DEPARTMENT FOR INTERNATIONAL DEVELOPMENT

Terms of Reference

DAFPAK: Delivering Accelerated Family Planning in Pakistan
Behaviour Change Communication: Increasing knowledge of, demand for and continued use of modern methods of family planning through attitude, norms and behaviour change approaches.

LIST OF ACRONYMS

BCC	Behaviour Change Communication
CMWs	Community Midwives
CYP	Couple Year of Protection
DAFPAK	Delivering Accelerated Family Planning in Pakistan
FCO	Foreign & Commonwealth Office
FP	Family Planning
INGO	International Non-Governmental Organisation
IUD	Intrauterine device
KPI	Key Performance Indicator
LHW	Lady Health Worker
NGO	Non-Governmental Organisation
SF	Social Franchising
SM	Social Marketing
SME	Small and Medium Enterprise
SRO	Senior Responsible Owner
TORs	Terms of Reference
UNFPA	United Nations Population Fund
VfM	Value for Money

1. Introduction

About DFID - The Department for International Development (DFID) manages the majority of the United Kingdom's development assistance to poor countries and leads the United Kingdom's work to end extreme poverty, building a safer, healthier, more prosperous world. DFID's approach to international development is focused on working effectively with others to deliver results, transparency and value for money in British aid particularly in fragile and conflict-affected states.

2. Objective

DFID Pakistan wishes to contract a supplier to deliver a component of its Delivering Accelerated Family Planning in Pakistan (DAFPAK) Programme. Working through both private and public sectors, this £90 million programme over 4.5 years seeks to meet the unmet need for family planning (FP) services.

There are four components to the programme:

1. Behaviour change communication (BCC) Lot 1 which is the subject of this Terms of Reference;
2. Service delivery a) private sector; contract in place and b) public sector; Lot 2 in this procurement
3. Enabling environment (policy change, advocacy and coordination); contract in place
4. Third party validation, monitoring and research peer review procured through a separate procurement

3. Context

There are high levels of unintended pregnancies, induced abortions and maternal deaths in Pakistan. Of an estimated nine million pregnancies in 2012, 4.2 million were unintended resulting in 2.2 million induced abortions – the majority of which were unsafe and contributed to 6% of the latest estimate of maternal deaths[1]. The high rates of fertility contribute to 9,700 maternal deaths each year[2]. Only 35% of married women of reproductive age in Pakistan are currently using any method of contraception. Among South Asian countries, only in Afghanistan is this rate lower at 22.5%[3]. 20% of married women in Pakistan have an unmet need to use FP.

Potential users face multiple barriers to using FP, although there is evidence of a positive shift in social and cultural norms. Physical access is a real challenge, especially in rural areas with rugged terrain and scattered population. For the poor, the high costs of travel and time opportunity costs can be prohibitive. Whilst most women and men are aware of FP, many lack detailed knowledge of methods and are apprehensive of side-effects. Men generally are becoming more supportive of FP, but religious and social norms remain significant obstacles[4].

A high proportion (one in four) of married women using FP are relying on less reliable traditional methods, such as abstinence and withdrawal[5], and could benefit from using modern contraception. Many users of traditional methods do so because of the fear of side effects, lack of information about specific methods, myths and misconceptions regarding modern methods, and limited method choice[6].

[1] Pakistan Demographic and Health Survey 2006-07, National Institute of Population Studies

[2] Trends in maternal mortality: 1990 to 2015: estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division. 2015

[3] http://data.worldbank.org/indicator/SP.DYN.CONU.ZS?locations=AF

[4] Draft Meta-Analysis Report – Pakistan, UNFPA Pakistan Nov 2016

[5] Pakistan Demographic and Health Survey 2012-13. National Institute of Population Studies.

[6] Landscape analysis of the family planning situation in Pakistan, Population Council, BMGF, 2016

Pakistan's contraceptive prevalence rate has been increasing, but slowly from 12% in 1990-91 to 35% in 2012-13[7], equating to a one percentage point increase each year. Given the existing large unmet need, Pakistan has the potential for a rapid acceleration in FP uptake. Much of the growth since 2005-06 is driven by an increase in male methods: condom use has increased from 6.8% to 8.8% and a traditional method of withdrawal from 4.1% to 8.5%. This indicates men's more positive attitudes towards FP – but highlights growth in more unreliable methods[8].

The proportion of couples who give up using an FP method is very high. Overall 37% of couples discontinue using an FP method within 12 months of commencing its use. Reasons for stopping prematurely include side effects or other health concerns which are often associated with the quality of services and advice provided (28%), becoming pregnant because of a method failure (15%) and barriers such as cost, access and convenience (6%)[9]. There is potential to tackle some of the barriers to contraceptive use and offer greater method choice through scaling-up the availability of emergency contraceptive pills, implants and new technologies such as the sub-cutaneous injectable contraceptive and building the capacity of healthcare workers to provide quality, rights-based FP counselling. Utilisation of public facilities for maternal and child health is rising, presenting an opportunity to reach an increasing client base by integrating FP into routine service delivery including pre- and post-partum care.

The Government of Pakistan's strategy 'Vision 2025' recognises the significant threat the growing population poses to Pakistan's development, stability and health and social indicators. At the July 2017 FP2020 Summit, the Government (at federal and provincial level) renewed its commitment to achieving a contraceptive prevalence rate of 50%, up from 35% in 2012. The policy context for FP has never been more favourable in Pakistan since the constitutional amendment in 2010, which devolved responsibility for development from the federal level to the provinces. The evolving plans of provincial governments present an opportunity to scale up investments in FP and better integrate the efforts of the public and private sectors for accelerated and equitable service provision.

4. Background to DAFPAK

DAFPAK is designed to address many of the above challenges through mutually reinforcing/supporting programme components:

Component 1: BCC: increasing knowledge of, demand for and continued use of modern methods of FP through attitude, norms and behavior change approaches. (*Subject of this Terms of Reference and referred to as Lot 1*)

(Integrated into all components, but led by a behavior change specialist organization / company).

This component recognises the importance of increasing awareness, understanding and acceptance of modern methods of FP in order to both increase demand for FP and reduce rates of contraceptive discontinuation. It will use an integrated approach to changing attitudes and behaviours, targeting a range of stakeholders including women themselves, their partners and the wider community, and healthcare workers, and should build upon the latest evidence, including cost-effectiveness studies as well as testing out new approaches. The specific approaches will be informed by rigorous formative research funded by this programme early in its implementation to understand key fertility norms and decision makers, and drivers of FP use and continuation amongst different groups in Pakistan. Messages will be integrated into all opportunities for face-to-face communication at the household and

7 Pakistan Demographic and Health Survey 2012-13. National Institute of Population Studies.

8 Landscape analysis of the family planning situation in Pakistan, Population Council, BMGF, 2016

9 Pakistan Demographic and Health Survey 2012-13. National Institute of Population Studies.

community level to overcome remaining individual and community-wide barriers where there is unmet need, linked to nearby supported social franchisees or mobile outreach. Messages will address acceptability and desired fertility, myths and misconceptions, health concerns, influence of mothers-in-law and husbands, and spousal communication, as well as access barriers through knowledge of service availability.

The supplier for this component 1, will work closely with the providers of component 2 particularly in the early design phases, in order to inform and support effective healthcare worker interventions to reduce supplier bias and improve the quality of service provision and contraceptive counselling, to increase service use and limit contraceptive discontinuation across all population groups (including adolescents).

Component 2 a) Service Delivery – Private Sector (*Funding arrangement already in place: 01 Dec 2017 – 31 March 2022*)

(This involves implementing through private sector service delivery channels, with three main sub-components).

Social marketing (SM) promotes the sale of branded contraceptives through retail outlets such as shops (condoms) and pharmacies (condoms, pills, injectables, emergency contraception). This provides thousands of more access points to obtain FP commodities with convenient opening hours and relative anonymity. The existing network of outlets will be consolidated and new ones will be opened. The emphasis will continue to be in rural areas. Informed by mapping of potential providers, expansion of the network will be explored to unserved areas with promotional messaging linked to the wider FP demand generation efforts to be led under component 1.

Social franchising (SF) enlists private clinics into a branded FP network to provide quality assured FP services. Typically, they are owned by a lady health visitor (paramedic) who has left government service and set up her own small private clinic. She receives training, promotional materials, commodities and basic equipment, and agrees to adhere to quality standards, price caps, and to submit records. Community midwives (CMWs, government trained and supported, stationed mostly in rural areas, eventually graduating into a private clinic) will also be part of the supported social franchise networks.

The networks of social franchisees will continue to expand, with an emphasis on underserved areas. In both peri-urban and rural locations, community mobilisers will conduct community dialogue, inform and counsel clients, and refer them if an unmet need is identified. One network provides vouchers for poor clients.

Mobile outreach will have two variants: a) a team in a self-contained vehicle visits many locations every month to provide the full range of non-permanent FP services; and b) an FP 'camp' is arranged whereby a trained paramedic visits a (mobilised) rural community to provide FP services (including long acting methods) at a nearby temporary venue (such as a local primary school). Mobile outreach will largely operate in unserved population groups. In both cases, where and how to expand will be informed by and coordinated with component 1's formative research and implementation plans.

Component 2 b) Service Delivery – Public (*Separately procured through distinct set of ToRs at this time as Lot 2*)

In existing public health/FP facilities client-centred counselling will be improved to address client concerns about side effects, provide a more empathetic approach, and offer a wider range of methods. For better integration FP will be proactively offered when delivering other services such as

immunisation, childbirth and post abortion care. The range of contraceptives will be expanded to include implants and emergency contraception, with the results of formative research conducted under component 1 providing key insights in to how FP services and counselling could be improved to support increased and consistent services and contraceptive use.

Similarly, for community based workers, in partnership with the supplier for component 1, counselling skills will be improved and tailored reflecting prevailing social norms and research identifying the methodologies that work best and meet the needs of potential client groups. Lady Health Workers (LHWs) will expand the range of services and products on offer to include emergency contraceptives and will be trained to provide the first dose of injectable contraception. CMWs will provide implants, Intrauterine Devices (IUDs) and emergency contraception alongside improved counselling. Implementation will start where policies allow and commitment is demonstrated.

Training will be provided, in partnership with the supplier for component 1, on counselling and clinical skills which will include materials, training, and post-training/quality assurance support. Training will be provided at public sector training facilities, involve public sector trainers and be included in government annual plans. Integration of FP with other maternal and child health services offered by the health facility may require policy change and may involve changing standard operating procedures, roles and functions.

Component 3: Enabling Environment (*Funding arrangement already in place: 05 Dec 2017 – 31 March 2022*)

(Integral to all components of this programme and led by UNFPA working closely with federal and provincial governments).

Technical assistance will support an improving and enabling environment – a more client-centered and supportive policy framework conducive to promotion of programme outcomes, and ranges from service delivery policy change to greater resource allocation and increased open support from politicians. Specifically, it will comprise policy development, for example, to expand the method mix (implants, emergency contraception, etc), increase service delivery points in unserved areas, and task shifting (self-injection, non-doctors inserting implants, LHWs providing first dose injectable contraception). Evidence will be generated to inform policy change as needed, through the enabling environment component lead, or operations research by service delivery implementing partners. Provinces set their own service delivery policies and the extent of policy change will vary between them. Evidence based advocacy, with links to BCC and driven by local champions, will help to sustain political commitment, embed social acceptance, and increase resource allocation. In response to need, identified by programme monitoring and stakeholder consultation, provincial departments of health and population welfare will be assisted to strengthen leadership and coordination mechanisms involving all partners.

The DAFPAK business case provides in-depth details and is attached as Annex A.

5. Objective

The objective of this tender is to deliver the behaviour change component of DAFPAK, in a way that clearly demonstrates Value for Money (VfM) [10]. To achieve this objective, DFID is seeking to fund a supplier which can be a for-profit or not-for-profit organisation i.e. private sector/INGO/NGO/CSO[11]. The formation of a consortium of specialist organisations is encouraged.

[10] One contract will be signed with one organisation, which can sign and accept the terms and conditions of a DFID supplier contract.

[11] International Non-Governmental Organisation (INGO), local Non-Governmental Organisation (NGO) and Civil Society organisation (CSO)

The **Impact** of the programme will be 2,405 fewer maternal deaths, 3.5 million fewer unintended pregnancies and 1.64 million fewer unsafe abortions.

The **outcome** of the programme will be more women, including adolescents, able to safely plan their pregnancies and improve their sexual and reproductive health. Key results will be 550,000 additional users (by December 2020, all women 15-49) of modern contraception, 12 million Couple Years of Protection (CYPs)[12] and a modern contraceptive rate of at least 33.9% (married women 15-49). In line with FP2020 commitments, specific efforts will be made to understand and respond to adolescent FP needs (with a particular focus on newly married couples).

Component details are described above and a theory of change can be found in the attached Business Case (Annex A).

6. Scope of Work

The table below sets out the main activities to be conducted under this programme. Component 1: Behaviour change communication (Lot 1) and Component 2b: Strengthened quality of public service delivery (Lot 2) has been procured through this procurement process.

The activities are broken down into four components, of which **component 1 only is included as part of this Terms of Reference**. The remaining components are provided for information only, as context to inform bids.

Main Activities	Activities included as part of this tender.	Budget allocation
Component 1: Behaviour change communication • Formative research to understand individual, couple and community-wide drivers of, and barriers to, continued use of FP and inform a comprehensive approach to increasing awareness of, demand for and continued use of modern contraception. • An integrated, multi-component FP demand generation programme, the precise components of which will be informed by the formative research but which may include the use of (for example): o Mass and social media to drive increased FP awareness at scale; o Community sensitisation approaches to drive dialogue and challenge gender, social and religious norms which limit FP use o Working with health workers to overcome supplier biases and improve the quality of service provision, including counselling o The innovative use of digital technology (e.g. mobiles) to provide anonymous information and support o Support to government to develop and scale-up approaches to provide effective "couples counselling" to newly married couples to help delay first birth and/or improve subsequent child spacing. • Continual lesson learning to identify and incorporate lessons learned for improved effectiveness/VfM with proactive dissemination	Yes – Lot 1	£13m
Component 2 a) Service delivery through the private sector providing branded products and services <u>Social marketing</u>: Funding INGOs to expand the retail network through: • Procuring contraceptives • Promotion of branded contraceptives (condoms, pills, emergency	No – to be delivered through already-identified INGOs with established branded services	£52.9m

[12] CYPs are the number of years a couple is 'protected' from pregnancy when using family planning

Main Activities	Activities included as part of this tender.	Budget allocation
contraceptives), with messaging linked to component 1; • Encouraging new outlets to stock contraceptives • Visiting outlets to check contraceptives are appropriately placed on shelves, not in direct sunlight, dealing with any concerns • Monitoring supply chain through wholesaler • Training and funding volunteers to conduct group and individual counselling on FP and provide branded contraceptives • Funding trained health workers to periodically visit rural communities where no health facility exists to provide long acting methods <u>Social franchising</u>: • Procuring contraceptives • Identifying new potential private clinics • In partnership with the supplier for component 1, training new providers on quality service provision • Providing contraceptives and equipment (eg autoclaves for sterilisation) • Monitoring existing providers for quality, ensuring they submit client data, offering affordable services to clients • Training and funding mobilisation/counselling volunteers in the clinic catchment areas • Managing the voucher programme (checking integrity of the system, reimbursing providers on redemption of vouchers) • Fund running costs of mobile FP clinics in unserved areas where there are no potential franchisees • Continual lesson learning to identify and incorporate lessons learned for improved effectiveness/VfM with proactive dissemination		
Component 2 b) Strengthened quality of public service provision • Training government health/FP facility staff on integration of services, improving clinical quality, expanding the range of contraceptives offered, and client-centred/unbiased counselling • Training community workers on better, client-centred/unbiased counselling and to expand the FP services that they offer • Establishing new procedures in health facilities to better integrate services • Improving quality assurance systems involving district health management teams, including clinical waste management • Monitoring and post-training follow up • Technical assistance in related areas to improve supportive management systems	No – see Lot 2	£17m
Component 3: Enabling environment and programme coordination • Research on the safety of allowing lower level health workers to provide FP services (eg nurses to insert implants, lady health workers to provide first injectable) • Research on the political economy and stakeholder analysis related to FP • Development of advocacy strategy, including theory of change, and implementing the strategy – which is likely to include: • Coalition for FP mobilised, champions identified, trained and supported • Technical assistance to/on: o FP2020 Country Engagement Working Groups and parliamentarians to monitor progress towards commitments and conduct budget analysis; o Mapping of funding from all sources to FP and tracking over time; o Capitalise on the census results: analyse population projections, quantify national savings and other benefits from lower population growth; coordination of the donor community on	No – this is being led by UNFPA, but there will be contributions required by all implementing partners for coordination, monitoring and reporting	£4.7m

Main Activities	Activities included as part of this tender.	Budget allocation
messaging on the census results eg for population policy, and what more needs to be done on FP o Coordination of FP activities at subnational level o Ensuring lessons learned are maximised from successful innovative service delivery models through the Punjab Population Innovation Fund o Conducting analysis, scoping out and promoting an expanded role of the health insurance market to subsidise FP services by policy holders		
Component 4: Third Party Validation, Monitoring and Research • On a six monthly basis validate reported output and outcome results by implementing partners from implementing the above activities. On receipt of the implementing partner reports, the supplier will have three weeks to validate and consolidate results, conduct relevant analysis, make recommendations and submit a detailed report to DFID Pakistan. The validation exercise will also include appraising programme risk against the following risk categories: External Context, Delivery, Reputational, and Safeguarding. This will involve appraising existing risks and identifying new ones, and recommending any changes to the programme risk matrix. Integrated within this will be an appraisal of implementing partner risk mitigation actions. Guidance on DFID's Risk Management Framework can be found in Annex C. The report should also identify any factors that may have implications for the programme theory of change or the need for adaptive programming. • Quarterly, provide a detailed monitoring report focused on programme inputs, activities and financial expenditure, including analysis of DAFPAK progress, based on reports of implementing partners. The analysis of progress will be both partner specific and programme wide, and will encompass expenditure, activity implementation and results achieved. Six monthly, the scope will expand to assessment of progress at the outcome level, collating outcome level results where available or analysing proxy data to indicate progress on outcomes. All partners should be using the MSI Impact 2 methodology and associated definitions. A Supplier role includes ensuring that a) definitions do not vary across delivery partners; and (b) data collection systems are streamlined across partners / clinics / sites etc, and c) calculations follow methodology in a way that results can be easily aggregated across partners, without risk of double counting. Attribution by non-service delivery components may need to be estimated by spend related methodology, avoiding double counting. Results to be measured can be found in the log frame. Estimates of attribution by component may be requested of the Supplier. • Peer review the design, methodology and communication/dissemination plan of proposed research to be conducted by implementing partners, ensuring recommendations are reflected in revised research designs, and explicit plans are made to maximise influence on policy and practice. • Peer review research outputs / reports from implementing partners' research activities, ensuring findings are robust, clear and unambiguous with the greatest potential to inform future implementation. Review	No - selection through separate tender	£2m (including audit)

Main Activities	Activities included as part of this tender.	Budget allocation
recommendations should also address objectivity risks. Occasionally (probably up to twice per year), the supplier may be requested to review research / study outputs from external partners. Monitor whether planned communication and dissemination activities have taken place as committed. • Advise on DAFPAK monitoring and evaluation methods, formats and frameworks, including for VfM, when available. Ensure indicator definitions and method of calculation are standardised and easily aggregated, and that the indicators used as the most appropriate. • Upon request (usually twice yearly), advise and collate results for DFID corporate reporting, including assisting with gathering data and amending the methodology to align with that required by DFID headquarters. This may include collection and analysis of data beyond reported results from partners, such as modelled estimates of additional users and attribution based on spend.		

There are important characteristics of programme delivery and DFID policy that the supplier should ensure are integrated into the implementation approach. Key considerations are outlined here:

Sustainability - The behaviour change component in itself will substantively contribute to sustainability of FP provision and utilisation through increased demand and societal acceptance/expectation. Additionally, sustainability will need to be integrated into implementation approaches such as working with and through local organisations to build capacity (e.g. local journalists, script writers, media/advertising companies).

Coordination - Behaviour change will serve other service delivery components and detailed activities need to be tailored to maximise results. Sharing and consulting with other partners on plans at an early stage for all activities will be important to ensure coordination within DAFPAK as well as with other stakeholders. The behaviour change needs of other partners will need to be taken into consideration. An advisory role to others will also be important to ensure behaviour change messages are shaped by the latest evidence, incorporate best practice, and are consistent. The required level of communication will be formal quarterly programme meetings.

The supplier will be accountable for proactive collaboration and coordination with other DAFPAK implementers and key stakeholders. In addition to facilitating partners introduction, DFID in coordination with UNFPA will also facilitate formal quarterly coordination meetings amongst all programme partners. Capacity, plans and approaches need to accommodate the additional time and level of effort for this. Consultation will be needed at various stages of design and implementation of many activities to ensure activities and outputs accommodate the needs of other partners and there is government ownership and alignment with national and provincial planning and policy frameworks. Brief extracts of technical proposals from Implementing Partners of the Service Delivery—Private component of the DAFPAK programme can be found at Annex C, D and E. Similarly, a brief extract of UNFPA's technical proposal against the Enabling Environment (policy change, advocacy and coordination) component can be found at Annex F. These extracts have been provided to help suppliers contextualise their bids.

Equity - Where relevant, equity considerations should be mainstreamed into implementation, monitoring and evaluation. A number of the logframe indicators (attached as Annex I) are disaggregated (including disability and age) for equity monitoring.

Monitoring, evaluation and research - This will be integrated into plans to generate the evidence base for intervention design as well as confirm activities are having the desired effect, assumptions remain valid, results are being achieved, and to test alternative approaches for programme learning. VfM data will also be routinely collected to enable VfM quantification according to a VfM framework (to be developed). Monitoring, evaluation and research costs should be included in proposed budgets. Dissemination plans will outline how the Supplier will maximise its influence on policy and practice from lesson learning.

Geographical Focus - DFID is not prescriptive about the geographical focus within Pakistan, beyond synergy, coordination and equity considerations. Location of activities/beneficiaries can be confirmed during the inception phase, but justification based on these considerations should be provided to support geographical scope suggested by the supplier in proposals. Where subnational BCC activities are planned, sequencing and geographical targeting should be informed by the above considerations and be coordinated with other DAFPAK partners, other related programmes, and key stakeholders. Suppliers can also use Development Tracker (https://devtracker.dfid.gov.uk/location/country) to learn more about geographical focus of DFID programmes in Pakistan. Current geographical focus of Service Delivery—Private partners can be found at Annex G.

7. Recipients

The primary recipients of funding will be the Supplier's sub-grantees that implement the component activities. The beneficiaries will be existing and potential (with unmet need) FP clients and those who will indirectly benefit from FP use such as the young children of clients with better health outcomes.

8. Value for Money

The purpose of VfM is to develop a better understanding and better articulation of costs and results so that we can make more informed, evidence-based choices. This is a process of continuous improvement. The supplier, alongside their subcontractors, will agree a priority set of VfM indicators which are monitored on a regular basis. The implementation of VfM principles will be assessed by DFID through the supplier's quarterly reports and annual reviews, including specific VfM reports. VfM indicators will be based on DFID's four Es strategy, including but not limited to following proposed indicators:

Economy	- Unit costs of staff (breakdown by role) and expenses (travel, equipment, accommodation etc.) and training.
	- Unit cost per BCC production (i.e. Radio, TV, Community Meeting, article)
Efficiency	- Cost per recipient reached by BCC messages (via the various channels)
Effectiveness	- % respondents who (a) know at least 3 FP modern methods and where to obtain them, (b) consider FP modern methods are safe, (c) consider use of modern FP as compatible with religious beliefs
	- Cost per % increase of respondents who changed beliefs/knowledge on FP
	- Cost per % increase in modern method contraceptive prevalence rate attributable to DFID (proportionate to % FP funding), disaggregated by a range of characteristics including age and disability status.
Equity	- Rural ratio for all effectiveness indicators
	- Disadvantaged (poorest, disabled, marginalised, youngest, etc.) ratio for all effectiveness indicators

Justifying, monitoring, and continually striving for better VfM should be integrated into all the supplier's activities. This is especially important for BCC, which carries potential reputational risk for DFID. All communication activities contributing to development outcomes must be evidence based, robustly justified as good VfM and aligned with relevant host government policies. DFID will need to give a 'no objection' to all planned communications activities using television, radio, performing arts and sport to ensure the programme impact/cost effectiveness outweighs the risks.

9. Duration and break clause

The overall length of the DAFPAK programme is 4.5 years i.e. from November 2017 to March 2022. The contract under this procurement will be awarded to begin in August 2019 and completed by December 2022. The contract will consist of 2 phases i.e. an inception and implementation phase. DFID will have the option to invoke a break clause after the inception phase and at the midpoint of overall contract duration. The break clause is the opportunity to respond to initial performance and adapt the design of the programme based on the first few years of implementation. Programme inception will be completed within 5 months depending on signing of the contract, including finalising the contractual arrangements with all downstream partners and supporting the development of their work-plans and budgets for the implementation phase; formulation of baselines and initiation of formative research necessary to inform implementation design.

There will be an option for time and cost extension by up to 18 months at a value of no more than £6.5m (subject to approval). This extension option is included to have the flexibility to adapt to unexpected changes on the ground.

10. Breakpoints

A contract break clause at the end of the inception phase will review implementation phase mobilisation and initial performance. Progression beyond the break clause will be subject to the satisfactory performance of the supplier, delivery of milestones and the continuing needs of the programme. There will be a further break point in Aug/Sep 2020 during the annual review of the DAFPAK programme to allow assessment of the successful operation of the evaluation work and progress against objectives. This break clause will determine whether the programme continues to year 3.

11. Budget

The budget is up to £13 million. There is an option to extend for 18 months at a value of no more than £6.5 million (subject to approval).

12. Inception Period

This contract under DAFPAK is envisaged to have an inception phase of 5 months. Immediately after signing the contract, the supplier will finalise an Inception Plan with DFID, refining activities and clear milestones for the Inception period already indicated in proposals.

The Inception period will include, but not be limited to, the following:

- Establishment of an office in Islamabad, if needed, and recruitment of qualified staff, including international and/or national specialists to drive the technical quality of the programme;
- Coordination, reporting, monitoring and management procedures agreed with UNFPA and other implementing partners to ensure coherence of programme as a whole;

- Development of a DAFPAK implementation strategy for delivery of BCC component results, including identification of technical approaches and methodologies, management of stakeholders and establishment of partnerships, and management of political and fiduciary risks; processes for periodic quality review, monitoring and financial accountability (including quality assurance), evaluation and impact assessment, management information and audit systems and reporting to DFID Pakistan programme team. All activities must be clearly linked to progress towards milestones and achievement of outputs in the monitoring and evaluation framework and the logframe.
- Finalisation of the costed work-plan for the implementation phase, disaggregated by quarters;
- Finalisation of the detailed budget for the full implementation period, disaggregated by quarters; including breakdown of inputs, fees, expenses, and linked to outputs in the logical framework (format to be provided that will enable VfM analysis).
- Development of the detailed operating procedures and systems necessary for the management of the programme and disbursement of funds.
- Finalisation of contractual arrangements with all downstream partners.
- Training for all subcontractors in financial systems and reporting, and in monitoring and technical reporting.
- Finalisation of implementation responsibilities, deliverables and annual work-plans with all subcontractors.
- Finalisation of baselines and milestones in the logical framework.
- Finalisation of risk matrix, including management strategies (format to be provided)
- Development of a detailed monitoring and evaluation framework including logical framework indicators and milestones, and operational research plans according to a common format for all DAFPAK implementing partners.

The supplier will produce an inception report by the end of the inception period (*degree of flexibility may be required and provided*), to be approved by DFID.

13. Management Arrangements

To implement the programme, the supplier may need to partner with other specialist organisations (downstream partners). The supplier will be responsible for the financial, administrative and logistical arrangements of this component. This will include all activities under the inception period and ongoing implementation of the programme including:

- Managing the disbursement of, and accountability for, DFID funds, including through financial reporting and annual audits;
- Regular physical monitoring of the progress and impact of individual activities;
- Producing case studies to communicate the work and achievements of the DAFPAK programme; and
- Development of close and effective working relationship with other DAFPAK component implementers, particularly UNFPA who will lead on overall reporting and coordination.

The supplier will appoint a Team Leader with overall responsibility for delivering on these TORs that has the requisite leadership and technical experience and credentials, along with similarly appropriately qualified team members. Suppliers had to fulfil the following criteria:

- Good understanding of the principles and aims of the work, with clear practical application and a solid understanding of context-specific behaviour change challenges and determinants;
- Prior experience of implementing FP programmes, including experience in behaviour change communication;

- Ability to work on socially sensitive issues relevant to the Pakistan context;
- Ability to build strong and effective partnerships and working relationships with the UN and civil society partners;
- Ability to work closely with government departments to foster ownership, involvement and coordination;
- The supplier had to provide unit costs (fee rates) and show competitiveness and VfM over the life of the programme;
- The supplier required strong monitoring and evaluation expertise in capturing qualitative and quantitative results, conduct required research, and use continual feedback loops to incorporate learning from innovation.

The supplier will supervise, manage, and be held accountable for the performance of downstream partners in order to achieve the outputs and the outcome of the programme.

The supplier will be assessed for effectiveness during **DFID Annual Reviews and DFID Strategic Relationship Management mechanisms**, as appropriate. The performance of the supplier and programme will be formally monitored quarterly through its financial and narrative progress reports and as part of the DFID Annual Review process. All milestone-based payments to the supplier will be linked to performance and delivery of results.

The diagram in Annex H sets out *the management arrangements for DAFPAK****. Served by a secretariat (UNFPA) the Technical Coordination Committee is the main management mechanism. Meeting quarterly, it will ensure coordination and facilitate quality assurance. Plans will be shared, reports presented and reviewed, risks assessed and revised, and reviews arranged. Key external stakeholders may be invited to these meetings. The supplier will be contracted solely by DFID but will be required to submit plans and reports timely according to a common coordinated format, following UNFPA's lead. The management diagram indicates the partner inter-relationships and provides examples of the overlapping issues between components.***

14. Constraints and Dependencies

The supplier needs to consider the following key requirements for the behaviour change components that may constrain the supplier's solution:

• Complete scope of this behaviour change component has to be completed by 31 December 2022;

• All agreed activities for this component have to be completed within given resources i.e. £13 million;

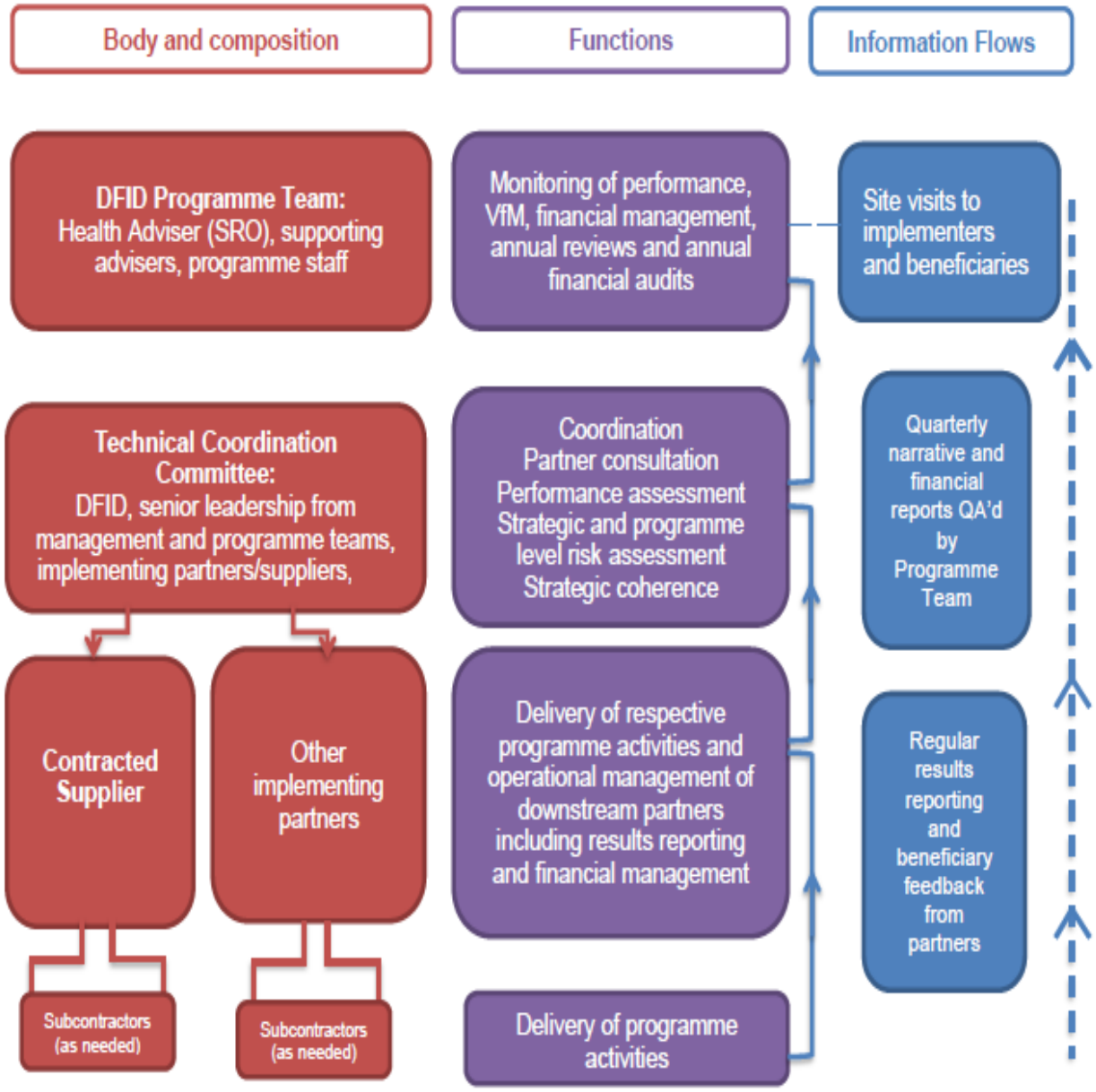
• Behaviour change component serves other implementing programme components and the supplier will need to respond to the needs of other component leads within the scope of these BCC TORs;

• All research plans and products (formative research, operational research) will be peer reviewed and the supplier will need to respond constructively to feedback provided;

• The selected supplier will be responsible for facilitating and sharing research findings and BCC activity plans with all other programme partners and for incorporating feedback into these documents within the scope of these TORs.

15. DFID Coordination

The Senior Responsible Owner (SRO) of DAFPAK will be the designated DFID Health Adviser, supported by other advisers and programme staff as needed. A diagram setting out the governance structure for the programme is below.



16. Payment and Performance

DFID will procure the services of the supplier, to implement the BCC component of the DAFPAK programme on its behalf. The supplier may include other national and/or international firms/organisations in a consortium.

- An element of this contract will be milestone payment based. It is envisaged a % of fees (staff costs) will be concomitant to milestones. Supplier proposed milestones, and the linked % of fees, and outputs will be clearly outlined in proposals and finalised during the inception period and payment will be clearly linked to achieving the agreed results. The milestone will be paid if successfully achieved; or may not be paid in part or in full and may not be retained for payment at any future point, if not achieved.

The remaining costs (outside of the % fees assigned to milestones) will be paid on an inputs basis, therefore reimbursed for actual expenditure incurred. Reimbursement requests should be accompanied by details of spend undertaken in alignment with forecasts, closely monitored and linked **to approved work plans and budgets**. Although not linked to results, the supplier will report quarterly on progress

made towards achieving logframe milestones and where necessary provide a report on the necessary corrective action to realign inputs to achieve outputs.

- During the inception period, the supplier shall draft, for approval, **costed work plans** by accounting period, showing outputs to be achieved during the contract period.

The supplier will be responsible for any sub-contracting of local organisations to implement the specified components. **The supplier will be responsible for its performance and for managing the performance of its sub-contractors in line with the DFID Standard Terms and Conditions and supply partner code of conduct.** Performance of the supplier and its contractors will be managed through clear contracts with robust and appropriate implementation plans, including logical framework/results indicators, and payments based on performance.

Milestones are outputs produced by a supplier and a percent of fees is paid against achievement. Key Performance Indicators (KPIs) are more general indicators of sound implementation management that also measure supplier performance, with or without being linked to payments. Payments for all costs and expenses will be strictly in arrears and based on reporting of satisfactory progress. Percentage of payment of fees to be paid based on achieving agreed milestones will only be made after satisfactory achievement of the milestones. Milestones for the inception phase were proposed by the Supplier within their bid, and indicative milestones for the implementation phase. Bids also included KPIs covering the full implementation period and will be refined, agreed and finalised during inception (some suggested KPIs are below). The supplier is required to clearly layout its work plan for outer years. Milestones and KPIs specified in the bids can be updated for subsequent years in the Inception Report, and reviewed and revised if necessary as part of annual work planning. All expenditure will be against pre-agreed fee rates and project costs. All fee rates, costs and expenses should be clearly set out in the bid and must be justified in terms of VfM.
Payments to the supplier (not linked to performance milestones) will be made monthly in arrears by DFID **on the basis of approved work plans and budgets**, and invoices showing the overall spend for the previous month. This is expected to be a payment by results contract; the supplier must set out on a quarterly basis the progress made towards achieving logframe milestones with recommendations for corrective action. This information must be provided within 15 calendar days of the end of each quarter through a narrative and financial progress report.

The supplier will appoint a State Bank of Pakistan approved international audit firm, acceptable to DFID to conduct annual audits of its accounts and those of downstream partners. The supplier will share all audit reports with DFID.

(c) Monitoring and Reporting

The supplier will be responsible for:

a. Developing and implementing a detailed **Monitoring and Evaluation Framework** for this component, linked to logical framework milestones and targets, describing data requirements, data sources, data collection and analysis, and how monitoring, research and evaluation will be undertaken. This will be done in coordination with UNFPA in its role as Secretariat, Technical Coordination Committee to ensure format consistency across the programme. Where feasible and appropriate, data collection on clients/respondents will include as a minimum age, gender, poverty status and disability status.

b. Detailing how feedback from, and analysis of DAFPAK programme data and human centred/operational research will be used to strengthen delivery of milestones/outputs and results, and/or enable modifications to the activities (course correction).

c. Providing the third party validator and UNFPA secretariat with **accurate quarterly narrative reports** linking inputs to outputs and results. The third party validator will verify the reported results (6-monthly) and the secretariat will confirm (quarterly) that the correct format and methodology has been used. Following verification, quarterly and annual reports will be provided to DFID according to agreed timelines and format.

d. Producing **quarterly financial reports** to be shared directly with DFID.

e. Summarising key financial information before each Annual Review mission including providing an **assessment of VfM**.

The supplier will ensure robust and rigorous programme monitoring and evaluation. The supplier will ensure that reviews/ evaluation activities are independent and objective. The supplier will ensure that any downstream partners, as needed, will collect data needed to assess the effectiveness, efficiency, cost-effectiveness and value-for-money of the programme, and provide any necessary training.

There will be formal DFID annual reviews against the logical framework and risks, and quarterly monitoring meetings. Update meetings will be held every six weeks during inception. DFID will be responsible for conducting the annual reviews.

17. Due Diligence

Prior to signing the contract, DFID will **carry out a full due diligence on the in-country systems** of the supplier to ensure that sufficient controls and systems are in place to deliver agreed results and to mitigate fraud and safeguarding risks.

18. Fraud and Corruption

Protecting taxpayers' monies from fraud and corruption is of utmost importance. The supplier is responsible for providing assurances to DFID that **it will carry out due diligence on its sub-contractors and grantees.**

19. Duty of Care

The supplier is responsible for the safety and well-being of its personnel and Third Parties affected by the supplier's activities under this contract, including appropriate security and safeguarding arrangements. It will also be responsible for the provision of suitable security arrangements for its domestic and business property.

DFID will share available information with the supplier on security status and developments in-country where appropriate. DFID will provide the following:

a. Supplier will be offered a copy of the latest British High Commission Security awareness document on arrival. All such personnel must register with their respective High Commissions/Embassies to ensure that they are included in emergency procedures.

The supplier is responsible for ensuring appropriate safety and security briefings for all of its personnel working under this contract and ensuring that the personnel receive briefing as outlined above and a personnel register is kept. Travel advice is also available on the FCO website and the supplier must ensure all its personnel are up to date with the latest position.

The supplier should be comfortable working in such an environment and should be capable of deploying to any areas required within the region in order to deliver the contract (subject to travel clearance being granted).

The supplier is responsible for ensuring that appropriate arrangements, processes and procedures are in place for their personnel, taking into account the environment they will be working in and the level of risk involved in delivery of the contract (such as working in dangerous, fragile and hostile environments etc.). The supplier must ensure their Personnel receive the required level of training.

Suppliers has developed the tender on the basis of being fully responsible for duty of care in line with the details provided above and the initial risk assessment matrix developed by DFID (see page 20). They have confirmed in their Tender that:

a. They fully accept responsibility for security and duty of care.
b. They understand the potential risks and have the knowledge and experience to develop an effective risk plan.
c. They have the capability to manage their duty of care responsibilities throughout the life of the contract.

Acceptance of responsibility has been supported with evidence of capability and DFID reserves the right to clarify any aspect of this evidence.

In providing evidence supplier has considered the following questions:

a. Completed an initial assessment of potential risks that demonstrates its knowledge and understanding, and the supplier is satisfied that it understands the risk management implications (not solely relying on information provided by DFID).
b. Prepared an outline plan that it considers appropriate to manage these risks at this stage (or it will do so if it is awarded the contract) and is confident/comfortable that it can implement this effectively.
c. Ensured or will ensure that its staff are appropriately trained (including specialist training where required) before they are deployed and ensure that on- going training is provided where necessary.
d. Have an appropriate mechanism in place to monitor risk on a live / on-going basis (or will put one in place if it is awarded the contract).
e. Ensured or will ensure that its staff are provided with and have access to suitable equipment and will ensure that this is reviewed and provided on an on- going basis.
f. Have appropriate systems in place to manage an emergency / incident if one arises.

20. Safeguarding

DFID's aim across all its programming is to avoid doing harm by ensuring that our interventions do not sustain unequal power relations, reinforce social exclusion and predatory institutions, exacerbate conflict, contribute to human rights risks, and/or create or exacerbate resource scarcity, climate change and/or environmental damage, and/or increasing communities' vulnerabilities to shocks and trends. We seek to ensure our interventions do not displace/undermine local capacity or impose long-term financial burdens on partner governments. We therefore require partners to lead and robustly consider environmental and social safeguards through their own processes and to live up to the high standards in safeguarding and protection which DFID requires.

The capacity of our potential partners to do this, including lead supplier and any downstream partners, will be a key factor in the evaluation of bids. Only partners with proven safeguarding policies and procedures will be selected. This includes policies, which expressly prohibit sexual exploitation and abuse and a commitment to address reports of such acts. The supplier will be required to produce a

robust risk analysis ahead of implementation, including setting out mitigating safeguarding measures. A clear reporting and whistle blowing procedure to ensure reporting of any cases of misconducted to DFID should be put in place.

The supplier will ensure that proper safeguarding measures are in place, including but not limited to the following:

a. That the supplier (and its consortium partners) provide a safe and trusted environment which safeguards anyone who the organisation has contact with, including beneficiaries, staff and volunteers.

b. That the supplier (and its consortium partners) sets an organisational culture that prioritises safeguarding, so that it is safe for those affected to come forward, and to report incidents and concerns with the assurance they will be handled sensitively and properly.

c. That the supplier (and its consortium partners) has adequate safeguarding policies, procedures and measures to protect people, and these are shared and understood.

Do No Harm

d. DFID requires assurances regarding protection from violence, exploitation and abuse through involvement, directly or indirectly, with DFID suppliers and programmes. This includes sexual exploitation and abuse but should also be understood as all forms of physical or emotional violence or abuse and financial exploitation.
e. The programme is targeting a highly sensitive area of work. The Supplier must demonstrate a sound understanding of the ethics in working in this area and applying these principles throughout the lifetime of the programme to avoid doing harm to beneficiaries. In particular, the design of interventions including research and programme evaluations should recognise and mitigate the risk of negative consequence for women, children and other vulnerable groups. The supplier will be required to include a statement that they have duty of care to informants, other programme stakeholders and their own staff, and that they will comply with the ethics principles in all programme activities. Their adherence to this duty of care, including reporting and addressing incidences, should be included in both regular and annual reporting to DFID;
f. A commitment to the ethical design and delivery of evaluations including the duty of care to informants, other programme stakeholders and their own staff must be demonstrated.
g. DFID does not envisage the necessity to conduct any environmental impact assessment for the implementation of the Issue based programme. However, it is important to adhere to principles of “Do No Harm” to the environment.

21. Suggested KPI’s—Generic

Below are suggested KPIs that the supplier can develop further. For more guidance on KPIs see the section above.

1. Quality and delivery

a) Quality of deliverables and alignment of programme outputs to programme need
b) Timeliness of milestone delivery
c) Quality and timeliness of reporting (including financial reporting)
d) Appropriate and effective identification and management of risks

2. Financial management & forecasting

a) Robust cost control in line with contract

b) Accurate and timely submission of forecasting and invoices

3. Personnel

a) Performance of team leader (including managing staffing levels, staff performance and sub-Contractors)
b) Performance of team and appropriate level of expertise / skill level of personnel allocated to programme
c) Key resources proposed at contract award still appropriately allocated to programme or have been replaced by an acceptable DFID-approved equivalent
d) Ability to problem solve and address issues with appropriate escalation channels

4. Client Relationship Management

a) Extent to which supplier is responsive and flexible to DFID and stakeholder needs
b) Regularity of communication with DFID and delivery of agreed action points
c) Extent to which supplier ensures that it is aligned to current DFID priorities
d) Programme team provide a professional service and demonstrates willingness to improve partnership with DFID and programme stakeholders

5. Continuous Improvement & Innovation

a) Provider has sought to improve on the last reporting period's performance
b) Supplier proactively promotes innovation in programme
c) Ability to maximise VfM for DFID including flexibility to scale up or down quickly as appropriate
d) Actively capturing, sharing and incorporating lessons learnt

6. Responsibility for Environmental and Social Safeguards

a) Supplier proactively implementing its environmental and social safeguarding policy at programme level in order to minimise its impact on the environment
b) Supplier actively seeking opportunities to employ local contractors and/or utilise SMEs used within the delivery chain to deliver the programme

22. Proposed Outputs—Technical

The supplier will deliver against the outputs and outcomes of the programme, as provided in the programme logical framework, to be issued as part of the tender and which will clearly identify outputs. Some targets are still to be specified and supplier have offered targets that they will achieve for these which will be agreed with DFID. The supplier will also confirm/amend output targets in the current draft logframe that they will commit to achieving. As an indication, programme outputs associated with this proposed contract could include:

- Successfully conducting baseline survey to establish baseline data
- Number of target audience reached through mass media activities
- % respondents who know at least 3 FP modern methods and where to obtain them
- % respondents who consider FP modern methods are safe
- % respondents who feel that the use of modern FP is compatible with religious beliefs

- % of respondents feel they will not be judged negatively if they use modern contraception
- % of respondents feel they would be supported by family members if they choose to use a modern contraceptive
- % of recent contraceptive adopters who felt supported to do so by family members
- % of users who know the most common side effects and what to do if they experience them
- Recipient government departments and other DAFPAK implementing partners consider the supplier a responsive and helpful counterpart

23. Registration

The supplier, whether a for-profit or not-for-profit organization i.e. private sector/INGO/NGO/CSO (or its local affiliate in Pakistan) or in any other form recognized by law, must be registered under the relevant department as laid out by rules of the government of Pakistan. The organization must be in full compliance with the rules and regulations specified by the body under which it is required to be registered.

24. UK Aid Branding

Partners that receive funding from DFID must use the UK aid logo on their development and humanitarian programmes to be transparent and acknowledge that they are funded by UK taxpayers. Partners should also acknowledge funding from the UK government in broader communications but no publicity is to be given to this Contract without the prior written consent of DFID.

25. Transparency

a. DFID has transformed its approach to transparency, reshaping our own working practices and pressuring others across the world to do the same. DFID requires Suppliers receiving and managing funds, to release open data on how this money is spent, in a common, standard, re-usable format and to require this level of information from immediate sub-contractors, sub-agencies and partners.

b. It is a contractual requirement for all Suppliers to comply with this, and to ensure they have the appropriate tools to enable routine financial reporting, publishing of accurate data and providing evidence of this DFID – further IATI information is available from; http://www.aidtransparency.net/

26. Digital Principles for Partners and Suppliers

DFID expects all partners and suppliers who manage aid programmes with a digital element to adhere to the global Principles for Digital Development. If any proposal contains a digital element this must be costed separately within the proformas and are subject to approval by DFID's digital team.

27. Ethical Principles

It is a requirement that all partners DFID commission and fund comply with the Ethics Principles. Partners will be required to include consideration of ethical issues and a statement that they will comply with the ethics principles.

28. Delivery Chain Mapping

Suppliers must be able to demonstrate a full and comprehensive approach and methodology for undertaking due diligence and taking on the risk management of all downstream delivery partners. DFID may request specific audits of the project and all project partners to be undertaken.

In advance of any release of funds, suppliers will be required to produce a delivery chain risk map which should, where possible, identify all partners (funding and non-funding e.g. legal/contributions in kind) involved in the delivery of the programme. Risk maps should be reviewed and updated periodically, in line with agreed programme monitoring processes and procedures. As a minimum, it should include details of:

- The name of all downstream delivery partners and their functions;
- Funding flows (e.g. amount, type) to each delivery partner;
- High level risks involved in programme delivery, mitigating measures and associated controls.

29. Procurement of Goods and Equipment

Where procurement is undertaken as part of programme activities, this must be done using robust systems which ensure best value for money for the programme and as has been indicated through the supplier's response to Selection Questionnaire 8.5 or 8.6. The Supplier must ensure that programme assets are accurately tracked, reach their intended beneficiary, and are used for their intended purpose.

ANNEXES

Annex A – DAFPAK BUSINESS CASE
Annex B – DFID's RISK MANAGEMENT FRAMEWORK
Annex C – BRIEF EXTRACT OF TECHNICAL PROPOSAL FROM PSI (SERVICE DELVIERY—PRIVATE PARTNER)
Annex D – BRIEF EXTRACT OF TECHNICAL PROPOSAL FROM DKT (SERVICE DELVIERY—PRIVATE PARTNER)
Annex E – BRIEF EXTRACT OF TECHNICAL PROPOSAL FROM MSI (SERVICE DELVIERY—PRIVATE PARTNER)
Annex F – BRIEF EXTRACT OF TECHNICAL PROPOSAL FROM UNFPA
Annex G – GEOGRAPHICAL FOCUS OF SERVICE DELVIERY— PRIVATE PARTNERS
Annex H – MANAGEMENT ARRANGEMENTS FOR DAFPAK
Annex I – DAFPAK LOGICAL FRAMEWORK

DFID Overall Programme/Intervention Summary Risk Assessment Matrix

Theme	DFID Risk Score	DFID Risk Score	DFID Risk Score	DFID Risk Score	DFID Risk Score	DFID Risk Score	DFID Risk Score	DFID Risk Score	DFID Risk Score	DFID Risk Score	DFID Risk Score
Province	Islamabad Capital Territory & Rawalpindi	Punjab (north) including Lahore	Punjab (south)	Sindh (north)	Sindh (south) including Karachi	Balochistan	FATA	Khyber Pakhtunkhwa (south) including Peshawar	Khyber Pakhtunkhwa (north and east)	Karakorum Highway (KKH)	Gilgit-Baltistan (except KKH)
Overall Rating*	3	3	4	4	4	4	4	4	3	3	2
FCO Travel Advice	2	2	2	3	2	4	4	4	3	4	2
Host Nation Travel Advice	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Transportation	3	3	4	4	4	4	4	4	4	4	4
Security	4	4	4	4	4	4	4	4	4	4	4
Civil Unrest	3	3	3	3	4	5	5	4	2	2	2
Violence/crime	2	3	4	4	5	4	4	4	3	3	2
Terrorism	5	5	5	5	5	5	5	5	5	5	5
Conflict (war)	2	2	2	2	2	4	5	3	2	2	2
Hurricane	2	2	2	2	2	2	2	2	2	2	2
Earthquake	4	3	3	3	3	4	3	4	4	4	4
Flood / Tsunami	2	4	4	4	4	3	2	2	2	2	2
Medical Services	1	2	3	3	2	4	4	3	3	3	3
Nature of Programme Intervention	2	3	4	4	3	5	5	4	4	2	2

1 Very Low Risk	2 Low Risk	3 Medium Risk	4 High Risk	5 Very High Risk
Low		Medium	High	

*As assessed by DFID Risk Manager

Updated: 26/04/2018