

Terms of Reference for

Hiring Consulting Firm for Conducting Mid-term Impact Assessment of RELI Project

Package # S-8.0

1. The RELI Project:

The RELI Project is implemented by the Social Development Foundation (SDF), an autonomous 'not for profit' organization established in 2000 by the Ministry of Finance, Government of Bangladesh. Started from 5th October 2021, the RELI project builds on the successful experience of rural poverty alleviation achieved by its predecessors, SIPP-I, SIPP-II, and NJLIP. Evaluations of past World Bank-supported community-driven development (CDD) projects confirmed that these operations significantly contributed to achieving local development and poverty reduction. The Financing Agreement and Project Agreement of the RELI project were signed on 27th June 2021 and implementation of project activities started from July 2021 with a duration of five years till June 2026. The World Bank provided USD 300 million to the Government of Bangladesh as Credit through the Ministry of Finance to implement the RELI Project where GoB in USD 40 million making the total project cost USD 340 million.

2. PDO Statement

The Project Development Objective (PDO) of the project is *'to improve livelihoods of the poor and extreme poor, enhance their resilience and support rural entrepreneurship in project areas.'*

3. PDO Level Indicators

Key indicators to measure the achievement of the Project Development Objective (PDO) include: (i) Number of beneficiaries with an income increase of at least 30% from Income Generating Activities and increased employment (of which 90% female); (ii) Share of beneficiaries in RELI villages changing poverty status (of which 90% female); (iii) Share of beneficiaries who are satisfied with project activities; (iv) Number of producers and rural entrepreneurs with increased income of at least 40% (of which 90% female); and (v) Share of beneficiaries with improved resilience (of which 90% female).

4. Project Components

The RELI project consists of four components: (i) Component A: Community Institutions and Livelihood Development; (ii) Component B: Business Development and Institutional Strengthening; (iii) Component C: Project Management, Monitoring and Learning; and (iv) Component D: Contingent Emergency Response Component (CERC).

Component A: Community Institutions and Livelihood Development- Under Component A, cash transfers have been scaled up to address the impact of the COVID-19 crisis. Support to IGAs through the Revolving (Shabolombi) Fund has been made more accessible, notably to help re-establish value chains and ease access to agriculture inputs for food supply chain-related IGAs that are critical to overcome food security challenges in the country. Health and nutrition support activities have been expanded to better support infant and young child feeding and caring practices, access to health services, and awareness on GBV preventions and available support services. Further efforts will also be made to support climate adaptation and resilience building by raising beneficiaries' awareness to climate change and climate-induced risks during mobilization and capacity building of community institutions; providing training and educational campaigns on the topic of climate adaptation, resilience.

Subcomponent A.1: Development and Strengthening of Community Institutions

Support the mobilization, development and strengthening of selected community organizations to support the Beneficiaries through (i) setting up of cluster-level offices to support the facilitation and mobilization of village-level institutions; and (ii) provision of technical support to establish and build capacity of such village-level institutions.

Subcomponent A.2: Financing of Community Plans

Support, through the provision of Sub-Grants, the financing of community plans from the Village Development Fund for the following activities: (i) to establish and build the capacity of the community groups and institutions; (ii) to provide Cash Transfers to the poor and vulnerable; (iii) to provide Sub-Loans for income generating activities; and (iv) to carry out prioritized small-scale climate-resilient infrastructure.

Subcomponent A.3: Health and Nutrition Support

Support through the provision of Sub-Grants to Health and Nutrition Support Committees (HNSCs), the carrying out of behavior change campaigns to improve health and nutrition outcomes through the following activities : (i) to promote infant and child feeding practices complemented with maternal allowances; (ii) raise awareness of the spread of infectious, vector-borne, and water-borne diseases; (iii) strengthen links between communities and government and nongovernment health providers; (iv) raise awareness of gender-based violence; and (v) encourage crop-diversification, complemented with seed distribution.

Component B: Business Development and Institutional Strengthening- Under Component B, support to PG will further emphasize market linkages by implementing a productive partnership approach facilitating sustainable business relationships between PGs and their off-takers and by linking these PGs to prominent e-commerce sites in response to the movement disruptions created by the COVID-19 pandemic. Support to rural entrepreneurs will also be scaled up to help prepare post-crisis economic recovery and rebuild in a greener, sustainable, and climate-resilient way. Employment generation support will be expanded to jobless migrant/immigrant returnees residing in villages supported by RELI and the costs of skill development training to them and to village youths will be borne by the project to overcome the cash crunch created by the COVID-19 pandemic.

Subcomponent B.1: Development and Strengthening of Second-tier Institutions

Support, through the provision of Sub-Grants, the creation and operation of second-tier institutions being the RELI Cluster Community Societies (RCCSs) and the RELI District Community Societies (RDCSs), each at the cluster level and at the district level respectively, to support the networking and aggregation of the village-level community institutions created under Component 1 of this Project.

Subcomponent B.2: Commercial Agriculture and Rural Entrepreneurship

Support the growth of the rural economy through (i) facilitation of the formation and development of producer groups and provision of capacity building support and technical assistance; (ii) creation of market linkages (backward and forward) for these producer groups and rural entrepreneurs and establish partnerships with value-chain actors and local government including e-commerce; (iii) product promotion through participation in trade fairs; and (iv) provision of Matching Grants from the CARE Fund.

Subcomponent B.3: Employment Generation Support

Support employment generation through (i) provision of technical support and skill development training for unemployed or under employed youth and jobless migrant or immigrant returnees to

acquire marketable skills and access to employment opportunities; and (ii) provision of Stipends for deserving students.

Component C: Project Management, Monitoring and Learning- Provision of support to carry out Project management, monitoring and learning of the Project including provision of Operating Costs. Under Component C, greater devolution of responsibilities from regional offices toward district offices of SDF will ensure closer coordination of the work of cluster offices and will consider movement restriction challenges triggered by the pandemic. Other such adaptations will be made in terms of project facilitation, monitoring and evaluation, such as the use of Geo-enabling Initiative for Monitoring and Supervision (GEMS), and will be formalized by SDF in the form of a booklet, which will be the subject of associated training and orientation. The involvement of local governments in the facilitation, monitoring and evaluation of project activities will be increased to ensure continuity of support to project beneficiaries past project completion.

Component D: Contingent Emergency Response Component (CERC)- Provision of immediate response to an Eligible Crisis or Emergency, as needed.

5. Project Basic Information (Beneficiaries and Coverage)

Target project beneficiaries are the poor and extreme poor in the poorest districts (zillas) and sub-units of districts (upazilas) of Bangladesh. The RELI project is aimed to cover 744,600 direct beneficiaries (489,600 RELI Project beneficiaries and 255,000 COVID-19 affected NJLIP beneficiaries), of which 90 percent are women.

The project is being implemented in 3,200 villages in 20 districts throughout the country. Out of the 20 districts covered by the RELI project, 12 districts have received prior support from SIPP-II or NJLIP: Barishal, Chandpur, Dinajpur, Khulna, Kurigram, Mymensingh, Naogaon, Nilphamari, Patuakhali, Pirojpur, Rangpur, and Sherpur. The 8 new districts are Chapainawabganj, Chattogram, Jhenaidah, Kishoreganj, Lakshmipur, Lalmonirhat, Magura, and Netrokona. The table below shows the details of total villages covered under clusters and respective districts.

Regional arrangement for implementation of RELI Project is stated in the table underneath:

Sl. No.	RELI Regions	Districts	Upazilas	No. of Upazilas targeted	No. of villages targeted	Total villages targeted	No. of Clusters targeted
1	JASHORE	Magura	1. Magura sadar	3	75	200	8
			2. Mohammadpur		75		
			3. Shalikha		50		
		Khulna	1. Daulatpur thana	3	25	125	5
			2. Paikgachha		50		
			3. Phultala		50		
		Jhenaidaha	1. Harinakunda	3	50	175	7
			2. Jhenaidaha Sader		75		
			3. Shailkupa		50		
		Chapai Nawabganj	1. Nachole	3	50	150	6
			2. Nababganj Sader		50		
			3. Shibganj		50		
		Naogaon	1. Naogaon Sader	3	50	150	6

			2. Niamatpur		50		
			3. Porsha		50		
Sub-Total				15	800		32
2	RANGPUR	Dinajpur	1. Biral	5	25	150	6
			2. Bochaganj		50		
			3. Birganj		25		
			4. Parbotipur		25		
			5. Khansama		25		
		Kurigram	1. Bhurungamari	3	25	100	4
			2. Kurigram Sader		25		
			3. Ulipur		50		
		Rangpur	1. Gangachara	3	50	100	4
			2. Kaunia		25		
			3. Pirgachha		25		
		Nilphamari	1. Dimla	3	50	125	5
			2. Domar		25		
			3. Nilphamari Sader		50		
		Lalmonirhat	1. Hatibandha	3	50	150	6
			2. Patgram		50		
			3. Lalmonirhat Sader		50		
Sub-Total				17	625		25
3	MYMENSINGH	Mymensingh	1. Dhobaura	3	50	150	6
			2. Gauripur		50		
			3. Haluaghat		50		
		Kishoreganj	1. Austagram	4	50	200	8
			2. Itna		50		
			3. Kishoreganj Sader		50		
			4. Mithamain		50		
		Netrokona	1. Durgapur	4	50	200	8
			2. Khaliajuri		50		
			3. Madan		50		
			4. Mohanganj		50		
		Sherpur	1. Jhenaigati	4	50	175	7
			2. Nakla		25		
			3. Nalitabari		75		
			4. Sreebardi		25		
Sub-Total				15	725		29
4	CUMILLA	Chattagram	1. Anowara	3	50	175	7
			2. Banshkhali		75		
			3. Boalkhali		50		
		Chandpur	1. Kachua	3	50	125	5
			2. Uttar Matlab		50		
			3. Shahrasti		25		

		Lakshmipur	1. Kamalnagar	3	75	200	8
			2. Roypur		75		
			3. Ramgati		50		
Sub-Total				9	500		20
5	BARISHAL	Barishal	1. Agailjhara	4	50	225	9
			2. Babuganj		75		
			3. Gaurnadi		50		
			4. Hijla		50		
		Patuakhali	1. Dashmina	4	75	200	8
			2. Kala para		50		
			3. Galachipa		25		
			4. Mirzaganj		50		
		Pirojpur	1. Kawkhali	4	25	125	5
			2. Pirojpur Sader		50		
			3. Bhandaria		25		
			4. Zianagar		25		
Sub-Total				12	550		22
Total		20		68	3,200		128

6. Assignment Background

A baseline survey was conducted between November '21 and March'22 to collect data on various indicators. The objective of the baseline survey was to assess the pre-project conditions in the project areas with regard to poverty with specific focus on institutional and livelihoods-related aspects of rural village life, more specifically related to the objectives of the project components. The Baseline survey of RELI Project was carried out to explore baseline data of the present phenomena on key indicators associated with the objectives of each sub-component to eventually lay the benchmark for assessing project performance both at mid and end-of-term of the project, against which the impact of the project would be measured during the implementation of RELI project in upcoming years. While developing the survey instruments, indicators of the results framework of RELI project, particularly, improved livelihood, resilience and rural entrepreneurship, increased rural entrepreneurship incomes, enhanced resilience, strengthening community institutions and livelihood development, business development, governance, project management as well as monitoring and evaluation plan related indicators were used as baseline indicators. In addition to emphasizing the required focus on RIMA-II, the following four topics were emphasized in the baseline survey.

Poverty and the changing of poverty status: Several poverty measurements (e.g. questionnaire based; direct calories intake; international and national poverty line) were considered to ensure needed data was collected from control group and beneficiaries

Nutrition awareness: Specific variables from the impact evaluation conducted by iccdr,b in 2020 for NJLIP was considered to assess dietary diversity within households, by specific target groups.

Household income increase: Household income was measured considering additional monitoring indicators (which are not part of the RF) but would help to track the PDO (e.g., income from livelihood enterprises; from Producer Groups activities, youth employment).

Resilience:

The last generation of RIMA applications (RIMA-II) was used in the baseline survey of RELI project through embedding the RIMA-II questionnaire in the survey instrument. In RIMA-II, the resilience capacity is built on four fundamental pillars: Access to basic services, Assets, Social Safety Nets, and

Adaptive Capacity. RIMA-II can predict the determinants of changes in resilience capacity and food security; it also establishes statistically sound causal relationship between food security determinants and outcomes under a dynamic framework. Two main outputs of the approach are the Resilience Capacity Index (RCI) and the Resilience Structure Matrix (RSM): the first estimates the capacity of households to cope with shocks and stressors and avoid long-term damages, while the second explains how much each pillar contributes in determining the resilience capacity. The renovated RIMA-II is a critical indicator in RELI's results framework, measuring the key project development objective of enhancing resilience. The RIMA-II Index was used to measure resilience in the baseline survey and will be used in the subsequent impact evaluation/assessment surveys.

The Baseline survey covered both project intervention and control villages. The survey was undertaken within the project areas (intervention) as well as in the areas (control) where project implementation will not take place. A total of 5,667 households (Intervention: 3,486 and Control: 2,181) were selected from 567 villages (Intervention: 349 and Control: 218) using statistically valid procedures and methods. Both quantitative and qualitative tools and methods have been applied in the survey.

The Impact Assessment of the Resilience, Entrepreneurship and Livelihood Improvement (RELI) Project will be founded on the key findings of the baseline survey stated below:

Household demographics

Intervention and control households show that about 90% respondents' HHs belonged either to the extreme poor or the poor categories of household as per project categorization of beneficiaries, of which about 57% belonged to extreme poor category, with households including 5.4% vulnerable category, and 4.1% youth members.

Household employment

The average number of employed household members per household was 1.45 and 1.31 in the intervention and control areas respectively. Of the total employed persons, about 55% and 60% were wage employee in the intervention and control households respectively. About 55% and 52% were found to work as day laborer in agriculture in intervention and control areas. This is followed by construction work, private sector service, housemaid, factory worker, fishing labor, etc. The average involvement is 9.04 months for respondents and 9.1 for other household members a year.

Status of household members who lost jobs due to COVID-19

COVID-19 has serious consequences in the project area. About 1.2% of household members in the intervention and 0.5% in control households lost their jobs due to COVID-19, which affected household income and moved those households below poverty level.

Non-resident household members' contribution to household income

10.4% and 10% of households in the intervention and control areas respectively have one or more persons in their household who sent remittance. The annual average amount of remittance income was estimated at BDT 3,358 in intervention households and BDT 2,718 in control households.

Status of unemployed youth

About 11% and 6% of the households in the intervention and control areas respectively had unemployed youths. Their average number in the reported households was 1.05 and 1.03 respectively. Average duration of unemployment a year was 11.3 months and 11 months respectively. Only about 4% of the unemployed had received vocational / professional training.

Agricultural Farming/ Production

In intervention area 18% and in control area 13% households were found engaged in agricultural production. In intervention area the HHs' annual average income per household from farming was Tk. 8,294 and in control area it was Tk.4,686.

Livestock and poultry related production

Over a half of the households in intervention areas and two-fifths in control areas were found to have reared livestock and poultry in the last one year. Their annual average income per household from livestock and poultry birds was BDT 5,814 and BDT 3,657 in intervention and control areas respectively.

Aquaculture related production

Only 0.98 % of households in the intervention areas and 0.28% in the control areas were involved in fish farming. Their average annual household income was BDT 84 in intervention areas and BDT 12 in control areas.

Income generating activities and small business

In intervention areas 68% of the households have self-employed members. This was 67.5% in control areas. Among them, 21.2% and 23.3% in intervention and control areas respectively were found to have run IGA/small business of different types. In intervention areas the beneficiary's average net annual income stands at BDT. 84,144 as against BDT. 87,564 in Control area. In intervention areas the average annual IGA income of the members other than beneficiary is BDT. 84,238 as against BDT. 87,594 in Control area. In intervention areas the average annual IGA income of HHs is BDT. 87,202 as against BDT. 92,422 in Control area. In intervention areas the average annual IGA income per HH is BDT. 18,486 as against BDT 21,527 in Control area.

Cash transfer and social assistance

Proportion of households receiving cash transfer and safety net benefits was 34% and 40% in the intervention and control areas respectively. Their average annual income stood at BDT 1,799 in intervention areas and BDT 1,927 in control areas.

Average annual household Income

The average annual net income of the intervention households was BDT. 100,634 which means net monthly income is BDT.8386 and for control households it is BDT. 98,413 with an average monthly income of BDT.8201. In intervention area 62.4 per cent incomes from salary and wages of the household followed by IGA (18.4%) of the total household income. Agricultural farming provides 8.2 per cent and livestock provides 5.5 per cent of the total net yearly income. In Control area 64.9 per cent of the total net household incomes comes from salary and wages. IGA provides 21.9 per cent of the household income Agricultural farming provides only 4.8 per cent while livestock provides only 3.5 per cent of the households' yearly net comes.

Challenges faced by Farm producers and Micro-entrepreneurs

In intervention area 10% and in control area 3% farming households face problems, with lack of fair price leading, followed by lack of irrigation facilities and crop damage caused by unidentified diseases.

Poverty

The average monthly income per household was estimated at BDT 8,386 in intervention areas and BDT 8,201 in control areas. In consideration of international new extreme poverty line of US \$ 2.15 per capita per day, 99.44% of households in the intervention area and 99.67% in the control area appeared to be under extreme poverty level, i.e., their income per person per day was less than \$2.15 according to the Purchasing Power Parity (PPP) of World Bank's global poverty lines updated in September 2022 while 99.12% of the households in the intervention area and 99.14% in the control area fell below the threshold of household monthly income of BDT 8,000 set by SDF in PIP criteria. The remaining 0.86% of the households in intervention area and 0.85% in control area fell between monthly income of BDT 8,000 and 12,000, thus falling in the 'Poor' group.

Perception on happiness

The overall happiness perception of the respondent households on their present condition of livelihood is only 11.6% in intervention area and 10.7% in control area. The extent of unhappiness is highest in economic area (Intervention 96.8%, Control: 97.5%) followed by daily food intake

(Intervention 96.1%, Control 97.4%) and lowest in education (Intervention 78.1%, Control 80.3%), which means vulnerability of the respondent households is mostly in the economic area.

Access to basic services

About 35.3% of households in the intervention area and 35.7% in the control area had access to safe sources of drinking water during field work. Overall, 85.2% of households in intervention areas and 84.8% in control areas have sanitary toilet. The open defecation (1.5% in intervention area and 1.9% in control area) still prevails in the project area, which was slightly higher than national average. About 98% households in intervention and 97% in control areas respectively were connected with electricity from national grid. All basic facilities like primary schools, health facility, livestock market, agricultural crop market and public transport facilities were accessible by about 99% of households in both intervention and control areas.

Household savings and credits

In intervention areas 25 % and in control area 29% of households have reported about having savings. The average savings per household per year is BDT. 11,354 and BDT.5392 in intervention and control areas respectively. NGO is the major saving points being 85.2% in intervention and 82.5% in control area.

In intervention areas 37% and in control area 41% households borrowed for credit. In intervention areas the average credit amount per borrowing household per year is BDT. 52,310 and BDT. 50,862 in Control areas. In intervention area less than half of the credit was used in productive purposes while more than half of the credit was used in unproductive purposes including food consumption. The highest single source for credit is the NGOs in both areas being 79% in the intervention and 81% in the Control areas.

IGA related training

Only 0.2% members of the respondent households in intervention area and 0.1% in control area received IGA training, indicating that IGA training is not either available in the project area or there is no training provider in the project area. There is high demand of IGA training among the target beneficiaries in the RELI project area for accessing job market and getting involved in IGAs.

Household food security and nutrition status

44.4% respondents both in intervention and control groups were worried of not having enough food indicating that feelings of food insecurity fairly exist in the project area. Skipping a meal, eating less than what should be, running out of food and going without eating for a whole day because of lack of money are the rare events in the project area.

Food expenditure and consumption

The annual average household food expenditure is estimated to be BDT 64,405 and BDT 63,968 in intervention and control areas respectively. This indicates that about 64% and 65% of the total household income was spent on food.

Resilience Capacity Index

Asset and adaptive capacity are two pillars that have significant influences on the resilience of households. The average baseline household resilience across all regions and groups is 41.38. Households in the Cumilla region have the highest resilience capacity, among which district Chattogram is the one with the best performance. Households in the Rangpur region have the lowest resilience score, especially those who live in the Lalmonirhat district. There was very little difference in the resilience of households in the Intervention group compared to the Control group.

Disaster shocks and coping strategies

Only 10.4% respondent households in intervention area and 6.5% in control area faced disaster shocks in the year before the RELI project. The disaster shocks included floods/ water logging, cyclone, tornado, draught, crop pest and disease, accident and death toll. Loss of crops (19.8% in

Intervention area and 21.7% in control area), damage of homestead (51.1% in Intervention area and 47.8% in control area), injury/ death to household members (10.2% in Intervention area and 19.8% in control area) and loss of income due to joblessness (5.1% in treatment area and 7.0% in control area) were the major effects of disaster shocks. The major coping strategies adopted by the disaster affected respondent households to recover from disaster vulnerabilities and economic losses included migration to temporary safe place (9.9% in intervention area and 5.2% in control area), borrowing from family friends (32.4% in intervention area and 30.4% in control area), taking loan from NGO (24.0% in intervention area and 23.5% in control area); and using household savings (18.9% in intervention area and 20.0% in control area).

Environmental conditions

The changing climatic conditions and variable seasonal patterns affect mostly the rural livelihood including agricultural production. People mostly extract ground water from shallow layer for drinking purpose and water is contaminated by arsenic and excessive iron in some places. In coastal area salinity is a major problem of ground water. Air pollution in the project area is from road dust, black smoke from diesel engines and brick kiln, construction dust, windblown dust from agricultural lands, domestic heating and cooking, and transportations. The farmers mostly use chemical fertilizer (Urea) for growing crops, vegetable and fruits, which affects the environment. The use of organic fertilizer like compost, vermi- compost is very insignificant in the project area. No IGA was found or promoted in the project area for increased use of organic fertilizers/ manures.

Health

During the year before RELI project, 96.7% households were found to have sick members in the intervention area and 95.9% households had sick members in the control area. The high percentage of sickness is due to seasonal fever, cold and cough. 84.0% respondent households in intervention area and 82.1% in control area received Covid-19 vaccination. The response to Covid-19 vaccination program was good in both intervention and control area. Immunization rate of under two children seems very low in the project area. Only 34.4% under 2 children in intervention area and 21.2% children in control area received all recommended vaccines as per schedule administered in Bangladesh. Skilled Birth Attendant (SBA) services is not adequately accessible in the project area. In 49.5% cases in intervention area and 55.8% cases in control area, the respondent women or women household members received SBA services during their last delivery of child, which is still quite low according to the global standard. 37.9% under 5 children in intervention area and 32.9% in control area were identified with symptoms of ARI/Pneumonia and were given anti-biotic treatment. However, death happened to 1.7% under 5 children due to symptoms of ARI/Pneumonia. 22.3% of the respondent households with Under 5 children in intervention area and 21% in control area received ORT plus zinc for diarrheal episodes. The death toll was 1.5% in the intervention area and 1.1% in the control area for diarrheal episode in last one year before RELI intervention

Hygiene issues

Hand washing practices during critical times in RELI project area is very poor. The hand washing practices varies from lowest 6.8% after cleansing child's bottom to highest 28.1% before taking food in the intervention area. The range is from 7.1% to 28.4% for the same critical times in control area. The hand washing after defecation is the second highest practices in both intervention and control area. Varying hand washing practices prevail in the RELI intervention area. Only 35.5% household respondents in the intervention area and 34% in the control area know about prescribed minimum 20 second scrubbing of hands and accordingly practices hand washing with soap for minimum 20 seconds. The majority of the women still use old clothes/ rags during menstruation and reuse those after washing (30.6% in Intervention area and 31.8% in control area). However, use of sanitary napkin is also gaining popularity among the young women and adolescent girls in the project area (29.7% in intervention area and 30.1% in control area).

Nutrition

The weekly food consumption pattern demonstrate that the common food menu is used at household level and the consumption pattern is same irrespective of adult, child, pregnant and lactating mother. The average daily food menu doesn't meet dietary diversity and nutritional intake required by these 3 groups. 22.8% of the under 5 children are moderately stunted and 22.5% are severely stunted, which indicates that existing nutritional intake by under 5 children is very low in the project area. 9.5% and 7.0% of the under 5 children are moderately and severely wasted children, which is higher than national level. The BMI level also indicates that nutritional intake is low in the project area.

Women empowerment

Women position particularly with regards to free movement to go out and joining males in the producers' group, participation in external meeting/ associations, participation in Salish/ arbitration, voice raising for grievance redressing is very weak in both intervention and control area (25-40% cases). However, in 40-75% cases, they enjoy almost equal entitlement with men and can access to education and health facilities available in the project area. The average age of the girls in the households last married was 16.8 in intervention area and 16.7 in the control area, which is slightly below the national legal minimum age of girls i.e.18. In 22.4% cases in intervention area and 21.7% cases in control area, the respondents' households had to pay dowry for their last girls' marriage. Women faced challenges and social restriction only in 5-10% cases. The discrimination and gender-based violence remains limited (below 5%) and hence a good enabling environment prevails in the project area for unrestricted participation of women in development activities.

SDF now, proposes to hire a consulting firm for assessing the impacts of the project interventions on the improvement of income, quality of life, empowerment of the extreme poor and poor including youth and vulnerable, raising awareness on health & nutrition and assess effectiveness of project processes and functioning of institutions created by the project. The same households will be interviewed in the study for measuring project impacts. The study will recommend the course of actions needed to revamp the project intervention. This study will also constitute valuable ingredient of the Mid Term Review of the project.

7.Overall objectives:

(i) To assess the performance of the project towards the achievement of the Project Development Objective in terms of its DO /IO indicators and components, supplemented with implementation and disbursement performance; (ii) determine the effectiveness of the sustainability measures in-built into the project: (iii) evaluate adequacy of design, implementation and budget envelope to identify the need for restructure/additional financing.(This requires appropriate analysis of achievement against the implementation framework as stated in the PAD); and (iii) strategic review of the HR Policy and Manual of RELI project and reassess the performance of project staff in relation to their TOR with the view to redefining responsibilities in the second half of the Project life for better performance.

8. Major Tasks of the firm

In order to conduct the assignment, the consulting firm will undertake the following major tasks: The Consultant will be provided with a list of households surveyed during baseline by SDF. The households and villages surveyed during the baseline will be revisited during this impact assessment with survey instruments used during the baseline along with new instruments deemed necessary by the SDF. The consultant will review the list of all households in all 567 evaluation villages to understand where the respondents are located before beginning the survey. In addition, the consultant will collect village information in all 567 villages with a village-level questionnaire and conduct focus group discussions. The consultant will add new samples, in consultation with the SDF,

from the same villages if the attrition rate of samples from the baseline survey is more than 5% to keep the sample size same.

In this context, Consultant will undertake a brief training of trainer provided by the SDF 's M&E team on techniques of measuring Resilience Capacity Index.

The impact assessment will include several instruments to capture data at different levels e.g. household questionnaires, village level questionnaires, village-level focus group discussions etc. The consultant in consultation with SDF will develop data collection instruments in English and local language in Bangla. The consultant will finalize the survey instruments with feedbacks from the SDF.

The Consultant will recruit qualified enumerators and train them effectively, with backstopping from SDF. The training must involve intensive exercises on fielding questions, including probing for answers, how to record answers on the questionnaire etc.

Once training of enumerators and their supervisors is completed, the Consultant will conduct field piloting in certain villages in consultation with SDF. Following field piloting, the consultant will revise data collection instruments accordingly and release field staff proven to be successful.

The Consultant will review the data collection instruments, methodology, data analysis table etc. that were used in the baseline survey.

The Consultant will enter the survey data in the same statistical software used for the baseline survey data, cleaning the data, and providing the final version of the data to SDF. The Consultant will write data documentation (in MS Word) to explain contents of all data files and describe all variables.

The consultants/firm will be responsible to select and train field workers so that they understand the content of the data collection instruments, the layout and coding strategy. They should be equipped with the techniques to secure informed consent and participation, interviewing skills, how to handle difficulties, and various simulations of expected field situations, and probing.

The consultant will prepare a manual to guide field enumerators and supervisors on several aspects of data collection, including how to ask questions properly, how to probe for answers, and how to record answers on the questionnaires.

Upon completion of the survey, the Consultant will provide both raw and cleaned data sets in STATA. The data must be organized as requested by the SDF and accompanied by an MS WORD data documentation describing the data files and the variables.

Upon completion of the data cleaning, the consultant will analyze data following standard impact evaluation methodologies in economics and econometrics to identify the impact of the project activities. The Consultant will be responsible to prepare and submit a comprehensive impact assessment report including synthesis report and case studies for publication by SDF.

9. Scope/Description of Work

The scope of study, inter alia would be as follows:

- i. Technically analyze the projects Results Framework in measuring the Development Objectives (DOs) of the project against its results indicators.
- ii. Analyze the RIMA-II Index to measure resilience and subsequent impact on the target beneficiaries.
- iii. Critically analyze the resilience with respect to poverty and the changing of poverty status; community institutions development and strengthening; nutrition awareness; implications of second-tier institutions (RCCs & RDCs); PG

- development and entrepreneurship; youth skills and employment; and household income/savings increase; empowerment of women and other vulnerable groups;
- iv. Analyze the efficiency of grievance redress mechanism, social and environmental measures and critically identify its effectiveness.
 - v. Analyze the effectiveness of the various monitoring tools, the project's implementation progression and timely achievement with respect to its results framework and related delivery of inputs and activities.
 - vi. Evaluate any other critical issues to achievements, constraints and challenges, resilience building, rural entrepreneurship development and livelihood improvement.
 - vii. Identify the critical factors affecting the successful implementation, achievements and timely completion of the project.
 - viii. Analyzing the projects institutional and implementation arrangements to achieve the DOs and any other institutional obstacles impeding its timely implementation.
 - ix. Assess the income, equity, employment and poverty alleviation impact of multiple loan cycles under RF and other funds of the project in the beneficiaries HH.
 - x. Identify the contribution of the project in local poverty and vulnerability reduction and what aspects of the project contributed most to the moving out of poverty of the beneficiaries.
 - xi. Assess what are the local/national factors/policies (i.e. infrastructures, investments in human capital, social protections, etc.) that supported the project's positive outcome? To assess the size and adequacy of the loan and sources of additional fund in different cycles or repeated loan.
 - xii. Assess and estimate the number of loan cycle and/or amount of loan required for lifting the poor and extreme poor out of the national poverty line.
 - xiii. Determine the trend of asset accumulation and diversification comparing with the initial stage.
 - xiv. Assess the accessibility to market information for various sources and taking decision based on the information.
 - xv. Assess the benefits (e.g. poverty, income, consumption, social empowerment etc.) of targeted HHs from improved community infrastructure or social services sub-projects.
 - xvi. Assess the improvement in the quality of life of the project beneficiaries and the extent of achievement of the empowerment of the rural poor and extreme poor communities.
 - xvii. Determine the impact of the project on social attributes like empowerment, social status, cohesion, social network and beneficiary assessment.
 - xviii. Find out the constraints faced and make recommendation in the way of rural poverty reduction.
 - xix. Compute to financial net returns from the specific IGAs, analyse the returns of different cycles of IGAs and prepare a summary of returns per type of income activities.
 - xx. Assess the IGAs model facilitated by the project for livelihood development of the beneficiaries and make recommendations for further improvement.

In addition to the above tasks, the consultant will document lesson learnt and prepare at least five case studies/best practices among the beneficiaries from different components to feature how RELI project contributed to their livelihood transformation. The case studies/best practices will highlight stories of transformation of beneficiaries with supports (possibly from different components) from the RELI project.

The proposed assignment aims to assess the Internal Rate of Returns (IRR) of Income Generating Activities (IGAs) investments utilizing Revolving Funds (RF) under the Resilience, Entrepreneurship and Livelihood Improvement (RELI) project.

10. Final Outputs Required of the Consultant and Deliver Schedule

The impact assessment survey should be completed within 5 months from the date of signing the contract. After signing the contract, the consultant will submit the outputs according to the following time schedule.

Output	Timeline
1. Inception report	10 days after signing of contract
2. Recruitment and training enumerators, field testing, revisions and printing questionnaires, Checklist for FGD and sampling design.	35 days after signing of contract
3. Field Survey	60 days after completing training and field testing of questionnaires
4. Data cleaning, entry, documentation, clean data, etc.	25 days after completion of survey
5. Preparation of draft report and submit to SDF for comments	20 days after data entry and analysis
6. Submission final impact assessment report along with publishable report	10 days after submission draft report and incorporating comments
Total	150 days

11. Requirements/ Qualifications

The consultant (firm) should have a proven track record of at least five years' experience in conducting impact study from similar nature of project in social development and rural poverty issues and having excellent analytical skills and adequate experience in conducting field research, survey and impact evaluation of livelihood works.

Familiarity with rural economy, community development, and participatory methodology are desirable. The firm should have a team of specialists who are well conversant with the sampling technique and have a strong and proven orientation towards applied research in rural community and poverty.

12. Team Composition:

The experience and qualifications of the following experts associated with the aspiring consultant/agency will be evaluated for the purpose of awarding the consultancy. The study would compose of the team members given below:

Team leader-1: The Team Leader should have Masters (preferably PhD) in Economics, Agriculture, Social Science or relevant fields. S/he should have excellent analytical skills and at least 15 years' experience in conducting field research, surveys, and impact evaluation of social development project. S/he should be familiar with the latest available software applications in the field of socio-economic analysis and use of monitoring and evaluation techniques. Familiarity with rural economy, community development and participatory methodology would be desirable. S/he should be well

conversant with the sampling technique and have a strong and proven orientation towards applied research in rural community and poverty. The Team Leader will be familiar with community participatory process and gender issues.

Social Development/Rural Development Specialist-1: S/he should have Masters in Social Science with at least 10 years working experience in participatory monitoring and with a strong and proven orientation towards applied research in rural community and poverty.

Statistician-1: Statistician should have Masters in Statistics with excellent statistical and analytical skills and at least 10 years' relevant experience, particularly in sample design.

Livelihood Specialist-1: The Livelihood Specialist should have a Masters degree in Social Science or Agriculture. S/he should have at least 10 years' experience in conducting field research, impact evaluation and having adequate analytical skills in livelihood strategy and improvement.

The **supervisor** should have a Masters degree in Social Science with enough experience in field survey or relevant research study. S/he should have at least 5 years' experience in supervision of field survey and data quality control.

The **Enumerators** should have a Bachelor / Masters degree in any discipline. S/he should have at least 2 years' experience in data collection.

The **Data Entry Operator** should have a Bachelor degree in any discipline. Data Entry/Processing Operator with at least 5 years of relevant working experiences. Knowledge of software for database management and statistical analysis is required.

13. Reporting

SDF will provide necessary project and other documents including RIMA-II and provide training as required.

The Consultant will:

- a) Provide SDF a fieldwork plan in advance and movement of field workers.
- b) Keep SDF informed of the progress on survey works and problems encountered.
- c) Submit all survey instruments (e.g. Household questionnaires, village questionnaires, FGD checklist etc.)
- d) Provide an inception report and progress reports every month.
- e) Submit draft and final reports of impact assessment on time incorporating all comments.
- f) Provide debriefing of the reports and a clear presentation on major findings.
- g) Handover all collected information to SDF on time.
- h) Provide soft copy of all reports, documents, and datasets including identifications of sample households for verification.
- i) Submit 3 hardcopies and 2 electronic copies on CDs of the final impact assessment report
- j) Provide electronic files with raw data on 2 CDs

14. Quality control

- i. The survey manager and field supervisors will check all completed questionnaires and will conduct a minimum 30% spot-check in order to verify accuracy. The survey manager and field supervisors will randomly check interviewers and accompany them on some interviews.
- ii. The consultant will also formulate a monitoring team, for carrying out sample validation of the forms filled by the supervisors.
- iii. The SDF will conduct random verification of certain proportion of sample through telephone call/field visits to check the authenticity of data coming out from the survey.
- iv. The SDF will monitor the progress of the work and provide technical assistance, guidance, suggestions, and feedbacks to the consultant throughout the survey implementation period.

15. Ownership of data and consultant's outputs

This assignment is funded by SDF and therefore shall be the owners of the assignment output. The consultant will have no right of claim ownership of data or any output delivered under this consultancy once completed. Any reports/ outputs produced as a part of this assignment shall be deemed to be the property of SDF and the consultant will not have any claims and will not use or reproduce the contents of the above documents without the permission of SDF.

16. Procurement Method

The firm will be hired on the basis of **Quality and Cost Based Selection (QCBS)** method following the World Bank guidelines for selection and employment of consultants

17. Payment Schedule

The payment schedule will be aligned with specific deliverables as outlined below:

No.	Deliverables	Deadline	Percent of Payment
1	Inception Report	10 days after signing the contract	20%
2	Report on Sampling, Enumeration Recruitment and Training, Field Testing, and Filed Operation Plans including Survey Instruments	45 days after signing the contract	40%
3	Clean Data, Preliminary Draft Report	Within 110 days of the contract signing	20%
4	Revised and Final Report	Within 150 days of the contract signing	20%

18. List of reference documents:

- (i) PAD of RELI project
- (ii) Publicly disclosed ISRs (implementation status reports) and Aide Memoirs
- (iii) Baseline survey report of RELI project
- (iv) Bi-annual Progress Reports of RELI project
- (v) Social and Environmental Safeguard related reports/documents
- (vi) HR Manual of RELI project for SDF
- (vii) COM booklet of RELI project
- (viii) RIMA-II related documents including questionnaire
- (ix) Any other documents/reports/policies related to conduct the assessment