

FP2020: Monitoring and Accountability at the National and Local Level

Terms of Reference

Introduction

1. The Department for International Development (DFID) has announced support for a **monitoring and accountability programme for family planning**. The programme has **two** complementary components:
 - Global coordination, monitoring and accountability for meeting the commitments made at the London Summit on Family Planning in 2012. This component is being managed by the FP2020 Task Team and implemented by the United Nations Foundation (UNF).
 - National and local long and short-route social and political accountability mechanisms led by civil society to ensure and accelerate full and equitable implementation of national-level commitments made by developing country governments.
2. This Terms of Reference (ToR) refers to **Component 2: National and Local Level Accountability**.
3. DFID is seeking a **consortium** of partners, led by a single managing agent, to deliver this country-level component across up to 10 focus countries.
4. This ToR sets out the expected outcomes of this work, detailed requirements and reporting procedures for component 2. It is designed as a 3 year programme, renewable for a further 2 years, worth up to £19million in total across 5 years.

Objective

5. The programme **aims** to ensure that country-level commitments made at the 2012 London Summit on Family Planning are met. It will do this by supporting strategic national and local accountability mechanisms that build the capacity of a) civil society to advocate for, and, where appropriate, b) the state and service providers to respond to civil society actions to ensure and accelerate the delivery of those commitments.
6. The programme will build upon a the latest evidence and thinking in social accountability and a clear understanding of individual country contexts to deliver an appropriate mix of long and short-route demand and supply-side social and political accountability interventions in up to 10 countries.

7. It will be expected to:
- Conduct **country level assessments to inform the development and implementation of strategic accountability packages** which include actions to
 - Directly **build civil society capacity and partnerships for accountability at the country level**, through providing resources and expertise,
 - Implement a range of demand-side accountability interventions at national and local levels to **enable citizens and service users to engage and hold service providers and governments to account** for their performance in providing quality, equitable, rights-based¹ services and implementing their family planning pledges; and, where appropriate
 - Implement a range of supply-side accountability interventions to **build the capacity of the state and the health system** to respond to and foster social accountability through interactions with citizens
 - Include a **robust monitoring and evaluation framework** and associated strategy which generates a clear evidence base on what the programme has achieved and how².
8. While the most effective pathways will, to some degree be context or country specific, some of the pathways through which the programme might be expected to drive accountability for respecting rights, meeting commitments and tackling barriers to equitable access and quality care are highlighted below:
- Increasing people's knowledge of rights and entitlements so that they are motivated to use services and demand change if these are not being met; enabling communities to better articulate demand and claim their entitlements; identify lack of access or abuse of rights, mis-use of funds or lack of supplies; and use this information as evidence to effect change and to seek redress for abuse of rights;
 - Building upon an understanding of the local context, power relations and working with trusted partners will drive the credibility of demand-side accountability actions at the national and local level;
 - Building national/local civil society organisations' (CSOs) expertise and credibility in effective ways to monitor performance, engage with governments at local and national level, and to advocate for FP issues to remain high on government agendas; national coalitions/networks further help to generate a collective voice and joined-up response, with strong linkages to local level activities;

¹ I.e. those that ensure: Availability, Accessibility, Affordability, Medical and Cultural Acceptability, Accountability and Agency.

² Note that the programme will also be expected to share their evaluation framework and data with an Independent Evaluation team who will conduct an external evaluation of DFID's overall Monitoring and Accountability Programme for Family Planning.

- Enabling civil society organisations to develop and use mechanisms to press for commitments to be met, and identify leakages and gaps in public financing, service provision and quality, and supplies;
- Advocacy at the local level to enable the engagement of service users in their design so that they are locally appropriate and meet the needs of the entire community;
- Enhancing the willingness and ability of political elites, state bureaucrats and service providers to interact with their citizens will increase the effectiveness of social accountability;

Recipient:

9. The primary recipient of these services will be national and local CSOs, sexual and reproductive health service users and citizens in up to 10 developing countries.

Scope and dependencies:

10. The programme's **focus** is on improving accountability for family planning in developing countries at the national and local level, using a combination of long and short-route mechanisms. It is envisaged that **at least 75% of the available funds will be spent at the national level**, and where possible through Southern partners.
11. The programme will not be involved in any family planning service delivery.
12. The programme is expected to **reflect and enhance DFID's overall approach** to development which has an increased focus on supporting people to drive forward their own development, with an emphasis on empowerment and accountability.
13. The programme is expected to build upon and complement global family planning accountability efforts led by the UN Foundation and to work closely with personnel conducting an Independent Evaluation of the overall Monitoring and Accountability Programme for Family Planning.
14. The programme will be expected to coordinate with the UN Foundation (UNF) and contribute to the overall FP2020 results. The mechanisms for this coordination should be agreed between UNF and the lead supplier for this programme and approved by DFID during inception.
15. If focused in any DFID countries, the programme is expected to liaise with office staff to ensure activities complement DFID's existing bilateral programmes which support reproductive health including family planning and with any existing accountability interventions and partners. The supplier should seek to ensure strong DFID office

relationships to support an appropriate programme of delivery in each country.

16. The programme is expected to complement DFID's wider investments in global and national level accountability such as the Evidence for Action (E4A) Programme in Africa, the Partnership for Maternal, Neonatal and Child Health (PMNCH), and the programmes within the Civil Society Department's portfolio such as the Governance and Transparency Fund, the Civil Society Challenge Fund and DFID's Programme Partnership Agreements.
17. The programme will also be expected to inform wider accountability processes of the UN Secretary General's Global Strategy for Women's and Children's Health and the Independent Expert Review Group. The programme activities should support countries to respond to the Every Woman Every Child Accountability Commission's recommendation that all countries should establish national accountability mechanisms that are transparent and inclusive of all stakeholder, recommending remedial action as required.
18. The programme should avoid duplication with, coordinate with and add-value to other donor- funded accountability efforts such as USAID's Evidence to Action, BMGF's Advance Family Planning, and The World Bank's multi-partner trust fund, the Global Programme for Social Accountability.

The Consortium and Lead Organisation

19. DFID does not expect that any single organisation will be able to provide the required skills, expertise and country level presence to deliver this programme alone. We envisage a partnership approach that includes representation from organisations with demonstrated expertise in accountability, transparency, governance, political economy, equity and human rights, gender, sexual and reproductive health and rights and strong in-country presence and legitimacy will be necessary to deliver this programme. DFID is therefore seeking bids from a **consortium of organisations**.
20. DFID requires **one lead organisation**, with strong international coverage and reputation, to contract with. This organisation will be responsible for overall programme management and delivery across all countries and should have demonstrated organisational capacity to fulfil this role. A due diligence assessment will be carried out for the lead organisation (if not an already existing DFID contractor with an up-to-date assessment) to ensure DFID's requirements for governance, capability to deliver, risk management and financial stability are met.
21. Other **core members**, including where possible key southern partners, should be specified in the proposals.

22. Where additional partners are likely to be subcontracted, including at the country level, the approach to subcontracting and quality assurance should be clearly described, including indications of how funding allocation and partner-delivery will be managed.

23. DFID reserves the right to request changes to country-level partners, particularly if the selected countries change during post-tender discussions and/or inception.

24. **The consortium as a whole** should demonstrate:

- Experience of and ability to manage, coordinate and deliver a programme of this budget, geographic coverage and level of complexity;
- Strong global and national reputations across accountability, governance, health systems delivery and family planning;
- A strong in-country presence, partnerships or (in a minority of cases) links within the countries selected;
- Experience in working with a range of long and short-route social and political accountability tools to effectively hold governments and service providers to account;
- A strong track-record across the full range of technical capabilities required to deliver this programme: SRHR, health systems, accountability and transparency interventions, governance and political economy, equity and human rights, gender, capacity-building, monitoring and evaluation, and any other skillsets relevant to your proposed approach;
- Demonstrated commitment to ensuring the meaningful involvement of southern partners.

25. Potential suppliers will be required to describe roles and responsibilities of consortium members and their **overall consortium management and governance arrangements** and delivery model. DFID has no standard model for delivery by consortia and bidders are encouraged to be creative in their proposals.

26. Any organisation intending to bid for this contract is expected to declare any potential **conflict of interest** at the onset and describe the approach to managing COI as part of their bid.

27. **The Lead Organisation** will be responsible for:

- Delivering the outputs and outcomes of the programme, demonstrating results and value for money.
- Accountability to DFID and ensuring that strategy, outputs and results are discussed and coordinated with FP2020.
- Ensuring close links with organisations and processes for accountability for achieving Every Woman Every Child objectives.
- Proposing and delivering a suitable sub-grant system for in-country activities.

- Managing, distributing and being responsible for accounting for funds for country implementers, including carrying out due diligence.
- Establishing and delivering a learning, monitoring and communications strategy.
- Reporting on progress and results through an agreed monitoring framework that supports and aggregates data from country specific monitoring
- Working closely with the supplier of the separate evaluation contract to ensure the evaluation process is robust.
- Working closely with DFID country offices (where DFID priority countries are part of the selected list).
- Building strong partnerships to engage: governments, health systems, the private sector, local and international NGOs that deliver voluntary family planning services; parliamentarians, other elected representatives and their organisations at local and national government; professional associations and their members who are committed to ensuring access and quality of care, and can provide technical expertise; academic/research institutions that provide technical expertise and evidence for accountability; media organisation outlets that publicise successes and challenges in meeting commitments and service delivery.

28. DFID expects that key staff, including the Programme Director, will be in post for the duration of the project. All substantive changes of personal should be agreed with DFID in writing.

The Requirements

29. This programme **aims** to contribute to the achievement of the FP2020 goal of reaching 120 million women and girls with voluntary family planning by 2020.

30. The expected **outcome** is that governments (at all levels) and family planning service providers in up to 10 countries are held to account by their citizens to:

- Deliver their family planning commitments (financial and policy) including those made in the context of FP2020, to
- Ensure full, free and informed family planning choice for everyone

31. The table below sets out the broad results chain the programme is expected to deliver. Bidders are expected to **provide suggested indicators and milestones for measuring progress against these outputs**. Clear justification for these should be presented.

32. Bidders should ensure that indicators include **disaggregated data** to ensure that all groups, including adolescents and the poorest (as well as any other marginalised groups), are captured. Where necessary quantifiable indicators may be complemented by qualitative ones that

may better capture elements relating to such factors as service quality and human-rights.

33. Bidders may choose to focus on different combinations of output areas (e.g. focussing on long or short-route accountability) across different countries as long as justification for the approach is provided.

34. Additional or alternative outputs may also be suggested but a clear rationale for these should be provided.

Results Chain	Proposed Indicators <i>(where possible quantifiable)</i>	Annual Milestones <i>(years 1-3)</i>
Impact: Achievement of the FP2020 goal of reaching 120million women and girls with voluntary family planning by 2020		
Outcome: Governments and family planning service providers in up to 10 countries are held to account by their citizens to: <ul style="list-style-type: none"> - Deliver their family planning commitments including those made in the context of FP2020 - Ensure full, free and informed family planning choice for everyone 		
Higher Level Outputs (HLO)		
HLO1: Citizens aware of, and empowered to demand, their rights to quality family planning services and commodities in up to 10 countries		
HLO2: Increased engagement and responsiveness of government representatives and appointed officials to citizen demands at national and local levels in up to 10 countries		
HLO3: Increased engagement and responsiveness of family planning providers to service user demands for quality family planning services in up to 10 countries		
Outputs (O)		
O1: Contextual analyses to inform activities in up to 10 countries		
O2: Strengthened national and local civil society networks to hold governments and service providers to		

account for the delivery of family planning services ³ in up to 10 countries		
O3: Strengthened capacity and willingness of government personnel to respond to citizen demands for quality family planning services in up to 10 countries		
O4: Strengthened capacity and willingness of health service personnel to respond to citizen demands for quality family planning services in up to 10 countries		
O5: Robust monitoring and evaluation framework and data to enable lesson-learning and the development of best practice		

Approach

35. Suppliers are invited to set out an evidence-informed overall theory of change that clearly lays out the theory behind and approach to achieving (and monitoring) the overall programme objectives.
36. Reflecting differences in context, the pathways through which the programme objectives are met will vary from country to country but individual country theories of change should be nested within the overall programme-level one. A full set of country-level theories of change are not expected at the proposal stage but:
37. Bids should clearly lay-out their approach to global and country level intervention design, identifying key social, political, economic and other contextual factors likely to influence the selection of tools and interventions necessary to achieve programme goals at the national and sub-national level.
38. The consortium approach will be expected to demonstrate:
- An up to date understanding and application of current approaches to social and political accountability and empowerment at national and sub-national levels
 - A solid approach to national and sub-national contextual analysis upon which to tailor country efforts
 - A catalytic approach that brings about maximum impact, leveraging people and resources to focus on achieving family planning goals and real improvements in rights-based family planning information, services and supplies for all women and girls (including the most marginalised) in focal countries

³ Both publically and privately provided (as appropriate)

- An appropriate and justified balance between national and sub-national level work with global coordination from the lead partner
- A clear focus on impact and results
- Demonstrated value for money across the delivery chain.

Geographical Focus

39. This programme is expected to operate in a **maximum of 10 countries** though it could be much lower if the supplier can make a strong case that greater impact can be achieved through a focus on a small number of countries.
40. Bidders should indicate which countries they propose to work in, presenting a **clear rationale and criteria** for the country selection process. The final selection of countries will be **made in partnership** with DFID and the lead organisation during post-tender qualifications and/or early inception.
41. DFID expects that the consortium will work in a **range of countries** and testing the use of a range of approaches to enhance government and service provider accountability.
42. The following lists some potential guiding principles that might guide country selection:
- The programme should prioritise countries with a **lack of existing accountability support** for reproductive and maternal health. For example it is unlikely that selected countries would include those already participating in Advance Family Planning, led by the Gates Institute.
 - Selection should be based on **countries that have made family planning commitments** or which are likely to do so in the near future. A list of countries which have made commitments to FP2020 is available on the FP2020 website. While we envisage that this would be the starting point for country selection, suppliers are invited to include other countries if they wish.
 - Country selection **does not** need to be limited to countries where DFID has a bilateral presence; indeed other countries may be given higher priority if they lack support for accountability.
 - Selection should reflect a **range** of contexts based on factors such as strength of government commitment to providing family planning services, need, country size, strength of civil society networks, level of government and/or service provider responsiveness, etc.

Timing

43. The contract is scheduled to commence in **February 2015** and will run for a period of **up to five years** including a **9 month inception phase**.

There will be a **formal break point** in the contract at the end of the inception phase and another after an **independent mid-term review** of the programme at the end of year three. Continuation of the programme for the final two years is subject to the outcome of the mid-term review, strong performance by the service provider and agreement to any revised work plans or budgets.

Contractual Arrangements

1. DFID reserves the right to **scale back or discontinue** this programme at any point (in line with our Terms and Conditions) if it is not achieving the results anticipated. Conversely, we may also scale up the programme should it prove to be having a strong impact and has the potential to yield better results.
2. In line with our Payment by Results strategy, DFID is keen to agree a payment structure that is linked to performance and delivery of the programme outputs and results. As part of your tender you should lay out your proposed payment model and a higher score will be awarded under the related criteria to tenderers who propose an appropriate level of risk sharing for non-delivery of programme outputs and results. Suppliers should propose as part of their bid key performance indicators (KPIs) and payment milestones for the inception (fixed) and implementation (indicative) periods. The implementation period payment plan will be finalised with DFID during the inception phase.

Management and Reporting

3. As part of the procurement process, suppliers will be expected to provide a detailed **management and governance structure** for the consortium in their proposal. This will be reviewed as part of the technical evaluation.
4. The lead organisation will report directly to the assigned DFID Policy Officer from within the AIDS and Reproductive Health Team regarding the day to day administration of the programme. Technical advice will be provided by a nominated adviser from the team.
5. At agreed points throughout the year, the lead organisation will submit a **brief report** outlining key achievements against the agreed milestones and KPIs. Pre-agreed funding will then be released provided that milestones have been achieved.
6. The lead organisation will be required to submit a **detailed annual report** using a template provided by DFID. This will be a key source of information used to complete the Annual Review and Project Completion Report for the programme. These reviews will be led by the Health Advisor and Programme Manager and others as required. All reviews will be made available publicly in line with HMG Transparency and Accountability Requirements.

7. Mandatory **financial reports** must include an annual forecast of expenditure (the budget) disaggregated monthly in accordance with DFID's financial year; April to March. This should be updated at least every quarter and any significant deviations from the forecast must be notified to DFID immediately. The lead organisation will be required to undertake due diligence of partner organisations and to provide annual audited statements for the duration of the contract.

Open Access

8. Please note that DFID operates an open access policy⁴. This requires that any research dissemination from its programmes that is published in peer reviewed and non-peer reviewed journals must be done as open access and all data collected under this programme will be made available within 12 months of the last data collection period in a data repository.

UKaid Communications and branding

9. The public has an expectation and right to know what is funded with public money. The successful consortium will acknowledge UK Government funding in any press release or other contact with the media, including interviews, and agree any such statement with the DFID press office before it is issued.
10. The consortium will support DFID in delivering its own media and communications work related to the funds provided and the expected results and impact, including contributions from the field such as text, photographs, video and audio interviews. It will collaborate with DFID on other awareness raising activities where feasible and appropriate, in the UK and overseas, to profile the partnership and the results it is delivering.
11. The consortium will explicitly acknowledge DFID's support through use of DFID's UK aid logo in all communications with the public or third parties about this project, unless otherwise agreed in advance with DFID. All such use will be in accordance with guidelines provided by DFID or their Representatives.
12. The Parties will agree appropriate communications and branding. The consortium will not communicate the existence of this Contract, or details regarding the Initiative without having first agreed the form and format for such communication with DFID in writing.

Duty of Care

⁴ <http://www.dfid.gov.uk/What-we-do/Research-and-evidence/DFID-Open-Access-Policy/>

13. The selection of countries where this work will be undertaken is yet to be finalised, however it is possible it may include fragile or conflict affected states. Suppliers are fully responsible for managing Duty of Care and are expected to prepare Duty of Care plans that demonstrate that they have capability to meet their Duty of Care responsibilities in even the most challenging of environments, and where relevant, drawing on specific risks identified in the countries they are proposing.
14. The consortium is responsible for the safety and well-being of their Personnel and Third Parties affected by their activities under this contract, including appropriate security arrangements. They will also be responsible for the provision of suitable security arrangements for their domestic and business property. DFID will share available information with the lead organisation on security status and developments in-country where appropriate.
15. The consortium is responsible for ensuring appropriate safety and security briefings for all of their Personnel working under this contract and ensuring that their Personnel register and receive briefing as outlined above. Travel advice is available on the FCO website and the Supplier must ensure they (and their Personnel) are up to date with the latest position.
16. Tenderers must develop their Pre-Qualification Questionnaire (PQQ) Response and Tender (if invited to tender) on the basis of being fully responsible for Duty of Care. They must confirm in their PQQ Response that:
 1. They fully accept responsibility for security and Duty of Care.
 2. They understand potential risks and have the knowledge and experience to develop an effective risk plan.
 3. They have the capability to manage their Duty of Care responsibilities for the duration of the contract.
17. Suppliers that are unwilling or unable to accept responsibility for Security and Duty of Care as detailed above, will have their PQQ viewed as non-compliant and excluded from further evaluation.
18. Acceptance of responsibility must be supported with evidence of Duty of Care capability. DFID reserves the right to clarify any aspect of this evidence. In providing evidence, interested suppliers should respond in line with the Duty of Care section in Form E of the Pre-Qualification Questionnaire (PQQ).

Further Enquiries

Refer to the Invitation to Tender documentation which contains full guidance for suppliers. Suppliers must raise any questions relating to the TOR using the 'raise a clarification' function.

Annexes Extract of the business case
Potential supplier Q&A meeting minute