

Terms of Reference for Consultancy Service

for

Baseline Evaluation of WASH Reconstruction Interventions- Round 3

1. INTRODUCTION

A devastating earthquake (EQ) with a magnitude of 7.6 Rector scale struck Nepal on 25 April 2015 and caused nearly 9,000 casualties, 22,000 injuries and damaged over 800,000 houses; and about 8 million people were directly affected in many ways (PDNA, 2015). The hardest hits were 14 districts out of 75 while 17 districts were moderately affected. The PDNA conducted by National Planning Commission (NPC-government body) indicated 22 sub-sectors including Water, Sanitation and Hygiene (WASH) as severely affected by the EQ. Nearly 50% of the water supply systems were fully damaged in the 14 severely hit districts.

The participatory review and reflection conducted by the proposed consortium (CARE, DanChurchAid-DCA and Save the Children International- SCI) in round 1 of the DFID funded program in four districts (Gorkha, Dhading, Rasuwa and Nuwakot) demonstrated that there are significant gaps in terms of number of DWS that needs rehabilitation/reconstruction compared with the secured funding and implementation plans of round 1. The same finding has also been revealed in a recent DFID review i.e. Annual review of earthquake reconstruction Nepal, DFID, June 2016- which indicated that there are still other vulnerable communities needing water schemes in the adjoining Palikas (Rural Municipality) within the current four districts. The consortium also conducted a rapid gap analysis of three other neighboring districts- Kavre, Makwanpur and Lamjung which indicated that there are WASH unmet needs for rehabilitation/reconstruction of earthquake damaged water supply schemes in these districts as well as a lack of implementing agencies to assist vulnerable communities. Consortium has district profile of water supply schemes in need of reconstruction/rehabilitation as 30 in Lamjung, 356 in Gorkha, 443 in Dhading, 306 in Nuwakot, 45 in Rasuwa, 300 in Makwanpur and 200 in Kavrepalanchowk.

As part of the earthquake recovery and reconstruction, CARE in consortium of DCA and SCI are implementing a DFID funded (and contract managed by Mott MacDonald- MM) “WASH Reconstruction Interventions- Round 3” project since 1st January, 2018 in 6 districts as Lamjung, Gorkha, Dhading, Nuwakot, Rasuwa and Makwanpur. The project has 2+3 years project duration with milestone based payment modality of contract. During first two years, the project will work to deliver output level milestones while in next 3 years MM will track the outcome and impact of the project.



2. PROJECT GOAL AND EXPECTED RESULTS

The project aims to support the recovery of 49,050 people in earthquake-affected areas through an improved physical WASH facilities; an increase in promotion of safe personal, household and community hygiene and sanitation practices in order to reduce the prevalence of water borne diseases; and engaging local government and communities for long term sustainability of the water supply systems in targeted districts.

This project has major four result areas as below:

R1: Improved access and meaningful representation in the management of safe, adequate and resilient drinking water systems for targeted communities

R2: Community members have improved knowledge, attitudes and practices related to sanitation and hygiene thereby reducing prevalence of water borne diseases.

R3: Local Government have improved knowledge and information on water sources and existing drinking water schemes

R4: Established linkage of the vulnerable disaster affected communities with local government for self-recovery and have enhanced capacity for sustainable local WASH planning and monitoring.

Conflict sensitivity, GESI & disability mainstreaming, and accountability are the major cross-cutting issues for the project. The four result areas and the major activities (sub-result areas) within the result areas are given in Annex 1 and project indicators are given in Annex 2.

3. OBJECTIVES OF CONSULTANCY

The main objective of this consultancy is to conduct baseline evaluation of WASH Reconstruction Interventions- Round 3 and prepare a baseline report. The evaluation aims to establish baseline value on the project indicators as required in project M&E plan and identify basic conditions for the project result areas and cross-cutting issues at the beginning of this project. The evaluation shall establish a clear benchmark against which to achievements of this project can be measured. The evaluation will also consider appropriate indicators in the CARE's core humanitarian standards (DMEL framework).

The specific objectives of the evaluation are as follows:

- To assess drinking water conditions in targeted population in terms of safety, adequacy and resiliency
- To assess level of access, representation and participation of women and vulnerable people in management of DWS in existing WUSC in target communities
- To assess governance system of existing WUSC such as structure, by-laws and procedures adopted by WUSC
- To conduct GESI analysis in relation to access and management to WASH services in the targeted community
- To conduct gender analysis in
 - The 'activity profile' identifies those who collect the water and how much time this takes;



- The 'access and control profile' provides information on the current facilities, who manages them, and who is in charge of making decisions.
- The 'analysis of factors and trends', identifies how, the 'activity profile' and access and control' profile, are influenced by cultural factors.
- the 'program cycle analysis', addresses the gender specific actions that are required to promote equity between men and women in the project planning and design, implementation, and management.
- To assess knowledge, attitudes and practices (KAP) related to sanitation and hygiene of the targeted population regarding prevention of water borne diseases in the targeted communities
- To assess the level of knowledge and information of local government on water sources and existing drinking water schemes
- To assess social cultural factors affecting sanitation and hygiene practices of the targeted communities
- To assess current policy provisions and plan of local governments on WASH sector
- To collect information on existing WASH planning and monitoring processes and structures in the targeted Rural\Municipalities
- To assess level of linkage of the targeted communities, especially the vulnerable section with the local government for self-recovery in WASH sector with reference to last fiscal year planning cycle in the targeted Rural\Municipalities

4. SCOPE AND COVERAGE OF WORK

The consultant will design methodology framework and survey tools to achieve the said objective of this consultancy. The consultant will conduct field survey once the target communities are identified through vulnerability need assessment by the project. The consultant will analyze and generate district wise outputs and establish the aggregated baseline value and information against project result areas and key indicators. The consultant will also prepare and submit the final report of the baseline evaluation to CARE Nepal.

This evaluation require to collect samples from **11 rural municipalities and 3 municipalities** of 6 project districts. The details of project working areas is given in Annex 3.

5. METHODOLOGY

The consultant should develop a proposal (technical and financial) with the methodology and tools of the baseline evaluation based on this ToR. Once the proposal will be accepted, an inception report should be submitted with detail methodological framework and tools and analysis framework to undertake both qualitative and quantitative assessments for the evaluation in view of the project indicators, result areas, M&E plan, DMEL framework and other project documents. The designed tools and analysis should be referred to the literature review of recent and standard surveys conducted in WASH and GESI sector. The consultant should include citation and references of reviewed literature. The consultant shall review updated WASH



related policies, regulations and other relevant documents and reflect them in analysis. The Kobo Toolbox is preferred tool for mobile based data collection for HH level survey.

The tools designed should be pre-tested in a sample targeted communities. The tools and analysis framework should be revised based on the gaps observed during pre-test. Enumerators should be given adequate orientation before sending for the field survey. Mock participatory tools facilitation sessions should be included in the orientation to enumerators.

“Activity profile” for fetching time, “access and control profile” for facilities, management and decisions “analysis of factors and trends” for identifying cultural factors are few committed tools by the project for GESI analysis at the targeted cluster/community level.

The analysis framework should be proposed for the baseline evaluation so that same analysis can be done in end line to compare the baseline and end line values and information. Analysis framework for quantitative assessment require to include data analysis framework for key indicators and results that provides clear steps to follow and produce the structured outputs of summarized data. For qualitative assessments, appropriate analysis methods, frameworks or models are expected. The consultant require to present the findings of the preliminary analysis before sharing the draft report. The consultant need to finalize the baseline reports incorporating feedback from consortium team including M &E focal person, CARE UK.

6. WORKING RELATIONS

At CARE’s central office, Kathmandu the consultant will work in close coordination with i) WASH Team Leader ii) WASH Technical Manager iii) MER Specialist iv) Procurement Team. MER Specialist will be the focal person to receive and communicate feedbacks on all deliverables between project and consultant. The consultant will work with the WASH Team Leader and MER Specialist to finalize the inception report for the evaluation.

Project Manager of DCA and SCI will support for the field plan and coordination in respective working districts. In districts, the consultant will work with focal persons from consortium partners for coordination with the implementing partners. The focal persons and implementing partner will support to roll out field plan, coordination with key community members and consultation with the government stakeholders.

7. TEAM COMPOSITION AND COMPETENCIES

The baseline evaluation will be conducted by external consultant and the evaluation team will be led by WASH Expert supported by GESI Specialist and Social Analyst/Researcher. Curriculum Vitae of the consultancy team should be included in the project proposal. The team require expertise in research design, field survey, participatory tools facilitation, database management, documentation, GESI analysis, and reporting. The principal consultant must have previous experience of conducting baseline evaluation in of WASH sector projects preferably in emergency reconstruction, in multiple contexts, including remote rural locations. The consultant should



choose the qualified enumerators with the knowledge in WASH sector and experience of facilitation of participatory tools in the marginalized communities. Please note that CARE prefers inclusiveness in the composition of the team and use of local resource persons as enumerators. The proposed team structure has to be presented in the proposal.

8. ROLE OF CARE AND PARTNER

Role of CARE Nepal

CARE Nepal will lead the consultancy proposal evaluation and selection process and coordination required at consortium level to manage necessary support from Kathmandu including project documents for review. CARE Nepal consortium partners and implementing partners will support to organize the field activities at district. CARE Nepal will work closely with the consultant team and support in technical aspects and coordination and collaboration with government stakeholders. CARE Nepal will evaluate the proposals and award the assignment based on technical and financial criteria.

Role of Consultant

The consultant will be responsible to execute the overall consultancy with a good quality work and as per the timeline and expected deliverables managing the evaluation team including all logistic arrangements. S/he will ensure good coordination with WASH Reconstruction Interventions-Round -3/CARE Nepal and its partners as required. S/he should submit the deliverables to CARE Nepal within the agreed timeline.

9. DELIVERABLES AND TIMELINES

The consultant will be responsible to execute the overall consultancy with a good quality work and as per the timeline and expected deliverables managing the evaluation team including all logistic arrangements. The consultant should submit the deliverables to CARE Nepal. This evaluation will take total 90 days from the day of contract. The details deliverables and timelines are as follows:

SN	Deliverables	Timeline	Remarks
1	Inception Report (With field survey tools in both Nepali and English Language)	Within 7 th day	CARE requires at least 7 working days for review
2	Presentation of Inception Report	Within 9 th day	
3	Pre-test the survey tools in the project area	Within 20 th day	
4	Finalization of Inception Report with pre-test survey tools and analysis frameworks/models with incorporation of feedbacks from CARE	Within 23 th day	CARE requires at least 5 working days for review
5	Orientation to enumerators on field survey methods and tools with practice sessions (2 day)	Within 30 th day	Will be presence of CARE representatives



SN	Deliverables	Timeline	Remarks
6	Submission of field survey plan to CARE and approval	Within 32 th day	
7	Field Survey	Within 45 th day	Should be completed within
8	Present key preliminary findings (with district disaggregated data)	Within 55 th day	
9	Present Draft Baseline Report	Within 60 th day	CARE requires at least 10 working days for review
10	Final Baseline Report (with district disaggregated details)- 2 hardcopies with annexes and e-copies of word and pdf files	Within 80 th day	
11	Original and cleaned database in relevant software, analysis sheets, original/extended field notes, case studies, audio tapes, photos and transcribed materials.	Within 80 th day	
12	Financial Report	Within 90 th day	

10. COPYRIGHT

CARE Nepal has sole ownership of all final data and information. Findings shall not be shared or reproduced without permission of CARE Nepal.

11. PROPOSAL SUBMISSION AND CONTACT PERSON

Proposals must be received no later than 5:00 pm on Monday, 21 May, 2018 to the address below:

The Front Desk

CARE Nepal, 4/288-Samata Bhawan,

Dhobighat, Lalitpur

Phone (5522800)

Electronic copies of the proposals can be requested if required.

12. EVALUATION AND AWARD OF CONSULTANCY

CARE Nepal will evaluate the proposals and award the assignment based on technical and financial criteria. CARE reserves the right to accept or reject any proposal received without giving reasons and is not bound to accept the lowest, the highest or any bidder. Only the successful applicant will be contacted.



The technical and financial proposals will be evaluated based on following criteria:

a. Technical

- Understanding and interpretation of the ToR
- Methodology to be used in undertaking the assignment (including sampling method, sample size, details of tools)
- Time and activity schedule

b. Financial

- Proposed budget
- Cost per unit sample

c. Organizational/Personnel Capacity Statement

- Relevant experience related to the assignment
- Curriculum Vitae with relevant references

d. Others Documents

- Income tax details/ PANs
- Copy of company registration
- Copy of renewed document
- Copy of tax registration and PAN number
- Copy of TAX clearance certificate (073/074)
- Copies of certification/testimonies of past work done by the agency
- Updated Company Profile

13. MODE OF PAYMENT

The payment will be in NRs and is subject to tax deduction as per prevailing government rules. The consultant will be paid for the consultancy fee in three installments as 30 %, 30% and 40% of the contracted amount upon receipt of final inception report, draft baseline report, and final financial report respectively to CARE Nepal. Full payment is conditional on the quality of the research (tools, dataset and report).

Note: 1st installment of payment must be settled within 28th June, 2018 to support annual financial closing. The required deliverables are: i. Final inception report, ii. Attendance of orientation event to Enumerators and iii. Final field survey plan.

14. GENERAL TERMS AND CONDITIONS

- Primary data collected by the consultant for the use of study, reports and documents prepared during the assignment cannot be used by the consultant for other purposes. All the documents prepared by the consultant should submit to CARE at the end of evaluation. CARE has sole ownership of all final data and information. Findings shall not be shared or reproduced without permission of CARE.



- For the quality assurance, the completion of assignment and submission of the final output/deliverables, evaluation shall be done by the CARE.
- The consultant shall be solely responsible for his/her own insurance CARE will not bear any cost in this regard.
- The consultant or any other field enumerators will not in any way harass the respondent by asking, probing any question beyond the scope of the ToR.
- The consultant must demonstrate high ethical and moral standards and will respect the rights and privacy of the respondents while collecting information /storing information and transferring information.
- Due to time limitation, the evaluation must be completed within the assigned timeframe. Request for no cost extension of time will only be entertained in exceptional cases (such as long term unrest or bandhs hindering data collection), for which CARE's prior written approval for the same shall be necessary.



ANNEX 1: MAJOR ACTIVITIES UNDER 4 RESULT AREAS OF THE PROJECT

R1: Improved access and meaningful representation in the management of safe, adequate and resilient drinking water systems for targeted communities

- Formation/Reformation and registration of Water Users' and Sanitation Committees (WUSCs)
- Capacity building of Users' Committees
 - Pre/Post construction training; Operation and Maintenance training, leadership development training, account/book keeping training, Repair and Maintenance guideline implementation including tariff collection
 - Development of Operations and Maintenance (O&M) Action Plans
 - Training of Village Maintenance Workers (VMW)
- Design of appropriate, resilient water schemes and other critical infrastructure
- Rehabilitation and Re construction of water schemes
- Development of Water Safety Plans (WSP)
 - Water quality testing
- Innovative activities
 - Multiple Water Use system
 - Development of skilled labours in the Gaupalikas (plumbers, masons, ferro cement builders, disaster resilient masonry works, etc.)
 - District level network survey of WASH service providers (masons/plumbers, latrine builders, construction materials, O&M parts, hygiene and sanitation materials, etc.)
 - Source protection and preservation
 - Real time learning initiatives

R2: Community members have improved knowledge, attitudes and practices related to sanitation and hygiene thereby reducing prevalence of water borne diseases

- Conduct community session on six hygiene messages and monitor at HHs level
- Conduct CLTS triggering events at community, ward or Ga.Pa. /Na.Pa. levels for ODF and Total Sanitation campaign
- Conduct community sensitization event on NRA entitlement (for toilet construction)
- Training on Menstrual Hygiene Management (MHM) to adolescent boys and girls; school teachers and FCHVs

R3: Local Government have improved knowledge and information on water sources and existing drinking water schemes

- Orientation to field staffs on IMS
- Update census of potential water source (Using IMS system development in Track 1)

R4: Established linkage of the vulnerable disaster affected communities with local government for self-recovery and have enhanced capacity for sustainable local WASH planning and monitoring



- Orientation to the Ga.Pa./Na.Pa./Ward officials for various WASH related policies, plans and actions and triggering tools for ODF campaign, and NRA entitlement on sanitation
- Support to form up Ga.Pa./Na.Pa /Ward/municipal level WASHCC and consequently to develop WASH strategic planning and WASH monitoring framework
- Support for monitoring of the round 1 and round 3 and ODF initiatives
- Exit workshop for linking WUSCs with WASH service units of Ga.Pa./Na.Pa for sustainability
- Establishment linkage between WUSC and FEDWASUN

ANNEX 2: PROJECT INDICATORS

Level of Indicator	Indicators	Unit	Means of Verification
Output	Grant agreement signed	PGA	Grant agreement
Output	DWS schemes identified meeting the approved selection process and criteria (disaggregated by district)	DWS	list of DWS schemes identified with GPS, Preliminary Study Report
Output	% of beneficiaries covered with DWS design & BOQ completed for scheme	People	Design and cost estimate report of DWS schemes (with BOQs)
Output	# of Purchase Order (PO) issued with suppliers for DWS	PO	Design and cost estimate report of DWS schemes (with BOQs)
Output	# of hygiene promotion plan submitted (developed for WUSCs)	Plan	Hygiene promotion plan
Output	# of MoUs signed with WUSCs	MoU	Signed MoU with WUSCs
Output	# of WUSCs endorsed DWS operation and maintenance and financial management guideline	WUSC	Minutes of guideline endorsement by WUSCs
Output	# of WUSCs received construction materials covering the beneficiaries	WUSC	Goods received note /way bill signed from WUSCs
Output	Construction completed of DWS from intake to reservoir stage	DWS	structure completion report, public audits minutes stating completing intake, transmission mans and reservoir, photographs
Output	# of planned hygiene promotion activities implemented	Plan	Activity report/Database



Level of Indicator	Indicators	Unit	Means of Verification
Output	DWS completed as per design standard (up to distribution setup)	DWS	Construction completion report Photographs
Output	% of people with access to DWS are final testing and commissioning (Disaggregated by HH/district/rural municipality/municipality/sex/ethnicity/vulnerability)	% of people	DWS Profile (database)
Output	# of water safety plan prepared	WSP	Water safety plan hard and soft copy
Output	# of WUSCs that have developed O & M plan	WUSC	Minutes of O&M plan endorsement by WUSCs
Outcome	% of DWS functional one year after the project period	DWS	Evaluation report (by Mott MacDonald)
Outcome	% of WUSCs holding meeting at least in half yearly basis	WUSC	
Outcome and Impact	% of WUSC continuing Sanitation and Hygiene activities	WUSC	
Outcome	% increase in HH with access to latrine facilities compared to the baseline	HH	
Outcome	# of WUSCs that have developed DWS operation and maintenance and financial management plan	WUSC	
Outcome	% of WUSCs who has implemented O&M plan with proper operating bank accounts of O&M funds.	WUSC	
Impact	% of surveyed beneficiaries reporting access to functional DWS	Surveyed beneficiaries	
Impact	% of the surveyed water systems which were maintained by WUSCs	Surveyed DWS	
Impact	% of Water User Committee (WUC) registered on Federation of Water and Sanitation Users Nepal (FEDWASUN)	WUSC	



ANNEX 3: DETAILS OF PROJECT WORKING AREAS

District	Name of Palika	Target Beneficiaries
CARE		20700
Gorkha	Palungtar M	900
	Sulikot RM	900
	Siranchowk RM	3620
	Ajirkot RM	3350
Makwanpur	Indrasarowar RM	3050
	Bhimphedi RM	4450
	Thaha M	4430
SCI		12745
Nuwakot	Shivapuri RM	11675
Rasuwa	Naukunda RM	1070
DCA		15605
Dhading	Thakre RM	3487
	Nilkantha M	4005
	Jwalamukhi RM	825
Lamjung	Dordi RM	3270
	Dudhpokhari RM	4018
Total		49050

