TERMS OF REFERENCE Supporting Implementation of HPNSDP

Technical Assistance for

Epidemiologist under Dengue Control Program

1. Introduction:

The Ministry of Health and Family Welfare (MOHFW), Government of Peoples Republic of Bangladesh is implementing the Health, Population and Nutrition Sector Development Program (HPNSDP) for a period of five years from July 2011 to June 2016, with the goal of ensuring quality and equitable health care for all citizens in Bangladesh by *improving access to and utilization of health, population and nutrition services*.

HPNSDP encompasses improving health services and strengthening health systems. Necessary technical assistance (TA) to MOHFW for facilitating implementation of HPNSDP has been planned with support from participating donors. Besides Technical assistance/ cooperation, agreed by MOHFW and relevant Development Partners (DP) at the beginning of the programme further TA requirements have been incorporated in the 32 operational plans (OP) of HPNSDP. MOHFW has incorporated this plan in the Programme Implementation Plan (PIP) of HPNSDP approved by the Executive Committee of the National Economic Council (ECNEC).

A 'Technical Advisory Committee' (TAC) composed of MOHFW and DP representatives led by the Joint Chief of Planning Wing, MOHFW, has been formed that meets regularly to review TA procurement status, consider TA requests and proposals and recommend for final approval by the Secretary, MOHFW.

To facilitate implementation of HPNSDP, DFID along with Australia Canada and Sweden has established a 'Joint Donor Technical Assistance Fund' (JDTAF) that follows the above mentioned process for providing TA. Crown Agent, DFID's Service Provider, is the ultimate procurement entity on behalf of DFID.

2. Objective

The purpose of this TA is to support the Dengue Control Program, being implemented by Communicable Disease Control (CDC) OP of DGHS. The specific objective of the TA is to engage an expert as Epidemiologist under the Dengue Control Program. Brief context of the assignment is narrated in section 13 of this document.

3. Recipients

The recipient and central client will be the MOHFW, Government of the People's Republic of Bangladesh. The Consultant will work under the day to day guidance from the Line Director (LD), Communicable Diseases Control (CDC). Joint Chief (JC) - Planning Wing (PW), MOHFW, DFID and Crown Agent might periodically review the progress of the assignment.

4. Scope of the Work

The consultant will implement the following tasks during the contractual period:

- i. Developing Dengue Control Strategy under the program
- ii. Developing an Action plan to implement the strategy
- iii. Develop framework and system for collection, interpretation and analysis in order to support Dengue Control Program in Bangladesh.
- iv. Developing an M&E plan for the program
- v. Developing system for Monitoring and supervision tool for Dengue Control Program
- vi. Performing any other tasks assigned by the authority

5. Methodology

Under the guidance of the LD, CDC, this particular assignment will require:

- Relevant information review
- Field visits to collect information
- Liaison with officials within the CDC OP, as well as with other government organizations, private sector partners and NGOs
- Execution of technical knowledge
- > Any other methodology as per the situation demands

6. Deliverables

The Consultant will be expected to produce the following deliverables:

- Inception report within 1 month of contract signing, submitted to the LD, CDC, DGHS and Crown Agent, summarizing the approach, tools, detailed work schedule, foreseeable challenges and the mitigation procedure
- Draft report containing draft strategy and action plan. It should also contain the tools, systems, framework and other required items discussed in the scope of work. The draft report should be submitted to the LD, CDC and Crown Agent, 5 months after signing the contract
- Final report, addressing feedback from CDC, DFID and JDTAF donors on the draft report, to be submitted to the LD, CDC and Crown Agent, 6 months after signing the contract.

7. Requirements

It is expected that an individual will undertake the assignment on consultancy basis. The Consultant will bring the following qualifications:

- An excellent academic background of Medical Education with post-graduation in the fields of Public Health or relevant areas.
- Professional level of training in Dengue or relevant vector borne disease is preferred
- At least 5 years of experience in health sector
- Previous experience of engagement with health sector programs, especially public health management program is desirable
- Professional level ability in written and spoken English
- A Bangladeshi national is preferred for this assignment

8. Constraints Dependencies

This Consultantisurgently required, although due recognition of procurement processes will be observed.

9. Timeframe

The Consultant will be contracted for a period of 6 (Six) months after signing the contract.Crown Agent or the contracted Consultant may terminate the contract with 1 month written notification.

10. Coordination/Logistics

The Consultant will be based in Dhaka; however, there will be frequent field visits in different Upazilas under surveillance of Dengue Control Program. The Consultant will be expected to arrange his/her own personal logistics, including transportation. The Consultant will coordinate with LD, CDC or any designated officer on a day-to-day basis with regards to the logistics and activities. S/he will be self-managing administratively, logistically, and technically. The Consultant will be expected to provide his/her own computers and software, and daily office supplies.

11. Management and Reporting

- It is expected thatan individual will undertake this work on a consultancy basis.
- The Consultant will report on a day-to-day basis to LD, CDC or any officers designated
- The JC, PW, MOHFW; DFID and Crown Agent will periodically review progress on completion of the assignment.
- Crown Agents, the DFID service provider, will contract the Consultant.
- Consultant should contact Crown Agents representative in Dhaka for logistical or administrative support and any queries s/he may have.

12. Transfer of Knowledge/Training

Knowledge transfer is a central theme of this assignment. Consultant is expected to provide a plan to ensure sustainable impact from this project.

13. Background

Control of communicable diseases continues to be one of the highest public health priorities, both nationally and internationally. Reduction in morbidity and mortality due to communicable diseases will have positive impacton a number of MDG goals as these diseases often affect the children and mothers. The communicable diseases of public health importance include malaria, Kala-azar, infestation with filarial and other worms, and avianinfluenza and influenza by novel virus. The country has been facing emergence of zoonotic diseases like Nipah, anthrax, brucellosis and food and waterborne diseases like hepatitis due to viruses, diarrhoeal disorders, enteric fever and leptospirosis. The arthropod borne diseases like dengue and Chikungunya with proved and potential of epidemicity and endemicity. Bangladesh is a signatory of International Health Regulation (IHR) 2005 and has tobuild its capacity in terms of detection and responding to case and outbreak of emerging diseases and has to strengthen its capacity to deal with the public health emergency with national and international concern. Thecountry has started a number of target oriented programs

to alleviate the sufferings like that for malaria, Kala-azar, filariasis, intestinal worms, avian and pandemic influenza etc. and has achieved some progresses. Evidence based intervention and public health approaches through an integrated IT based surveillance system mightaugment the programs. Due to lack of evidence based intervention and policy planning, there remains weaknessin achieving health related MDG and ensuring equitable access to health care services by the marginalized and disadvantaged groups of population. The Communicable Disease Control (CDC)OP included interventionsto reduce different communicable diseases and to help the country attain MDG goals before 2021.

Dengue (fever) is a reemerging vector borne communicable disease in Bangladesh established after its outbreakin the year 2000. Before which the disease was fairly unfamiliar though its presence was evident by a well-organized scientific study in 1996-1997 by the National Control Program. The outbreak started in summer 2000as acute febrile illness involving mainly three major cities of Bangladesh Dhaka, Chittagong and Khulna with the highest incidence rate in Dhaka. Since then it has been occurring with varying intensity with sharp increasein alternate year. Though during the first and subsequent outbreaks, there was concern over management ofdengue fever, but gradually with experience of the physicians, it was overcome to a greater extent with reduction in mortality. Emphasis is laid on raising awareness; reducing breeding places, preventing biting by the vector and capacity building for improvement of dengue management and reduction of mortality. While the program is implementing all the activities, support from an expert as Epidemiologist will significantly boost the program implementation. The epidemiologist will act as an internal resource person of the Dengue Control Program and will add value in terms of eradicating Dengue from Bangladesh.

14. Reading materials/reference material

- Health, Population, and Nutrition Sector Development Programme (HPNSDP) materials and Results Framework (RFW), Annual Program Review 2012.
- MOHFW has not incorporated this plan in the Programme Implementation Plan (PIP). So review of the PIP is highly recommended
- Departmental documents of the Dengue Control Program and Communicable Diseases Control (CDC)

15. Budget

To be proposed by TA applicant, consistent with competitive rates, as applicable.