

# Evaluation of health sector projects in Syria implemented by JRS.

Project no.: 312-009-1012

## Terms of Reference

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### 1. Introduction and background

The **Jesuit Refugee Service (JRS)** is an international Catholic organization with a mission to accompany, serve, and advocate on behalf of refugees and other forcibly displaced persons.<sup>1</sup>

**Misereor** is the German Catholic aid organisation for development cooperation. Together with its local partners, Misereor supports human beings of every faith and culture. The overall goal in its work with partners in countries of the global south is to contribute to sustainable development by promoting projects and programmes that are directed above all towards the poor. Financial support for these projects is made available by the Federal Ministry for Economic Cooperation and Development (BMZ) through the German Catholic Central Agency for Development Aid (KZE) and by private donors.

This evaluation has been initiated by Misereor as the evaluation of the following project is mandatory according to agreements with the Federal Ministry for Economic Cooperation and Development (BMZ).

#### **“JRS health programme in Damascus” (project no. 312-009-1012)**

**Goal:** The primary health care work by JRS contributes to the resilience of particularly vulnerable populations (IDPs and host community members) in the Jaramana catchment area.

**Objective no. 1:** The health conditions of beneficiaries in Jaramana district have improved.

**Objective no. 2:** People in Jaramana have improved health care knowledge.

Although the focus of the evaluation shall be on the actual funding phases, it shall also consider achievements within the former funding cycles.

The activities that are provided in the programme are.

- Pharmacy services: chronic and non-chronic medication. - Supported medical referrals (Hospitalization, medical Labs, and surgeries)
- Case management
- Individual consultations
- Awareness sessions on several health topics

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<sup>1</sup> Please visit <https://en.jrs.net/> for information and background of the organization.

1.

Project Beneficiaries:

**2021:**

Family Status	Host Community		IDPs		Refugee		Total
	Female	Male	Female	Male	Female	Male	
Unique People Served	534	385	361	287	6	8	
<b>Total</b>	<b>919</b>		<b>648</b>		<b>14</b>		<b>1581</b>

**2022:**

Family Status	Host Community		IDPs		Refugee		Total
	Female	Male	Female	Male	Female	Male	
Unique People Served	488	372	306	285	2	6	
<b>Total</b>	<b>860</b>		<b>591</b>		<b>8</b>		<b>1459</b>

**2023 (Jan-Aug):**

Family Status	Host Community		IDPs		Refugee		Total
	Female	Male	Female	Male	Female	Male	
Unique People Served	550	356	629	297	10	3	
<b>Total</b>	<b>906</b>		<b>926</b>		<b>13</b>		<b>1845</b>

## 2. Objectives of the evaluation

The aim of the evaluation is to obtain an external and independent assessment of the projects. Along the OECD/DAC criteria for evaluation (relevance, coherence, effectiveness, outcomes and impacts, efficiency, sustainability), it will examine what has been achieved by the projects and in which areas adjustments or a conceptual revision/reorientation might be necessary. These findings and recommendations will assist in planning the next phase of the project.

## 3. Questions to be answered by the evaluation

When drawing up these questions, the DAC criteria for evaluations have been taken into account: relevance, coherence, effectiveness, efficiency, impact and sustainability.

### 3.1 Relevance

*The extent to which project objectives and design respond to the needs, priorities and policies of the target groups and of the organisation responsible for the project and its partner organisations, and continue to do so if circumstances change.*

- What direct and indirect target groups does the project address and why were they selected? What have been the vulnerability criteria to determine the different target groups, to decide about disadvantaged groups in the selected areas?
- To what extent has the project services and activities been relevant to the needs of the targeted groups? What were the relevant health needs in the past and what are relevant health needs
- Has the approach of health as a human right been taken effectively into consideration for the implementation of the project?

### 3.2 Coherence:

*The compatibility of the project with other interventions in a country, sector, or institution.*

- Internal: What synergies and links exist between the project and other interventions implemented by the same institution?
- In what respects is the project consistent with the interventions of other actors in the same context? And what is the level of coordination among the actors?
- In what extent does the project comply with the response and development response plans/strategies, e.g. of UN agencies?
- Does the project adhere to internationally recognized practices and treatment standards of humanitarian medical aid? Are staff regularly trained in these standards?

### 3.3 Effectiveness:

*The extent to which a project achieved, or is expected to achieve, its objectives (as laid out in the Project Contract) and outputs, including differential results across target groups.*

- To what extent were the objectives achieved or are they likely to be achieved? Does this apply to the same extent to the different target groups? What information is available in this respect regarding the progress towards the agreed indicators? What other information is available regarding the achievement of objectives?
- Which activities and outputs made a particularly important contribution to the achievement of objectives, and which were not so important?
- What were the major factors influencing the achievement or non-achievement of the objectives and outputs? Were any of the factors initially considered as part of the risks or assumptions? Were the mitigation methods applicable and effective? ~~If any~~
- Were the initial objectives realistic? Is the result chain clear, coherent, and logical? Have the agreed project or programme indicators been effective in monitoring the expected changes and have they been used by the project leadership to manage the project?

- Have there been negative or unintended effects with regards to health status or healthy behaviour? Did the context of health deteriorate in specific aspects?
- What are the capacities of the project management to adjust strategies based on monitoring, evaluation, assessment of changes in the project context?

### **3.4 Efficiency:**

*The extent to which the project delivers or is likely to deliver results in an economic and timely way.*

- What evidence is there to indicate that the project was implemented with due regard to economic efficiency under the given circumstances? Was the project implemented economically and cost-consciously? Have there been important resource losses, including staff out-mutation? What were the reasons in case of yes?
- Were the results achieved within an appropriate timeframe? Were adjustments made, e.g. due to changed conditions?
- Does the structure of the organization including the management, human resources, technical capacities, and logistics help achieve the expected deliverables? And the set targets within the allotted timeframe?

### **3.5 Effects (outcomes and impacts<sup>2</sup>):**

*The positive and negative changes produced by a project at a higher level. The evaluation should focus on both intended and unintended outcomes and impacts.*

- What exactly has changed for the beneficiaries as a result of the project? The focus here should be on health changes (in terms of lowering morbidity, and positive healthy behaviour change (e.g., reducing risks for NCDs through healthy nutrition, tobacco control, or vaccination status )with consideration given to the different target groups and to what extent can the changes be contributed to JRS intervention?

### **3.6 Sustainability:**

*The extent to which the net benefits of the project continue or are likely to continue. Benefits are intended to be socially, environmentally, economically, and technologically sustainable. The review is also intended to include institutional aspects.*

- Would the same service/activities provided under the project continue to be aligned with the people's needs in the coming period?
- To what extent has the project promoted and supported self-help opportunities for communities of interest? That is, instead of providing services, having supported self-help (capacities), i.e.

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<sup>2</sup> In MISEREOR terminology, the term 'effects' includes 'outcomes' (direct effects achieved by the end of the project funding period) and 'impacts' (long-term and possibly indirect developmental effects). Cf. [https://www.misereor.org/fileadmin//user\\_upload/misereor\\_org/Cooperation\\_\\_\\_Service/englisch/compilation-introduction-of-effect-orientation-into-pme-systems.pdf](https://www.misereor.org/fileadmin//user_upload/misereor_org/Cooperation___Service/englisch/compilation-introduction-of-effect-orientation-into-pme-systems.pdf)

conceivably in the area of pregnancy/ mother-child care or behavioural change in the case of chronic, non-communicable diseases?

- What are the factors that could influence the sustainability of the project? Could these be managed?
- Which kind of technical assistance and non-monetary support will the project need to decrease dependency on external financial resources?
- What contribution did the project make to qualifying and supporting its own staff in coping with demands and stresses, i.e. also to retaining qualified staff?
- What are the lessons learned for the strategic planning of future health interventions?

#### 4. Methodology

A set of varied and adapted methods is to be applied (taking a gender-sensitive approach) that focuses on quantitative and qualitative aspects in the following steps of the evaluation:

- **Prior to field work:** document review, preparation of interview guidelines, assessment of the available regional and technical analyses and data, preparation or implementation of quantitative surveys designed by the project team where this seems appropriate ...
- **During field work:** kick-off workshop, document review, participant observation, qualitative interviews (open, semi-structured), focus group discussions, context analyses, interviews with key persons, debriefing workshop ...
- **After the field work:** report writing, commenting on the report by JRS and Misereor, debriefing with JRS and Misereor

#### 5. Organisation of the mission

The evaluation shall be carried out by a team of two evaluators, one commissioned by the organization and a second commissioned by Misereor.

JRS and Misereor will provide the evaluation team with all necessary information and documents to carry out the evaluation. During the fieldwork, JRS will provide logistical support.

The tentative schedule of the evaluation is:

Preparatory activities: Beginning of November

Fieldwork: Late November duration 2 to 3 weeks.

Submission of the (draft) report: 3 weeks after the fieldwork

Debriefing: 2 weeks after submission of the draft report

## 6. Report

Evaluation reports submitted to MISEREOR should meet a number of requirements. Some of these are binding; others can be adapted to the corresponding situation. These requirements are listed in the document "Minimum requirements to be met by evaluation reports for projects funded by MISEREOR/German Catholic Agency for Development Aid (KZE)". The document will be shared with the selected consultant.

## 7. Requirements

Applicants must meet the qualifications detailed below.

- 7.1 Advanced degree in public health or other relevant field, or the equivalent combination of work and education experience in a related area
- 7.2 A minimum of 5 years of experience conducting field-based evaluations using mixed methods in a humanitarian context
- 7.3 Experience working in Syria is required.
- 7.4 Experience conducting evaluations of primary health care projects is required.
- 7.5 Must possess strong analytical skills
- 7.6 Strong cultural sensitivity
- 7.7 Fluency in English and Arabic (reading, writing, and speaking)

## 8. Application Submission

Applicant must submit the below documents no later than October 20 in order to be considered for the consultancy.

- 8.1 CV demonstrating qualifications and relevant previous experience.
- 8.2 A proposal including evaluation methods, action plan, and work schedule.
- 8.3 Detailed budget
- 8.4 3 examples of completed project evaluations where the applicant is the lead evaluator.
- 8.5 2 references from organizations who can verify the quality of the applicant's work.

COMPANIES OR FIRMS applying should include:

- 8.6 Company's Profile
- 8.7 Evidence of business registration
- 8.8 Evidence of Tax registration/ Tax ID Number

**Submit proposals to:**

- 1- Jahn Daboura Country M&E officer: [jahn.daboura@jrs.net](mailto:jahn.daboura@jrs.net)  
Tony O'Riordan-Country Director: [tony.oriordan@jrs.net](mailto:tony.oriordan@jrs.net)