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Salvation Centre Cambodia

TERMS OF REFERENCE

EXTERNAL PROJECT EVALUATION FOR INTEGRATED HIV, EDUCATION AND LIVELIHOOD PROJECT (I-HELP)

Project number: N-KHM-2018-0203

Project Name: Integrated HIV, Education and Livelihood Project (I-HELP)

Project Location: Phnom Penh, Battambang and Siem Reap provinces, Cambodia

Project period: From 01.08.2018 till 31.07.2021

1. INTRODUCTION

Salvation Centre Cambodia (SCC) is a Non-Government Organization that was established in 1994 by two Khmer University students, in order to respond to the growing HIV/AIDS epidemic and the urgent needs of Cambodian people for education, care and support related to HIV/AIDS. SCC VISION: a Cambodian society where, all Cambodian people live with good health, freedom, dignity and prosperity; whereas SCC MISSION: SCC commits to develop capacity and sustainable community mechanisms through faith-based networks and other stakeholders to reduce vulnerability, and to prosper livelihood, health and children's rights to education.

SCC works strategically with Buddhist monks, nuns, achars and other religious groups to implement a wide range of HIV prevention and AIDS care activities for our directed target group such as people living with HIV (PLHIV), children living with HIV (CLHIV), youths, HIV-positive members, children infected members, the orphans and vulnerable children (OVC), OVC's family members, village health support group (VHSG), health centre staffs, the poorest of the poor families, elderly, community support volunteers (CSV), monks, nuns, achars, teachers, local authority and stakeholder. Through a group of monk core trainers and a dedicated team of SCC's staff members, SCC has been able to improve the lives of many people infected with and affected by HIV/AIDS, especially the orphans and vulnerable children (OVC). SCC's holistic approach consists of HIV prevention, AIDS care, advocacy, stigma reduction, livelihood activities, nutritional support, and community empowerment in the context of Buddhist culture and religion. Presently, SCC works in Siem Reap, Battambang and Phnom Penh.

SCC at present has been implementing the continuation project of Integrated HIV, Education and Livelihood Project (I-HELP) funded by Bread for the World, ICCO-KIA, Firefly mission and C&D for three years 2018-2021 with 9 districts, 45 communes and 306 villages. The project involves 1.115 people living with HIV and includes, 650 intensively accompanied HIV cases of which 354 are females, ages from 15>= year-old, 400 newly identified cases of HIV-infections out of a screening of 1.800 people, 65 children living with HIV (25 are girls), ages =<15 year-old, and 600 youth (307 are girls), ages from 15 to 24 year-old. The project contributes to the sustainable improvement of life prospects for people living with HIV (PLHIV) and their family members in the provinces of Phnom Penh, Battambang and Siem Reap provinces with three main objectives: 1) Treatment and prevention services for people living with HIV (PLHIV) and for those at increased risk of contracting HIV are being increasingly used, 2) The food and income situation of marginalized families with HIV-positive

members is improved, and 3) Children living with HIV and children from families with HIV-positive members enjoy equal educational opportunities as children from families without HIV infection.

2. CAUSE AND OBJECTIVE OF EXTERNAL PROJECT EVALUATION

The external project evaluation ensures the objectives, indicators and overall goal are moving in the direction of achieving the defined objectives and to identify any potential for improvement. Additionally, the results can be used as a learning tool for a coming funding phase or similar projects, to adjust the approach in case of recommendations who suggest doing things differently.

The objectives of the external project evaluation are:

1. To measure the impact and/or outcome that were expected according to the SCC project results and Bread for the World agreement results as in annex 1.
2. To measure the relations, way of working and performance between SCC, its donors and other relevant stakeholders.
3. To measure and examine the effective approaches and the scope of the current project intervention on how they are relevant to climate change, environmental education, generating incomes in their communities.
4. To identify the relevance, effectiveness, efficiency, impact and sustainability of the project intervention.
5. To examine SCC's capacity in term of stability, relevance, effectiveness, efficiency, and sustainability of SCC's program.

3. METHODOLOGY OF EVALUATION

A Combination of various methods will be used to gather information from the project beneficiaries such as people living with HIV (PLHIV), HIV-positive members, children living with HIV, children infected members, youths, health centre staffs, community support volunteers (CSV), SCC's staff members, field officers, teachers, local authorities and relevant stakeholders in SCC's target areas.

The following methods will be used:

- Literature Reviews on relevant papers, records, reports, project proposals and strategic planning will be conducted by an external consultant team. These literature reviews are required to design all key questionnaires before conducting the data collection.
- Structure interviews are conducted using two different methods: The Quantitative and the Qualitative Method. A quantitative approach is used to identify and determine the results of the project frame work. The qualitative approach is used to gain understanding of underlying issues and the level of the project's contribution to the sustainable improvement of life prospects for the target groups - people living with HIV (PLHIV) and their family members in the provinces of Phnom Penh, Battambang and Siem Reap.
- Focus Group Discussions (FGD) and Key Informant Interviews (KII) can help explore the different types of issues in the organization. For example, the main challenges of SCC's project execution, the beneficiaries' quality of life and the satisfaction with the project implementation of the direct and indirect beneficiaries in the communities.
- Observation provides the opportunity to monitor or assess a process or situation and document evidence of what is seen and heard. The key to using observational data as evidence in an evaluation is to take a systematic and consistent approach as you collect, organise and analyse what is observed.

3.1. Questionnaire Development

Quantitative questionnaires are developed as structural questionnaires separately for PLHIV, CLHIV, youths, HIV-positive members, children infected members, the orphans and vulnerable children (OVC), OVC's family members, VHSG, health centre staffs, the poorest of the poor families, elderly, community support volunteers (CSV), monks, nuns, achars, teachers, local authority and stakeholder. Questionnaires are developed based on the existing questionnaires or similar studies and also developed depending on the expected result indicators of the project objectives in the proposal application and to define satisfaction, the level of knowledge, attitudes, practice and living condition of beneficiaries who have involved in the project. The questionnaires are developed in English by external consultant team and will be translated into Khmer language. The data collectors have to attend an orientation course for half a day in order to clearly understand the contents, format, language use and the techniques of using appropriate questionnaires. Qualitative questionnaires are developed based on the relations between SCC and its donors, beneficiaries and other relevance stakeholders, as well as the relevance, effectiveness, efficiency, impact and sustainability of the project. Qualitative questionnaire should include the effective approaches and the scope of the current project intervention on how they are relevant to climate change, environmental education, generating incomes in their communities.

3.2. Sample Selection

The total sample size is calculated and used percentage among 3043 direct beneficiaries of the project. It depends on agreement between SCC and external consultant. The respondents include males and/or females of PLHIV, OVC, CSV, youths, HIV-positive members, children living with HIV, children infected members, parent/caretakers, teachers, monks, achar and key informants in different locations of the target project areas.

3.3. Data entry and Analysis

The data entry and analysis method is the burden of consultant to identify any programs or tools to be used. The appropriated methods of data entry and analysis will be defined and agreed with the selected consultant.

4. EVALUATION CRITERIA AND KEY QUESTIONS

Based on the following criteria, the questions to be addressed in the evaluation are grouped.

⇒Relevance

Are we doing the right thing? This criterion measures the extent to which the objectives of a project/programme align with the needs of the beneficiaries and strategies (policies) of partners and donors.

⇒Effectiveness

Are the objectives of the project/programme being achieved? This criterion measures the extent to which the objectives of a project/programme will (foreseeably) be achieved.

⇒Efficiency

Will the objectives be achieved in an economically viable manner? This criterion measures the adequacy of the deployed resources in relation to the achieved results and effects.

⇒Impact

Will the project/programme contribute to the attainment of overall development goals? This criterion assesses whether and to what extent the project/programme will contribute towards the attainment of the intended primary and secondary long-term objectives under development policy. Additionally, whether and, if so, which other positive and negative changes have occurred will be investigated.

⇒ Sustainability

Will the intended positive changes (foreseeably) have a lasting effect? This criterion assesses the extent to which the positive effects of the development intervention will continue beyond the end of the project period.

Below are some key questions to help guide the external project evaluation:

⇒ Relevance

- What are the current development needs in the community, especially concerning health care, food and income security and education?
- To what extent is SCC program responding appropriately to current development needs?
- In what ways should the focus of SCC's future program be changed (and in what ways should it remain the same) to best respond to current development needs?
- Are the activities and outputs of the programme consistent with the overall goal?
- Are the activities and outputs of the programme consistent with the intended impacts and effects?
- What are the areas that the programme not addressing and need to be brought on board?

⇒ Effectiveness

- To what extent do stakeholders feel that SCC is achieving its stated objectives for the current phase, and what suggestions do they have for improvement?
- To what extent do SCC's project reports provide an accurate description of SCC's achievements and challenges, as compared to the impressions of stakeholders?
- In what ways could SCC's monitoring of the project indicators be improved?
- To what extent is SCC on track to achieve its intended targets by the end of the project, and in what areas is progress lacking?
- To what extent were the goal and objectives achieved /are likely to be achieved?
- To what extent were the beneficiaries of the project satisfied with the results?
- What were the major factors influencing the achievement or non-achievement of the objectives?

⇒ Efficiency

- Is the program being implemented in the most efficient way compared to possible alternatives?
- Does SCC have an appropriate level and quality of staffing to achieve its objectives?
- Were activities cost-efficient?
- Were objectives achieved on time?
- Was the programme or project implemented in the most efficient way compared to alternatives?
- Were the resources have been used effective and efficiency?

⇒ Impact

- How successful has SCC been in achieving its development goals?
- What, if any, unintended consequences (positive and negative) have resulted from SCC's program?
- Does the program have any discernable community impacts beyond the target beneficiaries?
- How do the neighbours of beneficiaries (community members who are not beneficiaries of the program) view the program?
- How could SCC improve its impact in proposals for new donors?

- What are the positive and negative, intended and unintended, changes communities or target groups by the project?
- Have these changes contributed to any identified changes in women well-being?
- Are the local communities and stakeholders more resilient than before?
- There are the positive changes may be sustained in the medium-term or long term?
- What has happened as a result of the programme or project?
- To what extent can the achieved or identified changes be attributed to SCC?

⇒ Sustainability

- To what extent has SCC's program contributed to community (especially PLHIV and female) empowerment, solidarity, and ownership of the development process?
- To what extent has SCC's program contributed to the effectiveness of government engagement with the community?
- To the extent that SCC's program will still be needed in the future, how can SCC build the financial sustainability of its program?
- Considering that the current project will end after 2021, how can SCC ensure sustainability of the project?
- What phase-out activities and exit strategies are recommended?

5. DELIVERABLES OF THE EVALUATION

The evaluation shall be generally in compliance with OECD-DAC standards need to be taken into account.

See: <http://www.oecd.org/dac/evaluation/dacriteriaforevaluatingdevelopmentassistance.htm>

The evaluation shall explore the relevance, effectiveness, efficiency, impact and sustainability of the project. The key questions above provide a general guide as to what the evaluation should be exploring. The evaluation is largely qualitative, and aimed at gaining insights which will help provide feedback on the current program phase and future potentials of SCC's work (e.g. coping with climate change, environmental education, how to generate incomes in their communities, preventing young people from using drugs and dealing with debt or family financial management...) working so closely with the pagodas SCC offers quite unique characteristics and potential.

The evaluation shall pertain mainly to the current program period, August 2015 to July 2020. However, observations regarding impact and sustainability need not be limited to this period. Expected products are as follows:

- An Inception Report in English, detailing how the evaluation will be carried out, the methodology, and limitations, conforming generally to the standards found in: <http://unesdoc.unesco.org/images/0015/001583/158397e.pdf>. The study protocol should be approved by SCC and privacy and confidentiality must be protected during the interview.
- A PowerPoint presentation in Khmer language, to be presented at the one-day workshop with staff, and later updated to conform to the final report.
- Interim report (depending on the scope of the evaluation).
- The evaluation reports, in English, in both draft form and final form.
- A presentation summarizing the main evaluation results

⇒ Requirements for the External Evaluation Report

The report shall be written in clear and succinct English, and shall contain at least:

1. Executive Summary: a tightly drafted, to-the-point, free-standing document (about 3 pages), including the key issues of the evaluation, main analytical points, conclusions, lessons learnt and recommendations.
2. Introduction: objectives of the evaluation, evaluation scope and key questions. Short description of the project / programme to be evaluated and relevant frame conditions.
3. Evaluation design/methodology (including limitations).
4. Key findings with regard to the questions provided in the ToR:
 - a) Relevance
 - b) Effectiveness
 - c) Efficiency
 - d) Impact
 - e) Sustainability
- a) Findings Specific results to the I-HELP Project
- b) And other findings (if any)
5. Conclusions (based on evidence and analysis)
6. Recommendations (regarding future steps/activities/follow-up)
7. Lessons learnt (generalizations of conclusions applicable for wider use)
8. Annexes: Terms of Reference; List of Persons/Organizations consulted; List of Documents consulted, Question Guide; Evaluation Schedule; Draft Implementation Plan*; other relevant documents.

* The "Implementation Plan" summarizes the recommendations in point form.

The organization will later add their comments as to how each recommendation will be implemented.

Support of the Project

- Provision of all relevant project documentation
- Support in making appointments and arrangements with project partners and target groups
- Support in organizing travelling arrangements

6. PROCESS OF THE EVALUATION/ TIME FRAME

The timeframe period is estimated for 25 business days. The process to start the evaluation will start on 4 May 2020 to 10 July 2020. The final products will be submitted to Salvation Centre Cambodia (SCC) on 31 August 2020 for the final report.

No	Activities	April-August 2020				Responsible
		May	Jun	Jul	Aug	
1	Preparing ToR for the Evaluation and Review	x				SCC team
2	Process to Select External Consultant, Finalize ToR and sign contract with Consultant		x			SCC & Consultant
3	Desk review of relevant documentation			x		Consultant
4	Develop Inception report			x		Consultant
5	SCC and BfdW provide feedback on inception			x		SCC & Consultant

	report and tools					
6	Update inception report and tools based on feedback			x		Consultant
7	Upload approved translated survey into digital platform, test digital platform			x		SCC & Consultant
8	Conduct training to enumerators and qualitative facilitators (including tool testing)			x	x	Consultant
9	Conduct data collection				x	SCC & Consultant
10	Qualitative data transcription / translation				x	Consultant
11	Data cleaning / analysis				x	SCC & Consultant
12	Draft report writing				x	Consultant
13	Submit draft report and presentation of results				x	SCC & Consultant
14	SCC review and provide feedback to draft report				x	SCC & Consultant
15	Update and submit finalized document after presentation and comments				x	SCC & Consultant
16	Develop two pages summary of project funding for communication with stakeholders.				x	Consultant

7. EVALUATION TEAM

The team consists of the external consultant and they will work with SCC team. SCC team will also help facilitate and monitor the process of evaluation from the beginning until the end. Additionally, at least the SCC staff will lock their normal schedule and work as team such as PME Manager, PME Assistant, Program Officer and the Field staff.

The evaluators may be a team or individual with the following qualifications shared between them.

1. Proven experience in evaluation of health-related topics like HIV/AIDS, another STDs etcetera. Technical knowledge related to community development, children education and protection and permaculture.
2. Have proven experience of evaluating and assessing the impacts of project working on related development program and/or conducting qualitative health research studies or surveys
3. Excellence in interpretation of the study results and producing timely reports
4. Proven experience in managing team
5. Strong at facilitation, coordination and communication skills.
6. Able to travel to the provinces
7. Competent writing skills in English.

An evaluation team consisting of both national and international experts would be considered favorably.

8. CONTENT OF THE EVALUATION OFFER

The evaluator's offer should contain:

- Cover letter explaining the ways in which the evaluator(s) meet the required qualifications stated above.
- Curriculum Vitae of the evaluators.
- Technical proposal - including explanation and justification of the methods to be deployed;
- Financial proposal: Complete cost estimate that includes both the consulting fee as well as any ancillary costs to be incurred, such as transport, accommodation and taxes.
- Submission deadline: [10 July 2020]
- Send to: [tola@scc.org.kh, thoemun@scc.org.kh and pheap@scc.org.kh]

Annex 1

SCC Project Proposal: 08/2018 – 07/2021

Overall Objective	Objectives	Indicators
The project contributes to the sustainable improvement of life prospects for people living with HIV (PLHIV) and their family members in the provinces of Phnom Penh, Battambang and Siem Reap.	Objective 01: Health Care Treatment and prevention services for people living with HIV (PLHIV) and for those at increased risk of contracting HIV are increasingly being used.	<u>Indicator 1.1:</u> 90% of the people living with HIV (1,003 out of 1,115) accompanied by the project accurately take anti-retroviral medications while the success of their treatment is continuously monitored. <u>Indicator 1.2:</u> 85% of the participating youth between 15-24 years (510 of 600, of which 50% are female) use their acquired knowledge of HIV through behavioral changes.
	Objective 02: Food and Income Security The food and income situation of marginalized families with HIV-positive members is improved.	<u>Indicator 2.1:</u> 70% of 230 trained participants (of which 50% are female) apply newly learned techniques of organic farming and permaculture for a subsistence production of agricultural products. <u>Indicator 2.2:</u> Through establishing a small or micro business or through starting a permanent employment relationship, the average household income of 300 trained participants has increased by 30% (from 100 USD/month to 130 USD/month) by the end of the project.

	<p>Objective 03: Education Children living with HIV and children from families with HIV-positive members enjoy equal educational opportunities as children from families without HIV infection.</p>	<p><u>Indicator 3.1:</u> The school attendance rate of 560 children with increased vulnerability (orphans, children from families with HIV-positive members, children living with HIV) reaches the average national school attendance rate of all school-age children (= 97% in 2017).</p> <p><u>Indicator 3.2:</u> At the end of the project, 60% of 560 children with increased vulnerability (orphans, children from families with HIV-positive members, children living with HIV) report higher acceptance, less discrimination and physical integrity.</p>
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