

### Section 3

#### TERMS OF REFERENCE

#### MATERNAL, NEW-BORN AND CHILD HEALTH PROGRAMME (MNCH2)

**Procurement Supplier: Crown Agents Ltd (CA)  
Supplier ID 11085**

**21 June 2016**

#### **Background**

1. The £130m Maternal, New-born and Child Health programme (MNCH2) started in June 2014. The programme will deliver essential health care for pregnant women, new-borns and children. It will also improve health system coordination through health sector planning and financing and improve demand for and access to high quality health services. Further information is provided in Annex A.
2. The MNCH2 programme was approved by the Secretary of State for International Development for the programme to run from 1<sup>st</sup> June 2014 to 31<sup>st</sup> May 2019.
3. Procurement requirements for the programme centre on medical equipment and drugs. Crown Agents were procuring these requirements until their framework ran out on 31 March 2016. Medical equipment requirements for 2015/16 had previously been tendered internationally by Crown Agents though due to DFID Nigeria budget constraints were placed on hold.
4. The DFID HD team have looked at the procurement requirements for 2016/17. The aim now is to meet a revised budget target of £9.4m by reigniting the equipment requirements worked up by Crown Agents and to commission the procurement of locally sourced drugs through Crown Agents who have known suppliers in place.
5. The approval to carry out the 2016 procurements using Crown Agents was given by the PUSS on 20th June, 2016.
6. The goods and equipment required by MNCH2 are detailed in the attached procurement plan in Annex B of this ToRs.

#### **Recipient**

7. The recipients of the work are the Federal and State Ministries of Health, and local governments in Nigeria. DFID Nigeria will provide oversight services.

#### **Scope/Deliverables**

8. The Procurement Supplier will work with the MNCH2 Program Service Provider (the Palladium Group) who will provide the required technical specification of the goods and equipment to the Procurement Supplier in relation to Annex B Procurement Plan – Needs/Description.

The Procurement Suppliers scope of services will be as required by the MNCH2 program and may include, but are not limited to, the following:

- Needs assessment
  - Procurement plan definition
  - Tendering /Request for Quotation
  - Order Placement/Supply Contract
  - Pre shipment inspection where required, please note this has not been quoted for within the current pricing schedule
  - Logistics, distribution and warehousing, including customs clearance. For the avoidance of doubt, the Supplier is responsible for delivery of goods and equipment to Port of Lagos, and for onward delivery from the port following customs clearance. Customs clearance for this agreement will remain the responsibility of British High Commission.
  - Post shipment and quality inspection
  - Invoicing and payment process
9. The Procurement Supplier must provide to DFID procurement services, and goods and equipment that offer value for money in terms of cost and efficiency and as appropriate for the project to 31 December 2016, bearing in mind the working environment in Nigeria (poor roads; security; intermittent electrical supply; extreme heat etc.)
10. The Procurement Supplier must supply to DFID the highest-quality supplies and services at costs provided within or below the budget parameters as agreed in Annexes B and Section 5 Cost Breakdown. Delivery of all requirements by 31 December is a critical requirement of this contract and payment is dependent on the Supplier meeting this deadline. The Procurement Supplier will manage the supply chain on this basis and will agree with DFID the sequence of transferring ownership using the most advantageous Inco Terms to transfer ownership of the equipment and goods to DFID notwithstanding the requirement to deliver to the destinations specified by MNCH2 (Palladium)
11. When considering the reality on the ground it will be essential for the Procurement Supplier to work with the Service provider to avoid delivery and operational delays. To this end the Procurement Supplier must put in place appropriate resources to meet the programme's procurement requirements, and develop appropriate knowledge in-country.

### **Method**

12. The Procurement Supplier will coordinate the effective management and monitoring of the programme with DFID and with the Service Provider.
13. Clear communication channels and/or approval processes will be established within the Procurement Contract, between the Procurement Supplier, DFID and the Service Provider.
14. The DFID-Nigeria Programme Manager, Programme Officer, Service Provider, the In-Country Operations Coordinator, and the UK Programme Manager, will be kept informed of all relevant issues that are likely to affect the implementation of the programme. Communication matrix in Annex F.

15. The Procurement Supplier methodology for undertaking this assignment must be consistent with the scope of the terms and conditions of this contract in Section 2 and as further described in Section 4 Special Conditions. Timing and procurement planning are critical to the successful implementation of the project. The Procurement Supplier will be expected to demonstrate efficiency, effectiveness, accountability and transparency, and measure and record its associated value added.
16. The Procurement Supplier will need to be flexible in its approach and be aware that delivery time tables may change in order to adapt to reality on the ground.
17. Following award of the contract, a start-up meeting will be arranged with the Service Provider to agree respective roles and responsibilities, agree time lines for the project and develop supply lists, specifications and quantities to be tendered. These agreements will be summarized in a procurement plan, attached as Annex B.

### **Financial Management**

18. Payments will be linked to outputs. Outputs shall be explained in detail in the project plan, along with associated budget and timeframe as detailed in Annex B and contract section 5 – Cost Breakdown. . Procurement agent fees will be a percentage of the value of the procured goods and equipment, as detailed in contract section 5 – Cost Breakdown.
19. An inventory of all assets procured under the programme will be maintained by the procurement agent and the Service Provider. At the end of the programme period or once contracts have been completed, DFID-Nigeria will decide in consultation with key stakeholders how best to dispose of assets acquired with DFID funding.

### **Reporting**

20. Monthly progress narrative reports will be submitted to DFID-Nigeria and to the Service Provider by the Procurement Supplier. A submission schedule will be discussed and agreed between the Procurement Agent, DFID Nigeria and the Service Provider. The monthly reports will include a full report on progress, detailing deliverables achieved in the preceding month and any proposed corrective action. Detailed work plans for the next month and expected deliverables to be achieved will be submitted by the Procurement Supplier to DFID-Nigeria and to the Service Provider.
21. Accurate monthly financial reports, starting with the month of July 2016, will be submitted, including a breakdown of costs for goods and equipment, logistics, freight, insurance (if any) and procurement fee, in line with the contract.
22. **Monthly forecasting and reporting:** The Procurement Supplier will provide DFID Nigeria with monthly forecasts and summary of activities by the 15<sup>th</sup> day of every month and if the 15<sup>th</sup> day is not a working day, the working day before the 15<sup>th</sup> of that month. The forecast and reporting will follow the format that shall be agreed between DFID Nigeria and the Procurement Supplier.

### **Project Evaluation**

23. At the end of the programme, the Procurement Supplier, the Service Provider and DFID Nigeria will undertake a joint Project Evaluation to confirm the results achieved, Value for Money, success of the programme in delivering outputs, lessons learnt and challenges encountered. This project evaluation will include a final financial report.

#### **Timing**

24. 1<sup>ST</sup> July 2016 to 31<sup>st</sup> December, 2016.

#### **Duty of Care**

25. The Procurement Supplier 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.
26. DFID will share available information with the Supplier on security status and developments in-country where appropriate.
27. The Procurement Supplier 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 also available on the FCO website (<https://www.gov.uk/foreign-travel-advice/nigeria>) and the Supplier must ensure they (and their Personnel) are up to date with the latest position.
28. This Contract requires the Procurement Supplier to operate in conflict-affected areas and parts of it are highly insecure. Travel to many zones within the region will be subject to travel clearance from the UK government in advance. The security situation is volatile and subject to change at short notice. The Procurement Supplier should be comfortable working in such an environment and should be capable of deploying to any areas required within the region in order to deliver the Contract (subject to travel clearance being granted).]
29. The Procurement Supplier is responsible for ensuring that appropriate arrangements, processes and procedures are in place for their Personnel, taking into account the environment they will be working in and the level of risk involved in delivery of the Contract (such as working in dangerous, fragile and hostile environments etc.). The Supplier must ensure their Personnel receive the required level of training and [where appropriate] complete a UK government approved hostile environment or safety in the field training prior to deployment.

## ANNEX A - Project description

### Appendix 1 – Project description

Two of DFID Nigeria's programmes, the Partnership for Transforming Health Systems Phase 2 (PATHS 2) and the Partnership for Reviving Routine Immunisation in Northern Nigeria – Maternal Newborn and Child Health initiative (PRINN-MNCH), have made significant inroads towards ensuring women and children receive lifesaving drugs and training up skilled health workers to deliver babies safely and providing emergency obstetric care. For example from 2008-2012, **PATHS 2 and PRINN have achieved 100,000 women receiving skilled birth attendance** (direct attribution and 22% of the total Operational Framework goal) **and 20% decline in maternal mortality (contribution)**. DFID-N now has good evidence of what is effective in the Nigerian context and what is not. The MNCH 2 programme would consolidate the learning from predecessor programmes and provide a big push to dramatically reduce maternal and child deaths in line with MDGs 4 and 5.

MNCH2 is a 5 year project aiming to improve maternal, new-born and child health and routine immunisation across six States in Northern Nigeria: Kano, Kaduna, Katsina, Zamfara, Jigawa and Yobe. The programme will deliver essential health care for pregnant women, new-borns and children and will improve health system coordination through health sector planning and financing and increased demand for and access to high quality health services.

Impact measures of success include:

1. Reduction in maternal mortality ratio from 545 to 257 per 100,000 live births
2. Reduction in under 5 mortality rate from 158 to 137 per 1,000 live births
3. Reduction in neonatal mortality rate from 40 to 21 per 1,000 live births

Outcome level results include:

1. 1.1 million safe births attended by a skilled birth attendant
2. 1.4 million women making at least 4 antenatal care visits
3. 700,000 women and new-borns receiving a post natal check within 24 hours of delivery
4. 1.6 million children fully immunized

The outputs that will achieve this are:

1. *Improved delivery of evidence-based MNCH and RI services* through primary health care [Supply]
2. *Increased attendance and access to MNCH and RI services* [Demand].
3. *A stronger health system* through sector budgeting and management systems that support service delivery (Governance).
4. *Collection and use of high quality data and evidence* to shape policy and practice [information and evidence]
5. *Innovation pilots* to address poverty and financial barriers [research]

Nigeria has the highest number of maternal and child deaths in sub-Saharan Africa, with an estimated 40,000 maternal deaths and 827,000 child deaths each year<sup>1,2</sup>. Although the child mortality rate has declined by 31 percent over the past 15 years, progress is insufficient to reach the MDG target, and an

<sup>1</sup> Trends in maternal mortality: 1990 to 2013. Estimates by WHO, UNICEF, UNFPA, The World Bank and the United Nations Population Division. Accessible at:

<sup>2</sup> Levels and Trends in Child Mortality. Report 2013. Developed by the UN Inter-agency Group for Child Mortality Estimation. Accessible at: [www.childinfo.org](http://www.childinfo.org)

estimated one in every eight children do not survive to their fifth birthday<sup>2</sup>. Progress towards MDG 5, reducing maternal mortality, is stagnant, with the 2013 Nigerian Demographic and Health Survey (NDHS) showing an estimated 576 maternal deaths per 100,000 live births. This ratio is not significantly different from the ratio reported in the 2008 NDHS<sup>3</sup>. An estimated one in thirty women in Nigeria will have a death related to pregnancy or childbearing<sup>1</sup>. With approximately 60% of the nation's population and having the worst service indicators, Northern Nigeria represents the country's largest disease burden in terms of maternal and child deaths. Northern Nigeria has the highest child mortality rate and the highest fertility rate, the lowest proportion of children fully immunized and lowest proportion of births attended by a skilled attendant.

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<sup>3</sup> Nigerian DHS 2013

## **ANNEX B: Procurement Plan**

**Programme:** Maternal, New-born and Child Health Programme (MNCH2)

**REDACTED**

## **ANNEX C - Service Level Agreements REDACTED**



## ANNEX D

### Categories of Goods to be procured

Pricing of goods and equipment is detailed in Section 5 – Cost Breakdown

**Table D.1: Medicines and Medical Consumables**

Lot	Description
1	Medicines
3	Medical Consumables

**Table D.2 Medical and Laboratory Equipment**

Lot No	Description
4	Models and Charts
5	General Medical Supplies
6	Medical Equipment
6	Medical Equipment
6	Medical Equipment
7	Medical Furniture
8	Surgical Instruments
9	Sterilization
11	Laboratory
11	Laboratory
12	Vaccine
12	Vaccine

## ANNEX E

### Savings management

**ANNEX F**  
**Communication Matrix**  
**REDACTED**