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**Terms of Reference (ToR)**

**Final evaluation of the “Promoting effective sexual and reproductive health services and rights (SRHR) in hard to reach, underserved cultural minorities’ areas along the Sino-Burmese border in Myanmar” project**

**September 2018**

1. **Background**

Health Poverty Action (HPA) has been working in the Eastern areas of Myanmar since the mid-1980s, with a special focus on Myanmar’s ceasefire areas along the China border from 1994 until present. After over 20 years of working here, HPA has extended its operations to nearly all the townships along the Myanmar border with China. These townships are either under the control of non-government ethnic groups or the Government of the Union of Myanmar, with vast mixed-control areas in the middle.

Decades of conflict and political isolation have destroyed social structures and caused severe chronic poverty in the region, and theauthorities’ weak capacity to manage resources for health **as well as low community awareness,** deter the uptake of existing services. The education level of local populations is also low; the 2015-16 Myanmar Demographic and Health Survey, for example, indicated that only 46% of women and 52% of men aged 15-49 in Myanmar have attended secondary school, while only 10% of women and 7% of men have completed more than secondary education. Low education restricts their access to health information – which in turn limits their understanding of key health messages, negatively impacts on their behaviour and practices around health, and impedes their utilisation of health services.

The marginalized, hard-to-reach ethnic minority communities in the Myanmar/China border areas face the following specific barriers: **Low sexual and reproductive health (SRH) service usage:** Ethnic minority groups rarely deliver their babies in health facilities; attend 4 Ante-Natal Care (ANC) visits; or receive Post-Natal Care (PNC). **Poor links between health workers and traditional birth attendants (TBAs) and Auxiliary Midwives (AMW)** result in weak referral systems and failure of TBAs and AMWs to detect high-risk pregnancies. **Family planning (FP) is culturally sensitive** in the context, resulting in low contraceptive use rates that are also aggravated by supply problems. Low service utilisation is also a result of **poor quality and culturally inappropriate SRH services** and **lack of trust owing to language, cultural barriers, and conflict and insecurity**. Little community-led demand and pressure exists to improve services due to **lack of awareness of SRH rights** including those related to HIV and FP; resulting from the lack of appropriate BCC strategies. **Women in particular are not empowered** to take part in SRH decisions either in the home or in the community particularly in patriarchal ethnic groups where women must seek male permission to access SRH services. Ethnic minorities lack rights awareness resulting in **a lack of participation in design and monitoring of public health policy**. Health commissions’ participation, **user satisfaction and grievance mechanisms are weak or non-existent**.

PROJECT BACKGROUND

Starting on January 1st, 2016, HPA initiated the three-year programme “Promoting effective sexual and reproductive health services and rights (SRHR) in hard to reach, underserved cultural minorities’ areas along the Sino-Burmese border in Myanmar” (SRHR programme). Funded by UKAid from the UK Government, the programme focuses on long term, strategic work to build capacity of equitable health systems to make progress towards improved health care and peacebuilding. Concurrently, the programme works on raising awareness in the community to create demand so as to increase the service utilization, and to empower the community to take the responsibility of monitoring and evaluation so as to improve the service quality. Ensuring that community voices are heard by decision makers is the prerequisite of establishing an efficient and effective health system.

Details of the SRHR programme:

* Programme title: Promoting effective sexual and reproductive health services and rights (SRHR) in hard to reach, underserved cultural minorities’ areas along the Sino-Burmese border in Myanmar
* Donor: Department for International Development (UK)
* Implementing partner: Health Poverty Action
* Duration: 1st January 2016 to 31st December 2018
* Target areas:
  + Shan State: Mongyawng, Mongla, Mongyang, Hopang, Mongmao, Panwaun, Pangsang, Narpham, Matman and Laukkaing
  + Kachin State: Waingmaw, Chipwi, Tsawlaw, Khauglanhpu, Mansi, Momauk, Sumprabum, Injayang and Tanai
* Estimated target population:
  + Total population: 830,611
  + Pregnant women: 19,550
  + Children under-one: 17,970
  + Women of child bearing age (WCBA): 14,959
  + Most-at-risk populations (MARPs): 1,800
* Programme objectives:
  + Impact Indicator: Reduced maternal and child mortality and reduced transmission of HIV/AIDS in line with MDGs 4,5&6 in Shan and Kachin States of Burma
  + Outcome Indicator: Women of child-bearing age, children under the age of 1 and most at-risk populations benefit from improved awareness of, and access to, comprehensive sexual and reproductive health services (including maternal and child health and harm reduction) in ethnic minority townships of Kachin and Shan States of Burma
  + Output Indicators:
    - Output Indicator 1: Improve community capacity and knowledge of EM women and girls to realise their SRHR including SGBV and HIV
    - Output Indicator 2: Improve community based actors’ capacity to empower community members to hold service providers to account.
    - Output Indicator 3: Improved community access to quality and equitable SRH services
    - Output Indicator 4: Improve access to HIV prevention, care and harm reduction services for high risk groups such as DUs, CSWs, PLHIV, and reduce stigma and social discrimination
    - Output Indicator 5: Evidence-based advocacy for targeted interventions to improve SRHR status of Ethnic Minorities and excluded groups along the Burma/China border

1. **Purpose of the Evaluation**

The purpose of the evaluation exercise is to capture effectively what changes have been accomplished as a result of the project interventions, both in qualitative and quantitative terms comparing project indicators from the baseline survey, through the mid-term review and this final evaluation exercise. It is also expected to highlight lessons learnt and provide information on the nature, extent and where possible, the potential impact and sustainability of the project.

Moreover, in accordance with the OECD/DAC criteria of evaluation, the evaluator will assess whether the project was Relevant, i.e. the extent to which the project is suited to the priorities and policies of the target group, recipient and donor; Determine the project Effectiveness, i.e. a measure of the extent to which an aid activity attains its objectives and as appropriate what were the major factors influencing the achievement or non-achievement of the objectives; assess Efficiency measures of the outputs -- qualitative and quantitative -- in relation to the inputs, whether the project objectives achieved on time; and determine Impact of the project, i.e. the positive and negative changes produced by a development intervention, directly or indirectly, intended or unintended; and determine the level of project Sustainability that is concerned with measuring whether the benefits of an activity are likely to continue after donor funding has been withdrawn.

Specifically, the evaluator will assess the project design, scope, implementation status and the capacity to achieve the project objectives. It will collate and analyze lessons learnt, challenges faced and best practices obtained during implementation which will inform future programming strategies. The emphasis on learning lessons speaks to the issue of understanding what has and what has not worked as a guide for future planning. It will assess the performance of the project against planned results. The evaluation will assess the preliminary indications of potential impact and sustainability of results including the contribution to capacity development and achievement of sustainable development goals. The results of the evaluation will draw lessons that will inform the key stakeholders of the project. The evaluation will generate knowledge from the implementation of the project by the implementing partner and reflect on challenges; lessons learnt and propose actionable recommendations for future programming.

*Value for money (VfM) and cost-effectiveness*

An additional requirement will be for the consultant to conduct an analysis of the project in terms of VfM and cost-effectiveness. This work should analyse the extent to which HPA has achieved VfM in terms of DFID’s 4 E’s (efficiency, effectiveness, economy and equity).

1. **The scope of the assignment**

A technical analysis that evaluates the progress, outcomes and impact against the programme targets. Based on the outputs from the analysis, the evaluator(s) will furthermore present options and recommendations for future programme design and implementation. The final evaluation report should be developed by the evaluator(s) based on the findings from their research.

The consultant will:

* Review, revise or restructure the quantitative survey (household questionnaires) and qualitative research tools (Focus Group Discussions and Individual Interviews) previously used for the programme baseline and mid-term evaluation, to generate data required for the final evaluation.
* Provide training to HPA staff on data collection for the evaluation, including sampling, survey questionnaires, data inputting, FGDs and interview skills and provide continuous supervision during data collection to ensure the quality and representativeness of attained data. (Due to travel limitations in the programme area, the data collection can only be conducted by HPA staff.)
* Produce an evaluation report (in English) based on the analysis of the quantitative and qualitative data collected. The contents of the report should include, but not be limited to, descriptive studies and analytical studies. Furthermore, the report should detail, but not be limited to, progress against all indicators in the logframe for the SRHR programme.

Key questions to answer as part of the evaluation will be developed alongside HPA staff. However, will likely include:

* To what extent was the project strategy and the project activities relevant in responding to the needs of affected communities?
* To what extent have beneficiaries been involved in the planning, design and implementation of the project?
* To what extent were the intended project aim, the outcomes and outputs (as outlined in the logframe) achieved, and how?
* To what extent did the project reach the targeted beneficiaries of the project aim and outcomes?
* Have strategies for implementation been appropriate in the context?
* How has the project showed value for money?
* What are the unintended consequences (positive and negative) of the project?
* What key changes were brought about by the project to the lives of targeted beneficiaries?
* How will positive changes to the lives of affected communities be sustained after the project ends?
* What changes are recommended to facilitate sustainability?
* What are the key lessons learnt?

*VfM and Cost-effectiveness*

The consultant will also be required to conduct an analysis of VfM and cost effectiveness. Reference should be made to DFID’s 4 E’s (efficiency, effectiveness, economy and equity)[[1]](#footnote-1). Other additional VfM tools can be utilised as appropriate. The VfM analysis should be included as an annex to the evaluation report.

**Methodology of the Research**

The research will make use of various methods including (but not limited to):

* A literature review of the existing programme documents, including the project proposal, logframe, progress reports and mid-term evaluation report, so as to gain a clear understanding of the SRHR programme.
* Consultations with HPA staff to clarify the aims of the final evaluation and to revise or reconstruct the data collection tools previously used.
* Training for HPA staff to conduct household surveys, focus group discussions and interviews to collect required information for the evaluation. (Evaluator(s) may also conduct data input if considered a better approach.)
* A conflict-sensitive approach much be taken throughout.
* HPA will form a team of experts that will review progress and provide comments and inputs at different stages.

1. **Timing**

* The evaluation will be carried out between November and December 2018.
* A detailed inception report with work-plan and set of tools will be submitted to HPA for feedback after the literature review and a briefing with HPA staff.
* Training for HPA will be conducted by the evaluator(s) after the work-plan and evaluation tools are finalised. The training will be carried out over approximately three days.
* Field data collection and input will take about six weeks depending on the tools to be used.
* The draft final report will be submitted to HPA no later than 30 days after the data collection is completed, and no later than 15th February.
* The detailed itinerary will be finalised after discussions between the evaluator(s), HPA Myanmar field office staff and HPA’s East Asia office in Kunming.

Potential time breakdown:

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| --- | --- |
| Schedule | Working days |
| Literature review and briefing with HPA | 3 days |
| Develop work-plan and research tools | 5 days |
| Training for HPA to conduct data collection | 3 days |
| Field data collection | 30 days by HPA field team  Approx. 5 days of consultancy is required |
| Data input and cleaning | 15 days by HPA field team  Approx. 5 days of consultancy is required  or conducted by the research team |
| Compile draft report | 5 days |
| Revise and produce final report | 4 days |
| Total | **65 days**  **Approx. 30 days of consultancy is required** |

All collected data will be integrated and analysed by the evaluator(s).

The draft report will be circulated among all key stakeholders involved and their feedback will be used to correct factual errors and address requests for clarification. The evaluator(s) will then prepare the second draft of the report. Further work may be needed from the evaluator(s) if any remaining errors or clarification requests have not been fully addressed.

1. **Products**

An evaluation report based on the review findings which should identify the following:

* Progress achieved/underachieved against the targets in the logframe
* Behaviour changes made and impact achieved after the three-year implementation
* Advantages and disadvantages of the programme strategy
* Strengthens and weakness of HPA as the implementing partner
* The option(s) recommended as the best approach, with rationale
* A separate annex detailing VfM and cost-effectiveness analysis

The products should include case studies.

1. **Deliverables**

* Inception report with tools (draft and final)
* Evaluation report (draft and final)
* Clean evaluation data

1. **Logistics Arrangements**

HPA East Asia Programme Office will discuss and develop the itinerary with the chosen evaluator(s).

Please note that visitors must be in compliance with Health Poverty Action’s Programme Participant Protection Policy; this will be made available to the evaluator(s) and the evaluator(s) will be required to sign this.

1. **Submission of Expressions of Interest**

Interested candidates should write an expression of interest of no more than 10 pages outlining the proposed methodology for conducting this evaluation, previous relevant experience, and with the CV(s) of up to five team members. This should include:

1. **Technical**

* Understanding and interpretation of the TORs
* Design of the evaluation with clear methodology to be used
* Tools to be used
* Proposed date and activity schedule

1. **Financial**

* Consultant fees in US dollars or Chinese Yuan
* Other costs likely to be incurred during the work e.g. communication, accommodation, travel, and printing where necessary.

1. **Capacity Statement**

* Relevant experience related to the assignment (Ideally the team should have experience in health projects/ programmes and knowledge of the historical and political situation in the ceasefire areas of Myanmar; the team will also need to include a Value for Money specialist)
* Contacts of organisations who could act as referees for previous work conducted by the evaluator
* CVs detailing relevant experience for the assignment in question

1. **Availability dates**

* Exact dates of when you can commence work should your bid be successful

**Please send the above to:**

[procurement@healthpovertyaction.org](mailto:procurement@healthpovertyaction.org)

by 00:00 (midnight UK time) 30th September, 2018

1. **Evaluation and award of consultancy**

Health Poverty Action will evaluate the proposals and award the assignment based on technical and financial feasibility to deliver the outputs including availability dates. Health Poverty Action reserves the right to accept or reject any proposal received without giving reasons and is not bound to accept the lowest or the highest bidder.

HPA will be reviewing applications using the criteria and scoring as below:

* Academic Background/Expertise (15%): related education/research; team must include a value for money specialist
* Work Experience (20%): related programme evaluation experience; related INGO/NGO research experience; related field work experience in similar context as target project areas
* Knowledge of Local Context (20%): Knowledge of local ethnic minorities' traditions, culture, socioeconomic status and health systems
* Research Strategy (15%): Proposed research strategy can effectively yield expected outcomes
* Schedule (15%): Within proposed time-frame
* Budget (15%): Within HPA's budget (approx. GBP 14,500)

1. (\*) Suggested VfM approach (other approaches will be accepted):

   * An analysis of the extent to which the project represents VfM compared to key sector benchmarks.
   * An analysis of inputs per outcome and inputs per output.
   * The following key cost-effectiveness measures could be included: cost/ maternal death averted, cost/ unsafe abortion averted, cost/ unintended pregnancy averted, cost/ DALY averted, Cost/ CYP, Cost/ trainee, cost/ service (split by direct and indirect costs), incidence of commodity stock outs, cost/ user, cost/ additional user).

   [↑](#footnote-ref-1)