Terms of Reference for End Programme Evaluation

Dhaka Shishu AP

Programme Number: B00155

Programme Phase: FY-2018 to FY-2020

Evaluation phase: FY-11 – FY20

World Vision Bangladesh

Published October, 2019 © World Vision International

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i. Acknowledgement:

We are pleased to say that Dhaka Shishu AP is going to phase out after long 45 years of its development journey through completing its final implementation phase by FY20 as a LEAP compliance. Dhaka Shishu AP has started its final implementation phase in FY 2018, which will end in FY 2020. We are very much delighted to prepare this End Programme Evaluation ToR in light with LEAP approach & Country Strategy in order to assess the progress towards achieving the well-being of the children, families and communities of Dhaka Shishu AP.

We would like to acknowledge the unconditional contribution of the respective community, children, mothers, parents, CBOs, forum members, facilitators, caregivers, teachers, local leaders, elites, FBOs, NGOs and Government officials who were involved to overcome the development journey through rendering their endless support, cooperation, vigorous participation, suggestions, opinions and feedback over the entire life of the Programme. The AP team member who's diligent support and effort is available and gave the necessary information in preparing this ToR is to be highly appreciated. This will guide the Consulting Firm to conduct the evaluation study effectively with valid information.

We are also very much grateful and thankful to the expertise's who has given us the suggestions, instruction and necessary cooperation to prepare this ToR. Especially thanks to **Ms. Buli Hagidok**, Regional Field Director - Central Eastern Region for her strategic directives and dynamic leadership on the road to develop this ToR efficiently. We would like to express our special gratitude to **Mr. Andrew Binod Hira**, Regional DME coordinator for his timely and appropriate guidance, valuable suggestions, cooperation and logical input through review to construct this ToR. Special thanks goes to regional sector specialists for their meaningful contribution in this process. We are also coherent our heartfelt gratefulness to the members of National MEAL team of WVB for their valuable support and suggestions. We also acknowledge the community consultation team for their valuable effort and contribution to develop ToR of phase evaluation.

We would like to express our heartfelt thanks and gratitude to our support offices and sponsors who gave their commitment and support to our work for the development of the children, families & community and contribute to bring sustainable change.

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ii. Affirmation:

This is to affirm that except as acknowledged by the references in this ToR to other authors and publications, the ToR for End Programme Evaluation described herein consists of our own work, undertaken to update partners and advance learning. It will also improve and assess desired progress for ongoing interventions that undertaking new activities and possible inclusion of new projects design and implementation mechanism, as part of the requirements of World Vision's Design, Monitoring and Evaluation Learning System.

The data & information that used here are reliable and authentic. Primarily information collected throughout the monitoring and reporting process remains the property of the AP and members of the Community Consultation Team, community and families described in this document. Information and data must be used only with their consent.

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iii. Glossary:

AP	Area Programme
APC	Area Programme Cluster
APM	Area Programme Manager
ANC	Anti Natal Care
CBDMC	Community Based Disaster Management Committee
CBO	Community Based Organization
CBSMC	Community Based Sponsorship Management Committee
CCA	Climate Change Adaptation
CD	Community Development
CESP	Community Engagement & Sponsorship Plan
C-IMCI	Community Integrated Management of Childhood Illness
CI	Confidence Interval
CMC	Center Management Committee
CPA	Child Protection and Advocacy
CVA	Citizen Voice and Action
CWBO	Child Well Being Outcome
DG	Development Group
DIP	Detail Implementation Plan
DPA	Development Programme Approach
DMC	Disaster Management Committee
DME	Design Monitoring & Evaluation
DRR	Disaster Risk Reduction
EPI	Expanded Programme for Immunization
FBO	Faith Based Organization
FFS	Farmers Field School
FDC	Family Development Committee
FGD	Focus Group Discussion
FY	Fiscal Year
CER	Central Eastern Region
GO	Government Organization
GOB	Government of Bangladesh
HHs	Household
IGAs	Income Generating Activities
ITT	Indicator Tracking Table
KII	Key Informant Interview
KPI	Key Performance indicator
LEAP	Learning through Evaluation with Accountability & Planning
LVCD	Local Value Chain Development
M & E	Monitoring and Evaluation
MEAL	Monitoring, Evaluation, Accountability & Learning
MS	Microsoft
NGO	Non-Governmental Organization
NO	National Office
PD-Hearth	Positive Deviance Hearth (Special program on nutrition)
PHC	Population Household Census
PIG	Programme Implementation Guideline
PLW	Pregnant and Lactating Women
PNC	Post Natal Care
PQ	Program Quality
RC	Registered Children

RDD	Re-Design Document
RFO	Regional Field Office
SMC	School Management Committee
SO	Support Office
SPSS	Statistical Package for Social Science
SSC	Secondary School Certificate
SWOT	Strong Weakness Opportunity Threat
TDD	Transition Design Documents
TIN	Tax Identification Number
ToR	Terms of Reference
U5	Under Five
UNICEF	United Nations International Children's Emergency Fund
VAT	Value Added Tax
UNDC	Urban Neighborhood Development Committee
WASH	Water, Sanitation & Hygiene
WVB	World Vision Bangladesh

iv. Introduction:

World Vision: World Vision is an international Christian Humanitarian relief and development Organization serving children, their families and communities to alleviate poverty from the world, primarily through Programme of transformational development, emergency relief and promotion of justice. The vision of World Vision is **"Our vision for every child, life in all its fullness; our prayer for every heart, the will to make it so".**

Involvement in Bangladesh: World Vision involved in response to the tidal surge that occurred in the coastal areas of the country in 1970, providing relief supplies to the affected victims. In 1971, World Vision International carried out relief operation in the refugee camps in India along with the help of World Vision India. Following the liberation of the country and gaining independence from Pakistan rule creation of an independent Bangladesh. It began to work since 1972 in greater Mymensingh district from a small coordination office at Birisiri under Durgapur Upazila. It played a significant role to re-build the war-torn country the war aftermath. In late nineties, World Vision adopted a new development approach, called "Area Development Program (ADP) that are long term (10-15 years) to address the needs of people at macro level that would bring about transformation, impact, sustainability and self-reliance in communities especially in the areas where World Vision serves. Currently, World Vision Bangladesh operates through its 55 APs in 54 sub-districts (Upazilas), city and town locations of 24 districts of Bangladesh serving around 5 million both direct and indirect beneficiaries involving them in various development activities.

Dhaka Shishu AP and its Journey

World Vision Bangladesh started its work at Mohammadpur in 1975 by relief program. After that World Vision started a Family Development Program consisting of 5 FDCs (1-5) named Dhaka Shishu Program through its Child sponsorship program in 1979. The main objectives of FDP was poverty reduction through Savings Group formation and Credit Program, ensuring education for the sponsored children, general medical facilities for the sponsored families and improving the quality of life of the poor people through Family Development Program.

Along with family development program/sponsorship program, World Vision also initiated its first Child Survival Project funded by USAID, DFID and WVRD, which generated 9 years of services on the field of Child and maternal health in Mohammadpur area and has phased over on September 1996 and integrated with DS-ADP.

In October 1996 (FY 1997), WVB declared that Dhaka Shishu Program be changed in the name of Dhaka Shishu Area Development Program with 3000 Sponsored Children supported by WV – USA. Completed its first phase from FY 2003 to FY2005, 2nd phase from FY2006 to FY2010 and 3rd phase from FY2011 to FY2015. Completed its two years' transition phase from FY 2016 to FY 2017. DS ADP focuses on Health, Education, and Economic Development along with sponsorship to address poverty and sustained transformational development in the six administrative awards 28, 29, 30, 31, 32 and 33 of Mohammadpur, Adabor and Sher-e-Bangla Nagor working areas under Dhaka North City Corporation.

Now the last phase is going on aligning with LEAP 3 from FY 2018 to FY 2020, which is an extended phase covering the two technical programs as Strengthening Health, Nutrition and WASH Services and Livelihoods along with Community Engagement and Sponsorship Plan.

The Chronology of Dhaka Shishu AP at a Glance bellow:

Year	Chronology
1975	▪ Relief Program
1979	▪ Family Development Program (FDP) ▪ Child Survival Project
1997	▪ Family Development Project turned into Area Development Program (ADP)

Year	Chronology
2003	▪ The first phase (2003-2005) started ▪ 1st Design
2005	▪ Phase Evaluation conducted ▪ Ended first phase ▪ Prepared the 2nd phase Design document
2006	▪ The starting year of 2nd Phase i.e. 2006-2010 ▪ Become LEAP AP ▪ Conducted Baseline Survey
2010	▪ Conducted phase evaluation ▪ Ended 2nd phase ▪ Prepared the 3rd phase Design document
2011	▪ Started 3rd phase (FY 2011-FY 2015) aligning with LEAP 2 ▪ Conducted Baseline survey
2015	▪ Conducted phase evaluation ▪ Ended 3rd phase ▪ Prepared the Design document for Transition Phase
2016-2017	▪ Started two years of Transition Phase ▪ Conducted DPA steps ▪ Prepared AP narrative plan for next three years
2018-2020	▪ Started last phase aligning with LEAP 3 ▪ Conducted baseline survey

AP Location

Dhaka Shishu Area Programme, World Vision Bangladesh is located in the Dhaka North City Corporation covering six administrative wards 28, 29, 30, 31, 32 and 33 of Mohammadpur, Adabor and Sher e Bangla Nagor Police Stations (Thana) under Dhaka district. The Program office is in Kaderabad Housing, Katasur, Mohammadpur, Dhaka.

Dhaka Shishu AP Lifetime & Support Office

This AP has been started its journey in 1975. The lifetime of the AP is up to 2020. The AP has been aligned with LEAP in October FY-2003. Currently it is in transition phase of its life cycle and it will ended by September 30, 2020. From the very beginning, Dhaka Shishu AP is supported by World Vision USA.

AP Current Projects

The Dhaka Shishu AP implementing two Technical Programs (Strengthening Health, Nutrition and WASH Services and Livelihoods) along with Community Engagement, and Sponsorship Plan (CESP) following the LEAP 3 standard.

Working areas & target population

The AP is located in urban areas covering six administrative wards 28, 29, 30, 31, 32 and 33 of Mohammadpur, Adabor and Sher e Bangla Nagor Police Stations (Thana) under Dhaka North City Corporation. As per MVC HH list total targeted population of the impact area are 39,355 with direct 7871. Targeted groups of people are MVC's, Children 0-18 especially under 5, mothers/caregivers, pregnant and lactating mothers, youth and adolescents, UNDC/CBO's with RC and Non RC families. AP working through four Primary Focus Areas (PFA's) which are Agargaon, Azizmoholla, Adabor and Katasur. From FY20, two PFA's (Agargaon and Azizmoholla) has phased out though follow up is

continuing through other two PFA's. Till now, there are 1569 RC's with 07 CBO's which are acting as a UNDC's, 07 CBO based Child Forums, 04 PFA based Child Forums and 01 AP Based child forum.

v. Rationale of End Programme Evaluation:

During LEAP3 journey, Dhaka Shishu AP has accomplished different interventions through its technical projects: HNW, Livelihoods and CESP along with the stakeholders to enhance the wellbeing of most vulnerable children, their families & community people. Now the AP is in last year of final implementation focusing on the transition issues that were already passed two implementation phases successfully.

As per the LEAP3 guideline and Transition Design Document program evaluation is to be conducted at the end of the transition phase and thus the AP is going to conduct end Programme evaluation to assess the progress or success of Programme and project goal, outcomes indicators and development area of the Programme. During its implementing phases, different quantitative progress and short-term impact at activity and output level are being measured at monthly, semi-annually and annual basis. Now this evaluation will demonstrate the progress and contribution of the program that how much the community is ready to take the responsibility for future sustained development. It is the time to measure progress against set indicators as well other context to see the changes happened over the decades' work. Besides this, LEAP DME management policy creates the opportunity for evaluation to see the sustainability, changes, lack thereof, impact, new opportunities etc. and move forward for phasing out the program. Dhaka Shishu AP is very close to phase out and the AP is preparing the community for transition. As a result, the AP has developed a plan for End Program Evaluation conduction with a view to see the results and impacts of the program initiative implemented for transition. However, considering final phase, it is decided to conduct end phase evaluation at the end year as per plan and guided by regional and national office in agreement with support office also. The End Program Evaluation processes will be started from December 01, 2019 and to be completed by March 25, 2020 (including SO feedback and final report).

1. Evaluation Summary (FY-11- FY-20):

Programme	Dhaka Shishu Area Programme (DS AP)
Programme Phase	October 01, 2011 to September 30, 2020, lifecycle from 2003 to 2020
Evaluation Type	End Programme Evaluation
Evaluation Purpose/Objectives	• To assess existing social[1], economic[2], demographic[3], health[4], environmental[5] conditions of the community people, especially the most vulnerable group among the community. • To assess the progress and impact related to the well-being of children, families and communities of Dhaka Shishu AP over the lifecycle FY2010-2020. • To measure the program relevance, efficiency, and effectiveness of intended goals and outcome in relation to project expected outcomes. • To identify to what extent Programme objectives have been achieved and compare with baseline, evaluation, other relevant secondary data and WVB thresholds considering disaggregate information by gender to make decision on programme phase out. • To identify how peoples' lives have changed, or been transformed.

[1] Social condition refers to issues like poverty, standard of living, health, gender equality, safety, well-being, and education of the community etc.
[2] Economic condition refers to financial status, ownership of assets, income, production, new modern technologies, labour and employment etc.
[3] Demographic condition refers to status with dynamic of population characteristics i.e. age, sex, occupation, education, status in household, status in community etc.
[4] Health condition refers to issues related to health care and prevention services etc.
[5] Environmental status deals with land, trees, water, air, climate and minerals etc.

	• To identify whether capacities have been developed and vulnerabilities have been reduced of target community especially for the most vulnerable groups. • Carry out the lessons learned which would help AP staff to identify promising practice & program, which can be replicated in other programs of WVB in future. • To assess up to what extend the AP addressed the CWBO towards sustainability of local ownership, partnering, local and national level advocacy, transformed relationship, and household and families' resilience. • To assess the cost effectiveness of the program that impacted to the community over the life of the AP. • Reflect & triangulate the study finding/results with the findings of other cycles to identify the trend analysis of the achievement and changes over last two phases (FY10 to FY 20). • Compare program evaluation findings with baseline, other relevant secondary data, and WVB thresholds considering disaggregate by gender to make decision on program phase out.
Primary Methodologies	The End of Programme Evaluation would be led by a prominent external consulting firm and participatory in nature with a focus on learning, success and action. The communities and all level stakeholders would be made aware of the evaluation's objectives in order to facilitate their highest participation. This will enable them to identify their strengths, weakness, opportunities and threats through potentials for problem solving pathways for development. The methods for the evaluation of the program/projects will comprise both quantitative and qualitative in analysis of the progress, achievements and changes. **Quantitative data should be collected by using android mobile devices.** **Quantitative:** Consulting firm will have to map out all the indicators of current and previous phases and determine the authentic sample size and tools. (i.e. Consultant will calculate the actual sample size appropriate for this evaluation. Cluster sampling method will be followed for end programme evaluation to compare with baseline findings). **Qualitative:** Focus Group Discussion Key Informant Interview Case Study SWOT Analysis Spider Diagram tool with children (with boys & girls separately) 'H' tool with children (boys and girls) In depth study at least 1 from each project. Change Tree Tool
Evaluation Start and End Dates	Start: December 01, 2019 End: March 25, 2020
Anticipated Evaluation Report Release Date	March 25, 2020

2. Description of Programme and Projects Being Evaluated

As we are considering 3 phases from October 2011 to 30 September 2019, we have given a matrix of 3 phases' indicators in Annexure. The matched indicator directly of thematically are considered in this evaluation. Project wise Goal, Outcome and Output indicators are given below. The offered Firm will be served with detail log-frame:

2.1. Project wise Goal, Outcome & Indicators

	Summary of objectives	**Indicators**	**Data collection Method *(HH Survey Tool or FGD or KII or Mix with)* and** Respondents' category
Programme Goal	Create such an area where every family will be educated, no malnutrition among children, people will be skillful, discrimination reduced, and environment will be healthy through joint effort of multi-stakeholders		
Program Outcomes/Technical Projects goal			
Programme Outcome: 1	Mothers and children are healthy and well-nourished	a) Prevalence of stunting in children under five years of age b) Prevalence of underweight in children under five years of age c) Proportion of women who gave birth to their youngest child at a health facility d) Prevalence of diarrhea in children under 5	
Programme Outcome: 2	Households have sustainable sources of income to provide the basic needs of children	e) Proportion of parents or caregivers able to provide well for their children. f) Proportion of households where one or more adults earning an income. g) Proportion of targeted youth reporting "employed" or "self-employed".	
Programme Outcome: 3	Community ownership of transformational development increased	h) Proportion of adolescents who have a strong connection with their parent or caregiver.	
Project Level Outcomes & Indicators: HNW Technical Project			
Outcome: 10	Mothers practices appropriate nutrition care for their children aged 0-59 months.	a) % of infants aged 0-5.9 months who were fed exclusively breast milk within last 24 hours b) Proportion of children under 2 years receiving early initiation of breastfeeding c) Proportion of children receiving minimum dietary diversity d) Prevalence of wasting in children under five years of age	
Outcome: 11	Mothers practice essential health services	a) Proportion of mothers who report that they had four or more antenatal visits while they were pregnant with their youngest child b) Proportion of mothers of children aged 0–23 months who received at least 2 post-natal visit from a trained health care worker during the first week after birth c) # and % of healthy partnering relationships	
Outcome 12	Community based WASH practice improved	a) Proportion of population using an improved drinking-water source b) Proportion of households using improved sanitation facilities (for defecation)	

	Summary of objectives	Indicators	Data collection Method *(HH Survey Tool or FGD or KII or Mix with)* and Respondents' category
		c) Proportion of parents or caregivers with appropriate hand-washing behaviour	
Project Level Outcomes & Indicators: Livelihoods Technical Project			
Outcome: 31	Youth are competitive in the employment market.	a) Proportion of youth who report having improved skills needed to engage in the employment market. b) Proportion of households with a secondary source of income.	
Outcome: 32	Producers have access to markets	a) Proportion of participating producer groups with an increased annual net profit b) Percentage of change in yield of LVCD product for participating producers	
Outcome: 33	Livelihoods technical program is operationalized as per procedures and standards set in PIG	a) % of Community Members reporting active participation in development activities at AP level.	
Project Level Outcomes & Indicators: Community Engagement & Sponsorship Plan			
Outcome: 80	Communities take care of the well-being of children	a) Proportion of adolescents who rank themselves as thriving on the ladder of life b) # and % of healthy partnerships.	
Outcome: 81	SIP essentials promoted through sponsorship activities	a) # and % of partners with appropriate capacity to make sustained contributions to child well-being. b) Children and youth participate meaningfully and safely in the DME and implementation of community projects.	
Outcome: 82	Communities practice positive cultural and social norms	a) Community and family 12behavior creates a protective environment for children. b) Proportion of children aged 1-17 years who experienced any physical punishment and/or psychological aggression by caregivers in the past month. c) Proportion of parents or caregivers who feel that their community is a safe place for children.	
Outcome: 83	Strengthened Child protection system at all level	a) Proportion of target communities in which citizens are in dialogue with local government on child protection issues, which WV has helped to catalyze. b) Proportion of target communities where local government plans include budget for prevention and protection of Children	

Few more indicators (even few crucial output indicators) related to Child wellbeing and strategy have been considered from the previous phases for this evaluation.

Indicators	Data collection Method *(HH Survey Tool or FGD or KII or Mix with)* and Respondents' category
% malnourished pregnant woman reduced	
% increase of fully immunized targeted children 12-23 months	
Savings increased by 10% per year	
% RC & child Forum members are able to make opportunities for their rights and protection	
% Child forum members are capable to help in RC selection	
# of advocacy initiatives led and conducted by children and youth	
#/% of CBOs functioning independently	
# and % of healthy partnering relationships	
b) # of micro project implemented as per guideline	
% targeted children enrolled in primary education	
% assisted children passed SSC obtaining at least B grade	
% children completed primary level education having at least 10 terminal competency	
% passing rate increased in the targeted schools (SIP)	
% RC, their parents & SMC members have concept on sponsorship and child well-being	

2.2. Major interventions under different Projects

Dhaka Shishu AP implemented its programs through a documented design consists of two technical projects i.e. HNW, Livelihoods and Community Engagement & Sponsorship Plan (CESP). The AP design document contains project log-frames; M&E plans, ITT and detail implementation plans (DIP) by phase and annual, which provide sufficient background information for each project. It is expected that review of such plans would be good sources for preparation of evaluation plans. It will be primary and secondary data collection based on the projects outcome indicators by following some scientific survey methods.

2.3. Sustainability Issues:

In addition, the evaluation aims to measure the following sustainability issues to take effective management decision using potentials and empowerment of the community for phasing out the programme effectively.

- To what extent are the community people aware of essential health care services especially from Govt. service centers.
- Capacity of the committees like CBO committees/UNDC, Child Forum, HNW committee, Child Protection committee and how they are functioning.
- Local institutions and CBOs are aware about maternal & child health issues and working to aware community people to ensure essential health care services.
- CBOs established referral linkages with different health service providers or health centers.
- Up to what extent Govt. education department are extending their support to schools as per Govt. education policy and community demands to ensure quality education.

- CBOs are aware on education for children and take initiative for child enrollment in school as well as ensure birth registration.
- Child forum is well functioning with having regular plan of action to stop early marriage, ensure birth registration and establish child rights as well as networking with Govt. on this issues.
- To what extent the registered CBOs is functioning independently by the guidance of government cooperative department.
- How effectively CBOs is operating micro finance business to increase family income, job opportunity and asset creation.
- To what level CBOs is ready for partnership responsibility and future ownership when the AP will be phased out.
- Skill youths and women involved in income generating activities.
- CBO, DMC (Ward level) are functioning and intentional to take initiative on disaster management in pre, during & post disaster situation.
- Child forum are being nurtured by the CBOs.
- CBOs and child from work jointly on child rights & protection issues.
- CBOs have initiative to response in case of child vulnerability (emergency support).
- Child Protection Committees (CPC) creates linkages with CBOs and NGOs to foster of child well-being.
- Focusing on Sustainability Drivers (1) Local Ownership of the programs c b) Partnering, c)Transform Relationships, d) Local and National Level Advocacy and e) Household and family Resilience.

3. Evaluation Target Audiences:

There are several evaluation stakeholders/partners/program participants of both direct and indirect in nature. The direct stakeholders/partners are Sponsored children, UNDC members'/CBO members, adolescents of the communities, teachers, students, community leaders, SMCs, Child Forum members, youth forum members, Child protection committee members. The indirect partners'/program participants include parents of sponsored children, family members of CBOs, community volunteers and facilitators, etc. Besides, the community consultation team and staff members of both at national and AP levels are also considered as important stakeholders. They will play the key role in the evaluation process, which will be helpful to find out the present situation and demonstrate the progress for phasing out the Programme effectively.

The direct stakeholders/partners/beneficiaries are:

- Under-5 children, pregnant and lactating mothers and adolescents
- Parents and caregivers
- Sponsored and non-sponsored poor children and their family members
- Poor and meritorious students
- Teachers, Parents Teachers Association group and school managing committee members
- Members of some committees like CBO committees/UNDC, Child Forum, youth forum, HNW committee, Child Protection committee.
- Unemployed youth
- Differently able people
- Illiterate adults
- Widows and abandoned women
- Other community mothers and adolescents
- Ultra-Poor and landless families
- Child Forum, youth forum and Community Based Organization (CBO) members
- Social, religious and community leaders
- Disaster affected community people
- Ward disaster management committee members and volunteers
- Orphans who stay with their relatives
- Abandoned children
- Community facilitators/Volunteers
- GOB & NGOs and their representatives, local educational institutions
- World Vision

The indirect stakeholders/partners/beneficiaries are:

- Latrine installation in the institutions and communities
- Non-sponsored children of the community
- Students of different schools and colleges
- Family members of pregnant and lactating mothers and adolescents,
- Family members of unemployed youths, widows
- Infrastructure development took place in the institutions.

All the stakeholders would be considered for HH survey, FGD, Document review, KII, SWOT, Case Study/Success story. The evaluation result would be shared with all level of stakeholder before finalization of the evaluation report. The evaluation plan will be outlined detail about number of result sharing session considering all level of stakeholders. The SO and/or donors will also be informed the evaluation results before finalizing so that their comments or suggestions can be included.

The AP and all relevant stakeholders will use the report to assess the progress and achievements of the program/project as well as the promising practices for future improvement.

Ward wise Population Information:

SL	Name of Wards	No. of working Mahallahs	Working Mahallas	
			HHs	Population
1	Ward No 28	7	1577	7885
2	Ward No 29	5	1348	6740
3	Ward No 30	10	2698	13490
4	Ward No 31	3	586	2930
5	Ward No 32	During last two phases DS AP did not work in this Ward but previously there were interventions.		
6	Ward No 33	8	1662	8310
Total		**33**	**7871**	**39355**

The detailed ward wise population data is given in the attachment:

Ward wise working areas:

List of Village-Para-Moholla

Project wise Target Beneficiaries:

SL	Project Name	Beneficiaries (Direct HH)
1	Strengthening Health Nutrition and WASH Services	8030 (Male-143, Female-3426, Boys-2277, Girls-2184)
2	Livelihoods Technical Project	2439 (Male-329, Female-1866, Boys-117, Girls-127)
3	Community Engagement & Sponsorship Plan	2832 (Male-162, Female-1458, Boys-559 , Girls-653)
Total		**55821**

4. Evaluation Type:

This would be a Programme phase out evaluation and main-focus is in addressing progress made towards the goal and objectives at the Programme and project outcome/impact level throughout the journey of the Programme in the community. The **End Programme evaluation** should provide **evidence-based information that is credible, reliable and useful, enabling the timely incorporation of findings, recommendations and lessons learned into decision-making**

processes towards further replication in programme/projects (If any) in the AP or outside AP working area.

5. Evaluation Purpose and Objectives:

5.1. Evaluation Purpose

The main purpose of the End Programme Evaluation is to identify the impacts of the program in the lives of children, families; community, partners and stakeholders focusing child-wellbeing outcomes in relation to the project expected outcomes. Consulting firm will have to compare with Baseline and other recognized contemporary secondary data. It is also expected to see the fact and reasons of all indicators and issues why the achievement is up to the expected level or not.

The specific objectives of End Life Program Evaluation criteria:

The major component of AP design document needs to assess through five evaluation criteria like relevance, efficiency, effectiveness, sustainability and impact as furnished below:

1.1 Quality and relevance (in terms of assessment whether an intervention is justified in the light of the outcomes and issues determined in the pre-assessment):

- To what extent does/did the project respond to priority issues of the community?
- To what extent the target communities/primary stakeholders were/have been identified/selected and effectively promoted the intervention
- How significantly and worthwhile is/was the projects to community situation.

1.2 Effectiveness (in terms of assessment of the major achievements to date in relation to its stated outcomes and outputs; and how assumptions have affected the projects achievement):

- To what extent the planned outputs led to the achievement of the outcomes?
- To what extent the planned outputs led to the achievement of the outcomes?
- Whether the AP teams have done right things in right ways?
- To what extent the program/projects achievements have affected by outcomes?
- Whether outcomes and indicators of progress used during the AP programming period?
- What kinds of benefits accruing to target people including women and children?
- What factor and processes affected the achievement of the outcomes?

1.3 Impact (in terms of making a judgment on the repercussions of the interventions in the medium and long-term change at community level the project has contributed to):

- What have been the effects of the project interventions on target people and the community?
- What contributions are provided for the improvement of the livelihood status of the target people in the community?
- What contributions to enhancement of socio-economic and income opportunities of target population?
- Was there any effect of cross cutting issues addressed by the project interventions?
- How they practice in their daily life
- What improvement level they achieved in their life
- Did they come out from circle of poverty issue?
- What is the impact out of five projects?

1.4 Efficiency of planning and implementation (in term of cost, speed and quality with which inputs/resources/means have been converted to desired products/outputs):

- Have projects output been achieved at reasonable cost?
- Were the Project Management & AP management structure and its staffing appropriate in relation to the tasks executed?
- Was financial spending in line with plan?

- Were there good working relationships with stakeholders/partners?
- How well technical assistance provided by the National/Regional office in developing local capacities?

1.5 Potential for sustainability, Replication and Magnification (in terms of likelihood of continuation in the stream of benefits produced by the projects after the):

- To what extent are community groups assuming ownership of development initiatives?
- What are the characteristics of positive and effective community participation with the program/project?
- How are community groups functioning related to below aspects?
  - Representation and involvement of broader community members
  - Leadership
  - Decision making
  - Gender make up, and role of women
  - Organizational vision and purpose
  - Management of the organization
  - External linkage
  - Resource mobilization

1.6 Indicators of Child Wellbeing Aspirations:

The evaluation will be addressed the child wellbeing aspirations indicators in light AP design documents and will be drawn a conclusion on future improvement or scope of work.

- What programs are more effective for this area and why?
- What program do not support to develop of the community and why?
- What are the health status of the children
- What are the education status of the children
- What are the moral status of the children
- What are the protection & participation status of the children

5.2. Evaluation Specific Objectives:

The specific objectives are as follows:

1. Assess existing Social, Economic, Demographic, Health and Environmental conditions of the community people, especially how the most vulnerable children and women are impacted by the AP projects and program in the area**.**
2. Measure the progress of awareness, knowledge, attitude and practices of target population, which is stated in the projects and program narratives of RDD & AP plan in Dhaka Shishu AP working area.
3. Assess the degree of changes against output, outcome and goal level indicators in terms of quantitative and qualitative over the time and reflecting the factors/reasons that are contributed to happen either positive or negative impact/changes appropriately in the program area.
4. Assess the status of Non-negotiable (cross cutting) issues (Gender, Disability, Accountability, Advocacy, DRR & CCA, Faith & Development, Christian impact, environment, Sponsorship, Urban, Peace building and conflict resolution, and Child protection) considered in all the projects.
5. Assess the promising practices and most impacted interventions of each project over the period that transformed community towards sustainability.
6. Assess the potentials of program/projects for its ownership and sustainability issues based on five drivers, i.e. to assess: i) local ownership, ii) partnering, iii) local & national level advocacy, iv) transformed relationship and v) household & family Resilience any basis to make decision on program transition.
7. Identify lessons learned, challenges (with possible solutions), and formulate actionable recommendations, which can be utilized to make World Vision work in the other program area more effectively.

8. Assess how effectively current program addressed child well-being indicators (CWB) and key performance indicators (KPIs) of WVB country strategy and how the program involved and benefited vulnerable groups.
9. Identify the community technical, managerial and operational competencies towards community development.
10. Determine whether the resources (financial, human and materials) have been used economically and wisely for the well-being of the community.
11. Reflect & triangulate the study finding/results with the other cycles of the program of last 19 years through trend analysis.
12. Compare program evaluation findings with baseline, other relevant secondary data, and WVB thresholds considering ***gender disaggregation*** to make decision on program phase out.
13. As WVB focused on 5 Sustainability issues (drivers- a) Local Ownership of the programs b) Partnering, c) Transform Relationships, d) Local and National Level Advocacy and e)Household and family Resilience), assess the present status of the said drivers.

6. Evaluation Methodology:

The End Programme Evaluation will follow both the quantitative and qualitative methods for data/ information collection. The AP authority has provided background information as mentioned below, which is necessary for sampling design for the quantitative survey for this evaluation. External consultant will conduct the evaluation. The consulting firm will identify the appropriate samples sizes and will collect data based on sample households considering the indicators of the program & projects goal & outcomes along with mandatory & necessary indicators stated above in the section # 2, page # 8-12. The sample households will be selected from the list of Mahallas/wards where WVB implementing interventions (i.e. primary sampling unit to be provided by AP) using simple random or cluster sampling technique with probability proportionate in Size (PPS). To conduct the End Programme Evaluation, same methods/ techniques need to be followed or any other appropriate method/ technique, which are more relevant with the method that used in the baseline/previous evaluation (A two-stage cluster sampling method was used in the last study).

For qualitative data/information collection, required number of FGDs, KIIs, case studies, semi structured questionnaire, SWOT Analysis, Spider Diagram tool with children (with boys & girls separately), 'H' tool with children (boys and girls), in depth study at least 1 from each project. Change Tree Tool or any other relevant techniques can be used based on the demand of the indicators.

Here it can be emphasized that the evaluation will be undertaken for each of program/project following the goals and outcomes set as per design logical framework. ***The consulting firm will have to review the previous Baseline Survey Report, Phase Evaluation Report, Semi-Annual and Annual Report, AP monitoring Report, Audit Report and other relevant secondary documents/reports (Document Review). To have background information, the firm will have to conduct KIIs techniques which will include interviews with individuals or groups through using Semi-structure interview (SSI) tools with key informants in GOB agencies, NGOs, CBOs/UNDC's, Child Forums, Church authority local leaders, project facilitators and local media sources***. The focus should be on obtaining factual-information that is cross-checked and triangulate with the program evaluation and other sources. A series of open-ended questions need to be asked to programme and project staff including Volunteers/Facilitators who are knowledgeable and experienced with interventions.

However, in the past, World Vision has used two-stage cluster sampling design for the similar evaluations due to its principle of simplicity, low cost and ease of operation. Besides, the well-known Demographic and Health Survey in Bangladesh and elsewhere to draw a nationally representative sample and by UNICEF follow similar methodology for its multiple indicator cluster survey.

As part of organizational policy and LEAP guidelines, collaborative partner CBOs/ NGOs, local Govt. representatives, other stakeholders and the community need to be involved in the End Programme Evaluation to ensure active participation, contribution and perspectives of all partners through the process. The End Programme Evaluation team members will visit the AP and project locations and

conduct several qualitative sessions with stakeholders as a part of the End Programme Evaluation based on the indicators.

Data Collection: Quantitative data shall be collected using android phone and regularly (at the end of day) will be uploaded in the system.

7. Limitations:

Every evaluation has some limitations, which can make influence in the evaluation result. Considering this, the intended End Programme evaluation will try to follow the appropriate methodology to minimize the influence. Dhaka Shishu AP works with the urban based people, who are very busy with their livelihoods. Most of the family members are involved with earning purposes, which may face difficulties to reach the beneficiaries. Another factor is high migration in the urban areas, which can be the considering limitation area of the evaluation. In the End Programme evaluation, emphasize needs to give to the same households under the same cluster, which was covered in the previous baseline/evaluation survey. Some households of those cluster may migrated in the last four or five years. In that case, required number of households can be included following appropriate methodology.

8. Authorities and Responsibility:

8.1. Team Members and Roles:

The AP authorities like to conduct the End Programme Evaluation by a renowned consulting firms having experience of similar type of studies. AP will give preference on those consulting firm who are experienced in conducting 'End Programme Evaluation'. The Consulting firm will have to lead the End Programme Evaluation involving staff from WVB, community consultation team members and local implementing partners (GOB agencies, CBOs/NGOs). WVB want to see the name of the respective sector experts and cost benefit analyst's name and profile along with the evaluation proposal.

The End Programme Evaluation should have two teams, the core team and the field enumeration team. Core team will comprise of AP & APC staff, WVB regional and NO DME staff, partners and the consultants of the firm. The field team will comprise of at least 15 enumerators, including supervisors and trainers. Both the teams would be worked as per the advice of WVB and guidance of the consulting firm.

As the survey will be conducted by the external evaluation firm so they have the following capabilities:

- Consulting firm's staffs are experts and have good knowledge and experience on end programme evaluation. Also the firm need to have the technical expertise to analyze the quantitative & qualitative data with quality and produce a professional evaluation report considering the evaluation purpose and objectives as mentioned above. The firm need to involve Gender advisor to address gender sensitivity and collect & analyze gender based data for reporting. Along with this they should also involve other sector specialist like health & nutrition, livelihood, child protection and DRR to analyze the data more appropriately considering the context relevant to other sources and generate a good report focusing on the cross cutting theme.
- The team leader/Principal Investigator specialization in Social Science/Anthropology Statistics/Economics/Sociology/Development Studies.
- The team leader/Principal Investigator has proven experience in multi-sectorial program/project evaluation or in household livelihood assessment;
- Having experience of working in urban slum areas with poor and extremely poor people.
- Office well-setup including experienced staff in respective field.
- Must engage requisite number of supervisor to ensure the data quality and validate data as per the plan during the time of data collection.

Moreover it is preferable that there should be a blend in core team that comprise of one sociologist/economist/development practitioner (team leader), one gender and advocacy specialist and one experienced staff in development issues who can deal with community regarding survey.

Table: Role and tasks to be completed by different team members in evaluation process:

Evaluation Phase	Description of Task	Role and tasks to be addressed by the Evaluation Team members
Planning	Preparation of Terms of Reference	Terms of reference gets originated from the AP and finalized based on the feedback from WVB Regional Office, NO and SO. Consulting firm will form a team for End Programme Evaluation involving AP staff, different stakeholders at community level and WVB Regional Office & National Office. Evaluation Team/Consulting Firm will be guided by WVB DME staffs of core team. WVB role is to coordinate with support office, partners & other stakeholders and incorporate their feedback. AP/Regional assign staffs will manage consulting firm through providing support and ensure the quality of evaluation products as appropriately.
Document review	Collect and review all the documents supportive for phase evaluation	Consulting Firm will review the AP Design Document (project logical framework, DIP, M&E Plan, Indicator Tracking Table, AP monitoring data, AP Annual management reports and other relevant documents/sections of the design). Ensure participation of both WVB technical and programming staff members in all activities mentioned above as observer. WVB will provide relevant documents and give information about the AP working area, community, beneficiary etc.
Methodology	Selection of appropriate methodology	Consulting Firm will develop end programme evaluation methodology, sampling size and sampling procedures required for the quantitative & qualitative survey in respect to demand of AP evaluation in consultation with AP management, DME staff of AP, DME Coordinator of respective WVB Regional Office and WVB National Office MEAL Unit. Develop appropriate quantitative and qualitative tools & Translation of survey tools in local language i.e. Bengali as where necessary. Finalize the sampling frame in consultation with AP management and technical persons in the WVB Regional Office and National Office. Organize a comprehensive training sessions to orient the team members on tools and methodology, data collection technique. A practical session can be included for data collection for the enumerators for collection of quality data and reduce any ambiguity of questions. Maximize quality of data to be collected through developing training enumerators and supervisors, developing procedures of data collection of data. A detail guideline would be developed that questionnaire may understandable. Collect data using finalized tools from planned primary and secondary sources on time. WVB will follow up phase evaluation process to collect quality data as per indicator. WVB will review and give feedback on tools and draft reports.

Evaluation Phase	Description of Task	Role and tasks to be addressed by the Evaluation Team members
Quantitative Data Collection	Quantitative Survey based on the outcome and impact indicators from the programme design document	The consulting firm will prepare evaluation tool having guidance from WVB/ Support Office. In this regard, tools against indicators, which are aligned with "WV Compendium of Indicator will be used. Develop questionnaires and other tools incorporating appropriate questions for information and include proxy indicators so that complex outcome indicators (e.g. socio-economic indicators) can be derived from. Ensure to have indicators disaggregated by gender, age and ethnicity and where appropriate also by poverty status and other vulnerabilities such as widows, orphans or people with disabilities etc. Conduct pre-test of questionnaire at AP working area and update the same with appropriate questions. This should be shared with DME and technical staffs. Important-Data collection will be by **using android phone**.
Qualitative Data Collection	Qualitative Data: FGDs, KII, SWOT, HH analysis, Change tree and other exercise of relevant proposed tools.	The consulting firm will conduct the qualitative assessment to collect and information through gathering sessions consults with AP Staff from core team at different place from different community partners other stakeholders including representative from GOs & NGOs.
Data Processing and Analysis	In depth analysis of data and information from primary and secondary sources and sharing findings with community partners & AP/Regions staffs members	The consulting firm will develop data entry, error-checking modules and data analysis program in MS Access, standard format or standard software like EPI Info, SPSS, Strata, etc. Before storing the data, the firm must do cross check and data consistency. Store data into database using data entry program developed. Design dummy tables, graphs and summary formats for report writing with 95% CIs and total sample per indicator. Sex-disaggregated data will be included for specific indicators. Use both quantitative and qualitative data, firm will analysis data using statistical techniques showing Confidence interval, different age group with gender disaggregation and calculating progress at outcome and goal level indicators and compare the findings with baseline and updated relevant secondary data. Use the appropriate data analyzing software to analyze the data. Consulting firm will share the analysis finding with community partners & others stakeholders to validate and get their feedback/comments accordingly.
Reporting	Final Report.	Consulting Firm will produce report using error free data, survey observations, findings and analysis obtained from other analytical computer packages. Present evaluation findings and send draft report for review comments to AP, WVB Regional Office and National Office along with raw data for further checking. Incorporate feedback and present revised draft report to AP, WVB Regional Office and National office, which will be sent to Support Office for their feedback.

Evaluation Phase	Description of Task	Role and tasks to be addressed by the Evaluation Team members
		Finalize report after incorporating feedback from Support Office will treated as final report by consulting firm. Submit the final report (both soft and 5 hard copies, final data pack) to AP management and support office for final approval. The Evaluation Team leader will submit the final report based on the feedback from the AP, WVB Regional Office, NO and SO. WVB disburse payments based on agreed terms.

To see the effectiveness and efficiency of sponsorship program in this evaluation, staff from AP/WVB Regional Office under the guidance of SIP point person from National Office and/or Sponsorship Advisor, will follow the recommended sponsorship impact measurement tools in light of sponsorship evaluation guidelines.

Note: APC M&E Officer and team of Dhaka Shishu AP along with regional representative will observe data collection process and ensure data quality on behalf of WVB during field work.

8.2. Partners

AP in support with RFO & NO will hire professional external consulting firm through tendering process as per WVB Purchase Policy. The consulting firm will lead the End Programme Evaluation involving staffs from AP, RFO, NO, community representatives, incorporate the feedback and suggestion from AP, Regional Office, National Office, and support office to finalize the report. Thus, APC M&E Officer, the AP staffs & Community Consultation Team member will be responsible to check the data collection process and data quality through ensuring the consistency, effectiveness & efficiency of the entire process on behalf of WVB.

8.3. Submission of Evaluation Proposal:

The consulting firm should produce a proposal for End Programme Evaluation based on this ToR and submit the same to Dhaka Shishu AP/Central Eastern Regional Office, WVB within the stipulated timeframe. The proposal should be in two parts:

- Technical Proposal and
- Financial Proposal

The technical proposal should specify:

- Analysis of the ToR showing the consultants' understanding of the subject to be evaluated;
- Proposed analytical and investigative methodology showing how the consultants intend to proceed;
- Qualification and experience of the consulting firm in socio-economic studies/evaluations;
- Career resumes of consultants containing the following items:
  - Academic training and technical skills;
  - Knowledge of the systems, mechanisms and instruments of cooperation interventions;
  - Skills in the field of public policy evaluation;
  - Knowledge of the country and region of the intervention and, if appropriate, of the local language;
- Capacity in regards of logistics and facilities including data analysis and report writing;
- Work plan and time as per template provided in ToR.
- Detail proposal of the evaluation;
- Methods of data collection and conducting the evaluation;
- Plan of report and design of report writing, etc.

The financial proposal should specify:

- Head-wise cost-estimate;

- Salary/honorarium of professional/experts and other support staff including social costs
- Cost of data collection (enumerators) and data entry
- Cost of travel and accommodation
- Cost of stationeries, survey form printing and report production of draft and final in 5 (five) copies.
- Tax and VAT will have to be mentioned in the financial proposal based on the current GOB circulation.

8.4. Evaluation of Consulting Firm:

Among the submitted proposals only the technical proposals will be evaluated first at the time of analysis. The financial proposals will remain until technical proposals are evaluated. The technical quality of the proposals will be evaluated on the basis of two major score points:

- Understanding the survey work i.e. (a) Understanding the objectives (b) Quality of methodology (c) Innovativeness in proposal writing (d) Work Program (Preparation, Implementation procedure, Training) (e) Comments on ToR and (f) Presentation of proposals
- Quality of firm, its logistics and human resources i.e. (a) Experience of firm and similar and different types of studies conducted for national and international agencies, (b) Experience of Consultants (c) Technical supporting staffs and logistic facilities (inc. using android phone) (d) Experience in working in development program in **Urban slums** (e) Experience of the firm/Consultant with World Vision Bangladesh.

The firm should provide relevant and appropriate evidences in support of their events and information provided for qualifying themselves.

8.5. Profiles of the Lead Consultant:

The consultant should have:

- A higher degree in Statistics/social Science/Anthropology/ Development Studies/ Natural Resource Management or any other relevant research based study.
- Proven Experience on the development context of Bangladesh and experience on working with mixed culture i.e. Bengali, Ethnic community will be added extra value.
- Proven experience in conducting End Programme Evaluation and participatory approaches.
- Proven experiences on analysis of production of End Evaluation and socio-economic context.
- Experience in combining qualitative and quantitative survey methods using WVB prescribed tools and develop by consultants.
- Experience in statistical analysis and triangulate the quantitative and qualitative data appropriately.
- Excellent report writing skill in English.

8.6. End Program Evaluation Plan:

The End Program Evaluation proposal should be accompanied by a detail evaluation plan following the below format or better ones. The plan must be based on focus area (goal and outcome of projects/ program) and assumptions as per logical frameworks. **It is urged to the firm to submit indicator mapping with possible matching questionnaire to provide inputs to finalize survey questionnaire from the different level of WV authority.**

End Programme Evaluation Plan is expected in the proposal as per the matrix.

Program End Evaluation focus	OVI or line of inquire	Survey tools	Data source & quantity	Location of Data collection	Means of analysis	Time needed
Goal:	As AP plan					

Program End Evaluation focus	OVI or line of inquire	Survey tools	Data source & quantity	Location of Data collection	Means of analysis	Time needed
Outcome 1:	Do					
Outcome 2:	Do					
Outcome 3:	Do					

8.7. Activity Schedule:

Detail activity schedule is expected in the proposal using the following matrix.

SL	Activity Type	W 1	W 2	W 3	W 4	W 5	W 6	W 7	W 8	W 9	W 10	W 11	W 12
1	Activity-1												
2	Activity-2												
3	Activity-3												
4	Activity-4												
5	Activity-5												
6	Activity-6												
7	Activity-7												
8	Activity-8												
9	Activity-9												
10	Activity 10												

8.8. Tentative Timeframe for the Programme Evaluation:

The whole process of End Program Evaluation must be completed by **a period of 90 days (Calendar Days) of signing work order/Agreement.** No additional time will be allowed for completing the survey. The consulting firm will include time schedule covering 90 days for conducting the end program evaluation.

8.9. Confidentiality and Copyright:

All papers/documents/reports will be shared with the consulting firm are confidential to World Vision Bangladesh. It should not be used outside of World Vision Bangladesh without any permission and back all documents to WVB/AP. Information received by the Consulting firm from Dhaka Shishu AP and World Vision Bangladesh along with the information on AP working area should be treated as confidential. The End Programme Evaluation report will be owned by Dhaka Shishu AP, World Vision Bangladesh and disseminated to authorities as the organization sees fit.

9. Team Advisors:

An advisor team will work to make the successfully conduction of the phase. The following level of positions will consist of the team:

9.1. Team Composition:

- The Chief Consultant
- Project (subject) based consultants (Sectorial experts like health & nutrition, livelihood along with child protection, gender and DRR for ensuring cross cutting theme for the evaluation)
- National Coordinator-DME and Manager, MEAL from WVB
- Regional DME Coordinator who will represent respective Regional Field Director of WVB
- Respective AP Manager
- SO program Advisor

Advice from 'Support Office' will be honored and incorporated in the end programme evaluation and when appeared during the evaluation, especially in finalizing evaluation tool and report

9.2. Role of the Advisors/firm:

- Finalize appropriate sample size and methodology
- Develop DCI (Data Collection Instrument)
- Ensure appropriate process
- Solve field based problem during data collection period (if arise)
- Provide feedback time to time as per demand of the authority
- Complete the evaluation in time.

10. Logistics:

The consulting firm should have to provide all logistic and necessary support for conducting the evaluation effectively as necessary like vehicle, required software, IT instruments, camera, photocopy & printing materials etc. AP will support with providing venue at AP working area and communication with selected personal for qualitative data collection. AP will also assist in selecting enumerator for data collection.

11. Products:

At the end of the Programme evaluation, Dhaka Shishu AP expects to have 05 hard copies along with soft copy of End Programme Evaluation report by the stipulated period. The End Programme Evaluation Report needs to follow LEAP Evaluation Report Guideline and template with relevant information. Consulting Firm will arrange a draft report-sharing workshop with community people and different stakeholders. **The draft report sharing workshop findings should be incorporated in the report.** The language of the report will be in English.

It is noted that the evaluation report will be prepared as per the WV evaluation-reporting template.

Evaluation Report Template.doc

Evaluation Reporting Guideline.pdf

12. Budget:

Required budget for Programme evaluation is available in FY 2020 plan. Consulting firm should have VAT registration number and TIN number. VAT and Tax would be deducted as per Government rules at the eve of the payment.

Mode of Payment:

All payment should be in account pay cheque and VAT/TAX should be deducted as per government policy. It will be provided 30 percent of the total amount after completing training for the field enumerators/surveyors, 30 percent after submitting draft report and finding sharing with AP team as well as community. Another 40 percent to be given after received of Final Report with all other relevant documents.

13. Documents:

The following documents should submit to WVB AP team/ Regional Authority

- Submit all raw data sheet (quantitative questionnaires)
- Soft copy of the raw data along with database (after entry data into the database)
- Submit dummy table after data analysis (before report preparation)

- Soft copy of evaluation report must submit to AP
- Minimum 05 hard copies of the final evaluation report must submit to AP

14. Lessons Learned:

To identify lessons learned the following steps would be kept in mind:

- Through this end Programme evaluation, AP wants to know the effective implementation process of activities that would be not only helpful but also efficiently used to achieve the target.
- Implementation strategies of different activities, which have brought positive change within short period in the community, would be replicated in another.

15. Route of Communication:

In all respects, AP Manager should be the contact person for the evaluation/survey work. But for the technical advice Regional and National DME staff will assist in this process.

16. Contact Person:

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Annex-1Indicator Mapping of 3 Phases:

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