**Terms of Reference (ToR)**

 **for**

**Baseline Survey of LRP 51**

**Brief on Local Rights Programme (LRP):**

AAB implements Local Rights Programme (LRPs), under a long-term partnership with local NGOs. The LRPs usually span for about 8-10 years or more. Every LRP is linked with the strategic objectives of AAB. However, this is not necessary that the LRPs cover all the issue and themes stated in the strategic objectives. Rather, the issues and themes come through different processes including appraisal, strategy development and annual participatory plans and budget which consider the context and needs of the areas and people living in poverty. AAB is currently working with 15 partners through 15 LRPs in 12 districts.

To conduct a baseline study of the the Local Rights Programme (LRP-51) **‘Wins (Women Initiatives for Sustainable Development)’,** ActionAid Bangladesh is looking for a consultant. LRP-51 aims toempower women and young people to claim services and ensure primary health care services of Chanpara community. A baseline will be carried out in Chanpara under Rupganj upazila of Narayanganj district, collecting data relevant for indicators and to provide further situational analysis where necessary. Baseline data will be collected through a household survey (in line with the Theory of Change of ActionAid) as well as qualitative study. Baseline data will be consolidated at the AAB level to support LRP policy and advocacy work, ToC measures will be captured to enable the impact assessment at the end of the LRP-51. ActionAid Bangladesh (AAB), an affiliate member of ActionAid Federation, has been working in Bangladesh for three decades in solidarity with the poor and excluded people to end poverty and injustice.

**Brief on Working area of LRP-51**

During the Liberation War in Bangladesh in 1971, thousands of families became homeless. A portion of the displaced population was relocated in Chanpara slum four years later. The slum falls under Kaetpara Union of Rupganj Upazilla (sub-district) in Narayanganj District (±1.5 hours’ drive from Dhaka) and is approximately 23 kilometers from Dhaka city center. In these slums with almost twenty-eight thousand inhabitants, the slum suffered from lack of healthcare, inadequate knowledge and awareness on Sexual and Reproductive Health Rights (SRHR), poor sanitation, and gender discrimination.

In the study, it was found that 2459 children are of school going age. Among these children, 73.20% children are going to public and private schools. As kindergarten is very costly, most parents cannot afford it. In all the categories of schools, the dropout rate is very high. A major portion of the population cannot afford to continue their child’s education due to poverty. A major factor on children not receiving education is lack of awareness. As a result of poverty, parents encourage children to get involved with child labor and start earning money.

Chanpara needed more help compared to a government owned community clinic with 101 children in every 1000 dying before their 5th birthday, and only 32 percent of pregnant women accessing professional healthcare. 18.5 percent of eligible couples had no access to contraceptives and 32.4 percent mothers were not receiving any anti-natal care. For HIV/AIDS, more than 75 percent of the people did not have knowledge of its transmission processes. Acute Respiratory Infection (ARI) was found to be a major cause of illness within the slum, sometimes leading to death. A grossly inefficient drainage system would often flood the community, making it unhygienic to live in. In improving the public health condition in the slum, the Health, Sanitation & Hygiene project by Kadoorie Charitable Foundation has been significantly successful.

Despite such huge successes in public health, components like primary health care, ANC, and PNC still require more attention. 68% of all childbirths take place without doctors and/or skilled medical professionals, which has resulted in a high infant mortality rate (IMR) of 73 deaths per 1000 births.

**Purpose of the Baseline Survey**

The main purpose of this baseline survey is to analyse, articulate, and document the existing

situation of the people and communities. More specifically baseline will identify the base value of its outcome indicators so that changes of LRP can be measured.

**Specific objectives for the baseline consultancy are to:**

* Provide detailed contextual information/ situational analysis on attitudes, knowledge and child marriage, gender-based violence and livelihood of proposed working area. The situation analysis of this issues should be linked with power relation of local area.
* Gather relevant baseline data for key project indicators to enable changes in people’s lives to be measured over the course of the LRP.

Baseline document will include initial levels of empowerment as perceived by rights holders themselves in the case of local rights programmes. For our campaigning and solidarity work it shall include levels of support for the campaign objective, the politics of the issue, power dynamics, and the views and positions of the various stakeholders, including the perspectives and voices of rights holders, particularly women, and stakeholders, decision-makers, influential people and organisations, potential allies and opponents.

**Use and User of Baseline Study**

MEAL unit of AAB will use comprehensive baseline information for tracking and measuring over time because of subsequent interventions. It would also help other strategic priority of AAB to strategize their processes to bring about those changes which would help to improve programme quality and guide for future directions at both partner and AAB level.

**Proposed Programme Outcomes**

|  |  |  |
| --- | --- | --- |
|  | **Program Outcome** | **Indicators**  |
| 1. | **Outcome-1: Increased access to primary and reproductive health services of people living in Chanpara slums especially women, children, and girls.** | * % of women and girls reported increased access to SRHR information.
* % of women of women reported satisfaction on the services of the community clinic.
* % of women reported satisfaction over received safe motherhood institutional delivery service.
 |
| 2. | **Outcome-2: Women and Young people are skilled and developed leadership to influence service provider and other actors for securing services especially income opportunities for young people of chanpara slums.** | * # of young people (men and women) engaged in IGA related activities.
* #of young people have access to finance for entrepreneurship development.
* # of young men and women secured capacity building support from govt. service institutions and others institutions through advocacy initiatives.
* Number of young people engaged in various formal and informal decision-making structures.
* Number of women leaders engaged in various formal and informal decision-making structures.
* Number of sponsored children are graduated as youth leaders.
 |
| 3. | **Outcome-3: Women and Young people led humanitarian response and environment protection enabled community to reduce vulnerability and quick recovery from disaster shocks and stress.** | * Number of women leaders engaged in humanitarian response
* Number of people reached through humanitarian response programme in appropriate and timely manner
* Number of Young leaders developed for disaster risk management and humanitarian response
* Number of young people led alternatives towards environmental actions for climate justice
 |
| 4. | **Outcome-4: Collective of effort of women, young people along with other community people prevented GBV and child marriage incidents.** | * # of child marriage incidents reported.
* # of GBV case reported
 |

**Methodology**

ActionAid Bangladesh looks for suitable methodology to achieve the baseline study objective that will enable the future impact assessment of the LRP.

AAB expects that baseline study will take mixed-method approach combining statistically representative household survey data relevant for LRP indicators with in-depth, qualitative study. It is expected that qualitative part of this study will provide an understanding of the knowledge, attitudes and behaviors, and status of power relation of distinct separate stakeholders of community i.e. women, men, girls, boys, community leaders, religious leaders at community level.

All data, qualitative and quantitative, collected through the baseline study must be disaggregated by sex and age. Other factors as highlighted in project indicators also need to be considered.

**Data Collection**

1. **Secondary data:** The first track will consist of collection of data from secondary sources**.** Followings are the indicative list of the sources of secondary data:
* Appraisal Document of AAB on LRP-51
* Critical Pathway of LRP-51
* Theory of Change of ActionAid
* HRBA Approach of ActionAid.
* CSPV of ActionAid Bangladesh.
* Policy and legislative document for example: Child Marriage registration Act
* Documents/reports of NGOs/INGOs regarding context of Rupganj, Narayanganj
* Reports of research organizations/academic institutions (if available).
1. **Primary data:** The second track will consist of primary data collection as already mentioned in the above.
* **Questionnaire Survey/Interview to Women and Men:** The baseline study will be based on survey of women and men. This survey will explicitly focus target women of sponsor and non-sponsor family.

Sample size and selection criteria: Consultant will select the sample size and selection criteria based on targeted total population.

* **Key Informant Interview (KII**): The study design will determine the respondent of the KII and consultant will share the baseline study design in consultation with MEAL team.
* **Focus Group Discussion (FGD):** The study design will determine the respondent of the FGD and consultant will share the baseline study design in consultation with MEAL team.
1. **Qualitative and Quantitative Data interpretation:** Qualitative data (FGD, KII) will be used to supplement quantitative data. The gaps, non-clarity, and /or inadequacy identified from the quantitative survey will be addressed through purposive qualitative study.

**Analytical Framework**

This analytical framework to be used for the baseline is based upon the Theory of Change of AAB. However, AAB aims at facilitating people challenging poverty and exclusion through human, practical, politically intelligent, and open strategy underpinned by its human rights-based approach (HRBA). AAB believes in a theory of change that requires purposeful individual and collective action, led by the people living in poverty and supported by solidarity, credible rights-based alternatives and campaigns that address the structural causes and consequences of poverty. AAB mobilizes and **empowers** the poor and excluded to enable their collective analysis, identity, movements and actions. In **solidarity** with citizens, partners and supporters, AABfosters partnerships and networks for strengthening support, voice and actions to **campaign and advocate** with the state and non-state actors and institutions for influencing their policies and practices that safeguard the rights of the poor and excluded people.

Three domains of Theory of change can be mapped against LRP outcome and indicators. And data will be collected through household survey and qualitative study. Besides, specific question relating to each of domains of ToC will be collected. This will facilitate to the disaggregation and analysis of results according to sex, and age.

**Roles and Responsibilities of Consultant/team**

**MEAL team of AAB:** AAB will support the external consultant to clarify regarding working approach of AAB, provide an overview of AAB strategy, HRBA approaches and LRP-level interventions throughout the baseline process.

**External Consultant:** Consultant will be responsible to design methodology, developing survey tools and support to collect baseline data from the field. Also, a workshop will be conducted by consultant to share survey tools with the LRP staff and data collector. An external Consultant/team will also be responsible to ensure quality of data and data entry in suitable application, analyse the collected data in accordance to the provided indicators, generate relevant table according to the questionnaire heading in Annex and will provide final report.

**LRP team of Chanpara:** The Chanpara LRP team of AAB will be responsible to mobilize and organize communities to participate in the Baseline Survey. They will also provide relevant information that may be required by the external. LRP will participate in supervising the overall field level data collection, focus groups discussions, household’s interviews and key informant interview (case study).

**Specific Tasks for the Baseline**

The whole task of this survey will be divided into several steps which are mentioned below. Most of the tasks will be completed by external consultants/firm.

**Testing and finalization of data collection instruments:** Consultant together with AAB MEAL team will review all necessary tools for contextualization that provided. After that all data collection instruments will be reviewed by the consultant and do necessary adjustment if needed.

**Orientation for data collectors on data collection instruments:** Consultant will provide orientation to LRP field staff and data collector to capacitate them on data collection instruments.

**Data collection:** Consultant will be responsible for data collection process and LRP team of AAB will provide help to the consultant for arranging FGD/KII.

**Data digitization, correction, and processing:** After completion of data collection and checking, data entry will be carried out by consultant using SPSS/ODK/Excel. Consultant will lead the whole process including structure design, coding, and data entry.

**Analysis and reporting:** After data processing consultant/firm will produce necessary quantitative information as per needs and objective. Alongside this qualitative information will amalgamate with quantitative information and prepare full report following the mentioned criteria.

**Time Frame**

30 working days or to be decided based on discussion between both the parties and draft report should be submitted within 20 days from the starting date.

**Specific Task to Be Performed by the Consultant:**

**Deliverables:**

The consultant will be responsible for timely submission of his/her specific deliverables to MEAL team of AAB according to following specific outputs. All products should be well written (reader friendly and communicative), inclusive and have a clear analysis process.

1. Reviewed data collection tools.
2. SPSS/Excel file with the entered data
3. A draft baseline report to be produced by external consultant.
4. Final report that meets agreed quality standards and consultant will submit the main report in both electronic version and hard copy. The report should be very precise, must answer each objective and should at least contain the following.
* Executive summary (2-3 pages) including baseline information (summary table)
* Introduction
* Conceptual framework of the review
* Rationale
* Methodology and limitations
* Context Analysis
* Findings against LRP outcome and indicators
* Summary table which shows indicator wise baseline value
* Conclusion
* Annexes (Relevant tables according to questionnaire)

**Key Contacts and Report**

Manager of Monitoring, Evaluation and Accountability (MEAL) unit of AAB will be the contact point from AAB.

**Supervision**

Reviewer/team will work under the supervision of MEAL team of AAB.

**Mode of Payment**

The payment will be done according to the following time frame/arrangement:

|  |  |  |
| --- | --- | --- |
| Instalments | Amount | Time line |
| 1st instalment | 30% of the total amount | After submission of reviewed survey tools and reporting structure  |
| 2nd instalment | 40% of the total amount | After submitting the draft report of the Baseline Report to AAB along with relevant docs. |
| Final instalment | 30% of the total amount | Satisfactory completion and submission of the final Baseline Report to AAB along with relevant docs. |

The payments will be made in A/C payee cheques in the name of the Consultant**.** AAB will deduct income tax at source as per the rules of GoB and it will be deposited to treasury of GoB. Besides no other benefits shall be admissible beyond what is stipulated in the contract, nor does it guarantee a regular position in AAB.

**General**

1. Required logistics support, as prescribed in the agreement, will be provided by ActionAid Bangladesh.
2. All documents prepared during the assignment will be treated as ActionAid Bangladesh property.
3. Assignment will not be sub-contracted to anyone.
4. In the event that additional time is required to complete the contract, over and above that previously agreed to, without changing the scope of work, then it has to be agreed by ActionAid Bangladesh in writing.
5. In case of any change made in the **Scope of Work** by Actionaid Bangladesh because of an increase or decrease in required cost or time, or any part of the work under the contract, equitable adjustment in the contract price, delivery schedule, or both will be amended in writing.
6. Requests for increasing of consultancy period must be submitted to Head of HROD & ICT, ActionAid Bangladesh, before 10 days ending of Consultancy period. Request for Extension must be submitted with proper justification, via the Hiring Team.
7. Penalty Clause: If the agreed deadline and / or deliverables are not adhered to by the Consultant, financial penalties will be imposed upon the Consultant in terms of payment. This is specified as follows:
* In case of delayed submission of the deliverables up to one month of delay, 10% of the contract amount will be deducted.
* Delay of more than one month, will result in auto cancelation of the contract and forfeit of the remaining 30% of the contract value.
1. Confidentiality of all aspects of the assignment is to be assured by the Consultant at all times.

**Expiry of Agreement and Negotiable Flexibility**

Considering the initiative as proactive and responsive, activities can be amended and elaborated based on the properly documented negotiation between the two parties.

The Agreement will be invalidated after expiry of duration unless further extension is made by AAB. AAB also reserves the right to amend or change or cancel the Agreement at any time.

For any clarifications, please write to Md. Nobiul Islam (Nobiul.Islam@actionaid.org) who is currently Manager (In-charge) of MEAL unit.

**Proposal submission**

Interested consultant(s)/agencies are requested to submit their Technical and Financial Proposals by e-mail: **aab.jobs@actionaid.org**

Interested consultant(s)/agencies should include the name and contact details in the proposals for future communication. Detailed CVs of the team leader and members (if any) should be included in the annexure of the technical proposal along with any other supporting documents the interested party may wish to include towards the evaluation.

**The deadline for submission of Proposal is Tuesday, 02 November 2021**

**© Copyright and Ownership of Data**

AAB reserves the copyright of all information, findings and the final report produced through this baseline. All the outputs e.g. report, documents, information etc produced by this baseline will be treated as the AAB’s property. So, the above-mentioned outputs or any part of it cannot be sold, used or reproduced in any manner by the assigned reviewer/team without prior permission from AAB.

**Documents Available**

LRP Appraisal, Critical pathway, CSPV Outcome Indicator, ALPS guideline