

**TERMS OF REFERENCE
FINAL EVALUATION OF PROJECT:**

**Equal access to quality health services for mothers and children in mountainous areas
- Phase 2 (VN02-015)**

1. Organisational context

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

ChildFund Australia is a member of the ChildFund Alliance – a global network of 12 organisations which assists 23 million children and their families in over 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 to create community and systems change which enables vulnerable children and young people, in all their diversity, to assert and realise their rights.

Projects are implemented across the northern provinces of Bac Kan, Cao Bang and Hoa Binh, where most people are from ethnic minority groups, often the most vulnerable or marginalised 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 children and youth the opportunity to take part in sports, life skills training, and supporting their participation in local decision-making processes.

2. Background

The project “**Equal access to quality health services for mothers and children in mountainous areas-phase 2**” is implemented from November 2016 to June 2022 in 13 project communes of Tan Lac and Kim Boi districts, Hoa Binh province, benefiting approximately 30,316 beneficiaries including pregnant women, men and children under 5 with and without disability. The total fund for this project is AUD 747,629.

The Project goal: This project aims to improve the health and nutrition of children under 5 years through improving the quality of healthcare services delivered to pregnant women and children.

Project objectives and indicators:

Outcome	Indicator	Target
Outcome1: Improving the quality of prenatal and child healthcare services at 13 project communes and Tan Lac and Kim Boi districts hospitals	Percentage of health workers trained in the community (doctors/nurses/community/ village volunteers/ traditional birth attendants) and shown improved level of knowledge and skills - regarding IMCI training.	95
	Percentage of people in relevant target groups (e.g. pregnant women, mothers, fathers, youth, with and	15

Outcome	Indicator	Target
	without a disability) with increased prenatal care knowledge and practices.	
	Percentage of target health staff who have increased confidence about their skills on trained topics.	90
Outcome 2: Promote mother and child health and nutrition practices through Health promotion interventions in community	Percentage of people in relevant target groups (e.g. pregnant women, mothers, fathers, youth, with and without a disability) with increased knowledge of nutrition for children in their first 1000 days and child sick care.	20
	Percentage of people in relevant target groups (e.g. pregnant women, mothers, fathers, youth, with and without a disability) with increased knowledge of nutrition for children in their first 1000 days and child sick care	20
	The percentage of newborns with low birth weight (<2500g) in the previous 12 months will be reduced.	0,5
	The percentage of stunting children U5 will be reduced.	5
	The percentage of pregnant women attending at least 4 ANC visits prior to / and following project commencement.	90
Outcome 3: Provincial health system is strengthened and supported to better manage IMCI and pink book services	No. and types of technical capacity building activities of government partners supported by ChildFund - including provincial level training (TOT and monitoring skills), and organizing study exchange visits	4
	Qualitative examples (i.e. change stories/case studies) demonstrate the types of partnerships formed, and if and how partnerships have resulted in strengthened health service delivery.	2

A project baseline was completed in December 2020 and will serve as the source of baseline data from which this endline evaluation will compare against.

3. Purpose

The selected consultant will undertake a summative end of project evaluation in May 2022, prior to the project end date on 30 Jun 2022. The objective of the evaluation is to understand the effectiveness, sustainability, successes and challenges of the main approaches of the projects, and provide recommendations for how technical approaches and project implementation could be improved in future Health project design. The results and reports may also be shared back with project stakeholders and government in the interests of learning and accountability.

Due to COVID-19 not being referenced in the project proposal, there are no indicators to compare against, however the consultant should consider how the project has contributed to COVID-19 prevention and response where relevant.

The evaluation should consider design and analysis in line with the OECD DAC Evaluation Criteria , including assessment of:

- The progress towards the project outcomes and performance indicators as outlined in the in the project proposal, and evidence of learning outcomes among beneficiaries - taking into account the experiences of female and male youth, men, women, and people and children living with disability;
- What is the likely sustainability of outcomes after the project has ended; and
- Efficiency of project implementation, including project management, partnerships, cost and timeliness of implementation - highlighting challenges and lessons learned during the project.
- The effectiveness and relevance of key approaches/activities compared to local needs and capacities of stakeholder groups.

4. Scope of evaluation and methodologies

The evaluation will apply both qualitative and quantitative methods and will be conducted in April and May 2022 in 13 communes of Tan Lac and Kim Boi district. The evaluation will be focused on:

1. Evaluate the quality of the capacity-building activities to improve health care services including (1) IMCI services at commune health station; (2) using pink book in consultation to mothers and caregivers on child care focusing on the first 1.000 first days.

The evaluation should answer the following questions:

- How effective were the project capacity building activities and to what extent have the health staff at district and commune level been able to apply the learned skills and knowledge to improve health care services?
- Has the service at health facilities been improved after the intervention, and if it has, to what extent?

Respondents: health staff, project staff, mother and caregivers.

Methodology: desk review (study secondary data including training report, supportive supervision report), qualitative study (interviews/focus group discussions with health staff at district and commune level, service users at health facilities)

2. Evaluate the improvement of knowledge and practice related to maternal and child health care including nutrition care on the first 1.000 days of mothers and caregivers against baseline data; and evaluate the quality of the Community based-communication/ Mother group activities and how they contributed to creating behaviour change.

Respondent: mothers and caregivers

Methodology: quantitative analysis using surveys, qualitative study (interviews/focus group discussions with participating mothers and caregivers, and group facilitators)

3. The evaluation will identify the success factors, any unintended outcomes (positive and negative), evidence of sustainability, challenges and lessons of project's interventions including IMCI model, pink book and Behavior-change communication activities. The evaluation team will analyze all data sources to provide recommendations on how future health projects in Hoa Binh could

improve its technical approaches and project implementation. The evaluation will also provide recommendations for a new health project in Hoa Binh province through discussions with related stakeholders.

Respondents: health staff, project staff

Methodology: desk review, qualitative study including case studies

4. Cross-cutting issue: To what extent has the project contributed to shifting prenatal/childcare practices between women and men in the target household?

5. Deliverables and indicative timetable

It is expected that the field work will be carried out April and May 2021

Time	Outputs and activities
Week 2 April 2022	<ul style="list-style-type: none"> • Reviewing documents
	<ul style="list-style-type: none"> • Development of the evaluation plan, quantitative and qualitative tools (interview lists, question and interview guides, etc.)
Week 3 April 2022	<ul style="list-style-type: none"> • Field trip in Tan Lac and Kim Boi • Training data collectors about the questionnaires • Sharing key findings and validating data in closing workshop
Week 4 April - Week 1 May 2022	<ul style="list-style-type: none"> • Data analysis • Write up report draft and report summary. Share with CFV for feedback
Week 2 May 2021	<ul style="list-style-type: none"> • Prepare the final report (in Vietnamese) and report summary (in Vietnamese and English) integrating all feedback

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, bi-annual reports, annual reports, and other relevant project-related materials.
- Develop an evaluation plan including methodologies, tools and implementation plan
- 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
- Facilitate the group discussion of stakeholders in Kim Boi and Tan Lac 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 documents along with findings and recommendations.
- Produce a full final report in Vietnamese and English, and a summary in Vietnamese which should be 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 Kim Boi/Tan Lac for discussion and feedback at the end of the evaluation.

The evaluation must be conducted in compliance with ChildFund Vietnam’s guidelines and policies on child safeguarding and ethical standards.

Outputs/Deliverables

The following deliverables are expected from the evaluation team:

- Inception report (in English) containing results of desk review, evaluation plan and methods, 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 draft and then final report, in English and Vietnamese, as well as a summary report in Vietnamese. Final reports should include:
 - Title Page
 - Table of contents
 - Executive summary
 - Introduction
 - Methodologies and limitations
 - Findings against indicators and OECD Evaluation criteria (incorporating sections of gender and disability inclusion, and 1-2 case studies)
 - Discussion and Recommendations (including analysis of the strengths and weaknesses of key approaches of the projects to help inform future project design).
 - Conclusions
 - Appendices (eg. additional charts or data, final data collection tools, interview notes and consent forms, full copies of data sets and statistical analysis, and any other relevant attachments).

6. Management and Reporting Arrangement

The Consultant will report to the MEL manager, Head of Program, Health Specialist, and work closely with Provincial Managers, and MEL officers. ChildFund Australia MEL advisors will provide support to review the inception report and draft full report. There should be one full report in English and one in Vietnamese, as well as a summary in Vietnamese.

7. Confidentiality

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

8. Child Safeguarding

The Consultant will undertake the Services to a high standard; use its best endeavors to promote the best interests of ChildFund; protect the reputation of ChildFund and work in a manner consistent with the mission, vision and policies of ChildFund (see Child Safeguarding Policy/Child Safeguarding Code of Conduct PSEAH policy and Employee Code of Conduct). ChildFund Australia has a zero-tolerance policy to abuse, exploitation and harassment in all its forms.

9. Counter-Terrorism and Anti-Money Laundering

ChildFund Australia acknowledges its obligation under the Australian laws relating to counter-terrorism and anti-money laundering. In order to meet its obligation, the consultant is obligated to provide information required for ChildFund to undertake counter terrorism screening before engagement. The consultant's name, date & place of birth and ID number will be checked against Department of Foreign Affairs and Trade (DFAT) consolidated list, National Security Australia list, World Banks listing and the Asian Development bank listing to ensure not engage with entities or individuals appearing on the lists.

10. Conflict of Interest

The Consultant must declare any financial, personal, family (or close intimate relationship) interest in matters of official business which may impact on the work of ChildFund

11. Fraud and Corruption prevention and awareness

ChildFund Australia has a zero approach to fraud and corruption act. The successful consultant will be required to comply with ChildFund Australia's fraud and corruption prevention and awareness Policy and act against any form of fraud or corruption and not offer, promise, give or accept any bribes.

12. Insurance

The successful applicant will be required to have in place insurance arrangements appropriate to provision of the requirement in this TOR including (without limitation) travel insurance.

13. Acknowledgment and Disclaimer

ChildFund, its Board and staff make no express or implied representation or warranty as to the currency, reliability or completeness of the information contained in this TOR. Nothing in this TOR should be construed to give rise to any contractual obligations or rights, expressed or implied, by the issue of this TOR or the submission of Expression of Interest in response to it. No contract would be created until a formal written contract is executed between ChildFund and a selected consultant.

Selection Criteria for Consultant

To carry out the assignment, a study team with one team leader and one team member will be required. We are seeking a consultant team with the following qualities:

- Post-graduate degree in Medicine or public health
- At least 5 years' experience in managing development projects including formulating project documents, monitoring and evaluating the project implementation, and conducting a baseline/end-line survey for health programs/projects with national scale.
- Knowledge and experience of Vietnam's current socio-political situation.
- A very good understanding of Vietnam health care system.
- 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.

- Proficiency in Microsoft Office Suite, data analysis software (SPSS, STATA, EPIDATA...) and English (listening, speaking, reading and writing skills).

Interested candidates should send a short Expression of Interest (3-8 pages) including:

- Understanding of the TOR, suggested methodologies
- A budget including estimates of number of days and daily rate (including PIT) for consultants. This does not include field costs such as per diem, travel and accommodation which will be paid according to ChildFund's cost norms.

They should also attach:

- CV of consultant (or consultant team)
- Two samples of previous evaluation reports that are relevant to this consultancy.
- Contacts of 2 referees

Interested applicants should submit through this link: **no later than 11 April 2022**. Only short-listed applicants will be contacted.