

TERMS OF REFERENCE

CARE Australia Strategic Evaluation Education for Ethnic Minorities Program, Cambodia September 2018 – February 2019

1. Background

In addition to the end-of-project evaluations, CARE Australia undertakes an annual strategic evaluation such as thematic, cluster or comparative evaluations, to assess program level strategies and models, impact and relevance. Such evaluations are one of the activities conducted within CARE Australia's overall program quality framework under monitoring, evaluation and learning.

2. Education for Ethnic Minorities Program (EEM)

CARE is an international development organisation fighting global poverty with a focus on working with women and girls to bring sustainable changes to their communities. In Cambodia, CARE's portfolio focuses on women who have migrated to urban areas, women and girls from ethnic minorities and rural women who are denied multiple rights.

Since 2003, CARE has worked in partnership with the Royal Government of Cambodia (Ministry of Education, Youth and Sport) and other stakeholders (such as UNICEF) to develop and implement a multi-lingual education (MLE) model under the Education for Ethnic Minorities Program (EEM) program. The aim of this model is to increase ethnic minority children's access to, and the quality of, primary and secondary education.

CARE's mother tongue MLE model using Indigenous languages and Khmer was piloted in Ratanak Kiri beginning in 2003, and has been expanded to four additional northeastern provinces (Mondul Kiri, Stung Treng, Kratie and Preah Vihear) under the government's Multilingual Education National Action Plan (2015-2018). In recent years, CARE shifted from its original role as direct implementer to that of a technical advisor to the Royal Government of Cambodia. The program is unprecedented internationally (see e.g. Benson & Wong 2017¹) as having gone from a successful community-based initiative run by community school management committees and using community-selected teachers, to being institutionalized in law and policy as part of a government policy for improving access to and quality of education for Indigenous learners.

Activities within the EEM program included: development and production of text books, and gender and culturally-sensitive learning materials in ethnic minority languages; development of a multi-lingual

¹ Carol Benson & Kevin M. Wong (2017): "Effectiveness of policy development and implementation of L1-based multilingual education in Cambodia", International Journal of Bilingual Education and Bilingualism, http://docs.wixstatic.com/ugd/ff000a_940a8d45b1bc4037aa3cc77e6d153cd4.pdf

curriculum; training of teachers; establishment and ongoing training of school support committees; and provision of scholarships for students to attend lower secondary school.

Over the past 16 years, the Governments of Australia, Sweden, the European Union, and many private donors (e.g. Patsy Collins Foundation) have funded the EEM program.

3. Rationale and purpose

Purpose:

The purpose of this evaluation is to:

- 1. Document the **impact** of the EEM program, with a view to influencing other donors or national governments in the South East Asia region to replicate the model.
- 2. Document successful strategies for ensuring **sustainability** of the model through government systems.
- 3. Provide data on the short and long-term **financial costs/benefits** of the MLE model to assist other governments/donors with making decisions about investing in such models.

Rationale:

In linguistically diverse countries worldwide, decisions about language(s) of instruction have important implications for learning. MLE refers to a systematic approach to learning two or more languages as well as other academic content based on initial literacy in the learner's strongest language. In educational development, there is growing recognition of the role played by language of instruction in educational access, quality and equity, particularly for groups that have been socially marginalized (Benson 2016; Ouane and Glanz 2011; Smits, Huisman, and Kruijff 2008; UNESCO 2013). Use of learners' own languages has been linked to increased parental involvement (Ball 2010) and greater participation of girls and women in education (Benson 2005; Lewis and Lockheed 2012).

The Cambodian government now sees MLE as a key strategy for reaching ethnolinguistic minority groups in the highland provinces with much-needed educational services. The fact that the Ministry of Education, Youth and Sport (MoEYS) has taken on ownership of important aspects of policy and implementation of MLE is a testimony both to the long-standing, respectful relationship built by CARE with MoEYS and to the demonstrated effectiveness of MLE in the target communities. At this time, five non-dominant languages – Brao, Bunong, Kavet, Kreung and Tampuen – are being used for literacy and instruction, and others are in the process of being adopted.

To date there have been a number of technical inputs to the MLE program, and some qualitative and quantitative evaluations. There is value in synthesising both the published and unpublished documented evidence to date to assess the overall contribution that the program has made in Cambodia and to the international evidence base on MLE models.

This would allow CARE to profile the benefits of the model for potential replication by to other governments (such as Ministries of Education in the Mekong). The case of Cambodia can be used to examine lessons learned for implementing MLE sustainably in low-income contexts. In addition, a synthetisation of advice to CARE and the Royal Government of Cambodia on sustainability strategies will help to ensure that the model produces benefits into the future, post CARE support.

The synthesis of evidence will focus not only on outcomes but also on the processes and conditions under which they have been successful, as well as challenges experienced and lessons learned. This builds on the 2015 article by Nowaczyk², which describes CARE's approach to working within government structures and collaborating with partners.

The new evidence to be produced from this evaluation is the cost-benefit analysis (CBA) of the Cambodia MLE model. The CBA will attempt to quantify a social rate of return on educational outcomes for Indigenous people with and without MLE. This will be done through analysis of Per Pupil Expenditure (PPE) in line with variance in dropout rates and repetition through MLE relative to non-MLE systems³ in the five north-eastern provinces of Cambodia.

Audience

The primary audience of this evaluation will be the Royal Government of Cambodia, through providing data and analysing the potential sustainability of the MLE model post-CARE support.

The secondary audience will be Ministries of Education in the Mekong who are considering implementing this or similar MLE models to improve access and quality of education for speakers of non-dominant languages.

CARE Australia will use this evaluation to raise awareness on the part of the Department of Foreign Affairs (Canberra and Minister), and other donors (such as the NZ Ministry of Foreign Affairs and Trade), of the effectiveness and value for money of EEM, with a view towards encouraging their financial support of the scale-up of an MLE model in other locations.

Other audiences include past EEM private donors, CARE International, UNICEF, UNESCO (in particular the Asia Pacific Multilingual Education Working Group), INGOs who work in ethnic minority education and CARE Australia communications/fundraising staff.

4. Evaluation questions

There are two components to this ex-post evaluation: An impact assessment and a cost-benefit analysis.

The Key Evaluation Questions (KEQs) are:

1. Impact Assessment

• **KEQ 1**: What have been the most significant impacts (negative/positive, intended/unintended) of the EEM program over the past 16 years?

- How did the EEM program contribute to these impacts? Are any of the impacts directly attributable to the EEM program?
- How has the EEM program's approach to gender equality/women's empowerment and culturally-sensitive education led to increased outcomes for ethnic minority girls/boys and women/men?
- What factors have led to EEM program scale-up and decision for national

² Nowaczyk, M. (2015) Advocating for Multilingual Education in Cambodia. Phnom Penh: CARE.

³ See Vawda, Ayesha Yaqub and Harry Anthony Patrinos (1999) Producing Educational Materials in Local Languages: Costs from Guatemala and Senegal. *International Journal of Educational Development* 19: 287-299

government adoption of the model?

- KEQ 2: How sustainable are the outcomes of the EEM program likely to be?
 - O What are the risks to MLE model sustainability?
 - What sustainability strategies should CARE implement before handover to the Royal Government of Cambodia is complete?
 - What budget and other resources are needed for successful model implementation by the Royal Government of Cambodia, and under what conditions?

2. Cost-benefit analysis

- **KEQ 1:** What are the costs and long-terms benefits of the EEM program?
 - What are the financial costs and benefits of the EEM program (PPE) and why/how have they varied over the life of the program?
 - What are the direct and indirect long-term benefits (income, productivity, health, intergenerational education levels, poverty reduction, civic participation etc.) expressed in monetary terms adjusting time value of money?
 - o Do the benefits outweigh the costs?
 - What savings can be made through implementation via government systems at scale? How does this change the cost/benefit ratio?
- **KEQ 2:** How do the cost/benefits of the MLE model compare to mainstream education in terms of educational outcomes for ethnic minority children?
 - What are the costs of EEM compared to costs of government-delivered primary and secondary educational services for non-ethnic minority populations in Cambodia?
 - What are the relative benefits of the two models in terms of test scores, retention, completion rates and overall PPE?
 - What is the social rate of return on MLE versus mainstream education for Indigenous learners in the five north-eastern provinces of Cambodia?

5. Evaluation scope, approach and methods

Approach and methods:

A consultant (or consulting team) will lead this ex-post evaluation, with remote support from CARE International in Cambodia and CARE Australia.

The broad methodological parameters for the evaluation are set out below and the details will be finalised by the evaluator/s, in consultation with the Evaluation Steering Committee. These will be outlined in an agreed Evaluation Plan⁴.

1) Impact assessment

A desk-based review of all existing documentation will be undertaken to synthesize EEM program impact to date, such as: Research and evaluation reports, project-level monitoring data, project-

⁴ These are to be developed in accordance with CARE Australia's Evaluation Policy and CARE's Gender Analysis Framework and Gender Equality Framework. Quantitative and Qualitative tools are to be approved by CARE prior to mobilisation.

level donor reporting, project-level case studies/human interest stories, and education conference presentations by CARE International in Cambodia. See Annex 1 for a list of possible additional resources.

2) Cost benefit analysis

Desk review and primary research methods will be used to inform the cost benefit analysis.

The desk review will draw on existing CARE International in Cambodia data/information and other data/information gathered through additional research. Key informant interviews (KII) over Skype could be undertaken with CARE staff and other stakeholders, such as sector experts and the Ministry of Education, Youth and Sport. The purpose of the interviews will be to supplement the initial desk review findings

Scope:

All projects that fall within the past and current EEM program (2003 – 2018, in Ratanak Kiri, Mondul Kiri, Stung Treng, Kratie and Preah Vihear). Multiple funders, such as: Australian Government, UNICEF, Patsy Collins Foundation, European Commission and private donors.

6. Key deliverables and timing

Deliverables:

The key deliverables for this ex-post evaluation are as follows:

- 1. *Draft evaluation plan*, including methodology and tools, for Evaluation Strategic Committee review.
- 2. *Final evaluation plan*, incorporating any agreed changes or amendments in response to comments by the Evaluation Strategic Committee.
- 3. Draft evaluation report for Evaluation Strategic Committee review.
- 4. *Final evaluation report*, incorporating any agreed changes or amendments in response to comments by the Evaluation Strategic Committee (up to 30 pages, including a 3-5 page executive summary, plus annexes). This report will be of a standard appropriate for publication and wider circulation, including NGOs, donors, researchers and policy makers.
- 5. Debriefing workshop with CARE International in Cambodia, and relevant stakeholders (e.g. peer agencies and government officials), including a presentation of key findings and recommendations.
- 6. A *presentation* to the Evaluation Steering Committee, interested CARE Australia Board members, and the CARE Australia Senior Management Team.

Timeframe:

Indicative timeframes for key activities (negotiable):

Approval of the evaluation Terms of Reference by CARE Australia,	June 2018
CARE International in Cambodia, and the CARE Australia Board	
Confirm consultant/s to lead the evaluation	September 2018
Evaluation Steering Committee to undertake inception meeting with	September 2018
consultant/s	

Development and approval of Evaluation Plan	September 2018
Development of desk-based evaluation framework/tools	October 2018
Undertake desk-based research and Skype KII	October 2018
Submission of <i>draft</i> evaluation report to Steering Committee for review	December 2019
Submission of final draft evaluation report to Steering Committee for final	January 2019
review/approval	
Evaluation report finalised	February 2019
Other communications/learning products developed (if necessary)	
Dissemination of report and other products	

7. Management:

The CARE Australia Program Impact and Learning Advisor will manage the evaluation with support of the <u>Evaluation Steering Committee</u>, comprised of the following individuals:

- CARE Australia:
 - Program Quality Advisor
- CARE International in Cambodia:
 - Assistant Country Director: Programs
 - Monitoring and Evaluation Advisor

Other stakeholders are the: CARE Australia Chief Executive Officer; Principal Executives International Programs and International Operations; Fundraising, Digital and Campaigns department; and the International Program and Operations Committee of the CARE Australia Board.

CARE Australia will provide overall management and strategic support.

8. Consultant/s selection criteria

The consultant/consulting team will be expected to have the following skills and experience:

- A Masters degree or equivalent in international development, economic development, applied anthropology, social science, gender studies or related field;
- Strong knowledge and experience in education (multi-lingual education is essential) in the context of international development programs, economic analysis and evaluation;
- Strong knowledge and experience in gender (preferably gender-sensitive education approaches) in the context of international development programs and evaluation;
- Strong technical and analytical skills in research and evaluation, including strong skills in costbenefit analysis methods;
- Proven experience in conducting methodologically rigorous evaluations of involving multiple projects and stakeholders, and writing high quality reports for publication;
- High quality communication skills, including the ability to speak and write clearly and effectively, listen to others, and facilitate and encourage participation from others, including in cross-cultural contexts:

- Strong management skills, including the ability to manage time; set and adjust priorities; foresee risks and allow for contingencies; and
- Demonstrated knowledge and experience working with remote and/or ethnic minority communities in Cambodia would be an advantage.

9. Contact and further information

Please contact Laura Baines, Program Impact and Learning Advisor, CARE Australia (<u>Laura.Baines@care.org.au</u>)

Annex 1: References

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