PO 7019 Terms of Reference
Tanzania Family Planning Outreach - Phase 2
LOT 2

1. Introduction

1.1. Department for International Development (DFID) is supporting the Government of Tanzania's (GoURT) efforts towards attaining the country's development goals. DFID's investments in health are primarily targeted towards nutrition, malaria prevention and improving reproductive health.

1.2. DFID Tanzania is implementing a Family Planning outreach programme Phase 2 over 4 years (2014-2018) to continue to increase family planning use in Tanzania. The outcome of the programme will be to increase women's use of family planning and availability of comprehensive post abortion care (CPAC) services across Tanzania. The impact will be to reduce maternal mortality and improve women's lives by giving them control over their family formation.

1.3. DFID will recruit two suppliers to provide services, in the interest of sustaining a competitive market and fostering innovation and challenge. There will be two contracts - one for delivery through around twenty teams, and one through around ten teams. Both providers will be expected to mobilise rapidly at scale, i.e. 70% of teams to be fully operational within four months increasing to 90% of teams fully operational within 6 months.

1.4. Implementation will be in close collaboration with the Government of Tanzania authorities both at the national and district level.

2. Objective

2.1. To appoint two suppliers to deliver increased family planning outreach services, especially to rural women and to adolescents, and to support public sector family planning services. Increased access to comprehensive post abortion care (CPAC) will also be a key part of this programme as will reaching women who are victims of violence with SRH services.

2.2. Specifically, as per the log frame attached, the programme will:

Increase women's use of comprehensive family planning and availability of comprehensive post abortion care (CPAC) services across Tanzania, in particular:

- Private sector family planning outreach services to rural areas (particularly long-acting and permanent methods-LAPM) in consultation with Government public sector services;
- Strengthened national comprehensive post abortion care (CPAC) in both public and private sectors (including policy work);
- GoURT supported to strengthen its family planning programme, including training of public sector providers in LAPM;
- Young people (<20) reached with family planning and CPAC; and
- Integrated RH services for women who are victims of violence (GBV) work in the public or private sectors.

3. Recipient

The main beneficiaries are poor, rural women and girls of Tanzania.

4. Scope of Work

4.1. This programme will contribute to DFID's objectives on reducing maternal and infant mortality and will deliver DFID Tanzania's commitment to promote choice for women over whether and when they have children and provide access to quality family planning outreach services.

This programme will complement other areas of DFID health sector support, female empowerment and poverty reduction in Tanzania and reflects the analysis of DFID Tanzania's country poverty diagnostic.

4.2. Coordination

The suppliers will establish effective working relationships with all stakeholders at the national and districts levels as follows:

4.2.1. Collaborate and co-ordinate with the Ministry of Health, medical supplies department and local government authorities levels on planning, delivery and monitoring of all aspects of family planning services, such as outreach family planning service delivery and commodity availability;

4.2.2. Collaborate with other development and implementing partners supporting family planning services to avoid duplication of effort and enhance programme effectiveness;

4.2.3. Facilitate visits by DFID staff, and others, and respond to ad hoc requests for detailed information.

4.3. **Overall outcome results for the combined project will be to**

4.3.1. Provide FP services for over a million couples through delivering 4.4 million CYPs (discounted already for public sector commodity input at 7.5%);

4.3.2. Avert over 916,000 undesired pregnancies; and

4.3.3. Save over 2,300 maternal lives.

4.4. Each supplier is required to manage and deliver all of the 5 programme outputs as detailed below. In doing so, each supplier will be required to deliver on each output, but their mechanisms and approaches may differ.

- **Output 1 FP OUTREACH**: Early deployment to provide family planning outreach services at scale to rural areas (particularly long-acting and permanent methods-LAPM) in consultation with Government public sector services;
- **Output 2 CPAC**: Strengthened national comprehensive post abortion care (CPAC) in both public and private sector (including policy work);
- **Output 3 Public sector systems and personal strengthened**: GOT supported to strengthen its family planning programme, including training of public sector providers, and support in monitoring and reporting;
- **Output 4 YOUNG PEOPLE**: Young people (<20) reached with family planning and CPAC; and
- **Output 5 SRH VIOLENCE VICTIMS**: Integrated RH services for women who are victims of violence (GBV) work in the public or private sectors.

4.5 The complete requirement will be split as follows:

4.5.1 **Lot1** Will provide 20 outreach teams, which over the course of the project will serve 1.1 million clients and offer 3.34 million couple years of protection through a full range of long acting and permanent measures. They will increase access to CPAC, in public and private sectors They will pilot innovative approaches to young people and management of gender based violence (GBV) in reproductive health They will support the training of 700 health workers in family planning, 675 providers in CPAC and 400 in GBV.

4.5.2 **Lot 2** Will provide 4 teams in year 1 and may scale to 10 outreach teams in year 2, 3 and 4, which over the course of the project will serve 331 471couples and offer 1,015m couple years of protection through a wide range of short and long acting measures. They will increase access to CPAC, in public and private sectors. They will pilot innovative approaches to young people and management of gender based violence in reproductive health They will support the training of at least 300 health workers

4.5.3 About 90% of the provision will be to rural Tanzanian women and at least 10% specifically targeted towards adolescent girls below 20 years of age, both currently under-served groups. These women and girls will spread across all areas of Tanzania.

4.6 The physical coordination and deployment of teams will be coordinated through the outreach working group with the ministry of health. Focus will be on areas of greatest unmet need for family planning. Providers will have to be willing to work across Tanzania, (mainland and Zanzibar). There is an expectation that outreach teams will operate continuously within specified regions. The geographical focus of teams will be coordinated at the national outreach coordination meeting. DFID will play an active role in these meetings to ensure that there is fair allocation of work between contractors, in terms of need, complexity and potential costs of the regions concerned. Teams may have to relocate on the basis of changing needs.

4.7 As the business case states, performance will be judged upon direct service delivery and the extent to which providers increase contraceptive coverage and build systems across the district. It will not be acceptable for providers to substitute for existing public services.

4.8 It is up to the suppliers to outline in their bids the approach that they propose to use to achieve these results. The proposal should also consider, (but not be limited to) the following:

- Clearly outline how adolescents will be reached;
- Clearly outline how women who have been victims of violence will be reached;
- Identify strategies to tackle barriers to access family planning and CPAC services, and how to target vulnerable groups in the community;
- Consider ways to work with public sector health care providers and to reduce public sector training costs and to use the outreach services as training sites; and
- Explain how the transition from phase 1 of DFID support to FP outreach will be managed
- Explore innovative approaches across the range of outputs

5 Requirements

5.1 Methodology is to be proposed by the bidders in their technical bids agreed by DFID prior to contract award.

Early in project start-up the Supplier will:

1) Agree the Supplier team with DFID Tanzania and assure seamless transition in service delivery from DFID first phase FP outreach, and scale up (as per the technical bid/proposal);
2) Establish baseline data using the results from Phase 1;
3) Maintain and further good working relationships with MOH, particularly RCH and other key partners in the Reproductive Health programmes;
4) Negotiate with RCHS and other NGO an approach to supporting training in a sustainable and cost effective manner
5) Negotiate with MSD and ministry of health an optimal approach to commodity supply
6) Ensure Outreach Working Group is functioning well and is the key coordinating committee;
7) Collaborate with fully to ensure optimal management of the contract and collaboration on key issues between suppliers. Meet with DFID at least quarterly – and more frequently at start up
8) Work closely with the other supplier and DFID to ensure that is coherence and consistency in activities, monitoring and approaches to key stakeholders such as government.

There will be annual break points at annual review (Continuation following a Break point will be subject to the satisfactory performance of the Supplier during the preceding period, and the continuing needs of the Programme.)

5.2 Key programme outputs (totals for Lots 1 and 2) are as follow:

Output 1: FP OUTREACH
Key deliverables (Note that these are the overall programme deliverables. It is anticipated that responsibility for delivering these will be split in the ratio 2 to 1 between the larger and smaller supplier)

- 4.4 million Couple Years of Protection (CYPs) provided;
- One million family planning users served through programme;
- Increased access to quality family planning through outreach services, particularly for rural women;

Output 2: CPAC
Key deliverables

- Increased number of sites (public and private clinics) enabling women to access post abortion care; and
- CPAC equipment and supplies are available in a wide range of health facilities. (specific indicator to be negotiated post baseline assessment)

Output 3: Public sector support
Key deliverables

- 1000 GOT health providers receive practical training in LAPM;
- Within 2 years at least 80% of districts will be reliably reporting family planning activity and of these 70% will show increase over baseline.

Output 4: YOUNG PEOPLE
Key deliverables

- Increased focus on service provision for young people. Within two years 8% of clients will be under 20. 12 % by the end of project.
- Increased proportion of programme staff who are specifically trained to work with or provide information, education, or family planning services to adolescents.

Output 5: SRH VIOLENCE VICTIMS
Key deliverables

- Proportion of facilities that deliver integrated RH services for women who are victims of violence; (targets and baselines to be agreed in the first six months of operation
- Over 800 health providers trained to counsel and support women who are victims of violence.

Monitoring and Evaluation

No independent evaluation is planned M and E will be the responsibility of the suppliers. There will be a common logframe

Key deliverables

- Robust Monitoring and Evaluation plan to achieve results.
- Over the first six months of the project the supplier will work with DFID to develop a robust and meaningful way to monitor CPAC, GBV and support to training.

6 Constraints and dependencies

6.1 It is a requirement that the Supplier has the necessary authorization and accreditation to work in Tanzania and this should be demonstrated in the technical proposal.

6.2 The Supplier would need to ensure that there is no service delivery gap in family planning outreach services already being delivered by Phase 1 of this programme. (Phase 1 is due to run until Dec 2014. The programme is managed through USAID and an exit strategy will be prepared.) The current supplier MSI, will be tasked to ensure that there is effective transition between the two phases. It would be possible for the two phases of the programme to overlap.

6.3 Commodity procurement remains a challenge in Tanzania and it is understood that GOT will continue to procure contraceptives. There is a possibility that the supplier may, need to invest in commodities to ensure security of supply Should this occur, the supplier will work with DFID to vire money from one of the other budget lines in the project.

6.4 This project aims to strengthen government systems and capacity to deliver family planning services. In the past there has been ambivalence by government to NGO service providers, and relatively little interest in value for money approaches to training etc. The ultimate success of the project will depend upon the government's willingness to engage, particularly at district levels.

7 Performance requirements

7.1 The Supplier must ensure that the overall programme plan is delivered according to requirements, as stipulated by the national outreach coordination meeting (see 4.6). This means that all tasks must be completed on time and to required quality levels in each quarter.

7.1.1 Number of Couple Years of Protection (CYP) provided;

7.1.2 Number of new family planning users served through programme (women 15-49 year old), and adolescent women (15-19 year old);

7.1.3 Increased number of sites (public and private clinics) enabling women to access comprehensive post abortion care;

7.2 All reports submitted must be accurate and submitted on time to agreed quality standards using agreed formats and templates 100% of the time.

7.3 The Supplier must operate within the financial plan as per their proposal.

8 Performance monitoring

8.1 The supplier will be monitored against deliverables and results leading to the impact, outcomes and outputs listed above. At annual reviews progress against workplan deliverables, together with a proposed financial plan, will determine whether the next phase of the contract will proceed.

8.2 The technical bid must include a detailed work plan for year 1 including all deliverables, and a plan for the procurement of CPAC commodities, alongside outline workplans for years 2, 3 and 4 demonstrating planned progress towards the achievement of the impact, outcomes and outputs. The financial plan should show payments proposed against workplan deliverables.

8.3 The supplier must also propose and implement project performance measures, in particularly increasing the numbers of young and very poor people who benefit from services and strategy to work with government to support public sector provision as well

8.4 DFID will evaluate the performance of the supplier throughout the project and formally conduct annual reviews, and encourage peer review and lesson learning between the two contractors on both Lots according to DFID procedures.

8.5 It is expected that the supplier will take a proactive approach to monitoring and managing risks on an ongoing basis, with regular updates and notifying DFID of any matters which may require immediate attention and in particular, the supplier will have a responsibility to formally notify DFID of any serious untoward clinical incidents, or evidence of fraud or corruption, within the supplier's project

9 Reporting

9.1 Final outputs will be assessed on the basis of the programme log frame outputs, programme activities and quality of reports. Specifically the Suppliers will be expected to produce:

9.1.1 Monitoring and Evaluation Plan which captures disaggregated data about new users of family planning, demand for different methods, users switching methods, and the profile of clients. This will either incorporate baseline data, or set a plan as to how this data will be collected and used.

9.1.2 Quarterly Progress and Annual Narrative Reports that will be shared with the other supplier, relevant Technical Working Groups (TWG) and DPs;

9.1.3 Financial Reports- Quarterly financial reports, quarterly and annual financial forecasts to ensure strong financial management; Annual financial reports, and a certified annual audit statement showing funds received and expended.

9.1.4 Annual budget identifying cost efficiencies. Demonstrate value for money across all activities;

9.1.5 Asset Register - Develop and maintain an assets register and report against it annually;

9.1.6 Risk Matrix - Develop a comprehensive risk matrix setting out clear strategy for monitoring, managing and mitigating against risks. Ensure contingency plans in place;

9.1.7 Communications products to document and disseminate useful results and lessons learned as and when required

9.1.8 Exit Strategy - Provide and deliver an exit strategy to ensure long term sustainability of FP services to be provided not less than 6 months before the end of the contract.

9.1.9 All reports should be of a length and level of detail appropriate to the purpose, and generally be as concise as possible. The writing and presentation of data must be written in plain English.

9.1.10 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 Timing

10.1 The indicative duration of the contract is expected to be from January 2015 to February 2019. (Timings may be subject to change dependent on contract award date). ***DFID reserve the right to extend the contract at DFID's discretion for a further two years***

10.2 ***Timings for Deliverables***

	Deliverable	**Timing – From contract award date**
1.	Senior representative of Supplier in Dar	Within 2 weeks, and until Project Director in place
2.	Project director in place	Within 6 weeks
3.	Recruitment of any necessary staff required initiated	Within 4 weeks
4.	Key Staff recruited	Within 3 months
1.	Workplan, Monitoring framework and co-ordination between two suppliers agreed	Within two months
2.	At least 70% of the final number of teams contracted for	Within four months

	will be operational	
3.	At least 90% of the final number of teams contracted and operational	Within six months
4.	Forecast and expenditure and financial reports Plans of each output for next 6 months	Quarterly
5.	Quarterly Financial Reports and summaries of progress against work plan deliverables and log frame outputs	Quarterly
6.	Asset Register	Six months
7.	A detailed annual progress report including details of activities completed and outputs achieved, timed to facilitate DFID's annual review	Annually
8.	Risk Analysis report	Yearly
9.	Annual audited accounts	Yearly
10.	Communications products	As and when required
11.	Exit Strategy	At end of programme

11 DFID Coordination

11.1 The Suppliers will report on technical issues to the DFID Tanzania Health Adviser and on programme management to the Programme Officer, DFID Tanzania. DFID will meet with suppliers either individually or together on a quarterly basis

12 Duty of Care

12.1 The risk assessment for this programme has been assessed as low. The Supplier is responsible for the safety and well-being of their Personnel (as defined in Section 7 of the Contract) and Third Parties affected by their activities under this contract, including appropriate security arrangements.

13 Background

13.1 In December 2010, DFID published its Global Framework for Results for improving reproductive, maternal and newborn health in the developing world, and set out the following objectives to be achieved by 2015:

- Save the lives of at least 50,000 women during pregnancy and childbirth and 250,000 newborn babies by 2015;
- Enable at least 10 million more women to use modern methods of family planning by 2015, contributing to a wider global goal of 100 million new users;
- Prevent more than 5 million unintended pregnancies;
- Support at least 2 million safe deliveries, ensuring long-lasting improvements in quality maternity services, particularly for the poorest 40%.

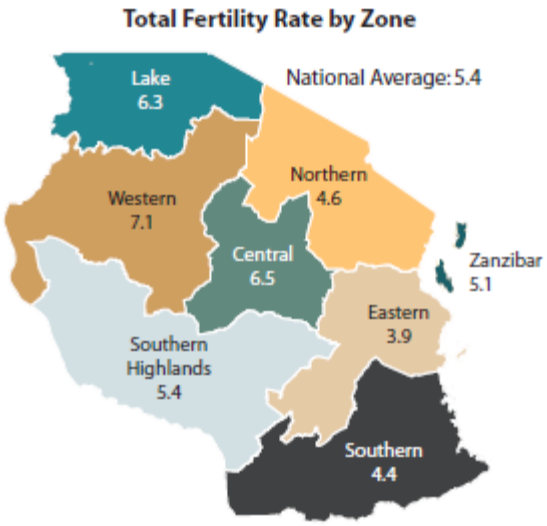
The Framework outlines four pillars for action:

- Empower women and girls to make healthy reproductive choices and act on them.
- Remove barriers that prevent access to quality services, particularly for the poorest and most at risk;

- Expand the supply of quality services, delivering cost-effective interventions for family planning, safe abortion, antenatal care, safe delivery and emergency obstetric care, postnatal and newborn care – delivered through stronger health systems with public and private providers.
- Enhance accountability for results at all levels with increased transparency.

13.2 Family Planning situation in Tanzania

Current demographic situation in Tanzania: According to the 2012 national census, the total population of mainland Tanzania is currently 43.63 million people. The population is growing at about 3% per year with the middle scenario projections for Tanzania suggesting that the population will more than triple to 138 million people by 2050 (PRB, 2012). This rapidly rising, young population, puts considerable pressure on service delivery, water resources, food security and, potentially, political stability. Fertility rates are highest in the Western region (TDHS, 2010, see map below) with a total fertility rate of 7.1 (the national average is 5.4 and the Eastern zone is lowest at 3.9 children per woman). The Western region is where there is the most pressure on water and services and the fewest jobs. Women with a secondary education or higher bear fewer than four children on average while women with no education bear seven children. Poverty levels have not fallen substantially in the last decade as growth rates at 6% are negated by population growth at 3%; there is very limited redistribution of wealth. The maternal mortality rate is one of the highest in the world in Tanzania at 454 per 100,000 live births (TDHS 2010). Poor obstetric care accounts for roughly two-thirds of these deaths but a lack of family planning and unsafe abortion accounts for the remaining third.



TDHS 2010

Family planning. Many couples still want to have large families, but even so, there is considerable demand for birth-spacing. Only 27% of married women (aged 15 to 49 years) currently use a modern method of contraception. One in four women have an unmet need for family planning (meaning that they say they want no more children now or soon but are not using contraception). Mothers and their children are healthier, and less likely to die when the interval between births is more than two (and ideally) three years. Improving birth

spacing also has significant impact on nutrition as babies are not weaned too early and the mother's body regains its strength before another pregnancy.

Rural, poor and young women are less likely to use contraceptives. Access to family planning is lower in rural areas than urban areas and rural women are less likely to be using contraceptives. Poor women are much less likely to be using contraception than rich ones. Interventions are needed that raise awareness of family planning's benefits which would include education about FP services (including dispelling rumours and myths) and increasing the use of more effective contraceptive methods. The majority of Tanzanian women are becoming pregnant early, almost one quarter of 15 to 19 year olds are already mothers or pregnant[i]. Early pregnancy has substantial risks to a girl's health and life chances, but the provision of RH services for young and unmarried women is very limited in Tanzania as these groups are not prioritised by the health service.

Comprehensive Post Abortion Care (CPAC). One of the major preventable causes of maternal mortality is unsafe abortion. The Tanzanian MoHSW estimates that 16% of maternal deaths are due to unsafe abortion. In Tanzania, abortion is only legal to save a woman's life. However CPAC is legal, ought to be widely provided, but is not. Post abortion care supports women, saving their lives when they present at facilities with an incomplete abortion or a miscarriage. Much suffering and disability could be prevented through better post abortion care. Despite PAC services being legal, women and girls do not know how to access them. Many NGO family planning providers in Tanzania have been constrained because their funding came through the US government. This project would allow NGOs to scale up medical and surgical post abortion care through static facilities, and possibly also through outreach. This work should link closely with the regional project Prevention of Maternal Deaths through Unwanted Pregnancy (PMDUP) which DFID funds in fifteen countries through Marie Stopes and Ipas.

Integrated services for women who are victims of violence. Gender-based violence (GBV) often has a sexual component which means that women are likely to be seen and treated in a public or private healthcare setting. This project would begin to integrate such SRH services into reproductive care they are already providing. It is important to train healthcare providers as well as the police to recognise these women and support them with the collection of evidence and the comprehensive services they need. As a result of their assault, they could be pregnant or have contracted a sexually transmitted disease (including HIV) in addition to any physical injuries. These women need to be treated comprehensively and compassionately to ensure that they are not the victims of further mistreatment but also in a manner that collects appropriate evidence to support future legal processes.