

Terms of Reference for Evaluation Consultant(s)
Project: Health in Vietnam

November 2016

Type of evaluation	<i>End-of-project evaluation</i>
Expected evaluation methodologies	<i>Quantitative and Qualitative</i>
Expected start/end dates, number of work days	<i>March - May 2017</i>
Deadline for receiving applications	<i>06 January 2017</i>

1. Description of project

1.1. Background

The Health in Vietnam project is implemented by the Vietnam Red Cross National Society (VNRC) with technical support from and funded by the American Red Cross (ARC). The project targets people living with HIV (PLHIV), their partners and families, and most-at-risk groups, such as sex workers (SWs), men who have sex with men (MSM), people who inject drugs (PWID) and internal migrant workers. It is an annually granted project and in its almost nine year of implementation.

From 2008 to 2011, the project goal was to increase access to and utilization of HIV/AIDS treatment, prevention, care and support information and services by high risk and vulnerable groups. After four years of implementation, from 2011 -2017, the ARC goal is to measure the longer-term impact of this project on improving the quality of life of PLHIV, their families and key populations at higher risk of HIV exposure in target communities.

The current phase of the project has 5 objectives:

1. Improve physical health of PLHIV in the target at-risk communities;
2. Improve mental/psychosocial health of PLHIV, their partners/family members and key populations at higher risk for HIV exposure;
3. Reduce high-risk behaviors among key populations at higher risk of HIV exposure;
4. Increase the capacity of the VNRC and peer support groups to provide education and counseling services to PLHIV, their families and key populations at higher risk of HIV exposure; and
5. Improve income of PLHIV and their families.

Key activities that contribute to achieving these objectives include: facility based counseling and community based communication services to PLHIV, their families and high-risk groups on HIV knowledge; social support groups; referrals to appropriate social, health and medical services; and home-based care to PLHIV and income generation activities.

1.2. Scope and reach of project/program

The project has been implemented in 4 provinces - Hanoi, Haiphong, Thai Nguyen and Son La. The first project site was launched in 2008 at Dong Da Hospital (DDH) and in 2009 at Hanoi Lung Hospital. A third project site was established at the Viet-Czech Hospital in Haiphong in 2010. In August and November 2011, the fourth and fifth project sites were started in Thai Nguyen and Son La. In Hanoi, Haiphong and Son La, the counseling rooms are located in hospitals which also provide anti-retroviral (ARV) treatment to PLHIV. Only in Thai Nguyen, the counseling room is located in the Thai Nguyen Red Cross building. The counselors (PLHIV, PWID, MSM, SW) received training on counseling skills and HIV related issues and policies. In 2016, the five counseling rooms have supported over 500 individuals per month, totaling approximately 6,053 clients. By the end of June 2016, the project handed over the two counseling rooms in Hanoi (Dong Da and Hanoi Lung hospitals) and one in Thai Nguyen to Thai Nguyen Red Cross. These rooms are managed now by the partners with the help of voluntary services of some of the core members. Therefore, from July 2016, the project has only two counseling rooms respectively in Hai Phong and Son La.

In addition to the counseling rooms, key project activities include home-based care services to PLHIV, telephone counseling, outreach activities and income-generation activities. Since 2014, communication activities have been redirected from awareness raising to behavior change communication and core members are spending more time discussing with clients about their barriers for changes. The number of participants per session also reduced from over 10 to 3 people. Outreach and communication activities are also conducted for MSM, SW, PWID and their sexual partners in communities. Last fiscal year, a total of 12,073 participants have been reached, including 4,021 PWID, 3184 SW, 2532 MSM and 2336 as their partners through community outreach activities. The project also finalized community-based intervention in Hanoi and Thai Nguyen by the end of June 2016.

Additionally, pilots of income generation activities for PLHIV and their families started in December 2011 in Hai Phong, Thai Nguyen and Son La provinces providing support for groups of beneficiaries in project sites based on their proposals. Since early 2016, the project restructured income generation intervention that provide support for individuals with the package of trainings and assets (including training on financial household management and savings, technical training provided by local relevant agencies). Activities include amongst other, poultry-raising, fish-raising and pig/goat raising using modern technology; garment workshop, breakfast vendors, beer shop, motorbike repairing and cleaning services, and other small business. From 2011 to 2016, a total of 462 PLHIV people as well as their family members benefitted from the income generation activities.

1.3. Project/program management

The ARC is responsible for providing funding, technical assistance and oversight to support implementation of the project, including appropriate monitoring and evaluation of the project.

The VNRC is responsible for supporting the implementation of project activities according to the project proposal and budget and reporting to the ARC in accordance with the Project Agreement signed between the both parties in July 2008.

The “**core members**” (project term meaning peer outreach, workers/counselors) of the peer support groups participating in the project are responsible for implementing project activities, client management and reporting to the VNRC. The peer support groups includes For You and For Me in Hanoi, the Positive Living group in Haiphong, the Network for PLHIV in Thai Nguyen and Son La Trust Group in Son La.

1.4. Previous evaluation activities

The project has no baseline data. The project contracted a consultant in 2012 to conduct a mid-term evaluation with a focus on examining the physical and mental health of PWID and PLHIV clients versus non-clients.

2. Evaluation Overview

2.1. Purpose of evaluation

The purpose of the evaluation is to examine the degree to which the project has met its goals of improving the quality of life and effectiveness of prevention interventions in reducing risk behaviors among key target populations at-risk to HIV. After almost nine years of implementation, the ARC also aims to assess the extent to which sustainability of intervention activities reach after handing over and phasing out. Findings from this evaluation will document project achievements after a long period of implementation and provide inputs for new strategic direction.

2.2. Objectives of evaluation

The objectives of this evaluation are to assess the following five areas:

1. To assess whether the project has achieved the expected outcomes.
2. To describe possible changes in physical and mental health status of PLHIV beneficiaries.
3. To measure changes in high-risk behaviors of MSM beneficiaries
4. To assess the sustainability of project counseling service after the hand-over process.
5. To access the effectiveness and sustainability of income generation activities.
6. To understand the satisfaction of beneficiaries on project services.

2.3. Main audience of evaluation

The main audience for the final evaluation is VNRC, ARC, stakeholders and the project Donor. The evaluation purpose is to provide the audience with a clear understanding of outcomes and achievements of the project. Findings will also be shared with the NHQ senior management, technical team, donors and relevant stakeholders.

2.4. Coverage of evaluation

The main focus of the evaluation will include PLHIV/ PWID clients and family members, MSM clients and income generation beneficiaries. Additionally, the VNRC staff at HQ and provincial levels, core members, hospital partners will also be included. The evaluation fields includes the Hai Phong and Son La provinces as well as previous project sites from Hanoi and Thai Nguyen.

3. Evaluation criteria and questions

Criteria	Main evaluation questions	Sub-questions
Improved physical and mental health status of PLHIV beneficiaries	1. How effective has the counseling service been in supporting PLHIV clients to improve their physical and mental health status?	1.1. Is physical health condition perceived to be better among PLHIV clients? 1.2. Do PLHIV clients take better care of their physical health? 1.3. Is mental health and psychosocial condition perceived to be better among PLHIV clients? 1.4. Is self-stigma reported by PLHIV clients reduced among PLHIV clients? 1.5. Have more PLHIV clients disclosed their status to partner/family and/or friends?
Reduced risk behaviors of MSM beneficiaries	2. How effective has the project been in reducing risk behaviors among MSM clients?	2.1. Is condom use more consistently self-reported among MSM clients in the last 12 months? 2.2. Has there been a reduction in concurrent sexual partners among MSM clients? 2.3. Did MSM clients received an HIV test in the last 12 months? 2.4. Did more MSM clients received STIs tests in the last 12 months?
Improved income of beneficiaries	3. How effective has the income generation activities been in supporting beneficiaries in order to improve their living condition?	3.1. Has there been an improvement in income of beneficiaries with support under the project? 3.2. What are the factors that contributed to the positive/negative results of income generation activities?
Sustainability	4. How sustainable is the project counseling service after being handed-over to partners? 5. How sustainable are the income generation activities?	4.1. Are counseling rooms well maintained and operated after hand-over? 4.2. What are the main factors that contribute to the results after hand-over? 5.1. Are income generation models maintained in a way that potentially achieves sustainability after the project phases out?
Coordination	6. How well does the Vietnam Red Cross coordinate with other local partners and health partners?	6.1. Was the division of work, roles and responsibilities between the partners clear and appropriate? 6.2. What are the challenges and successes of such collaborations?

Criteria	Main evaluation questions	Sub-questions
Satisfaction	<p>7. How satisfied are project beneficiaries with project services distributed by type of service (counseling service, home-based care, behavior change communication, income generation activities)?</p> <p>8. How satisfied are the Vietnam Red Cross with the project?</p>	<p>7.1. Percentage of PLHIV clients receiving counseling service and home-based care services who are satisfied with the services provided under the project?</p> <p>7.2. Percentage of MSM clients who are satisfied with the services and activities provided under the project?</p> <p>7.3. Percentage of beneficiaries of income generation activities who are satisfied with support on income generation?</p> <p>7.4. What is the extent of satisfaction and does it vary between service types?</p> <p>7.5. What are the main issues raised by project clients concerning their level of satisfaction with the project?</p> <p>8.1. What are the main issues raised by the Vietnam Red Cross staff concerning their level of satisfaction with the project?</p>

4. Scope of work and Evaluation design

4.1. Scope of work

The consultant(s) will be responsible for the following steps and deliverables:

1. Develop the study design (including explicit qualitative and quantitative methodologies) in details in order to meet the evaluation objectives.
2. Develop data instruments including questionnaires for quantitative surveys, interviews and focus group and in-depth-interview discussions guides for qualitative methods.
3. Pilot the data instruments amongst target population and revise the instruments as needed base on pilot results.
4. Develop criteria for scanning and recruiting the evaluation participants.
5. Develop the informed consent to ensure that all evaluation participants make an informed, voluntary and rational decision to participate.
6. Train enumerators and Qualitative researchers on the evaluation tools
7. Supervise and/or conduct data collection, data-entry and analysis.
8. Prepare Draft Report both in English and Vietnamese. Separate annexes of different site profiles summarizing findings along with raw data in Excel and log-files in analysis software, interviews and focus group discussions transcripts.
9. Workshop to present findings for the ARC Vietnam and VNRC in Power Point format, both in English and Vietnamese; and

10. Finalize the report in English and Vietnamese after taking into account all received comments received from the ARC and other relevant stakeholders.

4.2. Methodologies

1. Desk review of key documents, including strategy documents, prior evaluations, quarterly progress reports/Indicator Tracking Tables and other relevant documents.
2. Survey questionnaires with PLHIV/PWID and MSM clients.
3. Interviews and focus group discussions with PLHIV/PWID and MSM clients, income generation beneficiaries and other relevant stakeholders.
4. Interviews with key project staff and representatives of project partners.
5. Case studies.

4.3. Discussion of inception report

After a desk review of all relevant documents and materials, the selected evaluator(s) need to organize a meeting with the ARC in order to present and exchange ideas of evaluation methodology and work-plans before writing and submitting the study design.

4.4. Logistics and Administrative Support

The ARC and the VNRC will provide logistical support in coordinating with key core members. Translation costs either for documents, field data collection or final reports need to be factored into the consultancy costs by the bidder. Whilst the ARC staff may assist in references to qualified personnel, costs need to be developed by the consultant(s). The ARC will be responsible for the data collection costs in the field.

4.5. Reporting relationship

The consultant(s) will report to the **Country Representative**, from the **ARC Vietnam** who is the designated evaluation manager.

4.6. International Standards & Presentation of Evidence

Standard evaluation and survey methodologies and good practices utilized in the international humanitarian community should be applied. Such resources should be included but not limited to those promulgated by the Active Learning Network for Accountability and Performance and the Organization for Economic Co-operation and Development.

In particular, all findings and conclusions should be based on evidence which is presented in the evaluation report. For sample surveys, detailed information should be presented on the sample design (including sample size calculation, stratification, clustering, allocation, selection, departures from equal selection probability and weighting), the respondent selection methodology, non-response rates, and coefficient of variation, design effect and intra-class correlation for all variables. For case studies, the criteria and processes for selecting those cases should be presented.

4.7. Ethical Guidelines

It is expected that the evaluation will adhere to ethical guidelines as outlined in the American Evaluation Association's Guiding Principles for Evaluators. A summary of these guidelines is provided below, and a more detailed description can be found at:

www.eval.org/Publications/GuidingPrinciplesPrintable.asp.

1. *Informed Consent*: All participants are expected to provide informed consent following standard and pre-agreed upon consent protocols.
2. *Systematic Inquiry*: Evaluators conduct systematic, data-based inquiries.
3. *Competence*: Evaluators provide competent performance to stakeholders.
4. *Integrity/Honesty*: Evaluators display honesty and integrity in their own behavior and attempt to ensure the honesty and integrity of the entire evaluation process.
5. *Respect for People*: Evaluators respect the security, dignity and self-worth of respondents, program participants, clients and other evaluation stakeholders. It is expected that the evaluator will obtain informed consent of participants to ensure their decision to participate in a conscious and deliberate way.
6. *Responsibilities for General and Public Welfare*: Evaluators articulate and take into account the diversity of general and public interests and values that may be related to the evaluation.

4.8. Future use of data

All collected data will be the sole property of the American Red Cross. The consultant(s) may not use the data for their own research purposes, nor license the data to be used by others, without written consent of the American Red Cross.

5. Expected Activities and Deliverables

5.1. Expected activities

Activities	Number of days
1. Desk review, literature search and discussions with key program staff	2
2. Develop study design and data instruments	3
3. Pilot data instruments (Vietnamese version)	1
4. Revise and finalize data instruments (Vietnamese and English versions)	1
5. Data collection in the field	12
6. Data entry and analysis	5
7. Draft of evaluation report in English and Vietnamese	7
8. Presentation of evaluation findings to the ARC Vietnam and the Vietnam Red Cross both in English and Vietnamese	1
9. Finalize evaluation report in English based on feedback from the ARC Vietnam and NHQ technical team	2
Total expected work days:	34

5.2. Deliverables and timeline

Deliverables	Expected deadline
1. Study design and data collection instruments	10 March
2. Pre-test and Revise instruments	20 March
3. Conduct field data collection	10 April
4. Draft report in English and Vietnamese	25 April
5. Presentation to the ARC Vietnam and the VNRC to be delivered in English and Vietnamese	5 May
6. Final report in English and Vietnamese	12 May

6. Obligations of key participants in the evaluation

6.1 Obligations of the Evaluator

- a. *Inform the evaluation manager in a timely manner of progress made and any problems encountered.*
- b. *Keep in-country ARC and NS staff informed of planned activities, so they may plan optimal participation, and if requested by them, provide debrief upon completion and record any comments or reactions.*
- c. *Implement the activities as expected, and if modifications are necessary, bring to the attention of the Evaluation Manager before enacting any changes.*
- d. *Report on a timely manner any possible conflicts of interest or any issues which seem to trigger further investigation beyond their TOR or authority.*
- e. *Be responsible for the deliverables outlined in this evaluation study, and the conduct of any hired associates (including local hires such as translators or enumerators). Specifically, the lead evaluator will be responsible for the quality and timeliness of the work provided by members of his/her team.*
- f. *Coordinate and synthesize data findings into cohesive and balanced products, including the final report and any derivative products such as power-points for briefing.*

6.2 Obligations of the Evaluation Manager

- a. *Make sure that the consultant(s) know where\when they can receive specified human resources and logistical support; answer or refer any day-to-day enquiries and aim to ensure responsiveness.*
- b. *Liaise and coordinate evaluation activities with the ARC and the VNRC staff to ensure smooth data collection.*
- c. *Monitor the work of the consultant(s) and flag any concerns.*
- d. *Review and approve the proposed methodology and inception report, consulting management and other relevant documents.*
- e. *Provide technical oversight in the review of relevant deliverables.*

- f. *Provide timely comments on any progress reports and the draft report.*
- g. *Review and approve the final report in tandem with the Regional M&E Manager*

6.3 Obligations of the in-country ARC Staff:

- a. *Facilitate the work of the consultant(s) with beneficiaries and other local stakeholders; brief him/her on any local security or cultural issues of concern which he/she needs to take into account in planning their work.*
- b. *Raise any issues that affect overall costs or quality of evaluation with the evaluation manager.*

6.4. Obligations of the ARC Regional Technical Team:

- a. *Review and approve the proposed methodology and inception report, consulting management and other relevant documents.*
- b. *Provide technical oversight in the review of relevant deliverables, as requested by the evaluation manager.*
- c. *Provide timely comments on any progress reports and the draft report.*
- d. *Review and approve the final report in tandem with the Evaluation Manager.*

7. Required qualifications

1. Demonstrated extensive experience in: a) public health, preferably HIV programming; and b) program evaluation.
2. Masters in Public Health, and/or equivalent experience in public health, particularly HIV.
3. Demonstrated experience in survey data collection and quantitative analysis using statistical software, such as STATA, SPSS, and/or Epi Info.
4. Demonstrated experience in qualitative research including data collection and formal data analysis protocols.
5. Excellent analytical and critical thinking skills.
6. Professional work experience in Vietnam, preferably with PLHIV and MSM.
7. Strong competence working and communicating cross-culturally.
8. Good oral presentation skills.
9. Fluency in Vietnamese and English required.

8. Application and selection details

8.1 Application materials

The application should include the following four items. Please note that any application that does not contain all four items will be rejected. All documents should be single-spaced in Times New Roman font and size 12.

1. **A short proposal outlining the approaches to address the criteria, including proposed budget.**
2. **One-page Summary of experiences and detailed CVs** of all professionals that may work on the evaluation. If there is more than one consultant on the proposed evaluation team, please attach a table describing the level of effort (in number of days) of each team member in each of the evaluation activities.

3. **Professional references:** please provide three references from your previous clients.
4. **Daily rate:** please mention the proposed daily rate in USD.

8.2 Application Procedures

Applications should be sent electronically in English in one zipped file to the ARC for the attention of: amcrossvn@hotmail.com with a subject line title that contains the following words: *ARC Vietnam HIV Evaluation application [add full name of the candidate]*.

8.3 Deadline for applications

Applications are due by **CoB 06 January, 2017**.

8.4 Selection criteria

Criteria used for selecting the consultant(s) would be evaluated against the following:

1. Experience in conducting HIV project evaluations.
2. Experience in the evaluation and research methods presented in this TOR or quality and appropriateness of any proposed alternative approaches if applicable.
3. Experience in any of the project sites and target groups to be covered by the review.
4. Cost

8.5 Questions from bidders

For any questions that might arise, please send them by 28 December 2016 to the email provided above. We will answer all received questions in a timely and professional manner by 30 December 2016.