

**RURAL WATER SUPPLY AND SANITATION PROJECT-LOW INCOME
STATES
(RWSSP-LIS)**

**Terms of Reference (TOR) for
Concurrent Monitoring and Process Documentation of Rural Water Supply
& Sanitation Project (Batch – 1)
Uttar Pradesh**

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1. Background

The Government of India has approached its Twelfth Five Year Plan (2012-17) around the theme “Faster, Sustainable and More Inclusive Growth”. The Plan focuses on investment in infrastructure and recognizes the benefits of improved water and sanitation services to health and economic welfare, particularly in rural areas. The 12th Plan calls for major investments in infrastructure, including water and sanitation, as an important measure for reducing drudgery faced by women in fetching water, and improving health and economic well-being of millions of citizens. It recommends piped water coverage for the rural population along with a conjoint approach for addressing sanitation and hygiene challenges. As per the Census 2011, while 87% of rural households have access to water through various sources including tap, hand pump and protected, only 30.8% have access to tap water.

Amongst the various states in the country, Census shows very low coverage in eight low-income states with Bihar (2.6%), Jharkhand (3.7%) and Assam (6.8%) being the lowest in comparison to other States in India and UP having a low figure of around 22%. These States also fare low in terms of household and environmental sanitation with only 7.6% households having access to household toilets in Jharkhand, 17.6% in Bihar and 21.7% in UP. In Assam about 59% of households have access to toilets; however, many of these are insanitary and needs to be converted to sanitary toilets.

It is in this context that Government of India (GoI) has proposed to implement a Rural Water and Sanitation Project with the first phase covering four states – Assam, Bihar, Jharkhand and UP. These four states have been prioritized by the Ministry of Drinking Water and Sanitation (MoDWS), GOI, “on the basis of States with lowest percentage of households with rural piped water coverage as per Census 2011 figures. Uttar Pradesh (Eastern UP) has been selected because of water quality problems, both bacteriological and chemical. Japanese Encephalitis (JE)/Acute Encephalitis Syndrome (AES) are a major health problem in Eastern UP where large numbers of children and adults die every year.

Government of India and the World Bank have decided to provide Technical Assistance of Rs. 6147 crores in the Rural Drinking Water & Sanitation sector to the four States of the country viz. Assam, Bihar, Jharkhand and Uttar Pradesh. The State of Uttar Pradesh has been included because of prevalent Water Quality problems in the Eastern part of the State.

This project which is named as Neer Nirmal Pariyojana (NNP) will be implemented under National Rural Drinking Water Program (NRDWP). 50% of the total project budget will come from the International Development Agency (IDA) as soft loan for a project period of 6 years from 2013-14 onwards. The overall objective of the proposed Rural Water Supply and Sanitation Project for Low Income States (RWSS-LIS) is to “improve piped water and sanitation services” for selected rural communities in the target states through decentralized delivery systems. The specific Project Development

Objective (PDO) is to increase access to **piped water supply** and **improved sanitation services** for selected rural communities in the target states using a **decentralized, community driven, demand responsive** delivery approach, complemented by **behavior change** activities to promote latrine usage.

The proposed project will stick to the following fundamental principles:

- **Decentralization**
 - PRIs to take on greater responsibility and be more accountable.
- **Community Participation & Demand Responsiveness**
 - Capacity Building of various stakeholders including PRIs & SOs.
 - Community Ownership by virtue of capital cost sharing and O&M.
- **Enhanced Accountability**
 - Clear definition of roles and responsibilities at state, district & GP level.
 - Transparency & accountability in procurement and financial processes.
 - E-procurement, delegation of powers and community contracting.
- **Water Security for all**
 - At habitation and household level.
 - Equitable water distribution through 100% HH connections.
- **Convergence of Water & Sanitation**
 - Strong convergence for significant enhanced health benefits.
 - Preparation of comprehensive Water Security & Environmental Sanitation Plan for each habitation.
- **District-wide Approach**
 - Uniform policies and institutional arrangements across the district, irrespective of source of funding.

The RWSS-LIS Project has 3 major components:

- **Component 1 – Capacity Building & Sector Development**
 - Capacity Building of MoDWS
 - Capacity Building of State level RWSS Sector Institutions & PRIs
 - Information, Education & Communication (IEC)
 - Sector Development Studies
 - Good Practice Awards
 - Web Based MIS System
- **Component 2 – RWSS Infrastructure Development**
 - Water Infrastructure Investments in new schemes,
 - rehabilitation of existing schemes,
 - strengthening of water quality testing labs/ equipment,
 - source strengthening and catchment area management
 - Infrastructure Support - Engineering, District & Community Support
 - Single Habitation schemes (SHS)
 - Single GP (Multiple habitations) schemes (SGS)
 - Small MVS (covering 2-4 GPs)

- Large MVS (covering more than 5 GPs and up to 20 GPs, some in peri-urban, PPP model) designed for 24x7 water supply & Bulk flow meters & simple SCADA for flow regulation.
 - Some schemes could be Solar-pump based
 - 100% household connections with service level of 70 LPCD
 - Surface water based schemes where ground water is contaminated
- Sanitation Infrastructure Investments through a comprehensive environmental sanitation plan
- Individual household toilets complementation in the project habitations under the project: complement the IHHL program under the NBA program through strengthening the implementation processes at districts and village levels.
 - Institutional toilets- provide support to the NBA's school, anganwadi and community/public sanitation program, wherever required, by supporting in software activities including planning, implementation and monitoring processes.
 - Environmental sanitation- drainage improvements, associated lane improvements, soak pits and other solid liquid waste management facilities based on sanitation plans (including environmental sanitation) and to complement NBA and MNREGS funds.
- **Component 3 – Project Management Support**
 - Staffing & Consultancy Costs of NPMU at National, SPMU at State level and DPMUs at the Districts level
 - Equipment and Misc. costs
 - Travel & general administration
 - Building rental
 - Annual maintenance of H/w and S/w
 - Communication, IT hardware and software, Furniture Fixture

I. Specific Context

In Uttar Pradesh, the proposed project would be implemented in 10 districts including Gonda, Basti, Bahraich, Gorakhpur, Kushinagar, Deoria, Ballia, Gazipur, Allahabad & Sonbhadra. A total of 924 pipe water supply and sanitation schemes would be executed under this project covering 6469 habitations of approximately 1000 gram panchayats in these 10 districts. Project aims at reaching out to the total population of 28 Lakhs with safe drinking water and sanitation facilities.

The proposed project would be executed in 3 batches. Batch I starting from February 2014 will cover 1476 habitations of 248 gram panchayats executing a total of 219 single habitation/panchayat schemes (SHS/SGS) and 13 small multi village schemes (MVS). The total estimated cost of the UP Project is Rs.2035 Crores, out of which Rs.1615 Crores would come from the World Bank and Government of India. An amount of Rs.419 Crores would come as the State contribution, and balance amount as community contribution.

A State Project Management Unit (SPMU) has been established in the state for effective implementation, management and monitoring of the project. At the GP level a Gram Panchayat Water & Sanitation Committee (GPWSC) is constituted under the Chairpersonship of the Gram Pradhan and for the planning, implementation &

maintenance of Multi Village Schemes (MVS), Multi Village Water & Sanitation Committees are being formed.

The proposed pipe water supply schemes under the project would be implemented with support from Support Organizations and under the overall technical support of the Uttar Pradesh Jal Nigam. Intra village O&M of the water supply schemes would be looked after by the concerned Gram Panchayats only. A detailed Project Implementation Plan (PIP) has been developed in order to ensure effective implementation of the project in selected districts of the state.

1.03 Scheme Cycle

The Scheme Cycle for each project is for a period of 24 to 36 months depending up on the type of the scheme. The details in this regard are as follows

No	Phase	SHS/ SGS	Multi-GP Schemes
1	Pre-planning	2-3 Months	2-3 months
2	Planning Stage	3-4 Months	4-6 months
3	Implementation Stage	6-10 Months	18-24 months
4	Post-implementation Stage	17-24 month onwards*	33-36 month onwards

The Pre- Planning Phase is basically for the selection of the Panchayats and the Supporting Organizations. This is done at the SPMU/ DPMU level and follows a self-selection process based on transparent and normative procedures. During this phase baseline survey of the selected Gram Panchayats is also conducted by the selected SOs

The Planning Phase is mainly for community mobilization to engage the community in a decision-making process, which facilitates their planning of the future water supply scheme, sanitation, and hygiene related activities to be undertaken. The Planning Phase would also confirm the demand of the community and their willingness to contribute and participate in the implementation, operation and maintenance of their scheme. The role of the SO, under guidance of GP, is to act as a facilitator of this process, help guide the community, and ensure that their decision-making is a capacitating process and their choice is an informed choice. The major activities during this phase are community mobilization, community organization, community empowerment activities including Skill Development Training, health education and Ground Water Recharge (GWR) activities. The focus is on group building, self-investigation, problem solving and discussing options for water supply and environmental sanitation, detailed engineering survey and design leading to the formulation of Community Action Plans (CAPs), under the various components, as proposals for Implementation Phase financing.

Community Action Plans (CAPs) prepared during the Planning Phase forms the basis of activities to be undertaken during the Implementation Phase.

The major focus during the Implementation Phase is on the construction activities.

2 Objectives of this Assignment:

The major objective of this assignment is to assess the content, effectiveness, usefulness, and momentum of approaches advocated by the project in respect of scheme cycle for Batch I, so as to draw lessons for further improvements in institutional arrangements, procedures, training/communications and other interventions, as well as feed into long term/policy level assessments in Strategic Monitoring. Concurrent Monitoring & Process Documentation should focus on whether, and the degree to which, specific institutional arrangements, procedures, instruments, norms, interventions, human resource development approaches, training and communications techniques and tools, and processes utilized in the project support the values, or carrying concepts of the Project. Concurrent Monitoring & Process documentation should capture factors and processes that influenced the project planning and implementation at the GP and State (SPMU/UPJN/PRD) as well as DPMU level and should provide feedback into strategic project management. With this objective in mind, it is required that the consultant should understand the processes and capture quantitative and qualitative data relating to the following project processes.

- (a) To assess whether and how Community mobilization, Community Action Planning procedures, criteria and training have been successful in enabling community decision-making and in reaching informed choices.
- (b) To study and comment on the degree of variation in each major activity after comparing the actual observed behavior relative to the expectations. How did the project deviate from planned and actual project planning and mobilization with respect to a Gram Panchayat and consolidating the same at the district level to draw learnings? While doing this, participation of women and other vulnerable groups like the SC/ ST and BPL families in the various activities should be clearly brought out.
- (c) To comment on the changes needed in the capacity building initiatives, particularly with reference to the various components of the project.
- (d) To study and suggest changes in the scheme cycle in the light of the experience of batch I for Gram Panchayats in batch –II of the Project.
- (e) To study and comment on the Staffing and institutional pattern.
- (f) To study and comment on the role and involvement of GP/ GPWSC/ MVWSC in facilitating planning and implementation of the Project.

3. Outline of the Tasks to be Performed:

There are 250 GPs under Batch I. All these GPs are in their planning (community mobilization) or implementation phase.

(A). Pre-Planning and Planning Phase :

To assess whether and how CAP procedures, criteria and training have been successful in enabling community decision-making and include:

- Processes and procedures involved in selecting a GP
- Campaign and dissemination of the Project in the selected GPs by SPMU, UPJN, Support Organization and the Panchayati Raj Department.
- Mobilization of the community and the processes of building trust of the community in the project
- Processes and support provided by the GP Board in the campaign

- The use and application of PRA methods and participatory processes in the planning phase of the project.
- Training and orientation of SO Team and GP/ GPWSC on the project
- How the other institutional arrangements such as that of SHGs, small community groups and platforms, community leaders and opinion makers, NGOs, other formal and informal organizations in the GP were employed to market the project in the GP (influence and use of linkage and local networks on the project launch)
- The processes of IEC – details of IEC used and its effectiveness
- Agree to participate meeting at the GP level
- Highlight good practices in launching the project and its campaign in the GP- Specific cases to be documented
- Facilitation support, influence and roles played by participant stakeholders such as SPMU (DPMU/ SO of the project) and non-participating stakeholders on the project at the micro and macro level
- Processes and methods relating to the rehabilitation of schemes and problems involved thereof.
- Political support provided by the GP in launching the project in the GP.
- Difficulties experienced in community mobilization.

(B). Implementation Phase:

To assess whether and how Community Action Plan procedures, criteria and training have been successful in enabling community decision making and involve:

- Processes, procedures and experiences in contracting batch-I SVS and MVS
 - Processes, procedures and criteria involved in procurement of material
 - Processes, procedures and criteria in cash contribution in the construction process
 - Processes, procedures and criteria involved in joint management of funds by community/ GPWSC and SO/ DPMU
 - Processes, and procedures involved in preparation of community for future takeover of O&M in respect of social, financial and technical issues with special reference to new schemes.
 - Procedures involved in store accounts maintenance
 - Procedures involved in construction of latrines and release of subsidy
 - Procedures involved in maintaining quality of construction
 - Procedures involved in community monitoring activities
- i. The detailed process to be followed for completing each activity has to be first understood by the consultants and then compared with the actual process followed in the field by the support organizations. The detailed comments on degree of variation in each major activity after comparing the actual observed behavior relative to the expectations outlined in the scheme cycle should be captured and provided in the report. Time and cost based comparison involved in the process may be captured and documented. While undertaking the process

documentation, the role of GP/ GPWSC, SO, Community and Opinion makers in the local community may be captured and documented.

- ii. The Consultants should bring out the special efforts required and the processes involved in social mobilization and planning for the Water Supply Schemes.
- iii. The consultants should comment on the changes needed in the capacity building initiatives in Planning and Implementation Phase.
- iv. Staffing pattern, at the State, District and SO level, should be looked at and detailed comments on the same should be provided.
- v. The consultants should give special attention to the Gram Panchayat- Support Organisation relations and provide their comments on the same.
- vi. The consultants should provide a detailed quantitative picture of the community contribution (in terms of actual money and/or money equivalent) mobilised. Means of mobilisation across the strata should also be discussed.
- vii. The report submitted by the consultants should clearly bring out the differences across the regions/ strata reasons for success/failure of a particular activity in a particular region.
- viii. Efforts should be made to relate the various factors on which the data is being collected with the performance of the scheme so as to arrive at the logical suggestions for improving the performance of the Project.
- ix. The entire process should be participatory.
- x. Also, focus shall be given to draw findings and conclusions on the basis of regions, composition of communities, gender, and existing human and social capital in the communities, while rating success.
- xi. An assessment of the SOs as a facilitator at the intermediate level in the Project process has to be captured in terms of the project processes, outputs and including its staffing pattern.
- xii. Special focus may be given to all multi-village schemes with regard to mobilization of community, involvement of the GPs, GPWSCs, MVWSCs and the role played respectively by DPMU, UPJN offices at the sub-district, district and state levels in facilitating MVS.
- xiii. Undertake an assessment of the institutional arrangements at the State, District and GP level, including the stakeholder relations, administrative and management processes, the Government orders and other related aspects relating to NNP
- xiv. Undertake documentation of the Sanitation programme under SBM-G in a sample of 3-4 GPs so as to understand the sanitation campaign, the institutional

arrangements in place and recommend changes required for a vigorous and effective SBM-G campaign.

4 Team Composition and person-day requirements:

Planning

Total GPs to covered (20% of GPs) = 50

Teams required – 2 teams

No. of Persons required per team = 2 (One Social Development Expert and One Water and Sanitation Expert)

No. of Days anticipated per GP = 1 Day

Total person days = 884

Implementation

Total GPs to covered (20% of GPs) = 50

Teams required – 2 Teams

No. of Persons required per team = 2 (One Social Development Expert and One Water and Sanitation Expert)

No. of Days anticipated per GP = 1 Day

Total person days = 884

Key Position	Consultant Qualifications	Desired Man Months
Team Leader- 1 No.	<ul style="list-style-type: none"> • Post Graduate in Social Sciences, Management, HR or Civil/ Agriculture Engineering stream. Doctorate desirable. • Minimum of 10 years' experience in Development/ Rural Development programmes including Monitoring, evaluation, documentation and consultancy assignments. • Exposure to participatory processes and trainings essential (PRA/PLA). • Experience of working on community based rural drinking water supply & sanitation projects highly desirable. • Experience in undertaking similar process documentation assignments highly desirable 	4.5
Team Member: Social Development Expert - 4 nos	<ul style="list-style-type: none"> • Post Graduate in Social Sciences, HR or Civil/ Agriculture Engineering stream. • Minimum of 10 years' experience in Development/ Rural Development programmes including Monitoring, evaluation, documentation and consultancy assignments. • Should be trained in participatory processes and have experience of applying these in field situations • Experience of working on community based rural drinking water supply & sanitation projects highly desirable. • Experience in undertaking Process Documentation highly desirable • Familiar with MS Office and Internet. 	6

	<ul style="list-style-type: none"> • Equal Opportunities to Gender 	
Team Member: Water & Sanitation Expert - 4 nos	<ul style="list-style-type: none"> • Graduate Civil Engineer with Masters in Management, social sciences etc. • 10 years' experience of working with water supply and sanitation sectors • Familiar with participatory processes and trainings essential. • Experience of working on community based rural drinking water supply & sanitation projects highly desirable. • Experience in undertaking Process Documentation highly desirable • Minimum of 5 years' experience in Development/ Rural Development programmes • Familiar with MS Office and Internet. • Equal Opportunities to Gender. 	6
Documentation Expert- 2 nos	<ul style="list-style-type: none"> • Post Graduate in any discipline with at least 10 years of experience in report writing 	4
Data Entry Operators- 4 nos	<ul style="list-style-type: none"> • Diploma in Computers with at least 3 years of experience 	6

5. Short listing Criteria

The Consultant must fulfill the following eligibility criteria for shortlisting,

1. Must have minimum five years of experience in providing consultancy services of similar nature preferably in externally aided projects like World Bank, UN organizations, etc. *(Provide a brief description of the organization include ownership details, date and place of incorporation of the firm, objectives of the firm, details of assignments undertaken, etc.)*
2. Must have successfully completed at least three consultancy assignments of similar nature in last five years preferably in rural water supply and sanitation sector. *(Provide letter of contract award from the employer in last five years).*
3. Must have requisite number of professionals with relevant experience and qualification as mentioned in the ToRs. *(Provide a self-certified organisational structure of the firm with details of professionals relevant to the assignment).*
4. Must have minimum annual turnover of Rupees 2.30 crores in any one of the last 3 completed financial years. *(Provide audited financial reports of last three completed financial years).*

6. Time Schedule:

- (a) The assignment is for a total of 06 months and will be carried out in 2 parallel phases viz. Planning and Implementation phase (period September 2015 to February 2016)
The period of concurrent monitoring and process documentation in the planning and implementation phase is the same as both the phases have commenced in Batch 1. 50 (Fifty) Nos of GPs in both Planning and Implementation phase each will be selected on a random basis from the list of GPs already under these phases which will be provided to the Consultant by the SPMU. A detailed timetable will also be

submitted by the agency, specifying a date-wise schedule that covers the required number of GPs. A minimum of three habitations per GP has to be visited and documented in detail for achieving the intended objectives of the assignment.

(b) Outputs Required

No.	Report	Time Schedule
1.	Inception report	Within 14 days after starting of the assignment.
2.	First Interim Report and presentation to SPMU and PM-EE of DPMUs /PRD/UPJN. (WB and NPMU may also be invited)	After completing the study in 5 GPs (30 days after commencing the planning phase and implementation phase study) One presentation only.
3	Second Interim Report and Presentation	After completing the field study in 50% GPs (75 days after commencing the planning phase and implementation phase study)
4	Detailed draft Final report summarizing the findings of the assignment along with the compilation of the findings of the process	120 days after commencing the Planning and Implementation phase (after completing all GPs selected in the Planning and Implementation phase) Draft findings must be presented before the DPMUs before submitting to SPMU/ SWSM. SPMU and DPMU will provide comments within 10 working days
5	Presentation of the Draft Final Report to SPMU/ PRD/ UPJN	150 days after awarding the contract
6	Detailed final report summarizing the findings of the assignment along with the compilation of the findings of the process	20 days after submission of draft report incorporating comments/ suggestions received from SPMU
7	Presentation to World Bank Team/ NPMU	After incorporating comments from SPMU on Final Report- Implementation Phase
8	Submission of Final Report	Within 180 days from start of study

All reports (Colored) will be submitted in 3 nos. of Hardcopy and softcopy on a CD/ Pendrive.

7. Inputs by the SPMU:

1. List of GPs under Planning and Implementation Phase
2. List of outputs for the Planning and Implementation Phase in the form of scheme cycle and the MPR formats with Roles & Responsibility of each Stakeholder
3. Format of agreement signed between District Development Officer and SOs.
4. List of SOs and the shortlisting and selection procedure.
5. Training agreement with the Lead Training Agency i.e. Centre for Development Action (CDA), State Institute of Rural Development, Bakshi ka Talab, Lucknow.
6. Copy of PAD – Project Appraisal Document. / PIP

7. Letter of introduction to the GPs, SOs and DDOs of Project Districts requesting for ground level support.
8. Introductory presentation on the Project to the Consultant.

8. Payment Schedule

The mode of payments to be made in consideration of the work to be performed by the consultant shall be as follows:

No.	Payment Installment	Output
1.	10%	Inception report
2.	15%	First Interim Report
3.	25%	Second Interim Report
4.	35%	Draft Final Report
5.	15%	Final Report

Note: All payments shall be made on submission of pre-receipted bills by the consultants in quadruplicate for respective stages.

9. Awarding of contract

Quality, competence and timely delivery of outputs of/by the consulting service and cost shall be considered as of paramount requirement. Thus, **Quality and Cost Based (QCBS) method as per World Bank Procurement Guidelines January 2011 will be used for selection of Consultant.**

10. Review Committee:

A review committee consisting of following officers of the SPMU will review all reports/outputs of consultants and suggest any modifications/changes considered necessary within 10 days of receipt. The payments will be made subject to scrutiny by this committee.

- a) Executive Director – Chairperson
- b) M & E Specialist, SPMU–Secretary
- c) Financial Advisor, SPMU
- d) Institutional Development Specialist, SPMU
- e) Procurement Specialist, SPMU
- f) Social Development and Communication Specialist, SPU
- g) Technical cum Procurement Consultant, SPMU
- h) Environment Specialist

The reports will also be shared with Project Cell of UP Jal Nigam and NNP Cell in the Panchayati Raj Department