



Terms of Reference

Endline Evaluation “Our Lives, Our Health, Our Futures” Programme May 2023

1. Background

The programme “*Our lives, our health, our futures: empowering adolescent girls and young women in Chittagong Hill Tracts of Bangladesh to live with dignity and without violence*” is a 5-year multi-partner programme that aims to empower girls and young women from ethnic groups in the CHT. This programme is supported and financed by the European Union. The Our Lives, Our Health, Our Futures programme (hereafter ‘OLHF’) is a joint initiative of Simavi and BNPS in close collaboration with 10 local partner organisations in Chittagong Hill Tracts (CHT).

The programme runs from January 2019 until December 2023 and will be implemented in three CHT districts (Bandarban, Khagrachori and Rangamati). The forgotten conflict in CHT affects the lives of ethnic Jummas. Traditional patriarchal structures severely disadvantage women and girls, and restrict their bodily and sexual autonomy. Together with the protracted conflict, this increases the exposure of women and girls, mainly ethnic, to gender based violence (GBV) and sexual violence. Local civil society organisations (CSOs) are key stakeholders who have the role and responsibility to defend and promote girls and women’s rights.

In this context, strategic partners Simavi and BNPS have designed this programme to holistically support the empowerment of young women and adolescent girls from ethnic groups (main target group), and target key gatekeepers, service providers and local authorities in order to foster a supporting environment for the young women and girls. This is done by providing financial and technical support to 10 local CSOs, who are implementing the programme activities in the three selected CHT Districts. The expected impact of the action is to enable and support young women and adolescent girls from ethnic groups in the Chittagong Hill Tracts of Bangladesh to transition into adult womanhood with dignity, and bodily and sexual autonomy, without violence, coercion and/or discrimination.

The objectives of the programme are:

- 1) Local CSOs have strengthened their technical, methodological, financial and administrative capacity to effectively respond to the sexual and reproductive health and rights (SRHR) needs of young women and adolescent girls and foster their rights to live free from violence, coercion and discrimination.
- 2) Young women and adolescent girls from ethnic groups are empowered to make free and informed decisions about their SRHR (and are supported to do so), free of violence, coercion and discrimination.

The core interventions of the programme are designed to empower young women and girls to make free and informed decisions about their SRHR, increase their social and human capital, and create a supportive and understanding environment which reduces risk of isolation following acts of violence, harassment, rape and defilement within this highly sensitive context.

Girls’ clubs have been established for 12,000 girls in three age groups (10-14, 15-20, 21-25) to support them in making informed decisions and claiming their sexual and reproductive health and rights. In these girls clubs (running from 2020-2023) , girls receive information on SRHR and GBV and identify



their priorities/challenges and develop creative projects to advocate and voice their needs and rights. Other community members (community leaders, mothers, fathers, husbands and boys) will be engaged in dialogue to re-evaluate norms and practices that affect girls' SRHR and safety and will be engaged to support the priorities identified by the women and girls. Community members and school representatives will be trained on menstrual health and MHM friendly and safe toilets. Girls and women will also be trained on the development of re-usable sanitary pads. In addition, (health, SRHR, GBV) service providers will be trained on women-friendly quality service provision, providing age appropriate guidance and GBV clinical and psychosocial response.

A baseline study was conducted from 2020 to 2021, and a midline study took place from 2022 to 2023 to evaluate the situation of girls and young women in the CHT with regards to SRHR and GBV. The studies assessed their perceptions of safety, support, and the enabling environment surrounding these issues. The government's positioning and the public discourse around SRHR and GBV, incidence of child marriage, informed decision-making, utilization of SRHR services, and GBV were also examined in both the baseline and midline studies. Furthermore, an overview of the relevant actors and their levels of coordination and support regarding these topics was included. The studies encompassed the Rangamati, Bandarban, and Khagrachari districts and were based on a desk review, quantitative survey, and qualitative interviews and workshops.

2. Objectives of the assignment

- The evaluation will assess the situation of (ethnic) girls and young women's SRHR and GBV in Bandarban, Khagrachari, and Rangamati districts in 2023 compared to previous years.
- This will include analyzing government positioning (local and national), public discourse and awareness, incidence, and reporting of child marriage, informed decision-making, use of SRH services, and GBV using secondary sources
- The relevant actors and their level of coordination will also be analyzed
- The current situation of the program impact and outcome indicators will be assessed and compared with their situations at baseline and midline.
- The perceptions of key stakeholders regarding the relevance, coherence, effectiveness, efficiency, foreseen impact, and sustainability of the program will be explored
- The report's conclusive recommendations and key takeaways are expected to provide valuable insights and guidance for future programs and initiatives, particularly in terms of ensuring sustainability and scalability of results. These insights will assist partners and donors in evaluating the potential of the program for replication and expansion.

3. Scope of work and timeframe

The final evaluation will cover selected unions in three districts within the Chittagong Hills Tracts: Khagrachari, Bandarban, and Rangamati. Data collection must consider the geographical differences, ethnic minorities, different age groups, and proximity to health services within these districts. The consultant is responsible for overseeing and coordinating the quality of data collection, executed by a local data collection team hired by the consultant. The consultant must lead the preparation of the joint tool development, while regularly liaising with OurLHF team to ensure alignment with program content and conceptual understanding. Moreover, the consultant is responsible for data processing, analysis, and the integration of the findings into a high quality and accurate report. The evaluation process will run until November/December 2023, with the final report submitted in December 2023. A suggested timeline for the tasks over time will be provided to assist in the process.



Activities and Timeline:

Develop a detailed evaluation plan and finalize the evaluation design (July 2023)

- Identify evaluation questions and objectives (including all applicable outputs)
- Determine evaluation methodology and data sources
- Determine sample size and sampling methods
- Develop a detailed timeline for evaluation activities

Conduct a desk review of secondary sources and data collection tools (July/August 2023)

- Review existing baseline and midline report related to the program
- Collect and review relevant program documents, reports, and data
- Review and select appropriate data collection tools

Develop and pretest data collection tools, including interview guides and surveys (August 2023)

- Develop survey instruments and interview guides
- Pretest data collection tools with a sample of the target population
- Revise tools as needed based on pretest results

Conduct stakeholder mapping and engage with relevant partners and actors (August 2023)

- Identify and map relevant stakeholders and partners
- Develop and implement strategies to engage with stakeholders and partners
- Obtain necessary permissions and approvals for data collection

Train data collection teams and conduct fieldwork (August - September 2023)

- Train data collection teams on data collection tools and protocols
- Conduct data collection activities, including surveys and interviews
- Monitor data collection activities to ensure quality and consistency

Conduct data cleaning and management (October 2023)

- Organize and clean collected data
- Verify data accuracy and completeness
- Code and enter data into analysis software

Conduct data analysis, produce slide deck report for a sense-making workshop (November 2023)

- Analyze data using appropriate statistical techniques
- Develop a slide deck summarizing findings and recommendations
- Prepare a presentation of findings for stakeholders and partners
- Organize a workshop to discuss findings and recommendations
- Incorporate feedback into the final evaluation report

Conduct further data analysis and produce a draft final report (November/December 2023)

- Conduct additional data analysis as needed
- Develop a draft final report summarizing findings and recommendations
- Prepare a presentation of findings for stakeholders and partners

Revise the draft final report based on feedback (December 2023)

- Revise the final report based on feedback from peer reviewers and workshop participants
- Finalize the report and prepare it for dissemination



Submit the final report to (December 2023)

- Submit the final report to SIMAVI
- Present the report

4. Methodology

The endline evaluation will use a three-pronged methodological approach, consisting of the following components:

Document review

The document review will cover academic literature, government documents, NGO and CSO documents, and media content from the period between 2020 to mid-2022. This will be used to assess the latest developments since the document review conducted for the baseline and midline study, which covered the period between 2012 and 2019. The consultant will develop a methodology for the document review, taking into consideration the baseline study, to contextualize the latest developments.

Quantitative survey

For the final evaluation, a quantitative survey will be conducted to measure the programme's quantitative indicators and other relevant variables. The survey will be administered to a representative sample of the target group, which includes 12,000 mothers, 24,000 fathers and brothers, 500 community/religious leaders from the CHT region. The sampling strategy used in the baseline and midline study will be considered to ensure comparability of results.

The survey questionnaire will be adapted from the one used in the baseline and midline study, with additional items added as necessary for the final evaluation. Before administering the survey, it will be piloted tested to ensure its effectiveness in capturing the desired data.

The selection of the local data collection team must be done transparently and objectively. The consultant must choose the team with the best quality and price, providing justification for their decision against objective criteria. If an open tender is not conducted, the consultant must be able to explain the rationale for the data collectors invited for an interview. Documentation of the selection procedures must be appropriately maintained.

Data processing and analysis will be conducted to determine the final values of the programme's indicators and other relevant variables. This will include a comparison of the results with the baseline and midline survey data. The results of the quantitative survey will be analyzed to draw conclusions about the effectiveness of the programme in achieving its intended outcomes. The evaluation team will ensure that the survey results are interpreted and reported in a way that is accurate, reliable, and easily understandable. The final evaluation report will be delivered within the specified deadlines, and it will provide recommendations for further improvement and future actions.

A t-test should be used to determine if there is a significant difference between the means of a particular variable (such as income, education level, or satisfaction with a program) at the baseline and endline surveys. This can help to assess the effectiveness of the project in achieving its goals.



Additionally, an ANOVA should be used to determine if there are significant differences in the means of a particular variable across multiple groups (such as different age groups, genders, or geographic regions). This can help to identify any disparities in the project's impact across different groups, which can be used to inform targeted interventions to address these disparities.

Qualitative methods

The qualitative component of the evaluation will consist of in-depth interviews and workshops or focus group discussions with key stakeholders. Through these qualitative methods, the study will explore perceptions regarding the SRHR and GBV situation of girls and young women in the CHT, as well as perceptions regarding the OurLHF programme. The interviews and other data collection activities will be transcribed and analyzed using an analysis matrix or a qualitative data analysis software.

5. Reporting

To ensure a high-quality and readable endline evaluation report, we request the following structure and guidelines:

- Limit the length of the final evaluation report to no more than 25-30 pages, excluding appendices. Any report longer than 30 pages will be automatically rejected.
- The endline evaluation report should consist of the following sections:
 - a. Table of contents
 - b. Glossary of acronyms
 - c. Executive Summary
 - d. a. Introduction: This section should provide an overview of the OurLHF program and its objectives, as well as the purpose and scope of the endline evaluation.
 - e. b. Methodology: This section should describe the research design, sampling strategy, data collection procedures, and data analysis techniques used in the endline evaluation. The methodology should also take into consideration the baseline study methodology to ensure comparability of results.
 - f. c. Findings: This section should describe the key findings of the endline evaluation, disaggregated by age groups (10-14; 15-20; 21-25) and according to the objectives and components of the OurLHF program. The section should also include a tabular presentation of indicator baseline, midline and endline values taking into consideration all of the above listed analysis (descriptive statistics, t-test, ANOVA etc)
 - g. d. Conclusions: This section should summarize the main conclusions of the endline evaluation, highlighting the strengths and improvement areas of the OurLHF program and its implementation.
 - h. e. Recommendations: This section should provide specific recommendations for improving the OurLHF program based on the findings of the endline evaluation.
 - i. f. Limitations: This section should acknowledge the limitations of the endline evaluation, including any methodological challenges or data quality issues.
 - j. g. Summary: This section should provide a brief summary of the key findings, conclusions, and recommendations of the endline evaluation.
- All supporting materials, such as the quantitative dataset, qualitative transcripts, and database/analysis matrix, should be provided together with the final report as appendices.
- The quantitative dataset should be provided in a commonly used format such as Excel, SPSS, or STATA, with all variables clearly named and labeled in coherence with the survey questions.

By following these guidelines, we believe the endline evaluation report will be comprehensive, concise, and provide clear insights into the OurLHF program's effectiveness and areas for improvement.



6. Stakeholder participation

In keeping with Simavi's commitment to shifting the power toward local partners and communities, meaningful participation of all relevant stakeholders throughout the endline evaluation process is crucial. Therefore, the technical proposal and the study design should consider the facilitation of spaces for participation at several key stages in the evaluation process (study design, data collection, reflection on results, dissemination).

7. Deliverables

1. Study design (including data collection tools and data collection and analysis plan)
2. Ethical or IRB approval for the study from pertinent authorities in Bangladesh.
3. Signed contract with local data collection team (including qualifications)
4. Pilot test report
5. Data collection report
6. Sense-making workshop
7. Quantitative survey dataset
8. Transcripts of interviews and other qualitative data collection activities (verbatim and translated into English)
9. Qualitative data analysis matrix or database
10. Endline evaluation report

8. Consultant Qualifications

- Strong understanding of and able to operationalize key programme concepts: women's empowerment, gender-based violence, and SRHR;
- Demonstrated experience with quantitative and qualitative data collection and analysis methods;
- Proven track record in conducting large scale data collection and evaluation studies;
- Excellent intercultural and interpersonal communication skills, including coordination, facilitation and presentation;
- Able to (travel to and) work in Bangladesh and ensure quality of the study in the CHT;
- Excellent writing skills;
- Fluent in English, both spoken and written;
- Relevant university degree (e.g. social sciences, health sciences, development studies, etc.)
- Previous experience in the CHT is preferred.

9. Recruitment and appointment

Applications

Applications must contain the following components:

- A brief technical proposal (5 pages maximum)
- A cover letter (1 page maximum) demonstrating how the evaluator or evaluation team meet the experience and expertise specification
- A separate financial proposal with a clear distinction between fee rate and expected logistics costs (following the budget format below).
- CV of the lead consultant and other associates if already known and applicable.
- Examples of relevant previous evaluation studies undertaken.



Please submit your application **by June 07, 2023** to the following email addresses:

Mahbuba.KumKum@simavi.nl and bojan.pavlovic@simavi.nl

The consultancy firm or team of consultants contracted must obtain SIMAVI's approval before subcontracting any third parties with regards to this evaluation.

Budget

Maximum budget: **€ 69.000,-** inclusive of VAT, and inclusive of all other costs e.g. international and local transportation, data collection, subsistence and insurance.

	Quantity	Costs	Total (Npr)	Comments
1. Professional fees (per individual)				Specify VAT
2. Travel - ticket				Real based costs
3. Local transport costs				Real based costs
4. Per diem costs - Board and Lodging - Per Diem				Board and Lodging costs real based
5. Other operational costs - Communication lump sum				Fixed
Subtotal:				
Contingencies%				Real based costs
VAT %				
Total:				



Annex 1

Impact and outcome indicators to measure at endline evaluation

Results chain	Indicators	Suggested methods
Young women and adolescent girls from indigenous groups in the Chittagong Hill Tracts of Bangladesh are enabled and supported to transition into adult womanhood, with dignity, and bodily and sexual autonomy, without violence, coercion, and/or discrimination.	A. Proportion/Number of women who were married or in a union before age 15 and before age 18 in the Chittagong Hill Tracts. (SDG 5.3.1) A.1: % of women married <15 national level A.2: % of women married <18 national level A.3: % of women married <15 direct target group A.4: % of women married <18 direct target group	Quantitative survey Document review
	B. Proportion/Number of women aged 15–49 years who make their own informed decisions regarding sexual relations, contraceptive use, and reproductive health care in the Chittagong Hill Tracts (SDG 5.6.1)	Quantitative survey Document review
	C. Public awareness regarding SRHR and GBV prevention and influence in the public agenda. C.1: Public awareness regarding SRHR and GBV C.2: Prevention and influence on the public agenda on SRHR and GBV	Qualitative research Document review
	D. Existence of a local network of CSOs and partners for the protection assistance and promotion of adolescent girls and young women's rights in the Chittagong Hill Tracts.	Qualitative research
Outcome 1. Local CSOs have strengthened their technical, methodological, financial, and administrative capacity to effectively respond to the SRHR needs of young women and adolescent girls and foster their rights to live free from violence, coercion, and/or discrimination	1A. General level of improvement of the beneficiary organisations' Organisational Capacity Index.	Qualitative research
	1B. % of girls' clubs where girls and women recognise that CSOs activities have significantly contributed to their value, position, and well-being in their community.	Quantitative survey



Results chain	Indicators	Suggested methods
	1C. % of local CSOs that take actions to apply impact-oriented, women-centered approaches and quality management practices in new and existing projects	Qualitative research
	1D. Level of coordination and support between local organisations, umbrella organisations, and local stakeholders (specified by # of collaboration in new project proposals; # of coordination meetings attended outside programme)	Qualitative research
	1E. Statements and actions by the local and national government to support priorities identified by girls' groups 1E.1: level of support in statements made by local authorities 1E.2: # of actions taken to address the priorities identified by the girls' clubs	Qualitative research Document review
Outcome 2: Young women and adolescent girls are empowered to make free and informed decisions about their SRHR (and are supported to do so) free of violence, coercion, and discrimination	2A. % of girls that report using MHM-friendly toilets.	Quantitative survey
	2B. % of girls that report using re-usable sanitary pads.	Quantitative survey
	2C. % of girls that experience improved support from their environment (reduced isolation, greater social and human capital, and reduced stigma)	Quantitative survey Qualitative research
	2D. % of girls that experience improved safety & security.	Quantitative survey Qualitative research
	2E. # of actions taken by mothers/men/boys/community leaders to respond to the advocacy priorities from the girls' clubs	Quantitative survey Qualitative research
	2F. Number of reported incidents of GBV	Document review



Results chain	Indicators	Suggested methods
		Qualitative research
	2G. % of women and girls that report having used SRHR services in the past 6 months	Quantitative survey Qualitative research