TERMS OF REFERENCE

Consultancy Assignment for

Medical Evaluation of

Primary Health Care Project for Somali Refugees in the camps Melkadida and Kobe, Dollo Ado Region, Ethiopia

Implemented by humedica e.V.
&
Funded by the German Foreign Office

1. BACKGROUND AND CONTEXT

humedica Germany is a humanitarian organization, established in 1979 with the mandate of responding to medical and non-medical relief and disaster emergencies in the world.

In collaboration with the German Foreign Office – Auswärtiges Amt (AA), United Nations High Commissioner for Refugees (UNHCR) and the Administration for Refugee & Returnee Affairs (ARRA), humedica has been serving Somali Refugees in two refugee camps in the Dollo Ado region since 2011 by providing basic medical care through two Health Posts.

The objective of the current project is to improve health conditions and quality of medical aid for Somali refugees in the refugee camps Melkadida and Kobe as well as for the Ethiopian host community in the Dollo Ado region. Further, the objective is to build capacities of local staff working in the medical field by implementing trainings for trainers. Moreover humedica is providing preventive measures in the health sector such as awareness campaigns and regular follow up meetings with patients. Further humedica is supporting the Health Centers run by ARRA through medicine donations.

Under this project, humedica is running two Health Posts (HP) serving in two refugee camps in the Dollo Ado region, which have an approximate population of 33,000 up to 47,000 each. In the HPs, humedica provides primary health care consultations and treatment as well as Antenatal Care (ANC), Expanded Program on Immunization, Family Planning Services, laboratory tests and in Melkadida also dental treatment for Somali refugees and members of the host community without any costs. Between 1,500 and 2,500 patients are treated in each HP per month by a team of humedica Doctors, Health Officers, Nurses, Midwife and Pharmacists. Patients that need treatment beyond the capacities of a HP are referred to ARRA Health Centers.

2. EVALUATION PURPOSE

After 6 subsequent funding cycles that have led to the current growth of medical services, humedica intends to undertake an End of Funding Cycle External Evaluation. The objective of this process is to determine how effective humedica has been in building on the findings of the last Midterm External Evaluation that was carried out 12 months ago. The aim of the External Evaluation is to assess general progress achieved, key lessons and experiences, and areas where gaps (may still exist) in this project’s intervention.

This evaluation is being conducted as per Evaluation Plan approved by humedica e.V. in consultation with the German Foreign Office.
The overall purpose of this evaluation is to:

1. Evaluate the medical performance of humedica’s Health Posts with respect to Quality management, National Standards and Best Evidence Medical Standards along the six building blocks for Health Facilities.
2. Briefly review the impact of humedica’s Medical Capacity Building Program in Melkadida

Findings of this evaluation will help inform humedica, its partners and the funding German Foreign office key lessons, and strategic trends helpful to improving health intervention strategies. This should help humedica strengthen areas that may require adjustment in the remaining part of this project, or in any future interventions.

3. EVALUATION SCOPE

In addressing the purpose of this assignment, the scope of this evaluation will be limited to determining the status of humedica’s implementation in the following three broad areas:

- The status and timeliness of results arising from humedica’s health investment (services delivery) through its HPs (considering both targets established for these activities and unanticipated results) as well as the consistency of the outputs with the project’s main overall goal.
- The relevance and the impact of humedica’s HP’s work to both short and long-term (protracted) humanitarian needs of health services delivery in Dollo Ado area and surrounding areas
- The advantages and disadvantages of humedica’s Trainings for Trainers current model and approach with focus on sustainability of activity and cost-efficiency; as well as the extent to which the targets have been met by this model, and gaps remaining open in current approach

Information from above consideration, will assist in assessing the progress made on the implementation of activities, review of use of allocated resources and understudy to see if the project is on-track.

Using the ALNAP DAC-Criteria, this evaluation will assess the six building blocks for health institutions that cover the following areas:

3.1 humedica’s Service Delivery

Evaluate the service delivery with respect to Child Health and Maternal Health, vulnerable groups within the refugees e.g. elderly, people with disabilities, Community Health Worker Services such as health promotion, Dental treatments, Family Planning Services, Immunization of children within the HPs assigned zones, Medicines and medical supplies (pharmacy management including stock and quality), Referrals to ARRA Health Centres, and Response/management of semi long term disease, diabetes and others.

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3.2 humedica’s Health Workforce

Evaluate whether actions for assessing/ strengthening health workers recruitment, distribution, retention and productivity are taken, and also determine the knowledge gaps and capacities among/within the medical staff.

3.3 humedica’s usage and contribution to the Health Information System (HIS)

Determine and evaluate whether the HIS tracking and reporting system is used in a relevant and appropriate way and the connectedness of the referral system.

3.4 Usage and availability of Essential Medicines to beneficiaries

Determine efficacy/process of medicine purchase with respect to anti-corruption guidelines, storage of medicines and availability of essential medicines in humedica's facilities; status of the pharmacy management with respect to stock and quality, as well as usage of medicine and the prescription of medicine in the humedica facilities is appropriate and effective.

3.5 humedica’s field financial accountability

Review humedica’s field medical budget responsibility in relation to health services provided to assess efficiency or avoidable wastage of resources.

3.6 Field Leadership/Governance in relation to beneficiaries

Evaluate whether mechanisms such as surveys, for obtaining opportune client input on appropriate, timely and effective access to health services exist.

3.7 Assess the humedica’s capacity building program

Briefly review the capacity building program’s impact with respect to the trained staff’s competencies and knowledge to determine whether the current model of the program is appropriate and relevant. Assess to see whether the capacity building program complements to the capacity building efforts of other partners.

4. EVALUATION QUESTIONS

The evaluation should to the highest extent possible provide responses to the following research questions:

1. To what extent has humedica’s role contributed to overall health sector profile in the Sub region, and is humedica’s cooperation framework appropriate and effective?
2. Are humedica’s Health Posts and their concepts and intervention of approach appropriate, relevant and valid within the context of the health services in the Dollo Ado region?
3. Are the services delivered at the Health Posts meeting the National Standards?
4. Do the humedica Health Posts complement the other Health facilities of other partners especially ARRA Health Centres?
5. Is humedica’s capacity building program concept valid and relevant within the context of health sector staffing expertise needs in the Dollo Ado region?
6. Are there structures that harm the overall health sector and the services delivered?
7. Which gaps show in the service delivery of the humedica Health Posts? Where can the humedica Health Posts improve?

5. METHODOLOGY

The evaluation will provide quantitative and qualitative data through the following methods:

Desk study and review of all relevant documents, including patient statistics, HIP, project documents, annual work plans, progress reports, annual reports and reports of the steering committee.

A qualitative approach will be adopted. Structured and semi-structured, Key informant interviews, In-Depth Interviews, and Focus Group Discussions with project beneficiaries and other stakeholders, including governmental institutions, international and national organisations familiar with the project. The consultant will exchange with humedica Country Coordinator, and the Head office humedica to plan his evaluation. In addition, the international consultant expert will work with an external medical professional having proven expertise of the national medical regulations for Ethiopia. Fees for a medical expert needs to be agreed upon with and will be covered by humedica. The Lead consultant will specifically:

I. Develop an evaluation framework/plan to which humedica can provide feedback if requested by the consultant
II. Inception Report detailing the evaluation methodology in exchange with the humedica project team
III. Review available documentation to obtain a general overview of the programme design and progress
IV. Hold meetings and interview relevant stakeholders including implementing partners of the programme
V. Visit identified project field sites
VI. Conduct data collection and analysis
VII. Draft Evaluation report
VIII. Incorporate comments of the humedica project team and key stakeholders, complete and submit the final Evaluation report
IX. Consulting with the humedica project team to ensure the progress and the key evaluation questions are covered
X. Assuring the draft and final reports are prepared in accordance with these Terms of Reference, especially the checklist for the assessment of evaluation report
XI. Facilitate Evaluation meetings to present the main findings and recommendations
XII. Incorporate an outline for adapting key findings in the implementation of the current project in the final report
XIII. Provide a Final report Soft PDF copy (one copy in English and one in German language).
6. EXPECTED OUTPUTS

The following outputs are expected by the end of the consultancy:

I. Inception Report detailing consultancy work-plan and proposed processes
II. Draft evaluation report
III. Final endorsed report incorporating comments from humedica. The final report must include, but not necessarily be limited to up to 25 pages and have elements outlined in the quality criteria for evaluation reports. The report however can have several annexes (as required by the Consultant or the Consulting Team)
IV. Any knowledge products (evaluation brief, etc.)
V. Provide a Final report Soft PDF copy (preferably in English, otherwise in German language).

7. EXPERTISE AND QUALIFICATION OF THE CONSULTANT

The Consultant or consulting firm will possess a Secondary or Tertiary University Degree plus substantive strong background in evaluation of humanitarian and/or development programmes with a medical focus and/or background in evaluation of medical facilities will be an added advantage.

Specifically the consultant should have proven experience and skills in the following areas:

- Over 7 years’ experience in conducting programme/project evaluations;
- Sound knowledge and practical experience in humanitarian/development planning and implementation;
- Extensive research and analytical skills;
- Excellent writing and oral communication;
- Facilitation and management skills and;
- Possess leadership skills and be a team player;
- Knowledge of UN system and UNHCR in particular;
- Knowledge and familiarity with primary health care services;
- Experience in the region is an added advantage.

8. WORKPLAN

The consultancy will be conducted and completed within a one month period, commencing on January 2018.

The details schedule is presented in the table below:

<table>
<thead>
<tr>
<th>Task</th>
<th>Place</th>
<th>Indicative Consultancy time</th>
<th>Total Charged time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preparation, desk review and preliminary consultative meeting with the humedica HQ team and field online</td>
<td>~2.5 days</td>
<td></td>
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<tr>
<td>Activity</td>
<td>Location</td>
<td>Duration</td>
<td></td>
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<tr>
<td>-------------------------------------------------------------------------</td>
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<tr>
<td>International travel and meetings with key cluster stakeholders, data</td>
<td>Addis Ababa, Ethiopia</td>
<td>~4 days</td>
<td></td>
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<tr>
<td>and document review at humedica country office</td>
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<td></td>
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<tr>
<td>Internal travel field meetings, key stakeholder meetings, data review,</td>
<td>Dollo Ado region, Ethiopia</td>
<td>~3 days</td>
<td></td>
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<tr>
<td>focus groups discussions, direct and indirect observations</td>
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<tr>
<td>Field travel and meetings at Health Post sites and with project</td>
<td>Meikadida, Kobe</td>
<td>~4 days</td>
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<td>beneficiaries</td>
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<tr>
<td>Preparation of preliminary outline briefing for the Project Senior Team</td>
<td>Online presentation</td>
<td>~3 days</td>
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<tr>
<td>&amp; the External Evaluation Team Head Office humedica</td>
<td>humedica Head Office</td>
<td>~1.5 day</td>
<td></td>
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<tr>
<td>Preparation of the full report that includes findings and</td>
<td>At the Consultants place of</td>
<td>~3 days</td>
<td></td>
</tr>
<tr>
<td>recommendations</td>
<td>work</td>
<td></td>
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</table>

21 consulting days