



Terms of Reference (TOR)

For (evaluation / baseline survey / context analysis / etc.)

Evaluation of Diaconia Home Care Services, Ecumenical Humanitarian Organisation (EHO)

Made (internally / independently / externally)

externally

Of (start / mid-term / final / ex-post / other)

End of phase

In (country)

Serbia

| ToR for EVALUATION | were | reviewed | by |
|--------------------|------|----------|----|
| M&E team? | | | |

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1 DESCRIPTION OF THE INTERVENTION

Diaconia Home Care Services is a project of Ecumenical Humanitarian Organization supported by HEKS/EPER – Swiss Church Aid as long-standing partner of EHO. The project works towards the overall goal that elderly and disabled persons in targeted municipalities have better quality of life through high quality home care services

Specific Objectives of the DHCS project:

- To improve the quality of life for sick and elderly people by providing home care assistance of high quality;
- To increase institutional sustainability of the home care service, by accrediting the services, licensing the personnel and by registering as social enterprise. Long-term vision: Spin-off from EHO into a specialized organization;
- To improve financial sustainability of the home care service by increasing access to state and municipal funds and by increasing co-funding by beneficiaries.

Diaconia Home Care Service is located in the Republic of Serbia in the following locations: Novi Sad (2 medical nurses and 4 social nurses), Kisač (1 social nurse), Pivnice (1 social nurse), Stara Pazova (1 medical nurse), Bački Petrovac (6 social nurses and 1 driver, 1 local coordinator), Plandiste (8 social nurses and 1 local coordinator), Secanj (4 medical nurses and 8 social nurses, 1 local coordinator), Odzaci (18 social nurses and 1 local coordinator), and new centers opened in 2020 in Gadzin Han (6 social nurses and 1 local coordinator) and Opovo (7 social nurses and 1 local coordinator)

During 2020, 90 staff members in 11 centres have provided 97'800 home care visits, serving 1'192 patients with average 6.3 visits per day per nurse.

EHO signed 10 contacts with local municipalities in 2020. Also, a new centre was opened on the South of Serbia (Gadzin Han) and another one in Vojvodina- Opovo. After signing the contract with the municipality, all EHO procedures and standards are applied for new municipality, to meet both state standards and internal criteria to ensure a high level of quality. Good planning, following all laws and conditions for public tenders, a good reputation and constant presence in the field are the reasons for a high level of success in public tenders.

DHCS continued to exchange information and to coordinate its actions with other relevant parties, such as Centres for social work, municipalities and local CSOs. Also, harmonization of standards and procedures for service delivery, joint advocating actions for financial contribution by local/state bodies and capacity building activities were realized.





Since January 2012 the existing Diaconal Center of EHO was transformed in Diaconia Home Care Services (DHCS) and is organized as separate unit (profit/cost center within EHO) with its own management team. For the future, the organizational form shall be reconsidered, in order to allow the DHCS to stay competitive in the market and to offer its services with a favorable quality/cost ratio.

In September 2015 DHCS obtained a state license to provide home assistance services. Local self-governments, according to the new Law, establish social care institutions (governmental/public institution) for providing day-care services in local community, which are under their jurisdiction and their budget and responsibility. Only if the public institutions are not established or if the present institutions cannot provide the required service, the local self-government can purchase, via public invitation for tenders, the service from other care providers which are licensed for providing the specific service. In such cases the licensed care providers - after signing the agreement on public purchase with the local community - becomes the authorized care provider of social protection service. This enabled an option DHCS to be official social care providers in local community, financed or co-financed by local self-government.

The license needs to be renewed in September 2021. For this reason, the DHCS is in a need to clarify its future set-up.

2 PURPOSE AND SCOPE

The purpose of the evaluation is to review and discuss with the involved staff the situation of the DHCS project to rectify, adapt or confirm the development strategy for the next 3-4 years, the daily service provision and the institutional organization of the Diaconia Home Care Services.

As the project is in the last year of its 4-years cycle, the objectives are to:

- 1) review and analyse the efficiency and effectiveness of the project.
- 2) gain concrete recommendations for the continuation of the project.
- 3) get a clearer insight, in which direction the project could be developed in order to reach institutional and financial sustainability and to ensure the quality of the services.

The results of the evaluation will be used by the project management and HEKS/EPER to develop the strategy for the new project phase. Upon request, it can be shared with other stakeholders such as municipal authorities and back-donors.

All types of services provided by professionals during the project phase 2018-2021 in the covered municipalities in Serbia shall be assessed. The evaluation shall include the point of view of staff, municipalities, beneficiaries, family members of beneficiaries, as well as municipal stakeholders and relevant networks.

An updated assessment of the legal situation of non-state home care service providers and of different options for the future institutional development of the DHCS will be conducted prior to this evaluation. The results of this assessment shall be included in the analysis of this evaluation.

3 CRITERIA AND QUESTIONS

The main focus of the evaluation is to assess aspects of the efficiency such as organizational set-up and procedures, including quality control, as well as questions of sustainability and future development in the emerging legal and institutional context. This will be complemented by key questions on relevance and effectiveness.

The following questions should be assessed:

Relevance:

Is the project's intervention logic still valid and relevant?





Do the provided services cover adequately the demand of the clients? What are the main gaps and potentials for further development?

Effectiveness:

To which extent have the objectives of the project phase been reached?

Efficiency:

Is the DHC service efficiently organized concerning:

- Operational provision of the DHC services?
- Coordination of the DHC services?
- Administrative organization?
- Cost-structure?

Could it be further optimized? Looking 4 years back: Which were the intended / stipulated improvements at that time? To which extent could they be achieved? Which points were not achieved and why? Changes since the last evaluation?

How did the project team deal with and react to changes due to COVID-19 pandemic?

Is DHCS cooperation and coordination with other stakeholders (mainly regional and national relevant authorities) adequate and efficient?

How is the quality of the HC services and is the quality adequately monitored and reported?

Are the approaches of the project in line with current professional discussions and good practices?

Sustainability and future development:

Co-funding by governmental and municipality authorities: Which steps are done and/or should be done to get access to additional funding resources? (Serbian state - municipalities and possibly other funding)?

Co-funding by the patients and readiness of patients to pay: How is the development of co-funding by the patients? Which are the requests by municipalities regarding patient's contribution? What are the recommendations for the future of patient's contributions?

How is the DHCS positioned in the emerging market of home care providers?

How can DHCS ensure its competitiveness in the market in mid and long term?

Which strategic steps are recommended and realistic for the next 36-48 months?

4 METHODOLOGY AND PROCESS

- Briefing with HEKS/EPER representative and DHCS management, finalization of ToR (0,5 day)
- Analysis of project documents and report of assessment of legal situation (2 days)
- Inception report, feedback of HEKS/EPER / DHCS (1 day)
- Meetings and discussions with DHCS staff and management, clarification of the intervention logic / theory of change (1 day)
- Interviews with relevant stakeholders for Home Care in the Serbia: network, other services, relevant state actors (1,5 days)
- Visit location where Diaconia Home Care Services are offered, interviews/focus groups with beneficiaries, family members, local staff: 3 municipalities (diverse profile in regard to duration and existence of services, size, rural/urban) will be jointly selected by HEKS/EPER, DHCS management and the evaluator. In each location, the evaluator will conduct semi-structured interviews with 4-5 beneficiaries and (if possible) family members to get feedback about the satisfaction with services, will





observe the operational and coordination procedures, hold a focus group with the local team and will conduct semi-structured interviews with relevant municipal stakeholders (3 days - 1 day for each location)

- Debriefing of field visit/workshop with DHCS staff and management (1 day)
- Analysis and Writing report (3 days)

5 DELIVERABLES

Updated ToR as part of the contract

Inception Report (3-4 pages) with detailed description data collection methods, annex with questionnaires for interviews/focus groups with beneficiaries, family members, local staff, municipal authorities and other relevant stakeholders: Feedback required from DHCS and HEKS/EPER

Draft Report

Final Evaluation Report: Max. 10-15 pages with focus on main findings and implementation— oriented recommendations, language: English and Serbian (translation can be outsourced)

6 TIME FRAME AND BUDGET

Time frame: July-September. The total assignment is for 12 days.

Consultants are asked to offer their daily rate.

7 MANAGEMENT ROLES AND RESPONSIBILITIES

The evaluation is mandated by HEKS/EPER. The responsible program officer of HEKS/EPER and the coordinator of DHCS will have the final decision on the evaluation questions and indicators to be assessed.

The coordinator of DHCS and the HEKS/EPER program officer will provide their feedback on every aspect of the evaluation, and they will provide the consultant with all required documents. DHCS will provide the consultant with any necessary logistical support (transport, lodging, etc.). HEKS/EPER will hire the consultant; the partner organisation will hire the enumerators and the data entry firm.

The consultant has responsibility for preparing the overall evaluation design, decide on the methodology and tools (in consultation with HEKS/EPER), develop the questionnaires for interviews and focus group discussions, plan and conduct the data collection, analyse the data, and write the reports (draft, final).

Key staff of DHCS, EHO and the program officer of HEKS/EPER will conduct a follow-up workshop on the recommendations of the evaluation and for the planning of the next project base. On this basis, a management response to the evaluation will be written by DCHS.

8 LIST OF DOCUMENTS

- Project proposal, logframe and budget (2018-2021)
- Project financial and narrative reports
- List of project partners addresses (provided by EHO)
- Previous assessment and evaluation

9 ASSESSMENT TEAM / QUALIFICATIONS

The consultant is expected to meet the following qualifications:

Professional experiences in the field of homecare





- Knowledge about the state context, as well as NGOs and private providers involved in this field
- Documented experience in conducting project evaluations.
- Proficiency in writing in English
- Serbian language skills would be an asset
- Ability to deliver quality reports / analysis and results in line with established deadlines

Interested and eligible candidates should forward 1) a cover letter indicating relevant experience, availability, and daily rate, 2) CV, 3) draft design / methodology ("1 pager"), 4) two samples of previous work, and 5) two references. Submit applications (preferably in one file) to borkavrekic@yahoo.com by 27.06.2021.