

## FINAL EVALUATION

### Terms of reference

**Improved access to health care for the elderly and other vulnerable groups with an inclusive approach to community participation, Jordan.**

Project duration and evaluation period: <b>From July 1, 2023 to Aug 1, 2025</b>	Donor reference number: <b>2022/PRYC/000610</b>
Type of evaluation: <b>Evaluation of the final project</b>	Executing agency and local partner(s): <b>JOHUD</b>
	Project budget: <b>486.000€</b>
	Donor: <b>AECID Spanish Agency for International Development Cooperation)</b>

### 1. INTRODUCTION

HelpAge International, with more than 40 years of experience, helps older people claim their rights, challenge discrimination and overcome poverty so they lead dignified, safe, active and healthy lives. We form the HelpAge International global network of more than 199 organizations in 99 countries. In HelpAge we out multiple initiatives of international cooperation, emergency aid, advocacy, training and awareness at national and international level to build a friendly and sensitive society at all levels to the reality of older people and their rights. We work with older women and men in low and middle income countries to achieve better services and policies, and changes in the behavior and attitudes of individuals and societies towards older people. We network nationally and internationally to achieve the creation of an international UN Convention on the rights of older people. HelpAge International ensures that aid reaches the most vulnerable older people and, at the same time, works with groups of older people to help them rebuild their livelihoods. We ensure that older people are included immediate and humanitarian deployments and efforts, and that their needs are taken into account in humanitarian and development policies.

In Jordan, HelpAge has played a crucial role in promoting social inclusion and equitable access to essential services for this vulnerable group. Its work has included collaborating with various local partners to implement projects that improve the quality of life of the elderly and other vulnerable groups, especially in contexts of humanitarian and socioeconomic crisis.

As part of this project, HelpAge International works in partnership with JOHUD (Jordanian Hashemite Fund for Human Development), one of Jordan's oldest and most prestigious community development organizations. Founded in 1977, JOHUD has an extensive network of community centers throughout the country, providing essential services and promoting the empowerment of the most vulnerable communities. Its experience in implementing community development, social inclusion and capacity building programs perfectly complements HelpAge's objectives in Jordan.

Jordan faces significant challenges in the health sector, particularly in the prevention and management of noncommunicable diseases (NCDs). This project, entitled "Improving access to health for older people and other vulnerable groups with an inclusive community participation approach," aims to address these needs through a comprehensive approach that combines community awareness, local capacity building and tailored service provision. The project seeks to ensure that older people are recognized as active agents in their communities and that their specific needs are effectively addressed.

#### **Main project components:**

1. **Community sensitization:** Promote awareness of the importance of the inclusion of the elderly in health systems and community decisions.
2. **NCD prevention:** Implement educational programs that promote healthy lifestyles and early detection of NCDs.
3. **Institutional strengthening:** Train local community-based organizations (CBOs) and health professionals to ensure the sustainability of interventions.

The project is being developed in the Irbid and Karak regions, areas with high percentages of vulnerable populations, including the elderly, refugees and people with disabilities. JOHUD, with its in-depth knowledge of the local context and its well-established infrastructure, plays a key role in the implementation of the project, facilitating access to communities and ensuring that activities are aligned with local needs.

The Spanish Agency for International Development Cooperation (AECID), the project's main donor, stresses the importance of inclusion and sustainability in its interventions. This project reflects these values by promoting a participatory and elderly-centered approach, ensuring that long-term and sustainable solutions are generated for the beneficiary communities.

The final evaluation aims to measure the impact of the project, identify lessons learned and ensure that the findings inform future initiatives in Jordan and beyond. This document defines the terms of reference for conducting such an evaluation, ensuring that it is conducted with the utmost rigor and aligned to international standards.

HelpAge International is seeking a consultant to submit an expression of interest for the final evaluation of this project. The evaluation will take place in Jordan, Irbid and Karak areas.

## 2. OBJECT OF THE EVALUATION AND BACKGROUND

The project seeks to improve access to inclusive and equitable health services for the elderly and other vulnerable groups in Jordan. This includes a combination of strategies aimed at addressing both immediate healthcare needs and the structural barriers these groups face in accessing services. The project is aligned with Jordan's national priorities and with the principles of inclusion and sustainability promoted by AECID, integrating the following main actions:

1. **Training of health and community personnel:** Workshops and courses designed to strengthen the technical and social skills of health service providers and community leaders, ensuring that they can effectively address the specific needs of the elderly and other vulnerable groups.
2. **Public awareness:** Through community campaigns, healthy practices and inclusive behaviors have been promoted, raising awareness of the importance of preventing non-communicable diseases and promoting healthy aging.
3. **Creation of community support mechanisms:** Local networks have been established that integrate elderly people, volunteers and community representatives to promote greater social participation and support the sustainability of the project's interventions.

### Project Objectives

- Improving access to inclusive and equitable healthcare for the elderly and other vulnerable groups in Jordan.
- Increase knowledge about NCD prevention through community training and awareness-raising activities.
- Strengthen the capacities of local organizations and community stakeholders to ensure the sustainability of the project.
- Reduce structural barriers that limit access to health care for the elderly.

### Expected Results

1. **Increased access to inclusive health services.** More elderly people and other vulnerable groups are expected to have access to quality health services adapted to their needs.
2. **Increased knowledge about NCD prevention.** The community and health professionals will be better prepared to prevent and treat NCDs.
3. **Strengthened capacity of local organizations.** Training of community stakeholders and health professionals will be improved to provide continuity to the project's actions.
4. **Empowerment of the elderly.** Increased active participation of this group in decisions related to their health and well-being.
5. **Establishment of sustainable community support networks.** Communities will have organized structures for the care and support of the elderly.

### Project Beneficiaries

The project has a direct impact on:

- **Elderly and other vulnerable groups:** People with disabilities and chronic diseases in Irbid and Karak.
- **Families and caregivers:** who will receive support and training to improve the quality of care.
- **Health professionals and community organizations:** Strengthening their capacity to provide inclusive and equitable services.
- **Local authorities and policy makers:** who will receive evidence-based recommendations to improve public health policies.

### 3. ACTORS INVOLVED

ACTORS	ENTITY	ROLE IN THE PROJECT	RELEVANCE OF THE PROCESS
<b>Promoters</b>	HelpAge International and AECID	Project supervision, financing and strategic design	High
<b>Local partners</b>	JOHUD (Jordanian Hashemite Fund for Human Development)	Implementation, operational management and execution in the field	High
<b>Beneficiaries</b>	Elderly and vulnerable groups in Irbid and Karak	Participation in activities, validation of results	High
<b>Donors</b>	AECID (ECO Jordan)	Project financing and impact monitoring	High
<b>Local authorities</b>	Ministries of Health and Social Development	Coordination with national policies and regulatory support	Media
<b>Community organizations</b>	Local support groups for the elderly	Dissemination, monitoring and logistical support in the community	Media

#### 4. SCOPE OF THE EVALUATION

The evaluation will cover the full implementation period from July 1, 2023 to May 1, 2025 and will focus on the geographical areas of Irbid and Karak.

It will evaluate:

- **Relevance and appropriateness** of the strategies implemented according to the identified needs of the elderly and other vulnerable groups.
- **Effectiveness of the project**, measuring whether the established objectives have been met and the changes achieved in the beneficiary community.
- **Efficiency in resource allocation**, analyzing whether funds and efforts have been optimized to maximize positive impacts.
- **Impact generated** in the improvement of health and access to medical services of the target population.
- **Sustainability of the actions**, identifying the capacity for continuity of the activities after the end of the project financing.
- **Participation of local stakeholders** in the implementation and appropriation of project results.
- **Identification of good practices and lessons learned** to improve future health interventions in Jordan.

#### 5. EVALUATION QUESTIONS AND CRITERIA

The evaluator will assess the following

##### **Relevance (project design and approach)**

- To what extent does the project design respond to the specific needs of older people in Jordan?
- Have structural barriers to health access been adequately identified?
- Has the complementarity of the project with other local and national initiatives been ensured?

##### **Impact**

- How has the project contributed to improving the quality of life of the elderly and other vulnerable groups?
- Have changes in the perception of health and well-being been observed among beneficiaries?
- How has the project impacted the community and local health policies?

##### **Efficiency**

- Have the available resources been optimally managed?
- Has the cost per beneficiary been adequate in relation to the results obtained?
- Are there opportunities to improve efficiency in future implementations?

##### **Sustainability**

- Have the capacities of communities and local organizations been strengthened to provide continuity to the interventions?
- Are there institutional commitments to continue with the actions after project closure?

### **Responsibility**

- How have beneficiary feedback mechanisms been incorporated into project implementation?
- Have the results been effectively communicated to communities and strategic partners?
- Has the capacity building support made by HelpAge International to JOHUD been relevant and useful for the local partner?

## **6. EVALUATION METHODOLOGY AND WORK PLAN**

The final evaluation of the project will be carried out in accordance with the AECID Norms and Standards for Evaluation, as well as the OECD/DAC evaluation principles and guidelines and will fully comply with the DAC Evaluation Quality Standards.

The methodology used should be participatory and include all stakeholders and beneficiaries in the process. To the extent possible, the evaluator should use tools that do not require high levels of literacy and adapt them to ensure the full participation of older people and people with disabilities.

The assessment team may select the most appropriate methodological approach and techniques, with appropriate justification and in consultation with HelpAge and JOHUD. The consultant should take into account the approaches and data collection tools used for the nutrition surveys in developing the final assessment methodology.

As far as possible, data and information should be disaggregated by sex and age. The work will basically be divided into two phases:

- **Documentary phase:** improvement of data collection and processing tools, Key informants will be identified and interviewed at the sites and fieldwork will be prepared.
- **Field work:** data collection, meetings, interviews and observations with the various agencies involved in the intervention, including the authorities and other stakeholders (donors, government, etc.).

A draft of the final report will be delivered within 30 days, feedback from all stakeholders will be gathered and the final draft will be presented and validated in a validation workshop with stakeholders.

The evaluator will be under the direct supervision of JOHUD Program Coordinator Asmaa Al-Abed ([asmaa.a@johud.org.jo](mailto:asmaa.a@johud.org.jo)) and HelpAge International Regional Program Manager Eithar Ghouli ([eithar.ghouli@helpage.org](mailto:eithar.ghouli@helpage.org)). In the , the consultant will work closely with the HAI and JOHUD program coordinators, the project technical team and other key field office staff to be identified for this assessment.

## 7. DOCUMENTS AND SOURCES OF INFORMATION

The consultant is expected to collect an appropriate range of data, including:

- **Direct information:** key informant interviews and focus group discussions with beneficiaries. Visits to project sites and facilities.

- **Indirect information:** Interviews with local community representatives, project staff, meetings with local authorities, beneficiary groups, donor representatives and other stakeholders. For indirect data collection, standard and participatory evaluation methods (qualitative and quantitative methods) are expected to be used, including household interviews and focus groups with beneficiaries, non-beneficiaries and key informants (health workers, community leaders, etc.).

- **Secondary Information:** The following documentation will be provided to the evaluator at the time of contract signature:

- Project formulation document (description and budget).
- Donor regulations and Spanish cooperation planning documents.
- MOU.
- Quarterly monitoring reports.
- Interim report submitted to the donor.
- Monitoring, evaluation and learning framework.
- Detailed Implementation Plan (DIP).
- Distribution lists.
- Operational guidelines/thematic or sectoral studies with the elderly.
- Any other relevant documentation required by the evaluation team.

## 8. STRUCTURE AND PRESENTATION OF THE EVALUATION REPORT

The following is an indicative structure that the final evaluation report may follow.

1. Executive summary
2. Introduction
  - a. Background and objective of the evaluation.
  - b. Main issues and valuation criteria: definition.
3. Summary description of the evaluated intervention, with particular reference expectations of compliance at the intermediate (covenants) or final level (depending on the

4. the evaluation, summary of the background, the
5. organization and management, the actors involved and the context in which it takes place. intervention.
6. Methodology used in the evaluation:
  - a. Methodology and applied techniques.
  - b. Conditions and limits of the study conducted.
7. Analysis of the information collected and of the evidence in relation to the previously established questions. Interpretation of the evidence in relation to the evaluation questions posed.
8. Conclusions of the evaluation in relation to the established evaluation criteria.
9. Lessons learned from the general findings that good practices and that can be extrapolated and fed back into the actions of the intervention being implemented or for future interventions, as appropriate.
10. The recommendations resulting from the evaluation classified according to the criteria chosen by the evaluation team (e.g. short/long term, according to the evaluation criteria, according to the dimension or component of the intervention, according to the scope of intervention...). In any case, whenever possible, mention the actor (or actors) to whom the recommendation is particularly addressed.

Attachments to be included:

- ToR.
- The work plan, composition and description of the mission.
- Proposed methodology, techniques and sources used to collect information.
  - Documentary review: list of secondary sources used.
  - Interviews: list of informants, interview scripts, transcripts and notes.
  - Surveys: models, raw data collected and statistical analysis.
  - Participatory workshops: speaker and products.
  - Allegations and comments from different stakeholders to the draft report if considered relevant, especially if there are disagreements and they have not been reflected in the body of the report.
  - Evaluation summary sheet (CAD24 model).

**Characteristics of the final report**

- The final report shall not exceed 25 pages, plus annexes, in 11-point Verdana font. It shall be accompanied by an executive summary of not more than 1 page. An evaluation summary shall also be submitted following the format established by the OECD/DAC for the OECD/DAC evaluation inventory.
- The report and deliverables must be written in English and Spanish, contain no typographical or grammatical errors, and be a polished document ready for publication.
- The report should be written clearly and simply, without jargon.
- Technical details should be limited to the appendices, which should also include a list of reporters and the evaluation team's work schedule.



- Background information should only be included when it is directly relevant to analysis and conclusions of the report.
- The analysis of the project's achievements should be supported by relevant data and indicate how they were obtained.
- The recommendations should also include details on how they could be implemented, particularly those that will be implemented during the remaining project period.
- Electronic copies of all quantitative and qualitative data collection tools completed for the assessment.
- Electronic copies of clean quantitative data sets, both raw and final, with syntax, in a readable format, with a codebook/data dictionary attached. All data must be anonymized and all personally identifiable information (PII) removed.
- Electronic copy of qualitative matrices and expanded field notes.
- Electronic copy of the most relevant case reports, including photographs.
- HelpAge will approve the final evaluation report following the outline and page defined in these ToR.
- The evaluation team will provide one hard copy and one electronic copy of the final report.

## 9. EVALUATION TEAM

The evaluation team must be formed by at least 1 person with the following profile:

- **Professional experience:** Minimum 5 years of international experience in evaluation of recovery and development projects, preferably in multi-sectoral projects with emphasis on community health, protection and social inclusion.
- **Sector knowledge:** Proven experience in public health interventions, prevention and treatment of non-communicable diseases, healthy aging and work with elderly people in vulnerable contexts. Experience in project evaluation, preferably funded by the Spanish Agency for International Development Cooperation (AECID) will be an asset.
- **Methodological skills:** Demonstrated skills in qualitative and quantitative evaluation methodologies, including impact analysis, case studies and field data collection.
- **Experience in similar contexts:** Knowledge and experience in the MENA region (Middle East and North Africa), preferably with experience in health projects in Jordan or other countries with similar challenges in access to health services for the elderly and other vulnerable groups. Experience with elderly and/or disabled people is desirable.
- **Languages:** Fluent in English and Arabic (preferred), with the ability to produce high quality technical reports in English.
- **Independence and professional ethics:** The evaluator must demonstrate impartiality and independence from HelpAge International and JOHUD, ensuring an objective and evidence-based evaluation.
- **Coordination capacity:** Experience in collaborating with government actors, donors and civil society organizations for data collection and validation of findings.

## **10. PREMISES FOR EVALUATION, AUTHORSHIP AND PUBLICATION**

**Anonymity and confidentiality.** - The evaluation must respect the right of individuals to provide information, while guaranteeing their anonymity and confidentiality.

**Responsibility.** - Any disagreement or difference of opinion that may arise among team members or between team members and those responsible for the intervention, regarding the findings and/or recommendations, should be mentioned in the report. The team should stand by any statement or record the disagreement.

**Completeness.** - It is the evaluators' responsibility to highlight issues not specifically mentioned in the ToR, if this is necessary to obtain a more complete analysis of the intervention.

**Independence.** - The evaluation team must guarantee its independence from the intervention being evaluated, not being linked to its management or to any element of it.

**Validation of information.** - It is the responsibility of the evaluation team to ensure the accuracy of the information gathered for the report, and they are ultimately responsible for the information presented in the Evaluation Report.

**Incidents.** - In the event of problems arising during the fieldwork or in any other phase of the evaluation, these shall be reported immediately to HelpAge International and the latter, if it considers it necessary, shall inform the AECID. Otherwise, the existence of such problems may in no case be used to justify the non-achievement of the results established by the organization in these ToR.

**Copyright and disclosure.** - All copyrights belong to HelpAge International. Disclosure of the information collected and the final report is the prerogative of HelpAge International. However, AECID reserves the right to reproduce, distribute or publicly communicate the evaluation report without prior agreement with HelpAge International, when required for the proper conduct of administrative procedures, and will do so with the prior permission of HelpAge International when required.

**Penalties.** - In case of delay in the delivery of the reports or in the event that the quality of the reports delivered is manifestly inferior to the quality of the reports delivered. If the evaluation team fails to perform as agreed, the penalties and arbitration fees established by HelpAge International in accordance with the private contract established with the evaluation team will be applied.

## **11. DEADLINES FOR CARRYING OUT THE EVALUATION**

The evaluation is expected to be completed within 30 days. The final report should be submitted no later than the end date of the consultancy contract and ,

the other phases of the evaluation must be successfully completed in time to meet this deadline. The actual work will commence immediately after the contract is signed.

The following scheme is suggested:

<b>Evaluation process</b>	<b>Proposed days</b>
Planning and preparation	2
Bibliographic/documentary review	2
JOHUD and HelpAge field office interviews	2
Field trips for data collection: interviews, focus , etc.), including briefing/briefing for HelpAge staff, partners and other stakeholders in the field.	14
Presentation of the draft report.	4
Review by HelpAge team and partners	3
Presentation of the final report	3
<b>Total days proposed</b>	<b>30</b>

The start date of the evaluation will be June 1, 2025 and the end date will be June 30, 2025.

The estimated budget for the evaluation will be 4,000 euros.

## **12. PRESENTATION OF THE TECHNICAL AND FINANCIAL BID AND EVALUATION CRITERIA**

The consultant or firm should indicate their interest in submitting a technical bid to [Jobs@helpage.org](mailto:Jobs@helpage.org) no later than the deadline indicated below.

They must accompany their interest with the following documentation:

- a) A cover letter explaining your competencies to meet the requirements of the position.
- b) Consultant's CV
- c) Explain in detail the methodology you will use to carry out the task.
- d) Please provide a detailed quotation in Euros (indicating daily rates).
- e) Provide a schedule for the task.
- f) Submit two evaluation reports of similar work performed in the recent past (no more than 2 years).
- g) Provide employment references with their contact information (e-mail addresses).

**Deadline for receipt of bids: May 1,**

**Evaluation criteria:** maximum 10 points.

- Technical quality of the proposed methodology (5 points)
- Experience and qualifications of the evaluation team (consultant's profile, local staff, participation) (3 points)
- Financial proposal (2 points)