

## Terms of Reference

### **External independent final evaluation of the EU co-funded project “Health and WASH services, return preparedness and capacity strengthening for refugees in the Thai-Myanmar border temporary shelters”**

#### **I. Introduction**

Malteser International (MI) is the worldwide humanitarian relief agency of the Sovereign Order of Malta. For over 60 years, we have provided relief and recovery during and following conflicts and disasters. Christian values and humanitarian principles form the foundations of our work: bringing aid to people regardless of their religion, background, or political convictions at over 100 Projects in more than 20 countries. The organization provides emergency relief in crises such as natural disasters, epidemics, or armed conflicts and our approach is to protect health by ensuring people have access to functioning medical structures, adequate nutrition, clean water, sanitation and hygiene (WASH), as well as to strengthen the resilience of people in especially vulnerable regions against future crises.

Our activities in Thailand have since 1993 focussed on providing Health and WASH services in temporary shelters in Mae Hong Son province for displaced persons from Myanmar. Much of the funding for the activities carried out over the years have been provided by DG ECHO within their mandate for Humanitarian Aid and Civil Protection. With a reduction of ECHO funding for Thailand, activities previously funded by ECHO have increasingly been replaced by EuropeAid (DG Devco) funding. Initially only small components were taken on by the EuropeAid-funded projects implemented with start in 2009. However, the project to be evaluated is the first EuropeAid-funded project to have covered the entire Health and WASH program in the two shelters where we currently provide these services.

Humanity & Inclusion (HI) is an independent and impartial aid organization working in situations of poverty and exclusion, conflict and disaster. The organisation works alongside people with disabilities and vulnerable populations, taking action and bearing witness in order to respond to their essential needs, improve their living conditions and promote respect for their dignity and fundamental rights. HI is a non-profit making association founded in 1982.

HI started working in Thailand in 1984 and first focused its actions on the delivery of mobility and assistive devices to Thai and Burmese landmine victims, most of whom needed lower limb prostheses. Since 1998, the scope of work was broadened to promote also provision of physiotherapy and occupational therapy services as well as assistive device technologies to persons with disabilities and facilitating their access to health, education and economic activities within the temporary shelters. Since 2012, HI also started activities on risk education covering dangers related to landmines and unexploded ordinance to contribute to the overall protection and prevention on disability.

The activities of the project for which this evaluation will be undertaken focus on curative and preventive health care services (including MCH, nutrition, psychosocial support services, water access, sanitation facilities, waste management, vector control, outbreak control, return support services as well as rehabilitation services for people with disabilities). The general health and WASH services are implemented by MI as lead agency in Mae Ra Ma Luang and Mae La Oon shelters with rehabilitation services implemented by Humanity & Inclusion as partner organisation, their rehabilitation services are also funded under this project and implemented in Nupo, Umpiem and Mae La camps in Tak province.



**Project information:**

Project Period	15.02.2017 – 14.05.2019 (27 months)
Objectives of the action	<p><b>Overall Objective/Impact:</b></p> <p>Maintain and improve the health situation of refugees in the Thai/Myanmar border temporary shelters and support durable solutions</p> <p><b>Specific Objective/Outcome:</b></p> <p>To ensure refugees' continuous access to Curative &amp; Preventive Health care, WASH and rehabilitation services for people with disabilities while simultaneously support the return process through strengthening the communities' capacities and self-reliance</p>
Partner(s)	Handicap International (currently as Humanity & Inclusion)
Target group(s)	<ol style="list-style-type: none"> <li>1. Refugee population of Mae Ra Ma Luang (MRML) and Mae La Oon (MLO) camps in Mae Hong Son province (21,470 as of Sep 2016)</li> <li>2. People with disabilities in Mae La (ML), Nupo (NP) and Umpiem (UMP) camps in Tak province and Mae Ra Ma Luang (MRML) and Mae La Oon (MLO) in Mae Hong Son province (932 as of Sep 2016)</li> <li>3. Thai population (estimated 1.028 based on DPHO population data) of 5 villages in proximity to MRML and MLO camps (as of Sep 2016)</li> <li>4. 400 camp-based staff</li> <li>5. 50 Camp Health Advisory Group members</li> </ol>
Final beneficiaries	All of the refugees in MRML and MLO camps and identified refugees in need of rehabilitation services in ML, NP and UMP camps as well as Thai villagers in the area around MRML and MLO camps: 23,430 (Sep 2016)
Outputs	<p><b>Output 1:</b> Camp residents have continued access to curative and preventive health care and WASH services in MRML and MLO shelters and people with disabilities receive appropriate rehabilitation services in all 5 target shelters</p> <p><b>Output 2:</b> Health and WASH related repatriation preparedness is ensured</p> <p><b>Output 3:</b> Communities' participation, awareness and self-reliant capacities in the fields of Health and WASH are strengthened</p>
Main Activities	<ol style="list-style-type: none"> <li>1.1 Provision of curative and related health services through camp hospitals and day-time outpatient clinics (MI)</li> <li>1.2 Referral of patients for treatment at Thai hospitals (MI)</li> <li>1.3 Provision of Maternal, Newborn and Child Health Care Services (MI)</li> <li>1.4 Growth Monitoring and nutrition awareness with cooking demonstrations and SFP/TFP services (MI)</li> <li>1.5 Psychosocial support outreach and patient support services (MI)</li> <li>1.6 Communicable disease outbreak prevention and control combined with regular vector control (MI)</li> <li>1.7 HIS technical and reporting support through trainings and monitoring of data collection for 9 refugee shelters (MI)</li> <li>1.8 Operation and maintenance of WASH and waste collection infrastructure combined with Thai village coordination on WASH-related issues of mutual interest (MI)</li> <li>1.9 Provide appropriate AT to landmine survivors, children and adults with disabilities (HI)</li> <li>1.10 Deliver PT and OT-based services at rehab centers and through home-visits (HI)</li> <li>1.11 Conduct collaborative screening of children during feeding and/or growth monitoring days and in schools (HI)</li> <li>1.12 Disability experience-exchange through peer to peer counseling and group discussion activities (HI)</li> <li>1.13 Train children and adults with disabilities and caregivers on the rehabilitation process to promote compliance with home care plans (HI)</li> <li>2.1 Establish and operate Health &amp; WASH related Return Support Units (MI)</li> <li>2.2 Conduct WASH and Health trainings for registered returnees along with counseling of PSN's and their family members and distribution of health kits (MI)</li> </ol>



	<ul style="list-style-type: none"> <li>2.3 Provide counseling sessions to people with complex and/or multiple impairments and distribute rehabilitation return kits (HI)</li> <li>2.4 Mapping of Health and WASH status and services in relevant townships of Kayin State (MI, HI)</li> <li>2.5 Coordination meetings with MI and HI in Kayin State (MI, HI)</li> <li>2.6 Capacity building of relevant Health and WASH actors linked to service provision inside Myanmar (MI, HI)</li> <li>3.1 Enable and support the CHAGs and SHGs to independently plan and implement activities (MI, HI)</li> <li>3.2 Provide health education in cluster sessions and at household level (MI)</li> <li>3.3 Provide preventive health services and raise awareness among school children (MI)</li> <li>3.4 Facilitate Mother Support Group sessions (MI)</li> <li>3.5 Internship program for community networks and camp-based staff (MI)</li> <li>3.6 Capacity building of camp-based staff (MI, HI)</li> <li>3.7 Facilitate exposure visits and coordination with Thai institutions (MI, HI)</li> <li>3.8 Train community representatives and health workers of other INGOs and /or CBOs on disability-related topics (HI)</li> </ul>
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### **Context of the evaluation**

The project focus has been on the two shelters of Mae Ra Ma Luang and Mae La Oon where the full range of activities and services covered by the project have been implemented. Implementation in the three shelters of Mae La, Nupo and Umpiem in Tak province have been the focus on rehabilitation services only.

In Mae Ra Ma Luang and Mae La Oon shelters the project has provided mainly curative and preventive health care services with special focus on Mother and Child Health care services (Ante-Natal and Post-Natal Care services, access to safe delivery, immunisation of children, growth monitoring, as well as supplementary and therapeutic feeding). A WASH component has also been implemented to provide the camps with access to safe water, sanitation facilities, hygiene measures and knowledge as well as vector control/surveillance and coordination with 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. The return support component of the project has focused mainly setting up a return support service for people with special health needs and others interested in better preparing themselves for a return to Myanmar. Supplementing the more general health services provided by MI the partner organisation Humanity & Inclusion has also been providing specific rehabilitation services for people with disabilities with support from this project.

In Nupo, Mae La, and Umpiem shelters, as the general health and WASH services are provided by another agency, the project has limited activities to those covered by Humanity and Inclusion, namely rehabilitation services for people with disabilities, including specific support to those within that target group that decided to return to Myanmar, in order to secure knowledge and understanding of follow-up care inside Myanmar.

The essential Health and WASH and rehabilitation activities implemented under this project will be continued, subject to a few changes only, in a new project scheduled to start immediately after it comes to an end. During the implementation of the project an internal mid-term evaluation was carried by experts from the two implementing organisations. The final evaluation is expected to build on the findings of the mid-term evaluation together with own observations and recommendations that will enable corrections and adjustments that can be carried on also in the new project.



## II. Scope and objectives of the Evaluation

This evaluation has been planned with the main purpose of 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 be taken into account.

The main aspects and questions to be addressed in the evaluation:

### 1. Relevance:

- Is the project design appropriate in order to meet the problems of the target group?
- How relevant is the overall design of project in terms of meeting the needs and priorities of target population? Room for improvement?

### 2. Effectiveness

- 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? Provide recommendation for ways forward.
- To what extent has the project been able contribute to a reduction of Health (including mental health), WASH and disability-related vulnerabilities of the target communities?
- To what extent has Health, MCH, WASH and rehabilitation services provided to refugees been maintained or improved according to international standards?
- What level of participation and satisfaction did the project services manage to generate among the beneficiaries in the refugee shelters?

### 3. Efficiency

- How efficiently have inputs been converted to outputs (qualitative and quantitative)?
- How efficient has the project been in its implementation considering approaches, cost effectiveness, targeting, technical solution and community involvement?
- Does the provision of project inputs facilitate the link between uprooted and host communities to share resources?

### 4. 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?
- Were the beneficiaries satisfied with the assistance provided? What real difference has the operation made to the beneficiaries?
- Were cross cutting issues (gender, environmental aspects, etc.) taken into consideration adequately in the set-up and implementation of the project?



**5. Sustainability aspects (seen in relation to what is feasible among the target communities given the different limitations affecting refugees)?**

- To what extent are the project's achievements likely to last after the project end?
- What adjustments could possibly be 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?

**6. Coordination**

- To what extent is the intervention of different actors harmonized for the benefit of refugees in the temporary shelters? Can gaps or duplications be identified?

**IV. Evaluation Approach and Methodology**

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

- 1. Review of programme documents and reports.**
- 2. Briefing meeting(s) with programme/ project management staff of MI & HI.**
- 3. Interview and Focus Group Discussions with key personnel, beneficiaries/direct target groups, associates to the project and other stakeholders like local authorities, referral hospital and camp management.**
- 4. Submission of a summary of findings and a debriefing with the programme management in MSR 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 suggested by Malteser International for consideration and adaptation by the consultant. Transportation within the project areas in Thailand will be provided by Malteser International and Humanity & Inclusion.

Agreed interviews and group discussions with translation support organised by MI/HI teams.

**V. Timeframe**

The evaluation is expected to take place in July/August 2019. The following preliminary timeframe is foreseen:

<b>Consultancy phases</b>	<b>Working Days**</b>
Preparatory work	1
Briefing with the MI project management, field visits, interviews etc. debriefing session (including travelling) *	12
Reporting	5
<b>Total</b>	<b>18</b>

\* Visit to shelters is not permitted in weekends and on public holidays according to regulations set by the Thai authorities. 16 and 29 of July are public holidays.



## VI. 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 Note:** Debriefing note (2 pages) with summarised findings and draft recommendations will be distributed to Malteser International during a debriefing session at the end of the field mission.
- 2. First Draft** 3 weeks after end of field phase, use of MS Office format and max 20 pages for main document (i.e. not including annexes). Report should be sent to both MI Thailand and MI HQ in Cologne. Electronic format is sufficient.
- 3. Final Report** Feedback on the first draft will be provided by MI within 2 weeks. The final report should be submitted within 2 weeks of receiving feedback on the First draft. The final report to be submitted to MI HQ in Cologne

## VII. Required expertise and qualification

The evaluator should have following skills and experiences:

- Technical knowledge and experience in the field of Health, WASH MCH, WASH, rehabilitation of people with disabilities in South East Asia.
- Experiences with Primary Health Care programs and knowledge of the local Thai-Myanmar border context are considered an advantage.
- Demonstrated capacity and experience in evaluating development and humanitarian programmes
- Fluency in English (spoken/written)
- Experience in working with local non-governmental organisations is required.
- Demonstrated oral and written communication skills
- Demonstrated cross-cultural skills

## VIII. Tenders and Evaluation Management

Proposal/Bid must include:

- Maximum 5 pages' proposal covering at least: a) overall framework and b) methodologies 3) List of reference materials required.
- CV(s) and evidence of past completed evaluation experience(s)
- Proposed budget for the evaluation covering consultancy fees, travel (excluding on-site transportation) and per diem (if required). 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 18 working days.

**Deadline to submit tender: 08.05.2019**



## **IX. Contact information**

The consultant is responsible for her/his own travel itinerary. Tenders should be submitted electronically to Malteser International to:

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Program Coordinator / Country representative,  
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