



Statement of Work (SOW) for External Consultancy

15 June 2021

Final Evaluation

Building Resilience to Natural Hazards in Central Vietnam – Phase III

Type of evaluation	Summative/Final Evaluation
Methodology	Qualitative methods
Consultant involvement	<ul style="list-style-type: none"> - Submit project final evaluation proposal - Conduct document review - Submit Inception Report - Develop data collection tools - Perform data collection, data management, quality assurance (though verification and triangulation) and analysis - Submit final evaluation report and summary findings of the report (in PowerPoint presentation format)
Location of work	Hanoi with travel to project sites (Ha Tinh, Quang Nam, Quang Ngai, and Quang Tri)
Expected start/end dates, number of workdays	15 July – 30 September 2021 (40 days)

1. Description of project

1.1. Background

The Government of Vietnam (GoVN) has committed to improving disaster readiness through laws and policies; advanced strategies and programs in disaster risk reduction (DRR) and climate policy have been initiated including the Community Based Disaster Risk Management (CBDRM) Decision 1002 (July 2009). Under this framework, the community-based approach to disaster risk management (DRM), which has strong capacity building component, has been identified as a priority. While dedicated resources has also been allocated for the program, the Viet Nam Disaster Management Authority (VNDMA) under the Ministry of Agriculture and Rural (MARD), which is the focal point for the program, faces challenges in implementation, in part due to limited resources and capacities.

Since 2015, a consortium comprising of the American Red Cross (AmCross as lead – working with and through Vietnam Red Cross), Catholic Relief Services (CRS), HelpAge International (HAIV), Plan International (Plan), and Save the Children International (SC) has been working together to support this community based-approach through the Building Resilience to Natural Hazards in Central Vietnam Project. The project is funded by the United States Agency for International Development’s Bureau for

Humanitarian Assistance (USAID/BHA). Throughout Phase I (October 2015 – June 2017) and Phase II (July 2017 – October 2018), the project has been building the DRR capacity of a range of stakeholders at provincial, district, and commune levels as well as engaging local communities within the target areas. The project has also been engaging extensively with GoVN counterpart agencies to align the program strategy with the national DRM policy framework, ensuring innovative, cost-effective and sustainable solutions that may be replicated easily and scaled up within the GoVN programs.

Covering March 2019 – September 2021, the current phase (so called “Phase III”) continues to increase resilience of vulnerable communities in Vietnam to prepare for and mitigate impact from disasters by delivering an integrated CBDRCM package of programs to strengthen the regulatory environment, local leadership capacity and household engagement in disaster risk reduction activities. Developed and refined based on experiences and learnings throughout Phase I and II, this standard package includes (1) CBDRCM in urban and rural areas, (2) integration of DRR measures into local SEDP, (3) Implementation of NDPC plan, (4) Early Warning System, (5) Disaster Resilient Shelter, and (6) Safe School initiative.

1.2. Project Areas

Phase III of the Building resilience to natural hazards in Central Vietnam project has been implemented in four provinces – Ha Tinh, Quang Nam, Quang Ngai, and Quang Tri – with a total of 20 communities/wards and 27 schools. (Please refer to Annex for more information on communities/wards and school.)

1.3. Previous evaluation activities

Towards the end of Phase II, an external evaluation was also carried out in September 2018 to measure the achievement of the project as well as identify learnings and gaps to inform the design of Phase III.

In June 2019, an internal baseline study was also internally conducted provide preliminary information on the key project interventions within all target areas as well as collect baseline status of the project indicators of Phase III.

2. Evaluation Overview

2.1. Purpose of the Final Evaluation

This final evaluation aims to:

- a) Assess whether the project achieved the project objectives and outcomes, including the required outcome indicator, or not;
- b) Examine the changes (positive or negative, intended or unintended) as results of and or contributed by the project and the project sustainability;
- c) Document lessons learned, value added and recommendations to inform future project/program development/implementation.

2.2. Type and Coverage of Evaluation

This final (summative) Evaluation will seek overall project achievement based on all indicators of Project Phase III at output and outcome level. Considering different time of intervention and the absent of baseline for the first phase of project, it is expected that the evaluation will further measure changes in

outcomes by comparing outcome achievement before and after the Phase III between two groups – 1) the target communities participating only in Phase III and 2) the target communities participating in both phase II and III. The evaluation coverage will include all geographic areas in which the Phase III is implemented as well as all components and beneficiary groups.

2.3. Evaluation Criteria and Questions

The main evaluation question is: **How has the project contributed to the increased resilience of targeted communities to prepare for and mitigate impact from disasters through the delivering of integrated CBDRM package (including both intended and unintended impact of the project)?**

To answer the main evaluation questions and meet the evaluation purposes, the evaluation criteria with main evaluation questions and supported sub-questions are summarized as follows:

Evaluation Criteria	Evaluation Questions
Project design and relevance	1. How does the project design affect the success of project implementation? 2. To what extent the project is relevant to the needs of communities?
Effectiveness and Efficiency	3. To what extent the project has met its objectives and outcomes, including one required outcome indicator - <i>Local government, communities and schools are better prepared for disasters in Vietnam as a result of an integrated CBDRM and Safe Schools approach?</i> 4. How well were project activities planned and implemented? 5. To what extent the project budget has been spent to reach project achievement?
Cross-cutting issues	6. How did the project address gender mainstreaming in the implementation process? 7. How did the project address older people inclusion in the implementation process?
Coordination	8. To what extent coordination between project implementers, partners, and related stakeholders contribute to the project's achievement?
Sustainability	9. What aspects of the project will most likely be sustainable in the communities and why?
Replicability	10. Are the project activities replicable to other communities?

2.4. Evaluation Methods

It is expected that the evaluation will mainly apply qualitative methodology through the suggested measurement strategies as follows:

- a) Desk review of key documents, including strategy documents, prior evaluation reports, monitoring reports and other documents judged relevant.

- b) Literature search and review of material on the environment in which the program operates, and recent developments which impact objectives and activities
- c) Interviews with key project staff and with representatives of project stakeholders
- d) Focus group discussions with stakeholders

Other approaches can be proposed, including (but not limited to) outcome mapping, outcome harvesting, Most Significant Change, and case studies.

Due to the increasing the Coronavirus disease (COVID-19) cases within the country, it is important to note that the evaluation methodology might need to be adjusted based on the related restrictions during the actual data collection period. Data collection through local Red Cross staff/volunteers might be considered if in-country travelling or access to project areas is prohibited. In such a case, it is expected that the consultant will suggest robust mitigation measures to ensure data quality and limit data collection bias as with limitation of external supervision.

2.5. Main Audiences

The main audience for this evaluation:

- a) USAID/BHA: Donor
- b) AmCross: Grant Prime, Consortium Lead
- c) Vietnam Red Cross, CRS, HAIV, Plan, and SC: Implementing partner

3. Scope of Work for Consultancy

3.1. Scope of Work

The selected consultant will be responsible to ensure that the final evaluation of the Building Resilience to Natural Hazards in Central Vietnam – Phase III meets standard evaluation and research. The scope of work must include:

- a. **Provide a complete inception report.** The inception report will be submitted once the candidate is selected. While all candidates are expected to submit a Final Evaluation Proposal during administrative recruitment stage, the inception report will be developed under consultation with AmCross and the implementing partners. The inception report must include (1) evaluation purpose, (2) scope of work, (3) evaluation question, (4) key respondents, (5) evaluation tools, (6) detail work and budget plan, (7) analysis plan, (8) deliverable, (9) additional information, and (10) annex for all tools developed and agreed.
- b. **Develop evaluation tools,** including interview/discussion guides and other supporting data collection tools in accordance with the agreed measurement strategy and key respondents. This process will be done in close consultation with project team in development and final approval from the Red Cross team.
- c. **Lead data collection and coordinate with AmCross and other implementing partners throughout the evaluation process.** Selection of key respondents and field visits will be proceeded in close coordination with AmCross and the consortium partners.

- d. Perform data management, quality assurance, and data analysis.** The consultant must be able to ensure the quality of data collected (both primary and secondary data) and perform data verification and triangulation for internal validity. Consultant will provide data transcript to AmCross and is expected to provide weekly progress based on the agreed evaluation work plan.
- e. Develop final evaluation report and summary findings of the report (in PowerPoint presentation format) of the report as well as present the results.** The consultant will develop a final report and present accepted project final evaluation report (only key findings, best practices, and lessons learnt to be presented) by using PowerPoint presentation to AmCross and the consortium partners as the main audience of evaluation.

3.2. Logistic and Administrative Support

The consultant is expected to use her/his own computer. Approved administrative and logistic costs will be reimbursed by AmCross. The consultant will be able to work remotely, after approval of the work plan.

3.3. Reporting Relationship

The consultancy service agreement would be facilitated by AmCross. The consultant will report to Dao Phi Hung, Program Coordinator, AmCross Vietnam Delegation with technical support from Sasikarn Paankate, Senior Regional Monitoring, Evaluation and Learning Officer, AmCross Regional Office.

3.4. Evaluation Ethical Guidelines

It is expected that the evaluation will adhere to ethical guidelines as outlined in the American Evaluation Association's Guiding Principles for Evaluators. Below is the summary of the ethical guideline (taken from www.eval.org/Publications/GuidingPrinciplesPrintable.asp)

- **Informed Consent:** All participants are expected to provide informed consent following standard and pre-agreed upon consent protocols.
- **Systematic Inquiry:** Evaluators conduct systematic, data-based inquiries.
- **Competence:** Evaluators provide competent performance to stakeholders.
- **Integrity/Honesty:** Evaluators display honest and integrity in their own behavior, and attempt to ensure the honesty and integrity of the entire evaluation process.
- **Respect for People:** Evaluators respect the security, dignity, and self-worth of respondents, program participants, clients, and other evaluation stakeholders. It is expected that the evaluators will obtain the informed consent of participants to ensure that they can decide in a conscious, deliberate way they want to participate.
- **Responsibilities for General and Public Welfare:** Evaluators articulate and take into account the diversity of general and public interests and values that may be related to the evaluation.

3.5. Future Use of Data

All collected data will be the sole property of AmCross and the consortium partners. The consultant may not use the data for their own research purposes, nor license the data to be used by others without the written consent of the American Red Cross.

4. Expected Deliverables and Duration of Consultancy

4.1. Expected Deliverables

- i. Inception report (in English)
- ii. Conducting initial briefing and document review
- iii. Finalizing evaluation tools
- iv. Performing data collections; implementing data management, quality control, and analysis
- v. Providing updates of weekly/biweekly evaluation progress
- vi. Submitting draft report
- vii. Submitting signed informed consent (using AmCross) and photos taken throughout evaluation process (if any)
- viii. Providing all data collected used for data analysis and reporting (sealed transcript and records, analysis table/working paper, etc.)
- ix. Final Evaluation Report (in English, based USAID/BHA guidelines and requirements which will be shared during the development of the inception report), along with signed informed consent, photos, transcript and records, and visual interpretation of the report.

4.2. Duration of Consultancy

The consultancy will be provided within 40 working days, starting from 15 July – 15 September 2021.

Estimated consultant working day

Activities	Estimated day(s) ¹
1. Initial briefing between consultant and Red Cross team	1
2. Inception report preparation and finalization	5
3. Data collection (document review, conducting KII and FGD, interview, etc.) and including field analysis.	17
4. Overall data analysis and final evaluation report writing	10
5. Refining and finalizing the final evaluation report and developing presentation on summary of the results	6
6. Presenting the final evaluation results by using the visual product	1
Total	40 days

5. Required Qualification and Application Procedures

5.1. Evaluator Profile

The evaluation will be conducted by external consultant(s) selected based on the following qualifications:

- a) Seven years of experiences conducting and leading qualitative researches, three of which should be with international organizations;

¹ Suggested number of days, consultant can propose different number based on methods

- b) Excellent knowledge and skills in qualitative methodology; being able to show experiences in designing evaluation, managing, and analyzing data;
- c) Experiences in leading final project evaluations, preferably for evaluating projects related to community-based and schools-based disaster risk reduction;
- d) Demonstrated expertise in CMBRM, Disaster Resilient Shelter, and Safe School initiative;
- e) Demonstrated high quality report in English as shown by sample of evaluation reports;
- f) Experiences in leading evaluations in Vietnam or/and for AmCross/Red Cross and Red Crescent Movement would be advantage.

6. Selection Criteria and Payment Term

6.1. Selection Criteria

- i. Qualifications section
- ii. Quality of proposal
- iii. Experience in evaluation
- iv. Expertise in community-based and schools-based disaster risk reduction
- v. Number of days and timeline availability and rationality of budget plan
- vi. Previous evaluations in Vietnam and for AmCross /Red Cross and Red Crescent Movement

1.2. Payment term

The payment will be made based on satisfactory deliverables and after approval from the Evaluation Manager. Consultant(s) will need to submit invoice for the payment. Payment term are as follows:

- a. 20% after Inception report (Inception Report) and signed Contract Agreement;
- b. 40% after submission and accepted of Draft 1- Report and Stories;
- c. 40% after approval of Final Report and all deliverables.

Annex: Target communities/wards and schools by province

Organization	Province	District/city	# of communes/wards			# schools	Beneficiaries	
			Old*	New**	Total		Direct	Indirect
American Red Cross/ Vietnam Red Cross	Quang Nam	Hoi An	1	1	2	3	5,095	51,255
	Quang Ngai	Quang Ngai city	2	0	2	2		
	Ha Tinh	Ha Tinh city	1	1	2	2		
Save the Children	Quang Nam	Nong Son	0	1	1	1	4,411	34,212
	Quang Nam	Hoi An	0	1	1	1		
	Quang Ngai	Binh Son	0	1	1	1		
	Quang Ngai	Quang Ngai City	0	1	1	1		
Plan International	Quang Tri	Huong Hoa	0	2	2	4	4,251	22,303
	Quang Tri	Dakrong	1	1	2	4		
	Quang Tri	Trieu Phong	2	0	2	4		
Catholic Relief Services	Quang Nam	Thang Binh	1	1	2	2	4,082	34,840
	Quang Nam	Dien Ban	1	1	2	2		
TOTAL			9	11	20	27	17,839	142,610

**Old communes: project communes which implemented project activities in Phase 2 (not the full CBDRM packages). In Phase 3, the Consortium will fill in the gaps of those communities to make a full package*

***New communes: project communes which are to be selected in the Phase 3, those communes will implement full CBDRM package*