



EVALUATION REPORT

Engaging Community in the World Mosquito Program

Vietnam, 2020 – 2024



Actionon
Poverty

Executive summary

From 2020 to 2024, Action on Poverty (AOP) in Viet Nam in collaboration with Ho Chi Minh City Pasteur Institute (PI) have researching and establishing the efficacy of the Wolbachia Method of dengue elimination. Particularly, AOP in Viet Nam implemented the “Engaging Community in the World Mosquito Program (WMP) in Vietnam” project, funded by ANCP, as a support project to the WMP in Vietnam which focused on community engagement. The project aims to build public awareness, understanding and acceptance of a leading dengue elimination program, laying the groundwork for an efficacy study of the Wolbachia dengue elimination method and promoting health security in selective communities of Thu Dau Mot and My Tho City. The evaluation deployed a qualitative approach, consulting the project’s stakeholders on their perspective on how the project achieve its objectives (1) obtaining public acceptance of the mosquito release; (2) lessons learned in effective communication and community engagement that contribute to the WMP program. The evaluator reached out the key actors involved in communication activities including PI coordinators, Center for Disease Control (CDC), Health Center, Health Station, Health Volunteer and the local resident with semi-structured questionnaire in in-person interviews from August 26 to 30, 2024.

Main findings:

(1) Diverse communication strategies to the entire population that secure the coverage of

information in the targeted sites. The project and its implementing partners launched the public event at city level then combined the communications modalities including mass media, social media, poster, community-based public speaker, bikes parade, door-to-door consultation and word-of-mouth.

(2) The acceptance rate among the communities was more than 90% that reflected the effectiveness of community engagement and stakeholder collaboration. The project incorporated the local health staff experience in public health communication and community influencers. The communicators knew their targeted audience very well and made their own success in reaching and delivering the key messages that they were trained to communicate with the population. In addition, the project succeeded in buying in the local authorities that resulted in the public communication events and materials distributed in the communities.

(3) The communicators found difficulties in reaching the migrant workers and street vendors. Meanwhile, there was no evidence from the interviews that show a clear strategic approach and communication messages accommodating for these marginalized groups.

Recommendations and Lessons learned:

The communication strategy targeting the entire population stands on (i) local government unit buy in; (ii) community influencer engagement; and (iii) well-organized communications strategies. Community acceptance depends on the role of communicator in their context.

The households who have children seem to pay more attention to the information that can be an entry door in a community. In reverse, the marginalized groups (migrant and street vendors), who are difficult to reach, is a closed door that need more adaptive communication strategies.

I- Introduction

From 2020 to 2024, Action on Poverty (AOP) in Viet Nam in collaboration with Ho Chi Minh City Pasteur Institute (PI) have researching and establishing the efficacy of the Wolbachia Method of dengue elimination. Particularly, AOP in Viet Nam implemented the “Engaging Community in the World Mosquito Program (WMP) in Vietnam” project, funded by ANCP, as a support project to the WMP in Vietnam which focused on community engagement. The primary objective of WMP is to identify the percentage of Wolbachia-carrying *Aedes aegypti* in two release sites in My Tho City, Tien Giang Province and Thu Dau Mot City, Binh Duong Province within six months after releasing mosquitoes complete.

The project aims to build public awareness, understanding and acceptance of a leading dengue elimination program, laying the groundwork for an efficacy study of the Wolbachia dengue elimination method and promoting health security in selective communities of Thu Dau Mot and My Tho City. The communication and engagement project aims at gaining the percentage of public acceptance for Wolbachia-carrying *Aedes aegypti* releasing with specified indicators:

- Percentage of public acceptance for Wolbachia-carrying *Aedes aegypti* releasing
- Local leadership endorsement in leadership meetings which report the results of community survey, prior to the releases in each city.
- 60% acceptance based on Informed Consent Form signed from pre-release community-based survey.
- Percentage positive media coverage on TV, radio, print and online media.

The evaluation deployed a qualitative approach, consulting the project’s stakeholders on their perspective on how the project achieve its objectives (1) obtaining public acceptance of the mosquito release; (2) lessons learned in effective communication and community engagement that contribute to the WMP program. The project carried out mass communication campaigns to generate awareness and acceptance before a Wolbachia mosquito release to encourage communities to participate.

II- Methodology

1. The study design

The qualitative approach was the sole methodology in the evaluation. The evaluators purposively selected two communities (wards) in each city out of thirteen impact sites in total. This strategy allowed the evaluators to reach the health volunteers trained in communication and then delivered the required information of Wolbachia method to the resident in person. The residents were randomly interviewed on the street who can be found working or living near the mosquito-release cup (MRC) sites. This approach ensured that the interviewees were aware of the MRC and Wolbachia method and avoided misleading topics.

At the municipal level, the CDC and Health Center representatives of Binh Duong and Tien Giang province were invited to the interview. In the lower management system, in each ward the health station staff and health collaborators were sit in a focus group discussion. In total, there were twelve health staff, fourteen health collaborators and nine residents participating in the consultation.

To collect the consent of the participants, the evaluation team shared the key questions to the relevant partners to invite participants. At the beginning of the interview, particularly the local resident, the evaluator introduced the purposes and

asked for voluntary participation. There was no personal identification collected or reported in this evaluation.

2. Evaluation questions:

- To what extent did the community engagement activities meet the needs of the project's stakeholders?
- To what extent has the project achieved its planned objectives?
- What are positive/negative changes brought by the project out of plan? Why did those changes happen?
- How effectively did the project gather and incorporate community feedback into the engagement strategies?
- How inclusive were the community engagement activities in reaching diverse segments of the population, including marginalized and vulnerable groups?
- To what extent were the results achieved within the intended timeframes?
- What measures are in place to ensure ongoing community engagement and support for the Wolbachia method after the project?
- What are the lessons learned from the collaboration among project's partners and best practice(s) in community engagement and mosquito release project?

3. Limitations

The qualitative approach with site purposive selection and small number of respondents resulted in constraint when decoding the qualitative data and providing concrete recommendations. Studying the baseline results, conducted in 2021, validated the findings and recommendation in the final evaluation.

III- Findings and discussion

The findings and discussion are followed by the evaluation criteria Relevance, Effectiveness, Impact and Inclusivity, Efficiency and Sustainability defined by OECD¹.

Relevance

(1) The Viet Nam Ministry of Health (MoH) issues the National plan for communicable diseases prevention on a yearly basis in which determines the specific indicative targets such as incidence, mortality, examined cases for dengue types. The two main arms in the preventive strategies to meet the incidence targets were communication (to retain awareness among population) and regular clean up campaigns (to eliminate pupa). Both strategies were incorporated into the project design and implemented by the government officials who were experienced in communication and working with the local communities. Despite of difference in message to the community between the classic slogan ("no mosquito, no dengue") and project's Wolbachia method term (mosquito release), the residents reported their sufficient knowledge of Wolbachia method in terms of "more mosquito but less dengue".

(2) The people who were living with children, in the evaluation sample, showed their attention to communicable diseases including dengue fever. They shared that

¹ <https://doi.org/10.1787/15a9c26b-en>

they used mosquito net some days in a week and herbal smoke to repel indoor mosquitoes. They found relaxation with the MRC in front of their house.

Effectiveness

(3) The communication plan was set up by MWP with overarching activities before releasing mosquitoes. Particularly, the key messages were about mosquito-borne diseases and Wolbachia method. The modalities included television news, Facebook and Zalo messenger, public loudspeakers, posters and bike parades, health stations and school events. The communication plan was documented and lead by the communication team that resulted in high coverage and consistency across the impact areas.

(4) The target audience of communication plan was the entire population that was challenging in monitoring the access of information among the different groups in each community. However, the professional facilitation of communication team and experienced communicators who recruited locally managed to cover this obstacle during the project implementation phase. The communicators who performed the communication sessions during the community meetings were from CDC, Health stations and health collaborators.

(5) The communication activities during the mosquito release accounted for the project innovation. After the MRCs were in place, it was found that some of them were either removed unintentionally or with disagreed people. As a result, the project team reacted with additional communication efforts in terms of site visits to explain about the MRC where engaged the government authorities and the MRC distributors. The MRC distributor team was equipped with communication tasks when they were doing their job. Additionally, they were recruited locally who were able to speak with the residents in the MRC points.

(6) As a part of the program structure, the Incidence Management System (IMS) was deployed to collect negative feedback and resistance from the communities. However, it seemed idle because of a few complaints and incident reports during the implementation phase. Indeed, the project team incorporated Zalo messenger, the most popular social media application, as the dual system to collect and respond to the community feedback. The negative feedback referred to “big mosquitoes”, “too many mosquitos” and “hurt with mosquito bites. The key respondent to the communication risks (becoming negative phenomena in the community) were responsible representatives from CDC.

(7) Binh Duong was known as the top province accounting for migrant labour (more than 50% of population²) with about 1,700 rental rooms in Thu Dau Mot City in 2019³. The migrants and street vendors were the marginalize group⁴ in pandemic who had limited access to the information. The project baseline and communication strategy did not point out the vulnerable groups in the research areas. As a result, the health collaborator did not reach out to the migrant labourers. They satisfied with talking to the landlord who have rental rooms. The health collaborators explained that they could

² <https://baobinhduong.vn/nha-o-xa-hoi-hien-thuc-hoa-giac-mo-cua-nguoi-lao-dong-a314436.html>

³ <https://cand.com.vn/Hoat-dong-LL-CAND/Dang-sau-dong-nguoi-nhap-cu-khong-lo-i527989/>

⁴ <https://doi.org/10.1016/j.ssmqr.2022.100076>

not find the migrant and street vendors during the daytime, and they had no time during the evenings to meet them when they were back home.

(8) The project achieved most of the indicators over the project lifespan with tracked records. The following table shortlisted the CE related indicators and data verified.

Indicator	Target	Total	% Achieved
Public acceptance rate	60%	99%	165%
Number of endorsements from the two provincial governments to support the mosquito release	2	2	100%
Completion of the PAM report (with local leaders opinion included)	100%	60%	60%
Completion the pre-release survey	100%	100%	100%
Number of people responding to the pre-release survey	2,160	2,160	100%
Number of engagement activities (meetings, workshops, monitor)	66	31	47%
Number of local authorities and staff participating in the engagement activities	119	99	83%
Number of health workers who received training and development	27	158	585%
Number of women's groups, organisations, and coalitions actively involved with the project	2	2	100%
Number of total reach on Zalo, Facebook & Website	5,346,000	12,200,000	228%

Efficiency

(9) The CE activities were delayed because of COVID-19 and shortened down to only three months against the plan. In addition, there were additional efforts to overcome the loss of MRC during the first three weeks (Source: Project Report). However, the CE team managed to complete all the activities that listed down in the following table:

	CE related activities and results	My Tho	Thu Dau Mot	Total
1	Baseline survey	1081	1079	2,060 (people)
2	Introducing project and Wolbachia method through local loudspeakers	8	14	22 (wards)
3	Hanging Wolbachia posters in public places: Health station, hamlet office, public areas in hamlet, local coffee shops and local grocery shops			1,350 (pieces)

4	Hanging Wolbachia banners in a government office and public areas in My Tho & Thu Dau Mot			50 (pieces)
5	Hanging street flags on the main roads of My Tho & Thu Dau Mot			51 (pieces)
6	Online campaign on Facebook	149,000	351,000	500,000
7	Introduction workshop at ward and hamlet level to ward officer, ward mass organization, hamlet leaders, and health collaborators.	209	134	343 (people)
8	Communication training for local project collaborators	109	57	166 (people)
9	Introduction workshop for CRG members	10	4	
10	Household visit by collaborators to distribute project brochures			44,295 (households)
11	Online workshop for teachers of kindergartens, primary schools and secondary schools			300 (people)
12	IMS training for CDC, health officer's hamlet leaders and health collaborators			301 (people)
13	Hamlet meeting to introduce and update project progress in all wards	1,725	1,055	2,780 (hamlets)
14	Household visit to introduce about the project by collaborators	6,372	11,946	18,318 (households)
15	Broadcasting project video on cinema CGV in Binh Duong square and My Tho	5,565	14,084	19,649 (people)

Sustainability

(10) The communication plan was set up by MWP with overarching activities before releasing mosquitoes. Particularly, the key messages were about mosquito-borne diseases and Wolbachia method. The modalities included television news, Facebook and Zalo messenger, loudspeakers, posters and bike parades, health stations and school events. The communication plan was documented and lead by the communication team that resulted in high coverage and consistency across the impact areas.

(11) The strategic communication approach worked well since it first started with a launch event in public area where engaged a significant number of people and succeeded in inviting the major(s). That event led the administration attention and awoke the communities. Using Loudspeakers and news on television and social media then followed and retained the information since they could reach people widely and preferably by the resident (Source: Project Baseline Report). Finally, the posters, door to door consultation and hamlet meetings secured the missed pieces. This strategy has been documented in the CE strategy materials (Media strategy and Campaign Framework). It performed as planned but could be improved by adding the frequency and pace for the different communication modalities that could help the CDC to justify the budget and resources needed for the implementation.

Lessons learned and best practice(s)

(12) An important lesson was pointed out during the releasing period, CE (Community Engagement) and FE (Field Entomology) team could have better coordination to minimize the MRC loss. MRC loss in the first three weeks was high and the FE (team seemed to claim that communication activities before the release haven't shown efficiency in this area. Some health collaborators and hamlet leaders claim that they weren't aware of all MRC sites in their location, and they wish to know that in order to support.

(13) The involvement of hamlet leaders and health collaborators created powerful communication messages in the community. The residential interviewee revealed that they trusted the hamlet leaders and followed him/her decision in any communal campaigns and support. The hamlet leaders became the most influencer in every community. They supported and facilitated public events and social society organizations (CSO) in their responsible areas. All activities with their involvement were more likely to receive positive support/agreement from local people. The hamlet leaders played as the focal point to listen and report any request, complaints from local people. In most areas, the hamlet leaders were advanced in communication skills and experienced in dealing with the resistance. [OBJ]

(14) As the result, the high acceptance rate among the communities in mosquito releasing was firstly based on their trust in the government and particular hamlet leaders. Secondly, the health staff (in Health station) successfully built their fame during the COVID-19 pandemic. Eventually, they had been working there in the community for many years (two health station staff interviewed in their location for about 20 years) that resulted in their strong voice in the community.

IV- Recommendations

The following recommendation echoed the findings in previous session and referred to the community request and questions that should be considered and prioritized by urgency order.

Recommendation 1 (high):

During the site visit in August, evaluator received questions from the health collaborators and residents asked them when the project closed and how the project results are. In addition, the health staff complimented the success of the project by the drop of incidence cases since early 2024 and wanted to replicate the Wolbachia method to the other wards. In the closeout phase of the project, the responsible party (AOP and PI) should inform the local stakeholders on what is going on and avoid quiet despite that there are only a few activities left.

Recommendation 2 (moderate):

To fill the gap in accountability for the migrant and street vendors groups, the communication plan should land in strategies to reach them. In a small area where the health collaborators can meet them during the evening time, it is manageable. However, in a large area or park of rental houses (often found nearby an industrial zone), the communicators will not be able to reach them as planned. Incorporating their employer and digital communications would be an idea for an outreach strategy.

V- Annexes

1- Questionnaires

1.1 Tham vấn lãnh đạo, cán bộ Viện Pasteur

- Những vấn đề gì đã được Viện Pasteur thảo luận với hai địa phương (Bình Dương và Tiền Giang) về phương pháp thả muỗi Wolbachia?
- Hoạt động tuyên truyền với cộng đồng người dân của dự án có ý nghĩa như thế nào trong dự án về thả muỗi Wolbachia?
- Trước đây có những dự án nào tương tự không? Nếu có, hoạt động tuyên truyền có gì khác biệt với dự án này?
- Những thay đổi với cộng đồng nhờ các hoạt động truyền thông đã ghi nhận là những gì?
- Những ca mắc SXH hàng năm có xảy ra nhiều ở nhóm dễ bị tổn thương không? Truyền thông thế nào với đối tượng này?
- Quá trình lấy ý kiến của cộng đồng có những bài học kinh nghiệm nào?
- Quá trình phối hợp với các ban ngành liên quan để được sự đồng thuận của chính quyền các cấp có những thuận lợi và khó khăn gì?

1.2 Tham vấn lãnh đạo, cán bộ CDC

- Những nhiệm vụ và yêu cầu đặt ra với công tác truyền thông vận động người dân chấp nhận thả muỗi Wolbachia tại địa bàn tỉnh/thành phố?
- Các bên tại địa phương mà CDC đã làm việc để có cơ sở báo cáo và tham mưu cho Sở Y tế về sự đồng thuận của người dân? Quá trình phối hợp với các ban ngành liên quan để được sự đồng thuận của chính quyền các cấp có những thuận lợi và khó khăn gì?
- Những thay đổi với cộng đồng nhờ các hoạt động truyền thông đã ghi nhận là những gì?
- Những ca mắc sốt xuất huyết (SXH) hàng năm có xảy ra nhiều ở nhóm dễ bị tổn thương không? Truyền thông thế nào với đối tượng này?
- Quá trình lấy ý kiến của cộng đồng có những bài học kinh nghiệm nào?
- Những điểm then chốt giúp cho công tác truyền thông nói riêng và tham mưu cho chính quyền được hiệu quả như mong đợi?

1.4 Tham vấn lãnh đạo, cán bộ Trung tâm y tế

- TTYT có vai trò gì trong công tác ngăn ngừa dịch sốt xuất huyết cộng đồng? Cụ thể trong công tác truyền thông để người dân chấp nhận thả muỗi?
- Những thay đổi trong nhận thức của cộng đồng nhờ các hoạt động truyền thông đã ghi nhận là những gì?
- Đánh giá thế nào về sự đồng thuận của chính quyền và người dân?

- Những nhóm dễ bị tổn thương (người già, người khuyết tật, trẻ em...) có được truyền thông không? Nếu không vì sao. Nếu có thì như thế nào?
- Quá trình khảo sát lấy ý kiến đồng thuận của người dân như thế nào?

1.5 Thảo luận nhóm với nhóm truyền thông và nhân viên trạm y tế

- Các hoạt động truyền thông của dự án đã được tổ chức như thế nào?
- Những khía cạnh đánh giá hiệu quả (tích cực) và cần cải thiện về các hoạt động truyền thông đã diễn ra
- Ý thức và thái độ của người dân như thế nào trước và sau khi truyền thông?
- Những nhóm dễ bị tổn thương (người già, người khuyết tật, trẻ em...) có được truyền thông không? Nếu không vì sao. Nếu có thì như thế nào?
- Quá trình khảo sát lấy ý kiến đồng thuận của người dân như thế nào?

2- Evaluation Term of References

END OF PROJECT EVALUATION

Engaging Community in the World Mosquito Program (WMP)

I. Background

Action on Poverty (AOP), previously known as The Australian Foundation for the Peoples of Asia and the Pacific Limited (AFAP), is an independent, secular, non-governmental Australian organisation, based in Sydney. AOP has been working with local partners to help poor and vulnerable communities make lasting change since 1968, and in Vietnam since 1989. AOP became the first Australian NGO to open a representative office there in 1996. AOP is best known for its pioneering work in developing community-based biological control programs for dengue fever in Vietnam. From this work in health sector, AOP has broadened its thematic focus to include agriculture, water and sanitation, food security, climate change, livelihoods, and governance in remote and marginalised communities across Vietnam.

Action on Poverty is a key partner of the World Mosquito Program (WMP), a not-for-profit group that works to protect the global community from mosquito-borne diseases such as dengue, Zika, yellow fever and chikungunya. In Vietnam, dengue is a life-threatening communicable disease, with about 100,000 cases reported annually, with the southern region bearing the highest burden. This situation is exacerbated by climate change and was compounded by the COVID-19 pandemic. With the facilitation of Action on Poverty in Vietnam, the WMP has partnered with the country in researching and establishing the efficacy of the Wolbachia Method of dengue elimination. In this method, Wolbachia-infected mosquitoes pass the bacteria to their offspring, significantly reducing their risk of carrying and transmitting dengue and other pathogens. In 2013, the program released the first Wolbachia mosquitoes in Vietnam.

Starting from August 2020, AOP in Vietnam launched the “Engaging Community in the World Mosquito Program (WMP) in Vietnam” project, funded by ANCP as a supplemental project to the World Mosquito Program in Vietnam, focusing on community engagement. **The project involved extensive community and stakeholder engagement to build awareness and support for the use of Wolbachia mosquitoes.** The activities included surveys to provide information, educate, and gauge community support before and after the mosquito release.

Given that the project year from July 2023 to June 2024 is an extension and the final year, a comprehensive final evaluation will be conducted. This evaluation focuses on reviewing the project's effectiveness, relevance and sustainability, ensuring that lessons learned and best practices can be documented and contribute to the overall successes of the WMP.

Project summary:

Project name	Engaging community in the World Mosquito Program (WMP) in Vietnam
Implementing organisations	(1) Action on Poverty in Vietnam (2) The National Institute of Hygiene and Epidemiology in Hanoi (NIHE) (3) Ho Chi Minh City Pasteur Institute
Location	Khanh Hoa, Binh Duong, Tien Giang province
Duration	1/8/2020 – 30/6/2024
Objective	The project aims to build public awareness, understanding and acceptance of a leading dengue elimination program, laying the groundwork for an efficacy study of the Wolbachia dengue elimination method and promoting health security in southern Vietnam.

Results	Result 1: Public acceptance rate of the mosquito release increased to at least 60% Result 2: The project receives endorsement from the two provincial governments to support the mosquito release and increase the capacity of lead health workers for effective community engagement Result 3: Post-release monitoring results in Binh Duong and Tien Giang and reflections from the project will guide the implementation of the WMP project in Timor-Leste and build further commitment from the Ministry of Health, local government and community.
Strategic intervention	The project involved engaging community members to become actively involved in the research by growing mosquitoes in their own backyards and by hosting bug traps. No Wolbachia mosquito deployment would be undertaken in a project site before regulatory approval and broad public acceptance of the intervention were established. The project also involved training and capacity building events for community health workers and leaders. Documentation of community engagement strategies and the application of the model were undertaken in order to share relevant best practices with other project sites across countries.

II. Objective of Evaluation

The overall purpose of the evaluation is to assess the extent to which the project has achieved its (un)intended results, relevance, effectiveness and sustainability of the project's partnership, and highlights of good practices and lessons learned. Finally, it will provide recommendations for stakeholders to pursue the community awareness-raising activities in the future.

The evaluation findings will inform:

- WMP program's results;
- WMP-SNV Project's
- partner in improving the community awareness raising mission;
- AOP's accountability to its donor and partners;

The primary audiences of this evaluation are (not exhaustive): DFAT, WMP program, local governments, and community. Prospective partners and wider development society are the secondary audiences of the evaluation.

III. Evaluation questions and Methodologies

The project evaluation will be framed and adapted from the OECD/DAC evaluation criteria: Relevance, Effectiveness, Impact, and Sustainability.

Key research questions:

Criteria	Questions
Relevance	1) To what extent did the community engagement activities meet the needs of project's stakeholders?
Effectiveness, Impact and Inclusivity	2) To what extent has the project achieved its planned objectives? 3) What are positive/negative changes brought by the project out of plan? Why did those changes happen? 4) How effectively did the project gather and incorporate community feedback into the engagement strategies? 5) How inclusive were the community engagement activities in reaching diverse segments of the population, including marginalised and vulnerable groups?
Efficiency	6) To what extent the results were achieved within the intended timeframes?
Sustainability	7) What measures are in place to ensure ongoing community engagement and support for the Wolbachia method after the project? 8) What are the lessons learned from the collaboration among project's partners and best practice(s) in community engagement and mosquito release project?

Secondary data collection:

The major methodology is desk review project documents, including community engagement plans, training materials, monitoring and evaluation reports, and any surveys or feedback collected from the community. It will help assess the alignment of project activities with stated objectives, the efficiency of resource utilisation, and the documentation of best practices. It will also include a review of regulatory approvals, public communication materials, and any media coverage to evaluate the effectiveness of information dissemination and community outreach strategies.

Primary data collection:

To complement and elaborate the findings of the desk review, the evaluation will deploy semi-structured interviews with key stakeholders, including WMP managers (Pasteur Institute, Department of Health, CDCs), community members, ward-level health workers and project staff. Considering constraints in resources, AOP conducts interviews within the three sites of the project, including Ho Chi Minh City, Tien Giang and Binh Duong:

Key informants	HCMC	Binh Duong	Tien Giang
FGD with Pasteur Institute HCMC:- Project Director, - Project Manager - Project site Coordinators Binh Duong and Tien Giang.	1	1	
KII with CDC representative: - CDC Binh Duong Deputy Director - CDC Tien Giang (Communication Department)		3	3
KII with Health Center representative: - Health Center My Tho city - Health Center Thu Dau Mot city		1	1
FGD with health volunteers and health workers (3-4 pax each) in four wards		7	7
Interviews with local people in four wards		4	4
Total (respondents)		42	

The evaluation process must “do no harm” to the communities and strictly adhere to AOP’s policies and data collection guide.

IV. Output and Delivery

For short-term contract consultant

- Interviews plan with respondents in Binh Duong and Tien Giang
- A set of project reports (from desk study)
- A solid and concise compilation of project’s results, lessons learned and best practices (from desk study) in the evaluation report

For long-term contract consultant

- Finalized TOR, evaluation plan and budget estimation
- Data collection tools and Records of qualitative data
- Finalized evaluation report

V. Timeline

The evaluation will be carried out from June 2024 to August 2024 with the following key milestones:

Activities	Timeline	Notes
1. Finalize the ToR, Evaluation Plan and Budget (Hai)	July 19-22	02 working days
2. Desk study (Huyen)	July 23-31	05 working days
3. Desk study (Hai)	August 1-2	02 working days

4. Finalize data collection plan, appointments with respondents (Huyen and Quynh support)	July 23 – August 10	02 working days
5. Data collection in HCMC, Binh Duong, Tien Giang (Hai and Quynh)	August 26- 30	08 days included travel days
6. Report	September 19- 25	09 working days

VI. Responsibility

Evaluator will (1) carry out desk study and documentation; (2) consolidate information from desk study to the evaluation report framed by relevance, effectiveness, sustainability, lessons learned. AOP team will deploy selective interviews with implementing partners and local communities engaged in awareness-raising activities.