

Terms of Reference for Research and Evaluation

Inclusive Care and Protection for children affected/infected by AIDS and children with disabilities (ICP)

March 2021

1. PROJECT SUMMARY

Type of evaluation	Final Evaluation
Name of the project	Inclusive Care and Protection for children affected/infected by AIDS and children with disabilities (ICP)
Project Start and End dates	August 2017-July 2021
Project duration	4 years
Project locations:	Dhaka, Chattogram and Sylhet
Thematic areas	Child Protection
Sub themes	Appropriate Care
Donor	Department of Foreign Affairs and Trade and Save the Children Australia
Estimated beneficiaries	17,238 (5480 children and 11,758 parent/caregivers)

Location	DIRECT BENEFICIARIES				
	Children				Adult
	Children in the community	CABA	CWDs	Total (children)	
Dhaka	1,966	530	600	3,096	5,113
Chittagong	818	270	200	1,288	3,404
Sylhet	696	100	300	1,096	3,241
Total	3,480	900	1100	5,480	11,758

Overall objective of the project All girls and boys particularly children with disabilities (CWDs) and children affected by AIDS (CABA) in 20 targeted communities live free from all forms of violence and are better protected through strengthened local community systems and family care

2. INTRODUCTION

This document provides Terms of Reference for Inclusive Care and Protection for children affected/infected by AIDS and children with disabilities (ICP).

Save the Children has been working in the areas of care and protection and empowerment of extremely vulnerable groups of children in Dhaka, Chattogram and Sylhet. To address the needs of the children, the organisation is implementing a project that focuses on protection interventions and ensures that all children realize their rights and protection in a non-discriminatory environment. This project titled “Inclusive Care and Protection for children affected/infected by AIDS and children with disabilities (ICP)” is implemented by the Child Protection Sector of Save the Children in Bangladesh, in partnership with Bangladesh Protibondhi Foundation (BPF), Mukto Akash Bangladesh (MAB) and Center for Services and Information on Disabilities (CSID). Funded by the Department of Foreign Affairs and Trade (DFAT) with the technical support of Save the Children Australia, the project was initiated in August 2017 and will end in July 2021. The overall goal of this project is that ‘All girls and boys particularly children with disabilities (CWDs) and children affected by AIDS (CABA) in 20 targeted communities live free from all forms of violence and are better protected through strengthened local community systems and family care’. The total direct beneficiaries of this project are approximately 17,238 individuals (5,480 children and 11,758 parent/caregivers).

3. PROJECT BACKGROUND

Save the Children has been working in Bangladesh since 1970 promoting the rights of children and adolescents to education, to health and to a life without violence. Save the Children is also committed to reducing children’s and their care givers’ vulnerability to humanitarian crisis, ensuring their right to survival and development. Today it reaches over 15 million people each year in Bangladesh. With a staff of over 800 and a network of more than 100 partners, Save the Children is one of the largest child rights organisations in Bangladesh.

In Bangladesh, there are over 70 million children under the age of 18 years¹, which translates to 45% of the country’s population. Out of which, a large number do not have access to proper nutrition, education, health services and are at high risk of violence, abuse, exploitation, and neglect. Children with disabilities (CWDs) are almost four times more vulnerable to all forms of violence, abuse, neglect, and exploitation than non-disabled children. There is lack of reliable data on the number of CWDs in Bangladesh; the data from government and NGO sources do not match. The national censuses between 1981 and 2011 (conducted by BBS) reported the prevalence of disability from 0.47% to 1.18%. However, the Household Income and Expenditure Survey-2010 reports the prevalence of disability to be 9.63%. On the other hand, according to WHO, at least 15% of a given society struggle with different types of disabilities². If we apply the prevalence rate of WHO report then we can estimate a total of 7-10 million CWDs in Bangladesh considering the total population. This group of children is often reported as a burden to their family; they are subject to violence, neglect, and abuse, including high levels of stigma and discrimination. They are institutionalized at a significantly higher rate than other children—often in institutions without standards for quality of care. This results in CWDs being pushed out of protective structures, left with a feeling of disempowerment and lack of self-confidence. Moreover, there is limited awareness and skills among

¹ Household Income and Expenditure Survey 2010, Bureau of Statistics or BBS

² World Report on Disability, 2012

caregivers and professionals about the vulnerabilities of CWDs, few targeted programmes and limited research focusing on this specific group of children.

According to the research titled “The vulnerabilities of children with disabilities who are living in the slum and street” (*Save the Children in Bangladesh, 2016*), most of the CWDs (57.4%) responded that they are harassed or abused by their siblings, while a significant portion of the children (55%) expressed that they are harassed or abused by their parents. In most cases, the children with speech, hearing, vision, autism, and other disabilities cannot learn from their teachers, as the inclusive teaching techniques are not being applied. If the CWDs fail to prepare their lessons, they become the victims of physical and mental torture, such as physical abuse, scolding, and even expulsion from school.

Children Affected by AIDS (CABA) is one of the most-at-risk and vulnerable groups of children in Bangladesh. According to “*Comprehensive Mapping of Children affected/Infected by HIV and AIDS in Bangladesh*” (*Unicef, 2013*), the total number of CABA is estimated to be 2389. The objective of the mapping was to explore the geographical spread of children infected and affected by HIV/AIDS in Bangladesh.

These children are largely stigmatized within their communities and are denied basic rights, services, and protection; many are not receiving appropriate care from their parents or extended families due to poverty and lack of information and access to services. Various factors directly contribute to their vulnerability and marginalization, including lack of education, inaccessibility to basic services, safe housing, etc. As a result, they suffer from malnutrition and various health problems (physical and mental). They also face gender-based violence and abuse, as human trafficking is a common phenomenon when they enter adolescence stage. (*Assessment on specific care & protection needs and community attitudes towards children of sex workers and children infected/affected by HIV and AIDS in Bangladesh, Save the Children, 2013*). Given the varying expectations, roles, and responsibilities due to gender norms, girls and boys are at risk of different forms of violence. The protection of girls and boys from violence, exploitation and abuse is an integral component of this project and it addresses gender-specific needs, choices, skills, knowledge, and coping strategies of targeted children including CABA and CWDs.

Stigma and discrimination are associated with CABA. This often leads to social exclusion, isolation and negatively impacts a child’s access to basic and protective services in the community. Studies have shown that orphaned children and those with HIV/AIDS infected parents have lower rates of school attendance and reduced access to health care because caregivers find it more difficult to provide health, education and material needs of all the children in their household (*Vulnerability Assessment, Save the Children, 2015*).

The project has the following three strategic outcomes.

Outcome 1: Targeted girls and boys including CWDs and CABA in chosen communities are better protected through improved family care and aware of local child protection response mechanisms.

Outcome 2: CWDs and CABA are accepted and better protected by community members with reduced prevalence of stigma, violence, and discrimination.

Outcome 3: Strengthened national and local level government systems, authorities and committees engaged collaboratively to respond and intervene to improve the gender-equal protection, care and welfare of girls and boys at risk including CWDs and CABA.

4. SCOPE OF EVALUATION

4.1 Purpose and key questions

The ICP project has already passed its three and half years of implementation and progressing towards ending. As per the MEAL plan, Save the Children intends to conduct an external final evaluation aligned with SCI standards and ANCP requirements to explore whether the project has progressed in right direction, and met the needs of the children. It will create an opportunity to identify area of improvements for future programming and gather lessons learnt.

This evaluation will build upon the baseline study previously conducted.

The specific objectives of this evaluation are:

- To assess the relevance, effectiveness, and efficiency of the project intervention
- To measure the progress of outcome indicators against the baseline
- To assess the impact and identify how the project is progressing towards sustainability
- To obtain recommendations and areas of improvements

The evaluation team is expected to complete a full evaluation against the DAC Principles for the Evaluation of Development Assistance that meets the DFAT Office of Development Effectiveness standards for good practice evaluation products.

4.2 Scope

The evaluation will cover the project period August 2017 – April 2021 in the three project areas (Dhaka, Sylhet and Chattogram) of Bangladesh.

This evaluation will collect final values for all indicators of Annex 1 and data to respond to the evaluation questions with project participants using both quantitative and qualitative tools. Progress of output indicators from project monitoring record will be supplied to the consultant by the project team as a data source. The consultant will develop a data collection plan to collect data for outcome and goal indicators. The response to the indicators can be entered into the MEAL plan indicator matrix; the response to the research questions mentioned above as objectives under 4.1 are to be supplied as a narrative report.

It is envisaged that individual surveys, key informant interviews, and focus groups will be conducted to collect data. The survey will be conducted in 8 – 12 locations across the three geographical areas with various community groups including girls, boys, parents, local government officials and people with disabilities. Key informant interviews and focus group discussions will be held in 3 districts. The study period is 90 working days from signing the contract.

4.3 Stakeholders/audiences

The key stakeholders/audiences for this evaluation are:

Stakeholder	Further information
Project donor	Department of Foreign Affairs and Trade and Save the Children Australia
Primary implementing organisation	Save the Children ICP team; MEAL team, Program Development, Quality Improvement team;

Stakeholder	Further information
Implementing partners	Bangladesh Protibondhi Foundation (BPF), Mukto Akash Bangladesh (MAB) and Center for Services and Information on Disabilities (CSID)
Government stakeholders	Department of Social Services (DSS)
Community groups	Child Club, Parents Group, Community Based Child Protection Committee
Beneficiaries	Children and adults involved in the project and the evaluation
International development/humanitarian research community	None

4.4 Secondary Questions (OECD, DAC Criteria)

OECD DAC Criteria

Criteria	Secondary Questions
<i>Formative evaluations</i>	
Relevance	<ul style="list-style-type: none"> ▪ To what extent has the project design met the needs and priorities of girls, boys, men, women, Children with Disabilities (CWDs) and Children affected by AIDS (CABA)? ▪ To what extent is the project focused on the key rights violations that are affecting the day-to-day life of CWDs and CABA? ▪ To what extent did the community contribute to project identification, design, implementation, and monitoring & evaluation? ▪ How have children participated in design, implementation, and monitoring & evaluation? ▪ How have people with a disability or DPOs participated in design, implementation, and monitoring & evaluation? ▪ In delivering project outcomes, how has the project worked to identify and address barriers to child participation, inclusion, and service utilization? ▪ To what extent has Save the Children integrated broader gender concerns and child safeguarding issues into the design and implementation of its interventions?
<i>Outcome evaluations</i>	
Effectiveness	<ul style="list-style-type: none"> ▪ To what extent has the project been effectively achieving its goal and objectives? ▪ To what extent have the project outcomes specifically relating to reduced prevalence of stigma, violence, and discrimination against children, been achieved? ▪ How effectively has the project reached the most vulnerable and marginalized girls, boys, and children with disabilities in the targeted locations?

Criteria	Secondary Questions
	<ul style="list-style-type: none"> ▪ How can inclusion methods and resources be improved to increase reach to younger children with a disability (younger than 12) and children with a neurological disability? ▪ How have the program management, and monitoring and evaluation contributed to the effectiveness of the project? ▪ How effectively and appropriately have we worked with government, partners and local communities and involved them in relevant stages of the project? ▪ To what extent have the partnerships with the three civil society organisations been effective in enabling this project to achieve its outcomes?
Impact	<ul style="list-style-type: none"> ▪ What changes in practices, knowledge, perceptions in relation to stigma and discrimination have been observed in community members (including parents, community leaders and community officials) and service providers? How are these linked to the project activities? ▪ What has been the change in the 'lived experience' of CWDs and CABA as a result of this project? ▪ To what extent are CWDs and CABA able to secure their rights as outlined in the UN CRC and UN CRPD?
Sustainability	<ul style="list-style-type: none"> ▪ Are the changes made by the project in lives of children and their caregivers likely to be sustained? What enabling factors or barriers would contribute to this? ▪ Are the relevant stakeholders committed and capacitated enough to maintain the changes made by the project? ▪ What further capacity strengthening in government offices or NGO partners would contribute to sustainability? ▪ How are the strategies and approaches adopted by the project strengthening the overall government child protection system and mechanism at different levels?
Efficiency	<ul style="list-style-type: none"> ▪ How efficiently have human, financial, administrative and time resources been used in reducing the vulnerabilities of target population? ▪ Do project staff, stakeholders or beneficiaries have suggestions of any alternate approaches that could improve efficiencies in delivery? ▪ Have the targets of the project been achieved on time?

In addition with the above questions based on DAC criteria, following specific questions should also be considered for summative evaluations:

Criteria	Secondary Questions
Inclusion	<ul style="list-style-type: none"> ▪ Did children with disability benefit from this project in the same way as children without disability? If so, how? If not, why?

Criteria	Secondary Questions
	<ul style="list-style-type: none"> ▪ Was the experience different depending on the type of disability? ▪ How did other factors such as age, gender and ethnicity affect whether the child did or did not benefit from this project? ▪ Has this project made a positive impact towards children with a disability claiming their rights?
Child participation	<ul style="list-style-type: none"> ▪ How were children meaningfully involved in the project?
Child safe programming	<ul style="list-style-type: none"> ▪ How has child safety been integrated into the project design and implementation of activities? What aspects of the project make children feel safe?
Accountability	<ul style="list-style-type: none"> ▪ How has the project approached accountability to children?

5. EVALUATION METHODOLOGY

5.1 Research design and sampling

This study aims to use mixed method design that integrates qualitative and quantitative method and tools. Data will be collected from both primary and secondary sources. Secondary sources include relevant studies, baseline report, relevant project documents, beneficiary profile, MEAL plan, Theory of Change, and project Management Information System (MIS). Save the Children Bangladesh will share the documents to the consultant.

The quantitative data will be collected from a sample of direct beneficiaries of the project. (Details of project beneficiaries is mentioned in the project summary section). Children with disabilities, Children affected by AIDS and community children and parents/caregivers in the three geographic locations will be surveyed using a semi-structured questionnaire and other child-friendly data collection methods. Appropriate survey tools for children should be designed in an appropriate format by the consultant, using the baseline tools as their template. The consultant will be responsible for developing the proposed survey plan and sampling methodology, and recruiting and training the enumerators required to conduct the survey. The financial proposal should include payments to enumerators.

Key informant interviews (KII) with key stakeholders, including children, Focus Group Discussions (FGDs), In-depth interviews, case studies will be applied to provide context and meaning to the quantitative data.

All the tools will be field-tested prior to data collection. The consultant must translate tools to Bangla prior to use and the translations will also be quality-tested within the SC Bangladesh office.

Quantitative data will be collected through ODK/KoBo using android-based tablets.

Data cleaning and translation of narrative answers from Bangla to English will be conducted by ...

The consultant will be responsible for leading the data analysis to answer all the identified indicators including outcome/goal level indicators in the log frame. Descriptive statistical analysis should be used to analyze quantitative data. Advanced statistical techniques may be used as required.

Qualitative tools: Non-probability sampling techniques will be employed for collection of qualitative data only from the targeted project locations.

Focus Group Discussion (FGD), Key Informant Interview (KII), In depth Interview (IDI) tools also will be used for collection of qualitative data. All data collection tools will be designed through a peer review process: tools will be developed collaboratively, between Save the Children and the consultant, and finalized with the consultation of all relevant stakeholders including children. All the tools will be field-tested prior to use

in data collection. The consultant must translate tools to Bangla prior to use and the translations will also be quality-tested within the SC Bangladesh office.

Secondary data will be used to triangulate primary information collected during the qualitative process. A range of project documentation will be made available to the Evaluation team that provides information about the design, implementation, and operation of the project.

5.2 Data

All primary data collected during the evaluation must enable disaggregation by gender, age, disability, location, and project logframe indicator.

Protection measures (including use of access passwords for data files, separation of identifying information from responses, and secure storage of hardcopy records) must be in place to protect the privacy of all respondents.

All raw data remains the property of Save the Children Bangladesh. Full and complete files of raw data must be provided to Save the Children Bangladesh at the completion of the evaluation.

5.3 Ethical considerations

The Evaluation team is required to adhere to the Save the Children Child Safeguarding, Data protection and Privacy policies throughout all project activities. It is expected that this evaluation will be:

- **Child participatory:** Children should be meaningfully involved in the evaluation as a holistic process and not only as informants.
- **Inclusive:** Ensure that children and adults from different ethnic, social, and religious backgrounds have the chance to participate, as well as children and adults with disabilities and children and adults who may be excluded or discriminated against in their community.
- **Ethical:** The evaluation must be guided by the following ethical considerations:

Child safeguarding – demonstrating the highest standards of behaviour towards children. Questions and communication with children will maintain ethical and safeguarding considerations to avoid any emotional distress. All data collection tools will be assessed by SC Bangladesh CP staff to identify any risks and develop risk minimization strategies, and enumerators, interviewers and facilitators will be trained in identifying and responding to emotional distress signals. During data collection if any suspicious or allegation of abuse identified which was not reported earlier, we must follow SCI reporting procedure to get help for the child and do no harm in the process.

- Sensitive – to child rights, gender, inclusion, and cultural contexts.
- Openness – of information given, to the highest possible degree to all involved parties.
- Confidentiality and data protection – measures will be put in place to protect the identity of all participants and any other information that may put them or others at risk.
- Public access – to the results when there are not special considerations against this.
- Broad participation – the relevant parties should be involved where possible.
- Reliability and independence – the evaluation should be conducted so that findings and conclusions are correct and trustworthy.

- **Voluntary:** Participants in the evaluation have the right to refuse to participate, with no disadvantage to themselves. The study must make clear to all participating stakeholders that they are under no obligation to participate in the study. All participants will be assured that there will be no negative consequences if they choose not to participate. The study team will have to receive prior permission for taking and use of visual still/moving images for specific purposes and informed consent for participation in the study. The study will assure the participants' anonymity and confidentiality and will ensure the visual and narrative data is protected and used for agreed purpose only.

It is expected that:

- Data collection methods will be age and gender appropriate.
- The process of data collection will be sensitive to the different communication methods of children with disability and wherever possible ensure that responses are elicited from children themselves as opposed to a third party.
- Evaluation activities will provide a safe, creative space where children feel that their thoughts and ideas are important.
- A risk assessment will be conducted that includes any risks related to children or young people's participation.
- Informed consent will be used .
- The evaluation team will include:
 - a. A person with the lived experience of disability;
 - b. A balance of male and female representatives.

6. EXPECTED DELIVERABLES

The evaluation deliverables and due dates are outlined below. The Evaluation team lead will advise SC Evaluation Project Manager immediately of any risks or issues that may impact on their ability to provide the deliverables by these due dates.

Deliverables and Due Dates

Deliverable	Due Date
The Evaluation Team is contracted and commences work	15 th April 2021
<p>The Evaluation Team will develop and share the Inception report. For developing this report, the Evaluation team will facilitate a workshop with the relevant stakeholders at the commencement of the project. The inception report will include:</p> <ul style="list-style-type: none"> ▪ Evaluation objectives and key evaluation questions ▪ description of the methodology, data sources, draft data collection tools (preferably against the key evaluation questions) and sampling considerations ▪ caveats and limitations of evaluation ▪ key deliverables, milestones, and timelines ▪ risk and issue management plan ▪ a stakeholder communication and engagement plan 	16 th - 25 th April 2021

Deliverable	Due Date
<ul style="list-style-type: none"> ▪ consultation protocols for consulting with children and other vulnerable groups (if applicable) ▪ logistical or other support required from Save the Children <p>Once the report is finalised and accepted, the evaluator/evaluation team must submit a request for any change in strategy or approach to the evaluation manager or the steering committee.</p>	
<p>Ethics submission (if applicable): Should approval from a Human Research Ethics Committee be required, an ethics submission should include:</p> <ul style="list-style-type: none"> ▪ study protocols (participant recruitment, data security and storage, consent, confidentiality, etc.) ▪ considerations for consulting with children and other vulnerable groups (if applicable) ▪ participant information statement and consent forms 	26 th April - 10 th May 2021
<p>A concise 1-page Progress Report is to be submitted every week documenting progress against the evaluation plan including:</p> <ul style="list-style-type: none"> ▪ progress over the last period ▪ risks and issues management report ▪ key scheduled activities and deliverables for the next period 	Every week
<p>Data collection</p> <ul style="list-style-type: none"> ▪ 	10 th - 30 th May 2021
<p>An Interim Report* including a summary of formative findings from the evaluation. The focus will be on:</p> <ul style="list-style-type: none"> ▪ Summary of interim findings ▪ Any emerging program issues or risks (if applicable) ▪ Key tasks for the next stage of the evaluation and any proposed refinements or changes to methodology (if applicable) 	31 May 15 th June 2021
<p>An Evaluation Report* (Draft Version) including the following elements:</p> <ul style="list-style-type: none"> ▪ Executive summary ▪ Background description of the Program and context relevant to the evaluation ▪ Scope and focus of the evaluation ▪ Overview of the evaluation methodology and data collection methods, including an evaluation matrix ▪ Findings aligned to each of the key evaluation questions ▪ Specific caveats or methodological limitations of the evaluation ▪ Conclusions outlining implications of the findings or learnings ▪ Recommendations ▪ Annexes (Project logframe, Evaluation TOR, Inception Report, Study schedule, List of people involved) <p>A consolidated set of feedback from key stakeholders will be provided by Save The Children within one weeks of the submission of the draft report.</p>	16 th - 20 th June 2021
<p>Share Data and analyses including all raw data, databases and analysis outputs</p>	20 th June 2021
<p>Knowledge translation materials:</p> <ul style="list-style-type: none"> ▪ PowerPoint presentation of evaluation findings 	20 th June 2021

Deliverable	Due Date
Evidence to Action Brief**	
Final Evaluation Report* incorporating feedback from consultation on the Draft Evaluation Report	25 th June 2021
▪	

*All reports are to use the Save the Children Evaluation report template. Please also refer to Save the Children technical writing guide.

** The Evidence to Action Brief is a 2-4 pages summary of the full report and will be created using the Save the Children Evidence to Action Brief template.

All documents are to be produced in MS Word format and provided electronically by email to the SC Evaluation Project Manager. Copies of all PowerPoint presentations used to facilitate briefings for the project should also be provided to Save the Children in editable digital format.

7. REPORTING AND EVALUATION MANAGEMENT

The Evaluation team lead is to provide reporting against the project plan. The following regular reporting and quality review processes will also be used:

- Verbal reporting each week to the Save the children Evaluation Project Manager by outlining progress made over the past month.
- A written Progress Report (1-page) by email to the Save the Children Evaluation Project Manager every fortnight, documenting progress, any emerging issues to be resolved and planned activities for the next month.

The Evaluation team will also attend a regular Evaluation Working Group (EWG) meeting. The EWG will meet every fortnight.

The Sector Director, Child Rights Governance and Child Protection will be accountable for approving the Final Evaluation Report.

Evaluation Timeline, with key deliverables in bold

What	Who is responsible	By when	Who else is involved
Evaluation tender submissions due	SCI HR	30 th March	E&L
Tender review and selection of evaluation team	SC tender review panel	15 th April	SCI HR
Documentation review, desk research	Evaluation team	25 th April	Evaluation Working Group (EWG)
Consultation	Evaluation team	25 th April	Evaluation Working Group (EWG)

What	Who is responsible	By when	Who else is involved
Inception report	Evaluation team	25 th April	Evaluation Working Group (EWG)
Development of Data collection tools	Evaluation team	25 th April	Evaluation Working Group, Technical advisor
Ethics submission and approval	Evaluation team and SCI	10 th May	SC Evaluation Project Manager
Logistical arrangements	Evaluation team	10 th May	SC Logistical support
Data collection	Evaluation team	30 th May	
Data management and analysis (coding, transcriptions, data cleaning, integration and analysis)	Evaluation team	10 th June	
First draft of the Final evaluation report	Evaluation team	15 th June	
Review of first draft report	SC Evaluation Project Manager	20 th June	Evaluation Working Group
Meeting with evaluators and evaluation team to finalize the report	SC Evaluation Project Manager	20 th June	Evaluation Working Group
Validation of evaluation findings and recommendations	SC Evaluation Project Manager	20 th June	SC MEAL staff, Technical advisor
Final evaluation report and submission of data and analyses	Evaluation team	25 th June	
Knowledge translation materials	Evaluation team	25 th June	
Project team meeting to develop Evaluation Response Plan	SC Evaluation Project Manager	25 th June	SC Project Manager, Technical advisor
Evaluation final report (together with response plan) posted on OneNet and reviewed	SC Evaluation Project Manager	30 th June	SC Peer reviewers

8. EVALUATION TEAM

To be considered, the Evaluation team members together must have demonstrated skills, expertise, and experience in:

- Designing and conducting final evaluations using mixed method design;

- Conducting research and/or evaluation in the field of Child Protection particularly in relation to appropriate care;
- Leading socio-economic research, evaluations or consultancy work in Bangladesh that is sensitive to the local context and culture, particularly child rights, gender equality, Children with disability, Children affected by AIDS and/or other factors;
- Effectively leading recruitment and management of diverse teams of enumerators and research staff
- Conducting ethical and inclusive research and/or evaluation involving children and child participatory techniques, and marginalised, deprived and/or vulnerable groups in culturally appropriate and sensitive ways;
- Managing and coordinating a range of government, non-government, community groups and academic stakeholders;
- Sound and proven experience in conducting evaluations based on OECD-DAC evaluation criteria, particularly utilisation and learning focused evaluations;
- Extensive experience of theories of change and how they can be used to carry out evaluations;
- Report writing and presentation skills in English.

There is a high expectation that:

- Members (or a proportion) of the evaluation team have a track record of working together.
- A team leader will be appointed who has the seniority and experience in leading complex evaluation projects, and who has the ability and standing to lead a team toward a common goal.
- The team has the ability to commit to the terms of the project and have adequate and available skilled resources to dedicate to this evaluation over the period.
- The team has a strong track record of working flexibly to accommodate changes as the project is implemented.
- the team has prior experience in collecting and analyzing qualitative and quantitative data related to disability. Ask them to provide you with a past evaluation report as an example.
- The consultant should be able to tell you what types of tools they have used to collect disability data – both qualitative and quantitative data collection tools
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9. TECHNICAL EVALUATION CRITERIA

The organization will assign a committee composed of management and technical team to evaluate the proposals submitted by consulting firms. **One representative must be from the Central PDQ MEAL team.** The selection committee will evaluate the bidders based on the criteria set below. The consulting 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 set criteria.

Need to mention the technical evaluation criteria. It can vary but the standard practice is:

Criteria	Total Score	Score Breakdown
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1. Technical Proposal (Desk Review)	70	
1.1. Appropriateness of the study design and elaboration for choosing the specified study design		15
1.2. Sampling strategy, data collection methods (including the data collection tools), and data quality assurance plan		20
1.3. Required expertise (skills) and experience of the personnel of consulting firm/firm to conduct the study. Testimonials will be considered while evaluating the firm.		20
1.4. Roles and responsibilities assigned in undertaking and managing the study		5
1.5. Capability of the consulting firm/firm (management, technical and financial capacity)		10
2. Oral presentation	10	
3. Financial Proposal	20	
Total (1+2+3)	100	

Benchmark scoring point:

Step 1: To be potential candidate to conduct the assessment, the bidder must score at least 70% in technical proposal (out of 70).

Step 2: Top Three 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 scored at least 50% in technical proposal and the combine comparative statement will be conducted for only top three or five top scorer.

Step 4: Finally, Save the Children will award the Evaluation with highest scorer consulting firm.

Payment Instalment

First installment 30% of total contract will be paid after submission of inception report and finalization of tools, second installment 20% of total contract will be paid after completing of data collection and rest 50% will be paid after final submission of all deliverables as per mentioned in ToR and getting clearance from the Hiring Manager.

10. ANNEXES

Annex 1: Project Logframe

Annex 2: SCI Evaluation Report Scoring

Annex 3: SCI Child safeguarding policy

TOR prepared by:	
TOR endorsed by:	
TOR approved by:	
Date of sign off:	

SELECTION CRITERIA GUIDANCE

Essential criteria

Understanding of requirements and proposal

- 1) Demonstrate your understanding of the study requirements and provide your proposal for how you would approach the research/evaluation. Your proposal will be assessed on whether the approach and methodology are robust, appropriate (actionable, sensitive, responsible) and indicates that it will achieve the study requirements.
- 2) Demonstrate your understanding of the deliverables and activities to be implemented, by:
 - a) Describing your proposed approach to project management and track record of delivering on time and on budget.
 - b) Providing a project plan with indicative timeline and defined roles and responsibilities of team members.

Capability criteria

Demonstrated Experience

- 3) Demonstrate your experience and track record in conducting large scale:
 - a. evaluation using mixed-methods (qualitative and quantitative data collection and analysis)
 - b. impact/outcome evaluation using mixed-methods (qualitative and quantitative data collection and analysis)
- 4) Demonstrate your experience and track record in conducting research and/or evaluation in the field of Child protection, particularly in relation to appropriate care.
- 5) Demonstrate your experience and track record of leading socio-economic research, evaluations or consultancy work in Bangladesh that is sensitive to the local context and culture, particularly child rights, gender equality, CWD, CABA and/or other factors.
- 6) Demonstrate your experience and track record in conducting ethical, inclusive and participatory research and/or evaluations involving a) children and b) marginalised, deprived and/or vulnerable groups

Bidder capacity

- 7) Describe the Project lead's coordination experience in leading consultancy work, research and/or evaluations of similar scale, and managing a team of diverse team of specialists.
- 8) Nominate the key personnel and resource pool who will perform the work in relation to this contract. Your response will be assessed on whether the skills and experience of key personnel adequately covers all areas of expertise and experience required, and your combined team resources (number of members) as required to implement the activities within the set timeframe. Please indicate the 'personnel type' for each key personnel using the types outlined in the table below for the next question.

Financial criteria

This personnel profile, schedule of rates and cost elements will be used for the purposes of assessing cost effectiveness, as well as managing and negotiating the agreed cost of deliverables, or agreed scope variations if required.

Personnel allocations

- 9) Use and adapt the table below to outline how much time has been allocated for the proposed team members to complete the required activities and deliverables. Indicate the type and number of personnel allocated, for example 1x5 days (one individual for 12 days = 12 days) or 3x10 days (three individuals for 10 days each = 30 days).

Activity/ Deliverable	[Project personnel]	[Project personnel]	[Project personnel]	[Project personnel]	[Add columns as needed]
Stage 1					
Sub Total					
Stage 2					
Sub Total					
Stage 3					
Sub Total					
TOTAL (All Stages)					

Personnel Rates

- 10) Please detail the daily rates for key categories of project personnel in the schedule below.

	Expected number of days	Daily Rate	Taxes	TOTAL
[Project personnel]				
[Project personnel]				
[Project personnel]				

[Project personnel]				
[Add rows as needed]				
TOTAL				

Cost elements

11) Please specify all non-personnel related cost-elements that are budgeted for in this proposal.

Element	Budget allocated	Taxes	TOTAL
Inputs (please specify)			
Outputs (please specify)			
Travel (please specify)			
Support costs (please specify)			
Other disbursements (please specify)			