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| **Title:** WASH Consultant-Water Supply – Capacity Building (NOB Level)(two positions) | WBS/Funding  Reference/Activity/5070/A0/06/500/502/006 | | | | **Type of engagement**  Consultant  Individual Contractor | | | **Workplace of Consultant:**  UNICEF-BCO or DPHE with frequent travel to the field as per requirement by the program | |
| **Grant: SC170507** | | **GL Account:** 7000190 | | | | | **Fund ID: SC** | | |
| *Enter PBA Code* | | *Enter GL Account Code* | | | | | *Enter Fund Code, e.g. SC,SM,GC* | | |
| **Background:**  Although Bangladesh has made progress towards achieving its goal of universal access to improved water supply, which is almost 98.5 percent as per recent MICS 2019. However, only 42.6 percent household members have access with an improved drinking water source located on premises, available when needed, free from E. coli and arsenic within the limit of Bangladesh Standards. 11.8 percent household population has over 50 ppb arsenic concentration in their source water and 40.3 percent household population have E Coli contamination at source water.  UNICEF with DPHE and NGO partners implemented an innovative and practical approach to address the arsenic issue with the arsenic mitigation approach. From September 2017- December 2021, UNICEF implemented the arsenic safe union project in three highly contaminated Upazilas in Sylhet, Satkhira and Cumilla. A total 251 villages in the project areas and 10 unions declared as arsenic safe. About 1,834 arsenic safe water points constructed following arsenic mitigation protocol which includes arsenic screening, equity based site selection, feasibility assessment, safe water points installation, monitoring, national monitoring network and digital data management tool for data acquisition, analysis and graphical visuals.  Following the project’s successes, the Government of Bangladesh decided to upscale this approach in a $240 million worth programme directed at rural water supply and has requested technical support from UNICEF to expand the well-developed “arsenic safe union model” at national level. Consequently, the Swedish Embassy in Bangladesh and UNICEF discussed and agreed to continue support in this area, with a shift of UNICEF’s role to solely render technical assistance while leveraging huge GoB resources. This technical assistance was valued at approximately $8.3M over a period of 4 years and the revised role will focus on quality assurance of the larger Government programme, capacity building, supporting national monitoring network with automatic monitoring mechanism, equipped national database using digital tool and targeting the poorest and most vulnerable, ensuring a strong equity lens to the intervention.  In December 2021, UNICEF have received initial $2.0M as bridging before entering large thematic funding from Sweden Embassy to support the technical assistance to government. Under this program different partners will work and share their expertise in different sectors. ITN-BUET will support in different training program and national water quality monitoring protocols where KTH consortium will involve in policy improvement aligned with PSB. This consortium will also support in capacity building program of local drillers followed by certification and registration and national monitoring network establishment with auto mechanism. KTH consortium will also engage in digital data management platform incorporation in national level and piloting aquifer mapping in selected unions. At the same time NGO partners will work on the community mobilization, site selection of water points, ODF and sanitation and hygiene promotion at these targeted upazilas.  To provide the necessary support to the government and the WASH Section in implementation of Technical assistance project on arsenic screening, development of policy implementation protocol, capacity development program, and establishment of national monitoring network, aquifer mapping and publications there is a need to recruit a national consultant to support DPHE and WASH Section in Dhaka and in the field.  **Purpose of Activity/Assignment:**  The main purpose of the assignment is to support DPHE and WASH Section to roll out technical assistance program in Six divisions within a very short period of time and at the same time fast track sanitation and hygiene activities through Implementing Agencies, so that the targeted unions are ready to declare as arsenic safe union at the end of the project by December 2022. The specific objectives for this assignment are to:   * Development of a comprehensive six month’s plan for smooth implementation of GoB-UNICEF technical assistance project in different part of Bangladesh in close collaboration of respective Government authorities (PD, DPHE), implementing agencies, Zonal WASH colleagues and UNICEF Dhaka * Customize and Finalize the existing Arsenic screening guideline and SOP for printing and dissemination to DPHE local level and assist DPHE to follow the SOP during arsenic screening and digital reporting. * Assist to organize and facilitate divisional level training for DPHE personnel and other project staff of Arsenic Risk Reduction project of DPHE at district level on step-by-step approach of equity based site selection of water points, feasibility assessment and climate resilient arsenic safe technology selection. * Field follow up of the training in six division in coordination with the Zone WASH Officers, provide feedback and actions taken for improvement in equity based site selection and context specific technology selection.(# of water point installed following equity based criteria, # of Climate resilient technology implemented by DPHE) * Assist organizing monthly project coordination meeting, review partner’s progress towards deliverables, identify gaps, provide update to UNICEF (zone & Dhaka) and DPHE and ensure technical support to mitigate the gaps. * Provide technical support to Implementing/ technical agencies in six divisions to fast track the community mobilization, sanitation and hygiene activities at field level and feasibility assessment of PWSS through field visits and provide relevant and actionable recommendations agencies should comply with. * Compile and finalize all deliverables from partners as per contract in final version and share with UNICEF and DPHE when necessary * Submit monthly report shared with PD, DPHE and Unicef with recommendations & follow up actions. * Day to day communication and coordination with technical and implementing agencies to provide technical guidance through communication with UNICEF (Dhaka/ Zone) and DPHE. * Assist UNICEF staff in compilation of progress report, data analysis, prepare human story /case study and other documentation as necessary * Support DPHE to understand database management plan and platform prepared by partners for national scale datasets with the help of digital platform for planning | | | | | | | | | |
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| **Included in Annual/Rolling Workplan***:*  Yes  No, please justify: | | | | | | | | | |
| **Consultant sourcing:**  National  International  **Consultant selection method:**  Competitive Selection (Roster)  Competitive Selection (Advertisement/Desk Review[[1]](#footnote-1)/Interview)  Single Sourcing (exceptional, only in emergency situations, approval by Head of Office required) | | | | | | | | | |
| **Name (in case of single sourcing/extension)** | | | **Justification or Refer to NFR (in case of single sourcing/extension)** | | | | | | |
| **Supervisor:**  Nargis Akter, WASH Officer, WASH Section | | | | **Start Date:** | | **End Date:** | | | **Number of Days (working)**  242 days/each consultant spread over 11 months. |
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| **Tasks/Milestone:** | **Deliverables/Outputs:** | **Timeline** |
| Develop a work plan with DPHE and all implementing partners for smooth implementation of GoB-UNICEF technical assistance project | Work plan endorsed by UNICEF | 22 |
| Finalize and compile the existing Arsenic screening guideline and SOP for printing and dissemination to DPHE local level and assist DPHE to follow the SOP during arsenic screening and digital reporting. | SoP, Guideline/ Training manual, Field visit report | 22 |
| Assist to organize and facilitate divisional level training for DPHE personnel and other project staff of Arsenic Risk reduction project of DPHE at district level on step by step approach of equity based site selection of water points, feasibility assessment and climate resilient arsenic safe technology selection. | Training manual, Training completion report on arsenic screening, site selection/ feasibility/ CR water options(more than 12 batches, @ two per division) | 44 |
| Field follow up of the training in six division in coordination with the Zone WASH Officers, provide feedback and actions taken for improvement in equity based site selection and context specific technology selection.(# of water point installed following equity based criteria, # of Climate resilient technology implemented by DPHE) | "# water points installed by DPHE following site selection criteria by GoB-UNICEF;  # of climate resilient technology" | 22 |
| Fast track Implementing agencies in six divisions on the community mobilization, water safety planning, sanitation and hygiene activities, feasibility assessment of PWSS at field level through field visits and provide relevant and actionable recommendations agencies should comply with. | Monitoring tools developed, field visits reports,  Compilation result dataset and deliverables from IAs | 44 |
| Assist organizing monthly project coordination meeting, review partner’s progress towards deliverables, identify gaps, provide update to UNICEF and DPHE and ensure technical support to mitigate the gaps. | At least 4 coordination meeting, meeting minutes with progress, gap and recommendation along with follow up actions | 22 |
| Submit monthly report shared with PD, DPHE and Unicef with recommendations & follow up actions. | Monthly report, Monitoring sheet/Progress from partners with updated information’s. | 11 |
| Day to day communication and coordination with technical and implementing agencies to provide technical guidance through communication with UNICEF (Dhaka/ Zone) and DPHE. | Monthly report; short technical notes | 11 |
| Support DPHE to understand and use of database management platform prepared by KTH for establishing national scale digital platform | Monthly report, Project Coordination Meeting minutes, DPHE MIS/GIS dataset. | 22 |
| Assist UNICEF staff in compilation of progress report, data analysis, prepare human story /case study and other documentation as necessary | Collection and compilation of partners report and data are available in time, one case study and two human story drafted for Donor report | 22 |
| **Estimated Consultancy fee (for one consultant)** |  | 242 days |
| **Estimated Consultancy fee (for two consultant)** |  | 2\*242 days= 484 days |
| Travel International (if applicable) |  |  |
| Travel Local (actual basis) for two consultants |  |  |
| DSA (as per UNICEF standards) for two consultants |  |  |
| **Total estimated consultancy costs i**  (for two consultants) |  |  |
| **Terms of payment** |

**Child Safeguarding Certification**

**(to be completed by Supervisor of the post)**

[**Child Safeguarding**](https://unicef.sharepoint.com/teams/DHR-TalentAcquisition/DocumentLibrary1/Forms/AllItems.aspx?id=/teams/DHR-TalentAcquisition/DocumentLibrary1/Child%20Safeguarding%20Risk%20Roles%20Assessment_finalversion.pdf&parent=/teams/DHR-TalentAcquisition/DocumentLibrary1) refers to proactive measures taken to limit direct and indirect collateral risks of harm to children, arising from UNICEF’s work or UNICEF personnel. Effective 01 January 2021, Child Safeguarding Certification is required for all recruitments.

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| 1.Is this position considered as "elevated risk role" from a child safeguarding perspective?\* If yes, check all that apply below. | Yes  No |
| 2a. Is this a Direct\* contact role?  2b. If yes, in a typical month, will the post incumbent spend more than 5 hours of direct interpersonal contact with children, or work in their immediate physical proximity, with limited supervision by a more senior member of personnel.  *\*“Direct” contact that is either face-to-face, or by remote communicate, but it does not include communication that is moderated and relayed by another person.* | Yes  No  Yes  No |
| 3a. Is this a Child data role? \*:  3b. If yes, in a typical month, will the incumbent spend more than 5 hours manipulating or transmitting personal-identifiable information of children (names, national ID, location data, photos)  *\* “Personally-identifiable information”, in this context, means any information relating to a child who can be identified, directly or indirectly, by an identifier like a name, ID number, location data, photograph, etc. This is a “child data role”.* | Yes  No  Yes  No |
| 4. Is this a Safeguarding response role\*  *\*Representative; Deputy representative; Chief of Field Office; the most senior Child Protection role in the office; any focal point that the office designated for Child Safeguarding; Investigator (Office of Internal Audit and Investigations* | Yes  No |
| 5. Is this an Assessed risk role\*?  *\*The incumbent will engage with particularly vulnerable children[[2]](#footnote-2); or Measures to manage other safeguarding risks are considered unlikely to be effective[[3]](#footnote-3).* | Yes  No |

1. A Desk Review should only be considered as a selection method when there is a justifiable urgency. [↑](#footnote-ref-1)
2. Common sources or signals of additional vulnerability may include but are not limited to: age of the child (very young children); disability of the child; criminal victimization of the child; children who committed offences; harmful conduct by the children to themselves or others; lack of adequate parental care of the children; exposure of the children to domestic violence; a humanitarian context; a migrant (refugee/asylum-seeking/IDP) context. No ‘baseline’ vulnerability will be set. Hiring Managers will need to use judgment, taking into consideration the implications that follow from an assessed risk role (additional vetting scrutiny, training). [↑](#footnote-ref-2)
3. i.e. the role-risk will be compounded by other residual risks. [↑](#footnote-ref-3)