TERMS OF REFERENCE (ToRs)
FOR ENHANCING COMMUNITY ENGAGEMENT AND ACCOUNTABILITY IN HEALTH
KHYBER PAKHTUNKHWA – HUMAN CAPITAL INVESTMENT PROJECT

The **Khyber Pakhtunkhwa Human Capital Investment Project (KP-HCIP)** is a World Bank-funded initiative aimed at improving human capital outcomes in Khyber Pakhtunkhwa province. On the health side, the project focuses on enhancing primary healthcare services and increasing their utilization, especially among women and other vulnerable populations. A key component of KP-HCIP (Component 3) is to **promote community engagement and accountability to create demand for primary health care (PHC) services**. This involves mobilizing communities, raising awareness of available health services, and establishing feedback and grievance mechanisms to ensure health services are responsive to community needs.

KP-HCIP is being implemented in selected districts of Khyber Pakhtunkhwa, notably the urban districts of **Peshawar, Nowshera, Swabi, and Haripur including flood affected districts**. These four districts host a significant portion of the province's population and a large number of Afghan refugees (over 820,000 refugees in KP, more than half of whom reside in Peshawar, Nowshera, Haripur, and Swabi). The presence of refugees and other marginalized groups, coupled with gaps in health awareness and access, has contributed to poor health indicators in these areas. Additionally, recent floods and environmental challenges have impacted health infrastructure and community resilience in Khyber Pakhtunkhwa. In this context, community engagement is critical to improve health outcomes, rebuild trust in health services, and strengthen community resilience against public health and climate-related shocks.

The Government of Khyber Pakhtunkhwa, through the KP-HCIP Health Department, intends to hire a specialized **Community Engagement Firm** to design and implement comprehensive community outreach interventions in the above target districts. The firm's work will contribute directly to the KP-HCIP objectives by increasing public awareness and demand for health services, promoting healthy behaviors (including Water, Sanitation and Hygiene, or WASH), ensuring vulnerable groups are included, and establishing systems for community feedback and grievance redressal. Ultimately, these efforts aim to accelerate the uptake of essential health services, such as immunization, maternal and child health care, family planning, and nutrition programs and to foster greater community accountability and participation in the health system.

Objectives of the Assignment

The primary objective of this assignment is to engage and empower communities in the target districts so that they actively participate in improving health outcomes. The Consulting Firm will develop and implement strategies that increase awareness, demand, and accountability for health services at the community level. Key objectives include:

➔ **Increase Community Awareness and Demand for Health Care Services:** Ensure that communities particularly women, youth, refugees, persons with disabilities, and other marginalized groups are well informed about available health services (e.g. immunization, maternal/newborn care, family planning, nutrition programs) and motivated to utilize these services. Improving knowledge and addressing sociocultural barriers, the assignment seeks to increase uptake of services such as antenatal care visits, childhood immunizations, and safe institutional deliveries. Community awareness and education are crucial to bringing about positive behavior change in health and hygiene practices.

➔ **Promote Healthy Behaviors and WASH Practices:** Implement effective behavior change communication (BCC) interventions to encourage healthy practices in households, schools, and public spaces, for example, handwashing, proper sanitation, balanced nutrition, and prevention of communicable and non-communicable diseases. Improved quality and use of WASH infrastructure in health facilities and schools is expected to reduce disease transmission and enhance community well-being.

➔ **Strengthen Community Engagement and Accountability Systems:** Develop inclusive mechanisms for communities to voice their needs and feedback. This includes strengthening and supporting the GRM that already exists in the targeted districts that is accessible to all (with channels like hotlines, complaint boxes, WhatsApp, etc.), so that community members can report issues or grievances regarding health services and receive timely responses/ feedback. Global best practices for GRM highlight the importance of setting up multiple uptake channels in poor and remote areas and using local intermediaries to help people submit complaints. By strengthening community feedback systems, the project will enhance accountability of health service providers and ensure corrective actions are taken based on citizen input. Additional The firm will encourage the women and share the pathways to launch complaints regarding any misconduct by the facility staff (which should be routed to the district level Inquiry Committee and in the case where a patient comes in with a history of intimate partner violence/abuse, that the facility staff can refer her to the appropriate GBV service providers (which will be mapped by the project)

➔ **Build Local Capacity and Sustainability:** Strengthen the capacity of local stakeholders, including Health Management Committees, GRCs, Parent-Teacher Councils (PTCs) in schools, lady health workers (LHWs), local government officials, and community volunteers through training and mentorship. These stakeholders will be empowered to continue community engagement, hygiene promotion, and health advocacy activities beyond the project period. In particular, the firm will support the establishment of **Health Promoting Schools (HPS)**, transforming schools into "hubs of health" that integrate health, hygiene, and nutrition into school life. The firm will also integrated the GBV/SEA/SH awareness in the intervention considering the sensitivity of local norms and cultures Building local ownership and skills, the interventions are more likely to be sustained and scaled.

➔ **Enhance Disaster Resilience in Communities:** . Increase community awareness and preparedness for health-related emergencies and disasters (such as floods or disease outbreaks). Khyber Pakhtunkhwa is at high risk of flooding due to its geography and changing climate, making disaster risk reduction (DRR) knowledge at the community level essential. As part of this effort, the firm will also integrate strong SEA/SH risk-mitigation measures and promote women's safety by sensitizing communities on respectful behavior, zero-tolerance for exploitation and harassment, and safe reporting channels. The engagement will ensure that women, girls, and other vulnerable groups are informed about their rights, available support services, and mechanisms to safely raise concerns during emergencies. Additionally, the firm will educate communities on emergency response, disease outbreak management, and climate-resilient health practices, thereby strengthening overall preparedness and building inclusive and safer community resilience against future crises.

The firm will ensure the above mentioned objectives, which will contribute to the overall goal of the KP-HCIP to improve the utilization and quality of primary healthcare services in the target districts, especially for vulnerable populations with specific focus of women and refugees. Ultimately, the community engagement activities should help foster a culture of health-seeking behavior, community-led accountability, and collaborative partnerships between communities and the health system

Scope of Work and Expected Results

The Community Engagement Firm will be responsible for a comprehensive set of activities grouped into the following Eight (8) result areas. For each area, the firm is expected to carry out specific tasks and deliver tangible outputs, as described below:

1. **Community Engagement Strategy Development:** Develop a comprehensive Community Engagement Plan for the four target districts (Peshawar, Nowshera, Swabi, and Haripur) including seventeen flood affected districts in line with KP-HCIP goals. This strategy should detail the approach, methodologies, target populations, and timeline for all community engagement activities. Key tasks include:

- Conduct initial assessments and stakeholder analyses to understand community dynamics, cultural norms, existing community structures (e.g. health committees, local NGOs and GRCs), and barriers to accessing health services and on SEA receptivity and inclusion. Use these insights to tailor the engagement strategy to local contexts.

- Ensure inclusion of vulnerable groups in the strategy. The plan must address how to reach women (especially those in purdah or restricted mobility), adolescent girls and boys, persons with disabilities, refugee populations, and other disadvantaged groups who may be underserved by health services. Methods should be culturally appropriate and in local languages to maximize reach and understanding.

Design and produce communication materials and IEC (Information, Education and Communication) tools to support community engagement. This may include brochures, flyers, posters, and audio-visual content in Pashto, Urdu, Hindko and other local languages as needed. Materials should convey key messages on available health services, healthy practices, GBV, violence against women, SEA/SH, and rights in an accessible and engaging manner. As part of strengthening safeguarding awareness, the IEC materials will also clearly explain the SEA/SH Inquiry Committee's structure, its roles and responsibilities, and the step-by-step procedures for receiving, documenting, and managing SEA/SH complaints in line with survivor-centered principles of confidentiality, respect, safety, and non-discrimination. The content will outline available reporting channels, including GRM boxes, hotline numbers, facility focal persons, and community-level reporting options, ensuring that survivors and community members are informed about safe and confidential ways to raise concerns.

Additionally, the materials will describe the referral mechanism for SEA/SH cases, guiding survivors on how to access timely psychosocial support, medical care, protection services, legal assistance, and specialized GBV service providers. The roles of Grievance Redressal Committees (GRCs) at facility-level in ensuring safe handling, non-retaliation, and referral of cases to inquiry committee will be highlighted to promote trust and accountability within the system. The communications strategy and tools will further promote positive healthy behaviors and community well-being, ensuring that safeguarding, protection, and health messages are integrated and accessible. All materials and messages will be pre-tested and approved by the (PMU) before rollout.

2. **Increasing Community Awareness and Demand for Health Services:** Roll out large-scale community awareness campaigns to educate the public about available health services and to

stimulate demand for those services. These campaigns should particularly focus on women of reproductive age, young parents, and marginalized communities who have lower utilization of services. Expected results and activities include:

. Informing communities about essential health services: Ensure that community members know what services are offered (e.g., immunizations, antenatal care, childbirth at health facilities, family planning, nutrition supplementation, child growth monitoring, including the GRM system), where and when they are available, and why they are important. The firm will use multiple channels, community meetings (e.g., at health facilities, village hujras, and women's group sessions), mobile loudspeaker announcements, local radio spots, mosque announcements, and door-to-door outreach by community workers to disseminate this information. Special emphasis will be placed on reaching women in household settings through female community mobilizers. As part of this engagement, communities will also receive culturally sensitive messages on SEA/SH, emphasizing respectful behavior, dignity, protection of women and girls, and community responsibility to prevent exploitation and harassment. These messages will guide community members on how to safely raise SEA/SH concerns, the available confidential reporting channels, and the assurance that complaints will be handled respectfully, discreetly, and without retaliation. Simple, culturally appropriate explanations of the SEA/SH inquiry committee, survivor protections, and referral pathways will be shared to build trust, reduce stigma, and encourage safe help-seeking behaviors within communities.

- Behavior Change Communication (BCC) campaigns: Implement targeted BCC interventions addressing specific behaviors and misconceptions. For example, campaigns may promote the importance of at least four antenatal care (ANC) visits during pregnancy, encourage parents to complete their children's full vaccination courses, and highlight the benefits of delivering babies in health facilities with skilled birth attendants. Messages should also tackle myths or fears (such as vaccine hesitancy or family planning misconceptions) by providing accurate information and positive testimonials. Community awareness and education tools are proven to help dispel false beliefs and encourage healthy behaviors.

- Improved service uptake: Through these efforts, the firm should aim for measurable increases in the utilization of key services. For instance, an increase in the number of women receiving ANC and postnatal care, higher immunization coverage rates for infants and children, and a rise in institutional (facility-based) deliveries in the target communities. The firm will coordinate with local health facility staff to track service uptake data in each community and adapt the campaign strategies as needed. Success stories or positive deviance examples (families benefiting from using health services) should be documented and shared to reinforce messages.

3. **Enhance Awareness on WASH, Health Promotion and Environmental:** To improve the awareness and sensitization on **Water, Sanitation and Hygiene (WASH)** in health facilities, schools, and communities and promoting other healthy behaviors. Good WASH infrastructure and practices are fundamental for disease prevention and child well-being, and are a priority for the project. The firm's responsibilities include:

- Community and school hygiene promotion: Organize regular hygiene education sessions in communities and in schools. Topics will include the importance of hand hygiene (especially handwashing with soap at critical times), safe water handling and storage, proper sanitation and ending open defecation, and menstrual hygiene management for girls. Using participatory methods (demonstrations, school competitions, child-to-child education, etc.), the firm should encourage adoption of these practices. These efforts align with the Health Promoting Schools approach, integrating WASH into school life so that schools become models of healthy behavior.

- Nutrition and NCD prevention: In addition to WASH, the firm will promote other positive health behaviors. This includes community nutrition education (exclusive breastfeeding, complementary feeding for infants, kitchen gardening, balanced diet awareness to combat stunting and malnutrition) and awareness on preventing non-communicable diseases. All health promotion activities should be culturally sensitive and involve community influencers (teachers, religious leaders, elders) to amplify impact.

- Environmental Sensitization**:** In addition to WASH and health promotion activities, the firm will conduct dedicated community sensitization sessions on environmental health and climate awareness. These sessions will focus on sustainable practices that protect both human and environmental well-being, including safe waste disposal, proper management of healthcare waste, prevention of water contamination, tree plantation and greening initiatives, and understanding the links between environmental degradation and disease outbreaks. Communities will also be educated on climate change adaptation measures such as conserving water, protecting natural drainage systems, and reducing household pollution to strengthen resilience against climate-related health risks. The firm should ensure that environmental messages are locally relevant, culturally appropriate, and integrated within broader health communication campaigns.

4. Grievance Redress Mechanism (GRM) and Feedback system:

An inclusive, confidential, and accessible Grievance Redress Mechanism (GRM) has already been established and operationalized in each project district to enable community member particularly vulnerable and marginalized groups to submit complaints, concerns, or feedback related to health services. To strengthen this system, the firm will support the enhancement of multiple grievance uptake channels to ensure wide accessibility and responsiveness, the firm will also use the complaints registered and guidelines for recording grievances. Special attention should be given to allowing women and vulnerable groups to submit grievances safely for example, by having female staff or community volunteers designated to collect complaints from women who may not freely travel. In this connection, the firm will have carried out some key tasks under this component:

. thedocs.worldbank.org. Awareness on GRM: Educate communities about the existence and purpose of the grievance mechanism. During community meetings and health awareness sessions, inform people how and where they can lodge or register complaints or suggestions, and assure them that the process is safe, confidential, and guided by survivor-centered principles. As the project already has a fully established GRM system aligned with the SEA/SH Action Plan, including defined procedures, reporting channels, roles, and escalation pathways, the firm must ensure that all awareness activities strictly adhere to and reinforce the existing GRM/SEA/SH framework. The firm will therefore develop an engagement strategy that supports and complements the approved GRM/SEA/SH SoPs, ensuring consistency in messaging, complaint handling protocols, and escalation processes. Community leaders, Health Committees, GRCs and facility staff will be trained on their responsibilities within the GRM, including how to assist community members in filing grievances, acting as intermediaries where necessary, and ensuring proper documentation and escalation in line with the existing SEA/SH sensitive case management procedures. Engagement of local intermediaries or organizations will further support grievance submissions, especially for poor, marginalized, or illiterate complainants, ensuring equitable access to the system.

- Manage and report on grievances: The firm will manage the intake of grievances, ensure each complaint is logged in a GRM database/system (see also Task 9 below), and forward the grievances to the Grievance Redressal Committees for resolutions (e.g. district health office,

facility in-charge, PMU). In addition the the firm to ensure that the GRM operators follow the appropriate scripts for complaint intake and be trained on those They will track the progress of each grievance to ensure timely resolution. Importantly, the firm will prepare monthly or quarterly GRM reports summarizing the number of complaints received, types of issues raised, resolution status, and the time taken to resolve. These reports should disaggregate data by gender of complainant and type of grievance to identify any patterns (for example, if women are mostly complaining about staff behavior or if a particular facility has recurring issues). The GRM reports will be submitted to the PMU and shared with stakeholders as a measure of accountability and learning.

5. Building Capacity of Community structures, GRCs and Stakeholders

To ensure the effective implementation and sustainability of the Grievance Redress Mechanism (GRM) and strengthen the overall health response system, targeted capacity-building initiatives will be conducted, to ensure the effective implementation and sustainability of the Grievance Redress Mechanism (GRM) and strengthen the overall health response system, targeted capacity-building initiatives will be organized for all key stakeholders at field level. These efforts are designed to ensure effective utilization of the Grievance Redress Mechanism (GRM), utilization of available services and enhance overall community engagement in health systems strengthening. The firm will engage different community groups and institutional stakeholders through structured and inclusive training initiatives. These training session will enhance knowledge, skills, and coordination among Grievance Redress Committees (GRCs) of all three tiers, health facility staff, and community Structures involved in health service delivery, accountability, and emergency preparedness. A comprehensive capacity-building initiative will be implemented for GRC members at all tiers, facility, district and provincial level as well as hospital and health facility management staff across all project districts. These trainings will strengthen the overall accountability and gender-responsive functions of the grievance redress and SEA/SH prevention system within the health sector. The sessions will cover the foundational components of an effective and survivor-centered grievance redress mechanism, including GRM principles and standard operating procedures, complaint handling processes, documentation, recordkeeping, and reporting protocols, confidentiality requirements and safe information management, referral pathways for sensitive cases such as SEA/SH, coordination and linkages with district and provincial health authorities and integration of SEA/SH responsibilities within existing GRM structures

The trainings will also build the capacity of health facility staff, focal persons, and PMU personnel on gender sensitization, gender mainstreaming, SEA/SH case identification and reporting, and the collection and use of sex-, age-, and disability-disaggregated data.

In addition, the approach incorporates modules on effective communication, conflict-resolution skills, client-centered service ethics, and the use of feedback for continuous service improvement. These elements ensure that grievances are managed sensitively, transparently, and in a manner that enhances public trust in health facilities.

To reinforce community engagement and awareness, the training will also cover community feedback mechanisms, inclusive and culturally appropriate communication approaches, emergency and crisis-related grievance management, integration of GRM and SEA/SH messaging into routine communication systems at health facilities

Overall, this capacity-building package strengthens institutional accountability, promotes gender-responsive delivery service, improves grievance management, and contributes to a safer, more dignified, and inclusive health system for all individuals accessing services across the project districts.

- **Grievance Redress Committees (GRCs) and Health Facility Staff:**
  Comprehensive training sessions will be organized for GRC members at all tiers (facility, district, and provincial levels) as well as hospital and health facility management staff at Facilities level will be conducted in the project Districts. The training will focus on GRM principles/ SoPs, complaint handling procedures, recordkeeping, reporting mechanisms, confidentiality, and referral pathways, particularly for sensitive cases such as Sexual Exploitation and Abuse/Sexual Harassment (SEA/SH). Additionally, sessions will cover communication and conflict-resolution skills, coordination with health authorities, and feedback integration for service improvement. Health staff will also receive capacity building on community feedback mechanisms, client service ethics, and emergency health response management to ensure they can effectively respond to both routine and crisis-related grievances.
- **Health Management Committees, GRCs and Community Health Workers:**
  Capacity-building sessions will equip members of health management committees, community health committees, Lady Health Workers (LHWs), and other volunteers with practical knowledge on their roles in community health engagement. Training will include community mobilization, rights-based approaches to health, participatory monitoring of facility performance, and the use of the GRM system for lodging and resolving complaints. Emphasis will be placed on ensuring inclusivity particularly the active participation of women, youth, and marginalized groups in decision-making and monitoring processes. Participants will be guided in developing community action plans linked to health improvement and accountability outcomes.
- **School Staff, Parent-Teacher Councils (PTCs), and Local Leaders:**
  The program will also target schoolteachers, PTC members, and community leaders (including religious figures and local councilors) to strengthen community-level health promotion and accountability. Training will focus on hygiene promotion, health education, WASH management in schools, and early identification of children with health or nutrition concerns for referral through the GRM and local health systems. Local leaders will be empowered to serve as health and accountability advocates, reinforcing GRM awareness and promoting community participation in health responses and campaigns.
- **Government Officials and Frontline Health Providers:**
  District health officials, local government representatives, vaccinators, technicians, and other frontline providers will be oriented on community engagement strategies, complaint management, and health emergency preparedness. Training topics will include principles of transparency and accountability in public health services, effective GRM utilization, communication and counseling techniques, and integration of GRM feedback into health planning. Special sessions will focus on the role of these actors during emergencies or outbreaks to ensure rapid, coordinated, and accountable health responses.
- **Training Materials and Methodology:**
  All training manuals, toolkits, and visual aids will be developed in Urdu and Pashto to ensure accessibility and understanding among participants. Interactive, adult-learning methodologies such as simulations, role-plays, and case studies will be used to enhance practical learning. Equal participation of men and women will be prioritized across all capacity-building initiatives. Post-training evaluations, follow-up mentoring, and refresher sessions will be conducted to assess learning outcomes, strengthen institutional memory, and reinforce the operational capacity of GRC members and health facility staff.

6. **Support to Health Promoting Schools (HPS):** In coordination with the Education Department and KP-HCIP's education initiatives, support the establishment and functioning of **Health Promoting Schools** in the target districts. The concept of HPS is to integrate health, hygiene, nutrition, and wellness

activities into schools so that schools become centers of health for students and the communitywho.int. The firm will:

- Collaborate with Parent-Teacher Councils (PTCs) in selected schools to expand their role into Health Promoting School Committees (HPSC). This involves orienting PTC members (teachers and parents) on the HPS framework and jointly developing a simple action plan for health activities at the school. The firm will guide the PTC/HPSC on setting targets (e.g. number of hygiene sessions per month, periodic health screenings) and tracking progress. The firm will periodically gauge the progress of HPS activities and facilitate committee meetings to review achievements and challenges.

- Implement school-based health activities: Ensure that planned HPS activities are carried out effectively through the PTC/HPSC. Key activities include: regular hygiene education sessions for students (covering handwashing, oral hygiene, menstrual hygiene for girls, etc.), health screening events (such as dental check-ups, vision testing, deworming, and nutrition status checks) conducted with support from local health providers, and establishing referral linkages with nearby health facilities (e.g. BHUs & RHCs) so that children identified with issues can receive proper care. The firm might arrange for periodic visits of health staff to schools or student visits to health facility for educational tours.

. Youth engagement and life skills: Where feasible, incorporate life-skills and peer education activities as part of the HPS approach. This could include training a cadre of student peer educators or health club members who take leadership in promoting healthy habits among their classmates and even within their families. Given the importance of early prevention and awareness, the youth engagement component will also integrate age-appropriate, culturally sensitive SEA/SH messages that focus on respect, personal boundaries, dignity, and safe behavior. Peer educators will be trained on how to recognize inappropriate conduct, how to support classmates who feel unsafe, and how to guide them toward trusted reporting channels in line with the project's existing GRM/SEA/SH framework, ensuring that SEA/SH information is shared responsibly and safely. By empowering students as health and protection ambassadors, the impact of HPS activities will extend into the wider community, strengthening both health awareness and safeguarding culture. The firm should document the outcomes of HPS interventions (e.g., improvements in students' knowledge, reduction in absenteeism due to illness, cleaner school environments, increased understanding of respectful behavior and safety) as part of its reporting.

7. **Disaster Risk Reduction (DRR) and Climate Resilience:** In selected communities (especially those recently affected by floods or identified as high-risk for natural disasters), implement activities to strengthen disaster preparedness and community resilience from a health perspective. Given that KP is prone to flooding and other climate-related hazards sciencedirect.com, these interventions are vital to protect health and livelihoods. The firm will:

- Conduct community awareness sessions on DRR: Organize sessions in vulnerable villages (e.g. flood plains or post-flood resettlement areas) to raise awareness about disaster risks and preparedness measures. Topics should include understanding early warning signals (for floods or disease outbreaks), preparing family emergency plans, basic first aid, maintaining hygiene and safe water in emergencies, and protecting vulnerable groups (women, children, disabled) during disasters. These sessions can be conducted in partnership with local disaster management authorities or NGOs where available.

- Climate resilience and health education: Integrate messages about climate change and health into community outreach. For instance, educate communities on preventing vector-borne diseases that may increase with changing climate (dengue, malaria), on safeguarding water sources, and on sustainable practices (like tree planting in community to reduce flood impact, proper waste disposal to avoid clogging drains). By improving knowledge and preparedness, communities can reduce the health impacts of disasters and recover faster when emergencies occur.

8. **Monitoring, Reporting, and Community Feedback:** Establish a robust **monitoring and reporting system** for all activities, ensuring continual learning and adaptation of the community engagement interventions. The firm is expected to deliver timely reports and use data to improve performance. The following are required:

- Baseline and Endline Surveys: At the start of the assignment, conduct a baseline Knowledge, Attitude and Practice (KAP) survey in the target communities to quantify current levels of health knowledge, behaviors, and service utilization. This will cover areas such as % of women aware of available maternal health services, immunization coverage in sample children, prevalence of handwashing behavior, etc. Similarly, towards the end of the project, conduct an endline (or follow-up) survey to measure changes against the baseline. These surveys will help gauge the impact of community engagement activities on the community's knowledge and practices.

- Regular Activity Monitoring: Develop simple monitoring checklists and indicators for each task area (e.g. number of community meetings held, number of people reached with messages disaggregated by gender, number of WASH facilities improved, number of grievances logged and resolved, training participants counts, etc.). Field staff should record data for each activity including trainings on GBV/SEA, which will feed into monthly reports. The firm's project manager should review progress against targets regularly and conduct field visits for verification and quality assurance.

- Progress Reporting: Provide consolidated progress reports on a monthly and quarterly basis to the client (PMU). The monthly reports should summarize activities conducted in each district during the month, key outputs achieved, any notable successes or case studies, and any challenges faced with corrective actions. Quarterly reports should be more comprehensive, including an analysis of trends (e.g. service uptake data if available, behavior change observations, GRM statistics) and recommendations for the next quarter. All reports must be well-structured and include data disaggregated by district and gender where applicable. The data from all the GRM channels should be collected and incorporated in the Progress report with proper analysis where nature of cases, gender segregation and source of grievances through received.

- Community feedback loops: Incorporate community feedback into monitoring. After major activities (e.g. after a campaign or training), gather feedback from participants about the relevance and effectiveness of the activity. This can be done through quick surveys or focus group discussions. The firm should document this feedback and respond by adapting approaches if needed. Community members should feel that their opinions are heard and that the program is responsive.

- Final Report: At the end of the contract, the firm will submit a comprehensive final report detailing all activities undertaken, outputs delivered, key results achieved (with before-and-after comparisons from the baseline/endline), lessons learned, and recommendations for sustaining the

initiatives. This final report should also include an executive summary that can be shared with higher authorities and stakeholders for knowledge dissemination.

9. Technology and MIS Support: Leverage technology to enhance the efficiency and transparency of the community engagement program, particularly for the Grievance Redress Mechanism. The firm will develop and maintain a simple Management Information System (MIS) or database for tracking project activities and complaints. Key aspects:

- GRM Management Platform: adapt a Grievance Management Platform (this could be an online database, spreadsheet system, or a dedicated software, depending on feasibility) to log all grievances received through various channels. Each grievance entry should include details like date, category of issue, location, complainant details (if not anonymous), and status/resolution. But in case of SAE/SH the data will be coded and the confidentiality will be ensured, platform should allow updating the status as complaints are addressed and be able to generate summary reports (as described in Task 4). Training will be provided to relevant officials (e.g. PMU staff or district health officers) on using this platform so that the GRM can be institutionalized. Ideally, the platform would allow analysis of grievance trends and help identify systemic issues in service delivery.

- Digital Communications: Utilize mobile and social media technology to support community engagement where possible. For example, the firm can establish district-level WhatsApp groups including health workers, community volunteers, and local leaders to share quick updates and coordinate activities. If literacy and access allow, consider piloting mobile phone messaging for health promotion (sending SMS reminders for vaccination sessions or maternal health appointments). All technology use should be appropriate to the local context (e.g. leveraging widely used apps or local radio, rather than assuming internet access).

- MIS for Monitoring: Set up a basic project MIS to compile all monitoring data (from Task 8) electronically. This may be as simple as Excel spreadsheets or Google Sheets that track each indicator by month and district. The objective is to have a centralized record that the PMU and World Bank can review at any time for progress. The firm will train PMU M&E staff on how the data is collected and managed.

- Data Privacy and Security: Ensure that any data collected (especially personal or sensitive data like complaints) is kept confidential and secure. The MIS should have controlled access. When handing over the GRM database and any project data to the government at the end of the contract, the firm must ensure a smooth transition and provide any necessary technical support during the handover.

- Each of the above tasks (1 through 9) is expected to be implemented in an integrated manner over the course of the 08-month contract. The firm should create synergies between components – for instance, using community meetings (Task 2) as opportunities to inform people about the GRM (Task 4) and to recruit volunteers for HPS or DRR activities (Tasks 6 and 7). Throughout implementation, an adaptive management approach is encouraged: the firm should use monitoring insights and feedback to refine strategies and ensure that the project's interventions remain effective and culturally appropriate.

Deliverables and Reporting Requirements

The Consulting Firm shall produce the following key deliverables over the duration of the contract, in addition to carrying out the activities described. All reports will be submitted in English (with summaries or materials in local languages where applicable), in both hard copy and electronic format. Citations or references for any data should be included as needed, and all deliverables will be subject to approval by the client (KP-HCIP PMU):

- **Inception Report and Community Engagement Plan:** Within the first 4-6 weeks, the firm must deliver an Inception Report summarizing initial findings (from assessments and stakeholder consultations) and present the detailed Community Engagement Strategy/Plan (Task 1). This plan should include the communication strategy, work plan with timeline, target indicators, and M&E framework. It will serve as a roadmap for all subsequent activities and will be reviewed/approved by the client.

- **IEC/BCC Materials Package:** A complete set of communication materials developed under the assignment, including brochures, flyers, posters, training handouts, audio scripts, etc., in required languages. Draft versions should be piloted and finalized early in the project. The final package is to be delivered in both hard and soft copy (design files) for the client's future use.

- **Baseline KAP Survey Report:** A report detailing the methodology, sample, results, and analysis of the baseline Knowledge, Attitude, and Practice survey conducted in the communities. This report should highlight baseline levels of key indicators that the project aims to influence (health service utilization, hygiene practices, etc.) and will be used as a benchmark for measuring change.

- **Training Manuals and Toolkits:** All training curricula and manuals produced (for Health Committees, GRCs, school staff, etc.) in Urdu (and translated summary in English). These should be delivered ahead of conducting the trainings so that content can be reviewed. Additionally, **Training Completion Reports** for each training session/workshop held – including the agenda, participant lists (with gender disaggregation), photos, and an evaluation summary – are to be submitted within two weeks after each training event.

- **Monthly Progress Reports:** Brief reports (5-10 pages) submitted by the 5th of each following month, highlighting activities carried out in the previous month and results achieved. They should cover each component (community sessions, campaigns, trainings, GRM, etc.) with quantitative output data and short qualitative highlights (e.g. a success story or quote from a beneficiary). Any issues or risks encountered should be noted with actions taken to resolve them. These reports will enable the client to closely track implementation and address any hurdles in real time.

- **Quarterly Performance Reports:** More detailed reports at the end of every quarter (covering 3 months of work). Each quarterly report should consolidate information from monthly reports and provide deeper analysis of progress towards objectives. It should include updates on outcome-level indicators (if available), trend analysis (e.g. if service uptake is increasing), and an updated work plan for the next quarter (adjusting activities as needed). The quarterly reports should also annex the **GRM report** for that period (see below) and any other technical annexes as needed (e.g. detailed M&E data tables).

- **Grievance Redressal Reports:** As part of the regular reporting (or as separate stand-alone reports, as preferred by the client), the firm will submit GRM summary reports along with the cases grievance log sheet on a monthly and quarterly basis. These will detail the grievances received in the reporting period, categorized by type (service complaint, staff complaint, supply issue, etc.), the actions taken/resolutions, and any pending cases. Crucially, they will include data disaggregated

by gender (and if possible, by refugee status or other relevant demographics) to ensure the GRM is serving all groups. An analysis of any systemic issues and recommendations to health authorities for improving services should be part of these GRM reports.

- **Community Event and Campaign Reports:** For any major community campaigns or special events (e.g. health fairs, international health days, mass vaccination drives supported by the project), the firm should produce a short report describing the event, participation levels, activities conducted, and media coverage (if any). For routine community sessions, these can be summarized in the monthly reports, but any large-scale or one-off events should have separate documentation.
- **Disaster Preparedness and DRR Activity Report:** (If applicable within project timeline, for communities where DRR activities were focused.) This report would compile the work done under Task 7, listing communities covered, number of people trained in DRR, summaries of any emergency drills or plans developed, and immediate outcomes (e.g. establishment of community emergency committees, etc.). This can be integrated in a quarterly report if timing aligns or submitted as a standalone technical report.
- **Final Completion Report:** At the end of the contract, a comprehensive Final Report must be submitted. This report will consolidate the entirety of work done, evaluating the achievement of the assignment's objectives. It should include final values of indicators (from the endline survey and project records) compared against the baseline, an assessment of the impact of interventions (qualitative and quantitative), success stories or case studies illustrating change, and lessons learned/recommendations for future community engagement efforts by the Health Department. The report should also document how the various initiatives (GRM, HPS, committees, etc.) will be handed over or sustained post-project. An executive summary and a PowerPoint presentation of key findings should accompany the Final Report for dissemination to stakeholders.

All reports and deliverables should be written in clear, professional language and be well-structured. Where relevant, raw data (e.g. survey datasets, training attendance sheets, etc.) should be provided to the client along with the reports. The firm will maintain an organized repository of all project documentation and hand this over to the client upon completion of the contract.

Team Composition and Staffing Requirements

To execute this multifaceted scope of work, the Consulting Firm will need to deploy a **competent team of experts and field staff**. The proposed team should combine strong technical expertise with local knowledge of the target communities. **Preference is given to hiring local professionals** – especially for community-based roles – as they possess better understanding of local norms, languages, and geographypulse.gop.pk. The team should also strive for diversity (including women and members of minority groups in key roles) to ensure inclusive engagement. The following key positions and staffing arrangements are recommended:

- **Project Team Leader / Community Engagement Specialist (Full-time):** A senior expert (Master's degree in Public Health, Social Sciences, Development Studies or related field) with at least 10 years of experience in managing large community mobilization or health promotion projects. The Team Leader will be responsible for overall project management, coordination with the client and stakeholders, and ensuring the quality of all deliverables. He/she should have proven skills in strategic planning, stakeholder engagement, and monitoring & evaluation. The Team Leader can be partially based at the firm's home office but **must be present on-site in KP frequently** – including attending bi-weekly or monthly review meetings at the PMU in Peshawar and supervising field activities in all districts. Exceptional communication and leadership skills are

required for this role. *(Note: The Team Leader could also double as the Community Engagement Expert if appropriately qualified.)*

- **Community Mobilization Officers (Field-based, 32 positions):** At least **two field officer gender balance per target district** (Peshawar, Nowshera, Swabi and Haripur) who will be based in or near that district for the duration of the project. These officers will oversee and facilitate all on-the-ground activities in their assigned district, working closely with local communities and health facilities. Each should have ~5+ years of grassroots community engagement or development experience, be fluent in the local language (Pashto/Hindko as applicable), and preferably be recruited from the region. Their tasks include organizing community sessions, liaising with local leaders, collecting monitoring data, and reporting back to the Team Leader. They should also coordinate the work of any community volunteers or mobilizers engaged for door-to-door outreach. Given the intensive fieldwork required, these positions are **100% field-based** (not remote). Female mobilization officers are highly encouraged, at least in a couple of districts, to ensure access to women's groups.

- **Behavior Change Communication (BCC) & IEC Specialist:** An expert in health communications and behavior change, with experience in designing campaigns and IEC materials for low-literacy populations. Qualifications may include Mass Communications or Public Health (with specialization in health promotion). This specialist will lead the development of the communication strategy and materials (posters, radio content, social media messaging, etc.) and guide the BCC campaign implementation. They should have at least 7 years of experience in crafting and executing communication interventions around public health or social issues. This role can be **partially remote** (for designing content, writing reports, etc.), but the specialist should conduct periodic field visits to pre-test materials and gather audience feedback. They will also train community mobilizers in effective messaging techniques.

- **Monitoring & Evaluation (M&E) Officer:** A professional with strong skills in data collection, analysis, and reporting for community-based projects. Should have ~5+ years' experience in designing surveys, managing databases, and evaluating project outcomes (ideally in the health sector). The M&E Officer will design the baseline and end line KAP surveys (sample design, questionnaires, training enumerators), ensure data quality, and analyze the results. They will also set up the project's indicator tracking system and train field staff on routine monitoring tools. Proficiency in Excel or statistical software and the ability to present data in user-friendly formats is required. This role can be partially remote for data analysis tasks, but the officer must be on-site for key activities like training survey teams, conducting spot-checks during data collection, and participating in review meetings.

- **Management Information System (MIS) / IT Specialist:** A tech-savvy member of the team responsible for developing and maintaining the GRM database and any other digital tools. This person should have experience in database management or IT solutions for development projects. They will set up the **GRM management platform** (could be a simple Excel-based system or an online database) and ensure it is functioning properly, as well as create any data entry forms needed for field staff. They will train the PMU or designated officials on using the system. The MIS Specialist can work **remotely for much of the assignment** (since system development and troubleshooting can be done off-site), but should be available to travel to KP as needed for initial setup, training sessions, and if any technical issues arise on ground. Ensuring data security and backups will be part of this role.

- **Gender and Social Inclusion Expert (Cross-cutting):** Given the emphasis on reaching women, refugees, and other vulnerable groups, the team should include a Two gender/inclusion expert (this could be a dedicated role or a responsibility taken on by another key expert, such as the Team Leader or Community Engagement Specialist, if they have the requisite expertise). The advisor will ensure that all strategies and materials are gender-sensitive and culturally appropriate. They will conduct orientations for the team on working with vulnerable populations and monitor inclusion aspects (e.g. are women participating, are the needs of persons with disabilities being addressed in activities?). The advisor should have at least a Master's in Gender Studies, Social Work or similar, and 5+ years' experience in gender mainstreaming in community projects. This role can be **part-time** and might be combined with another position for efficiency.

Disaster Risk Reduction (DRR) Trainer/Expert: (If not covered by another expert such as the community engagement or WASH specialist.) This individual would lead the development of the DRR training content and community emergency preparedness plans. Ideally with a background in emergency management or community resilience building (3-5 years' experience). Could be a short-term input to design and deliver the DRR components. Again, this could be an **intermittent role** where the expert is engaged around the period of conducting DRR sessions, rather than full-time. **Community Engagement Expert/Trainer** (with DRR Focus): This expert will lead the development and delivery of community engagement strategies, including Disaster Risk Reduction (DRR) training and community emergency preparedness planning. The role requires a strong background in community mobilization, behavior change communication, or resilience-building, ideally with 3–5 years of experience working in emergency preparedness, public health, or related social sectors. The expert will design culturally appropriate DRR content, facilitate community sessions, and support the integration of resilience practices within ongoing engagement activities. This may be a short-term or intermittent position, with the expert engaged primarily during the preparation and implementation of DRR-related community sessions rather than serving full-time.

In addition to the key experts above, the firm may deploy **community mobilizers or volunteers** at the grassroots level (especially if wide coverage is needed for door-to-door campaigns or large population outreach). These could be hired on stipend or part-time basis from within local communities and trained to assist in community meetings, follow-up with households, and act as liaisons. While not all such community workers need to be named in the proposal, the approach to mobilizing and supervising them should be described.

The firm's **Team Composition and staffing plan** should clearly indicate which positions are full-time on the project and based in the project area, and which are part-time or remote. It should also detail the number of person-months for each expert. It is expected that positions requiring daily interaction with communities (mobilizers, field officers) are on-site continuously, whereas specialized advisory roles can be partially off-site. However, **all key experts must allocate sufficient on-ground presence** to fulfill their responsibilities (e.g. the BCC Specialist should visit each district at least once during campaign rollout; the MIS Specialist should conduct visit for the GRM system, etc.).

The Consulting Firm must also ensure effective **coordination mechanisms within the team**: regular internal meetings, progress updates, and a chain of command (with the Team Leader as the primary responsible person interfacing with the client). If the firm is a consortium, roles of each partner should be clearly defined. The staffing plan will be evaluated as part of the proposal to ensure it is adequate to achieve the TOR objectives.

Duration and Schedule

The expected **duration of the contract** is till June 2026 from the start date (estimated timeline will be specified by the client). The work is anticipated to begin in [tentative start month/year], subject to completion of procurement formalities, and conclude by [end month/year].

Given the dynamic nature of community engagement, the contract may include flexibility for adjustments in duration. The firms are required to quote their financial proposal **on a per-month basis (monthly rate)** as well as a total lump sum for 8 months. This will allow the client to easily adjust the contract value if the duration is reduced or extended, without needing renegotiation of unit rates. For example, if only 10 months of services are utilized, payment will be made for 10 months at the quoted monthly rate.

A detailed **work schedule** should be provided by the firm, including key milestones and deliverable due dates (for inception report, baseline survey, major campaigns, quarterly reports, final survey and report, etc.). Below is an indicative timeline which the firm can refine in their proposal:

- Month 1: Mobilization of team, initial meetings with client and stakeholders, planning and assessments, submission of Inception Report & Engagement Plan.
- Months 1-2: Development of IEC materials, start of community awareness sessions, baseline KAP survey completion, initiation of WASH assessments.
- Months 2-8: Full rollout of community engagement activities (awareness campaigns ongoing, GRM supported and extended, WASH related awareness, HPS activities in schools, DRR sessions held as per plan). Monthly and quarterly reports submitted on schedule. Mid-term review around Month 6 with client to assess progress.
- Months 7-8: Tapering off campaigns (or focusing on areas lagging behind), endline KAP survey conducted (Month 08), continued support to GRM and community structures to solidify sustainability.
- Month 8: Winding up field activities, final community events or handover meetings, analysis of endline data, preparation of Final Report and dissemination of results to stakeholders.

Throughout the assignment, the firm is expected to maintain a high level of responsiveness. Any significant deviations or proposed changes to the work plan should be communicated to and approved by the client. If security or unforeseen issues arise in any target area (e.g. natural disasters, security restrictions), the firm should immediately coordinate with the client to adjust the approach (possibly pausing or relocating activities, etc.).

Regular progress review meetings will be held (e.g. monthly or bi-monthly at the PMU in Peshawar) where the firm will present updates. The **Team Leader and relevant key staff** must attend these meetings in person. The client may also conduct field monitoring visits; the firm's team should facilitate and accompany such visits as needed.

Institutional and Reporting Arrangements

The contracted firm will work under the **direct supervision of the Project Management Unit (PMU) of KP-HCIP Health Department**, Government of Khyber Pakhtunkhwa. The primary reporting authority will be the **Project Director (PD) KP-HCIP Health**, or an official designated by the PD (such as a Community Engagement Focal Person or Deputy Project Director). The firm is expected to maintain close coordination with the PMU throughout the assignment.

Specific reporting and coordination requirements include:

- The **Team Leader** (or his/her delegate) will have scheduled progress review meetings with the PMU at least once every two weeks (fortnightly) or as agreed, in Peshawar. In these meetings, upcoming plans and any issues will be discussed, and the firm will receive guidance or decisions from the PMU as needed. The Team Leader should ensure attendance and come prepared with progress data.

- The firm will also coordinate with other **sector specialists and stakeholders** relevant to the project. For example, coordination with the Department of Health at district level, EPI (immunization) program staff, the Education Department (for school activities), local government, and any parallel initiatives by development partners in the area. The PMU will assist in introductions and help resolve any inter-departmental issues, but the onus is on the firm to maintain good working relationships on the ground.

- The World Bank may assign a **Communications or Community Engagement Expert** to provide technical advice to the PMU and oversee the quality of community outreach activities. The firm is expected to cooperate with and take into account feedback from such experts or World Bank implementation support missions. This could include sharing draft materials for review or adjusting approaches based on recommendations.

- All **deliverables and reports** produced by the firm will be reviewed by the PMU (and in some cases, also by the World Bank). The firm should anticipate feedback and time for revisions. Especially for strategy documents and training materials, iterative refinement may be required before final approval.

- On a day-to-day basis, a **Contract Manager** from the PMU will be the point of contact for the firm for operational matters. The firm should keep the Contract Manager informed of field schedules, important events, and any incidents immediately. Major decisions or changes will be escalated to the Project Director as appropriate.

- The firm must adhere to **all relevant regulations and guidelines** of the Government of KP and the World Bank during implementation, including safeguarding policies. If any issues of concern arise (e.g. safety of field staff, community complaints beyond project scope, etc.), they should be promptly communicated.

- By contract end, the firm will organize a **handover and wrap-up meeting** with the PMU and key stakeholders, where they present the main outcomes, hand over all materials (including the GRM platform, datasets, etc.), and discuss continuity of the initiatives. The firm's cooperation in knowledge transfer is crucial for sustainability.

The client (PMU) will provide the firm with necessary support such as introduction letters to district authorities, access to project facilities, and available project data/reports. However, **logistical arrangements** (office space, transport, equipment for the firm's team) are to be managed by the firm itself, unless otherwise stated. The financial proposal should account for all such costs.

Mandatory Eligibility Criteria for Bidders

Firms submitting proposals for this assignment must meet the following **minimum eligibility criteria** (**EOI (Evaluation Criteria Sheet is annexed as Annex-A)** These criteria will be used on a pass/fail basis to determine whether a firm's proposal will be considered for technical and financial evaluation:

- **Legal Status:** The firm (or lead firm, in case of a consortium) must be a legally registered business entity/consulting firm in its country of origin, with a formal registration/incorporation certificate. In the case of an international firm, it is **mandatory** to partner with or sub-contract to a **local firm** that meets these eligibility criteria, to ensure local presence and context familiarity. The firm should have a valid NTN (National Tax Number) and other required registrations in Pakistan (or undertake to obtain them prior to contract signing) to operate and bill for services.

- **Relevant Experience:** The firm must demonstrate a minimum of **5 years** of experience in fields related to this assignment, such as community engagement, social mobilization, health promotion, or behavior change communication. **Demonstrated 5 years' experience** in community engagement and awareness campaigns on similar projects is highly desirable. The firm should provide a company profile and history indicating years of operation and areas of expertise.

- **Similar Projects Track Record:** The firm should have successfully completed at least **[3–5] comparable projects** in the last 5-8 years. "Comparable projects" means assignments of similar nature and complexity – e.g. community mobilization campaigns for health or social sector programs, implementing behavior change or WASH programs at community level, managing grievance or feedback mechanisms, etc. As a guideline, firms with **minimum five (5) projects of similar nature** (community engagement, social mobilization, stakeholder advocacy campaigns) will be considered favorablypulse.gop.pk. For each cited project, the firm should provide a description, client reference, duration, and outcomes achieved (experience with World Bank or other international donor-funded projects in Pakistan or similar contexts will be an advantage).

- **Management Capacity:** The firm should have the financial and managerial capacity to handle a year-long, multi-district project. This includes having an adequately staffed team (or the ability to mobilize one quickly) and sound financial health. As evidence, the firm should submit audited financial statements of the last [2-3] years or other proof of annual turnover sufficient to sustain the operations. The firm must not be in bankruptcy or the subject of legal proceedings regarding insolvency. Additionally, the firm should have a robust internal system for quality control and project management (describe in the proposal).

- **Monitoring & Evaluation Experience:** The firm must show experience in monitoring and reporting on project results. This can be demonstrated by prior assignments where the firm performed data collection (surveys, assessments) and provided analytical reports on outcomes/impact. **Experience in M&E of community engagement activities and reporting on outcomes** is requiredpulse.gop.pk, as the assignment entails substantial monitoring responsibilities (baseline/endline surveys, progress tracking).

- **Local Presence (Preferred):** While not an absolute requirement, having an existing presence or "footprint" in Khyber Pakhtunkhwa (or specifically in Peshawar, Nowshera, Swabi, Haripur) will be considered an added advantagepulse.gop.pk. Firms should mention any ongoing or past work in these areas, or any local offices/partners in the province. This is to ensure the team's familiarity with the local context and ability to mobilize quickly at ground level.

- **Blacklisting/Performance:** The firm (including all members of a joint venture/consortium, if applicable) must not be debarred or blacklisted by the Government of Pakistan, Khyber Pakhtunkhwa agencies, or any international development agency (World Bank, ADB, etc.). A declaration to this effect must be provided. The firm should also disclose any litigation or arbitration cases it has been involved in with any client in the last five years (this will be reviewed case by case).

- **Key Personnel Qualifications:** The firm should propose a team that meets the **Key Personnel** qualifications outlined in the TOR's staffing section. While individual CVs will be evaluated in the technical proposal, as an eligibility matter the firm must confirm it has (or can mobilize) personnel with expertise in: community engagement/social mobilization, public health/WASH, behavior change communication, training/capacity building, monitoring & evaluation, and MIS/IT support. For example, the Team Leader should have at least a Master's degree and 10 years' experience in relevant fields, etc., as described earlier. Proposals that completely lack a key expertise area will be considered non-responsive.

- **Understanding of Scope:** As part of the proposal, the firm should include a cover letter or executive summary that explicitly confirms understanding and acceptance of the TOR scope. Any **major gaps or deviations** in the firm's approach to meeting the TOR requirements may lead to disqualification. The firm is welcome to suggest enhancements or innovations, but the core requirements of the TOR must be addressed.

The above criteria must all be met for a firm's proposal to proceed to detailed technical and financial evaluation. During evaluation, the client may verify the information provided by contacting references or requesting clarification. Proposals failing to provide evidence for any of the mandatory criteria (such as missing proof of experience or an absent qualification of a key expert) may be rejected as non-responsive.

It is encouraged that firms form **joint ventures or consortia** if needed to cover the full range of expertise – for instance, a social sector consulting firm partnering with a communications firm or an NGO with community networks. In such cases, one firm should be designated as the lead, and the arrangement must be clearly explained. Only one proposal is allowed per firm either as a single bidder or JV lead; overlapping memberships in multiple bids are not permitted.

Proposal Evaluation and Selection Method

The selection of the Consulting Firm will follow **Quality- and Cost-Based Selection (QCBS)** procedures in accordance with the World Bank's Procurement Regulations. Under QCBS, the technical proposal and financial proposal will both be factored into the final selection, with a higher weight generally given to technical quality. The exact weight distribution (e.g. 80% technical, 20% financial) and detailed evaluation criteria will be provided in the Request for Proposals (RFP) document issued to shortlisted firms.

In summary, the evaluation will proceed as follows:

1. **Expression of Interest (EOI) and Shortlisting:** Interested firms will first submit EOIs demonstrating they meet the above eligibility and have relevant experience. The client will evaluate EOIs and prepare a shortlist of the most qualified firms. Only shortlisted firms will receive the RFP and be invited to submit detailed proposals.

2. **Technical Proposal Evaluation:** Shortlisted firms will submit technical proposals outlining their approach, methodology, work plan, team composition with CVs, and experience. These proposals will be scored by an evaluation committee against criteria such as: firm's relevant experience, quality of methodology and understanding of TOR, qualifications of key staff, and (optionally) transfer of knowledge or innovation. A minimum technical score (e.g. 70 out of 100) will be required to qualify for financial opening.

3. **Financial Proposal Evaluation:** The financial proposals of technically qualified firms will be opened. The cost will be scored in inverse relation to the lowest bid (as per standard QCBS formula). **Note:** Firms should quote costs in Pak Rupees (PKR) preferably, **broken down by**

monthly rate and any reimbursables, but the evaluation will consider the total 8 months cost for comparison. If taxes are not included, that should be clarified as per RFP instructions.

4. **Combined Final Score and Award:** The technical and financial scores will be combined using the predetermined weights to produce a total score for each firm. The firm with the highest total score will be invited for negotiations. During negotiations, work and staffing plans may be fine-tuned and a contract concluded upon agreement. If negotiations fail with the top-ranked firm, the client may approach the next ranked firm.

All procurement proceedings will conform to the World Bank's guidelines to ensure fairness, transparency, and value for money. QCBS is being used as it provides a balanced consideration of quality and cost in selecting the consulting firmcarcip.gov.vc. Firms are thus encouraged to propose the best quality team and approach they can, while also keeping costs reasonable and within any indicated budget limits.

Finally, we emphasize that this Terms of Reference lays out an ambitious scope reflecting the critical needs in our communities. The consulting firm's creativity, professionalism, and commitment to development outcomes will be key to the success of this assignment. We look forward to proposals that not only meet the requirements but also bring value addition and innovative ideas to enhance community engagement for health in Khyber Pakhtunkhwa.

Annex-A

EOI Evaluation Criteria for Shortlisting Firms (Total: 100 Marks)

No.	Evaluation Criteria	Sub-Criteria	Max Marks
1	**General Experience of the Firm**	Years of operational experience in development/health/social sector (minimum 5 years)	10
		Nationwide/international presence and management structure	
2	**Relevant Experience of the Firm**	similar completed assignments in community engagement, behavior change communication, WASH, or GBV/SEA-related interventions or GRM	30
		Projects with government, World Bank, UN, or other donors	Each relevant project = 5 marks; max = 30)
		Experience in KP (Peshawar, Nowshera, Swabi, Haripur) or similar fragile/conflict-affected areas	5
3	**Experience in Monitoring & Evaluation**	Evidence of conducting baseline/endline KAP surveys and routine activity monitoring in community-based projects	10
		Use of MIS and tech-based tools for reporting/feedback	
4	**Team Composition and Human Resource Pool**	Confirmation of having qualified staff in the following categories:	20
		a. Project Lead/Community Engagement Specialist (10+ years, public health/social sciences)	5
		b. BCC/IEC Specialist	3
		c. M&E Specialist	3
		d. MIS/IT Specialist	2
		e. Gender/Inclusion Expert	2
		f. Community Engagement Expert	1
5	**Financial and Administrative Capacity**	Audited financial statements (last 3 years), evidence of annual turnover of 150 M PKR, operational systems in place Average Annual turnover of More than 150 M PKR to 200 M PKR = 10 Marks Average Annual turnover of More than 200 M PKR to 250 M PKR = 15 Marks Average Annual turnover of More than 250 M PKR = 20 Marks	20

		Capacity to manage a multi-district project with staffing, logistics, and reporting	
6	**Local Presence and Context Familiarity**	Existing offices/staff/partners in KP; language, cultural familiarity; ability to deploy quickly	5
TOTAL		**100**	

Shortlisting Criteria Notes:

- Minimum score to qualify for shortlisting: **70/100**
- All criteria must be substantiated with verifiable evidence (project sheets, references, certificates, team CVs, etc.)
- Projects submitted under relevant experience must include details on scope, client, year, location, and results achieved.
- Preference given to firms with experience working with refugee/marginalized communities in Pakistan.