
TERMS OF REFERENCE

External Sector Evaluation of the global Health & Wellbeing Program of Malteser International

Background Information

Malteser International is an international humanitarian and development organization. It is the relief agency of the Catholic Sovereign Order of Malta and fulfils its mission to “serve the poor and the sick”. Since 1956, the German based organisation’s core task has been to improve the health and well-being of suffering and displaced people around the world. We provide emergency and disaster relief in the immediate aftermath of acute disasters and work towards the rehabilitation and reconstruction of afflicted communities. We work on the frontlines to provide immediate and long-term relief to those who need it most.

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, protection, and shelter where possible. 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.

Scope and Objective of the Evaluation

The consultancy is tasked with conducting a comprehensive analysis of MI's ongoing health & wellbeing projects from a global perspective. This analysis should also contextualize the regional programs of MI within the broader global insights. Furthermore, the evaluation should incorporate findings from evaluations of previously concluded projects and ongoing projects in the same countries, even if they are not the primary focus of this evaluation. It is crucial to avoid treating the health & wellbeing projects in isolation but instead to examine them within the broader context of our organizational work.

To ensure a comprehensive assessment of MI’s health projects across all continents, implementation approaches (i.e., partner- & self-implementation) and the whole spectrum of MI health projects, a

preliminary selection of evaluation locations has been made by MI. The evaluation should encompass the countries Bangladesh, Colombia, Kenya, Lebanon, Myanmar, Syria, Uganda, Ukraine and the Democratic Republic of the Congo (DRC). In the DRC, one of the four designated locations will undergo analysis not only in terms of health, but also from the perspective of the Humanitarian Development Peace (HDP)-Nexus and cross-sectoral connections. For Myanmar, the evaluation will encompass all health projects implemented by MI in the country. In all other countries, a subset of projects will be chosen for evaluation. MI anticipates that the consultant team will undertake field visits to DRC, Kenya, Uganda, Bangladesh, and Colombia. Conversely, Myanmar, Lebanon, Ukraine, and Syria will be covered remotely through desk studies, including remote communication for interviews, and other relevant activities. For more information on the specific projects to be evaluated, refer to the Annex.

The objectives of the evaluation are:

1. To analyse MI's health & wellbeing programs to provide strategic insights for determining the organization's future direction within the health & wellbeing sector.
2. To identify and highlight any existing or potential synergies or connections with other sectors, which can be leveraged more effectively in the future.
3. To utilize the evaluation's findings for both external and internal transparency purposes, as well as for potential publication.
4. An analysis of the requirements of local partners and donors, such as the Federal Ministry for Economic Cooperation and Development (BMZ)
5. An analysis of MI's previous measures in the areas of health, well-being, animal health, pandemic prevention/control, and One Health in the possible implementation countries/regional contexts and the interventions of other donors in this area, as well as possible interfaces to bilateral, regional or global structures, forums or networks

Expected Evaluation Criteria

The consultant team should evaluate following the standards of the ALNAP Guide "Evaluating Humanitarian Action using the OECD-DAC Criteria". The evaluation will set its focus on the following selection of the OECD-DAC criteria, however if wanted additional criteria and questions can be added by the consultant team:

Relevance and Appropriateness

- a) To what extent do MI's health & wellbeing projects meet the health needs of the target populations?
- b) Are/have the health projects successfully addressing/addressed the needs of women, children, the elderly, individuals with disabilities, and other vulnerable groups?

Effectiveness

- a) How are MI's health projects performing in achieving their intended health outcomes?
- b) How did women, children, elderly, persons with disabilities and other vulnerable groups benefit from the health projects' results?
- c) Which project activities/approaches have/had the greatest positive effect, and which have/had the least effects? Are there recurring patterns of activities that should have been incorporated into the action plan but were missing?

- d) To what extent are/were the established monitoring systems sufficient for providing oversight and guiding the implementation processes?

Coherence and Complementarity

- a) What is the level of coherence and complementarity of MI's health projects with other health initiatives, whether implemented by other organizations or the national public health system?
- b) What is the level of intersectoral connectivity and the linkage to Humanitarian-Development-Peace (HDP)-Nexus in MI's overall health activities in the project locations, and how does this shed light on the comprehensiveness of the programs through their linkages/synergies with other served sectors?

Impact

- a) What is the impact of MI's health projects on the well-being of the beneficiaries, encompassing positive and negative effects, as well as primary and secondary long-term impact resulting from project activities, whether direct or indirect, intentional, or unintentional?
- b) What were the wider effects of the health projects on individuals, different gender groups, communities, and institutions?
- c) Were the beneficiaries satisfied with the assistance provided? What tangible differences have the projects made to the beneficiaries?
- d) Were cross-cutting issues, such as gender, age, protection, do-no-harm, environment, adequately taken into consideration in the set-up and implementation of the health projects?

Sustainability

- a) To what extent are/have MI's health projects able/been able to sustain benefits for the target populations beyond the project periods?

Conclusions and Recommendations

- a) Identify the strengths, weaknesses, opportunities, and challenges of MI's health projects and provide recommendations and strategic orientation.
- b) Identify best practices and lessons learned from MI's health projects that could be shared with other organizations and stakeholders including donors. Identify MI's potential or already existing unique "selling point".
- c) Identify a set of recommendations linked to the conclusions that would provide guidance to MI for its strategic development of the health & wellbeing sector.

In addition, the consultant should review MI's global policies, guidelines and approaches as well as the organizational set-up and structure with regards to MI's global health care programming.

Intended evaluation process & expected reporting

In coordination with MI, the independent, international consulting team will elaborate a work plan for the implementation of the evaluation, using the health projects' characteristics provided attached to this TOR for the by MI selected countries for evaluation. The team will create an inception report at the evaluation outset, outlining the evaluation's methodology and timeline, which should follow a

mixed-methods approach. The MI review team will then coordinate the process in terms of content and the participation of different actors with diverse interests and expectations.

At a minimum of 30 days prior to the field evaluation, the consultant team will receive relevant documents from MI for the desk review of the respective projects. Subsequently, field assessments will be conducted in each location, involving visits to target communities, interviews, focus group discussions, and engagement with staff, beneficiaries, and stakeholders using a mixed-methods approach.

A briefing meeting with MI representatives will be held in country or project offices to finalize the evaluation's organization. MI will facilitate transportation in the field and provide necessary translation services beyond English. A joint debriefing session and review workshop between the consultant team and MI will be conducted in respective country offices before the consultant team's departure.

After the field assessments, the consultant team will produce an evaluation report with a concise executive summary (maximum 4 pages). The report will include a summary of the methodology, findings, conclusions, and recommendations, along with supporting documentation in an Annex. This evaluation report will then be presented to MI and related stakeholders.

Details of the evaluation process will be discussed between the consultant team and MI. The report and background documentation will remain the property of MI and will be distributed as required by MI.

Intended timeframe

The evaluation should be completed within a timeframe of 4-6 months from the start of the consultancy.

Preliminary intended timeframe:

1.	Develop a preliminary evaluation concept / inception report upon country health project characteristics – present to MI in a kick-off session	1-2 week
2.	Desk Review	4 weeks
3.	Field assessments	1-3 months
4.	Develop evaluation report, including an executive summary (max 4 pager), handed over to MI 2 weeks ahead of presentation	1 month
5.	Present findings and recommendations of evaluation to MI and other stakeholders	2 days
	TOTAL	4-6 months

Required Expertise of the Consultant Team

- Professional background in Global Health
- Demonstrated capacity and experience (at least 5 years) in evaluating development and/or humanitarian health projects
- Extensive technical knowledge and experience in the health & wellbeing sector and sufficient comprehension of other humanitarian sectors, development assistance, particularly WASH, food and nutrition, security (FNS)
- The consultant team should be fluent in English (spoken/written), fluency in French, Spanish or German (spoken/written) is considered an asset
- Experience in working with non-governmental organizations
- Excellent analytical and report writing as well as communication skills
- Demonstrated intercultural competence.
- Ability to the management of the process in terms of content and concerning the participation of different actors, as well as the handling and moderation of different expectations and perspectives.
- Ability to assume an advisory and moderating position in addition to the technical expert role.

Expression of interest

Interested candidates and institutes must submit an offer including the following:

- A curriculum vitae of the principal consultant detailing in particular relevant experience in evaluations of humanitarian and development projects/programs.
- A brief description of the team assembled to conduct the study, including CVs of team members.
- A technical proposal of no more than 5 pages covering a) an understanding of the context and main issues of the evaluation, b) the detailed methodology proposed for the evaluation, c) the list of actors expected to be consulted as part of this evaluation and d) a draft work plan/timetable.
- A financial proposal in Euro for the study, including the consultant's fees, international travel expenses (if applicable) and per diems. The budget must show the cost of the consultant's fees in relation to the number of working days anticipated over the entire period concerned.
- Two recent examples of comparable studies conducted by the candidate/team.

MI may, at its sole discretion, extend the deadline for submission of bids. Final selection of proposals will be made in accordance with MI's proposal evaluation procedures.

Tenders must be submitted *electronically* to MI by the deadline of the 4th of December to julian.fellendorf@malteser-international.org

Selection process, including provisional timetable. The contract will be awarded to the candidate with the highest number of points, on the basis of the following criteria:

- Evaluation experience
- Mastery of the key topic: public health, health care and mental health programs in developing countries
- Knowledge and understanding of the countries' varying contexts
- Quality, relevance, and precision of the proposed methodology

- Understanding the ToR and evaluation issues
- Presentation / Writing skills
- Reputation / References presented or obtained
- Presentation of the financial offer

Payment and performance approval process

The consultant will be responsible for his or her own insurance coverage, all necessary equipment (e.g., computer), communication costs and any taxes applicable to the consultancy. Expenses relating to the appraiser's travel, accommodation and survey costs will be paid on signature of the contract. Fees will be paid as follows:

- 30% on delivery of the final evaluation concept & desk review
- 50% after submission and validation of the final report
- 20% after presentation of final report

PROJECTS TEMPLATE FOR THE EXTERNAL HEALTH SECTOR EVALUATION

PROJECT SUMMARY DATA

Name of the Project	Primary health care, WASH, nutrition, and emergency relief for conflict- and disaster-affected populations in Bangladesh and Myanmar
Main Sub-sector	Basic health care, psycho-social support , improvement of acute malnutrition, covid emergency relief, cash assistance, distribution of relief items and rehabilitation of infrastructure under flood relief
Country and location	Bangladesh only, Cox's Bazar
Date of project commencement	01.11.2021
Final date of project implementation	30.04.2024
Project duration (planned/actual) XX months	30 months
Budget	5.736.650 € EUR
Local contribution in EUR	0
Malteser contribution	250.000 EUR (4,18%)
Total budget in EUR	5.986.650 EUR
Number of Staffs involved (Malteser and not)	<ul style="list-style-type: none"> • MI: 7 in BGD, 2 in HQ • Partner: 94 in Partner Org (BGD Only)
Continuation of old project or not (new)	<ul style="list-style-type: none"> • New but conceptual continuation from 2542 ended in 2021
Implementation Partners	<ul style="list-style-type: none"> • Gonoshasthaya Kendra (GK) • COAST • PHALS
Objectives of the action	<p>Overall Objective:</p> <p>To contribute to a life in health and dignity by reducing morbidity and mortality of vulnerable people affected by crisis in Bangladesh and Myanmar.</p> <p>Specific Objective:</p> <p>Improving health and well-being of vulnerable people affected by crisis through holistic health and timely emergency response in Rakhine state, Myanmar and Cox's Bazar in Bangladesh.</p>
Target group(s)	<ul style="list-style-type: none"> • Forcibly Displaced Myanmar Nationals (FDMN) in 3 camps and on Bhasan Char island • MI local staff • Staff of local/national partner organizations
Final beneficiaries	86.798

	(50.970 Flüchtlinge, 35.628 Menschen der Gastgemeinden sowie 200 Mitarbeitende)
Estimated results	<p>Output 1: Preventive health measures increase well-being and reduce transmittable and non-transmittable diseases</p> <p>Output 2: Curative health measures increase well-being and cure transmittable and non-transmittable diseases</p> <p>Output 3: Ensuring the timely humanitarian response to affected population during crisis through enhanced capacity and availability of resources</p> <p>Output 4: Improved quality and accountability are ensured</p>
Main activities	<p>Activities for Output 1:</p> <ul style="list-style-type: none"> • Provision of ante- and post-natal consultations (ANC & PNC) • Provision of nutrition counselling incl. cooking demonstrations and food voucher distributions • Implementation of health and hygiene promotion awareness towards adequate practices. <p>Activities for Output 2</p> <ul style="list-style-type: none"> • Patient consultations are provided in mobile and permanent health facilities • Referral of (emergency) patients which require specialized services to a secondary level of care • Screening, identification, and referral of Moderate Acute Malnourished (MAM) & Severely Acute Malnourished (SAM) children, PLW and elderly • Provide Mental Health and Psychosocial Support (MHPSS) services within the health facilities as well as reach to the wider community through outreach services <p>Activities for Output 3:</p> <ul style="list-style-type: none"> • Internal anticipatory action for disaster preparedness and response capacities (e.g. contingency stock keeping, update of security plans /emergency plans /contingency plans, simulations, Early Warning, Alert and Response System (EWARS) reporting • Timely emergency response with appropriate modality <p>Activities for Output 4:</p> <ul style="list-style-type: none"> • Continue exchanging capacities with partner organisations for organizational development • Relevant mainstreaming topics are consistently applied (e.g. gender, age, disability inclusion, protection, GBV, environment, nexus) • Review and strengthen inclusive feedback and response mechanisms • Further mainstreaming of people- centred project implementation
Evaluation made or ongoing	Planned for 2024. Conceptual predecessor 2542 was evaluated.

**List of available
documentation (reports,
evaluations, etc)**

- **3 Donor Interim Reports**
- **Monthly Project Reports**

PROJECTS TEMPLATE FOR THE EXTERNAL HEALTH SECTOR EVALUATION

PROJECT SUMMARY DATA

Name of the Project	Basic health care and nutritional support for vulnerable groups in Colombia, Haiti and Venezuela affected by crises, migration and malnutrition
Main Sub-sector	Health
Country and location	Colombia, Haiti and Venezuela
Date of project commencement	01.06.2021
Final date of project implementation	31.05.2024
Project duration (planned/actual) XX months	36 months
Budget	8.968.000 EUR GFFO
Local contribution in EUR	0
Malteser contribution	412.800 EUR
Total budget in EUR	9.380.000 EUR
Others contribution	0
Number of Staffs involved (Malteser and not)	<ul style="list-style-type: none"> • MI HQ: 2 • MI location: 131 • Partner IPSI Anashiwaya: 1 • Partner CBM: 2 • AHAAMES: 7 • CEPIN: 18 • OMV: 3 • PALUZ: 21 • SAHEP: 6
Continuation of old project or not (new)	<ul style="list-style-type: none"> • New, partially conceptual continuation
Implementation Partners	<ul style="list-style-type: none"> • CBM • ABIUDEA • IPSI • AHAAMES • SAHEP • Order of Malta Venezuela (OMV) • PALUZ • CEPIN
Objectives of the action	Overall Objective:

	<p>Contribution to the survival in health and dignity of vulnerable people in Colombia, Haiti and Venezuela affected by crises, migration and malnutrition is made.</p> <p>Specific Objectives:</p> <p>The health and nutrition situation of vulnerable people in Colombia, Haiti and Venezuela affected by crises, migration and malnutrition is improved.</p>
Target group(s)	<p>Colombia: 89,010 persons</p> <ul style="list-style-type: none"> - Refugees, migrants and returnees from Venezuela, at least 70%. - Multi-ethnic host communities, max. 30%. <p>Haiti: 4,800 underserved families (approx. 24,000 persons) in IPC Phase 3 and 4 in underserved rural areas and in the urban slum Cité Soleil. In Nippes, 89,806 people are in IPC 3 and 32,567 in IPC 4.</p> <p>People affected by the earthquake in Haiti: 62,565.</p> <p>The most vulnerable groups represent about 70% of the affected population. Special attention is given to the following groups:</p> <ul style="list-style-type: none"> - Affected women, especially pregnant and lactating women, widows, households headed by women and women with children under 5 years of age. - People with disabilities and older people - Affected school children - Affected communities in general through health and WASH infrastructure rehabilitation. <p>Venezuela: 144,458 inhabitant inside the Maracaibo metropolitan region. With regard to the Covid-19 pandemic: hygiene and protection of 1,065 health workers.</p>
Final beneficiaries	257.468
Estimated results	<ol style="list-style-type: none"> 1. basic health care (incl. pre- and post-natal care) and psychological care for vulnerable refugees, migrants and returnees from Venezuela and multi-ethnic host communities in the departments of La Guajira and Magdalena is provided. (Colombia) Covid-19 prevention and epidemiological monitoring are strengthened. (Colombia) 3. 3,450 families with children under 5 and/or pregnant/breastfeeding women affected or at risk of malnutrition have stabilised their nutritional situation. (Colombia & Haiti) 4. Provided emergency assistance to 1,200 households affected by natural disasters. 5. Cash assistance provided to 1,000 people in need (Haiti). 6. 6 affected public/community schools are being assisted to resume school operations (Haiti) 7. drinking water systems are being rehabilitated to provide water to affected people (Haiti)

	<p>8. 3 affected health facilities are supported to maintain medical activities (Haiti)</p> <p>9. continuous consideration of protection measures is ensured (Haiti)</p> <p>10. basic health care and psychological support for vulnerable groups in Maracaibo (Venezuela)</p> <p>11. 2,280 households/families with children and/or pregnant/breastfeeding women and/or elderly people affected or at risk of malnutrition have stabilised their nutritional situation. (Venezuela)</p>
<p>Main activities</p>	<ul style="list-style-type: none"> - Carrying out medical consultations - Carrying out psycho-social consultations - Pre- and after-care for pregnant women - Support of 2 health secretariats in epidemiological monitoring - Training of 20 health promoters as Covid-19 focal points - Mobilisation of 1,250 households for preventive measures on Covid-19 - Identification and selection of beneficiaries with protection mainstreaming - Nutrition counselling, treatment and follow-up - Supporting affected families with food, cash benefits and/or NFIs - Provision of emergency medical assistance - Cash benefits or distribution of food, NFIs and/or seeds/small animals to restore livelihoods - Support vulnerable people and their families with multi-purpose cash distributions - Earmarked cash assistance for women to restore livelihoods - Provision of suitable temporary premises in public and community schools - Conduct psychosocial activities for students and teachers in public and community schools. - Rehabilitation of water systems/wells - Reactivation of municipal administrative structures to coordinate water supply and control water quality - Rehabilitation of 1 health centre - Support of health centres with medicines and medical consumables - Training of community mobilisers in psychosocial support - Provision of psychosocial support with a community-based approach - Supply of basic medicines, medical consumables and equipment, as well as cleaning and administrative materials for hospital operations - Conducting medical consultations - Providing psychological counselling and psychosocial support to 1500 people. - Carrying out renovation work in the HMIC hospital - Training for 10 community promoters on basic nutrition issues - Identification and selection of beneficiaries with protection mainstreaming - Nutrition counselling, treatment and follow-up - Supporting affected families with food, cash benefits and/or NFIs

Evaluation made or ongoing	Mid-term in Colombia and Haiti planned Furthermore, a final external evaluation is planned for Venezuela.
List of available documentation (reports, evaluations, etc)	various donor reports and monthly project reports

PROJECTS TEMPLATE FOR THE EXTERNAL HEALTH SECTOR EVALUATION

PROJECT SUMMARY DATA

Name of the Project	United for Health and Education: Contributing to the improvement of the quality of health and well-being of the population in 13 health zones in 3 provinces provinces (Ituri, Haut-Uélé and Kasai-Central) of the DRC.
Main Sub-sector	Health
Country and location	DRC 1. Province de l'Ituri : <ul style="list-style-type: none"> • Territoire de Mahagi : ZS Logo et ZS Rimba • Territoire d'Aru : ZS Ariwara, ZS Adi et ZS Aru 2. Province de Haut Uélé : <ul style="list-style-type: none"> • Territoire de Faradje : ZS d'Aba, Faradje et Makoro. 3. Province de Kasai-Central : <ul style="list-style-type: none"> • ZS Bukonde,
Date of project commencement	01.02.2023
Final date of project implementation	X
Project duration (planned/actual) XX months	36 months
Budget	3,133,506.00 EUR (Europe Aid)
Local contribution in EUR	0
Malteser contribution	66,494
Total budget in EUR	3,200,000
Number of Staffs involved (Malteser and not)	<ul style="list-style-type: none"> • MI DRC: 48 • MI HQ: 3 • Non MI: n/a
Continuation of old project or not (new)	Conceptual continuation of a previous PRODS action implemented since March 2017 until 31 August 2021, and an additional PRODS project running from September 2021 until August 2022
Implementation Partners	<ul style="list-style-type: none"> • none
Objectives of the action	<p>Overall Objective:</p> <p>To contribute to the human development of the population of the Democratic Republic of the Congo (DRC), through the improvement of the health and well-being of the population and the strengthening of education.</p> <p>Specific Objectives:</p> <ol style="list-style-type: none"> 1) To perpetuate accessibility to quality health care, for the provision of accessible quality care to the population in 13 health

	<p>zones in 3 provinces (Ituri, Haut-Uélé and Kasai Central) through the system of family registration and pre-payment for care</p> <p>2) Strengthening children's access to civil status documents in the Ituri, Haut Uélé and Central Kasai health zones</p>
Target group(s)	<ul style="list-style-type: none"> • i) Thirteen Health Zones spread over 3 Provinces including 5 Health Zones (Logo, Rimba, Aru, Ariwara and Adi) of the Ituri Division Provinciale de la Santé (DPS), 3 Health Zones (Aba, Faradje and Makoro) of the Haut Uélé DPS and 5 Health Zones (Bukonde, Masuika, Mikalayi, Tshibala and Adi) of the Haut Uélé DPS. (Aba, Faradje and Makoro) of the DPS Haut Uélé and 5 Health Zones (Bukonde, Masuika, Mikalayi, Tshibala and Tshikula) of the Division Provinciale de la Santé Tshikula) of the DPS de Kasai Central. Twelve health zones are the result of the extension of the past PRODS programme. But the additional health zone of Makoro was chosen from the perspective of a continuous intervention corridor in Haut-Uélé to benefit from support for its mitigation. • ii) Two hundred and sixty-three health centres; • iii) Thirteen general reference hospitals; • iv) Three DPS (Ituri, Haut-Uélé and Kasai Central); • v) Ituri civil status authorities at community and town hall level.
Final beneficiaries	2,907,358
Estimated results	<p>Output 1.1: Management in the Hospitals is strengthened and MEG capital is maintained in the SZs at the level of the Fosa and zonal pharmacies</p> <p>Output 1.2: The human resources capacity is strengthened in the quality of care approach in the 5 health zones (Logo, Rimba, Aru, Ariwara and Adi) of the DPS Ituri, 3 health zones (Aba, Faradje and Makoro) of the DPS Haut Uélé and 5 health zones (Bukonde, Mikalayi, Masuika, Tshibala and Tshikula) of the DPS Kasai Central</p> <p>Output 1.3: The efficiency of medical diagnosis for the detection of diseases in hospitals is enhanced and digitised</p> <p>Output 1.4: Standard precautionary measures (Infection Prevention and Control) are strengthened in terms of hospital hygiene through available infrastructure, water, equipment and skills and in terms of the safe management of epidemic infectious diseases</p> <p>Output 1.5: The management of malnourished cases is ensured on the basis of local inputs in the Ituri and Haut-Uélé SLAs</p> <p>Output 1.6: Adequate buildings and equipment including infrastructure-equipment including hygiene and sanitation are in place for the provision of quality care and SAMU centre buildings in place</p> <p>Output 1.7: Access to health care is improved through the mechanism of family enrolment in the CS in the form of mutual health insurance</p>

	<p>Output 1.8: The steering of the health system and the institutional capacities of the Ministry of Health are strengthened at the level of the provincial decentralised structures.</p> <p>Output 1.9: The programmatic and managerial capacities of the DPS Kasai Central are strengthened for the coordination, monitoring/evaluation and control and technical support of the DPS related to the functioning and organisation of the SLAs are improved</p> <p>Output 1.10: Under the supervision of the DPS, the management teams of the 13 health zones ensure the steering, lead the participation bodies (CoGe, Board of Directors, weekly ECZ meeting, monthly monitoring meeting) and ensure the managerial functions of their zones</p> <p>Output 2.1: Birth registration is effective and systematic in the health facilities of the action's health zones.</p> <p>Output 2.2: The possession of civil status documents is improved for children in the intervention areas.</p>
Evaluation made or ongoing	Not yet and not planned
List of available documentation (reports, evaluations, etc)	n/a,

PROJECTS TEMPLATE FOR THE EXTERNAL HEALTH SECTOR EVALUATION

PROJECT SUMMARY DATA

Name of the Project	One Health approach to build resilience among semi-nomadic populations in the border region of Kenya and Ethiopia
Main Sub-sector	Health, WASH
Country and location	Kenya, North Horr, Marsabit County, Kenya and Borena Region Ethiopia
Date of project commencement	01.12.2022
Final date of project implementation	30.04.2025
Project duration (planned/actual) XX months	29 months
Budget	975,000 EUR
Local contribution in EUR	0
Malteser contribution	325,000 EUR (25%)
Total budget in EUR	1,300,000 EUR
Number of Staffs involved (Malteser and not)	<ul style="list-style-type: none"> • MI HQ: 2 • MI location: 3 • Partner: 12
Continuation of old project or not (new)	New
Implementation Partners	Pastoralist Community Initiative and Development Assistance (PACIDA)
Objectives of the action	<p>Overall Objective:</p> <p>Contribute to improving human, animal and environmental health in northern Kenya and southern Ethiopia, with a focus on zoonotic diseases, through sustainable cross-sectoral strengthening of local capacity and control.</p> <p>Specific Objectives:</p> <p>Reducing morbidity from zoonotic infections through a multi-sectoral One Health approach and intervention in Maikona Ward (North Horr Sub-County, Marsabit County, Kenya) and Dire Woreda (Borena Zone in Oromiya Region), Ethiopia</p>
Target group(s)	Gabbra and Borana people living in northern Kenya and southern Ethiopia. They are about 61,000 people (indirect beneficiaries), 51% of whom live in Dire Woreda on the Ethiopian side and 49% on the Kenyan side in Maikona Ward. About 35% of the target group are children, 45% adults and 20% elderly (65 years and older).
Final beneficiaries	Direct beneficiaries: 29,304

Estimated results	<ol style="list-style-type: none"> 1. Strengthened and established One Health systems and structures that can respond in a coordinated and appropriate manner to zoonotic diseases and epidemics. 2. improved human, livestock and environmental health, through control and prevention of zoonotic diseases, increased food security and applied WASH practices. 3. integrating One Health research components and establishing two sustainable model farms for training, research and best practices in both regions.
Main activities	<ul style="list-style-type: none"> • Establishment/reactivation of 2 One Health structures in Marsabit County and Dirre Woreda (KE/ET). • Train 36 One Health staff from local authorities on One Health. • Support to EOC in reporting and responding to zoonotic diseases (KE) • Train EOC staff, CHVs and livestock disease reporters on integrated disease surveillance and response (KE/ET) • Support coordination meetings (2 inception meetings, 4 bi-annual national meetings, 8 sub-national meetings (KE/ET). • Support integration of the project with OHRECA/BI MMH or other partners (KE/ET). • Support the meetings of the Peace Committee in (KE/ET) • Rehabilitation of 4 boreholes with solar energy and reverse osmosis (KE/ET) • Conducted 36 integrated outreaches (immunisation and nutrition) for U5 children, pregnant women and lactating mothers (KE/ET) • Raised awareness of One Health through 48 information sessions and 24 radio programmes (KE/ET) • Support to improve livestock production (150 sheep and 40 camels) (KE/ET) • Livestock operations to treat zoonoses and diseases with deworming (KE/ET) • Establishment and operation of 2 veterinary posts (KE/ET) • Establishment and operation of 2 sustainable model farms (KE/ET) • Support for sustainable livestock, smallholder agriculture and fodder production (KE/ET) • Support training of 4 EMC groups in active rangeland management (KE/ET) • Training of 400 livestock farmers in animal husbandry and crop production in 20 courses (KE/ET) • Conduct 2 researches/studies on zoonoses (KE/ET) • Establishment of mobile OH units (KE/ET) • Capacity building trainings for partners (annual) (KE/ET)
Evaluation made or ongoing	Baseline, Midterm and Endline Evaluations planned
List of available documentation (reports, evaluations, etc)	<ul style="list-style-type: none"> • Feasibility study • Rapid assessment

PROJECTS TEMPLATE FOR THE EXTERNAL HEALTH SECTOR EVALUATION

PROJECT SUMMARY DATA

Name of the Project	Rebuilding and strengthening of health care services and local agriculture for the crisis-affected vulnerable population in eleven target communities in Lebanon
Main Sub-sector	Health, food security
Country and location	Lebanon, all governorates
Date of project commencement	01.01.2021
Final date of project implementation	31.12.2024
Project duration (planned/actual) month	48 months
Total budget in EUR	28.4 million EUR
Local contribution in EUR	26.993.534 EUR
Malteser contribution	1.406.466 EUR
Total budget in EUR	28.400.000 EUR
Number of Staffs involved (Malteser and not)	Partner staff: 112 (incl support staff/ part time drivers, field (medical) staff, headquarters staff etc.) MI staff: 5 staff members in the field office plus 2 HQ Program Manager and 1 HQ Admin Manager
Donor(s)	German Ministry for Economic Cooperation and Development (Transitional Aid)
Continuation of old project or not (new)	New project
Implementation Partners	Order of Malta Lebanon - OML
Objectives of the action	Overall Objective: Strengthening resilience and improving the health status of vulnerable population groups (including refugees) affected by multiple crises in Lebanon Specific Objectives: <ul style="list-style-type: none"> - Improved access to primary health care and social cohesion in the target regions - OML has the organizational and institutional capacity to establish and develop a medical network and, in cooperation with partners, contributes to the long-term development of professional expertise in the country. - OML's local expertise is perceived at national level and provides impulses for shaping national health policy.

	<ul style="list-style-type: none"> - Local capacities are strengthened, which results in improved access to good nutrition and a healthier living environment for the population living in the vicinity of OML-run facilities - Local agricultural production has created income opportunities and improved the availability of basic foodstuffs.
Target group(s)	People suffering from chronic and acute diseases, people in need of primary health care, people in need of referrals to specialized services and hospitals, farmers, agricultural workers, students and their mothers from primary public schools, people with disabilities, and people from the wider communities
Final beneficiaries	<p>Direct: 188,612 of which female: 113,167 (60%), of which male: 75,445 (40%)</p> <p>Indirect: Population of 8 governorates of Lebanon</p>
Estimated results	<ul style="list-style-type: none"> - OML's primary healthcare network is equipped and prepared to provide and expand quality services - Subsidized services expanded and diversified to vulnerable patients in OML-PHCCs - Primary healthcare partners and local authorities supported to provide increased, quality and conflict sensitive access to healthcare services - OML structures and knowledge have been strengthened through capacity building initiatives - Knowledge exchange and capacity building of the national health network - Information and recommendations to relevant health actors in Lebanon are collected, evaluated and formulated based on data from 11 PHCCs - Increased knowledge and awareness about the influence of good nutrition on general health and enhanced access to products and networks - Producers in catchment areas provided with inputs and empowered to maintain and enhance their production - Cost of production in nutrition sensitive value chains is reduced and production quality enhanced through collective services
Main activities	<p>Activities for Output 1:</p> <p>1.1.1 OML-PHCCs rehabilitated according to national accreditation standards (Baseline: 1, target 9)</p> <p>1.1.2 Mental health and Psychosocial Support (MHPSS) dedicated rooms are equipped at OML's PHCCs (Baseline: 0, target 9)</p> <p>1.1.3 4 specialized clinics and a dental laboratory are established in AER OML-PHCC</p> <p>1.1.4 OML PHCCs in Yaroun, Roum, Siddikine, Kefraya, Barqa, Kobayat, Zouk, Khaldieh, Rmeich, Ras Baalbek and AER are equipped (Baseline: 0, target 11)</p> <p>1.1.5 OML's analysis laboratories have equipment that meet the national standards and are harmonised (Baseline: 0, target 6)</p> <p>1.1.6 OML PHCCs are equipped with solar energy (Baseline: 0, target 8)</p>

1.1.7 OML PHCCs are accredited or ready to be accredited (Baseline 1, target 9)

1.2.1. Provision of acute and chronic medicine in 11 OML-PHCCs: a total of 1,250,000€ over four years split as follows: (32% in 2021, 32% in 2022, 18% in 2023 and 18% in 2024)

1.2.2 Number of subsidized medical consultations provided for vulnerable patients

- 1.2.2.2. excluding pharmacy, mental health and laboratory (Baseline: 56,227 services (13,387 patients in 2019) target: 67,472 services in 2021 (16,065 patients), target: 127,713 services in 2022 (31,928 patients), target: 97,160 services in 2023 (23,133 patients), target: 116,592 services in 2024 (27,760 patients)

- 1.2.2.3. dentistry services: Baseline: 6,315 services in 2019, target: 2,679 in 2021, target: 12,275 in 2022, target: 10,912 in 2023, target: 13,095 in 2024)

1.2.3 Number of subsidized referrals for laboratory test provided for vulnerable patients (Baseline: 6,309 in 2019 – 2021: 4,500 - 2022: 16,351– 2023: 10,902 – 2024: 13,082)

1.2.4 Number of MHPSS services provided for the most vulnerable (Baseline: 3,411 in 2019, target 2,000 in 2021, target 5,014 in 2022, target 8,841 in 2023, target 10,610 in 2024)

1.2.5 Number of mental disease cares provided for the most vulnerable (patients with significant intellectual impairments) (Baseline: 600 in 2019, target 240 in 2021, target 522 in 2022, target 900 in 2023, target 1,000 in 2024)

1.2.6 Number of homecare visits conducted for the most vulnerable (Baseline: 229 visits in 2019, target 2,640 in 2021, target 3,187 in 2022, target 3,802 in 2023, target 4,562 in 2024)

1.2.7 Number of obstetrical subsidized care services provided (Baseline: 0 services in 2019, target 2,531 in 2021, target 1,778 in 2022, target 5,072 in 2023, target is 5,072 in 2024)

1.2.9 Number of screening detection campaigns, number of people detected (Baseline: Number of people screened in 2019: 0, target 8,250 in 2021, target 2,805 in 2022, target 11,880 in 2023, target 14,256 in 2024) (Number of people referred: Baseline: 0 in 2019, target is 825 in 2021, target is 224 in 2022, target is 713 in 2023, target is 713 in 2024)

1.2.10 Number of patients benefiting from subsidized ophthalmological care services (Baseline: 3,152 in 2019, target is 362 in 2021, target is 8,577 in 2022, target is 5,446 in 2023, target is 5,635 in 2024)

1.2.11 Evolution of geriatric patients benefiting from clinical pharmacology (Baseline: 0 in 2019, target is 250 in 2021, target is 2,000 in 2022, target is 6,220 in 2023, target is 7,464 in 2024)

1.2.12 Number of tele-consultations (Baseline: 0 in 2019, target 250 in 2021, target 400 in 2022, target 5,702 in 2023, target 6,843 in 2024)

1.3.1 Number of partners supported with medicine and medical equipment to expand and diversify services (Baseline: 0, target is 3 in 2021, target 5 in 2022, target 5 in 2023, target 5 in 2024)

1.3.2 Number of partners who will receive technical assistance to prepare their centers for accreditation (Baseline: 0, target is 2 in 2023, target is 2 in 2024)

Activities for Output 2

2.1.1 Establishment and equipment of a one floor training center in AER OML-PHCC (400 m2)

2.1.2 Conduction a market assessment for financial sustainability of the training center (Baseline: 0 target 1)

2.1.3 Development of a training curriculum (commissioned to a company)

2.1.4 Number of tele expertise training provided to OML staff (Baseline: 0 in 2020, target is 0 for 2022; target is 42 per year until 2024)

2.1.5 Number of Trainings of Trainers (ToTs) provided to OML staff (Baseline: 0, target: 38)

2.2.1 Number of participant training days provided physically and online (Baseline: 0, target 172 in 2022, target 2,054 in 2023, target 1,577 in 2024)

2.2.2 Number of health related articles published at the training center website (Overall target:20)

2.2.3 Number of knowledge exchange and research health platforms created at the OML training center (Overall target: 20) "

Activities for Output 3:

3.1.1 Number of medical analyses developed (Baseline: 0, target 2 during the course of the project 1 in 2023; 1 in 2024)

3.1.2 Number of workshops/dialogue platforms conducted for information exchanges (Baseline: 0, target is 10 during the course of the project, 5 annually)

3.1.3 Number of policy briefs and messaging developed and disseminated to relevant policy makers and stakeholders (Baseline: 0, target 3 during the course of the project (annually)

Activities for Output 4:

4.1.1 Equipment of one interactive space in each catchment area (in municipalities/ public schools or OML-PHCCs) to be the community group hub (Baseline: 0, target: 10)

4.1.2 Number of nutrition initiatives targeting students (and their mothers) in elementary schools (Baseline: 0, target is 10 in 2021, target is 10 in 2022, target is 10 in 2023, target is 10 in 2024)

	<p>4.1.3 Number of awareness sessions provided for various population on nutrition related issues (Baseline: 0, target is 19 in 2021, target is 27 in 2022, target is 27 in 2023, target is 27 in 2024)</p> <p>4.1.4 A nutrition based community group is formed by representatives from the catchment area (Baseline 0, target is 5 in 2021, target is 5 in 2022)</p> <p>4.1.5 Number of meals distributed through the mobile kitchens (baseline: 0, target 2021: assessment, target 2022: 32,000)</p> <p>4.1.6 Number of mobile kitchens established (baseline: 0, target 2021: assessment, target 2022: 2)</p> <p>Activities for Output 5:</p> <p>5.1.1 Number of hectares planted (Baseline: 150 in 2020, target 150 in 2021, target 150 in 2022, target 0 in 2023, target is 0 in 2024)</p> <p>5.1.2 Number of technical sessions provided (Baseline: 30 in 2020, target is 24 in 2021, target is 24 in 2022, target is 24 in 2023, target is 24 in 2024)</p> <p>5.1.3 Number of working days performed (mainly Syrian refugees) employed by producers under project related activities (Baseline: 5,000 in 2020, target 6,000 in 2021, target 6,000 in 2022, target 6,000 in 2023, target 6,000 in 2024)</p> <p>5.2.1 Number of value chain assessment conducted (Baseline: 0, target 2 in 2021, target 4 in 2022, target 1 in 2023)</p> <p>5.2.2 Number of service provision units established (Baseline: 0 in 2020, target is 2 in 2021, target is 4 in 2022, target is 1 in 2023)</p> <p>5.2.3 Number of farmers groups created from catchment areas (Baseline: 0, target 2 in 2021, target 4 in 2022, target 2 in 2023)</p> <p>5.2.4 Number of farmers served from the service provision units (Baseline: 0, target 300 in 2021, target 900 in 2022, target 1050 in 2023, target 1,200 in 2024)</p>
Evaluation made or ongoing	ongoing mid-term evaluation
List of available documentation (reports, evaluations, etc)	Monthly partner reports (including ITT, MEAL reports, statistics, budget etc.), Quarterly donor reports, proposal, reallocation proposals, annual donor reports, mid-term evaluation (currently conducted)

Myanmar

Project titles	Location	Health Focus	Volumes EUR	Donor	Partners	Total Duration
Food assistance to improve treatment outcomes of TB patients in Maungdaw and Buthidaung Townships, Rakhine State (2635)	Rakhine State	food assistance for TB patients	Ca. 25,000	WFP	none	01.01.2023 - 31.12.2023
Improving health and well-being of vulnerable people affected by crisis through holistic health and timely emergency response in Rakhine state, Myanmar and Cox's Bazar in Bangladesh. (2606)	Here: Rakhine State LINKED with submitted BGD project	Basic health care, psycho-social support	5.986.650	GFFO	BGD: Gonoshasthaya Kendra (GK); PHALS	BGD 01.11.2021 - 30.04.2024 MMR 01.05.2022 - 30.04.2024
Provision of life-saving humanitarian assistance to conflict affected communities and individuals in Myanmar and improvement of humanitarian preparedness (2632)	Shan and Kayin State	access to basic health care, emergency health care and mental health support	3.500.00	GFFO	BPHWT; KDN; BPHWT; KMSS-Kengtung; GLAD; SMDO; MHDO; GREEN	01.06.2022 - 31.05.2024
Tuberculosis Prevention and Control for Vulnerable Populations in Rakhine and in Shan State, Myanmar (2592)	Rakhine & Shan	TB	1.428.420,29	Global Fund	none	01.01.2021 – 31.12.2023
Expanding access to malaria prevention and case management services to underserved populations (2596)	Shan	Malaria	818.265,57	Global Fund	none	01.01.2021 – 31.12.2023
Prevention and Treatment of HIV/AIDS in Shan State – Myanmar (2594)	Shan	HIV/AIDS	155.243,98	Global Fund	none	01.01.2021 – 31.12.2023

Malaria prevention and treatment in northern Rakhine State, Myanmar (2595)	Rakhine	Malaria	833.123,82	Global Fund	none	01.01.2021 – 31.12.2023
Health as a Bridge for Peace: Promote the inclusive peace process and the reintegration of refugees through improved access to social infrastructure in Kayin State (2539)	Kayin	Access to primary health care services	3,947,800	BMZ	Karen Department of Health and Welfare, Karen Development Network, Backpack Health Worker Team	19.07.2018-30.06.2023
Increase resilience of vulnerable communities in northern and central Rakhine State, Myanmar, through a comprehensive health, WASH, DRR and livelihood measures as well as strengthening of local partners. (2506)	Rakhine	support of community-based health structures and Basic Health Staff. Rehabilitation of social infrastructure (health centres, schools)	5.020.000	BMZ	CERA	03.06.2017 - 30.04.2025

PROJECTS TEMPLATE FOR THE EXTERNAL HEALTH SECTOR EVALUATION

PROJECT SUMMARY DATA

Name of the Project	Health care and water, sanitation and hygiene measures for IDPs in the Idlib region of north-west Syria
Main Sub-sector	Health, WASH
Country and location	Syria, Idlib
Date of project commencement	01.01.2021
Final date of project implementation	31.12.2023
Project duration (planned/actual) XX months	36 months
Budget	27.414.728,69 EUR GFFO
Local contribution in EUR	0
Malteser contribution	1.014.361,00 EUR MI
Total budget in EUR	28.429.089,69 EUR
Others contribution	0
Number of Staffs involved (Malteser and not)	<ul style="list-style-type: none"> • MI HQ: 2 • MI Turkey: 25 • Partner SAMS: 71 • Partner HIHFAD: 511 • Partner TRC: 13 • Partner IDA: 408
Continuation of old project or not (new)	<ul style="list-style-type: none"> • Conceptual continuation of S09-32-321.50 SYR_06/18
Implementation Partners	<ul style="list-style-type: none"> • SAMS • HIHFAD • TRC • IDA
Objectives of the action	<p>Overall Objective:</p> <p>Reduction of the morbidity and mortality rates with in North West Syria</p> <p>Specific Objective:</p> <p>Access to primary and secondary health services and basic WASH services in NW Syria Governorate has improved for IDPs and host communities.</p>
Target group(s)	<ul style="list-style-type: none"> • IDP, Host communities
Final beneficiaries	<p>Health</p> <ul style="list-style-type: none"> • Direct: 426.012 • Indirect: 2.001.459 (426.012 * 5)

<p>Estimated results</p>	<ol style="list-style-type: none"> 1. High-quality, lifesaving, and life-sustaining secondary health care services to conflict-affected populations. 2. Provision of quality primary health care services for the target population in eight (PHCs). 3. IDPs in three camps have access to drinking water and safe sanitary services. 4. Those affected by the earthquake have received emergency relief supplies 5. Increased access to quality health facilities and services free of charge for the earthquake-affected population in North Aleppo and Idlib by providing medical supplies (medications and medical consumables) and equipment. 6. Improving the condition of health facilities by rehabilitating them after they were affected by the earthquake that hit Syria and Turkey in February 2023 7. 1 CTUs is fully operating in one district in NWS. 8. Completely meeting the basic hygiene needs of IDPs in the locations
<p>Main activities</p>	<ul style="list-style-type: none"> • Provide outpatient consultations (internal medicine, trauma, pediatric, and RH) in the secondary health care-supported facilities. • Provide inpatient services in the nine hospitals, including ICU, NICU, and incubators. • Provide deliveries attended by skilled health care providers (C-section, and normal deliveries). • Provide emergency medical procedures by the emergency departments. • Capacity building for the medical and non-medical staff at the supported facilities (including GBV, MHPSS, IPC, etc.). • Procurement and provision of medications, supplies, consumables, and equipment for the supported hospitals. • Applying IPC (Infection and Prevention Control) procedures, and drug control SoPs in all facilities. • Provision of general consultation services. • Provision of screening and following up for children with malnutrition via CHWs • Provision of referral capacity to higher level facilities for patients with complications • Provision of collection waste in three targeted camps. • Provision of timely and safe desludging and disposal (environment friendly). • Provision of min 25 liters of water/day per person. • Provision of water at Sphere quality standards (chlorination tests name FRC -free residual chlorine between the range of ≥ 0.2–0.5mg- in water). • Distribution of relief supplies to those affected in the earthquake zones. • Providing the essential medical supplies including medicines, medical consumables to patients and assesstive devices (for PWDs). • Rehabilitation of health facilities affected by the earthquake • 1 CTU that manages cholera severe and moderate cases

	<ul style="list-style-type: none"> • Train the health staff on the case management and WASH procedures. • Distributing 6.242 hygiene kits to families at risk of infection inside IDPs in NW Syria every month. • Facilitate the Automatic Chlorine Machine to 5 water wells to arrange the appropriate chlorine level of the water • Installing 2 water towers for (Kili camp 1,000 families and Kafr Kamin 1,007 families, Idleb) • Installing 2 water wells for (Kili camp 1,000 families and Kafr Kamin 1,007 families, Idleb)
Evaluation made or ongoing	Midterm evaluation available
List of available documentation (reports, evaluations, etc)	various donor reports

PROJECTS TEMPLATE FOR THE EXTERNAL HEALTH SECTOR EVALUATION

PROJECT SUMMARY DATA

Name of the Project	Improved emergency care through support for the establishment of emergency coordination mechanisms, training of professionals and the creation of regulatory and association structures for a national operational emergency system in Kenya and Uganda (PHASE 2)
Main Sub-sector	health
Country and location	<p>Uganda Greater Kampala and two districts in Central and Western Uganda: Kasese and Lwengo District</p> <p>Kenya 20 „High Burden Counties“: Tana River, Wajir, Marsabit, Garissa, Turkana, Kilifi, Lamu, Kisumu, Nyeri, Siaya, Taita Taveta, Makueni, Machakos, Nairobi, Nakuru, Mombasa, Uasin Gishu, Busia, Bungoma and Migori</p>
Date of project commencement	01.01.2022
Final date of project implementation	31.12.2024
Project duration (planned/actual) XX months	36 months
Budget	3.160.000 EUR
Local contribution in EUR	0
Malteser contribution	0
Total budget in EUR	3.160.000 EUR
Number of Staffs involved (Malteser and not)	<ul style="list-style-type: none"> • MI: 22 in Kenia & Uganda, 4 in HQ • Partner: ?
Continuation of old project or not (new)	<ul style="list-style-type: none"> • Continuation of project
Implementation Partners	<ul style="list-style-type: none"> • Lubaga Hospital • MoH • AAPU • EMKF • KCEMT
Objectives of the action	<p>Overall Objective:</p> <p>Contribute to reducing direct and premature mortality and disability due to preventable medical emergencies through accessible and improved pre-hospital emergency care system in Kenya and Uganda (SDG 3)</p> <p>Specific Objectives:</p>

	<ol style="list-style-type: none"> 1. Better regulation of emergency medical care in Kenya and Uganda through implementation and adoption of appropriate legislation(macro level). 2. Improved provision of qualified ambulance personnel through nationally standardised training and certification by qualified training institutions and a professional association (meso and micro level). 3. Improved and functional system of prehospital care (communication and coordination). (Meso and micro level).
Target group(s)	<p>Macro level</p> <ul style="list-style-type: none"> • Uganda: Ministry of Health - Department of Medical Ambulance Service and the pilot counties. • Kenya: Ministry of Health, 20 county governments from High Burden Counties, regulatory authorities. <p>Meso level</p> <ul style="list-style-type: none"> • Uganda: associations, academic institutions and teaching hospitals. • Kenya: Associations, academic institutions and an emergency department of a hospital <p>Micro-level</p> <ul style="list-style-type: none"> • Uganda: Training participants, students of the EMS training programme, first responders, emergency patients, emergency service patients, emergency service providers. • Kenya: training participants and trainees of emergency service personnel of emergency service personnel, ToTs/ master trainers, first responders, emergency patients, emergency service providers.
Final beneficiaries	<p>Direct: 21.630</p> <p>(patients, hospitals, pre-hospital personnel, association members, etc.)</p>
Estimated results	<ol style="list-style-type: none"> 1.1 A national EMS policy regulates the EMS sector and is disseminated and implemented at the different levels of the health system. 1.2 Emergency Medical Technicians (EMTs) are recognised by the Ministry of Health as a health professional through their own scheme of service 2.1 Training of emergency paramedics, paramedics and control centre dispatchers by qualified training institutions according to a standardised national curriculum. 2.2 National EMT umbrella organisation established with a functioning secretariat that ensures accreditation, provides continuing medical education (CME) and offers other regulatory services (e.g. technical accreditation for ambulances). 3.1 Functioning emergency response centres in selected target areas of the respective country, which use GPS-monitored ambulances according to WHO-approved standards. 3.2 National 24-hour toll-free emergency number established and operated in accordance with WHO-approved standards. 3.3. building the capacity of "first line" community lay paramedics in selected target areas of the country.

<p>Main activities</p>	<p>Activities for Outcome 1:</p> <ul style="list-style-type: none"> • Support in developing action plans and policies • Support in founding unions <p>Activities for Outcome 2</p> <ul style="list-style-type: none"> • Training of paramedics • Setup and equipment of simulation center, hospitals <p>Activities for Outcome 3:</p> <ul style="list-style-type: none"> • Trainings for control centre staff • equipment for control centre and ambulances • Training of trainers
<p>Evaluation made or ongoing</p>	
<p>List of available documentation (reports, evaluations, etc)</p>	<ul style="list-style-type: none"> • Donor Interim Reports also from predecessor project • Monthly Project Reports

PROJECTS TEMPLATE FOR THE EXTERNAL HEALTH SECTOR EVALUATION

PROJECT SUMMARY DATA

Name of the Project	Mental health and psychosocial support for victims of the Ukraine conflict in the Donetsk and Lugansk regions (as well as nationwide according to current needs)
Main Sub-sector	MHPSS
Country and location	Ukraine, Donetsk and Lugansk regions, Chernihiv, Sumy, Dnipro, Kiev region, Mykolaiv and Mykolaiv region
Date of project commencement	01.04.2021
Final date of project implementation	31.03.2023; follow-up project starts July 2023 and gap covered by ADH
Project duration (planned/actual) XX months	24 months
Budget	1.412.475,83 EUR GFFO
Local contribution in EUR	0
Malteser contribution	224.975,16 EUR
Total budget in EUR	EUR
Others contribution	0
Number of Staffs involved (Malteser and not)	<ul style="list-style-type: none"> • MI HQ: 2 • Malteser Ukraine: 7 • Worte Helfen: 17 • MHS: 66
Continuation of old project or not (new)	<p>Conceptual continuation of:</p> <p>S09-60-312.50 UKR 02/18 „Beitrag zur psychosozialen Stabilisierung Betroffener des Ukraine Konflikts“ – 01.01.2018- 31.03.2021</p> <p>S05-321-321.50 UKR 09/16 „Beitrag zur psycho-sozialen Stabilisierung von Betroffenen des Ukraine Konfliktes“ - 01.03.2016 bis 31.12.2017</p> <p>S05-31-321.50 UKR 14/15 „Beitrag zur psychosozialen Stabilisierung von Betroffenen des Ukraine Konfliktes“ - 15.05.2015 bis 29.02.2016</p>
Implementation Partners	<ul style="list-style-type: none"> • Malteser Ukraine • Worte Helfen • MHS
Objectives of the action	<p>Overall Objective:</p> <p>The project contributes to the improvement of the living conditions of internally displaced persons and host communities and thus to a peaceful and socially functional post-war society.</p> <p>Specific Objectives:</p>

	Improvement of the psychological condition of those affected by the Ukraine conflict - measurable according to standard psychological procedures
Target group(s)	Conflict affected population in Ukraine
Final beneficiaries	direct beneficiaries: 28.690
Estimated results	<ol style="list-style-type: none"> 1. 800 participants in measures for the protection of health workforce from exhaustion and mental distress through targeted MHPSS interventions (corresponds to Health Cluster Objective 1) 2. 26140 persons have participated in psychoeducation and in MHPSS services (corresponds to Health Cluster Objective 2) 3. 1750 participants in training and knowledge exchange activities (corresponds to Health Cluster Objective 3) and support implementation of humanitarian exit strategy
Main activities	<ul style="list-style-type: none"> • Workshops for medical facilities staff members on burn-out prevention, coping with stress, etc. • Mental health education and promotion activities to raise awareness of affected population (number of persons reached) • MHPSS support to conflict affected population through tailored services (individual & group support, EMDR, other therapeutic methods) (number of persons reached) • Telemedicine (number of referrals to psychiatrists) • Supervision sessions in support of staff members / quality management • Facilitated access for persons with disabilities through targeted outreach by mobile teams to villages, to specialized homes, and by specialized project staff • Facilitated access for old persons through targeted outreach by mobile teams to villages, to specialized homes, and by specialized project staff • Training and knowledge exchange on MHPSS and capacity building of partner organizations to support organizational development
Evaluation made or ongoing	Evaluation currently ongoing
List of available documentation (reports, evaluations, etc)	Predecessor projects and donor reports