

FINAL EVALUATION OF HEALTH CARAVAN PROJECT TERMS OF REFERENCE (ToRs)

Project	<ul style="list-style-type: none"> Health Caravan Project (RO 002) International Operations Department (DOI)
Area, country	<p>Country Romania inclusive of field visits in selected centers in which MHPSS and Health integrated projects implemented and the county where the mobile unit/caravan served.</p> <p>List of centers:</p> <ol style="list-style-type: none"> RRC Bucharest Centre RRC Brasov Centre RRC Constanta Centre RRC Iasi Centre RRC Satu Mare Centre RRC Salaj Centre <p>Targeted county where the Caravan/mobile unit served: Galati, Tulcea, Constanta, Satu Mare, Calarasi, Maramures, Salaj, Timisoara, Valcea, Iasi, Botosani, Suceava, Vaslui, Sibiu and Brasov</p>
Planned assessment period	Early September – Mid of October 2024
Submission of final deliverables	End of October 2024
Duration of mission	25 Days



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1. INTRODUCTION

1.1. Context:

1.1.1. Humanitarian context

Romania, located in central and South-Eastern Europe with Bucharest as its capital. The total land area is 238,390 km². It shares its border with Ukraine, Moldova, Bulgaria, Serbia and Hungary. United approximates Romania's population to be 19,031,335 people. The demographic distribution indicates that 15% of the population is under 14 years old, 65% falls within the 15 to 64 age group, and 20% is aged 65 and above. The fertility rate in the country is recorded at 1.6 children per woman. Typically, to maintain a straightforward generational replacement, the fertility rate should be approximately 2.05 children. Increased life expectancy plays a crucial role in population expansion. Utilizing the mortality rate (13.1 - the number of deaths per 1,000 inhabitants) and the birth rate helps estimate both the number of deaths and births. These estimations contribute to determining the natural balance of the country's population.

As the armed conflict in Ukraine massively escalated on February 24, 2022, almost 14 million Ukrainians have been forced to leave their homes, seeking refuge in other countries. Among them, around 1,55,301 refugees have completed registrations for temporary protection in Romania till 18 March 2024.

See UNHCR figures :

Crisis_Romania

[UNHCR - Ukraine Crisis Romania Figures](#)

[UNHCR - Ukraine Crisis Romania Ops Update \(18.03.2024\)](#)

The post-war influx of populations into neighboring countries has transformed this situation into the swiftest growing refugee crisis since World War II, marked by unpredictable movements. Governments of all nations bordering Ukraine have graciously maintained open borders, and local communities have warmly embraced refugees, other vulnerable individuals, and third-country nationals. However, this level of displacement and disruption has an effect not only on the refugees, but also on the host countries and their national systems, called upon to absorb them.

In response to the surge, the Romanian Red Cross, in collaboration with the IFRC, ICRC, and different partner national societies such as the French Red Cross, plays a crucial role in providing temporary protection, healthcare, CASH assistance, MHPSS, and supplying essential needs for the affected population. Access to fundamental rights and services, such as healthcare, has been facilitated by the Romanian Red Cross in support of the French Red Cross. Measures have been implemented to integrate and protect individuals within national systems, particularly in the realms of health services.

The Regional Refugee Response plan (RRRP) designed in April 2022 and also the operational strategy developed by the IFRC (revised in May 2022) highlighted the importance and need of the health services for both Ukrainians fleeing their country and host communities welcoming them in neighboring countries. The need assessments in Romania, explored the need for strengthening the capacity of the national health system to deliver health services to refugees and other persons in need of emergency medical assistance, including the essentials medicines, vaccines, mental health and psychosocial support services (MHPSS).

1.1.2. Red Cross Movement in Romania

1.1.2.1. French Red Cross

The French Red Cross is participating in the response of the Red Cross/Red Crescent Movement to the Ukraine crisis and its surrounding countries, by providing significant financial, technical and logistical support and by opening one delegation in Romania covering also Moldova, since April 2022. In Romania, the French Red Cross the delegation is located at the Romanian Red Cross headquarters in Bucharest. Together with the Romanian Red Cross, the French Red Cross is engaged in MHPSS, Primary Health and First Aid projects,



targeting Ukrainians refugees mainly and vulnerable host populations, through a delegated management approach.

1.1.2.2. Romanian Red Cross

The Romanian Red Cross is one of the largest humanitarian, non-governmental, volunteer-based organizations that provides emergency disaster assistance and preventive health services in Romania. It is guided by the following principles: humanity, impartiality, neutrality, independence, voluntariness, unity and universality. The Romanian Red Cross is responsible for the implementation of the projects supported by the French Red Cross.

1.2. Presentation of the projects

The French Red Cross (FRC) is technically and financially supporting the Health Caravan project to the Romanian Red Cross as part of the response to the ongoing Ukrainian crisis. The main implementer for the project is the Romanian Red Cross.

Présentation of the projects	
Name of Project	Health Caravan Project
Goal	To contribute to the improvement of the global health of host communities and for people fleeing Ukraine through better access to care.
Outcome	Outcome 1. To participate in the prevention of major health problems affecting the target populations. Outcome 2. To provide quality care as close as possible to the populations in need and ensure referral to appropriate services when necessary.
Outputs	R1: People in need of medical care in major cities have access to primary health care services in integrated Health Centres. R2: People in need of medical care in remote areas have access to primary health care services and specialists in the mobile medical units (Health Caravan). R3: Targeted populations are assisted in their care pathway following their consultation.
Main activities	R1-Act1 Selection of six major cities and implementation of integrated health centers R1-Act2 Survey to identify the specific health needs in each selected city R1-Act Acquisition of the medical equipment and material for the health center (consultation table, consumable etc.) R1-Act4 Training of the staff for the Health Centres R1-Act Implementation of awareness raising activities in the health Centers R1-Act6 Organisation of regular Team (staff) meetings (Once per per week) R1-Act7 Supervision and follow-up visits by project managers R1-Act8 Satisfaction surveys to evaluate and adapt the quality of the services provided in the Health Centres R2-Act1 Selection of the remote areas of intervention and identification of specific health needs for each county R2-Act2 Acquisition of the medical and non-medical equipment (trucks, consumable ...) R2-Act3 Training of the staff for the health caravan implementation R2-Act4 Development of communication tools R2-Act5 Satisfaction surveys to evaluate and adapt the quality of the services provided by the Health Caravan



	<p>R3-Act1 Development and implementation of a referral system</p> <p>R3-Act2 Training of the branches to use the medical software and IT tools</p> <p>R3-Act Development of partnerships to provide other services (Transportation, Vouchers for medicines or complementary exams.)</p> <p>R3-Act4 Regular evaluation of the referral system to improve and make necessary adjustment</p>						
Monitoring and evaluation system	<p>Regular monitoring of the activities and day to day programmatic operation is managed by the RRC and its stakeholders. RRC utilizes the software for the healthcare service system, Easy medical, for reporting on a daily basis.</p> <p>The Health Caravan Project has three major monitoring and evaluation tools.</p> <ol style="list-style-type: none"> Operational Monitoring tool (OSO) Monthly data monitoring system in excel Project reports and events reports 						
Target groups / Beneficiaries	<table> <tr> <td>Total direct beneficiaries:</td> <td>22,240</td> </tr> <tr> <td>Ukrainians refugee:</td> <td>14,240</td> </tr> <tr> <td>Romanian:</td> <td>8,000</td> </tr> </table>	Total direct beneficiaries:	22,240	Ukrainians refugee:	14,240	Romanian:	8,000
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Ukrainians refugee:	14,240						
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Operational partners	Romanian Red Cross (RRC)						
Financial partners	French Red Cross						
Implementation dates	November 2022 to August 2024						
Budget	<p>Total Budget: 3,896,439 (in euros)</p> <ul style="list-style-type: none"> 3,444,185 euros managed by RRC 452,254 euros managed by FRC 						

2. GENERAL OBJECTIVE OF THE EVALUATION

2.1. Rational and objectives of the evaluation

The FRC is committed to ensure quality standards and foster a culture of ongoing learning across its all projects and programs. As part of this commitment, the FRC undertakes comprehensive final evaluations of all its projects and programs to enhance service delivery and accountability to beneficiaries, donors, and other stakeholders.

These evaluations provide valuable insights for enhancing the FRC future projects, operation modality and overall continuous improvement efforts. As the Health Caravan Project is due to finish by the end of August 2024, FRC is planning to conduct this final external evaluation.

These final evaluations have a dual objective of **accountability and learning** towards the FRC, RRC, partners and stakeholders involved in the project. It aims at gathering **lessons learned and recommendations** for potential future phases of the project.

2.2. Scope and recipients of the assessment

The consultant team should carry out the final evaluation of the Health Caravan project, hence requiring an expert in health with evaluation skills. The Health Caravan project is targeting the Ukrainian refugees and the vulnerable Romanian population around a large geographical area. The evaluation will be done based on the sampling of the implementation areas.

The main recipients of the findings of this evaluation are the FRC, the RRC and its branches. The secondary recipients are the actors/stakeholders working in Romania especially on health thematic.



3. SPECIFIC ASSESSMENT OBJECTIVE(S)

The specific objectives of this final evaluation must be based on following evaluation criteria: relevance, coherence, effectiveness, efficiency, impact and sustainability. For the final evaluation, FRC suggests the following evaluation criteria and evaluation questions, that will be reviewed and re-structured by the selected consultant.

1.1. Relevance

- Does the project address the relevant health needs of Ukrainian refugees and vulnerable Romanians?
- Was a needs analysis carried out at the beginning of the project reflecting the various needs of different stakeholders? Are these needs still relevant? Have new, more relevant needs emerged that the project should address?
- Have the stakeholders (RRC HQs and Branches) taken ownership of the project concept and approach since the design phase?
- How does the project align with and support the Regional Refugee Response Plan (RRRP), Romania country strategy for supporting Ukrainian refugees, Romania Health Strategy 2030, as well as the program and priorities of the Romanian Red Cross (RRC)?
- How does the project align with the FRC strategic priority, incumbent with the thematic priority of the FRC?
- Was there any local partnership for the implementation of the project?
- Were vulnerable groups (gender, the elderly, nationality etc.) included in the project? Are there any improvements needed to better involve these groups in the project?
- Are gender-specific issues and the inclusion of vulnerable groups taken into account in the project?
- What is the level of visibility of the French Red Cross, the Host National Society in the area of operation among beneficiaries, partners, other stakeholders and the authorities?
- How appropriate and effective is the referral system with other stakeholders/actors?

1.2. Coherence

- Was the project conducted in compliance with the Fundamental Principles of the Red Cross and Red Crescent, the code of conduct and the Federation's strategy 2030?
- Has the project taken proper account of utilizing the local capacity available to carry out the Health project and maintain its effects for a longer term?
- Are the projects aligned with the national health policy?
- Have the projects respected the FRC requirements (procedures, etc.)?
- Is the RRC/FRC approach to deliver health services for Ukrainians refugees and vulnerable Romanian adopted to the Romanian context?
- Are there any other actors/partners who have intervened in Romania for delivery of health services for Ukrainian refugees and in-line with the FRC supported project?
- How are health project activities linked and integrated with other different projects during implementation?

1.3. Effectiveness

- How effectively does project management monitor project performance and results?
 - Is a monitoring and evaluation system in place and how effective is it?
 - Have appropriate means of verification for tracking progress, performance and achievement of indicator values been defined?
 - Is relevant information and data systematically being collected and collated? Is data disaggregated by sex (and by other relevant characteristics, if relevant)?
- What is the level of respect and follow-up of the result indicators set out in the project?
 - To what extent have the indicators and the results been achieved through the implemented activities?
 - Are any significant discrepancies observed, and if so, how can they be explained?
 - Are any unintended benefits or adverse effects observed?
- How many tools / sensitization tool boxes (?) were developed and effectively employed?
- Has cooperation with project partners been efficient?
- Has the project made strategic use of coordination and collaboration with other RRC projects, with other donors in the country/region and relevant other stakeholders working in health to increase its



effectiveness and impact?

- Has relevant intervention for the capitalization been sought? Any interventions were carried out in a planned way?
- Does the project team receive adequate technical and administrative support?
- How effective is communication between the RRC and the FRC?
- Is there a clear understanding of the roles and responsibilities by all parties involved?

1.4. Efficiency

- Have resources (funds, human resources, time, expertise, etc.) been allocated strategically to achieve outcomes?
- Have resources been used efficiently? Have activities supporting the strategy been cost-effective? In general, do the results achieved justify the costs? Could the same results be attained with fewer resources?
- Have project funds and activities been delivered in a timely manner?
- What were the main challenges or barriers affecting the efficiency of project operations?

1.5. Impact

- Can observed changes (in attitudes, capacities, institutions, etc.) be causally linked to the project's interventions?
- How far is the project making a significant contribution to broader and longer-term development impact on health service delivery of Romania? Or how likely is it that it will eventually make one? Is the project strategy and project management steering towards impact?
- What are the realistic long-term effects of the project on the health status of people?
- Has there been any impact on the project partner institutions (FRC, RRC etc.)?
- What positive changes or improvements have been observed in the mental health and psychosocial well-being of the beneficiaries?
- How has the project contributed to social inclusion and community resilience among Ukrainian refugees and hosting Romanian families?
- What were the unintended or negative consequences, if any, resulting from the project implementation?

1.6. Sustainability

- Will the support provided by the project enable the community/institution to take ownership of the activities and make them sustainable?
- How effective and realistic is the exit strategy of the project? Is the national society being able to secure their own resources to carry forward the existing similar projects?
- Has the project successfully built or strengthened an enabling environment for sustainability?
- Can any unintended or unexpected positive or negative effects be observed as a consequence of the project's interventions? If so, how has the project strategy been adjusted? Have positive effects been integrated into the project strategy? Has the strategy been adjusted to minimize negative effects?
- What measures were taken to ensure the sustainability of health services beyond the project duration?
- Were there any capacity-building initiatives or partnerships established to enhance the sustainability of health activities?
- Is there any effort made by FRC and RRC jointly for the sustainability of the existing projects? What are they and how is it linked?
- What are the measures/activities for capitalization of the project? What materials/documents are developed and how are they disseminated?



4. METHODOLOGY

The evaluator's focal point will be the project manager of RRC in close contact with the FRC delegation (Head of Delegation and Health & First Aid Delegate). The evaluation will be conducted through **quantitative and qualitative data collection methods**. The RRC/FRC expect a participative process.

The final evaluation will be organized around the following assessment carried out by his/her evaluation in several stages:

1. Inception phase:

- *An inception call/ evaluation briefing*
 - An inception call will be organized between the RRC/FRC and the consultants in order to discuss the expectations, challenges, timelines, deliverables, etc. of the evaluation.
- *Desk review*
 - The RRC/FRC will share the available and relevant secondary documentation to the consultants in order for them to elaborate the inception report. The RRC/FRC will share the documents used to write the project, other reports written through the project implementation (semestrial narrative reports), a (non-exhaustive) list of people who may be contacted as part of the evaluation, the results of need analysis, in-house survey, monthly data set and monitoring reports will also be made available.
- *Elaboration of the inception report.*
 - Elaboration of an inception report that includes the evaluation's methodology, evaluation questions, data collection methods, planning, data collection tool (quantitative and qualitative).
- *Validation of the inception report by the RRC/FRC.*
 - The inception report will be reviewed and validated by the RRC/FRC, before the beginning of the data collection phase.

2. Field data collection phase

- Field trip to project implementation sites based on the sampling.
- Collection of primary data, based on the various tools developed, in a participatory manner with the various stakeholders, specifically the targeted communities.
- Use of quantitative and qualitative data collection methods, based on a defined sample proposed by the evaluator.
- Analysis and writing phase.

3. Restitution phase

- Preliminary findings presentation:
 - with various external stakeholders, including communities/beneficiaries, to present key findings and recommendations for initial feedback and refinement of the analysis.
 - with internal RRC/FRC teams to validate conclusions and recommendations in a participative manner.
- Finalization of the report and the annexes with the prioritization of the recommendations.
- Final presentation of the findings to the different stakeholders.

The evaluator is free to adapt and propose any methodology he or she sees fit, with the agreements of the RRC/FRC. The proposed approach should be presented as part of the technical bid.

5. CHRONOGRAM

A **period of 25 days** is envisaged for the completion of this evaluation. The consultancy is due to start in the last week of August 2024 and the final validated deliverables are to be submitted before the end of October 2024 at the latest.

Inception phase:

- The methodology should be approved in the last week of August 2024 with the inception report. (5 Days)



Field data collection phase

- Fieldwork should take place in September 2024. (15 days)
- This includes field travel as well as analysis of the data and writing of the draft report (end of September).

Restitution phase

- Exchanges with RRC/FRC to integrate the recommendations to obtain the final version of the evaluation report. (Mid of October)
- The final report including all the revision and comments is due by the end of October 2024.
- Final presentation of the evaluation, findings and recommendation with RRC/FRC field and HQs teams. (5 Days)

NB: the schedule is indicative and may be revised according to circumstances and with the technical proposal of the consultants.

6. TEAM COMPOSITION

The call is open to the national and international consultant with technical expertise on primary health programming and evaluation. The consultant should have comprehensive understanding of humanitarian interventions and possess the necessary skills to conduct a thorough evaluation of the Health Caravan Project in Romania.

With the complementary skill sets and deep understanding of humanitarian contexts, they are well-equipped to deliver insightful findings and actionable recommendations to enhance the project's impact and sustainability

6.1. Profile of the assessor(s) required

- Autonomy and initiative;
- Good analytical and summarizing skills;
- Good writing skills in English;
- Ability to work in a team;
- Diplomacy and patience.

6.2. Skills and knowledge required

Health Specialist

- Verifiable expertise and knowledge in delivery of primary health care services. The required consultant should have significant experience in understanding healthcare systems and care provision in OECD countries, as well as proven expertise in conducting evaluations of similar projects, particularly those focused on improving healthcare access for vulnerable populations

Other skills and Knowledge Required for consultant

- Demonstrable experience in project evaluation
- Knowledge of the project management cycle;
- Good knowledge of Romania context as well as Ukrainian crisis development in Romania;
- Experience in development and/or humanitarian work would be a plus, experience in an international context essential;
- Knowledge of the Red Cross and Red Crescent Movement is preferable;
- Very good written and oral expression in English

7. DELIVERABLES

Deliverables must be developed in English and the field communication tools in English.

- **D1. An inception report**, of 10 pages max, including the overall objectives and specific objectives of the evaluation, the evaluation matrix, detailed methodology, data collection plan and tools.
- **D2. A preliminary findings presentation** no later than 10 days after the end of the field mission in the form of a PowerPoint presentation summarizing the preliminary recommendations and conclusions of the



assessment.

- **D3. A final report**, including a summary of the evaluation and a detailed narrative (max. 30 pages including the annexes).
- **D4 A presentation of final conclusions and recommendations** at RRC and FRC field and Headquarters levels.

8. ASSESSOR SELECTION PROCEDURES

8.1) Interested candidates are requested to submit their application **before the August 23, 2024**

- **TO: Nicolas LE CARDUNER**
Référént Logistique “Europe de l’Est”
nicolas.lecarduner@croix-rouge.fr
- **With the SPECIFIC EMAIL SUBJECT:**
“FRC Romanian – Health CARAVAN PROJECT - Final Evaluation Consultancy.”

8.2) To be considered, **the “Application” file must present in English and include:**

- 1) A CV for each member of the assessment team
- 2) A signed copy of the technical offer presenting the understanding of the present terms of reference, the proposed approach including the methodology and the evaluative questions related to the mentioned criteria.
- 3) A signed financial offer including all costs (detailed budget breakdown) related to the performance of the service (including accommodation, food, transport and communication costs etc).
- 4) Sample of the similar kind of work.

8.3) Kindly be advised to submit the “**Technical Proposal**” (inclusive of CVs, organizational/personal documents, sample of previous work) and the “**Financial Offer**” **as two distinct envelopes.**

Note: Candidates will be selected based on technical criteria (experience, relevance, proposed methodology, etc.) (70%) and financial criteria (efficiency) (30%).

9. ADMINISTRATIVE CLAUSES

- When submitting their bids, bidders must provide **proof of the regularity of their economic activity** tax documents, registration, cx and registration as a self-employed worker.
- The service provider is solely responsible for providing the material and human resources needed to carry out the service: air tickets, computer, professional liability insurance, etc.
- He/she may delegate part of the assignment, within his teams, to the employee of his choice, but he remains the sole hierarchical and disciplinary authority over his employees. The service provider must ensure the safety and security of the consultants he sends on assignment.
- When drawing up the tender, the price indicated for the service must be marked “firm, global, lump-sum and final.”

10. APPENDIXES

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