

## Terms of Reference (*ToR*)

for the Final External Evaluation of *The Project*

“Ensuring comprehensive health services among displaced and returnee population in the KRI in the context of a global health emergency”

**AECID 2020/ACHU/000135**

**Funded by:** Spanish Agency for International Development Cooperation (*AECID*)

**Partner:** Farmacéuticos Mundi (*Farmamundi*)

**Implementing Local Partner:** HEEVIE Health NGO (*HEEVIE*)

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## 1. Introduction

*Farmamundi* through these *ToR* establishes the details and conditions to carry out the Final External Evaluation of *The Project* “**Ensuring comprehensive health services among displaced and returnee population in the KRI in the context of a global health emergency**” implemented by its local partner *HEEVIE* and funded by the *AECID*. This Final External Evaluation will be undertaken by a local evaluation team/firm.

This Final External Evaluation is promoted by *AECID* and *Farmamundi*.

*Farmamundi* implements its Humanitarian Projects through local partners as part of its strategy to empower local capacities. *Farmamundi* together with *HEEVIE*, its Implementing Local Partner, are the responsible for ensuring that the evaluation process is carried out as planned by driving and leading the evaluation design and coordinating and supervising its progress, development and quality. Both are responsible for socializing the results, conclusions, lessons learned and recommendations and have a Project Monitoring Committee of 5 persons: 2 from *Farmamundi* (1 expat and 1 from its headquarters), 1 from *HEEVIE* (1 coordinator) and 2 from the participating Primary Health Care Centers (PHCC) (1 coordinator per each of the 2 participating *PHCCs*) to ensure the respect for the humanitarian principles and transparency.

*The Project* aims to support two public *PHCC* to ensure comprehensive, sustainable and non-discriminatory health services for internally displaced persons (*IDP*) in Duhok Governorate and returnee population in Ninewa Governorate in the COVID-19 global emergency context by:

- ✓ strengthen the public health system response capacity during health emergencies such as COVID-19 to guarantee access to comprehensive health care services
- ✓ enhance the primary health care services integrating gender and cultural appropriateness aspects; and
- ✓ disseminating accurate information, breaking myths and rumors to ultimately promote a cultural change based on Right-Holders’ participation, self-care and co-responsibility in the construction of community health

*Farmamundi* makes ANALP’s definition for Evaluation of Humanitarian Action (EHA)<sup>1</sup> its own:

**“The systematic and objective examination of humanitarian action, to determine the worth or significance of an activity, policy or programme, intended to draw lessons to improve policy and practice and enhance accountability”.**

The main objective of this Final External Evaluation is to carry out an independent external field-based review, evaluate the effects and impacts of *The Project* and to provide specific and practical recommendations that we can use to improve our future humanitarian projects and strengthen our accountability processes.

<sup>1</sup> Evaluation of Humanitarian Action Guide [2016] ANALP Cosgrave J., Buchanan-Smith M. and Warner, A. <https://www.alnap.org/system/files/content/resource/files/main/alnap-evaluation-humanitarian-action-2016.pdf>

2. Evaluation purpose and background			
PARTNER	Farmamundi		
IMPLEMENTING LOCAL PARTNER	HEEVIE		
THE PROJECT	"Ensuring comprehensive health services among displaced and returnee population in the KRI in the context of a global health emergency"		
PROJECT #	AECID 2020/ACHU/000135	SECTOR CAD CODE	Health CAD Code 7201100 Basic health services in emergencies
COUNTRY	Kurdistan Region Iraq	GOVERNORATES	Duhok & Ninewa
TOTAL BUDGET	533.339,00 EUR	AECID BUDGET	425.581,00 EUR
EXECUTION PERIOD	Feb 16th 2021 to Feb 15th 2022. Plus any extension if applicable.		
<p>The evaluation purpose is to carry out an independent external field-based evaluation of <i>The Project</i> "Ensuring comprehensive health services among displaced and returnee population in the KRI in the context of a global health emergency" to assess whether <i>The Project</i>, through its activities led to the achievement of the expected results and its objective, contributing to enhance the core components of the right to health: availability, accessibility, acceptability and quality following the Core Humanitarian Standards and integrated the gender as social determinant of health.</p> <p>The evaluation will take place in Duhok and Ninewa governorates. The findings, results, conclusions, lessons learned and recommendations will be socialized among Spanish and Iraqi actors involved in <i>The Project</i> and will be used by the partners responsible of <i>The Project</i> to improve future humanitarian projects and strengthen their accountability processes.</p> <p>Final External Evaluation report and all deliverables involved (e.g. data collected, documents compiled, all annexes...) will be done either in Kurdish and/or Arabic <b>and must be delivered together with an English copy (plus Spanish translated copy desirable).</b></p> <p>For decades Iraq has experienced several waves of internal displacement due to conflict or violence targeting specific ethnic and religious groups. The displacement caused by the Islamic State of Iraq and the Levant (<i>ISIL</i>) conflict during 2014-2017, resulted in the largest internal displacement with almost 6M <i>IDPs</i>. Since the declared defeat of <i>ISIL</i> in December 2017, more than 4M people began returning to their places of origin, a movement in which the central government have been key with the closure or reclassification of <i>IDP</i> camps initiated in late 2020. The conditions on their return do not offer enough security to ensure access to basic services such as to quality health care services, leaving a large number of returnees at risk of falling back into secondary displacement or starting new displacement.</p> <p>An estimated 1.5 million people, who have also experienced multiple displacements, remain in</p>			

internal displacement, with no hope of a solution in the short term. In the meantime, they face terrible living conditions, insecurity and continue to suffer trauma and physical and mental health problems as they continue to struggle to meet their basic needs.

The impact of COVID-19 has resulted in large-scale loss of livelihoods, with the authorities adopting measures such as disruption of access to basic services (including temporary closure of health centers or reducing working hours), lockdowns, curfews, confinements of *IDP* camps resulting in further weakening of the capacity of public service providers to protect population. Humanitarian vulnerabilities among returnees and *IDPs* have been exacerbated and the context has become more complex with some International NGOs flying back home leaving the area.

Therefore, in *IDP* camps, with higher vulnerability to the virus due to the inability to maintain the social distance (overcrowded) and the existence of shared spaces such as kitchens and latrines. Low vaccination rates and negative rumors associated to vaccination and facemask wearing declined drastically in some parts of the country are negatively affecting COVID-19 situation.

The main needs identified are: Limited resources to sustain the provision of basic health and mental health services; proper referral systems; RH services including maternal and child health, lack of human resources, infrastructure, equipment, supplies and medicines especially for chronic diseases and psychotropic.

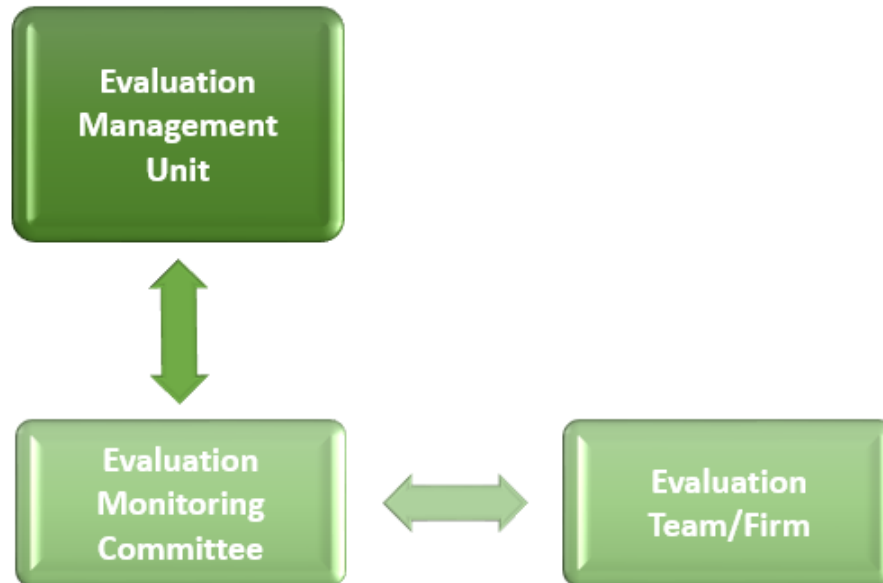
*The Project* aims to support two public *PHCC* to ensure that *IDP* and returnees have access to comprehensive, sustainable and non-discriminatory health care services.

OVERALL OBJECTIVE	<i>IDPs</i> and returnees in Iraq have exercised their right to health during COVID-19 health emergency
SPECIFIC OBJECTIVE	Cham Mishko <i>PHCC</i> and Bouzan <i>PHCC</i> had guaranteed their health service provision on the whole cycle on an integral, sustainable way and with no discrimination
RESULT 1	Cham Mishko <i>PHCC</i> and Bouzan <i>PHCC</i> had reinforced their response capacity during the health emergency (COVID-19)
RESULT 2	Cham Mishko <i>PHCC</i> and Bouzan <i>PHCC</i> had improved their Primary Health Attention integrating the gender perspective and cultural relevance
RESULT 3	Community health network had given real information, had demystified rumors (COVID-19) and had promoted co-responsible health practices

Right Holders live in the *IDP* Cham Mishko Camp of Duhok Governorate and Bouzan in the returnee area of the Ninewa Governorate: 34.150 persons (16.217 women): 78% *IDPs* and 22% returnees. 36% below 15 years old and 16% older than 45 years old.

3. Actors involved				
<p>We go beyond <i>Equal Statement</i>... we don't just accept difference, diversity and inclusion, we celebrate it, support it and we thrive on it for the benefit of our projects and communities. Actors involved in <i>The Project</i> were selected with a gender and age perspective to promote equal access for women, men and children. Participation of Right-Holders and Duty-Bearers:</p>				
ACTORS	KEY INFORMANTS	EXPECTATIONS TO PARTICIPATE	RELEVANCE	PRIORITY (1 A 4)
RIGHT-HOLDERS	Community Leaders: Sheikhs and Mukhtars	High	High	4
	Participation in focus groups of women, men and children of: <ul style="list-style-type: none"> <li>○ IDP population of target communities</li> <li>○ Returnee population of target communities</li> </ul>	High	High	4
DUTY-BEARERS	Cham Mishko IDP Camp: <ul style="list-style-type: none"> <li>○ Representatives of Camp Management</li> <li>○ Representatives of HIVI Volunteers Organization</li> <li>○ Other NGO (national &amp; international) with presence in the Camp</li> </ul>	High	High	4
	Representatives of health authorities: <ul style="list-style-type: none"> <li>○ DoH Duhok (including RH Duhok)</li> <li>○ DoH Zakho</li> <li>○ DoH Sheikhan</li> </ul>	High	High	4
	Community Health Workers, Social Workers and Health Staff of both Bouzan PHCC and Cham Mishko PHCC	High	High	4
	Implementing Local Partner: HEEVIE	High	High	4
<p>This Final External Evaluation is promoted by AECID and Farmamundi.</p> <p><b>The Evaluation Management Unit</b> incorporates the Manager of Humanitarian Aid Department of Farmamundi and one Representative of its Implementing Local Partner HEEVIE. Both are in charge of validating and supervising the quality of the process, elaboration of the <i>ToR</i>, hiring the evaluation team/firm, socializing and dissemination of results.</p>				

**The Evaluation Monitoring Committee** incorporates the Evaluation Management Unit, 3 persons in charge of the project from *Farmamundi* (1 expat and 1 from its headquarters) + 1 from *HEEVIE* (1 coordinator) and the coordinator evaluator designated by the evaluation team/firm. The coordination and responsibility would be in charge of the 3 persons in charge of the project and the hierarchy of decision making would be:



The Evaluation Monitoring Committee shall:

- ✓ Facilitate the evaluation team/firm's access to all relevant information and documentation on the intervention, as well as to key informants who must participate in interviews, focus groups or any other information gathering technique.
- ✓ Supervise the quality of the process and the documents and reports that are generated, in order to enrich them with their contributions and ensure that their interests and demands for information and knowledge about the intervention are met.
- ✓ Socialize the results of the evaluation, especially among the organisations and entities of its interest group.

#### 4. Scope of the evaluation

This Final External Evaluation covers two public *PHCC* for a period of 12 months from the start of *The Project* on Feb 16<sup>th</sup> 2021 to the end of *The Project* Feb 15<sup>th</sup> 2022<sup>2</sup> and any extension if applicable:

- ✓ *PHCC* Bouzan in Ninewa
- ✓ *PHCC* in *IDP* Cham Mishko Camp in Duhok

This Final External Evaluation will be focused on ***The Project* results, design, execution, effects and**

<sup>2</sup> **Please note** that at the moment of issuance of these *ToR* period extension has not applied but it may apply at the end of *The Project*. We will inform the evaluation team/firm accordingly. The Terms and Conditions of these *ToR* shall include any period extension if applicable.

#### impacts.

The evaluation should provide a deep analysis of the results and their degree of contribution to the achievement of the expected objectives:

- ✓ Analysis how the results have contributed to guarantee the service provision of comprehensive health care services in a timely manner, sustainable way and with no discrimination (availability, accessibility, acceptability) among *IDP* and Returnee beneficiaries
- ✓ Analysis how *The Project* has strengthened the public health system response capacity in both *PHCC* during health emergencies such as COVID-19 to guarantee access to comprehensive health care services
- ✓ Analysis how *The Project* has improved the Primary Health Attention on Cham Mishko and Bouzan *PHCC* integrating the gender perspective and cultural relevance
- ✓ Analysis how *The Project* has impacted in the promotion of co-responsible health practices, demystification of rumors and give proper health information.

The evaluation should analyze the design of the intervention, valuing its consistency (inputs, outputs, outcomes, impact) and their causal relationships, indicators, and the assumptions or risks that may influence success and failure)

The evaluation should analyze the execution process, with a special focus on communication and decision-making procedures between actors.

The evaluation should analyze the effects generated by the humanitarian intervention and the impacts produced by the intervention. The impact, as per the definition of the Applying Evaluation Criteria Thoughtfully of the OECD<sup>3</sup>:

***“addresses the ultimate significance and potentially transformative effects of the intervention. It seeks to identify the social, environmental and economic effects of the intervention that are longer term or broader in scope than those already captured under the effectiveness criterion. Beyond the immediate results, this criterion seeks to capture the indirect, secondary and potential consequences of the intervention. It does so by examining the holistic and enduring changes in systems or norms, and potential effects on people’s wellbeing, human rights, gender equality, and the environment.*”**

Analysis of the impact of the intervention:

- ✓ Analysis on the impact on women.
- ✓ Analysis on the impact on Right-Holders.
- ✓ Analysis on the positive and negative impacts of *The Project*.

<sup>3</sup> Applying Evaluation Criteria Thoughtfully [2021] OECD <https://www.oecd-ilibrary.org/docserver/543e84ed-en.pdf?expires=1626121003&id=id&accname=guest&checksum=408D13D89462369EDE04878DA9FDB106>



## 5. Questions and evaluation criteria

The evaluation of humanitarian action interventions faces a number of challenges in their implementation, mainly:

- ✓ The urgency and turmoil of humanitarian emergencies and the complex context.
- ✓ Humanitarian crises in locations with damaged or lack of basic infrastructure.
- ✓ Time pressures on the affected population.

The evaluation should verify compliance with the following criteria:

**Relevance:** Is the intervention doing the right thing? Adequacy of the results to the context in which the interventions took place, to the priorities identified in the country's humanitarian Plans, needs of the target population and priorities of the Spanish Cooperation.

**Coherence:** How well does the intervention fit? Including internal coherence about the synergies between the interventions and other interventions carried out by the same Implementing Local Partner as well as the consistency of the intervention with the relevant international norms and standards to which that institution/government adheres; and the external coherence that considers the consistency of the intervention with other actors' interventions in the same context. This includes complementarity, harmonization and co-ordination with others, and the extent to which the intervention is adding value while avoiding duplication of effort.

**Effectiveness:** Is the intervention achieving its objectives? Quality of identification, formulation and management, fulfilment of general and specific objectives, level of participation of the target population, contribution of each of the actors to the fulfilment of the priorities and needs of the project.

**Efficiency:** How well are resources being used? Cost with respect to the activities developed and the results obtained; mechanisms of the co-financing and co-management with the other funding agencies involved; capacity to take advantage of existing resources and structures to achieve the objective; degree of involvement and participation of local, regional and national institutions in *The Project* management.

**Impact:** What differences does the intervention make? Effects of the actions carried out regarding the strengthening on the basic needs of the target population; degree of dissemination of the results obtained among the institutions directly or indirectly related to the local institutions involved.

**Sustainability:** Will the benefits last? Evaluation will analyze how the effects resulting from the intervention continue or are likely to continue after the intervention has ended. The following factors will be taken into account:

- ✓ Analyze whether the intervention collaborates with, opposes to or is neutral to national, regional or local health policies and strategies
- ✓ Degree of commitment of local authorities to take control and follow recommendations to ensure sustainability
- ✓ Planning of viability of *The Project*: design and execution of activities for the transfer of

equipment and medical supplies to local authorities

- ✓ Financial and economic aspects: assess capacity of national and local institutions in order to give continuity to the actions
- ✓ Technological factors: assess if technology transferred is appropriate to the current socio-economic conditions
- ✓ Socio-cultural aspects: the impact of the intervention on the socio-cultural relations of the community, as well as community appropriation of *The Project*
- ✓ Gender: gender relations in the community

The evaluation will answer, at least, the following guiding questions. In any case, the evaluation team/firm **is expected to complete and refine them** on the basis of the study of the documentation available in the initial phase:

CRITERIA	QUESTIONS
RELEVANCE COHERENCE	<p>Does the intervention correspond to the priorities and needs of the target population?</p> <p>Is the design of the intervention (logical framework) coherent and relevant to the context of the intervention?</p> <p>Have the operational principles of coordination and complementarity been taken into account?</p>
EFFECTIVENESS	<p>Has the initial budget been respected?</p> <p>Have the work plan and deadlines been respected?</p> <p>Has the transformation of resources into results been efficient?</p> <p>Have local resources been used and empowered?</p> <p>To what extent have institutional collaboration and management mechanisms contributed to achieving the results of the intervention?</p>
EFFICIENCY	<p>Have the planned results been achieved?</p> <ul style="list-style-type: none"> <li>✓ R1. Has the response capacity of Cham Mishko PHCC and Bouzan PHCC been reinforced during the health emergencies (COVID-19)?</li> <li>✓ R2. Have the Primary Health Attention services offered in Cham Mishko PHCC and Bouzan PHCC been improved integrating gender perspective and cultural relevance?</li> <li>✓ R3. Has the community health network been giving real information, demystifying rumors and promoting co-responsible health practices?</li> </ul> <p>Has the planned specific objective been achieved?</p> <ul style="list-style-type: none"> <li>✓ SO. Have Cham Mishko PHCC and Bouzan PHCC guaranteed their health service provision on the whole cycle on an integral, sustainable</li> </ul>

	way and with no discrimination?
IMPACT	<p>Has the intervention achieved the planned impacts?</p> <p>Have there been any unintended positive impact on the Rights-holders?</p> <p>Have there been any unintended negative impact on the Rights-holders?</p>
INTERLINKAGES	<p>Have local regulations been respected in the implementation of activities?</p> <p>Are the equipment and supplies of <i>The Project</i> appropriate to the context of intervention?</p> <p>Once the external aid will be withdrawn, will the health structures in place be still functional?</p> <p>Has public and community capacity been positively influenced?</p> <p>Has the gender and age perspective, human rights-based approach, conflict sensitivity and culture of peace relevance, participation of the target population centrality and multicultural and environmental approach been incorporated into the intervention?</p>
COORDINATION	<p>Does the intervention include specific actions to strengthen local capacities?</p> <p>Have been achieved?</p>
COVERAGE	<p>To what extent did the Rights-holders have exercise their right to health?</p>
OWNERSHIP	<p>How local institutions have been involved in the design of the intervention?</p>
PARTICIPATION	<p>How local institutions have been involved in the implementation and management of the intervention?</p> <p>How have Rights-Holders been involved during the whole process?</p>
<p>In addition, the evaluation must comply with the following:</p> <ul style="list-style-type: none"> <li>✓ Be a clear logical flow or process of analysis from findings through conclusions to recommendations. This should be presented as transparent as possible in the evaluation.</li> <li>✓ Evidence that the evaluation assessed the intervention following International Humanitarian Law (IHL) and Human Rights (HR) as well as the Sphere Project.</li> </ul>	

## 6. Evaluation methodology and work plan

The **methodologies and techniques** for the collection and analysis of information will be defined and detailed by the evaluation team/firm in charge of this Final External Evaluation in the proposal and **will be reviewed and validated by the Evaluation Management Unit**, who reserves the right to make recommendations, suggestions and contributions, with the aim of ensuring the relevance of the techniques used in relation to the context of intervention and the social, gender and cultural specificities of the key informants. In this way, the methodology and techniques finally applied will be those resulting from the consensus of all the parties involved in the proposal of the evaluation

team/firm, thus ensuring participation and methodological relevance.

We expect that the evaluation team/firm considers the following essential action lines:

- ✓ Elaborate a **final work plan** describing objectives, proposed methodology, design of techniques, schedule of activities, information requirements, evaluation tools and sources of data collection.
- ✓ The most appropriate **research techniques** considered for answering the evaluation's initial questions (interviews with key informants identified due to their direct interaction with *The Project*; profiles related to health; profiles related to essential issues addressed by *The Project*; direct observation; focus groups discussions; semi-structured interviews; surveys, etc...)
- ✓ Design, if necessary, **specific health indicators** in addition to those formulated in *The Project* in order to assess the project results.
- ✓ **Analysis of all the information** obtained in order to prepare the initial draft or preliminary document of the evaluation.
- ✓ **Periodic dialogue with the Evaluation Monitoring Committee**, so that it can be informed at all times of the progress of the evaluation process.

The evaluation team/firm is expected to present their own detailed work plan with tasks, techniques and times. The following work plan should be taken as a guide with the basic activities listed:

PHASE	TASKS	DELIVERABLES	WEEKS				
			1	2	3	4	5
OFFICE WORK	Analysis of all documents; identification of other source of information; review of evaluation questions; final design of the data collection tools; validation of the key informants; programming of activities; preparation of the evaluation design document, including the Evaluation Matrix and methodology; coordination with Evaluation Monitoring Committee.	Validation of final evaluation work plan with Evaluation Management Unit.					
FIELD WORK	Data collection, application of information gathering tools; request additional information to local, regional and national institutions; first feedback to Evaluation Monitoring Committee.	Delivery to Evaluation Management Unit of records of activities carried out					
REPORTING	Codification and analysis of data collected, first evaluation draft	Validation of draft with					

	report, socializing the draft with key informants; feedback from Evaluation Monitoring Committee.	Evaluation Management Unit.					
	Incorporation of the contributions according to the criteria of the evaluation team and preparation of the final evaluation report.	Delivery of the final evaluation report.					

The work plan proposed by the evaluation team/firm will be presented in phases and will include deadlines for the deliverables of the agreed intermediate and final products. The work plan presented is a guide with the basic activities listed **is the evaluation team/firm who has to determine the appropriate length of the evaluation and present it in the proposal for its approval.** The reports produced by the evaluation team/firm must also include a **Plan for Socializing the results**, identifying the priority target groups and the most appropriate means of communication in each case. Its implementation will be the responsibility of both *Farmamundi* and *HEEVIE*.

## 7. Documents and information sources

We consider to be essential for the evaluation team/firm to review the documentation listed below. We will also consider to provide any other documentation that the evaluation team/firm may require as the process progresses.

DOCUMENT	LOCATION
THE PROJECT MATRIX	<i>Farmamundi</i>
BASELINE	<i>Farmamundi</i>
ALL REPORTS TO THE DONOR TO DATE	<i>Farmamundi</i>
VERIFICATION SOURCES IDENTIFIED IN THE LOGICAL FRAMEWORK	<i>Farmamundi</i>
AECID WEBSITE	<a href="https://www.aecid.es/EN">https://www.aecid.es/EN</a>
SPANISH COOPERATION MASTER PLAN [2018-2021] AECID ONLY	<a href="https://www.aecid.es/Centro-Documentacion/Documentos/Planificaci%C3%B3n/PD%202018-2021.pdf">https://www.aecid.es/Centro-Documentacion/Documentos/Planificaci%C3%B3n/PD%202018-2021.pdf</a>

AVAILABLE IN SPANISH	
GUIDELINES FOR THE EVALUATION OF PROJECTS [2012] AECID ONLY AVAILABLE IN SPANISH	<a href="https://www.aecid.es/Centro-Documentacion/Documentos/Informes%20y%20gu%C3%ADas/Guia_y_TdR_evaluaciones_marzo_2012.pdf">https://www.aecid.es/Centro-Documentacion/Documentos/Informes%20y%20gu%C3%ADas/Guia_y_TdR_evaluaciones_marzo_2012.pdf</a>
HUMANITARIAN RESPONSE PLAN IRAQ 2021	<a href="https://reliefweb.int/report/iraq/iraq-humanitarian-response-plan-2021-february-2021">https://reliefweb.int/report/iraq/iraq-humanitarian-response-plan-2021-february-2021</a>
HUMANITARIAN NEEDS OVERVIEW IRAQ 2021	<a href="https://www.humanitarianresponse.info/en/operations/iraq/document/iraq-2021-humanitarian-needs-overview-february-2021-en">https://www.humanitarianresponse.info/en/operations/iraq/document/iraq-2021-humanitarian-needs-overview-february-2021-en</a>
BASIC HEALTH SERVICES PACKAGE FOR IRAQ	<a href="https://reliefweb.int/sites/reliefweb.int/files/resources/EPHS-Iraq.pdf">https://reliefweb.int/sites/reliefweb.int/files/resources/EPHS-Iraq.pdf</a>
MINUTES OF IRAQ HEALTH CLUSTER MEETINGS AND OTHER DOCUMENTS POSTED IN THEIR WEBSITE	<a href="https://www.humanitarianresponse.info/en/operations/iraq/health-cluster-iraq/documents">https://www.humanitarianresponse.info/en/operations/iraq/health-cluster-iraq/documents</a>
EVALUATION OF HUMANITARIAN ACTION GUIDE [2016] ANALP COSGRAVE J., BUCHANAN-SMITH M. AND WARNER, A.	<a href="https://www.alnap.org/system/files/content/resource/files/main/alnap-evaluation-humanitarian-action-2016.pdf">https://www.alnap.org/system/files/content/resource/files/main/alnap-evaluation-humanitarian-action-2016.pdf</a>
APPLYING EVALUATION	<a href="https://www.oecd-ilibrary.org/docserver/543e84ed-en.pdf?expires=1626121003&amp;id=id&amp;accname=guest&amp;checksum=408D13D89462369EDE04878DA9FDB106">https://www.oecd-ilibrary.org/docserver/543e84ed-en.pdf?expires=1626121003&amp;id=id&amp;accname=guest&amp;checksum=408D13D89462369EDE04878DA9FDB106</a>

CRITERIA THOUGHTFULLY [2021] OECD	
EVALUATING DEVELOPMENT ACTIVITIES [2013] OECD	<a href="https://www.oecd.org/dac/peer-reviews/12%20Less%20eval%20web%20pdf.pdf">https://www.oecd.org/dac/peer-reviews/12%20Less%20eval%20web%20pdf.pdf</a>
GLOSSARY OF KEY TERMS IN EVALUATION AND RESULTS BASED MANAGEMENT [2002] OECD	<a href="https://www.oecd.org/dac/evaluation/2754804.pdf">https://www.oecd.org/dac/evaluation/2754804.pdf</a>

## 8. Structure and presentation of the evaluation report

Once the draft has been discussed and agreed with all parties the evaluation team/firm will deliver a final evaluation report that will:

- ✓ not exceed 50 pages (without considering annexes)
- ✓ include an executive summary (maximum 4 pages)
- ✓ include a summary form following the DAC evaluation Form (as per point 14)
- ✓ be translated into English (plus Spanish desirable). Three hard copies in each language (paper) and one electronic copies in each language. Translation costs may be included in the evaluation budget.

We present the following structure as a guide for the final evaluation report:

### 0. Executive summary (Max. 4 pages.)

#### 1. Introduction

- ✓ Background and Purpose of the evaluation
- ✓ Main questions and criteria valued: definition.

2. Summary of the intervention evaluated, with particular reference to the expectations of fulfilment at the end of the project, summary of the background, the organization and management, actors involved and context in which the intervention takes place.

#### 3. Methodology used in the evaluation

- ✓ methodology and techniques used
- ✓ challenges and limitations of the assessment

4. Analysis of information collected, and evidence about the matters set forth above. Interpretation of the evidence relating to the evaluation questions set out.
5. Conclusions of the evaluation in relation to the established evaluation criteria.
6. Lessons learned obtained from the overall conclusions of the evaluation, indicating any best practices that might be applied into the actions of the same intervention or future intervention if applicable.
7. The recommendations arising from the evaluation team/firm, classified according to the criteria chosen by the evaluation team/firm (e.g.: short/long term, according to which criteria, dimension, component or area of intervention...) and, whenever possible, mention to whom the recommendation is particularly addressed to (NGO, Partner, Donor, DoH, WHO, CHW, Health Staff, Community Leaders...)
8. Annexes:
  - ✓ *ToR*
  - ✓ The work plan, the composition and the description of the mission
  - ✓ Proposed methodology, techniques and sources used to gather information
  - ✓ List of secondary information sources used
  - ✓ Transcriptions of interviews, script, participants' lists and notes taken
  - ✓ Surveys: model, raw data collected and statistical analysis
  - ✓ Workshops: reports and products
  - ✓ Allegations and comments from stakeholders on the draft report, especially if those are disagreements and have not been reflected in the final report
  - ✓ and any other information considered relevant.
  - ✓ The DAC evaluation Form (as per point 14)

## 9. Evaluation team

We encourage local evaluation teams/firms to apply and gender approach to promote equal access for women and men. The evaluation team/firm interested in this proposal will indicate the number of members of the team/firm, the functions of each member and the name of the person who will act as coordinator evaluator and who will undertake the final responsibility of the work delivered. Each member of the evaluation team/firm shall provide full professional profile including expertise in the field of cooperation and development, language skills, research methods and techniques and social investigation plus any previous experience in evaluations.

The evaluation team/firm shall comply with the following requirements:

- ✓ Must have a valid bank account and been able to receive payment through the bank
- ✓ Must have to be able to invoice their services, have a tax number and be legally registered



- ✓ Proven track record and experience in evaluations (at least 5 evaluations in the country and/or in the Health sector)
- ✓ At least one of the members of the team should prove track record expertise in the field of in-depth knowledge in civil society cooperation and development, qualitative and quantitative research methods and techniques and social investigation
- ✓ English-language professional skills. Knowledge of Spanish will be highly appreciated
- ✓ Must not have been involved in the design, implementation or monitoring of *The Project*, neither with the Partner nor with the Implementing Local Partner at least for the last two years prior to these *ToR*
- ✓ As part of the evaluation team/firm expertise, is their responsibility to highlight issues not specifically mentioned in these *ToR*, as long as they consider such issues basic to obtain a more complete analysis of the intervention. Those issues can be agreed or denied in the draft of the report, but always clarified in such draft when difference opinions arise

*Farmamundi* will provide the evaluation team/firm with further support if requested, however the evaluation team/firm will determine whether it is considered appropriate to involve in any of the planned phases a representative of *Farmamundi* or *HEEVIE*, if so, under what conditions and with which objectives as such a decision may affect the outcome of the evaluation.

**Please note** that following the Spanish Regulation that applies to these *ToR*, the Funding agency *AECID* will receive these *ToR* together with the proposed evaluation team/firm at the same time for their review and validation, so this may lead to changes in the terms and conditions of these *ToR* that will guide the evaluation. We will inform the evaluation team/firm accordingly. The Terms and Conditions of these *ToR* shall include any amendment if applicable.

#### 10. Principles of the evaluation, authorship and publishing

It is expected that the evaluation team/firm makes an overall positive contribution ensuring the “Do no harm” principle, as well as meets the following principles when performing their job:

**Confidentiality and privacy:** Researchers and evaluators should ensure confidentiality of information, privacy and anonymity of study participants

**Responsibility:** Any disagreement or discrepancy of opinion that may arise between team members or between them and those responsible of the intervention in relation to conclusions and/or the recommendations must be mentioned in the report. Those issues can be agreed or denied in the draft of the report, but always clarified in such draft when difference opinions arise.

**Integrity:** The evaluation team/firm will be responsible to highlight issues not specifically mentioned in these *ToR*, as long as they consider such issues basic to obtain a more complete analysis of the intervention.

**Independency:** The evaluation team/firm shall ensure independence of the evaluated intervention, not being linked to its management nor to any person / party related to.

**Validation of information:** It is the responsibility of the evaluation team/firm to ensure the veracity of the information gathered for reporting purposes, and will ultimately be responsible for the information presented in the evaluation report.

**Copyright and disclosure:** The contracting entity of the evaluation has the copyright. Diffusion of the information gathered and the final report is entitled to the Partner entity and contracting entity of the evaluation. However, the AECID reserves its right to publicly reproduce, distribute or communicate the evaluation report without prior agreement with the mentioned entity, when so required for the proper performance of administrative procedures, and shall do it with prior authorization when it is required for other reasons than administrative procedures.

**Beyond Equal Statement:** The evaluation team/firm must take into consideration and treat with respect and sensitivity the differences of gender, age, sexual orientation, ethnicity, language, culture and religion of the population participating in *The Project* of this evaluation.

**Gender Equity:** The evaluation team/firm will establish a gender approach in its interpretative analysis of reality.

**Contingencies:** if any problem arises during the field work or at any other stage of evaluation, it must be reported immediately to the Evaluation Management Unit (*Farmamundi* and *HEEVIE*) who will immediately notify *AECID* if necessary. Otherwise, the existence of such problems in no case may be used to justify the non-achievement of the results established in these *ToR*.

**Penalties:** In the event of delay in the delivery of reports or in the event that the quality of the reports delivered is manifestly below to what was agreed, shall apply the penalties and arbitration established by the contracting entity in accordance with the private contract with the contracting entity and the evaluation team/firm.

## 11. Deadlines for completion of the evaluation

The start date of the final evaluation will be the day of signing the contract with the awarded evaluation team/firm, a tentative start date shall be around the end of *The Project* Feb 15<sup>th</sup> 2022 if any extension does not apply.

The estimated time required for the evaluations is 8 weeks, or even longer if the evaluation team/firm has determined it and has been considered appropriated in the proposal, however the service provision will only end once the funding agency *AECID* approves the Final Evaluation Report.

The total budget for the evaluation, including:

1. Consulting fees,
2. Logistics costs, daily fees, per diem, transportation, materials and stationary,
3. Accommodation if applicable,
4. Translation costs to English (and Spanish if applicable),
5. Tax, bank fees and commission,

6. any period extension if applicable as per these *ToR*,
7. any amendment if applicable of these *ToR*, following the Spanish Regulation that applies to these *ToR*, the Funding agency *AECID* will receive these *ToR* together with the proposed evaluation team/firm at the same time for their review and validation, so this may lead to changes in the terms and conditions of these *ToR* that will guide the evaluation. We will inform the evaluation team/firm accordingly. The Terms and Conditions of these *ToR* shall include any amendment if applicable,

is a ceiling amount of 12.000 EUR.

Payment installments will apply as follow:

- ✓ 50% bank transfer when signing the contract: delivery of the final methodology design
- ✓ 50% bank transfer delivery the final report: when *AECID* validates the final report

## 12. Submission of the technical offer and valuation criteria

The tender process will start on Sunday 18.07.2021, hard copies and/or soft copies would be accepted in English, desirable in Spanish, following the terms and conditions of these *ToR*. Please submit proposals to:

- ✓ **Subject:** “Proposal for External Final Evaluation of Project *AECID* 2020/ACHU/000135”

- ✓ **Hard copies**

Mrs. Bakshan Ali Aziz – Director HEEVIE Health NGO

Iraq, Kurdistan Region / Duhok Dereen Shash Street 58 / Tel. +964 750 405 8155

- ✓ **Soft copies send to both**

Mrs. Bakshan Ali Aziz email: [basiena@yahoo.it](mailto:basiena@yahoo.it)

C/C [aecidfarmamundi@gmail.com](mailto:aecidfarmamundi@gmail.com)

### **Proposals will be accepted up to Tuesday 10.08.2021 at mid-night (Duhok Time)**

Proposals will be evaluated and one pre-selected proposal shall be submitted to the Funding agency *AECID* together with these *ToR* on 12.08.2021 for its approval.

*AECID* shall announce the final awarded evaluation team/firm on 12.10.2021 or make allegations including rejection to the proposed evaluation team/firm.

Proposal shall include at least the following information that would be the base of the selection criteria:

- ✓ Firm presentation and/or presentation of the evaluation team, expressly mentioning the evaluations carried out and the role played in each one of them.
- ✓ Evaluation criteria.
- ✓ Methodology and techniques considered in the evaluation.

- ✓ Work plan and timetable
- ✓ Financial offer.
- ✓ Express declaration of responsibility proposed to carry out the evaluation in accordance with the model defined in these *ToR* (The evaluation team/firm shall ensure independence of the evaluated intervention, not being linked to its management nor to any person / party related to at least two years prior to the proposal of his/her contract; experience in evaluation; dissociation from the management of the intervention and with any of its elements; commitment to confidentiality, ethical behavior and respect for cultural diversity and gender equity in the development of his/her work).

CRITERIA	DESCRIPTION	SCORING
TECHNICAL	<ul style="list-style-type: none"> <li>- Adequacy of the technical proposal to these <i>ToR</i>.</li> <li>- Adaptation of the methodology to the context of the intervention.</li> <li>- Specification and adequacy of the information collection tools.</li> <li>- Details of the proposal for the presentation of the information on results.</li> </ul>	45%
EVALUATION TEAM/FIRM EXPERIENCE	<ul style="list-style-type: none"> <li>- Experience in evaluation beyond the required level.</li> <li>- Project development or evaluation experience in the country.</li> <li>- Project development or evaluation experience in the sector of intervention.</li> <li>- Training additional to that required, specialized in evaluation.</li> <li>- Spanish</li> </ul>	40%
FINANCIAL	<ul style="list-style-type: none"> <li>- Budget and schedule actions detailed breakdown for phases</li> </ul>	10%
NEW CONTENTS	<ul style="list-style-type: none"> <li>- Please explain</li> </ul>	5%

13. Visibility	
That following the Implementation Guidelines – Rules for the Management, Monitoring and Justification of Projects <sup>4</sup> that rules <i>The Project</i> funded by AECID it is mandatory to incorporate the official AECID logo in all the actions resulting from the intervention funded by the AECID as follows:	
LOGO in regular documents such as participants’ lists, aggregated records, surveys, scheduling and programing of activities...	
LOGO with the phrase: “Con la financiación de” translated into the used language(s) of the text in every equipment purchased with the funds of the project used for the evaluation, e.g: banners, pencils, notebooks...	
LOGO with the phrase “This publication has the support of the Spanish Cooperation through the Spanish Agency for International Development Cooperation (AECID). The content of this publication is the sole responsibility of <name of author, contractor, partner or organization> and does not necessarily reflects the position of AECID” translated into the used language(s) of the publication in every publication, report, flyer, poster...	

<sup>4</sup> Normas de Gestión, Seguimiento y Justificación de Convenios y Proyectos de ONGD y de Acciones de Cooperación para el Desarrollo. Guía de Aplicación [2019] AECID pag. 11 <https://www.aecid.es/Centro-Documentacion/Documentos/documentos%20adjuntos/Gu%C3%ADa%20Normas%20ONGD%20y%20ACCIONES%20versi%C3%B3n%20revisada%20noviembre%202019.pdf#search=gu%C3%ADa%20de%20aplicaci%C3%B3n%202019>

#### 14. DAC evaluation Form

##### DAC evaluation form

Title		Country	
Sector		Sub sector	
Type of evaluation		Cost (€)	
Period of intervention		Partner	Right-Holders
Period of evaluation		Evaluation Team/Firm	
Background and general purpose of the evaluation			
Principles and objectives of the evaluation			
Methodologies and techniques			
Conclusions and recommendations per criteria	Relevance and Coherence		
	Effectiveness		
	Efficiency		
	Impact		
	Interlinkages		
	Coordination		
	Coverage		
	Ownership and Participation		
Specific conclusions			
Specific recommendations			
Actors involved			