

# SCOPE OF WORK

## FOR A NATIONAL CONSULTANT TEAM TO PROVIDE TECHNICAL SUPPORT TO CONDUCT A FINAL EVALUATION OF THE PROJECT “Scale up of the model of Household to hospital Continuum of Maternal and Newborn Care in Viet Nam”

### 1. Background

#### I. Project Location

The Scale up of the model of Household to hospital Continuum of Maternal and Newborn Care in Viet Nam Project is implemented in Ministry of Health (MOH), Hue University of Medicine and Pharmacy (HUMP) and 3 provinces including Yen Bai, DakLak and Ca Mau.

#### II. Goals, Objectives and Scope

1. The overall goal of the HHCC project is to improve maternal and newborn health and survival in Vietnam. The immediate goal of the project is to scale up the intervention model, “Household to Hospital Continuum of Care” country-wide.
2. To achieve this goal, Save the Children would partner with Vietnam’s MOH, HUMP, and Provincial Department of Health (DOH) to: (i) develop a foundation to support MoH to scale up the intervention model country-wide, (ii) improve pre-service training for medical students, and (iii) successfully implement the intervention model in three provinces including Yen Bai, DakLak and Ca Mau, which along with the three previous project provinces will constitute the Regional Centers of Excellence (*Please see Results Framework in Attachment Monitoring & Evaluation Plan*).

#### III. Project Sub-Grants

The Project comprises five Sub-Grants

##### **MOH Sub-Grant: Developed a foundation to support MOH to scale up the intervention model country-wide**

This Sub-Grant aims to develop a foundation to scale up the intervention model country-wide through developing fundamental resources for scaling up the intervention model, disseminating and advocating the intervention model, replicating the best practices and effective interventions of the model by the National Target Program of Reproductive Health.

##### **HUMP Sub-Grant: Improved pre-service training for medical students using best practices and effective interventions of the model**

This Sub-Grant aims to support HUMP and other Medical Universities in the country to address the needs to improve the quality of training in the field of Obstetric and Pediatrics.

##### **Three provincial Sub-Grants: Successful implementation of the HHCC model in three provinces which in addition to the three previous project provinces will constitute the Regional Centers of Excellence**

These Sub-Grants aim to support Yen Bai, DakLak and Ca Mau provinces to address critical needs on maternal and newborn health to achieve measurable and durable impact including: Increased access to and availability of key services, equipment, and supplies for maternal and newborn health at all levels; Increased quality of essential and emergency maternal and newborn care at all levels of health services; Improved knowledge, skills, and home care practices for mothers and newborns at household and community levels, and increased demand for maternal and newborn care services;

and strengthened management, social support, and enabling environment for maternal and newborn survival in Vietnam.

## **1. Special Features**

**The continuity of mothers and newborns care.** The model has been designed by using the analysis of deficiencies of the HHCC cycle, from which interventions are designed and implemented to make up these deficiencies and reconnect the continuum of care cycle.

**Effective clinical training program.** To build the capacity of health staff to provide continuous maternal and newborn care services, an effective and feasible clinical training program has been applied. This long training program, based on each trainee's need, focuses on hospital practices, on-job coaching. Supportive monitoring after training is considered an integral part of the training program to help medical staff to apply these knowledge and skills in their daily work.

**The model set up district level as centers to expand interventions.** The model prioritizes first interventions in district hospitals, including up gradation of district hospitals from BEmOC to CEmOC and establishment of district level's newborn care units. When becoming CEmOC with newborn care units, these district hospitals can save lives and prevent most obstetric and newborn complications.

**Improvement/maintenance of continuous service quality through deployment of quality improvement tools and sustainable supportive monitoring.** The model applies service quality improvement tools including Client-Oriented-Provider- Efficiency (COPE) and Partnership Defined Quality. In addition, supportive monitoring is also conducted periodically to help medical staff to enhance their knowledge, skills and to define and solve problems for service quality improvement.

**Organization of behavior change communication (BCC) activities in a sustainable and systematic approach.** The model implement BCC activities through following steps: (1) Support project provinces to develop master BCC plans including project communication activities; (2) Organize BCC campaigns to change behavior as well as to restart all IEC methods; (3) Maintain active communication in health facilities and communities. With the above mentioned steps, project communication activities will be integrated into routine communication plan of health system thereby sustainability will be improved. Communication activities, implemented under some projects, are now restarted, conducted as routine ones and maintained. Unlike many projects which often rely on volunteer groups to carry out communication, HHCC model uses village health workers, sustainable staff as focal points to conduct communication works. The model also uses 2 direct communication methods that village health workers are responsible to implement in compliance with Ministry of Health's regulations including household visits and community meetings. These 2 direct communication methods are the most effective and most likely sustainable methods in mountainous regions.

## **2. Main achievements**

Working in close collaboration with the Ministry of Health, 3 Medical Universities and 3 Provincial Department of Health, the package included updating the MNH pre-service curriculum for medical universities and post-service training at the provincial, district and local levels. Also included was the establishment of newborn care units (NBC) at district hospitals; national, provincial and district training of doctors, midwives and nurses and other health staff in essential newborn care and basic emergency obstetrical care to ensure 24h/7 availability; refresher training for doctors, midwives and nurses in essential and comprehensive obstetric care; training of village health workers and women's union members on communication skills to carry out BCC activities to improve RH outcomes; and

the provision of training, mentoring and supervision tools to improve and maintain the quality of MNC care at all levels of health facilities.

## **2. Objectives of the Consultancy**

The overall objective of this assignment is to conduct the final follow-up household survey in the target provinces using the same indicators that were used in the project's baseline survey, and will be strictly adhere to the Results Framework in the design.

Save the Children in Vietnam is seeking a consultant team to develop a proposal for the evaluation, conduct data collection and complete the final report. The consultant team will work closely with SC staff and SC's partner at all levels to complete the evaluation.

## **3. Consultant's responsibilities:**

### **3.1 Scope of the assignment**

The consultant team has 5 person including:

- 01 team leader
- 04 team members

Based on this TOR, the consultant team will prepare a complete study proposal including:

1. Evaluation design which will enable the measurement of the different aspects of the project required for the preparation of the Project Final Evaluation Report
2. Modes of data collection to be conducted
3. Methods of selecting respondents for each mode of data collection to be implemented, including a detailed description of the sampling design to be used, if applicable
4. Sample size computation (if applicable)
5. Data collection tools
6. Data quality control mechanisms to be implemented
7. Methods of data processing, including a description of software's to be used
8. Plans for data analysis, including dummy tables corresponding to each evaluation objective
9. Proposed timetable of activities
10. Logistics and staffing
11. Detailed budget estimate

### **3.2 Specific tasks include:**

1. Review project documents (project proposal, M&E Plan, baseline survey report, project progress reports...)
2. Develop a detailed project final evaluation proposal for an evaluation design which will enable the measurement of the following aspects of the project:
  2. 1. Completeness of expected activities
  2. 2. Achievements of expected outcomes
  2. 3. Assessment of sustainability and scalability of the project.
3. Develop the mechanisms for data collection consistent with the proposed evaluation design, and the corresponding data collection tools needed. This may involve the conduct of several modes

of data collection like the conduct of household surveys, focus group discussions, key informant interviews and an extensive review of records and project documents.

4. Implement the various data collection activities specified in the evaluation design. This includes the following activities:
  4. 1. Mobilize qualified specialists for the various data collection activities to be conducted.
  4. 2. Train staff on the proper use of the data collection tools to be used for each type of data collection activity to be conducted.
  4. 3. Develop and implement data quality control mechanisms for each type of the data collection activity to be conducted.
  4. 4. Collect the data using the different modes of data collection specified in the evaluation design.
5. Process and analyze data gathered from the various data collection activities. This includes the following:
  5. 1. Creation of a separate electronic database for each type of data collected for the evaluation. A copy of each electronic database created must be submitted to SCI at the end of the assignment.
  5. 2. Editing and validation of the data collected including the application of range and consistency checks.
  5. 3. Generation of results like the computation of indicators and the construction of statistical tables and graphs
6. Presentation of written and oral progress reports to SCI at four different time points during the conduct of the final evaluation as follows:
  6. 1. Before the start of data collection, after data collection tools have been finalized and detailed plans for data collection have been developed;
  6. 2. After all data collection activities have been conducted. The focus of this progress report must be on data quality issues including response rates and the degree of completeness of the collected data.
  6. 3. After the indicators have been computed and statistical tables and graphs to address the main evaluation objectives have been constructed. This will be a preliminary presentation of results, prior to the preparation of a detailed evaluation write-up; and
  6. 4. After the first draft of the Final Evaluation Report has been prepared.  
A written document must be prepared for each of these four Progress Reports, with the first draft of the Final Evaluation Report to be submitted as the fourth Progress Report. Each Progress Report must also be presented orally by the Evaluation Team to SCI in a meeting conducted solely for the purpose of reviewing the report.
7. Preparation of the final version of the Final Evaluation Report. The final version must include any modifications needed based on the comments given by SCI and Technical Advisors during the presentation of the first draft (4th Progress Report). The final version of the Final Evaluation Report must be written both in Vietnamese and in English.

**Expected Deliverables/outputs:**

The selected consultant team will be required to deliver the following outputs and progress reports to SCI:

1. Detailed evaluation plan and protocol: Evaluation plan and protocol should be discussed and approved by SCI.

2. Progress Reports to be submitted at four different time points during the conduct of the evaluation, as described in item No. 6 of the terms of reference for the evaluation.
3. The final version of the Project Final Evaluation Report (hard and electronic copies) which has been approved by SCI.
4. Together with the final reports, the consulting firm/group will also submit to SCI all copies of all documents and papers referenced in the final reports, as well as all raw data, in both hard and electronic versions.

**5. Duration/Timeframe and Input:**

*The tentative duration for Final evaluation from 15<sup>th</sup> May to 14<sup>th</sup> August 2016. The detail of time line for each activities will be developed between SC and Consultant.*

The consultant team will be required for an input as follows:

No	Activity	Working day	Expected Deliverables	Time line
<b>I</b>	<b>Team leader (one person)</b>			
1	Discuss to develop a detail implementation plan	1	Detail plan	
2	Review project documents, available reports and relevant papers.	2		
3	Develop protocol, data collection tools and outline of the final report (tentative)	9	Proposal/protocol and tools	
4	Conduct TOT training on data collection tool for team member.	1		
5	Data analysis (tentative)	7		
6	Prepare the first draft of the Final Evaluation Report	10	Draft report (in Vietnamese and English)	
7	Revise and finalize the report based on comments from SC and TAs	3	Final report (VNese and English)	
8	Summarize the report in presentation format	1	Presentation (in Vietnamese and English)	
9	Present report presentation on end of Workshop	1		
<b>Total working day</b>		<b>35</b>		
<b>II</b>	<b>Team members (04 person)</b>			
1	Discuss to develop to detail implementation plan	1	Detail planning	
2	Support to develop data collection tools	2	Data collection tools	
3	Conduct supportive supervision trip on using tool of data collecting for data collector at field and collect qualitative data (tentative)	11		
4	Data cleaning (tentative)	2		

No	Activity	Working day	Expected Deliverables	Time line
5	Data input (tentative)	4		
<i>Total working day for 1 person</i>		<i>20 days</i>		
<b>Total working day for 04 members</b>		<b>80</b>		

**6. Reporting line <Commissioning Manager>:** Bui Viet Hung; AP3 Coordinator

**7. Consultant's Qualifications:**

❖ **Team Leader:**

1. Postgraduate degree in Medicine. Experience in Obstetrics and/or Pediatric is preferred.
2. At least 5 years experience in conducting evaluation studies in health projects (including qualitative and quantitative).
3. Have experience in situation analysis in health system context.
4. Have evidence that the institution used to conduct household surveys.
5. Prove good English literacy (listening, speaking, reading and writing).
6. Proficiency in Microsoft Office Suite, data analysis software's (SPSS, STATA, EPIDATA...) and English (listening, speaking, reading and writing skills).

❖ **Team member:**

1. Postgraduate degree in the field of public health/health economics/social science. Experience in Obstetrics and/or Pediatric is preferred.
2. At least 5-year experience in managing development project including formulating of project document, monitoring and evaluation of the project implementation, and conducting a baseline/end-line survey for health programs/projects with national scale.
3. Strong competence and experience in project Monitoring and Evaluation.
4. A very good understanding of Vietnam health care system.
5. Fluency in English (speaking, reading and writing).
6. Familiar with Microsoft Offices Suite.
7. Proficiency in Microsoft Office Suite, data analysis software's (SPSS, STATA, EPIDATA...) and English (listening, speaking, reading and writing skills).

**8. Other conditions**

8.1: Documents submission:

- Curriculum Vitae of Consultants firm/group;
- Draft proposal with remaining about evaluation method
- List of team member

8.2: Deadline of submission: 24<sup>th</sup> **April, 2016**