

Mega Evaluation Terms of Reference

Programme Numbers & Name:

02340 - Central Bekaa Area Development Programme

02335 - West Bekaa Area Development Programme

04005 - Bint Jbail Area Development programme

03544 - Akkar Area Development Programme

04035 - Dreib El Awssat Area Development Programme

World Vision Lebanon

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i. Acknowledgements

This End-of-Cycle Evaluation Terms of Reference (ToR) document was compiled jointly by the Area Development Programme (ADP) Managers in cooperation with the Design Monitoring and Evaluation (DME) Team in National Office (NO) with support from the Programme Development and Quality Assurance (PDQA) Manager and Operations (OPS) Director.

ii. Affirmation

Except as acknowledged by the references in this paper to other authors and publications, the contents described in this terms of reference consists of our own work, undertaken to secure funding, implement the activities, and describe and advance learning, as part of the requirements of World Vision's Design, Monitoring and Evaluation Learning System.

Primary qualitative data collected throughout the evaluation process remains the property of the communities 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 Programme
BJ	Bent Jbail
CLAC	Centre de Lecture et d'Animation Culturel
CVA	Citizen Voice Action
CPA	Child Protection Advocacy
CWBA	Child Well Being Aspirations
DIP	Detailed Implementation Plan
DPA	Development Programme Approach
DME	Design, Monitoring and Evaluation
DRR	Disaster Risk Reduction
ERDM	Emergency Reduction and Disaster Management
EQRG	Evaluation Quality Reference Group
FY	Fiscal Year
FGD	Focus Group Discussion
ITT	Indicator Tracking Table
KII	Key Informant Interview
LEAP	Learning through Evaluation with Accountability & Planning
M&E	Monitoring and Evaluation
MAG	Mother Action Group
MCHN	Mother and Child Health and Nutrition

MEER	Middle East and Eastern Europe Region
MoPH	Ministry of Public Health
NGO	Non-Governmental Organization
NO	National Office
PHC	Primary Health care Centre
RCs	Registered Children
PDQA	Programme Development and Quality Assurance
PST	Programme Support Team
RAM	Resource Acquisition and Management
RC	Registered Children
RO	Reginal Office
ToR	Terms of Reference
LG	Local Government
WHO	World Health Organization
WVL	World Vision Lebanon

iv. Introduction

World Vision Lebanon (WVL) operates in different areas in Lebanon (South, Akkar, Bekaa and Beirut) through Area Development Programmes (ADPs). These programmes follow a cycle of assessment, design, implementation, and evaluation. During FY 16, WV Lebanon is engaging in multiple evaluation processes whereby six ADPs are at an evaluation point. This document is a reference for the **end-of-cycle evaluation** which will cover the first phase of implementation for Bint Jbail, Akkar and Dreib El Awssat ADPs and second phase for West & Central Bekaa. It aims to identify through a qualitative process the progress towards impact and inform the programme on how to proceed with the next steps of re-design & implementation. Below is a summary of the history and programming in the specified ADPs. Other useful references would be the ADPs periodic management reports.

Bekaa:

World Vision Lebanon has been operating in Bekaa area since 2001 as a transformational development programme active in the sectors of health, education and economic development. WVL's work in Bekaa is concentrated in 3 Area Development Programmes: Central Bekaa, West Bekaa, and Zahle. The initiatives and activities were conducted in a way that ensured community participation and built on existing resources in the region to put development plans. Until FY09, there was no formal assessment carried out to define the exact situation and the developmental status of the region. Therefore, in order to inform WV's future work in Bekaa and in consistency with the LEAP alignment process, the ADP team assessed the 3 areas of operation during 2008-2009. Most identified gaps were in the sectors of health, education and economic development. Two of these sectors were prioritized by the community and stakeholders when conducting the validation meetings of assessment results; those are the education and health sectors. Based on the results, the design process was initiated and a programme was developed for a cycle of 5 years (2010-2015).

Below is a brief history (extracted from the Programme Design Document (PDD)) about WV presence and work in West & Central Bekaa ADPs¹:

➤ Central Bekaa:

Central Bekaa ADP was established in 2003 as a transformational development programme operating under the sectors of health, education and economic development with integration of HEA and advocacy. The Area Assessment was finalized in 2008 and the ADP started the design phase in February 2009. Nevertheless, at the start of the design process, three months were consecrated to conduct validation meetings with the community and stakeholders in order to assess the validity of the results of the assessment findings. The design process required around 11 months to be finalized and was achieved in a participatory approach with the community which necessitated a lot of efforts. The objectives were modified several times in order to represent what the community wants to work on and at the same time meet the requirements of the national strategy, model of ministry, the sector strategies and the newly introduced requirements and standards from the Global Center.

➤ West Bekaa:

West Bekaa ADP was established in 2001 as a transformational development programme operating under the sectors of health, education and economic development with integration of HEA and advocacy. WB ADP initiated the design phase in February 2009. Similar to the process in Central Bekaa, the Area Assessment was finalized in 2008 and the design process required around 11 months to be finalized.

Bent Jbail:

World Vision Lebanon (WVL)'s Bent Jbail (BJ) ADP started implementation in FY12. Bent Jbail ADP programme located in – Nabatiyeh Governate - South Lebanon is the result of an intensive & highly participatory community engagement process in the design phase that lasted for a year and one month (October 2010 till November 2011). It is funded by World Vision (WV) Malaysia Support Office.

The goal of BJ ADP is to contribute to the wellbeing of BJ area children, families and communities by focusing on contributing to three main outcomes: 1) Contribute to an improved care for, protection and participation of children of BJ ADP; 2) Contribute to an improved health of BJ ADP children & families; 3) Contribute to positive transformation and development of BJ ADP children and communities.

Akkar:

➤ Akkar/El Sahel:

World Vision Lebanon has been operating in Akkar and specifically in Sahel Area since 2010. El Sahel area is a coastal zone in the Akkar district of North Lebanon; it is bounded by Syria from the North, the Mediterranean Sea from the west and the rest of Akkar from the east. Funded by World Vision Canada; the aim of the programme is to contribute to the well-being of El Sahel area children, families and communities; consequently the programme's projects focus on education, sponsorship and health.

➤ Dreib El Awsat:

Since 2012, World Vision Lebanon started working in the Dreib Al Awssat area which is located within Akkar district in North Lebanon, one of the poorest regions in the country. The programme is funded by World Vision Australia. Following an assessment of the needs in the area and community consultations with community members, the priority topics were identified to be: child protection and youth economic opportunities. As such, a project was designed addressing these 2 topics.

¹ Zahle ADP has a separate Evaluation ToR as it will entail a quantitative and qualitative methodology for data collection

1. Evaluation Summary

Programmes/Project:	West & Central Bekaa, Bint Jbail, Akkar/El Sahel and Dreib El Awssat Area Development Programmes
Programmes Phase:	<p>Second cycle : Central Bekaa ADP (FY10 - FY15) West Bekaa ADP (FY10 - FY15)</p> <p>First cycle: Bint Jbail ADP (FY12 - FY16) Akkar/El Sahel ADP (FY10 - FY15) Dreib El Awssat ADP (FY12-FY15)</p>
Evaluation Type:	End-of-Cycle Programme summative evaluation
Evaluation Purpose:	<ul style="list-style-type: none"> • This evaluation investigates the entire impact, the chain of efficiency, consistency, effectiveness and impact towards the programme's goal and Child Well Being Aspirations (CWBA) in general • It will determine whether the outcomes and outputs of the programmes have led to sustainable outcomes and goals • It will provide the ADP staff and communities with recommendations for consideration for the second and third implementation phase
Primary Methodologies	<ul style="list-style-type: none"> • Focus Group Discussions (FGD) • Key Informant Interviews (KII) • Document Review
Evaluation Start and end dates:	February – March 2016
Anticipated Evaluation Report release date:	April 2016

2. Description of Programmes Being Evaluated

Central Bekaa ADP

Operational period for programme	FY10 – FY15
Programme total budget	NA
Programme target population	27,000 persons 5.152 Registered Children (RCs)
Programme/Projects	<p>Central Bekaa Area Development Programme (#02340)</p> <ul style="list-style-type: none"> ▪ Child Sponsorship Management Project (175310) ▪ Health Project (191146) ▪ Education Project (193086).
Direct Beneficiaries	<ul style="list-style-type: none"> ▪ Schools (trainings for teachers on learning difficulties, activities with RCs/students) ▪ Youth groups (scouts, church groups) ▪ Emergency Reduction and Disaster Management (ERDM) Committee consisting of head of municipalities (one committee across all Bekaa ADPs) ▪ Disaster Risk Reduction (DRR) committee consisting of youth members (one committee across all Bekaa ADPs) ▪ 2 Mother Action Groups (MAGs) ▪ Children Council (one council across all Bekaa ADPs) ▪ Citizen Voice Action (CVA) and Child Protection Advocacy (CPA) committee (one committee across all Bekaa ADPs) ▪ Parents Committee ▪ Theatrical committee (one committee across all Bekaa ADPs)
Partners	<ul style="list-style-type: none"> ▪ Youth Information Center (Kfarzabad Municipality) ▪ 7 Primary health care centers ▪ 6 Schools (Haratch, Secondary Evangelical school Anjar, MSA Ablah, MSA Ferzol, Sainte Anne school – Riak, Sainte Antoine school - Riak)

	<ul style="list-style-type: none"> under the education project 7 Municipalities
Programme location	The ADP spans an area of 103km ² in the Casa of Zahle. It comprises and targets 10 villages: Ferzol, Kfarzabad, Terbol, Ayn Kfarzabad, Qosaya, Ablah, Niha, Riak and Sariin and Anjar
Number of Staff	13 full-time staff members
Funding Source	WV US
Project Manager and Report contact information	Charbel Zeidan - Deputy Area Manager charbel_zeidan@wvi.org Soha Karam – DME Manager soha_karam@wvi.org

West Bekaa ADP

Operational period for programme	FY10 – FY15
Programme total budget	NA
Programme target population	56,400 persons 2,701 Registered Children (RCs)
Programme/Projects	West Bekaa Area Development Programme (#02335) <ul style="list-style-type: none"> Child Sponsorship Management Project (175242) Health Project (191145) Education Project (193085)
Direct Beneficiaries	<ul style="list-style-type: none"> Schools (trainings for teachers on learning difficulties, activities with RCs/students) Youth groups (scouts, church groups) Emergency Reduction and Disaster Management (ERDM) Committee consisting of head of municipalities (one committee across all Bekaa ADPs) Disaster Risk Reduction (DRR) committee consisting of youth members (one committee across all Bekaa ADPs) 2 Mother Action Groups (MAGs) Children Council (one council across all Bekaa ADPs) Citizen Voice Action (CVA) and Child Protection Advocacy (CPA) committee (one committee across all Bekaa ADPs) Parents Committee Theatrical committee (one committee across all Bekaa ADPs)
Partners	<ul style="list-style-type: none"> Youth Information Center (Mansoura Municipality) 3 Primary Health Care Centers 6 schools (Al makassed, Al Ahleya, Elementary Public school, Sainte Famille Saghbin, Evangelical school – Kab Elias, Apotre - Kab Elias) under the education project 5 municipalities
Programme location	The ADP spans an area of 121.72Km ² situated in the west part of the Bekaa governorate, named the West Bekaa area. Villages where the ADP operates: Kab Elias – Ammic - Aanna –Mansoura - Kherbet Kanafar – Ayn zebde - Saghbin – Tel dnoub – Aitanit -Taalabeya
Number of Staff	13 full-time staff members
Funding Source	WV US
Project Manager and Report contact information	Charbel Zeidan - Deputy Area Manager charbel_zeidan@wvi.org Soha Karam – DME Manager soha_karam@wvi.org

Bent Jbail ADP

Operational period for programme	FY12 - FY16
Programme total budget	Sponsorship funding US \$1,600,850
Programme target population	Total Population 25,400 (7,579 Children) 2,400 Registered Children (RCs)
Programme/Projects	Bent Jbail Area Development Programme (# 04005) <ul style="list-style-type: none"> Sponsorship Management Project (L194053)

	<ul style="list-style-type: none"> ▪ Cared for and protected Project (L197433) ▪ Health Project (L197381)
Direct Beneficiaries	<ul style="list-style-type: none"> ▪ Children of the 9 villages including the RCs ▪ Students including RCs ▪ Children council members ▪ Youth Groups (Church groups, scouts) ▪ School Teachers ▪ Parents/ caregivers ▪ 4 Committees (Health Committee, Cared for committee, Community-based Disaster Preparedness committee and Sponsorship committee)
Partners	<ul style="list-style-type: none"> ▪ 2 Community Based organizations (Awfa and Charity of Tebnin) ▪ 9 Faith Based Organizations ▪ 2 NGOs (Lebanese Red Cross and Alpha) ▪ 11 Primary Health Care centers (PHC) ▪ 2 Governmental Hospitals ▪ 14 schools (5 private schools and 9 public schools) ▪ 1 Centre de Lecture et d'Animation Culturel (CLAC) Center ▪ 9 Municipalities
Programme location	South Lebanon, Nabatiyeh Governate, Bent Jbail district, 9 villages (Tebnin, Safad el Batikh, Yater, Harees, Beit Life, Ain Ebel, Rmeich, Debel, Qawzah)
Number of Staff	4 full-time staff members 5 shared staff members among South Area
Funding Source	WV Malaysia
Project Manager and Report contact information	Hanna Swidan – ADP Manager Soha Karam – DME Manager Hanna_Swidan@wvi.org Soha_Karam@wvi.org

Akkar/ Al Sahel ADP:

Operational period for programme	FY10 – FY15
Programme total budget	NA
Programme target population	About 35,000 residents
Programme/Projects	Akkar/El Sahel Area Programme (#L188840) <ul style="list-style-type: none"> ▪ Akkar ADP - Education Project (L194092) ▪ Akkar ADP - Sponsorship Management Project (L188840) ▪ Akkar ADP - Health Project (L11111)
Direct beneficiaries	<ul style="list-style-type: none"> ▪ Children ▪ 13 Parents councils (1 council for each school) ▪ Mothers
Partners	<ul style="list-style-type: none"> ▪ 6 Municipalities: Tal Hayat, Ta El Bireh, Massoudiyi, Tal Meeyan, Qlayaat and Hissa ▪ 13 Schools
Programme location	North Lebanon – Akkar District – El Sahel Area Akkar district is bounded by Syria from the North, Tripoli from the South, Bekaa District from the East & the Mediterranean Sea from west.
Number of Staff	3 full time staff 3 shared staff between Akkar and Dreib
Funding Source	WV Canada
Project Manager and Report contact information	Corinne Sakr – ADP Manager Soha Karam – DME Manager Corinne_Sar@wvi.org Soha_Karam@wvi.org

Dreib El Awsat ADP:

Operational period for programme	FY12 – FY15
Programme total budget	NA
Programme target population	About 700 RCs

Programme/Projects	Dreib Al Awsat Area Development Programme (#4035) <ul style="list-style-type: none"> Dreib El Awsat ADP - Youth Economic Opportunities and Child Protection (194378)
Direct beneficiaries	<ul style="list-style-type: none"> Registered and non-registered children Students in schools Parents Youth Volunteers Children council Parents' council Registered children council Child Protection committee in Mejdel
Partners	<ul style="list-style-type: none"> 3 Municipalities: Kweshra, Sfayneh, Ein El Zeit, Priests and Cheikhs 4 schools: Ein Zeit Public school, Lycee Rabih Al Atfal-Ein Zeit's management, Kweshra Public School, Rihaniyeh Public School
Programme location	Lebanon, North Lebanon, Akkar District, Dreib Al Awsat
Number of Staff	3 full time staff 3 shared staff between Dreib and Akkar
Funding Source	WV Australia
Project Manager and Report contact information	Corinne Sakr – ADP Manager Soha Karam – DME Manager Corinne_Sar@wvi.org Soha_Karam@wvi.org

The programme outcomes (project goals & outcomes) with indicators are presented below:

Central Bekaa and West Bekaa ADPs²

Hierarchy	Objective	Indicators
PROGRAMME GOAL	Central/West community takes ownership to improve the well-being of children and adolescents living in the area	
EDUCATION PROJECT		
PROJECT GOAL	Children of CB/WB ADP complete quality education, make good judgements, can protect themselves, and communicate ideas	% of students who pass the official exam
		The strengths of the assets and the contexts in which adolescents live, learn and work as reported by adolescents 12-18 years of age
		Proportion of children who develop and demonstrate the application of essential life skills that contribute to their own development and that of their communities.
OUTCOME 1	Students in CB/WB ADP benefit from quality education and learning environment	% of target group who are satisfied with the quality of education provided to them in their community *Target group refers to parents or caregivers/teachers, and school children/students
OUTCOME 2	Children of CB/WB ADP play and enjoy positive relationships with peers	% of children who perceive having opportunities to participate in recreational activities
		% of target group who report enjoying positive relationships with parents and/or peers
OUTCOME 3	Children, parents, and schools are involved in systematic resolution of children behavioral disorders Note: This outcome was not covered during implementation	% of children with behavioral disorder accessing services of professional organizations
		% of parents of children with behavioral disorders giving consent for children to access professional organizations
		# of schools with system of identification and referral of students with behavioral disorders
OUTCOME 4	Children in CB/WB ADP are protected and participate in initiatives addressing their rights to protection and participation	Proportion of children who feel that their community (including family, schools, and community) is a safe place
		% of children who can articulate what articles 12 and 19 of the CRC are about

² The table below includes indicators for both as the programme design is similar in both ADPs.

		Proportion of girls and boys actively engaged in advocating for children's rights in their communities
		% of children and teachers who are able to employ an effective disaster risk reduction strategy
HEALTH PROJECT		
PROJECT GOAL	Children and adolescents of CB/WB ADP enjoy good health	Prevalence of stunting in children under five years of age Prevalence of underweight in children under five years of age Prevalence of wasting in children under five years of age Coverage of essential vaccines among children Proportion of children & adolescents applying healthy lifestyle
OUTCOME 1	WVL staff and partners facilitate the implementation of contextualized and sustained evidence-based mother and child health and nutrition programming	% of stakeholders with increased MCHN capability and capacity assessment scores
OUTCOME 2	Mothers of the CB/WB ADP adopt healthy lifestyle practices to improve maternal and child health and nutrition (MCHN)	Proportion of children exclusively breastfed until 6 months of age Proportions of children who have appropriate complementary foods introduced into their diets after 6 months of age Proportion of children receiving minimum dietary diversity % of women with children who consumed supplements (folic acid and iron) during most recent pregnancy % of caregivers using oral rehydration therapy to treat a child's diarrhea % of women reporting seeking antenatal and postnatal care at public health services % of households who seek care for children at a health facility in cases of diarrhea or respiratory tract infection % of women reporting seeking antenatal and postnatal care at public health services % of women with a comprehensive knowledge of STIs transmission modes, AIDS and reproductive processes
OUTCOME 3	Adolescents and stakeholders influencing adolescents in the CB/WB ADP are engaged in the promotion of healthy lifestyle knowledge and practices	Proportion of adolescents who report discussing healthy lifestyle practices with peers and community members
SPONSORSHIP MANAGEMENT PROJECT		
PROJECT GOAL	Sponsorship management project brings upon positive change and nurture to the lives of RCs, their families and communities.	% of children and their families and communities articulating the positive impact of the programme on their lives
OUTCOME 1	Communities, care-givers and Registered Children are engaged in sponsorship processes	Perception of care-givers, RCs and stakeholders regarding their involvement in sponsorship processes
OUTCOME 2	RCs are present in the area and participate and benefit from activities appropriate to their needs and developmental stage	Perception of children regarding the effects of ADP project activities on them and their families.
OUTCOME 3	Sponsorship processes are implemented effectively and efficiently	Audit indicates: 1. Sponsorship operations are in compliance with Child Protection Policy, and 2. Child selection and registration done in alignment with criteria 3. Feedback from SO on the quality of sponsorship

		implementation is received
OUTCOME 4	Faith communities and staff from CAB/WB ADPs are engaged in initiatives aiming at ensuring a collaborative and harmonious environment for the implementation of the programme design	% of staff who demonstrate tolerance towards other people from different denominations
		% of religious leaders and staff who report having relationship with each other that they can trust

Bent Jbail ADP

Hierarchy	Objective	Indicator
PROGRAMME GOAL	Contribute to the wellbeing of BJ area children, families and communities.	
SPONSORSHIP MANAGEMENT PROJECT		
PROJECT GOAL	Contribute to positive transformation and development of Bent Jbail (BJ) ADP children and communities	RCs and their parents articulate positive impact of the sponsorship project on their lives
OUTCOME 1	BJ ADP staff & NO Sponsorship Staff contribute to better Programme effectiveness through sponsorship operations	Proportion of RCs/ families benefitted by project activities
OUTCOME 2	Partners and local communities are engaged in sponsorship management	Perception of sponsorship committee members, coalitions' members, parents & children of their level of engagement in sponsorship management
CARED FOR AND PROTECTED PROJECT		
PROJECT GOAL	Contribute to an improved care for, protection and participation of children of Bent Jbail (BJ) ADP	Proportion of parents or caregivers who feel that their community is a safe place for children
		The strengths of the assets and the contexts in which youth live, learn and work as reported by youth 12-18 years of age
		Communities, including children, know the early warning signs and know what to do in case of an emergency or disaster
		Proportion of targeted beneficiaries who faced a disaster and were able to employ an effective disaster risk reduction or positive coping strategy
OUTCOME 1	BJ "Cared For & Protected" actors are engaged in strengthening the protective environment around children	# of child abuse cases reported to the Community Based Child Protection Committee
		Communities (including children) can identify, understand and respond adequately to violations of child rights (especially for safety and protection), in coordination/partnership with local justice mechanisms
		Community-based child protection committees are trained, empowered and functional
OUTCOME 2	Children of BJ ADP promote and contribute to child protection mechanisms at local and national levels	Community members, including children, can give examples of how children participate and share their ideas to strengthen child protection in the community
HEALTH PROJECT		
PROJECT GOAL	Contribute to an improved health of Bent Jbail (BJ) ADP children & families	Proportion of youth who report smoking regularly (cigarettes, pipe or other tobacco product)
		Proportion of youth who report drinking alcohol regularly in the past 6 months
		Proportion of youth who report using drugs in the past 6 months
		Proportion of households reporting satisfaction with the public health services they received

		Coverage of essential vaccines among children
		The strengths of the assets and the contexts in which youth live, learn and work as reported by youth 12-18 years of age
		Proportions of children exclusively breastfed for the first 6 months of life
		Proportions of children who have appropriate complementary foods introduced into their diets after 6 months of age
		Proportions of mother of children 0-23 months who report that they had four or more antenatal visits while they were pregnant with their youngest child
		Proportion of PHCs (Primary Health Centers) who meet minimum quality standards for preventive and health care services as prescribed by MOPH (Ministry of Public Health)
OUTCOME 1	Bj health stakeholders are engaged in community awareness on health	Proportion of emerging child health cases responded to by WV and the coalition
		Capacity of coalition to effectively implement local community health initiatives
OUTCOME 2	Bj health stakeholders play an active role in improving proper access to health services by children and families	Average level of satisfaction reported by women (including those with disabilities) on access to MCHN services.
		Proportion of communities reporting improved health services and systems

Akkar/ El Sahel ADP:

Hierarchy	Objective	Indicator
PROGRAMME GOAL	Contribute to the well-being of El Sahel area children, families and communities.	
EDUCATION PROJECT		
PROJECT GOAL	Children of Sahel benefit from quality education	% of Sahel children who pass the fourth grade
		% of Sahel children who pass the ninth grade
		% of parents or caregivers with school-aged children who believe that the school their child attends is fulfilling its role as a school
		% of parents or caregivers with children who are satisfied or very satisfied (on a likert scale from 1 to 5) with the standards of the school that their child attends
		% of school children who believe that their school is fulfilling its role as a school
		% of school children who are satisfied or very satisfied (on a likert scale from 1 to 5) with the standards of the school that they attend
OUTCOME I	School management, parent councils and student councils are activated and mobilized towards improving quality of education	# of student committees that perceive having enough opportunities to participate in decision-making in their schools
		# of joint initiatives that parent councils, student committees & school directors plan and implement for improvement of quality of education
		# of schools adhering to action plan for improved physical environment of schools
		% of teachers attending MoE capacity building activities
		% of teachers reporting application of new pedagogical techniques
		% of students reporting teachers application of new pedagogical techniques
		% of students who feel supported in their learning by their

		community
		Perception of parent councils on their role in improving their children's education
OUTCOME 2	Sahel children apply life skills core competencies in their daily lives	% of children with improved scores on Development Assets Profile
SPONSORSHIP PROJECT		
PROJECT GOAL	Contribute to positive transformation and development of El Sahl Children and communities	% of children and their families articulating the positive impact of the programme on their lives
OUTCOME 1	Akkar ADP staff, DME staff, NO Sponsorship Staff and Technical Specialists	ADP staff implement Sponsorship funded projects within the ADP based on integrated programming
		ADP projects target RCs, other children and their families as participants in all projects activities
OUTCOME 2	Sahel partners and local communities are engaged in sponsorship management	% of adult & children starter group members engaged in at least 2 sponsorship processes and participate in at least 2 aspects of the sponsorship management project
OUTCOME 3	Sahel children and families are able to address children's education & health needs in emergency situations	CDPP for El Sahel implemented
HEALTH PROJECT		
PROJECT GOAL	Sahel children and mothers have access to proper preventive and primary health care services	Proportion of parents or caregivers with children who perceive having sufficient access to the health services the child and mother need (including in schools)
		Proportion of PHCs (Primary Health Centers) who meet minimum quality standards for preventive and health care services as prescribed by MOPH (Ministry of Public Health)
		Proportion of parents or caregivers (who have children) who satisfied or very satisfied (on a likert scale from 1 to 5) with the quality of preventive and primary health care services
OUTCOME 1	Sahel partners and local communities are engaged in improvement of mother and children health	Minimum standards of MCHN (Mother & Child Health & Nutrition) services met by PHCs
		Number and type of lobbying efforts sought by community leaders and PAGs with public health services (local or national)
		Proportion of parents or caregivers who report improved knowledge on MCHN topics
		# of schools with active health supervisors
OUTCOME 2	Recommendations for LED interventions in El Sahel area are developed	LED assessment report finalized with recommendations for programme intervention
OUTCOME 3	Adolescents and stakeholders influencing adolescents in NADP are engaged in the promotion of healthy lifestyle knowledge and practices	% adolescents who report discussing healthy lifestyle practices with peers
		% of stakeholders who report having used one or more methods to promote healthy lifestyle knowledge and practices

Dreib El Awsat ADP:

Hierarchy	Objective	Indicator
PROGRAMME GOAL	Children and youth in Dreib Al Awssat are cared for and protected in an enabling environment	
CHILD SPONSORSHIP MANAGEMENT PROJECT		
PROJECT GOAL	Children and youth in Dreib Al Awssat are cared for and protected in an enabling environment	Proportion of youth who have a learning opportunity that leads to a productive life
		Proportion of children who feel that their community is a safe place
		Perception of children on levels of safety and protection

		from violence in schools
		The strengths of the assets and the contexts in which youth live, learn and work as reported by youth 12-18 years of age
OUTCOME 1	Communities demonstrate active Community actors in Dreib Al Awssat are active agents of child protection in their communities	Effective and safe mechanisms established for children or adults to report abuse, neglect or exploitation of children (which link informal and formal mechanisms appropriately).
		Communities can identify, understand and act on issues of injustice affecting the well-being of children and progressive fulfilment of their rights
		Community-based child protection committees are functional
		# of community based led initiatives to strengthen protection of children
OUTCOME 2	Children are advocates for children's rights in their communities	Children participate meaningfully in community decision making
		Number of girls and boys actively engaged in advocating for children's rights in their communities
		Children report that their voices are heard
OUTCOME 3	Youth in Dreib Al Awssat have access to adequate information on economic opportunities in the local market	% of youth who report having increased knowledge about economic opportunities
		% of youth who report having increased capacity to engage with employment markets
OUTCOME 4	Youth in Dreib Al Awssat have the human capital required for employment	% of youth who report having self-confidence needed to engage in employment activities
		% of youth who report having the skills needed for employment
OUTCOME 5	Youth in Dreib Al Awssat have the social capital required for employment	% of youth who perceive that they are supported by their peers as a result of being part of the youth groups
		% of youth who report having adequate support from their parents concerning employment challenges
		# community members involved in child well-being promotion or monitoring

3. Evaluation Target Audiences

This mega-evaluation is done to inform the ADPs on a macro level about programme outcomes as well as to keep the Support Offices (SO) informed about the programmes' effectiveness. The evaluation is also a tool for the community local government (LG), non-governmental organizations (NGO) and community groups to measure the impact of WVL programmes in the 5 ADPs (West & Central Bekaa, Bint Jbail, Akkar and Dreib El Awssat). The mega-evaluation exercise is intended to include and influence the following groups:

- ◆ **Community members:** Community members including children, teachers, volunteers and parents will take part of the evaluation process, to ensure the latter is being conducted in a partially participatory manner. Results will be disseminated to all beneficiaries who took part of the West & Central Bekaa, Bint Jbail, Akkar and Dreib El Awssat ADPs activities, in order to be transparent and accountable towards the community that WVL serves.
- ◆ **WVL National Office:** The data collected from the evaluation will inform WVL on the successes and challenges faced throughout the programme implementation. It will also highlight the levels of impact and sustainability. The evaluation will further contribute to generating lessons learned and recommendations that should guide future interventions implemented by WVL with a special focus on Sponsorship Operations. Moreover, it will also contribute to the drafting of the Child Well Being report.

- ◆ **ADP Partners:** Partners of the programme will be the main participants in the evaluation as their input is the main source of information. Their participation will be ensured throughout the process in data collection and validation as well as dissemination of findings.
- ◆ **Support Offices (US, Malaysia, Canada, and Australia):** The results of the evaluation will present qualitative information pertaining to the programme's impact on children's wellbeing. It offers the opportunity for WVWL to be accountable towards the main donors as the process will be documented in details and the information is generated with the participation of the community.
- ◆ **Regional Office:** This mega evaluation will have a special focus on Sponsorship operation models in WV Lebanon; this type of analysis is still scarce in Middle East and Eastern Europe Region (MEER). Hence, the mega evaluation will ultimately inform possible ways to improve sponsorship operations and will contribute to enriching the learning within the Regional Office (RO).

4. Evaluation Type

The evaluation is an end of programmes' evaluation that will be conducted to determine through a qualitative process what has been the programme impact and what should change in order to have a meaningful and sustainable impact in the communities in West & Central Bekaa, Bint Jbail, Akkar and Dreib El Awssat ADPs. The evaluation is scheduled to be carried out between February and March 2016.

5. Evaluation Purpose and Objectives

The purpose of the programme mega-evaluation is to determine effectiveness of programme intervention and use of resources to identify needs of the children, their families and communities. The end of cycle programme evaluation will cover the last phase of implementation in each of the 5 ADPs respectively:

- West & Central Bekaa ADPs (FY10-FY15)
- Bint Jbail ADP (FY12-FY15)
- Akkar/El Sahel ADP (FY10-FY15)
- Dreib El Awssat ADP (FY12-FY15)

The five standard dimensions of this evaluation include: relevance, effectiveness, impact, sustainability and efficiency. The effectiveness questions will primarily focus on the most recent programme cycle since the latest programme design significantly shifted focus and approaches from the previous programme cycle.

The key questions in each of the evaluation dimensions are the following:

Key Objectives	Key questions to be asked
RELEVANCE	
i. To describe how the project has been consistent or inconsistent with WV's integrated focus for programming and WVWL's national strategy ii. To identify if the programme was properly designed to meet targeted needs through evaluating and assessing programme theory, logic, conceptual components and assumptions	i. Was the programme designed in a way to meet the needs of the community, and specifically of adolescents and youth? ii. Was the sponsorship programme meeting the needs of the RCs and their families? iii. Are sponsorship requirements accepted by the community? iv. Is the project consistent with WV's integrated focus for programming and WVWL's national strategy? v. Were the established partnerships appropriate for the scope of work of the project? vi. Were girls, women, boys and men equally engaged and participating in the project planning, implementation,

<ul style="list-style-type: none"> iii. To assess the relevance of the tools developed throughout the project to the area context and to the needs of the communities iv. To assess the degree of involvement of girls, women, boys and men in project components and their participation in planning, implementation, monitoring and evaluation (with a focus on gender equity) 	<p>monitoring and evaluation?</p>
EFFECTIVENESS	
<p>To assess the progress made towards achieving the project's goal and objectives based on the logframe, design and monitoring data</p>	<ul style="list-style-type: none"> i. How well were each of the projects' objectives achieved? ii. What were the programme's strengths in terms of the method used and the design? iii. How properly were the projects executed? iv. Was the frequency and duration of the trainings provided to direct beneficiaries/committees/ MAGs enough to reach objectives and/or to induce change? v. Were youth groups well equipped to be able to transmit acquired information and train others? vi. Did the partners including schools and local community groups benefit from WV's support during this project? To what extent was their capacity improved? vii. How did implementation variations from project design affect results? viii. What were the programme's weaknesses in terms of the method/s used and the design? ix. What were the challenges in terms of meeting sponsorship requirements? x. What are the reasons behind the low participation rate of RCs in ADP activities? xi. What alternative methods would have led to a better achievement of programme's objectives? Why and how? xii. How well did the programme adapt to unexpected problems? How flexible was the programme's design? How were environmental and financial risks managed?
IMPACT	
<p>To assess the potential impact of the programme on the targeted communities</p>	<ul style="list-style-type: none"> i. To what extent the community benefited from implemented activities? ii. To what extent did partners schools benefit from the activities? iii. What was the unexpected effect of the programme activities? iv. How did the refugees' crisis in Bekaa area affect the development programme?
SUSTAINABILITY	
<ul style="list-style-type: none"> i. To assess the partnering approach and the participation of various partners and stakeholders in design, planning, implementation, monitoring and evaluation, and their capacity and willingness to sustain the programme's achievements ii. To assess local ownership of the project by partners, and to identify key factors to ensure replicability of the project components iii. To extract and analyze the lessons learnt and to provide specific, 	<ul style="list-style-type: none"> i. What are the individual, organizational, and community level capacities? ii. To what extent are the local groups/committees and schools able and willing to sustain the efforts after the programme ends? iii. To what extent do local partners/committees members own the project? iv. How involved were partners in design, planning, implementation, monitoring and evaluation of the programme? v. Was WV's partnering approach successful in implementation and building towards sustainability? vi. What was the added value of these partnerships? vii. What are the essential lessons learnt and recommendations

practical and actionable recommendations for expansion and further development of the programme	for the further development of WVWL area programming?
EFFICIENCY	
To investigate whether the resources (financial, human, and materials) have been used efficiently and effectively for the well-being of the target community.	<ul style="list-style-type: none"> i. Have resources (financial, human, and materials) been used efficiently for the well-being of the target community? <u>With a special focus on Sponsorship processes.</u> <ul style="list-style-type: none"> a) Why Sponsorship like this b) What would be the best way to continue with Sponsorship c) Cost benefit analysis of Sponsorship ii. Were most of the outputs achieved to an acceptable standard?

6. Evaluation Methodology

The evaluation design will follow qualitative methods; primary data will be collected through these methods:

- Focus group discussions
- Key Informant Interviews.

Secondary data will be collected through review of documents and available secondary data sources.

Relevant documents include:

- Programme and project design documents (which include the logframe, M&E Plan, etc.);
- Baseline Reports
- Semi/annual programme management reports.

These methods will be used in accordance with the specific evaluation objectives, according to the key questions to be asked and depending on the target group. For each indicator the appropriate method will be applied. The target population will be: children, parents, teachers, health workers, local NGOs, local government authorities on education and health.

7. Limitations

- The budget available for ADP evaluations is very low, therefore there's relatively little money available to do quantitative approaches.
- The actual programming activities in the ADPs have ended up being quite different from the proposed design. Measuring the logframe indicators will provide relatively little added value since programming activities may not have actually addressed the indicators as planned.
- The context in the six ADPs to be evaluated and overall situation in Lebanon has dramatically shifted since the designs of these ADP's were done five years ago. Therefore measuring the logframe indicators will provide relatively little added value since programming activities may not have actually addressed the indicators as planned.
- To avoid an expensive and time consuming quantitative approach for evaluations, the Programme Support Team (PST) recommended a review of the existing monitoring reports to replace the evaluation. However, this information is not really adequate as the available documentation of the implementation during the previous years as per the annual programme management reports lacks quality and depth and is largely limited to an overview of activities with attendance numbers.
- There are six ADP evaluations scheduled at the same time. There will be relatively low staff time available to carry out the evaluation processes because of the need to disperse the human resources across the six ADPs.
- Some relevant documents and reports that are essential for the desk review might be missing due to high turnover of management, field and DME staff and gaps in data

management and handover. This may potentially affect the evaluation findings by not providing all of the information required for analysis. Gaps identified will be a) partially filled via staff accounts to the consultant and b) resultant impacts of the gaps on the evaluation findings will be discussed in the evaluation report.

- The high percentage of Syrian Refugees residing in the Bekaa area, affected the Lebanese communities and specifically those targeted by WV. This is attributed to the fact that WV worked with refugees and provided direct benefits and assistance, whereas this was not the case in the development programme. Thus beneficiaries lost trust in WV and expressed their dissatisfaction with the services provided under the development programme. The current context might affect the results of the evaluation and the judgement of participants.

8. Authorities and Responsibility

Team Members and Roles

The evaluation exercise will be led by an **external consultant who will function as the Evaluation Team Leader**. The evaluation team will be composed of a mixture of representatives from relevant National Office departments and ADPs.

At the moment, the **World Vision (WV) evaluation team** is considered to include:

- DME Manager/Officer from the National Office
- Technical Specialists from the National Office
- Sponsorship staff from the National Office
- and West and Central Bekaa ADPs, Bent Jbail ADP, El Sahel ADP and Dreib Al Awsat ADPs' staff.

Note: Some other National Office representatives, the Operations Director, other members from PDQA and Resource Acquisition and Management (RAM) departments will participate during the data analysis phase.

The Area Managers will be consulted throughout all phases of the evaluation process in order to provide the evaluation team with the knowledge of programme interventions. The Evaluation Team Leader will have overall responsibility for all stages of evaluation implementation with ongoing consultation with the Area Managers and DME staff.

All of the tasks in the evaluation process (interviews, focus groups, data processing, writing of evaluation report, etc.) will be coordinated and overseen by the Evaluation Team Leader in consultation with the Area Managers in accordance with the Evaluation Plan and Design.

Evaluation Partners:

- Evaluation Quality Reference Group (EQRG) will provide guidance throughout the process of evaluation
- Local implementing partners will participate in the planning process by providing feedback on the evaluation research questions

Evaluation Phase	Role	Primary task
Planning	Area Manager	<ul style="list-style-type: none"> • Coordinate collection of information for terms of reference. • Advise the Evaluation Team Leader on evaluation priorities from a programme perspective. • Introduce Evaluation Team Leader to evaluation partners.
	DME Officer	<ul style="list-style-type: none"> • Advice and assist Area Manager in preparing the evaluation ToR. • Develop Evaluation Design document
	Evaluation Team Leader	<ul style="list-style-type: none"> • Propose a methodology • Provide input to the evaluation design document • Develop the evaluation tools based on the evaluation design

		document
	DME Manager	<ul style="list-style-type: none"> Review and approve TOR and evaluation design document
	EQRG	<ul style="list-style-type: none"> Provide feedback on the TOR, evaluation design methodology and tools
Data Collection and Analysis	Evaluation Team Leader	<ul style="list-style-type: none"> Lead evaluation process, conduct focus groups discussions and interviews and review of secondary data, conduct data entry, cleaning and analysis.
	ADP staff	<ul style="list-style-type: none"> Logistical arrangements (organize FGD, interview, etc.) Provide input on what the findings mean to them. Help developing practical recommendations.
	DME team	<ul style="list-style-type: none"> Give LEAP guidance to all teams in regard to evaluation requirements (also member of Evaluation Team) Provide input to the analysis plan
	WV Evaluation team members	<ul style="list-style-type: none"> Assist with the interpretation of data
	Area Manager	<ul style="list-style-type: none"> Provide feedback on analysis findings and recommendations to be made
	Community members and partners group	<ul style="list-style-type: none"> Assist in providing recommendations during briefing, starting of evaluation and in the analysis of the data.
Reporting and Follow-Up	Evaluation Team Leader	<ul style="list-style-type: none"> Draft the report and circulate it for feedback Incorporate feedback into the report Conduct a community validation workshop Conduct a stakeholder interpretation workshop Finalize the report based on the feedback received from both workshops and submit a summary fact sheet
	WV Evaluation team members	<ul style="list-style-type: none"> Provide critical feedback on draft
	ADP staff	<ul style="list-style-type: none"> Provide feedback on the understanding of the report
	EQRG	<ul style="list-style-type: none"> Provide feedback on report
	Support Office	<ul style="list-style-type: none"> Provide feedback on report
	Evaluation partners	<ul style="list-style-type: none"> Provide feedback on how well their objectives have been met

9. Logistics

- ADP staff will participate in an orientation to the TOR and the evaluation design as planned by the Evaluation Team Leader.
- ADP staff will select FGD and KII targets and support with the coordination of these.
- Transport and accommodation will be organized by the ADP but covered by the evaluation budget.
- Any logistics that relate to the data collection, data processing, or facilitation will be organized/coordinated by ADP staff in consultation with the NO DME staff, and the Evaluation team
- Logistics related to the community validation workshop and stakeholder interpretation workshop will be organized by the WV Evaluation Team
- Preliminary analysis will be done by the consultant in coordination with the evaluation team in ADP following data collection (debriefing at ADP level)
- A Final Evaluation report will be submitted by Evaluation Team Leader for WV evaluation team, ADP, NO, and SO feedback with an estimated approval by SO.

10. Products

As the final product of the evaluation process, the Evaluation Report will be written by the Evaluation Team Leader with the final approval of PST representative of SOs. There will be one

Mega evaluation report including separate analysis (and separate written section) for each of the ADPs to better respond to specific Support Office reporting needs.

The expected deliverables throughout the process of evaluation include:

1. Evaluation Methodology
2. Qualitative tools developed
3. Thematic in-depth analysis of qualitative data
4. Evaluation Report (based on LEAP Evaluation Report Template) including a reflection on the evaluation process in itself
5. Fact sheet summary (in English and Arabic)
6. Logbook to document evaluation process

The consultant is also expected to present and co-facilitate a **community validation workshop** to validate the findings with relevant beneficiaries and participants, as well as a **stakeholder interpretation workshop** which will join together several local and national WV staff to present the main findings, reflect on the lessons learned and recommendations and develop key action points for future programming. These two processes will feed into the final evaluation report.

11. Fees

The consultations fees will include transportation, logistics and accommodation fees identified by the consultant, as well as recruitment of note takers, translation fees, analysis and report writing.

12. Documents

Major documents that need to be reviewed during the research phase of the mega-evaluation will be:

- FY09 - FY13 Programme Designs
- FY09 - FY10 - FY11 – FY12 – FY13 – FY14 – FY15 semi and annual reports

13. Qualification of Consultant

The consultant should have the following competencies and experience:

- At least 5 years of progressive proven experience in similar studies and in using both qualitative research methodologies and thematic data analysis;
- Extensive professional experience in the design and implementation of outcome and impact evaluations;
- Good analytical and critical thinking;
- Proven knowledge and experience in applying participatory research methods and tools;
- Advanced degree in relevant field (e.g. Public Health, Epidemiology or any related technical field);
- Good understanding of the Humanitarian work especially the development field;
- Familiarity with civil society and Non-Governmental Organization (NGO) engagement;
- Ability to work on tight schedules with minimal supervision;
- Good English and Arabic speaking and writing skills.

14. Duration of Consultancy

WVL has set aside 2 months (Beginning of February until end of March, 2016) for this assignment. Bids should include a detailed proposed work-schedule with specific tasks and should also incorporate a budget that outlines all relevant costs that will be associated with this evaluation. Candidates are expected to state how much time they will need to start the assignment and how much time they need to conduct every task. Selected candidates are also expected to abide by the deadlines and the conditions for deadlines specified within the contract/agreement.

Interested individuals and consultancy firms should send in their applications no later than 16.00 hours GMT on February 1st, 2016 including a detailed Technical and Financial Bids with the following documents:

- proposed methodology (including a revised timeline and budget),
- curriculum vitae and/or resume,
- the names and addresses (including telephone and e-mail) of two non-related referees,
- Sample of previous work (evaluation reports related to the topic).

Technical and Financial Bids should be in English and should not exceed 5 pages and should be **submitted in two separate Sealed Envelopes**. The top right-hand side of the envelopes must be clearly marked with the name of the consultant and the subject line “Mega Evaluation” and sent to the below address:

*“Main National Office address: Villa Siniyora, Mountazah, Mansourieh; Office Phone: 961-4-401-980
Mailing address: World Vision Int'l Lebanon P.O.Box 55355, Sin el Fil, Lebanon”*

Technical bids should also be sent by email with the name of the consultant and the subject line “Mega evaluation” to the following email address consultant_lbn@wvi.org. Only short-listed candidates will be contacted.

In case the Consultant is not registered with Ministry of Finance, a deduction of 7.5 % should always be considered.

N.B: Selected consultant will be provided with all additional documents required to carry out the work.