Attachment A

TERMS OF REFERENCE
END EVALUATION OF THE CHILD HEALTH NOW PROJECT
HOA BINH, DIEN BIEN, QUANG TRI, AND YEN BAI PROVINCE

I. BACKGROUND

Child Health Now is a special project that World Vision Vietnam (WVV) initiated to respond to the global campaign Child Heal Now of World Vision International. The project aims to contribute to the decrease in malnutrition rate of children under five years of age in Hoa Binh, Dien Bien, Yen Bai, and Quang Tri province through the advocacy and integrated approach. In specificity, the project aims to assist these provinces to meet the objectives of the National Nutrition Strategy 2011-2020: reducing the rate of stunting in children under 5 years old to 26% by 2015, and the prevalence of underweight among children under 5 years old to 15% by 2015. The project is also an effort to join the global campaign for pursuing the achievement of MDG 4 on reducing the under-five mortality rate by two-thirds by 2015 and MDG 5 on reducing maternal mortality ratio by three-quarters.

CHN project starts in FY 2014 (1/10/2013) and is expected to finish in May 2016. The project has been implemented at multiple levels. The central partners include Department of Maternal and Child Health – Ministry of Health (MCH-MOH), National Institute of Nutrition (NIN), National Institute of Malariology, Parasitology, and Entomology (NIMPE). At provincial level, the project has collaborated with provincial Center of Reproductive Health. Expected outcomes and outputs of this project are as follows:

Outcome 1: *To influence the endorsement and subsequent circulation of additional guidelines to support the national nutrition program*

The first expected outcome of this project is to influence the endorsement of the Vietnamese governmental agencies in the process of revising and supplementing nutrition policies. Relevant national institutions and governmental agencies working in nutrition are expected to increase their interest in child health issues, particularly nutrition issues, to be involved in the policymaking process which promotes child health issues and facilitates issuance of guidelines to support the national nutrition program. In specificity, at the end of the project, it is expected that the guidelines for community deworming for children aged 12-24 months are issued, and handbooks or guidelines on nutrition program management and nutrition communication are completed. Outcome 1 is tackled at the central level.

Output 1.1: *Issued guidelines for community deworming for children aged 12-24 months*

Deworming has now been implemented in areas where there is a high prevalence of worm infection, focusing on children of school age. Deworming for children less than two years of age is not regulated although this practice has been recommended by WHO and UNICEF to help improve the nutrition status of children. Therefore, one primary output to be delivered in this project is the guidelines for community deworming for children aged 12-24 months. NIMPE will be responsible for delivering this output.

Output 1.2: *Completed handbooks/guidelines on nutrition program management and nutrition communication*

Nutrition guidelines have been developed sporadically by different health agencies for the past time, which causes inconsistencies in quality of nutrition work, hence affects child health. Therefore, another important output within Outcome 1 is guidelines on nutrition program management and nutrition communication. These materials are key to effective implementation of nutrition programs. NIN and MCH will be responsible for delivering this output.

Outcome 2: *To promote effective implementation of the nutrition policies; National Nutrition Strategy 2010-2020 and the National/Provincial Plan of Action in targeted provinces at all levels.*

As a result of this project, it is expected that the nutrition policies including National Nutrition Strategy 2010-2020 and the National/Provincial Plan of Action in the four targeted provinces are implemented effectively at all levels. Outcome 2 aims at having the four provinces develop the customized action plan based on the national plan, seeking commitment in implementing the provincial plan from relevant authorities, and equipping health staff at implementing agencies with adequate knowledge and skills. Outcome 2 will be obtained at provincial and district level.

Output 2.1: Developed Action Plan for each province

Based on the National Plan of Action on Nutrition, each province builds a plan, setting objectives, implementation methods, and management structure that are suitable and feasible in the local context. This output will be obtained at the provincial level.

Output 2.2: Endorsed Action Plan and commitment from relevant authorities

The provincial action plan needs to be unanimously agreed upon and endorsed. Not only Department of Health is involved in the planning and endorsement process, but support and commitment will be sought in other government bodies as well. This output will be obtained at the provincial level.

Output 2.3: Strengthened nutrition capacity for health staff at provincial, district and commune level

Capacity of health staff is crucial to achieve objectives of the provincial/national action plan. The situation analysis earlier shows that most health staff doing nutrition work at provincial, district, and commune level are not professionally trained on nutrition. Besides, essential skills in program planning and nutrition counseling are lacking among these key staff. The third output of Outcome 2 therefore focus on strengthening nutrition capacity for health staff at provincial, district and commune level. The training will be delivered to health staff at provincial and district levels by NIN.

Outcome 3: *To promote exclusive breast-feeding practice, deworming children aged 12-24 months, and general nutrition practices*

As part of this project, it is expected that authorities of all levels in the four targeted provinces are more aware and in favour of nutrition practices such as exclusive breast-feeding and deworming children aged 12-24 months. The promotion of nutrition practices will help increase the community demand, thus creating a more favourable environment for improving nutrition status of children. Outcome 3 will be obtained at central, provincial and district levels.

Outputs 3.1: Developed IEC materials on breast-feeding, deworming and general child nutrition

Since IEC materials on nutrition are shown to be lacking in the four targeted provinces, the first output in Outcome 3 is the development of IEC materials on breast-feeding, deworming for children aged 12-24 months, and general child nutrition. This output will be delivered by NIN.

Outputs 3.2: Disseminated IEC materials on breast-feeding, deworming and general child nutrition

Developed IEC materials on breast-feeding, deworming and general child nutrition will be disseminated at the provincial and district level to raise awareness and attract interest of relevant authorities.

Outputs 3.3: Scaled up best practices/ models on nutrition

As this project will be integrated into ADPs of World Vision, best practices and models of nutrition work which is implemented by World Vision will be introduced to the four targeted provinces through workshop and short-term training courses. This output will be delivered by WV in collaboration with the provincial DOH/PCRM.

II. THE EVALUATION OBJECTIVES

The evaluation aims to assess project achievement and effectiveness after 2.5-year intervention and its contribution to the nutrition status of children under 5 in target provinces. The evaluation will help WVV and partners identify successes and challenges in multiple aspects of project implementation and lessons learnt for similar interventions in the future.

Specific objectives:

1. **Accomplishment**: To assess the achievement of the project at the outcome level
2. **Effectiveness**: To assess how the outputs contribute to the outcome and goal of improving child well-being and how the crosscutting themems were adequately given attention
3. **Relevance**: To assess how the project design and implementation is suitable for community needs and WVV strategies
4. **Equity**: To assess how the project addressed vulnerable populations – the poor, children, MVC
5. **Sustainability**: To assess the overall design and management of the project and the potential of partners to carry on project accomplishment

The evaluation needs to collect the following indicators:

No.	Indicators	Definition
1	Prevalence of stunting in children under five years of age	Percent of children aged 0-59 months whose height-for-age is below minus two standard deviations from the median (or less than two standard deviations below the median) as determined by the WHO Child Growth Standards
2	Prevalence of underweight in children under five years of age	Percent of children aged 0-59 months whose weight for age is less than minus two standard deviations from the median (WAZ) for the international reference population ages 0–59 months.
3	Prevalence of wasting in children under five years of age	Percent of children aged 0-59 months whose weight for height is less than minus two standard deviations from the median (WHZ) for the international reference population ages 0–59 months.
4	Proportion of children exclusively breastfed until 6 months of age	Percent of infants aged 0–5 months who were fed exclusively with breast milk during the entire day prior to interview. Exclusive breastfeeding (EBF) means the baby has not received any other fluids (not even water) or foods, with the exception of oral rehydration solution, drops and syrups (vitamins, minerals, medicines).

5	Proportion of children given appropriate feeding during illness	- (1) Percent of children aged 0-59 months who had diarrhea in the previous 2 weeks and who had increased breastfeeding and/or fluids and/or continued foods, as appropriate. - (2) Percent of children aged 0-59 months who had cough and fever in the previous 2 weeks and who had increased breastfeeding and/or fluids and/or continued foods, as appropriate.
6	Proportion of children aged 12-24 months old who receive deworming medicine	Percent of children aged 12-24 months who are given deworming medicine at appropriate dose as recommended by the national guideline
7	Proportion of community health workers with enhanced capacity for nutrition counseling and communication	Percent of community health workers (including commune health staff and village health workers) who: ○ attended training on nutrition counseling and communication delivered by the CHN project – WVV, ○ felt competent to conduct the nutrition counseling in their community, and ○ felt confident to conduct the nutrition counseling in their community
8	Proportion of community health workers who report implementing the provincial action plan on nutrition	Percent of community health workers, including commune health staff and village health workers, who: ○ have heard of the provincial and district action plan on nutrition, and ○ reported that their daily tasks were part of the implementation of the provincial/district action plan on nutrition

III. STAKEHOLDER ANALYSIS

Level	Who	Involvement
National	• National Institute of Nutrition (NIN) • National Institute of Malariology, Parasitology, and Entomology (NIMPE) • Maternal and Child Health, Ministry of Health (MCH-MOH)	Primary implementers: - Developing technical guidelines relating to nutrition program M&E, breastfeeding and infant and young child feeding - Delivering short-term TOT classes on nutrition program planning and M&E, updated nutrition interventions, and nutrition communication
Provincial	• Provincial Center of	Primary implementers:

Level	Who	Involvement
	Reproductive Health	- Organizing provincial workshop involving Department of Health and other sectors and district authorities to develop and disseminate Provincial Action Plan to implement National Action Plan on Nutrition - Participating in TOT delivered by NIN - Delivering training classes on nutrition practices and nutrition communication for community health workers - Supervising nutrition communication activities at the commune level - Collaborating with Provincial Center of Health Education and Communication to broadcast nutrition messages during Micronutrient Week (1 June) and Breastfeeding Week (1-7 August)
District-commune	• World Vision Area Development Program (ADPs) • Health workers (district, commune, village level)	ADPs – collaborators: - ADPs shared costs and gave support in supervising training classes at the district and commune level Health workers – beneficiaries: - Health workers participated in training classes
Community	• Mother of children under 5 • Children under 5	Primary beneficiaries

IV. METHODOLOGY

The evaluation will use both quantitative and qualitative methods of data collection to gather information for analysis.

1. Quantitative methods

The quantitative component will be integrated in the CWBT#2&3 survey, employing the following methods:

- **Anthropometrics**: To measure weight and height of children under five
- **Interviews**: To conduct interviews with primary caregivers of the children under five who have been measured and selected in the sample, and to conduct interviews with commune health staff and village health workers

- **Secondary data collection and review**: To determine the level of impact and ensure results are contextualized. (secondary data include district and commune statistics, ADP reports/evaluation during FY2014-2016)

2. Qualitative methods

- **Desk review**: To review project documents including project design document, log-frame, POAs, semi-annual/annual reports, and other secondary data if applicable
- **Focus group discussion**: To obtain community perspective on the implementation and achievement of the project, particularly among local partners
- **Key informant interviews**: To gain stakeholders' perspective on project outcomes implementation process. This includes interviews with project partners at the central level.

3. Selection of areas and methods for evaluation

<table>
<tr><th>Level</th><th colspan="4">Locations</th><th>Methods</th></tr>
<tr><td>National</td><td colspan="4">Hanoi</td><td>- Desk review
- Key informant interviews w/ central partners</td></tr>
<tr><td>Provincial</td><td colspan="4">Dien Bien Hoa Binh</td><td>- Key informant interviews w/ provincial partners</td></tr>
<tr><td rowspan="4">District</td><td>Dien Bien</td><td>Quang Tri</td><td>Hoa Binh</td><td>Yen Bai</td><td rowspan="4">- Secondary data review
- Focus group discussion w/ health workers
- Interviews w/ primary caregivers</td></tr>
<tr><td>Dien Bien Dong</td><td>Hai Lang</td><td>Yen Thuy</td><td>Yen Binh</td></tr>
<tr><td>Tua Chua</td><td>Huong Hoa</td><td>Lac Son</td><td>Van Yen</td></tr>
<tr><td>Tuan Giao</td><td></td><td>Mai Chau</td><td>Tran Yen</td></tr>
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The locations for the evaluation are selected based on the KAP baseline survey conducted in December 2013. The locations of this survey, which was solely quantitative, included Dien Bien, Quang Tri and Hoa Binh (3 districts/province, 3 communes/district, 2 villages/commune). Yen Bai was not included in the survey because there had been a similar one prior to the KAP survey, the result of which was used as secondary data.

For this evaluation exercise which combines quantitative and qualitative methods, the data collection will take place at the national, provincial and district levels. At the national level, key informant interviews will be conducted in Hanoi. At the provincial level, Dien Bien and Hoa Binh were selected on the grounds that the scale of implementation, partner participation and ADP collaboration was larger than that in Yen Bai and Quang Tri. At the district level, three districts of Yen Bai were randomly selected in addition to districts included in the KAP baseline

survey. Vinh Linh ADP (Quang Tri) is removed from the sample as the program has already closed. In total, 11 ADPs are included in the quantitative survey.

4. Sampling

Qualitative methods

Method	Location	Quantity	Respondent
Key informant interview	Hanoi	3	Focal point persons at NIN, NIMPE and MCH-MOH
	Hoa Binh	2	1 Focal point person at Hoa Binh PCRH 1 ADP manager/health staff
	Dien Bien	2	1 Focal point person at Dien Bien PCRH 1 ADP manager/health staff
Focus group discussion	Hoa Binh	3	Community health workers in Lac Son, Yen Thuy, Mai Chau
	Dien Bien	4	Community health workers in Tua Chua, Muong Cha, Tuan Giao, Dien Bien Dong

Quantitative survey

Interviews with primary caregivers of children under 5

N=1210	Dien Bien	330	Quang Tri	220	Hoa Binh	330	Yen Bai	330
	Dien Bien Dong	110	Hai Lang	110	Yen Thuy	110	Yen Binh	110
	Tua Chua	110	Huong Hoa	110	Lac Son	110	Van Yen	110
	Tuan Giao	110			Mai Chau	110	Tran Yen	110

All children under five years of age in ADPs of Dien Bien, Quang Tri, Hoa Binh, and Yen Bai will be measured for weight and height at the beginning of December 2015. Primary caregivers of 1210 children under five in these ADPs will be randomly selected for the survey with cluster sampling method:

- In each province, 3 ADPs are selected randomly (with the exception of Quang Tri where only 2 ADPs are selected)
- A sampling frame of children under 5 will be developed based on lists of under-fives established by ADPs. The list of children under five is gathered by ADP staff and should be submitted to DME 2 weeks before fieldwork starts. The list should exclude children in families where mother of the child has not resided in the hamlet for the past 6 months and those who reside in very remote areas. Information of children must be collected in the following form:

No.	Name of the child	D.O.B (solar calendar)	Name of the mother	Name of the father	Household address			
					Hamlet/village	Commune	District	Province
1								
2								
3								

- There are two lists to be used: the primary list and the replacement list, which are prepared by DME officer.
- At each ADP, 3 communes are randomly selected (the selection was made by DME officer based on the under-five list; investigators will be informed of selected communes 1 week prior to fieldwork launch).
- At each commune, 2 villages/hamlets are randomly selected (the selection was made by DME officer based on the under-five list, investigators will be informed of selected villages/hamlets 1 week prior to fieldwork launch).
- Child participants will be randomly selected on the primary list. Primary caregivers of the selected children will be invited to participate in a quantitative interview.
- Primary caregivers who do not turn up at the survey venue or refuse to participate will be substituted by respondents in the replacement list.

Interviews with commune health staff and village health workers

Interviews with commune health staff and village health workers will be conducted separately from interviews with primary caregivers of children under 5 with a different questionnaire. The sample is consisted of all commune health staff and village health workers in WV communes of 11 ADPs. Data collection is expected to take place at their regular meeting in January 2016.

V. ORGANIZATION OF FIELDWORK

The qualitative fieldwork will be handled independently of the quantitative survey. It is decided that the qualitative component be conducted by an external consultant.

The quantitative survey of primary caregivers of children under 5 is incorporated in the child nutrition status monitoring activity (weight and height measurement) at the district level and the WV survey on child well-being target No. 2 at the beginning of December 2015. The quantitative survey of commune health staff and village health workers is conducted separately by ADPs in January 2016. Preliminary results of the quantitative surveys should be available at the beginning of February 2016.

VI. QUALITATIVE EVALUATION TEAM

An external consultant – Team leader: Who have strong background and experience in working with WV Vietnam and adequate expertise in reviewing and evaluating advocacy and nutrition projects in Vietnam context. Strong analytic, 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. In particular, the consultant will be responsible for (1) conducting the qualitative component of the evaluation including tool development, training of interviewers, data collection, data analysis and report writing, (2) analyzing the quantitative survey result and secondary data, and (3) completing the whole evaluation report. The team leader will be identified through a recruitment process.

Evaluation team members: The project team members, technical staff of WVV and relevant local partners. The Project Manager has responsibility to ensure that project documents are well understood by the team, and logistic arrangement is in place.

Team Advisors: PQRD Director and Operations Director, WV Vietnam

VII. EXPECTED OUTCOMES

- An evaluation report that follows WV template, including common views of various stakeholders. The final report format should include the following headlines: *Acknowledgments, Acronyms, Introduction, Executive Summary, Background, Objectives, Methodology, Results, Lessons learnt, Study Limitations, Conclusions and Recommendations, Appendices, References*
- The evaluation report will be prepared in Vietnamese and English so as to be shared with local partners, WV Vietnam and the donor
- The evaluation is participatory and incorporates learning process and reflection

VIII. EVALUATION TASKS AND TIME FRAME

The consultant is expected to start on 11th of March 2016.

No.	Activities	Time (unit=day)	Who
For Qualitative Evaluation (led by external consultant): From 11 Mar 2016 to 18 Mar 2016			
1	Project Orientation provided for consultant	0.5	Project team
2	Review all relevant documents and provide key findings and questions	1	**External consultant**

3	Develop evaluation matrix, tools, agenda for field work and suggestion for logistic preparation	2	**External consultant**
4	Prepare logistic for evaluation (photocopy, materials, travel, accommodation…)		Project team
Fieldwork: **From 21 Mar 2016 to 30 Mar 2016**			
5	Training for evaluation team members	1	**External consultant**
6	Data collection in Hanoi, Hoa Binh, and Dien Bien as designed	5	**External consultant and team members**
7	Feedback workshop	1	**External consultant**
Analyze and write report: **From 1 Apr 2016 to 27 Apr 2016**			
8	Qualitative and quantitative data consolidation and analysis	5	**External consultant**
9	Write and send draft evaluation report (Vietnamese)	3	**External consultant** **(1st Vietnamese draft to be received by WVV team)**
10	Give comments/inputs to the draft evaluation report		Evaluation advisors and Evaluation team
11	Complete and send evaluation report (Vietnamese version based on the comments)	1	**External consultant**
12	Translate report into English	2	**External consultant**
13	Give comments/inputs to the draft evaluation report by English		Evaluation advisors and Evaluation team
14	Complete and send final evaluation report (English version) based on the comments	1	**External consultant** **(1st English draft to be received by WVV team)**
15	Present key findings of the evaluation at the project dissemination workshop	0.5	**External consultant**
	TOTAL CONSULTANCY WORKING DAYS	**23**	

Note:

- ***Consultant payment rate: Negotiable based on the WVV cost norm***
- The project team will be in charge of all the logistics arrangement and payment, and document preparation (Project proposal documents, Annual Plan of Actions, Annual reports and other relevant documents…)
- Working days do not include travel time

IX. CONTACT PERSONS

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