**Terms of Reference for a project Midterm Evaluation and Methodology Study – Best CHOICES**

Project: **Best Community Household Opportunities through Improved Community Empowered Solutions "Best CHOICES"**
Date: 1 July 2019 to 30 June 2024
Donors: Department of Foreign Affair and Trade (DFAT), ADRA Australia

## 1. Background and Rationale

Cambodia is a rapidly developing country which has emerged from decades of civil conflict and economic stagnation and is moving as a dynamic economy in the Association of South-East Asian Nations. Cambodia has achieved impressive economic growth since the mid-1990s and has made significant progress in reducing national poverty with the proportion of the population living under the food poverty line at 18 per cent according to data from national economic surveys. Malnutrition rates in Cambodia remain stubbornly high; almost 32.4 percent of children are chronically malnourished and stunted while micronutrient deficiencies, especially iron, vitamin A and iodine, are high among children under 5 and pregnant and lactating women (CDHS 2014). Cardiovascular disease, cancer, chronic respiratory disease and diabetes alone cause 46 percent of deaths in Cambodia. Obesity has increased from 15.4% to 21.9% from 2010 to 2016. National guidelines are rarely implemented, and community leaders are ill-equipped to consider waste management options and the perceived financial burden.

Parents and children are often separated by migratory work demands with children often left in the care of well intending but these ill-informed older relatives. Labour based migration, including cross-border movement, remains risky for the very poor and ill-informed with local community partners stating that about 20% of short or long-term migrants going illegally without proper paperwork and often with limited orientation. Challenges and risks that have been expressed by local officials and community members include being cheated by employers or "traffickers", not receiving wages due, problems with immigration officials and systems, and not receiving the type of work/pay they were expecting or promised. Rural livelihoods which maintain or grow economic stability are now including more trade-based skills and support services for the agriculture sector as well as service industry and semi-skilled factory work which are skills not often learned by poor rural household members. Poor household most often have no land or very little and manual labour for rice production is rapidly reducing with the introduction of tractors and mechanical rice harvesters. This is leading to large scale migration including illegal cross-border migration to Thailand or to other local areas seeking work. In these cases, poor households most often have low education and skills. Income saved upon return to their home, often minimal, is used to pay off household debt which is often growing with informal loan rates from 40%-100% or more per year.

Based on these challenges, past Evaluations and assessments in the Pursat province, ADRA is implementing this Best CHOICES integrated project on improved family financial and food security and improved nutrition for poor and vulnerable households in Bakan District, Pursat Province, Cambodia. The project works with government offices to provide counsel on safe migration to migrant families, seeks to improve HH and Community Health seeking behaviours for parents and

caregivers in nutrition awareness and rehabilitation, Non-Communicable Disease lifestyle health action training for at risk caregivers, Hygiene and WASH inputs, and to increase livelihood income skills, opportunities, and stability increased for poor and vulnerable households in Bakan district.

ADRA Cambodia, in partnership with the local District Administrative Office and Health Department, have been implementing this project (Best CHOICES) in 50 rural villages of the Bakan districts, Pursat province. The primary project outcomes include:

> **Goal:** Improved family financial security and well-being for poor and vulnerable households in Bakan District, Pursat Province, Cambodia
>
> **Outcome 1:** Increased safe effective labour migration resources in place and values based decisions being made based
>
> **Outcome 2:** To improve HH and Community Health (Nutrition, Non-Communicable Disease, Hygiene) seeking behaviours for parents and caregivers.
>
> **Outcome 3:** Livelihood income skills, opportunities, and stability increased for 547 poor and vulnerable households in Bakan district.

An assessment of gender sensitivity, gender equality and social inclusion (GESI) during the project design confirmed the challenges identified in the initial project concept including migration risks; less coherence in communities; decision making in families; domestic violence as a threat to health; and the need to train facilitators in gender sensitivity and non-confrontation. It identified initial Universal Values related to interventions chosen including 1 Health, 2 Family Security, 3 Mature Love, 4 Self Discipline, 5. Meaning of Life, 6. Responsible, and 7. Protecting the Environment. It confirmed the use of the participatory Reflect methodology to be inclusive, provide a platform for addressing emerging (gender related) issues, and to fulfil the objectives of the project. Indicators are gender sensitized for mainstreaming and continued attention to gender equality. Indicators are also sensitized to measure changed behaviour of activating the project core values.

Child protection issues were identified during the project design and risks were assessed. Project staff and facilitation partners are trained in child safeguarding and monitoring of risks and implementation of mitigation measures is regularly conducted. Environment risk areas were also identified with mitigation measures included in areas of Agriculture, Crops, Vegetation, safe water, sanitation and infrastructure, health and Microfinance and Development. Private sector partners in WASH solutions were identified to support the sustainability of solutions.

The project works through participatory behaviour change methods with awareness, discussion, action research, action planning and reflection/follow-up, through training and input provision, through demonstrating and building awareness, intentionally addressing all steps along a behaviour change continuum. The project is built on values and designed so that at the end families are living with greater food and financial security, improved health, and are making improved values-based decisions to sustain benefits.

The project is at the Midterm stage and seeks to evaluate the progress and midterm results to date. The lessons learned from this evaluation are intended to lead to improvements in planning and implementation in the second half of year 2 and through the end of the project.

## 2. Purpose, objectives and use

This Midterm Project Evaluation will collect qualitative field information to investigate and further understand the reasons for progress or lack of progress on different project indicators. This will compliment the quantitative survey data/results that were collected by the local project team at the 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 proposed plans. Include a comparison of the project's quantitative baseline and midterm survey results.
B. Identify the interventions 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.
D. Investigate the use of Live More Abundantly (LMA) non communicable disease lifestyle health resources and their impact on rural families. Consider how this lifestyle health program work to be integrated into this project versus being a stand alone program?
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:

A. Review project proposal, reports, the results of the baseline and midterm quantitative survey conducted, in December 2019 and January 2022, by the local project survey team and the results of baseline and annual participatory evaluations (PEs) conducted by local facilitators guided by the project team, and develop a detailed Evaluation plan/inception report.
B. Review the initial quantitative and qualitative results of the midterm survey and PE for qualitative verification and further in-depth study.
C. Design in-depth interview tools and conduct in-depth interviews with key informants from staff, community implementation partners, and government stakeholders to collect data for analysis
D. Design and conduct focus group interviews or KII with both female and male beneficiaries.
E. Analyze information and data from points A, B, C and D above, and facilitate discussions with project staff and higher level stakeholders on the initial results and potential recommendations.
F. Review the baseline/midterm survey tool and methodology and make recommendations on additions or deletions that would be more effective in evaluating the achievements of the project during the final survey and evaluation of the project.
G. Write report, facilitate review and finalize evaluation report
H. Below are listed the project Outcome and Outputs with indicative guiding Evaluation questions in addition to those directly related to the 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:

| | Project Outcomes and Outputs | Guiding/Indicative Questions |
|---|---|---|
| **Goal** | *Improved family financial security and well-being for poor and vulnerable households in Bakan District, Pursat Province, Cambodia* | Goal Indicator Questions<br>• How do underlying values drive decision making of the project participants? How did the project contribute to their understanding?<br>• What indications show improved family financial security at this point of the project? |
| **Outcome 1:** | **1.0:** *Increased safe effective labour migration resources in place and values based decisions being made based*<br><br>**Output 1.1:** 36 (18 Female and 18 male) community administrative leaders trained in Safe-Migration and Anti-Trafficking systems and values<br><br>**Output 1.2:** 4,500 (3,000F, 1,500M) RC members complete safe labour based migration and anti-trafficking training<br><br>**Output 1.3:** One Migration & Anti-trafficking Resource "Hub" Network developed and operational<br><br>**Output 1.4:** 900 child caregivers (800F, 100M) trained in Child Care and Safety while parents are migrating | Outcome Indicator Questions<br>• Are the Migration & Anti-trafficking Resource "Hubs" making a difference? Are the hubs sustainable at both the district and commune levels?<br>• Are family members making joint family migration choices and are the feeling safer or more confident?<br>• Are parents and/or caregivers making better choices for the care of their children when migrating or leaving their children behind. |
| **Outcome 2:** | **2.0:** *To improve HH and Community Health (Nutrition, Non-Communicable Disease, and Hygiene) seeking behaviours for parents and caregivers.*<br><br>**Output 2.1:** 4,500 Target (3000 women and 1,500 men) trained in values-based ANC/PNC child care and nutrition practices.<br><br>**Output 2.2:** 500 (250G, 250B) malnourished and at-risk children identified and rehabilitated through values based PD HEARTH sessions<br><br>**Output 2.3:** 2200 persons (1100F and 1100M) with improved access to sanitation/ safe drinking water resources and systems (to be defined by the Stakeholder Analysis).<br><br>**Output 2.4:** 400 (250 Women & 150 Men) household family members complete a NCD Lifestyle Health program | Outcome Indicator Questions<br>• What are the key factors to sustaining the health seeking behaviours the project is promoting? How can the project strengthen these over the final two years of the project? (ANC/PNC, child nutrition, HH sanitation, Lifestyle health choices..)<br>• What factors or reasons are there that motivated beneficiaries to change? Are those who have changed able to influence others also?<br>• How is the NCD lifestyle health program perceived as compared to other health issues they are facing by rural families?<br>• |

| | Project Outcomes and Outputs | Guiding/Indicative Questions |
|---|---|---|
| **Outcome 3:** | **3.0:** *Livelihood income skills, opportunities, and stability increased for 547 poor and vulnerable households in Bakan district.*<br><br>**Output 3.1:** 547 vulnerable households complete Business/ Financial skills and Work ethics training<br><br>**Output 3.2:** 408 vulnerable households participate in vocational training skills for local and migratory labours<br><br>**Output 3.3:** 25 villages with improved access and control of community savings and loan services | Outcome Indicator Questions<br>• Which livelihood opportunities are showing the best potential for sustainable income generation and how can the capacity building activities better meet the needs of the beneficiaries?<br>• Are the vulnerable households/families with children under 5, disability, widow and very ID poor greater access to savings and loan services and financial services?<br>• What progress has been made towards forming the planned district savings federation? |

**Cross-cutting Questions/Methods**

- How are the participatory learning methods used by the project bringing the most vulnerable beneficiaries to choose to participate in project activities, use the value-skills learned, and be able to make long–term plans?
- What indications show that household members are building trusting relationships and value the joint group based interaction and learning?
- How many people with disabilities have benefited from the project and what impact has the project had on them? Is their potential for the project to benefit more persons with disabilities, and if so, how?
- How is the project addressing gender equality and women's empowerment?
- What are the different roles of women versus men in making sustainable behavior changes in health and migratory practices.
- How has the project impacted the protection of women and children from any types of abuse, domestic violence or other risks?
- How has the project ensured safeguarding of children?
- How did the project impact the Environment? How the major environmental risks can be reduced, and environmental improvements can be promoted?
- If the project ended, what would continue? What actions and benefits would remain?
- If the project had not been implemented, what would be different in your family?
- What indications show that the local authorities and community stakeholders support the Hubs
- What and How the COVID-19 pandemic has been impacted the project commitment and achievement as well as the social-economic of target beneficiaries?

## 4. Process

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

| # | Step/Activity | Key Actors |
|---|---|---|
| 1 | Preparation: Consultant contracting, TOR review | ADRA Cambodia Country Director, M&E Coordinator, Project Manager |
| 2 | Preparation: Review of project documentation and preparation of detailed evaluation Plans/Inception report | Evaluation Consultant |

| # | Step/Activity | Key Actors |
|---|---|---|
| 3 | Review of Inception Report including the data collection tools and final agreement | National M&E Coordinator, Project Manager, ADRA Australia |
| 4 | Field Data Collection: Focus group data collection | Evaluation Consultant, Beneficiaries, community implementation partners, relevant staff as needed |
| 5 | Field Data Collection: Key informant interviews | Evaluation Consultant, Relevant local authorities, Dept. of Health, Rural Development, other government partners, relevant staff as needed. |
| 6 | Report Preparation: Analysis of data collected | Evaluation Consultant |
| 7 | Report Preparation: Review of draft evaluation report findings. | Evaluation Consultant, Project Manager, M&E Coordinator, Associate Director, ADRA Australia |
| 8 | Report Preparation: Finalization of midterm evaluation report | Evaluation Consultant, Associate Director and ADRA Australia |

**5. Outputs and deliverables**

The Evaluation's written outputs will include:

1. Inception report
2. Detailed Evaluation plan and tools
3. Draft Evaluation Report (See Annex 1 for template) – 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.)
4. Midterm Evaluation Report – Final report to be approved by the ADRA Cambodia Associate Director and ADRA Australia. (This is only a revision of the Draft Evaluation Report.)

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

The project Midterm Evaluation Consultant and or Consultant Team (up to 3 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, Livelihood, 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.
7. Be able to provide examples of recent work completed.

**7. Tentative Time Frame**

The Evaluation time frame will be in alignment with the completion of the midterm qualitative survey data analysis completed in March 2022. This consultancy will start in late April or early May 2022. 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 Pursat Province) | 5-6 days | |
| 3 | Draft Evaluation Report Preparation | 3-4 days | |
| 4 | Report Review Session and Final Report Finalization | 2-3 days | |
| | **Total** | **12-15 days** | |

**8. Available at time of Contracting:**

a) Project Proposal
b) Project annual and Quarterly Reports
c) Baseline Survey Results
d) Midterm Survey Results
e) Annual Participatory Evaluation results

**ANNEX 1:**

**Template for Midterm Evaluation Report**

**Table of Contents**

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- 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
   - Findings on results based on the project Objectives
   - Findings on Cross-Cutting issues and unexpected results and impacts
   - Findings on Live More Abundantly (LMA) non communicable disease lifestyle
   - 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
- Information/data collecting tools
- Minutes of the final debriefing meeting
- Project Logical framework, targets and indicators of development activities