



## TERMS OF REFERENCE

### INTERNAL FINAL EVALUATION OF PROJECT Knowledgeable parents, healthy children (VN02-012)

#### 1. INTRODUCTION

ChildFund Vietnam is the representative office of ChildFund Australia – an independent international development organization that works to reduce poverty for children in developing communities.

ChildFund Australia is a member of the ChildFund Alliance – a global network of 12 organizations which assists almost 23 million children and their families in 70 countries. ChildFund Australia is a registered charity, a member of the Australian Council for International Development, and fully accredited by the Department of Foreign Affairs and Trade which manages the Australian Government’s overseas aid program.

ChildFund began working in Vietnam in 1995 and works in partnership with local government and civil society, as well as children, their parents, caregivers and communities to create lasting change, respond to humanitarian emergencies and promote children’s rights.

Projects are implemented in the northern provinces of Bac Kan, Cao Bang and Hoa Binh, where the majority of people are from ethnic minority groups; often the most vulnerable or marginalized sections of the population.

ChildFund Vietnam’s projects focus on child rights and child protection, education, health and wellbeing for children. ChildFund Vietnam also prioritises building the resilience of young people, by giving them the opportunity to take part in sports, life skills learning, and supporting their participation in local decision-making processes.

#### 2. BACKGROUND

The project “**Knowledgeable parents, healthy children**” have developed and implemented from September 2018 to December 2020 in 6 project communes, namely Dong Xa, Xuan Duong, Duong Son, Cu Le, Huu Thac<sup>1</sup> and Quang Phong communes, Na Ri district, Bac Kan province, benefiting approximately 3,937 direct beneficiaries (with and without disabilities) including pregnant women, children under five, woman and men. The total fund for this project is AUD 189,707.

**The Project goal:** Improve women’s and child health in Na Ri district through access to quality health care services

<sup>1</sup> Huu Thac was merged to Tran Phu into Tran Phu commune in Mar 2020.

### Project objectives and indicators

Objectives	Indicators	Outputs
1. Improve the quality of medical examination and treatment of maternity care, basic obstetrics care and common childhood diseases at Na Ri district hospitals and 6 Commune Health centers	95% of trained health workers have proper knowledge and skills of Prenatal care; RTIs/STIs; common childhood diseases	The Total patient care model developed and implemented in Na Ri district hospital
	7 of health facilities improved through provision of equipment	
	Percent of pregnant women attending at least 4 ANC visits	The Capacity of clinical expertise (Prenatal care; RTIs/STIs; common childhood diseases), Hospital management capacity and essential equipment are improved.
2. Raise the knowledge, attitudes and behaviours of couples and caregivers about gynaecologic diseases prevention, gender equality and child sick care	By the end of the project the proportion of married couples who have the right KAP on gynecological diseases increased 30%	Strengthen the roles of men in Mother and child care (child sick care and prevention and treatment of gynecologic diseases)
	By the end of the project the proportion of parents and caregivers who have the right KAP taking care of children under five increased 30%.	Raise awareness of woman at RH age and caregivers in prevention and treatment of gynecologic diseases and care for children with common disease

This project focus to implement on the following interventions:

#### Under Project Objective 1 for improving health services and health staff capacity:

- a. Total patient care model to improve the management of health services
- b. CFV supported trainings and equipment to improve knowledge and skills of health workers

#### Under Project objective 2 for improving knowledge and practices of mothers and fathers:

- c. Happy family club to strengthen the role of men in MCH
- d. Core communication groups and sessions to raise awareness of health care to women of reproductive age.

### 3. PURPOSES OF THE EVALUATION

The purpose of the evaluation is to determine the extent to which project objectives have been achieved; as well as to better understand the effectiveness, sustainability, successes, challenges and lessons in this project. Recommendations from the evaluation will be used for design of future health sector projects.

### 4. SCOPE & METHODOLOGY OF THE EVALUATION

The evaluation will take place after the project period has ended (September 2018 to December 2020). It will cover the whole project in 3 out of 6 communes of Na Ri District, including:

**a. Assessment of the Total patient care (TPC) model and health staff trainings and management capacity.**

A short evaluation was already conducted by external consultants on the TPC model and the report findings will be incorporated in this evaluation. In addition to the existing report, the team will collect additional data from the health staff of the Na Ri District hospital to:

- (i) have more comments and feedback on the appropriateness of the organizational model of TPC, what key successes and challenges were encountered? Were they overcome or are they ongoing?;
  - (ii) collect the quantitative data on the changes of the practice of the health care workers (eg. pre and post test data, post training supervision reports/checklists);
  - (iii) collect more qualitative data on the customer satisfaction of the service of health stations;
  - (iv) collect quantitative data on improvement in patient outcomes from health records (eg. Increase in service demand, faster recovery, fewer patient deaths);
  - (v) collect qualitative data on the staff's motivation to keep TPC in the long term.
- The evaluation will also observe the facilities and medical equipment serving the reproductive health care at of the commune health stations to see their availability, appropriate use, and maintainability.
  - Observe the logbook- medical record to see increasing the number of men/women to access Gynaecology service, prenatal care, and the increasing the number of children to access childcare, the number of cases of safe abortion and contraceptive techniques.

**Key stakeholders:** Health staff of the Na Ri district hospital and commune health stations; pregnant women, and women with children under 1 year, husbands, project staff.

**Methods:** Review documents, collect health system data, focus group discuss in the Workshop, interview with commune health staff during observation Cu Le and Xuan Duong commune health centers, presentation of participants in the workshop



**b. Measure the change in Knowledge, Attitude and Practice (KAP) of the people who have participated in “Happy family” clubs and “core group” on prevention and treatment of gynaecologic diseases and care for children with common diseases.**

- What are the differences of KAP of people who participated in the baseline survey with the KAP of the members of “Happy family” clubs and “core group” on gynaecology and childcare? (each club has around 40-50 members)
- Were the Happy Family club and Core groups the relevant and acceptable approach to health promotion in target communities?
- Were there any changes to gender norms regarding healthcare, as a result of the Happy Family clubs targeted at men?
- What could be improved to make the clubs sustain its activities after the project ends? (This includes the comparison between clubs in Na Ri and other similar clubs in Bach Thong and Ky Son to see the differences and find out the appropriate solutions to sustain clubs’ activities)
- Were they reaching the right audience in remote and different language areas? What could be done to improve the reach to priority target groups including ethnic minorities, youth and young parents, rural poor households, and PLWD?.

**Key stakeholders:** Participants of the “Happy family” clubs and “core group”

**Methods:** Review baseline survey, organize end-line quantitative survey, focus group discuss in the workshop. Due to the time constraint in December, the survey will be implemented in early March 2021.

**c. In addition to measuring whether the project satisfied the objectives and performance indicators, the evaluation will also seek to identify the factors to successes, any unintended outcomes (positive and negative), evidence of sustainability, challenges and lessons of Total patient care model and “Happy family” club and the service of commune health stations from the beneficiaries and stakeholders. The evaluation team will analyse all data sources to provide recommendations for how this project could improve its technical approaches and project implementation.**

- The detailed recommendations include the information such as when/where/whom/how to apply these recommendations. The recommendations should cover the contents related to gender, disability, and ethnic minority inclusion.

**The evaluation team is required to undertake the followings:**

- Review relevant primary and secondary sources of information associated with the project such as proposal documents, baseline report, quarterly reports, bi-annually reports, annually reports, and other relevant project-related materials.
- Prepare a schedule for the evaluation by consulting with relevant managers and staff in Bac Kan.
- Develop the qualitative interviews and quantitative questionnaire



- Train data collectors about the quantitative questionnaire. It is preferable to use KOBO to collect data on smartphone provided by ChildFund.
- Design, lead and document Focus Group Discussions (FGDs), and change stories with the different stakeholder groups as stated in the project proposal, also considering the views of different genders, youth, and PWD in the field trip and in the workshop in Na Ri
- Facilitate the group discussion of stakeholders in Na Ri for discussion and feedback. The evaluation should provide evidence including case stories, quotes, and high quality photos about the effectiveness which contributed or provided by the project.
- Analyse available information and document along with findings and recommendations.
- A final report will be produced in Vietnamese and one summary including key findings and recommendations in Vietnamese and English (no more than 8 pages) which can be used as an endorsement of the work done by ChildFund Vietnam. Case story of project will be included and shared to ChildFund as part of the final report.
- Present findings to stakeholders in Na Ri for discussion and feedback at the end of the evaluation.

The evaluation must be conducted in-line with ChildFund Vietnam's guidelines and policies on Health and ethical standards.

## 5. TIMEFRAME AND DELIVERABLE

### Location:

The evaluation work will be carried out in Na Ri district, Bac Kan province.

### Timeframe (Plan for activities):

It is expected that the field work will be carried out in early June 2021 (all work including writing reports and sharing results with the local must be completed no later than June 30<sup>th</sup> 2021)

Time	Outputs and activities
Week 3 May 2021	<ul style="list-style-type: none"> <li>• Reviewing documents</li> </ul>
	<ul style="list-style-type: none"> <li>• Development of the evaluation plan, quantitative and qualitative tools (interview lists, question and interview guides, etc.)</li> </ul>
Week 1 June 2021	<ul style="list-style-type: none"> <li>• Field trip in Na Ri</li> <li>• Training data collectors about the questionnaire</li> <li>• Sharing key findings and validating data in closing workshop</li> </ul>
Week 2 June 2021, Week 3 June 2021	<ul style="list-style-type: none"> <li>• Entering and analyzing data and information;</li> <li>• Preparing report draft and report summary. Draft report to be reviewed by the Health Advisor in Sydney and the HoP in Vietnam</li> </ul>



Time	Outputs and activities
Week 4 June 2021	<ul style="list-style-type: none"> <li>• Preparing the final report (in Vietnamese) and report summary (in Vietnamese and English)</li> <li>• Submitting completed report (file word, soft version).</li> </ul>

### Outputs/Deliverables

The following deliverables are expected from the evaluation team:

- Qualitative and quantitative tools (question and interview guides, data analysis methodology, work plan etc.)
- Field trip and workshop agenda
- Review, sharing and closing workshop: The findings should be validated through workshop among key staff, partners and relevant target groups in the communities.
- A final report in Vietnamese and a summary in English include:
  - Table of content
  - Terminology/Abbreviation
  - Executive summary
  - Introduction
  - Subjects for Evaluation
  - Contents of Evaluation
  - Limitations of Evaluation
  - Results of Evaluation
  - Lessons learnt
  - Conclusions and recommendations
  - Appendices

### Supervision/management of the assignment

The Consultant will report to the Head of Program, Team leader Specialist Child and Youth Development, and work closely with , Provincial Managers, M&E Specialist and related staff.

### Confidentiality:

All discussions and documents relating to this TOR will be treated as confidential by the parties.

### Child Safeguarding:

The successful applicant will be required to comply with ChildFund Australia's Child Safeguarding Policy and Procedures and to sign the Code of Conduct. If the consultant will be having direct, contact with children or having access to children's personal information, a Criminal Background Check must also be carried out.



### Counter-Terrorism:

ChildFund Australia acknowledges its obligation under the Australian laws relating to counter-terrorism. In order to meet its obligation, the consultant's name will be reviewed against Department of Foreign Affairs and Trade (DFAT) and National Security Australia lists at the onset of financial relationship.

## 6. CONSULTANT SPECIFICATION

To carry out the assignment, a study team with one team leader and one team member will be required.

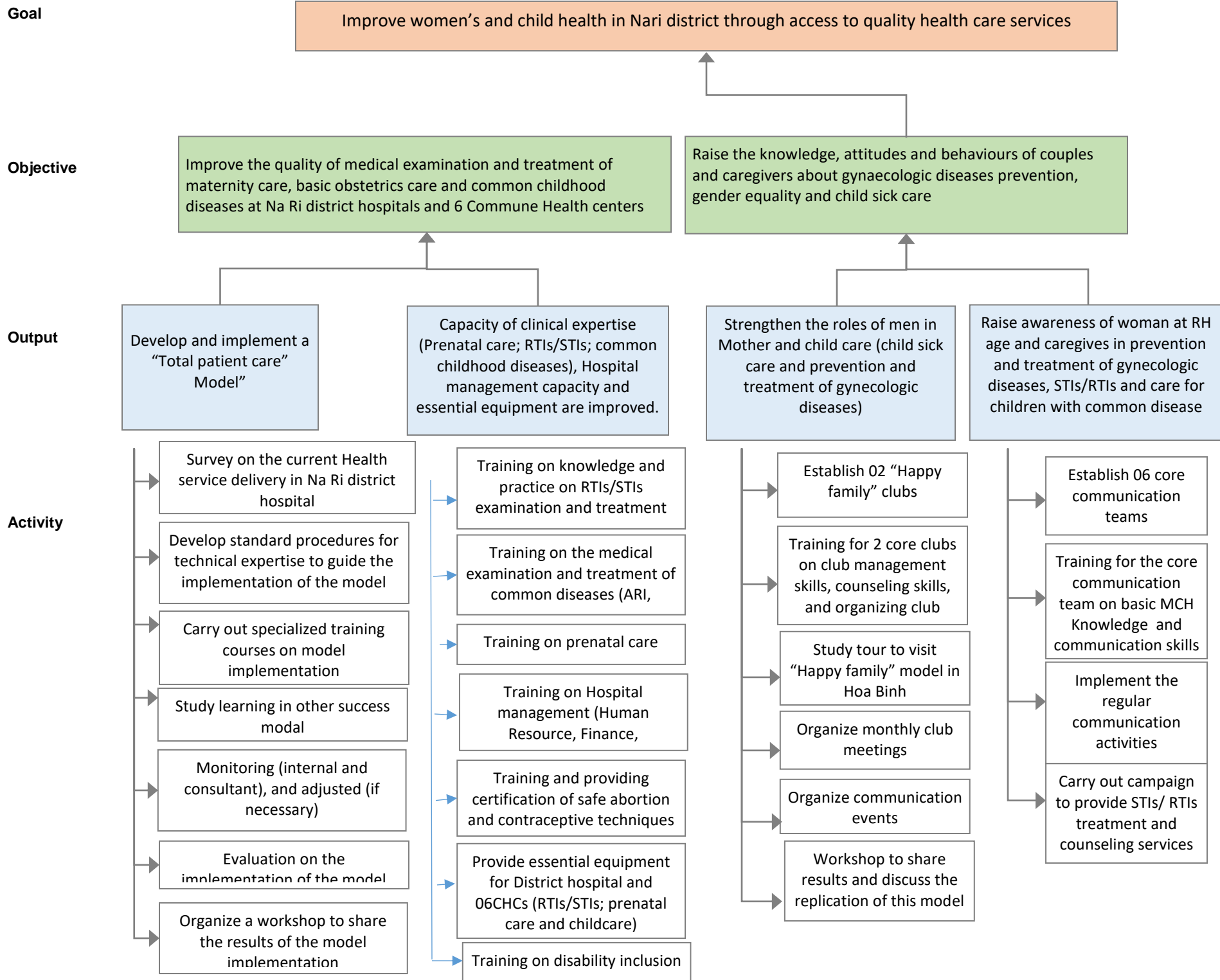
- Post-graduate degree in Health
- Documented experience in conducting participatory assessments and/or action research related to Health initiatives at a community level.
- Knowledge and experience of Vietnam's current socio-political situation.
- Proven experience in working with communities, and knowledge of relevant national policies and government positions.
- Excellent spoken and written communication skills in Vietnamese/ English
- Excellent analytical and report-writing skills, research experience is preferred.
- Expertise and experience in project design, monitoring and evaluation.

## 7. HOW TO APPLY, SUGGESTED TIME AND BUDGET

Send a short Expression of Interest (3-8 pages) including:

- Technical review methodology
- Chart allocation of days (note details above under 'Timeframe')
- Proposed total budget including daily rate (including PIT) for consultants. The total consultant fee for this evaluation does not exceed the amount of 94 million Vietnamese dong
- CV of consultant (or consultant team)
- Two samples of previous evaluation reports that are relevant to this consultancy.

Interested applicants should submit their CV and proposal via email to [recruitment.VN@childfund.org.vn](mailto:recruitment.VN@childfund.org.vn) no later than 5.00pm on 05 May 2021. Only short-listed applicants will be contacted. Website: <https://childfund.org.vn/work-with-us/>





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Annex:

Output	Describe what this target is tracking?	FY1		FY2			FY3		Life of project		
		Target	Actual	Target	Actual	Variation	Target	Actual	Target	Actual	Variation
Output 1.1	Number of Evaluate the results of the model implementation	0	0	1	1	0	0	0	0	1	1
	Number of participants join the workshop sharing the results of the model implementation	0	0	0	0	0	50	47	0	50	47
	Number of Supportive monitoring, monitoring results sharing and discussion of content to be adjusted (if any).	0	0	3	3	0	0	0	0	3	3
	Organise a workshop sharing the results of the model implementation	0	0	1	0	0	1	1	1	1	1
	Participants of study tours	20	23	0	0	0	0	0	0	20	23
	Participants on trainings to deploy the patient care model	30	30	0	0	0	0	0	0	30	30
	Standard procedures developed	3	3	0	0	0	0	0	0	3	3
	Study tours organised	2	2	0	0	0	0	0	0	2	2
	Trainings to deploy Patient care model	2	2	0	0	0	0	0	0	2	2
Output 1.2	Health facilities provided with equipment	7	0	7	7	0	0	0	0	7	7
	Health staff participated in the training course on hospital management (Atc 1.2.4)	0	0	25	30	0	0	0	0	25	30
	Health staff participated in the training on training courses on RTIs/STIs, (Act 1.2.1)	25	23	0	0	0	0	0	0	25	23
	Health staff participated in the training courses on medical examination and treatment of common diseases (ARI, diarrhea) (Act 1.2.2)	25	30	0	0	0	0	0	0	25	30

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Output	Describe what this target is tracking?	FY1		FY2			FY3		Life of project		
		Target	Actual	Target	Actual	Variation	Target	Actual	Target	Actual	Variation
	Health staff participated in the training courses provided to district and commune health staff on Disability inclusion (Act 1.2.7)	0	0	25	26	0	0	0	0	25	26
	Health staff participated in the training courses provided to health staff on contraceptive methods and safe abortion techniques(Act 1.2.5)	0	0	25	22	0	0	0	0	25	22
	Health staff trained on Antenatal care (Act: 1.2.3)	25	23	0	0	0	0	0	0	25	23
	number of local in country partners trained on disability inclusion, hospital management & contraceptive skills	0	0	1	1	0	0	0	0	1	1
	Number of participant attended the training course on DI	0	0	25	25	0	0	0	0	25	25
	training courses for the leader of hospital, commune health station and source staff (who have potential to be leaders) on hospital management	0	0	1	1	0	0	0	0	1	1
	Trainings on contraceptive methods and safe abortion	0	0	1	1	0	0	0	0	1	1
	Trainings on disability inclusion	0	0	1	1	0	0	0	0	1	1
	Trainings to health on staff on Antenatal care	1	1	0	0	0	0	0	0	1	1
	Trainings to health on staff on medical examination and treatment of common diseases (ARI, diarrhea)	1	1	0	0	0	0	0	0	1	1
	Trainings to health on staff RTIs/STIs	1	1	0	0	0	0	0	0	1	1
Output 2.1	Communication events	1	2	1	2	0	0	0	0	2	4
	Communication events participants	44	97	64	124	0	0	0	0	68	124
	Communication sessions	8	4	8	22	0	2	4	0	18	30
	Married Couple Clubs	2	2	0	0	0	0	0	0	2	2

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Output	Describe what this target is tracking?	FY1		FY2			FY3		Life of project		
		Target	Actual	Target	Actual	Variation	Target	Actual	Target	Actual	Variation
	Number of Club management members trained	20	18	0	0	0	0	0	0	40	18
	Participants to "Happy Family" study visits	24	23	0	0	0	0	0	0	20	23
	Study visits to "Happy Family" club model	1	1	0	0	0	0	0	0	1	1
	The application users	0	0	0	0	0	0	0	0	0	0
	Trainings on club management, counselling	2	2	0	0	0	0	0	0	2	2
	Workshop participants	0	0	78	0	0	0	184	78	78	184
	Workshop to replicate Happy Family model	0	0	1	0	0	1	0	1	1	1
Output 2.2	Communication sessions deployed	48	13	48	38	0	12	12	0	108	63
	Core communication group members trained	42	42	42	42	0	0	0	0	42	42
	Core communication groups established	6	6	0	0	0	0	0	0	6	6
	Health campaigns organised	6	6	6	6	0	0	0	0	12	12
	Health campaigns participants	315	601	315	620	0	0	0	0	630	620
	Trainings for core communication groups	3	3	3	3	0	0	0	0	6	6