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## Terms of Reference

### End-of-project evaluation for VN02-018

#### The first 1,000-day approach for bright future

#### 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 11 organisations that 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 to create community and systems change which enables children and young people in vulnerable situations, to assert and realise their rights.

Projects are mainly implemented in the northern provinces of former Bac Kan, Cao Bang, and Hoa Binh, where most people are from ethnic minority groups; often the most vulnerable and marginalised sections of the population. ChildFund Vietnam also implements nationwide projects that provide support to both formal and informal systems at national and provincial levels.

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

#### 2. Background

In Vietnam, the Government has made progress as a duty bearer towards improving the rights of children, in line with its commitments to international conventions and the Sustainable Development Goals (SDGs). However, there is still more to be done.

ChildFund Vietnam’s findings and related assessments indicate that the first 1,000 days (0 - 3 years) is the most critical period for brain development; however, there has not been adequate attention or investment in this age group. As a result, many parents and caregivers lack knowledge and awareness of the importance of this period for positive child health and development, affecting children across socio-economic groups, with ethnic minority children more affected due to disparities in economic and social conditions.

In the project areas, maternal and child health care and infant and young child feeding practices remain limited. There are still customs that act as barriers to appropriate feeding practices, and hygiene practices among mothers and caregivers. At the same time, high poverty rates, low household incomes, and limited access to food sources from distant markets result in meals of pregnant women, nursing mothers, and children often having low nutritional value.

Assessments also indicate that services for children aged 0–3 years have not received adequate attention. The health sector focuses mainly on immunisation and management of child illness, while interventions for maternal and child nutrition are not regularly implemented due to limited budget and capacity. The education sector focuses more on older children, with low enrolment rates for children under three and limited physical and language development activities. In addition, services are delivered by different sectors with limited coordination and collaboration, resulting in gaps in supporting children’s cognitive and emotional development.

In this context, poor early childhood development outcomes among children aged 0–3 years in ethnic minority communities in Cao Bang and Bac Kan provinces remain a challenge that requires appropriate interventions and coordinated support from caregivers, communities, and local health and education systems.

This project addresses these issues by strengthening caregiver knowledge and practices on nutrition, childcare, hygiene, and early stimulation; improving access to maternal and child health services; and promoting better coordination among relevant stakeholders to support the healthy development of young children.

**Project locations:** The project has been implemented across (Dong Khe, Thach An, Kim Dong, Duc Long) in Cao Bang province and (Ngan Son, Hiep Luc, Bang Van, Thuong Quan, Na Phac) in Thai Nguyen province. Before the communes merge, these areas corresponded to Le Lai, Kim Dong, Thuy Hung, Thai Cuong and Trong Con communes in Cao Bang province, and Coc Dan, Thuong An, Thuong Quan, Hiep Luc and Trung Hoa communes in Bac Kan province.

**Project goal:** Ethnic minority children 0 to 3 years living in Thai Nguyen province and Cao Bang province receive improved childhood nutrition and early stimulation supported by healthcare service.

**The project has three expected outcomes and outcome indicators as below:**

TT	Outcomes	Outcome indicators	Target
1.	<b>Outcome 1:</b> Male and female caregivers provide improved maternal and young child nutritional care (MIYCN) and hygiene practice at household and community level.	O1.1. 20 percent increase in the proportion of infants 0 – 5 months of age who are fed exclusively with breast milk.	20%
		O1.2. 20 percent increase in the proportion of pregnant women who received at least 4 antenatal care check-ups during pregnancy to receive the consultation on health and nutrition care.	20%
		O1.3. 20% increase in the Proportion of children born in the last 24 months who were put to the breast within one hour of birth	20%
		O1.4. 20% increase in the proportion of mothers/caregivers of children U3 that reported washing their hands with soap and water during the five critical times	20%
2.	<b>Outcome 2.</b> Households with pregnant women and children aged 0-3 years in 7 communes in Ngan Son district, Bac Kan province and 7 communes in Thach An district, Cao Bang province have improved	O2.1. 20% increase in the proportion of children 6–23 months of age who receive foods from 4 or more food groups for daily meal.	20%
		O2.2. 20% increase in the proportion of breastfed and non-breastfed children 6–23 months of age who receive solid, semi-solid, or soft foods (but also including milk feeds for non-breastfed children) the minimum number of times or more.	20%

	access to quality food at home.	O2.3. 20% increase in the proportion of pregnant women and children under 3 years of age, who reported consuming animal protein and vegetables grown/raised by themselves.	20%
3.	<b>Outcome 3.</b> Children and mothers and caregivers have improved access to quality services for MIYCN and ES.	O3.1. Proportion (%) of children less than five years of age has stunted growth	1.5% reduction per year
		O3.2. Proportion (%) of newborns with low birthweight (<2500g).	0.5% reduction per year
		O3.3. Proportion (%) of children <5 years (girls and boys) with diarrhoea.	Under 5% per year.
		O3.4. Health staff (district, commune, and village) have increased knowledge, skills and confidence in providing inclusive MIYCN (counselling, antenatal care, child growth monitoring) and early stimulation services.	30%
		O3.5. Proportion (%) of pregnant women, and children U3 with and without disability and living in remote areas have improved access to health care services (antenatal care, child growth monitoring, counselling)	90%
		O3.6. Proportion (%) of caregivers who are satisfied with MIYCN and ES services provided by services provider	70%
4.	<b>Outcome 4.</b> Improve knowledge, awareness, and capacity of parents, caregivers, kindergarten teacher to provide early stimulation care for children from 0-3 years at the household level and in kindergarten.	O4.1. Proportion of parent, caregivers and kindergarten, teachers are able to identify early signs of congenital or developmental disabilities	30%
		O4.2. Proportion of parents and caregivers provide early stimulation to children.	30%
		O4.3. Proportion (%) of kindergarten schools provide early stimulation to children through daily activities	30%

### 3. Purpose

The purpose of this evaluation is to measure the extent to which the project goal and outcomes have been achieved and provide recommendations for how technical approaches and project implementation could be improved for new project design in the future. The results of evaluation and reports may also be shared back with project stakeholders and government in the interests of learning and accountability.

The evaluation should consider below criteria:

- **Project management:** This evaluation will identify areas of improvement in all aspects of project management.
- **Relevance:** is the intervention doing the right things?
- **Effectiveness:** is the intervention achieving its objectives?
- **Efficiency:** how well are resources being used?
- **Impact:** what difference does the intervention make?
- **Sustainability:** will the benefits last?
- **Cross-cutting issues:** has the program/project considered inclusion of vulnerable groups, gender sensitivity, and child safety integration?

#### 4. Scope of Evaluation

- The consultants' work will include field trips in project locations in Cao Bang province and Thai Nguyen province, and participate in meeting with key stakeholders
- It is expected that the selected consultant team will follow the deliverables and time frame as mentioned in item **#6. Timeline and Deliverables**

#### 5. Methodology

The consultant team is expected to apply qualitative and quantitative methods for the evaluation.

This consultancy will include the following steps:

- Review all available documentation and relevant primary and secondary resources information relating to the projects (provided by ChildFund Vietnam and other sources)
- Design an inception report including a plan, methodology, and tools, and prepare a schedule for the survey by consulting with Program Manager, Technical Specialist, Project Coordination Officer and relevant staff of ChildFund Vietnam.
- Design and lead data collection (both quantitative and qualitative) in the project field and document Focus Group Discussions (FGDs), key Informant Interviews (KIIs), and Most Significant Change with the different stakeholder groups as stated in the project proposal.
- Train local enumerators on quantitative data collection using the KOBO toolbox, or any appropriate data collection platform as suggested.
- All quantitative and qualitative data collected must be classified by location (commune), age, and sex. There should be individual consideration for girls and boys, men, women, youth, and people with disability.
- Analyze available information, data, and relevant documents, along with findings and recommendations.
- Present findings to the ChildFund Vietnam team for discussion and feedback.
- Finalize 01 evaluation reports in both Vietnamese and English
- High-resolution JPG photos with relevant consensus, data collection tools, and collected data (both quantitative and qualitative) will also be included and shared with ChildFund as part of the final report.
- (Desirable) At least 02 case studies highlighting examples of project impact (including quotes and quality photos of the subject/s).

- Present the findings at the Project Closing Workshop

## 6. Timeline and Deliverables

Time	Outputs and Activities	Deliverables
Week 4 of April	<ul style="list-style-type: none"> <li>• Reviewing project documents and related database.</li> </ul>	
Week 4 of April	<ul style="list-style-type: none"> <li>• Development of survey tools (questionnaires, interview guides, survey methodology data analysis methods, etc.), and field trip plan.</li> </ul>	
Week 1 of May	<ul style="list-style-type: none"> <li>• Finalising the survey tools, designing questionnaires on the KOBO toolbox (or any appropriate data collection platform as suggested), and training local enumerators.</li> </ul>	Survey tools available in both offline and online format, ready to use.
Week 1-2 of May	<ul style="list-style-type: none"> <li>• Field trips in Hoa Binh (Phu Tho now) and Bac Kan (Thai Nguyen now), including meetings with key stakeholders</li> </ul>	Field trips and meetings conducted. Project's field information collected. Relevant photos taken.
Week 2-3 of May	<ul style="list-style-type: none"> <li>• Validating and analysing data.</li> </ul>	Data cleaned and validated for analysis.
Week 3 of May	<ul style="list-style-type: none"> <li>• Preparing draft reports in Vietnamese and</li> <li>• Presenting the findings and discussing with ChildFund team.</li> </ul>	01 draft reports for project location produced and commented. 02 draft case studies produced and commented to showcase project impact. PPT Presentation
Week 4 of May	<ul style="list-style-type: none"> <li>• Finalising reports in Vietnamese and English.</li> </ul>	01 complete project evaluation reports in Vietnamese and English. 02 case studies to showcase project impact. Collected database including consented photos package and collected data package.

## End of Project Evaluation Report Structure

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## **Abbreviations**

### **Executive Summary**

#### **1. Introduction**

- Background
- Project Objectives, Outcomes, Outputs (and Activities)
- Objectives and Scope of the End of Project Evaluation

#### **2. Methodology and Limitations**

- End of Project Evaluation Design
- Sampling Method
- Data Collection
- Data Analysis
- Ethical Considerations
- Limitations and Mitigations

#### **3. Findings and Discussions**

- Results/Status of Project Outcomes and Outputs.
- Constraints and challenges faced by target participants, and their current state of needs.
- Cross-cutting Issues (child protection, gender, disability and social inclusion).

#### **4. Conclusion**

#### **5. Lesson learned and Recommendations**

#### **6. References**

### **Annexes**

- TOR
- Field trip plan
- Evaluation tools
- Raw data
- Others

### **7. Management and Reporting Arrangement**

The consulting work is done under the general management of Program Manager. The consultant will work closely with MEL Officer, Specialist, and project coordination officers.

### **8. Confidentiality**

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

### **9. 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.

## 10. Counter-Terrorism and Anti-Money Laundering

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 the financial relationship.

## 11. Selection Criteria for Consultant

To carry out the assignment, the consultant team (or consultant) should meet the criteria as follows:

### Team leader

- Relevant qualifications associated with monitoring and evaluation, public health, nutrition, early childhood development, or social science, social work or education.
- Knowledge and experience of Vietnam's current situation related to early childhood development, maternal, child health, and nutrition.
- Proven experience in working with communities, and knowledge of relevant national policies and government positions.
- Excellent spoken and written communication skills in English and Vietnamese.
- Excellent analytical and report-writing skills.
- Psychology/social and emotional learning, child-friendly communication and research experience are preferred.
- Experience and skill in working with ethnic minority people

### Team member:

- Relevant qualifications associated with monitoring and evaluation, public health, nutrition, early childhood development, or social science, social work or education.
- Knowledge and experience of Vietnam's current situation related to early childhood development, maternal, child health, and nutrition.
- Proven experience in working with communities, especially ethnic minority people.
- Excellent spoken and written communication skills in Vietnamese.
- Psychology/social and emotional learning, obstetrics and reproductive health and research experience are preferred

## 12. How to apply

Send a short Expression of Interest (less than 10 pages) including:

- Technical proposal for the end-line evaluation;
- Chart allocation of days (note details above under 'Timeframe');
- Proposed total budget including daily rate (in Vietnamese and includes PIT) for consultants. The per-diem, travel and accommodation costs are not included in the proposed budget. It will be paid according to the current policy of ChildFund Vietnam.

And attached the following documents:

- CV of consultant (or consultant team);
- Contact details of at least two referees;
- Two samples of previous reports that are relevant to this consultancy.

Interested applicants should submit their Expression of Interest and complete the online application form through this link: <https://childfund.org.vn/work-with-us/> no later than 5.00 pm on 30<sup>th</sup> April 2026.