



## TERMS OF REFERENCE

### EXTERNAL EVALUATION OF A SIDA-SUPPORTED HEALTH PROJECT

#### PUI – DPR KOREA

DONOR	Sida (Swedish International Development Cooperation Agency)
Project	KOR 14038: Access to proximity care in rural areas of Democratic People's Republic of Korea

## I. Context

### I.1. Mission history

Première Urgence Internationale (PUI) has been working in the Democratic People's Republic of Korea (DPRK) since 2002. Between 2002 and 2006, Première Urgence Internationale has been engaged in the health sector. In 2007, Première Urgence Internationale started food security projects while maintaining activity in hospitals and clinics.

Since spring 2006, only 6 Non-Governmental Organizations (NGOs) have been allowed to work in DPRK under the auspices of the European Union. Consequently, they have been called European Union Program Support (EUPS). Première Urgence Internationale is referred to under the name of EUPS Unit 1.

### I.2. Ongoing projects

Since 2014, PUI has been intervening in 2 main sectors i.e. the Food Security and Health sectors with integration of WASH activities in the two main programs. As regards the Food Security projects, PUI supports four (collective) farms funded by European Commission and AAP. As regards the Health projects, PUI is funded by Sida to support rural clinics within the same four farms.

### I.3. The health project

The health project "Access to proximity care in rural areas of Democratic Popular Republic of Korea" supported by the Swedish International Development Cooperation Agency (Sida) and currently implemented by PUI /EUPS Unit 1 in the South-Hwanghae province of DPRK has three main components:

1. **Construction:** the project includes the construction of four clinics in four farms ("Ris") and provision of water networks to schools, kindergarten and dozens of households in 3 farms.
2. **Equipment:** the project also includes the supply of medical equipment, furniture and few consumables for the clinics.
3. **Trainings:** finally, the project includes a component of capacity building with the aim of strengthening the skills and knowledge of health staff through 10 training sessions on varied relevant health topics.

This project started in March 1<sup>st</sup>, 2014 and will end in August 31<sup>st</sup>, 2016. In this context, PUI is looking for a consultant to conduct an external evaluation in order to: (i) appraise the extent to which the project's objectives have been achieved and (ii) evaluate the overall impact of the project in the intervention areas.

## **II. Objectives of the evaluation**

### **II.1. Overall objective**

The overall objective of the final evaluation is to provide the project's partners (donor and implementer) with sufficient information about the project performances (its relevancy, efficiency, effectiveness, impacts and sustainability) through the 30-month implementation (1<sup>st</sup> of March 2014 – 31<sup>st</sup> August 2016), to document challenges faced and lessons learned and to provide practical recommendations for future actions (continuation, extension, expansion, redirection) in the health sector in DPRK.

This final evaluation will generate information on the level of achievement of the intervention's objectives (outputs, outcomes, results, and wherever possible, any evidence of emerging impact), information which will be useful to the mentioned stakeholders.

### **II.3. Evaluation key questions**

The following are, for each evaluation dimension, the key evaluations questions to be considered by the evaluator.

#### **II.3.1. Relevance of the project**

Assess the appropriateness/relevance of the project and the activities towards the expected goal, purpose and outputs. The following are the key guiding evaluations questions for the evaluator in this section:

- To what extent does the project respond to priority issues (does the project address the needs of the target groups?)
- Do project (indirect and direct) beneficiaries care about the project and believe it makes sense (what is/was the project beneficiaries' participation in the project)?
- Did the project address the different priority needs of women, men, boys and girls?

#### **II.3.2. Project effectiveness**

Key evaluation questions for the evaluator:

- How successful the project has been in achieving the project results?
- How successful the project has been in carrying out the planned activities?
- Which were the main hindering factors to achieve the objectives of the project?

#### **II.3.4. Impact**

The following are the key guiding evaluations questions for the evaluator in this section:

- What are the outcomes and impact of the action?
- What are notably the immediate outcomes for the targeted beneficiaries that can be reasonably attributed – partially or totally – to the implemented action?
- What are the long-terms prospects in terms of impact?
- Is the project making a difference in the community's living conditions, and how?

Analysis will be based, as much as possible, on indicators reflecting quantifiable results. Information will be processed (i) from project monitoring mechanism and existing tools and (ii) from data collected during the consultant's field visits if possible. It will then be completed by qualitative assessment of impacts of each of the project's components.

#### **II.3.5 SWOT Analysis**

The final evaluation will not only be the opportunity to assess performances but, perhaps most importantly, to better understand why, how and by who/what, they have been sometimes limited. In this regards, the evaluator will have to carry a detailed SWOT analysis in order to better understand what were the SWOTs of the project and make a review of the challenges faced and lessons learned during this project.

- What have been the major strengths, weaknesses, opportunities and threats of this project
- What are the major failures and biggest challenges faced during project implementation, explaining why they have occurred and how they could have been avoided or better addressed?
- Identify any exceptional experiences that should be highlighted e.g. case-studies, stories, best practices etc.
- Describe any unforeseen impacts (whether positive or negative);

## **III. Schedule**

This external final evaluation will be conducted during 20 days in August 2016.

## **IV. Methodology**

The evaluation criteria are based on OECD/DAC for EHA in complex emergencies (OECD/DAC, 2006) and the criteria and questions mentioned below should be addressed. As the focus of the evaluation is on the effectiveness of the intervention, as well as on lessons learnt, the DAC evaluation criteria within coherence is less relevant. The Evaluation should also be commissioned with special consideration to how the intervention has contributed to improve the situation for women, men, boys and girls. The consultant will have to propose and submit an exhaustive and structured methodology for the requested consultancy service. This methodology should include:

### **IV.1 Information & data collection**

#### Document review (secondary data):

The evaluator will review: project documents (technical proposal, budget, updated logframe, and work plan); project reports (narrative and financial) and any other documents deemed critically important for the evaluation (surveys, reports, documentation on national policies, etc).

A documentary review will be presented in annexes.

#### Interviews and discussions:

Individual interviews and group discussions will be conducted with project's stakeholders, project and coordination staff, clinic staff, community members, administrative authorities.

The list of the interviewed persons will be annexed to the report with interview grids and focus groups discussions reports.

#### Onsite visits:

In conjunction with other methods, the evaluator will visit the four farms and Ri-clinics supported by the project.

#### Questionnaires:

The evaluator will design a specific and structured set of questions (yes/no, multiple choices and open questions) formulated as to obtain clear responses to the above key evaluations questions.

Anonymity of the respondents to the Evaluation should be ensured

### **IV.2. Reporting requirements/outputs and deliverables**

The consultant will have to submit the following documentation:

- A narrative report of 20 pages maximum (annexes excluded) + a summary of 2 pages
- A first draft of the report will be submitted to PUI 7 days after the field visit at the latest for review and feedback provision.
- The final report will have to be submitted 7 days after last PUI feedback the latest.
- The report shall be written in English and the final report shall be proof read and submitted in electronic version".

### **IV.3. Internal restitution**

An internal restitution of the first conclusions and recommendation will be shared internally at Pyongyang level, in presence of project staff and Head of Mission.

### **IV.4. Monitoring mechanism**

PUI will implement a steering committee whose mandate will be to validate action plan, expert's methodology and his/her realizations (notably the report). The steering committee will follow-up the overall progress of the evaluation and will exchange, as much as necessary with the expert in order to facilitate the execution of the evaluation. Steering committee would notably be involved anytime mediations appear to be necessary, notably with Korean partners and local authorities.

Three discussion and restitution moments with the steering committee are planned

- Before the field mission to discuss and validate the objectives, the proposed methodology and the running/planning of the final evaluation.
- At mid-term of field mission – or any time before if judged necessary – to update the steering committee on the overall progress of the evaluation and the challenges faced
- After field mission to discuss and amend the preliminary report and conduct a general presentation of the results.

## V. Restitution of the work done

The conduction of this consultancy mission will have to be summarized in a written report (2 copies) submitted to PUI and including at least the following components:

- A table of content
- A list of acronyms
- A list of annexes
- A 2 pages summary
- The detailed program of the consultancy mission, as well as the list of structure visited and persons met and / or interviewed.
- A presentation of the methodology
- The study results, with the required details of the analysis and arguments presented
- Detailed recommendations.

Report should also include, in the body of the text or as an appendix, components on:

- Activities implemented by PUI during the 30 months of project lifetime (outcomes and impact). Context and needs assessment in terms of access to primary health care in the four targeted farms, national policies and specific context, means deployed and challenges as well as constraints face (in terms of access to information, difficulty to ensure proper follow-up of the activities, etc.)

The evaluator will have to take into account all the questions, clarification request and amendment formulated by the steering committee members before editing his/her reports. Final reports will be submitted to PUI headquarters by email.

## VI. Required profile

The required skills and expertise for the conduction of this evaluation are expert competencies in the following fields:

- Strong knowledge of primary health care and all the related concepts
- Previous experience in the field of primary health care appreciated
- Strong technical knowledge of development and/or humanitarian project cycle management
- Experience in cooperation, development and/ or humanitarian projects required.
- Strong technical knowledge of evaluation and assessment methodologies required
- Documented Methodological and analytical skills
- Significant experience in project evaluation required and conduction of evaluation for Sida-supported project even more appreciated.
- Previous experience in DPRK and good knowledge of DPRK context appreciated (historical, political and social context but also specific challenges met in terms of development and / or humanitarian intervention)

## VII. Selection criteria

Expert selection will be done based on the following criteria:

- Consistency between candidate's application and PUI expectations
- Overall quality of the application (50%)
- Offered price (25%)
- References listed by the candidate (25%)

## VIII. Budget

To be defined based on offers received, but quotations submitted must include all the costs related to the consultancy mission, namely flight ticket and other costs of transportation (including travels linked to the briefing and debriefing sessions in Paris), visa, medical and repatriation insurance contributions, food and accommodation allowance as well as the costs related to the consultancy services.

**Candidates are kindly invited to submit their offer (10 pages max. and written based on the criteria presented in these Terms of Reference, CV and budget, to the following email addresses: [asie@premiere-urgence.org](mailto:asie@premiere-urgence.org) ; [smoratti@premiere-urgence.org](mailto:smoratti@premiere-urgence.org)**

**Offers are due to July, the 6<sup>th</sup> of 2016.**

## IX. Note

Upon request, the following document can be provided to the candidates:

- A bibliography
- Project proposal with chronogram and logical framework
- Sida and PUI Templates for evaluation reports