

Terms of Reference
Endline Evaluation of Shishuder Jonno Program (Meherpur Program)
Save the Children in Bangladesh

Project	:	Sponsorship funded 'Shishuder Jonno'
Location	:	Meherpur District (Meherpur Sadar, Mujibnagar & Gangni upazilla)
Duration	:	4 months from the starting of the assignment

I. Background:

Save the Children in Bangladesh [SCiBD] is a leading child rights based organization, currently covering a wide range of geographical areas in the Dhaka, Khulna, Barishal, Chittagong, Rajshahi, Sylhet and Rangpur Divisions. SCiBD works in number of thematic areas, including Education, Child rights and governance and child protection, Health and Nutrition and HIV/AIDS, Child poverty and Emergency.

Sponsorship funded Shishuder Jonno (SJ) Program is an Integrated Child Development Program (ICDP), which has been implementing at Meherpur district and Barisal district (new program area) in a rural setting and at Rayer Bazar slum & Chad Uddan slum areas as an urban setting. The program's goal is stated as 'Children Learn and Develop to their Full Potential'. The target group is from birth to eighteen years following a 'life cycle approach'. The program has five core components namely a) Early Childhood Care & Development (ECCD) b) Basic Education (BE) along with ICT in education c) School Health & Nutrition (SHN) d) Maternal Newborn Child Health and Nutrition (MNCHN) & e) Adolescent Development (AD) and another 2 non-core component namely a) Child Protection (CP) and b) Child Rights and Governance (CRG) as well as 2 cross-cutting component namely a) Community Mobilization and b) Gender.

The 'Shishuder Jonno' program has been working in Meherpur district for last 10 years and the program has reached to the stage to initiate Phase-out from Meherpur district. A baseline study was done in Meherpur in April 2008 and Mid-term Evaluation was done in 2013. As the next step, we are planning to conduct a endline evaluation for the program in Meherpur. The total beneficiaries of this program is approximately 250,000 (children and caregivers).

The Common Approach to Sponsorship - Funded Programming (CASP)

Save the Children (SC) worked for 10 years to address the major child development issues to help vulnerable children and communities in Meherpur district, to access major services and supplies that are of quality and help transform children's lives through program excellence. For this, the Bangladesh Meherpur Program has focused on Four core programs (Early Childhood Care and Development; Basic Education, School Health and Nutrition; and Adolescent Development) along with non-core program (Child Protection (CP), Child Rights and Governance (CRG) as well as 2 cross-cutting component namely Community Mobilization and Gender) to drive results. Also, focused on quality monitoring, evaluation, accountability and learning (MEAL), particularly as it helps is to drive our theory of change.

Early Childhood Care and Development (ECCD):

The overall goal of ECCD is Children develop and learn to their full potential. The key elements of this component include working with parents and caregivers to support their child's development focusing on

building brains and support emergent literacy and numeracy, supporting communities to provide and sustain high quality ECCD services, and developing a well-trained caregiver, teachers and a positive, responsive caregiving environment for child's age appropriate development, school readiness and early learning.

Basic Education (BE):

Children develop and learn to their full potential is the also the goal of this theme. This component combines a continued commitment to scale up essential components of the Literacy Boost to ensure that children reading skills are adequate by Grade 5. Significant investment innovations, such as development of grade-level specific reading camp session guides, special needs action packs for lagging behind children and training program for teachers and school heads to provide mentoring and coaching support, will be introduced.

School Health and Nutrition (SHN):

The goal of SHN is children have improved health and education status to learn and develop to their full potential. The SHN program aims to improve the health and nutritional status of school-age children through improved use of key school-based health and nutrition services, practices and behaviors. The program will help to improve the learning outcomes of children. The program includes introducing skills-based health and nutrition education, school-based health and nutrition services, and safe and healthy learning environment.

Adolescent Sexual and Reproductive Health:

Adolescents are equipped to make a healthy and successful transition through puberty to young adulthood is the goal of Adolescent development program which includes two themes i.e. ASRH and Adolescent Skills for Successful Transition (ASST). ASRH work with two groups i.e. 10-14 years adolescent and 15-19 years adolescent. Separate session has been designed for these two groups. This program provides training supports for Health workers/volunteer, work on changing prevailing social norms that are harmful and supporting schools for making easy access of quality ASRH services.

Adolescent Skills for Successful Transition:

This especially work with out of school adolescent from age 15-19 years where supports to adolescent were provided on life skills, micro-enterprises and vocational training and also conduct AD curriculum session.

The Meherpur program has the following strategic goal and objectives:

Goal: Children learn and develop to their full potential

Strategic Objectives (SOs):

SO1: Children learn and develop with age-appropriate care and education;

SO2: Improved use of key health, hygiene and nutrition services and practices; and

SO3: Adolescents contribute positively to the well-being and betterment of society.

2. Purpose and Specific Objectives of the Endline Evaluation

2.1 Purpose of the End-line Evaluation

The purpose of this end-line evaluation is primarily to measure the level to which the sponsorship program has improved the access to ECCD and BE, learning outcome, quality learning environment, SHN, AD, CP and CRG services and the enhancement of stakeholder's capacity to ensure sustainability and effort made to influence policy and practice related to the implemented programs.

2.2. The Specific Objectives of the End-line Evaluation

The specific objectives of the end-line evaluation are to obtain reliable data for:

- To what extent were intended results/outcomes achieved based on established targets for ECCD, BE, SHN, AD, CP, CRG and Community mobilization programming?
- To identify both positive and negative unintended outcomes from sponsorship programming from the perspectives of various stakeholders.
- To determine the level of stakeholder (children, students, adolescents, young adults, parents, teachers, school officials, PTAs, and government officials) satisfaction.
- To what extent were the project results likely to be sustained in the long-term based on the sponsorship's Ownership Transition Plan and from the various local stakeholder views.
- To what extent were their external (to the program) factors, such as natural, social, political (etc.) events that may have influenced, both positively and negatively, the program outcomes?

3. Scope of the study:

The study will entirely focus on the final evaluation of the sponsorship program which basically measures the set of indicators defined in baseline study in Meherpur district. The study will be mixed method in nature, however program annual indicators surveys, and other program data can be used. The consultant is expected to review all relevant documents provided by Save the Children and will design overall methodology, develop data collection tools and techniques, collect and analyse data that can be comparable with the baseline. Save the Children will provide feedback in finalizing study design, tools, selecting area and respondents. The consultants should take prior approval from Save the Children before presenting/publishing the study.

3.1 Methodology:

The study will be mixed method study incorporating different themes (ECCD, BE, ASRH, SHN, CP, CRG and different stakeholders i.e. students, parents, adolescents, PNGOs staffs, and other key community stakeholders and different institutions like ECCD center, Schools, Health centres etc. The consultant should propose sample size and sampling technique for the study that can be comparable with the baseline evaluation and able to determine if targets are statistically significantly different than the baseline values. In addition to the measure of quantitative data, the impact and lesson learnt will be documented via qualitative study. Also, the study will try to explore the intended and unintended outcomes of the study. The consultant is expected to present a detailed methodology of this study in the proposal.

Sampling strategy – the sampling frame should be based on a representative sample of the entire impact area and the sample size should be based on 95% confidence level, and a response distribution of 50/50 to maximize sample size. The confidence interval (CI) should be set to the largest CI which ensures that the lower and upper bounds of the baseline CI do NOT overlap the lower and upper bounds for the end-line target values. The evaluation should also discuss the MERIT, WORTH and VALUE of the sponsorship program over the 10 years not only comparing the statistics (baseline, mid-term and endline). No data collection can begin until the final version of the 1) end-line evaluation protocol, 2) data collection tools, 3) consent/assent forms and 4) approved by SC's Ethical Review Committee.

Disaggregation of data – for children, youth, and parents/caregivers, the sample size should be adequate to disaggregate by gender to assess differences.

Data collection – involves secondary data and primary data collection. Primary data collection involves surveys, FGDs, and in-depth interviews.

Quantitative Data: Key indicators

SL No.	Component Name	Indicators	Source of Data	Baseline (2008)	End-Line Target (2019)
01	Early Child Care and Development (ECCD)	Attendance Rate	Pre Primary School	83%	95%
02	ECCD	% of Community Clinics are delivered Early Stimulation services (51 CC)	Community Clinics	No baseline	90%
03	ECCD	% off children WITH increased language and cognitive skills (3.5 to 6.5 years children)	Household	No baseline	No target
04	ECCD	% off caregivers/parents WITH increased responsiveness and interaction with children (0-3 years children's parents)	Household	No baseline	No target
05	ECCD	% of mothers/caregivers reached through stimulation intervention (0-3 years children's parents)	Household	No baseline	100%
06	ECCD	% of ECCD sites meeting quality standards	Pre Primary School	84%	90%
07	ECCD	% of parents participating in parents' education sessions (pre-primary school going children's parents)	Household	83% (2010)	95%
08	ECCD	% of children (5 year olds) enrolled in Preschool (Pre-school Enrollment Rate)	Household	30%	90%
09	ECCD	% of Grade 1 children with ECCD experience	Household	29.4% (2011)	90%
01	Basic Education (BE)	Primary education survival rate (Reaching Grade 5)	Primary School	55% (2017)	90%
02	BE	Grade 5 exam pass rate (ICT intervention school)	Primary School	99% (2016)	100%
03	BE	% of school-age children enrolled in primary school (Primary School Net Enrollment rate)	Primary School	96.7%	100%
04	BE	% of Grade 3 children can read and understand grade level text (comprehension)	Primary School	81% (2016)	85%
05	BE	Number of words (grade level text) read correctly in 1 minute by the Grade 3 children	Primary School	40.21 (2016)	42
06	BE	% of Grade 3 students are able to recognize shape & pattern	Primary School	55% (2016)	90%
07	BE	% of Grade 3 students are able to solve measurement	Primary School	92% (2016)	95%

SL No.	Component Name	Indicators	Source of Data	Baseline (2008)	End-Line Target (2019)
		problems			
08	BE	% of Teacher use of Basic Education program-promoted instructional practices	Primary School	94% (2016)	95%
09	BE	% of students' average pass rate in school exam in English (Grade 1 to Grade 5- ICT Intervention School)	Primary School	91% (2016)	95%
10	BE	% of schools used reports/information for school improvement plan from e-primary (ICT Intervention School)	Primary School	20% (2016)	100%
11	BE	% of Active SMCs (School Management Committee)	Primary School	76.3% (2011)	100%
12	BE	% of Parents aware about importance of schooling (primary school aged children's parents)	Household	78.61% (2016)	85%
13	BE	# of Upazila (or District) Primary Education Officers using e-monitoring reports for decision making	District/Upazila Education Office	67% (2016)	100%
01	School Health & Nutrition (SHN)	% of schools with access to safe water	Primary School & Secondary School	66% (2011)	95%
02	SHN	% of schools with access to sanitary latrines	Primary School & Secondary School	74.5% (2011)	95%
03	SHN	% of school age children using appropriate hand washing practices (KAP survey)	Primary School/ household	40%	80%
04	SHN	% of schools with access to handwashing facility with soap inside latrine or handwashing corner	Primary school	47%	98%
05	SHN	% of students who know a clean latrine, with no visible faeces, no smell, and water and soap for handwashing is sanitary	Primary school (Grade 4 & 5 children)	Clean-35.4%, No visible faces-14.4%, No smell-10.5%, Availability of Soap-16.8%, Availability of clean water-17.7%	Clean-90%, No visible faces-50%, No smell-90%, Availability of Soap-60%, Availability of clean water-60%
06	SHN	% of students who recall wearing slippers and washing hands when they defecate	Primary school (Grade 4 & 5 children)	82.5% (2013)	90%
07	SHN	% students reported washing hands at two most critical	Primary school (Grade 4 & 5)	53% (2013)	90%

SL No.	Component Name	Indicators	Source of Data	Baseline (2008)	End-Line Target (2019)
		times in a day (after latrine, before eating)	children)		
08	SHN	% of students who know tubewells that are marked green are arsenic-safe	Primary school (Grade 4 & 5 children)	43% (2013)	90%
01	Adolescent Development (AD)	% of Adolescents (10-18 years) involved in community service activities	Household	2% (2011)	45%
02	AD	Average age of marriage of adolescent girls (10-18 years)	Household	14.73 years	16.0 years
03	AD	% adolescents (10-18 years) satisfied with the ASRH services received from formal service providers (all GO/NGO facilities)	Household	87% (2011)	95%
04	AD	% adolescents (10-18 years) satisfied with the ASRH services received from informal service providers (Village doctors, Homeopath and pharmacy)	Household	84% (2011)	95%
05	AD	% of adolescents (10-18 years) who utilize AFHS or ARSH services	Household	50%	80%
06	AD	% of adolescents (10-18 years) engaged in Livelihood (LH) activities for youth	Household	14% (2011)	15%
07	AD	% of trained adolescents (10-18 years) participating in savings group (Peer Education group members)	Household	0%	80%
08	AD	% of adolescent girls (10-18 years) practicing MHM hygienically	Household	74.13% (2016)	80%
09	AD	% of adolescents (10-18 years) are practicing gender norms	Household	74.13% (2016)	80%
01	Child Protection	% of children face corporal punishment /Physical and Humiliating Punishment (PHP) in School/Community/Households	Household	86.70% (2016)	100%
02	Community Mobilization (CM)	% of Community Core Groups (CCGs) are active	Community	72% (2016)	80%

Qualitative Data:

Source	Methods	Data
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Children (including sponsor children, NCTF members) / youth	Focus group discussions by age groups	<ul style="list-style-type: none"> To identify both positive (including significant success story) and negative unintended outcomes from sponsorship programming To determine the level of satisfaction from and relevance of sponsorship programming
Parents / caregivers/PTAs	Focus group discussions	<ul style="list-style-type: none"> To identify both positive (including significant success story) and negative unintended outcomes from sponsorship programming To determine the level of satisfaction from and relevance of sponsorship programming <p><u>Sustainability view:</u> What is likely to happen after Save the Children leaves? How will stakeholders work together? What do they envision they can do? (outcome oriented, not program activity oriented)</p>
Community	Head Teacher (primary & Secondary school): in-depth interviews Teachers (primary & Secondary school): FGDs School Management Committee members: FGDs Community health worker (CHCP, HA, FWA): FGDs Community leaders/Local govt. officials (DC/UNO, Upazilla Chairman, Union Parishad Chairman, Local elites etc.): in-depth interviews	<ul style="list-style-type: none"> To identify both positive and negative unintended outcomes from sponsorship programming To determine the level of satisfaction from and relevance of sponsorship programming <p><u>Sustainability view:</u> Are they aware of an “Ownership Transition Plan” and if so do they think it will be successful. What is likely to happen after Save the Children leaves? How will stakeholders work together? What do they envision they can do? (outcome oriented, not program activity oriented)</p>
Systems / policies	Govt. education (Directorate of Primary Education – PTI Instructor, DPE Officials, Secondary Education officials	<ul style="list-style-type: none"> To identify both positive and negative unintended outcomes from sponsorship programming To determine the level of satisfaction from and relevance of sponsorship programming <p><u>Sustainability view:</u> Are they aware of an “Ownership Transition Plan” and if so do they think it will be successful.</p>

	etc.) and health officials (Civil Surgeon, CDC/DGHS, DD-FP, UHFPO, Community Clinic, DPHE officials, HI/ FPI: in-depth interviews;	<p>What is likely to happen after Save the Children leaves? How will stakeholders work together? What do they envision they can do? (outcome oriented, not program activity oriented)</p> <p><u>Policy/Systems:</u> Are the ECCD, BE, Protection, SHN, AD program align with the global commitments, national policy and strategies of Bangladesh?</p> <p>What are the Education, Protection, Health service & Hygiene initiatives your department is considering for primary & secondary schools in Bangladesh which can be run by Govt. support/system?</p>
SCI sponsorship	Sponsorship staff	<ul style="list-style-type: none"> • To identify successes and challenges to have integrated programming. • To identify both positive and negative unintended outcomes from sponsorship programming. • To identify what external factors had either positive or negative influence on sponsorship achieving quality programming and meeting targets. • To determine the level of satisfaction from and relevance of sponsorship programming • Overall “big gaps” and Lessons Learned for future IAs. <p><u>Sustainability view:</u> Ownership Transition Plan accomplished? If not, why not. If yes, how what is likely to happen after Save the Children leaves? How will stakeholders work together?</p>

Data analysis procedures

The consulting firm should prepare a data analysis plan that envisions triangulation: that is, includes primary and secondary data, as well as quantitative and qualitative data, to respond to key study questions in such a way that the data analysis results helps to draw conclusions. The consulting firm should provide information on how the data will be managed, including data handling and coding procedures to facilitate data analysis, and the statistical software that will be used for the analysis. The statistical methods proposed to be used for the analysis of data should be clearly outlined, including power of the study, level of significance to be used, procedures for accounting for any missing or spurious data, etc. If qualitative design is to be used, the consulting firm should specify how the data will be analysed. Triangulation of data should also be part of the data analysis plan.

1. Data quality assurance plan

The consulting firm should describe their approach to data quality assurance at all phases of the assessment.

2. Scope of work for the consultancy (process, activities and deliverables)

Step I: Preparatory activities

Sponsorship will select the applicant who best responds to the specifications of this assignment as specified in this document. Once the consulting firm is identified and signed agreement to carry out the survey, the selected firm will undertake a thorough analysis to understand the program context, the program logic (the relationship of different program components with expected results and impact), and

the program impact pathway. The consulting firm will also conduct a comprehensive stakeholders' analysis and closely work with them in developing the detailed study protocol. The study protocol should include key indicators and the most strategic study questions linked to program indicators; stakeholder analysis including their roles and responsibilities in conducting the study; the study design and sampling strategies; data collection tools; ethical considerations and informed consent; data analysis procedures including data presentation; work-plan for the study including key activities and timeframes; and detailed budget plan. Then the consulting firm must get an approval for the study protocol from Save the Children US Ethics Review Committee (ERC) prior to any data collection.

Key deliverable: Approved detailed study protocol

Implementing the Survey

Once the study protocol gets an approval, the consulting firm will finalize data collection tools (designing the questionnaires) in consultation with SCI MEAL team, pre-test the data collection instruments, and recruit and train data collectors and supervisors before the commencement of the actual data collection. The data collectors should have experience in conducting similar surveys and should be able to speak local language; selection of data collectors should be done in consultation with the Sponsorship team. Develop and update application/database for the survey using suitable platform (For Quantitative data collection used online tab based platform i.e. modern ICT technologies using mobile/tablet based platform like ODK or KOBO Collect). After finalizing all the preparatory activities, the consulting firm will carry out field level data collection based on the time-frame indicated in the document.

The consultancy firm is expected to implement statistically valid methods and utilize a standard survey approaches while selecting study participants to ensure equal chance of participation for all eligible respondents in the selected study sites, including children. Monitoring field level data quality, designing data entry application and managing the data entry, performing data cleaning and data quality check, preparing the data for data analysis, conducting data analysis, interpreting the results, and formulating the findings will be subsequent activities to be executed by the consulting firm.

Key deliverable: Final data collection tools (pre-tested and adjusted), fieldwork/data collection plan, report on field level data collection progress, soft copy of final survey data with data dictionary/ and other relevant information, demographic data of study sites (including GIS mapping).

End-Line Data Findings Meeting

The consultant will provide SCI with the data tables that present each of the key indicators, with the baseline value, end-line target, and the end-line finding as well as preliminary qualitative findings. Then, the consultant with the sponsorship's programming and MEAL staff, to discuss the end-line findings in light of baseline values and end-line targets. A general consensus of how the findings are to be interpreted, such as with achievement of targets (i.e., target significantly under- achieved, target achieved, target significantly over-achieved) but also some quality findings.

Report writing

After the data findings meeting, the consulting firm will prepare and submit a draft report (according to the report outline after 30 days of baseline survey data collection) on the findings of the survey. The consulting firm should engage in providing timely response to the consolidated comments provided by the project and review the draft report accordingly. Then the consulting firm will write and submit the

final survey report (20 days after receiving the consolidated comment) by incorporating clear and specific recommendations to address key findings of the study. The consulting firm will also prepare a two pages summary report for sharing to key stakeholders and involve in the dissemination of key findings of the survey.

Key deliverable: Draft baseline survey report with key findings and recommendations, final report with executive summary, a two pages' summary report, power point presentation on summary of study process and results, and any other relevant document as indicated in the agreement document.

Note: The final deliverables and dates of submission will be specified in more details in the contract.

3. Roles and responsibilities

Specific roles and responsibilities of consulting firm in managing the study:

1. Adhere to the SCI's Child Safe Guarding Policy and Code of Conduct.
2. The consulting firm shall sign the SCI's code of conduct.
3. Review extensively all the relevant reports, studies, and other similar projects.
4. Reviewing and understanding the project's RFA and other relevant project documents, such as M&E plans and the project document.
5. Outline the roles of each of the team members proposed to undertake the consultancy work
6. Conduct pre-testing and refine the data collection tools to collect the required data.
7. Train enumerators to implement survey
8. Collect, organize and analyze the data from the field.
9. Provide quality and professional services in managing, coordinating and supervising the whole process of the baseline study (for instance, deploying qualified and experienced data collectors, providing adequate supervision and mentoring, adhering to ethical procedures and standards practices, preparing analysis plan, etc.)
10. Prepare and submit comprehensive, well-structured draft report of the baseline survey to SCI for review and comment.
11. Produce and submit the final baseline report in hard and soft copies to SCI.

Responsibilities of Save the Children Staff:

1. Facilitate induction session on child safeguarding for both consulting firm and data collectors to comply with SCI's child safeguarding policy and code of conduct
2. Provide the necessary project related reference documents for the consulting firm (e.g., RF, MEAL plan, reports etc.)
3. Provide oversight for enumerator training
4. Conduct quality assurance during survey implementation
5. Review and provide comments/feedback on the comprehensive technical reports and ensure the amendment of comments and approve the study design and tools
6. Ensure that the comments/feedback given on the draft report are fully incorporated in the final report
7. Facilitate payments for the consulting firm as per the agreed terms and conditions

Required expertise and experiences of the key personnel of the consulting firm

In this section, the consulting firm is expected to clearly portray the structure and composition of the team, which will be arranged for this assignment. The consulting firm should list the main areas of the assignment, the key expert responsible and proposed technical and support staff along with their curriculum vitae (CVs). It is desirable that the majority of the key professional staff are office bearers / permanent employees of the bidder or have an extended and stable working relationship with the bidder. Save the Children will strictly follow-up the deployment of the experts during the study period and ensures they executed their roles and responsibilities as described on the contract. Once the study is started, any change or modification made on the team composition and qualification against the initial agreement may result in termination of the contractual agreement unless communicated.

In addition, the consulting firm should attach with the proposal a copy of evaluation report that has been completed recently (in the last 3 years' period) as an example of their work.

Required qualification of the Principal Investigator (Team Leader) and his/her role in the study:

Key Personnel	Qualifications and Experience	Roles and Responsibilities
One Evaluation Team Lead/ Principal Investigator	<ul style="list-style-type: none"> - Post graduate degree (Masters or Doctoral) in M&E, Education, public health, nutrition, statistics, demography or related field with background in statistics or demography. - At least 10 years' experience in designing, managing and implementing program or project evaluations, preferably managed at least 5 program evaluations. - Worked as a team leader for performance evaluations related Education, WASH, Child protection, and Adolescent development etc. - Having strong technical background in understanding the country context in relation to Education and health. - Experienced in working with Education, health, WASH and other sectors of the government of Bangladesh - Demonstrated strong communication and writing skill. 	<ul style="list-style-type: none"> - Lead the preparation process of the study protocol and data collection tool - Ensure technical soundness of evaluation (validity and reliability of the methodologies employed for the survey) - Coordinate the overall survey process including team management, coordination and supervision. - Lead the data analysis process - Lead the write up of the survey result as per the guideline - Ensure the quality and timeliness of deliverables - Facilitate meetings with SCI and its partners whenever needed and serves as a point of contact throughout the survey period.

The consulting firm should provide the team composition and tasks assigned using the below table:

Name of staff	Area of expertise	Assigned position	for	Task Assigned	No. of days assigned for

Timeframes and level of effort

The study will be undertaken from April – July 2019 (for four months). This timeframe will cover the complete study processes. The below table outlines the major outputs at different stages along with the tentative schedule for undertaking the task.

Steps	Activities	Output/ Deliverables	No days	Responsibility
1	A comprehensive proposal (covering literature review and analysis, detail descriptions of data collection; data collection methods, tools for data collection, sampling, sample size/participants, data organization, analysis and synthesis, presentation outline /format)	Technical proposal	14	Consulting firm
2	Review the technical and financial proposals and provide feedback to potential candidates	Comment	5	SCI
3	Incorporating feedback from SCI	Final Technical proposal	2	Consulting firm
4	Develop detailed study protocol	Study protocol	5	Consulting firm
5	Translation of data collection tools/instruments to local language	Translated version of the tools / instruments	3	Consulting firm
6	Select experienced data collectors and train on the data collection tools	Data collectors trained	4	Consulting firm
7	Provide orientation on the SC's Child Safeguarding Policy and Code of Conduct to the data collectors	Study team and data collectors received orientation/training	1	SCI/Child Safe guarding focal person
8	Pilot the data collection tools/instruments	Pilot test report	1	Consulting firm
9	Provide final feedback on the tools based on the pilot report	Comment	1/2	SCI
10	Submit all final documents to the Ethics Review Committee for review and approval.	Study protocol	1-2 days	Consulting firm
11	Field work	Endline survey data collected	20	Consulting firm
12	Data analysis, interpretation and writing the first draft report	First draft endline evaluation report	20	Consulting firm
13	Feedback on the first draft report	Draft endline evaluation report with feedback	5	SCI
14	Reviewing and incorporating feedback received from SCI	Final endline evaluation report (one hard copy and soft copy)	3	Consulting firm
15	Results dissemination /debriefing	Workshop organized	1	Consulting firm

Compliance with child protection policy of SCI

Save the Children International is committed to safeguarding children with maximum possible extent from any deliberate or inadvertent actions that come into contact and our contractual agreement reflects our commitment to ensuring that only those who are suited to work with children and to apply strict child safe recruitment practice are considered for this consultancy. Thus, the selected consulting firm is required to receive orientation on our Child Safeguarding Policy, must sign on it and comply with the standards stated in the policy.

Compliance with SCUS's Research & Evaluation Ethics Policy

SCUS has a Research & Evaluation Ethics Policy that requires all studies involving interaction with people to collect personal data to undergo a human subject ethics review and obtain "approval" prior to data collection.

Content of the financial proposal (guidance on what should be budgeted)

As part of study proposal, the consulting firm is expected to provide a clear presentation of the budget required to undertake the survey including costs of data collection, personnel costs, and all other administrative costs. Save the Children will provide vehicles to facilitate the field data collection process; hence the vehicle rental cost should be excluded from the budget estimation. The budget breakdown should fulfil the following requirements:

- a. It should be prepared in excel sheet with formulas included
- b. detailed budget breakdown (daily fees of personnel, duration spend by the personnel, and estimated costs for all activities proposed in the application with a unit cost and quantity included)

Remuneration: Tk. XX [to be discussed & agreed] will be provided to the consultant through 2 installments – 1st installment (40%) will provide upon completion of the study plan (methodology, tools development etc.) and rest (60%), after submission of all deliverables. Tax and VAT will be deducted as per govt. rule.

Mode of Payment: Cheques

Evaluation of the proposals and scoring criteria

The organization will assign a committee composed of management and technical team to evaluate the proposals submitted by consulting firms/firms. The selection committee will evaluate the bidders based on the criteria set below. The consulting firm/firm is expected to provide detailed information based on the given framework to ensure fair and effective comparison. The committee reserves the right to drop a competitor that scores the least. The proposals submitted will be reviewed based on the following criteria.

Scoring criteria:

Segment/content	Point (%)
Technical Proposal	80%
Appropriateness of the study design and elaboration for choosing the specified study design	20%
Sampling strategy, data collection methods (including the data collection tools), and data quality assurance plan	15%
Required expertise (skills) and experience of the personnel of consulting firm/firm to conduct the study. Testimonials will be considered while evaluating the firm.	10%
Roles and responsibilities assigned in undertaking and managing the study	5%
Capability of the consulting firm/firm (management, technical and financial capacity)	10%
Oral presentation	20%
Financial Proposal	20%
Total	100%

***Consulting firm requested to submit both hard copy & soft copy of the technical proposal.**

Bench Mark scoring point:

Step 1: To be potential candidate to conduct the assessment, the bidder must score at least 50% in technical proposal (out of 80%).

Step 2: During technical proposal evaluation of 60% of technical score, Top Three or Five will be selected for further screening through oral presentation. The overall scoring should consider the technical proposal, the financial proposal, and oral presentation.

Step 3: Financial proposal will be reviewed and scored out of 20% of Top three or five scored at least 50% in technical proposal and the combine comparative statement will be conducted for only top three or five top scorer. Finally, Save the Children will award the endline evaluation survey with highest scorer consulting firm.

Final rating:

Content	Score
Technical proposal	80%
Financial Proposal	20%
Total	100%

General terms and conditions:

- SCI reserves right to accept or reject any proposal. The participating individuals/firms will be informed about the status of their proposal(s) via email once scrutiny is completed;
- All data and reports and documents prepared during the study will be treated as the property of SCI;

- Reports/documents or any part, therefore, cannot be sold, used, or reproduced in any manner without prior written approval of SCI; and
- SCI reserves the right to monitor the quality and progress of the work conducted by the agency/consultant during the study.

Deliverables:

- A complete endline evaluation report (including power point presentation, two pages briefer) incorporating quantitative and qualitative information.
- Hard Copy questionnaire, transcripts, recordings and soft copies of the dataset using SPSS. The procedure for destroying these after the study is completed will be managed by Save the Children.

Ethical consideration:

- The study will make clear to all participating stakeholders that they are under no obligation to participate in the survey. All participants will be assured that there will be no negative consequences if they choose not to participate. Study will obtain informed written consent from adults and oral assent from minors. The study team will have to receive prior permission for making and use of visual still/moving images for specific purposes.

Authority:

- A draft and final report including the raw data should be submitted to Save the Children in Bangladesh in both hard and soft copy. The ownership of the report for publication rests with Save the Children in Bangladesh. All the data and reports including the findings and recommendations will remain the property of Save the Children in Bangladesh and must not be published or shared with a third party.

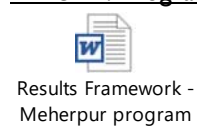
Reporting To:

Hosnara Khondker, Program Director, Shishuder Jonno Program, SCI, Dhaka
 Closely liaise with Binoy Kumar Deb Nath, Senior Manager-MEAL, Shishuder Jonno Program, SCI, Dhaka.
 Cell no: 01712-231349.

Annex-1: IPMM Indicators (Key Indicators)



Annex-2: Program Results Framework



Annex-3: Map of Meherpur District

MAP OF
MEHERPUR DISTRICT
KHULNA DIVISION

