

End of Project Evaluation

Terms of Reference

1. Background Summary

In February 2018, with funds raised during the annual Ramadhan appeals, MAUK supported the implementation of an emergency healthcare project, for 9 months in Palestine. Aimed at *improving drinking water supply in Schools and Kindergartens to vulnerable communities in the Gaza Strip.*

The RO water desalination project (2018-26) involved ensuring children had increased access to safe drinking water, through installation of 51 reverse osmosis water desalination units generated by solar-powered cells, as well as training on maintenance and community awareness campaigns.

The second RO water desalination project (2019-131) involved the same above activities in schools and kindergartens, with the addition of healthcare facilities. In this phase, 70 water desalination units were installed across facilities and 40 existing units received maintenance; 200 hygiene awareness sessions were provided to the community, as well as distribution of 10,000 water flasks.

Although project implementation is monitored through regular project progress reports submitted to donors, a more comprehensive and objective evaluation by an external consultant is deemed essential to validate results reported, and to capture learning and recommendations to directly inform MAUKs future healthcare and WASH strategy in Palestine.

2. Objectives of the evaluation

To review and assess the implementation and impact of 2 emergency healthcare projects:

I. 2018-26 Project Objective:

Improving drinking water supply in schools and kindergartens to vulnerable communities in the Gaza Strip.

II. 2019-131 Project Objective:

Installation and maintenance of solar-powered water desalination units in educational and healthcare facilities in Gaza.

3. Information and assessment requirements

The evaluation will employ the evaluation criteria for humanitarian action from the Organization for Economic Cooperation and Development – Development Assistance Committee (OECD-DAC) to guide the study.

Key questions to be answered:

Impact

- Ascertain the changes brought to the students (considering gender, age and disability) among target groups as a result of the project.
- Ascertain the changes brought to the community; is the capacity of the community members who have been trained sufficient? What should be the next strategy after this? Have the education and healthcare facilities and the community improved in its hygiene management?

- Ascertain the changes brought to parents; is there increased involvement in schooling? And has the project changed their behaviour and attitude?
- What unintended results – positive and negative – did the intervention produce? How did these occur?
- How valuable were the results to the beneficiaries, the schools and communities involved?
- How likely is it that any positive changes may be sustained in the short- and medium-term?
- What are the intended and unintended, positive and negative, effects of the intervention on people, institutions and the physical environment? How has the intervention affected the wellbeing of different groups of stakeholders (students, teachers, healthcare personnel)? What do beneficiaries and other stakeholders affected by the intervention perceive to be the effects of the intervention on themselves?
- How the awareness campaigns have promoted a sense of belonging among the community in term of the units provided? To what extent can changes that have occurred during the life span of the intervention or the period covered by the evaluation be identified and measured?
- To what extent can identified changes be attributed to the intervention? What would have occurred without the intervention?
- How are the projects contributing towards achieving the SDG?

Relevance:

- Was this in line with global/national priorities and donor requirements?
- To what extent, is the project relevant to the needs of the targeted beneficiaries?
- Were the objectives and modality of intervention consistent with the needs of the target population and country context?
- To which extent did beneficiaries (students, teachers, school staff, community members, girls, women, boys, and men) and partners participate?

Efficiency:

- Were project resources used efficiently in relation to the planned activities and intended results?
- Were the activities cost efficient?
- Was the project implemented in the most efficient way compared to other alternatives?
- How challenges encountered by the team during the implementation were addressed? And were the mitigations appropriate?

Effectiveness:

- Assessing management and related aspects of the project. To what extent did the programme achieve its outputs, outcomes, and goals?
- What were the major factors influencing the achievement or non-achievement of the objectives?
- Or is this expected to be achieved, taking into account relative importance.
- Is there any difference between education and healthcare facilities targeted by the project and those not targeted by the project?
- Did the project follow technical standards?
- What can be done to make the intervention more effective?

Sustainability:

- Are any positive results likely to be sustained? Assessing sustainability for replication of the project outcomes. How likely will critical services and effects be sustained beyond the duration of the project?
- What were the major factors which influenced the achievement or non-achievement of sustainability of the project?
- Describe the participation of women during the designing phase. How women opinions contribute to addressing women's and girls' need?

4. Timeframe and deliverables

The time frame for the evaluation is suggested to take place in May-June 2021. Within 4 weeks of the consultancy period, the deliverables and tasks are:

- A. An inception report, including a work plan, detailed methodology for both data collection and analysis, sample size calculations and targeting strategy and draft data collection tools.
- B. Prepare evaluation reports for each, 2018-26 and 2019-131 (2 reports total). The report will summarize the findings for each project based on the purpose and objectives of this evaluation described in this TOR, as well as an in-depth section on challenges, lessons learnt and recommendations for future programming. The full report template will be agreed between the consultant and project team during the inception phase.
- C. A briefing (oral presentation) with key MAUK staff to review the findings of the report and implications for future projects.
- D. Make recommendations for improvements for future healthcare/WASH projects/programmes.
- E. All Excel-hosted data sets and original data collection forms provided in English.

5. Methodology

The evaluation should follow a participatory mixed methods approach that draws on both existing and new quantitative and qualitative data to answer the evaluation questions. The evaluation should combine evaluation tools based on international standards and guidelines which are OECD-DAC Quality Standards for evaluating humanitarian action.

A detailed methodology and data collection methods should be included in the technical proposal, which will be further improved in consultation with the programmes team in PAEEP and Muslim Aid-UK, during the inception phase of the evaluation. The choice of method must also consider the needs and capacities of the different target groups and stakeholders (e.g., children and adolescents, teachers, and staff of MAUK).

The evaluation must include the involvement of key stakeholders. Key informant interviews should be carried out with community stakeholders, teachers, healthcare personnel and projects staff.

The evaluation must include a document review of project formulation, proposal and log frames.

Observation walks around the schools and healthcare centres where the projects were done.

6. Limitations

This evaluation will be undertaken with some limitations in mind.

- Some targeted individuals may refuse to be interviewed
- Delays that may happen for obtaining governmental approvals or approvals will be limited to a few sites

7. Financial arrangements

MAUK will sign a consultancy contract with one company/person. 50% of the fees will be paid upon submitting the first deliverable and the remaining amount upon the submission of the final report.

8. Required Expertise

The consultant should have:

- Over 3 years' experience of working with healthcare/WASH projects in similar contexts (essential)
- Masters' degree in a relevant Social Science discipline coupled with advanced skills in Research Methodologies (preferred)
- Demonstrable experience of leading multiple evaluations (essential); Significant skills and experience in quantitative data collection and analysis (essential)
- Excellent communication skills including report writing (essential)
- Experience of collecting, analysing and synthesising qualitative data using a rigorous approach (essential)
- Experience of working with children, facilitating participatory approaches to data collection (essential)
- Fluent English in both writing and speaking (essential)
- Willingness to familiarize self with and sign up to abide by Muslim Aid's Global Safeguarding Policy (essential).
- A good understanding of the local social and cultural conditions.
- Independent from the projects or objects of evaluation. The consultant should not be involved with the stakeholders.