Background

CARE has worked in Myanmar since 1995 with the aim of improving people’s lives through empowerment of women and girls and their communities. As one of CARE Myanmar’s priority sectors, Maternal and Sexual Reproductive Health have always been a central theme of our work. In October 2012, CARE in cooperation with GSK launched the Strengthening Approaches for Improved Access to Maternal, Neonatal and Reproductive Health Services project. Over a three year period, the project aimed to improve maternal and neonatal health in Myanmar.

Following the success of the CARE-GSK partnership activities between 2012 – 2015, a new project, the Expanding Maternal, Child and Reproductive Health Care in Myanmar, was designed to improve healthcare services in an additional 60 villages in Shan State. This project commenced in October 2015 and will end by November 2020.

Project Overview

The project aims to contribute to the reduction of maternal and neonatal mortality through increased access to, and quality of, sexual and reproductive health, and maternal and child health services in the project villages.

The project sets out the following objectives to achieve the above-mentioned goal.

1. Strengthen the quality and sustainability of frontline health services

Government healthcare services are not extensive enough to reach rural communities thereby, increasing the importance of community-level health services. The government recognises the availability of AMWs and Village Health Volunteers (VHVs) at community-level. However, with minimal training and support the scope and quality of the services provided by these personnel is limited. The project focuses on increasing the capacity of Community Health Workers (CHWs) and incentivising engagement in these positions, improving community-level referral and support systems and improving local sources of finance to ensure the affordability of healthcare.

2. Enhance the effectiveness of the health system for maternal, new-born and child health
Poor coordination between actors in the healthcare system undermines efforts to improve its functionality. The project works to create an enabling environment for healthcare provision and strengthen the care provided at frontline government healthcare facilities. To do so, the capacity of health staff and the availability of quality healthcare at government healthcare facilities is being increased. Communication and coordination between government, communities, NGOs and private sector health workers is encouraged to improve the functioning of the overall healthcare system.

3. **Mobilise communities to adopt health services-seeking and health-enabling behaviour**

With improved healthcare service provision, communities are encouraged through campaigns and trainings to promote the adoption of healthcare seeking behaviour. 60 Mother Groups (MGs) are being established to strengthen the health knowledge of pregnant women and new mothers to encourage healthcare seeking behaviour.

4. **Adolescents have equal access to sexual and reproductive health information and services, including family planning.**

The project addresses inequitable gender and social norms of young people using Social Analysis and Action (SAA), designed to catalyse dialogue and reflection and facilitate individual and community actions that support more equitable gender norms (i.e., household division of labour) and positive SRMH behaviours (i.e., household decision-making on family planning, GBV, early marriage, and early pregnancy).

**The Evaluation Objectives and Scope**

The overall objectives of the end of project evaluation is:

1. To determine the project achieve its objectives and outcomes
2. To identify intended and unintended outcomes, best practices, lessons learned and recommendations to improve future programming in terms of sustainability.

The evaluation will focus on the following:

**Relevance, Effectiveness, Efficiency, Impact and Sustainability**

- Relevance: The extent to which the project suited the priorities of the target groups
- Effectiveness: The extent to which the project achieved its objectives
- Efficiency: The extent to which project was managed to get value for money from inputs of funds, staff and other resources
- Impact: The extent to what lasting and significant changes have occurred and what the particular project’s contribution to these changes, the positive and negative, including unexpected impacts
- Sustainability: To assess whether the benefits of the project are likely to continue after the project ends.

The results of this evaluation will be reported to project participants, host government, other development partners, donor, CARE UK and relevant CARE members. The findings contribute to CARE’s accountability and will be used to inform project quality improvements and CARE Myanmar’s long term program design and quality improvement. In response to the evaluation, CARE International in Myanmar will develop a management response to the recommendations provided. Lessons learned and good practice identified will be highlighted and used for future program design.

**Key areas of investigation are:**

- 20% increase in the number of babies delivered by Skilled Birth Attendants (AMWs or MWs)
- 80% of women who need emergency obstetric care receive emergency referral and care
- 20% increase in the number of pregnant women receiving at least one ANC visit and 10% increase in receiving recommended four ANC visits from AMWs/MWs
- 20% increase in the number of mothers and babies receiving at least one PNC visit within 3 days of delivery
- 10% reduction in the number of abortions and 50% of women undergoing abortion receive post abortion care and counselling
- 80% of mothers practice early-initiated breast feeding
- 5% increase in measles immunization coverage
- 80% of reproductive-age men and women have knowledge to recognize at least three indications of complications in pregnancy
- 20% increase in the number of pregnant women receiving Voluntary Confidential Counseling and Testing for HIV and STI
- 30% increase in the number of youth who can correctly identify ways of preventing HIV
- 20% increase in the number of GBV cases reported and referred for assistance services
- 50% increase in men’s knowledge of SRMH and GBV
- Number of men engaged on health-enabling masculinities (target to be determined)
- 20% increase in positive behavior change among men regarding SRMH and GBV
- 20% increase in the number of couples using modern contraceptive method
- 20% reduction in diseases prevalence among children in the under five age category
- 20% reduction in diseases prevalence among children in the under one age category
- 20% increase in the number of women reporting improved decision-making regarding family planning
- % of adolescents reporting decision making regarding family planning
- % reduction in adolescents birth rate
- % adolescents’ deliveries by skilled birth attendants (AMWs or MWs)
- % reduction in early pregnancy

**Methodology**

The consultant will be required to design the methodology for the evaluation in the first phase of the consultancy, in consultation with CARE staff. This may include a mix of quantitative survey and qualitative instruments. Quantitative data collection to be done by KoBo toolbox. It is expected that a participatory approach should be reflected in the evaluation plan, capturing the perspectives of key stakeholders. The methodology, tools and scheduling will be reviewed to ensure they are gender and target group sensitive.

Key documents will be provided by CARE as background information, and can be used as source of information to be reflected in evaluation plan.

These include:
- Project documents
- Results of project monitoring, annual assessments and mid-term review
- Other relevant CARE tools and policies, for example CARE International Gender Policy
- CARE’s long term program strategy summary documents, and framework

**Roles and responsibilities**

In consultation with CARE staff, the consultant is responsible for:
- Developing the key evaluation questions and designing the evaluation methodology
- Implementing the agreed methodology
- Field Work/ Field Data Collection
- Analyzing data
- Documenting outcomes of the evaluation
- Completion of final evaluation report
CARE will ensure effective administrative support for the assessment and provide inputs into the evaluation process, as determined by the agreed methodology. CARE will also make available preparatory documentation on the project, as per section above.

Schedule

Schedule of the consultancy, for a total of about 30 days, will be set after discussions between the consultant and Program Director, Senior Manager and IDME Director.

Time/timing

The consultancy should commence in first week of September following exchange of contracts with the successful offer.

Deliverables

- Inception report with detailed evaluation plan
- First draft report
- Final evaluation report (following CARE guidelines/reporting structure), including a tabulation report of the quantitative data
- Submission of hard and electronic copies of materials, data collected / analysed and other evaluation documents
- A summary PowerPoint presentation of highlighting main findings and recommendations.

Selection criteria

Essential areas of expertise:

- The Consultant must have previous experience in conducting evaluation activities
- Experience in qualitative and quantitative evaluation
- Excellent in KoBo toolbox
- Experience in sexual reproductive, maternal and child health related program evaluation
- Excellent analytical and report writing skill
- Excellent interpersonal and communication skills including ability to facilitate and work in a team.
- Fluent in English language, Myanmar language skills is added advantage
- Experience working in Myanmar is an advantage as well as demonstrating good understanding of specific context in Northern Shan State, Lashio
- Understanding of donor requirements (GlaxoSmith Kline)
- Ability to write high quality, clear, concise reports in English

Submission of Proposal

Interested Consulting firms or individuals are expected to submit a detailed expression of interest (technical and financial proposal) with the following components:

- Proposed methodology and work schedule
- Proposed Budget (including daily consultancy rate, domestic transport and accommodation will be covered by CARE International. Perdiem or meal costs will not be provided).
- A profile of the firm including full name(s), physical addresses, telephone numbers or a copy of CVs of the individual consultant who will undertake the evaluation
- An analytical writing sample of max. 5 pages from a previous evaluation report, preferably of sexual Reproductive, Maternal and Child Health

CARE is an equal opportunity employer committed to a diverse workforce. Women, ethnic minorities and people with disabilities are strongly encouraged to apply. CARE is committed to protecting the right of children. CARE reserves the right to conduct screening procedures to ensure a child safe environment.
Please note that the consultants are required to provide proof of registration and payment of applicable taxes as per Myanmar Law. Unless, withholding tax will be applied as required by Myanmar Law and we will deduct Withholding tax 2.5% of the total contract amount.

Interested applicants are requested to submit above-mentioned documents to the address below not later than 25 August 2020. Please clearly mention the announcement number ‘CARE/CO/CONS/1555’ and job title “Consultant for EoP Evaluation” in the Subject line.

CARE International in Myanmar
No.3, Mya Sabai Street, Parami Yeikthar,
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Email: mmr.procurement@careint.org