
TERMS OF REFERENCE

External independent final evaluation of the project:

“Mother and Child Health Care, Nutrition and WASH for Uprooted people and Hosting Communities in Sob-Moei District, Mae Hong Son Province, Thailand”

Malteser International in Thailand is seeking to hire a consultant or a consultant team for the final evaluation of the above-mentioned European Union co-funded project.

Background Information and Rationale

Malteser International (MI) is the relief agency of the Sovereign Order of Malta for humanitarian aid. With over 100 projects annually in some 25 countries throughout Africa, Asia and the Americas, we provide emergency relief after disasters and support recovery efforts with a focus on sustainable development.

Since 1993, MI has been providing Health and WASH services for refugees from Myanmar living in temporary shelters in Mae Hong Son province, Northwest of Thailand. DG ECHO has provided much of the funding for the activities carried out over the years. With a reduction of ECHO funding for Thailand, activities previously funded by ECHO have gradually been incorporated (starting since 2009) in a succession of EuropeAid-funded projects under its “Aid for Uprooted People” program. As the project to be evaluated is coming to an end as of July 2017, the most recently approved funding of a new project by EuropeAid will be covering a comprehensive health and WASH program with start from August 2017.

The activities of the project for which this evaluation will be undertaken focus on the Mother and Child Health Care (MCH), WASH and livelihood/income-generation components of the comprehensive Primary Health Care (PHC)-focused approach applied by MI in the two refugee shelters in Sob-Moei District.

- Project:** “Mother and Child Health Care, Nutrition and WASH for Uprooted people and Hosting Communities in Sob-Moei District, Mae Hong Son Province, Thailand”
- Project Period:** 01 February 2015 – 31 July 2017
- Project Budget:** 1,250,000 Euro
- Donor:** European Union (80%), Malteser International (20%)
- Overall Objective:** To maintain and improve the health situation of refugees in the camps along the Thai-Myanmar border and the nearby Thai population in a sustainable manner and seeking sustainable and durable.

Specific Objective: To maintain and improve essential MCH care and WASH services in the camps MRML and MLO by simultaneously increasing self-reliance, mutual understanding and co-operation in the fields of MCH, nutrition and WASH.

Expected Project Results:

1. Essential MCH services in the camps MRML and MLO are provided.
2. Access to safe water, sanitation facilities and hygiene as well as vector control/surveillance ensured by building local capacities and strengthening dialogue between Thai and camp authorities.
3. Awareness, self-reliant capacities and community participation in the fields of health, nutrition and WASH are strengthened in camps and surrounding villages.
4. Health/Nutrition/WASH related livelihood activities are introduced and implemented.

The project has provided Mother and Child Health (MCH) services such as ante-natal and post-natal care, access to safe delivery, immunisation of children, growth monitoring, as well as supplementary and therapeutic feeding. It has also facilitated water and sanitation services, hygiene measures and vector control/surveillance in the camps primarily by supporting camp based staff and community networks to maintain WatSan infrastructure and related services. Furthermore, the project has facilitated co-ordination mechanisms between the Thai and refugee communities in relation to sharing of water sources as well as supported the Thai health authorities for disease outbreak control. Another aspect of the project has been the strengthening of the target population's awareness, community participation and self-reliant capacities in the fields of health, nutrition and WASH. Such efforts have been addressed through campaigns, trainings as well as forming and supporting community-based networks. Moreover, the project has introduced and implemented health, WASH and nutrition-related livelihood activities to promote the target communities' self-reliance and preparedness (for the refugee households) for repatriation and other possible durable solutions.

The shelter-based health and WASH-related activities implemented will be continued in a new project immediately after the end of the project currently implementing these. It is crucial that there is no gap in the services as the activities are directly dealing with the health of the refugees in these two camps.

During the implementation of the project, European Union consultants carried out another two external evaluations (Results Oriented Monitoring Missions) in October 2015 and November 2016. An internal (by Malteser International) mid-term evaluation was also conducted in August 2016.

The final evaluation will be used to review the recommendations of these three missions alongside own observations by the consultant in order to evaluate the extent to which the project has been able to incorporate (to the extent it could be considered feasible and needed) the various recommendations provided.

The final evaluation's observations and recommendations will be considered in the project that will extend the provision of the relevant services evaluated and will therefore be potentially very important in addressing any shortcomings or weaknesses observed.

Objective of the Evaluation

This evaluation has been planned with the main purpose to assess the implementation process and impact orientation of the above-cited project, with feedback on the achievements as well as to facilitate learning for improvement of design and management of future projects, and in order to demonstrate accountability to donors and beneficiaries.

Key observations on the strengths and weaknesses of the project design, implementation processes, monitoring tools, cooperation with local stakeholders, best practices, and lessons learnt, and cross-cutting issues shall additionally be taken into account.

Expected Outcome

The evaluation will focus on:

Relevance

- Is the project design appropriate in order to meet the needs and priorities of the target group?
- Does the project successfully reach out to addressing the needs of women, children, elderly, persons with disabilities and other vulnerable groups?

Efficiency

- Were the activities chosen appropriate for solving the key problems?
- Did the outputs lead to the intended outcomes (comparison between plan and outcome)?
- What worked well and what did not work well?
- To what extent has the project been contributing to reducing health, WASH and livelihood related vulnerabilities of the target communities?
- To what extent have MCH and WASH services provided to refugees been maintained or improved according to international standards?
- Were education and awareness raising methods appropriate to achieve behaviour change?
- What level of participation and satisfaction did the project services manage to generate among the beneficiaries in the refugee shelters and Thai villages? Were the target populations' capacities strengthened through the intervention?
- Was the established monitoring system adequate to provide oversight and steer the implementation?

Effectiveness

- How efficiently have inputs been converted to outputs (qualitative and quantitative)?
- How efficient has the project been in its implementation considering approaches, cost effectiveness, technical solutions, use and allocation of resources and community involvement?
- To what extent does the provision of project inputs contribute to the effectiveness of the intervention?

- Does the provision of project inputs facilitate the link between uprooted and host communities to share resources?

Outcome/Impact

- What is the impact of the operation in relation to the situation of the beneficiaries in general (including positive, negative, primary and secondary long-term impact potential generated by the project activities, directly or indirectly, intended or unintended impacts)?
- What were the wider effects of the operation on individuals, different gender groups, communities and institutions?
- What visible/evident impacts have emerged from the project implementation and its outcomes? Kindly specify according to health, WASH and livelihood sectors and, if relevant, other areas.
- Were the beneficiaries satisfied with the assistance provided? What real difference has the operation made to the beneficiaries?
- Were cross cutting issues (gender, inclusion, environmental aspects, etc.) taken into consideration adequately in the set-up and implementation of the project?

Sustainability

- Did the project develop an exit strategy and to what extent are the project's achievements likely to last after the project's end?
- What adjustments could possibly have been made to improve sustainability of project components?
- What efforts were made to ensure that the approach used in the project was participatory and owner-driven? Were these successful?

Evaluation Methodology

For the implementation of the final evaluation, an independent evaluator or an evaluation team will be contracted. The evaluator must adopt a consultative and participative approach. This will include:

- 1. Review of programme documents and reports such as proposals, assessments, project budgets, monitoring tools, evaluations and monitoring missions, etcetera.**
- 2. Briefing meeting with programme/ project management staff of MI in Thailand**
- 3. Interviews and Focus Group Discussions with key personnel, beneficiaries of the project activities, direct target groups, associates to the project and other stakeholders.**
- 4. Submission of a summary of findings and a debriefing with the programme management team in Thailand to discuss substantive issues emerging from the findings**

The evaluation should combine evaluation tools based on international standards and guidelines like the Code of Conduct of the Red Cross/Red Crescent societies, the Sphere Minimum Standards and the adapted ALNAP and OECD/DAC criteria.

The consultant will visit selected project sites. A detailed itinerary for the in-country work will be developed by Malteser International and provided to the consultant. Transportation within the project areas in Thailand will be provided by Malteser International. Interviews and group discussions as well as translation will be organised by MI.

Timeframe

The evaluation is expected to take place preferably in August and/or September 2017 with the following preliminary timeframe:

Preparation and desk review	1 Day
Field mission, visit to project location, key informant interviews, FGDs, (including travel from program office to field locations and back)	8 days
Reporting	5 days
Total	14 days

Reporting

The report and all documentation created during the assignment will be property of Malteser International and will be promulgated as appropriate by Malteser International only.

The consultant should follow a reporting timeline as follows:

1. De-briefing	Debriefing note (2 pages) with summarised findings and draft recommendations will be distributed to Malteser International during a debriefing session.
2. First Draft	3 weeks after end of field phase, use of MS Office format and max 20 pages for main document. Report should be sent to both MI Thailand and HQ in Cologne. Electronic format is sufficient.
3. Final Report	<p>Feedback on first draft provided by MI within 2 weeks. The final report should be submitted within 2 weeks of receiving feedback on the first draft and submitted to MI HQ in Cologne</p> <p>In the final report the following sections must be addressed in addition to the findings and analysis from data collected:</p> <ol style="list-style-type: none"> 1. Main conclusions drawn from analysis with evidence provided during field visits and observations 2. A set of recommendations linked to the conclusions that would provide guidance to Malteser International for future interventions in

	the refugee camps
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Required Expertise

The evaluator should have following skills and experiences:

- Technical knowledge and experience in one or more of the following fields: MCH, WASH, and livelihood, in the South East Asian context.
- Experiences in Primary Health Care and knowledge of the Thai-Myanmar border context is an advantage
- Demonstrated capacity and experience in evaluating development and humanitarian programmes
- Fluency in English (spoken/written)
- Experience in working with (local and international) non-governmental organisations is required.
- Demonstrated oral and written communication skills
- Demonstrated cross-cultural skills

Tenders

Proposal/Bid must include:

1. 1-2 pages outline covering: a) overall framework proposed for evaluation and b) methodologies that will be applied.
2. Indication of availability to conduct evaluation (limitations in availability to be highlighted around the suggested timing for the evaluation).
3. CV and evidence of past completed evaluation experience(s)
4. Proposed budget for the evaluation covering consultancy fees, travel and per diem. The budget should present consultancy fee costs according to number of expected working days over the entire period. It is anticipated that the evaluation will last around 14 working days.

The consultant is responsible for her/his own travel itinerary. Bids should be submitted *electronically* to Malteser International by the closing date of 14 July 2017 at 17:00 (Thailand Time) to:

Per Vogel, Program Coordinator/Country Representative at per.vogel@malteser-international.org

Mae Sariang, June 2017