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**Concern Worldwide, Bangladesh**

**Terms of Reference**

**Community Risk Assessment (CRA)[[1]](#footnote-1) including Reproductive, Maternal, Neonatal, Child, and Adolescent Health (RMNCAH)**

1. **Introduction**

Since 2023, Concern Worldwide has been implementing the Partnership for Improved Reproductive, Maternal, Neonatal, Child, and Adolescent Health (RMNCAH) in Coastal Bangladesh, supported by the Margaret A. Cargill Philanthropies (MAC-P). This project targets vulnerable communities in Patuakhali and Barguna districts, aiming to improve RMNCAH outcomes by addressing health-seeking and delivery barriers through community partnerships and gender-transformative approaches. The project covers approximately half a million people across 26 unions, working closely with community clinics, union health and family welfare centers, and MCH units to enhance the availability, accessibility, and quality of RMNCAH services.

The project is built on a theory of change that emphasizes strengthening partnerships between communities, civil society, local government, and grassroots organizations. By addressing barriers to RMNCAH access and utilization, the project aims to transform gender norms, improve health-seeking behaviors, and increase equitable access to high-quality healthcare. The ultimate goal is to improve health indicators in these climate-vulnerable areas by making health systems more effective and resilient.

Key objectives of the project include addressing RMNCAH barriers through an inclusive, community-centered approach and enhancing the capacity of local organizations to drive positive health outcomes. The project leverages existing platforms for partnership and supports community-based organizations in working with the lowest tiers of the health system. This approach ensures that community groups and management committees are empowered to oversee and demand accountability for the delivery of quality health services.

1. **Project Location**

The project is operating in 2 highly cyclone-prone and climate-induced other hazards districts:

|  |  |  |
| --- | --- | --- |
| **District** | **Upazila** | **Union** |
| Barguna | Amtoli | All union |
| Taltoli | All union |
| Patuakhali | Galachipa | All union |

1. **Objectives of the Consultancy:**

The consultant(s) will be expected to jointly work with the RMNCAH team to deliver on the following overall objectives maintaining CRA process:

1. Conduct a **comprehensive and participatory risk assessment** of the climate and other risks (hazard specific) associated with primary healthcare sector and the population in the 26 unions of Amtoli & Taltoli of Barguna and Galachipa of Patuakhali district.
2. Apply risk and resilience measurement tools to Identify climatic risks and diseases including adaptive capacity of health service providers, related infrastructures like community clinics, union health & family welfare centres associated with climate change impacts.
3. Identify **highly exposed and most vulnerable groups and primary health care structures (particularly health facilities)**. Also identify traditional and scientific factors, structural and non-structural risks for community clinics, and union health and family welfare centres (UH&FWCs) while facilitate develop/updating GIS map driven CRA.
4. Review existing digital data sets and come up with comprehensive GIS Maps to accelerate disaster preparedness and response at local level. This should be compatible with the Department of Disaster Management.
5. Based on the CRA, **make recommendations** with the most appropriate range of risk reduction and resilience building options that can be introduced to either eliminate or reduce risks to more manageable levels that can be taken by communities and health care institutions - community clinics, and union health and family welfare centres (UH&FWCs). Recommendations should cover both structural, non-structural, and **Suggest entry-points** to make communities, community clinics, and union health and family welfare centres (UH&FWCs) resilient to climate and other shocks.
6. Risk analysis, evaluation and propose a comprehensive action plan including/focusing the risk associated with the primary health care services and gender disparity
7. **Scope of Work:**

Consultant/firm will be working in the close collaboration with RMNCAH programme, Local Government, Local Government Engineering Department, the Department of Public Health & Engineering, Department of Environment or Ministry of Environment, Forest and Climate Change, MoHFW, District and Upazila level Health and Family Welfare Department, Union Health & Family Welfare Center (UH & FWC), Community Clinic and overall the community people/groups. Consultant will ensure timeliness, quality, and consistency to complete the assessment. They will have overall responsibility for liaising with Concern Worldwide, implementing partners and stakeholders as well as ensuring that all the objectives of the Terms of Reference are met. As a core stakeholder consultant will coordinate with the Department of Disaster Management (DDM), discuss about the CRA process and their support including field visits and the process facilitation.

The consultant firm will arrange as follows:

* Arrange necessary meetings/workshops/field visits/ accommodation/ findings sharing event of the assignment.
* Arrange all administrative and logistic requirement for smooth conduct and timely Completion of their task.

1. **Design and Methodology**

The study will adopt both qualitative and quantitative methods to collect information from stakeholders and targeted group/location. The project is working in 26 vulnerable Unions of Barguna (Amtoli & Taltoli) and Patuakhali (Golachipa) a sampling approach would be applicable to select respondents for data collection.

The following details out the major steps of the CRA:

1. **Research design**
2. ***Secondary literature review and KIIs:*** First step in any assessment or research is to undertake a secondary literature review and KIIs including DDM, DG-Health and DoE to understand the current state of affairs and gaps. This is also to ensure whether existing information can be used, updated or new information is essential. This should ideally be done in-house before proposing a full-fledged GIS Map driven CRA or assessment of any sort.
3. ***Initial meeting with RMNCAH Project (1/2 day)*:** An initial meeting will be set up between the consultant(s) and the RMNCAH project team to understand background and objectives of the project to connect with the assignment.
4. ***Development of detailed methodology and tools for data collection and analysis (1 week in Dhaka):***The consultant(s) will review key documents (government CRA methodology, relevant risk, vulnerability and resilience assessment tools ) and, if necessary, hold a few meetings with key stakeholders to develop the methodology for risk assessment. Both quantitative and qualitative tools need to be okay, agreed and signed-off by both parties (Concern Worldwide and the lead consultant) before commencing the study. Upon signing contract, the consultant will get access to the following documents:
   * + Review of secondary literature and other documents
     + RMNCAH Project Proposal
     + Any other relevant documents (if asked by the consultants. Also subject of availability of such document with project)

Following the initial meeting and desk review, the consultant(s) will establish detailed methodology that will include:

* + - Study method
    - Sampling methodology and sampling frame
    - Data collection tools
    - Risk mapping tools
    - Analysis plan.
    - Report structure

1. Data collection
2. ***Training of enumerators (a 2-3 day training in Dhaka or at field level):*** The consultant(s) will train enumerators who will be responsible for collecting information (FGDs, KIIs and quantitative tool) for the CRA. For that, consultant(s) will give training to enumerators on the data collection and risk mapping methods and tools (can be done using Kobo Toolbox).
3. ***Data collection (2-3 weeks in Barguna and Patuakhali)*:** Various levels of data - both qualitative and quantitative - can be collected depending on final agreed methodology. At the household level in particular, data will be collected with the support of volunteers/enumerators from project areas in Barguna and Patuakhali.

The consultant(s) should lead and guide focus group discussion (FGD) and key informant interviews (KIIs), and are expected to travel to districts for facilitating CRA process and develop different informational layers, including ward boundaries, services, roads, watercourses, natural features, green and blue spaces, flooded areas, waterlogged areas, types of floods, flood choke points, and embankments that could serve as shelters during disasters . The consultant(s) should also be responsible for ensuring the quality control of the data collected by enumerators and in the overall CRA process.

The project will organize FGDs and KIIs as per agreed schedule with stakeholders.

1. **Analysis and reporting**
2. ***Data analysis and drafting report (2 weeks):***Consultant(s) will clean and analyse the collected data and draft an initial report with finding for review by the RMNCAH project team. Data and information to generate risk map will also be provided at this time. The risk maps should be detailed base maps with necessary data layers such as drainage systems, drainage flows, blockages and salinity (both temporary, due to siltation, and permanent, due to construction). The project team will review the initial findings and mapping information by the consultant(s) and make suggestions to improve quality or address gaps in the study. If necessary, further interviews or field visits can be arranged.
3. ***Presentation of findings to RMNCAH team and stakeholders (1 day):***The consultant(s) will present key findings of the risk assessment study to RMNCAH team and stakeholders. The purpose of this is to share findings with the local governments of targeted locations. This will most likely be held via online or in person at field level.
4. ***Finalization of the study report and recommendations for the risk reduction and response plans (1-2 weeks)*:** Individual final/draft report (1 report but well separated/marked findings and recommendation for the two districts) will be shared with the RMNCAH project for their feedback. Upon receiving feedback and updating accordingly, consultant(s) will submit finalized versions of the report in English.
5. A national level meeting/workshop will be conducted to share CRA findings along with health relevant risks and actions to strengthen health system.
6. **Timeline:**

3 months (October 2024 – December 2024).

|  |  |  |  |
| --- | --- | --- | --- |
| **Steps in process** | **October** | **November** | **December** |
| 1. Research design | **×** |  |  |
| 1. Data collection | **×** | **×** |  |
| 1. Analysis and reporting |  | **×** | **×** |

1. **Deliverables:**
2. Inception report/ detailed methodology, tools, sampling criteria: After signing the contract with Concern, the consultant(s) is expected to submit an inception report with a detailed plan on how the assignment will be carried out and annex all data collection tools to be used.
3. Report: An overall report of the assignment consists of findings, risk mapping data and relevant annexes to be submitted to Concern in English. The final report should be including community/union specific CRA reports that integrate GIS data sets and Maps in new/existing Risk Assessments and Response Plan in Bengali, and both soft and hardcopies are to handover to respective disaster management committees.
4. Complete database of data and information collected: consultant(s) will provide data and information for each upazila and unions along with GIS data set and maps.
5. Presentation of findings: The final report findings and recommendations are to be presented to the Concern, partner team and stakeholders from local government institutions. Soft copies of the presentation will be shared as well.

Final report in English: High quality risk assessment reports in English (including annexes and dataset) for the assignment, which should be free of jargon and abbreviations, showing disaggregated findings in tabular and descriptive formats. The structure of this report should be proposed by the consultant and agreed by the Concern team before the inception report is signed off. It is to note that there will be two separate sections, which narrate 2 districts (Barguna and Patuakhali). Prior to final submission, Draft Report must be submitted and presented to Concern Worldwide before the final report submission. Thus, should be agreed by the RMNCAH programme and management of Concern Worldwide.

1. Soft copies (in MS Word and PDF formats) of the finalized English report with complete data set (in Excel format, raw and cleaned) used for the analysis.
2. National level dissemination meeting/workshop report

**Required Qualification & Experience of the Consultant:**

The Consultant will be selected through a competitive selection process.**al Qualification**

Master’s degree/Ph.D. in Medical Science/Public Health, Development studies, Disaster Management, Geography and Environmental Science, International Relations, or any other relevant Social Science background.

The consultant must have necessary legal status to work in Bangladesh.

* At least **10 -12 years** experienced in government policy development & analysis, stakeholder engagement, and depth knowledge of the Bangladesh Government structural context focusing on health and climate change together.
* Very good understanding of international, national and local government issues specially DRR, CCA and Health frameworks analysis and governance mechanisms of Bangladesh.
* Experience in conducting **comprehensive and participatory community risk assessment** of the climate and other risks (hazard specific) associated with primary healthcare sector.
* At least 8 years of theoretical and practical experience in GIS mapping and projection.
* Background in development studies, Disaster Science and Management, Environmental Science/Management, Urban and Regional Planning, Geography and Environment, or any relevant discipline.
* Experience in synthesizing scientific research, health & climate data, and socioeconomic information to support policy formulation and decision-making
* Strong facilitation and communication skills to involve with diverse stakeholders, including government department, civil society organizations, academia, local groups and communities.
* Experience in organizing and conducting stakeholder consultations, workshops, community mobilization and participatory decision-making processes.
* Ability to develop evidence-based policy recommendations and draft policy documents, strategies, and action plans.
* Experience working with government agencies, development partners, I/NGOs, or research institutions involved in maternal, neo natal and adolescent health, DRR & climate change relevant assessment, policy formulation and implementation.

**Essential Criteria:**

* Proven experiences of the consultancy on **10 -12 years** in therelevant field
* Short profile of the firm highlighting experiences on related assignment with client detail as client name, address, contact persons & communication details (above criteria listed under “**Qualification and Expertise** **of the Consultant / Firm**” relevant here).
* Short CV highlighting related work experiences and assignment completed (above criteria listed under “**Qualification and Expertise** **of the Consultant / Firm**” relevant here).
* Relevant expertized Team members’ (as per this assignment) with very short CV highlighting related task and assignment completed.
* Consultancy Firm’s legal documents (Trade License, Certificate of incorporation, TIN/BIN and VAT registration)
* **Technical and Financial proposals should be in separate file**
* Applicants must share evidence of similar work completed

**Technical Proposal Evaluation Format: Total 60 Marks**

|  |  |  |
| --- | --- | --- |
| Evaluation Criteria | Marks | Marks detail |
| Over 5 (five) years of experience in local government policy analysis, policy development, stakeholder engagement and knowledge on government structural context focusing health & climate change together | 10 | Evidence |
| Good Understanding of the assignment aligning between health and climate change in line of CRA | 15 | Evidence & write up |
| Lead consultant profile with experience in policy analysis, community risk analysis. Experience and achievement in similar types of assignment. | 10 | Evidence |
| Excellent writing skills both English & Bangla | 10 | Write up |
| Thematic experience (Health aligning with Climate Change, DRR) | 15 | Evidence |

**Note: The consultant must score above 48 (80%) marks in the Technical Evaluation to be considered for the Financial Evaluation. Evidence and experience, along with the lead consultant's profile, will be given significant consideration in the Technical Evaluation.**

**Standard Terms:**

1. **Duration and Location**

This consultancy is required for a period of **maximum three (3) months** with Concern Worldwide, Bangladesh, proposed to be starting from **September 2024 to November 2024**

1. **Remuneration/Fee**

Concern will pay for the assignment for a period of maximum **3 (three)** months’ consultancy. Inclusive all VAT and Taxes as per policy of the government of Bangladesh, which shall be deducted at source prior to the payment.

1. **Payment**

The consultant will be paid an agreed amount including vat and tax for the total assigned service. Full payment will be made upon completion of the assignment as per the agreed ToR. The payment mode will be in **three (3)** instalments for the entire assignment against invoices issued by the Consultant:

1. **The first instalment** is 20% after signing the agreement and written sign off the inception report by Concern.
2. **A second instalment** of 30% of the payment will be made after submission of the draft report.
3. **The remaining** 50% will be paid upon satisfactory submission and acceptance of the final risk assessment report along with all accompanying documents/datasets.

Concern will not be liable for any bank charges arising from incorrect bank details being provided to Concern.

1. **Penalty**

If the consultant does not complete the assignment within the specified period, Concern Worldwide will deduct 1% of the total payment for each day of delay. If Concern Worldwide approves any request for an extension of time, this clause will not apply. However, if Concern Worldwide does not approve the time extension request, the consultant will be subject to a 1% deduction of the total payment for each day of delay.

1. **Travel, Accommodation & Food Allowance**
2. **Accommodation and per diem**

No accommodation or per diem will be paid in addition to agreed consultancy fees.

1. **Copyright and Confidentiality**

Concern Worldwide will have the copyright for all the documents prepared by the consultant(s) including questionnaires, survey formats, case studies, KIIs, pictures, videos and the final report with due acknowledgement. No part of the document should be reproduced or published in any manner without prior written approval of Concern Worldwide. The consultant will maintain the confidentiality of the stated assignment.

1. **Concern Worldwide’s Policies and Guidelines**

Concern's Code of Conduct (CCoC) and its associated safeguarding policies; the Programme Participant Protection Policy, the Child Safeguarding Policy and the Anti-Trafficking in Persons Policy have been developed to ensure the maximum protection of program participants from exploitation and to clarify the responsibilities of Concern staff, consultants, contractors, visitors to the program and partner organizations, and the standards of behavior expected of them. In this context staff have a responsibility to the organization to strive for and maintain the highest standards in the day-to-day conduct in their workplace in accordance with Concern's core values and mission. Concern's Code of Conduct and its associated safeguarding policies have been appended to this Contract for your signature. By signing the Concern Code of Conduct you demonstrate that you have understood their content and agree to conduct yourself in accordance with the provisions of these two documents.

**Breach of Code of Conduct and Sharing of Information:** We are required to share details of certain breaches of Concern’s Code of Conduct, specifically those related to fraud, sexual exploitation, abuse and harassment and trafficking in persons, with external organizations such as institutional donors, regulatory bodies and future employers. In the event where you have been found to be in breach of these aspects of Concern’s Code of Conduct, your personal details (e.g. name, date of birth, address and nationality) and details of these breaches will be shared with these external bodies. Organizations may retain this data and use it to inform future decisions about you.

In addition, where we are working in partnership with another organization and where there are allegations of breaches in the above areas against you, we will cooperate with any investigation being undertaken and will share your personal details with investigation teams. A breach of this policy will result in disciplinary action up to, and including, dismissal.

1. **Responsibility**

*Reporting*: This study is being commissioned by Concern Worldwide on behalf of the RMNCAH project. The day-to-day management will be overseen by the Programme Manager - Concern Worldwide. Overall guidance and support will be provided by the Programme Coordinator, Programme Advisor and/ or Program Director.

1. **Safety and Security**

It is a requirement that the consultant will comply with Bangladesh security policy and in-country security procedures. Failing to comply will result in immediate termination of contract.

1. **Pre-bid Discussion meeting**

A pre-bid discussion session will conduct on **September 9, 2024, at 10:00 AM** using the following link-

**Microsoft Teams** [Need help?](https://eur02.safelinks.protection.outlook.com/?url=https%3A%2F%2Faka.ms%2FJoinTeamsMeeting%3Fomkt%3Den-US&data=05%7C02%7Cmosarouf.hossain%40concern.net%7C6e2a601f8ba44f8cffe908dcc67b3405%7Cc4c288c04de940528177e6e1906ae171%7C0%7C0%7C638603479670780030%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=7x%2FGxEKxCJWOXzcJ9HwEnovN8raZ%2BCjNjFMXpd%2BQtec%3D&reserved=0)

[**Join the meeting now**](https://eur02.safelinks.protection.outlook.com/ap/t-59584e83/?url=https%3A%2F%2Fteams.microsoft.com%2Fl%2Fmeetup-join%2F19%253ameeting_MzIxMDA0ZWUtMDgwZC00NTg2LTk3NjktZjRmOGRmMTlhZTU0%2540thread.v2%2F0%3Fcontext%3D%257b%2522Tid%2522%253a%2522c4c288c0-4de9-4052-8177-e6e1906ae171%2522%252c%2522Oid%2522%253a%2522bbdf0bb8-38f2-4028-b80c-9bbe1d8c5c81%2522%257d&data=05%7C02%7Cmosarouf.hossain%40concern.net%7C6e2a601f8ba44f8cffe908dcc67b3405%7Cc4c288c04de940528177e6e1906ae171%7C0%7C0%7C638603479670795414%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=v0TiyGiqMwrOTJtSmoonokvm9xVrVhNH5qvHOioUBDU%3D&reserved=0)

Meeting ID: 374 379 127 480

Passcode: CCuK2a

1. **Application Process**

Interested consultants (individual/agency are invited to submit both the technical and financial proposal to **[consultancy.bgd@concern.net](mailto:consultancy.bgd@concern.net)** with a subject line “**Community Risk Analysis**” **before September 19, 2024.**

1. Not limited to community only. The assessment will also focus on community clinics, and union health and family welfare centers (UH&FWCs). [↑](#footnote-ref-1)