



Career Opportunities

Position Title	: End Line Survey Consultant
No. of Post	: 1 post
Report to	: Water, Sanitation and Hygiene (WASH) Manager
Department	: Health Department
Duty Station	: Yangon
Application Deadline	: 04/03/2020, 16:30

BACKGROUND and Purpose

Since 2015, MRCS has been implementing two WASH projects to increase sustainable access to WASH facilities in Dry Zone, South-Eastern and Northern Region of Myanmar. As the projects are approaching end line, an evaluation of the project will be carried out with the assistance of an external consultant-led team.

The project was implemented in parallel by MRCS in Dry Zone areas of South-Eastern and Northern Region of Myanmar over a 4-years 3-months period. Since 2015, MRCS with support from Community Participant (C-P) have assisted the target of communities with access to clean drinking water, basic sanitation and hygiene through a project titled 'Increased sustainable access to WASH facilities in the Dry Zone, South – Eastern and Northern Region of Myanmar' known as Global Water Sanitation Initiative (GWSI) project.

This proposed project can be seen as a continuation of the GWSI project, which aimed to assist the target population with hardware in terms of access to water, sanitation and provision of hardware services over previous 3 years. This project aimed to continue assisting the same target population with remaining sustainability needs and consolidation of hygiene promotion activities covering 21 communities (12,741) people.

The sustainability needs were met through support of community WASH committees, who are responsible for ongoing operation and maintenance of water supply schemes.

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They were supported to identify and mitigate risks to water supply schemes through development of water and sanitation safety plan. The WASH Committees were technically supported with financial management to operate and maintain water facilities.

Hygiene promotion activities were continued in order to promote permanent sustainable behaviour change. It was planned for this project to further target specific barriers to influence behaviours with a continued focus on Menstrual Hygiene Management and Safe water handling, transport, treatment and storage.

The community activities were implemented by Myanmar Red Cross Society (MRCS) with technical support from International Federation of Red Cross and Red Crescent Societies (IFRC). The capacity of MRCS was strengthened, most notably with the finalization and implementation of activities noted in the Operational Framework and support to community volunteers.

The project is targeting the same population previously assisted by GWSI projects. This includes 17,500 persons (3,977 households) including 9,083 Females, 8417 Males, 5005 persons aged 0-14 years, 11,480 persons aged 15 – 64 years, 1,015 persons 65+ years. This includes 805 people living with disabilities, which include walking, seeing, hearing, intellectual¹.

The project is working towards an MRCS Strategy 2016 – 2020 Goal 1 to build healthier and safer communities, reduce vulnerabilities and strengthen resilience.

The objective of the proposed project is for **Vulnerable people have increased access to appropriate and sustainable water, sanitation and hygiene services.** Please note that no additional hardware will be constructed during this phase of the project, but it will focus on the sustainable access portion of services previous provided.

This will result in outcome of 75 % of target communities using appropriate and sustainable water, sanitation and hygiene services over duration of the project. This

¹ 2014 Myanmar Population and Housing Census

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number will be confirmed following the end line survey of the GWSI project and will be maintained throughout the sustainability phase.

Purpose of the Position: The purpose of the evaluation is to assess the effectiveness, relevance, efficiency, sustainability, and impact of Myanmar Red Cross Society (MRCS) community-based WASH project in Myanmar. This project is supported by International Federation of Red Cross and Red Crescent Societies (IFRC), and Cartier Philanthropy. The result of this evaluation will be used to improve future WASH project implementations of MRCS. It is expected that key lessons and recommendations from this evaluation will guide MRCS in on-going as well as future projects and contribute to broader Red Cross Red Crescent learning, to address better project implementation for long-term impact and sustainability.

1. EVALUATION PURPOSE AND SCOPE

1.1 Purpose

This is a summative evaluation for a 4-years 3-months WASH project implemented in Dry Zone, South-Eastern and Northern Region of Myanmar. The evaluation seeks assess how the project was able to fulfil its overall goal that **“Vulnerable people have increased access to appropriate and sustainable water, sanitation and hygiene services”**. Therefore, the outcome of the evaluation will contribute to the understanding of the performance of the project against the planned project objectives, expected results and targets as per the logical framework. Furthermore, the evaluation will generate lessons learned for future WASH project activities and identify, where possible and evident, best practice and innovation in WASH.

1.2 Scope

The focus of the evaluation will be on WASH interventions in Dry Zone, South-Eastern and Northern Region of Myanmar.

2. EVALUATION OBJECTIVES AND CRITERIA

2.1 Objectives

For the above purpose, the evaluation will focus on the following:

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- To assess the Relevance, Efficiency, Impact, Sustainability and Connectedness, Coordination and Knowledge of the Community-Based Water, Sanitation and Hygiene Promotion project.
- To assess the major Strengths and Limitations, Opportunities and Threats (SLOT) of the project and generate key lessons for future WASH programme improvement.
- To highlight good practice, lessons learned and areas for improvement, including concrete recommendations on how for future WASH project

2.2 Criteria

The following criteria will be used to guide the evaluation recommendations:

a. Relevance and appropriateness

1. Are there indications that water supply and sanitation coverage has improved in target locations and to what extent can this be attributed to project interventions?
2. Is the health status of the community and school children improving, and to what extent can this be attributed to the project intervention?
3. To what extent has the hygiene promotion education given to the community and school children changed knowledge, attitudes and practices?
4. To what extent has capacity building activities met the needs and have these activities addressed capacity gaps of communities and MRCS branches?
5. Is the intervention in line with government policies and does it contribute towards the achievement of national and regional objectives?

b. Efficiency/effectiveness/accountability

1. Was the use of financial, human and material resources efficient?
2. Are there other, more cost-effective ways to undertake the project?

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3. Is there collaboration and coordination with relevant government/non-government institutions to use resources efficiently?
4. Did the interventions meet the immediate and intended results?
5. Are there any identified factors and constraints which have affected project implementation including technical, managerial, organizational, and socio-economic policy issues and other external or internal factors unforeseen during the project design?
6. To what degree were the expected results achieved against the objectives and indicators? And how?
7. Are there differences in the project results between the various project locations? What were they and what lessons can be learned?
8. What factors (internal and external) contributed to the projects' successful or failure? What were they and what lessons can be taken from this?

c. Impact

9. What is the immediate impact and likely longer-term impact of the projects in target communities?
10. How have the implementing MRCS branches changed as a result of this intervention?
11. Are there any unintended consequences (positive and negative) resulted from the projects?
12. What has been the impact on vulnerable groups and has benefit been experienced equally across the target communities of two projects?
13. Are there any exceptional experiences that should be highlighted e.g. stories, best practices, changes in government policies etc.?

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d. Connectedness and Sustainability

14. Is there any indication that the project interventions are sustainable?
15. Is there a sense of ownership of the project by the local communities and local stakeholders?
16. Did the implementation process gave adequate room for genuine participation of stakeholders, particularly women, but also children, the elderly, sick and poor people?
17. Is the institutional capacity of the community sufficient to sustain the results?
18. To what degree will the partnership between community organisations and local stakeholders contributed to the sustainability of the project?
19. How effective has the exit strategy and handing over process? What was done well and what could be done better?

e. Coordination

1. How effective was the coordination within and among the organisations and with other actors or stakeholders during project implementation?
2. How well did the project consult and engage stakeholders and local beneficiary communities during project implementation? How was information about the project disseminated?
3. What is the added value of the coordination and partnerships between stakeholders in the project? What is the key learning from this?
4. Are there any exceptional coordination result or experiences that should be highlighted e.g. stories, best practices, etc.?

f. Knowledge

1. What lessons and major recommendations can be drawn from the project interventions?

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2. Are there any identified good practices? If yes, what are they and how these can be replicated in other projects and/or in other countries that have similar interventions?
3. Is there still any implementation priorities require action and commitment from the community, National Society and the local stakeholders?

3. METHODOLOGY

In consultation with MRCS, evaluator(s) are expected to propose and design the methodology and determine the appropriate sample size for conducting the evaluation in the Inception Report. However, the methodology should follow the MRCS Framework for Evaluations², with particular attention to the processes upholding the standards of how evaluations should be planned, managed, conducted, and utilized.

Appropriate participatory approaches are essential to properly triangulate information. A balanced mix of qualitative and quantitative methods such as survey, focus group discussions, in-depth interviews with key informants, success stories of beneficiaries and observation of the system can be used to collect primary data. This primary data collection is conducted by field visit the chosen project area to monitor on project results and activities, MRCS staff from headquarters, provincial as well as district level project staff, MRCS volunteers, local key government officials, community representatives, students, teachers, principals and school officials.

4. OUTPUTS/DELIVERABLES

The key deliverables that should be delivered by the evaluator(s) and its time frame are as follow:

Deliverables	Description	Timeline
Evaluation inception report	An inception report must be prepared by the evaluator before full data collection stage. It provides the project and the evaluators with an opportunity to verify that they share the same understanding about the evaluation and clarify any misunderstanding at the outset.	18 Mar 2020

² Fill in the reference

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	It will include the proposed methodologies, data collection and reporting plans with draft data collection tools such as interview guides, the allocation of roles and responsibilities within the team, a timeframe with firm dates for deliverables, budget allocation and the travel and logistical arrangements for the team.	
Draft evaluation report	A draft report, identifying key findings, conclusions, recommendations and lessons for the current and future project. The key stakeholders in the evaluation must review the draft evaluation report to ensure that the evaluation meets the required quality criteria.	19 Mar 2020
Final evaluation report	The final report will contain a short executive summary (no more than 1,000 words) and a main body of the report (no more than 10,000 words) covering the background of the intervention evaluated, a description of the evaluation methods and limitations, findings, conclusions, lessons learned, and recommendations. If both projects result in common findings, general recommendations can be provided but where appropriate and relevant, specific recommendations may also be given. The report should also contain appropriate appendices, including a copy of the ToR, cited resources or bibliography, a list of those interviewed and any other relevant materials.	5 Apr 2020

5. SCHEDULE

The evaluation is expected to be no more than 30 days, including submission of the final evaluation report.

Evaluation stage	Task	Timeframe	P-i-C
Planning	Prepare and finalize TOR	19 Feb 2020	Project team
	Compile key documents and existing data (include end-line survey)	Feb 2020	Project team
	Recruitment or selection of evaluator(s)	10 Mar 2020	Project team
	Identification and of interviewees, field sites, and sample selection	11 Mar 2020	Project team
Inception	Desk review of key documents	12-13 Mar 2020	Evaluation team leader (TL)
	Finalize evaluation design and methods		
	Submit inception report	15 March 2020	
	Review inception report and	16-17 Mar 2020	Evaluation management

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	feedback		team (EMT)
	Finalise inception report and submit to Commissioner for approval	18 Mar 2020	EMT
Data collection and analysis	Briefing to the evaluation team (Myanmar)	19 Mar 2020	Evaluation TL
	Field visit in Myanmar (4 days)	20-23 Mar 2020	Evaluation team
	Debriefing of findings to stakeholders (Myanmar)	30 Mar 2020	Evaluation TL
Reporting	Submission of draft evaluation report	30 Mar 2020	Evaluation TL
	Review of draft evaluation report	2 Apr 2020	EMT
	Incorporate comments and revise draft evaluation report	4 Apr 2020	Evaluation TL
	Submission of final evaluation report	5 Apr 2020	Evaluation TL
	Approval of final evaluation report by MRCS	7 Apr 2020	MRCS

6. EVALUATION QUALITY and ETHICAL STANDARDS

The evaluators should take all reasonable steps to ensure that the evaluation is designed and conducted to respect and protect the rights and welfare of people and the communities of which they are members, and to ensure that the evaluation is technically accurate, reliable, and legitimate, conducted in a transparent and impartial manner, and contributes to organizational learning and accountability. Therefore, the review team should adhere to the evaluation standards and specific, applicable practices outlined in the [MRCS Framework for Evaluation](#)

The MRCS Evaluation Standards are:

- a. **Utility.** Evaluations must be useful and used.
- b. **Feasibility.** Evaluations must be realistic, diplomatic, and managed in a sensible, cost-effective manner.

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- c. **Ethics and Legality.** Evaluations must be conducted in an ethical and legal manner, with particular regard for the welfare of those involved in and affected by the evaluation.
- d. **Impartiality and Independence.** Evaluations should be impartial, providing a comprehensive and unbiased assessment that takes into account the views of all stakeholders.
- e. **Transparency.** Evaluation activities should reflect an attitude of openness and transparency.
- f. **Accuracy.** Evaluations should be technically accurate, providing sufficient information about the data collection, analysis, and interpretation methods so that its worth or merit can be determined.
- g. **Participation.** Stakeholders should be consulted and meaningfully involved in the evaluation process when feasible and appropriate.
- h. **Collaboration.** Collaboration between key operating partners in the evaluation process improves the legitimacy and utility of the evaluation.

It is also expected that the evaluation will respect the [seven Fundamental Principles of the Red Cross Red Crescent](#): Humanity, Impartiality, Neutrality, Independence, Voluntary Service, Unity and Universality.

Evaluation Management Team

An evaluation management team (EMT) will manage and oversee the evaluation, and ensure that it upholds the MRCS Management Policy for Evaluation. The EMT will consist of no less than two people who were not directly involved with the operation (ideally, one person each from the Myanmar Offices).

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The evaluation should include a team leader, a representative from the National Society in the region may also be encouraged to send their representative to be part of the evaluation to promote peer learning.

The following characteristics are highly desirable for the evaluation team:

- For the Team Leader: Demonstrable experience in leading evaluations of humanitarian programmes responding to major disasters.
- Knowledge of activities generally conducted by humanitarian organizations, mainly in the WASH unit.
- Field experience in the evaluation of humanitarian or development programmes, with prior experience of evaluating Red Cross programmes desirable.
- Strong analytical skills and ability to clearly synthesize and present findings, draw practical conclusions, make recommendations and to prepare well-written reports in a timely manner (examples of previous work may be requested)
- Previous experience in coordination, design, implementation, and monitoring and evaluation of humanitarian programmes.
- Ability to work within tight deadlines and manage with available resources.
- Fluent in spoken and written English.
- All individuals of the evaluation team should have relevant degrees or equivalent experience.

7. APPENDICES – will be made available in-country

1. Project proposal
2. Updates and reports, including Movement updates
3. Financial reports
4. Disaster Response Operations Manual and other available guidelines
5. Other relevant reports that may inform progress of activities/findings/lessons learned of the projects

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6. Other relevant MRCS policies, standard operating procedures and guidelines

8. Qualifications and Experiences

1. Must be a Myanmar National and University graduate with relevant degree.
2. Relevant Post Medical Qualification (Health and WASH related) is preferred
3. Significant experiences in evaluations and managing relevant health or WASH program /projects
4. Excellent communication and reporting skill in English is required

Application process: Please send your application letter(Please state the evaluation you are applying for, SUBJECT: Community-Based WASH Final Evaluation), CV (include expected daily rate, and contact details of three professional referees), samples of previous work and related documents (PDF Version) to;

Head Office:

Myanmar Red Cross Society
Razathingaha Road, Dekhinathiri,
Nay Pyi Taw.

Branch Office:

Myanmar Red Cross Society
No. 42, Red Cross Building, Strand Road,
Botahtaung Township, Yangon. (or)

Email: mrcshrrecruitment@redcross.org.mm

For more information and application, please visit to the www.redcross.org.mm

Application materials are non-returnable and we thank you in advance for understanding that only short-listed candidates will be contacted

Only short listed candidates will be contacted for a personal interview.

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