



TERMS OF REFERENCE (ToR)

For

Hiring a Consultant for Risk Analysis, Feasibility Assessment, and Development of Dengue Early Action Protocol (EAP) in Bangladesh

1. Background

Dengue is one of the most prominent public health concerns in tropical and subtropical regions globally. The disease was first recognized as an epidemic in the 1780s, mainly in Asia, Africa, and the Americas. In Bangladesh, dengue virus was first identified in 1964. Over the past decades, dengue has evolved into a major and recurrent public health challenge in the country.

Rapid and unplanned urbanization, global warming, prolonged rainy seasons, and favorable household level breeding conditions have contributed to the increasing spread of Aedes mosquitoes and the rising frequency and intensity of dengue outbreaks in Bangladesh. Household and environmental hazards, including water storage practices, poor waste management, stagnant water, and inadequate vector control, further contribute to mosquito breeding and transmission risk.

In recent years, dengue fever has emerged as a major public health crisis in Bangladesh, with unprecedented surges in both cases and fatalities. The most severe outbreak to date occurred in 2023, resulting in a record-breaking 316,160 reported cases and 1,643 dengue-related deaths. Earlier, in 2019, Bangladesh experienced its second-largest dengue outbreak, with 101,354 cases and 164 deaths, marking a significant rise in both incidence and mortality. In 2022, another substantial outbreak resulted in 60,078 cases and 266 deaths. In 2025, dengue continued to pose a serious threat, with 102,562 reported cases and 412 deaths.

These recurring outbreaks demonstrate that dengue is no longer only a seasonal health issue, but a growing risk that requires stronger preparedness, earlier risk detection, and timely preventive action. Since dengue transmission is influenced by climate and weather conditions such as rainfall, temperature, and humidity, there is increasing need to explore whether climate-informed anticipatory action can support earlier and more effective interventions before outbreaks escalate.

In this context, the Bangladesh Red Crescent Society (BDRCS), in close coordination with the Climate Centre, CDC-DGHS, and IEDCR, intends to assess the feasibility of developing a Dengue Early Action Protocol (EAP). This will require a robust literature review (national and regional sources (e.g., Sri Lanka, Nepal, and India), detailed risk analysis and feasibility study to better understand outbreak patterns, climate–health relationships, potential triggers, operational readiness, and feasible early actions for reducing dengue related impacts in Bangladesh. This EAP needs to be aligned with the National Dengue Prevention and Control Strategy (2024-2030) and National Action Plan for Health Security (NAPHS).

2. Rationale

With the use of in depth forecast information and risk analysis, Anticipatory Actions (AA) provides access to humanitarian funding for early actions. AA's mission is to lessen the damage caused by disasters as well as the losses and sufferings. Within the short time limit between issuing a forecast and the occurrence of an event, AA puts early measures into operation that have already been agreed upon. That is why it is crucial to take preventive or anticipatory measures well in advance of a hazard, so that impacts can be reduced.

AA, as an innovative approach, seeks to prevent catastrophes through anticipation rather than dealing only with the aftermath. Since 2015, the Bangladesh Red Crescent Society (BDRCS), with support from the



International Federation of Red Cross and Red Crescent Societies (IFRC) and other Partner National Societies (PNSs) has been working to develop and improve the AA strategy in Bangladesh. Nowadays, AA has grown in popularity across the country and many stakeholders, including government institutions, UN agencies, the RCRC Movement, and national and international NGOs, are now adopting the AA approach and taking Early Actions (EA) to reduce the risks of impending hazards.

Under the AA strategy, Bangladesh Red Crescent Society (BDRCS) has Cyclone, Flood, Heatwave and Cold Wave Early Action Protocols (EAPs) to address early actions for mitigating the impacts of the respective hazards. Likewise, in the case of dengue, it is important to strengthen early warning, community awareness, preparedness of health and anticipatory action systems with targeted support to vulnerable populations in order to reduce the potential health impacts of outbreaks. However, dengue differs from hazards like cyclones and floods because it is a slow onset, biological disaster rather than a rapid onset physical one. While cyclones and floods threaten immediate survival and require mass evacuations, dengue is an infectious disease that requires community-wide vector control, public awareness, and sustained healthcare support.

As dengue is becoming a major public health concern in Bangladesh, there is a growing need to explore the development of a Dengue EAP to support early actions and reduce potential impacts. To determine the extent of dengue risk in Bangladesh, identify priority impact locations, assess the feasibility of climate-informed and risk-informed triggers, and define efficient early interventions, a risk analysis and feasibility study is required. This assessment needs to be carried out in close coordination with the Climate Centre, CDC-DGHS, and IEDCR. Hence, this Terms of Reference (ToR) is developed to seek support from an external consultant to conduct the risk analysis and feasibility study for Dengue EAP development in Bangladesh.

3. Objective

The overall objective of this assignment is to conduct risk analysis and feasibility assessment for dengue in Bangladesh and develop Dengue Early Action Protocol (EAP) including trigger and early actions for BDRCS.

4. Approach

The approach for feasibility or development of EAP will combine the desk review including available secondary information and available scientific datasets and analytical methods, studying historical events and data on impact, survey and consultation with the community and relevant stakeholders at both national and international levels and identification of possible Early Actions (Figure 1).

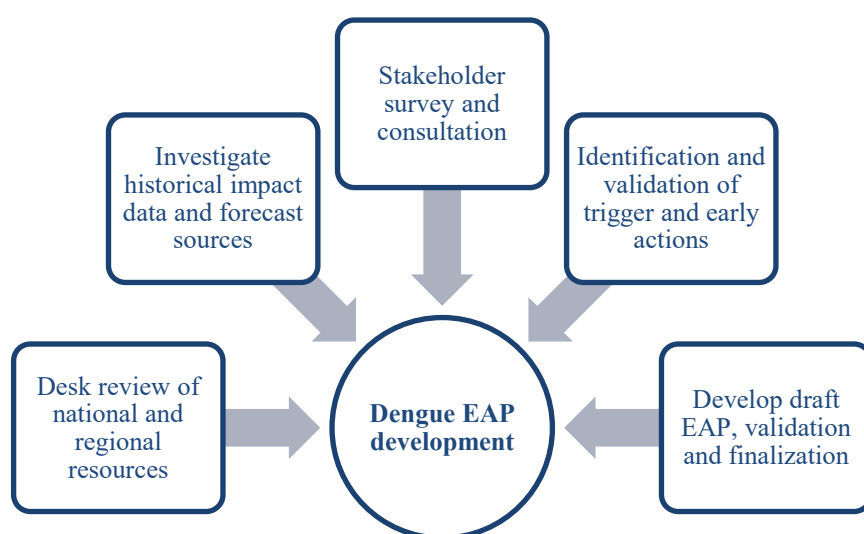


Figure 1: Proposed Approach for Developing the Dengue EAP



5. Scope of Services

- i. Identify the needs and feasibility for Dengue Anticipatory Actions and EAP development in Bangladesh.
- ii. Review available documents, literature, policies, national surveillance practices, and institutional mechanisms relevant to dengue preparedness, early actions, and response. Reviewing case studies and examples from other countries (e.g., Sri Lanka Dengue sEAP) to understand the development of context specific triggers and actions.
- iii. Conduct exposure and vulnerability analysis considering national and local context and map prioritized risk locations or dengue hotspot areas.
- iv. Consult relevant government and non-government stakeholders, facilitate consultation with at-risk communities and collect required data for historical analysis of dengue outbreaks, including seasonality, geographic spread, outbreak trends, impacts, and priority actions required.
- v. Assess the relationship between dengue risk and relevant climate/environmental factors in close coordination and consultation with the BMD, CDC-DGHS, DDM, and IEDCR. Identify and assess potential forecasting and surveillance mechanisms, forecast-monitoring arrangements, and decision-making processes for dengue early action.
- vi. Determine feasible trigger(s) or threshold(s) for dengue early action with scientific and operational justification.
- vii. Identify key readiness measures, pre-positioned items, and anticipatory or early actions for Dengue EAP in Bangladesh.
- viii. Develop geographic location and beneficiary selection criteria for dengue early actions aligning with National Dengue Prevention and Control Strategy (2024-2030) and National Action Plan for Health Security (NAPHS).
- ix. Develop the Dengue EAP including technical, operational, and MEL components. Recommend coordination, activation, and implementation arrangements for operationalizing the Dengue EAP. Ensure alignment with relevant IFRC guidelines, technical standards, and templates for EAP development (for epidemics, where available)
- x. Facilitate national workshop(s) and local-level meetings to validate EAP triggers and early actions. BDRCS will bear the cost of organizing the national-level workshop(s) only. The Consultant shall facilitate the workshop(s) and organize any local-level meetings within the scope of the assignment.
- xi. After submitting the Draft EAP, provide technical support to incorporate Validation Committee (VC) feedback and finalize the EAP.

6. Deliverables

- a. Inception report with detailed methodology and work plan
- b. Report on Risk Analysis, and Feasibility Assessment for Dengue EAP
- c. Draft triggers and early actions for validation
- d. Draft Dengue EAP in designated template of IFRC (both full document and summary document)
- e. Final Dengue EAP incorporating feedback from relevant stakeholders including Validation Committee.

7. Duration of the Assignment

The assignment must be completed within **7 months** from the date of the contract signing (4 months for developing the Draft Dengue EAP and 3 months to address Validation Committee feedback to finalize EAP).

8. Payment Schedule

Milestone	Timeframe	Payment (%)
Inception Report with detailed methodology, work plan, consultation details	01 month from signing the contract	20%
Draft Dengue Early Action Protocol (EAP) (with risk analysis, and feasibility assessment, validated triggers and early actions)	03 months after submitting inception report	50%
Final Dengue EAP incorporating feedback from the Validation Committee	03 months after submitting Draft Dengue EAP	30%

9. Qualification Requirement

- The consulting firm must have at least 5 years of experience in conducting hazard and risk assessments, EAP development or similar study for government/RCRC/UN/NGOs/INGOs/development banks.
- Prior experience in Anticipatory Action, public health, epidemiology or outbreak risk modelling.
- Proven understanding of climate sensitive health risks, dengue, outbreak risk analysis, and preparedness planning.
- Demonstrate effective organizational skills and ability to coordinate with government and non-government stakeholders.
- Well experienced in handling risk reduction/risk assessment tools and analytical report writing skills.
- Ability to work collaboratively with stakeholders and partners and integrate feedback as required

10. Qualification for Key Consultant Team

Position	Minimum Education	Minimum Professional Experience
1. Team Leader	Master's degree in Disaster Management, Development Studies, Environmental Science, Climate Science, Civil Engineering, or related field.	15+ years overall experience with at least 5 years in Anticipatory Action, EAP development, disaster risk management, or humanitarian programming. Experience leading assignments for government, RCRC, UN, NGO/INGO or development partners.
2. Public Health Specialist	Master's degree in Epidemiology, Public Health, Infectious Diseases, or related discipline.	10+ years in epidemiology/public health. Demonstrated experience in dengue, vector-borne disease, infectious disease surveillance, outbreak investigation or epidemic preparedness.
3. Climate & Risk Modelling Specialist	Master's degree in Climate Science, Meteorology, Environmental Science, Statistics, Data Science, or related field.	7+ years in climate risk analysis, forecast analysis, climate–health relationships, GIS/spatial analysis or risk modelling. Experience working with climate and health datasets.

Along with the above key personnel, the Applicant must propose any additional personnel required under the proposed methodology to complete the assignment within the stated timeframe.

11. Evaluation Criteria

Technical Evaluation		70 Marks
Organizational strength and relevant experience		20
Understanding of the assignment, approach and methodology		30
CVs of the proposed team		20
Team Leader	7 marks	
Public Health Specialist	5 marks	
Climate & Risk Modelling Specialist	5 marks	
Other Relevant Proposed Personnel	3 marks	
Financial Evaluation		30 Marks
Maximum financial score (Lowest evaluated financial proposal receives full marks)		30
Total (Technical + Financial)		100 Marks

12. Reporting line: The Consultant shall report to the DCRM Department of BDRCS through the designated focal person for all reporting and communication matters.

13. Pre Bid Meeting

An online pre-bid meeting for technical discussion will be held on **02:30 PM on 05 October 2026 via Microsoft Teams meeting.**

14. Proposal submission procedure

Along with the Technical and Financial Proposals, the Applicant shall submit the required legal documents (Trade Licence, TIN Certificate, Tax Payment Certificate, BIN Certificate, Audit Report, etc.). For this ToR, "Applicant" means the consultant or consulting firm submitting a proposal. The Applicant will be eligible for financial evaluation (30%) after passing the technical evaluation (70%), with a minimum passing score of 49 marks.

15. Submission Process

- Applicants shall submit the proposal in English and in hard copy only .

The submission deadline is 12:00 PM on 12 October, 2026.

- Proposals shall be submitted to:

**Director, Logistics,
Bangladesh Red Crescent Society (BDRCS),
National Headquarters,
Bhaban-1 (1st Floor), 684–686, Red Crescent Sarak, Bara Moghbazar,
Dhaka-1217, Bangladesh.**

- The Technical Proposal and Financial Proposal shall be placed in two separate sealed envelopes, clearly marked "Technical Proposal" and "Financial Proposal", respectively.
- Both sealed envelopes shall be placed inside one outer sealed envelope.
- The outer envelope shall be clearly marked: "Proposal for Hiring a Consultant for Risk Analysis, Feasibility Assessment, and Development of Dengue Early Action Protocol (EAP) in Bangladesh".
- Proposals received after the deadline will not be accepted.
- Incomplete proposals may be rejected.

- BDRCS reserves the right to accept or reject any proposal, in whole or in part, without assigning any reason.



16. Proposal Opening

The Technical Proposals will be opened and recorded internally by the Proposal Opening Committee in the presence of any bidder or bidder's authorized representative who may be present. The Financial Proposals shall remain sealed until completion and approval of the technical evaluation. No public opening of the Financial Proposals will be conducted.

17. Performance Security

The successful Applicant (the selected Consultant) shall provide Performance Security equivalent to 3% of the Contract Price for intellectual or consulting services within seven (07) calendar days of issuance of the Notification of Award (NOA), in accordance with applicable BDRCS policy. The Performance Security shall be released after satisfactory completion of the contractual obligations, subject to the terms and conditions of the contract.

18. Confirmation and General Conditions

By signing and submitting the proposal documents, the Applicant confirms acceptance of the terms and conditions of this ToR/RFP and certifies that all information and documents submitted are true and complete. BDRCS reserves the right to accept or reject any or all proposals, seek clarification, cancel or reprocess the procurement, or take any other action in accordance with applicable BDRCS procedures. The lowest-priced financial proposal will not necessarily be selected.

N.B.: Applicants are requested to submit their best proposal.