

## 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. Our organisation is supporting aid to people regardless of their religion, background, or political convictions in more than 25 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 the European Union, with complementing funding from other donors.

Humanity & Inclusion (HI) is an independent non-profit making association founded in 1982, working in situations of poverty and exclusion, conflict, and disaster. The organisation works alongside people with disabilities and vulnerable populations, responding to their essential needs, improve their living conditions, and promote respect for their dignity and fundamental rights. 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 also promote 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 temporary 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. It should be noted for this evaluation also that the COVID-19 pandemic was still actively ongoing in Thailand as this project was started and therefore also had an impact on the activities planned as various disease preventive efforts were limiting ways in which the project could engage with the target communities.



**Project information:**

Project Period	15.05.2021 – 14.05.2023 (24 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 have continuous access to curative &amp; preventive health care, WASH as well as rehabilitation services for people with disabilities while simultaneously supporting the return process through strengthening of the refugee communities' capacities and potential for self-reliance.</p>
Partner(s)	Handicap International (currently as Humanity & Inclusion)
Target group(s)	<ol style="list-style-type: none"> <li>1. 18,434 shelter residents in MRML (9,298) and MLO (9,136) as of Sep 2020</li> <li>2. 400 people with disabilities in Mae La (ML), Nupo (NP) and Umpiem (UMP) camps (35% of women).</li> <li>3. 200 caregivers / family members of people with disabilities in three targeted shelters (65% of women).</li> <li>4. 350 camp-based staff in the five target camps of Mae La, Nupo, Umpiem Mai, MRML and MLO.</li> <li>5. 50 Community Health Advisory Group (CHAG) members</li> <li>6. 20 School teachers</li> <li>7. Final beneficiaries</li> <li>8. Refugee population MRML</li> </ol>
Final beneficiaries	<ol style="list-style-type: none"> <li>a. Refugee population MRML and MLO (18,434 Sep 2020)</li> <li>b. People with disabilities and their caregivers/family members in Mae La, Nupo and Umpiem Mai (600)</li> <li>c. Thai population (estimated 2,376 based on DPHO and subdistrict office population data) of seven villages and three subvillages in proximity to MRML and MLO camps</li> </ol>
Outputs	<p>Output 1: 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 ML, NP and UMP.</p> <p>Output 2: Health and WASH related repatriation preparedness is ensured.</p> <p>Output 3: Communities' participation, awareness and self-reliant capacities in the fields of Health and WASH are strengthened.</p>
Main Activities	<p><b>Activities Output 1:</b> Provision of primary health care, MNCH, psychosocial support, functional rehabilitation, Outbreak Preparedness/control, WASH services</p> <p><b>Activities Output 2:</b> Support for return preparedness including training and counselling of returning refugees as per health Voluntary Repatriation SOPs</p> <p><b>Activities Output 3:</b> Capacity strengthening of community networks, Health Education, School Health activities, mobilizing health interests in camps and training of camp-based health staff</p>

**Context of the evaluation**

The project focus has been on WASH and Health Care services provided by MI in Mae Ra Ma Luang and Mae La Oon shelters in Mae Hong Son province while Rehabilitation services have been provided by HI in Mae La, Nupo and Umpiem shelters in Tak province.

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, immunization 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 (in particular COVID 19-related activities). 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 was in place in order to support households willing to return to Myanmar, this component, however, seemed less relevant after the 2021 coup in Myanmar.

The partner organization Humanity & Inclusion has focused on rehabilitation services for people with disabilities with support from this project in Nupo, Mae La, and Umpiem shelters, including specific support to those within that target group that decided to return to Myanmar, to secure knowledge and understanding of follow-up care inside Myanmar.

The final evaluation is expected to build on the findings of previous projects' final evaluations together with findings and recommendations from EU-initiated Results Oriented Monitoring (ROM) missions as well as on the consultant's own observations and findings to enable corrections and adjustments that can be carried on also in a new project. For this purpose, the consultant would also need to consider activities and approaches applied in an already approved upcoming project, in order to foresee necessary adjustments to be applied as early as possible.

## **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 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 will be incorporated into the evaluation.

The main aspects and guiding questions to be addressed:

### **1. Relevance**

- Is the project design appropriate 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, reports, reviews and evaluations.**
- 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 to discuss substantive issues emerging from the findings.**
- 5. Recommendations should take into account realistic and feasible suggestions that can be considered within the budget and activity framework of the already agreed new project started after the end of the evaluated project.**

The evaluation should, where relevant, 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 start in June with the field mission taking place mid to end of the month with the consultancy ending no later than end of July. Some variations based on the Consultant Team availability can be negotiated. The following preliminary timeframe is foreseen:

Consultancy phases	Working Days
Preparatory work	2
Briefing with the MI project management, field visits, interviews etc. debriefing session (including travelling) <sup>1</sup>	14
Reporting	5
<b>Total</b>	<b>21</b>

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

## VII. Required expertise and qualification

The evaluator should have following skills and experiences:

- Technical knowledge and experience in the field of Primary Health care programming, Water Access, Sanitation and Hygiene, Mother and Child Health Care, and Rehabilitation services for people with disabilities.
- Demonstrated capacity and experience in evaluating development and humanitarian projects.

<sup>1</sup> Visit to shelters may not be allowed in weekends and on public holidays according to regulations set by the Thai authorities. Exceptions can be made but not guaranteed. Furthermore COVID-19 regulations may impact on certain activities in case the specific camp authorities apply limitations to visits and groups activities in the camps.



- Experiences with Primary Health Care programs and knowledge of the local Thai-Myanmar border context considered an advantage.
- 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 roles of Evaluation Team member(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 21 working days.

**Deadline to submit tender: 1<sup>st</sup> of May 2023**

### **IX. Contact information**

Kindly submit either by email: [mb.procurement-thailand@malteser-international.org](mailto:mb.procurement-thailand@malteser-international.org)

Or through ordinary mail: **Malteser International, 73/1, Moo10, Mae Kong. Mae Sariang, Mae Hong Son, 58110, Thailand**

Make sure mark envelop or email with: **423-357 Final Evaluation**

