

TERMS OF REFERENCE (TOR)

For

Technical Assistance (TA) Firm to develop Behavioural Change Communication (BCC) materials for Campaign, training manuals (for Local Government Institutions - LGIs & Health Workers) and their capacity building.

Package No: RWSHP-SD- 02

**Rural Water, Sanitation and Hygiene for Human Capital Development Project
(RWSHCDDP)**

Supported by:

**The World Bank, Asian Infrastructure Investment
Bank (AIIB) & Government of Bangladesh (GOB)**

Implemented by: Department of Public Health Engineering (DPHE)

SECTION A: GENERAL INFORMATION

Introduction:

Bangladesh is one of the world's most populous countries with an estimated 165 million people in a geographical area of about 144,415 sq.km and per capita income of US\$1,670 (WB Atlas method) in 2018, well above the lower middle-income country category threshold which it crossed in FY14. During recent years, economic condition was much improved in the country with higher GDP growth rate. Bangladesh's performance against the Millennium Development Goals (MDG) goals was also impressive relative to the South Asia Region average for most of the indicators. Now, Bangladesh is committed to achieve SDG goal 6.1 and 6.2.

Access to WASH services in rural Bangladesh improved much over time, but significant challenges remain for the government to achieve the United Nations' Sustainable Development Goal (SDG) 6 on clean water and sanitation. According to JMP 2017, about 97 percent of the rural population had access at least to 'basic' water supply. 1 This achievement was largely due to the expansion of tube wells in rural areas, with close to 95 percent of rural people using them. 2 Meanwhile, the community led total sanitation (CLTS) approach enabled a vast majority of the rural population to end open defecation and use sanitation facilities. As a result, access to 'improved' sanitation increased dramatically from 26 percent to 48 percent in rural areas from 2000 to 2017. 3 Still, significant challenges remain in rural WASH to meet the SDG 6 service standards, which are recommended for maximizing human capital outcomes.

To meet the above challenges, DPHE undertakes a project entitled, Bangladesh Rural Water, Sanitation and Hygiene for Human Capital Development supported by the International Development Association (IDA) – a member of the World Bank Group and Asian Infrastructure Investment Bank (AIIB). The project will primarily contribute to Social Inclusion by targeting assistance to the most vulnerable in the rural area to better access 'safely-managed' WASH services, which would positively impact nutrition, health, and education outcomes. Second, the project will address some of the key constraints to the Growth and Competitiveness by strengthening the market delivery of WASH, mobilizing private capital to finance WASH services, and creating jobs. Third, the project is addressing the Climate and Environment Management through building climate resilient sanitation facilities and improving fecal sludge management, thereby reducing contamination of surface and ground water and mitigating public health impacts.

This project will contribute to preventing disease and protecting human health during infectious disease outbreaks, including the current COVID-19 pandemic, by increasing access to quality WASH services at households and in public spaces—including healthcare facilities—and enhancing their proper use, which are key to preventing the spread of germs and viruses.

Behavioral change is also the focus of the project which will be implemented both by DPHE and PKSf. The objective of the BCC campaign is to change WASH behaviors and raise WASH awareness and willingness to pay for the improvement of safely managed WASH facilities. The Behavioral change communication will be implemented by blending demand creation and awareness raising activities through BCC/IEC materials, emphasizing health benefits through community health workers, MFI field staff and UP members. Different tools and techniques will be used, such as, health worker visits to households, target group sessions, and mother's group session and social media etc.

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This BCC campaign will also include the training of UP officials and health workers on the effective delivery of behavior change messaging at households, health centers, schools and communities.

The Specific Objectives of the Project are:

- Constructing improved twin pit latrine sets for the hardcore poor.
- Constructing piped water supply schemes in collaboration with communities and local government in selected villages in those areas which are mostly affected by arsenic and iron problem.
- Increased access and use of WASH services in community clinic and Public Places.
- Improved hygiene behavioral practices through Behavior Change Communication Campaign among the target population & hygiene promotion training for health worker.
- Hand washing station with running water in response to Covid-19.
- Strengthened capacity of the related government agencies and local government institutions (LGIs) to plan manage and monitor sustainable decentralized WASH services.

SECTION B: TECHNICAL INFORMATION

2. Objective of the TA consultancy

The general objective of the TA consultancy is to develop materials on BCC campaign, organize the campaign, develop training manuals for LGI representatives & Health Workers and capacity building of them. The specific objectives of consultancy service are as below:

Specific objectives:

- (i) To develop and printing of materials for BCC campaign, guideline on poorest household identification and capacity building of LGIs (upazila and union level) and Health workers.
- (ii) To orient 30 Upazila WatSan Committee regarding SDG, project's components, and roles of the stakeholders.
- (iii) To develop the capacity of 316 Union Parishads (UPs) on SDG 6.1 and 6.2 and their responsibilities in project implementation.
- (iv) To develop capacity of around 1264 health workers on BCC campaign focusing five issues (safely managed water, safely managed sanitation, hand washing including the promotion of hand washing stations, menstrual hygiene and baby WASH).
- (v) To assist 316 UPs for identification of the poorest households and make a final list for each Union by the engagement of Union Parishad as per agreed criteria and methodology provided by the project to provide fully subsidized toilets.
- (vi) To assist UPs for organizing Ward level session with community people for hygiene promotion, monitor field performance of the BCC campaign and union level six-monthly coordination meeting among the stakeholders to review progress and prepare next plan.
- (vii) To support DPHE for selecting and providing orientation for the Local Entrepreneurs (LEs) to toilet construction for the poorest households.

1. Duration of the consultancy

The TA consultancy service duration will be for 38 (thirty-eight) months from the date of contract effectiveness during 2022.

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2. Scope of work of the consultancy service

The hired TA Firm will carry out the following activities under the guidance of PMU-DPHE and the World Bank.

2.1. Development of IEC/BCC materials, guidelines, and training manuals

The hired TA Firm will develop materials on BCC campaign, capacity building training manuals, ToT materials and facilitation guidelines on poorest households' identification as per requirement of the project. In this regard the consulting team will review the project documents and relevant SDG documents. Sequential steps must be followed to develop BCC and capacity building manuals by the hired Firm. Following BCC materials, guidelines and manuals are to be developed with prior consent and approval of the DPHE-PMU and World Bank.

2.1.1. Materials for BCC campaign on five issues (Bangla)

TA Firm will develop **BCC materials** on five issues for the primary level target audience in consultation with World Bank, DPHE, DG-Health, DG-FP and other relevant stakeholders in the WASH sector. In this regard, TA firm will organize validation workshops among DPHE, PKSF, representatives of the ISPP management (or other safety net program implementers), and MoHFW who are indirectly being supported through the HSSP (Bangladesh Health Sector Support Project). The BCC materials will be developed on five contents/issues to elicit desired behaviors among the target audience as detailed below and prepare a comprehensive set of material based on review of existing BCC material which have been used in other successful communication campaigns including those of HEB-DGHS and IEM unit of DGFP.

Contents/Issues	Desired behavior
Management of safe drinking water	<ul style="list-style-type: none"> • Regular maintenance of the water points at source: Maintenance of collection points are necessary to ensure that the water is free from contamination, safe and is available on a regular basis. • Increase and efficient collection: Water should be available uninterruptedly and in a sufficient quantity to meet the consumption (both drinking and hygiene) demands along with those of day to day household purposes such as cooking and food preparation, ablution, dish and laundry washing. • Hygienic washing of water containers: Cleaning of the outside of the storage container, particularly the container mouth and cover; cleaning the inside with soap and rinsing it (avoid inserting unwashed hands or rags into the container); filling the container without introducing hands; and keeping the container covered when not in use (such as during transport). • Safe storage and use of water: water above a certain height to keep it away from children and animals reach. Ensuring it remains covered and using a clean cup or mug for drinking purposes.
Safely managed Sanitation	<ul style="list-style-type: none"> • Use of onsite, safely managed hygienic latrine • Safe disposal of infant feces • Young children use latrines or the feces are disposed of in a safe and hygienic manner (typically emptied into the household latrine)

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Contents/Issues	Desired behavior
	<p>and hygienically washed so that wastewater does not contaminate the environment).</p> <ul style="list-style-type: none"> • Regular cleaning of household's courtyard and maintaining household waste management system. • Regular cleaning of latrine observing hygienic protocols such as washing hands after defecation with soap or ash
Hand washing	<p>Use of improved hand washing device/station (running water and soap) and correctly follows procedure of washing both hands with rubbing:</p> <ol style="list-style-type: none"> a) After defecation and disposal of child feces, b) Before preparing and handling food c) Before eating, d) Before breastfeeding and/or feeding a child e) Before and after examining patients and conducting medical procedures in health care centers.
Menstrual hygiene	<ul style="list-style-type: none"> • Hygiene management of menses using menstrual pads, changed as needed hygienic disposal of pads or cloths, or buried if not possible • Frequently washing menstrual cloths with clean water and drying in sun in open space • Preservation of cloths in clean place. • Access and availability to sanitary napkins
Baby WASH	<p>Hygiene practices are crucial for children below five years. Special attention will be paid during the first 1,000 days of the child's life, starting from conception until the child's second birthday to address three risks (i) reducing the risk of water borne/faecal borne infections (ii) preventing worm infection and (iii) preventing geophagy and EE (environmental enteropathy). Expected behaviours in this regard are:</p> <ol style="list-style-type: none"> a) Wrap new-born baby with clean clothes in a clean space during delivery. b) Hygiene management maintained during breastfeeding and complementary feeding. c) Handwash practiced by pregnant women/mother/caregivers at critical times (before preparing food, touching breast, feeding baby, after defecating, anal cleansing and changing the child's soiled diapers) d) Cut baby's nails regularly and keep the child's hands clean. e) Use safe water for drinking, bathing, cleaning fruits/vegetables, toys and utensils. f) Safely dispose child faeces, clean children's body and clothes properly. g) Washing clothes and bed linen with hot water practiced. h) Arrange clean and hygienic mat for baby's playing to stop geophagy.

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Contents/Issues	Desired behavior
	i) Use sandals in latrine/and courtyard and ensure children play while wearing footwear. j) Food cooked well (not raw) to prevent stomach worms in babies. k) Strong hygiene management of animal feces is needed to protect pathogens and contaminated soil from household livestock, small-scale animal operations and free-roaming animals. l) Staff of community health service center practice handwashing before child delivery and providing health care service.

Pictorial leaflet/posters/flipcharts or other printing format may be selected to develop BCC materials on the above issues. Relevant audio-visual materials as available in the WASH & Health sector may be selected to disseminate in working areas as well.

BCC materials will be developed for the primary target audience of the project who will be addressed directly with above messages with the intention of changing/modifying her/his, or their behavior. The primary level target audience of the project areas (ISPP & HSSP) are:

- Mothers/care givers/family members of U- 2 years children
- Mothers/care givers/family members of U- 5 years children
- Women (especially pregnant)
- Women patients of the community clinics and health welfare centers
- Credit groups members (specially women)
- Adolescent girls of secondary schools
- Poor and extreme poor male & female people of the community

2.1.2. Guideline on BCC campaign (Bangla)

The objective of the BCC campaign is to improve WASH behavior and raise WASH awareness and foster the willingness to pay for the improvement of safely managed WASH facilities. The behavioral change communication will be implemented by blending demand creation and awareness raising activities, emphasizing health benefits.

In line with the BCC campaign strategy of the project, TA Firm will develop a BCC campaign guideline (in Bangla), including a detailed implementation plan that will be used by the UPs, health workers, staff of ISPP and Micro Finance Institutions (MFIs). The guideline will describe the implementation process of BCC campaign, use of BCC materials, methodology to conduct awareness raising/counselling session with the primary level target audience. It will also clarify the roles of different level stakeholders in the BCC campaign.

Messages of the BCC campaign will be disseminated at Child Nutrition & Cognitive Development (CNCD) counseling sessions, home visits by health and FP works, health and FWC centers, meeting center of credit groups, household level and Ward level through three paths with the involvement of health workers along with ISPP workers, Union Parishad and MFI staff.

BCC sessions will be conducted for two years through following channels:

- ✓ **Monthly session with mothers' group at health service centers by the health workers:** Health workers will arrange session with the mothers by showing audio-

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visual documents or using printing materials at Community Clinics (CC), Family Welfare Center (FWC) and satellite clinics as well.

- ✓ **Monthly session with adolescent girls at schools by the CMO & FWV:** Sub-Assistant Community Medical Officers and Family Welfare Visitors will conduct session on improved behavior specially hand washing and menstrual hygiene with adolescent girls at secondary schools as their regular activities under special program.
- ✓ **Counselling with family members during households visit by the health workers:** Health workers will conduct counselling session with family members during household visit as regular activities of their health service.
- ✓ **Monthly session with mothers' group at CNCD by the ISPP staff:** Leveraging the monthly Child Nutrition & Cognitive Development (CNCD) sessions on improved hygiene behavior for pregnant women and mothers where selected messages will be delivered through the ISPP staff.
- ✓ **Six-monthly session with community people at ward level by the UP members:** With the support of TA Firm, Respective UP Ward Members (both male and female) and health workers will arrange sessions with community people (targeting male members) at Ward level to improve their WASH behavior using audio-visual or printed materials. In case of audio-visual materials an interactive discussion/community dialogue will be organized after the viewing of the video.

2.1.3. **Guideline for UPs on identification of the poorest households (Bangla)**

TA Firm will develop a **guideline for Union Parishad** to identify the poorest households to provide fully subsidized toilets. In this regard, following process will be followed:

Firstly: UP will use the list of the poorest households that are readily available under the ISPP upazilas. ISPP location coverage was determined based on high poverty and high child malnutrition rates. Households were identified through an application process at the UP level, using a set of common criteria¹. For the Upazilas that fall under the HSSP, where the same lists are not readily available, the TA firm will develop guidelines to support the UP to develop similar lists, applying the same methodology used in the ISPP areas. As per project document, criteria to identify poorest households will be provided by the PMU-DPHE.

Secondly, the TA Firm along with respective male and female UP ward members will arrange a ward-based community meeting for verification of the list. During meeting the proposed list and criteria of poorest households' identification will be shared with the community people to know about their opinion.

Thirdly, based on the opinion of the community people respective UP will finalize and approve the list of poorest households for the project subsidies. TA Firm will submit the list of poorest households to the Upazila DPHE office.

2.1.4. **Guideline for UPs on local level sector coordination (Bangla)**

TA Firm will prepare a **guideline for Union Parishads** to organize coordination meeting among the stakeholders of the project. In this meeting all UP member, health workers, CNCD Facilitators, Tube-well Mechanics, MFI- Branch Managers, LEs and project staff will be

¹ Project document appraisal on Income support program for the poorest project of the World Bank

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attended where they will review the progress and prepare next planning. Eight coordination meeting will be organized by each UP by 2 years during BCC campaign.

2.1.5. Guidelines for DPHE on identification of LEs (Bangla)

TA Firm will develop a guideline for DPHE to identify the LEs who will construct subsidized latrines for the extreme poor at the project area. As per Project Implementation Manual (PIM) DPHE will follow the criteria to select LEs and steps to construct latrines as approved by the project. The LE selection criteria will be as follows:

- Entrepreneurs have license, signboard and shop including production center (rental/own).
- Entrepreneurs must have received training sanitation as per World Bank module from any organizations.
- Entrepreneurs must have at least three years' experience on latrine construction and sanitation business.
- Sanitation business is the main livelihood of the entrepreneurs.
- Entrepreneurs have interest to produce sanitation facilities as per project design and provide doorstep service to the project target group.
- LE have an android mobile phone

The Upazila DPHE office will advertise in the local newspaper to select LEs based on above criteria. According to response of the advertisement from interested LEs, TA Firm in consultation with upazila DPHE office will prepare a proposed list of local entrepreneurs to engage in the toilet construction for the poorest households of the project areas. The Executive Engineer of the respective district will finalise the selection of LEs. TA firm will arrange orientation for the selected LEs on the project designed toilets construction including procedures and quality.

2.1.6. Orientation manual for LEs (Bangla)

Day-long orientation manual for LEs on safely managed sanitation facility for the extreme poor will be developed. In- house discussion and demonstration methods will be included in this orientation course. The contents of this orientation course will be focus on project approved latrine design, measurement, construction process, conditions of the environmental and social safeguards, digital monitoring system and payment procedure.

2.1.7. Orientation manual for Upazila WatSan committee (Bangla)

Based on the Project Implementation Manual (PIM) the hired TA Firm will prepare half-day long orientation manual for the Upazila WatSan committee. The issues of the orientation will include, project objectives, components, outputs, major implementation procedure and role of the stakeholders.

2.1.8. Training Manual for UPs (Bangla)

TA firm will develop capacity building training manual for the Union Parishad in consultation with DPHE and World Bank. They will prepare program schedule in consultation with local DPHE office to conduct 2-days training for 845 Union Parishads at their UP office. The issues of the training include SDG 6.1 and 6.2, UP's responsibilities in implementation of different activities under the project, social and environmental safeguard policies, planning-reporting, coordination and monitoring. This TA Firm also will develop a monitoring tool which will be used by the Union Parishad based on the project outputs and outcomes and in line with GPS based monitoring system of the project.

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2.1.9. Training manual on BCC campaign for health worker & ISPP staff (Bangla)

TA Firm will develop day-long training manual with facilitators guide on BCC campaign for health workers of Ministry of Health and Family Welfare (MoH&FW) and staff of the ISPP project (or other identified safety net program implementer). Health workers and ISPP staff will disseminate the messages to achieve expected behaviour among the primary target audience as per BCC campaign guideline.

2.2. Printing of materials

The hired TA firm will prepare the specification of the printing materials in consultation with PMU-DPHE after development of the materials and take initiative to print the following documents:

- a. Printing of BCC materials on five issues: TA firm will take responsibility for printing developed materials and disseminating of published BCC materials according to the target plan of DPHE and PKSF.
- b. Printing of guideline on BCC campaign (Bangla) for DPHE, UPs, Health Workers and ISPP staff
- c. Printing of guideline on identification of the poorest households for 845 UPs
- d. Other's guidelines and manuals will be used by computer printing and photocopy.

2.3. Capacity building training

2.3.1. Conduct orientation courses on project brief for Upazila WatSan committee

TA Firm will organise and conduct day-long orientation courses on project briefing for the representatives of Upazila WatSan committee of 30 Upazilas under project area (20 participants per event). Cost of venue at Upazila level, lunch & snacks during orientation courses, travel for the participants (in and out cost) and relevant logistics need to be calculated for preparing the budget of orientation courses.

2.3.2. Conduct capacity building training for Union Parishad

Two half day capacity building training will be organized by the TA Firm for the Union Parishad at union level. Total 4740 participants of 316 unions will be participated in the training courses. Cost of lunch & snacks during training courses and relevant logistics need to be calculated for preparing the budget of training courses.

2.3.3. Conduct training for the Health Workers staff

Health workers of Community Clinics (CC) and Family Welfare center (FWC) will be invited to participate in the day-long training course on BCC campaign at upazila level. This capacity building training will help health workers to conduct BCC sessions with primary level target audiences. The TA Firm will prepare a timeline for organizing these capacity building training courses for 1264 participants of 316 unions in consultation with Upazila DPHE and Upazila Health offices. Cost of training venue at upazila level, foods (lunch & two snacks) during training courses, relevant logistics and travel with in and out cost for the participants need to be calculated for preparing budget of the training courses.

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2.3.4. Conduct orientation courses for the LEs

Qualified LEs (average 10 LEs per upazila) will be invited to participate in the day-long orientation course at upazila level. In consultation with DPHE upazila offices training timeline will be finalized by the TA Firm. Inhouse participatory and practical demonstration methods will be followed for these training courses. Cost of training venue at upazila level, foods (breakfast, lunch, & two snacks) during training courses, practical demonstration materials, relevant logistics and travel with in and out cost for the participants need to be calculated for preparing budget of these training courses.

Target number of all above training and orientation courses are given in Annexure -1

2.4. Support in field level implementation

2.4.1. Support UPs to identify the poorest people of the union

DPHE in coordination with Union Parishad will provide fully subsidized hygienic latrine to the poorest households (around 10 percent of all the households in the project area). UP is responsible to provide list of eligible poorest households as per set criteria given by the project. Hired TA Firm will assist UPs to prepare the list of poorest households according to the approved selection criteria and methodology.

2.4.2. Support DPHE to select LEs

TA Firm will support DPHE for selecting LEs to construct hygienic latrines for the poorest households and capacity building of them. The LEs will be identified through an openly advertised process or negotiation, using standard criteria as given by the project. Based on the application submitted by the interested LEs, TA Firm will visit their production center, meet with them and discuss using the set criteria. Only qualified LEs will be selected to receive capacity building training by the DPHE.

TA Firm will also provide follow-up support to the trained LEs at the construction places of the poorest households and assist LEs in GPS monitoring if needed.

LE selection criteria is given in Annexure -2

2.4.3. Assist UPs in the implementation of BCC campaign

TA Firm will support Union Parishad on following activities:

- a. **Conduct ward level BCC session with community people for hygiene promotion:** TA firm will support UP Ward Members (male and female both) to arrange session with community people specially for the male group towards improve WASH behavior by using audio-visual or printing materials with the support of health workers. In case of audio-visual materials an interactive discussion/community dialogue will organize after showing VIDEO document. Two sessions will be organized in each Ward by 2 years during BCC campaign. In average 70 community people will attend in a session.
- b. **Support Health workers to conduct BCC sessions with mother and students:** After receiving training health workers will conduct BCC sessions with mothers at CC, FWC, and satellite clinic. TA field Team will observe their session and provide necessary support as required.

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- c. **Monitor field performance of the project:** UP will monitor the progress of behaviour change along with other relevant activities of the project. TA firm will assist UPs to monitor BCC campaign activities as per agreed indicators.
- d. **Union level six-monthly coordination meeting:** TA firm will assist UP to organise six-monthly coordination meeting among the stakeholders of the project where they will review the progress and prepare next planning. Total four (04) coordination meeting will be organized by UP by 2 years during BCC campaign. In this meeting around 30 participants will attend which are: all UP members (15 person), health workers (4 person), Tube-well Mechanics (1 person), MFI- Branch Managers (2/3 person), LEs (1 person), TA staff (2 person) & DPHE representatives.

3. Deliverables and work schedule

Sl. No.	Activities	Deliverables
1	Preparation in Inception period	Submission of inception report that include: <ul style="list-style-type: none"> ● Detail team mobilization ● Final detail action plan with timeline using Gantt Chart (Table of contents of inception report to be developed joint consultation)
2	BCC Material development	i. Materials for BCC campaign on five issues (Bangla) ii. Guideline on BCC campaign (Bangla) iii. Guideline for UPs on identification of the poorest households (Bangla) iv. Guideline for UPs on local level sector coordination (Bangla) v. Guideline for DPHE on identification of LEs (Bangla) vi. Orientation manual for LEs (Bangla) vii. Orientation manual for Upazila WatSan committee (Bangla) viii. Training Manual for UPs (Bangla) ix. Training manual on BCC campaign for health workers & ISPP staff (Bangla)
3	Material printing	i. Printing of BCC materials on five issues ii. Printing of guideline on BCC campaign (Bangla) for DPHE, UPs, Health Workers and ISPP staff iii. Printing of guideline on identification of the poorest households for 845 UPs
4	Capacity building training	i. Timeline to organize orientation courses for the Upazila WatSan committee. ii. Conduct 30 batches orientation courses for the 600 representatives of Upazila WatSan committee members. iii. Timeline to organize orientation courses for the UP training iv. Conduct capacity building training for 4740 participants of 316 Union Parishads. v. Timeline to organize the training for health workers and ISPP staff. vi. Conduct training 51 batches for 1264 Health Workers of 30 upazilas. vii. Timeline to organize orientation courses for LEs.

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Sl. No.	Activities	Deliverables
		viii. Conduct orientation courses for the around 300 LEs of 30 upazilas.
5	Field support to the UPs and DPHE	i. 316 lists of identified poorest people of 316 unions. ii. 30 list of selected LEs of 30 upazilas iii. Conduct two (2) ward level sessions with community people for hygiene promotion where 70 community people will attend in a session. iv. Conduct four (04) union level six-monthly coordination meetings for two years. v. Six-monthly report on BCC campaign of Union Parishad.
6	Reporting	i. TA Firm will prepare and submit quarterly progress including field monitoring reports to the PMU-DPHE. ii. At the end of the assignment TA Firm will submit a completion report. (Table of contents of all reports will be developed jointly by the TA Firm and DPHE-PMU)

Work schedule and planning for deliverables is given Annexure -3

4. Reporting

The hired TA Firm will prepare and submit following reports to the DPHE-PMU

- Inception report
- Quarterly reports
- Completion report

Table of contents of all reports will be developed jointly by the TA Firm and DPHE-PMU.

5. Team composition, months inputs, qualification, and responsibilities

5.1. Team composition

At least 10 years proven experience in development of IEC/BCC material and capacity building using participatory methods. Practical knowledge on capacity building of different stakeholders especially with local government, health workers and local entrepreneurs. Experience to work on water and sanitation especially in rural areas. Proven ability to maintain working linkage and coordination with government institutions, local administration, and WASH service providers.

The consulting team will comprise of total 70 (Seventy) professional staff including 10 (Ten) key team members and 60 (Sixty) Upazilla level Facilitators. Consulting team members are:

- Team Leader (TL)
- Material Development Specialist (MDS) (2)
- Capacity Building Specialist (CBS) (3)
- Technical Specialist
- Sanitation Specialist
- Finance Specialist (FAS)

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- Admin & Logistic Support Expert (ALSE)
- Upazila Facilitators (UF) (60; per upazila 02)

5.2. Inputs of the consultancy team members

TA Firm will arrange office space for the key consulting team members at Dhaka and Field Facilitators at District/Upazila level with sufficient logistic support. Report production, selected equipment, furniture & Dhaka based office rent cost will be reimbursable. After completion of the project all documents, soft copies and office equipment will be handed over to DPHE before final Payment.

Budget for the professionals to be calculated based on the month input, remuneration, all applicable Taxes and VAT as per law of Bangladesh, travel, accommodation, including daily allowance for food and communication as per RFP format of the World Bank.

Local Upazila DPHE officials will monitor the activities. Upazila Assistant Engineer/ Sub Assistant Engineer will verify the Upazila wise activities as well as will send the certified activity report to the Project Director through proper channel.

Detail man-months of the consulting team is given in Annexure -4.

5.3. Qualification, experience, and responsibility of consulting team

Sl. No.	Consultant	Man Month	Educational Qualification & Experience	Responsibilities
1	Team Leader (TL)	1 person for 38 months	<ul style="list-style-type: none"> • Master's in social science in any discipline i.e Economics, Public administration, sociology, Social work or Social Welfare. • Minimum 10 years' experience in the areas of social development • Relevant experience on capacity building and IEC/BCC material development. • Have WASH knowledge and working experience in rural areas. • Have at least one contract as Team Leader in the development sector. • Demonstrated capacity in reports writing in English. 	<ul style="list-style-type: none"> • The Team Leader will be responsible for overall management of the assignment related with planning, team mobilization in implementation and report preparation. • TL is responsible for all deliverables under the contract in a timely manner with acceptable standards. • Guide consultants to develop BCC materials, training manuals and guidelines for the relevant stakeholder as per project requirement. • Provide training and other support to UPs for the latter to implement the project successfully. • Ensure adherence to the Environmental and Social framework. • Ensure close cooperation with and assistance to the PD for effective and efficient implementation of the project. • Liaise with DPHE at national and regional levels, and with other government and non-governmental stakeholders as required for the successful delivery of the project. • Prepare and transmit monthly, quarterly, and annual reports, periodic financial management reports

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Sl. No.	Consultant	Man Month	Educational Qualification & Experience	Responsibilities
				<ul style="list-style-type: none"> Carry out all other tasks and activities needed for successful project implementation.
2	Material development Specialist (MDS)	2 person for 18 months	<ul style="list-style-type: none"> Master's Degree in Communication, Development Communications/ Social-Science or any other equivalent related field for the assignment. 7 years' total work experience with at least 5 years experience in designing and developing IEC/BCC materials for awareness raising & campaign. Experience to work in WASH & health will be taken as added value. 	<ul style="list-style-type: none"> To design, develop and print IEC/BCC materials as per project requirement in consultation with the concerned project team and government counterpart. To develop materials (brochures, leaflets, facilitator's guideline, posters, booklets, flipbooks etc) to raise awareness and adoption of the changed behaviour among the target audiences. A monitoring tool to be developed that provides feedback on the effectiveness of the BCC campaign. the materials should have less description and more comprehensive illustrations that can be consumed by a wide range of readers and audiences. All descriptions will be developed in Bangla. Develop session guideline to use existing & relevant audio and visual materials in at local level sessions with community people. Undertake field visits as required to conduct assessments, training or other activities in the field. Assist and play a role in the production of reports, such as quarterly and annual reports, training manuals and reports arising out of its activities as required by PMU.
3	Capacity Building Specialist (CBS)	2 persons for 36 months And 1 person for 24 months	<ul style="list-style-type: none"> Master's degree in public administration, management, or other relevant social science Minimum 7 years of professional experience on capacity building, at least 5 years of which are required to be specifically work on WASH sector at rural. Experience in field level implementation, coordination & 	<ul style="list-style-type: none"> Develop capacity building curriculum, orientation manuals and training manuals for Upazila WatSan committee, Union Parishad, Health workers and local entrepreneurs as per project requirement. Develop necessary operational guidelines for proper use and maintenance of WASH facilities including solid waste management and fecal sludge management. Organise and conduct capacity building training and orientation for LGIs at upazial & union level, health workers and local entrepreneurs. Support field team to facilitate UP level meeting, word level community sessions, BCC sessions with mother's groups at health centers. Monitor field level activities implemented by the Upazila facilitators.

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Sl. No.	Consultant	Man Month	Educational Qualification & Experience	Responsibilities
			campaign would be added value.	<ul style="list-style-type: none"> ▪ Assist TL to organise meeting, prepare and circulate meeting notes and follow up actions to be taken. ▪ Assist field team in digital monitoring system and collect progress data from the field and develop progress report of the project. ▪ Undertake field visits as required to conduct training or other activities in the field. ▪ Assist and play a role in the production of reports, such as quarterly and annual reports, training reports as required of PMU.
4	Sanitation Specialist (SS)	1 person 12 months	<ul style="list-style-type: none"> ▪ B.Sc in Civil Engineering, ▪ Preferably Master's in Environmental/ Sanitary Engineering, ▪ At least 7 years experience in water and sanitation sector with 5 years experience in Rural Sanitation Field. 	<ul style="list-style-type: none"> ▪ Assist Material Development Specialist to develop BCC materials on the relevant issues. ▪ Develop guideline and support local governments to identify the poorest households of the project areas. ▪ Set out guidelines for proper use of twin pit latrine to achieve SDG goal. ▪ Assist Capacity Building Specialists to develop training manuals for UPs and health workers. ▪ Jointly work with CBS for provide training to build the capacity of LGI, Local Entrepreneurs and Health workers. ▪ Undertake field visits as required to conduct training or other activities in the field. ▪ Assist and play a role in the production of reports, such as quarterly and annual reports, training manuals and reports arising out of its activities as required by PMU.
5	Technical Specialist (TS)	1 person 20 months	Graduate degree in health/public health/nutrition having at Minimum 7 years of professional experience, at least 5 years in the hygiene promotion, WASH awareness and BCC campaign in rural.	<ul style="list-style-type: none"> ▪ To develop capacity of health workers, LGIs on hygiene promotion and BCC campaign. ▪ Assist field staffs to provide support health workers for organizing BCC sessions with mothers' group at health centers. ▪ Assist field staffs to provide support UPs for organising awareness raising session with community people. ▪ Guide field staffs to provide support UPs for organizing six-monthly coordination meeting with stakeholders and support them to review progress and prepare their planning. ▪ Assist UPs to monitor progress. ▪ Undertake field visits as required to conduct assessments, training or other activities in the field. ▪ Assist and play a role in the production of reports, such as quarterly and annual reports, training manuals and reports arising out of its activities as required by PMU.
6	Finance	1 person for 38	<ul style="list-style-type: none"> ▪ Masters in Accounting/Finance 	<ul style="list-style-type: none"> ▪ Prepare budget development for all types of materials & manuals.

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Sl. No.	Consultant	Man Month	Educational Qualification & Experience	Responsibilities
	Specialist (FS)	months	with minimum 5 years of experience audit & accountancy.	<ul style="list-style-type: none"> ▪ Conduct all types of fund disbursement in a proper way. ▪ Undertake field visits as required to conduct assessments, training or other activities in the field.
7	Admin & Logistic Support Expert (ALSE)	1 person for 32 months	<ul style="list-style-type: none"> ▪ Bachelor degree management or in social science or in any relevant technical field. ▪ At least 5 years experience in working as administrative officer. ▪ Have experience in field work and provide logistic support to organise events at local level. 	<ul style="list-style-type: none"> ▪ Facilitate the office administration, staff management, procurement and logistic support for smooth program implementation. ▪ Ensure all physical facilities for organising training/workshop /meeting at central and local level in close coordination with other specialists. ▪ Ensure safe storing of office documents, files, materials, stationeries, publications, reports etc in coordination with FAS.
8	Upazila Facilitator (UF)	60 person for 32 months	<ul style="list-style-type: none"> ▪ Bachelor's degree in any discipline, preferably social science or equivalent degree. ▪ 3 years experience in development activities preferable Water & Sanitation Programme. ▪ Must have skill in program planning, training program organising and coordination. ▪ Have experience in facilitation and community mobilization. 	<ul style="list-style-type: none"> ▪ Worked with DPHE. LGIs at upazila and union level. ▪ Organize Upazila and union orientation and training courses for LGIs, health workers and LEs. ▪ Assist UPs to identify poorest people as per project guideline and consultation with community people. ▪ Assist health workers for organizing and conducting BCC sessions on five issues at triggered communities. ▪ Conduct different type of project performance related meeting. ▪ Assist UPs to conduct community session at ward level. ▪ Perform other relevant duties as required for the project as well as the organization. ▪ Develop monthly work plans for Hygiene Promotion and Community Engagement using.

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Annexure 1: Working area, target number of orientation and capacity building training courses

Sl. No.	Division	District	Upazila	Nos. of Union	Orientation courses for upazila Watsan committee (per upazila 20 personnel)		Orientation courses for UP Chairman, Members (15 participants per batch)		Orientation courses for LEs (per upazila 10 LEs)		Training courses for health workers of CC and FWC (1 per union)		Ward level sessions (02 sessions per ward during 2 years & 70 participants per session)		Union level six-monthly coordination meetings (4 meeting)
					Batch nos.	Partici pants	Batch nos.	Partici pants	Batch nos.	Partici pants	Batch nos.	Partici pants	Batch nos.	Partici pants	
1	Mymensingh	Jamalpur	Jamalpur Sadar	15	1	20	15	225	1	10	2	60	270	18900	60
2			Madarganj	7	1	20	7	105	1	10	1	28	126	8820	28
3			Melanda	11	1	20	11	165	1	10	2	44	198	13860	44
4			Sarishabari	8	1	20	8	120	1	10	1	32	144	10080	32
5		Mymensingh	Bhaluka	11	1	20	11	165	1	10	2	44	198	13860	44
6			Fulpur	20	1	20	20	300	1	10	3	80	360	25200	80
7			Haluaghat	12	1	20	12	180	1	10	2	48	216	15120	48
8			Gouripur	10	1	20	10	150	1	10	2	40	180	12600	40
9			Mukttagacha	10	1	20	10	150	1	10	2	40	180	12600	40
10			Trishal	12	1	20	12	180	1	10	2	48	216	15120	48
11		Sherpur	Nalitabari	12	1	20	12	180	1	10	2	48	216	15120	48
12			SherpurSadar	14	1	20	14	210	1	10	2	56	252	17640	56
13			Sreebardi	10	1	20	10	150	1	10	2	40	180	12600	40
Total:		3	13	152	13	260	152	2280	13	130	25	608	2736	191520	1216
	Mymensingh														
14	Rangpur	Gaibandha	Gaibandha Sadar	13	1	20	13	195	1	10	2	52	234	16380	52
15			Gobindaganj	17	1	20	17	255	1	10	2	68	306	21420	68

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Sl. No.	Division	District	Upazila	Nos. of Union	Orientation courses for upazila WatSan committee (per upazila 20 personnel)		Orientation courses for UP Chairman, Members (15 participants per batch)		Orientation courses for LEs (per upazila 10 LEs)		Training courses for health workers of CC and FWC (1 per union)		Ward level sessions (02 sessions per ward during 2 years & 70 participants per session)		Union level six-monthly coordination meetings (4 meeting)
					Batch nos.	Partici pants	Batch nos.	Partici pants	Batch nos.	Partici pants	Batch nos.	Partici pants	Batch nos.	Partici pants	
16			Palashbari	9	1	20	9	135	1	10	1	36	162	11340	36
17			Sagatha	10	1	20	10	150	1	10	2	40	180	12600	40
18			Sadullapur	11	1	20	11	165	1	10	2	44	198	13860	44
19			Fulchari	7	1	20	7	105	1	10	1	28	126	8820	28
20		Kurigram	Kurigram Sadar	8	1	20	8	120	1	10	1	32	144	10080	32
21			Chilmari	6	1	20	6	90	1	10	1	24	108	7560	24
22			Roumari	5	1	20	5	75	1	10	1	20	90	6300	20
23			Char Rajibpur	3	1	20	3	45	1	10	1	12	54	3780	12
24			Fulbari	6	1	20	6	90	1	10	1	24	108	7560	24
25			Ulipur	14	1	20	14	210	1	10	2	56	252	17640	56
26			Bhurangamari	10	1	20	10	150	1	10	1	40	180	12600	40
27			Nageswari	15	1	20	15	225	1	10	3	60	270	18900	60
28			Rajarhat	7	1	20	7	105	1	10	1	28	126	8820	28
29		Lalmonirhat	Hatibandha	12	1	20	12	180	1	10	2	48	216	15120	48
30		Nilphamari	Jaldhaka	11	1	20	11	165	1	10	2	44	198	13860	44
Total: Rangpur				164	17	340	164	2460	17	170	26	656	2952	206640	1312
Grand Total				316	30	600	4740	30	300	51	1264	5688	398160	2528	






Annexure 2: Local Entrepreneurs selection criteria

The District DPHE office will advertise in the local newspaper to select LEs based on following criteria:

- Entrepreneurs must have a license, signboard and shop including a production centre.
- Entrepreneurs who have received training on the World Bank sanitation module from any organization will be prioritised.
- Entrepreneurs must have at least three years' experience on latrine construction and sanitation business.
- Sanitation business must be the primary source of livelihood for the entrepreneurs.
- Entrepreneurs must be interested to produce sanitation facilities as per the project design and provide a doorstep service to the project target group.
- Entrepreneur's must have an android phone for using the mobile app to upload pictures with latitude and longitude.

According to response of the advertisement from interested LEs, the TA firm in consultation with the upazila DPHE office will prepare a proposed list of local entrepreneurs to engage in the latrine construction for the poorest households of the project areas. The executive engineer of the respective district will finalise the selection of LEs. The TA firm of DPHE will arrange orientation for the selected LEs on the project designed latrines construction including procedures and quality.

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Payment Schedule

Description Summary	Payment	Proportion of total amount	Time
Upon submission and acceptance of the inception report which will include a detail action plan and team mobilization	1	5%	1 st month
After completion of procurement of equipment & furniture Deliverable-2: BCC materials development Deliverable-3: Materials printing Deliverable-4.2: Conduct 30 orientation courses for the for the representatives Upazila WATSAN committee members	2	15%	6 th month
After completion of Deliverable-4.4: Conduct capacity building two half days training for 316 Union Parishad Deliverable-5.1: List of poorest people Deliverable-5.2: Identify the LEs Deliverable-4.6: Conduct 30 orientation courses for the LEs.	3	15%	12 th month
After completion of Deliverable-4.8: Conduct 51 batches training for the Health Workers Deliverable-5.3: Conduct 1422 Ward level BCC sessions with community people for hygiene promotion Deliverable-5.5: Conduct union level 316 six-monthly coordination meetings	4	15%	18 th month
After completion of Deliverable-5.3: Organized and conduct 1422 Ward level BCC sessions with community people for hygiene promotion Deliverable-5.4: Conduct union level 316 six-monthly coordination meetings	5	15 %	24 th month
After completion of Deliverable-5.3: Organized and conduct 1422 Ward level BCC sessions with community people for hygiene promotion Deliverable-5.4: Conduct union level 316 six-monthly coordination meetings	6	15%	30 th month
After completion of Deliverable-5.3: Organized and conduct 1422 Ward level BCC sessions with community people for hygiene promotion Deliverable-5.4: Conduct union level 316 six-monthly coordination meetings	7	15%	36 th month
After submission and acceptance of project completion report	8	5%	38 th month
		100%	

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Nazia Tasmin
30/12/2021
(Nazia Tasmin)

Executive Engineer, Training Division
Department of Public Health Engineering, Dhaka
&
Member Secretary, ToR Approval Committee, DPHE

Dalila
30.12.2021
(Dalila Afroze)

Executive Engineer, Design Division
Department of Public Health Engineering, Dhaka
&
Member, ToR Approval Committee, DPHE

A. H. M. Khalequr Rahman
30.12.21

(A. H. M. Khalequr Rahman)
Executive Engineer, R&D Division
Department of Public Health Engineering, Dhaka
&
Member, ToR Approval Committee, DPHE

Mohammed Anwar Eusuf
30/12/21

(Mohammed Anwar Eusuf)
Superintending Engineer, Planning Circle
Department of Public Health Engineering, Dhaka
&
Member, ToR Approval Committee, DPHE

Md. Sarfar Rahman
30/12/2021

(Md. Sarfar Rahman)
Superintending Engineer, Ground Water Circle
Department of Public Health Engineering, Dhaka
&
Member, ToR Approval Committee, DPHE

Md. Sarwar Hossain
30/12/21

(Md. Sarwar Hossain)
Addl. Chief Engineer (Works)
Department of Public Health Engineering, Dhaka
&
Convener, ToR Approval Committee, DPHE

CE, DPHE

Proposed TOR may be approved.

19/01/2022
মোহাম্মদ রওশন আলিম
নির্বাহী প্রকৌশলী (সংস্থাপন)
জনস্বাস্থ্য প্রকৌশল অধিদপ্তর
বাংলাদেশ সরকার, ঢাকা।

Approved.

20/1/2022
মোঃ সাইফুর রহমান
প্রধান প্রকৌশলী
জনস্বাস্থ্য প্রকৌশল অধিদপ্তর
বাংলাদেশ সরকার, ঢাকা।