	05	95	97
02	Consultation with specialist doctor (cardiologist, gynecologist, ophthalmologist, etc.)	01	02	03	04	05	95	97
03	Diagnostic tests (laboratory tests, imaging)	01	02	03	04	05	95	97
04	Mental Health Services	01	02	03	04	05	95	97
05	Rehabilitation services (physiotherapy, occupational therapy, speech therapy, etc.)	01	02	03	04	05	95	97
06	Medications	01	02	03	04	05	95	97
07	Mobility devices and living aids (Walkers, wheelchairs, air mattresses, etc.)	01	02	03	04	05	95	97
08	Other assistive devices (hearing aids, visual aids (eyeglasses))	01	02	03	04	05	95	97
98	Other, please specify: _____	01	02	03	04	05	95	97

A9- In your opinion, have there been improvements in the PwDs health services provided by the PHCC during the past year and a half? ***(Unaided-Single Response)***

01	Yes	Continue
02	No	Skip to A11
95	Refused	
97	Do Not Know	

A10- What elements have seen improvement? ***(Unaided-Multiple Response)***	
01	Services provided
02	Cost of services
03	Structural and physical facilities existent (ramps, wide door, bathroom facilities, etc.)
04	Treatment and communication of PHCC staff
05	Referral mechanisms used
06	Adapted communication tools available (sign language, pictures, symbols, etc.)
07	Information available about PwD services and where to get them
08	Transportation from/to PHCC
09	Adapted medical equipment available
10	Knowledge and expertise of PHCC staff/physicians
11	Appointment taking process
12	Mobility devices and living aids (Walkers, wheelchairs, air mattresses, etc.)
13	Other assistive devices (hearing aids, visual aids (eyeglasses))
98	Other, please specify: _____
95	Refused
97	Do Not Know

A11- Did you / PwD pay for the service(s) received? ***(Unaided-Single Response)***		
01	Yes	Continue
02	No	Skip to A15
95	Refused	
97	Do Not Know	

A12- What was the type of service(s) you / PwD had to pay for? ***(Unaided-Multiple Response)***	
01	General medical consultations
02	Consultation with specialist doctor (cardiologist, gynecologist, ophthalmologist, etc.)
03	Diagnostic tests (laboratory tests, imaging)
04	Mental Health Services
05	Rehabilitation services (physiotherapy, occupational therapy, speech therapy, etc.)
06	Medications
07	Mobility devices and living aids (Walkers, wheelchairs, air mattresses, etc.)
08	Other assistive devices (hearing aids, visual aids (eyeglasses))
98	Other, please specify: _____
95	Refused

97	Do Not Know

A13- How much did you / PwD pay per each accessed service on average? ***(Unaided-Single Response)***	
Average price per each service: L.L. _____	
95	Refused
97	Do Not Know

A14- How acceptable do you / PwD consider the average cost paid per accessed service? ***(Aided-Single Response)***	
01	Acceptable
02	Neither acceptable nor unacceptable
03	Not acceptable
95	Refused
97	Do Not Know

Ask A15 if A6= "04" or "05" or "98" for at least one of the services i.e. respondent received at least one of the needed services from a hospital/doctor (outside PHCC). Otherwise, skip to Section B

A15- Why didn't you / PwD get this service(s) from a PHCC/specialized diagnostic centre/ rehabilitation centre instead? ***(Unaided-Multiple Response)***	
01	Service(s) is not available
02	Service(s) is costly
03	Far location
04	Incompetent staff/physicians
05	Centre is not physically accessible
06	Not aware that they exist at these centers
98	Other, please specify: _____
95	Refused
97	Do Not Know

Section B: Assessment of the PHCC

B1- Do you / does the PwD usually face any hindrance or discomfort in physically accessing the PHCC that you / they are currently visiting (specified in S1)? ***(Aided-Single Response)***

Accessibility		Yes	No	Refused	Do Not Know
01	Outside the PHCC (e.g. Parking, entrance door, outdoor ramp, etc.)	01	02	95	97

02	Within the PHCC (Indoor facilities such as wider doors, indoor ramps, etc.)	01	02	95	97

If B1="01" for any of the options, ask B2

Otherwise, skip to B3

B2- If yes, what facilities were missing at the centres? ***(Unaided-Multiple Response)***	
01	Bathrooms facilities
02	Ramps and wheelchairs
03	Adjustable examination tables
04	Adequate parking space
05	Wider doors
06	Adapted signs for visual impairments
98	Other, please specify:
95	Refused
97	Do Not Know

B3- In your / PwD's most recent visit to the PHCC (the one identified in S1): ***(Aided-Single Response)***	Yes	No	Not applicable	Refused	Do Not Know
B3a- Were the staff willing to listen carefully to you and answer all your questions?	01	02	92	95	97
B3b- Did the staff empower you with enough information regarding your impairment?	01	02	92	95	97
B3c- Did you feel that you were treated similarly to other people?	01	02	92	95	97

B4- Are you / Is the PwD confident that the PHCC staff have enough knowledge to refer you to the appropriate specialized clinics if needed in the future? ***(Unaided-Single Response)***	
01	Yes
02	No
95	Refused
97	Do Not Know

B5- Please indicate your satisfaction with the conduct and behavior of the following: ***(Aided-Single Response)***

PHCC Staff		Very Satisfied	Satisfied	Neither Satisfied Nor Dissatisfied	Not Satisfied	Not Satisfied at All	Refused	Do Not Know
01	Medical PHCC Staff	01	02	03	04	05	95	97

02	Non-medical PHCC Staff	01	02	03	04	05	95	97

B6- On a scale from 1 to 5, please indicate to what extent do you agree with each of the statements below: (1 being Strongly agree and 5 being Strongly Disagree) ***(Aided-Single Response)***

****Timeframe: During the past two years***

****Statements below are about the PHCC that the PwD usually visits (identified in S1)***

	Statement	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree	Not Applicable	Refused	Do Not Know
01	The number of staff is sufficient to handle the number of patients	01	02	03	04	05	92	95	97
02	There is a long waiting time to get the services needed	01	02	03	04	05	92	95	97
03	It is difficult to take an appointment	01	02	03	04	05	92	95	97
04	The duration of the time spent with the doctor/physician is adequate	01	02	03	04	05	92	95	97

Section C: CHWs and the General Community

C1- Have you / PwD been approached/visited by a community health worker (CHW) during the past two years? ***(Unaided-Single Response)***

01	Yes	Continue
02	No	Skip to C4
95	Refused	
97	Do Not Know	

C2- If yes, please indicate your satisfaction with the below: ***(Aided-Single Response)***

	Service	C2- Satisfaction Level						
		Very Satisfied	Satisfied	Neither Satisfied nor Dissatisfied	Not Satisfied	Not Satisfied at all	Refused	Do not Know
01	Knowledge of CHWs about your / PwD's medical condition	01	02	03	04	05	95	97
02	The referrals they gave you / PwD to PHCCs/diagnostic centres/rehabilitation centres	01	02	03	04	05	95	97

C3- How many times did the community health worker follow up with you / PwD? ***(Aided-Single Response)***	
01	Many times
02	Several times
03	Few times
04	Once
05	Never
95	Refused
97	Do Not Know

C4- How did the below aspects evolve in the past two years: ***(Unaided-Single Response)***		Increased	Remained the same	Decreased	Refused	Do Not Know
01	Fair treatment of your surrounding community towards you / PwD	01	02	03	95	97
02	Your surrounding community's acceptance of cases of disability	01	02	03	95	97
03	Your / PwD's independence and ability to take decisions	01	02	03	95	97
04	Your / PwD's ability to access vocational training	01	02	03	95	97

ANNEX 3 – Sampling

KII Sample

Categories	Sample
IMC Management and Staff	2
PHCC Management and Staff	5
Ministries (MOSA and MOPH)	2
Community health workers	5
Total	14

KII Sample Distribution

	Contact Name	PHCC / Region
CHW	Thouraya Abouch	Karagheusian/BML
	Noor Al Yousef	Ghazza Health Center/Beqaa
	Bushra wazze	Muasat/Saida
	Maher Al Ali	Al Iman Mina/ North
	Dina Al Mouhamad	Municipaility clinic of Talmeyan/ Akkar
IMC Staff	Dania Abed (Senior Health officer)	BML
	Fatima Aoun (Area Manager)	South
PHCCs	Hasan Kahoul (PHCC Director)	Barja Cultural Club PHCC/BML
	Randa Al- khatib (Clinic director)	Advanced health center -Mashta hasan
	Chouman Araji (PHCC manager)	Markaz Bar Elias El Souhi El Houkoumi/ Beqaa
	Noura Orabi (Physiotherapy)	Muasat- Saida/ South
	Mahmoud Sayed (PHCC Director)	Al Iman Syr
Ministries	Rania Assaad	Ministry of Public Health
	Wafaa Kanaan	Ministry of Public Health

Focus Groups Sample

Geographic Location	Profile
Akkar	Non-Lebanese Males
South	Lebanese Males
Tripoli	Non-Lebanese Females
BML	Lebanese Females
Bekaa	Non-Lebanese Males

CATI Sample

Geographic Location	Total Number of Interviews	Gender		Nationality	
		Male	Female	Lebanese	Non-Lebanese
Akkar	37	19	18	17	20
South	78	39	39	41	37
Tripoli	64	33	31	27	37
BML	88	41	47	55	33
Bekaa	33	16	17	14	19
Total	300	148	152	154	146

Total	Rehabilitation Services	Mobility and Living Aids	Other Assistive Devices (eyeglasses and hearing aids)
300	102	30	168

ANNEX 4 – Evaluator's profile

Team Members	Role on the Team	Experience
Joseph Haddad	Team Leader	#years at InfoPro: 5 #years in research: 20
Jennifer Abu-Mrad	Content Manager	#years at InfoPro: 16 #years in research: 19
Wael Kassem	Project Director	#years at InfoPro: 12 #years in research:12
Ibtissam Harb	Project Coordinator	#years at InfoPro: 5 #years in research: 5
Farah Boustany	Interviewer	#years at InfoPro: 2 #years in research: 2
Antonio Chiti	Interviewer	#years at InfoPro: 2 #years in research: 4
Hassan Jaber	Fieldworker	#years at InfoPro: 5 #years in research: 6
Alaa Kassabieh	Fieldworker	#years at InfoPro: 5 #years in research: 5
Nancy Ayoub	Fieldworker	#years at InfoPro: 9 #years in research: 9

ANNEX 5 – Documents reviewed and sources of information

FPSC Disability & Health Situational Analysis Report
PwD PDM March 2020
PwD Annex2019-2020
Proposal narrative original PWD Madad
NCE rider-Logframe Madad