Terms of Reference for End Program Evaluation

Sherpur AP
Programme Number: B00600
Program phase: FY-2018 to FY-2020
July 2019

Prepared by Sherpur AP Team

Reviewed by: Regional DME Coordinator, GMR, WVB,
National Coordinator-DME & Deputy Director –MEAL, NO, WVB

Sherpur AP
World Vision Bangladesh
Shibbari, Sherpur

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I. Acknowledgement:

This is a great pleasure for us that Sherpur AP will be phased out after long 34 years development journey through completing its final implementation phase by FY-20 as a LEAP compliance. Sherpur AP has started its final implementation phase in FY 2018 through a vigourous community engagement process in light with LEAP 3 approach which will transit from this area in FY 2020. We are very much delighted to prepare this End Programme Evaluation ToR in alignment with LEAP approach & Country Strategy in order to assess the progress towards achieving the well-being of the children, families and communities of Sherpur AP.

We would like to express our heartfelt thanks and gratitude for the unconditional contribution of the respective community, children, mothers, parents, VDCs, CBOs, child 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 Mr. Sagor Marandy, Field Director, Greater Mymensingh Region for his strategic directives and dynamic leadership on the road to develop this ToR efficiently. We would like to express our special gratitude to Mr. Biswajit Kumar Shaha, Regional DME coordinator for his timely and appropriate guidance, valuable suggestions, cooperation and logical input through review to finalization of this ToR. Special thanks go to regional technical Secialists for their meaningful contribution in this process. We are also coherent our heartfelt gratefulness to the members of MEAL cell of WVB for their valuable support and suggestions. We also acknowledge the community consultation team members for their valuable effort and contribution to develop this ToR of End Program evaluation.

Sherpur AP team would like to offer our heartfelt thanks and gratitude to our support office specially Natasha Tamplin, a Impact Portfolio Manager (Nepal, Bangladesh, India), WV Australia for her endless support, suggestions and feedback to enrich this document. The AP team and the community are also grateful to the sponsors who gave their committment 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 on going interventions, 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 are 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:

ADP	Area Development Program
AP	Area Program
APM	Area Program Manager
APCM	Area Program Cluster Manager
CBDMC	Community Based Disaster Management Committee
CBO	Community Based Organization
CBSMC	Community Based Sponsorship Management Committee
CD	Community Development
CESP	Community Engagement and Sponsorship Plan
C-IMCI	Community Integrated Management of Childhood Illness
CMC	Center Management Committee
CWBO	Child Well Being Outcome
DG	Development Group
DIP	Detail Implementation Plan
DMC	Disaster Management Committee
DME	Design Monitoring & Evaluation
FBO	Faith Based Organization
FGD	Focus Group Discussion
FL&LS	Functional Literacy & Life Skill
FY	Fiscal Year
GMR	Greater Mymensingh Region
GO	Governmental Organization
GOB	Government of Bangladesh
HHs	House Hold
IGAs	Income Generating Activities
ITT	Indicator Tracking Table
KII	Key Informant Interview
KPI	Key Performance indicator
LEAP	Learning through Evaluation with Accountability & Planning
M & E	Monitoring and Evaluation
MEAL	Monitoring, Evaluation, Accountability & Learning
NGO	Non-Governmental Organization
NO	National Office
PD-Hearth	Positive Deviance Hearth (Special program on nutrition)
PQ	Program Quality
RC	Registered Children
RDD	Re-Design Document
RFO	Regional Field Office
SO	Support Office
SWOT	Strong Weakness Opportunity Threat
ToR	Terms of Reference
UNICEF	United Nations International Children's Emergency Fund
Upazila	Sub-District
UZDMC/UDMC	Upazila /Union Disaster Management Committee
WASH	Water, Sanitation & Hygiene
WATSAN	Water and Sanitation
WV	World Vision
VDC	Village Development Committee
UNDC	Urban Neighborhood Development Committee

IV. Introduction & Background:

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 in 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.

Presently World Vision Bangladesh is serving around 5 million children and 3.1 million adults with maternal child health and nutrition, education, livelihood, child protection and WASH projects under 27 administrative districts in 68 locations with 51 Area Programs and 15 grant-funded projects. The objective of this organization is 'To achieve sustainable well-being and build a brighter future for 5 million vulnerable children in Bangladesh by tackling causes and addressing effects of poverty, inequalities and injustices' (Source: https://www.wvi.org/bangladesh).

Sherpur AP and its Journey:

World Vision Bangladesh started its development journey at Sherpur district during heavy flash flood damaging crops, livestock, houses including assets and infrastructure from May to October 1986 affecting 85% of people severely. Considering the adverse situation and upon the urgent request of Bangladesh Government World Vision got involved in Sherpur as Sherpur Hodi Family Development Project in 1986 followed by the relief and rehabilitation phase. After then in 1987, WVB launched the Family Development Project (FDP) with 500 children under sponsorship programme to bring comprehensive changes in the project area in various sectors by providing development activities like education, health, economic, ethical and leadership management and socio-culture involving community people to participate in the work. However, this FDP working span was limited only with very selective ethnic families living in12 villages and this FD project was closed in 2004.

From the past experience, participation of community people, potential area in terms of ADP selection criteria and considering the extensive needs of this area, WVB decided to convert the FD Project to Sherpur Area Development Program (ADP) from October 2006 with the long term funding commitment by World Vision Australia under LEAP approach. Sherpur upazila under Sherpur district has been selected for the programme through addressing most vulnerable to transform the community into holistic sustainable development focusing on ownership and empowerment. After then the ADP was converted to AP (Area Program) through a vigorous community engagement as a part of LEAP3 journey in FY'18 as a mandate of WV Bangladesh. The AP will be phased out in FY'2020 through an effective transition process in support with WV Australia.

Phase	From	To	Sectors	Baseline, Phase Evaluation

Family Development Project	FY 1986	FY 2004		
Assessment & Design Phase	FY 2005			
1st Implementation Phase	FY 2007	FY 2011	Health, Education, Economic Dev.	Baseline-2008, Phase evaluation-2011
2nd Implementation Phase (LEAP-2)	FY 2012	FY 2016	Health, Education, Economic Dev., Sponsorship	Baseline-2012, Phase evaluation-2017
Interim Design Period (Transition to LEAP3)	FY 2017			
3rd Implementation Phase (LEAP-3) and Transition Phase	FY 2018	FY 2020	Education, Livelihood, Sponsorship	Baseline-2018

Since 2005, Sherpur AP has been carrying out its Area Program (Earlier FY'2018 Area Development program-ADP) in the area covering by 4 Unions (Bolairchar, Losmonpur, Pakuria, Gazirkhamar) out of 13 Unions and 1 (One) Municipality under Sherpur Upazila/Sub-District. The AP is located at a distance of 190 kilometers in north of Dhaka and 71 km north east from Mymensingh Division. The total area of the Sherpur sub-district is 360.01(Working area-109.92 Sq KM) square kilometer consists of 188 (Working villages-38) villages (BBS-2011)

The Sherpur AP now is in transition phase. During this journey through implementing various implementation phases, Sherpur AP has accomplished a good number of interventions to bring sustainable and transformational development of its targeted people/community special focuses on child well-being. The last three years, the AP is being implemented planned interventions for strengthening capacity of community groups like VDC/UNDC, child forum, school management committee, Sponsorship management/Child Protection committee and CBDMC for ensuring well-being of target community, community ownership and sustainability. Now according to the programme life cycle, it is the time to look back in the accomplishments and carry out the programme performance complying with its expected objectives and indicators. Hence, this ToR will provide a guideline to conduct the End Programme Evaluation to see the overall impact of programme and how much extent the programme contributed to achieve the sustainable well-being of the children, families and communities through its entire programme life cycle of 14 years and life time.

V. Rationale of End Program Evaluation:

Sherpur AP started its development journey in Sherpur since 2005 and during this journey the AP has accomplished different interventions through its projects: Health, Education, Economic development and Sponsorship management along with the stakeholders to enhance the wellbeing of most vulnerable children, their families & community people under LEAP 2 approach. After then in alignment of LEAP3 the AP has implemented its development activities focusing on the community needs through a vigorous community engagement process in its last phase through technical program (Livelihood, FL&LS) and CESP. Now the ADP is in last year of final implementation focusing on the transition issues that were already passed two implementation phases successfully.

As per the LEAP guideline and Transition Design Document program evaluation is to be conducted at the end of 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's 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. Sherpur 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. But 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 October 01, 2019 and to be completed by January 31 2020 (including SO feedback and final report).

1. Evaluation Summary:

Programme	Sherpur Area Programme (AP)
Programme Phase	FY 2018- FY 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 of awareness, knowledge, attitude, practices and impact related to the well-being of children, families and communities of Sherpur AP over the lifecycle FY2005-2020. • To measure the program efficiency and effectiveness of intended goals and outcome in relation to project expected outcomes and reflecting the factors/reasons that are contributed to happen either positive or negative impact/changes appropriately in the program area. • 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 inform opportunities for future programming. 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 • To identify how peoples' lives have changed, or been transformed with root causes of changes & learning why changes happened in the program. • To identify whether capacities on the skills and knowledges have been developed by community partners and identify whether vulnerabilities have been reduced of target community especially for the most vulnerable groups. • Carry out the lessons learned which would help ADP staff to identify promising practice that bring the impact and sustained in the

[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.

	community. It will be articulated in AP closure report & 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. • Reflect & triangulate the study finding/results with the findings of other cycles to identify the trend analysis of the achievement and changes over last the 14 years. Trend & comparison analysis to be reflected of AP program evaluation findings with AP's all phases of baseline/ evaluation survey findings, other relevant secondary data considering disaggregate by gender to make justification on program phase out.
Primary Methodologies	The End of Program 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:** 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, Sampling technique and feld level data colletion process appropriate for this evaluation. Multi stage Cluster sampling method will be followed for end programme evaluation to compare with previous baseline/evaluation findings). **Qualitative:** Focus Group Discussion Key Informant Interview Observation Case Study SWOT Analysis Spider Diagram tool with children (with boys & girls separately) 'H' tool with children (boys and girls) In depth interview at least 1 from each project. Change Tree Tool
Evaluation Start and End Dates	Start: October 01, 2019 End: January 31, 2020
Anticipated Evaluation Report Release Date	January 31, 2020

2. Description of Programme and Projects Being Evaluated:

Technical Program (TP) and Community Engagement and Sponsorship Plan (CESP) wise Goal, Outcome, Output with indicators and major interventions are given below:

2.1. TP and CESP wise Goal, Outcome & Indicators:
Goal and Outcome listed indicators are as below:

	Summary of objectives	Indicator
Overarching Vision	Every child is growing as one of the good citizens with having all kinds of facilities in Sherpur AP working area.	
TP Goal/Outcomes-FL&LS		
Program Goal:	Children achieved learning outcomes across life cycle.	Proportion of pre-school aged children (3 - 5 or 6 years) who are meeting their developmental milestone
		Proportion of children in Grade 3 achieving at least a minimum proficiency level in reading
Outcome: 20	Families and community support children for learning & development.	% children (boys, girls) reporting an increased frequency of participation in literacy activities with household members
		Proportion of parents and caregivers who promote learning for children aged 3 to 6 years
		% LB/UL reading camps/clubs achieving quality standards
Output: 20.03	Community based learning center's are functional.	# of LB/UL reading clubs meeting minimum standards
		# of ECD centers meeting minimum standards
Outcome: 21	Children's Learning and Developmental Outcomes Improved.	Proportion of children aged 3 to 5 years currently enrolled in and attending a structured learning institution for early childhood education
		Proportion of LB/UL trained teachers utilizing skills acquired to teach reading
Outcome: 22	Children of out of school completing basic education.	Percent of children aged 6-13 yrs. completing primary education in selected schools of the referral systems in last 3 years.
		Percent of out of school children enrolled completing NFE certified for transfer to the higher class level by age and gender.
Output: 22.01	Primary school-aged drop-outs children are mainstreamed to formal schools.	# and % of children that have dropped out who have reenrolled back to school
Outcome: 23	Strengthened Government system and building networks for primary education strengthened.	Proportion of schools that meet government standards, as monitored through CVA.
		Proportion of UL schools receiving supervision by a trained local education authority
Output: 23.02	Schools are equipped with WASH and school safety measures	# of school have school safety plan
		# of stakeholders trained on school safety
		# of schools/education facilities with functional basic (improved) drinking water source
		# of school have a library or book collection?
Related to Output: 23.02 measured in Baseline-2018		

		# of schools/education facilities with sex-separated basic sanitation facilities with appropriate student to latrine ratio
		# of schools with basic hand-washing facilities.
		# of school that have an active PTA/school management committee)
TP Goal/Outcomes-Livelihood		
Goal	Households have sustainable sources of income to provide the basic needs of children	Proportion of parents or caregivers able to provide well for their children
		Proportion of households where one or more adults earning an income.
		Proportion of targeted youth reporting "employed" or "self-employed"
Outcome: 30	Households engage in sustainable livelihood options.	% of household graduated to next level of the living standard category.
		Proportion of households with a secondary source of income
Output: 30.01	Households capacitated on improved agricultural and non-farm practices	% of trained farmers (or individuals) who apply improved and sustainable agricultural techniques
Outcome: 31	Youth are competitive in the employment market.	Proportion of youth who report having improved skills needed to engage in the employment market.
Outcome: 32	Producers have access to markets	Proportion of participating producer groups with an increased annual net profit
		Percentage change in yield of LVCD product for participating producers
		# and % of healthy partnerships
Output: 32.01	Producers acquired marketing and business skills	% of trained community members applying new business / entrepreneurial skills acquired
Goal/Outcomes - CESP		
Goal	Community ownership of transformational development increased	Proportion of adolescents who have a strong connection with their parent or caregiver
Outcome: 80	Communities take care of the well-being of children	Proportion of adolescents who rank themselves as thriving on the ladder of life
		# and % of healthy partnerships
Output: 80.02	Community and partners managed shared project	Proportion of village development committee functioning well
Output: 80.03	Community feedback and complaints mechanism in place	Proportion of pieces of feedback received that were responded according to standard
Outcome: 81	SIP essentials promoted through sponsorship activities	# and % of partners with appropriate capacity to make sustained contributions to child well-being
		Children and youth participate meaningfully and safely in the DME and implementation of community projects
Outcome: 82	Community and family behaviour creates a protective environment for	Proportion of children aged 1-17 years who experienced any physical punishment and/or psychological aggression by caregivers in

	children	the past month
		Proportion of parents or caregivers who feel that their community is a safe place for children (Household/Community/School/Work Place)
Outcome: 83	Strengthened Child protection system at all level	Proportion of target communities in which citizens are in dialogue with local government on child protection issues, which WV has helped to catalyze
		Proportion of target communities where local government plans include budget for prevention and protection of Children
Output: 83.02	Child focused Systems & Structures are functional at all level	Proportion of CP committees that meet the minimum standards
		Proportion of CP reporting and referral mechanism that meet the minimum standards
Related indicators measured in Baseline-2018		
		Proportion of children aged 5-17 years engaged in labour
		Proportion of women aged 20-24 years who were married by age 18
		Proportion of communities that are prepared for disaster risk reduction
		% of households with increased application of knowledge about adaptive capacity to climate induced hazards
		% of children of age 0-17 years got birth registration
TP Goal/Outcomes-HNW		
Program Goal:	Mothers and children are healthy and well-nourished	Prevalence of stunting in children under five years of age
		Prevalence of underweight in children under five years of age
		Proportion of women who gave birth to their youngest child at a health facility
		Prevalence of diarrhoea in children under 5
Program Outcome: 10	Mothers practices appropriate nutrition care for their children aged 0-59 months.	Proportion of children exclusively breastfed until 6 months of age
		Proportion of children under 2 years receiving early initiation of breastfeeding
		Proportion of children receiving minimum dietary diversity
		Prevalence of wasting in children under five years of age
Output: 10.01	Malnourished children 0-59 months are rehabilitated through community based nutrition initiatives	# and % of children participating in PD/'Hearth' sessions who gained 400 grams in one month
		# of children under 5 who have been rehabilitated following participation in nutrition programming
Output: 10.02	Children age 0-59 months are monitored through GMP program	#/% of children under 5 participating in community based health programing
		Proportion of children enrolled in nutrition programs who gained weight in the last month

Program Outcome: 11	Mothers practice essential health services	Proportion of mothers who report that they had four or more antenatal visits while they were pregnant with their youngest child
		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
		# and % of healthy partnerships
Program Outcome: 12	Community based WASH practice improved	Proportion of population using an improved drinking-water source
		Proportion of households using improved sanitation facilities (for defecation)
		Proportion of parents or caregivers with appropriate hand-washing behaviour
Related indicators measured in Baseline-2018		
		Proportion of children receiving minimum dietary diversity
		Women dietary diversity scores
		% of women are healthy (results will be segregated by pregnant, lactating and non-pregnant non-lactating women)
Indicators related to Faith & Development		
Ministry (1) and CWB Objectives	Increase in children who have positive and peaceful relationships in their families and communities	% of boys and girls (12-18 years) with positive and peaceful relations with their parent(s)/caregiver(s)
		% of boys and girls (12-18 years) with positive and peaceful relations with their peers
		% of boys and girls (12-18 years) with positive and peaceful relations with their Faith Leaders

Child Well Being Target, WVB strategy and Mandatory indicators that should be consider in end programme evaluation:

Child Well Being Target/Indicators:

1. An increase in children protected from infection and disease (ages 0–5)
2. An increase in children who can read by age 11.

WVB Strategy Indicators: According to FY 16 to 20 periods

1. # and % of children with access to clean water and sanitation as a result of WASH intervention
2. Proportion of children who demonstrate they are ready for school
3. Percent of children in grade 6 or equivalent who can read and comprehend a story
4. Proportion of children (12-18 yrs) who develop and the application of essential life skills to lead a productive and fulfilling life
5. # of children who achieve at least a minimum proficiency level in reading
6. Proportion of children (12-18) who have a strong connection with their caregivers
7. Proportion of boys and girls (12-18 years) who are reported to have experienced some form of violence in the past 12 months
8. Proportion of communities where youth are able to share their views and be listened to by community or district government leadership

9. Communities can identify, understand and act on issues of injustice affecting the wellbeing of children and progressive fulfillment of their rights
10. % / # of Union/Upazila / Pourashava /Municipality / City Corporation level child protection mechanism are functional in WVB working area
11. # and % of farmers (Households) adopting improved agricultural practices
12. Proportion of HH able to employ an effective disaster management (pre, post and ongoing phases)
13. Proportion of HH practicing climate adaptive livelihoods

Mandatory indicators that should be considered in end programme evaluation;

1. % increase of literacy rate among children from existing baseline.

Complementary indicator that need to be considered in end programme evaluation

1. % of infant whose births were attended by skilled birth attended
2. % of HH with U5 child who has access to hygiene latrine
3. % community to enhance enabling Differently able people
4. % of targeted students achieved B grade in public Examination
5. Completion rate for primary cycle increases % and % for secondary level
6. Proportion of children who are functionally literate
7. Proportion of children who have completed six years of basic education
8. % of children decreased dropout rate at primary and secondary level
9. % reduction of early marriage within the working area based on the baseline
10. Average income increased among the community
11. % Targeted farm households adopted at least one new farming technology
12. Average crop yield (Aus, Aman & Boro rice) increased
13. % targeted households having at least one animal protein sources once a time in their daily meal
14. % of targeted communities sells their product at distance market.
15. % of trained participants operate at least one non-farm earning activities.
16. % VDC/UNDC/CBOs functioning in Excellent, good & moderate level respectively.
17. % of registered CBOs initiate development intervention independently
18. % of CBO members has at least 4 shares.
19. % women leadership ensured to lead and manage the CBOs.
20. % of CBO member involved at least one alternative income source.
21. Proportion of women empowerment demonstrate in the community
22. % Disaster Management Committees functional
23. % targeted household can say three mechanisms about disaster preparedness
24. % of affected household return to normal life after disaster existing %
25. % of RC complete primary level (1-5 grade)
26. % Child Forum & CMC committees Functional
27. % children of age between 0-18 know about their rights and responsibilities/% children of age between10-18 know about their rights and protection
28. % children know about the role of child forum
29. % parents and community people satisfied with sponsorship program

2.2. Major interventions under different Projects

Sherpur AP implemented its programme through a documented Area Program Plan consists of two technical programme (FL&LS & Livelihood) and CESP. The AP plan is the design document contains log-frames; M&E plans, ITT and detail implementation plans (DIP) by phase and annual, which provide sufficient background information for each TP & CESP. 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 outcome and other necessary 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 CC committee, CP committee, PD Hearth, C-IMCI, WASH and how they are functioning.
- Local institutions and VDC/UNDC/CBOs are aware about maternal & child health issues and working to aware community people to ensure essential health care services.
- VDC/UNDC/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.
- VDC/UNDC/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 Upazila/sub-district administration on this issues.
- To what extent the registered CBOs is functioning independently by the guidance of government cooperative department.
- To what extent VDC/UNDCs are functioning independently through implementing shared plan to reach to the vision in collaboration with local government and other stakeholders.
- How effectively VDC/UNDC/CBOs is operating micro finance business to increase family income, job opportunity and asset creation.
- To what level VDC/UNDC/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.
- VDC/UNDC/CBO and DMC (Union & Upazila level) are functioning and intentional to take initiative on disaster management in pre, during & post disaster situation.
- Child forum are being nurtured by the VDC/UNDC/CBOs.
- VDC/UNDC/CBOs and child from work jointly on child rights & protection issues.
- VDC/UNDC/CBOs have initiative to response in case of child vulnerability (emergency support).
- CMC creates linkages with CBOs and NGOs to foster of child well-being.

3. Evaluation Target Audiences:

There are several evaluation stakeholders/partners/program participants of both direct and indirect in nature. The direct stakeholders/partners are Registered/Sponsored children, VDC/UNDC/CBO members, Adolescents of the communities, teachers, students, leaders, SMCs, CMCs, CWMCs, UDMC, UZDMC, CBDMC, and WASH Committee Members. The indirect partners/program participants include parents of registered/sponsored children family members of VDC/UNDC/CBOs, community volunteers and facilitators etc. Besides, the community consultation team members and staff members of both at national and region along with 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
- Registered/Sponsored and non-registered/sponsored children and their family members
- Poor and meritorious students

- Teachers, Parents Teachers Association group and school managing committee members
- Members of some committees like PD/Hearth, WASH, CBDMC, CWMC, SMC, CMC, CP etc.
- Unemployed youth
- Differently able people
- Illiterate adults
- Widows and abandoned women
- Other community mothers and adolescents
- Ultra-Poor and landless families
- Poor, marginal and small farmers
- Aboriginal people/Indigenous people
- Child Forum and Community Based Organization (CBO) members
- VDC/UNDC and different sub-committee members
- Social, religious and community leaders
- Disaster affected community people
- Union 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:

- Tube-well and latrine installation in the institutions and communities
- Non-registered/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 and aboriginal people
- Farmer's family members
- 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.

Union wise Population Information:

SL	Name of Unions	No. of working Villages/Mahallah	Working Villages	
			HHs	**Population**
1	Losmonpur	9	4311	27873
2	Balairchar	6	5263	24059
3	Gazirkhamar	9	3453	13065
4	Pakuria	11	9511	35506
5	Municipality	27	16099	79510
	Total	62	38637	180013

Source: Bangladesh Bureau of Statistics Census 2011

The detailed village wise population data is given in the attachment

Union wise working Villages:

Unionwise village list
& Population_Sherpur

Programme (TP & CESP) wise Target Beneficiaries:

SL	Programme Name	Beneficiaries (HH)
		Direct
1	Functional Literacy & Life Skills TP	Male : 712 Female : 702 Boy : 543 Girl : 532
2	Livelihoods TP	Male : 2038 Female : 2007 Boy : 304 Girl : 298
3	Community Engagement & Sponsorship Plan	Male : 4391 Female : 4001 Boy : 804 Girl : 1111
Total		**Male : 7141** **Female : 6710** **Boy : 1651** **Girl : 1941**
Grand Total		**17443**

4. Evaluation Type:

This would be a program phase out evaluation and main focus is in assessing 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. Specific Evaluation Purpose and criteria:

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/programme 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.

End of Life Program Evaluation criteria:

The evaluation must address the following specific key evaluation criteria related to relevance, efficiency, effectiveness, sustainability and impact.

❖ **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):**

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

❖ **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):**

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

❖ **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):**

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

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

18. Have projects output been achieved at reasonable cost?
19. Were the Project/programme Management & AP management structure and its staffing appropriate in relation to the tasks executed?
20. Was financial spending was in line with plan?
21. Were there good working relationships with stakeholders/partners?
22. How well technical assistance provided by the National/Regional office in developing local capacities?

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

23. To what extent are community groups assuming ownership of development initiatives?
24. What are the characteristics of positive and effective community participation with the program/project?
25. How are community groups functioning related to below aspects?
    1. Representation and involvement of broader community members
    2. Leadership
    3. Decision making
    4. Gender make up, and role of women
    5. Organizational vision and purpose
    6. Management of the organization

7. External linkage
        8. Resource mobilization

❖ **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.
        1. What programs are more effective for this area and why?
        2. What program do not support to develop of the community and why?
        3. What are the health status of the children
        4. What are the education status of the children
        5. What are the moral status of the children
        6. What are the protection & participation status of the children

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. The consulting firm will identify the appropriate samples sizes and sample households based on the indicators of the programme & projects goal & outcomes along with mandatory & necessary indicators stated above in the page # 8-13. And also the sustainability questions stated in page 14 and the five evaluation criteria mentioned in page 17 and CWB aspiration indicators stated in page 18. The sample households will be selected from the list of villages/wards where WVB implementing interventions (i.e. primary sampling unit to be provided by AP) using 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 2 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 phases Baseline survey & evaluation Reports, 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, Church authority local leaders, project facilitators and local media sources***. The focus should be on obtaining factual information that is crosschecked 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 VDC/UNDC/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.

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. Sherpur AP works with the rural based people. There are several natural disaster occur every year in AP working area that is **flash flood, seasonal storm etc**. For these reason sometimes targeted beneficiaries may move from one place to another which can be the considering limitation area of the evaluation. In the End Programme evaluation, emphasise needs to give to the same households under the same cluster. Some households of those cluster may migrated in the last two or three 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, VDC/UNDC/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 staff, WVB regional and NO MEAL staff, partners and the consultants of the firm. The field team will comprise of at least 25 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, agricultural, 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 should have 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;
- Willing to work in remote area 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 MEAL 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 (programme/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 tools after field test. 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

Evaluation phase	Description of Task	Role and tasks to be addressed by the Evaluation Team members
		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.
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.
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. Consultancy firm will develop a detail schedule both qualitative and quantitative data mentioning the name of data collector expert to WVB at least one week ahead of data collection.
Data Processing and Analysis	In depth analysis of data and information from primary and secondary sources and sharing findings with community partners & ADP/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% CI 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.

Evaluation phase	Description of Task	Role and tasks to be addressed by the Evaluation Team members
		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. Finalize report after incorporating feedback from Support Office will treated as final report by consulting firm. The analytical/main report will be produced to consider outcome statement. Submit the final report (both soft and 5 hard copies, final data soft & analyzed output data tables/ data pack) to ADP 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 Sherpur AP team along with regional representative will observe data collection process and ensure data quality on behalf of WVB during field work.

8.2. Partners

Sherpur AP in support with RFO & NO will hire professional external consulting firm through tendering process as per WVB Procurement Policy. The consulting firm will lead the End Programme Evaluation involving staffs from AP, RFO, NO, community representatives and 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 Sherpur AP/Greater Mymensingh Regional Office, WVB within the stipulated timeframe. The proposal should be in two parts:
1. Technical Proposal and
2. Financial Proposal

The technical proposal should specify:

3. Analysis of the ToR showing the consultants' understanding of the subject to be evaluated;
4. Proposed analytical and investigative methodology showing how the consultants intend to proceed;

5. Qualification and experience of the consulting firm in socio-economic studies/evaluations;
6. Career resumes of consultants containing the following items:
1. Academic training and technical skills;
2. Knowledge of the systems, mechanisms and instruments of cooperation interventions;
3. Skills in the field of public policy evaluation;
4. Knowledge of the country and region of the intervention and, if appropriate, of the local language;
5. Publication related to the study
6. Experience with WVB or other national and international organization related to social study
7. Capacity in regards of logistics and facilities including data analysis and report writing;
8. Work plan and time as per template provided in ToR.
9. Detail proposal of the evaluation;
10. Methods of data collection and conducting the evaluation;
11. Plan of report and design of report writing, etc.

The financial proposal should specify:

12. Head-wise cost-estimate;
13. Salary/honorarium of professional/experts and other support staff including social costs
14. Cost of data collection (enumerators) and data entry
15. Cost of travel and accommodation
16. Cost of stationeries, survey form printing and report production of draft and final in 5(five) copies.
17. 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 (d) Work Program (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 (d) 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 frame works and on the evaluation criteria mentioned in section 5.1 of this ToR, related to relevance, efficiency, effectiveness, sustainability and impact?... **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/PDD/RDD					
Outcome 1:	Do					
Outcome 2:	Do					
Outcome 3:	Do					
Outcome 4:	Do					

8.7. Activity Schedule:

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

SL	Activity Type	W1	W2	W3	W4	W5	W6	W7	W8	W9	W10	W11	W12
1	Activity-1	■	■	■									
2	Activity-2			■	■	■							
3	Activity-3						■						
4													
5													
6													
7													
8													
9													
10													

8.8. Tentative Timeframe for the Program 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 firm will submit their final product (soft copy) through mail after incorporating all the feedback provided by community/AP/RFO/NO on draft report within this timeline. If consulting firm fail to provide report within the stipulated time then penalty will be imposed on delayed duration as per WVB SCM policy. After getting feedback from the support office on End Evaluation Report, firm will have to submit hard copies as well as data pack soft copy.

8.9. Confidentiality and Copyright:

All papers/documents/reports shared with the consulting firm are confidential to World Vision Bangladesh and 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 Sherpur 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 Sherpur 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, agricultural, livelihood along with child protection, gender and DRR for ensuring cross cutting theme for the evaluation)
- Deputy Director MEAL and APC Manager, Sherpur APC from WVB
- Regional DME Coordinator who will represent of Regional Field Director of GMR, WVB
- Respective AP Manager

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. Tasks & Role of the Consulting firm:

The Consulting firm has to follow the below guidance to manage their data sheet and analysis data both qualitative and quantitative. Collected qualitative and quantitative data will be analyzed through general software such as excel, SPSS or through any software recommended by World Vision DME/MEAL team. Various statistical analysis like average, standard deviation test of significance, multiple correlations and multiple regressions etc. It is important to mention here that all quantitative findings will have to be triangulated by the qualitative information which will have to be collected in the form of FGD, KII, spider diagram, 'H' tool, case study and Change tree tool and mention in the quantitative section. A separate qualitative report will have to be attached as a separate chapter or annex in the evaluation report. The following tasks to be addressed to complete evaluation as follows:

1. Develop & finalize survey data collection tools align with program/project goal, outcome and others related indicator share in the ToR with guideline and collect data from planned primary and secondary sources.
2. Finalize appropriate sample size, sampling technique, filed data collection method/process appropriately
3. Develop data entry software with using MS Access or standard format.
4. Store data into database using data entry program with involving quality data entry operator.
5. Ensure data validation checking to minimize error in the database and clean datasheet and make it error free.
6. Design data analysis plan & dummy tables, graphs and summary formats for report writing.
7. Quantitative data will analyze using statistical techniques (SPSS is preferred for advance statistical data analysis) and qualitative data analysis in calculating progress at outcome and Goal level indicators both for Project and Program.
8. 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.
9. Finalize report after incorporating feedback from Support Office
   - Solve field based problem during data collection period (if arise)
   - Provide feedback time to time as per demand of the AP 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, Sherpur AP expects to have 5 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 attached along with the appendices

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 during the final payment procedures.

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. The consulting firm will bear cost for the community participants for any event they involve with the assessment /survey process like food, conveyance etc. Another 40 percent to be paid to consulting firm after receive 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 including one colour copy of the final evaluation report must submit to AP which incorporating input and comment of stakeholders.

14. Lessons Learned:

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

* Through this end programme evaluation, ADP 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. Appendices:

Evaluation Reporting Guideline.pdf   Evaluation Report Template.doc

16. Contact Person:

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