**Terms of Reference (ToR)**

**for**

**Final Evaluation**

**Relief for Crisis Affected Population (ReCAP) Project**

**ADRA Myanmar, Yangon**

# **Consultancy Summary**

ADRA Myanmar is seeking a consultant/consultant team to conduct the final evaluation of the two-year ReCAP project. The goal of the project is to provide life-saving humanitarian aid in order to meet the urgent emergency health, WASH, and short-term financial needs of crisis affected families in the northwestern and southeastern regions of Burma/Myanmar (prioritizing the four states of Karen, Karenni, Chin, and Sagaing). Qualified and interested applicants are invited to apply. The deadline for the application is: 24 April 2024.

# **Organizational Background**

ADRA Myanmar has been working as a registered NGO in Myanmar since 1984. ADRA Myanmar is part of an international network that delivers relief and development assistance to individuals in more than 118 countries—regardless of their ethnicity, political affiliation, or religious association. It seeks to improve the quality of life of people by partnering with communities, organizations, and governments. ADRA Myanmar is working in four key sectors which are: Sustainable Livelihoods, Education, Health and Nutrition, and Emergency Response. It is headquartered in Yangon with four main sub-offices in Southern Chin State, Shan State, Karen State, and Kachin State. At present ADRA Myanmar is reaching nearly half a million beneficiaries across more than 30 townships in Myanmar.

# **Activity Information**

|  |  |  |
| --- | --- | --- |
| S.N. |  | Description |
|  | Thematic Areas | 1. Health
2. Water, Sanitation and Hygiene (WASH)
3. Multi-Purpose Cash Assistance
 |
|  | Key Activities | * Operation of mobile medical units
* Outpatient Diseases consultations, for Communicable Diseases, non-communicable diseases, injuries, childhood illness, Reproductive, maternal, neonatal and child health (RMNCH)
* Provision of referral services for critically ill patient
* Construction of shallow well
* Renovation of water supply schemes
* Distribution of Water, Sanitation and Hygiene Non-Food Items
* Awareness raising on sanitation and hygiene practices
* Distribution of multi-purpose cash to affected families
 |
|  | Name of Implementing Agency | Adventist Development and Relief Agency Myanmar |
|  | Period of Performance | July 2022 – June 2024 |
|  | Geographical Region | **Kayin, Kayah, Mon, Sagaing, Magway, Chin** |

# **Background**

To provide life-saving humanitarian assistance in order to meet the urgent emergency health, WASH, and short-term financial needs of crisis-affected families in the northwestern and southeastern regions of Myanmar. The ReCAP project aligns with USAID’s Bureau for Humanitarian Assistance’s (BHA) mission to provide assistance to crisis-affected communities and support early recovery efforts that restore and protect basic systems and services, thereby laying a foundation for long-term recovery.

# **Description of the Activity**

The target population for ReCAP includes vulnerable communities living in rural areas with limited access to clean water, sanitation facilities, and healthcare. These communities face challenges related to poverty, malnutrition, and inadequate hygiene practices. The project planned to improve their well-being by providing multi-purpose cash assistance and implementing sustainable water, sanitation, and hygiene interventions. 1000s of crisis affected families. Many of these communities lack access to basic necessities such as food, clean water, and healthcare. Their living conditions are precarious, often in overcrowded camps or makeshift settlements. Health infrastructure, including hospitals and clinics, has been inaccessible and costlier. Preventable diseases, malnutrition, and maternal health issues are prevalent. Contaminated water sources created health risks, especially for vulnerable populations like children and the elderly. Families do not have access to hygiene supplies (such as soap, clean water, and sanitation facilities). Poor hygiene practices often contribute to the spread of diseases.

***Interventions:***

|  |  |
| --- | --- |
| Thematic Area | Key Activities |
| Health | * + Establish new mobile medical units
	+ Technical training in critical gaps such as maternal health, rational use of pharma, GBV, etc.
	+ Emergency logistics vouchers
	+ Training on pharmaceutical and medical commodity management, pharmaceutical consumption tracking system
 |
| Water, Sanitation and Hygiene (WASH) | * + Training of water management committees
	+ Training of community hygiene promoters
	+ Hygiene promotion messaging campaigns
	+ Distribution of WASH NFIs
	+ Construction of water supply schemes
	+ Renovation of shallow well
 |
| Multi-Purpose Cash Assistance | * Disbursement of cash assistance to meet immediate critical needs
 |

***Expected Outcomes:***

1. To improve access to life-saving quality curative and preventive primary health care services to crisis-affected populations
2. To increase the proportion of target population with access to potable water, and to improve hygiene knowledge, attitudes, and behaviors to reduce water-borne illness and disease among crisis-affected individuals
3. Provide multi-purpose cash assistance to eligible families to meet various life-saving needs such as food, shelter, protection, and transportation

# **Project Coverage and Beneficiaries**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Health** | **Water, Sanitation and Hygiene** | **Multi-Purpose Cash Assistance (MPCA)** |
| Project Location | Kayin, Kayah, Chin, Mon, Sagaing and Magway | Kayin, Mon, Sagaing | Chin, Sagaing and Magway |
| Project Beneficiaries | 79666 people (21986 @ Kayin, 24022 @ Kayah, 11680@ Chin, 8472@ Sagaing, 1875@Magway and 11631@Mon) | 7000 Families | 2314 Families |

# **Evaluation Purpose**

At the initial stage of the ReCAP project, a baseline survey was carried out at targeted communities setting the target value for indicators. As the project is going to end in June 2024, ADRA Myanmar intends to conduct a final evaluation study to determine the impacts delivered by the project against baseline values.

Objectives of the final evaluation are stated as following:

* To provide a robust measurement of the project’s results against the intended goal, outcomes and outputs
* To access the level of knowledge, awareness and practices of project’s major component (Health, WASH and MPCA) among the targeted beneficiaries
* To access the project’s status focusing on relevance/appropriateness, connectedness, coherence, coverage, efficiency, effectiveness and impact *(Refer to Evaluation humanitarian action using the OECD-DAC criteria)*
* Review the extent of project activities, coordination/collaborative approaches and any other contributions which may have improved the quality of health services and WASH facilities, and improved fulfilment of basic needs for the crisis affected population
* Identify any intended or unintended (positive or negative) impact or the project approaches
* Critical assessment of the project design and implementation, identifying key challenges, successes and failures.
* Learnings and recommendations for future projects that can be drawn from this project

# **Evaluation Questions[[1]](#footnote-1)**

Key Evaluation Questions includes the following:

1. ***Relevance:***
2. Is the intervention doing the right things?
3. Were interventions appropriate and effective for the target group based on their needs?
4. Which target groups and individuals were reached by the interventions?
5. How effective was the targeting approach in achieving the activity goal?
6. ***Coherence:***
7. How well does the intervention fit?
8. To what extent did the activity consider gender equity, protection, age, physical and emotional challenges of the participants, and risks to participation in various interventions in activity design and implementation?
9. How has management adapted the activity design or implementation based on monitoring information and feedback from the target population?
10. ***Effectiveness:***
11. Is the intervention achieving its objectives?
12. To what extent do the activity’s interventions appear to have achieved their intended outputs and outcomes?
13. To what extent did the activity help prevent individuals and households from adopting negative coping strategies such as selling productive assets?
14. ***Efficiency:***
15. How well are resources being used?
16. How were problems and challenges managed?
17. To what extent have the activity’s interventions adhered to planned implementation schedules?
18. What was the level of efficiency and timely delivery of the goods or services?

***e) Impact:***

1. What difference does the intervention make?
2. What changes—expected and unexpected, positive and negative—were experienced by the targeted beneficiaries and other stakeholders?
3. What factors appear to facilitate or inhibit these changes?
4. Which interventions appeared to be more or less important to achieving activity outcomes?
5. How did these changes correspond to those hypothesized by the activity’s Theory of Change?
6. ***Sustainability:***
7. Will the benefits last?
8. To what extent did the activity take advantage of other USG and non-USG investments in the same target areas to facilitate linkages with complementary services, layering with earlier investments, and implementing an exit strategy?
9. To what extent did the activity align and integrate with host government social protection strategy/policy/service delivery?
10. Was the activity able to end operations at the close of the award without causing significant disruptions in the targeted communities?

# **Scope of Work**

The scope of work for the consultancy assignment will include:

* Final Evaluation will cover all the components of the project thematic areas i.e., Health, Water, Sanitation and Hygiene and Multi-Purpose Cash Assistance. Final Evaluation objectives should be detailed out with evidence gathered through beneficiary/population-based survey, qualitative assessment and lessons learnt.
* Final Evaluation will cover the implementation period from July 2022 to June 2024. Final Evaluation will commence from July 2024 and is expected to end in September 2024.
* Final Evaluation will be carried out at multiple townships from Chin, Kayin, Kayah, Sagaing, Magway and Mon.
* Share initial findings for review/reflection and prepare the detailed Final Evaluation study report with ADRA Myanmar.

# **Methodology**

The Final Evaluation Study will adopt mixed research methods i.e., qualitative and quantitative methods. Methodology will be aligned with the requirement of USAID BHA’s Indicator Handbook for Emergency Activities.[[2]](#footnote-2) Considering the safety and security scenario, villages/communities will be finalized in common consensus between consultant and ADRA Myanmar. Final Evaluation methods should be rigorous yet proportionate and appropriate to the context of the project intervention.

* Quantitative data collection process includes the beneficiary/population-based survey among beneficiaries receiving health, WASH and MPCA

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| --- | --- | --- | --- |
|  | **For Health** | **For WASH** | **For MPCA** |
| Sample Size | 383 mothers with under five children(+10% for data error) | 370 HH adult (+10% for data error) | 341 HH adult (+10% for data error) |
| Geographical area: State | Kayin, Kayah, Sagaing, Magway, Chin, and Mon | Mon, Sagaing and Kayin | Chin, Sagaing and Magway |
| Township | **Kayin**(Kawkareik and Hlaingbwe, **Kayah** (Loikaw, Demoso and Hpruso)**Sagaing** (Kale)**Magway** (Pakokku)**Chin** (Thantaland)**Mon** (Billin) | **Mon** (Thaton and Billin)**Sagaing** (Kale)**Kayin** (Hlaingbwe , Kawkareik and Hpapun) | **Chin** (Matupi and Mindat)**Sagaing** (Kale)**Magway** (Saw) |
| Note: The applicant needs to consider the three different surveys at different population during their budgeting. The project did not adopt an integrative approach; thus, beneficiaries are different for each sector.  |

* Qualitative data collection process includes Key Informant Interview (s) and Focus Group Discussion (s) with
1. Health: MMU operation team, medical person, CHOVs, service recipient, health promotors, community leaders
2. WASH: water management committee, hygiene promotors, direct beneficiaries of WASH infrastructures (latrine, shallow well, existing water sources, gravity flow water supply)
3. MPCA: Relief management committee members, financial service providers (FSP) representatives, and community representatives

*All data collection and analysis need to be strongly linked to the project’s logical framework, MEAL plan and BHA’s Indicator handbook, and fundamentally measure project contribution over the life of the project.*

|  |  |
| --- | --- |
| **Thematic Areas** | **Indicator No.** |
| Health | H01, H02, H04, H05, H06, H07, H08, H11, H12, H14, H16, H15, H23, H24, K02 |
| WASH | W07, W10, W11, W25, W26, W28, W29, W31, W40 |
| MPCA | M01, M02, M03, M06, M08, M10, FS01, K01 |
| Reference for indicators: [*https://www.usaid.gov/bha-guidelines/annex-b-handbook*](https://www.usaid.gov/bha-guidelines/annex-b-handbook) |

*Data Collection Process:* The consultant needs to ensure the training of the data collection team at the community level. The training needs to ensure that all requirements for ensuring quality of data will be addressed. The consultant needs to specifically outline the methodology for training to ensure data quality during data collection. The consultant should also submit all raw data as well as the final database in Excel after cleaning, addressing missing values and outliers.

**In the technical proposal as a part of application, the consultant needs to detail the method of computing each indicator as included in previous chapters.**

All the analyzed data needs to be presented in tables, charts, graphs for easy understanding and quick review. The analysis should also summarize the situation of the project area with respect to external factors and prevailing context and their possible influence on indicators.

# **Data Quality and Ethical consideration**

All data and analysis presented will be disaggregated as per gender, disability, household type based on gender, location (residential status), and BHA indicator handbook. The requirements of a neutral, honest and transparent participation of all respondents will be agreed prior to the execution of field work. The Final Evaluation study team will be guided through the process by a local level representative (i.e., ADRA Myanmar staff, partner staff) who will be part of the process and understands the local context with regards to social and political situation. Also, the enumerators will periodically reflect on their conduct and behavior with the ADRA and consultant to prevent any unwanted situation.

Participants in the Final Evaluation process will be fully informed on the purpose of Final Evaluation study, confidentiality, and the use of data by taking their consent during data collection. Beneficiary responses to Final Evaluation questions are to be kept anonymous. All participants should be asked to sign an ADRA’s Consent form to ensure that they are aware of how information or images collected may be used internally and externally. Compliance with ADRA’s values and ethical standards, including child protection and adult safeguarding, is mandatory.

Regardless of the age, sex, and ethnic groups, consultant will follow ADRA’s “Do No Harm” policy who comes into contact during the evaluation work. No child must come to harm as a result of their engagement with a participant in an ADRA program or as part of any ADRA fundraising or advocacy campaign, intentionally or unintentionally. ADRA also commits to a physical and online environment which promotes the safety and wellbeing of children and minimizes their risk of harm. In instances where a breach of the policy is reported, ADRA will ensure that investigation, follow-up and support is focused upon the best interests and needs of the child.

# **Time Frame**

The Final Evaluation study will conclude with the Final Evaluation report (sharable version to BHA) no later than **30 August 2024**. All processes including fieldwork, stakeholder consultation, interviews, presentation to stakeholders, etc. will conclude within the contract period. Applicants with schedules within this period are eligible to apply.

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| No. | Activities | Deadline  |
|  | Review all relevant documents, consultation with stakeholders, revise Final Evaluation questions, briefing with ADRA | 30th May 2024 |
|  | Develop methodology, tools and field planning for data collection and share with ADRA | 20th June 2024 |
|  | Preparation of field data collection (selection and training of enumerators, logistics, etc.) | 30th June 2024 |
|  | Field Work for data collection (including stakeholder interviews) | 20th July 2024 |
|  | Preliminary Report sharing with ADRA | 30th August 2024 |
|  | Report sharing of final draft report with ADRA |
|  | Final Report submission |

# **Selection Criteria for Consultant**

Each application for the evaluation will be assessed using a rubric based on the following criteria.

* Applicant with direct access or limited support from ADRA to project targeted areas **(Preferred)**
* Experience in multi-year project assessments and evaluations (**Mandatory)**, primarily focusing on BHA funded Health, WASH and MPCA in Myanmar **(Mandatory)**
* Details of proposed methodology in technical proposal (Sampling approach and frame for each qualitative and quantitative aspect, data quality assurance approach) **(Mandatory)**
* Breakdown of budget for designing the tools, data collection process including the cost of data collectors/enumerators, reporting, etc. **(Mandatory)**
* Timeline (with breakdown of activities considering rainy season, safety and security, etc.) (**Mandatory)**

*Note: ADRA expect the applicant team to recruit and mobilize their human resources in project implemented areas, once the village lists or beneficiary lists are shared.*

# **Budget**

The proposed budget is requested from the applicant consultant. The proposed budget needs to cover costs for all individuals associated with Final Evaluation including experts and data collectors/enumerators, and their respective accommodation, transportation, communication, allowances, etc.

ADRA can provide assistance in linking with the project implementing partners or community representative (where ADRA directly implemented) and will not be part of negotiation or direct payment to any of the enumerators/volunteers. The consultant is requested to include all needed costs in their proposal.

# **Responsibility of Consultant**

The consultant(s) will be responsible to select and mobilize capable human resources to gather data from the field. Supervision of the fieldwork and quality (reliability and validity) of the data/information collected at field is primary responsibility of consultant. Similarly, the consultant will work closely with ADRA’s project team. The consultant will be primarily responsible to:

* + Develop/design Final Evaluation data collections tools; survey questionnaire for health, WASH and MPCA
	+ Prepare the checklist/questionnaire for focus group discussion and key informant interview with project relevant stakeholders
	+ Translate all the tools into Burmese language or local dialects
	+ Identify or recruit needed human resources for data collection in project implemented areas
	+ Train and supervise the data collectors.
	+ Carry out field work together with data collectors, primarily for qualitative information
	+ Ensure quality of information collected from the field, cross check with the validity of information collected and verify/revise where needed.
	+ Update ADRA in case of any emerging issues related to survey arises during data collection process.
	+ Analyze data and develop tabulation of data.
	+ Presentation of major findings to ADRA and collect feedbacks.
	+ Prepare report incorporating feedbacks and suggestions and submission of final report

# **Deliverables**

The consultant is liable for following deliverables during this contractual period:

* 1. Inception Report (initial work plan, methodologies, survey tools, process of data collection, data analysis for all indicators in logical framework). This report should be submitted to ADRA Myanmar for review and approval from the 7 days after signing of the contract.
	2. Final Evaluation Tools
	3. Reporting on Indicator Tracking Table based on information from beneficiary/population survey, FGD and KII
	4. Two versions of report i) Final Report with complete details; ii) Final Report with key findings and recommendations as short version to be shared to BHA
	5. Raw as well as cleaned version of quantitative survey data, report of KII and FGD
	6. Handover all the collected data to ADRA after reporting. The consultant is required to delete/shred any data on their devices/premises once the reports are finalized to ensure the data protection policy.
	7. Presentation on the main findings of the Final Evaluation with ADRA and implementing organization (s).

Final report in English with 12-point font size single spaced lines (excluding annexes) which includes:

**Content**

* Acronyms and abbreviations
* Acknowledgements
* Table of Contents
* Executive Summary
1. Introduction
	1. Background of ADRA M
	2. Background of Project
	3. Purpose of Final Evaluation
2. Methodology
	1. Data Collection Process
	2. Tool Design
	3. Sampling Approach
	4. Capacity Building of Data Collector
	5. Data Analysis and Reporting
	6. Limitations
3. Findings & Analysis
	1. Against planned indicators (goal, outcome and output)
	2. Analysis on components under OECD DAC Criteria for humanitarian assistance projects
4. Lesson Learnt
5. Recommendations
6. Conclusions
7. Annexes: (TOR, Stakeholders consulted, Final Evaluation tools, List of secondary report reviewed, References and
8. Bibliography)

*Note: Applicant can propose their own reporting template as a part of application.*

# **Application Process**

Consultant(s) who meet the above requirements should submit an expression of interest, which should include the following:

* A suitability statement, including commitment to availability for the entire period of the assignment.
* A narrative proposal which should include the following information (at a minimum):
	+ - Technical proposal with clear methodology including types of data collection tools and analysis (Mandatory)
		- CV of key personnel (s) to be engaged with consultant (s) team as included in technical proposal clearly showing the qualification and experience of the consultant and his/her team. Also, include their roles and responsibilities in this assignment. (Mandatory)
		- Proposed budget (Breakdown of the costs) (Mandatory)
		- Detail out the methodologies and tools based on BHA’s indicator handbook for project’s indicator (Mandatory)
		- Proposed timeline (Breakdown of activities, plans to access field areas and the action plan or risk mitigation measures to ensure final report are shared within the stated timeline) (Mandatory)
		- At least two Evaluation Reports (Mandatory), on health, WASH and MPCA as separate or integrated reports (Preferred)

**All interested and qualified consultant should send his/her/their application to:** [**https://adra.formalto.app/5K9c5uAQK8**](https://adra.formalto.app/5K9c5uAQK8)

All applications should be submitted by 24 April 2024**.** Application received after this time will not be considered.

*Note: Any of the personal level communication relating to consultancy service during advertised period will not be entertained. Short-listed candidates will be further communicated for presentation on proposal. Final decision to select the individual/firm for consultancy service remains with ADRA Myanmar.*

1. *Source: Bureau for Humanitarian Assistance Technical Guidance for Monitoring, Evaluation, and Reporting for Emergency Activities* [↑](#footnote-ref-1)
2. https://www.usaid.gov/bha-guidelines/annex-b-handbook [↑](#footnote-ref-2)