

## EXTERNAL EVALUATION

### Improving Medico-social assistance in communities affected by the Syrian conflict in Saida-Lebanon (refugees and host population)

#### SAIDA, LEBANON

#### 1. INTRODUCTION

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Spanish Red Cross seeks to evaluate the impact, effectiveness and quality of the Project “Improving Medico-social assistance in communities affected by the Syrian conflict in Saida-Lebanon (refugees and host population)” implemented by Medico Social Department (MSD) of the Lebanese Red Cross (LRC) and funded by the Spanish Red Cross (SpRC) and Spanish donors.

#### Evaluation Objectives

- ✚ To know to what extent the intervention is suited to the needs and priorities of the beneficiaries and the country context (Syrian Crisis and Lebanon Crisis Responses Plan 2017- 2020)
- ✚ To know the quality of the Program Design and how it aligns with LRC strategy, Lebanon Crisis Response Plan and Ministry of Health Plan.
- ✚ To know the effectiveness of the project according to the specific objective and outcomes achievements and how they contribute each other towards the general goal of the project.
- ✚ To know the efficiency (including timelines) and coherence of the Project and how its management model, coordination and the use of resources have been applied to implement the activities (Adequacy of the technical and methodological used approaches).
- ✚ To what extent the project is ensuring the delivery of high quality services in terms of medical assistances?
- ✚ To what extent the project includes (in its design and implementation) cross-cutting issues ( gender, human rights, inclusion and social cohesion)
- ✚ To analyse effectiveness of implementation and interdepartmental coordination within in the LRC and with other movements actors .
- ✚ To know the impact (its direct positive and negative effects over beneficiaries) which can be as much credited as possible the project.
- ✚ To analyse in which extend the intervention is building on existing local capacities (with in the Lebanese Red Cross ( National Headquarters and branches), Lebanese authorities, local organizations....) and contribute to the resilience of the communities.
- ✚ To what extent the project have had an impact in the targets communities taking into consideration the active participation of community volunteers and the awareness sessions ( health and psychosocial support) provided.
- ✚ To identify lessons learned (positive and negative) about project design implementation, management and monitoring and recommend potential improvements, suggestions for future intervention.

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#### **Evaluation Use and Expectations**

- ✚ It is expected to receive a measurement of the objectives and outcomes that have been achieved with the project which will be shared with partners (SpRC and other PNS with presence in the country).
- ✚ Suggestions and recommendations (for the different stakeholders, partners, beneficiaries, Municipalities, Communities, etc.) that can be applied in next interventions and which may provide sustainability to this project to settle and sustain positive outcomes and effects and correct or improve negative ones.
- ✚ Good practices, methodologies, tools and approaches that can be applied by LRC, SpRC and other PNS in the future as well as those aspects that need to be improved or avoided to minimize undesired outcomes or impact.

#### **2. BRIEF DESCRIPTION OF THE PROJECT**

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The Lebanese Red Cross (LRC) Medico-Social department (MSD) has been providing primary health care since it was established in 1945. Today MSD operates 36 primary health centres (PHCs) and dispensaries covering all the territory. Since September 2013, in line with the Strategy of LRC for the Syrian Crisis MSD, with the supports of Red Cross and Red Crescent Movement partners, deployed the Program of Mobile Medical Units to access most vulnerable communities in remote rural areas and semi urban locations with a high number of Syrian refugees. Currently 9 MMUs are providing, across the country, curative services, treatment, social and psychosocial support and health promotion sessions.

Particularly The MMU of Saida (object of this evaluation) was founded in November 2015 with technical and financial support of the Spanish Red Cross, since then the MMU has carry out around 23.400 medical consultations. The project guarantees equal access to health for victims of the Syrian crisis in Lebanon and it is supported in the International Humanitarian Law. Ensures the provision of basic health services to the refugee population from Syria and the Lebanese population who are in situation of vulnerability, through medical consultation (paediatrics, gynaecologic and general health consultations), complementary test, treatment and medication, referral services and psychosocial and health awareness activities.

At the same time the project seeks to improve the LRC management of medicines and therefore the Central Pharmacy of LRC at national level. This process started in 2015 when an assessment performed by SpRC expert took place with the aim to explore LRC medicines management system at a national level and coverall stages: purchase, storage, distribution and delivering to the patients. The Assessment was the baseline for this current project which has been focus in

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improving infrastructure of LRC Central Pharmacy and improves medicine management process (requirements, ordering supplies, delivering supplies, stock of medicines...)

##### **Location**

The intervention is located in the South of the country, in the governorate of the South, in the region of Saida in semi-urban and rural areas (5 locations). The criteria for selection of the areas where the service is offered through the mobile unit were the following: a) Where Syrian refugees and communities reside and that are available with the permission and facilitation of the municipalities to provide services; b) Areas not covered with clinical mobile or other services of health by other social civil organizations / humanitarian agencies; c) Areas where not exists opened conflict.

The intervention that concerns the component of management of medicines is in LRC HQ in Beirut.

##### **Project Objectives**

The overall goal of the intervention seeks *to contribute to enhance the health status of the Population in Lebanon (refugees and host communities) affected by Syrian conflict.*

In order to contribute to this goal, the integrated intervention plans to address and achieve the following specific objective and outputs:

**S.O.1 Access to host community and refugees to quality universal primary health care is improved.**

R1: 19.940 people (Syrian and Lebanese) are assisted by the MMU of LRC in Saida district (health care and health education)

R.2. LRC management of medicines is improved at the national level (and in particularly to the medical mobile units).

##### **Direct Project Beneficiaries:**

The direct beneficiary population are 19.940 people. The proposal has an impact on the improvement of their living conditions and contributes to the recovery of its capabilities through interventions in preventive and curative health. During 18 months they were supported through the health services provided by the Mobile Medical Unite in the region of Saida in 5 locations.

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Medical Consultation MMU	At least 13.740 beneficiaries (according to the data collection of the MMU) had been receiving health services (pediatric consultation, gynecological consultation and general health consultation)
Health promotion and psicosocial Activities	4500 beneficiaries in all location participate in psychosocial and health awareness sessions
Health Sessions in Schools	1700 children attended health sessions in schools

**Budget**



DONNOR/BUDGET IN EUR	TOTAL	%
<b>Total Cost</b>	330.217,85	100%
<b>Co-funding</b>	267.652,86	81%
<b>Spanish Red Cross</b>	62.564,99	19%

**3. EVALUATION FRAMEWORK AND STAKEHOLDERS**

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The **time framework** for this evaluation will be between 01 February 2019 (after the project implementation is concluded) and 14 March 2019.

The **sectors** that the program covers are:

-  Primary Health Care
-  Protection (psychological support)

The evaluation team will have **access to all the documents available** related to the Project: project proposal, logframe, budget, monitoring reports, database medical consultations, monitoring tools used...

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**Stakeholders** involved in this project:




<b>GENERAL AGENT</b>	<b>AGENT AND ORGANIZATION</b>	<b>EXPECTATIONS TO PARTICIPATE IN</b>	<b>RELEVANCE WITHIN THE PROCESS</b>	<b>PRIORITY</b>
RCRC Movement	Lebanese Red Cross ( MSD Department ( HQ and in the field), Central Pharmacy LRC, Branch ( Saida)	Implementing partner	High	4
	Spanish Red Cross	Technical and financial partner	High	4
Beneficiaries	Beneficiaries of Saida MMU	Key informant	High	4
Public Institutions	Municipalities of the zones of intervention ( at least 2)	Key informant	High	3
Educational institutions	Schools collaborated in the project	Collaboration in awareness activities	High	3
Others	Team of Gazhieh Health Center LRC Organization in Saida district (Handicap, MSF..)	Stakeholders in the region	Medium	2

The Evaluation Committee will be formed by:

Lebanese Red Cross:

-  Leila Jaber: Director of the Medio Social Department....
-  Amal Rihan: Director Assistant of Medico Social Department and Coordinator of MMU Program
-  Elham Younes: Pharmacist Lebanese Red Cross

Spanish Red Cross:

-  Ignacio Roman: Head of Asia Unit
-  Concepción Villanueva: Desk Officer for Lebanon
-  Marina Juan Mateu: Delegate of the SpRC in Beirut

**4. QUESTIONS AND ANALYSIS LEVEL**

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CRITERIA	QUESTIONS
Pertinence	<ol style="list-style-type: none"> <li>1) Is the design of the intervention coherent and relevant in relation to the context of the intervention?</li> <li>2) Does the intervention (objective, outcomes and activities) meet the needs and priorities of the beneficiaries?</li> <li>3) Has the intervention considered the principles of coordination and complementarity between other actors working in the zone of implementation?</li> <li>4) What's the mechanism used to coordinate both inside –outside project activities?.Which synergies have been identified among different actors in the zone of implementation and which mechanism have been devised to ensure coordination?</li> <li>5) How has the Project been aligned with National and Local Plans, priorities and needs?</li> <li>6) How is the Project aligned with LRC and MSD Strategies contributing to their general objectives?</li> <li>7) Were beneficiary selection process and targets adequate according to the identified needs and the vulnerability-reduction approach and considering the response given by different actors intervening in the same area?</li> </ol>
Efficiency	<ol style="list-style-type: none"> <li>8) Were technical, materials, human and financial resources adequate for the achievement of the objectives of the Project?</li> <li>9) To what extent the institutional collaboration and articulated mechanism management helped to achieve the results of the intervention</li> <li>10) Have the timelines and schedules been observed?</li> <li>11) Has the transformation of resources into the project outcomes been efficient (with special attention to procedures and regulations)?</li> <li>12) Has the project included lessons learned from previous experiences, projects and evaluations?</li> <li>13) Is the implementation of the program sufficiently flexible in what concerns efficiency?</li> </ol>

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Coherence	<p>14) How effective has been the coordination with other RC Movement and non-Movement actors?</p> <p>15) How does the project fit with the other projects implemented by LRC?</p>
Coverage	<p>16) Was the geographical scope of the intervention/project appropriate?</p> <p>17) To what extend the project succeeded to work in areas, where target population is confirmed as most vulnerable? Were criteria of target selection been developed and successfully applied?</p>
Standards	<p>18) Have RC fundamental principles, organizational values and code of conduct been considered all along the intervention?</p> <p>19) Have the minimum standard commitments to gender and diversity been considered in the intervention?</p> <p>20) To what extent the Project has established and applied a monitoring end evaluation system?</p> <p>21) To what extend the medical documentation ( data collection) and epidemic diseases control is ensured?</p>
Effectiveness	<p>22) Has Projects' objective "Access to host community and refugees to quality universal primary health care is improved" been achieved?. Special attention to how the design, timing and integration among components has contributed (or not) to their achievement</p> <p>23) Have Projects' outcomes been achieved?:</p> <p>24) <i>19940 people ( Syrian and Lebanese) are assisted by MMU of LRC in Saida district ( health care and health education</i> <i>LRC management of medicines is improved at national level (related to medical mobile units.</i></p> <p>25) Were there any unforeseen effects due to the implementation of the program (positive or negative)?</p> <p>26) To which extend the project has succeeded in diagnosing and treating common acute and chronic disease</p> <p>27) To what extent the project has created an effective referral system?</p> <p>28) To what extent, has the coordination with local authorities contributed to the achievement of the projects' objectives and outcomes?</p> <p>29) Were Communication and Accountability Activities developed to promote</p>

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Participation	<p>30) Was the participation of beneficiaries adequate throughout the project cycle? (assessment, implementation, monitoring and evaluation).</p> <p>31) Did decision makers facilitate an effective participation of women? Did women and men have an equal access to project planning and decision making?</p> <p>32) Did decision makers facilitate an effective participation of PwD (Persons with Disabilities)?</p> <p>33) Were there any constraints to women's, men's and PwD's participation in program activities along the project? Were they identified during the needs assessment?</p> <p>34) Were decisions making processes of the project participative enough?</p> <p>35) Were beneficiaries able to provide feedback and was this feedback integrated in decision making processes ( relation between Medical team/ patients) ?</p> <p>36) Have host communities and refugees equal access and participation throughout the project?</p> <p>37) Was the participation of the stakeholders adequate throughout the project?</p>
Sustainability	<p>38) To what extent the intervention is building on existing local capacities and contributes to resilience at local level?</p> <p>39) How did the Municipality, the health centre and the mobile unit own the activities and initiatives implemented by the Project?</p> <p>40) To what extent are the outcomes achieved by the Project sustainable?</p> <p>41) To what extent have the Project activities affected the environment and what are the recommendations to revert negative effects, if any?</p> <p>42) Has a relevant exit strategy been developed?</p> <p>43) Have the LRC capacities being enhanced through this Project to ensure the retention of the community volunteers and its effective participation in project design and on-going programming?</p>



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Impact	<p>44) Does the Project contribute to the achievement of its own goal: vulnerability reduction?</p> <p>45) What other effects have been generated due to the Project?</p> <p>46) Are there any positive or negative effects of the Project in the gender division? Has the status of women been improved because of the implementation of the Project?</p> <p>47) What practical needs and strategic interests of women have been addressed in the Project?</p> <p>48) Has the integrated approach been relevant towards the impact achieved by the Project?</p> <p>49) What is the grade of stakeholders' satisfaction with the Project and its implementation?</p> <p>50) How is non-beneficiaries' perception of the Project and how has it affected to the relationships within the communities?</p> <p>51) How has the Project contributed to Lebanese Red Cross future capacity to respond to the provision of quality medical care and social assistance to Syrian refugees and host communities?</p>
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## **5. METHODOLOGY AND WORKING PLAN**

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The methodology for the evaluation needs to be proposed by the evaluation team considering a systematic and rigorous information analysis. However, the Evaluation Committee will request Project Evaluation indicators as well as sources of verification that can support the indicators achievement.

The methodology for this evaluation is expected to be participative and consider both quantitative and qualitative methods to collect information. Drawn conclusions must be supported by evidence and different sources. The evaluation will consider three different phases:

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✚ Phase I: **Pre-field Work Study**: During this phase the following activities are expected to take place:

- Secondary Information Review:
  - Information related to Strategic Framework
  - Information related to the Project
  - Information related to Local Context
- Interviews with the Evaluation Committee
- Request and review of additional information
- Preparation of field work in coordination with the Evaluation Committee
- Elaboration and submission of Preliminary Report with at least the following contents:
  - Evaluation Matrix (with indicators and sources of verification).
  - Methodology followed
  - First impressions and perceptions after interviews and documents revision.
  - Plan and methodology for the Field Work phase

✚ Phase II: **Field Work**:

- Visit the Municipalities and communities targeted in the project and significant number of beneficiaries as well as the different stakeholders involved in the Project.
- Interviews and Focus Groups Discussions with staff, stakeholders, beneficiaries.
- Data analysis
- Elaboration and submission of Field Report
- Discussion with Evaluation Committee about the Field Report to adjust those conclusions that may have drawn from confusing or incomplete primary sources.
- Submission of Field Report adjusted to the discussions and agreements during the discussion with the Evaluation Committee.

✚ Phase III: **Report elaboration, presentation and submission**:

A first draft of the Final Evaluation Report will be submitted for the revision and comments of the Evaluation Committee. Discussions between consultant and Evaluation Committee will take place to reach agreements towards the final report ( see page 11 and 12 for evaluation time framework)

The report must contain recommendations that the consultant finds pertinent and partners will find the most suitable way to apply them.

The evaluation team will need to preserve their independence and will not share the evaluation contents with anyone external to the Project.

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It is expected that the evaluation team will participate on the presentation of the evaluation results.

#### Summary

PHASE	DESCRIPTION	PRODUCT	DATES
Pre-field Work Study	Secondary Data and Documents Analysis	Preliminary Report	01 February- 07 February
	Tools design		
	Preliminary Report discussion with Evaluation Committee		
	Submission of Preliminary Report		
Field Work	Field Visits	Field Report	08 February -15 February
	Interviews		
	Focus Group Discussions		
	Elaboration of field report		16 February
	Revision of field report		19 February
Evaluation Report	Submission Evaluation Report Draft 1	Evaluation Report	26February
	Evaluation Committee revision and discussion of Draft 1		28February
	Submission Evaluation Report Draft 2		4 March
	Final comments from Evaluation Committee		8 March
	Submission of Evaluation Report		14 March

## 6. REPORT STRUCTURE AND SUBMISSION

The final Evaluation report will not have more than 50 pages and will follow the structure previously agreed with the Evaluation Committee before the Field Work Phase. An Executive Summary must be additionally submitted with no more than 10 pages.

#### Minimum contents:

- ✚ Introduction
- ✚ Executive Summary
- ✚ Methodology
- ✚ Description of the Project evaluated
- ✚ Analysis and key findings based on Evaluation Criteria
- ✚ Recommendations and Learnt Lessons directed to each partner
- ✚ Annexes

The evaluation team will submit 2 printed copies of the final report in English and Arabic with A4 bonded pages. Additionally, 2 CDs need to be submitted with the electronic copy of the report and all the photographic materials with specifications for their use.

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#### **7. EVALUATION TEAM**

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The evaluation team will be formed with at least one member with following background:

-  Expert on recovery programs/projects and evaluation methodologies.
-  At least 5 years' experience in the implementation of health and human rights projects.
-  Proven experience leading similar evaluations in the past.

The consultant will be the interlocutor and representative of the Lebanese Red Cross and will receive all the needed support and back up from the organization when arranging meetings and field activities.

Any change in the consultant/s will be immediately notified to the Evaluation Committee.

Lebanese Red Cross will coordinate and supervise the consultant/s work approving the down payments according to his performance.








#### **8. SUBMISSION OF PROPOSALS**

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The evaluation proposal must be submitted for evaluation before 15/01/2019 in pdf format by email to [tenders@redcross.org.lb](mailto:tenders@redcross.org.lb)

#### **9. EVALUATION TIME FRAMEWORK/ WORK PLAN**


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-  Contract start: 01 February
-  Inception report: 7 February
-  Field work and key interviews: 8- 15 February
-  Revision of preliminary findings ( field report): 19 February
-  Draft report 1: 26 February
-  Draft report 2: 4 March
-  Final report: 14 March

#### **10. EVALUATION OWNERSHIP AND PUBLICATION**

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This evaluation is an exhaustive and rigorous analysis of the “Improving Medico-social assistance in communities affected by the Syrian conflict in Saida-Lebanon (refugees and host population)” “Project. Therefore, the evaluation team must observe professional and ethical principles:

-  Anonymous and Confidentiality.

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- ✚ Responsibility. Ensure that any disagreement is properly recorded and included in the report.
- ✚ Integrity. Do not include matters and issues not included in the ToR.
- ✚ Independence.
- ✚ Incidences. Encountered problems need to be immediately communicated.
- ✚ Information crosscheck.
- ✚ Reports. Penalizations will take place if delays or inadequate quality is identified.
- ✚ Lebanese Red Cross owns the evaluation and the outcomes produced from it so it should not be published without its consent.

#### **11. PROPOSAL SUBMISSION AND SELECTION CRITERIA**

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The evaluation proposal must contain a technical and an economical offer.

The criteria to select the best proposal will be:

- ✚ Technical and methodological quality of the proposal
- ✚ Evaluation team experience (well documented and annexed to the proposal: detailed curriculum vitae)
- ✚ Experience in similar evaluations (well documented and annexed to the proposal)
- ✚ Understanding of the Red Cross Movement is highly desirable.
- ✚ Economic proposal