

## TERMS OF REFERENCE

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### External Comprehensive Needs Assessment

**Place of Assignment:** Lebanon - Two Governorates - Akkar and Baalbeck-Hermel, in the catchment areas of the Order of Malta Lebanon (OML) facilities.

**Duration of Assignment:** Up to 20 days

**Consulting period:** Expected to commence in February 2026 and finish around the project closure – end of March 2026.

Malteser International (MI) is the international humanitarian relief agency of the Sovereign Order of Malta. For over 60 years MI provided relief and recovery for people during and following conflicts and disasters around the world. Christian values and humanitarian principles form the foundations of our work. In over 30 countries in Africa, the Americas, Asia, Europe, and the Middle East, we support people in need – regardless of their religion, origin or political convictions.

**MI's Vision:** We aspire to a world where all individuals – particularly those in need and those who are displaced – live a life of health and dignity.

**MI's Mission Statement:** We improve the health and well-being of suffering and displaced people in crises situations around the world. In this way, we especially fulfil the mission of the Sovereign Order of Malta to “serve the poor and the sick”.

**MI's Approach:** We intervene to provide medical and mental health support, clean water, sanitation, and hygiene (WASH), food and nutrition security (FNS), and protection. We take a holistic approach to health in our programming, which includes the protection of nature and the interconnections between environmental, animal and human health (One Health approach). We work with local resources and engage local partners, as well as the Order of Malta's global network, to provide rapid and effective responses in even the most remote locations. People are at the center of our assistance. Our goal is to sustainably increase the resilience of those worst affected by disasters. We are also committed to contributing to the achievement of the UN Sustainable Development Goals. In doing so, we extend our support to all individuals in need regardless of gender, political belief, origin, or faith.

## Background Information

In the Middle East, Malteser International has been responding to the humanitarian crisis in Syria since 2012, implementing emergency relief measures in Turkey, Syria and Lebanon. Malteser International's programs primarily address health sector needs and are predominantly partner-implemented.

In Lebanon, MI and its partner organization, Order of Malta Lebanon (OML), began providing medical services, food, and non-food items in 2012. From 2014 onwards, OML and MI have operated four medical mobile units (MMUs) in North Lebanon (Akkar), Ras Baalbek, South Lebanon (Siddikine) and Nabatieh (Yaroun), which has been expanded to currently 7 MMUs (3 out of 7 are co-financed) and 4 Specialized MMUs, supporting recently vulnerable groups affected by the recent conflicts. Since 2020, the efforts to rebuild and strengthen healthcare services through 12 Community Health Centers (CHCs) and local agriculture (6 Agro-Humanitarian Centers) have significantly expanded for vulnerable

populations in twelve target communities across Lebanon. In addition, through the operation of two "Mobile Community Kitchens", warm meals are distributed to people who are currently particularly affected by the crisis.

## Scope and Objective of the Mission

MI is committed to continuously strengthening quality standards and designing evidence-based, high-impact programs. In this context, MI intends to engage a consultant or consultancy firm to conduct a sectoral needs assessment, funded by the German Humanitarian Assistance (GFFO), which will cover the health sector, including primary, secondary, and tertiary services implemented through OML's community health centers across two geographical areas in Lebanon.

**The specific objectives of the Needs Assessment are to** provide a maximum amount of information and understanding on the needs and problems of the target communities through:

1. Identify and prioritize the **key needs and challenges** of the target population in the intervention areas
2. Analyze **existing gaps** in services, resources, and capacities
3. Assess community **coping mechanisms, priorities, and preferences**
4. **Map relevant stakeholders**, service providers, and referral pathways
5. Provide **evidence-based recommendations for the design, scope, and strategic focus of future project planning.**

### Target groups:

- Syrian refugees, IDPs, vulnerable host communities, marginalized women and men with low incomes, people with disabilities

These target groups face various forms of marginalization, such as limited access to healthcare, physical barriers or discrimination, lack of financial resources, social isolation, limited mobility and chronic health conditions.

### Key Assessment Questions - Health Sector (Primary, Secondary and Tertiary Care)

#### A. Health Needs and Challenges

**What are the main health needs, priority concerns, and systemic challenges faced by vulnerable populations** (including Syrian refugees, internally displaced persons (IDPs), and host communities) **in Akkar and Baalbek-Hermel**, in relation to:

- Access to **primary, secondary, and tertiary healthcare services**
- Availability and affordability of essential health services and medications
- Quality, continuity, and timeliness of care
- Specific vulnerabilities related to **chronic diseases, maternal and child health, mental health and psychosocial support (MHPSS), disabilities, and conflict-related health risks?"**

#### B. Coping Mechanisms, What coping mechanisms are currently adopted by vulnerable populations in Akkar and Baalbek-Hermel to manage unmet health needs, including:

- Negative coping strategies (e.g. delaying or forgoing care, reducing medication intake, reliance on informal or unregulated providers)
- Financial coping mechanisms (e.g. borrowing, selling assets, incurring debt)
- Social coping mechanisms (e.g. reliance on community networks, charities, or informal referrals)

**C. Services, Capacities and Response Gaps; What health services, resources, and system capacities are required** to effectively address the identified health needs and challenges of vulnerable populations in Akkar and Baalbek-Hermel, including:

- Gaps in **service availability, coverage, and referral pathways** across primary, secondary, and tertiary care
- Human resources, infrastructure, equipment, and medical supplies needed
- Financial accessibility mechanisms (e.g. subsidies, insurance, vouchers)
- Capacity gaps among health facilities, mobile medical units, and community-based health services
- Coordination and referral mechanisms between public, private, and humanitarian health actors?

## Intended Process & Expected Reporting

### Methodology:

The consultant is expected to develop and apply a clear and robust methodology for conducting the comprehensive needs assessment & analysis. The methodology should include the following elements:

- **Assessment Timeline and Approach:** Clearly outline the dates of data collection and the overall assessment timeline, including preparatory phases, fieldwork, and analysis.
- **Type of Assessment:** Specify whether the assessment is standalone, joint, or coordinated with other actors, and if the findings will be shared with relevant stakeholders (e.g., clusters, local authorities, INGOs).
- **Data Sources:** Clearly state the types and sources of data used. Use a combination of primary data (e.g., key informant interviews, focus group discussions, direct observations) and secondary data (e.g., existing reports, government databases, previous assessments). Conduct secondary data review to determine and justify specific areas of intervention which are assessed through this assessment.
- **Field Validation:** Indicate whether field visits will be conducted to validate findings and how triangulation of data will be ensured.
- **Beneficiary Involvement:** Describe how affected populations will be involved in the assessment process to ensure community perspectives and needs are adequately captured.
- **Tools and Frameworks:** Indicate whether any of the following established tools or sources will be used:
  - IPC (Integrated Food Security Phase Classification)
  - MIRA (Multi-Cluster Initial Rapid Assessment)
  - MSNA (Multi-Sector Needs Assessment)
  - UNDAC (UN Disaster Assessment and Coordination)
  - ACAPS products
  - Sector-specific tools or relevant national/international guidelines
- **Inclusivity and Disaggregation:** The methodology must ensure the collection of sex-, age-, and disability-disaggregated data (SADD), and be sensitive to gender, diversity, and protection issue, as well as geographical location, and population group (host community, IDPs, returnees), which shall also be reflected in the data analysis process.
- **Environmental and Conflict Sensitivity:** Where relevant, the consultant should identify potential environmental and conflict risks during data collection and analysis, using appropriate screening tools (e.g., NEAT+, CEDRIG).
- The developed tools must align with Malteser International standards and special donor requirements by GFFO.

### Output/Deliverables:

- An inception report in English outlining the detailed work plan to conduct of the study, incl. the methodology, sampling strategy, related tools, stakeholder and interviewee list, and responsibilities of team members.
- A final report in English (maximum 30 pages, excluding annexes) containing analytical elements (including graphical display) related to the issues specified in this ToR. The report shall contain an executive summary that can be used as a stand-alone document for further distribution, and a main text, both inclusive of clear and concise findings and recommendations. Annexes should include a description of methods, and the survey tools used, the list of interviewees, the actual execution schedule, a summary of survey results, a bibliography, and any other relevant materials.
- Raw data set for quantitative and qualitative data collected (from primary data sources).
- Presentation of findings and recommendations through a workshop/PPP with MI and OML Team.

## Intended timeframe

The consultancy should be completed within a timeframe of 2 months.

### Preliminary intended timeframe

- Preferred starting date: 2<sup>nd</sup> of February 2026
- Inception report 6 days after contract start date (12<sup>th</sup> of February 2026)
- Data collection and analysis 20<sup>th</sup> of February until 6<sup>th</sup> of March 2026
- Drafted report should be sent to MI for review and comments 10 days after finalizing the data collection and analysis (20<sup>th</sup> March 2026)
- Final Report – revised to address MI's comments - should be sent to MI on the 27<sup>th</sup> of March 2026 COB

## Expression of interest

Applications shall be submitted electronically by 23<sup>rd</sup> January 2026 to [mb.procurement-BEY@malteser-international.org](mailto:mb.procurement-BEY@malteser-international.org) and shall include:

1. Technical Proposal - the applicant must demonstrate the methodology to undertake the proposed activities with technical details, data management and data quality assurances. In addition to the expected work plan that should take into consideration time needed for desk review of documents, designing and translation of tools, ability to visit the study locations, data collection, report writing and exchanges between MI and the applicant within the identified timeframe.
2. Background/Expertise - information about the applicant outlining its expertise, previous experience in providing similar services, particularly for donors such as GFFO and BMZ, and institutional capacity, including the personnel that will participate in delivering the outputs (with CVs) and the proposed team structure.
3. Financial Proposal with a detailed breakdown of costs (costs for travel, per diem, etc.)
4. Information on availability for the assignment

The applicant must include the following annexes with the proposal:

- A. CVs for all staff involved in the proposed activities, highlighting their expertise and relevant experience, including the field data collection team.

- B. Sample of reports and reference letters showing the company's experience in providing similar services in Lebanon or the region, particularly for donors such as GFFO and BMZ. A reference table summarizing the company's profile and experience is acceptable, provided it includes, at least, the name of the client, location, and referee contact details.
- C. The resume of the researcher/ project manager, reference letter, or any document showing the experience of the researcher/team leader in producing well-verified assessment reports related to humanitarian and development projects.
- D. The company's official registration documents if the applicant is a company and VAT documentation in Lebanon, or the registration with the Ministry of finance if the applicant is an individual consultant.

Any additional documents supporting the requirements outlined above must also be included with the proposal.

MI may, at its sole discretion, extend the deadline for submission of bids. Final selection of proposals will be made in accordance with MI's proposal evaluation procedures.

**Selection process, including provisional timetable.**

The contract will be awarded to the candidate with the highest number of points, on the basis of the following criteria:

- Company's previous experience with similar tasks.
- Mastery of the key topic
- Knowledge and understanding of the country's varying context
- Quality, relevance, and precision of the proposed methodology
- Understanding the ToR and assessment issues

As part of the selection process, the three highest-scoring candidates based on the technical and financial evaluation of their applications may be invited to an interview, which will contribute to the final assessment.

**Payment and performance approval process**

The consultant will be responsible for his or her own insurance coverage, all necessary equipment (e.g., computer), communication costs and any taxes applicable to the consultancy. The payment scheme is as follows:

- 30% after the submission of the inception report
- 50% after the submission of the draft final report
- 20% after presentation of final report