

TERMS OF REFERENCE
Supporting Implementation of HPNSDP

**Technical Assistance for
Epidemiologist under Filariasis and STH 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 Filariasis and STH 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 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 Consultants will work within the MOHFW 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 consultants will execute the following tasks during the contractual period:

- i. Developing strategy for Filariasis post elimination surveillance.
- ii. Developing system and tools for Microfilaria Survey in MDA (Mass Drug Administration) implementing areas (Village level of endemic districts)
- iii. Developing Transmission Assessment Survey (TAS) protocol following the WHO guideline
- iv. Develop framework and system for collection, interpretation and analysis of data in order to maintain Filariasis elimination status
- v. Developing action plan for STH 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 the consultant devising his/her own methodology and implement those with consent from the LD, CDC.

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, any 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 Lymphatic Filariasis 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
- Proven proficiency in terms of research methodology, especially those suitable for conducting various public health researches and surveys is essential for this assignment.
- Professional level ability in written and spoken English
- Sound knowledge of Word Processing Software (e.g. MS Office) and Statistical Packages (e.g. SPSS) will be required for this assignment
- A Bangladeshi national is preferred for this assignment

8. Constraints Dependencies

This Consultant is urgently 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 the monitoring of the 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 that an 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 impact on 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 avian influenza 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 to build 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. The country 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 might augment the programs. Due to lack of evidence based intervention and policy planning, there remains weakness in 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 interventions to reduce different communicable diseases and to help the country attain MDG goals before 2021.

Filariasis (Lymphatic Filariasis) is a leading cause of permanent and long-term disability worldwide and hence WHO targeted it as one of the seven communicable diseases for elimination by the year 2020. The target of Bangladesh is to eliminate the disease by 2015 through transmission and morbidity control. Out of 64 districts of the country it is endemic in 34 (based on ICT survey). About 20 million people of the area are suffering from the disease, most of them are children. It is estimated that about 70 million are at risk of infection and clinical cases are reported from 51 districts. Filariasis Elimination Program (FEP) was started from January 2001 as a new program under Director, Communicable Disease Control (CDC) of DGHS. The main strategy for Filariasis elimination is mass drug administration (MDA) to the entire population at risk and morbidity control. Soil Transmitted Helminthes is one of the major health problems, particularly affecting pre-school and school aged children. All the targeted children have to be reached for twice a year de-worming regimen to attain the World Health assembly target of 75% - 100% of the school aged children. Health and Hygiene education has to be given to school children, non-enrolled school aged children, parents and community gradually.

Core activities of both programs include identification, diagnosis and treatment, as well as, mapping, surveillance, periodic entomological surveys, operational research and knowledge dissemination, including social mobilization and campaign using various IEC materials and media. While the program is implementing all the activities, support from an expert as Epidemiologist will significantly enhance the effectiveness of program implementation.

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 Filariasis Elimination and STH control Program (KEP) and Communicable Diseases Control (CDC)

15. Budget

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