
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”

Place of Assignment: Thailand

Duration of Assignment: 18 days

Consulting period: 1st to 20th May 2026

Malteser International (MI) is the international humanitarian relief agency of the Sovereign Order of Malta. For over 60 years we provide 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, 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

MI has maintained a continuous presence in Thailand since 1993, making it one of the longest-standing international humanitarian organizations supporting displaced populations along the

Thai–Myanmar border. Its programs have mainly been implemented in temporary shelters in Mae Hong Son Province for refugees and displaced people from Myanmar. In this protracted displacement context, MI has focused on ensuring access to essential health care and comprehensive WASH services.

Over the years, MI has worked closely with Thai authorities, partner organizations, and refugee community structures to deliver coordinated, culturally appropriate, and high-quality services. It has also strengthened the capacity of health staff and community volunteers while adapting programs to changing policy, funding, and operational conditions. MI’s work in Thailand has been funded mainly by the European Union, alongside other donors, with a strong emphasis on accountability, learning, and evidence-based programming.

In recent years, the context along the Thai–Myanmar border has been changing. Donor funding has been seeing a steady decline over the years culminating in USG pull-out in 2025, significantly affecting service provision in the 9 current shelters. The funding cuts and other developments led to The Royal Thai Government deciding on policy adjustments allowing refugees in temporary shelters to seek work outside the camps under regulated conditions with the aim to create greater self-reliance and income generation to enable them to shoulder own costs for food, health and overall living.

The transition towards self-reliance and work outside the camp has now become a preferred way forward and seems favored also by Donors, resulting in strong demands for health and WASH service providers to make sure to hand-over such services to the Thai authorities in all 9 shelters with the assumption that self-reliance measures and efforts will reach income generating levels that will enable them to manage these costs (food, health and WASH services) by themselves.

However, this process also brings challenges related to institutional capacity, resources, coordination, and the continuity and quality of services for refugee populations, in particular those who are especially vulnerable and with less opportunity to transition into self-reliant household economy.

Project information:

Project Period	15.05.2023 – 14.05.2026 (36 months)
Objectives of the action	<p>Overall Objective/Impact:</p> <p>To improve the fulfilment of the rights to health care and to a healthy environment for Myanmar refugees encamped in MRML (Mae Ra Ma Luang) and MLO (Mae La Oon) in Thailand.</p> <p>Specific Objective/Outcome:</p> <p>Enhanced access of refugees living in MRML (Mae Ra Ma Luang) and MLO (Mae La Oon) camps to inclusive and self-reliant Health and WASH services</p>
Partner(s)	Direct implementation of MI together with camp-based trained staff.

Target group(s)	<ol style="list-style-type: none"> 1. 19,449 shelter residents in MRML (9,736) & MLO (9,713) as of May 2022 2. 316 camp-based staff in the five target camps of MRML and MLO. 3. 50 Community Health Advisory Group (CHAG) members 4. 50 Surveillance rapid response team members. 5. 20 School teachers
Final beneficiaries	<ol style="list-style-type: none"> 1. Refugee population MRML and MLO (19,449 May 2022) 2. Thai population (approximately 2,300-2,400 villagers) of seven villages and three sub-villages in proximity to MRML and MLO camps
Outputs	<p>Output 1. Camp residents have continued access to Health Care services in MRML and MLO shelters</p> <p>Output 2. Camp residents have continued access to WASH services in MRML and MLO shelters</p> <p>Output 3. Strengthening of community capacities, awareness and participation in Health and WASH-related services and preparedness for return</p>
Main Activities	<p>Activities for Output 1: Provision of curative and related health care services through hospital, mobile clinics, referrals to Thai hospitals, provision of MNCH services, growth monitoring and nutrition services such as SFP and TFP, communicable disease outbreak control and prevention.</p> <p>Activities for Output 2: Provision WASH services, production and distribution of soaps, waste management and final disposal, vector control</p> <p>Activities for Output 3: Capacity strengthening of community networks and groups, Health Education and awareness raising, School Health activities, return support services and related awareness raising, mobilizing health interests in camps and training of camp-based health staff</p>

Scope and Objective of the Consultancy

The main purpose of this evaluation is to generate learning for improving the design and management of future projects while ensuring accountability to donors, partners, and beneficiaries. The evaluation will assess the strengths and weaknesses of the project design, implementation approaches, monitoring mechanisms, coordination with stakeholders, and cross-cutting issues. Key lessons learned and best practices will be identified to inform future programming.

The evaluation will assess the performance, achievements, and continued relevance of the project in the context of evolving policy and operational arrangements, including the planned transition of health and WASH services in refugee shelters to relevant departments of the Royal

Thai Government (RTG) and the possible introduction of a health insurance system for refugees. Based on these findings, the evaluation will provide forward-looking analysis to inform the subsequent project, including advice on the feasibility, sequencing, and indicative timeline for the proposed handover of health service delivery in the two camps. This will include assessment of the capacity and readiness of RTG institutions and local Thai government departments, identification of key gaps, risks, and enabling conditions for transition, and consideration of whether the handover process is consistent with the Do No Harm principle and safeguards refugees' access to essential services. The evaluation will also draw on findings from earlier external and internal evaluations and review approaches under the upcoming project to generate recommendations for improvement and future programming.

The evaluation will be guided by the following **OECD DAC evaluation criteria**:

1. Relevance

- To what extent is the project design appropriate to address the needs and priorities of refugees in the target camps?
- How relevant are the project interventions in addressing health, maternal and child health (MCH), WASH of the target population?
- To what extent are the project strategies aligned with the evolving policy environment, including the transition of services to RTG authorities?

2. Effectiveness

- To what extent have the planned outputs and outcomes been achieved compared to the project objectives?
- Did the implemented activities effectively address the key problems identified at the start of the project?
- To what extent has the project contributed to improving access to quality health, MCH, WASH services for refugees?
- What worked well and what challenges were encountered during implementation?

3. Efficiency

- How efficiently were financial, human, and technical resources used to achieve project results?
- Were the implementation approaches, technical solutions, and community engagement strategies cost-effective and appropriate?
- How efficient were the coordination mechanisms with partners and local authorities?

4. Impact

- What changes have occurred in the lives and well-being of beneficiaries as a result of the project interventions?
- What broader effects has the project had on individuals, communities, and institutions, including different gender groups?
- Were cross-cutting issues such as gender equality, environmental considerations, and inclusion adequately addressed?

5. Sustainability and Transition

- To what extent are the project results likely to be sustained beyond the project period?
- What is the capacity and readiness of RTG local departments to take over health service delivery in Mae Ra Ma Luang and Mae La Oon camps?

- What are the potential service quality gaps, operational risks, or resource constraints associated with the transition?
- How might the introduction of the planned refugee health insurance system influence access to services?
- Does the planned handover process adhere to the “Do No Harm” principle, ensuring that refugees’ access to essential health and WASH services is not negatively affected?

Approach and Methodology

The final evaluation will be conducted by an independent evaluator and will follow a participatory and consultative approach, involving key stakeholders including project staff, partners, authorities, and beneficiaries. The evaluation will combine desk review, field visits, interviews, and focus group discussions to collect both qualitative and quantitative information.

Desk Review:

The evaluator will review relevant project documents, including proposals, progress reports, monitoring data, previous evaluations, and internal midterm evaluation reports in order to understand the project design, implementation process, and achieved results.

Stakeholder Consultations:

Initial briefing meetings will be held with programme and project management staff of Malteser International (MI) to clarify the evaluation objectives, scope, and methodology. The evaluator will conduct Key Informant Interviews (KIIs) and Focus Group Discussions (FGDs) with relevant stakeholders, including project staff, beneficiaries, community representatives, local authorities, referral hospitals, camp management, and other partners involved in the project.

Field Visits:

The consultant will visit selected project sites to observe interventions and engage with beneficiaries and stakeholders. A proposed itinerary for the in-country evaluation will be prepared by MI for discussion and adjustment with the evaluator. Transportation within the project areas in Thailand and translation support for interviews and discussions will be arranged by the MI.

Analysis and Debriefing:

Following the field work, the evaluator will analyse the collected data and present preliminary findings during a debriefing session with programme management. This will allow discussion of key findings and clarification of emerging issues before finalizing the report.

Expected Tasks and Deliverables

The evaluation will provide practical and feasible recommendations that can inform future programming and be realistically considered within the budget and activity framework of the already approved follow-up 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 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:

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| 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. |

Intended Timeframe

The evaluation is expected to start in beginning of May 2026. Some variations based on the Consultant Team availability can be negotiated. The following preliminary timeframe is foreseen:

1.	Preparatory work	1
2.	Briefing with the MI project management, field visits, interviews etc. debriefing session (including travelling) 1	12
3.	Reporting	5
	TOTAL	18

Required Qualifications and Expertise

¹ 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.

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.
- Demonstrated capacity and experience in evaluating humanitarian and Development projects.
- 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.

Expression of Interest

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 18 working days.

Kindly submit either by email: mb.procurement-thailand@malteser-international.org

Or through ordinary mail: **Malteser International, 25/25 Moo 12 , Ban Kad . Mae Sariang, Mae Hong Son, 58110, Thailand**

Make sure mark envelop or email with **438-195 Final Evaluation**

Deadline to submit tender: 19th April 2026