

Evaluation Terms of Reference

Cam Thuy Area Development Programme
VNM-00076 (WV Taiwan) and VNM-00077 (WVUS)
Transition Phase

World Vision Vietnam, April 2015

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Affirmation

“Except as acknowledged by the references in this paper to other authors and publications, this evaluation TOR described herein consists of our own work, undertaken to secure funding, implement the activities, describe and advance learning, as part of the requirements of World Vision’s Design, Monitoring and Evaluation Learning System.”

Primary quantitative and qualitative data collected throughout the evaluation process remains the property of the communities described in this document. Information and data must be used only with their consent.

Prepared by: Cam Thuy ADP Manager

Glossary

TOR – Term Of Reference

ADP – Area Development Programme

DIME – Design, Implementation, Monitoring and Evaluation

DME – Design Monitoring and Evaluation

LEAP – Learning through Evaluation with Accountability and Planning

VDPs – Village Development projects

VDBs – Village Development Boards

PMB – Program Management Board

POAs – Annual Plan of Actions

DSGs – Society Development Groups

FGs – Farmer Groups

ECCD – Early Child Care and Development

CWBOs – Child Well-Being Outcomes

HF – Hamlet Facilitators

HWs – Health Workers

KII – Key Informant Interview

FGD – Focus Group Discussion

TDI – Transformational Development Indicators

WVT – World Vision Taiwan

WVIV – World Vision International Vietnam

WVV/US/T – World Vision/Vietnam/United State/Taiwan

Introduction

Cam Thuy is a mountainous district in the west of Thanh Hoa province, located 70km from Thanh Hoa city and 140km from Hanoi, along Ho Chi Minh road. The district borders with Ba Thuoc district in the North, Yen Dinh and Vinh Loc districts in the south, Ngoc Lac district in the west and Thach Thanh district in the south.

Cam Thuy is in the climate zone 4 with 2 seasons: one hot season from April to mid- October and the other cold season. It is also influenced by the North climate as result of the transition between these two seasons. The average temperature is 23.3o C, average rain fall is 1711 mm and average humidity is 85.5%

Cam Thuy is divided into a total of 20 communes, made up of 201 villages. The district occupies a land area of approximately 42,410 hectares (ha), including 10,382 ha of agricultural land and 6,625 ha of forestry land. Uncultivated land comprises 22,340 ha, of which 14,489 ha is bare-land. The district roads are still in poor condition and transportation from village to village is achieved through small trails along the mountains. The Ma River is a very important means of transportation in the district, especially for transporting forestry products.

Cam Thuy has a population of 110,250 made up of 23,546 households (an average of 4.7 people per household). Of the 25,370 women between the ages 15-49, 17,500 are married. There are 10,162 children under five. The population density is 345 people per square kilometer. Three ethnic groups live in the district, including the Muong (50%), Kinh (49%), and Dao (1%).

Cam Thuy ADP has started the implementation as one ADP in FY2008. Before FY08, it was operated as two independent ADPs under the same district. After one year of the merging, the ADP decided to have another internal review on program direction, targeting, and program management. As a result of this internal review, WVV has decided to revise the following 3 areas:

(1) Program targeting: At the beginning, the program covered 18 out of 20 administrative units which spread the resources thinly and therefore reducing efforts for the target population. The transition phase focused on 9 poorest communes. The target groups of the ADP are the poor and sub-poor classified by the MOLISA. Within this target group, the direct beneficiaries are mainly:

- ❑ Children (e.g. poor children, children with disabilities, children in especially difficult circumstances);
- ❑ Women (e.g. women who are primary income earners, pregnant and lactating women);
- ❑ Subsistence Farmers (e.g. farmers who use traditional methods and inputs, farmers who have low yield, farmers who do not produce enough to feed their families);
- ❑ Families at Risk (e.g. families affected by drought, families affected by typhoons, families with crop failure, families coping with disease);

(2) Program management: enhance capacity for VDBs is one of the most important points that ADP addressed in all activities and intervention. Every staff in the program is required to have dual roles as a sector specialist and at the same time, in charge of the entire commune development plan.

(3) Program/project direction: The program/project direction has been being further adjusted and became more focused on addressing the root cause of poverty.

In FY2011, the covering area was 12 communes when closed 6 communes of Cam Luong, Cam Giang, Cam Quy, Cam Yen, Cam Tan and Phuc Do. Total VDBs also reduced from 187 down 137 accordingly. In early FY12, Cam Phong commune also was closed.

Table 3: Program history

	Cam Thuy North	Cam Thuy South
Previous WV projects in the district/ province	none	none
Assessment phase	Fiscal year 2002 (FY02)	Fiscal year 2001 (FY01)
Design phase	Fiscal year 2001 and 2002 (FY01 & FY02)	Fiscal year 2000 and 2001 (FY00 & FY01)
TDI	2007	2006
Phase I Mid-term Evaluation	2007	2007
Merged 2 ADPs	Aug 01, 2008	
Mid- term Review	Dec 2008	
First year of implementation phase	First implementation phase from Fiscal year 2001 – 2006 (FY01 – FY06)	First implementation phase from Fiscal year 2001 – 2006 (FY01 – FY06)
Estimated period for the second phase	From Fiscal year 2007-2012 (FY07 – FY12)	From Fiscal year 2007-2012 (FY07 – FY12)
Estimated period for the third phase (transition phase)	Transitional phase from Fiscal year 2012-2015 (FY12-FY15)	Transitional phase from Fiscal year 2012-2015 (FY12-FY15)

1. Evaluation Summary

Programme/Project:	Cam Thuy Area Development Programme
Programme Phase:	Transition Phase from Oct 1, 2014 to Sep 30, 2015
Evaluation Type:	End-program evaluation
Evaluation Purpose:	To evaluate transition phase program performance on Achievement, Effectiveness, Relevance, Sustainability, Equity and to provide the practical recommendations for redesigning next phase aligned with Child-Well –Being Outcomes
Primary Methodology:	Quantitative and Qualitative Survey
Evaluation Start and end dates:	Preparation: April 6-17 2014 Field visit for Quantitative part: 18-22 May 2015 Field visit for Qualitative part: 28 Jul -04 Aug 2015
Anticipated Evaluation Report release date:	<ul style="list-style-type: none"> • Quantitative survey report: 15 Jun 2015 • Evaluation report: First draft: 30 Aug 2015 Final report: 15 September 2015

2. Program Description

The current Cam Thuy ADP design is based on recommendations from End Phase Evaluation Report conducted in 2011. The overall program goal is to *improve sustained well-being of children within families and community especially the most vulnerable at targeted communes by 2015*

To achieve overall program goal, five projects targeting sector issues on health, agriculture economic development, education, capacity building and sponsorship were designed with long-term strategies to encourage community participation and ownership, building a firm foundation for sustainable development and addressing the root causes of poverty. The program strategy has changed from investing heavily on big scale infrastructure to capacity building activities, with a strong focus on leadership and organizational development, soft activity and community initiative supports.

The five projects with their goals and key outcomes are summarized in table below:

Hierarchy	Objectives	Indicators
Program goal	To improve sustained well-being of children within families and community especially the most vulnerable at targeted communes by 2015	% of children reports an increased level of well-being.
Rural Agriculture Development project (V183846-TW) &V184014		
Project goal 1	To increase incomes for poor farmers in targeted communes of the ADP through bio-environmental friendly technical approaches	Rate of poor households (as the MOLISA poverty standard <400,000VND/capita/month
Outcome 1.1	Increased accessibility to environmental friendly crops production techniques and small irrigation system for poor communities	% farmer apply ICM model with organic fertilizer composted by EMIC product
		Rice yield of community supported irrigation system increased
Outcome 1.2	Improved animal raising through environmental friendly techniques for poor farmers	% of households raising animal with good management of animal manure
Outcome 1.3	Increased capability for community in disaster preparedness, response and climate change adaptation	Rate of households have disaster preparedness plan
Education development project V183844 (TW) &V184016 (US)		
Project goal 2	Increased education qualify for kindergarten, primary and secondary levels	% of 11-13 aged children can read comprehensively as using FLAT
Outcome 2.1	Increased access to high quality kindergarten for 0-5 ages children	% of children (boys, girls and disabled) aged 03 - 05 years access to kindergarten
	0	Proportion of children who demonstrate they are ready for school
Outcome 2.2	Increase education quality for primary level	Proportion of children who are functionally literate
Outcome 2.3	Increase education quality for secondary level	Rate excellent and good students of secondary school
Outcome 2.4	Increased accessibility of integration into the community for CWDs	% enrollment CWD and participated in social activity
Health care development project (V183845 TW &V184017 -US)		
Project goal 3	To improve health status of the target people	% malnourished U5 children (Stunting)
		Percentage of malnourished children (Underweight)
		% of children with ARI
		% of children with Diarrhea in the past two weeks
Outcome 3.1	Improved nutrition practices and child health care practices among care-givers with children under 5	Proportion of young children receiving the minimum dietary diversity in the past 24 hours
		Proportion of children under 5 with diarrhea who received correct management of diarrhea
		Proportion of children under 5 with presumed pneumonia who were taken to appropriate health provider
Outcome 3.2	Increased basic skills on practicing injury protection for children and caregivers	Percentage of households meet national standard on safe home
Outcome 3.3	Enhanced accessibility to WATSAN for community based on national standards	Percentage of household accessing to fresh water sources

Hierarchy	Objectives	Indicators
Program goal	To improve sustained well-being of children within families and community especially the most vulnerable at targeted communes by 2015	% of children reports an increased level of well-being.
	0	Percentage of household accessing to improved latrine
Capacity building project (V183847-TW & V184015)		
Outcome 4.1	Improved capacity of local partners (VDBs, HFs and CPMB) in sustaining ADP results	% CPMB, VDBs members and HFs can facilitate key DME events (POA development and monthly quarterly reflection meeting)
		# of transition plans established and implemented by Commune PMBs and VDBs
Outcome 4.2	Increased working performance of Village development board (VDBs) to contributing towards CWB	# of VDB function well;
		# CDIs was managed by local partners
Outcome 4.3	Increased participation for children in activities related to children	Small initiated implemented and managed by children
Sponsorship management project (V175443-TW&V173898-US)		
Project Goal 5	To improve RCs' well being through Community-based sponsorship activities	% of under-five children with malnutrition
		% of 6-11-year-old children out of school
		% of child death by drowning/ accidents
		% of child health status verified "satisfactory"
Outcome 5.1	Increased community participation in sponsorship work	% of hamlets have at least 3 sponsorship-related activities organized by community
Outcome 5.2	Ensure RCs and their family benefited from the projects of the ADP	% of RC's families participated at least 2 project activities
Outcome 5.3	Ensure the SR standard requirement reached	Annual Sponsorship Report Rating

In terms of implementation structure, Cam Thuy ADP works closely with local authorities from village to district level and relevant departments/organizations including Agriculture and Rural development department, Health department, Education and Training Department, District Health Center, Women Union, Farmer Union, Disease Prevention Center, District Agriculture Extension Station, Veterinary station. They are all key stakeholders in the process of project need assessment, planning, implementation and monitoring. The total budget for five projects in stage FY12-FY15 is about \$2.2 million from sponsorship fund of WVUS and WV Taiwan, including some special project for Medical Herbs, Inclusive Education for enhancing farmer's income and living standard for CWD.

The project implementation is not without difficulties. Although the transportation network is good, the geographical features of the area is rather spread out. Also, the staff rotation and the frequent turnover of our project partners all pose big challenges for the project implementation.

Despite these challenges, Cam Thuy ADP has put its focus on building capacity of local staff and strengthening its supporting networks such as the district facilitator, nutrition clubs, CWD clubs. Many community initiatives were successfully built and are able to operate effectively with limited ADP's support. The participation and capacity of local people in development activities has increased. The relevant partners recognized their ownership role and responsibility in project implementation and clarified the community contribution and that ADP's will support. Therefore, the partners participated actively in each step of the project implementation. These makes the program more effective and sustainable. For the first CWBA, **Enjoy good health**, under intervention of Health Project, the ratio of children malnutrition under 5 years old decreased from 26.6% in 2009 down to 25.3% in 2010; For the second CWBA, **Are educated for life**, Education project in cooperation with local partners implemented several activities to help school drop-outs

and CWDs in career-oriented opportunities. With support from the ADP, 15 children completed vocational training; For the third CWBA, **Be loved and Love others**, Capacity Building project had contributed much more than expected. In occasion Christmas 2010, ADP held an event named “Ethnic Minority Children Enjoy Party with Santa Claus”. Children including many Muong and Dao ethnic minorities were excited with a Christmas party and Santa Claus. With this event, the children had a great change to enjoy positive relationships with peers, family, and community members. They also have hope and vision for the future; For the last CWBA, **Are cared for protected and participating**, this is a field that the ADP gained a lot of great results in all 5 projects (see project report for more detailed information). **Sustainability factor** is evident in the contributions of local communities which increased markedly. 128 sanitary latrines were built, of which the ADP supported 25% of total expenditure and the remaining 75% contributed from local people. This activity contributed over 50% in output 3.3.2 and contribute to the completion of outcome 3.2 namely “*Decreased incidence of environment disease among local people*”. Health Project has provided technical support through communication on sanitation and construction techniques for the direct beneficiaries as well as community. All steps of this process has been documented for the community as well as other stakeholders to use. **Awareness transformation of partners and stakeholders** is one of the most significant changes. Stakeholders participated more actively in most activities such as training courses, capacity building and applying modern approach/ models in learning and the life skills. Local authority at all levels paid more attention in all project activities and the most of vulnerable groups. Partners also express more clearly the role of ownership in finding solutions the core problems of the community. While there are significant achievements, there are still many areas for improvement. Awareness and capacity of local cadres still need strengthening so that they can work independently. The passive reliance on ADP and government supports is still a problem and some local cadres are not enthusiastic in participating into the program implementation process, the gap between knowledge, skills and behaviors is still big, especially in the area of water and sanitation, nutrition and active learning.

3. Evaluation stakeholders

3.1 Beneficiaries:

- ✓ Farmers in farmers clubs, nutrition clubs.
- ✓ Children in the child club
- ✓ Teachers and school managers
- ✓ Members of farmer groups: interest groups such as nutrition clubs, child-care groups.
- ✓ Man, women and children/students in community, schools and child clubs.
- ✓ Village development Board.
- ✓ Hamlet facilitators
- ✓ Commune program management Board
- ✓ Group of Clients of Micro-finance Unit?

3.2 Program implementers:

3.2.1: Village & Commune Levels: village heads, hamlet facilitators, health workers, teachers, head of village and commune women union, heads of farmer groups and commune program coordinators.

3.2.2 District level: relevant staff of Agriculture and Rural Development Department, Health department, Education and Training Department, District Health Center, Women Union, Farmer Union, Disease Prevention Center, District Agriculture Extension Station, Veterinary station.

3.2.3 ADP team including ADPs manager and PAs (focusing on ADP’s CB staff and APD manager)

3.3 Program management Board

3.3.1 Village Development Board

3.3.2 Commune program management boards

3.3.3 District program management board

3.3.4 WVV program implementers (ADP staffs)

3.4 Relevant staffs of national office – WVV National Coordinators

3.5 WVUS and WVTaiwan - support office

3.6 Key Partners for each project

No.	Sector/project	Key partners involved during this phase.
1	Agricultural Development Project	Cam Thuy District Department of Agricultural Extension Cam Thuy District Department of Veterinary District and Commune Farmer Unions Target poor households
2	Education project	Cam Thuy District Department of Education and Training Target primary schools, target preschools Teachers and students in target communes.
3	Health project	Cam Thuy District Department of Health Cam Thuy District Health Clinic Target commune health stations Children and caregivers in the target communes. Hamlet health workers in the target villages.
4	Sponsorship	RC and their families Head of village Commune and village sponsorship volunteers. Primary and secondary school teachers Youth Unions.
5	Capacity building	District People’s Committee Target Commune People’s Committee Village Development Boards.

4. Evaluation Type

This is an end of program evaluation and it is a summative as well as a formative evaluation.

5. Evaluation Purpose and Objectives

A. Purpose

After 3 years of implementation, this end of phase evaluation is to assess achievement, relevance, and effectiveness of the program in relation to community development needs, WV strategies and WV partnership standard on CWBA with focus on leadership project. The evaluation will help relevant WV’s staff and local partners to draw the necessary lessons learnt and practical recommendations.

Specific attention will be given to the issue of sustainability in this project evaluation using the 5 drivers of sustainability, i) Local ownership, ii) Partnering, iii) Transformed relationships, iv) Social

accountability and v) Resilience and risk reduction as the foundation for questions linked to sustainability.

B. Specific objectives:

1. Accomplishment: To assess the achievement of program at outcome and project levels, the program impacts on the wellbeing of children in the target area

2. Relevance: To assess how the program design and implementation is appropriate to community needs, local government policies/orientation, the WVV country strategies and WV partnership standards and its significant and worthwhile the program fixes the context and situation.

3. Equity: Assess how and whether adequate the program paid attention to target groups - the poor, children, MVC and women.

4. Effectiveness: To assess whether outputs led to achievements of project outcomes and assess program achievements against defined objectives, particularly at outcome level for each project.

5. Sustainability: To assess the overall management and structure of the program, particularly focusing on potential practices of the program to be participated, owned and continued by local people or replicated to other regions.

C. Evaluation Objective Matrix

Specific objectives	Issues to Assess/Question	Methods	Sources of Data
1. Program accomplishment	<ol style="list-style-type: none"> How far have we accomplished our goal at the program Achievements in terms of outcomes and goals based on logframe indicators 	<ol style="list-style-type: none"> Household survey Documentary review KI Interview Focus group discussion 	<ol style="list-style-type: none"> Design document and logframe (FY12-15), ITT FY10-12, Annual POAs (FY12-15), semi-annual/annual reports, documentation prepared by ADP and partners, baseline survey of inclusive education project, medical herb project report. Meetings/workshop minutes Interview notes with ADP staffs and relevant partners at village, commune and district level. Other records
<p>2.Relevance:</p> <p>(i) Determine relevance of program design, monitoring and management system.</p> <p>(ii) to assess how the program implementation is appropriate to community needs, local government policies/orientation, the WVI country strategies and WV partnership standard</p>	<ol style="list-style-type: none"> Relevance of activities, especially in the capacity building activity, toward expected outputs, outcomes and goals. Assess relevance of program design in relation to community development needs, local government policies/orientation, the WVV country strategy and WV partnership standards. How the participation and collaboration between different stakeholders in DIME? Are the community development approaches employed by the ADP culturally and locally relevant? How effective of the monitoring system? Any area for improvement? 	<ol style="list-style-type: none"> Documentary review KI Interview Focus group discussion Household survey Observation 	<ol style="list-style-type: none"> Design document and logframe (FY12-15), ITT (FY12-15), Annual POAs (FY12-15), semi-annual/annual reports, documentation prepared by ADP and partners, baseline survey of inclusive education project, medical herb project report. Meetings/workshop minutes Interview notes with ADP staffs and relevant partners at village, commune and district level. Other records
<p>3. Equity: Assess how the program adequately paid attention to target groups such as the poor, children, and women.</p>	<ol style="list-style-type: none"> Who are the group that is mostly benefited by this project? Who are the group of people that are left behind, not being benefited by this project? How the above poorest, woman and children involved in activity design, implementation, 	<ol style="list-style-type: none"> Documentary review KI Interview Focus group discussion Household visit and interview 	<ol style="list-style-type: none"> Program design and reports. Members of District and Commune PMB Health workers, HFs, teachers, members of child clubs. ADP Staffs

	<p>monitoring and evaluation?</p> <p>4. How the children, women and the poor benefited from program activities?</p>	5. Household survey	
<p>4. Effectiveness: To assess program achievements against objectives, particularly at outcome level for each project.</p>	<ol style="list-style-type: none"> 1. Have outputs contribute to achievements of project outcomes 2. Have project outcomes led to project goals and program goals 3. What is the unexpected outcomes? 4. How the crosscutting themes like gender, disability, environment were adequately covered. 	<ol style="list-style-type: none"> 1. Documentary review 2. Second data collection and review 3. Focus group discussions 4. Key informant interviews 	<ol style="list-style-type: none"> 1. Program Design Document, Semi-annual and annual report (FY12-15), 2. Annual reports and statistics of relevant departments. 3. Meeting/workshop records. 4. Records of interview (PMB at commune and district level, staff of relevant departments, beneficiary group: women, men, children and the poor). 5. FGD on some practices on farmer groups, networks of HFs, health workers, VDB, PMB and ADP.
<p>5. Sustainability: To assess the overall management and structure of the program, particularly focusing on potential for the program to be participated, owned and continued by local people.</p>	<ol style="list-style-type: none"> 1. Program strategies to promote sustainability 2. Assess program sustainability in terms of local ownership, partnering, transformed relationships, social accountability & resilience and risk reduction including relevant measures of technical, management and resource mobilization capacity of local partners and CBOs who will take responsibility for sustaining development outcomes after Cam Thuy ADP leaves the areas. Any good practice to be captured for dissemination in future? 	<ol style="list-style-type: none"> 1. Documentary review 2. KI Interview 3. Focus group discussions 4. PRA techniques 	<ol style="list-style-type: none"> 1. Program design and annual reports. 2. FGD notes (HFs, village health workers, members of VDB, commune and district PMB). 3. Interview notes (interest groups, farmer clubs...).

6. Evaluation Methodology

The planned evaluation will be participatory in nature as suggested by the process, methodology and team composition. The evaluation will use both quantitative and qualitative data to identify and analyze relevance of the program in relation to community development needs, the WVUS/Taiwan's country strategies and WV partnership standards.

The communities and relevant stakeholders will be made aware of the evaluation's purpose and objectives in order to facilitate their maximum participation. This will enable them to identify program strengths, weaknesses; opportunities, threats, as well as learning from the experience of Transition Phase. It is expected that there will be some preliminary recommendations about how to maintain the results in the future. The evaluation team will use seven common methods to collect program data as bellow:

A. Quantitative survey:

Household Survey: To gain quantitative data to compare against the TDI and baseline survey. As large a sample as possible of simple household surveys will be collected. 30 cluster method will be applied.

Secondary Data Collection and Review: To assist determine impact and ensure results are contextualized. This includes district and commune statistics, as well as relevant statistics or reports from other agencies working in the area will be reviewed.

B. Qualitative part:

Documentary Review: Documents includes program design document, log-frame, TDI report, POAs, semi-annual/annual reports. In addition to surveys, reports, studies from granted projects and project components in the area would also be provided.

Focus Group Discussions: To obtain detailed qualitative comments or community perspective on the success of program activities and identify areas to improve, including recommendations.

Key Informant Interviews: To gain stakeholders' perspectives on ADP outcomes and perceptions at particular elements of the program. This will particularly include interviews with district and commune PMBs, Health Stations, Schools, Hamlet heads, Hamlet Facilitators, health workers, head of women union, beneficiaries, heads of farmer groups, health groups...ADP staffs and national staff.

Field visits/direct observation: To verify activities and outputs delivered and their quality, as well as assist develops detailed recommendations.

PRA tools/techniques: The use of a wide range of PRA tools will be encouraged to help participants to actively participate in and share their knowledge and views during the evaluation, especially during focus group discussions. For children, Child to child approach will be applied in this evaluation. These tools will include: Ladder of Life, SWOT analysis, mapping, MSC/case story and the use of photos and pictures

7. Limitations and Challenges

Limited Baseline and quantitative Data: TDI 1.0 is not conducted so some qualitative indicators is not available, lack of some baseline indicators such as child participation, business development. Data at outcome and goal level are mainly collected from secondary data of which accuracy and reliability may be an issue.

In addition Cam Thuy North is the remote and mountainous district in Thanh Hoa province. Therefore the roads from the district center to the target communes/hamlets are in very bad shape. The capacity of commune partners is limited. These will have made staff much more difficult to collect data on surveys at commune/hamlet level.

The program area is large; it is implemented in 6 communes with 41 hamlets, multi-sectors and various stakeholders. WVV will discuss with team leader in planning process.

The evaluation plan will have limited focus on Sponsor Relationship project, and will only utilize relevant data collection from Sponsorship project activities which have done for RC's benefit in the target communities

8. Authorities and Responsibilities

Team Members and Roles – the evaluation team will be made up the evaluation:

- ☞ **A team leader** - whose have strong background and experience in working with WVI and adequate expertise in review and evaluate integrated development programs in Vietnam context and others. Strong analysis, summary, writing and teamwork skills are expected. The team leader will lead the evaluation team, providing guidance and directions to achieve the purpose, objectives of this evaluation; write evaluation report. The team leaders will be identified through recruitment process.
- ☞ **Sub-team leaders/ Managers** in other ADPs, National Coordinators and Cluster Officers who have at least 3-year field-based experience in integrated program management and adequate expertise/background on at least one sector regarding to livelihood development, kindergarten and primary education, health care development, and leadership development. Sub-team leaders have responsibility to ensure that project documents are well understood by the team, and logistic arrangement is in place; assist in leading group discussions, interviews, analysis and summary.
- **Program Quality Department** - Give comments for questionnaires of the evaluation.
- **ADP Manager** - provide inputs, documents for evaluation and co-ordinate services, logistics, equipment and supplies for evaluation team.
- **WVV staffs (of Cam Thuy ADP and other ADPs)** - Joint as sub-team members to provide logistics, inputs and assists the sub-team in information collection and analysis process
- **Program officer of SO** - provide donor's perspective on project findings and recommendations.
- **Local partners:**
 - √ **Representatives of district partners** (all relevant partners of each project)
 - √ **Representatives of the target communes** (members of C-PMBs)
 - ☞ **Representatives of villages and communes** (Hamlet facilitators, Hamlet health workers, Hamlet Youth Union, Teachers, VDB heads or DSG heads).

Who will be involved in the evaluation process?

Decision	Person Making Decision
Appointment of the team leader	WVV (Operations & Program Quality), Operation team leader
Provision of documents for review	ADP manager, ADP staff
Provision of services, logistics, equipment and supplies	ADP manager, team assistant, ADP staff.
Provide inputs on what findings mean to them and help develop practical recommendations; facilitate community access and provide local knowledge; assist in group discussion and	Program Management Boards, local authorities, implementers from village to district level.

information collection.	
Facilitation of meetings and field visits	Relevant team members, sub-team leader and team leader

9. Team Advisors

Program Quality Director, Operation Director, Thanh Hoa Regional Programs Manager, Program officers of WVUS/Taiwan, ADP manager.

A. For Quantitative Data collection

The Core Survey Team

1. Survey Coordinator - DME Officer
2. Technical support, National PEU Officer
3. Computer/Data Analyst: National PEU Officer.
4. Overall support - ADP Manager

B. For Qualitative and Document review

The Core Evaluation Team

Evaluation Team Leader	External Consultant – Team leader
Programming and Capacity building group.	WVV's staff
Health group	WVV's staff
Education group	WVV's staff
Agriculture group	WVV's staff
MFU group	WVV's staff
SSO	WVV's staff
Overall support	WVV's staff

10. Time frame for external consultant

No.	Activities	Time	Who
For Quantitative Survey			
1.1	Provide relevant documents and provide summary of the annual reports and ITT.	17 April	WVV's staff
1.2	Review all relevant documents	20 April	WVV's staff
1.3	Review Logframe/Indicators and make survey plan	6 May	WVV's staff

1.4	Prepare tools for collecting data	14 May	WVV's staff
1.5	Quantitative Survey (2 days trainings, 04 days field work)	18-23 May	WVV's staff
1.6	Collect secondary data for Phase-in and phase-out indicators and other indicators to support programming achievement.	1-5 June	WVV's staff
1.7	Submission of the raw Data	30 June	WVV's staff
For Qualitative Evaluation			
2.1	Evaluation team setup and invitation	02,03 July 2015	WVV's staff
2.2	Consolidate relevant program/ project documents and send to evaluation team members: (Program design document, Annual and semi-annual reports, MIS reports, POAs, Log frame with ITT updated, Audit reports,	07,08,09 July 2015	WVV's staff
2.3	Review all relevant documents and provide key findings and questions	14,15 July 2015	Team Leader , all evaluation team members.
2.4	Develop guide questions, tools by each sub-team leaders and send team leader (in the preparation meeting for evaluation?)	21 July 2015	Evaluation Team Leader , Sub-team Leaders
2.5	Announce field work schedule and invitation to local authority and inform local members	22 July 2015	ADP Manager and staff
2.6	Prepare logistic for evaluation (photocopy, materials, travel, accommodation...) and inform to team members	23,24 July 2015	ADP Manager and staff
2.7	Training workshop on qualitative evaluation	28,29 July 2015	Evaluation Team Leader , ADP Manager and all evaluation team
	Day off and preparation for field work	30 July 2015	
2.8	Field work for information collection and analysis	31 July – 01 & 02 Aug 2015	Evaluation Team Leader & Evaluation team
2.9	Data analysis & preparation for presentation to partners & community	03 Aug 2015	Evaluation Team Leader , Evaluation team and local partners
2.10	Presentation for partners (morning only)	04 Aug 2015	Evaluation Team Leader , Evaluation team and local partners
2.11	Report writing and send draft sector reports (English) to Team Leaders and ADP Manager	20 Aug 2015	Sub-team Leaders
2.12	Consolidate and send draft program evaluation report	28 Aug 2015	Team Leader
2.13	Give further comments/inputs to draft program evaluation report	03 Sep 2015	Sub-team Leaders, Thanh Hoa Region/ADP Managers
2.14	Finalize and send final evaluation report (English)	07 Sep 2015	Team Leader
2.15	Translate the report into Vietnamese or English	15 Sep 2015	ADP Manager

Total working day for external Team leader: 14 days

11. Logistics

The ADP team will be in charge of all the logistics arrangements for the evaluation.

12. Products

Evaluation reports followed WV LEAP template guidelines that include common views of various stakeholders.

The team leader will prepare the evaluation report in Vietnamese; WVV will arrange translation into English. The report will be shared with relevant government agencies, communities and Project Management Boards at all levels, WVV, WVK and WVT. The report should also include a data analysis framework.

13. Budget

Budget is committed by Support Office.

14. Documents

Documents that will be reviewed prior to the field visits include:

- 14.1 Project design documents,
- 14.2 Annual plan of action FY (12-15),
- 14.3 Semi-annual and annual reports FY (12-15),
- 14.4 TDI report,
- 14.5 Report on other additional documents.
- 14.6 End Phase I Evaluation Report

15. Lessons Learned

Lessons learnt about this evaluation will be integrated into the final workshop and included in the evaluation report.

16. Appendices

All the project documents as outlined in section 14 (will be enclosed in the final copy)