



Terms of Reference for projects evaluation of Community Based Rehabilitation Partners Project North West Bangladesh and Dinajpur Sustainable Community Based Rehabilitation Project.

1. Introduction

The Leprosy Mission International in Bangladesh (TLMIB) has been working in North West Bangladesh since the early 1990's. At that time, the majority of the work was in field leprosy control and leprosy complication management through a hospital. In the late 1990's there was increasing attention placed on rehabilitation and TLMIB began working with Community Based Rehabilitation using group-based approaches.

The Community Based Rehabilitation Partners Project (CBRP) implemented under the Community Program of TLMIB Dinajpur Sustainable Community Based Rehabilitation Project (DSCBRP) also falls under Community Program. There are total 782 groups and 7251 members in CBRP, 105 groups with 1055 members in DSCBRP.

In 2006, the group based Community Based Rehabilitation (CBR) approach was redesigned with newly trained staff, a clear methodology and a clear direction towards empowerment of the target group. Since 2008, the project has built on previous relationships with past patients who are disabled because of leprosy. (At least 10% of new leprosy patients are disabled at the time of diagnosis). The new approach is using an empowering methodology and including other people in the community with physical disabilities, or who are otherwise marginalized from society.

The Leprosy Mission in Denmark, DMCDD and the Community Program (CP) of TLMIB has worked together on the planning of all phases. The project received significant input from the beneficiaries, who are full partners in the project.

Phase 1 (2009-2013) focused on forming and developing groups. Groups were encouraged to develop interactions with other groups and to develop sub-district associations. In Phase 2 (2014-2016) focus was on capacity building of the sub-district associations, increasing their capacity to monitor and support the groups, and to advocate in relation to local authorities. In Phase 3: (2017-2019) sub-district

and district associations will be consolidated and will reach financial sustainability. By project end the associations will take full responsibility for supporting the groups, encouraging the start-up of new groups, and advocating for the rights of their members.

Dianjpur Sustainable CBR Project (DSCBRP) started in November of 2010 and final phase (2018-2020) will be completed in December 2020. It covers four sub-districts out of 13 sub-districts in Dinajpur. It is a sister project of CBRP and methodology is similar.

The external evaluation is being planned in cooperation between the Danish Mission Council Development Department (DMCDD), who is administering the grant from CISU, TLM Denmark and TLMI/TLMIB. It will be a joint evaluation for both CBR projects in the north. The evaluation is needed to assess the progress towards the project development goal and objectives as stated in the project document, to document significant learning and sustainability.

2. Project overview

Community Based Rehabilitation Partner (CBRP) Project Goal and Objectives:

Development goal:

People in North West Bangladesh with disabilities (including people with leprosy) have access to their rights and full participation in social and economic life, and are represented by sustainable, independent, functioning organizations.

Objective 1:

By December 2019, 750 self-help groups for persons affected by leprosy or disability in 4 districts of NW Bangladesh support their members in experiencing full participation in social and economic life, and have the capacity to support the running of 24 sub-district associations.

Objective 2

By December 2019, 24 sub-district associations representing and 750 SHGs in 4 districts of NW Bangladesh are able to provide organizational and management support to the groups, and have the capacity to voice the rights of disabled persons regionally and nationally.

Objective 3:

By December 2019, the mobility, health, and hygiene of 7500 group members and their households is improved and the results will be sustained by the groups and their communities

Dinajpur Sustainable Community Based Rehabilitation Project (DSCBRP) Goal and Objectives:

Development goal:

People with disabilities (including leprosy) have access their rights and improved socio-economic status by representing sustainable organization.

Objective 1:

By December 2020 people with disabilities (men & women) mainstreamed in the community by improving socio-economic status and living with rights and entitlement.

Objective 2:

By December 2020, Upazilla association are able to support 105 self-help group and create advocacy at higher level with legal entity.

Based on lessons learnt in last phases and future sustainability in mind, in final phase we keep focus on strengthening associations role in representing and supporting the groups. Project long term vision for this phase that the sub-district and district associations will be able to sustain the project results in the future. Associations will form new groups and advocating for the rights of their members.

3. Project Area

The CBRP project operates in Rangpur, Nilphamari, Thakurgaon and Panchagarh districts and DSCBRP operates in Dinapur district (Sador, Fulbari, Parbattipur, Chirirbandor).

4. Focus of the Evaluation

The TLMI guidelines outline the 10 aspects of evaluation, which should be covered in the evaluation.

In particular, this evaluation should focus on:

- a) Assess the effectiveness, impact, and sustainability of CBR projects in terms of achievement according to the objectives stated in the project document and LFA.
- b) Assess the progress towards group and associations sustainability and participation in the following contexts:
 - Groups: The development and capacity of the groups to be self-governing and to continue without project inputs.
 - Associations: To assess the demonstrated governance, capacity (including financial capacity) and role of the associations. To give recommendations on future steps to ensure the good governance of the associations and their ability to support the groups in absence of project staff.
- c) Summarize and outline recommendations for the future if anything is really important for long term sustainability.
- d) consider pros and cons of registration with the cooperative department enabling the associations to undertake microfinance versus the implemented registration with social welfare and the entitlements that it gives access to.
- e) consider to what extent the project activities impact the acceptance of religious minorities such as Hindus or Christians amongst the population more broadly and give recommendations to what extent it would make sense to prioritize a stronger promotion of freedom of religions and belief

5. Evaluation Methodology

We expect that participatory and consultative methods will be followed at every step of the evaluation process. Ensuring the participation of relevant stakeholders in the process is key. As part of the methodology the following can be considered along with other methods:

- Desk review e.g. Project Proposal and LFA, Annual reports, Quarter reports, Annual Participatory Monitoring reports, Project Financial Reports, Annual Review reports etc.
- Field visits and interview/group discussion with relevant stakeholders e.g. staffs, people with leprosy and disability, partners, GoB line authority, other NGOs working in the same field etc..
- Evaluator will propose detailed methodology in the proposal

Key Stakeholders include:

- A sample of Project Participants (Target groups (around 7000 persons total) – people with

- leprosy, disability, excluded and discriminated groups), family members and communities
- Self Help Groups (>800 groups) /sub-district/district associations (28/5)
 - Staff
 - TB and Leprosy Coordination Committee (TLCC) members (if appropriate)
 - GoB line authority, e.g. NELP, CDC, Civil Surgeon, UHFPO, PO, TLCA, Social welfare, union health centers etc.
 - Partners

6. Key Documents for review

The following documents will be provided to the evaluator:

- ☑ TLMI End-of-Project Evaluation Guidelines
- ☑ Project Proposal and LFA
- ☑ Annual reports of present phase
- ☑ Quarter reports
- ☑ Annual Participatory Monitoring reports
- ☑ Annual Review reports etc.

7. Qualifications of Evaluator/Evaluation Team

- ☑ We expect the evaluation team to consist of two members, preferably with two different areas of expertise (such as program, disability, people's organization, VSLA etc.) The main evaluator should have 3-5 years' experience in Village Savings and Loans Associations (VSLA) programs.
- ☑ It would be a significant advantage if the evaluator is fluent in Bengali and English.
- ☑ The evaluator should submit 1 sample of a previous evaluation report with that project contact person address/number.

Application Guidelines

TLMI Bangladesh invites proposal from renowned consulting agency/ individual consultants. Interested institutions/agency/ individuals should clearly indicate their background experience and knowledge of subject area, demonstrate how they meet the required skills and experience, a statement of their availability. In addition, we ask consultants to send:

- Short Technical proposal proposed including task, scope, methodology , plan of action etc.
- Details Financial Proposal including person days, cost for each members, VAT and tax issues
- CV of consultants
- Organizational profile (in case of firm)

TLMI will not fund the preparation, submission or presentation of proposals in response to this TOR. The selection of the Consultancy firm/ individuals will be competitive based on the quality of the proposal, the profile of the proposed team, and cost. TLMI does not bind itself to accept the lowest bid submitted in response to this TOR.

The deadline to submit proposal by close of business on 20th of July 2019.

All submissions should be sent to the following address:

surenS@tlmbangladesh.org and Kristine Kaaber Pors kkp@dmr.org by 20th July 2019.

8. Timeframe

The evaluation will be undertaken and completed by August 2019. The evaluation will involve tentatively 12 working days for the evaluator, calculated as follows but:

- 1 day for preparation and review of documentations.
- 1 day for inception report
- 6 days for field implementation

d) 2 days for data analysis, draft report writing and discussion

e) 2 days for finalizing evaluation report

Working day calculation is idea but evaluator can propose differently. Before going ahead, the evaluator must submit a timeline to TLMIB and DMCCDD, allowing for at least 2 days for TLMIB and DMCCDD to comment on inception report, and 3 days to comment on draft report, before the report is finalized.

9. Reporting

The evaluator should provide a final evaluation report in English, 20-25 pages long excluding annexes. The report should that consists of the following items:

1. Executive summary.
2. Introduction and background to the evaluation
3. Methodology used
4. Context analysis that include findings, conclusions and assessment.
5. Lessons Learned. The evaluator is expected to consider on how good practice has been incorporated in the project. The evaluator is also encouraged to draw attention to examples of “better practice” demonstrated by the project.
6. Specific Actionable and Prioritized recommendations as for future.
7. Annexes:
 - a. Terms of reference for the Evaluations
 - b. Profile of the Evaluation Team
 - c. Evaluation Schedule
 - d. Documents consulted during the evaluation
 - e. Persons participating in the evaluation
 - f. Field data used during the evaluation, including baselines and focus group stories and data.

The draft report should be prepared within two weeks of evaluation completion, discussed and presented to DMCCDD and TLMI Bangladesh for comments. The final draft will be ready within one week after the remarks and comments are received. Within 5 days after the comments are made the final report will be received by the Country Director, Program Leader and Program Support Coordinator TLMIB.

10. Human Resources

The evaluation team will consist of 2 evaluators. The evaluation team will report to the Community Program leader.