Terms of Reference (ToR)
for
Mid-Term Evaluation of the Pathways to Prosperity for Extremely Poor People-European Union (PPEPP-EU) Project

1.0 Background:

Palli Karma-Sahayak Foundation (PKSF) launched the 'Pathways to Prosperity for Extremely Poor People (PPEPP)' project in 2019 with joint funding from the UK's Foreign, Commonwealth & Development Office (FCDO, formerly known as DFID) and the European Union (EU). Originally, PPEPP project was designed to support one million EP people (appx. 250,000 households) living in climatically vulnerable areas of north-western, south-western and north-eastern haor regions of Bangladesh. Due to the economic crisis of the UK and the war in Ukraine, the FCDO Bangladesh downsize the PPEPP project and close the project in March 2023, two years ahead of the scheduled completion. The EU Bangladesh then stepped up to continue the project as PPEPP-EU project, in response to a request from the GoB. Though it is the continuation of the previous phase of the project in terms of interventions, PPEPP-EU is treated as a new project in terms of financial arrangements. The primary goal of PPEPP-EU is to facilitate the integration of 0.86 million extremely impoverished individuals into mainstream development activities and stimulate economic growth, with the aim of helping them escape extreme poverty by 2025.

PPEPP-EU is a second-generation poverty graduation programme with the overall objective to support the extremely poor people to connect with mainstream economic growth and jobs. It aims to enable 215,000 people to exit from extreme poverty for good, through a carefully sequenced package of Livelihoods, Nutrition and primary health care, inclusive finance and Community Mobilisation interventions. Just as poverty is multi-dimensional and intersectional, EU's approach to poverty eradication in Bangladesh is also evolving through integrated pathways. To address the multidimensional nature of poverty, the project integrates climate resilience-building, disability inclusion, and women empowerment with the core components.

The PPEPP-EU project shifts away from the traditional *'graduation'* to *'pathways out of poverty'* approach by applying more tailored livelihood support packages including grants and soft loans with a longer intervention time frame. The project, contributing significantly to SDG 1: No Poverty, SDG 2: Zero Hunger, SDG 3: Good Health and Well-Being, SDG 5: Women Empowerment, SDG 10: Reduced Inequality, and SDG 13: Climate Action. It also contributes to Bangladesh Government's 8th Five-Year Plan in Rural Development, Social Protection, Nutrition and Agriculture. It also matches with EU's priorities for Bangladesh.

PKSF is implementing PPEPP-EU project through its 19 partner organizations (POs). PPEPP-EU is working in 145 climatically vulnerable Unions (the lowest unit/tier of the local government structures in Bangladesh) under 34 Upazilas of 12 districts of north-western, south-western and north-eastern regions of Bangladesh. PPEPP-EU is implementing by using the existing structural set up and manpower of previous PPEPP project. (See annex I for PPEPP Project Description**)**

The programme commissioned a baseline survey to develop a reference against which it can measure the achievements and success of the interventions by comparing the 'before-after' scenario. The survey was conducted in May-June, 2022 following a mixed-method approach

(both quantitative and qualitative). A multi-stage cluster sampling technique was used to draw the sample from the PPEPP census data. A representative sample of 1530 was drawn from cluster 1 (Treatment: 1020; Control: 510) and 4,680 households were drawn from cluster 2 (Treatment: 3120 and Control: 1560). Currently, PPEPP-EU aims to conduct a midterm evaluation to assess the current progress of the project and plan way forward.

2.1 Rationale of Midterm Evaluation

The rationale for conducting the midterm evaluation of the PPEPP-EU project to assess its progress, identify any challenges or issues that have arisen, and make necessary adjustments to improve the likelihood of success. This would provide a holistic picture of the project's progress, achievements and impacts by comparing the 'before-after' scenario. Further, the Midterm evaluation will provide the existing scenario of the project that would assist the project's management to determine the priorities, allocate resources, and make adjustments to the project plan, in case of necessity. Furthermore, midterm evaluation findings will establish the trajectory in lifting the extremely poor people out of poverty.

2.2 Objective of the Mid-term evaluation

2.2.1 Overall Objective

The overall objective of the Midterm evaluation is to assess the progress of the PPEPP-EU project towards its goals and objectives according to the logframe. This includes evaluating whether the project is on track to meet its ultimate goal and objectives within the stipulated time and budget, as well as assessing the quality and effectiveness of the work being done.

2.2.2 Specific Objetives

The specific objectives of the evaluation are to:

a. assess the changes in socio-economic conditions of the sample households.
b. examine the changes in livelihoods, food security status and the level of enterprise development among the sample households.
c. assess the incremental improvement of nutritional status among the sample households.
d. assess the changes in vulnerability status, climate related crisis coping capacity and knowledge on climate related issues.
e. examine the changes in community mobilization, women empowerment and gender equity.

2.3 Scope of the Mid-term evaluation

The overriding goal of the project is to support extremely poor people to connect with mainstream economic growth and jobs. The project is design to contribute to poverty reduction and resilient livelihoods in the target regions of Bangladesh. The project will support the extremely poor people for sustained livelihoods and income generation. It will support to market development & linkages to ensure growth, extreme poverty policy advocacy, and social safety nets implementation. The project will also ensure nutritional security which will be improving health outcome, early child development. Ultimately the project expects to improve the extreme poor's demand for and use of public and private services. Therefore, the midterm survey would focus on employment, income, expenditure,

possession of resources, economic activities, food security, health and nutrition, water, sanitation and hygiene, education attainment and community participation of the target beneficiaries. Besides, the survey results will improve the issue of women's empowerment considering the aspect of control over resources, community participation, decision-making ability in every sphere including individual level, family level and community level. The specific scopes of this study are listed below:

Socio Economic status:

1) Record the midterm demographic and socio-economic characteristics of the households in the control and treatment areas;
2) Measure the per capita monthly average household income & expenditure including identification of employment status;
3) Evaluate the participant household's poverty status in terms of international and national poverty line as well as Multi-dimensional Poverty;

Livelihood and Enterprise Development:

4) Determine the livelihood status of extremely poor people including economic status, skills and trainings etc.;
5) Evaluate the availability and accessibility of formal and informal financial services;
6) Assess the different capital status of participant households based on asset pentagon (physical capital, financial capital, social capital, human capital, natural capital);
7) Identify the status of participants' Income Generating Activities (IGAs), with special focus to diversified and market-oriented IGAs;
8) Assess the status of individuals trained in livelihood skills and market linkages;

Nutrition:

9) Assess the nutritional status of infants, young children, and adolescents at the midterm, including an evaluation of their age-appropriate practices related to complementary feeding;
10) Evaluate the nutritional status of pregnant and lactating mothers, as well as women of childbearing age, including an assessment of their household-level practices related to micronutrient supplementation;
11) Assess the household dietary diversity and food security of participant households;
12) Evaluate the prevalence of health and hygiene practices at the individual, household, and community levels;

Community Mobilization:

13) Assess social norms and rights of households against the planned project services;
14) Document the current status, constraints, and struggle of the Extreme Poor to access the services from private and public sector at local level especially local health facilities and extension services;
15) Identify the accessibility status of social safety net of eligible participant households;

Disaster and Climate Resilience:

16) Assess the disaster and climate change vulnerability that affects the livelihood pattern of extreme poor;

17) Determine the proportion of household with resilience to climate change and other shocks;
18) Identify the status of climate resilience IGA implementation by participant households and their coping strategies to climate induced and other shocks;

Women empowerment and gender equity:

19) Evaluate the women empowerment and decision-making authority to food purchasing, children's education and marriage, control over resources;
20) Determine the number of women counselled on social norms and practices, leadership and social capital, negotiating gender stereotypes etc.

Disability Inclusion:

21) Identify the prevalence of person with disability, their severity, social status, skills and needs of assistance;
22) Evaluate the mainstreaming status of PWDs among programme participant HHs;

Logframe

23) Assess the progress of logical framework indicators and suggest appropriate milestones
24) Identify challenges or obstacles arisen during the project implementation. In addition, highlight any opportunities for improvement or expansion that may have emerged since the project began.
25) Suggest necessary adjustments to the project plan, including revising timelines (if required), reallocating resources, revising implementation modalities, and adjusting project strategies to address any identified challenges or opportunities.

3.0 Methodology

3.1 Study design

This midterm data will be collected at the mid-point of the project to establish the project trajectories against its preset milestones amongst the target population. Therefore, the midterm survey is longitudinal in nature using mixed method approach (both quantitative and qualitative). Additionally, the following techniques will be followed in this midterm evaluation for triangulating the information:

i) Documents Review (secondary data)
ii) Household (HH) Survey
iii) Community Survey
iv) Qualitative Interview/discussion
v) On-site observation
vi) Anthropometric measurement to measure the nutritional status of children 6-59 months in terms of stunting, wasting and underweight.
vii) Case study

3.2. Sampling Technique:

Sampling technique would replicate as it was in the baseline survey. All the ultimate participant households should be taken from baseline survey to observe longitudinal progress. According to the project design, the project participants has been broadly divided into two cohorts:

- Old cohort: Getting intervention since April 2021
- New cohort: Receiving intervention since September 2022

The samples in the baseline survey were taken from the 'Treatment' and 'Control' groups. The study involved multi-stage cluster sampling to draw the sample from the PPEPP census data. All the four programme regions – South-West, North-West, Haor, and Ethnic – were taken into account to develop the first-stage sampling unit. By ensuring representation of different regions, 15 unions were selected from old cohort (Cluster 1) and 35 unions from new cohort (Cluster 2) in the second stage. In the third stage, four villages from each union were selected comprising at least 30 households, the secondary sampling units, from each village.

The treatment group and control group respondents for the study are selected from the list of treatment and control group households developed by PPEPP based on census data. The treatment group households represent those that are qualified to receive interventions from PPEPP while the control group households correspond to those that are not listed for interventions.

The required minimum sample size for the baseline study of the PPEPP project was estimated using the following formula of Krejcie and Morgan (1970)0F[1]:

$$n = N \times \left(\frac{\frac{Z^2 \times P(1-P)}{E^2}}{(N-1) + \frac{Z^2 \times P(1-P)}{E^2}} \right) = \frac{N \times Z^2 P(1-P)}{(N-1) \times E^2 + Z^2 P(1-P)}$$

In the formula, Z is Z-score, P is the prevalence of the indicator, E is desired precision, n is the required minimum sample size, and N is the population size. The sample size was also adjusted using design effect ($Deft$). The design effect is equal to $[1 + \rho(m-1)]$ where ρ is the intra-cluster correlation and m is the desired samples from the cluster. The final sample size was determined after controlling a desired attrition/non-response rate. To estimate the required minimum samples, we followed standard cluster sampling strategy involving the following steps:

- ***Prevalence of extreme poverty in the cluster:*** We considered the prevalence of extreme poverty within the cluster. The census data showed that the average incidence of extreme poverty is about 83.25 percent. Therefore, we assumed that the probability of drawing an extremely poor household from the population is about 0.8325, and the probability of drawing a non-extreme poor household is 0.1675.
- ***Level of significance:*** We assumed a standard 5 percent level of significance.
- ***Z-score*****:** We assumed that the per capita consumption expenditure, which is used to measure the incidence of extremely poor households in the cluster, follows the normal distribution. For the current population size, the corresponding Z-value is 1.96.
- ***Desired Precision:*** The desired precision is a crucial factor in determining the sample size using the probability sampling technique. For cluster 1, we assumed that the precision for the key indicator is set at a relative sampling error of 1.5 percent at the 95 percent level of confidence, and those are the criteria under which the calculation formula for sample size is based. For cluster 2, the precision for the key indicator is set at a relative sampling error of 3.75% at the 95% level of confidence.
- ***Design Effect and Intra-cluster correlation:*** For cluster 1, we allowed a design effect of 2.5, which suggested that the survey estimate has 2.5 times as much sampling variance as a simple random sample of the same size. For the design effect of 2.5, the corresponding

[1] Krejcie, R. V., & Morgan, D. W. (1970). Educational and psychological measurement. New York: Minnisota University.

intra-cluster correlation is 0.052. For cluster 2, we allowed a design effect of 2.0 with an intra-cluster correlation of 0.034.

Required minimum sample (n): Considering the above-stated parameters, their values, and the standard formula of sample size determination, we found 1530 as the required minimum sample in cluster 1 and 4680 sample for cluster 2 of the baseline study of PPEPP project.

Treatment and Control: The number of control households in each region is half of the treatment households.

Finally, the sampling distribution of baseline survey was as follows:

Table 1: Distribution of the proposed and achieved samples by treatment and control areas (After adjustment)

	Proposed								
	Old cohort (Cluster 1)			New cohort (Cluster 2)			Total		
	Treatment	Control	Total	Treatment	Control	Total	Treatment	Control	Total
North-West	300	150	450	780	390	1170	1080	540	1620
South- West	480	240	720	780	390	1170	1260	630	1890
Haor	120	60	180	780	390	1170	900	450	1350
Ethnic	120	60	180	780	390	1170	900	450	1350
Total	1020	510	1530	3120	1560	4680	4140	2070	6210
	Achieved								
	Old cohort (Cluster 1)			New cohort (Cluster 2)			Total		
	Treatment	Control	Total	Treatment	Control	Total	Treatment	Control	Total
North	303	151	454	780	392	1172	1083	543	1626
South	483	239	722	781	392	1173	1264	631	1895
Haor	120	60	180	781	389	1170	901	449	1350
Ethnic	116	60	176	779	389	1168	895	449	1344
Total	1022	510	1532	3121	1562	4683	4143	2072	6215

Table: Distribution of the achieved samples according to unions, and villages by region

Old cohort (Cluster 1)		North	South	Haor	Ethnic	Total
Treatment	Number of Sample HHs	303	483	120	116	1022
	Number of Unions	3	4	1	2	10
	Number of villages	10	17	6	4	37
Control	Number of Sample HHs	151	239	60	60	510
	Number of Unions	2	1	1	1	5
	Number of villages	5	8	3	2	18
Total	Number of Sample HHs	454	722	180	176	1532
	Number of Unions	5	5	2	3	15
	Number of villages	15	25	9	6	55
New cohort (Cluster 2)						
Treatment	Number of Sample HHs	780	781	781	779	3121
	Number of Unions	7	7	6	7	27
	Number of villages	26	26	24	26	102
Control	Number of Sample HHs	392	392	389	389	1562
	Number of Unions	4	5	2	4	15
	Number of villages	14	14	9	13	50
Total	Number of Sample HHs	1172	1173	1170	1168	4683
	Number of Unions	11	12	8	11	42
	Number of villages	40	40	33	39	152
Grand total						
Treatment	Number of Sample HHs	1083	1264	901	895	4143
	Number of Unions	10	11	7	9	37
	Number of villages	36	43	30	30	139
Control	Number of Sample HHs	543	631	449	449	2072
	Number of Unions	6	6	3	5	20
	Number of villages	19	22	12	15	68
Total	Number of Sample HHs	1626	1895	1350	1344	6215
	Number of Unions	16	17	10	14	57
	Number of villages	55	65	42	45	207

The respondents of the qualitative interviews will include extreme poor households, health service providers, community influential persons (chairman/member, imam/puruhit, other leaders), policy makers, academician (school/college), local media personnel, community forums, bazar samity, etc. The sample respondents may be selected purposively from the respective areas for treatment and control groups. An in-depth Interview (IDI), Key Informant Interview (KII), and case study approach will be used in gathering qualitative data. Related to study outcomes, minimum 30 KIIs and IDIs can be conducted covering local leaders/influentials, policymakers, Government/NGO/INGO workers, and public/private service providers. In addition, minimum 20 case studies can be conducted covering different target groups of PPEPP-EU.

3.3 Data collection &Quality Control:

The data collection should be done by face-to-face interviews using hard copies of questionnaire or online based platform. The agency/consulting firm need to perform proper quality control for collecting authentic data. Appropriate monitoring mechanism need to follow by the agency and that should be detail out in the proposal. In addition, PKSF will do field monitoring with their own resources and support from their POs.

3.4 Data Analysis:

Primary data and analysis process (where applicable) will be disaggregated by (but not limited to) the following:

- cohort type i.e. intervention duration (old cohort or new cohort)
- intervention group (treatment or control)
- geographic location
- vulnerability
- sex
- age
- disability
- receiving loan from PPEPP

Further the analysis should include:

- ✓ The quantitative data need to be analyzed with descriptive statistics, inferential statistics and econometric modeling as appropriate.
- ✓ Mid-programme results analysis should be carried out to assess the contribution of the project towards achieving the target. It should also factor out potential cofounders to determine absolute contribution of the project.
- ✓ Content analysis need to be performed with the qualitative data.

Draft findings to be presented with project team to validate.

3.5 Ethical Issues:

To ensure ethical compliance, the survey must obtain appropriate clearance and consent from both institutional and individual levels. Any data collection without informed consent is strictly prohibited. The collected data should be solely used for the purpose of this study. Unauthorized sharing or usage of the data for any other purpose outside of the study is strictly prohibited without prior permission from PKSF.

4.0 Indicators must be covered in the survey (based on the PPEPP-EU log frame):

The consulting firm must collect information on the indicators based on the logframe components in addition to other case specific relevant information. The list of indicators includes (but not limited to) are presented in 4.

Table 4: Key Survey Indicators

Dimension	Sub-Category (linked with scope of the study)	Key Indicator	Measurement Tool	Target Groups
Socio-economic & Demographic Characteristics	Household Head Characteristics	• Gender • Age • Marital Status, age at marriage • Year of Schooling, • Occupation, etc.	• HH Survey • Case study • IDI • Community Survey • On site Observation	1) Respondents at household level (men & women) 2) Children between 0-23 months 3) Children between 24-59 months 4) Pregnant women 5) Lactating mother 6) Adolescent boys and girls 7) Youth (male and female) 8) Elderly person 9) Persons with disability 10) Children under 5 years with disability 11) Climate vulnerable HH 12) In-laws/parents 13) Educational institutions 14) Microfinance groups 15) Local representatives & administration 16) Professionals 17) Religious leaders 18) Nutrition Volunteers 19) Local volunteers 20) Women volunteers 21) Beggar 22) Tea garden worker 23) Dalit/Horizon 24) Ethnic minority 25) Transgender 26) Bede 27) Street Children 28) Women headed HH
	Household Characteristics	• Maximum Years of schooling • Household Size • Sex Ratio • Member out of work, etc.		
	Household, Income, Expenditure and Employment	• Per capita monthly income • Days of work per year • Per capita monthly expenditure • Per capita monthly food/fuel expenditure • Per capita monthly non-food expenditure • Cost of migration (internal or external) for HH • Remittance earned for household		
	Infrastructure Facilities	• Access to Electricity, Solar • Access to Safe Drinking Water • Access to Sanitary Latrine, etc.		
	Physical And Financial Asset	• Landholding • Asset (productive & non-productive) • Saving • Access to Financial Services, etc.		
Poverty, Livelihood and Enterprise Development	Poverty Indices	• HH/Individual Poverty Rate • Poverty Gap Ratio • Multi-dimensional Poverty Index (MPI) • Household Pathway out of Poverty Index (HPPI) • Duration & intensity of regional lean periods	• HH Survey • IDI • Case Study • Community Survey	
	Capacity Building, Skills, Technical Services and Credit Access	• Provision of cash transfers • Provision of skill development • Proportion of training & skill in IGA implementation • provision of technically sound & functional IGA • Access to appropriate loan and emergency loan-Savings • Access to credit from formal/informal sources • Currently job choice available to men and women& Number of jobs created • Proportion of access to wage and self-employment • Proportion of microenterprises • provision of diversified livelihood options • Value chain & marker system		
	Nutritional Status,	• Anthropometric measurements (to	• HH Survey	

Dimension	Sub-Category (linked with scope of the study)	Key Indicator	Measurement Tool	Target Groups
Nutrition	Infant and Young Child Feeding (IYCF), Hygiene Practice and Primary Health Care	determine stunting, wasting, underweight, overweight, low-birth weight etc.) for children, Adolescent, and Mothers (BMI/MUAC) • Early initiation of breastfeeding • Exclusive breastfeeding • Age appropriate complementary feeding of children from 6-23 months • Hand washing and other hygiene practices • Knowledge on health care provision • Access to practice on MCH services	• On site Observation • Case Study • IDI • Community Survey • Anthropometric measurement	
	Micronutrient Supplement for Maternal, Adolescent & Children	• Proportion of pregnant mother and lactating women at EP HH levels • Provision of Vitamin A, Iron Folic Acid (IFA) supplementation for children, pregnant, lactating women (PLWs) and adolescent girls. • Provision of Multiple Micronutrient Powder (MNP), ORS with Zinc for children • Provision of deworming for children • Proportion of household consumption of iodized salt, fortified oil with Vitamin A		
	Household Dietary Diversity and Food Security	• Household dietary diversity index (HDDS) • Individual protein intake in the HH • Prevalence of moderate/severe food insecurity • Household food security Index - Status of starvation - Consumption rationing • - number of full meals		
	Maternal and Child Nutrition	• Control & reduction of maternal overweight (BMI>23) • Frequency of ANC & PNC received by PLW • childhood obesity (WHZ>+2) among children under-5		
Community Mobilization	Social Relations	• Social capital • Women-friendly co-operatives, producer groups and enterprises • Social custom and Practice	• HH Survey • Community Survey • IDI • Case Study	
	Other service Provision	• Access to public & private services: - Education - Health and Nutrition - Safety net - Extension support - Disability inclusion - Other pro-poor services • Access to the private and public institutions to establishment of citizenship right • Awareness on rights, quality of life and other common issues		

Dimension	Sub-Category (linked with scope of the study)	Key Indicator	Measurement Tool	Target Groups
	Community Participation, Exclusion and Marginalization	• Participation on community and social events, decision making, legal issue, community representation, etc. • Constraints to policy advocacy		
Disaster and Climate Resilience	Migration, vulnerability & Crisis Coping Mechanism	• Household migration status (internal & external) • Experience of health shock (1 year) • Experience of climate shock (1 year) • Status of hazard coping strategy (advance crop/labor sale, lending money, asset sale etc.) • Climate Vulnerability Index • Climate resilience livelihood	• HH Survey • Case Study • IDI • GPS mapping	
	Climate vulnerability and Disaster Risk Reduction (DRR)	• Institutional & Individual knowledge on Climate Change • Knowledge on Livelihood benefits (training, skill, relief, etc.) • DRR activities • Community risk reduction infrastructure		
Women empowerment and Gender Equality	Women Empowerment	• Employment status of women those in the front line of vulnerability. • Prevalence of women worker's occupational health & safety. • Support system on legal status of women right and safety. • Women empowerment indexes	• HH Survey • Community Survey • Case Study	
	Access to Public Services	• Gender-responsive service delivery and accountability • Access of services (security risk, mobility, financial) for women		
	Gender Equality	• Access to justice for poor women who are victims of sexual violence • Husbands support to pregnant women in having a healthy pregnancy		
Disability	Disability Status	• Proportion of person with disability • Proportion of Children under five with disability • Skills and training of the disable persons • Washington group set of questions	• HH Survey • Community Survey • Case Study	
	Provision of Services	• Disability rehabilitation services • Safety net services • Assistive device for disable persons • Psychological wellbeing • Dependency and needs of assistance • Potential PWD involve in economic activities		

5.0 Task/Activities

The study team of the selected firm/institution is expected to perform the following activities:

- Review the relevant documents of PPEPP-EU project as a prerequisite and acquaint themselves with all relevant project documents.
- Submit an inception report with detailed work plan and methodology to PKSF along with

timeframe, draft questionnaire for interviews and responsible person for this assignment. The consulting firm/institution can propose new methodology or improvise it from this ToR, if they can justify appropriateness, e.g. suggest modified sample size, justification of appropriate attrition rate, capturing intersectional vulnerable group, its strengths and limitation etc. They also need to highlight the strategy of ensuring health and hygiene safety of the respondents and employees.

- Prepare and finalize interview guideline/topic guide, questionnaire, checklist and other data collection tools in consultation with PKSF. The consulting firm/institution will be responsible for pre-testing and finalization of tools and technique for the study.
- Hire the required number of qualified enumerators (separately for quantitative, qualitative & anthropometric data collection) and train them on the study subject, methodology, data collection tools and techniques, quality control and data management, and needs to prepare a detailed training schedule (regional basis) for the enumerators.
- Drawing sample according to sampling frame and collect data from the respondents of the study area using prescribed tools and technique. It needs to be finalized with approval of PKSF.
- Share field findings with PPEPP-EU Project of PKSF in a regular basis, ensure data quality with appropriate validation and verification process.
- Perform data collection with separate set of trained enumerators and separate window of time for quantitative survey, anthropometric measurement, and qualitative interviews.
- Perform data cleaning with possible inconsistency checks and prepare statistical table with the analyzed/synthesized data and prepare sketch of case history in consultation with PPEPP-EU Project of PKSF.
- Present draft detail reports (quantitative and qualitative research) to PPEPP-EU Project of PKSF prior to the submission of final report. The quantitative research will be based on the HH survey and community survey. The quantitative research will cover different socio cultural aspects (including access to public services, agricultural extension services, community clinic functionality, psychological wellbeing etc.) and complement the findings from qualitative research. PKSF will review the draft reports and provide necessary feedback. Once the back and forth in addressing the feedback will complete and PKSF management along with other relevant experts approve the report, the consultancy firm/institution will be asked to finalize the report.
- Submit an Executive summary report (maximum 20-25 pages) with the key findings for policy makers.
- The consulting firm/institution will submit final report (both detailed and summary report) along with all deliverables as requested.
- Provide the survey data (both raw and processed), syntax/do files of analysis and transcripts of interviews to PPEPP-EU Project of PKSF at any moment in demand.

6.0 Language:

It is to be mentioned here that all reports are to be written in English using MS Word compatible software, font Times New Roman and size 12 with 1.5 line spacing.

7.0 Deliverables, Timing

The consulting firm/institution is responsible for submitting the following deliverables to PPEPP-EU Project of PKSF at the agreed work plan.

Table 5: Deliverables

Sl. no.	Activities	Deliverables of Activities	Nature of Deliverables	Time of submission
1	- Hold Inception meeting at the PPEPP-EU Project of PKSF& submit inception report - Midterm design workshop (Experts from consulting firm/institution, EU, PKSF, POs)	The inception report should include literature review, detailed work plan mentioning health safety measure considering COVID situation, a description of methodology with appropriate sampling plan, a detailed questionnaire/guideline, case study method including selected themes for the photo story.	Four hard copies and an electronic copy	3rd week after signing of the contract
2	Final questionnaire, interview guidelines (IDI, KII) and checklist for observational and case studies	Final data collection instruments along with instruction guidelines and instrument pre-test results.	One hard copy and an electronic copy	4th week after signing of the contract
3	Prepare personnel list and training schedule for field personnel	Recruitment lists and submit a training schedule for field personnel	One hard copy and an electronic copy	4th week after signing the contract
4	Prepare Field Work Plan for PKSF's Approval	Submit field work plan mentioning health safety measure for collecting data in selected sites	One hard copy and an electronic copy	4th week after signing the contract
5	Outline of the Draft Final Midterm Survey Report	Prepare the data analysis and tabulation plan, and output tables in consultation with PKSF.	One hard copy and an electronic copy	9th week after signing of the contract
6	Data Collection	a) Submit cleaned HH & community survey data, b) Submit qualitative interview transcripts & checklist	Electronic copy (Word, Excel, SPSS, STATA)	a)10th week after contract signing b)14th week after contract signing
7	Consultation meeting (virtually if needed) with Experts from consulting firm and PKSF on outline of the Draft Report	Arrange a consultation meeting with Experts from consulting firm and PKSF in order to finalize the output of the survey.	Minutes of the meeting	15th week after contract signing
8	Draft Midterm Report	a) Detail draft report of the midterm data (quantitative & qualitative) including community survey as per reporting outlines (Section 7.1). This would also contain EP targeting accuracy justification. b) Comprehensive executive summary report for policy	Four hard copies and an electronic copy	a)13th week after contract signing b) 16th week after contract signing

Sl. no.	Activities	Deliverables of Activities	Nature of Deliverables	Time of submission
		makers (max. 20-25 pages).		
9	Dissemination seminar/ Presentation on the findings of the draft Midterm report	Arrange a Dissemination seminar on the findings of the draft report.	One hard copy and an electronic copy of presentation	18th week after signing the contract (within the one week of submission of draft report)
10	Final Midterm Reports (Final deliverables)	a) Final report of the Midterm data (quantitative & Qualitative) including community survey as per reporting outline. This report should also focus on EP targeting accuracy (Full report). b) Comprehensive executive summary report for policy makers (maximum 20-25 pages).	Five hard copies and an electronic copy Computerized Dataset, syntax, transcripts (MS Word, Excel, STATA/ SPSS)	20th week after signing the contract

7.1 Reporting Outline could be as follows:

- Executive summary
- Introduction/Background
- Justification and rationale
- Objective of the study
- Details Methodology including Ethical issues
- Limitation
- Findings
- Discussion
- Lessons learned
- Conclusions and recommendations,
  Annex

8.0 Qualification of the firm/institution and Team Composition for the study:

The consulting firm/institution should have at least ten years of experience in research and evaluation. The firm/institution must have necessary permanent manpower to reflect its organizational strength related to research activities.

The selected firm/institution should be maintained a minimum required qualification and experience of their key professional staffs for the study given below.

a) Team Leader:

Qualification and Experience:

i) Must have a PhD in Economics/ Finance/ Development Economics/ Development Studies/ Agriculture discipline from a reputed foreign academic university.

ii) At least 15 years' research experience in poverty analysis and livelihood related expertise such as value chain, market development, poverty analysis, micro entrepreneur and small business development etc.

iii) Must have participated as team leader in at least 2 similar research/survey projects/programmes.

iv) Must have at least six research publications in peer reviewed journals on relevant field (poverty, livelihood, social protection, micro-enterprise development, extreme poor policy and governance).

b) *Expert:* Nutrition

Qualification and Experience:

i) Must have a Master's degree in Nutrition/ Public Health (major in nutrition) from a reputed academic university. PhD will be an added advantage.

ii) At least 10 years' experience in nutrition, health economics and public health field.

iii) Must have at least four relevant publications in peer reviewed journals.

c) *Expert:* Disaster and Climate Change

i) Must have Master's degree in Disaster Management/ Environmental Science/ Geography/ Sociology/ Anthropology/ Vulnerability Studies/ Development Studies/ Development Economics from a reputed academic university. PhD will be an added advantage.

ii) At least 10 years' experience in the area of disaster and climate change.

iii) Must have at least one relevant publications in peer reviewed journals or two technical reports in related sector.

d) *Expert: Social Science*

i) Must have Master's degree in Sociology/ Anthropology/ Social Welfare/ Community Development/ Development Studies/MBA from a reputed academic university. PhD will be an added advantage.

ii) At least 10 years' experience in the relevant subject area.

- ✓ **Community Mobilization/Community Engagement/policy Advocacy**
- ✓ **Women Empowerment and Gender Equality**
- ✓ **Disability Inclusion**

iii) Must have at least two relevant publications in peer reviewed journals or two technical reports[2] in related sector.

e) Econometrician and Data Analyst:

i) Must have Master's degree in Economics/ Econometrics/ Statistics from a reputed academic university. PhD from a reputed academic university will be an added advantage.

ii) At least 10 years' experience in data management, analyses and reporting for social surveys and impact evaluation.

[2] Technical report is a document that describes the progress, process, or results of scientific or technical programme/project. It also can include some recommendations and conclusions. Technical reports may be considered as grey literature because they rarely undergo comprehensive independent peer review before publication.

iii) Highly experienced in any common data analysis software Excel/SPSS/STATA/Python/R.

iv) Must have at least one relevant publication in peer reviewed journals or two technical reports in related sector or perform data analysis in 3 similar research/survey projects/programmes.

The consulting firm should submit CV (specific format supplied by PKSF) of the core team along with their proposal.

Tentative involvements of the team members during the assignment are mentioned in Table .

Table 6: Minimum working days of the key Team members

Position	Duration
Team Leader	Minimum 90 Working Days spread over 150 days
Expert: Nutrition	Minimum 60 Working Days spread over 150 days
Expert: Social Science	Minimum 70 Working Days spread over 150 days
Expert: Disaster and Climate Change	Minimum 30 Working Days spread over 150 days
Econometrician and Data Analyst	Minimum 60 Working Days spread over 150 days

In the Proposal Consulting firm/institution is required to provide a Work Schedule/Gantt Chart.

9.0 Total value of the contract & Mode of Payment.

The tentative value of the contract will be BDT 1.10 crore (*one crore ten lac*) only (including Tax and VAT). The value might be changed after official cost estimation of the contract. The payment of the services will be paid as follows:

i) Thirty percent (30%) will be released after getting inception report and acceptance to PKSF, which would include the following: (a) submission of detailed work plan, containing methodology, sampling plan, timetable for data collection, data cleaning, generation of tables and report writing; (b) preparation of questionnaire; (c) preparation of enumerator's training manual (draft); (d) field test of the questionnaire and provide data; and (e) preparation of sample of dummy tabulation plans;

ii) Thirty percent (30%) will be released after the draft report is submitted and accepted to PKSF (soft and hard copy);

iii) The final installment of forty percent (40%) would be released after submission and acceptance of the final report by PKSF along with data (soft and hard copy);

iv) Government Tax, VAT etc. as applicable will be deducted at source by PKSF as per NBR (National Board of Revenue, Bangladesh) rules.

10.0 Rights of PKSF

a) In case the consulting firm/institution fails to provide service or perform under the terms and conditions of the contract by the agreed delivery dates, PKSF may, after giving the

consulting firm/institution reasonable notice to perform and without prejudice to any other rights or remedies, exercise one or more of the following rights:

- obtain all or part of the service or output from other sources or consulting firm/institution, in which event
- PKSF may hold the consulting firm/institution responsible for any excess cost occasioned thereby.
- refuse to accept all or part of the service or output.
- terminate the contract.

b) Contact any or all references supplied by the consulting firm/institution;

c) The Consulting firm/institution shall not assign this Contract or sub-contract any portion of it without the PKSF's prior written consent.

d) Request additional supporting or supplementary data (from the consulting firm/institution);

e) Accept any proposals in whole or in part;

f) Negotiate with the most favorable consulting firm/institution (s);

g) PKSF reserves the right to make minor revisions to this TOR;

h) PKSF reserves the right to all aspects of monitoring and supervision of the consulting firm/institution and other forms of support during the duration of the project;

i) PKSF reserves the right to reject any or all proposals.

11.0 Ownership

PKSF will reserve the right of all the data and information generated for this study and this data/information must not be used for any other purpose without prior permission of PKSF. The consulting firm/institution has to handover complete dataset to PKSF.

Annex 1

PPEPP Project Description

Context:

In continuation of its three decades-long development efforts, the PKSF initiated the **'**Pathways to Prosperity for Extremely Poor People (PPEPP)**'** programme initially with joint funding from the UK's Foreign, Commonwealth & Development Office (FCDO; formerly DFID) and the European Union (EU). Currently it is being implemented with solely funding from EU as PPEPP-EU. The PKSF, the core implementing entity of the programme, has been implementing the programme activities through some selected Partner Organisations (POs) who have long been working for poverty reduction. The project, builds on the experiences of previous extreme poverty reduction projects in Bangladesh, including PRIME and UPP-Ujjibito implemented by the PKSF with funding from the DFID and the EU respectively. It also draws experiences from a number DFID-funded ultra-poor programmes in Bangladesh such as Chars Livelihood Programme (CLP), Economic Empowerment of the Poorest (EEP), and Targeting the Ultra Poor (TUP).

The focus of PPEPP project is thus shifts away from 'graduation' to 'pathway out of poverty' by applying more tailored support package including grants, soft loans, technical support, skill development training, nutrition and primary health care with a longer intervention time frame as in case of PRIME. PPEPP evolves the poverty graduation model, building on what works while addressing its limitations. It adds additional features to: address barriers that stop the poorest people pulling themselves out of poverty; make it more cost effective; and, ensure that it is sustained here after eventual exit of development partners. The PPEPP project has been supporting extremely poor people (primarily targeting women) to connect to mainstream economic growth and jobs. It's been also building the national systems that are needed to support public and private investment in extreme poverty projects and basic services like health and social protection. Figure 1 shows the strategies for poverty alleviation adopting pathways to prosperity approach over the traditional graduation model.

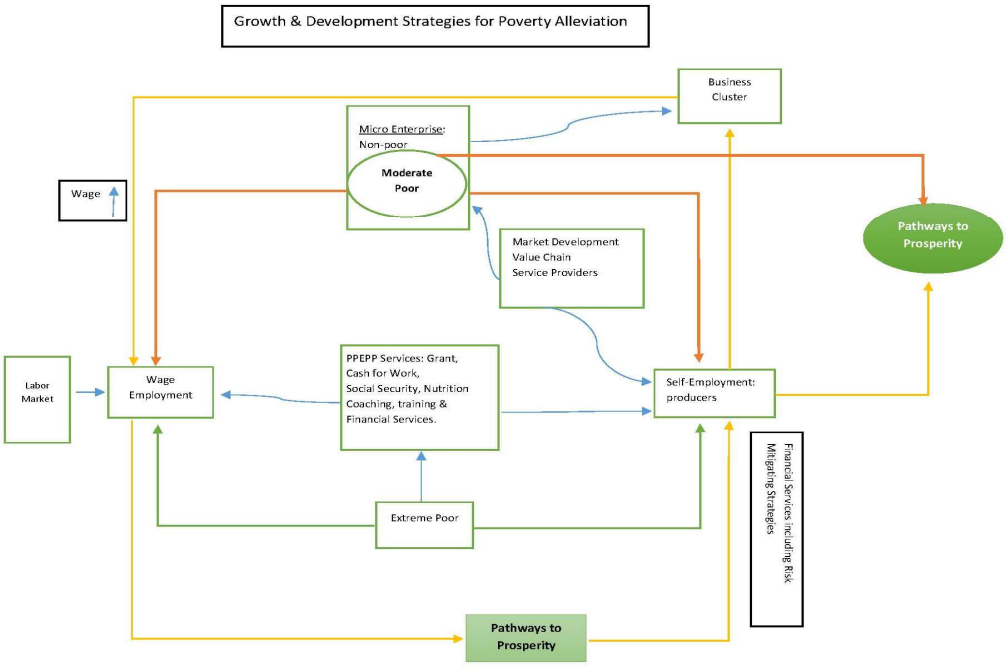

Figure 1: Growth and Development Strategies for Poverty Alleviation

The **Pathways to Prosperity for Extremely Poor People – European Union (PPEPP-EU)** project will support extremely poor people to connect with mainstream economic growth and jobs. Overall and specific objectives of the PPEPP-EU project are as follows:

a) Overall objective *(i.e. Impact)*

To contribute to poverty reduction and resilient livelihood in the target regions of Bangladesh.

b) Specific objectives *(i.e. Outcomes)*

i. **Outcome 1**: Sustained livelihoods and income generation amongst target households (SDG1, SDG2 and SDG13)

ii. **Outcome 2**: Improved nutritional wellbeing of the households, especially women and children, in target areas (SDG2 and SDG5) ;

iii. **Outcome 3**: Improved access to social and nutrition sensitive agriculture extension services amongst the target communities (SDG2)

Project Duration:

The PPEPP project started in 2019 jointly funded by the FCDO and the EU till the termination of the EU-FCDO contract in September 2022. The PPEPP-EU is having been in action since October 2022 and will continue till September 2025.

Expected Key Results

The programme will deliver the following indicative key results:

1. Enable 215,000 extremely poor HHs (about 860,000 people[3]) to exit from extreme poverty and ensure food security for 129,000 extremely poor HHs (516,000 EP people);
2. 307,000[4] pregnant and lactating women, adolescent girls, children U-5 have better nutrition and reached with a package of nutrition-related interventions;
3. 107,000[5] women experience a significant change in their awareness, social status and ability to make decisions about their lives;
4. 307,000[6] extremely poor people have increased resilience to climate change and other shocks; and
5. 107,000[7] vulnerable extremely poor HHs (especially HHs with PWDs, elderly, ethnic minority and dalit, transgender, female-managed HHs, HHs depending on child labour, HHs living in char and haor areas etc.) have awareness about public and private services.

[3] According to census conducted by PKSF during 2020-21 in PPEPP working areas, average family members of extreme poor household is 3.9, while the national average is 4.06 (BBS, 2018). In the present PPEPP-EU project, we therefore used average family size of extreme poor household as 4.0 members/extreme poor household.

[4] Considering about 35.7% of 215,000 extreme poor HHs

[5] Considering about 12.5% of 215,000 extreme poor HHS

[6] Considering about 35.7% of 215,000 extreme poor HHs

[7] Considering about 12.5% of 215,000 extreme poor HHs

Geographical Targeting:

The project is being implemented in four regions of Bangladesh.

- **North West:** the riverine chars and districts along the banks of the Teesta and Brahmaputra rivers;
- **South West Coastal Belt:** that faces periodic cyclones, tidal surge, salt water intrusion and chronic waterlogging; and
- **Haor region in the North East:** that has a specific ecosystem, presenting a very limited range of livelihood options as it remains under water for nearly six months every year.
- Some selected areas with high concentration of **ethnic minorities**.

Project Implementation Unit (PIU):

PKSF has a PIU located in the PKSF Bhaban, Dhaka. At the field level, the project is being implemented by PKSF's Partner Organizations (POs). POs are entrusted with the responsibilities of selection of participants and implementing of field level project activities. The project has involved 19 POs for implementing the project in the working area.

Components of PPEPP-EU:

The overall project is made up of three thematic components: a) Resilient Livelihoods, b) Nutrition & Primary Healthcare, and c) Inclusive Finance. In implementation of these thematic components, special focus will be given on Women Empowerment Leading to Gender Equality, Disability Inclusion and Disaster & Climate Resilience. These components are integrated through different services as shown in **Figure 2**.

a) Resilient Livelihood Component: The objective of the Resilient Livelihood component is to connect extremely poor people with economic growth and put them on a sustained path out of poverty. It is providing access to a flexible menu of products, including grants and soft loans with relevant skills training, over a longer time frame, enabling the target households to develop a livelihood strategy that supports larger and more sustained income and consumption gains and reduces vulnerability to shocks. This component is supporting people to better adapt to a changing climate, be better prepared when a disaster strikes, and be better able to respond once a disaster has struck. The expected output of this component would be developed livelihoods options resilient to shocks and stresses, in alignment with relevant sector policies (e.g. the NSSS).

Building resilience of individual vulnerable members will primarily be achieved by promoting their livelihood diversification, asset and savings creation. Livelihood diversification includes the creation of sustained and multiple income sources by combining farming IGAs and off-farm activities (promoted through off-farm training and vocational training) for the PPEPP member households. IGA-mapping is using for selecting appropriate livelihood in vulnerable areas.

Value Chain Development (VCD) is an integral part of the livelihood component. It makes interventions in the local economic activities through value-chain analysis to add value, improve production models, increase productivity, improve quality of products, create better market for products and establish distribution channels to better integrate IGAs with micro-enterprises or higher level of economic activities. It is building technical and business skills of member HHs and generating potential enterprises with higher-level economic returns and

employment attributes such as 'micro-enterprises' to create local-level employment to enhance household income. Value chain intervention is also providing support in marketing of products produced by project members at the local level and develop linkage with the trading houses, wholesalers, and other traders at local level. For the programme participants, it will ensure better prices, which in turn will increase income of EP HHs under the PPEPP-EU.

Figure 2. Integration of different components of PPEPP-EU through different services

essential services either by supporting better delivery of the

good nutrition outcomes; and, (3) promoting income-generating activities that support nutrition outcomes where possible. A combined nutrition-specific and nutrition-sensitive package of nutrition counselling to pregnant and lactating women and facilitated access to nutrition commodities (provided through the National Nutrition Services) (i.e. nutrition-specific activities), in combination with livelihood support and broader work on social norms (i.e. nutrition-sensitive activities), have a significant impact on maternal nutrition, on infant and young child feeding practices and, ultimately, on childhood stunting. Primary healthcare services is also be an integral part of the nutrition programme for better nutrition outcomes and preventing income depletion of extremely poor HHs. The expected output of this component would be improved nutrition practices sustained through GoB and Market Systems.

c) Inclusive Finance Component: The PPEPP-EU provides access to a flexible menu of financial products, including grants and soft loans with relevant skills and services. Target members have access flexible microcredit/appropriate finance, seasonal loan and enterprise loan, and technical services, leading to vertical integration of IGAs ranging from extended economic activities to micro-enterprises. Depending on the financial ability of the member and type of livelihood, financial services could be a mix of initial grant and loan followed by an appropriate loan alone. As savings is an integral part of appropriate finance programme, PPEPP-EU members are expected to save and accrue assets during their four years of PPEPP-EU journey out of poverty.

Extremely poor HHs who are willing to change their lives may receive a PPEPP-EU grant in combination with a soft loan. The precise ratio of grants to loans is likely to vary from

individual to individual, type of IGA and group to group. Besides, they may have access to emergency loan to meet their immediate health or education or sanitation-related emergency needs. They may also receive risk mitigation grant in the event of death or fatal accident (loss of organ) or severe illness (SAM children, caesarean delivery mother, fatal diseases, severe disability, etc.) of members of EP HHs.

d) Special Focus Areas: In addition to the resilient Livelihoods, Nutrition & Primary Healthcare, and Inclusive Financing components, the project has three special focus areas: i) women empowerment leading to gender equality, ii) disability inclusion, and iii) disaster and climate resilience.

***Women empowerment leading to gender equality*:** To tackle gender inequality and the particular challenges faced by extremely poor women and female-headed households, the PPEPP-EU primarily works to promote their economic status. However, evidence suggests economic status alone is often insufficient to change the prevailing attitudes that constrain women and girls' life choices and control over their resources. The PPEPP-EU focuses on gender relations within the household and community, involving men and women. This includes behaviour social change communication (SBCC) activities with men, women, religious and community leaders to influence attitudes and practices. The project targets women as the primary participants of the resilient livelihood component but with a much greater emphasis on facilitating dialogues within households in choosing and managing assets, economic activities, or micro-enterprises. It also includes a robust monitoring and learning system to test new approaches and adjust them as necessary.

Disability Inclusion: The PPEPP-EU is addressing the specific needs of extremely poor people with disabilities. Where possible, livelihoods opportunities have tailored to their particular capabilities. The PPEPP-EU is working for increase access to targeted social safety nets, where needed, to ensure basic needs are met, and specific services are provided. Community-level works build social support for people with disabilities and enhance local advocacy for increased access to essential services. The project disaggregates data to track inclusion and outcomes for people with disabilities to track progress and expand the most effective interventions. Delivery partners has been trained in the necessary data collection techniques, including the use of the Washington Group questions.

***Disaster and Climate Resilience*:** Based on available evidence and planned geographical focus, 75% of the targeted households are at a high risk of current and future climatic shocks. All of the livelihood and market development support and linked transfers of PPEPP-EU are eligible for climate finance as these provide the basic economic and social foundation for extremely poor people to adapt to a changing climate. A more flexible menu of livelihoods assistance are being provided to support for migration in those cases where prospects for livelihood and economic development *in situ* are untenable.

Target population and selection process:

PPEPP project is maintaining inclusiveness in targeting its members covering all types of extreme poor in its working area. In this regard, PPEPP has been designed Participatory Extreme Poor Identification Technique (PEPIT) which is a combination of FGD and social mapping for primary selection of EP HHs. It was verified and revised with 5% sample checking. Also, transact walk provided the opportunity to identify if any potential EP HH has been missed during PEPIT. The primary selected HHs were undergo with census for collecting

information on their socio-economic characteristics. After verification and validation of information, the final EP HHs has been identified as project participants. Overall extreme poor HHs selection process is presented in figure 3. The following proxy indicators are used to determine EP HHs.

Proxy Indicators:

Primary indicators

1) **Occupation:** wage-based (manual labour) earning
2) **Land-holding:** HHs having land less than certain amount or landless or live in government land (Northern area-10 decimals, Southern area-20 decimal, Haor-10 decimal)
3) **Income:** per capita monthly income of BDT 2,045 maximum (Satkhira-1869 Tk., Patuakhali and Bhola-1982 Tk., Rangpur-1913 Tk., Kishreganj-2045 Tk., Sunamganj-1966 Tk.)
4) **Housing type:** mostly thatched/tin roofed and mud floor
5) **Earning member:** single earner or no earner

Complementary indicators

1) Female-headed households
2) Households dependent on child labour
3) Households with consumption rationing
4) Households with disable member(s)
5) Households of ethnic minority, Dalit, and third gender

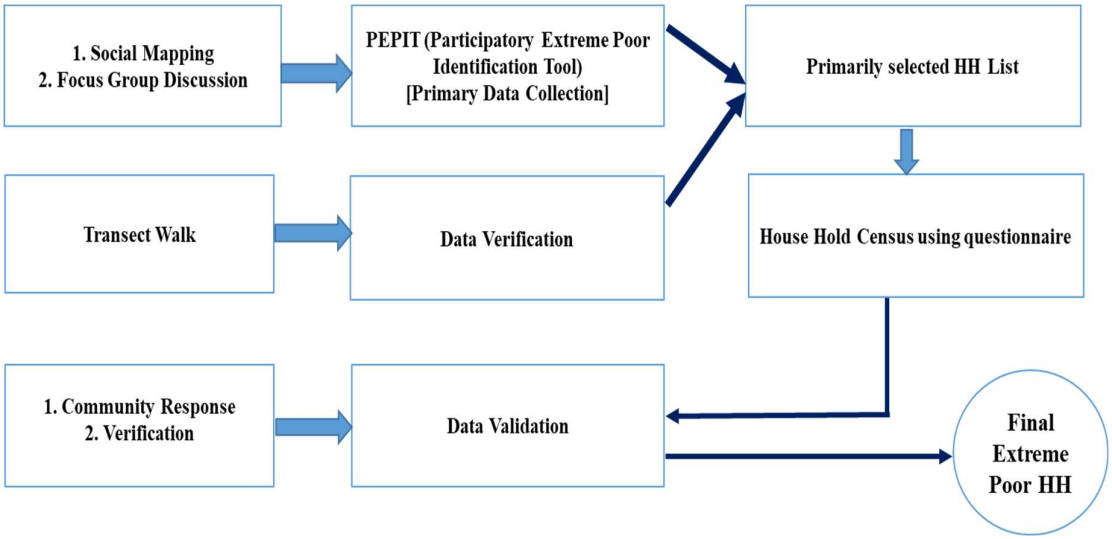

Figure 3: Tools and process of extreme poor household selection

Annex II

Logical Framework: Pathways to Prosperity for Extremely Poor People (PPEPP)

Results	*Results chain*	*Indicator*	*Baseline (value & reference year)*	*Target (value & reference year)*	*Current value* (reference year) (* to be included in interim and final reports)*	*Source and mean of verification*	*Assumptions*
Impact (Overall objective)	To contribute to poverty reduction and resilient livelihoods in the target regions of Bangladesh	1. Proportion of population below the international poverty line by geographical location of the project (North, South, Haor, Ethnic) *(Aligns with SDG 1.1.1)*	56% (2022)	40% (2025)		Baseline, Midterm and Endline Evaluations	
		2. Prevalence of stunting among the children under five years *(Aligns with SDG 2.2.1)*	48% (2022)	46% (2025)		Baseline, Midterm and Endline Evaluations	
		3. Prevalence of wasting among the children under five years	17% (2022)	16% (2025)		Baseline, Midterm and Endline Evaluations	
		4. Proportion of participant households with increased resilience to climate change and other shocks (SDG 13)	32% (2022)	40% (2025)		Baseline, Midterm and Endline Evaluations	
Outcome (s) (Specific objective(s))	**Outcome 1.** Sustained livelihoods and income generation amongst target households	1.1. Proportion of participant households whose mean monthly expenditure has increased	0 (BDT 9,106) (2022)	30% (2025)		Baseline, Midterm and Endline evaluations	1. Disease outbreak (like COVID-19) situation will be recovered substantially and spillover effect of economic growth would have positive impact on income of
		1.2. Mean financial value of financial assets of participant households in Bangladeshi Taka (BDT)	5,379 (2022)	7,000 (2025)		Baseline, Midterm and Endline evaluations	
		1.3. Proportion of participant households who are better able to cope with climatic events (floods, droughts, salinity, and cyclones)	32% (2022)	40% (2025)		Baseline, Midterm and Endline evaluations	

Results	*Results chain*	*Indicator*	*Baseline (value & reference year)*	*Target (value & reference year)*	*Current value* (reference year) (* to be included in interim and final reports)*	*Source and mean of verification*	*Assumptions*
	Outcome 2. Improved nutritional wellbeing of the households, especially women and children, in target areas	2.1. Percentage of participant households food secured according to Household Food Insecurity Access Scale (HFIAS)	36% (2022)	75% (2025)		Baseline, Midterm and Endline evaluations	extremely poor households. 2. No further major external shocks to the economy of Bangladesh. 3. No major natural or human-made disaster. 4. Government services and opportunities for the rural people are continuously available.
		2.2. Mean Household Dietary Diversity Score (HDDS) in the target areas	6.07 (2022)	6.25 (2025)		Baseline, Midterm and Endline evaluations	
		2.3. Percentage of children under two years of age who were exclusively breastfed in the target areas (disaggregated by sex and region)	79% (2022)	85% (2025)		Baseline, Midterm and Endline evaluations	
		2.4. Proportion of programme participant women demonstrating increased empowerment and household decision making authority (food purchasing, children's education and marriage, control over resources)	31% (2022)	37% (2025)		Baseline, Midterm and Endline evaluations	
	Outcome 3. Improved access to social and nutrition sensitive agriculture extension services amongst the target communities	3.1. Proportion of households in the target communities that have access to community clinics and other local health facilities for primary healthcare services	73% (2022)	85% (2025)		Baseline, Midterm and Endline evaluations	
		3.2. Percentage of households in the target communities that have access to nutrition-sensitive agriculture extension services	57% (2022)	65% (2025)		Baseline, Midterm and Endline evaluations	
		3.3. Proportion of extremely poor households in the target communities that have actually received government social safety net support	60% (2022)	65% (2025)		Baseline, Midterm and Endline evaluations	
Outputs	**Output 1.1.** Increased availability of livelihood options resilient to shocks & stresses with	1.1.1. Number of individuals that have started diversified and market-oriented Income Generating Activities (IGAs) with the intervention support (disaggregated by HH with PWD)	42, 570 (2022)	1,00,000 (2025)		Integrated Information System (IIS)	1. Bangladesh maintains SDG1, SDG2, SDG5 and SDG13 as a priority in its overall policy and programming.

Results	*Results chain*	*Indicator*	*Baseline (value & reference year)*	*Target (value & reference year)*	*Current value* (reference year) (* to be included in interim and final reports)*	*Source and mean of verification*	*Assumptions*
	linkages to value chains and markets	1.1.2. Number of individuals trained in livelihood skills and market linkages, who show increased knowledge in the subject areas	45,608 (2022)	75,000 (2025)		IIS & Pre/Post training	2. The political situation does not deteriorate and remains conducive to implementation. 3. Macroeconomic and markets remain stable. 4. Global factors (economic, political) do not significantly increase numbers of extreme poor. 5. Real prices, for consumers facing extreme poverty for basic essentials remain stable. 6. Climate change (variability) factors managed so as not to significantly increase numbers of extreme poor. 7. Emergency situation for COVID-19 pandemic is over and state and non-sate organisations resume new-normal operations.
		1.1.3. Number of producers who have established linkages with the market actors, with the intervention support *(Aligned with EURF 2.3)*	0 (2022)	10,000 2025)		Integrated Information System (IIS)	
	Output 1.2. Enhanced financial capacity of target households with respect to Income Generating Activities (IGAs)	1.2.1. Number of individuals that have received climate resilient livelihood support (IGA grants in-kind) under the intervention (disability in household)	0 (2022)	75,000 (2025)		IIS	
		1.2.2. Number of individuals who have benefitted from appropriate loan services under the intervention (disaggregated by sex and disability in household) *(Aligned with EURF 2.13b)*	0 (2022)	1,00,000 (2025)		Loan register/IIS	
	Output 2.1. Increased nutritional care of children under five,	2.1.1. Number of women who have received at least 4 antenatal check-ups by a trained service provider during last pregnancy, with the intervention support	12,104 (2022)	35,000 (2025)		MIS	1. No unusual change in macroeconomic environment 2. Government of Bangladesh (GoB)

Results	*Results chain*	*Indicator*	*Baseline (value & reference year)*	*Target (value & reference year)*	*Current value* (reference year) (* to be included in interim and final reports)*	*Source and mean of verification*	*Assumptions*
	and women of childbearing age	2.1.2. Number of under 5 children who have received Vitamin A supplementation during the intervention period *(Aligned with EURF 2.2)*	118,449 (2022)	140,000 (2025)		MIS	policies are consistent with a focus on the multi-sectoral nutrition approach. 3. Development partners, private sector actors and civil society remain committed to support nutrition interventions in multiple sectors. 4. Improved social norms among household members prioritise access to food and consumption (increased production is consumed by women and children rather than being sold or consumed by others).
		2.1.3. Number of adolescent girls who have received Iron and Folic Acid (IFA) during the intervention period *(Aligned with EURF 2.2)*	2,682 (2022)	17,200 (2025)		MIS	
		2.1.4. Number of pregnant and lactating women (PLW) who have received Iron and Folic Acid (IFA) during the intervention period (disaggregated by pregnancy and lactating) *(Aligned with EURF 2.2)*	1,004 (2022)	35,000 (2025)		MIS	
	Output 2.2. Strengthened capacity of target households for homestead farming	2.2.1. Number of households that benefitted from inputs/technical supports for homestead farming	0 (2022)	180,000 (2025)		MIS	
	Output 2.3. Increased awareness and knowledge of target communities on hygiene and sanitation	2.3.1. Number of individuals that have received orientation on hygiene and sanitation	0 (2022)	190,000 (2025)		IIS	

Results	*Results chain*	*Indicator*	*Baseline (value & reference year)*	*Target (value & reference year)*	*Current value* (reference year) (* to be included in interim and final reports)*	*Source and mean of verification*	*Assumptions*
	Output 2.4 Increased access to potable water for the targeted households in coastal region	2.4.1. Number of households having access to safe drinking water in the coastal region, with the intervention support *(Aligned with EURF 2.8)*	0 (2022)	15,000 (2025)		Integrated Information System (IIS)	
	Output 2.5 Enhanced access to preventive healthcare for the target communities	2.5.1. Number of cases, requiring healthcare services, that have benefitted from mobile health clinics set up under the intervention	0 (2022)	40,000 (2025)		IIS	
		2.5.2. Number of cases, requiring healthcare services, that have been referred to concerned health facilities (disaggregated by age, sex and disability)	0 (2022)	150,000 (2025)		IIS	
	Output 3.1. Increased awareness and knowledge of communities about their rights and access to nutrition sensitive agriculture extension services	3.1.1. Number of extremely poor households participating in Prosperity Village Committees (PVCs)	0 (2022)	215,000 (2025)		Lists of PVCs and their members	1. GoB allocates necessary fund for pro-poor development activities in climate vulnerable and geographically lagging regions as before, especially in the context of COVID-19 pandemic. 2. The Government is
		3.1.2. Percentage of PVC member households who are aware of different social and common issues	28% (2022)	65% (2025)		Feedback survey with PVC members	

Results	*Results chain*	*Indicator*	*Baseline (value & reference year)*	*Target (value & reference year)*	*Current value* (reference year) (* to be included in interim and final reports)*	*Source and mean of verification*	*Assumptions*
	Output 3.2. Enhanced knowledge of Government's social safety net programmes for marginalized segments amongst the targeted communities	3.2.1. Number of eligible households which have applied for relevant social safety net programmes of Government with the intervention support	0 (2022)	15,000 (2025)		Integrated Information System (IIS)	receptive to the advocacy efforts by key Stakeholders and civil society organisations. 3. Government frontline staff are available and deliver the planned policy benefits for the poor.
	Output 3.3 Increased awareness of target households on gender equality	3.3.1. Number of women counselled on social norms and practices, leadership and social capital, negotiating gender stereotypes etc.	1,492 (2022)	50,000 (2025)		Records/reports of awareness campaigns/ Integrated Information System (IIS)	

Annex III

Table:Partner-wise Allocation of Unions

Southwestern Region					
Sl.#	**PO**	**District**	**Upazila**	**Old cohort Unions**	**New cohort Unions**
1	NGF	Satkhira	Shyamnagar	Munshiganj, Gabura	Koikhali, Padmapukur, Ramjannagar
			Kaliganj	-	Krishnanagar
			Ashashuni	-	Anulia
		Khulna	Koyra	-	Koyra, Uttar Betkashi
		Organization Total		**2**	**7**
2	Unnayan	Satkhira	Shyamnagar	-	Nurnagar
			Kaliganj	-	Nolta, Champaphul
			Ashashuni	Budhhata, Shobhonali	-
		Khulna	Terokhada	-	Aajpara, Terokhada
		Organization Total		**2**	**5**
3	Unnayan Procesta	Satkhira	Ashashuni	Borodol	Khajra, Kadakati, Kulla
		Khulna	Koyra	-	Bagali
		Organization Total		**1**	**4**
4	HEED Bangladesh	Khulna	Dacope	Sutarkhali	Bajua, Kamarkhola, Koilashganj
		Bagerhat	Mongla	-	Chila, Burirdanga
		Organization Total		**1**	**5**
5	Ad-Din Welfare Center	Khulna	Dacope	Laudob, Banisanta	Til Dhanga, Chalna
		Organization Total		**2**	**2**
6	Nabolok Parishad	Bagerhat	Mongla	-	Sundarban, Mithakhali
			Sharankhola	-	Rayanda
			Morelganj	-	Putikhali, Teligati, Doiboggohati
		Organization Total		**0**	**6**
7	CODEC	Bagerhat	Sharankhola	-	Dakkhinkhali
			Morelganj	-	Khulia, Boroikhali, Morelganj
		Patuakhali	Rangabali	-	Rangabali
			Galachipa	Aamkhola, Dakua,	Char Biswas
		Organization Total		**2**	**6**
8	RRF	Khulna	Terokhada	-	Madhupur, Sachiradaho
		Bagerhat	Morelganj	-	Ramchandrapur, BolaiBunia
		Organization Total		**0**	**4**
9	GJUS	Patuakhali	Rangabali		Char Montaz
		Bhola	BholaSadar	Bhelumia	Ilisha, Kacchia
			Charfesson		Hazariganj, Iazpur
		Organization Total		**1**	**5**
10	WAVE Foundation	Patuakhali	Galachipa		Golkhali, Ratandi Taltoli, Galachipa, Gozaria
		Organization Total		**0**	**4**
11	Poribar Unnayan Songstha (FDA)	Bhola	Monpura		Dakkhin Sakuchia
			Charfesson	Nilkamal	Char Monika, Char Kalmi, Char Kukri Mukri
		Organization Total		**1**	**4**
Southwestern Region Total				**12**	**52**

Northwestern Region					
Sl.#	**PO**	**District**	**Upazila**	**Old cohort Unions**	**New cohort Unions**
12	TMSS	Kurigram	Kurigram Sadar		Kathalbari, Ghogadaho
			Bhurungamari	Shilkhuri	Andharijhar
			Fulbari		Kashipur, Fulbari
		Organization Total		**1**	**5**
13	Gram Bikash Kendra	Rangpur	Gangachara	-	Gangachara, AlamBithitar
			Kaunia	-	Khursa
		Organization Total		**0**	**3**
14	ESDO	Rangpur	Gangachara	Morneya, Lokkhitari	Gojoghonta
		Nilphamari	Jaldhaka	-	Balagram, Gulmunda, Dauabari
			Dimla	-	Jhunagachcapani, Khalishacapani
		Kurigram	Kurigram Sadar	-	Pachgachi, Jatrapur
			Nageshwari	-	Bhitorbondo, Berubari
		Organization Total		**2**	**10**
15	SKS Foundation	Gaibandha	Fulchari	-	Kanchibari
			Saghata	-	Padumshahar, Goridaha, Kachua,
		Organization Total		**0**	**4**
16	SHARP	Nilphamari	Jaldhaka	Shoulmari	Mirganj
			Dimla	-	Dimla, Purbacchatnai
		Organization Total		**1**	**3**
Northwestern Region Total				**4**	**25**

Ethnic Minority (Special coverage: Upazila-based)					
Sl.#	**PO**	**District**	**Upazila**	**Old cohort Unions**	**New cohort Unions**
17	Gram Bikash Kendra	Dinajpur	Birampur	-	5
			Nababganj	3	5
			Ghoraghat	-	5
		Organization Total	3	**3**	**15**
18	ESDO	Thakurgaon	Sadar	5	3
			Pirganj	-	3
			Ranishangkoil	-	3
		Organization Total	3	**5**	**9**
Ethnic Minority Total			6	**8**	**24**

Haor Region (Special coverage: CBO-based)					
Sl.#	**PO**	**District**	**Upazila**	**Old cohort Unions**	**New cohort Unions**
19	**POPI**	Kishoreganj	Itna	1	1
			Nikoli	-	3
20	**DSK**	Kishoreganj	Mithamoin	-	2
			Itna	-	2
21	PMUK	Kishoreganj	Astogram	3	2
			Mithamoin	-	3
			Nikoli	-	3
Haor Total			**4**	**4**	**19**

NB. The number of unions might be changed slightly which will be updated with the consulting firms in due course.