

TERMS OF REFERENCE

For

End Project Evaluation Community Led Child Nutrition Project Phase II (KH06-032) in Chhloung District, Kratie Province 22 March 2019

I. INVITATION

ChildFund Australia invites Expressions of Interest from qualified and experienced consultants to lead the end-of-project evaluation for the ChildFund Cambodia Community Led Child Nutrition Project – Phase II.

The evaluation will focus on identifying where the project has been successful and where ChildFund can strengthen or enhance its work or other similar areas. This will include not only the assessment of technical aspects, but also the methodologies/approaches used as well as the ways local communities and other stakeholders are mobilised for project implementation.

ChildFund Australia is seeking a consultant with experience in nutrition and/or child health initiatives in Cambodia or the Mekong area. The selected consultant should have appropriate knowledge, experience of rural development projects, and demonstrable experience in program monitoring and evaluation.

II. ORGANISATIONAL CONTEXT

ChildFund Cambodia is the representative office of ChildFund Australia – an independent and non-religious international development organisation that works to reduce poverty for children in developing communities.

ChildFund Australia is a member of the ChildFund Alliance – a global network of 11 organisations which assists more than 14 million children and their families in over 60 countries. ChildFund Australia is a registered charity, a member of the Australian Council for International Development, and fully accredited by the Department of Foreign Affairs and Trade which manages the Australian Government's overseas aid program.

ChildFund began working in Cambodia in 2007, and works in partnership with children, their communities and local institutions to create lasting change, respond to humanitarian emergencies and promote children's rights. Projects are implemented in the rural provinces of Svay Rieng, Kratie, Battambang, as well as urban Phnom Penh, focused on improving living standards for excluded or marginalised communities.

Programs focus on child protection and resilience, quality education, sustainable livelihoods, improved local governance, child nutrition, water and sanitation, and youth empowerment. ChildFund Cambodia implements its programs in collaboration with local civil society organizations, and in partnership with the relevant ministries and government departments.

III. PROJECT BACKGROUND

Malnutrition is a major issue affecting Cambodia. Children in Kratie province are more vulnerable due to its remoteness, lack of communication and transportation. Growth Monitoring of 634 children in twelve target villages during the pilot phase found that the proportion of children aged 0-5 years old who are moderately malnourished (weight-for-age is more than two but less than three standard deviations below the median) is 17%, and those who are severely malnourished (weight-for-age is more than three standard deviations below the median) is 13% - meaning that in total 30% of children aged 0-5 are malnourished. Nationally, the average is 21% for moderate and 7% for severe malnutrition – so although less children in target villages are moderately malnourished than the national average, almost double the amount of children suffer from severe malnutrition (National Institute of Statistics, 2011).

ChildFund Cambodia, in partnership with Wathnakpheap (WP), have been implementing the 3 year Community Led Child Nutrition Project – Phase II (KH06-032) from **September 2016 to June 2019** in order to address child nutrition in the target areas by strengthening existing community based child protection mechanisms and improving public health service in the target community.

The project also aims to contribute towards Child Protection and Resilience Program's goal *"For all children to feel safe in their communities, to feel protect by known and functioning services, and to feel able to respond to the challenges they will face in life"*. Child nutrition is essential to maximise life opportunities for children to develop their full potential. The project uses the Positive Deviance / Health approach, a multi-dimensional approach targeting the multiple factors that contribute to malnutrition in children. It is focused on being community-led, mobilising community members to identify the opportunities available within their community to improve the nutritional health of children and empowering them act on these to affect change.

ChildFund will undertake an evaluation of the Community Led Child Nutrition Project Phase II (KH06-032) implemented in 25 target villages in 5 communes (Damrei Phong, Kanhchor, Pongro, Kampong Damrei and Khsach Andaet) Chhloung District, Kratie Province.

Thought out the project life, the project gone through twice variations. The first was in March 2017 to fix output calculations to align with actual beneficiary # data, correct few errors in calculations/some outputs, and change the number of targets for related outputs. The second time was in October 2017 to respond to the midterm review using an external consultant. The recommendations for project quality improvement focused mostly on technical aspects such as: project tools, training curriculums, staffing and project approach.

The Community Led Child Nutrition Project has four specific project objectives set as the following:

Overall Goal: "Improved nutritional health of children, especially for marginalised and vulnerable children aged 0-5 years old".

Specific Project Objectives:

Objective 1: Strengthen community-based maternal and early childhood health services in project target areas.

Objective 2: Improve the nutritional status of malnourished children aged 0-5 years old in project target areas.

Objective 3: Prevent future malnutrition in children aged 0-5 years old in project target areas

Objective 4: Increase support from authorities to address nutritional health issues of children aged 0-5 years old.

An external consultant will lead an end of project evaluation to measure achievement towards these goals and objectives. No baseline survey was taken at the start of this project; however, the evaluation will be able to draw from an Independent Technical Review from 2017, a limited scope Nutrition and Health Survey conducted by ChildFund Cambodia in 2015, as well as government nutrition and health data.

IV. PURPOSE OF THE EVALUATION

The consultant will undertake a summative end of project evaluation of the Community Led Child Nutrition Project (CLCN) in Chhloung District in May 2019, prior to its official end date on 30 June 2019. ChildFund has planned for a final evaluation for this project as part of a culture of learning and accountability.

The evaluation is intended to assess the following:

- Efficiency – Evaluate if project activity level and outputs outlined in project proposal were achieved on time, within budget and with quality. Cost-efficiency of project interventions versus the benefits from the project and the number of people reached.
- Effectiveness – the extent to which the intended project outcomes are achieved, citing concrete evidences and case stories, and its contribution to the health sector.
- Relevance – the extent to which the current project model and intended outcomes are suitable to the socio-economic and political context and capacity of target groups, partners and ChildFund Cambodia.
- Sustainability – the extent to which outcomes of the project can be continued based on the built capacity of target groups, government partners at various levels, and ChildFund Cambodia. This should take into consideration the financial, individual and organisational capacities.

- Impact- Find out how CLCN project impact nutrition of children and understanding of parents, community people and health services. This evaluation will look for evidences of impact within the target groups: evidence of positive changes in Knowledge, Attitude and Practices among the relevant stakeholders in responding to the need of children. It would be a good learning experience which can be applied to another areas where ChildFund has not yet intervened.
- As part of organization learning, address ChildFund’s relevant assessment, analysis and learning questions contained in its MEL Framework.

The evaluation will identify areas of improvement in all aspects of project management and partnerships; strengths and weakness of the project; and challenges and lessons based on the above criteria. The Consultant will provide recommendations that can be applied to the new nutrition project design and should be specific for different groups: ChildFund Cambodia; government authorities; and target groups (VSHGs, CPs, LFs, GMs, children, youth, women, PWDs, etc.). The Consultant is expected to utilise a participatory approach and should work closely with key staff during the course of work. The Consultant should gather both quantitative and qualitative data (case story, quotation, and photos) using various methodologies and tools for data gathering, analysis and reflections.

V. SCOPE OF WORK

This end-line evaluation should cover the whole project and implementation period from September 2016 to June 2019. The consultant needs to determine the positive changes in process, capacity and knowledge as a result of the project. The consultant needs to identify and determine key challenges and lessons learned from the findings.

The evaluation must be conducted in-line with ChildFund Cambodia’s guidelines and policies on Child Protection and ethical standards.

Key aspects for consideration:

In order to assist ChildFund Cambodia in conducting the project evaluation, the consultant is required to undertake the following:

1. Design an evaluation plan and prepare a schedule for the evaluation by consulting with field team and the Provincial Manager at Kratie province.
2. The methodology should provide opportunities for participation of stakeholders and capture the views and opinions of representing sub-national government such as Provincial Health Department (PHD), Operational District of the Health Department (OD), Health Centre (HC), Village Health Support Group (VHSG), Core Parent (CP), Lead Fathers (LF), Grand Mothers (GM), Commune Committee for Women and Children (CCWC) and target group such as children, youth, women, disable person, in the target communities.
3. Review relevant primary and secondary sources of information associated with the project proposal documents, project variations, quarterly reports, and other relevant project-related materials.
4. Gather secondary data from the health department on maternal and child health seeking behaviours (such as rates of antenatal visits, facility births, vaccinations, visits for child illness, etc.), and cases of malnourished children treated by health staff.
5. Design and lead Knowledge, Attitude and Practice (KAP) survey based on nutrition and infant feeding, as well as maternal and child health seeking behaviors. Survey templates can be provided to assist questionnaire development (ChildFund Health MELF Tool 4)
6. Design, lead and document Focus Group Discussions (FGDs), Key Informant Interviews (KIIs), and change stories with the different stakeholder groups as stated in the project proposal.
7. All quantitative and qualitative data collected through the assessment must be classified by location (commune), age and sex. There should be individual consideration for girls and boys, youth, people with disability, men and women.
8. Analyse available information and document along with findings and recommendations.
9. Present findings to ChildFund Cambodia team for discussion and feedback. The evaluation should provide evidence including successful case stories, quotes, and high quality photos about the effectiveness which contributed to or were provided by the project.
10. A final report will be produced in English which can be used as an endorsement for the work done by ChildFund Cambodia. High-resolution jpg photos and successful case story of the project will be included and shared to ChildFund as part of the final report.

VI. DURATION

The evaluation will take 25 days start in May 2019 and the Report should be finalized by 17 June 2019.

| Activity / Event / Deliverables | Responsible Side / Person | Number of days | Deadline |
|---|---------------------------|----------------|----------|
| Request for EOIs | ChildFund | 0 | |
| Due date for submission of EOI | Consultant | 0 | |
| Contract negotiated and signed | ChildFund / Consultant | 1 | |
| Formulation and presentation of inception report, including the clear design, qualitative and quantitative methodologies , tools and timeline for the data collection and analysis for the evaluation | Consultant | 7 | |
| Data collection including desk review of program documentation, collection of relevant secondary health data, KAP survey, FGDs, interviews with relevant staff members and implementing partners; field visits and interviews with target groups. | Consultant | 10 | |
| Write-up and First Draft report review meeting | Consultant | 4 | |
| Feedback on the first draft | ChildFund | 0 | |
| Write-up and submission of final report | Consultant | 3 | |
| | | Total = 25 | |

VII. BUDGET AND LOGISTICS

The budget for the evaluation is contained in the original project proposal and budget. The final budget for the consultancy will be negotiated and confirmed with the consultant upon receiving the inception report describing time, team and evaluation methodology. Per diems and meal, and transportation costs will not be paid. It is expected that all costs will be included in the consultant's proposal. ChildFund Cambodia will provide logistical support. This includes selecting and reserving meeting areas, accompany consultant team to the field and inviting target groups and beneficiaries to participate.

VIII. SUPPORT TEAM

| No | Name | Role | Contact |
|----|--------------------|---|---|
| 1 | Mr. Prashant Verma | Country Director | Tel: 017 333 846 Email: prashantverma@childfund.org.kh |
| 2 | Mr. Chan Narin | Head of Program | Tel: 077 666 998 Email: channarin@childfund.org.kh |
| 3 | Mr. Chhun Sona | MEL Manager | Tel: 077 527 373 Email: chhunsona@childfund.org.kh |
| 4 | Mr. Sim Sokleang | Provincial Manager | Tel: 012757 388 Email: simsokleang@childfund.org.kh |
| 5 | Ms. Tracy Yuen | Health Advisor in Sydney | Tel: +61 412 364 083 Email: tyuen@childfund.org.au |
| 6 | Keo Socheat | National Coordinator for Community Well Being | Tel: 012487 276 Email: keosocheat@childfund.org.kh |
| 7 | Eng Kalyan | Child Protection Specialist | Tel: 012 544 413 Email: engkalyan@childfund.org.kh |
| 8 | Touch Pang | Child Protection Officer | Tel: 088 677 677 1 Email: touchpang@childfund.org.kh |
| 9 | Mr. Prum Virack | Finance and Administration | Tel: 017 685 562 |

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| | Coordinator | Email: prumvirack@childfund.org.kh |
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- **Management and Reporting Arrangements**

The Consultant will report to Mr. Chan Narin, Head of Program of ChildFund Cambodia. All reports must be written in English with an electronic format (Microsoft Word). The report should not be more than 30 page excluding the annexes.

IX. REPORT FORMAT

1. Cover page
2. Table of contents
3. List of abbreviations and acronyms
4. Introduction
5. Background
6. Rational - Methodology/Tools
7. Limitations
8. Findings and discussion (be analytical in nature, be structured around issues and related findings/lessons learnt)
9. Conclusion
10. Recommendation

X. Confidentiality

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

XI. Child Safeguarding

ChildFund Cambodia is committed to actively safeguarding children from harm and ensuring children’s rights to protection are fully realised. We will take positive action to prevent child abusers from becoming involved with ChildFund Cambodia in any way and take stringent measures against any ChildFund Cambodia staff and/or those associated who abuse a child. Our decisions and actions in response to child protection concerns will be guided by the principle of the ‘best interests of the child’. By signing the agreement, the provider understands the ChildFund Cambodia Safeguarding Policy and agrees to abide by it strictly. ChildFund Cambodia’s Child Safeguarding Policy in in the annex.

XII. Counter-Terrorism

By signing this agreement, (insert agency name as acronym provider) understands the ChildFund Cambodia’s Counter-Terrorism Policy and agrees to abide by it strictly. Before procuring any project materials or supplies costing more than USD 1,000, the partner has to submit the supplier’s name to ChildFund Cambodia for a counter-terrorism check. ChildFund Cambodia’s Counter-Terrorism Policy is in the annex.

XIII. Fraud and Corruption Prevention and Awareness Policy

ChildFund Cambodia considers fraud/corruption a serious matter. Fraud/corruption is not tolerated, i.e. zero tolerance. There will be no exception for any provider who commits against this policy and lead to termination of contract. The Fraud and Corruption Prevention and Awareness Policy is in annex.

XIV. HOW TO APPLY

Please send your consultancy proposal (inception report) including:

- Principles and proposed research methodology
- Chart and schedule with allocation of days
- Proposed total budget including daily rate for consultants and cost for fieldwork research
- CV of consultant and/or consultant team
- At least two references from senior staff from the NGOs who used your services before.
- Two samples of previous evaluations and research study reports that are relevant to this consultancy.

Interested applicants should submit their CV, proposal, and other relevant support documents to ChildFund Cambodia, Office Address: House # 14, Street. 240, Sangkat Chaktomuk, Khan Daun Penh, Phnom Penh or via

email at careers@childfund.org.kh, no later than 5.00pm (local time) on 07 June 2019 **Only short-listed applicants will be contacted.**

All employees and consultants are required to abide by ChildFund's Child Protection Policy and Code of Conduct.