CITIZEN VOICE AND ACTION

Meta Evaluation

Terms of Reference

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1. Background Information

1.1. Introduction

This Terms of Reference (TOR) is informed by ZARO office. As a LEAP requirement, an evaluation is carried out to assess the progress World Vision and partners have made towards achieving program outcomes, and document key lessons learned and recommendations for future programming. The evaluation will also assess the social accountability program effectiveness, efficiency, relevance and sustainability. These Terms of reference seek to conduct an impact analysis of WV's social accountability program using CVA approach in the 4 zones: West Zone, Nord-West Zone, South Zone and Est Zone which will result into Meta of program Evaluation reports which will indicate the actual changes as per the program indicators integrated into AP DIPs and Grant projects which were considered and guided the implementation of local advocacy approach.

The mid program Evaluation will employ both qualitative and quantitative methods.

1.2. Evaluation Summary

Program	Citizen Voice and Action
Evaluation type	Meta evaluation
Evaluation Purpose	The purpose of this evaluation is to gain an independent opinion of the CVA project model's effectiveness, sustainability, its impact, inclusiveness and document lessons learnt, best practices and recommendations to inform the different stakeholders and guide future programming within World Vision DRC.
Primary Methodologies	Qualitative data collection methodologies will be utilized. The study will also use quantitative data according to the need. • Focus Group Discussions. • Key informant interviews • Document review. • Most significant Change Stories • Onsite visual inspection(only some site)
Evaluation start date and end date	Mid December 2019
Anticipated report release date	March 10, 2020

2. Description

2.1 Overview

Citizen Voice and Action is World Vision's primary approach to advocacy at the community level. It is a method of "social responsibility," which aims to promote dialogue between communities and government to improve the services (such as health care and education) that affect the daily lives of children and their families.

World Vision is implementing CVA in the DRC to improve community-based local defense, increase local accountability, and improve the quality of deliverable services in the communities where WV operates.
For more than 6 years, WV has worked with communities through the community development programs to raise their advocacy capacity using this approach, which in these days is far from being disputed as the best approach to community accountability.
The DRC has joined and accepted this approach through the Ministry of Education and Initiation to the new citizenship by signing a MoU for it implementation within the country.

The Citizen Voice and action is lead under the advocacy and justice for children unit, the CVA project model is implemented and successfully integrated in 27 area development programs plus DFAP grant in Bukavu, REALISE Grant in Tanganyika and ANCP grant in Tanganyika as well. The Global center provides guidance and strengthens the technical capacity of the National Office through capacity building of staff, documentation, development and dissemination of guidelines, standards, best practices and lessons learnt. The National office strategy employs the CVA model for change for the improvement of service delivery in the health, education, livelihood and WASH sectors.

The project is operational in:

- West Zone APs :
  - ✓ Cluster N'sele: Kinkole, Menkao, Maluku and Kwango (New AP)
  - ✓ Cluster Kongo Central: Kasangulu, Kintanu, Nkandu and Loma
  - ✓ Cluster Changu: Kikimi, Kimbaseke and Ngandu
- Nord-West Zone APs :
  - ✓ Gemena: Ledia
- South Zone :
  - ✓ Lubumbashi 1: Kigoma, Rzashi congo and Luwowoshi
  - ✓ Lubumbashi 2: Kasungamu, Gbadolite et Kipushi
  - ✓ Likasi 1: Kisunka, Kambove and Kikula
  - ✓ Likasi 2: Fungurume, Simba and Toyota
  - ✓ Kolwezi : Mutoshi, Kolwezi and Kabondo
- Est Zone :
  - ✓ **Goma: GAC?**
  - ✓ **Bukavu: FSP**

According to the size of the country, the evaluator will suggest a sampling methodology – that will allow him to get across the different contexts.

2.2. Scope

As it can be inferred from above, the Meta evaluation will endeavor to ascertain and scrutinize the results achieved and the circumstances within which they were realized; the partnerships established, as well as any innovative approaches that may have been devised.

3. Purpose, type and methodology of the evaluation.

3.1. Purpose

The **purpose** of the evaluation is to gain an independent assessment report of the CVA result (positive and negative), sustainability, inclusiveness and document lessons learnt, best practices and recommendations to inform the different stakeholders, especially the government and guide future programming within World Vision DR Congo.
The findings will be used to inform future programming in World Vision DRC and will help to highly lobby the government through the new citizenship program.

Specifically, the other purpose of this evaluation is to assess the effects (positive and negative) of the CVA project model in the country and it contribution to public sector performance i.e.as measured by allocation of resources or other governance change (policies, regulations etc) occasioned partly by enhanced state accountability and responsiveness through civic engagement. The evaluation will also analyze the CVA contribution towards the above set objectives in relation to the changing political, economic and social scenarios.

3.2. Evaluation type

This is a summative synthesis evaluation which will establish the progress World Vision and partners have made towards implementing CVA project model, and document key lessons learned and recommendations for future programming. It will also assess the effectiveness, efficiency, relevance and sustainability.

3.3. Evaluation Target Audience.

The Meta evaluation will be participatory and will target the following stakeholders listed below:

3.3.1. Evaluation Target Audience.

Stake holder group	**Composition**
Community	• Sampled Community members(Men, women, girls, boys: FGD will not be more than 3 per AP to be interviewed) • Community Based Organization Representatives. • CVA working teams • AP staff. • Service providers at facility level (Teachers, Health centre staff, farmers,...)

Partners	• District Health Officer • District Public Health Educator. • District Education Officers. • Sector Education Officers • District inspectors of schools. • Community Development Officers. • Advocacy groups/ CSOs • National government officials
Local Government leaders	• National Ministers of Heath, INC and education(If applicable) • Provincial ministers (Health and education) • Ward Executive Officers • Senior Administrative Secretaries. • Secretaries in charge of health and Education.(Councilors) • Sector/Sub County officers
Staff	• AP staff/volunteers • Cluster staff(PM , DM and E Officer) • Sector leads/specialists

This list will be revised and refined as part of the process of planning and preparing for the evaluation design.

3.3.2. Target Audiences and expectations

Concerns that should be considered in the evaluation	**NO**	**Local and national Gov'ts**	**Community (children, men, women, disabled etc)**	**NGO/CBO Faith based and other partners**	**What is expect to be reflected in the evaluation report**
Whether CVA project model interventions have contributed to community empowerment	√	√	√	√	How the project intervention have contributed to community empowerment and to what level
Whether project interventions have contributed to improved health and education service delivery. Current quality of health and education service delivery in the facilities as compared to DIP baselines	√ √	√ √	√ √	√ √	Current services available, Current staffing, structures and equipment as compared to the entitlements and baseline. Any improvements in service delivery. Most Significant Change Stories
How resources (financial, human, and materials) have been used efficiently and effectively for the well-being of the target community.	√	√	√	√	Value for money report

Level of community knowledge on the health and education government policies	√	√	√	√	Results indicating community knowledge about the policies.(Health and Education)
How the children and other beneficiaries were impacted	√	√	√	√	How children and other community members have benefited from this project.
Participation of the children, men, women, in the process	√	√	√	√	In which ways have the different stakeholders (children, men, women) participated
Appropriateness of project models outcome and process to the needs of the community	√	√	√	√	How ownership has been effective
The contribution of local CSOs	√	√	√	√	Participation and contribution of CBOs, FBOs,.. in the follow up of action plan
Lessons learnt best practices and recommendations.	√				Compilation of the innovations, lessons learnt and best practices Existing policy briefs and position papers. Existing advocacy initiatives.
The extent to which the project model contributed targeted the most vulnerable groups especially children	√	√	√	√	
Sustainability/Ownership	√	√	√	√	What sustainability mechanisms have been put in place to sustain, does the community or government take ownership of the process?
Contribution to national office strategy CWBI and sector strategies.	√				

Here are suggested additional concerns

1. What are the unexpected results (positive or negative) of the CVA project model?
2. What are the constraints to the implementation of the CVA project model?
3. Is the project model adapted to DRC and our targeted zone contexts?
4. Are there any need of adjustment/adaptation of the project model to the DRC or our targeted zones contexts?

The list may be revised and refined as part of the process of planning and preparing the evaluation design.

3.3. Methodology for Evaluation

The evaluation employs a mixed method approach, although due to the nature of change will be largely qualitative. However, the consultant will suggest the best method to go through. It will promote as much participation in terms of maximum input from all relevant stakeholders, including national and subnational state officials; elected representatives; faith leaders, representatives of civil society organizations, traditional leaders and target communities.

The evaluation will provide quantitative and qualitative data through the following methods:

1. Desktop review of all relevant documentation including:
    a. Project proposals
    b. The APs projects design documents
    c. baseline reports
    d. Aannual work-plans
    e. Annual reports
    f. NO strategy,
    g. AP reports,
    h. Impact reports
    i. Success stories,…
    j. The following national/government documents will also be needed (and target NOs are hereby requested to source them well-in-advance):
        i. Sectoral/ministerial (education and health) Strategic Development Plans
        ii. Latest MDG Progress Report or Meta SDG report
        iii. Sectoral/ministerial Statistical Bulletins/equivalent
        iv. Relevant Education and Health policies
        v. Any associated pieces of legislation – where feasible
        vi. Sectoral/ministerial (education and health) reports
2. Key informant interviews to gather primary data from key stakeholders and relevant informants such as WV staff, government officials, elected representatives, etc. using an interview guide.
3. Focus group discussions with beneficiaries/community members and other stakeholders.

4. Authority and Responsibility

4.1. Evaluation Management Arrangement

The DRC national office Quality Assurance and Advocacy team will oversee the overall process of the evaluation. This include:

a. Ensure that the evaluation TORs are finalized
b. Review the methodology proposed by the consultant
c. Review the data collection tools proposed by the consultant
d. Review the report

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The GC, SARO and target Zonal offices will review the evaluation ToRs, data collection tools and the draft evaluation report.

NO DM&E and Advocacy Teams will ensure that national/state documents (highlighted above) are availed, sites are prepared, relevant appointments (and requisite permissions) are sought well ahead of time. Furthermore, NO staff will also participate in data collection as appropriate.

4.2. Responsibility

The evaluation team will comprise of an independent Consultant, SARO advocacy team, National Office DME staff, Health and Education Specialists, advocacy staff at NO, cluster/zonal/AP staff, some community representatives where feasible. The NO advocacy Director will produce the final TOR incorporating comments from the respective parties and share it with CVA Global leads and QA team.

The National Director and Integrated Program Director will be responsible to arrange funds, The NO advocacy Specialist and procurement team will be responsible for hiring external consultant.
The CVA Specialist will work with the host Country Quality Assurance Department to ensure the right quality of the TOR, field data collection and report writing. The respective Zonal Offices with support the NO through their DME Managers/Coordinators will be responsible for close facilitation, supervision, monitoring and evaluation of the evaluation process at the AP level. The consultant will produce an end of evaluation report to be shared with parties and a summary of findings and recommendation to share with SLT members.

The respective Cluster/AP staff will be responsible for the logistic arrangements and support during the entire exercise. The Zonal/Cluster Managers will be the goal owners of the evaluation process and would facilitate the participation of key stakeholders. In addition to that, they are also responsible for availing of all the required secondary data, arrangement of the field visits and discussions with community members and government line offices.

4.3. Consultant's roles

The Consultant will be responsible for overseeing the evaluation exercise. The Consultant will coordinate the data collection tools formulation, field level data collection processes, data entry, data analysis and report generation, presentation at validation Workshop and finalization. Outlined below are the detailed major responsibilities of the consultant:

- Prepares and submits an evaluation proposal (both technical and financial) which details the work plans methodologies for both the quantitative and qualitative components of the survey. This will be reviewed by the NO advocacy and QA team.
- Prepares and submit the evaluation design document
- Spear head the preparation of the data collection tools.
- Comprehensive review of the required documents and familiarize himself/herself with the necessary documents outlined under the document review section above and any other necessary documents.
- Training of data collectors/research assistants.
- Coordinate all the field data collecting activities and facilitate the triangulation of all the data collected.
- Data entry and analysis.
- Collect, triangulate and summarize the primary and secondary data for quantitative and qualitative study and ensure data is disaggregated by gender, age and disability as far as possible

- Conduct a detailed evaluation assessing all the relevant components.
- Conduct in-depth interviews with the sampled key informants in order to gain valuable and relevant information
- Conducts briefing and de-briefing at both the National Office and Cluster level, the debriefing will include a stakeholders meeting at cluster level.
- Leads the process of data analysis and presented soft copies of the analyzed data.
- Prepares and submit draft End of project Evaluation report for review and feedback,

- Present evaluation finding at the respective National level Validation Workshops and incorporate all inputs.

- Submit final Meta Evaluation report in hard and electronic copies.

5. Expected Outputs

The outputs from the exercise shall include the following;

1. Presentation of the main findings and recommendations to the National Office selected staff and the SARO Advocacy unit staff.
2. Twelve Spiral Bound detailed written technical final reports as per the WV guidelines as detailed below.
3. Three CDs of the report and analyzed information for each Zonal office.
4. Analyzed data set to the respective National Office and Region.

The outline of the evaluation report will follow the LEAP guidelines/template that includes among other things the following:

- Cover Page.
- Table of Contents.
- Acknowledgement.
- Affirmation
- Executive Summary.
- List of Acronyms and Abbreviations.
- Introduction / Background
- Description of the Methodology
- Findings (These should make a balanced assessment of the current situation as compared to the baseline and take into account of the views of partners, local government and community representatives, girls, women, boys and men on the indicators for Goals, outcomes and outputs and issues as they relate to the evaluation TOR.)
- Two or Three Most significant change stories from each domain(Education, Health, etc)
- Lessons learned and best practices from the survey process.
- Conclusions and recommendations
- Appendences: this will include, the TOR, generated tables of findings and analysis, references used, Map of the area, Data collection tools, names and contacts of research assistants, work schedules and responsibilities

6. Timeframe, Logistics and Budget

6.1. Timeframe

The Consultant is expected to finalize the Evaluation by 10 March 2019.(To be determined by team and consultant)

6.2. Logistics

Each Cluster office will contribute $..... and the NO will contribute $..... (Making a total of $.....) for the Meta evaluation exercise.

The Research Assistants hired will be fluent in both French and English. Knowledge the local languages is an asset for this work and therefore there will not be any need for translators.

The National Office and Zonal/Cluster Offices will provide office space, a printer and photocopying machine for use by the evaluation team.

The National Office and cluster offices will provide one car to facilitate the consultant and CVA Specialist and then hire taxi/taxis to transport the Research Assistants to the field for data collection.

6.3. Budget.

Cost center to be charged. To be determined.

7. Required Expertise/Competencies

- Consultant specialized in development, advocacy and social accountability and community empowerment evaluations.
- More than Five years' experience in assessments, surveys and evaluations with NGOs or Governments
- Demonstrable ability and experience in participatory methodologies
- Experience in both qualitative and quantitative research methodologies
- Excellent writing and data management skills.
- Knowledgeable in Rights base approaches.
- Willing to work under tight schedule.
- Fluent in French, the knowledge of English, Swahili, Lingala, Kikongo and chiluba is an asset.
- Good team leader and team work.
- Must hold at least a PhD in development or related field.
- Consultant with a health, livelihood and education background is an added advantage.
- A strong track record of publications academic or non academic

Apendix

Key Questions (DME to review)

Question	Sub-questions
1. To what extent have community health clinics and education services met at least one or more additional minimum service standards and did CVA contribute?	1.1 What percentage of program schools and health clinics met at least one or more additional minimum policy standards? 1.2 What is the average number of *additional* service standards met by health clinics, Education services, WASH and agriculture committees/extension workers at the evaluation period as compared to the baseline/initial monitoring standards session? 1.3 Are there patterns in improvements and lack of improvements? Is there variation in change based on geographic location or the domain targeted? (e.g. more success in obtaining additional health workers than in addressing stock outs in health facilities, accessing land,…). 1.4 Is there evidence of system strengthening, changing power dynamics or women's empowerment? 1.5 What role, if any, did government decision-makers and other duty bearer groups (including politicians) play in achieving service improvements, additional minimum policy standards or other governance changes in Health/WASH/Education?
2. In what ways, if at all, did CVA activities affect health, WASH/Education and agriculture service users and providers?	2.1 What changes regarding Education/health service quality and standards did users and staff observe? How has this affected them? 2.2 Did the program produce any unexpected outcomes, positive or negative? Who was affected and how?
3 To what extent were major program components achieved?	3.1 Were all CVA phases and elements implemented in each APs? If not, why, and how did this affect achievement of program outcomes? Were there any differences in the way CVA phases and elements were implemented? If yes, why? 3.2 Did program teams, community or government

Question	Sub-questions
	stakeholders implement additional or innovative strategies or activities to achieve the program goal? 3.3 What were the project's strengths, weaknesses, opportunities and threats during the implementation process?
4 In what ways did the program contribute to the sustainability of project outcomes?	4.1 What evidence, if any, indicates that communities and local government will be able to maintain or expand project benefits, especially improved service quality and standards in program health clinics/WASH/Education and agriculture(Livelihood)? 4.2 What else, if anything could have been done to strengthen the sustainability of improved service quality and standards in program health clinics/WASH/Education and agriculture?