



## **Terms of Reference for a project Midterm Evaluation and Methodology Study–BSNUM II**

Project: Baray-Santuk Nutrition for Under-2s and Mothers 2 (BSNUM 2)

Date: February 2020 to January 2023

Donors: Canadian Food Grains Bank (CFGB), ADRA Canada, Kindercare Learning Centres, ADRA New Zealand, the Government of Czech Republic, ADRA Czech Republic, and ADRA International

### **1. Background and Rationale**

Maternal and child nutrition has continued to be a health priority both for the Cambodian government as well as ADRA Cambodia. Based on relationships and Evaluations in the Kompong Thom province, ADRA proposed an integrated nutrition, safe water and sanitation programme that identified children under-2 suffering from poor nutrition and uses support groups to target these children and their families and caregivers with nutrition rehabilitation and conduct nutrition awareness sessions with topics including dietary and disease factors, locally available nutritious food, easily prepared and regularly administered nutritious meals, WASH and information about the impact of migration on family nutrition.

ADRA Cambodia, in partnership with the local District Administrative Office and Health Department, have been implementing this project (BSNUM 2) in 30 rural villages of the Baray and Santuk districts, Kompong Thom province. The primary project objectives include:

Goal: Improved nutrition for 22,000 household members (11,250 females), particularly WRA and boys and girls under-2, in the Baray-Santuk Operational District in Kompong Thom Province

Obj.1.0 Reduced prevalence of stunting (height-for-age), underweight (weight-for-age) and wasted (weight for height) girls and boys under-5 by the end of the project.

Obj.2.0 Health Sector Systems are effectively implementing gender sensitive nutrition interventions for malnourished children

Obj.3.0 Decreased prevalence of malnutrition-related diseases among WRA, girls and boys.

The project is at the Midterm stage and seeks to evaluate the progress and midterm results to date. As well Gender inclusion and equity in family decision making has also been a key project objective and is central to this Evaluation. The lessons learned from this evaluation are intended to lead to improvements in planning and implementation in the second half of Y2 and in Y3.

### **2. Purpose, objectives and use**

This Midterm Project Evaluation will collect qualitative field information to compliment the quantitative survey data/results that will be collected by the local project team as was done at the baseline as well as midterm. The major purpose and objectives of the Evaluation are the following

- A. Document the progress and degree of completion to date of the project's key Objectives against the original and modified proposed plans.
- B. Identify the interventions, including the use of the Reflect Circle self-help groups, that have been successful or not in achieving positive change.

- C. Identify key intervention areas that would need adjustment or greater emphasis in order to reach targets for end of project Y3.
- D. Identify the impacts of the COVID 19 pandemic on the implementation and results to date and make recommendations regarding the need for time extension to reach targets.
- E. Assess the degree of sustainability of the positive results on the project outcomes.

### 3. Scope of Work

The work of the Midterm Evaluation Consultant will consist of the following points and is intended to be conducted directly by the consultant or approved counterparts:

- (i) Review project proposals, reports, the results of the baseline quantitative survey conducted by the local project survey team, and develop a detailed Evaluation plan.
- (ii) Review the initial qualitative *results* of the *baseline survey* for qualitative verification and further in-depth study.
- (iii) Conduct *in-depth interviews (by online/phone call)* with key informants from staff, community implementation partners, and government stakeholders to collect data for analysis
- (iv) Conduct *focus group interviews or KII (by online/phone call)* with both female and male beneficiaries.
- (v) Analyze data from the three information sources and facilitate discussions with project staff and higher level stakeholders on the initial results and potential recommendations.
- (vi) Specific emphasis during analysis should review the project gender Evaluation and implementation of gender sensitive interventions over the life of the project especially in family decision making and behavior changes.
- (vii) Below are listed the project Outcome and Outputs with indicative guiding Evaluation questions in addition to those directly related to the 5 points above. It is expected that the Consultant will develop and refine this list for the differing beneficiary and development partner Interviews and Focus Groups:

	<b>Project Outcomes and Outputs</b>	<b>Guiding/Indicative Questions</b>
<b>Overall Outcome</b>	Improved nutrition for 22,000 household members (11,000 females), particularly Women of Reproductive Age (WRA) and 4,000 boys and girls under-2 in the Baray-Santuk Operational District of Kompong Thom Province	<ul style="list-style-type: none"> <li>• Do the project beneficiaries, both women and men, perceive improvements in their confidence in their children’s nutritional status or their personal care.</li> <li>• Is the project improving the key factors that need to be in place for improved dietary behaviors to be sustained?</li> <li>• Which hygiene and sanitation factors have been improved to ensure sustainable nutritional health?</li> </ul>
<b>Intermediate/ Immediate Outcomes 1</b>	1.0 Reduced prevalence of stunting (height-for-age), underweight (weight-for-age) and wasted (weight for height) girls and boys under-5 by the end of the project. 1.1. Increased adoption of improved	<ul style="list-style-type: none"> <li>• Are child caregiver attitudes changing regarding the need to provide improved nutritional care to mothers, children, especially in poor HHs?</li> <li>• Have eating/feeding practices changed? If what ways? Why? (both mothers and for their children)</li> </ul>

	<p>diet/feeding practices, among caregivers</p> <p>1.2. Moderate and Severely malnourished children are rehabilitated</p> <p>1.3 Increased skills and confidence in household (HH) decision making between women and men on family nutrition.</p>	<ul style="list-style-type: none"> <li>• Is there a greater sense of urgency or awareness about the relationship between child care and the physical or mental development of their children?</li> <li>• <b>How did the project change or improve HH caregiver decision making – especially between mothers and fathers. What about between parents and other caregivers (relatives or not)?</b></li> <li>• <b>Do caregivers have greater awareness about the importance of their behaviors and being responsible for their children’s future?</b></li> <li>• <b>Do men have changed perceptions about their roles or mothers roles in child-care?</b></li> </ul>
<b>Intermediate/ Immediate Outcomes 2</b>	<p>2.0 Health Sector Systems are effectively implementing gender sensitive nutrition interventions for malnourished children</p> <p>2.1 MOH/HC - Community SAM Database and referral system for SAM and MAM children operating effectively</p>	<ul style="list-style-type: none"> <li>• Is there child monitoring activities, children identified as SAM and referred for treatment....?</li> <li>• Is there SAM database system in HCs, how is system working...?</li> </ul>
<b>Intermediate/ Immediate Outcomes 3</b>	<p>3.0 Decreased prevalence of malnutrition-related diseases among women, men, girls and boys.</p> <p>3.1 Increased adoption of management and preventative practices for diseases impacting nutrition for girls and boys.</p> <p>3.2 Increased accessibility to safe drinking water options for women, men, girls and boys.</p> <p>3.3 Increased accessibility to functional sanitation facilities for women, men, girls and boys.</p>	<ul style="list-style-type: none"> <li>• Is there greater awareness among female and male caregivers about the connection between malnutrition and disease prevention (hand washing, child feeding...).</li> <li>• Have beneficiary HHs made changes in their safe water and hygiene practices?</li> <li>• What factors or reasons are there that motivated beneficiaries to change?</li> <li>• How can the sustainability of water purification (filtration) be ensured?</li> <li>• Did the project impact the construction of sanitary latrines – why or why not? What were the key factors?</li> </ul>

### **Cross-cutting Questions/Methods**

- Have there been benefits of project activities in other aspects of life (i.e. gender equality or reduced gender based violence, improved family relations and problem solving, financial management, other health benefits?) because of the project???
- How did the project change or improve HH caregiver decision making – especially between mothers and fathers. What about between parents and other caregivers (relatives or not)?
- Do caregivers have greater awareness about the importance of their behaviors and being responsible for their children’s future?
- Do **men** have changed perceptions about their roles or mother’s roles in child-care?
- How did the project impact the **Environment**?

- To what degree, COVID-19 affect to the implementation of project activities?
- What are the most appropriate adaption activities in regarding the restriction of COVID-19?

#### 4. Process

The evaluation process will include the following steps, activities and key actors:

#	Step/Activity	Key Actors
1	Preparation: Qualitative midterm survey data collection and results preparation per the Baseline/ Survey methods	BSNUM Project Manager, National M&E Coordinator, local enumerators
2	Preparation: Consultant contracting, TOR review, Review of project documentation and preparation of detailed evaluation Plans	Evaluation Consultant, ADRA Cambodia Country Director, M&E Coordinator
3	Preparation: Preparation of qualitative data collection tools and field collection plans	Evaluation Consultant, National M&E Coordinator, Project Manager
4	Field Data Collection: Coordinate and collection activity implementation information with the project team	Evaluation Consultant, Project Manager, Relevant Component staff as needed
5	Field Data Collection: Focus group data collection	Evaluation Consultant, Beneficiaries, community implementation partners, relevant staff as needed
6	Field Data Collection: Key informant interviews	Evaluation Consultant, Relevant local authorities, Dept. of Health, Rural Development, and other government partners.
7	Report Preparation: Analysis of data collected	Evaluation Consultant
8	Report Preparation: Review of draft evaluation report finding.	Evaluation Consultant, Project Manager, M&E Coordinator, Country Director, ADRA Canada)
9	Report Preparation: Finalization of midterm evaluation report	Evaluation Consultant, Country Director

#### 5. Outputs and deliverables

The Evaluation's written outputs will include:

- (i) Basic detailed Evaluation plan and tools
- (ii) Draft Evaluation Report (See template attached below) – to be reviewed and assessed in a joint Consultant – Staff and Management review session. (Estimated at 12-15 pages of analysis and Recommendations besides Annexes such the Evaluation plans, tools used, lists of meetings/participants etc.)
- (iii) Midterm Evaluation Report – Final report to be approved by the ADRA Cambodia Country Director. (This is only a revision of the Draft Evaluation Report.)

#### 6. Evaluation Consultant – Qualifications/Technical Experience Required

The project Final Evaluation Consultant and or Consultant Team (up to 2 persons) should come with the following skills and experience in Cambodia:

1. At least 8 years of work in implementation of community based rural development projects in the Health, WASH, and Gender Empowerment sectors.
2. Have quality, verifiable, experience in conducting qualitative data collection and analysis for community development programs with an International perspective.
3. Be aware of and have access to major government strategies and trends in the relevant intervention areas.
4. Ability to quickly analyze project proposals, reports, and field documents and formulate detailed plans along with the ability to function independently without major oversight or direction after initial objectives are established.
5. Have interpersonal participatory communication and facilitation skills that are effective in gathering balanced, useful, quality information from both project staff, implementation partners and community beneficiaries including government partners.
6. Be efficient and clear in preparing reports (in English) and have his or her own laptop computer for use in the evaluation and write-up.

## 6. Tentative Time Frame

The Evaluation time frame will be in alignment with the completion of the midterm qualitative survey data analysis with the initial results calculated. This needs to be at the end of August or early in September of this year. **During the Consultancy Bidding process, potential consultants will be asked to provide a brief plan of their approach to the Evaluation including the indicative amount of days/persons utilized within their Evaluation financial bid.** Below is an indicative schedule and time estimates for the Evaluation.

#	Activity	Est. Time Allocation	Time Frame
1	Preparatory Management Mtgs., Lit. Review, and Prep. the Evaluation Plans and tools	2 days	TBD
2	Field Data Collection (in Kompong Thom Province)	3-4 days	
3	Draft Evaluation Report Preparation	3-4 days	
4	Report Review Session and Final Report Finalization	2-3 days	
	<b>Total</b>	<b>11-13 days</b>	

## 7. Attachments

- Template for Midterm Evaluation Report

Available at time of Contracting:

- a. Project Proposal
- b. Project annual and Quarterly Reports
- c. Baseline Survey Results

### Template for Midterm Evaluation Report

#### Table of contents

- Table of contents/index
- List of figures and tables
- List of acronyms/abbreviations

## **Synopsis/ Summary**

- Background
- Key findings and conclusions
- (Essential) recommendations, and where necessary, overriding conclusion/lessons learned

### **1. Introduction – Background of project and MT Evaluation**

#### **1.1 Background of the project and Evaluation**

#### **1.2 Rationale and objective of Evaluation**

- Justification of the evaluation
- Objective of the evaluation
- Main/central questions of the evaluation

#### **1.3 Goal of the evaluation**

- Time period and process of the evaluation
- Composition and independence of the evaluation team
- Involvement of partners and target groups in the evaluation
- External factors of influence and its consequences

### **2. Methodology**

#### **2.1 Evaluation methodology**

- Methodological approach and tools
- Measures to ensure the protection of the participating parties
- Suitability and limits of the methodological approach
- Activities conducted and challenges faced

### **3. Findings of Data Collection**

- Findings on project activities and methodologies including Reflect
- Findings on results based on the project Objectives
- Findings on Cross-Cutting issues and unexpected results and impacts
  - o Gender Equity and Social Inclusion (GESI)
  - o Beneficiary Involvement including the disabled
  - o Environment
  - o Child Protection
  - o local capacity building
- Findings on risks and challenges faced over implementation

### **4. Assessment Conclusions and Recommendations**

- Overall assessment of the project impact and achievement of major Objectives
- Evaluation of the sustainability of positive results and ongoing benefits
- Conclusions and Recommendations for future intervention programming.

## **Attachments/Annexes**

- Terms of Reference
- Composition and independence of the evaluation team
- Process plan and timetable of the evaluation
- List of interviewed/involved persons
- Questionnaires and other information/data collecting tools
- Minutes of the final debriefing meeting
- Project Logical framework, targets and indicators of development activities