



Terms of Reference Partnering to Save Lives (PSL) Final Evaluation

1. Background

PSL is a partnership between the Australian Government, the Cambodian Ministry of Health (MoH) (particularly the National Maternal and Child Health Centre (NMCHC)), and three NGOs (CARE, Marie Stopes International Cambodia and Save the Children). The initiative is a partnership designed to draw upon and leverage the skills and roles of all partners in order to achieve better outcomes. It links funding from the Australian Government, implementation experience of the three NGOs, and policy leadership of the Ministry of Health to improve maternal, neonatal, and reproductive services in Cambodia.

PSL supports all seven components of the MoH's 2016-2020 Fast Track Initiative Roadmap to Reduce Maternal and Newborn Mortality (FTIRM): emergency obstetric and newborn care, skilled birth attendance, newborn care, family planning, safe abortion (through training and quality improvement), behaviour change communication, and removing financial barriers. PSL was designed as a five-year program. It started in August 2013 and will end in July 2018.

The overall goal of PSL is to save the lives of women and neonates in Cambodia through improved quality, access and utilisation of reproductive, maternal and neonatal health (RMNH) services through a partnership approach.

PSL aims to achieve six primary outcomes:

- 1) Improved quality RMNH services for target populations
- 2) Greater equity of access to appropriate RMNH services for target populations
- 3) More responsive RMNH services meet the needs of target populations
- 4) Improved RMNH behaviours amongst target populations
- 5) Evidence-based innovation and learning that contributes to improved policy and practices
- 6) A partnership model that demonstrates impact and value for money to achieve RMNH outcomes.

Progress towards these outcomes is verified using PSL's monitoring, evaluation, reporting and improvement (MERI) framework, which covers all indicators and their definitions, target areas and planned annual targets. It is updated annually and is a key guiding document for this evaluation.

For implementation, PSL applies a holistic approach to RMNH initiatives in the underserved north-eastern provinces of Kratie, Mondul Kiri, Ratanak Kiri and Stung Treng. The program supports family planning services and training on safe abortion in an additional 19 provinces across the country. PSL also works to improve access to RMNH information and services for vulnerable young women working in garment factories in Phnom Penh and Kandal. The primary target groups of PSL are women of reproductive age (WRA; 15-49 years old) and newborn babies up to 28 days.

Further PSL programmatic details can be found in the Program Design Document (PDD) and Annual Operating Plans (AOP).

The baseline survey of PSL was conducted in late 2013 and early 2014 during year 1 of the program. The midline was conducted late 2015 and early 2016 and the endline survey data collection started in January 2018 with preliminary findings expected in March. In addition, an external midterm review was conducted in September-November 2015. For the baseline, midline and endline surveys, there were each time two separate surveys: one which focused on women of reproductive age in eight provinces (four provinces in northeast and four comparison provinces in the west of the country); the other which focused on garment factory workers in Phnom Penh and Kandal.

As we approach the program ending date, the partnership wishes to undertake an external final evaluation to assess how successful the program has been in reaching its objectives, as well as to inform the results of the program based on five evaluation criteria (relevance, effectiveness, efficiency, sustainability and impact).

2. Purpose of the Final Evaluation, scope and research questions

The **purpose** of the final evaluation is to:

- Assess the program's progress against its goal and outcomes across the five years of implementation, including cross cutting elements.
- Assess the relevance, effectiveness, efficiency, impact and sustainability of the program.
- Make any recommendations regarding main successes and areas of improvement that partners could consider for further replication or in the context of future programs.

Scope of the final evaluation:

The evaluation will cover the entire PSL program comprising its three components: 1) Improving Health Service Delivery; 2) Community Strengthening and Engagement; and, 3) Knowledge into Policy and its six end of program outcomes. The evaluation will cover the comprehensive RMNH interventions in the Northeast, the work in garment factories and the specific support to long term family planning and safe abortion in additional 19 provinces. It will pay particular attention to consideration of cross cutting elements such as gender and disability inclusion, ethnic minorities/indigenous people, child protection/child safeguarding, fraud prevention and environment.

The **research questions** are as follows:

Relevance:

- To what extent have the project interventions contributed to the MOH strategic priorities for RMNH and to DFAT / High Commission's strategic directions in Cambodia?
- Has the program addressed the aspirations, needs and challenges of healthcare providers and local communities and involved them in relevant stages of the project?
- To what extent has the PSL integrated broader gender concerns and child safeguarding issues into the design and implementation of its interventions?

Effectiveness:

- To what extent has PSL achieved its outcomes, as set out in the program design and measured through the monitoring, evaluation, reporting and improvement framework, and based on level of effort in terms of investments with health centres and communities? What changes can be observed in PSL target areas in the last 5 years?
- Specific to component one, to what extent has PSL observed particular changes in relation to health providers' attitude (this includes attitude towards vulnerable groups as well as

provision of sensitive services such as comprehensive abortion care (CAC) and other services where weaknesses were observed during midline)? Overall, how effective has the PSL coaching and quality improvement approach been in building technical skills and confidence of health providers (e.g. are health providers more confident and skilled to provide services, including CAC?)

- Component two focused on community involvement. How effective has PSL's Behaviour Change Communication (BCC) approach been in creating demand for RMNH services? Has women's self-efficacy improved, as well as male engagement in RMNH? Have PSL supported community based referral mechanisms (e.g. clubs, Listening and Dialogue Groups (LDGs), Traditional Birth Attendant (TBA)- midwife alliances, Village Health Support Groups (VHSG), Community Based Distributors (CBDs), referral directory) been effective in increasing access to RMNH services in public facilities, especially for vulnerable groups?
- With regards to component three, to what extent has PSL complemented Royal Government of Cambodia (RGC) efforts to implement its FTIRM as well as to influence new strategies and policies in the field of RMNH? Has PSL learning been effectively documented and shared in order to influence policies and strategies?

Efficiency

- Have the program's operations been efficient, including comparative value for money and outcomes of interventions in the remote north-eastern provinces, garment factories, and reproductive health focus provinces?
- Have the three NGOs worked in a coordinated way leveraging organizational strengths, complementing each other, and sharing information, resources, and decision-making (i.e. have used a partnership approach)? Has PSL's Coordination and Learning Unit (CLU) been effective and brought added value in facilitating this unique partnership?

Impact

- What are the main contributions and impacts (positive/negative, expected/unexpected) perceived by the different actors and beneficiaries of the program?
- What have been the most successful or unsuccessful interventions and why? Where any deemed as innovative? What lessons have we learnt from these? What potential multiplying effects could be observed? Are there external opportunities and challenges that have impacted positively or negatively on successes and limitations?

Sustainability

- Has the program aligned with RGC local and national systems and mechanisms to promote sustainability?
- What are the main remaining gaps in provision of quality RMNH services and remaining barriers in access to RMNH services? How can PSL successes, learning and remaining gaps be used to shape future government and/or donor funded RMNH programs?

Equity

- How effectively has the project reached the most vulnerable and marginalized women, men, girls, boys in targeted area?

- How effectively and appropriately have those we seek to benefit been involved at design, implementation and M&E stages of the project?
- What have been the most successful/meaningful contributions to vulnerable groups including cross cutting elements, in particular gender equity and male engagement in RMNH, garment factory workers, disability inclusion, ethnic and indigenous minority reach and engagement, child protection and environment that could be brought to scale?

3. Methodology

The consultant will be responsible for developing a review methodology. This should include:

- A literature review including but not limited to:
 - DFAT Health for Development Strategy 2015-2020 and DFAT policy papers on gender and private sector development
 - Cambodia Aid Investment Plan 2015-18
 - PSL design documents, grant agreements and latest AOP, including Monitoring and Evaluation Framework
 - PSL six monthly and annual reports (Joint and individual NGO)
 - PSL financial, budget and audit documents
 - PSL baseline, midline and endline survey reports, other CLU research, and learning updates
 - Relevant PSL partner research and assessments funded by the PSL project
 - DFAT midterm review report
 - Cambodian Demographic and Health Survey
 - Relevant policy documents, e.g. FTIRMN, EmONC improvement plan, MCAT National Protocol, Safe Motherhood Clinical Management Protocol for Health Centres, National Strategy for Reproductive and Sexual Health in Cambodia (2017-2020).
- Semi -structured interviews and/or focus group discussions with key implementing partners, stakeholders, donors, Government of Cambodia officials, partners and beneficiaries¹.
- Fieldwork to hear the views of beneficiaries and other stakeholders and to observe service delivery.

It is expected that the consultant proposes appropriate and/or innovative, activity-oriented approaches to gaining in-depth understanding of the target audiences. Creative activities should be developed that resonate with the adolescent target group in particular and adequate accommodation provided to allow persons with disability to fully take part in the discussions.

4. Responsibilities

The consultant will be responsible for:

1. Reviewing key PSL documents such as the program design/annual operating plan documents, the MERI framework, PSL surveys, and other relevant literature pertaining to the RNMH situation in Cambodia.
2. Developing the evaluation methodology in collaboration with PSL partners.

¹NMCHC; DFAT; CARE Cambodia; Marie Stopes International Cambodia; Save the Children in Cambodia; the CLU; beneficiaries, particularly ethnic minorities in the north-eastern provinces and garment factory workers; garment factory management and infirmary staff; Provincial Health Departments, Operational Districts and health facility staff; URC; GIZ; UNFPA; UNICEF; WHO; HI and CDPO.

3. Conduct interviews of key informants, focus group discussion and field activities observation (consultant will need to bring his/her own team to conduct the whole evaluation process, including access to translators who can be trained in the evaluation methodology and speak specified indigenous languages).
4. Conduct data analysis and consolidation.
5. Preparing and submitting a draft report for feedback from PSL partners.
6. Review the first draft report after receiving the comments from PSL partners.
7. Preparing preliminary findings and present to PSL partners and other stakeholders. Finalizing the report after receiving and responding to all the feedback from PSL partners and other relevant stakeholders.
8. Submitting the final report to PSL.

PSL will be responsible for:

1. Providing technical and editorial input into the development of the inception report and approving it.
2. Providing support to organise stakeholders meetings and field visits (e.g. providing introductions and contacts in target communities, informing local authorities, etc).
3. Providing timely coordinated comments to the consultant on the draft report.

5. Deliverables

The consultant will provide to PSL:

- An inception report for the final evaluation including tools and questionnaires
- A presentation of the evaluation's key findings, to be presented to relevant stakeholders for discussion.
- A draft report, incorporating feedback from relevant stakeholders
- A final report including the following:
 - Executive summary
 - Summary of Recommendations
 - Overview of PSL program
 - Methodology
 - Findings answering full scope of work and research questions
 - Emerging Best Practices
 - Key Lessons Learned
 - Recommendations
 - Conclusion

6. Intellectual property

All intellectual property generated by the consultancy will be owned by the PSL implementing NGOs, who will retain the rights to disseminate and publish the results.

7. Indicative Timeline

The expected timeline for the final evaluation is given below.

Activity	Expected number of days	Timeframe
Development and review of the methodology and finalisation of the evaluation plan, including desk review	10	Mid-March 2018
Key informant interviews and field visit	14	End March 2018
Submission of draft report	10	Mid-April 2018

Presentation of findings to partners	1	Mid-April2018
Review of draft report to include PSL comments and submission of final report	5	May 2018
Total	40	3 months

8. Consultant requirements

- Expertise in evaluation of government and NGO health programs.
- Proven experience in conducting qualitative participatory research
- Expertise in reproductive, maternal and neonatal health.
- Knowledge of the Cambodian Health sector
- Experience in assessing comparative costs, 'value for money' and impacts of different health-related programs.
- Excellent written and spoken English skills.
- Experience in garment factory and ethnic minority projects would be an advantage.
- Khmer language skills would be an advantage.
- Ability to manage the available time and resources and to work to tight deadlines.

9. How to apply

Interested applicants should submit:

- A brief description of proposed methodology
- A financial proposal
- CV of the consultant or consultant team
- Summary of similar investigation conducted, with references to reports and publications
- Name, titles and contact details of previous clients who can be contacted to provide references

10. Queries and Reporting

The Consultant will report directly to Coordination and Learning Unit Director of PSL, Mrs Anne Rouve-Khiev.

Any technical queries should be addressed to her at Anne.Rouve-Khiev@partneringsavelives.org or 092 250 077. Queries relating to the contract should be directed to Mr. Leng Bunnara, Marie Stopes, Bunnara.Leng@mariestopes.org.kh or 089 396 989.