

THE REPUBLIC OF UGANDA

MINISTRY OF WATER AND ENVIRONMENT DIRECTORATE OF WATER DEVELOPMENT RURAL WATER SUPPLY AND SANITATION

INTEGRATED WATER MANAGEMENT AND DEVELOPMENT PROJECT (IWMDP)

TERMS OF REFERENCE

FOR

LOT 2: Consultancy Services for Stakeholder Engagement, Environment and Social Risk Management for Large Solar Powered Water Supply and Sanitation Systems for Refugee Host Communities (RHCs) of Yumbe District in West Nile, Uganda

(Lomunga, Lobe, Awoba, Nyori, Goboro and Rodo)

December 2021

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ACRONMYS

| ACRONMYS | |
|----------|--|
| C- ESMP | Contractors Environmental and Social Management Plan |
| CSWs | Commnity Social Workers |
| EHS | Environmental Health Specialist |
| ES | Environmental Specialist |
| ESHS | Environmental Socil Health & Safety |
| ESIA | Environmental Social Impact Assessment |
| ESMF | Environmental and Social Management Framework |
| ESMP | Environmental and Social Management Plan |
| GBV | Gender Based Violence |
| GCPS | Gender and Child Protection Specialist |
| GMC | Grievance Management Committee |
| GRM | Grievance Redress Mechanism |
| GoU | Government of Uganda |
| HIV | Human Immunodefeciency Virus |
| IEC | Information, Education, Commuication |
| ILO | International Labour Organisation |
| IWMDP | Inegrated Water mangement Development Project |
| LG | Local Government |
| LPO | Local Purchase Order |
| МоН | Ministry of Health |
| MoU | Memorandum of Understanding |
| MWE | Ministry of Water and environment |
| NEMA | National Environment Mangement Authority |
| NRMS | Natural Resources Management Specialist |
| NSSF | National SocialSsecurity Fund |
| NWSC | National Water & Sewarage Corporation |
| PAPs | Project Affected Persons |
| PDO | Project Development Objective |
| PWD | People With Disabilities |
| RAP | Resettlement Action Plan |
| RAPS | RAP Specialist |
| RHCs | Refugee Host Communities |
| RHDs | Refugee Host Districts |
| RGC | Rural Growth Centre |
| RoW | Right of Way |
| RPF | Resettlement Policy Framework |
| SASA | Start, Awareness, Support, and Action |
| SC | Supervising Consultant |
| SDS | Social Development specialist |
| SOPs | Standard Operating Procedures |
| SPP | Source Protection Plan |
| STIs | Sexually Transimitted Infections |
| TL | Team Leader |
| VAC | Violence Against Children |
| WSS | Water Supply System |

1.1 INTRODUCTION

The Government of Uganda (GOU) is implementing the Integrated Water Management and Development Project (IWMDP) with support from the World Bank. The Project Development Objective (PDO) of the IWMDP is to improve access to water supply and sanitation (WSS) services, integrated water resources management, and operational performance of water and sanitation service providers in Project areas. IWMDP is implemented through four project components, which include: (1) WSS in Small Towns and Rural Growth Centres (RGCs) and Support to Districts Hosting Refugees; (2) WSS in Large Towns and Support to a District Hosting Refugees; (3) Water Resources Management and; (4) Project Implementation and Sector Support. The Ministry of Water and Environment (MWE) is the implementing agency for three components (components 1, 3 & 4), while National Water and Sewerage Corporation (NWSC) is the implementing agency for component 2. Under the Ministry of Water and Environment, the project is implemented through four departments including the Urban Water Supply and Sanitation, Rural Water Supply and Sanitation, Water Resources Development and the Water and Environment Sector Liaison Departments.

1.2 Rural Water and Sanitation Activities under the IWMDP

The Rural Water Supply and Sanitation sub-sector is defined to include all those areas under the jurisdiction of District Local Councils and Rural Growth Centers (RGCs), but excluding those urban areas governed by Town Boards, Town Councils, Municipalities, Cities and Kampala Capital City Authority. Therefore, the IWMDP will support the construction of water supply and sanitation infrastructure in selected rural communities, selected Rural Growth Centers and in refugees and host communities. Some of the piped Water Supply Systems will have solar pumping, while others will have both solar and hydro power for pumping.

1.3 Objectives of the Rural Water Supply and Sanitation Systems under the IWMDP

The water supply and sanitation systems in rural areas are aimed at achieving the following objectives:

- (i) To ensure provision of adequate and safe water in each of the selected sub counties through development of new water and sanitation infrastructure;
- (ii) To improve the health and living standards of the target population through improved access to clean water and sanitation facilities.
- (iii)To contribute to environmental protection and sustainability of water sources and their catchments through the adoption, promotion, and implementation of efficient source protection strategies and management methods
- (iv)To ensure sustainability of water supply and sanitation services in the targeted project areas through establishment of efficient and effective institutional support systems.

1.4 Planned Water and Supply Systems in the Refugee Host Communities (RHCs) of Yumbe District in West Nile

The MWE is planning to construct Water supply and Sanitation systems for 6 RHCs in Yumbe District as indicated in table 1 below.

Table 1: Planned Water Supply Systems for the Selected RHCs in Yumbe District

| | Name of Water Supply System | Sub-county |
|---|-----------------------------|------------|
| 1 | Lomunga | Kululu |
| 2 | Adibo | Kei |
| 3 | Awoba | Kei |
| 4 | Rodo | Kei |
| 5 | Nyori | Lodonga |
| 6 | Kerwa | Kochi |

1.5 Major Components of the WSS

The six water supply and sanitation systems will be based on groundwater sources developed as production wells. The major components of each water supply systems will comprise of a raw water intake, solar (or other) pumps, transmission main, storage reservoirs, distribution network, and service connections. In addition, the project activities will include construction of 6 stances waterborne toilet blocks at public locations selected by the local authorities. The toilet block will have a provision for access/use for people with disabilities (PWDs), will be gender segregated and have a urinal and hand washing facility placed low enough to allow use by children and PWDs basin at low-level for children. In each scheme the project will construct a water office which will be used for managing the WSS.

2.1 THE PROPOSED ASSIGNMENT

Based on the Environmental and Social Management Framework (ESMF) and the Resettlement Policy Framework (RPF) for the IWMDP, a number of risks are anticipated from the construction activities. The Ministry is in the process of conducting Environmental and Social Impact Assessments (ESIAs), Resettlement Action Plans (RAPs) and Source Protection Plans (SPPs) to provide site specific environmental and social risks and proposed mitigation measures. Although most of the mitigation measures from ESIAs will be included in the Contractors' scope of works, there are other risks related to RAP, HIV/AIDS, Gender Based Violence (GBV), Violence Against Children (VAC), community hygiene, sanitation and environmental protection in wider catchment areas which require a specific consultant to augment or strengthen the management of environment, occupational health, and social risk activities for the proposed WSS in the RHCs. It is against this backdrop that the MWE will procure services of a qualified

consultancy firm to provide ongoing stakeholder engagements, as well as social and environmental risk management activities before and during construction activities of the WSS of the RHCs in Yumbe District.

2.2 Justification for the Assignment

The construction and operation of the WSS requires sustained engagements with, and support from the various stakeholders especially in the local communities and Local Governments. A number of Environmental and Social risks to project workers and beneficiary communities require that a robust system to ensure timely awareness creation and proactive mechanisms of managing these risks is in place. These risks include GBV, VAC, the spread HIV/AIDS, involuntary resettlement, destruction of the WSS infrastructure like pipes, contamination of water, among others. It is important to note that the target RHC areas have relatively large concentrations of people including vulnerable categories like women, girls and boys, people with disabilities and the elderly among refugees and host communities who constitute a key stakeholder category to benefit from the WSS services. Both the ESMF and the RPF recognize the requirements for continuous identification and active engagement with the communities, particularly targeting the vulnerable groups within the refugees and host communities to raise awareness on among others the potential social and environmental risks as well as build their capacity to participate in implementation of mitigation measures associated with arrival of external workers, social conducts and behaviors during project implementation. The stakeholders will be mapped during the baseline study as well as throughout project implementation; appropriate measures to engage vulnerable groups will be documented under the Stakeholder Engagement Plan. They will be engaged thorough meetings, trainings, radio talk shows, and information, education and communication (IEC) materials among others. The consultant shall devise innovative engagement strategies that match the needs of the refugees and local host communities including the vulnerable groups.

2.3 Objectives of the Assignment

- i) To promote meaningful engagement and participation of stakeholders during project implementation
- ii) To support the MWE in implementation of RAP
- iii) To establish and implement functional grievance redress mechanisms for beneficiary communities
- iv) To support mitigation of the social risks associated with labor influx during construction including HIV/AIDS and other sexually transmitted infections, GBV and VAC in the project area
- v) To mitigate environment and health (sanitation, hygiene & environmental degradation) risks associated with the project

2.4 Scope of the Assignment

2.4.1 Promoting meaningful engagement and participation of stakeholders

The consultant shall study the ESMF, RPF, ESIA and RAP reports and update the stakeholders' registers and engagement plans targeting both the refugees and local host communities. The consultant will then conduct stakeholders meetings and document feedback from these meetings to create awareness on the planned area specific IWMDP activities, implementation arrangements for rural water supply and sanitation in the RHCs, the components of the designed projects, the benefits of the projects, the roles and responsibilities of stakeholders before, during and after construction and also ensure that all vulnerable groups like children, women, people with disabilities, elderly among the refugees and host communities are engaged and their views obtained. These meetings will integrate key messages on progress of civil works implementation, environmental and social risks associated with the project, their mitigation measures including operation and maintenance.

The stakeholder's meetings will take place at village, Sub County and District levels on a monthly or quarterly basis (while observing the prevailing Standard Operating Procedures and guidelines to prevent the spread of Covid-19) to keep stakeholders with up to date information and obtaining feedback for smooth project implementation.

In addition, the consultant shall map stakeholders and liaise with MWE, DLGs and other key stakeholders to organize radio talk shows to augment the engagement mechanisms to create interactive awareness on the project and available mitigations measures to key risks like HIV/AIDS, GBV, and VAC, Grievance redress mechanisms, Health, COVID, and safety among others.

As part of continuous awareness creation to stakeholders, the consultant will also design, print (where printed materials are not available) and distribute Information, Education and Communication (IEC) like Billboards, flyers, audio spots for radios and posters. All messages during radio talk shows (one hour talk show) and IEC materials shall be mainly in the local language of northern region (Aringa, Lugbar & Swahili). Furthermore, the consultant shall carry out household assessment of the applicants for water connections in liaison with the LGs, relevant committees and construction supervision consultant to determine eligible beneficiaries and provide updated beneficiary register.

2.4.2 Supporting the implementation of RAP

The consultant shall study and internalize the RPF and RAP reports to synthesize the RAP implementation requirements. The consultant will then ensure that engagements with all PAPs are done at village and household levels. Where RAP reports recommend cash compensations, the consultant shall study the recommended compensations and validate the PAPs details, support PAPs to open up Bank accounts/secure relevant payment platforms and prepare a complete file for each PAP in hard and soft copy for onward submission to MWE for review and

payments. The consultant shall then engage PAPs to confirm receipt of payments, support them to relocate any items in the Right of Way (RoW) to pave way for civil works. In the event of any residual RAP issues, the consultant shall organize a meeting with the Supervision Consultant (SC) and Local Governments and submit the recommended approach for resolving these RAP issues to MWE for approval before implementation. Where agreements or Memoranda of Understanding (MoUs) are required for any property, the consultant shall draft these MoUs/Agreements for approval by the MWE and the Solicitor General (Ministry of Justice & Constitutional Affairs) before signature by the MWE and the other parties as appropriate.

2.4.3 Establishing and maintaining functional Community Grievance Redress Mechanisms

The consultant shall study the grievance redress guidelines for the IWMDP and then mobilize, form and train at the community level the Grievance Management Committees (GMC) at village, Sub County and District levels in their roles and responsibilities. The composition of the grievance management committees shall ensure effective representation of vulnerable groups of refugee like women, people with disabilities, and elderly among others. The consultant shall ensure that GMC members receive adequate training and each of the GMC is provided with basic tools like grievance register as well as basic stationery to facilitate the operations of these committees. In addition, the consultant shall ensure that grievance redress awareness is undertaken during the meetings with stakeholders as well as grievance related IEC materials provided to community members. To ensure efficient and effective grievance redress, the consultant shall hold grievance review meetings with the GMCs to review the grievance registers, progress of each grievance, challenges, required actions from the supervising consultant and contractors as well as provide the required on-the-job capacity building to ensure timely management and resolution of all grievances. The consultant will then follow up and bring to the attention of the Supervising Consultant on all outstanding community grievances for resolution and reporting in time. The consultant shall also support the supervising consultant and contractors to form Workers GMCs, document thematic grievances and monitor progress of resolution of workers' grievances.

2.4.4 Mitigating social risks of HIV/AIDS and other STIs, GBV and VAC

The consultant shall study the ESMF, RPF, ESIA and RAP reports to analyze and update the baseline conditions for HIVIAIDS, GBV & VAC focusing on the trends, causes, drivers, forms, hotspots, awareness, attitudes, and practices, available services, implementing partners and gaps and the mitigations to strengthen risk management for refugees and local host communities. The baseline reports shall be reviewed by MWE and updated in District meetings. The consultant shall also review the contractors' codes of conduct for HIV/AIDS, SH, GBV & VAC and recommend to the supervising consultant on any improvements needed for adoption and sensitization to the contractor's workers as part of contractors' environmental and social management plans. Working with existing local partners, the consultant shall establish mechanisms for case management and referral for HIV/AIDS, GBV and VAC. It will be the duty of the consultant to integrate HIV/AIDS, GBV and VAC messages during the stakeholders meetings and other engagements. The consultant will coordinate with institutions handling cases

of SH, GBV and VAC and shall publicize referral pathways to support a survivor centered approach for both local host communities and refugees.

2.4.5 Mitigating environment and health risks (sanitation, hygiene & environmental degradation)

The consultant shall study the ESMF, ESIA, SPP and update the baseline information on physical and natural environment, hygiene and sanitation. The consultant shall then integrate sensitization messages of environmental conservation and protection, hygiene and sanitation to beneficiary communities during stakeholder's engagements. The consultant shall liaise with local councils and LGs to identify a household to be used as model in hygiene and sanitation by establishing local tippy taps, drying racks and bath shelters and household latrines using locally available materials as part of training the local communities. For the public sanitation toilets, the consultant shall liaise with the Local Governments to establish and train the sanitation management committee in their roles and responsibilities for each public facility.

As part of environmental conservation and source protection measures, the consultant shall mobilize and train communities in construction of demonstration energy saving stoves in each of the benefiting villages, organize communities to undertake communal cleaning of the water sources (lake shores, wells, river banks etc). The consultant will also mobilize communities and undertake zoning and demarcation of water protection zones. The consultant will liaise with Natural Resources Office to identify and sensitize beneficiaries to be provided with indigenous tree seedlings by the contractor on behalf of the client.

2.5 Implementation framework for the Assignment

The consultant shall implement the proposed list of the activities in the implementation matrix including their targets. The performance evaluation shall be established by reviewing the documents stated in means of verification for each activity. Table 2 below provides the proposed implementation matrix for the assignment.

Table 2: Detailed Activity Implementation Matrix

| S/n | Description | Performance Indicator | Target per Refugee Host District (RHD) | Frequency | Target for the Contract Period | Key Personnel | Means of verification |
|----------------|---|---|--|-----------|---|---------------------------------------|---|
| Objective 1 | To promote meaningful engagements and participation of stakeholders during project implementation | % of stakeholders satisfied with engagements and participation in the project | 60% | Annually | 60% | TL | Review of grievance registers Annual Stakeholders' Satisfaction Survey Report Annual Environmental and Social Audit |
| 1.1 | Study ESF, RPF, ESIA and RAP reports and update the stakeholders list for refugees and local communities | No. of updated Stakeholders Register in place covering local communities and refugees | 1 | Monthly | 1 | TL, EHS, GCPS, NRMS, NRMS, RAPS | Stakeholder Engagement Plan |
| 1.2 | Conduct District level stakeholders' advocacy and awareness meetings. | Number of District level meetings held | 1 | Quarterly | 6 | TL, GCPS, EHS, ES, RAPS, NRMS | Minutes, Reports, List of participants, MOU with Districts |
| 1.3 | Sub-county stakeholders' advocacy and awareness meetings. | Number of advocacy & awareness meeting held meetings held | 1 | Quarterly | 18 | TL, GCPS, EHS, ES, RAPS, CSW, NRMS | Minutes, Report, List of participants |
| 1.4 | Village level stakeholder advocacy and awareness meetings covering Overview of the Project, Management of ES Risks (GBV, VAC, HIV, Environment Health, Conservation and protection and obtain views of local communities and refugees including the vulnerable groups | Number of advocacy & awareness meeting held | 4 | Monthly | 72 | TL, GCPS, EHS, ES, CSW , NRMS | Minutes, Report, List of participants |
| 1.5 | Plan & implement radio talk shows on radios accessible to RHCs during project implementation covering Social risks & Environmental risk management on the project | Number of radio talk shows held | 2 | Monthly | 36 | TL, GCPS, EHS, NRMS | Contracts/ LPOs, talking points, recordings, & records of radio guests. |
| 1.6 | Carry out household assessment of the applicants for water connections in liaison with the construction supervision consultant, to determine eligible beneficiaries. | % of households assessed | 100% | Annually | 100% | TL, GCPS, EHS, CSWs | Registers, Reports |
| 1.7 | Design, Print (where applicable) and distribute approved Information, Education and Communication (IEC) in Local Languages | No of assorted IEC materials Distributed for GBV, VAC, HIV, GRM | 1000 | Quarterly | 15000 | TL, GCPS, EHS, CSWs | Approved messages, LPOs and Distribution lists |

| S/n | Description | Performance Indicator | Target per Refugee Host District (RHD) | Frequency | Target for the Contract Period | Key Personnel | Means of verification |
|--------------|--|--|--|-----------|---|------------------------------|---|
| 1.8 | Form and train Project implementation Committees and Operation and Management Committees for Public Sanitary Facilities to equip them with the required knowledge and skills to support the project and ensure inclusion of refugees and local host community stakeholders | No of committees trained | 2 | Quarterly | 12 | TL, GCPS, NRMS, EHS | Reports, List of participants |
| Objective 2 | To establish and implement functional grievance redress mechanisms for beneficiary communities | % of grievances resolved in time | 100% | Annually | 100% | TL | Review of grievance registers Annual Stakeholders' Satisfaction Survey Report Annual Environmental and Social Audit |
| 2.1 | Form and train grievance management committees for communities and workers at village (10 members and 2 ex-officials), Sub County (6 members) and District levels (6 members) while ensuring representation of vulnerable groups of refugees and local host communities | No of GMCs formed for communities No of GMCs formed for workers | 6 | Quarterly | 36 6 | TL, GCPS, CSWs | GMC formation & Training report |
| 2.2 | Provide basic stationery (A4 book, ream of ruled paper, box of pens, markers, charts, stapling machines, punching machine) to each GMC | No of GMC provided with basic stationery | 6 | Quarterly | 36 | CSWs | Acknowledgement Lists |
| 2.3 | Hold joint grievance meetings with grievance management committees, contractor's team and Supervising Consultant to review progress of grievance redress and obtain feedback from GMCs | No. of grievance review meetings conducted | 1 | Monthly | 90 | TL, GCPS, EHS, NRMS, CSWs | Minutes and attendance lists |
| 2.4 | Follow up with the Supervising Consultant to ensure that all outstanding grievances are resolved in time | No. of follow up meeting/ briefings held with the Supervising consultant | 1 | Monthly | 90 | TL | Minutes and attendance lists & Updated Grievance Register |
| Objective 3: | To support RAP/ARAP implementation as recommended by RAP Study Report | % of PAPs compensated before construction commencement % of Right of Way acquired before Construction commencement | 100% | Annually | 100% | TL, RAP Specialist | Review of Monthly Progress Reports Review of PAPs completed files Annual Stakeholders' Satisfaction Survey Report Annual Environmental and Social Audit |
| 3.1 | Hold in-house meetings to study and internalize the ESF, RPF, ESIA and RAP requirements | No of RHC specific Synthesis reports | 1 | Quarterly | 6 | RAPS, TL, Valuer | RAP implementation Plan |

| S/n | Description | Performance Indicator | Target per Refugee Host District (RHD) | Frequency | Target for the Contract Period | Key Personnel | Means of verification |
|-------------|--|--|--|-----------------|---|------------------|---|
| 3.2 | Organize RAP implementation sensitization meeting with affected PAPs at village level | No of meetings held | 1 | Quarterly | 18 | RAPS, TL, CSWs | Minutes of disclosure meetings & attendance lists |
| 3.3 | Organize disclosure meetings with affected PAPs at household level and obtain consent | % of PAPs engaged | 100% | Monthly | 100% | RAPS, TL, CSWs | Signed disclosure & consent forms |
| 3.4 | Support PAPs that are entitled to cash compensation to open bank accounts | % of PAPs with Bank accounts | 100% | Monthly | 100% | RAPS, TL, CSWs | List of PAPs with their account numbers |
| 3.5 | Prepare a complete beneficiary file (hard and soft copy) for each PAP for submission to MWE for payments | % of PAP with completed files | 100% | Monthly | 100% | RAPS, TL, CSWs | List of PAPs Files submitted to MWE for payments |
| 3.6 | Hold village level meetings with PAPs to confirm payments | No. of meetings held | 3 | Monthly | 18 | RAPS, TL, CSWs | Minutes meetings & attendance lists |
| 3.7 | Follow up with PAPs to relocate any items to provide Right of Way for civil works | % of PAPs providing RoW | 100% | Monthly | 100% | RAPS, TL, CSWs | Survey confirmation report by supervising Consultant |
| 3.8 | Support MWE to identify and manage any residual RAP issues during civil works | % of RAP issues resolved | 100% | Monthly | 100% | RAPS, TL, Valuer | RAP implementation report |
| 3.9 | Obtain land acquisition agreements as part of RoW as recommended by RAP study report | % of sites with signed agreements | 100% | Monthly | 100% | RAPS, TL | Signed agreements/MoUs in place |
| Objective 4 | To mitigate the social risks associated with labor influx during construction including HIV/AIDS and other sexually transmitted infections, GBV and VAC in the project area | No. of Cases Registered on the project | Zero Case | Annually | Zero Case | TL, GCPS | Review of grievance registers Annual Stakeholders' Satisfaction Survey Report Annual Environmental and Social Audit |
| 4.1 | Hold in-house meetings to study and internalize the GBV, VAC & HIV/AIDS in the ESF, RPF, ESIA and RAP study reports | No of meetings held and synthesis reports per WSS provided | 1 | Quarterly | 6 | GCPS, TL | Gender & Child Protection synthesis report |
| 4.2 | Update the GBV, VAC & HIV/AIDS baseline condition in the project areas | % of GBV, VAC & HIV gaps closed | 100% | Monthly | 100% | GCPS | GBV, VAC & HIV/AIDS Baseline report |
| 4.3 | Technical review contractor's GBV, VAC& HIV/AIDS codes of conduct, identify and submit areas of improvement to the supervising consultant for action | No of meetings held with contractor | 1 | Bi- annually | 10 | GCPS, TL | Minutes of review meeting & attendance lists |
| 4.4 | Hold GBV, VAC & HIV/AIDS sensitization meetings amongst project workers in collaboration with existing duty bearers | No. of sensitizations on VAC, GBV & HIV/AIDS % of project workers sensitized | 1 meeting 100% of workers | Quarterly | 30 | GCPS | Minutes of meeting & attendance lists |

| S/n | Description | Performance Indicator | Target per Refugee Host District (RHD) | Frequency | Target for the Contract Period | Key Personnel | Means of verification |
|-------------|--|---|--|-----------|---|-----------------|---|
| 4.5 | Develop GBV, VAC & HIV/AIDS incident investigation and management including referral pathways with existing duty bearers like Uganda Police, Local Governments Departments of Community Development & other CSOs (Mapping out referral pathways) | No of MoUs signed with duty bearers (LG, Police & CSOs) % of incidents investigated and managed | 3 MoUs 100% of VAC/ GBV incident | Monthly | 3 MoUs 100% incidents investigated & managed | GCPS, TL | Copies of signed MoUs Case management reports, Incident reports |
| 4.6 | Liaise with existing health service providers to conduct HIV/AIDS Counselling and promote HIV/AID Testing outreaches for each village | No. of outreaches conducted | 1 | Quarterly | 30 | CSW, EHS, TL | Outreach report |
| 4.7 | Organize referral of HIV positives to appropriate care, support & treatment service provider | % of HIV positives linked to service provider | 100% | Quarterly | 100% | CSW, EHS | Activity report |
| 4.8 | Liaise with existing health service providers to provide condoms to the key HIV/AIDS hotspots in the communities | No of Condoms distributed | 10 Boxes | Quarterly | 60 | CSW, EHS, TL | Activity report |
| Objective 5 | To mitigate environment and health risks (sanitation, hygiene & environmental degradation) associated with the project | % of beneficiaries reporting to have practiced improved hygiene, sanitation and environmental measures | 50% | Annually | 50% | TL, ESH, NRMS | Review of grievance registers Annual Stakeholders' Satisfaction Survey Report Annual Environmental and Social Audit |
| 5.1 | Mobilize and train communities in construction of demonstration energy saving stoves in each of the benefiting villages including refugees and local host communities | No. of people trained per village | 15 | Annually | 90 | NRMS, CSWs | Mobilization and Training report |
| 5.2 | Organize communities to undertake communal cleaning of the water sources (wells, river banks etc) | No. of Communal cleaning exercises conducted | 1 | quarterly | 6 | NRMS, EHS, CSWs | Communal Cleaning Activity Report |
| 5.3 | Mobilization of communities and undertake zoning and demarcation of water protection zones | No of Zones protected | 1 | Annually | 6 | NRMS, EHS, CSWs | Activity Report |
| 5.4 | Select one demonstration site for Soil and water conservation demonstration per WSS | No of demonstration sites | 1 | Annually | 6 | NRMS, CSWs | Activity Report |
| 5.5 | Identify and establish a model household for hygiene and sanitation using locally available materials for local tippy taps, drying racks and bath shelters using locally available materials as part of training the local communities. | No of hygiene and sanitation model household established per village | 12 | quarterly | 72 | EHS, NRMS, CSWs | Activity Report |

| S/n | Description | Performance Indicator | Target | Frequency | Target for | Key Personnel | Means of verification |
|-----|--|-------------------------------|------------------|-----------|------------|---------------|-------------------------|
| | | | per | | the | | |
| | | | Refugee | | Contract | | |
| | | | Host District | | Period | | |
| | | | (RHD) | | | | |
| 5.6 | Sensitize the communities on tree planting and | No of community members | 1,000 | Annually | 6,000 | NRMS, CSWs | Sensitization reports & |
| | identify beneficiaries for tree planting to be | recommended to contractor for | | | | | Beneficiary lists |
| | supported by contractor | tree planting | | | | | |

2.6 Duration of the Assignment

The assignment is expected to be implemented over a period of 18 calendar months from the date of contract effectiveness.

2.7 Approach and Methodology

The consultant shall adopt strategies for adequate stakeholder involvement and engagement, sustainability of interventions, conformity to professional practice, National and World Bank social and environment safeguard policies and requirements, as well as adherence to Ministry of Health (MoH) COVID-19 Standard Operating Procedures (SoPs). It is generally expected that the consultant shall devise innovative ways of delivering the assignment through physical and non-physical meetings, attending all site meetings organized by the supervising consultant or client. The consultant is expected to work with the Supervision Consultant to prepare integrated work plans with all site activities on monthly basis. The consultant shall prepare a comprehensive approach and methodology for the assignment during Request for Proposal (RFP) which will be refined during inception period.

2.8 Capacity Building and Training

The Consultant shall work with and train designated MWE staff with the aim of developing capacity and knowledge transfer. Training will include key areas related to the assignment including RAP implementation, baseline studies, community mobilization, facilitation approaches, incident management, and partnership building for risk management among others. The training measures are aimed at improving the performance of the designated technical staff. The Consultant should propose training topics in the technical proposal which will be further defined during consultative meetings with respective entities. For tendering purposes, the tentative number of individuals to be trained is four (04 MWE staff) under this consultancy. The proposal shall include the proposed approach and methodology for the knowledge transfer throughout the assignment, the proposed training obligations of the consultant, the type and duration of training activities to be undertaken, the optimum number of participants in each training, methodology for monitoring and evaluation of trainees, and any post training support and resources.

2.9 Reporting Arrangements

The Consultant will report to a contract management team appointed by MWE. The contract manager/management team shall be communicated to the consultant during the inception meeting of the consultancy. The Consultant shall submit all the reports/deliverables to:

The Project Coordinator
Integrated Water Management and Development Project (IWMDP)
For the Attention of:

Assistant Commissioner, Research and Development /RWSSD Plot 22/28 Port Bell Road, Luzira Kampala, Uganda

The consultant will be required to make parallel submissions to;

The Task Team Leader - Integrated Water Management and Development Project World Bank
Uganda Country Office
Rwenzori House, Plot 1, Lumumba Avenue
Kampala

2.10 Deliverables

The consultant shall prepare the following deliverables within 18 months from the date of contract effectiveness.

Table 3: Deliverables

| Deliverable | Month of Submission | No. o copies t | of hard co | No of Soft Copies in Word Format to | | |
|--|---------------------------------|----------------|---------------|--|------------|--|
| | after contract effectiveness | MWE | World Bank | MWE | World Bank | |
| Inception report | 1 | 2 | 1 | 1 | 1 | |
| Baseline Assessment report for each Construction Lot | 2 | 2 | 1 | 1 | 1 | |
| Updated Work Plan for 16 months | 2 | 2 | 1 | 1 | 1 | |
| Monthly progress Reports | 3-18 | 2 | 1 | 1 | 1 | |
| Quarterly Training/ CB reports | 3-18 | 1 | 1 | 1 | 1 | |
| Draft Completion Report | 17 | 2 | 1 | 1 | 1 | |
| Final Completion Report | 18 | 2 | 1 | 1 | 1 | |

2.11 Services and Facilities to be provided by the Client

The client will provide the key documents such as the ESF, RPF, ESIAs, SPPs, RAPs, and Engineering Design Reports. Other general documents to be provided to the consultant may include, the Software Steps, Extension Workers Handbooks, the National framework for O&M of rural water infrastructure in Uganda (2020), the Ministry of Water and Environment's gender, HIV/AIDs strategies, and Environment and Social Policy among others. The information, data, reports, and documents will be available for the consultant's unlimited use during execution of the proposed services. The client will attach four (4) MWE staff for purposes of training and capacity building and ensuring adequate direct involvement of the client in delivering the

assignment. The client shall organize an inception meeting to be attended by key stakeholders including contractors and supervising consultants to enable smoother team work at the onset of the assignment. The consultant shall be provided with a well-furnished office space by the Contractor on behalf of the client and the consultant shall meet the utility service costs through the contractors.

2.12 Services and Facilities to be provided by the Consultant

In carrying out this assignment, the consultant shall provide the following services, among others, which should be duly provided for in the consultant's proposal:

- i) Office supplies, as required for the period of services.
- ii) Long term accommodation for the consultant's staff while in Uganda and hotel accommodation for short term experts.
- iii) Subsistence (or per diem) payments for official travel for consultant's staff.
- iv) Secretarial and administrative support staff.
- v) International and local telephone services for official communication only.
- vi) Transport for official work during the period of the assignment

2.13 Qualifications of the Firm

The firm should meet all eligibility requirements to provide services to Government of Uganda including certificate of registration, articles and memorandum of association, power of attorney, tax registration and clearance, NSSF clearance, OSH registration, and trading license/ operation permit from local authority. The firm should demonstrate at least 10 years of similar consultancy experience, with specific experience of 6 years in social risk management on infrastructure projects with the required range of experts.

2.14 Staffing Requirements for the Assignment and Experts' time input

The assignment is expected to cover a calendar month period of 18 months with an estimated time input of man-months for the experts as summarized in the table below;

Table 4: List of Required Personnel for Lot 2 Yumbe District (West Nile Region)

| Staff | Number of Staff | Time Input Per Staff (man months) | Total input in man-months |
|---------------------------------|-----------------|--------------------------------------|---------------------------|
| Team Leader | 1 | 6 | 6 |
| Community Social Workers | 3 | 9 | 27 |
| Environmental Health Specialist | 1 | 6 | 6 |
| RAP Specialist | 1 | 4 | 4 |

| Valuer | 1 | 4 | 4 |
|--|----|---|----|
| Gender and Child Protection Specialist | 1 | 6 | 6 |
| Natural Resources Specialist | 1 | 6 | 6 |
| Total | 23 | | 59 |

2.15 Qualifications and Experience of Key Personnel

The experts should meet the minimum qualifications and experience as provided in the table below;

Table 5: Minimum Qualifications and Experience of Key Personnel

| Table 5: Minimu | m Qualifications and Experience of Key Personnel |
|-----------------|---|
| Position | Minimum qualification and experience |
| Team Leader | Education: |
| (TL) | Bachelor's Degree in Social Sciences, Social Work and Social Administration, |
| | Development studies or any other relevant equivalent qualification in a related field and |
| | a Master's degree in a relevant field. |
| | General experience: |
| | Minimum of 10 years working experience. |
| | Specific Experience and Skills: |
| | At least 8 years' relevant experience in managing project associated social risks, |
| | Specific experience in implementing Resettlement Action Plans (RAPs), and |
| | Environmental and Social Management Plans (ESMPs) on World Bank or other |
| | donor funded infrastructure projects in Uganda or other comparable countries. |
| | Experience in development/management of community capacity building and |
| | awareness programmes with adequate documentation skills. The position will be |
| | part time during project duration. |
| Community | Education: |
| Social Workers | Bachelor's degree in Social sciences, Social Work and Social Administration, |
| (CSWs) | Community Development or any other relevant equivalent qualification. |
| | General experience: |
| | Minimum of 5 years working experience. |
| | Specific experience: |
| | 3 years' relevant experience in managing project associated social risks |
| | • 3 years of specific experience in implementing Resettlement Action Plans |
| | (RAPs), and Environmental and Social Management Plans (ESMPs) on World |
| | Bank funded infrastructure projects in Uganda. |
| | Should have a good understanding of managing community development |
| | projects including aspects of community mobilization/engagement, and |
| | HIV/AIDs. |
| | |

| Position | Minimum qualification and experience | | | | | | | |
|--------------------------|---|--|--|--|--|--|--|--|
| Natural | Education: | | | | | | | |
| Resources | Bachelor's degree in Environmental Sciences, Environmental Management or Forestry | | | | | | | |
| Management | or other related areas. Master's degree in related areas. | | | | | | | |
| Specialists | of other related areas. Iviasier 5 degree in related areas. | | | | | | | |
| (NRMS) | General experience: | | | | | | | |
| (= .= .= .=) | Minimum of 8 years working experience. Must be with 5 years' relevant experience in | | | | | | | |
| | assessment and mitigation of environmental impacts on infrastructure projects in Uganda | | | | | | | |
| | Experience in implementing catchment restoration/environmental protection | | | | | | | |
| | activities | | | | | | | |
| | Experience in implementing energy saving technologies | | | | | | | |
| | Experience with World Bank environmental policies | | | | | | | |
| | Experience with world Bank environmental policies | | | | | | | |
| | Educations | | | | | | | |
| RAP Specialists | Education: He/she shall have at least a Bachelor's degree in Sociology, Social work, Social | | | | | | | |
| (RAPS) | Administration or equivalent. A relevant post graduate level qualification in fields | | | | | | | |
| (ICH S) | related to the assignment. | | | | | | | |
| | General experience: | | | | | | | |
| | 8 years of experience of working experience. | | | | | | | |
| | Specific experience: | | | | | | | |
| | He/she must have demonstrated at least 3 years work experience in RAP | | | | | | | |
| | implementation in infrastructure projects in Uganda or other comparable | | | | | | | |
| | countries. | | | | | | | |
| | He/she should also have experience in development/ management of community | | | | | | | |
| | awareness and capacity building programmes as well as in depth knowledge on | | | | | | | |
| | community participatory procedures in rural areas. | | | | | | | |
| | A good understanding of approaches for mobilization of communities and RA | | | | | | | |
| | implementation during the implementation of water, environment and sanitation | | | | | | | |
| | activities. | | | | | | | |
| T : (1 | • The expert must have/possess adequate documentation skills. | | | | | | | |
| Environmental | Qualifications: | | | | | | | |
| Health Specialists (EHS) | He/she shall have at least a Bachelor's Degree in Environmental Health Science, Public Health, Community Health, WASH or other related areas. <i>A relevant post graduate</i> | | | | | | | |
| (LHS) | level qualification in fields related to the assignment | | | | | | | |
| | level qualification in fields retaled to the assignment | | | | | | | |
| | Experience and skills: | | | | | | | |
| | At least 8 years of experience in implementing hygiene and sanitation, health education | | | | | | | |
| | and promotion activities. He/she must have demonstrated work experience of at least | | | | | | | |
| | years in hygiene and sanitation promotion in rural contexts in Uganda or or | | | | | | | |
| | comparable countries. He/ She should have experience in development/management o | | | | | | | |
| | sanitation and hygiene programmes as well as in depth knowledge on sustainable | | | | | | | |
| | sanitation promotion and technologies, hygiene education methodologies and must | | | | | | | |
| | possess adequate documentation skills. | | | | | | | |

| Position | Minimum qualification and experience | | | | | | | | |
|------------------|---|--|--|--|--|--|--|--|--|
| Gender and Child | Bachelor's degree in Social Sciences, Social Work and Social Administration, | | | | | | | | |
| Protection | Community Development or any other related areas. Master's degree in any of the above | | | | | | | | |
| Specialist | areas. | | | | | | | | |
| (GCPS) | | | | | | | | | |
| | Experience and skills: | | | | | | | | |
| | At least 8 years' experience in implementing community development projects. Specific | | | | | | | | |
| | experience of 3 years in implementing community mobilization/engagement, and | | | | | | | | |
| | HIV/AIDs, GBV and VAC prevention and response programs in rural contexts. This | | | | | | | | |
| | includes methodologies that combines livelihoods support, business development, | | | | | | | | |
| | financial literacy and linkages to existing credit and saving schemes targeting | | | | | | | | |
| | adolescents at risk of GBV and enhancing safe spaces for peer support, empowerment | | | | | | | | |
| | and leaning among girls and boys using evidence based approaches such as the SASA! | | | | | | | | |
| | And ELA methodologies. Demonstrated knowledge of GBV and VAC drivers and risk | | | | | | | | |
| | factors and experience in designing and implementing behavior change and community | | | | | | | | |
| | transformative initiatives to address GBV, VAC or related issues. These include gender | | | | | | | | |
| | transformative approaches in livelihood interventions and training community facilitators | | | | | | | | |
| | and members of local structures (e.g. village health teams, local council, religious | | | | | | | | |
| | institutions, traditional leaders, schools) | | | | | | | | |
| | Thorough understanding of the Uganda's legal, policy and institutional framework for | | | | | | | | |
| | GBV, Child protection and related issues | | | | | | | | |
| Valuer | Education: | | | | | | | | |
| | Bachelor degree in Land Economics or Surveying or related degree | | | | | | | | |
| | General experience: | | | | | | | | |
| | Minimum of 10 years working experience. Must be Registered valuer with a relevant | | | | | | | | |
| | professional body. | | | | | | | | |
| | Specific experience: | | | | | | | | |
| | 7 years' relevant experience in valuation for compensation on infrastructure development | | | | | | | | |
| | projects in Uganda | | | | | | | | |

3.1 ENVIRONMENTAL AND SOCIAL POLICY

This Environmental, social, health and safety policy will guide the execution of the services. The policy has been attached in Annex 1.

3.2 CODE OF CONDUCT

The code of conduct in Annex 2 has been set out to take into account considerations of Environment, Social and Health issues, Occupation Health and Safety of experts, client's and contractor's personnel and the community.

The Code of Conduct should be signed by each Expert to indicate that they have:

- i. Received a copy of the code;
- ii. Had the code explained to them;
- iii. Acknowledged that adherence to this Code of Conduct is a condition of employment; and
- iv. Understood that violations of the Code can result in serious consequences, up to and including dismissal, or referral to legal authorities.

ANNEX 1: ENVIRONMENTAL AND SOCIAL POLICY

The policy goal of the assignment is to integrate environmental protection, occupational and community health and safety, gender, equality, child protection, vulnerable people (including those with disabilities), gender-based violence (GBV), HIV/AIDS awareness and prevention, wide stakeholder engagement, land acquisition and compensation of project affected persons in the planning processes, programs, and activities of the parties involved in the execution of the Works. The Environment and Social Management Framework (ESF), Resettlement Policy Framework (RPF), Environment and Social Management Plans (ESMPs) for the Project and the Contractor's Site-Specific Environment and Social Management Plan will be used for monitoring, continuously improving processes and activities and for reporting on the compliance with the policy.

The policy is derived from different international and/or national policies within legal frameworks some of which are highlighted below. It is expected that during the supervision of the works, the consultant will commit to:

- 1. The World Bank Safeguard Policies and the EIA certificate and national regulations governing protection of natural resources, national parks, health and safety, labor, transport, etc.
- 2. Apply good international industry practice to protect and conserve the natural environment and to minimize unavoidable impacts (National Environment Act, 1995);
- 3. Provide and maintain a healthy and safe work environment and safe systems of work as stipulated in the draft National Occupational Safety and Health Policy in the framework of the Occupational Safety and Health Act, 2006;
- 4. Protect the health and safety of local communities and users, with particular concern for those who are disabled, elderly, or otherwise vulnerable;
- 5. Ensure that terms of employment and working conditions of all workers engaged in the Works meet the requirements of the ILO labour conventions to which the host country is a signatory (Employment Act, 2006 and Occupational Safety and Health Act, 2006);
- 6. Be intolerant of, and enforce disciplinary measures for GBV, child sacrifice, child defilement, and sexual harassment (Employment Act, 2006);
- 7. Incorporate a gender perspective and provide an enabling environment where women and men have equal opportunity to participate in, and benefit from, planning and development of the Works (The Uganda National Employment Policy 2011, The National Equal Opportunities Policy 2006, Uganda Gender Policy);
- 8. Work co-operatively, including with end users of the Works, relevant authorities, contractors and local communities:
- 9. Engage with and listen to affected persons and organizations and be responsive to their concerns, with special regard for vulnerable, disabled, and elderly people;
- 10. Provide an environment that fosters the exchange of information, views, and ideas that is free of any fear of retaliation;
- 11. Minimize the risk of HIV transmission and to mitigate the effects of HIV/AIDS associated with the execution of the Works (The National HIV/AIDS and The World of Work Policy 2007);
- 12. Acquisition or restriction of land to mitigate unavoidable adverse social and economic impacts through incorporate compensation of project affected persons and community engagement throughout the works implementation.

| | | | | | | | | |
|----|-----|-----|-------|------|-----|------|------|--|
| Pe | rma | nen | t Sec | cret | ary | | | |
| M | WE | | | | | | | |

ANNEX 2: CODE OF CONDUCT

This code of conduct is to be followed by all Consultant's Experts. It should be read together with the Environment and Social Policy, and the World Bank Group Environment Health and Safety Guidelines. The experts are expected to;

- 1. Be Compliant with applicable laws, rules, and regulations of the Republic of Uganda.
- 2. Be Compliant with applicable health and safety requirements to protect the local community (including vulnerable and disadvantaged groups), the Consultant's Experts, the Client's personnel, and the Contractor's personnel, including sub-contractors and day workers (including wearing prescribed personal protective equipment, preventing avoidable accidents and a duty to report conditions or practices that pose a safety hazard or threaten the environment)
- 3. Not use illegal substances
- 4. Be non-discriminatory in dealing with the local community (including vulnerable and disadvantaged groups), other Consultant's Experts, the Client's personnel, and the Contractor's personnel, including sub-contractors and day workers (for example, on the basis of family status, ethnicity, race, gender, religion, language, marital status, age, disability (physical and mental), sexual orientation, gender identity, political conviction or social, civic, or health status)
- 5. Have acceptable and appropriate interactions with the local community(ies), members of the local community (ies), and any affected person(s) (for example to convey an attitude of respect, including to their culture and traditions)
- 6. Avoid unethical and unbecoming behavior such as use of rude, abusive and obscene language, indecent dressing, hard supervision and sexual suggestive gestures which constitute sexual harassment (for example to prohibit use of language or behavior, in particular towards women and/or children, that is inappropriate, harassing, abusive, sexually provocative, demeaning or culturally inappropriate). A child / children means any person(s) under the age of 18 years.
- 7. Avoid violence, including sexual and/or gender-based violence (for example acts that inflict physical, mental or sexual harm or suffering, threats of such acts, coercion, and deprivation of liberty
- 8. Avoid exploitation including sexual exploitation and abuse (for example the prohibition of the exchange of money, employment, goods, or services for sex, including sexual favors or other forms of humiliating, degrading behavior, exploitative behavior or abuse of power)
- 9. Promote protection of children (including prohibitions against sexual activity or abuse, or otherwise unacceptable behavior towards children, limiting interactions with children, and ensuring their safety in project areas)
- 10. Ensure sanitation requirements are provided like toilets are acceptable and approved and are gender sensitive (for example, to ensure workers use specified sanitary facilities provided by their employer and not open areas)
- 11. Avoid conflicts of interest (such that benefits, contracts, or employment, or any sort of preferential treatment or favors, are not provided to any person with whom there is a financial, family, or personal connection)
- 12. Respect reasonable work instructions (including regarding environmental and social norms)
- 13. Protect and use any project property properly (for example, to prohibit theft, carelessness or waste)
- 14. Report any violations of this Code
- 15. Ensure that there is non-retaliation against personnel who report violations of the Code, if that report is made in good faith