TERMS OF REFERENCE

Final Evaluation of the Health Project 2022 - 2026 in Cambodia

A.1 CONTEXT OF THE EVALUATION

Louvain Coopération au Développement (in short Louvain Cooperation or LC) is a Belgian NGO linked with the Université Catholique of Louvain (UCL) in Belgium. LC started its activities in Cambodia in partnership with government counterparts and local NGOs in 2004.

LC is a member of Uni4Coop, a consortium of four Belgian University NGOs that have decided to collaborate and reinforce their synergies and coordination to reach common objectives and maximize their impact. The other members of Uni4Coop are Eclosio, the NGO of the University of Liège; FUCID, the NGO of the University of Namur; and ULB Cooperation, the NGO of the Free University of Brussels. LC and Eclosio are the only Uni4Coop members active in Cambodia.

LC is the lead agency tasked with the overall coordination and strengthening of synergies within the Cambodia Joint Strategic Framework (Cambodia - JSF). The Cambodia JSF 2022 – 2026 comprises four Belgian Non-Governmental Cooperation Actors, namely: LC, Eclosio, APOPO and VVOB.

The Uni4Coop program in Cambodia is tackling two sectors, the Health and the Agriculture / Rural Economy; while ECLOSIO is involved in the agriculture and economic sector, LC is involved in the health sector and in the agriculture and economic sector. The Uni4Coop program is divided into Specific Objectives (SO) by country, by sector and by NGO.

This ToR aims to specify the scope of the Final Evaluation to be performed in Cambodia for evaluating the project "Partnership for Improvement and Prevention in Non-Communicable Diseases (PIP-NCD) 2022 – 2026", funded by the DGD and cofinanced by EKFS. The project intended outcome is to improve the availability, accessibility and quality of mental health services in two Cambodian districts, together with the general prevention of NCDs, taking into account the differentiated impact on men and women. It is implemented by Louvain Cooperation through partnerships and collaborations with a broad range of civil society organisations, central and local government institutions and universities.

The Specific Objective as formulated in the five-year program is:

Specific Objective	Partner[3]; Synergy/collaboration
The availability, accessibility and quality of mental health services in Chamkar Leu and Ou Reang Ov Operational Districts and the general prevention of Non-Communicable Diseases (NCDs) are improved, taking into account the differentiated impacts on men and women.	Partners: Center for Child and Adolescent Mental Health (CCAMH) in Kampong Cham province and Phnom Penh Transcultural Psychosocial Organisation (TPO) in Kampong Cham and Tbong Khmum provinces. Collaborators: Department of Mental Health and Substance Abuse (DMHSA) in Phnom Penh and all provinces Preventive Medicine Department (PMD) in Phnom Penh and all provinces Chamkar Leu Referral Hospital Social Services Cambodia (SSC) in Tbong Khmum province

	Douleurs Sans Frontières (DSF) in Tboung Khmum, Kampong Cham and Phnom Penh The University of Washington (UW) The Saint Paul Institute (SPI) Synergies: UCL medical students, ULB, IMT, DoHS

Target groups / direct beneficiaries:

- 4.725 vulnerable persons (60% women)
- 2.125 children, adolescents and their families
- 500 pregnant and lactating mothers
- 2.600 parents / caretakers
- 35 health staff (51% women)
- 4 Public Social Workers,
- 230 Village Health Support Group Volunteers (VHSG)
- 36 Volunteers for Child Development (VCD), 6 parent groups with 50 members (45 mothers), 51 Child Health Messenger members, 2 Self-Help Groups with 27 members
- 18 village leaders, 12 outreach staff
- 20 Commune Council for Women and Children (CCWC)

Indirect beneficiaries :

- 20.972 families living in 112 villages, representing a population of 99.388 persons (50.823 women).

N.B. : It is noted that due to a significant reduction in funding from the primary donor, DGD, LC HQ has made the difficult decision to close the Cambodia office. Operations will conclude as scheduled, with a full withdrawal from the country finalized by December 31, 2026.

A.2 OBJECTIVES, SCOPE AND USE OF THE EVALUATION

A.2.1 OBJECTIVES OF THE EVALUATION:

The primary objectives of the end evaluation are:

-To assess the extent to which the project achieved its overall goal and specific objectives

-To assess the Core OECD-DAC Evaluation Criteria: **Relevance, Coherence, Effectiveness**, **Efficiency, Impact and Sustainability**.

-To assess how UNI4COOP constitutes its knowledge and **the management of this knowledge**

A.2.2 MAIN USERS:

The final evaluation is a duty of accountability to the funding donors (DGD and EKFS).

The results will also be shared with other cooperation actors and the general public.

A.2.3 PERIOD CONCERNED BY THE REVIEW:

The evaluation will cover the entire duration of the project from 2022 to 2026.

A.3 TYPE OF EVALUATION

This is an external end-of-program evaluation to be carried out in all areas covered by the project.

A.4 GLOBAL APPROACH

The DGD requires that all OECD-DAC criteria are analyzed, with the possibility of emphasizing on specific ones.

FORMULATION OF QUESTIONS FOR THE EVALUATION

OECD Criteria and Evaluation questions:

(i) Relevance (Does the project do the right thing?)

Development policy reference:

- Have national and / or local health strategies or policies been adequately considered in project planning?
- Is there a plausible explanation of how the project contributes to the development of the partners, institutions and the target region(s) through its technical and regional orientation?
- Does the project contribute to the achievement of SDG3 (Ensuring a healthy life for all people of all ages and promoting their well-being)?

Target group references:

- Does the project address a relevant problem of the local population?
- Does the project ensure that vulnerable groups benefit from the project activities?

Participatory Planning:

- Has the needs of local partners been identified together and has the project been planned and designed jointly?
- Have local key actors been involved in the planning of the project?

(ii) Coherence (How well does the intervention fit with other efforts?)

- How well does the intervention fit?
- How consistent and well-coordinated is the intervention with other actors in the same context, including its alignment with the joint Strategic Framework (JSF)?

(iii) Effectiveness (Can the goals of the project be realistically achieved?)

Traceability and impact logic:

- Is the project planning and implementation approach appropriate in light of the identified needs and problem analysis?
- Is there a clear link between the activities and the objective of the project? Do the activities appear suitable to achieve the project objective?
- Does the project follow comprehensible impact logic? Are activities, project goals, and indicators assigned to each other in a meaningful way?
- What was the impact and value-added of the "Action-research for the development of caregiving guidelines and dissemination workshop" as well as the "Knowledge, Attitude and Practices-KAP survey"?
- To what extent have the recommendations of the mid-term evaluation been taken into account? What were the results of this consideration?
- Are the project goals realistically achievable with the existing staff and expertise?

Measurability and feasibility:

- Are there initial values for the indicators to be measured (baseline)?

- Are suitable measuring instruments chosen to collect data?
- Do the defined target values appear realistically achievable?

(iv) Impact (what difference does the intervention make?)

- What are the intended and unintended, positive and negative, higher-level effects of the intervention?
- How has the intervention tangibly transformed the lives or operations of the primary target groups?
- Does the project contribute to broader, long-term national, regional, or sectoral development goals?
- To what extent can the observed changes be directly attributed to the project's interventions rather than external factors?

(v) Sustainability (Will the benefits of the intervention last over time?)

The evaluation will place a profound emphasis on local ownership and sustainability.

Strengthening local structures:

- To what extend will local structures be strengthened over the longer term through their direct involvement in the project and strategic partnerships?
- How will the positive effects of the intervention be sustained, and what mechanisms are in place to ensure continuity after the intervention ends?
- Was the departure of LC well perceived, understood, and accepted by the partners and the LC staff on site? Were there any consultations, preparation meetings, discussions with partners and local LC staff for a smooth exit?

Capacity development:

- Does the project tangibly contribute to institutional and individual (human resource) capacity development within the partner country?
- To what extent does the project optimize the organizational and administrative processes of local partners?
- What added value have the multi-stakeholder, inclusive and interdisciplinary approaches promoted by the GIDS brought to the design, implementation or appropriation of interventions?

Financial and economic aspects.

- What are the current financial and economic resource capacities at both the national and sub-national levels to support these initiatives?
- How will these local and national institutions guarantee the financial continuity of project activities post-withdrawal?

(vi) Efficiency (Are the objectives of the project achieved economically?)

- Do the resources used appear proportionate to the planned services and intended effects? (For example, is the budget well thought out, are finances planned realistically, is the number of budgeted trips appropriate?)
- What was the impact of additional human resources (2 TPO, 2 CCMAH field staff, 2 PCF and 1 technical assistant) on the implementation of field activities?

A.5 DESIRED METHOD AND TOOLS

The methodologies and techniques for the collection and analysis of the information will be defined and detailed by the evaluation team/firm in charge of this final external evaluation in the proposal and will be reviewed and validated by the evaluation management team, who reserve the right to make recommendations, suggestions and contributions, with the aim ensuring the relevance of the techniques used in relation to the context of the intervention. In this way, the methodology and techniques finally applied will be those resulting from the consensus of all the parties involved on the proposal of the evaluation team/firm, thus ensuring participation and methodological relevance.

A.6 SKILLS REQUIRED

It is envisaged that the assignment is carried out by an evaluation expert or team with profound knowledge of the health sector and extensive proven experience in Cambodia.

The proposed consultant or team of consultants should meet the following requirements:

- Solid experience with the evaluation of international development/donor-funded projects, both midterm and final evaluations
- Team leader has developed a minimum of 3 evaluations or other relevant studies in the past 5 years, preferably in Cambodia
- Knowledgeable on the government health system and the related challenges in Cambodia
- Knowledgeable on the specific local context in Cambodia (including the current political, economic, social, cultural, technological, legal and ethical developments and restraints and their effects in the public health sectors)
- Knowledge in specific Mental Health programs would be very appreciated
- Experience with the evaluation of capacity development interventions in the health sector
- Excellent written and spoken command of English, notion of Khmer language is an asset
- Sensitivity to the themes of gender and environment

A.7 BUDGET

The maximum budget available is 9.200 US Dollars or 8.000 Euros (including taxes). These amounts cover all the costs related to this evaluation.

A.8 MODALITIES OF THE EXPERTISE:

A.8.1 CONTENT OF THE TECHNICAL OFFER

Proposals must provide the following:

- An understanding note of the ToRs and the objectives set out in these ToRs. The recommendations may relate to the tools for collecting information, the proposed methodology, the profile of people involved, etc.
- An indicative timetable of the mission as well as an estimate of the costs in terms of person/day.
- A presentation of the expert(s) highlighting aspects particularly relevant to the intended evaluation.
- The profile of the expert (s) (max 3 pages per CV) + references
- A financial offer including the detailed budget in USD or Euros including tax of the service

Ethical principles: autonomy and confidentiality, neutrality of the evaluation team, validity and reliability of information.

A.8.2. DOCUMENTS TO REVIEW AFTER SELECTION :

After selection, the project will make the following documents available to the retained consultant (s):

- The project document.
- Brief description of partners
- Technical reports.
- Mid-Term Evaluation Report.
- The expert may ask to consult any document she/he deems useful (partnerships agreements, reports, list of groups and participating populations, etc.)

A.8.3. MODALITIES FOR CARRYING OUT THE FIELD MISSION

Support by the expert will be done remotely (head office) and face-to-face (Cambodia). The expert will be in contact with the steering committee and with the coordination team in Phnom Penh.

The evaluator will provide:

- **A framework meeting in Cambodia**, following which, she/he will draft a scoping note in case the mission outline needs to be reviewed on the basis of the knowledge of the documentation that will be given to her/him.
- **A debriefing at the end of the field mission**, organized with the main actors and in particular with the local team of LC and local partners.
- **A post-submission meeting of the interim report** organized with the steering committee. It allows for adjustments before the final report is submitted.
- **A discussion meeting following the submission of the final report**. This provides a better understanding of the nature of the recommendations.

The Louvain Cooperation operational team based in the intervention country will be available to facilitate the smooth running of the evaluation (contacts, general information, logistical assistance, etc.).

A.9. SELECTION AND CONTRACTUAL ARRANGEMENTS

A.9.1 SELECTION METHOD

Application must include the following:

- Interested applicants are requested to prepare their technical and financial proposal in English **and submit it no later than August 25, 2026, to this address : info-cam@louvaincooperation.org.**

-The technical proposal includes detailed evaluation methodology, tentative work plan, deliverables and CV of the consultant team that shows capabilities and past experiences relevant to the evaluation.
-The financial proposal needs to include all costs (consultant fee, transportation costs, etc.) required for conducting the evaluation.
-Previous similar assessment/evaluation report.
-Only shortlisted candidates will be contacted.

The assessment of the proposals will follow:

Criteria	Score
Profile of the expert(s)	**50**

- Qualifications, experience and skills	25
- Experience of the thematic to be evaluated	15
- Knowledge of the local context	10
Technical and methodological offer - Presentation of the problem and understanding of the subject - Proposed methodological approach	**30** 15 15
Financial offer - Price of the service - Realism of costs in relation to the proposed methodology	**20** 10 10
Total	**100**

A.9.2 CONTRACTUAL MODALITIES

The payment of fees will be made in three instalments:

- 40 % upon signature of the contract,
- 30 % upon submission of the interim report, and
- 30 % upon approval of the final report.

A.9.3 EXPECTED DELIVERABLES:

- **A summary document for accountability** of +/- three pages for the general public, members of Uni4Coop and LC, participating populations, this document shows the main conclusions and recommendations related to the evaluation questions, with illustrations (diagrams, photos, graphics, drawings, etc.) and at least one beneficiary's testimonial.
- **A presentation of restitution** (PowerPoint format).
- **A complete report** containing:
  1. Summary of key findings
  2. Objective, scope of the evaluation and context
  3. Definition of the main concepts used
  4. Methodological approach and its justification, and the challenges encountered
  5. Assessment of the understanding of the logic of intervention/theory of change
  6. Findings and results of the evaluation based on the ToRs
  7. Conclusions
  8. Appendices: Anonymous raw data

Documents will be written in English and sent in electronic and paper format for the final version of the report.

A.9.4 PROVISIONAL TIMETABLE:

Process	Deadline
Publication of the call for offers	August 3, 2026
Deadline for supplementary questions (only by email)	August 10, 2026
Submission of offers Assessment and selection of the evaluator	**August 25, 2026** August 30, 2026
Information to the selected evaluator Signature and beginning of the contract Scoping note and discussion	September 04, 2026 September 07, 2026 September 11, 2026
Field mission	September 21 to October 23, 2026
Briefing workshop	October 30, 2026
Submission of the interim report	November 1, 2026
Submission of the final report	November 15, 2026