Consultant's Terms of Reference for
Access to Primary Health Care through Outreach Services – Phase 3
End of APHCOS Project Evaluation

1. Organisational context

ChildFund Papua New Guinea (CFPNG) is a registered local NGO under the Papua New Guinea Association Incorporation Act, working to reduce poverty for children in the country. ChildFund Papua New Guinea was established by ChildFund Australia, which is a member of the ChildFund Alliance – a global network of 12 member organisations which assists almost 23 million children and their families in 70 countries.

ChildFund began work in Papua New Guinea in 1994 and works in partnership with government departments to create systems and structural changes that enables vulnerable children and young people, in all their diversity, to assert and realise their rights.

ChildFund projects are implemented in seven provinces across the country, in both rural and urban settings, with a focus on maternal and child health, nutrition, water and sanitation, primary education, and child protection and resilience against family and sexual violence. ChildFund PNG also priorities climate change and disaster preparedness.

In 2015, ChildFund PNG established the country's first ever Family and Sexual Violence Counselling Hotline which operates in Port Moresby and provides national coverage for survivors.

2. Background

Papua New Guinea (PNG) suffers from a heavy burden of communicable diseases and maternal morbidity/deaths [1]. Many health indicators remain stagnant over the past decade, made worse by an underperforming health system and low government investment. Maternal mortality rates are among the highest in the Asia-Pacific region (between 215 to 733/100,000 live births) [2]; child vaccination rates have declined resulting from an outbreak of polio in 2018 [3]; TB infection concern has emerged as a national health emergency [4]; and stunting affects over 50% of rural children under 5 years [5].

ChildFund PNG has been working in the Central Province for over 30 years, and despite increases in community access to antenatal care, facility-based births and access to screening and treatment for TB as a result of ChildFund work, there remains many challenges which Phase 3 continues to address. Ongoing issues in Central Province, include difficult access to health facilities due to long distances and inflated transport cost. Facilities still have inadequately trained staff, remain understaffed and long wait times for services remain [8]. Information from Central Province Health Information System of January – March 2022 showed that of the estimated total population of pregnant women, 39.7% attend their 1st antenatal clinics and 12.7% attended their 4th clinic. This data shows that many pregnant women do not attend regular antenatal clinics and continue to have deliveries in the villages. Data showed four maternal deaths and routine immunization data shows that 50.7% of children have received their Pentavalent 3 vaccine. Routine immunization coverage has increased as a result of PATH supported - Accelerating Immunization and Health System Strengthening program which ChildFund and Clinton Health Access Initiative are working on. More effort is needed to increase to 85% coverage. Tuberculosis disease still is a huge burden in Central Province with a total TB cases of 753, Loss to follow up at 11%, cases not evaluated for treatment is 15% and treatment success rate is at 70%.

In Northern Province Health services, Indicators are very similar to Central. Childbirth at the hospital is at 33.7% and 34% of pregnant women attended at least one ANC consultation. Supervised deliveries declined to 24% and 4 maternal deaths. Routine immunization data shows Northern Province being the second last province with its indicators.
The progression from APHCOS Phase 1 to Phase 3 reflects a structured, evidence-based approach to improving maternal and child health, nutrition, and healthcare service delivery in Rigo and Kairuku Districts, Central Province. With each phase, the project expanded its scope, refine its strategies, and strengthened its sustainability mechanisms, particularly through capacity building of Health Care Workers (HCWs) and Village Health Assistants (VHAs) as a core to its intervention.

Phase 1: Establishing the Foundations (Service Delivery & Capacity Building)

Phase 1 laid the groundwork by increasing health service delivery and building the capacity of HCWs to improve maternal and child health outcomes. Additionally, it integrated water, sanitation, and hygiene (WASH) interventions to reduce the incidence of waterborne diseases among children. This phase primarily focused on filling service gaps and equipping frontline health workers to deliver essential healthcare.

Phase 2: Expansion & Strengthening Health Systems

Strengthening Health Systems

Building on the achievements of Phase 1, Phase 2 took a more holistic approach by expanding beyond service delivery to:

- Improve health, nutrition, and hygiene practices at homes and in communities.
- Enhance the capacity of formal health facilities to provide quality, targeted services for mothers, children, and youths.
- Strengthen engagement with local, subnational, and national health systems to drive sustainable change.

During year 3 of APHCOS Phase 2, the project was expanded to Sohe District in Northern Province following a scoping and feasibility study. This expansion was informed by lessons from Rigo and Kairuku Districts in Central Province and aligned with the broader goal of scaling effective interventions to underserved communities.

Phase 3: Embedding Sustainability & Strengthening System Capacity

Phase 3 consolidates and institutionalizes the progress made in earlier phases by prioritizing sustainability through system-wide improvements:

1. Parents and caregivers have improved knowledge and practices in nutrition, maternal and child health—building on Phase 2's behavioural change focus.
2. District-level health systems are central to delivering facility-based and outreach services, ensuring a more integrated approach to service delivery compared to previous phases.
3. Provincial and District Health Authorities have strengthened capacity to manage and coordinate services, reinforcing long-term sustainability beyond project life.

Key Takeaways: The APHCOS Learning & Adaptation Journey

- Phase 1 (Service Delivery & HCW Capacity Building) → Addressed immediate health service gaps and strengthened frontline health workers.

- Phase 2 (Behavioural Change, Health System Strengthening & Expansion to Sohe District) → Shift focus to empowering communities, improving health facility capabilities, and expanding geographic coverage.
- Phase 3 (System-Wide Sustainability & Institutional Capacity) → Embedded key interventions into district and provincial health systems, ensuring sustainable service delivery.

Across all three phases, the capacity building of HCWs and VHAs has been a core sustainability strategy, ensuring that trained personnel continue delivering quality healthcare services beyond the project life.

This phased approach illustrates a clear pathway of learning, adaptation, and system strengthening, ensuring that APHCOS Phase 3 is built on a strong foundation of community engagement, service improvement, and institutional capacity-building.

3. Purpose

The evaluation will now be undertaken to assess the progress, impact, and challenges of the Access to Primary Health Care through Outreach Services Phase 3 project, implemented by ChildFund PNG in Central and Northern Provinces. This is a critical stage as the project builds on the lessons learned from previous phases, addressing persistent health system gaps while ensuring sustainability and scalability. The evaluation will inform key decisions on future interventions, funding priorities, and potential policy adjustments.

Objectives of the Evaluation

The key objectives of the evaluation are to:

1. Assess Project Effectiveness – Determine the extent to which project interventions have contributed to improved maternal and child health outcomes, vaccination coverage, and TB treatment success rates.
2. Measure Health System Strengthening – Evaluate improvements in the capacity of district and provincial health systems to deliver quality facility-based and outreach services.
3. Examine Community-Level Impact – Assess changes in community knowledge, attitudes, and practices related to maternal and child health, nutrition, and gender equality.
4. Identify Key Challenges, Lessons Learned, and Sustainability – Highlight barriers that continues to hinder access to health services, strategies to overcoming them, and the sustainability of interventions beyond the project life.
5. Review Policy Implementation Progress – Evaluate the transition from Community Health Volunteers to Village Health Assistants and its impact on community health service delivery.
6. Assess Project Relevance – Examine how well the project aligns with national and sub-national health priorities, community needs, and existing policies to ensure its continued relevance.

Key Evaluation Questions:

KEQ 1: To what extent has the project contributed to strengthening provincial and district health systems in delivering quality facility-based and outreach services, and how has this impacted community knowledge, attitudes, and practices relating to maternal and child health, nutrition, and gender equality?

KEQ 2: How effective and efficient are the project's strategies, systems and interventions in contributing to improved maternal and child health outcomes, including vaccination coverage and TB treatment

success rates? Additionally, how have the awareness and consultations on transitioning from Community Health Volunteers to Village Health Assistants influenced policy implementation and service delivery progress?

(1) Parents and caregivers have improved nutrition, maternal and child health (MCH) knowledge and practices.
(2) District-level health systems deliver improved facility based and outreach services prioritising maternal and child health and infectious diseases; and
(3) Provincial and District health authorities have improved capacity to manage and coordinate district-level health services?

What were the factors that contributed to achieving the above results (*what worked*) and what strategies and/or interventions did not work as well as expected?

KEQ 3: To what extent did phase 3 build on the achievements and lessons learnt from the two earlier phases? How did this shape the final phase of the project? Were there any persisting issues and/or problems that existed throughout the three phases, what are the factors that cause these, and to what extent did the project address this?

KEQ 4: How effective are the project's strategies and interventions in advancing gender equality, and disability and social inclusion? What strategies and interventions worked well, and which ones didn't? What can be expended and why? How well did these address systemic problems and what are the contributing factors?

KEQ 5: To what extent did the project leverage existing communal mechanism structures, and resources to sustain its outcomes and advance locally led development? What do these strategies look like across the three phases of the project—what worked, what did not work, and what were the contributing factors to the successes and challenges?

Intended Use of the Evaluation

The findings from this evaluation will be used to:

- Enhance Program Design & Implementation – Use evaluation findings to inform future project design, health interventions, and broader health system strengthening efforts to improve effectiveness and sustainability.
- Strengthen Health Policy and Systems Development – Provide evidence-based recommendations to provincial and district health authorities for system-wide improvements.
- Inform Stakeholders & Donors – Ensure key partners, including donors, government agencies, and NGOs, have data to inform ongoing investment in maternal and child health.
- Expend Best Practices – Identify successful interventions that can be replicated in other provinces.

Evaluation Target Audience & Key Stakeholders

The primary audiences for this evaluation include:

- ChildFund PNG & ChildFund Australia – To refine strategic direction and program delivery.
- Papua New Guinea's National Department of Health (NDoH) – To consider findings when reviewing national health policies and strategies.
- Provincial and District Health Authorities (Central & Northern Provinces) – To strengthen local health system coordination and service delivery.
- International & Local Funding Partners – To assess impact and inform future funding decisions.
- Community Health Workers & Village Health Assistants – To adapt training and support structures based on identified needs.

- Local Communities & Beneficiaries – To ensure that interventions are community-driven and meet local health needs.

4. Scope of Evaluation

The evaluation will be conducted during Phase 3 of the Access to Primary Health Care through Outreach Services (APHCOS) which builds upon the progress made in previous phases. This phase is critical in assessing the sustainability and long-term impact of interventions in Central and Northern Provinces, particularly in maternal and child health, immunization, and TB treatment.

Timing and Funding Cycle

- The evaluation will take place towards the end of Phase 3, ensuring that lessons learned can inform future programming.
- It aligns with the wider funding cycle, serving as an evidence-based review informing donor and development partners on decisions on continued investment, policy reforms, and potential scale-up of successful interventions.
- Findings from this evaluation will contribute to strategic discussions for future program phases and policy reforms at the district, provincial, and national levels.

Evaluation Parameters

This evaluation will focus on assessing the overall program results, with specific emphasis on:

- Health Service Delivery: *The extent to which facility-based and outreach services have improved, including vaccination coverage, maternal health, and TB treatment.*
- Community Health Practices: *Changes in caregiver and parental knowledge, attitudes, and behaviors regarding maternal and child health, and nutrition.*
- Health System Strengthening: *The effectiveness of capacity-building initiatives for health workers and authorities at the district and provincial levels.*
- Gender and Social Inclusion: *The impact of targeted interventions aimed at increasing male involvement in maternal and child health and improving gender equality in healthcare access.*
- Policy Implementation: *Progress in the transition from Community Health Volunteers to Village Health Assistants and how this has influenced service delivery.*

5. Methodology

The evaluation will use a mixed-methods approach, integrating quantitative and qualitative data collection and analysis to provide a comprehensive assessment of the program's impact, efficiency, and sustainability. This approach will ensure that findings are evidence-based, capturing both trends and insights from key stakeholders.

1. Evaluation Design

The evaluation will be structured as a quasi-experimental, cross-sectional study, assessing changes over time in key health indicators and service delivery outcomes. It will compare program impact across different implementation sites and use **triangulation** to validate findings from multiple data sources.

2. Data Collection Methods

A. Quantitative Methods *(Measuring Program Outcomes and Impact)*

- Household Surveys: *Structured surveys will be conducted with parents and caregivers to assess changes in maternal and child health knowledge, vaccination uptake, and health-seeking behavior.*
- Health Facility Data Review*: Routine health data from the Provincial and District Health Information Systems will be analysed to measure trends in antenatal care attendance, supervised deliveries, immunization coverage, and TB treatment success rates.*
- Service Utilization Data: *Facility-based and outreach service records will be reviewed to assess changes in access to healthcare services.*

- Cost-Effectiveness Analysis: *Resource utilization and expenditure data will be analyzed to assess program efficiency.*

B. Qualitative Methods *(Exploring Perceptions, Barriers, and Enablers)*

- Key Informant Interviews (KIIs): *Conducted with health authorities, ChildFund staff, health workers and Village Health Assistants to understand program implementation experiences, challenges, and lessons learned.*
- Focus Group Discussions (FGDs): *Held with parents, caregivers and community leaders to explore perceptions of maternal and child health services, barriers to healthcare access, and gender-related health dynamics.*
- Change Stories: *Documenting real-life experiences of program beneficiaries and health workers to highlight impactful interventions.*
- Policy Review & Stakeholder Consultations: *Analyzing the progress of the Village Health Assistant policy reviews and discussions with policymakers.*

3. Sampling Strategy

A purposive and stratified sampling approach will be used to ensure representation across different groups and implementation areas:

- *Household surveys will use a random sampling approach for project sites to capture a representative sample of beneficiaries.*
- *Health facility data will be collected from a sample of district and provincial health centers engaged with the project.*
- *Key informants and FGDs will be selected using a purposive sampling method, ensuring diversity in perspectives, including community members, health staff, and policymakers. It will also ensure that there is fair gender representation.*

4. Data Analysis

- **Quantitative Data Analysis:**
  - Descriptive and inferential statistics will be used to assess trends and patterns in health service utilization and health outcomes.
  - Comparisons will be made before and after program interventions where possible.
- **Qualitative Data Analysis:**
  - Thematic analysis will be used to identify emerging patterns, challenges, and best practices from interviews and focus group discussions.
  - Findings will be triangulated with quantitative data to validate and enhance insights.

5. Ethical Considerations

- Informed Consent: All participants will be informed about the purpose, process, and voluntary nature of participation in the evaluation exercise, before providing consent.
- Confidentiality: Data will be anonymized and securely stored to protect participant privacy.
- Cultural Sensitivity: Data collection will be conducted with sensitivity to local customs, gender norms, and languages to ensure inclusive and respectful engagement.

6. Limitations and Mitigation Strategies

- Data Gaps and Inconsistencies: Any gaps in routine health data will be supplemented with community-level data collection.
- Response Bias: FGDs and interviews will use neutral facilitators to minimize social desirability bias.
- Access Challenges: Mobile data collection tools and local field teams will be used to reach remote communities efficiently.

This robust methodology will ensure a comprehensive and evidence-based evaluation, generating actionable insights to inform future program improvements and policy decisions.

6. Deliverables and Indicative Timetable

Note: This is subject to negotiation with the Consultant

Indicative dates	Outputs and Activities	Number of Days
22nd – 24th April 2025	Desk Review assessment	3
25th – 26th April 2025	Preparation for data collection, logistics, hiring enumerators, training enumerators	2
27th April – 10th May 2025	Travel and conduct data collection in Central Province Travel and conduct data collection in Northern Province	13
12th – 19th May 2025	Synthesis and analysis of findings Draft findings and recommendations Present draft evaluation report to CFPNG for discussion	8
21st – 24th May 2025	Edit and finalise report for submission	4
	Total number of days	**30**

Depending on the capacity of the consultant, work is expected to take under a month to complete.

7. Management and Reporting Arrangement

The Consultant will report to Olive Oa, Health Program Manager, ChildFund Papua New Guinea. All reports must be written in English and provided in an electronic format (Microsoft Word). Copies of training materials collected; datasets and analyses must be provided on Microsoft Excel.

8. Terms of Agreement

Payment

- Consultancy fees will be paid based on satisfactory completion of all deliverables and acceptable progress against the agreed deliverables and upon receipt of invoice from the consultant. Agreement between ChildFund and the consultant on the payment milestones will be determined before commencement of the study.
- ChildFund acknowledges that work progress against the deliverables and scope of deliverables may be subject to change due to unforeseen circumstances such as natural and human-caused disasters however, adjustment is to be made by mutual agreement.
- Payment (including daily fees) and time frames to be negotiated and indicated in all expressions of interest.

9. Expression of Interest

Candidates are invited to submit expressions of interest providing the following:

- A proposal outlining an indicative methodology, work plan with timeline to complete the End of Project Evaluation (2 pages).
- A high-level budget indicating fixed and indicative costs, including any support costs (1 page)
- Brief CV of person/s involved in evaluation
- Expressions of Interest are required by 11 April 2025 and should be submitted online via https://teamchildfund.bamboohr.com/careers/577

10. Confidentiality

All discussions and documents relating to this ToR will be treated with confidentiality between the Evaluation Consultant, the ChildFund PNG Health Program Manager and the MELC Manager.

11. Child Safeguarding

The Consultant will undertake the services to a high standard; use its best endeavors to promote the interests of ChildFund; protect the reputation of ChildFund and conduct work consistent with the mission, vision and policies of ChildFund (see Child Safeguarding Policy/Child Safeguarding, Code of Conduct, PSEAH policy and Employee Code of Conduct). ChildFund Australia has a zero-tolerance policy to abuse, exploitation and harassment in all its forms.

12. Counter Terrorism and Anti-Money Laundering

ChildFund Australia acknowledges its obligation under the Australian laws relating to counter terrorism and anti-money laundering. To meet its obligation, the consultant is obligated to provide information required for ChildFund to undertake counter terrorism screening before engagement. The consultant's name, date & place of birth and ID number will be checked against Department of Foreign Affairs and Trade (DFAT) consolidated list, National Security Australia list, World Banks listing and the Asian Development bank listing to ensure the consultant is not engage with entities or individuals appearing on the lists.

13. Conflict of Interest

The Consultant must declare any financial, personal, family (or close intimate relationship) interest in matters of official business which may impact on the work of ChildFund.

14. Fraud and Corruption prevention and awareness

ChildFund Australia has a zero approach to fraud and corruption act. The successful consultant will be required to comply with ChildFund Australia's fraud and corruption prevention and awareness policy and act against any form of fraud or corruption and not offer, promise, give or accept any bribes.

15. Insurance

The successful consultant will be required to have in place insurance arrangements appropriate to provision of the TOR including (without limitation) travel insurance.

16. Acknowledgment and Disclaimer

ChildFund, its Board and staff make no express or implied representation or warranty as to the currency, reliability or completeness of the information contained in this ToR. Nothing in this ToR should be construed to give rise to any contractual obligations or rights, expressed or implied, by the issue of this ToR or the submission of Expression of Interest in response to it. No work will commence until a formal written contract is executed between ChildFund and a selected consultant.

Annex 1. Supporting questions

KEQ 1: To what extent did the project reach its goal that, "Public health services provide improved health services to communities prioritizing maternal and child health and infectious diseases?"

- How has the project contributed to strengthening provincial and district health systems in delivering quality facility-based and outreach services?
- To what extent has community knowledge, attitudes, and practices changed regarding maternal and child health, nutrition, and gender equality?
- What improvements are observed in vaccination coverage, antenatal care, and facility-based deliveries?
- How has the project influenced health-seeking behaviours among parents and caregivers?
- What were the main enablers and barriers to achieving improved health service delivery at the community level?

KEQ 2: How effective and efficient were the project's systems, strategies, and interventions in contributing to improved maternal and child health outcomes, including vaccination coverage and TB treatment success rates? Additionally, how has the awareness and consultations on transitioning from Community Health Volunteers to Village Health Assistants influenced service delivery and policy implementation progress?

- To what extent have parents and caregivers improved their knowledge and practices related to nutrition and maternal and child health?
- How effective was capacity building in improving health worker competencies and service delivery?
- What impact did the project have on vaccination rates, TB treatment completion, and maternal and child health indicators?
- How well were project resources allocated and utilized to achieve intended health outcomes?
- What challenges were encountered when implementing project interventions, and how were they addressed?
- How have the ongoing awareness and consultations on transitioning to Village Health Assistants influenced policy implementation and service delivery?

KEQ 3: To what extent did the current phase of the project build on both the achievements and lessons learned from its two earlier phases? How did this transform the final phase of the project? Were there any persisting issues and/or problems that existed throughout those three phases, what are the factors that caused these, and to what extent did the project address them?

- How did the project incorporate lessons from previous phases to improve outcomes?
- What are the key successes and challenges in the final phase compared to earlier phases?
- Were there any persistent challenges throughout all three phases, and how effectively were they addressed?

- What adaptive strategies were implemented to enhance project impact based on prior experiences?

KEQ 4: How effective were the project's strategies and interventions in advancing gender equality, disability, and social inclusion (GEDSI)? What are those that worked well and those that didn't? What can be scaled and why? How well did these address systemic issues, and what are the factors that contributed to these?

- How effectively did the project promote gender equality in maternal and child health services?
- What progress was made in improving access to healthcare for marginalized and vulnerable groups, including persons with special needs?
- Which GEDSI interventions were most effective, and what factors contributed to their success?
- What strategies were less effective in addressing systemic barriers to gender equality and inclusion?
- What components of the project's GEDSI approach have the potential for scaling up, and why?

KEQ 5: To what extent did the project leverage existing local and/or communal mechanisms, structures, and resources to sustain its outcomes and advance locally led development? What did these strategies look like across the three phases of the project—what worked, what didn't, and what were the factors that contributed to them?

- How effectively did the project engage and strengthen local health authorities to sustain interventions?
- What role did community structures and local leadership play in sustaining project outcomes?
- How well are local health systems prepared to continue delivering key services beyond ChildFund's direct support?
- What sustainability strategies were most effective, and which faced challenges?
- How has the transition process from Community Health Volunteers to Village Health Assistants influenced the sustainability of community health interventions?
- What lessons from the three project phases can inform future efforts for sustain health outcomes?