**Term of Reference (ToR) for Baseline/Pilot Study of**

**“Ensured Access to Sustainable WASH and Nutrition Foods through Multi-stake holders Involvement and Small Farming” Project**

1. **Background**

Caritas Switzerland (thereafter CaCH) & Caritas Bangladesh (thereafter CB) have been engaged in implementing a three year (July 2018-June 2021) project “Ensured Access to Sustainable WASH and Nutrition Foods through Multi-stake holders Involvement and Small Farming” (thereafter WASH). This project is built on the good and innovative practices and learning approaches of the previous phases. The first two phases were implemented through consortium approaches (phase-I: 2011-2013 and phase II: 2014-2017) financed by the Swiss Agency for Development and Cooperation (SDC) seeking to increase sustainability and health impact and facilitating knowledge sharing in order to mainstream innovations and replicate good practices and to scale-up promising approaches through advocacy interventions.

During the previous phases implemented in the North and Northwestern part of Bangladesh (Pirgonj upazila of Thakurgoan district under Dinajpur region and Gomostapur upazila of Chapanawabgonj district under Rajshahi region), 34,440 community people gained access into safe drinking water, 8057 people have improved sanitation, 922 school level students have access into improved WASH and 6874 people have availed of the improved WASH facilities from union level public health centre. This project has created multiple consolidated impacts in reducing water borne diseases, increased nutrition, brought change in food habit, increased crop yield for the small holder farmers, created health environment in the community and also reduced early child marriage because of ensuring latrine; increased number of women and children to access medical services from local health centers etc. in the lives of 20 villagers under two upazila (sub-district) where access to safe drinking water, sanitation, hygiene, family farming, health centers etc. have made very good nexus by way of getting involved with this unique project. Households, community, school children, market places, farmer field school, local union parishad (local govt council) performed as key actors/entry points to create positive impact on local people. In addition, young learners at schools (termed as Blue Schools[[1]](#footnote-1)) have demonstrated significant behavior change in personal hygiene, reusing, recycling and recharging water, practicing agriculture, waste management, producing organic manure which indicates that future generation has been made aware of the consequences of climate change. WASH in market places has triggered multiplier effects and benefits of WASH are also being multiplied.

While Bangladesh has abandance of water resource yet, the quality of water supply in Bangladesh is undermined by safety issues, especially arsenic contamination. About 20 million of its people are currently exposed to water having arsenic contamination. In sanitation, while only 3 percent of the population defecates in the open, more than half of the latrines used in Bangladesh are unsanitary in design, operation or maintenance (JMP, 2014). In regard to hygiene practice, while general awareness is high, only 30 percent of people wash hands with soap or ash and water after defecating (UNICEF/ICDDR-B, 2014). So, ensuring universal access to water supply, sanitation and hygiene is a major challenge for Bangladesh that will require a multi-pronged approach. This will need to address the challenges posed by hard to reach areas and vulnerable people. Bangladesh also has to tackle emerging issues, such as reducing the negative impacts of climate change and meeting the increasing demands for services due to the rapid pace of urbanization, as well as strengthening sector governance through building the capacity of institutions to ensure equity, accountability and transparency. Government of Bangladesh (GoB) has estimated that 50 percent of its people will be living in urban areas by 2020.

To address some of the challenges mentioned above and in order to continue the good works that the project has generated; CaCH has decided to continue works on WASH for CB to scale up the activities. The project will be implemented in two Unions - Jabarhat union in Pirgonj *Upazila* of Thakurgan District in northern Bangladesh and Radhanagar union in Gomostapur *Upazila* of Chapai Nawabganj District of Rajshahi Region in the North western Bangladesh.

The overall objective of the new phase of WASH project ***is to contribute to improve the living conditions of the most disadvantaged population groups in Bangladesh through increased and sustainable access to safe drinking water, adequate sanitation, improved hygiene, health services, nutritional foods and water for family farming.***

The specific objectives of the project are *to increase access to and adoption of improved water sanitation and hygiene practices;* *to increase access to small scale irrigation*, *livestock watering and production of nutritional vegetables; and to increase knowledge and expertise of the multi-stakeholders and facilitate the replication of good practices****.*** The key results forseen to be produced under the project is to achieve the set objectives that are referred in the Logramwork of the project.

The entire community people in two unions Jabarhat and Radhanagar will be targeted for triggering and accelerating community led total sanitation movement. Thus, 16,251 HHs (including 4,424 HHs under follow-up) or 72,389 people (including 20,251 people under follow-up) living in these two unions will be brought under the coverage of WASH interventions.

In order to strengthen the monitoring and evaluation plan, a baseline study is proposed in the project to be conducted to gather relevant baseline data for key project indicators. Thus, a consultancy is required to carry out **a baseline survey, which will also combine a pilot study** with the following objectives.

1. **Objective of the consultancy**

The objective is (1) to establish a coherent baseline to determine the existing situation at the beginning of the program in two unions where the WASH project is implemented (WaCo II); to establish benchmarks for the indicators at output, outcome and impact level; (2) a pilot study for a more in-depth analysis of the project implementation process. The pilot study will focus on a subsample of the target population for the baseline and will closely follow project activities and results for on-going monitoring of the well-functioning of the project. It is crucial that the pilot study delivers information timely from the field and at regular intervals to enable prompt follow-up and potential logistical adaptation by the project management team.

1. **Specific objectives:**

The specific objectives of the survey are as follows:

1. To assess/double check demographic and socio-economic information focusing water supply, sanitation and hygiene (WASH) situation in the target areas with special focus at household, schools, market places, health centers, and farmers level.
2. To measure how unsafe water, poor sanitation and hygiene are directly linked to under nutrition in children through three key pathways: diarrhea, intestinal worms and environmental enteric dysfunction (EED)
3. To collect both qualitative and quantitative data and information on the current situation and on knowledge, attitudes and practices in the areas of water, hygiene and sanitation. Qualitative data are meant to complement the quantitative data.
4. To provide benchmark information/baseline indicators specified in the M&E plan – with data disaggregated by location, sex, age, and disability status as appropriate and define targets for measuring project progress, achievements, effectiveness, quality of change, and impact (with respect to project goal and objectives and intermediate result levels based on the project proposal including log frame) including WASH sector indicators adopted by the project.
5. To explore any important learning on the context and choice of indicators that is identified during the baseline survey.
6. To analyse the feasibility through collecting sub-sample data for the pilot study.
7. To produce report on the baseline conditions, and to get relevant recommendations based on Bangladesh Government WASH policy/guidelines.
8. **Methodology:**

The baseline will employ both qualitative and quantitative approaches with a variety of primary and secondary data sources including participatory methods. It will focus on detailed data and all data both qualitative and quantitative must be disaggregated by location, sex, age, and disability

Suggested data collection methods will include:

* **Secondary data review**: The consultant will review secondary data for review (project proposal including logical framework, evaluations, government policies, government institutions (DPHE), Ministry of LGRD, Ministry of Education, Ministry of Health and Family Planning and other relevant ministries.
* **Primary data collection**: The consultant will design baseline tools (questionnaire, checklist, forms/formats, etc.) and collect primary data in both **quantitative** and **qualitative** forms. The consultant will collect primary data through **household survey** following a questionnaire. The **quantitative data** will provide concrete baseline values for the outcomes to be used to measure indicators of the project expressed in terms of numbers, percentage, proportion (quantitative indicators). The **qualitative data** will allow verifying the perceptions, and experiences of boys and girls, men and women on knowledge, aptitudes and practices on hygiene and sanitation in the different locations of intervention. The consultant should conduct focus group discussions (FGDs), key informant interviews (KII), individual interviews, etc. as participatory exercises and approaches.

The consultant will facilitate **triangulation** of information gathered during the quantitative and qualitative research with reflection on how the findings relate to the secondary documentation.

Preference is given to digital data collection methods, specifically the software KoboToolBox, that facilitate visual overview and rapid feedback loops. It is crucial that the consultant is able to set up monitoring systems for the pilot that can review **suitably presented** data on implementation **in a prompt manner** to enable prompt corrective action and improvement.

The consultant will produce baseline values gathered from surveys of the target communities for both outcome and output level indicators. The data collection instrument will be designed around these indicators (**with special attention to the last right column)** as stated below:

| **Project Intervention Logic**  | **Indicators** | **Data to be collected for determining baseline status**  |
| --- | --- | --- |
| **Overall Objective:** Living conditions of most disadvantaged population groups in Bangladesh are improved through increased and sustainable access to safe drinking water, adequate sanitation, improved hygiene, health services, nutritional foods and water for family farming. | 75% of households, 100% of schools, 100% of health centres with improved water quality at point of use | * Percentage of the health centres with improved water quality at point of use
 |
| At least 80% of water supply systems where O&M costs are covered by collected fees | * Percentage of water supply systems where O&M costs are covered by collected fees
 |
| 90% of population practicing proper hand washing with soap at critical times | * Percentage of population practicing proper hand washing with soap at critical times
 |
| 70% of households have healthy and hygienic environment | * Percentage of households have healthy and hygienic environment
 |
| 20 village and 60% of households practice total sanitation | * Percentage of households practice total sanitation
 |
| Episodes of waterborne disease decreased by 20% | * Percentage of incidences of waterborne disease
 |
| Food basket increased double  | * Existing number of food basket at HHs level
 |
| **Specific Objective-1**: Increased access to and adoption of improved water sanitation and hygiene practices | 80% of households, 100% of schools, 100% of health centres take initiatives for treatment of water before drinking. | * Percentage of households, % of schools, % of health centres take initiatives for treatment of water before drinking.
 |
| 4 types of models (types of designs of water options, latrines and hand washing stations) on improved water sanitation and handwashing station available at the locality. | * Types of models on improved water sanitation and handwashing station existing at the locality.
 |
| Patients at the health centres increased by 20% because of increased capacity of the staff of the health centres, raising awareness of the community people, quality service and conducive environment.  | * Percentage of patients visit to the health centres
 |
| **Result: 1.1**: Increased access to safe water and hygienic latrines the whole year at home, in schools, markets and health centers | **820 drinking water supply systems constructed/ rehabilitated*** *Community: households / communal 746 nos.*
* *School/Blue school 30 nos.*
* *Health Centre 15 nos.*
* *Market 9 nos.*
* *Religious institutions 20 nos.*

**Number of people with access to basic drinking water supply*** *Community: people 26,522 nos.*
* *Blue school students, teachers and staff 2,431 nos.*
* *Health centre patients and staff 21,000 nos.*
* *Market 11,215 nos.*
* *Religious institutions: 4800 nos.*

**2’598 adequate sanitation facilities constructed/rehabilitated*** *Community: household / communal 2,500 nos.*
* *School/Blue school 30 nos.*
* *Health centre 15 nos.*
* *Market 9 nos.*
* *Religious institutions: 44 nos.*

**Number of people with access to adequate sanitation*** *Community people 18,650--nos*
* *Blue school students, teachers and staff 2,431 nos.*
* *Health centre patients and staff 16187 nos.*
* *Market 56,000 nos.*
* *Religious institutes- 2.400*

100% of newly installed/ rehabilitated and 70% existing communal drinking water facilities are functional | * Percentage of functional drinking water supply systems at community, schools, health centres, markets and religions institutions.
* Percentage of non-functional drinking water supply systems at community, schools, health centres, markets and religions institutions.
* Percentage of damaged drinking water supply systems at community, schools, health centres, markets and religions institutions.
* Percentage of people with access to basic drinking water supply at community, schools, health centres, markets and religions institutions.
* Percentage of functional sanitation facilities at community, schools, health centres, markets and religions institutions.
* Percentage of non-functional sanitation facilities at community, schools, health centres, markets and religions institutions.
* Percentage of damaged sanitation facilities at community, schools, health centres, markets and religions institutions.
* Percentage of people with access to sanitation at community, schools, health centres, markets and religions institutions.
 |
| **Result: 1.2**: The population in the target area is aware of the importance of good hygiene practices, especially disposing human and livestock (cow, goat sheep, etc) feces and hand washing at critical times | **3’212 hand washing facilities constructed/rehabilitated*** *Household / communal 3’100 nos.*
* *School/Blue school 44 nos.*
* *Health centres 15 nos.*
* *Market 9 nos.*
* *Religious Institutions: 44 nos.*
 | * Percentage of functional handwashing facilities at community, schools, health centres, markets and religions institutions.
 |
| 70% of population (community people) and 100% of students practicing proper hand washing with soap at critical times | * Percentage of population (community people) and 0% of students practicing proper hand washing with soap at critical times
 |
| 36,202 of beneficiaries reached by hygiene promotion interventions | * Percentage of population having knowledge on hygiene behaviour
 |
| 60% of households, 100% of school, 100% of health centres and 100% of markets have waste disposal pits and are maintained properly | * Percentage of households, % of school, % of health centres and % of markets have waste disposal pits and are maintained properly
 |
| 40% of households have scope for disposing children faces and animal faces | * Percentage of households have scope for disposing children faces and animal faces
 |
| **Result: 1.3**: The key local actors (local communities / union WatSan committee, private sector, HCMC, SMC, MMC, Youth groups, student brigades, local government representatives) are trained to plan, implement, manage, operate, maintain and monitor water supply systems, as well as sanitation and hygiene practices | 125 people trained on management, operation and maintenance of water supply and sanitation services | * Number of trained people on management, operation and maintenance of water supply and sanitation services
 |
| 9 CG and CSG of HC are aware of their roles and responsibilities | * % of CG and CSG of HC are aware of their roles and responsibilities
 |
| Yearly target and activity plan of key actors exists | * Practice of yearly target and activity plan of key actors
 |
| **Specific Objective-2**: Increased access to small-scale irrigation, livestock watering and production of nutritional vegetables. | * Increase in crop diversity in the target areas
* 100% of newly formed and existing Water User Groups are operational
* Crop production increased at least 20%
 | * Existing number of crop diversity in the target areas
* Percentage of Water User Groups that are operational
* Current amount of crop production per acre/hectare
 |
| **Result: 2.1**: Water facilities for irrigation and livestock watering are constructed/ rehabilitated | * 10 number of schemes constructed/rehabilitated

**Number of beneficiaries (irrigation farmers / livestock holders)*** *Irrigation farmers 260*
* *Livestock holders 300*
 | * Number of irrigation facilities exists
* Number of people (irrigation farmers / livestock holders) have access to irrigation facilities
 |
| **Result: 2.2**: Increased access to nutritious vegetables | * Increased numbers of nutritional vegetable
* Vegetable intake increased by 25%
* 70% of households changed cooking methods of vegetable
* Increased number of women practice vegetable cultivation
* Increased market linkage
 | * Number of current varieties of nutritional vegetable
* Percentage of households intake vegetable
* Percentage of households follow cooking methods of vegetable
* Percentage of women practice vegetable cultivation
* Existence of market linkage
 |
| **Result: 2.3**: Farmers use water sustainably (Re-use, recharge and judicious use)  | * 100 of people trained on management, operation, maintenance and efficient use of water
* 65% of households re-use water for vegetable cultivation
* 9 ponds excavated/excavated
* 60% of farmers practice drip irrigation and mulching technology
* 70% of farmers cultivate vegetables through judicious use of water.
 | * Percentage of trained people on management, operation, maintenance and efficient use of water
* Percentage of households re-use water for vegetable cultivation
* Percentage of farmers practice drip irrigation and mulching technology
* Percentage of farmers cultivate vegetables through judicious use of water.
 |
| **Specific objective-3**: Increased knowledge and expertise of the multi-stakeholders and facilitate the replication of good practices | * 25 CG and CSG of HC are functional
* 50 youth groups play active role as change agents
* 4 Ward WatSan committees and 2 Union level steering committees on WatSan are functional.
* Plan and achievement of key actors are monitored regularly
* Increased cooperation and coordination among the stakeholders
* Joint monitoring plan exists among the multi-stakeholders
 | * Number of CG and CSG of HC are currently functional
* Number of Ward WatSan committees and Union level steering committees on WatSan make plan regularly
* Existence of joint monitoring plan among the multi-stakeholders
 |

1. **Survey Location:**

The baseline survey will require traveling and conducting field work in the selected project locations in Rajshahi (Radhanagar in Gomostapur *Upazila*) and Dinajpur (Jabarhat in Pirgonj *Upazila*).

1. **Specific tasks of the consultant**

The consultancy shall combine the baseline with a pilot study and do the following tasks:

* **Desk study:** The consultant will study existing documents and data of previous phase (WaCo II) and review of the secondary data available.
* **Baseline:** The consultant will collect quantitative and qualitative data/information for three groups (new beneficiaries, follow-up beneficiaries and control group) that are needed to corroborate the outcomes/outputs
* **Pilot Study:** The consultant will collect more in-depth data on a sub-sample of the baseline sample to check the feasibility of a more in-depth study that could accompany the project implementation.
* **Survey Design:** The consultant will be responsible for designing of the baseline including data collection methods in consultation with CaCH and CB.
* **Pre-testing:** The consultant will pre-test the data collection instruments/tools in one or two communities and adaption and re-appropriation of the tools if needed
* **Data Analysis and Draft Baseline Survey Report:** The consultant will ensure data punching in the SPSS/Stata/Microsoft Excel and analysis, and prepare draft report.
* **Sharing of the Survey Findings:** The consultant will share the survey findings through in workshop involving CaCH & CB representatives and other relevant stakeholders (if needed) to seek their inputs on the findings
* **Finalization of the Baseline Survey Report:** The consultant will be responsible for finalization of the baseline survey report incorporating feedbacks and submit the same within the deadline as delineated in the timeframe.
1. **Indicative Timeframe and Survey Work Plan**

The baseline survey will take place over a **4 weeks period (November to December, 2018)**, including field travel in Rajshahi and Dinajpur. The consultant will submit a detailed survey work plan indicating the time and responsibility of the survey team.

1. **Payment Method:**

Payment mode for the consultancy service will be on the following basis:

1. First installment of 40% upon submission of the inception report
2. Second installment of 40% upon receipt of the draft survey report.
3. Final installment of 20% upon satisfactory acceptance of the final survey report
4. **Deliverables:**

The consultant will provide the following deliverables in English.

1. Data collection tools which shall be submitted within one week after the acceptance of the methodology for review and approval by CaCH and CB.
2. An inception report outlining the approach/methodology and execution of programs/timetable. This report shall be submitted for review and approval by CaCH and CB by 5 working days after the signature of the contract before commencement of the work.
3. Draft report which shall be submitted within five days after completion of the field work.
4. Presentation of the key findings of the draft survey report through workshop
5. Final report shall be submitted within five days after the stakeholders’ dissemination workshop incorporating the feedback/inputs from CaCH, CB and other stakeholders.
6. All materials produced for the survey including hard copy of the reports (2 sets) and raw data of SPSS, excel and word in soft form.
7. **Collaboration**

CaCH designates Ms Amrita Rejina Rozario, Country Director, CaCH in Bangladesh as the chief responsible and contact person.

1. **Tender**

Tenders should include the above-mentioned criteria and an outline of the survey design/pilot study, detailed work plan, up to date CVs of the main researchers, at least two references for all researchers involved and work samples of at least one report/academic paper that was completed for a recent baseline survey of a development cooperation project.

The final decision on tenders will be taken by CaCH. The tender shall be submitted to Ms Amrita Rejina Rozario, Country Director, CaCH, arozario@caritas.ch by **3rd October, 2018.**

1. The Blue School Concept compliments the usual WASH in school activities with a school garden as practical place to show relationship between food production and efficient management of water; and a demonstrative place for watershed and land management practices. The Blue School concept is based on International Rain Water Harvesting Alliance’s Blue School initiative, also supported and promoted by Swiss Agency for Development and Cooperation (SDC). [↑](#footnote-ref-1)