Terms of Reference
Final evaluation of the project: Toward a Safer Motherhood in Myanmar

PUI - MYANMAR

DONOR	SANOFI	
Project	MMR 15116 : Pour une maternité sans risques en Birmanie	
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I. Context

I.1. Mission history

Besides training Karen health workers between 1984 and 1995, and providing primary healthcare to Burmese refugees in Thailand since 1995, Premiere Urgence Internationale (PUI) (re)-started its intervention inside Myanmar in 2001. It first worked with a Water and Sanitation (WASH) program in Dala Township, a South Yangon suburb counting about 100,000 inhabitants, mainly displaced from Yangon city. At the same time, community health workers are trained and ensure hygiene promotion and HIV prevention.
The mission expanded in 2003 and 2004 respectively to the Wa Special Region 2 (Shan State) and to the Northern Rakhine State up to 2013 and 2010 through primary healthcare projects. In Dala, at the same time, a HIV project started.
In 2008, in response to the Nargis cyclone, Première Urgence Internationale implemented an emergency response program in 5 South Yangon Townships (Kawmhu, Kungyangon, Dala, Seikyi and Twantay) through the provision of healthcare, diseases prevention and surveillance, and shelter, food, drugs and hygiene kits distributions.
Since 2012, a project focusing on reproductive Health was implemented in Tanintharyi Township to reactivate the community health network, especially through Auxiliary midwife (AMW), and to link them with Public Health Services.
The same year, a project started in Kayin State with two main components: donation of material to health structures and provision of first aid training to villages' volunteers and AMW. Première Urgence Internationale also started a Maternal, Neonatal and Child Health (MNCH) project in this same area in September 2013.
Since April 2014, Première Urgence Internationale has taken the opportunity of the currently growing mobile phone network in Myanmar to extend the coverage, to reach and strengthen services along the Mother and Child health continuum of care and to reduce preventable child and maternal death through innovative Mobile Health project. In 2015, with a new project, Première Urgence Internationale also improved the livelihood assets of the most vulnerable communities of Kawkareik district.
Since 2015, Première Urgence Internationale extended its HIV program in the all country through the support of Self Help Groups (SHG) dedicated to enhance the participation and engagement of key population into the prevention of HIV.

I.2. General Framework

Brief description of the context

Myanmar, with an estimated population of 51.5 million, is one of the largest but least developed countries in Southeast Asia, ranking 171 in GDP per capita worldwide and 149 in the UNDP Human Development Index. Although there is a lack of reliable health data, it is commonly agreed that Myanmar has some of the worst health indicators in Southeast Asia, with a very low expenditure on Public Health (0.2% of GDP) that ranks the country amongst the lowest in the region. While the recent election and political reforms in Myanmar show promise for the country's future, Myanmar's long neglected and highly centralized healthcare system faces a number of challenges before it can deliver effective and affordable care to the people of Myanmar.

Key identified health problems in Myanmar:

- According to UNICEF's situational analysis in Myanmar (2012), each year around 56,000 children under five die in Myanmar – 43,000 of them younger than one month
- Prevention of maternal mortality is one of the priorities in Myanmar. Severe postpartum hemorrhaging is the main direct obstetric cause of maternal deaths, followed by hypertensive disorders of pregnancy, including eclampsia and abortion-related complications.
- The principal causes of neonatal mortality (within 28 days of age) are prematurity, birth asphyxia and sepsis, including pneumonia. Deaths are most common in home-delivered babies in rural areas.
- The majority of births are taking place at home and the postpartum care often receives little or no attention through the service delivery system. In the event of complications, the outcomes for the mother and newborns depend on the capacity of communities to recognize danger signs and seek timely professional care and on the established community-based health services.
- A nationally representative study in 2010[1] found that emergency care services were not fully functional in two thirds of the observed facilities for reasons such as lack of medical doctors, low staff motivation and low demand. Two thirds of the deliveries had been referred, most often by the basic health staff, and the median total time to reach a facility after initiation of labor pains was three hours.

Public health care services in Kawkareik Township in Kayin and Dala Township in Yangon are poor in quality due to limited availability and access to health care facilities, chronic shortages in drug supplies, unaffordable treatment and associated costs and limited technical health staff capacity. Reducing maternal mortality requires women to have timely access to maternal health services. Neonatal mortality is also associated with lack of access to antenatal, skilled delivery and immediate post-natal care. Continuous ethnic conflict has resulted in insufficient numbers of doctors, specialists, midwives and nurses. Inadequate service coverage, in particular the lack of availability of 24/7 delivery care and basic emergency obstetric and neonatal care (BEmONC) of 24/7 comprehensive emergency obstetric and neonatal care (CEmONC) at field hospitals, was a fundamental challenge. Inequitable access reflects geographical, financial and gender barriers. Facility coverage is limited in many of the poorest and most remote districts. This is exacerbated by unequal distribution of obstetricians and midwives, which limits access to skilled delivery care and EmONC.

I.3. Project concerned by the evaluation.

Project: "Toward a Safer Motherhood in Myanmar"
Project Period: August 2013 – December 2016
Project Budget: 905000 Euros
Donor: Sanofi Espoir Foundation
Target area: 84 villages in Hpa An and Dala Township

Overall Project Objective: is to contribute to achieve the Millennium Development Goals 4 & 5 in Myanmar by reducing infant and maternal mortality through the reinforcement of the midwives competencies helping to support an integrated approach leveraging community reproductive health workers.

Specific objective 1: To enhance MNCH services to woman through Midwives competencies strengthening and support to AMWs

Specific objective 2: To Strengthen Auxiliary midwifes competences on MNCH to effectively improve quality of services to pregnant woman and parturient and prepare the path to future midwifes reinforcement

Specific objective 3: To Promote Access to Quality Reproductive Health Services through standard approach and a pilot mobile health project

[1] Ministry of Health and UNICEF, *Assessment of Emergency Obstetric Care in Myanmar,* Nay Pyi Taw, 2010.

Expected Project Results:

- Midwives Competences are developed and strengthened
- Midwifes are able and eager to support AMWs both in terms of trainings and daily activities
- Relations are reinforced between AMW and Midwives through quality services promotion
- AMWs are refreshed on targeted MNCH issues
- Skills and knowledge of AMWs are closer from Midwives competencies and better recognized by Health authorities
- A m- health application on MNCH services is developed and effective to support MW and AMW
- MNCH Quality Services are promoted and competency reinforced amongst AMWs, through traditional and innovative approaches.

II. Objectives of the evaluation

II.1. Overall objective

The objective of this end-of-project, field-based, external and independent final evaluation is to assess the outcome and impact of the " Toward a Safer Motherhood in Myanmar" Sanofi Espoir funded project, with feedback on the achievements to the donor, PUI Myanmar regarding the intervention logic, objectives and expected results/indicators. In doing so, the evaluation should provide a clear picture on the following aspects:

II.2. Evaluation key questions

Analyzing the results obtained at the time of the evaluation with respect to the project's overall objective and each specific objective

- Describe the project results and report any deviations from what was planned at startup.
- Analyze, if necessary, the methodological choices and how they influence the results.
- Take the indicators as presented in the original logical framework, examine how these indicators were collected and calculated and, if necessary, propose additional indicators.
- Analyze risks and assumptions identified in the structural framework, together with the monitoring carried out by the project.

Analyzing the project's results in terms of training and capacity building

- What strategies have been used to build the capacities of the different players?
- Did the training sessions have an impact on skills development?
- Were they effective in improving the quality of maternal and neonatal care?
- Did they help provide the partner country with sustainable capacity in the areas covered by the project?

Analyzing the Project management procedures and project monitoring

- Special attention has to be paid to the concepts of harmonization and alignment, activity monitoring and reporting.

II.3. Relevance of the project

Key evaluation questions for the evaluator:

- Is the project in line with local needs and priorities of the target population?
- Has the project design and implementation been appropriate to meet the health and MNCH needs of the target groups?
- Did the project successfully reach out in addressing the needs of women and children and other vulnerable groups?
- Was the project design coherent with policies of the Myanmar Government?

II.4. Project effectiveness

Key evaluation questions for the evaluator:

- Were the planned results achieved and did the outputs lead to the intended outcomes?
- Were the activities undertaken effective in order to meet the health/MNCH needs of the targeted population?

- Which project activities have had the greatest positive effect and which had the least effect? Were there any activities that should have been included in the action but were not? And were there activities or indicators that were less relevant or not needed?
- Were activities supporting the capacity of the Ministry of Health at township levels and communities leading to a strengthening of their services to the local populations?
- Asses appreciation of the program by the beneficiaries as well as their participation for various level in the project cycle
- Did PUI intervention achieve a better quality of health care service?
- How did women and children benefit from MNCH services?
- Were MNCH education methods appropriate to achieve behaviour change?
- Was the operation successful in reaching the most isolated hamlets within the target area?
- Was the established monitoring system adequate to provide oversight and steer the implementation?
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II.5. Project Efficiency

- Were the project funds used in a cost efficient way?
- How efficient inputs have been converted to outputs?
- Were the resources allocated in the health sector justified and adequate to improve the health status of the local population, especially women and children?
- Were the resources allocated in the MNCH sector adequate to achieve an improvement in access to MNCH services of the local population?
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II.6. Outcome/Impact

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

- What is the cumulative effect of the operation in relation to the situation of the beneficiaries in general (including positive, negative, primary and secondary long-term effects produced by the action, directly or indirectly, intended or unintended impacts)?
- What are the wider effects of the operation on individuals, different gender groups, communities and institutions?
- What visible/evident impacts have emerged from the project implementation and its outcomes? Kindly specify according to health and MNCH sectors and, if relevant, other areas.
- Are beneficiaries satisfied with the assistance provided? What real difference does the project make to the beneficiaries?
- Were cross-cutting issues (e.g. gender, social inclusion, disability, trust-building) between communities and public health care services adequately taken into consideration in the set-up and implementation of the project?
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II.7. Specific issues

Analyzing the following specific issues:

- How did the project adapt to the changing context in Myanmar? Was PUI sufficiently incorporating a longer-term view into this project?
- Did the project develop an exit strategy and to what extent are the project's achievements likely to continue after the project ends?
- What efforts were made to ensure that the approach used in the project was participatory and creating ownership in the communities? Were these successful? How are these efforts monitored?
- What will remain the unfulfilled MNCH needs in the target area after the intervention and what further initiatives are being planned or implemented to ensure sustainability to best address these needs?
- Identify lessons learned and make recommendations for future projects in the same area or to support replication and/or scale up

Conclusions and Recommendations:

- Main conclusions drawn from analysis with evidence provided during field visits and observations;
- A set of recommendations linked to the conclusions that would provide guidance to PUI for future interventions in Kayin and more broadly in Myanmar

III. Schedule

The evaluation is expected to take place in early September to mid-October 2016 once the end line survey data report is received with the following preliminary timeframe:

- Preparation and desk study, preparation of interview guidelines, team coordination: 3 days
- (If applicable) International travel to and from Yangon: 2 days
- Briefing with PUI in Yangon and travel to Kayin: 1 day
- Field visit to Kayin, Kawkareik 4 days
- Travel to Dala from Kayin 1 day
- Field visit to Dala 3 days
- Joint review workshop with PUI teams in Dala (including preparation): 2 days
- Debrief Dala and Kayin Team and incorporate feedback from field teams: 1 day
- Reporting: 5 days
- Total: Max. 22 days

IV. Methodology

An independent consultant will be contracted. The selected consultant will receive all relevant documents from the desk study 15 days prior to the start of the evaluation in the field. A Skype call will be organized with HQ in order to provide a briefing from PUI HQ. The consultant has to develop their own questionnaires accordingly taking into account MNCH project information. The consultant will conduct a 4 day field assessment in Kawkariek Township in Kayin State and 3 days in Dala Township, Yangon Region which will include: visits to selected target communities, other I/NGOs operational in the area, discussions with partners, PUI staff, as well as government stakeholders.
The consultant is expected to interview and/or conduct focus group discussions with staff, beneficiaries of the project activities, target groups, and other stakeholders such as:

- PUI project staff working in Kawkareik and Dala Townships
- Meeting with Midwifes and Auxiliary Midwifes (AMWs) and Community Health Workers (CHWs)
- Government health care providers (Township Medical Officer, Basic Health Staff)
- Local authorities (village administrators, village leaders, religious leaders)
- International actors working on MNCH
- A joint review workshop with PUI field teams will be conducted in Kawkareik
- Consultant to prepare Power Point presentation

The consultant will provide PUI a list of the specific meetings he/she wishes to conduct and hamlets to be visited during the field assessment in Kawkareik and Dala Townships to allow for the related administrative and logistics arrangements (e.g. accommodation, transport, travel authorisations) and schedule of appointments. A briefing with the PUI Head of Mission is foreseen in Yangon in order to finalize the organization of the evaluation. Likewise, a joint Debriefing session will be held in Yangon before departure.

IV.1. Reporting requirements/outputs and deliverables

Key deliverables will be: an inception report and a consolidated evaluation report that complies with the requirements of evaluation guidelines and quality of reporting

The final report will follow basic structure below:

- Executive summary (that will be of standalone character, max. 5 pages)
- Description of project achievements at the time of evaluation (results observed /specific objectives)
- Description of how the project has been carried out (including measures taken to harmonize and align; build capacity, and ensure the success of the partnership; together with the local contribution
- Main Report focusing on the questions raised in this ToR under the headings (relevance, effectiveness, efficiency, impact and sustainability, conclusions and recommendations, max. 30 pages)
- Annex of main supporting documents, agenda, maps, interview guidelines, list of interviewees by title except where by identity of the respondent is protected, etc.

As part of the process, the consultant will submit the following documents:

- Before leaving the field: A Debriefing note (2-3 pages) which will contain a summary of main findings and recommendations to PUI. The debriefing note/summary will be discussed during the debriefing sessions in in Yangon Country Office respectively;
- 3 weeks after departure from the field: Draft report (electronic version, max. 30 pages, no annexes) in English, in user-friendly format (MS-Office) to Yangon and Kayin Field Offices; PUI HQ
- 2 weeks after feedback from PUI: The Final report will be submitted in 4 printed copies of the final report in English to PUI office in Yangon, and 1 electronic copy to PUI Headquarters in and Kayin Offices.
- The report and all background documentation will remain the property of PUI Myanmar, and will be promulgated as appropriate by the above partners.

V. Required profile

Required:

- At least 5 years' experience (10 years would be highly appreciated) in evaluating development and/or humanitarian projects, preferably in the field of health and specialization on MNCH;
- Health qualification (e.g. Public Health, Health Management Systems) or equivalent, MSc preferred;
- Familiarity with Community Based Health Care and MNCH programs in under-developed and complex environments;
- Knowledge of health systems and experience of assessing health systems, among which is drug management;
- Knowledge and application of outcome harvesting techniques will be added advantage.
- Knowledge of donors rules and regulations
- Fluency in written English.

Desirable:

- Previous work experience in Myanmar or South East Asia;
- Understanding of Myanmar language;
- Knowledge on M- Health and IT skills
- Good interpersonal and team leadership skills

VI. 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%)

VII. 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 ; smoratti@premiere-urgence.org

Offers are due to July, the 22nd of 2016