SECTION 3 - TERMS OF REFERENCE
SOUTH SUDAN INTEGRATED COMMUNITY CASE MANAGEMENT 2 PROGRAMME (ICCM2)

1. Introduction

1.1 The UK Department for International Development (DFID) is seeking to appoint a supplier to effectively manage and deliver the 'Integrated Community Case Management 2 (ICCM2)' programme in South Sudan.

1.2 DFID's mission is to help eradicate poverty in the world's poorest countries. The priority objective for DFID South Sudan - with the international community - is to support the peace, whilst recognising that prospects remain fragile and that even in a best case scenario, continued protection of and support to the most vulnerable (particularly youth, women and children) will be essential for years to come. The focus of the DFID South Sudan strategy is on sustaining high levels of humanitarian support and the provision of essential services, whilst looking for and supporting opportunities to embed peace, in areas where we have comparative advantage.

1.3 The ICCM2 programme is part of the Essential Services portfolio. This programme will complement other areas of DFID health sector support in South Sudan such as the Health Pooled Fund programme and our humanitarian programmes. The programme will contribute to important UK Government manifesto commitments on malaria and nutrition, and will comply with the International Development Gender Equality Act (2014), in particular ensuring actions and services have meaningful and proportionate regard to the contribution our assistance is likely to make to reducing gender inequality or to gender-related differences in needs.

1.4 DFID South Sudan is initiating a new 21 month (April 2017-December 2018) ICCM 2 programme to follow the current ICCM programme which ends in April 2017. The new contract is expected to start on 01 April.

1.5 The programme **impact** will be to improve health care for children suffering from malaria, diarrhoea, pneumonia and severe acute malnutrition (SAM) and contribute to a reduction in the under-five child mortality rate in South Sudan.

1.6 The **outcome,** of UK support, will be the provision of lifesaving care to an estimated 883,000 children under five with a minimum of:

- 1.3 million treatments for malaria with Artemisinin Combination Therapy (ACT)
- 850,000 treatments for pneumonia with antibiotics
- 800,000 treatments for diarrhoea with Oral Rehydration Salts (ORS) and zinc
- 100,000 children treated for SAM with Ready-To-Use Therapeutic Foods (RUTFs) such as plumpy nut.

2. Objective

2.1 To appoint through a competitive tender process a Supplier or a consortium of Suppliers to effectively manage and deliver ICCM2 to ensure the provision of essential treatments at community level to children suffering from malaria, diarrhoea, pneumonia and severe acute malnutrition (SAM) in South Sudan.

3. The Recipient

3.1 The Ministry of Health (MoH) – Republic of South Sudan. Direct beneficiaries are children under five years of age, community-based distributors (CBDs), community nutrition volunteers (CNVs), County Health Management Teams, health facilities and community units

4. Scope of Work

4.1 The Supplier will be expected to manage and deliver the ICCM2 programme, to meet the objective described above and to contribute to DFIDs objective of reducing under-five mortality. In addition, the Supplier will strengthen local service delivery structures and increase the participation of women and communities in South Sudan. The ICCM2 programme will capitalise on the experience of ICCM by continuing to ensure essential medicines are available to Community Based Distributors (CBDs) in a minimum of 24 counties across eight states in South Sudan.

4.2 The current ICCM programme is managed by a consortium of suppliers and uses a network of community-based distributors (CBDs), community nutrition volunteers[i] (CNVs) and supervisors to deliver community treatment and referrals to facilities for cases they cannot treat. The programme spans eight of the 10 former states and is delivered in 24 counties. Suppliers should propose how to efficiently and effectively deliver ICCM2. Though we expect as a minimum to see the same counties and the minimum treatment targets in ICCM2 as the current ICCM programme, we accept that Suppliers may propose alternative counties if the enduring security circumstances in named counties is prohibitive. Tenders that propose to exceed the treatment targets by working in more than 24 counties or more than eight states will be scored more highly during the evaluation (ITT volume 2, criteria 3.1).

4.3 ICCM2 programme <u>outputs</u> are:

1. Increased provision and utilisation of ICCM services to treat malaria, diarrhoea, pneumonia and severe acute malnutrition (SAM)
2. Strengthened health systems in intervention areas
3. Increased quality, demand and use of nutrition services

4.4 The programme activities to be delivered by ICCM2 are:

- Increasing access to quality life-saving health treatments for one third of children under five in South Sudan[ii], in at least 24 counties where access to health facilities is limited.
- Strengthening health systems in coordination with the Ministry of Health (MoH) by establishing programme linkage with the formal health system, particularly at the community level, especially the Boma Health Initiative (BHI) aimed at linking community-based health workers with primary healthcare centres. The BHI model is expected to deliver an integrated package of health promotion and disease prevention activities supported by Boma Health committees and Boma health teams (3 community health workers) to close the gap between health facilities and communities (see background section for more information on BHI)
- Building tighter co-ordination, complementarity and cross-referral with the multi-donor Health Pooled Fund in seven of the eight states (NbeG, WbeG, Unity, CEQ, WEQ, EEQ, and Lakes)
- Pilot the provision of services in full cooperation with the GRSS Boma Health Initiative plans in two states and in cooperation with the Health Pooled Fund programme. Potential efficiencies gained through harmonisation should be established during inception.
- Provide technical support to the ICCM2 network of community-based distributors, volunteers and supervisors.
- Increase the quality, demand and utilisation of nutrition services.

4.5 The Supplier will outline the approach that they propose to use to achieve the programme outputs. The proposal should also consider (but not be limited to) the following:

4.5.1. Strong programme oversight linked to the formal health system at all levels, including to the MoH (national, state and county levels), health facilities and health facility committees.

4.5.2. Reduced parallel health systems: The ICCM programme needs to be integrated with national systems, focusing on simplifying processes and using systems that already exist

(e.g. data capture tools, Health Management Information System(HMIS), county health department (CHD) planning processes, supply requisition systems). Tools used should be endorsed by the MoH. In the two pilot states proposed, consideration should be given to fully harmonising with BHI procedures, including the number of community based distributors and salary rates.

4.5.3. Integrated service delivery: ICCM and PHC systems are currently treated separately at every level. Formal linkages should be established between ICCM2 and PHC systems.

4.5.4. Simplified supervision: adopting a harmonised approach to supervision with PHC health facilities should be assessed, because separate PHC and ICCM supervision systems add an extra burden to government workers at the state and county levels. Potential efficiencies should be estimated in the proposal and explored further during inception.

4.5.5. Strengthened behaviour change communication activities: A standardised approach to health promotion messages is required and use of larger-scale mass media campaigns for nationwide messages. The MoH has health promotion materials available for CBDs and CNVs to use.

4.5.6. Support Programme Team to manage the programme in line with DFID SMART rules. https://www.gov.uk/government/publications/dfid-smart-rules-better-programme-delivery.

4.5.7. Conflict sensitive programming through local conflict analysis, conflict-sensitive selection of partners and implementing principles under the 'do no harm' principle. A new DFID and donor funded in-country Conflict Sensitivity Resource Facility (CSRF) is available to help support conflict sensitive programming during the inception phase.

4.5.8. Ensure gender considerations at all levels of the programme, which will include adding gender equity results and gender-sensitive indicators.

4.5.9. Consider key areas of operational research and risk management.

4.5.10. Ensure flexibility and adaptation to be able to continue to deliver programme outcomes in a context of fragility, security and shifting capacities of national and international partners

4.5.11. Ensure adequate security costs are proposed to ensure flexibility and adaptation of programme delivery in fragile and insecure areas.

4.5.12. Apply relevant learning and principles for engagement in fragile contexts as agreed at the World Humanitarian Summit.

4.5.13. Optimise internal and external communications. (e.g. regular results summaries, use of social media, use of the UK Aid Logo) to ensure awareness of the programme's activities and services, in addition to its benefits and impacts, is widely known and appreciated within South Sudan, and to funders and stakeholders.

4.5.14. 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.

4.5.15. Ensure reporting of results and resource usage clearly details the attribution of results and source of funding (UK, GFATM, etc) to enable partners to demonstrate additionality of different fund sources.

4.6. Procurement of Goods and Equipment (ITT volume 2, criteria 2.3).

4.6.1. It is envisaged that this programme will involve a significant portion of goods and equipment procurement. The programme supplier will:

a) be required to manage the procurement process, as part of any contract for services.

b) be able to procure Goods and Equipment through one of the three following mechanisms.

- Through the Tenderer's own Procurement processes;
- Through a sub-contracted Procurement Organisation

- Sub-contracted through the DFID appointed Goods and Equipment Procurement Framework, DPSA http://www.dpsa.org.uk/

4.6.2. All procurement of goods and equipment shall:

a) be undertaken in accordance with procedures defined and agreed in writing by DFID
b) follow open, fair and transparent processes;
c) achieve 'Value for Money', defined as the optimum combination of whole-life cost and quality to meet requirements in a fully transparent manner. The procurement may be subject to audit;
d) be carried out using strict Due Diligence processes that ensure the protection of DFID's interests and reputation, with particular emphasis on anti-terrorism, anti-corruption and fraud throughout the supply chain;
e) be on the basis that the ownership in Equipment shall vest in DFID, and shall be so marked

4.6.3. Payment for goods or equipment and the Procurement services will form part of the Contract for Services.

4.6.4. The Supplier shall follow DFID and/or the client's and/or WHO quality procedures on reproductive and pharmaceutical products. The Supplier will ensure, through detailed and documented QA and QC processes, that the specified medicines and commodities meet WHO quality requirements. WHO requirements are detailed in WHO Technical Series Reports, in particular in the Model Quality Assurance System for Procurement Agencies (MQAS) and in the Good Distribution Practices (GDP) guidelines. It is recommended that the Supplier include a third-party laboratory testing process in their QC methodology

4.6.5. The objective is to ensure that pharmaceutical products of appropriate quality, efficacy and safety are delivered to the patients. Specifically, and on an ad-hoc basis, the Supplier can be expected to:

- Liaise with the registered suppliers/manufacturers of programmes specified medicines needs, making sure product specifications meet WHO standards.
- Work closely with Partner Governments Ministry of Health to understand their needs in terms of product registration and remaining shelf life requirements.
- Work closely with Partner Governments Ministry of Health to get all the necessary approvals, custom clearance and tax exemption.
- Conduct visits to selected states/counties/regions to monitor and verify deliveries in the lower end of the supply chain.
- Advise Partner Governments, DFID country offices and/or any partner donors on procurement issues including lead times, and other requirements needed to efficiently and effectively procure the commodities.
- Demonstrate that its technical and commercial capacity will deliver Value for Money in providing these services.

4.7. Coordination and Stakeholder Management

The Supplier will establish effective working relationships with all stakeholders at the national, state and county levels as follows:

4.7.1. Collaborate and co-ordinate with the MoH at national, state and county level on planning, delivery and monitoring of all aspects of the programme.

4.7.2. Collaborate with other development, humanitarian and implementing partners supporting health and nutrition services to avoid duplication of effort and enhance programme effectiveness.

4.7.3. Ensure continuity of service delivery and accessibility from the current phase of ICCM programming.
4.7.4. Support the Steering Group, which will include national Ministry of Health, Health Pooled Fund and DFID representatives, to guide the programme and review progress.
4.7.5. Collaborate and coordinate with contractors commissioned by DFID to conduct third party monitoring of the programme.
4.7.6. Facilitate monitoring visits by DFID staff, and others, and respond to ad hoc requests for detailed information.

5. Methodology

Methodology is to be proposed by the bidders in their technical bids and final details will be agreed in the inception report to be submitted and agreed within one month of contract award.

5.1 Inception Phase

During the inception phase, expected to be a minimum of one month, the supplier will establish themselves in South Sudan. This inception phase will be the transition phase from the incumbent supplier. The Supplier will liaise with the incumbent Supplier for ICCM1 to share information on the current means of delivery. In addition, during the inception phase the Supplier will:

5.1.1 Finalise the Supplier team with DFID South Sudan and assure availability (as per the technical bid/proposal).
5.1.2 Conduct a formative assessment of current statistics to establish baseline data.
5.1.3 Identify and agree the final interventions/geographical areas. For additional areas, the supplier should consider geographical areas most in need and not covered by any other programme. Establish contact/ good working relationships with MoH and other key partners.
5.1.4 Join and become formally incorporated into a MoH-led Health Sector Steering Committee with the Health Pooled Fund and other related initiatives.
5.1.5 Draft and agree a results framework (e.g. DFID Logical Framework) to detail impact, outcomes, outputs, inputs and milestone targets. DFID intends to use the results framework as a tool to measure the provider's performance.
5.1.6 Establish a risk register.
5.1.7 Establish a Value for Money Strategy that clearly identifies how the programme will provide value for money.
5.1.8 Establish and mobilise team and Community Based Volunteer pool.
5.1.9 Establish an environmental mitigation strategy which sets out how the Supplier will monitor and mitigate the effect of programme activities on the climate and environment.
5.1.10 Submit Inception report.

5.2 Implementation phase

During the implementation phase the Supplier will be required to provide the following deliverables:

Provide lifesaving care to an estimated 883,000 children under five with a minimum of:

- 1.3 million treatments for malaria with Artemisinin Combination Therapy (ACT)
- 850,000 treatments for pneumonia with antibiotics
- 800,000 treatments for diarrhoea with Oral Rehydration Salts (ORS) and zinc
- 100,000 children treated for SAM with Ready-To-Use Therapeutic Foods (RUTFs) such as (but not limited to) plumpy nut.

6. Monitoring and Evaluation

The Supplier will:

- Provide a robust Monitoring and Evaluation plan to achieve results.
- Ensure due diligence and put in place measures to safeguard against fraud, corruption and abuse of DFID funds.
- Provide effective, transparent and efficient payment mechanisms, in compliance with DFID financial and management requirements, and with a strong emphasis on safeguarding funds and achieving results.
- Establish systems to ensure that lessons learned are captured, documented and incorporated into the programme to improve performance.
- Establish procedures to ensure safe waste disposal mechanisms and formalise guidance, anticipating the use of malaria rapid diagnostic testing kits by CBDs.
- Establish quality of care assurance systems as per MoH guidelines.
- Carry out potential operational research as needed and in agreement with DFID South Sudan.
- Ensure progress reports identify opportunities and risks and other issues that may jeopardise achievement of objectives and anticipated results and develop risk mitigation procedures.
- Provide support to DFID for communication including materials for advocacy, policy dialogue and publication, and for annual and project completion reviews and evaluations.

7. Constraints and dependencies

7.1 It is a requirement that the Supplier has the necessary authorisation and accreditation to work in South Sudan. This should be demonstrated in the technical proposal.

7.2 There is an expectation that the Team Leader will be based full time in South Sudan, though alternative feasible models will be considered given recent events, providing robust and valid management, monitoring and reporting can be assured.

7.3 DFID reserves the right to scale down/up the programme dependent upon performance of the service provider or changes in the political context at any time during the life of the programme. Throughout the programme, the Service Provider will be required to achieve the deliverables and outputs set out in the TORs, ensuring that the programme is sufficiently flexible to scale up or down as appropriate in the prevailing environment.

8. Profile of the Service Provider

8.1 The supplier must demonstrate successful organisational experience and team expertise in designing and implementing similar conflict-sensitive health programmes in a context of insecurity and limited state capacity similar to South Sudan, including:

- Demonstation of fair, open, competitive awarding and managing of contracts with CSOs/NGOs/Faith Based Organisations for delivery of inclusive, conflict sensitive and high-quality effective community health services. Procurement should not limit local markets.
- Managing the fiduciary risk of similar size programme funding;
- The supplier must also demonstrate cultural sensitivity and successful experience working closely with government counterparts, especially ministries of health, regional and local health authorities, to improve the overall coordination, planning and effectiveness of the health system performance at the community level.
- The supplier must demonstrate experience in ensuring conflict sensitivity, gender equality and environmental management in delivering health or relevant programmes of similar nature at the community level.

9. Performance requirements and Contract Management

9.1 The Supplier will be contracted under a fees and expenses model. The output results for this programme include but are not limited to:

- 9.1.1 At least 1,300,000 fever episodes in children under five years treated with ACT according to national treatment guidelines (cumulative male and female) [this output will be kept under review depending on the rollout of rapid diagnostic testing]
- 9.1.2 At least 850,000 pneumonia episodes in children under five years treated with amoxicillin according to national treatment guidelines (cumulative male and female)
- 9.1.3 At least 800,000 diarrhoea episodes in children under five years treated with ORS and zinc according to national treatment guidelines (cumulative male and female)
- 9.1.4 At least six Health Sector Steering Committee meetings per year chaired by the Government of the Republic of South Sudan
- 9.1.5 Percentage of CBDs/CNVs supervised at least once per quarter (disaggregate CBD, CNV) with quality indicators (to be proposed)
- 9.1.6 At least 100,000 children under five treated and cured for severe acute malnutrition (male, female)

9.2 The Supplier will be contracted under a fees and expenses model. The output results for this programme include but are not limited to:

9.3 Payments will be made monthly in arrears and will be based on agreed fee rates linked to delivery of the agreed workplan for that period, as described in a quarterly progress and finance report. Expenses will be reimbursed based on actual costs incurred.

9.4 All fees proposed should cover the cost of salary, overseas inducements, leave allowances, bonuses, profit, taxes, insurances, superannuation, non-working days and all other costs including, but not limited to, passports, visas and vaccinations, overheads and expenses of whatsoever nature that may be incurred.

9.5 The Supplier must operate within the work technical and financial plans as per their proposal. The Supplier must ensure that the overall programme is delivered according to the plan. This means that all tasks must be completed on time and to required quality levels in each quarter. Performance will also be assessed as part of DFID annual reviews of the overall programme. DFID and the Supplier will meet as required to review performance and results.

9.6 The Evaluation Criteria and Weightings that will be applied to this tender are contained in ITT Volume 2.

10. Reporting

The Supplier will be expected to produce:

10.1 Inception Report due at the end of the one month Inception Phase, in a format agreed with DFID. The report should ensure that all requirements set out in Section 4 Scope of Work above are addressed.

10.2 M&E plan which will capture disaggregated data for indicators and, as required, collect additional quantitative and qualitative data.

10.3 Quarterly and annual technical progress reports providing evidence of progress against results framework and workplan. Monthly bulletins on progress, highlights and issues.

10.4 Financial reports, specifically monthly financial reports, monthly, quarterly and annual financial forecasts, to ensure strong financial management; annual financial reports, and a certified annual audit statement showing funds received and expended.

10.5 Annual budget identifying cost efficiencies and demonstrating value for money across all activities and during the life time of the programme.

10.6 Asset registers to be maintained and updated as required.

10.7 Risk matrix setting out a clear strategy for monitoring, managing and mitigating risks and contingency plans, to be updated regularly as agreed. DFID has classified this programme's overall risk rating as **Severe**. This means that failure to manage the risks affecting the programme could severely affect the achievement of one or many of DFIDs strategic objectives, or could severely affect the effectiveness or efficiency of DFIDs activities. Risks considered and presented in the strategy should reflect this rating. (ITT volume 2, criteria 2.6).

10.8 Communications products to document and disseminate results and lessons learned as and when required.

10.9 Transition strategy to be provided by the end of June 2018 (linking in with a new DFID Health Programme expected to start in January 2018), detailing the plans for the transfer of services to the new Supplier.

10.10 All reports submitted must be accurate and submitted on time to agreed quality standards using agreed formats and templates. All reports should be of a length and level of detail appropriate to the purpose, as concise as possible and written in plain English. In addition the Supplier is expected to support external annual and project completion reviews to monitor impact, outcome and output indicators. These reviews will also examine the evidence of effectiveness, efficiency and equity.

10.11 Transparency: DFID has transformed its approach to transparency, reshaping our own working practices and encouraging 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.

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 to DFID – further IATI information is available from;

http://www.aidtransparency.net/

11. Timeframe

11.1 The indicative duration of the contract is expected to be 21 months beginning on 01 April 2017 to December 2018. Timings above may be subject to change dependent on contract award date. The Supplier is expected to manage a handover with the new Health programme supplier which is likely to mean a scale down of services from September 2018. Adequate time should be incorporated within plans for contract close-out.

11.2 There will be Break Points in the contract where the Supplier will require formal approval from DFID before starting work on the next stage:

Break Point 1 – 1 month after the contract start date to review the Inception Phase deliverables

Break Point 2 – 6 months after the contract start date to review the implementation phase performance.
Breakpoint 3 – 18 months after the contract start date – to assess the transition to new HPF provider timeline.

Movement from one stage to the next will be dependent on DFID's acceptance of the phased implementation approach within the inception period and satisfactory performance and progress of the Supplier. As per DFID's standard Terms and Conditions, DFID reserves the right to terminate the contract with 30 days' notice to the Supplier.

The Break points will also be an opportunity to consider extending the length and value of the contract to deliver additional high level outputs or deliver the same outputs over the longer period of time. Any such extension would be mutually agreed by DFID and the Supplier. The contract will include options to extend for up to a further 12 months.

11.3 It is expected the new supplier will be ready to start the operations from day 1 of the contract signature. One month after the start of the project, the Supplier shall provide the following mandatory documents:

a) Inception report expanding on delivery procedures and identifying final interventions and geographical/county locations
b) A baseline assessment of current health data on which to base progress
c) A results framework/DFID logical framework
d) Risk register
e) Value for money strategy
f) Environmental Mitigation Strategy
g) A draft asset register

These documents will constitute the assessment basis of break point 1.

Timings for deliverables

11.4 Implementation Phase

	Deliverable	**Timeline (to be agreed)**
1.	Monthly forecast and expenditure reports	Monthly to DFID
2.	Asset register	Six months to DFID
3.	Detailed quarterly and annual progress reports including details of activities completed and progress towards outputs achieved, timed to facilitate DFID annual review	Quarterly and Annually
4.	Risk analysis register	Monthly to DFID
5.	VFM framework	Quarterly to DFID
6.	Annual audited accounts	Annually to DFID
7.	Communications products	As and when required
8.	Exit Strategy	6 months before the end of programme

12. DFID Management

The Supplier will report on technical issues to the Essential Services Team Leader and Health Adviser, and on programme management to the Senior Programme Manager, DFID South Sudan.

13. Duty of Care (Refer to Annex 1 and ITT volume 2, criteria 2.6)

13.1 All Supplier personnel (including its employees, sub-contractors or agents) engaged under a DFID contract will come under the duty of care of the lead Supplier. The Supplier is responsible for the safety and well-being of its personnel and any third parties affected by its activities, including appropriate security arrangements. The Supplier 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. Travel advice is also available on the FCO website and the Supplier must ensure it (and its personnel) are up to date with the latest position.

13.2 The Supplier will be required to operate in conflict-affected areas and parts of it are highly insecure. The security situation is volatile and subject to change at short notice. The Supplier should be comfortable working in such an environment and should be capable of deploying to any areas required within South Sudan in order to deliver the contract. It is not expected that the Supplier would put staff at risk or send them to the most insecure areas, but the Supplier must have the ability to monitor programmes in a wide range of districts / sub-districts across South Sudan.

13.3 The Supplier is responsible for ensuring that appropriate arrangements, processes and procedures are in place for its personnel, taking into account the environment they will be working in and the level of risk involved in delivery of the contract. The Supplier must ensure its personnel receive the required level of training prior to deployment (where applicable).

13.4 The Supplier must comply with the general responsibilities and duties under relevant health and safety law including appropriate risk assessments, adequate information, instruction, training and supervision, and appropriate emergency procedures. These responsibilities must be applied in the context of the specific requirements the Supplier has been contracted to deliver (if successful in being awarded the contract).

13.5 The Supplier must confirm in their proposal that:

- They fully accept responsibility for Security and Duty of Care.
- They understand the potential risks and have the knowledge and experience to develop an effective risk plan.
- They have the capability to manage their Duty of Care responsibilities throughout the life of the contract.

13.6 DFID will not award a contract to a Supplier which cannot demonstrate that it is willing to accept and have the capability to manage its duty of care responsibilities in relation to the specific procurement. Please refer to the Supplier Information Note on the DFID website for further information on our Duty of Care to Suppliers Policy[1] and Annex 1 the South Sudan Country assessment.

14. Background

14.1 South Sudan is one of the poorest countries in the world. Half of the population lives on less than US$1 per day. Years of conflict have eroded South Sudan's physical and social infrastructure, and caused the death and displacement of millions of people. Of the estimated 11.4 million population, over 80% live in rural areas scattered over 640,000 sq. km.

14.2 South Sudan's health needs are vast, and largely unmet by the Government who have allocated just 1% of their budget for the whole health sector, compared to over 50% on security

[1] http://www.dfid.gov.uk/Work-with-us/Procurement/Duty-of-Care-to-Service Providers-Policy/

(2016/17). Conflict in December 2013 affected millions of people causing widespread displacement, human rights violations, deaths, disease and injuries, severe food insecurity, disrupted livelihoods and a major malnutrition crisis. Since December 2013, 2.4 million people have been displaced: 1.7 million internally, and over 725,000 have fled to the region, becoming refugees.[iii]

14.3 Around 39,000 under-fives die every year: 21% per cent of these deaths are attributable to pneumonia (including neonatal), 7% to malaria, and 8% to diarrhoea.[iv] Malnutrition is the underlying cause for approximately half these deaths. All of these figures are higher than World Health Organization (WHO) global estimates. Furthermore, county-level surveys reveal the global acute malnutrition (GAM) average is above 15%, the WHO threshold for an emergency.[v]The actual absolute numbers and percentages for Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM) have increased between 2015 and 2016. They are at 5.9% for 2016 compared to 5% for 2015 for MAM. For SAM, the figures are 10% and 10.4% for 2015 and 2016 respectively[vi].

14.4 Since 2012, DFID has supported two critical health care interventions in South Sudan: 1) Health Pooled Fund [HPF] and 2) ICCM. The £244 million HPF programme is also supported by other donors: Canada, Sweden, the EU and USAID. The goal of HPF is to increase access to quality health services, but its activities do not include treatment and case management of diseases at the community level. It will take many years for South Sudan to build a primary health care (PHC) system that reaches the majority of women and children in rural communities.

14.5 The ICCM complements the HPF by bringing lifesaving care to under-fives who do not live within walking distance of a health facility in specific counties. It also complements Global Fund activities across the country, UNICEF support and other partners such as those coordinating through the Nutrition Cluster. No other donor funds ICCM activities.

14.6 The HPF and ICCM2 programmes are scheduled to end in April and December of 2018. It is DFIDs intention to procure a new Health Programme to commence in January 2018 with a staged absorption of HPF and ICCM activities. An ICCM2 exit strategy is due for delivery by the end of June 2018 at the latest. The Supplier will be expected to work with the new Health Programme Supplier to ensure that the exit strategy is viable and handover of services has commenced by the end of September 2018.

14.7 The Government of South Sudan wishes to launch its Boma Health Care Initiative in 2017. Boma, like ICCM, is a community based initiative designed to reach as many people in rural South Sudan as possible in the most cost effective way possible. The Government has called upon donors to support this integrated health initiative as much as possible in 2017. More information can be obtained on the Portal on Boma Health Initiative.

14.8 DFID is currently unable to channel sector support funding through the Ministry of Health. This is unlikely to change during this contract period. We wish to support the GRSS initiative as much as possible and ICCM, operating within communities, is the ideal programme through which to channel our support. Therefore, we are encouraging very close coordination with Boma in all of the 10 former States in South Sudan.

14.9 The current ICCM programme operates in eight of the former 10 states. Though DFID would prefer to receive proposals which include the remaining states of Upper Nile and Warrap, we do acknowledge that security conditions in South Sudan may prohibit Suppliers from proposing work in new areas of operation. Similarly, we acknowledge that one or more of the current nominated counties may also be challenging (e.g. Mundri East and West in WEQ). If Suppliers are unable to programme in one of the nominated counties, we expect them to justify deviation away from the list and to propose alternative locations which will contribute to the required programme results.

14.10 We expect Suppliers to nominate two states in which they will pilot the Boma Health Initiative (BHI). We would expect suppliers to work closely with the MoH to explore possibilities during inception, whilst considering the limitations on the use of UK funding.

Annex 1: Duty of Care

Duty of Care

Project: Supplier for ICCM2 Programme
Country: South Sudan
Date of Assessment: November 2016

DFID Overall Project/Intervention - Summary Risk Assessment Matrix:

As part of its Duty of Care Policy, DFIDSS has assessed the country and project risks in order to allow Service Providers (SPs) to take reasonable steps to mitigate those risks during the duration of the contract. Below is the key for attributing overall scoring.

1 Very Low risk	2 Low risk	3 Med risk	4 **High risk**	5 Very High risk
Low		**Medium**	**High Risk**	

A matrix showing the latest risk scores for South Sudan as at November 2016 is set out below. These continue to remain valid at the time of these ToRs being developed:

Theme	DFID Risk score: South Sudan
FCO travel advice[1]	4
Host nation travel advice	Not available
Transportation	4
Security	4
Civil unrest	5
Espionage	2
Violence/crime	5
Terrorism	3
War	3
Hurricane	1
Earthquake	2
Flood	3[2]
Medical Services	4
Nature of Project/ Intervention	3
OVERALL RATING	**4**

South Sudan has been assessed as '4', which is high risk. Travellers and Suppliers should consult FCO travel advice for the latest identification of high risk areas.

The Service Supplier (SP) will be responsible for the safety and well-being of their Personnel whilst they are in South Sudan (as defined in the Terms of the Contract) and Third Parties affected by their activities under this Contract, including having appropriate security arrangements in place. Acceptance of responsibility must be supported with evidence of capability and DFID reserves the right to clarify any aspect of this evidence. In providing this evidence travellers should consider the following questions:

[1] Please visit the Foreign and Commonwealth Office (FCO) travel website for South Sudan: http://www.fco.gov.uk/en/travel-and-living-abroad/travel-advice-by-country/sub-saharan-africa/south_sudan.

[2] Flooding does occur during the rainy season between August and November in the North and North-Eastern States of Warrap, Lakes, Unity, Jonglei and Upper Nile.

i. Have you completed an initial assessment of potential risks that demonstrates your knowledge and understanding, and are you satisfied that you understand the risk management implications (not solely relying on information provided by DFID)?

ii. Have you prepared an outline plan that you consider appropriate to manage these risks at this stage (or will you do so if you are awarded the contract) and are you confident/comfortable that you can implement this effectively?

iii. Have you ensured or will you ensure that your staff are trained (including specialist training where required) before you are deployed and will you ensure that on-going training is provided where necessary?

iv. Have you an appropriate mechanism in place to monitor risk on a live / on-going basis (or will you put one in place if you are awarded the contract)?

v. Have you ensured or will you ensure that your staff are provided with and have access to suitable equipment and will you ensure that this is reviewed and provided on an on-going basis?

vi. Have you appropriate systems in place to manage an emergency / incident if one arises?

The SP will also be responsible for the provision of suitable security arrangements for their domestic and business property in-country; for ensuring appropriate on-going safety and security briefings for all of their Personnel working under this Contract. Up to date travel advice is available from the Foreign and Commonwealth Office (FCO) website for South Sudan:

http://www.fco.gov.uk/en/travel-and-living-abroad/travel-advice-by-country/sub-saharan-africa/south_sudan

Travel to many zones in South Sudan is subject to daily travel clearance from the UN office in advance. DFID also will share where available, information with the traveller on the security status and developments in-country where appropriate. The consultant must ensure that they have received the required level of training on safety in the field prior to deployment to South Sudan.

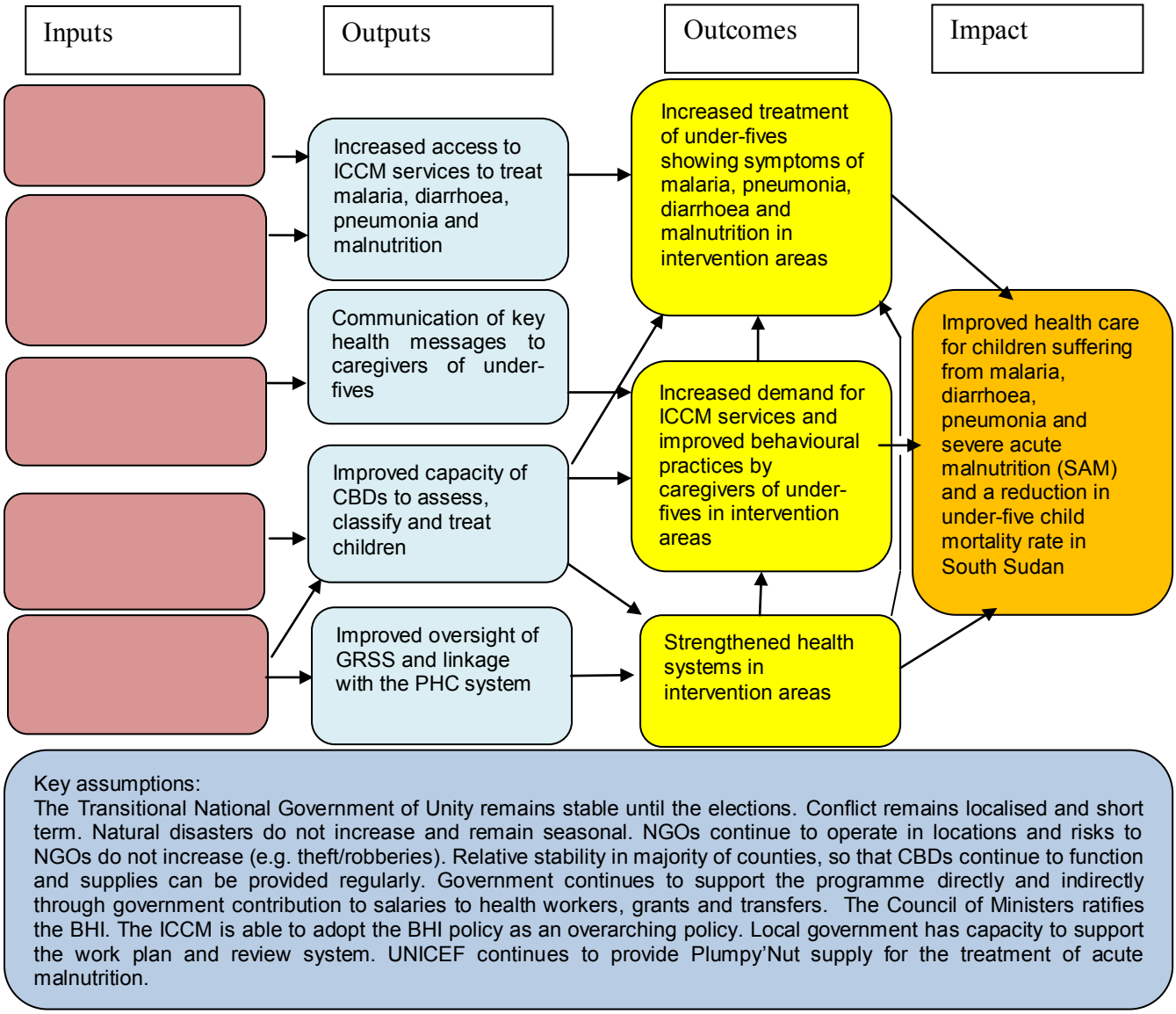
The country also sits in a seismically active zone, and is considered vulnerable to minor tremors from earthquakes. These are unpredictable and can potentially result in devastation due to the fact that most buildings have been poorly constructed. There are several websites focusing on earthquakes to which the consultant can refer to, including:

http://geology.about.com/library/bl/maps/blworldindex.htm

The SP should be comfortable working in all such environments described above and must be capable of deploying to any areas required within the country in order to deliver on the terms of reference for the Contract.

DFID South Sudan
November 2016

Annex 2Theory of change



Annex 3

Glossary of Health Terms for ICCM2

Boma Health Initiative	The South Sudan Government community health programme. The initiative seeks to empower individuals, families and communities to be more pro-active in health promotion, prevention and care.
DALY	This is a measure of overall disease burden, expressed as the number of years lost due to ill-health, disability or early death. It was developed in the 1990s as a way of comparing the overall health and life expectancy of different countries.
Displacement	The movement of people away from conflict or disease to areas they perceive to be safer. People move to other areas of South Sudan (internally displaced) and into neighbouring countries (Refugees).
Disaster Risk Reduction (DRR)	The concept and practice of reducing disaster risks through systematic efforts to analyse and reduce the causal factors of disasters. Reducing exposure to hazards, lessening vulnerability of people and property, wise management of land and the environment, and improving preparedness and early warning for adverse events are all examples of disaster risk reduction.
Emergency Nutrition Supplements	Ensure treatment of acute malnutrition, by delivering supplements to offset lack of available nutritious food, by whatever means are necessary.
Food Basket States	Fertile states that have a sufficient quantity of nutritious food, and can supply surrounding areas.
Food Insecurity	Unreliable access to a sufficient quantity of affordable nutritious food.
Global Acute Malnutrition	Combination of both Severe Acute Malnutrition and Moderate Acute Malnutrition. (see definitions below)
Health Management Information System(HMIS)	Health Management Information Systems (HMIS) are one of the six building blocks essential for health system strengthening. HMIS is a data collection system specifically designed to support planning, management, and decision making in health facilities and organizations.
Human Development Index	A composite statistic of , life expectancy , education, income per capita indicators, which are used to rank countries in four tiers of human development .
Intermittent Presumptive Treatment of Malaria	A treatment dose of an effective antimalarial drug at predefined intervals during pregnancy.
Integrated Community Case Management	This is a strategy to extend case management of childhood illness beyond health facilities so that more children have access to lifesaving treatments for malaria, diarrhoea, severe acute malnutrition and pneumonia.
Micro-nutrient Malnutrition	A condition resulting when a person's diet does not provide adequate essential vitamins and minerals nutrients for growth and maintenance or if they are unable to fully utilize the food they eat due to illness.
Moderate Acute Malnutrition	Is also known as wasting, is defined by a low weight-for-height indicator. If some of these moderately malnourished children do not

	receive adequate support, they may progress towards severe acute malnutrition (severe wasting).
Morbidity	The condition of being diseased.
Post-Partum Haemorrhage (PPH)	The loss of more than 500 ml or 1,000 ml of blood within the first 24 hours following childbirth.
Scaling up Nutrition	Is a movement founded on the principle that all people have the right to food and good nutrition.
Severe Acute Malnutrition	Reflects a recent and severe process that has led to substantial weight loss, usually associated with starvation and/or disease. Acute malnutrition is calculated by comparing the weight-for-height of a child with a reference population of well-nourished and healthy children. Often used to assess the severity of emergencies because it is strongly related to mortality.
Sustainable Development Goals	The sustainable development goals (SDGs) are a new, universal set of goals, targets and indicators that UN member states will be expected to use to frame their agendas and political policies over the next 15 years to 2030.
Technical Working Group (TWG)	This is group formed by the Ministry of Health with membership of all types of organisation that provide health services. The objective of the group is to facilitate dialogue and partnership at sector and thematic level.
Violence against women and girls (VAWG)	The term given to all forms of violence and abuse experienced disproportionately by women and girls, or experienced by them because of their gender, including rape, domestic violence, forced marriage and sexual harassment.
World Health Organisation	United Nations public health arm.

[i] Also known as community nutrition workers.

[ii] According to MoH DHIS 2016 data for the country, there are around 2.4 million under-fives in South Sudan.

[iii] UN OCHA, www.unocha.org/south-sudan, accessed 3 March 2016.

[iv] South Sudan 2015 Countdown Report, from www.countdown2015mnch.org/country-profiles/south-sudan

[v] A compilation of 29 county-level surveys carried out in March–May 2015 indicated 30% GAM in Mayom, 29% in Gorgriol West, 26.5% in Abeimnhorn and 25.6% in Twic. WFP/UNICEF (2015) 'Update on the Nutrition in South Sudan, August 2015', PowerPoint presentation.

[vi] WFP/UNICEF Update (on) the Nutrition Situation in South Sudan, June 2016, PowerPoint.