



Annexure 3

Terms of Reference

Conduct Mid Term Evaluation of SHOMOTA Project

Strengthening Gender Equality and Social Inclusion in WASH in Bangladesh

Date: February 14, 2021

**World Vision Bangladesh
and
World Vision Australia**

I. Project Details

Project Name	Strengthening Gender Equality and Social inclusion in WASH in Bangladesh.
Project Number	B210123
Country and district(s)	Bangladesh (Jamalpur, Satkhira and Gaibandha District)
Start and End date of Project	:Start Date: July 2018, End Date: December 2022
Date Midline data completed	: - - - - - 2021
Source of funding:	:Department of Foreign Affairs and Trade (DFAT) under Water for Women Fund

Total Beneficiaries

Community	184,006
Primary school student	34461
Secondary school student	15661
Student in Special School	372
Total	234,500

(Note: Desegregation has given below section)

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Terms of Reference Approval:



Prepared by:	Shailjananda Ray, M&E Coordinator, SHOMOTA, WVB	
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Date Submitted:	-----2021	
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Approved at National/Country Office by:	Chandan Z Gomes, Senior Director- Operations and Program Quality, World Vision Bangladesh (WVB).	Date Approved: - - - - -2021
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Approved at WV Australia by:	Shiv Nair, Programme Manager, WfW, World Vision Australia (WVA)	Date Approved: - - - - - 2021
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i. Affirmation

Except as acknowledged by the references in this paper to other authors and publications, the evaluation TOR described herein consists of our own work, undertaken to describe and advance learning that will guide project implementation, as part of the requirements of World Vision’s ‘LEAP’ Design, Monitoring and Evaluation Learning System. Evaluative approaches conform to BOND evidence principles, and DFAT’s monitoring and evaluation standards¹.

Proshanto Ranjan Sharma Roy
Project Manager - SHOMOTA
World Vision Bangladesh
9th March 2021

ii. Glossary

AP	Area Programme
CBM	CBM Australia and CBM Bangladesh
CBO	Community Based Organization
CDD	Center for Disability and Development
CSO	Civil Society Organization
DME	Design Monitoring and Evaluation
DPE	Department of Primary Education
DPHE	Department of Public Health Engineering
DPO/OPD	Disabled People Organization / Organization of Persons with Disabilities
DRR	Disaster Risk Reduction
DRRA	Disabled Rehabilitation and Research Association
FGD	Focus Group Discussion
GESI	Gender Equality and Social Inclusion
GO	Government Organization
GoB	Government of Bangladesh
HH	Household
KII	Key Informants Interview
LGD	Local Government Division
LGED	Local Government Engineering Department
LGI	Local Government Institute
MDG	Millennium Development Goal
MHM	Menstrual Hygiene Management
MoE	Ministry of Education
M&E	Monitoring and Evaluation
NGO	Non-Government Organization
NO	National Office
SDG	Sustainable Development Goal
SHG	Self-help Group
SMC	School Management Committee
SPSS	Statistical Package for Social Science
SWOT	Strength Weakness Opportunity Threat
ToR	Terms of Reference
WASH	Water Sanitation and Hygiene
WHO	World Health Organization
WVB	World Vision Bangladesh
WVA	World Vision Australia

¹ DFAT Monitoring & Evaluation Standards: <http://dfat.gov.au/about-us/publications/Pages/dfat-monitoring-and-evaluation-standards.aspx>

2. Project Background

World Vision Bangladesh (WVB), a Christian humanitarian organization is dedicated to the wellbeing of children, especially the most vulnerable children, their families and communities. It is committed to serve and partner with people in need regardless of religion, ethnicity, gender and ability. The organization is working for fulfilling its objective 'Building a better life for girls and boys in Bangladesh' with the Vision that is "Our vision for every child, life in all its fullness; our prayer for every heart, the will to make it so". For achieving its current objective WVB laid emphasis on 4 major strategic objectives:

- Increase in children who have positive and peaceful relationships in their families and communities
- Increase in Girls and Boys protected from violence
- Increase in children who are well-nourished (ages 0-5)
- Increase in primary school children who can read

During the MDG period, Bangladesh made significant gains in increasing water and sanitation coverage. However, there are still communities including those in areas that are hard to reach due to geographical location, and marginalized populations, which include minority groups, women, elderly, SGM and persons with disabilities who are unable to access WASH services that meet the national standard. Compared to the MDGs, the SDGs shift from increasing basic access to improving service delivery of WASH to ensure equitable access. Bangladesh has a number of policies and strategies guiding the water, sanitation and hygiene sector. Key policies include: The National Sanitation Strategy 2005, National Water Management Plan 2004, The Pro Poor Strategy for Water and Sanitation 2005, The Sector Development Plan 2011-2025, The National Strategy for Water and Sanitation in Hard to Reach Areas, The National Hygiene Promotion Strategy for Water Supply and Sanitation Sector in Bangladesh 2012, The National Cost Sharing Strategy for Water Supply and Sanitation in Bangladesh 2012, and National Strategy for Water Supply and Sanitation 2014.

The statutory responsibility for the water, sanitation and hygiene sector is diversified across multiple agencies – leading to some ambiguity around roles and responsibilities, with little sense of ownership or accountability. The principle responsibility is vested in the Ministry of Local Government, Rural Development & Cooperatives (MoLGRD&C). Within this Ministry, the Local Government Division (LGD) shares the responsibility of policy decisions, sectoral allocation and funding with the Planning Commission and Ministry of Finance. The LGD is also responsible for the administrative control of Department of Public Health Engineering (DPHE), Local Government Engineering Department (LGED) and Local Government Institutions (LGI)¹. Discussions with UNICEF, Upazila and Union officials highlighted that in many rural contexts local governments lack the capacity and/or resources, or do not prioritized spending to ensure inclusive WASH interventions. The Ministry of Health and Family Welfare (MoHFW) and Ministry of Education (MoE) play a significant role in WASH activities through Upazila Health and Family Planning Officers, Upazila Education Officers and Union Health and Family Planning Assistants, who are working at community level and members of the respective WASH committees. They are to strengthen their present role in WASH committees for hygiene promotion activities in their jurisdictions. Consultations with communities, local government and DPOs have identified lack of communication and coordination between Union Parishad, Upazilla Parishad and DPHE, no specific budget for hygiene promotion, and lack of planning and monitoring mechanisms of ward and Union WATSAN committees as some of the barriers in ensuring community WASH services. Other barriers that were identified for ensuring inclusive WASH include lack of knowledge, lack of participation of women and men with disabilities in Union Parishad and communities and inadequate budgetary allocation to meet the specific needs of women and people with disabilities.

From the national context in Bangladesh, due to extreme poverty and poor communication networks more than 27% people of Coastal, Wetland, Char, Barind, Hilly and urban slum areas cannot access mainstream services including water and sanitation. National improved sanitation coverage stood at 61%. In absence of appropriate technological options, availability of safe water and sanitation facilities in these areas still remains in a precarious condition and people are severely affected by unsafe water, poor sanitation and unhygienic practices. A number of

¹ Sixth South Asian Conference on Sanitation (SACOSAN-VI) COUNTRY PAPER BANGLADESH accessed at: http://www.sacosanvi.gov.bd/data/frontImages/Bangladesh_Country_Paper.pdf

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good policies and strategies have been developed at national level to address these issues, but implementations of these are not yet satisfactory. Thus, supporting local and national level government to roll out inclusive, gender sensitive hygiene and health promotion programs and campaigns and supporting communities, CSOs and Governments is of significant importance at this stage to change the hygiene practices based on an increased knowledge and understanding of the link between hygiene and health outcomes. Promoting community behaviour change using techniques based on an understanding of relevant cultural and social norms is also a challenge, which the proposed intervention will target. Jamalpur, Gaibandha and Satkhira districts in particular have some of the highest rates of poverty in Bangladesh with all featuring in the districts targeted in the Government of Bangladesh's five-year plan with the goals of providing better health outcomes as well as gender and disability inclusion².

District	Poverty Rate (%)
Kurigram	63.7
Barisal	54.8
Shariatpur	52.6
Jamalpur	51.1
Chandpur	51.0
Mymensingh	50.5
Sherpur	48.4
Gaibandha	48.0
Satkhira	46.3
Rangpur	46.2

Table 1: Highest Rates of Poverty in Bangladesh by District³

The Ministry of Primary and Mass Education is mandated to ensure hygiene education in the primary schools, and the Ministry of Education in secondary schools. The Ministry of Education is also responsible for ensuring suitable WASH facilities, including running water system, are present in schools through Directorate of Primary Education (DPE) at Upazila and district levels⁴. However, it is clear from the assessment of schools in the program areas that these policies are not being fully implemented. There is also no reliable data on the proportion of schools with functional WASH facilities and no comprehensive survey has been conducted on disability accessible WASH facilities in school and access to such facilities is believed to be low⁵. The School Management Committee and Parent Teacher Associations can influence and ensure the proper operation and management of school WASH facilities and monitoring hygiene sessions. However, there is minimal concern displayed by School Management Committees regarding the implementation of national standards. Additionally, it has been highlighted that there are opportunities for mobilising resources through effective linkage between schools and communities through a well-managed SMC⁶.

There has been much progress made in relation to coverage of water and sanitation facilities in Bangladesh but not in hygiene promotion. According to the Bangladesh National Baseline Hygiene Survey 2014, although more than two-thirds of the households had a hand washing facility near the toilet, only 40% had water and soap available. During hand washing demonstrations, only 13% children of three to five years of age and 57% of mothers or female caregivers washed both hands with soap. There is a need to drive improved behaviour change with behaviour change interventions. The Bangladesh National Hygiene Baseline⁷ - survey found that 35% of schools had a hand washing location inside or near the toilet with water and soap and only 28% students washed both hands with soap during hand washing demonstrations. Regarding menstrual hygiene, only 6% of schools provided menstrual

² Government of the Peoples Republic of Bangladesh General Economics Division, 2016, 7th Five Year Plan FY2016-FY2020 Accelerating Growth, Empowering Citizens

³ Ibid

⁴ National Hygiene Promotion Strategy for Water Supply and Sanitation Sector in Bangladesh 2012 accessed at <http://www.psu-wss.org/assets/book/nhps.pdf>

⁵ Situation Analysis on Children with Disabilities in Bangladesh, Unicef 2016

⁶ School WASH Research: A Country Report, Wateraid 2016

⁷ Bangladesh National Hygiene Baseline Survey accessed at https://assets.publishing.service.gov.uk/media/57a08990e5274a31e0000152/Research_Brief_Bangladesh-National-Hygiene-Baseline-Survey_Feb2015.pdf

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hygiene education session for girls and as many as 40% of girls who were surveyed reported that they missed school during menstruation. The majority of girls reported using old cloths, but only 12% of girls in schools washed the clothes appropriately. The assessment during the project design and inception phase supported these national findings in the local project context. The cultural and social taboo surrounding menstruation along with lack of proper facilities for girls in school result in most girls missing some days of school during menstruation. The assessments also revealed that the majority of girls use old cloths during menstruation and due to cultural taboos around menstruation are required to hang them inside their home meaning their garments never fully dry. It is particularly challenging for women and girls with disabilities who are often unable to wash the clothes on their own which makes it more difficult to maintain hygiene during menstruation.

The needs of women and people with disabilities is addressed as a cross cutting issue in the policies and strategies for WASH in Bangladesh. Participation of these groups are consistently overlooked when it comes to providing sanitation and hygiene services, which has severe and widespread consequences for the health, dignity, education and employment of people with disabilities and their families. Analysis during design and inception phase revealed that those who experience the greatest negative impact of poor WASH are mainly girls students, women, and PWDs, - especially females with disabilities. These vulnerable groups are also those with the least ability to influence decisions on WASH service delivery or prioritisation. WASH services continue to reinforce negative social norms such as the extreme gendered nature of household tasks, the lack of influence on household purchases, and even where WASH enterprises have been established they almost only benefit males. Due to negative social norms usually female members bring water, clean toilet and they have no menstrual hygiene management (Disposal system). In the other hand male members take decisions for Tub-well or latrine installation.

To increase the project's ability to address gender and disability across all activities, the project conducted a Gender and Disability Analysis in **Jamalpur and Satkhira**. The aim of this situation analysis was to gain a greater understanding of the current context for gender and social inclusion for WASH in the proposed project areas, to input into the project design documents and guide the approach and activity planning. In accordance with the goals of the Water for Women Fund, the analysis aimed to go beyond informing gender and disability sensitive programming, to WASH programming that influences transformative change for gender equality and disability inclusion.

While findings show some specific differences between the two geographic areas, largely that **the situation in relation to gender and social inclusion was similar between Jamalpur and Satkhira**. Likewise, while specific key differences were found **the situation for women and for people with disabilities were found to have commonalities** in relation to **lack of power, discrimination and stigma** (people with disabilities experience generally higher degrees of stigma and discrimination than women), and **limited participation** in comparison with either men or people without disabilities

Based on collective efforts of World Vision Bangladesh CARE Australia, CBM Australia and other implementing partners, the project Mid-term Evaluation survey will build on the initial findings of the Gender and Disability Analysis, base line survey and explore in more depth the progress and present situation in the project areas. Hence, the project needs to engage a consultant to conduct the Midterm study. The Mid-term study is to be conducted based on the progress and performance indicators in the project document. The project proposal and other supporting documents are to be provided to the consultant. The survey would be conducted in all the 6 sub districts of SHOMOTA working areas.

3. SHOMOTA Project Objectives and Key Performance Questions

Project Hierarchy	Descriptions	Key Performance Questions
Goal	<i>Improved Gender and Socially Inclusive WASH in Schools and Communities in Jamalpur, Gaibandha and Satkhira Districts of Bangladesh</i>	<ul style="list-style-type: none"> To what extent have social inclusion changes occurred in households, community and institutions particularly schools as a result of gender and socially inclusive WASH approaches and outcomes? In what ways are these changes reinforcing (or undermining) changes in inclusive WASH practice and results?
Outcome 1	<i>Change agents at community, school and UP level have the drive and ability to support inclusive WASH services in MHM and ODF behaviour change in schools and communities</i>	<ul style="list-style-type: none"> To what extent are DPOs, CBOs, Self Help Groups UP ,SMC with relevant GOs and other change agents participating and contributing in WASH services activities in Schools and Communities? To what extent the WASH services are acceptable as fully usable by the change agents during any periods of disasters?
Outcome 2	<i>Improved equitable access to and use of WASH facilities and services in schools and communities</i>	<ul style="list-style-type: none"> To what extent WASH facilities are available and accessible for girls, boys, men, women, with and without disabilities in schools and communities? To what extent are WASH services available and affordable for schools and communities? If not why?
Outcome 3	<i>Increased leadership and participation of women and people with disabilities in household, community and school decision making</i>	<ul style="list-style-type: none"> To what extent do women and people with disability report an increased sense of dignity (Capabilities of a person developed to the point at which the person is fully capable of choosing which make a life valuable such as work, rest , being literate, and taking part in the community life.) and are having more meaningful engagement (access to productive resources has a significant impact on their economic well-being as well position of women in society in general and households in particular.) in household and in community decision making? To what extent girls, women and people with disability participate in and have a leadership role in decision making process in School, household and in community?
Outcome 4	<i>Evidence generated by the project on sustainable, inclusive WASH promotion is shared and implemented</i>	<ul style="list-style-type: none"> What types of processes have been incorporated for dissemination and implementation of new evidence?

Outcome Indicators:

Outcome Descriptions	Indicator	Data Source
<p>Goal: <i>Improved Gender and Socially Inclusive WASH in Schools and Communities in Jamalpur, Gaibandha and Satkhira Districts of Bangladesh</i></p>	<ul style="list-style-type: none"> ▪ Percentage of women and people with disability(disaggregated) with access to improved DRR sensitive inclusive WASH facilities. ▪ Proportion of Union Parishad, Union WATSAN committees, and Schools that meet local and national standards for inclusive WASH services and facilities. 	<p>HH Survey Secondary Information</p>
<p>Outcome 1: <i>Change agents at community, school and UP level have the drive and ability to support inclusive WASH services in MHM and ODF behaviour change in schools and communities</i></p>	<ul style="list-style-type: none"> ▪ Number of WASH facilities installed ensuring equitable access to improved WASH facilities in schools and communities ▪ Number and % of targeted WASH committees and schools who have incorporated gender and social inclusion in WASH planning, budgeting, and monitoring ▪ Number of and % of targeted WASH committees and schools that have incorporated DRR sensitive measures in WASH planning, budgeting and monitoring 	<p>School & Community WASH Facility Audit HH Survey Secondary Information FGD Key Informant Interviews</p>
<p>Outcome 2: <i>Improved equitable access to and use of WASH facilities and services in schools and communities</i></p>	<ul style="list-style-type: none"> ▪ Proportion (%) of women, men, and people (Sex disaggregated) with disability with increased access to safe drinking water in school and community ▪ Proportion (%) of people with disability (Sex disaggregated), boys and girls students with access to improved WASH facilities in schools and households ▪ Percentage and proportion of boys and girls practice hand washing at school and community (disaggregated by disability) ▪ Number and percent of school WASH facilities that are universally accessible (hygiene, water and sanitation) ▪ Number and percent of other community WASH facilities that are universally accessible (hygiene, water and sanitation) ▪ Number (and percent) of hygiene materials and products that are inclusive, relevant and accessible 	<p>HH Survey School & Community WASH Facility Audit Student Survey Secondary Information</p>
<p>Outcome 3: <i>Increased leadership and participation of women and people with disabilities in household, community and school decision making</i></p>	<ul style="list-style-type: none"> ▪ Proportion of men and boys taking responsibility for WASH tasks traditionally considered women's and girl's workload ▪ Proportion of men taking responsibility for caring support to persons with disability in the family (traditionally held by women) ▪ Proportion of women in management or technical roles in WASH committees (disaggregated by disability) ▪ Proportion of people with disability in WASH committees (disaggregated by sex) ▪ Number of alliances established with women's rights organisations, DPOs, self-help groups and other representative groups. ▪ Changes in thought in the experiences of discrimination on women's participation in decision making process 	<p>HH Survey Secondary Information FGD</p>

Outcome Descriptions	Indicator	Data Source
	<ul style="list-style-type: none"> ▪ Changes in negative stereotyping of women and men with disabilities in households and communities ▪ Proportion of women and men with disabilities who report increased influence in household decision making 	
<p>Outcome 4: <i>Evidence generated by the project on sustainable, inclusive WASH promotion is shared and implemented</i></p>	<ul style="list-style-type: none"> ▪ Number of documents/material produced ▪ Number of event organized/ participated in to sharing and implementation at each of organisational / national / international levels) ▪ Number of stakeholders reached 	Annual Report

4. Purpose the Evaluation

This study is a formative **mid-term evaluation**. Study results will be used to re-calibrate project design and implementation for the remainder of the project's lifecycle.

5. Evaluation Objectives

The principle objectives of the evaluation are:

1. Verify that the project has **achieved** the stated **outputs**,⁵ and **outcomes** among stakeholder groups with a specific focus on women, girls and women and men with disabilities.
2. Evaluate the relevance of the intervention and appropriateness of implementation approaches used.
3. Assess the effectiveness and efficiency of technical, managerial and resource management strategies, structures and systems;
4. Document promising practices, key lessons learned and recommendations to inform future project design.
5. Identify weaknesses in the project design, implementation or operating environment that constrained optimal project effectiveness.
6. Make specific recommendations on how the program can improve its strategies and program interventions; and
7. Assess the efficacy of the monitoring and evaluation system in place (in terms of human resources, database, reporting process, etc.)

6. Guiding Evaluation Questions

The review and the report will be organized around the following key questions. The consultant is expected to a) provide a diagnostic for each of the following questions and also to b) develop relevant and applicable recommendations for the project team to adopt in the second half of the project.

Effectiveness & Impact:

1. To what extent has the project been able to make progress against the intended outcomes so far (develop system, access to inclusive WASH facilities, transform relationships, and increase learning on GESI WASH)?
2. What were the differentiated impacts of the project on beneficiaries (women, men, women with disability and men with disability, Students, women-headed households)?
3. To what extent are community members and staff satisfied with the results of the project so far?
4. What positive changes also occurred as a result of the project, beyond what was originally planned by the project design?
5. What negative changes also occurred as a result of the project, beyond what was originally planned by the project design?

Relevance and Appropriateness:

6. To what extent does the project align with government priorities considering the COVID19?
7. To what extent does the project design and implementation address perceived and evidenced community vulnerabilities and barriers in relation to inclusive WASH and equitable transformed relationships? To what extent did participating women, men, women with disability and man with disability have control and influence over project outcomes?
8. To what extent are the resources, methods and approaches adopted by the project a) inclusive of women and men, persons with disability and different layers of poverty, b) aligned with the objectives and c) adapted to the needs of the target population?
9. Were the underlying project theories and assumptions valid? To what extent has the result framework and Theory of Change of the project been working to make progress toward achieving the overarching goal of the project?

Sustainability:

10. What external factors (climate, pandemic, government policies, other projects etc.) are likely to affect positively and negatively the sustainability of the project's expected outcomes?
11. To what extent are stakeholders (project participants, government, partners) engaged and committing to pursuing the project's expected outcomes?
12. How likely are the project's expected outcomes to be sustained further to the completion of the project?

Efficiency:

13. To what extent is the relationship between inputs and outputs timely, cost-effective and to expected standards?

14. What endogenous (under project control) and exogenous (external to project control) and design or implementation factors accelerated progress and outcomes?

15. What endogenous (under project control) and exogenous (external to project control) and design or implementation factors constrained progress and outcomes?

16. To what extent did the project successfully adapt to constraints and challenges occurring during the implementation of the project? This should include any new activities and adapted, which impact the project theory of change, since the project design document was completed (document additional activities not in the original log frame).

The consulting firm/ agency will focus on following research questions for quantitative and qualitative study:

- Are people with disabilities aware of their rights in relation to access to and participation in WASH?
- What is the situation of people with disability in the target populations relating to WASH, including barriers and enablers to access to safe and reliable Water, Sanitation and Hygiene in households, communities, public facilities, and schools, with specific attention to the situation of women and girls with disabilities. Are these the same or different for people without disability in the target populations?
- What is the current knowledge, attitudes and behaviors relating to hygiene practice of people with disability (and compared with people without disability)?
- What is the current level of participation of women, men, girls and boys with disabilities in WASH decision-making processes at the household, community, and institutional levels?
- What are the communities and service providers’ current awareness, knowledge, skills, and attitudes towards inclusive WASH?
- Are there groups/organizations for and/or representative of people with disability active in the target communities? Are they actively involved in WASH processes (UP, School and Community) and to what extent?
- What are the specific needs and challenges to forwards these groups?

Furthermore the Consultant will focus on the following area specific improvement

- GENDER: How has the project differently benefitted target women and their male partners/women with disabilities and men with disabilities/girls and boys?
 - DISABILITY: To what extent do persons with disabilities has meaningful participation and access to project benefits?
 - ENVIRONMENT: Did project consider the negative impacts and optimize positive impacts on the environment?
 - PROTECTION: How the project management complied with DFAT and WVB Child Protection guidelines to ensure children were not put at risk?
 - Do NO Harm: Did project consider DNH during project implementation. Identify what sort of harm issue has come in the project implementation and how has project responded and what has been the impact on the target groups and staffs.
 - COVID19 pandemic: The ultimate impact of COVID and way forward. How has the COVID19 epidemic differently affected women and men and people with disabilities in benefiting from this project?

7. Evaluation Leaders

Core Evaluation Team			
Name	Role & Expertise	Stage of Design	Specific duties
Lead Evaluators			
To be selected	Independent evaluation consultant,(Consulting firm)	Lead all stages of Evaluation Process	<ul style="list-style-type: none"> - Review project documents - Lead development of a detailed evaluation plan - Develop qualitative and quantitative data collection tools – to be translated both in Bengali and English - Design data collection applications - Address review feedback – both tools and report - Recruit data enumerator for his consulting firm(50% female and 20% people with disabilities) - Conduct training of enumerators and implement data quality checks - Lead both qualitative and quantitative data collection with key stakeholders - Complete data analysis with respect to key evaluation questions - Arrange community consultation meeting with beneficiaries and stakeholders for data validation(ensuring gender and person with disability) - Draft and finalize the evaluation report.
World Vision assistant evaluators			
1. Shailajananda Ray, Monitoring & Evaluation Coordinator	Monitoring & Evaluation Coordinator, SHOMOTA project, WVB	ToR development Selection of Lead evaluator Pre-data collection logistical arrangements Liaison during data analysis and report writing.	<ul style="list-style-type: none"> - Write ToR, in consultation with Project Manager - Support the firm in organizing logistics for data collection - Support consulting firm to train up enumerators - Support consulting firm to accomplish data collection - Support in arranging community consultation meeting - Questionnaire review - Monitor entire evaluation progress - Review submitted evaluation report
2. Silas Das Gupta	NO DME Manager, Grants, National Office, WVB	Planning Data validation Draft report review	<ul style="list-style-type: none"> - Support and guide to develop the ToR - Provide technical support to prepare and review evaluation plan and data collection process - Review tools, questionnaire and monitor evaluation process - Review data analysis - Review the report and provide comments for finalization
3. Hasina Ferdows	GESI Specialist, SHOMOTA Project, WVB	Planning Data validation Review draft report	<ul style="list-style-type: none"> - Support to develop the ToR, evaluation plan - Review the tools and questioner from the GESI lens - Review the draft report and provide feedback for finalization

7.1 Advisory Team

An advisory team will work to make the Mid-term Evaluation study successfully. The roles of responsibility of advisory body are given below;

SL	Description of Advisory Committee	Responsibilities
1.	Team Leader (Consultant of mid-term Evaluation who will be outside of WVB)	<ul style="list-style-type: none"> - Sharing with WVB team to understand Mid-term Evaluation purpose - Collect and study reference materials - Chalk out Mid-term Evaluation study plan in collaboration with Project/Regional Field Office/National Office and survey team - Methodology setting - Select appropriate sample size with scientific sampling procedure - Develop appropriate data collection instrument both qualitative and quantitative with guideline - Guide and mentoring the survey team members for collecting authentic information from field - Ensure authentic information posting into the database - Data analysis and interpret midline report - Sharing survey findings with different level of stakeholders - Finalize the Mid-term Evaluation report
2	Subject based consultant (Outside of WVB)	<ul style="list-style-type: none"> - Documents review - Develop and finalize data collection instruments - Ensure Pre-test of survey tools - Ensure training for enumerators - Supervise data collection process - Data analysis and report writing
3	Representative of DPO	<ul style="list-style-type: none"> - Document review - Opinion on disability issue
4	Project Manager and M&E Coordinator of SHOMOTA Project	<ul style="list-style-type: none"> - Make dialogue with consulting firm - Provide guidance and support to execute survey work - Supervise & monitor overall data collection process in the field level - Ensure relevant documents - Contribute to resolve problems (if any) - Organize report sharing workshop - Overall management and guidance
5	National DME Coordinator/Manager/Director	<ul style="list-style-type: none"> - Provide time to time feedback as per need - Report review and provide feedback - Quality checking of the reports
6	WV Australia / DFAT/ CBM Australia/ CARE Australia	<ul style="list-style-type: none"> - Review ToR of midline study and provide necessary feedback - Provide suggestion in indicator mapping to prepare appropriate survey tools - Review the Mid-term Evaluation tools and enumerator training plans for checking relevancy. - Provide feedback on draft report

8. Travel Expectations of Lead Evaluator and Security Context of Location

Consulting firm will recruit data enumeration and management in three district. Moreover the lead evaluator is expected to be available necessary days in three district like Gaibandha, Satkhira and Jamalpur for consulting firm. He/ she will guide all the field level process of mid-term evaluation. WVB SHOMOTA project will assist consulting firm in terms of communication and location information.

9. Support Provided by WVB, National Office (NO) to the Mid-term Evaluation

The consultant will be responsible for his/her own insurances, vaccinations, health, and security preparedness. World Vision Bangladesh will make the following resources available to the consultant:

- Contacts of potential trained enumerators, facilitators and translators (if required)
- Contacts of services providers including transport and accommodation providers
- Can share meeting room at project office during initial preparation meetings, signing agreement contract.
- Can arrange and bear relevant cost for workshop # 1 mentioned section #10
- Can support arranging workshop #2 (approx. 50 participants) mentioned section #10

10. Proposed Evaluation Products and Milestone Dates

It is preferred to fill out the below table with due dates (proposed) by the consulting firm/bidders along with the technical proposal. However, the proposed dates will be subject to negotiation and revision. Please note that after signing agreement this evaluation task must be completed within 90 days. WVB Evaluation team started work on preparatory works including ToR review, cell phone numbers of the beneficiaries etc as facilitating role. After getting ToR approval consulting firm will start field work (data collection).

The consultant will sign work order/agreement for tool development, data collection, data analysis, including incorporating feedback from all stakeholders (Both National and Support office) as per WVB workflow. No extra time will be allowed for completing the report except any severe disaster announced by the GOB or any political unrest in the program area. The timeframe will be validated from date of contract signed for the work.

Products	Due date:	Responsible
Agreement sign off between WVB and Consultant/Consulting Firm		WVB
Develop Evaluation Design/Plan , including all data collection tools, i.e. FGD and KII guiding questions and PRA exercises (a specific template will be given to the consultant): <ul style="list-style-type: none"> ○ Methodology ○ Sampling strategy ○ Data quality assurance mechanism ○ Timeframe (sequencing of mid-term activities and data collection) ○ Required resources Draft quantitative data collection tools (on Word or Excel reader friendly format as well as on ODK friendly format) and qualitative data collection tools (i.e. FGD and KII guiding questions and PRA exercises):		Team leader (Consulting Firm)
Submit Final Evaluation Design/Plan with final tools		Team leader (Consulting Firm)
Training of enumerator and send tools for testing		Team leader (Consulting Firm)
Proposed data collection dates (Subject to adjustment with lead evaluator): <i>Product will be: All data records whether in soft or hard copy e.g. transcripts, databases, spreadsheets, photographs: Photographs and audio data, by the last day of in-country work. Written and statistical documentation handed to WV Country Office</i>		Team leader (Consulting Firm)
Workshop #1: Presentation of preliminary findings to Project team (N.O. Technical Specialists, Partners Technical Specialists) from the quantitative survey (that may still be in progress at this stage), validation and finalization of the qualitative survey design (method, tools, etc.) based on initial learnings.		Team leader (Consulting Firm)
1st complete draft evaluation report		Team leader (Consulting Firm)
Workshop #2: Presentation of findings and recommendations from the draft report to project team, N.O. Technical Specialist. Discussion, challenging, validation of findings and endorsement of recommendations by project stakeholders and provision of a feedback for the next draft report.		Team leader (Consulting Firm)
2 nd complete draft evaluation report , incorporating initial feedback		Team leader (Consulting Firm)

<p>Final version evaluation report, incorporating second round of feedback: <i>(Final version to include an executive summary that can stand alone as a self-contained summary report, as well as annexes to the report that present (1) a completed table of indicator values as set out in Appendix A, (2) an assessment of achievement of project outcomes as described in Appendix B)</i></p> <p>In a separate file to the report:</p> <ul style="list-style-type: none"> - Final survey tools in English and local language(s) used. - Indicator calculation matrix, outlining how each indicator is computed from the survey tools. - Raw (clean) data files in Excel format and if used, SPSS or STATA format, along with variable names and codes. - Two pager of Mid-term Evaluation report 		<p>Team leader(Consulting Firm)</p>
<p>Final report release – necessary consultation, communication with firm for further improvement</p>		<p>Team leader(Consulting Firm)</p>

11. Anticipated Limitations

- a. Location vs transport options: All unions in the sub-districts are connected with major roads and accessible through cars and boat. However, roads within Unions are sometimes brick soling or earthen and may not be accessible through cars. Some areas need to use boat.
- b. Season/Time of year: Seasonal effect may hamper day to day planned task in the working area.
- c. Electricity supply: The project area might have irregular power supply.
- d. Logistics: All cost associated with accommodations, transportation, food and survey logistics (e.g mobile device) to be beard by consultant (from the part of consulting firm).

12. Method and Sample

Midline (Qualitative + Quantitative): The mid-term evaluation will be of mixed-methods design with statistically appropriate sample size for quantitative goal and outcome indicators as outlined below.

⁷ Mix method approaches of data collection, both quantitative and qualitative data to be applied for the study. Structured questionnaires for interviewing the respondent of the sample households and semi-structured questionnaires should be used for qualitative data collection to complement the quantitative data and to get the insights of the current situation. Tools for data collection and survey design are needed to be thoroughly discussed with the project personnel and world Vision team by consulting firm before proceeding with data collection.

Secondary Document Review

Secondary data should be collected from SHOMOTA project office to understand and getting insights of project. These documents will provide the ideas of the project concept and its implementation strategy which helped the consultants for developing the instruments and conduct the survey considering actual need of the project. The documents should be reviewed before developing the study design and preparing the instruments for data collection included:

- 1. Project Design Document,
- 2. Logical Framework and
- 3. M&E plan.

Primary Data Collection

- a. **Quantitative Survey:** Quantitative survey is proposed to be conducted in the project sub-districts [WMI] of Gaibandha, Jamalpur and Satkhira district. A conceptual framework of the design of the survey and its future use for the evaluation of the changes over time is given below.

Project group	Changes
Baseline survey =A	B-A= E
Final Evaluation =B	

⁷ This sample size is based on a stratified, finite-sample corrected version of the formula for a two-sided test of difference between two population proportions provided in Lemeshow et al. (1990) Adequacy of Sample Size in Health Studies. Geneva: WHO and the following assumptions: 95% confidence interval; 10% margin of error; 80% power; design effect of 1; expected sample proportion(s) of 0.5.

As designed in the conceptual framework that changes of the project area over the baseline status will be measured this mid-term evaluation impact.

a1. Survey area: The Mid-term Evaluation survey will cover in the following Sub-districts of Satkhira, Gaibandha and Jamalpur district:

Name of District	Name of Sub District	Number of Union Parishad	Name of Union Parishad	# of HH in target area	# of school in target area	
					Primary	Secondary
Satkhira	Satkhira Sadar	02	Balli, Fingri	11749	34	4
	Assasuni	02	Kulla, Dargapur	17246	19	4
Jamalpur	Jamalpur Sadar	02	Laxmir Char Tulshir Char	13876	33	4
	Islampur	02	Goaler Char, Belgacha	11550	28	4
Gaibandha	Gaibandha Sadar	02	Mollar Char, Gldhari	11301	38	4
	Fulchari	02	Kanchipara, Uria	11393	21	4
Total		12		77,115	173	24

Same number of sample villages and households to be surveyed from the project villages. A list sampling frame will be delivered during inception, which can be used for random or other applicable sampling.

Direct and indirect beneficiaries:

Type of respondent	Total number of Beneficiaries	Women	Men	Women with disabilities	Men with disability	Girls	Boys	Girls with disability	Boys with disability
Community	184,006	90386	89096	2273	2251	0	0	0	0
Primary school student	34461	0	0	0	0	17,443	16,746	123	149
Secondary school student	15661	0	0	0	0	7,709	7,880	35	37
Student in Special School	372	0	0	0	0	0	0	162	210
Total direct	234,500	90,386	89,096	2,273	2,251	25,152	24,626	320	396
Total Direct Beneficiaries	234,500	90,386	89,096	2,273	2,251	25,152	24,626	320	396

a2. Sample size:

Sampling:

Probability sampling has been proposed in the Mid-term Evaluation study design having regard to its advantage (Bryman, 2001).⁹

Considerations:

- Design effect 1.5
- Confidence level 95%
- Margin of error +-5%

Sampling for Survey in community targeting Women:

Stratified sampling technique has been applied for conducting the survey. In development research, stratified sampling⁸ is widely used because it allows for a way of dividing the total population into “strata” (for example total populations into geographic locations) and then from each stratum individual subjects are selected by random sampling under proportional allocation. Under this project, we covered 12 Unions from six Sub-Districts (Upazilla) under three Districts. In addition to above considerations, stratified sampling also offers number of advantages. A few of these are mentioned below⁹:

- Effective in primary data collection from geographically dispersed population when face to face contact is required (semi-structured in-depth interview)
- Cost-effectiveness and time-effectiveness
- High level of flexibility

The detailed formula is provided below:

$$n = D \times \frac{Z^2}{d^2} pq$$

n = Sample size

D = Design effect

Z = Standard normal deviate

d = Margin of error

p = Assumed proportion in the target population

q = 1-p

Here,

Z = 1.96 (Using Z table for 95% confidence level)

D = 1.5 (Since, this is not SRS exactly. Assuming the design effect to be 1.5)

p = 0.5

q = 1 – 0.5 = 0.5

d = 0.05

$$n = 1.5 \times \frac{1.96^2}{.05^2} \times 0.5 \times 0.5 = 576$$

Considering a 5% non-response rate, the sample size is, n = 605. However, we round it as 600.

Against each Sub District, sample selection for each Union followed a scientific process on the basis of availability of union-wise household numbers. We ensured that there were 10% persons with disability (People with Disabilities). In order to identify the PERSONS WITH DISABILITIES (both men and women), the team worked with DPOs (Self-Help Groups) to formulate a list of People with Disabilities in the study sites. People with Disabilities were then selected randomly based on this list. Concerned agencies such as caregivers’ willingness to provide time to enumerators in the case of persons with difficulties has duly been taken into account.

⁸ <https://doi.org/10.1002/0471667196.ess2604.pub2>

⁹ <http://betterevaluation.org/en/evaluation-options/multistage> access on 19 December 2016.

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Sampling for Survey in schools targeting students

A two stage random sampling procedure has been applied in selecting the students at school. Here, the respondents were (a) Boys (Primary School) (b) Girls (Primary School) (c) Boys (Secondary School) (d) Girls (Secondary School). The boys and girls from secondary schools were also fulfilled the criterion of adolescent boys and girls. We had covered 25% of the primary schools. Since, the number of secondary schools was very less compared to primary schools, 50% of the secondary schools were covered. At first, we selected schools both primary and secondary from each sub-district using simple random sampling under proportional allocation emphasizing the number of total students. Afterwards, from the targeted schools we were selected respondents using a scientific method.

Sample Size Determination for Students at School:

$$n = D \times \frac{Z^2}{d^2} pq$$

n = Sample size

D = Design effect

Z = Standard normal deviate

d = Margin of error

p = Assumed proportion in the target population

q = 1-p

Here,

Z = 1.96 (Using Z table for 95% confidence level)

D = 1.5 (Since, this is not SRS. Assuming the design effect to be 1.5)

p = 0.5

q = 1 - 0.5 = 0.5

d = 0.05

$$n = 1.5 \times \frac{1.96^2}{.05^2} \times 0.5 \times 0.5 = 576$$

Considering a 5% non-response rate, the sample size was, n = 605. However, we rounded it as 600. We had covered 25% of the Primary schools (43) and 50% of the higher secondary schools (12).

Now, from the randomly selected schools the students were also selected randomly by proportional allocation.

It should be noted here that minimum 5% data has been cross-checked in household and school level survey for authenticity. The consultants of core group had conducted the cross-checking.

Survey in Communities and Schools:

Twelve hundreds of sample respondents (women at households and students at schools) have been selected from 12 Unions of 6 Sub Districts under 3 Districts considering representation of women in households, students from schools and persons with disability applying a random sampling method. The women respondents have been interviewed within their respective household and students within school premises using 2 separate structured questionnaires. The questionnaires were designed to obtain answers relevant to the objectives and indicators of the project. In line with the objectives, questions for the households level survey included the following context: access to water, sanitation and MHM facilities, level of household income and expenditure, degree of participation of women in income generating activity and participation in decision making process and leadership role in WASH Committees, the extent of cooperation/support from men and their participation in WASH task, attitude towards people with disability, accessible WASH facilities, their participation in decision making process, basic demographic information; education level, disability, gender/sex separately. On the other hand questions for the school level survey included current WASH practices (girls, boys, including MHM) disability accessible WASH facilities & communication, Hygiene corner, hand washing corner, MHM, engagement of school

Brigade/Student Council in WASH, Role of SMC for planning and budgeting inclusive WASH, challenges, scope of development. The school audits were based on visual inspection as well as FGDs and KIIs with concerned school officials and students' to receive collective opinions. A separate questionnaire targeting students has been used to assess individual student specific WASH behaviors. Some questions have been inserted in order to determine the socio-economic characteristics of the respondents.

a3. Respondents Selection: Respondents to the survey in project villages would be the direct beneficiaries (participants) of the project. However, along with female respondents the father or caregiver of the children under 5 years should be interviewed for the relevant questions. Questions of the gender/MHM module should be asked the respondents and his/her spouse separately. If the spouse is found absent or not available at the time of interview, a senior member of the same sex of above 18 years of age would be asked those questions. However, the questions would be asked to both the respondent and his/her spouse where it is required (noting that indeed all questions are asked separately, and confidentiality should be maintained).

It should be mentioned here that samples cover all the categories of target beneficiaries proportionately from three districts like Satkhira, Gaibandha and Jamalpur. Data will be collected through android phone applying KOBO application.

Mobile Based Online application

The consultants will design and develop mobile based online system which was supportive for data collection, storage, segregation, visualization, reporting and downloading findings of households and school based survey. It will be ensured that GPS location and photographs were available as transparent authenticity of field survey. There were provisions that all the concerned authorities including WVB could instantly observe data in online dashboard/control panel, which were sent by the enumerators from field areas. KOBO ToolBox system will be utilized for Apps designing, storage and downloading. In due course, Mid-term evaluation Survey will collect data with all supporting evidences will be handed over to World Vision Bangladesh which might purposively be utilized for other purposes. The quality of Apps designing and application will meticulously ensure through prior test by the experts, data quality controllers and enumerators. The lead consultant and statistical experts supervised the total process.

Data Management and Analysis

The consultant analyze qualitative and quantitative data using popular statistical software such as SPSS. Various statistical procedures like average, standard deviation test of significance, multiple correlations and multiple regressions etc. have been used and applied wherever necessary.

Quality assurance technique

The lead consultant will coordinate the total process of the Mid-term evaluation study in consultation with WVB. Tools of the study need to pre-test and finalize after incorporating feedback from World Vision Bangladesh. Data enumerators and quality controllers need to be well trained and will maintain rapport with respondents and conversant with techniques of data collection. At least 50% will women and 20% person with disability as data enumerators. The lead consultant and subject-based experts will visit the study locations and validate at least 5% sample for ensuring accuracy. A quality assurance team will be formed by Project M&E Personnel of WVB to track and check the overview of Mid-term evaluation data collection in the field level.

Baseline has been conducted with 630 households in the project area and 630 in the comparison area, total 1260 households, which is detailed in the as follows along with sample size for qualitative survey.

Methods	Number	Respondent/ Source	Approach	Special focus
Community Survey (Households)	Sample size: 600	600 Women from randomly selected HHs in the communities of 12 Unions under 6 Upazilla. 10% People with Disabilities has been considered as respondents in all the categories.	In-depth Interviewing to the respondents using a structured questionnaire through mobile based online data collection, storage, segregation and reporting system	Access to water, sanitation and MHM Women leadership role in WASH Committees, disability friendly WASH facilities etc. at households, and communities.
School Survey	Sample size: 600	600 girls and boys including female and male adolescents from randomly selected 43 (Out of 173) Primary and 12 (Out of 24) Secondary Schools. From the selected schools, respondents have been considered under proportional allocation. 10% People with Disabilities has been considered as respondents in all the categories.	Age-appropriate interviews with respondents using a short questionnaire mobile based online data collection, storage, segregation and reporting system	Access to water, sanitation and MHM, Accessible WASH facilities etc. in schools and communities
FGD	30 nos.	Selected respondent (inter-sectional categories/male and female representatives and children at community and schools). 10 from each district including a focus on people with disabilities and adolescents. FGD with SHG	Group discussion	WASH Situation and practices on above focusing areas in the communities
KII	30 nos.	Thematic expert and relevant stakeholders. 10 from each District.	Individual interview	Attitude and Practice on the concerned focusing areas
Case Study	12 nos. (at least)	Individual WASH practices of women, men beneficiaries and persons with disabilities in communities including boys and girls from schools focus on WASH practices of children and adolescents and vulnerabilities	Individual interview and informal interaction	Situation and practices at individual HH, community and school level.
Stakeholders Mapping	3 nos. (district wise)	Concerned government officials and community representatives. Schools , CBOs, SHGs, LGIs and	Sub district wise mapping with mentioning the stakeholders are	WASH, Addressing gender inequality and inclusion by the stakeholders

		Service Providers also has been included.	working in the project locations	
Onsite Visual Inspection during exercised household and school surveys	-	-	Observation and documentation (photography, video, etc.) during applying the above mentioned methods	People's physical condition, homes or shelters, water sources, schools, department offices.
Photo Voice		9 Photo voice with Change agents(SHGs and Union WATSAN committee)		Progress of change agents
Internal Learning System(ILS)		2internal Learning system with Staffs		Progress and learnings of staffs

However, consulting firm can offer best appropriate sample size considering baseline sample size for this study.

b. Qualitative Survey

Qualitative survey should be conducted (not limited to) among the project personnel and staff members of partner NGO through consultation, FGD and KII in the three project districts (Gaibandha, Jamalpur and Sathkhira). In addition, FGDs should be conducted with women, and male target population of the project to get insights on the women's participation in the household decision making, knowledge and access on inclusive WASH, system strengthening, Government services, men engagement and on women empowerment. FGDs should be also conducted with SHGs, CBOs, WATSAN committee, School girls, Women groups, Men care groups attitudes towards women empowerment and acceptability of women involvement IGAs, and to discuss their knowledge on their rights to in inclusive WASH, Incontinence group and common health related issues. KIIs might be conducted with Upazila DPHO, Sub-assistant Agriculture Officers, Upazila Health & Family Planning Officer, private service providing agencies, UH&FPO, District Civil Surgeon, Community-based Health service providers, Upazila Women Affairs Officer, Project Implementation Officer, Deputy Director - District Department of Women Affairs and Women Union Parishad Member.

Participants of FGD and KII should be selected based on their capacity to contribute to the study through sharing their experience, lessons and opinion. Semi-structured questionnaires should be used for FGDs and KIIs.

9 Photo voice with Change agents(SHGs and Union WATSAN committee) and 2internal Learning system with Staffs will be conducted to measure the progress and learnings.

Triangulation of methods to be applied for using of different data collection instruments (HH survey, FGDs, KIIs, observation and in situ interviews) which will maximize the range of outlooks.

13. Budget

- Required budget for Mid-term is Evaluation is available in FY 2021 budget. The Mid-term is Evaluation related all the cost (data collection from the field, analysis, interpretation and reporting)

will be paid to the consulting firm. Only the agreed amount (as per agreement with WVB NO SCM) will be given to the consulting firm. No extra payment at any circumstance will be made to the firm except the contract amount. In this regard, payment will be made through Straight to Bank (S2B) and VAT/TAX will be deducted by at source

- Financial offers should include deduction of VAT and Taxes: Total 25% for a national consultant and 35% for an international consultant.

Payments

- 30% of the total budget will be paid upon submission of final evaluation design and plan
- 30% of the total budget will be paid upon submission of the 2nd draft report
- 40% of the total budget will be paid upon submission and approval of the final report.

14. Standards of Ethics and Child Protection

The lead evaluator will be responsible for ensuring that data collection and analysis approaches are designed to mitigate child protection risks, and protect participants' privacy and wellbeing by establishing and following credible ethical evaluation principles. The lead evaluator must ensure all members of the evaluation team has been oriented in the ethical considerations employed in the evaluation. Ethical principles will include the following:

Voluntarism, confidentiality and anonymity of participants: All participation in interviews must be voluntary, will not create harm to participants during or after the data gathering, and their anonymity and confidentiality will be protected. Voluntary involvement must be assured by a scripted verbal explanation of the survey being conducted. The script must inform respondents that they may choose to not respond to certain questions and may end the survey at any time.

Do No Harm: Project and evaluation themes must be screened for topics and questions that may cause distress to some interviewees. Time and venue selection would be convenient for disable people and women. Women will contribute in decision making. Staff and volunteers will get orientation on Do No Harm. Project will discuss on this issue in CBO meeting, SHG meeting and other group meeting. Project will take picture with his consent.. Family members will allowed women in meeting, orientation and training. Particular attention should be placed on ensuring 'do no harm' for women and girls through gender sensitive data collection.

Integrity: Data from participants must be presented honestly and proportionately, such as the authoritativeness, extent-shared and intensity of opinions across the target population, and aligning quotes with the evaluative themes intended by the informant. Unexpected or contentious findings should be triangulated with other forms of data to gauge significance.

Participant perspective: To the extent possible, given logistical limitations of each context, preliminary findings should be shared with a plenary of project stakeholders to invite their reactions and interpretations. These will be recorded and added to the final report.

Child Protection: If children (under the age of 18) are to be interviewed, it will be in the presence of a responsible adult from the child's family, or other implied guardian from the community. Children will not be exposed to questions of a highly personal, sensitive, potentially distressing or embarrassing nature.

If children are to be interviewed, child protection reporting protocols will be established and all staff made aware of when and how to report any issues that arise from data collection.

Evaluation coordinators must have completed and been cleared by a police check within the last two years. All evaluation coordinators and collectors will be required to review, sign, and adhere to a child protection code of conduct.

The lead evaluation must familiarize him or herself with the following ethical and protection guides (to be supplied to the selected lead evaluator):

- WVI Child Protection Code of Conduct
- DFAT Guidelines for Child Protection
- WVI Guideline of Ethical Principles
- Australasian Evaluation Society Guidelines of Ethical Principals
- BOND Tool for Evidence Principles

Confidentiality and Copyright

All papers shared with the consulting firm are confidential to World Vision Bangladesh and should not be used outside of World Vision Bangladesh without prior permission. Information received by the Consulting firm from the Project, National office should be treated as confidential. The Mid-term Evaluation report will be owned by the Project, World Vision Bangladesh and disseminate to authorities as the organizations requirements.

15. Documents to be Made Available for Evaluation Preparation

The following documents will be made available to the consultant after signature of the contract:

- WVA Templates for Evaluation Plan and Evaluation Report
- WVA Evaluation and Reporting Guidance for Evaluators
- WVA Technical Practice Areas Indicator Guidance
- Project design documents: narrative, Theory of Change, logframe and M&E Plan
- Project monitoring reports, including annual progress reports and Indicator tracking table
- Updated project beneficiary list
- Project baseline evaluation report, data collection tools and data
- Child Protection Assessment Report
- Disability Assessment Report
- Environmental Screening Assessment Report
- Any previous external reviews of the project
- BOND Evidence Principles (find as embedded)
- Australasian Evaluation Society Ethics Guidelines (find as embedded)
- Accessibility assessment (Schools both Primary and secondary)
- Accessibility guideline/Access for all guideline including Bangladesh Buliding Code

16. Required skills, experience and eligibility

- Strong experience in conducting project mid-term and final evaluations
- Proven capacity to communicate and work effectively with marginalized community members and knowledge on rights for Women, Girls and people with disabilities, Sexual Gender Minority
- Experience conducting inclusive Evaluation.
- Strong experience in both quantitative and qualitative data collection, training of enumerators and quality control
- Strong experience in both quantitative and qualitative data analysis and dynamic presentation
- Proven experience in the field of Gender Equality and Social Inclusion(GESI) WASH ,

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Government WASH service , Concept of Self-help Group, SGM, CBO, SMC ,MHM and other social and religious community groups.

- Excellent writing skills in English
- Strong understanding of the technical areas of practice of the Project
- Experience working in Bangladesh
- Experience working for DFAT / Water for Women funded projects (desired)
- The applicant must be an individual or an institution holding necessary legal status to work in Bangladesh.

17. Instruction to bidders

- Both international and Bangladesh national consultants and firms are invited to bid.
- Please submit your bid by the ----- 2021 midnight Dhaka time.
- Bid should be submitted in English and include the following:
 - Technical offer including the following:
 - Proposed methodology (not exceeding 5 pages)
 - Detailed proposed workplan
 - CV of the consultant firm (if relevant) (not exceeding 2 pages)
 - Roles and responsibilities of evaluation team member
 - Summary CV of evaluation team members detailing similar experience (not exceeding a quarter page per team member)
 - Full CVs in annex (not exceeding 3 pages per CV)
 - Samples of previous similar pieces of work (not exceeding 2 pieces of work)
 - Contact of references
 - Detailed financial offer in BDT OR US Dollar describing consulting fees, international and national travels, costs of facilitators, transport and accommodation
 - Written confirmation of availability during the indicated timeframe
 - Submit your bid via email:
 - to the following addresses:
 - wvb_scm@wvi.org
 - with the following subject: “ -----”

18. Checklist for Proposal Submission

The agency/consultant will submit a detailed proposal for the study. The proposal must reflect the methodology, tools and analysis plan in detail. The proposal should be divided into two parts i.e. technical and financial.

- **Technical proposal**

The technical proposal should demonstrate the firm, knowledge and understanding of the World Vision Bangladesh’s development approach, general and detailed methodology that the firm is proposing for the **midline study using mobile phone base application**, methods and procedures of data collection as deemed relevant for the survey and certification of the consultants and key personnel in favour of the firm. The firms should submit the detail curriculum vitae of core team members, give an indication of time availability (start date) and provide contact references of two referees. World Vision Bangladesh may wish to see substantive pieces of work and conduct reference check.
- **Financial proposal**
 - Head-wise cost-estimate;
 - Salary/honorarium of professional/experts and other support staff including social costs (VAT, tax etc.);
 - Cost of data collection;

19. Evaluation Process

A selection committee will evaluate both the technical and financial proposals of the consultants/ firms based on set out evaluation criteria as follows. A cumulative weighted-scoring method will be applied to evaluate the proposal. The award of the contract will be made to the consultant/ consulting firm whose offer has been evaluated and determined as responsive/ compliant/ acceptable with reference to this TOR.

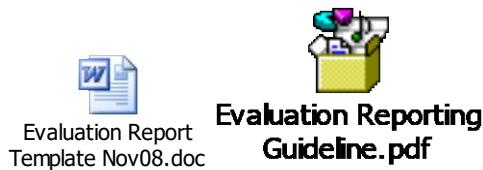
Evaluation criteria

Proposal	Criteria	Weight
Technical- 100	Understanding of the TOR	25%
	Experience in conducting similar research and key personnel and team composition	50%
	Methodology including tools, qualitative data analysis and detailed study plan	25%
Total		100

20. Study Report outline

The report should be learning oriented and take a strong gender and social inclusion sensitive approach in the analysis. All data should be analysed by gender, sex, age and disability.

Appendix 1. Evaluation Report Template Appendix 2. Evaluation Reporting Guideline



The report must contain:

- Cover page
- Table of content
- List of figures
- List of table
- Abbreviation
- Acknowledgement
- Executive summary (maximum 3 pages)
- Background
- Description of objectives, methods and limitations
- Key Findings (ensuring data disaggregation by geographical location, sex, age, ethnicity, disability and other exclusion criteria)
- Cost effectiveness analysis will be done if interventions is found to have impact
- Analysis/discussion on the findings
- Identifying the Innovation and most effective implementation
- Key recommendations overall observation in the light of project, technical issues and local and national perspectives. Recommendation for revised Key Performance Questions & Outcome Indicators.
- Challenges and risk factors

- Possible solutions or Recommendations to overcome the challenges and risk factors.
- Conclusion
- References and acknowledgement
- Annexure including table presentation of all data collected and summary of qualitative data by project, data collection tools, Location/ Country Map

Paper and font Size: A4 size paper and Gill San MT font with 12 font size are required.

21. Profile of Principal Investigator / Team Leader / Consultants (Detailed CV to be submitted)

The Principal Investigator/ Team leader should have:

- A higher degree in Social Science/MPH/PhD (Sociology /Anthropology /Gender/Development Studies / Evaluation or relevant field
- **Experience in development of mobile phone based Baseline study**
- Experience in development programs: at least 7-10 Baseline/Study/Evaluation completed as a principal investigator or team leader
- Proven experience in use of participatory approaches for baseline/evaluation studies
- Good understanding on PLA/PRA approach
- Proven experience of the development context of Bangladesh and experience of work with ethnic people will be added value.
- Experience with qualitative and quantitative survey methods
- Good combination of sectoral (WASH, Gender, Disability, SGM, DRR inclusive, Health Economic, Education, Child Well-being etc.) experts
- Experience in statistical analysis and report interpretation
- Good understanding on good governance components
- Excellent report writing and communication skills in English
- Experience in guiding, leading and mentoring the survey team
- Understanding on national child protection policies and constraints
- Understanding on national policies and strategies in relation to child protection, WASH, Gender, 7th Five Year Plan, Delta Plan, etc. and challenges / constraints;
- Understanding of gender and social inclusion theories and willingness to learn and use sensitive tools and apply a 'do no harm' approach to data collection

Subject based Consultants profile (requirement), Gender, Disaster, Resilience, Disability, WASH

- A Post graduation degree in Respective discipline MPH, Social Science, Gender, Disability or Development Studies.
- Should have research experience and conducted at least 5 Baseline/Survey/Evaluation in development field with the position of consultant/co- investigators.
- **Have sufficient knowledge and experience using mobile phone based application in survey.**
- Clear understanding on the development context of Bangladesh.
- Need proven experience in qualitative and quantitative survey methods and methodology.
- Analytical skill in quality report writing.
- Good understanding on PRA approach.
- Experience in guiding and leading survey team.
- Problem solving capacity and motivating team members to produce quality document.
- Experience in statistical data analysis and interpretation.
- Proven experience in conducting baseline surveys and participatory approaches.
- Proven experience on analysis and production of baseline and socio-economic studies.
- Good understanding on good governance and it's components.
- Excellent report writing and communication skills in English.

22. Lessons Learned

To identify lessons learned the following steps would be considered:

- This study will help the project to know the opportunities and resources which will contribute effective implementation process of activities to achieve the target.

- The Project will organize a mid term study report sharing workshop with key stakeholders and programme partners to disseminate the final findings/recommendations of the study. It will influence them to involve in programme implementation process actively.

23. Bindings

All documents, papers and data produced during the assessment are to be treated as World Vision's property and restricted for public use. The contracted agency/consultant will submit all original documents, materials and data to national office of World Vision Bangladesh. Furthermore, World Vision Bangladesh reserves the right to monitor the quality and progress of baseline study.

24. Disclaimer

World Vision Bangladesh reserves the right to accept or reject any or all proposals without assigning any reason what so ever.

Roots of Communication

Key Contact Person in this midline study:

Project Manager	M&E Coordinator
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