

**Terms of Reference for Final Evaluation**

**Improving Maternal and Child Health Care Project**

**Project Number: 217573**

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**World Vision Bangladesh**

**Dharmapasha, Sunamgonj**

# 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 has been working in Bangladesh since 1972 in the greater Mymensingh district from a small coordination office at Birisiri under Durgapur Upazila. It played a significant role in rebuilding the war-torn country in the aftermath. In the late nineties, World Vision adopted a new development approach called "Area Development Programme (ADP) that is long term (10-15 years) to address the needs of people at the macro-level that would bring about transformation, impact, sustainability and self-reliance in communities, especially in the areas where World Vision serves. Now, World Vision’s programme and activities spread across 29 administrative districts in Bangladesh. World Vision works through long-term sustainable community development programs and immediate disaster relief assistance in 88 locations in sub-districts, impacting the lives of around 6.5 million people with various services, of which 4.5 million were children (Source: <https://www.wvi.org/bangladesh>).

World Vision Bangladesh started its operations at Dharmapasha sub-district named as Dharmapasha AP in FY’19. The program impact areas are the three most vulnerable locations (Unions) namely Joysree Union, Dharmapasha Sadar Union and Selborash Union of Dharmapasha sub-district of Sunamgonj District under Sylhet Division. Dharmapasha AP implementing the Health and Nutrition Technical Programme (TP), Education & Child Protection TP & CESP in AP working area. AP implementing the activities with the active participation and collaboration of Village Development Committees (VCDs), Child Forum, Local Govt.; Community Clinic, Government line departments like- Health, Social Welfare, Women & Child Affairs and other like-minded organizations. The AP continuing implementing it’s Technical Programs and CESP to ensure the well-being of the children, especially the most vulnerable.

**Improving Maternal and Child Health Care Project Journey:** The Project is being implemented the 3 unions (Dharmapasha Sadar, Joysree, Selborash) of Dharmapasha sub-district of Sunamgonj District. The Project started in October 2021 and it will end in September 2025.

**Rationale for conducting Final Evaluation:**

During its journey, the IMCHC Project has accomplished different interventions through two outcomes and three outputs together with the stakeholders to enhance the Improved health status for children under 5 and pregnant and lactating women of the target areas. Now the project is in its last year to wrap up its operation in September 2025.

As per project design, a project final evaluation is to be conducted at the end of the project life and thus, the project is going to conduct the final evaluation to assess the progress or success of the project and project goal, outcomes indicators, and impact of the project. Now this study will demonstrate the progress and contribution of the project and explore how much the community is ready to take responsibility for future sustainability. It’s the time to measure progress against set indicators as well as to see the changes that have happened over the life of the project. Hence the project has developed a plan to conduct the final evaluation to see the results and impacts of the project initiative implemented. The final evaluation processes will be started in April 2025 and completed by June 2025 (including SO feedback and the final report).

World Vision Bangladesh is seeking a consultant/consultancy firm to conduct the final evaluation of Improving Maternal and Child Health Care Project, Dharmapasha Upazlia, Sunamgonj.

# Final Evaluation Objectives:

The specific objectives of final evaluation are as follows:

* To identify the impacts on the lives of children, families, communities, partners, and stakeholders that can be directly attributed to the IMCHC Project
* To identify to what extent project objectives have been achieved and compare with baseline and other relevant secondary data and considering disaggregated by gender.
* To establish a sound, quantitative and qualitative information by assessing the levels of awareness, knowledge, attitude and practices of the targeted population.
* To identify whether capacities have been developed by community partners and identify whether vulnerabilities have been reduced of target community in respect of maternal and child health.
* Carry out the lessons learned which would help the project and WVB staff to identify promising practices & innervations, which can be replicated in other projects of WVB in the future.
* To capture the most important changes/success/impact of the project.

# Indicators for Final Evaluation:

The outcome level indicators and some output level indicators of the Project that are to be considered for the conduction of the final evaluation are given below. In addition to this, the consultant/firm will have the opportunity to include reliable indicators if his/her findings support.

| **Objective** | **OVI** |
| --- | --- |
| **Objective:** Improved health outcomes for children under 5 and pregnant and lactating women living in rural hard to reach Haor areas of Bangladesh. | |
| **Outcome 1: Health systems and local partners have increased capacity to support the MNCH**  **Service delivery** | **OC-1:** Proportion of HH who recently use health facility services and report satisfaction with the health service they received. (KII/FGD with service providers, survey with Mothers)  **OC-2:** Proportion of Primary health centers (community clinics) meeting comprehensive antenatal care services in line with the national standards on health workforce. (KII/FGD, check register book, Service provider of CC) |
| Output 1.2: Health facilities are strengthened to deliver quality MNCH products and services | **OP-4** # of pregnant women and postnatal mothers have better knowledge and facilities for MCHN. ( Survey) |
| Output 1.3: Community systems are strengthened to support high quality and coverage of MNCH | **OP-7:** # of Community group (CG) and Community support groups (CGS) trained on basic health prevention services and referrals & promotes systems strengthening. (FGD with CG &CSG to see the existing status/capacity/ functionality) |
| **Outcome 2: Children under 5 and pregnant and lactating women have improved access to essential health services** | **OC-3:** % of children age 0-23 months who received all 3 components of essential newborn care. (Survey with mother who have 0-23 months child.)  **OC-4:** % of infants whose births were attended by skilled birth attendant. (Survey with lactating mother (0-23 months child)  **OC-5:** % of children exclusively breastfed until 6 months of age. (Survey with mother 0-5.9 months child)  **OC-6:** # of PLW, adolescents, and family members oriented on safe motherhood and essential health services. (Survey with adolescents, pregnant mother, Caregiver) |
| **Output 2.1:** Women, adolescents and their supporters adopt HH practices that promote good health, SRHR and nutrition behaviour | **OP-14:** % of mother of children 0-23 months who report that they had 4 or more antenatal visits while they were pregnant and 2 post-natal visits during the first week after birth. (Survey with PLW) |

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**Target group of IMCHC Project**:

* Children aged 0-59 months (U5)
* Pregnant and Lactating women (PLW)
* Adolescents
* Health Care Service Providers/Health Care Workers
* Community Groups (CG) and Community Support Groups (CSG)
* CVA Group Members
* Local and community leaders
* Skill birth attendant(SBA)

**Project targeted Beneficiaries:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Target Group Category** | **Total** | **Male** | **Female** |
| Children aged 0-59 months (U5) | 7735 | 3945 | 3790 |
| Pregnant and Lactating women (PLW) | 4216 | N/A | 4216 |
| Adolescents (12-18 years) | 5950 | 3000 | 2950 |
| Total | 17901 |  |  |

# Sustainability Issues:

In addition, the Final Evaluation aims to measure the following sustainability issues to take effective management decisions using the potential and empowerment of the community for phasing out the project effectively.

* To what extent are the community people aware of maternal and child health and behaviour change at the household level to strengthening community structures.
* Capacity/functionality of the Community Group & Community Support Group of the community clinic
* To what level the community is empowered to conduct local level advocacy and hold Government accountable for quality health and nutrition service delivery in line with government plans and policies.

# Final Evaluation Survey Methodology:

The Final Evaluation should follow both the quantitative (questionnaire) and qualitative (FGD, KII) methods for data/information collection. In the past, WV had used two-stage cluster sampling design for the baseline/final evaluation surveys of Project/AP due to its principle of simplicity, low cost and comfort of operation. Besides, the well-known Demographic and Health Survey (DHS) in Bangladesh and elsewhere draws a nationally representative sample, and UNICEF follows a similar methodology for its Multiple Indicator Cluster Survey. Details are as follows

# Sampling quantitative:

The actual sample size has determined using the standard statistical formula considering the factors and nature of outcomes level indicators for baseline. A multi stage cluster sampling approach will be used to draw a representative sample from the Project areas. To identify cluster village survey team will use 30 cluster sampling technique using probability proportionate in size (PPS). For identifying the sample unit, use systematic sampling technique for collecting data from each of the cluster to fill out targeted sample units. In all, the confidence level should be at 95% and the interval of 5% precision and reliability.

Note: The sample size for this study was calculated using the following formulae (WHO, 1991; Cochran, 1977):



Where,

n = size of the sample

Deff. = design effect = 1.5

p = expected prevalence of a specific indicator (0.5)

 Z = value of the standard normal variable, which is equal to 1.96 at 95% confidence level

d = the level of precision required or maximum error deemed acceptable = 0.05.

The above equation has been derived 576 households as sample primarily for data collection. Survey team will consider 5% non-response rate, hence total sample will be determined as 576+(576X5%)=605~600.

This survey will considered parents/caregivers of children 0-59 months as a respondent.The project has especially rare indicator to measure exclusive breastfeeding from the targeted population 0-6 months. From the national census 2011 survey, 0.97% of total population belonging children less than 6 months. Hence, from the estimated survey household may find a maximum of children 31 (576\*5.37X0.97%) (5.37 hh size of Dharmapasha Upazila according to Community Series 2011, BBS, Page#26). Thus estimated 600 HHs will cover to reach the rare indicator. If needed to reach the minimum sample of rare indicators will consider the parallel sampling strategy for children 0-6 months & under 23 months households.

**Rational for design effect- 1.5:** Considering good household size and different haor context factors, design effect considered as 1.5.

# Sampling Qualitative:

As part of qualitative data collection, Project have to collect data as follows

|  |  |
| --- | --- |
| **Key Informant Interview:** | No. |
| Upazila Health & Family Planning Officer(UH&FPO) | 1 |
| Community Health Care Provider (CHCP) | 3 |
| Union Parishad Chairman/community leader | 2 |
| SWOT analysis with Project & AP staff | 1 |
| **Focus Group Discussion:** |  |
| Pregnant & lactating women | 3 (Per Union-1) |
| Community Group & Community Support Group | 3 (Per Union-1) |
| Adolescent girls ( Secondary school) | 3 (Per Union-1) |
| CVA group | 1 |
| Skill birth attendant(SBA) | 1 |
| **Success story** |  |
| Most significant Success story | 2-3 |

The consulting firm will conduct the quantitative and qualitative assessment to collect and information through gathering sessions consults with project/AP staff at different place. Respective firms will ensure qualitative data collector experts at field level prior discussion with WVB. Consultancy firm will develop a detail schedule both quantitative & qualitative data (mentioning the name of data collector expert) to WVB at least one week ahead of data collection.

The respondents for KIIs will be selected as per the important for this survey. Each FGD session will be facilitated with 8-12 participants with similar backgrounds who will be able to provide opinions on maternal & child health issue. The FGD participants will select randomly from the specific village/community.

# WVB’s role in Final Evaluation:

* WVB prepare ToR for Final Evaluation
* WVB will conduct signing of agreement with Consulting firm.
* WVB will provide orientation to consulting firm on Final Evaluation requirements.
* WVB will review the Survey tools and give feedback to the consulting firm.
* WVB will follow up and monitoring of the data collection of survey at field level.
* WVB will review and give feedback on draft reports of the Final Evaluation prepared by the Consulting firm.

# Tasks & Role of the firm/Consultant:

* The firm/individual consultant will finalize final evaluation survey methodology, sampling size and sampling procedures required for the quantitative & qualitative survey.
* Develop & finalize quantitative and qualitative survey tools & translation of survey tools in local language i.e. Bengali as where necessary. Finalize the tools after NO and SO feedback.
* Prepare sampling frame for final evaluation survey including data analysis framework according to individual indicators.
* Organize a 03 days training session including field test for enumerators on survey tools, KOBO tool and data collection technique for quantitative survey and also conduct orientation for qualitative survey (FGD, KII technique. SWOT analysis)
* Collect data using KOBO tools through mobile for quantitative survey.
* Collect data for qualitative survey, accomplish transcript of the raw data every day. Use appropriate software (AtlasTi or Nvivo) for categorical analysis
* Data review, validate, gap analysis, edit/update and finalize data file, complete analysis, tabulation and graphs.
* Submit quality report with proper recommendations based on findings and progress.
* Submit short ppt 15-20 slides embedding findings and progress
* Report sharing with community and stakeholders, collect feedback and complete final report. The project will bear the report sharing cost.

In addition, the firm/consultant 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 PQ team. Various statistical analysis like average, standard deviation 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 and mention in the quantitative section. A separate qualitative report will have to be attached as a separate chapter or annex in the final evaluation report. The following tasks to be addressed to complete final evaluation as follows:

* Design data analysis plan & dummy tables, graphs and summary formats for report writing.
* Quantitative data will be analyzed using statistical techniques (SPSS is preferred for advance statistical data analysis) and qualitative data analysis.
* Incorporate feedback and present revised draft report with stakeholders and WV staffs which will be sent to the Support Office for their feedback.
* Finalize report after incorporating feedback from Support Office
* Complete the report in time.

# Submission of Final Evaluation Proposal:

The firm/Individuals consultant should produce a proposal for IMCHC Project final evaluation based on this ToR and submit the proposal, sample of previous work sample report (**evaluation report**) & legal document to World Vision Bangladesh SCM department, WVB through email within the stipulated timeframe. *In case of individuals, Consultant will be involved for the particular task. The individuals Consultant could plan for engaging associate for data analysis. In that case, World Vision Bangladesh will sign agreement with the lead Consultant only.*

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 consultants in socio-economic studies/baseline/evaluation
* 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 data analysis and report writing;
* Work plan and time as per template provided in ToR.
* Detail proposal of the final evaluation survey data analysis & reporting task;
* Plan of report and design of report writing etc.

**The financial proposal should specify:**

* Head-wise cost-estimate (per man-days calculation)
* Salary/honorarium of professional/experts and other associate.
* Cost of enumerator training, quantitative data collection field (enumerators) and FGD conduct
* Cost of data analysis etc.
* Cost of travel and accommodation (if needed).
* Cost of report production of draft and final in 3 (three) copies.
* Tax and VAT will have to be mentioned in the financial proposal based on the current GoB circulation.

# Evaluation of consulting firm/Individuals Consultant:

There will be a two-stage selection process to choose a potential consulting firm/consultant. The total score for the technical proposal evaluation is 100 points. Out of these 100 points, 70 will be allocated for the technical proposal review, and 30 points will be allocated for the presentation. Firm/Consultant scoring 60% (out of 70 marks) or higher in the technical proposal review will be eligible for evaluation based on the remaining 30 points for the presentation.

After the presentation is delivered and the firm/consultant scores 60% or higher from the 30 points, their presentation score will be combined with their technical proposal review score. The combined score will then be used to calculate the final score for the technical evaluation, which will be shared for the next step the financial analysis.

Please note that for the presentation (30 points), a face-to-face or virtual presentation will be required. The financial proposal will evaluate separately.

**Criteria for Evaluation of Consulting firm/consultant for Project final Evaluation:**

|  |  |  |
| --- | --- | --- |
| **Proposal** | **Criteria** | **Number** |
| Technical | **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** | **30** |
| **Quality of consultancy 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 staff and logistic facilities (d) Experience of the firm/Consultant with World Vision Bangladesh** | **30** |
| **Work plan and time as per template provided in ToR** | **10** |
| **Presentation on Technical proposal** | **30** |
| Total |  | **100** |

# Profiles of the Consultant:

The consultant should have:

* A higher degree in Statistics/social Science/Anthropology/ Development Studies/Public health or any other relevant research based study.
* Proven Experience on the development context of Bangladesh and experience on working with mixed culture will be added extra value.
* Proven experience in conducting baseline/Evaluation and participatory approaches.
* Proven experiences on analysis of 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.

# 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** |
| 1 | Activity-1 |  |  |  |  |  |  |  |  |  |  |
| 2 | Activity-2 |  |  |  |  |  |  |  |  |  |  |
| 3 | Activity-3 |  |  |  |  |  |  |  |  |  |  |

# Tentative Timeframe for the Final Evaluation Survey:

The whole process of final evaluation must be completed by **a period of 70 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 Area Coordination Office /National Office/ Support Office on the draft report within this timeline. If consulting firm fails 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 final evaluation Report, firm will have to submit hard copies as well as data pack soft copy.

# Confidentiality and Copyright:

All relevant documents will be shared with the firm/consultant 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/IMCHC Project. Information received by the firm/consultant from Dharmapasha AP and World Vision Bangladesh along with the information on Project working area should be treated as confidential. The final evaluation report will be owned by IMCHC Project/AP, World Vision Bangladesh and disseminated to authorities as the organization sees fit.

# Products:

At the end of the final evaluation, The Project/AP expects to have 03 hard copies along with soft copy of final evaluation report by the stipulated period. The final evaluation Report needs to follow LEAP evaluation Report Guideline and template with relevant information. The language of the report will be in English.

* Soft copy of final evaluation report must submit to AP/Project
* Minimum 3 hard copies of the final evaluation report must submit to AP/Project
* Final copy of all tools (KII, FGD, Survey questioner both Bangla and English)

**Tentative Report format:**

* Table of Contents
* Acknowledgements
* Affirmation
* Glossary/Acronyms and Abbreviations
* Introduction

1. Executive Summary

2. Evaluation Introduction/Background

3. Methodology

4. Limitations

5. Findings

6. Conclusions and Recommendations

7. Lessons Learned from the Evaluation Process

8. Appendices

# Budget:

Required budget for Project final Evaluation survey is available in FY 2025 plan.

**Mode of Payment:**

All payment should be in S2B and VAT/TAX should be deducted as per government policy.

* 40% of consultancy fees will be paid after completing training for the field enumerators/surveyors. The consulting firm will bear cost for the community participants for any event they involve with the survey/FGD process like food, conveyance etc.
* The remaining 60% of consultancy fees will be paid after submission of final report.

**VAT & TIN number :**

Individuals Consultant/firm should have VAT registration number and TIN number. VAT and Tax would be deducted as per Government rules at the day before of the payment.

# Appendices:



# Contact Person:

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| --- | --- | --- |
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