Terms of Reference
External Mid-term Evaluation

“Medical Assistance for conflict affected IDPs and resident population at the Turkish-Syrian border (Aleppo and Idlib regions)” (P 2547)

Implementing Partner: Independent Doctors Association (IDA)
Project Volume: 8,560,000 Euro
Donor(s): German Federal Foreign Office (GFFO)

I. Introduction and Context

Malteser International (MI) responds to the humanitarian crisis created by the conflict inside Syria since 2012. Programs are implemented in Kilis, Gaziantep, Reyhanli and Istanbul/Turkey, Aleppo Region/North Syria and North Lebanon, Bekaa Valley/Lebanon and in the Kurdish Region/North Iraq.

MI has been working formally with the partner organization Independent Doctors Association (IDA) since 2014 within the framework of jointly implemented projects. IDA is a Syrian NGO registered in both Syria and Turkey for possible aid projects mainly in the health sector. Since its foundation in 2012, IDA has implemented projects for Syrian IDPs and refugees in Turkey and for internally displaced persons within Syria. With over 950 employees, they implement health projects primarily in the northern Syria region (including 3 hospitals, 27 primary health care centers, 2 blood banks, 8 ambulances which refer patients within Syria or to Turkish hospitals, 6 mother and children friendly tents, 3 dental mobile clinics, and 18 routine vaccination centers. Furthermore, IDA is managing 1 Physiotherapy project in Gaziantep-Turkey and 1 Physiotherapy and Psychosocial support center in Kilis City-Turkey).

The project P 2547 subject of the mid-term evaluation contributes to the health care of the population in the North Aleppo and Idlib region by providing primary and secondary health services. Furthermore, important supporting services (blood, oxygen) are provided for the health system.
Primary health care is provided in nine Primary Health Care Units (PHCUs) and covers general medical services, obstetrics, treatment of child malnutrition and the vaccination programme. A reference system and patient transport capacities (outpatient departments) ensure timely referrals to secondary health care facilities.
Secondary health services are provided at the regional Bab Al Salam Hospital. Its specialist departments include emergency care, internal medicine, pediatrics, surgery, orthopedics, ear, nose and throat, ophthalmology, neurology, gynaecology and urology. Laboratory and modern diagnostic imaging procedures are available.

Gynaecology and obstetrics services are offered in some PHCUs, Bab Al-Salam Hospital and Hope Hospital in Al Ghandoura.

Two blood banks in A'zaz and Bab Al-Salam Hospital supply the project area and Afrin with blood reserves and blood products obtained from donated blood (plasma, red blood cell concentrate and platelet concentrate). A high-performance production plant for medical oxygen supplies the hospital in Bab al Salam (direct delivery into the hospital’s pipeline network) as well as the health structures.

The project defined its objective as follows:

Project Goal (impact):

Contribution to the reduction of morbidity and mortality of the conflict-affected population in Northern Syria (North Aleppo and Idlib).

Project objective (outcome):

The conflict-affected population in North Aleppo and in the greater Idlib area has improved access to primary and secondary health services through 9 health centres, a gynaecological department and specialised health services in the Bab al Salam Hospital. Two blood banks and a medical oxygen production unit support the health system and the provision of life-saving services.

In order to reach the above described objective the project focuses on three main areas of interventions to achieve results:

Results (Outputs):

Result 1: Increased access to free and high quality primary health services for all conflict-affected populations in North Aleppo and Idlib through 9 primary health centres (PHCUs) and a referral system.

Result 2: Increased access to free, high-quality continuative and specialized health care in Bab al Salam Hospital.
Result 3: Increased access to safe and quality gynecological and obstetric services in Al Ghandoura, Hope Hospital.

Result 4: To provide the medical facilities in the Euphrates Shield Area, Idlib and Afrin with safe blood products and medical oxygen to support life-saving activities in the health structures of the region.

II. Objectives of the mid-term evaluation

The main objective of the external mid-term evaluation is to review the program implementation and achievements against proposed objectives and planned measures of the GFFO project proposal.

The objective of the learning exercise is to directly communicate the findings of the evaluation and transform the collected information into recommendations for improved programming and implementation and ultimately, 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, good practices and lessons learnt as well as cross-cutting issues shall additionally be taken into account.

The evaluation will focus on:

Relevance/appropriateness/ impact
a) Is the project design and implementation appropriate to meet the most urgent needs and priorities, especially concerning health, of the target groups? Which parts of the project have been most relevant and why?
b) Has the affected population been involved in the design and the implementation of the project?
c) What mechanisms are in place to assure that the beneficiaries are kept informed and involved in discussion and feedback concerning project activities? To what extent is the project accountable to its beneficiaries (complaint mechanism etc.)?
d) Has the project design and implementation been coherent with policies of the respective humanitarian system (cluster etc.) and donors as well as funding priorities?
e) How did activities contribute to the overall objective “Contribution to the reduction of morbidity and mortality of the conflict-affected population in Northern Syria”?

Coverage
Does the project successfully reach out to addressing the needs of women, children, elderly, persons with disabilities and other vulnerable groups?

Effectiveness
a) To what extent have the anticipated results been achieved? What were the major factors influencing the achievement or non-achievement?
b) To what extent have the activities been timely?
c) Do the project outputs have an appropriate level of technical quality?
d) To what extent does the program follow international norms for quality, including the minimum Sphere standards?

e) Which project activities have had the greatest positive effect and which had the least effects? Are there any activities that should have been included in the action but were not?

f) Were the capacities of target populations strengthened through the intervention?

g) Was the established monitoring system adequate to provide oversight and steer the implementation?

Efficiency
Were the funds appropriately used and in the most cost-effective way?

Cross-cutting themes
To what extent have the cross cutting themes gender, age, inclusion and protection been considered during project design and implementation?

Connectedness
Does the project take the longer-term perspective and the interconnectedness of problems into account? How does the project encourage the transition to early recovery/LRRD interventions?

Coordination
Has the project maintained an adequate level of coordination and communication with different stakeholder groups during its design and implementation?

Conclusions and Recommendations
a) Main conclusions drawn from analysis with evidence provided during field visits and observations.

b) A set of recommendations linked to the conclusions that provide guidance to Malteser International for future interventions in the respective region and in project-related sectors.

Where applicable: Operational capacity and quality of partnership with the local partner organization
a) Does the local partner organization have sufficient operational capacity? How have local capacities been strengthened?

b) How do both sides rate the quality of the partnership?

III. Methodology

The evaluation will be conducted in three steps. The first intervention shall include desk review of all relevant available project related documents, proposal and reports. The second intervention will be a field based participatory evaluation where the evaluator will address main questions via individual and group interviews with project staff and beneficiaries. The third step will be the facilitation of an intense debriefing session with the presentation of the first findings from the evaluation.

IV. Planning
The mid-term evaluation is planned to take place as early as feasible, preferably in the month of February 2020.

Draft work plan (to be discussed):

<table>
<thead>
<tr>
<th>Activity</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preparation/Briefing and reviewing of documents</td>
<td>2 days</td>
</tr>
<tr>
<td>Travel/return to/from project region</td>
<td>2 days</td>
</tr>
<tr>
<td>Visits, meetings, debriefing in Gaziantep</td>
<td>5 days</td>
</tr>
<tr>
<td>Final report</td>
<td>3 days</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>12 days</strong></td>
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Malteser International will facilitate all local travels in Gaziantep and the region. Malteser International together with IDA will be responsible to organize appointments with stakeholders on the spot. Malteser International will facilitate translation if required. The evaluator will be responsible to arrange for travel to Gaziantep and for all necessary equipment (e.g. computer) as well as for communication costs and relevant insurances. Accommodation in Gaziantep can be facilitated upon requested.

VI. Deliverables

All documents and data acquired during interviews are confidential and solely used for the purpose of the evaluation. Interview partners will not be quoted in the report without their permission.

The draft and final report as well as all material linked to the evaluation (produced by the evaluators or the organisation itself) is confidential and remains at all times in the property of Malteser International.

1) Inception Report: Planning of the evaluation in form of an inception report based on the analysis of the project documentation in alignment with the Malteser International HQ based Program Manager and the local team based in Gaziantep/Killis.

2) Debriefing: A note (2 pages) with the principal results of the evaluation and recommendations is prepared and presented to (1) IDA in form of a debriefing as well as (2) the Malteser International HQ based Program Manager and the local team based in Gaziantep/Killis.

3) Final Report: A draft final report (English, electronic version) including the findings of the evaluation and the recommendations will be sent to Malteser International within ten days following the field trip latest for potential comments. The report (electronic version) will be finalised and sent to Malteser International HQ latest ten days upon receipt of potential comments and questions.

The results of the evaluation will be presented in a written report in English. The report shall cover the above described topics and will include practical recommendations. The structure of the report is recommended as follows:

Title Page
VII. Expertise of the evaluator(s)

The evaluation can be carried out by a single experienced evaluator or a team with proven expertise in the areas of intervention.

- Proven evaluation experience required, preferably in a related field (Health)
- Postgraduate university degree or equivalent in the wider field of Health would be an added value
- A minimum of five years of experience with humanitarian and/or developmental projects
- Experience in the context of the Middle East, preferably with the Syrian crisis
- Excellent written and spoken English; knowledge of Arabic and/or Turkish would be an asset

VIII. Requirements for the presentation of offers

The offer will be a compilation of the following documents:

1. Technical offer including description of methodology and work plan
2. Financial offer including costs for travel, accommodation, per diem etc.
3. Information on previous experience, including CV and two examples of comparable pieces of work (or recent consultancy if no comparable work is available) and/or references
4. Information on availability for the assignment

Expression of Interest:

Offers shall be presented per email to Malteser International.