

**REPUBLIC OF MALAWI**



**Republic of Malawi**



**Blantyre Water Board**



**Blantyre City Council**

**MALAWI WATER AND SANITATION PROJECT -1(MWSP-1)**

**TERMS OF REFERENCE**

**FOR THE CONSULTANCY SERVICES FOR THE DEVELOPMENT AND IMPLEMENTATION OF A SANITATION MARKETING STRATEGY AND EMERGENCY CHOLERA RESPONSE CITIZEN ENGAGEMENT PLAN**

**PROCUREMENT REFERENCE NO.: MW-BWB-333179-CS-QCBS**

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## **1. Introduction**

### **1.1. Background**

The Government of Malawi (GoM) is committed to providing adequate, reliable and sustainable water and sanitation services to the urban, peri-urban, towns and rural population of Malawi to meet the ever-increasing demand for safe water for domestic, institutional, industrial, commercial and agricultural use. One focus area is Blantyre City, which currently faces several challenges related to water supply and sanitation services delivery. Some of the challenges include; high population growth, dwindling water resources, climate change, lagging infrastructure development and aging water and sanitation systems with high levels of non-revenue water creating large gaps between supply and demand, leading to unreliable services. The current water and sanitation situation in the city is alarming, which calls for comprehensive measures that will bring about sustainable and reliable improved services.

GoM through Blantyre Water Board (BWB) and Blantyre City Council (BCC) with financial support from the International Development Agency (IDA) of the World Bank intends to implement the Malawi Water and Sanitation Project-1 (MWSP-1). The MWSP-1 seeks to address the immediate and medium-term water and sanitation needs and support a long-term solution to Blantyre City's growing demand for improved water services and safely managed sanitation services.

BWB and BCC which are the implementing entities for the MWSP-1 commit themselves to successful implementation of the project which aligns with Malawi's development goals as well as strategic plans for the two institutions. The project is consistent with the Government's priorities, as it directly aligns with Malawi's commitment to improving urbanization as stipulated in the Malawi 2063.

### **1.2. Project Development Objective and Components for the Malawi Water and Sanitation Project-1 (MWSP-1)**

The project development objective (PDO) is to increase access to improved water supply and improved sanitation services in Blantyre metropolitan area and to enhance the operational and financial efficiency of the Blantyre Water Board. The PDO will be achieved through development and rehabilitation of water and sanitation infrastructure for Blantyre City and surrounding areas so that the city has adequate and reliable potable water supply with adequate pressure and improved sanitation services. The project focuses on four components that contribute to the achievement of the PDO.

#### ***Component 1: Water supply improvements***

Under this component, the project will finance investments to improve water production, stabilize and improve network operational efficiency, reduce water losses, increase energy efficiency,

improve water supply service quality, and expand water access to unserved areas, increasing energy efficiency, and boosting water access. This component is not part of the present ToR.

***Component 2: Priority sanitation investments***

This component (which is the object of the current ToRs) involves several interventions to increase access to safely managed sanitation and reduce environmental pollution that has public health impacts.

***Component 3: Institutional capacity strengthening***

This component will finance a set of institutional development activities aimed at enhancing BWB's financial efficiency and governance systems through a Performance Based Financing Mechanism (PBFM), improving BCC's capacity to manage sanitation services and supporting the water sector investment planning and policy development to enhance the sustainability of urban water services. This component is not part of the present ToR.

***Component 4: Technical Assistance and Project Management Support***

This component will finance TA activities designed to support the project implementing unit and the incremental operating costs for project management, including safeguards, communications, and project monitoring and evaluation. The project will also finance relevant training to enhance financial management, procurement, and safeguards capacity for the implementing entities. This component is not part of the present ToR.

In order to respond to the strategies and investments proposed under the MWSP-1, the Government of Malawi through the Ministry of Water and Sanitation (MoWS), would therefore, like to engage the services of an experienced sanitation marketing/social marketing consultancy firm to develop a sanitation marketing strategy. The assignment will be in two phases: a) in the first phase the consultant will lead the process of developing the sanitation marketing strategy which among other things will involve undertaking: formative research, project branding, sanitation marketing communication plans and b) subject to performance in the first phase, the consultant will be required to provide support in implementing the sanitation marketing strategy. As part of the first phase of the assignment, the consulting firm will be required to provide technical input support to the development of the umbrella project communication strategy for MWSP-1. The assignment will require application of the best social and commercial marketing practices to influence sanitation behaviors and create demand for various sanitation products and services that are envisaged under the Project. The sanitation marketing approach will be implemented in Blantyre City. However, schools, health centers, markets and residents where sewer line connections pass will require more intense interventions, tailored messages and marketing activities to support Project implementation and adoption of products and services. The MWSP-1 is looking to instill behavior change and ensure that the residents in informal and formal settlements adopt and accept the products and services that are being offered under the project.

### **1.3. Description of Target Areas**

#### **1.3.1. Public Primary Schools**

Blantyre City has 62 Public primary schools whose sanitation promotion is coordinated by the Blantyre Urban District Education Office. Water, Sanitation and Hygiene (WASH) in these primary schools are done by the office of School Health and Nutrition (SHN) Coordinator whose main activities include; periodic training of toilet cleaners, monitoring of WASH activities at school level, and provision of limited financial support to schools for settling water tariffs.

Public schools' sanitation gets assistance, in areas like provision of WASH infrastructure, construction of toilets, WASH rooms, reusable sanitary pad sewing, and provision of hygiene materials (buckets, soap), from a number of Non-Governmental Organizations such as Water for People, Goal Malawi, SCOPE Malawi, CHANANSA, and Red Cross. In addition to the assistance that schools get from various partners, it is common practice that schools raise own funds to support sanitation and hygiene activities which is mostly done by hired workers. Just like any other institution, primary schools have sanitation related challenges like inadequate toilet blocks which lead to high toilet to learner ratio, unavailability of water sources, lack of funds to support periodic training of cleaners and SHN teachers, erratic payments of toilet cleaners, and few menstrual hygiene management facilities.

An assessment done by the Basic Education Administrators in all the 62 primary schools within the City of Blantyre indicated that 10No. schools had serious sanitation challenges that required urgent attention. The schools have high numbers of enrolled pupils that do not correspond to the existing number of toilet holes currently being used by the pupils. Most of the existing toilets are in poor/dilapidated state that require complete demolition as they pose a threat to the lives of the pupils.

#### **1.3.2. Health Care Facilities**

Blantyre City has 21 health care facilities. In these health care facilities, issues of WASH are coordinated and promoted by Infection Prevention Committee (IPC). Studies that were done in these facilities revealed that 19 health facilities have poor or dilapidated sanitation facilities that require either rehabilitation or complete demolition and construction of new ones. Based on availability of resources, the project shall target 5 health care facilities.

#### **1.3.3. Markets**

Blantyre city has 32 markets. The Market places are prone to poor sanitation because of high concentration of people especially during the day. This therefore contributes to spread of faecal-oral related diseases such as cholera; as well as environmental contamination. In order to improve

sanitation services in public markets, and based on availability of resources, the project shall target 5 markets.

#### **1.3.4. Cholera Situation in the Target Area**

Cholera is endemic in Malawi with seasonal outbreaks reported during the wet season. The current outbreak started in March 2022 and has affected 27 of 29 districts of Malawi and represents the biggest outbreak ever experienced in its history, even though, the country had made progress in the last years to reduce the cholera burden through vaccination and improved water and sanitation. Although, the outbreak originated in the southern region of Malawi, most affected districts are in the northern region of Malawi. The most affected age groups are 21-30 years, and males are disproportionately affected. Malawi is one of the climate change hotspots with over half districts being affected by natural disasters every year. The outbreak followed floods that occurred as a result of tropical storm Ana (January 2022), Cyclone Gombe (March 2022) and Cyclone Freddy (March, 2023) leading to displacement of a population with low-pre-existing immunity that now lacks access to safe water, sanitation and hygiene. The flood caused rapid deterioration of the already fragile hygienic and sanitary conditions in many communities.

Blantyre being the district where MWSP-1 is going to be implemented is among the districts that has been affected with the Cholera outbreak. Blantyre City registered its first cholera case in April 2022. As at 19th January 2023, there were 4130 cases and 148 deaths reported by Blantyre District Health Office. One of the transmission modes of the disease is through consumption of contaminated water and low latrine coverage.

### **1.4. Current Set Up on Sanitation Delivery Services at BCC**

#### **1.4.1. Health and Social Services department is responsible on sanitation delivery services for solid waste at BCC**

The Health department ensures that:

- Refuse is collected once a week in formal residential areas.
- Refuse is collected in informal residential areas once the skip is full within 24hrs.
- Refuse is collected daily in public places; e.g: markets
- Refuse is collected once a week in industrial areas
- Streets are cleaned in Central Business District daily and twice per week in the peripheral areas.
- Graves are prepared within five hours of reporting upon payment of the appropriate fee
- Meat is inspected from all butcheries/abattoirs on daily basis before selling.
- Commercial food handlers are medically examined every six months
- Infested public areas are sprayed with pesticides within 7 days of reporting.
- Early Childhood development centers are inspected monthly
- Register (Early Childhood Development) ECDs, (Community Based Organization) CBOs within Fourteen (14) days of application upon meeting the required standards.

- Ensure that there is adequate staff in maternity clinics at all times.

#### **1.4.2. Department of Works and Engineering Services is responsible on sanitation delivery service for waterborne**

The Engineering department ensures that:

- Water and air pollution control measures within the City, are put in place and well monitored.
- Potholes and other related damages are repaired within seven days of appearing.
- Sewer blockages are cleared within 24 hours of reporting of incident.
- Industrial wastewater samples are analyzed once per month per industry.
- Damaged street lights and traffic signs are replaced within 48 hours.
- Fire fighters arrive at the scene of fire incident within 15 minutes of reporting.
- Blocked culverts, storm water drainages and road wash ways are maintained within 48 hours of reporting.
- Faulty sanitary structures in public places are repaired within 24 hours of reporting.
- Fire inspection is provided within 48 hours of request.
- Waste water is treated according to national standards
- Operation of Waste Water Treatment Plants
- Proper Maintenance of Waste Water Treatment Plants

#### **1.4.3. Gaps to be addressed on sanitation**

- Weak health education unit at BCC to champion sanitation promotion and marketing
- Lack of resources/funding at BCC for the Health department to hold sanitation campaigns
- City residents lack knowledge on proper use of sewerage infrastructure
- City residents lack knowledge on availability of pit emptying services
- City residents lack knowledge on proper use of modern handwashing facilities and general household cleanliness

### **1.5. Overall Objective of the Assignment**

The overall objective of this assignment is to develop and implement a Sanitation Marketing Strategy and an Emergency Cholera Response Citizen Engagement Plan, coordinate the day-to-day cholera emergency responses aimed at preventing and controlling Cholera outbreaks in hotspots and provide support to BCC and its partners.

#### **1.5.1. Specific Objectives of the Assignment**

The specific objectives of the assignment include the following key tasks

##### **1.5.1.1. Development and implementation of a Sanitation Marketing Strategy**

- a. Undertaking a situation analysis, including, (i) Reviewing all relevant Project documents, existing baseline studies and other information on water supply, sanitation coverage and



health situation in Blantyre: (ii) Reviewing all ongoing/planned sanitation marketing activities, and identify key gaps/challenges; (iii) Identifying and mapping key stakeholders and partners involved in sanitation marketing; (iv) Outlining of sanitation products and services provided by BCC, including those planned under the Project; (v) Reviewing existing studies and literature on factors influencing demand and supply for improved sanitation services in Blantyre; and identify knowledge gaps to be addressed through the implementation of a communication campaign; (vi) Assessing capacity of BCC in sanitation marketing, identifying gaps and areas for improvement.

- b. Proposing an analytical framework and conducting formative research to inform the development of the sanitation marketing strategy. The formative research will probe factors that serve as barriers to and drivers of target populations' ability, opportunity and motivation to adopt the desired behaviors.
- c. Developing a sanitation marketing Strategy and associated products, tools and materials that will support BCC in rolling out its new service line aimed at improving coverage of safely contained and emptiable sanitation facilities and uptake of safe disposal services in urban and peri-urban areas of Blantyre City.
- d. Provide technical input to the development of the umbrella project communication and citizen engagement strategy for MWSP-1 to accompany the sanitation marketing strategy. The umbrella project communication and citizen engagement strategy shall cover two distinct, but complementary aspects: Project Branding Strategy in order to increase awareness and visibility of the Malawi Water and Sanitation Project-1 and other joint BWB-BCC efforts to improve water supply and sanitation conditions in the City. While, the Sanitation Marketing Strategy will aim at addressing undesirable human behaviours that have an impact in the uptake of sanitation products and services. Hence, the consultant need to make sure that the two strategies should speak to each other.
- e. Providing technical and management support and capacity building through knowledge and skills transfer to BCC and BWB in implementing the sanitation marketing Strategy, communication and citizen engagement strategy and Project branding strategy.
- f. Subject to performance at strategy development phase, the consultant will be required to provide project implementation support.

#### **1.5.1.2. Development and implementation of an Emergency Cholera Response Citizen Engagement Plan**

- a. Conduct site assessments and regular updates on the cholera situation to identify the needs for the response, including updates for the 5W matrix (the matrix plots, who is working Where on What activities; When and with what resources) and partner coverage maps.
- b. Train and orient field response teams as well as local leaders and review of monitoring tools for cholera response.
- c. Support BWB and BCC authorities in deployment of the rapid response teams or cholera outbreak response teams (CORT)

- d. Disseminate cholera behavior change activities through various media in consultation with BWB and BCC authorities.
- e. Safeguard and improve the public health of the affected population by ensuring access to safe drinking water and excreta disposal and promoting safe hygiene practices, ensuring overall efficiency, effectiveness and delivery of results following national and international humanitarian standards.
- f. Implementation of the cholera case-area targeted interventions (CATI) and cluster case targeted interventions (CLUSTI).
- g. Ensure cholera supplies are identified, procured, distributed and used effectively.
- h. Coordinate the response with Blantyre City WASH authorities, as well as sub-national and national including attending coordination meetings on cholera response
- i. Support the WASH cluster coordination and provide periodic updates (including daily / weekly updates), situation reports (Sitreps) and final reports on the cholera response

## **2. Project Scope**

The Estimated duration of the assignment is 30 months through a lump sum contract. Phase 1 shall take a maximum period of twelve (12) months. Within the twelve months of phase 1, the Consultant shall, among other activities, use the first two months to carryout a cholera situation analysis and make implementable recommendations for the successful containment and/or eradication of cholera in Blantyre City. Development of the sanitation marketing strategy, which shall be done concurrently with the development of an emergency cholera response plan, shall take a maximum of twelve months starting from the contract commencement date and during this period the Consultant shall carryout formative research and develop sanitation marketing strategy, implementation plan, promotional messages, communication materials and other creative content ready for use. Phase 2 shall take ten (10) months for implementation of an emergency cholera response plan and eighteen (18) months for implementation of sanitation marketing strategy. The implantation of an emergency cholera response plan shall commence immediately after the first two months of cholera situation analysis and similarly implementation of sanitation marketing strategy shall commence immediately after deployment of a sanitation marketing strategy.

During Implementation of an emergency cholera response plan, the Consultant shall (i) implement, although not limited to, the findings contained in the cholera situation analysis report; (ii) mobilize and deploy rapid cholera field response teams to affected sites and areas in all the 23 administrative wards' targeted hotspots within Blantyre City and surrounding areas; (iii) conduct trainings and orientation of field response teams and local authorities; (iv) improve partner coordination in cholera response; (v) present progress reports on the 5W matrix and partner coverage maps; (vi) implement a WASH-based social behaviour change plan; (vii) disseminate information on cholera behavioural change promotion messages such as safe water drinking, excreta disposal, and good hygiene practices, through various media platforms available in Blantyre; (viii) facilitate distribution of various cholera prevention and containment tools and equipment to 62 public primary schools, 32 public markets and 21 health centres within Blantyre City; and (xi) prepare final consultancy report identifying key achievements, challenges and recommendations for future undertakings.

During Implementation of a sanitation marketing strategy, the Consultant shall carryout (i) sanitation situation analysis; (ii) formative research; (iii) development of sanitation marketing strategy, (iv) development of project communication and citizen engagement strategy for MWSP-1 (v) development of Project branding strategy (vi) Reviewing of Customer Servicer Charters for BWB and BCC (vii) Implementation of sanitation marketing campaign, project communication and citizen engagement activities (viii) technical and management support, and capacity building to BWB and BCC in implementing the communication and citizen engagement plan and sanitation marketing strategy, including the production of the communication and marketing materials and tools.

In either case, the proceeding of the Consultant to phase 2 activities shall be subject to satisfactory performance of which the criteria shall include (i) quality of deliverables (ii) timely submission of deliverables, (iii) compliance with contractual obligations including deployment of agreed staff, (iv) adherence to World Bank Standards and (v) responsiveness of the consultant. This Phase 2 of the contract shall come into effect after completion of phase 1, with respect to the descriptions above, and upon Client’s notice to the consultant instructing commencement of Phase 2 services.

**2.1. Detailed Scope of Services**

**2.1.1. Development and Implementation of a Sanitation Marketing Strategy**

The assignment includes the following key tasks: (i) Situation analysis; (ii) formative research; (iii) development of sanitation marketing strategy, (iv) development of project communication and citizen engagement strategy for MWSP-1 (v) development of Project branding strategy (vi) Reviewing of Customer Servicer Charters for BWB and BCC (vii) Implementation of sanitation marketing campaign, project communication and citizen engagement activities (viii) technical and management support, and capacity building to BWB and BCC in implementing the communication and citizen engagement plan and sanitation marketing strategy, including the production of the communication and marketing materials and tools.

**2.1.1.1. Situation Analysis**

The purpose of the situation analysis is to ensure that behavioral issues relating to sanitation, as well as existing marketing initiatives, approaches and lessons learned are well understood and considered in the development of a sanitation marketing strategy for MWSP-1. The Malawi Water and Sanitation Project-1 is expected to build a new marketing plan with focus on inspiring customer uptake of sanitation products and services under the Project.

Under this task, the Consultant is expected to:

- a. Review all related project documents, existing baseline studies and other secondary data on sanitation coverage, health outcomes and citizen perceptions, outline key focus areas and behaviors to be targeted.
- b. Review all planned/existing sanitation marketing activities and materials, and identify key gaps/challenges, including possibilities of adopting/scaling up existing initiatives.

- c. Identify and map key stakeholders influencing sanitation issues in Blantyre City and issues related to each stakeholder that either threaten or offer opportunities to the progress of the Malawi Water and Sanitation Project-1 in general and propose modes of engagement.
- d. Outline sanitation products and services provided by BCC, including those planned under the Project and key challenges for their adoption.
- e. Review existing studies and literature on factors influencing demand and supply for improved sanitation services in Blantyre City; and identify knowledge gaps to be addressed through formative research.
- f. Assess the capacity of BCC in sanitation marketing, and identify capacity gaps. This shall include: (i) analyzing the effectiveness of existing strategies, tools, systems and processes related to service marketing and identifying gaps; (ii) assessing capabilities - in terms of number and qualification/experience of marketing staff; their motivations and incentives; (iii) assessing the extent to which Health Surveillance Assistants (HSA) in their respective catchments serve customers as their primary function; how they understand current and future customer needs with respect to sanitation; and the extent to which customer feedback is sought, communicated and used to improve sanitation service delivery; (iv) assessing the extent to which BCC is able to influence the behavior of consumers; and (v) assessing the extent to which other factors influence consumer behavior.
- g. Review the existing communication and marketing strategy for BCC and BWB.
- h. Assess the corporate branding status of BCC and BWB, assess their effectiveness.

#### **2.1.1.2. Formative Research**

The purpose of formative research is to understand local population's culture which includes knowledge, beliefs, perceptions, needs, attitudes, motivations, barriers and stereo-types that affect their access to and use of improved sanitation facilities and services.

The formative research is expected to yield adequate information upon which a Marketing and Communication Plan will be developed.

Specific activities of this task shall include:

- a. Review existing formative research (if any) to identify recurring behavioral themes, attitudes and beliefs related to sanitation, and define sanitation-related behaviours to be targeted;
- b. Develop a conceptual framework, research design, methodology and research instruments for the formative research to be approved by the client. The conceptual framework and research design shall draw on cutting-edge scientific research in behavioral science and marketing, and adapted to the Blantyre City situation as appropriate;
- c. Conducting Pre-testing of the research instruments and document findings and recommendations for any modifications. Finalize instruments based on pre-test results;

- d. Prepare a draft report on the Formative Research findings and implications for sanitation marketing including elements of corporate branding for both BWB and BCC
- e. Present the findings of the formative research to BCC and other stakeholders in a workshop to be organized by MWSP-1; and
- f. Prepare a final report, incorporating feedback from stakeholders.

### **2.1.1.3. Sanitation Marketing Strategy and Implementation Plan**

Based on the findings from the formative research and situation analysis, the Consultant shall develop a sanitation marketing strategy and implementation arrangements. In particular, the Consultant shall:

- a. Define the marketing goals and objectives, timeframe, guiding principles, strategic approaches, as well as a set of indicators to measure success.
- b. Develop a marketing plan covering all the core marketing initiatives i.e. product/service, price, place and promotion, people, process and physical evidence. The plan shall provide details on how the strategic objectives outlined above will be achieved, what activities will be implemented, by whom, when, and at what cost, as well as the monitoring plan.
- c. Define the institutional arrangements for implementing the sanitation marketing strategy, including making recommendations on practical mechanisms for improving coordination with other agencies involved in sanitation marketing, and for supporting the efforts of supervising consultant/contractors/operators that may be engaged by MWSP-1 to supervise and build sanitation facilities and/or provide waste management services on behalf of BCC;
- d. Developing appropriate protocol for joint BWB-BCC implementation of the sanitation marketing strategy, including articulating the benefits of and institutional pre-requisites for such a joint implementation; interest and motivation of BCC and BWB in engaging in joint implementation; and facilitating dialogue and joint commitment at the highest level within both BWB and BCC;
- e. Prepare a draft sanitation marketing strategy
- f. Present the sanitation marketing strategy to BCC and stakeholders at a workshop to be organized by MWSP-1; and
- g. Prepare a Final Sanitation Marketing Strategy incorporating feedback from MWSP-1 and stakeholders.

### **2.1.1.4. Project Communication and Citizen Engagement Plan**

The Consultant shall support the development of a detailed project communication and citizen engagement plan to accompany the sanitation marketing strategy. The plan shall cover two distinct, but complementary aspects: (i) Project branding strategy to increase awareness of the project and other efforts to improve sanitation conditions in the city; and (ii) sanitation marketing

communication to influence sanitation behaviors and increase uptake of sanitation products and services.

#### **2.1.1.5. Sanitation Marketing Communication Plan**

The Consultant shall define a set of marketing communication activities to influence sanitation behaviors and increase uptake of sanitation products and services. Tasks shall include, but not limited to:

- a. Define marketing communication activities, drawing on the formative research findings. This shall include development of creative concepts, identification of target audiences, implementation arrangements, responsibility, timelines (Gantt chart), and cost estimate. The timing/phasing of marketing communication activities should be determined based on the implementation progress of relevant infrastructure and service improvements under MWSP-1;
- b. Develop marketing communication messages and concepts for a city-wide marketing communication campaign, incorporating lessons from previous campaigns as well as results from the formative research.
- c. Branded promotion to create awareness of a particular sanitation product/service or point-of sale;
- d. Behavioural change communication to motivate people to upgrade their sanitation facilities to make them emptyable; sign up for emptying services; or connect to sewers where these exist; reduce, recycle and resource recovery for waste, Faecal sludge Management (Pit Latrines, Pit emptying and Treatment);
- e. Develop messages and prototype materials for different target audiences and advise on the most effective delivery channels (mass media, interpersonal communication and direct customer contact. The Consultant shall develop several concepts for each topic that is prioritized based on the formative research, for each of the targeted MWSP-1 components. The initial concepts shall be tested internally with BCC and possibly other stakeholders until consensus is reached on the concepts to be pre-tested with the target communities;
- f. Pre-test all the messages for marketing communication at least twice with various segments of the target audience and make all necessary modifications to the messages to ensure that they are suitable and appropriate for the intended audiences; and.
- g. Revise and finalize creative concepts based on the results of the pre-test and discussions with BCC.

#### **2.1.1.6. Implementation Support**

The consultant shall provide technical and management support, and capacity building to BCC and BWB in implementing the sanitation marketing strategy and associated plans. The activities shall include, but not limited to:

- h. Develop specifications for procurement of reputable service providers for mass production of marketing materials, messages and other creative content prepared in the previous tasks;
- i. Coordinate and supervise production of marketing materials, messages and other creative content prepared in previous tasks;
- j. Establish a quality assurance system for all marketing materials, messages and creative content;
- k. Carry out periodic monitoring and evaluation of the effectiveness and impact of all marketing activities and make adjustments to activities, materials, messages and other content, where necessary;
- l. Conduct training and capacity building on sanitation marketing for MWSP-1 sanitation operation teams, toilet construction contractors and emptying service providers, who will be expected to use the same brand identity and take advantage of mass communication activities in marketing improved toilets and emptying services, waste recycling products.
- m. Prepare monthly progress reports which shall include information on progress of each planned activity in the marketing plan, achievements during the month, current status against the project current expenditures against budget, and significant challenges and the action being undertaken to resolve them; and
- n. Prepare a completion report summarizing the achievements, lessons learned and recommendations for mainstreaming sanitation marketing and communication activities of the MWSP-1.

## **2.1.2. Development and Implementation of an Emergency Cholera Response Plan**

### **2.1.2.1. Assessments and cholera data updates**

- (i) Conduct site assessments and regular updates on the cholera situation to identify the needs for the response, including updates for the 5W matrix (the matrix plots Who is working Where on What activities; When and with What resources) and partner coverage maps.
- (ii) Assess availability of possible drinking water, faecal contamination sources such as unprotected wells, boreholes, standpipes, mode of drinking water as well as transportation from source, supply lines, or during storage (for example, by contact with hands soiled by faeces);
- (iii) Identify food preparation, consumption, transportation/handling and storage methods in markets and/or food vendor stalls and at transport hubs (e.g. bus stations);
- (iv) Develop or use a prepared set of harmonized messages on the prevention of cholera, pre-test them in the community and ensure that they are validated by BWB and BCC and used by all partners;
- (v) Determine local knowledge and practices in relation to cholera by conducting focus group discussions, direct observations, KAP surveys, etc. to guide messages;
- (vi) Develop cholera response messages with limited text but more illustrations of practical demonstrations (such as images showing procedures for chlorination of water,

preparation of ORS, handwashing) and align them with the ongoing cholera prevention programs;

- (vii) Adapt messages to local cultural beliefs about the disease and to the capacity for implementing control measures in the community;
- (viii) Select the best way to disseminate messages to Blantyre City residents.
- (ix) Adapt messages to target groups (such as males, females, adolescents, people who are illiterate) and give them in the local language.
- (x) Determine the best method for water treatment (such as filtration, disinfection, chlorination) at the source or at point of use.

#### **2.1.2.2. Implementation of Cholera Response Citizen Engagement Plan**

- (i) Train and orient field response teams as well as local leaders and review of monitoring tools for cholera response.
- (ii) Support BWB and BCC authorities in deployment of the rapid response teams or cholera outbreak response teams (CORT)
- (xi) Disseminate cholera behavior change activities through various media in consultation with BWB and BCC authorities such as mass media (such as radio, TV, press releases, social media, SMS), small media (including a banner, leaflets, posters, caps, T-shirts, songs), interpersonal communication (for example, briefing sessions with community or religious leaders and talks in places where people usually gather, such as healthcare facilities, schools, saloons, churches, mosques, transport hubs, markets); video clips/testimonials, radio spots, talking points, street plays, social media, website content, e-newsletters, event support materials, research papers and brochures, etc.
- (iii) Distribute safe drinking water to the affected population through the use of water bowsers and promote safe hygiene practices.
- (iv) Sensitize the residents on safe excreta disposal
- (v) Implement cholera case-area targeted interventions (CATI) and cluster case targeted interventions (CLUSTI).
- (vi) Coordinate the response with Blantyre City WASH authorities, as well as sub-national and national including attending coordination meetings on cholera response
- (vii) Support the WASH cluster coordination and provide periodic updates (including daily / weekly updates), situation reports (Sitreps) and final reports on the cholera response.
- (viii) Distribution of safe drinking water management tools, chemicals and equipment such as water filtering buckets, granular chlorine, handwashing soap, disinfectants and doormats etc. to support good hygiene practices, as appropriate
- (ix) Carryout monthly water quality analysis of all the available sources of drinking water
- (x) Conduct disinfection of all water sources at point of use (at the tap, vessels or storage containers).
- (xi) Sensitize households on various methods of household water treatment such as boiling, disinfection, chlorination and filtration.
- (xii) Deliver WASH messages to prevent cholera.



- (xiii) Ensure health workers and staff or volunteers working in the city are trained to teach local people about safe water treatment methods, including drawing, transportation, treatment and storage. Education around hand hygiene when filling or extracting water is also important to reduce the risk of contamination.
- (xiv) Involve the community in development and monitoring of interventions that provide access to safe water to prevent cholera.
- (xv) Facilitate collection of solid waste from cholera hotspots and promote safe disposal of the same
- (xvi) Prepare monthly progress reports which shall include information on progress of each planned activity in the marketing plan, achievements during the month, current status against the project current expenditures against budget, and significant challenges and the action being undertaken to resolve them; and
- (xvii) Prepare a completion report summarizing the achievements, lessons learned and recommendations for mainstreaming sanitation marketing activities within Blantyre City.
- (xviii) Distribute water purification chemicals to LIAs within the city
- (xix) Supply drinking water using bowsers to areas which do not have access to piped water
- (xx) Assist BWB in provision of free water connections
- (xxi) conduct food safety and hygiene orientation sessions
- (xxii) conduct social and behaviour change communication through, among others, interactive drama sessions, mobile van announcements and road shows in markets, schools and communities
- (xxiii) orient head masters and school health and nutrition officers in schools
- (xxiv) conduct cholera response briefings to markets committees and ward health committees
- (xxv) conduct door to door cholera awareness campaign in high risk areas
- (xxvi) Design, print and distribute Cholera management posters and community letters
- (xxvii) distribute 1% HTH stock solution, cholera tools, chemicals, and non-medical supplies to households and public places in high risk areas and handwashing facilities to schools
- (xxviii) conducting inspections of food establishments, toilets and buildings
- (xxix) run a garbage clean-up campaign in all high risk areas
- (xxx) enforce physical household hygiene standards in high risk areas

### **3. Duration of Assignment and Expected Deliverables**

Estimated duration of the assignment is 30 months through a lump sum contract. Phase 1 shall take a maximum period of twelve (12) months. Within the twelve months of phase 1, the Consultant shall, among other activities, use the first two months to carryout a cholera situation analysis and make implementable recommendations for the successful containment and/or eradication of cholera in Blantyre City. Development of the sanitation marketing strategy, which shall be done concurrently with the development of an emergency cholera response plan, shall take a maximum

of twelve months starting from the contract commencement date and during this period the Consultant shall carryout formative research and develop sanitation marketing strategy, implementation plan, promotional messages, communication materials and other creative content ready for use. Phase 2 shall take ten (10) months for implementation of an emergency cholera response plan and eighteen (18) months for implementation of sanitation marketing strategy. The implantation of an emergency cholera response plan shall commence immediately after the first two months of cholera situation analysis and similarly implementation of sanitation marketing strategy shall commence immediately after deployment of a sanitation marketing strategy.

Table 1 below provides a summary of the expected deliverables and timeframe. For each deliverable, the consultant shall prepare and submit to the Client one [1] electronic copy, preferably in MS Word, on CD Rom/ Pen-drive and five (5) hard copies of the reports.

**Table 1 – Expected deliverables and timeframe**

No	Deliverables	Time Frame	
		Development of Sanitation Marketing Strategy	Development of Emergency Cholera Response Plan
1	Inception Report	1 Month after contract signing	3 weeks after contract signing
2	Situation Analysis Report	2.5 months after contract signing	1.5 months after contract signing
3	Corporate Communications and Advocacy Plan for the Malawi Water Sanitation Project-1	3 months after contract signing	-
4	Report on conceptual framework, research design, methodology and research instruments for the formative research	3.5 months after contract signing	-
5	Brand identity, logo, modern website and social media platforms for the Malawi Water and Sanitation Project-1	5 months after contract signing	-
6	Formative Research Report	6 months after contract signing	-
8	Draft Sanitation Marketing and Cholera Response Strategies and Implementation Plans	9 months after contract signing	-
9	Draft Communications Plan	9 months after contract signing	-
10	Final Sanitation Marketing Strategy and Implementation Plan	9.5 months after contract signing	-
11	Final Communications Plan	9.5 months after contract signing	2 months after contract signing

12	A package of pre-tested promotional messages, communication materials and other creative content ready for use	12 months after contract signing	2 months after contract signing
	<b>Phase 2</b>	<b>Implementation of Sanitation Marketing Strategy</b>	<b>Implementation of Emergency Cholera Response Plan</b>
13	Training activities Report for BCC, DHO and BWB staff, contractors, Volunteers, local Leaders and service providers	13 months after contract signing	3 months after contract signing
14	Monthly reports on progress	Monthly, every 5th day of the following month, starting from 3 months after contract signing	Monthly, every 5th day of the following month, starting from 1 month after contract signing
15	Memorandums with proposed actions to be undertaken to address any issues arising during the implementation of the contract	As required	As required
16	Contract Completion report	30 months after contract signing	

## **4. Format of Reports or Deliverables**

### **4.1. Reporting Arrangements**

The consultant shall report to the Project Implementation Unit Manager, on contractual issues. For their day-to-day operation on Sanitation Marketing, the consultant will work closely with BCC in particular the Public Relations Office and other staff assigned by the client. On all other Communication aspects of the consultancy, the consultant will work closely with the Communications Team Leader for MWSP-1 from BWB.

All reports including final output will have to be submitted in both softcopy and hard copy. The draft reports are to be submitted in 6 hard copies and the final report in 6 hard copies. Upon receipt of the reports from the Consultant, the reports will be reviewed by the Client and other relevant stakeholders.

The Consultant will be asked to give a presentation on the report for each task to the Client. BCC and BWB may also obtain comments from the World Bank on the consultants' reports. The Client will endeavor to provide consolidated comments/ observations on the reports within 14 working days from the date of receipt.

### **4.2. Inception Report**

The Consultant shall prepare an Inception Report one [1] week after commencement date. This report shall be prepared and submitted in five [5] hard and one [1] electronic copies to the Employer and shall include at least the following:

- (i) The Consultant's state of mobilization
- (ii) Any changes to the composition of the Consultant's team
- (iii) Proposed methodology for carrying out the services, including quality, and cost control, and other requirements
- (iv) Proposed assignment communication procedures and recordkeeping
- (v) Detailed program of activities, showing time, duration and personnel, as well as inter-relationship between activities
- (vi) Risk register that will be updated in the subsequent monthly progress report. The register should highlight what is required for the attention of the client and may affect the successful delivery of the assignment
- (vii) Format of Monthly Progress Reports
- (viii) Understanding of the ToR and scope of the assignment, any proposals to improve the TORs, indication of adequacy or inadequacy of the ToR
- (ix) Preliminary findings from initial assessments (desk or documentation review and field)

### **4.3. Situation Analysis Report**

Prepare a feasibility report and presentation, setting out the consultants' view of the existing sanitation marketing activities and the key issues to be addressed to develop an effective approach for sanitation marketing planning, challenges and constraints including an assessment of the magnitude of the impacts and their prioritization.

A presentation, summarizing the existing situation analysis findings, should also be prepared and should then be presented and discussed at a workshop attended by representatives of all stakeholder groups. The workshop and meetings with representatives of individual organizations and groups should be used to check information and obtain views on the key issues and the possible options for addressing them. Following the workshop, a final version of the 'Situation Analysis Report' shall be prepared. This report shall be prepared and submitted in five [5] hard and one [1] electronic copies to the Employer

### **4.4. Monthly Progress Reports**

This report shall be prepared and submitted in five [5] hard and one [1] electronic copies to the Employer The Monthly Progress Reports to the Client during the assignment shall, but not limited to, include:

- (i) Brief description of the assignment;
- (ii) Description of activities completed and in progress;
- (iii) Progress compared with planned programme and estimated completion date including approved extension;
- (iv) Financial report with payments to date compared to programme disbursements;
- (v) Quality control;
- (vi) Consultant personnel;
- (vii) challenges, issues, risks, updated risk register, and level of effort expected from the consultant's team in the following month; and
- (viii) Photographic records.
- (ix) progress on procurement related activities,
- (x) planned work or activities in the next reporting period

### **4.5. Assignment Completion Report (ACR)**

Prepare a comprehensive final Assignment Completion Report (ACR) at the end of the assignment. This report must be submitted immediately after completion of contracts and shall summarize the methodology used, assignment supervision activities performed, lessons learnt, and recommendations for future assignments of similar nature to be under taken by the Employer. The report should also contain summary of all reports in terms of activity implementation, targets versus achievements, lessons and experience gained in assignment implementation, problems encountered and resolved. The ACR shall cover the relevant information on the assignment pertaining to the Consultant's observation and activities carried out during phase of the assignment. The Consultant shall submit five (5) hard copies and two [2] electronic copies of

Assignment Completion Report to the Client within one [1] months before the end of phase 2 and shall cover the relevant information on the assignment pertaining to the Consultant’s observation and activities carried out during assignment.

## 5. STAFFING REQUIREMENTS

### 5.1. Qualifications of the firm

The firm should have a demonstrable track record of developing evidence-based and impactful marketing and communication strategies and campaign material including branded, category level promotion and behavioral change. Experience in behavioral change communication capacity with demonstrated experience in creative concept development that can be used as a means to trigger a change in behavior and experience in reaching Peri-urban and urban populations. Evidence of expertise in communication strategy development as well as product promotion approaches will also be an added advantage. Experience in Urban sanitation or health sectors would be an added advantage. The consultant shall ensure that a team of experts and professional staff with necessary education, skill and experience is deployed. An indicative list of the positions and man-months allocation of the key professional staff /experts is given in the tables below:

S/N	Key Professional staff	Indicative Person-Months		Total
		Phase 1	Phase 2	
1	Team Leader	12	18	<b>30</b>
2	Research Specialist	4	2	<b>6</b>
3	Creative Concepts Specialist	7	6	<b>13</b>
4	Production Specialist	4	12	<b>16</b>
5	Marketing Specialist	3	10	<b>13</b>
6	Communication Specialist	5	10	<b>15</b>
7	Community Liaison Specialist	6	10	<b>16</b>
	<b>TOTAL</b>	<b>41</b>	<b>68</b>	<b>109</b>

## 5.2. Key Staff Qualifications

Sl. No.	Designation	Academic Qualification Required	Professional Experience Required	Specific Experience Required
1	<b>Team Leader</b>	BSc (or higher) in Environmental Public Health, Civil Engineering, Programme Communication, Sanitation Engineering, plus MSc in in any of the above or other field related to behaviour change communication.  Additional training in health education, project management and emergency response or Social and behavioural change communication is considered as an asset.	15 years working experience in commercial or social marketing	5 years' experience in hygiene promotion and behavioural change projects, and at least 2 or more years' experience as Team Leader, in behavioural change assignments.
2	<b>Research Specialist</b>	BA (or higher) in Sociology or Socio-Psychology, Behavioural Economics or Statistics or equivalent, plus MSc in Sociology or Socio-Psychology, Behavioural Economics or Statistics	10 years designing and implementing formative or consumer research for commercial and social marketing	5 years' Experience in public health, social marketing will be added advantage
3	<b>Creative Concept Specialist</b>	BSc (or higher) in Creative Design Art Works plus Master's Degree in Creative Design Art Works	10 years of experience developing advertising, behaviour change and health promotional campaigns	5 years working experience in high level creative designing and directing role. In addition, past work experience in creative designing and directing of social marketing communication materials will be added advantage.
4	<b>Production Specialist:</b>	Bachelor's degree in communications with a focus on	5 years of relevant experience	3 years' experience in print, audio and visual editing and production is highly desired. Having some



		print, visual or audio production or any other media-related field.		knowledge of sanitation, hygiene promotion for behavioural change will be an added advantage.
<b>5</b>	<b>Marketing Specialist:</b>	BSc (or higher) in Marketing plus Master's degree in Marketing	8 years' relevant experience	5 years' experience in social marketing in fields such as public health, environment management, and in water, sanitation and hygiene will be added advantage.
<b>6</b>	<b>Communications Specialist</b>	BSc (or higher) in Mass Communication/Commerce/Social Work backed by relevant working experience	5 years working experience in managing high level public relations management and working experience in advocacy will be added advantage.	3 years' experience and skills in using social media platforms for public engagement and advocacy is highly desired. Ability to build effective media campaigns, create appropriate content for dissemination via press releases, social media, websites and other distribution channels.
<b>7</b>	<b>Community Liaison Specialist</b>	BSc (or higher) in Sociology, or Social Work or Equivalent with relevant working experience.	3 years working experience in community liaison	2 years' experience in peri-urban areas or in sanitation and hygiene will be an added advantage.
<b>8</b>	<b>Digital Marketing Specialist</b>	BSc (or higher) in Marketing, Digital media or relevant field. Additional qualification in web design or animation is a plus.	3 years working experience in Marketing, Digital media	2 years' experience with visual communication principles, familiarity with web design and content management systems and excellent analytical and project management skills.

**Other non-key team members:**

- Focus group moderators or field enumerators.
- Graphic Designer/Artist

- Website Developer
- Social Media Platforms Developer
- Water quality Technician

**Note:** Key personnel will be required to submit letters of consent along with the expression of interest from the Consulting firm.

### 5.3. Estimated Level of Effort

It is anticipated that 41 man-months of key professional staff time will be required to accomplish Phase 1 tasks. For Phase 2, the estimated level of consultant’s input is 68 man-months. The breakdown of staff time is provided in Table below. The estimated staff-months are indicative only. The consultant is free to propose their own estimate of professional input required to deliver the services in line with the Terms of Reference.

**Table 2 – Indicative Level of Effort for Key Professional Staff**

S/N	Key Professional staff	Indicative Person-Months		Total
		Phase 1	Phase 2	
1	Team Leader	6	9	<b>15</b>
2	Research Specialist	4	0	<b>4</b>
3	Creative Concepts Specialist	3	2	<b>5</b>
4	Production Specialist	6	3	<b>9</b>
5	Marketing Specialist	3	10	<b>13</b>
6	Communication Specialist	5	10	<b>15</b>
7	Community Liaison Specialist	6	10	<b>16</b>
	<b>TOTAL</b>	<b>33</b>	<b>44</b>	<b>77</b>

### 6. Local Consultants

The Client encourages capacity building and expects International Consultants to work with a local consultant as part of capacity building.

### 7. Obligations of the Client

The Client shall, wherever possible:

- (i) Assist the Consultant in obtaining information and data to enable the Consultant execute the services described herein effectively. However, the Consultant shall be solely responsible for executing the ground levels surveys, analysis and interpretation of all data and from his findings, making appropriate conclusion and recommendations;
- (ii) Ensure that data is accurate and available for ease of supervision of the works;
- (iii) Provide copies of available study reports and other relevant documents;
- (iv) Ensure that the Consultant has access to all available information required for timely execution of the assignment;
- (v) Assist the consultant to obtain necessary immigration, VISAs, registration with any board or agency, and residence work permits for the approved expatriate personnel and their dependants. However, the consultant remains responsible for this

### **8. Obligations of the Consultant**

The Consultant shall be responsible for the payment of local taxes and duties for all goods and services including levies during execution of the project. The Consultant is, therefore, expected to liaise with tax authorities, Blantyre City and District Councils in this respect.

The Consultant is expected to be fully self- sufficient in terms of accommodation, office supplies, office equipment, communication, transport, VISAs or permits, insurance and living expenses of the staff. Should there be need for any procurements, the consultant will be instructed to procure this and/or any other property, under the direction and supervision of the client. All items, bought under this assignment or contract will become property of the client after the project. The cost of running the vehicles will be borne by the Consultant.

The data, documentation and assets from the consultancy will remain the property and in the custody of the Client at the end of the consultancy.

The Consultant shall be available, at all times, for subsequent discussions of the assignment with the Client. The Consultant shall be responsible for the payment of local taxes and duties for all goods and services including applicable levies, during execution of the project.

### **9. Payment Schedule**

The payment will be made upon approval of each deliverable required. The contract will be governed by lump sum payments against deliverables as shown in table 4 below.

Table 4- Payment schedule

No	Deliverables	% of contract sum	
	<b>Phase 1:</b>	<b>Development of Sanitation Marketing Strategy</b>	<b>Development of Emergency Cholera Response Plan</b>

1	Inception Report	5	
2	Situation Analysis Report	7.5	
3	Corporate Communications and Advocacy Plan for the Malawi Water Sanitation Project-1	5	-
4	Report on conceptual framework, research design, methodology and research instruments for the formative research	2.5	-
	Formative Research Report	5	-
5	Brand identity, logo, modern website and social media platforms for the Malawi Water and Sanitation Project-1	5	-
8	Draft Sanitation Marketing Strategies and Implementation Plans	-	-
9	Draft Communications and Citizen engagement Plan	-	-
10	Final Sanitation Marketing Strategy and Implementation Plan	10	-
11	Final Communications and Citizen engagement Plan	5	5
12	A package of pre-tested promotional messages, communication materials and other creative content ready for use	5	5
	<b>Phase 2</b>	<b>Implementation of Sanitation Marketing Strategy</b>	<b>Implementation of Emergency Cholera Response Plan</b>
13	Training activities Report for BCC, DHO and BWB staff, contractors, Volunteers, local Leaders and service providers	5	5
14	Monthly reports on progress	20	
15	Memorandums with proposed actions to be undertaken to address any issues arising during the implementation of the contract	2.5	-
16	Contract Completion report	7.5	

This phase will be guided by time-based contracts where the consultants will have to submit invoices backed by activity reports for payment of fees and reimbursable accompanied by quarterly progress report and memorandums with proposed actions to be undertaken to address any issues arising during implementation. The payments will be made based on deliverables.