PO 8341 Terms of Reference
Women's Integrated Sexual Health (WISH).
LOT 2

Contents

List of Acronyms

CYP	Couple Years of Protection
DALY	Disability Adjusted Life Year
DFID	Department for International Development
FCAS	Fragile and Conflict Afflicted States
FP	Family Planning
FP2020	Family Planning commitments to the year 2020
GBV	Gender Based Violence
HIV	Human Immunodeficiency Virus
KPI	Key Performance Indicator
ODA	Official Development Assistance
PMD	Prevention of Maternal Deaths programme
SRHR	Sexual and Reproductive Health and Rights
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infections
TPM	Third Party Monitoring
VFM	Value for Money
WISH	Women's Integrated Sexual Health

Definitions

Couple years of Protection (CYP) - The estimated protection provided by family planning (FP) services during a one-year period, based upon the volume of all contraceptives sold or distributed free of charge to clients during that period.
https://www.measureevaluation.org/prh/rh_indicators/specific/fp/cyp

Number of additional users of modern methods of contraception - The number of additional women (or their partners) of reproductive age currently using a modern contraceptive method compared to 2012 or another baseline of existing users. Additional User is a concept that does not apply to an individual person, but rather refers to an overall increase in the number of family planning users, thereby adding value rather than substituting for current services. While population level results can be directly estimated, programme level attribution must be modelled.

Family Planning Users (FP Users) are an estimated number of people using modern contraception. Estimated numbers of FP Users are calculated by the MSI Impact 2 from data on items of modern contraception provided. FP Users are not actual individual clients (e.g., providing 98 condoms = 1 user, even if those condoms were provided to multiple clients).

- Adopters include both First Time Users' to modern contraception and Lapsed Users. It is important to agree on a standard for time since last use in order to be classified as an adopter, since this affects the client profile and therefore additionality modelling results.
- First Time User of modern contraception refers to a client who starts using modern contraception for the first time in their life. This metric is important as a stand-alone indicator for programmes.
- Client profile information is required to calculate Additional Users, and categorizes clients based on their prior use of modern contraception into mutually exclusive categories of Adopters (First Time Users and Lapsed Users), Continuers, or Provider Changers.

Small and Medium Enterprises/Micro organisations:

Company category	Employees	Turnover	OR	Balance sheet total
Medium Sized	< 250	≤ € 50 m		≤ € 43 m
Small	< 50	≤ € 10 m		≤ € 10 m
Micro	< 10	≤ € 2 m		≤ € 2 m

1. Introduction

This document comprises the Terms of Reference for the implementation of a new flagship family planning programme *Women's Integrated Sexual Health* (WISH) to be procured by the UK Department for International Development (DfID).

The UK Government, as a signatory to the global Family Planning (FP) 2020 agreement, is committed to supporting the provision of services to an additional 24 million girls and women worldwide by 2020. The UK further committed to spending £225m every year on Family Planning until 2022 at the recent Family Planning Summit in London in July 2017[1]. As the UK's principle lead in working to end extreme poverty, DFID is significantly scaling-up its support to FP by funding the ambitious, flagship programme 'Women's Integrated Sexual Health (WISH)'. This programme will deliver Sexual and Reproductive Health Rights (SRHR) services in a range of countries across Africa and Asia and will deliver approximately 20% of the UK's commitment to FP 2020 targets.

Women's Integrated Sexual Health (WISH) will provide up to £260m to deliver integrated sexual and reproductive health and rights (SRHR) services in at least ten countries across Africa and Asia. The WISH programme will be competitively tendered under two geographical 'lots'. Each lot will be implemented by a separate lead supplier and their consortia (programme implementers), dividing the substantial financial investment and geographical spread.

This Terms of Reference and tender process relates to a programme for **£132m over a three year period.** This will result in **at least an additional[2] 1,850,000 million** family planning users by December 2020 and **at least the overall bid target of 2,200,000 byJuly 2021.**

The UK's commitment to SRHR

The UK is one of the largest donors of family planning and sexual health programmes and a global leader in the promotion of comprehensive sexual and reproductive health. At the recent FP Summit in London the UK and other countries reiterated their commitment to the FP2020 targets, including some new commitments from African countries. Given this renewed momentum, DFID is presenting the WISH programme as part of the UK's drive to reach the FP2020 targets and an ongoing strong commitment to SRHR globally.

Integrating family planning into other SRHR services increases cost effectiveness by up to 60%, increases women's demand for family planning and helps to prevent repeat abortions and other consequences of unprotected sex such as HIV/STI infection. Delaying first pregnancies and enabling women to choose how to space

[1] http://summit2017.familyplanning2020.org/commitment.html

[2] 'Additional' users in this context means that the programme is increasing overall numbers of family planning services users, thereby adding value, rather than substituting for current services.

their pregnancies means they can gain the education and skills to live healthy lives. This leads to positive social and economic outcomes for women, families and society, reduces maternal and infant deaths and impacts on the well-being of their current and future children.

WISH will support family planning as part of integrated sexual and reproductive health programmes, supporting a people centred approach to ensure improved reproductive health, which promotes appealing messages emphasising well-being, pleasure, and consensual, respectful and safe sexual relationships and offers support on gender based violence, risks of cervical cancer, HIV/STI prevention, unintended pregnancies and mental health impact of sexual relations[3]. As part of the UK Government's strategic vision for women and girls, we maintain that women and adolescent girls must have the right to make their own decisions about their sexual and reproductive health and well-being.

The WISH programme builds on previous successful initiatives supported by DFID and others to expand sexual and reproductive health care services across Africa and Asia. One of the largest of these, Preventing Maternal Deaths (PMD), a programme implemented over 8 years covering 16 countries, has shown a range of successes and achievements in increasing the coverage and access to SRHR services for women[4].

2. Objective

The delivery of a significant scale up in the provision of family planning, safe abortion and sexual and reproductive health services, information and capacity in Africa and Asia.

In line with the Sustainable Development Goals (SDG) 3.7 and 5.6 to promote universal sexual and reproductive health and rights, the programme seeks to contribute to ***a world in which every mother can enjoy a wanted and healthy pregnancy and childbirth, every child can survive beyond their fifth birthday, and every woman, child and adolescent can thrive to realize their full potential, resulting in enormous social, demographic and economic benefits.***

The programme is expected to ensure that ***women are able to safely plan their pregnancies and improve their sexual and reproductive health, particularly the young and marginalized.***

3. Recipient

The main recipients of the programme services are poor women and adolescent girls in areas of highest unmet need for family planning in Africa and in Asia. Specific care will be taken to improve the reach to and access for women under the age of 20 years and the poorest income quintiles, and to promote inclusion of people with disabilities.

[3] Please refer to Background section for more detail
[4] https://devtracker.dfid.gov.uk/projects/GB-1-201518/documents

WISH will seek to engage men and boys at community, facility and programme level to tackle social norms and cultural practices and gender bias which inhibits uptake of family planning services by women, as well as increase uptake of SRH services by men and boys.

Secondary beneficiaries of the programme are government health care workers and policy makers who will be involved in capacity building and legislative change and support for FP and SRH programmes as well as regional collaboration.

4. Scope of Work

4.1 Programme areas

Programme Implementers are expected to offer a mix of family planning information, methods, commodities and services through a range of channels and approaches under the components listed below:

1. **Challenge social norms**, increasing the demand and uptake for family planning
2. Provide **targeted service delivery** for voluntary family planning integrated within a wider sexual and reproductive health and rights package
3. Promote a **supportive legal, financial and policy framework** for sustainable family planning and safe abortion services
4. **Leverage domestic financing** and commitments for family planning and sexual and reproductive health services

4.2 Implementing partners

DFID expects to award contracts to two consortia, one for each of the lots outlined in these Terms of Reference. Bids for each lot will be presented by a lead supplier in representation of a consortium of partners drawn from organisations with relevant expertise, capacity and geographical presence to deliver this ambitious flagship programme across a range of countries and technical areas. In these terms of reference, mention of “suppliers” will refer to the lead supplier and their consortia members unless otherwise stipulated. DFID has a strong preference for consortia to include African and Asian partners to draw on local expertise and to build capacity and sustainability in the sector.

4.3 Coordination and collaboration

Lead suppliers and their consortia partners will establish effective working relationships among themselves and with all stakeholders at local, national and regional level as follows:

4.3.1 Collaborate and co-ordinate with the Ministries of Health, medical supplies department and local government authorities on planning, capacity building, delivery and monitoring of all aspects of family planning services.

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

4.3.3 Collaborate with Third Party Monitoring contractor and participate in joint monitoring, learning and evaluation exercises on agreed aspects of programme delivery

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

4.4 The Geographical focus

The programme will be implemented across two 'lots', each of which constituting a separate contract with a lead supplier who will coordinate a consortium of partners. These Terms of Reference relate only to 'lot 2' under which the following countries of operation apply

Lot 2 – East / Southern Africa & Asia	
Country	**Country Weighting***
Africa	
Burundi	6.9%
Ethiopia	6.4%
Madagascar	6.1%
Malawi	5.8%
Mozambique	6.4%
Rwanda	5.2%
Somalia	9.8%
South Sudan	10.2%
Sudan	5.0%
Tanzania	4.0%
Uganda	6.0%
Zambia	6.0%
Zimbabwe	6.0%
Asia	
Afghanistan	4.6%
Bangladesh	5.8%
Pakistan	6.0%

**The 'country weighting' represents DFID's assessment of importance, reflecting a combination of factors including level of unmet need, focus on hard to reach populations, prioritizing work in fragile states and taking into account existing bilateral funding DFID provides in countries across Africa and Asia.*

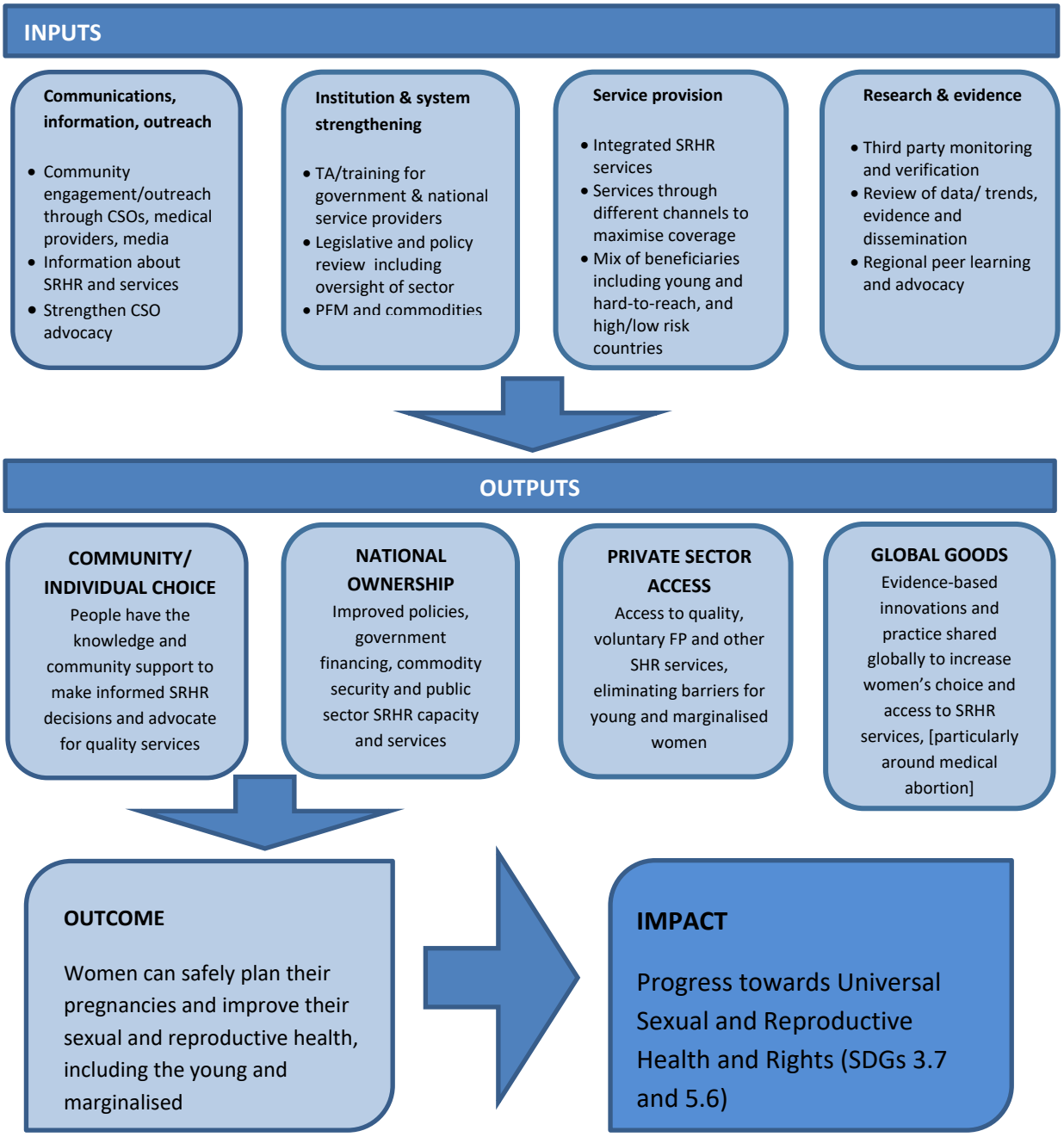
The country criteria include the following factors:

- No one country should account for more than 40% of programme results
- Highest level of unmet need
- Include fragile, conflict and post conflict settings
- Consider urban and rural areas
- Ensure interventions are targeting the poorest and previously underserved populations, especially those under 20 years of age.
- Under Lot 2, it is mandatory that the supplier operates and delivers targets in all Asian countries

5. Requirements

5.1 Theory of Change

The programme seeks to ensure that ***women are able to safely plan their pregnancies and improve their sexual and reproductive health, particularly the young and marginalized***.
The theory of change is set out in the Business Case as follows:



5.2 Range of results targets - Outcome level

Below, are the minimum outcome targets[5] for each metric based on the **maximum** budget available (see section 8).

Minimum targets for **Couple Years of Protection (CYPs)** are set out in Table A1. The supplier will deliver CYP targets annually as set out in pro forma 5

TABLE A1

Lot 2 - East / Southern Africa & Asia			
Metric	**Africa**	**Asia**	**Total**
	Target	Target	Target
FP CYPs	6,158,477	7,134,570	13,293,047

Minimum levels of **other results targets** are set out in Table B1 below.

TABLE B1

Metric	Africa	Asia	TOTAL	Africa	Asia	TOTAL
	Target as per tender	Target as per tender		Target as proposed in bid – to be delivered under contract	Target as proposed in bid – to be delivered under contract	
CYPs			13,293,047	10,861,000	6,060,000	16,921,000
Additional Users	2,135,713	219,478	2,355,191	1,677,000	523,000	2,200,000
Maternal deaths averted	20,434	4,662	25,095	7,143	1,604	8,750

[5] Note that the WISH programme Targets quoted in this document are lower than those stated in the Business Case due to a reduction in the budget since the Business Case was written

Unsafe abortions averted	2,114,977	2,196,061	4,311,038	1,106,057	713,679	1,819,735
Unintended pregnancies prevented	3,795,953	1,727,710	5,523,663	3,270,778	2,167,522	5,438,300
Additional DALYs	8,031,741	1,248,601	9,280,342	5,664,728	1,711,513	7,376,241
FP services	14,456,903	5,303,092	19,759,995	12,709,930	7,091,070	19,800,000
CAC/PAC services	979,042	2,672,607	3,651,649	1,267,681	516,566	1,784,247

Note: Please refer to Annex 3 for guidance on method to be used to calculate results.

Additional user targets
A **minimum** of **1,850,000** additional users are to be delivered and confirmed by December 2020 as per the UK's FP2020 manifesto commitments.

5.3 Programme Outputs

The Supplier will deliver inputs and activities which will support the following programme outputs:

1. **COMMUNITY/INDIVIDUAL CHOICE.** Poor and marginalised women and men, and adolescent girls and boys are accessing high quality family planning services and have the knowledge and community support to make informed SRHR decisions.
2. **NATIONAL OWNERSHIP**. Sustainable national engagement in changing and/or implementing policies, Government financing, commodity security and public sector SRHR capacity
3. **PRIVATE SECTOR ACCESS**. Access to quality, voluntary FP and other SHR services, eliminating barriers for young and marginalised women and men.
4. **GLOBAL GOODS**. Evidence-based innovations and practice shared globally to increase women's choice and access to SRHR services, particularly around medical abortion.

5.4 Inputs

The supplier will manage and **deliver on all four of the programme outputs** detailed above

The below sets out interventions to include for delivery under each of the outputs listed above. This is not an exhaustive list.

5.4.1 **Challenge social norms, increasing the demand and uptake for family planning**

- Demand creation activities, social mobilization, information, education and communication
- Innovation in the provision of youth friendly and disability inclusive programming
- Involvement and targeting of men and boys for the promotion of family planning and SRH for women and girls and men and boys, especially the young
- Training of health and procurement staff, capacity building of public sector providers

5.4.2 **Promote a supportive legal, financial and policy framework for sustainable family planning and safe abortion services**

- Influencing government uptake of integrated SRH services.
- Leverage domestic commitments and financing for family planning and sexual and reproductive health services
- Consolidation of private/public/civil society partnerships for the provision of SRH and FP services
- Advocacy and advice to Governments in order to promote an enabling legislative environment for the realisation of SRHR, commitment and domestic financing for Family Planning.

5.4.3 **Provide targeted service delivery for voluntary family planning integrated within a wider sexual and reproductive health and rights package**

- The provision of integrated SRH information and services (including advice and counselling on HIV and STIs as well as GBV)
- Ethical procurement and distribution of Family Planning commodities
- Provision of safe abortion and post abortion care services and counselling
- Outreach to hard to reach populations
- Coordination with and capacity building of public and private service providers

5.4.4 **Support evidence based innovations and practice to be shared globally to increase women's choice and access to SRH services**

- Document and disseminate data collected, good practice and findings of programme experience
- Harness innovation and new technologies for better delivery of FP/SRH services and promote human centred services for wider wellbeing beyond the biomedical interventions.
- Cross border and regional collaboration to drive progress towards FP targets and commitments and increased access to SRHR services including safe abortion, especially for the young.

5.5 Commitment to *leave no one behind*

The UK has made a commitment to *leave no one behind*[6] in achieving the global goals. The WISH Programme has high ambition in ensuring it identifies, empowers and integrates hard to reach populations including **targeting the poorest, reaching**

[6] https://www.gov.uk/government/publications/leaving-no-one-behind-our-promise/leaving-no-one-behind-our-promise

young adolescent women, including people with disabilities, and working with men and boys.

The supplier will ensure programme delivery includes a focus on:

- Disaggregation of client and beneficiary data by poverty, age, gender and disability in order to track agreed log frame indicators and KPIs
- Gender and social exclusion analysis, including increased use of contraception by men
- Driving social and behavioural change outcomes
- Quality of services and client satisfaction, including enhancing well-being
- Social mobilization and the empowerment of women and girls

The WISH Business Case recognises there are likely to be trade-offs between reaching the poorest and hardest to reach and working in fragile and conflict affected countries, and achieving ambitious targets on capturing CYP's, additional family planning users and other numerical targets. Bidders need to present a clear analysis and costing for the delivery of the targets they are choosing to meet through their bid and the trade-offs in terms of costs and value for money for servicing hard to reach groups. Bidders are welcome to present alternative options to targets and trade-offs to demonstrate this analysis. Bids should also show how they would plan to tackle these trade-offs, ensuring that DFID programmes and the use of overseas development assistance (ODA) spend demonstrate effectiveness of interventions in reaching the poorest. They need to articulate clear equity outcomes in addition to economy and efficiency gains and demonstrate the proven effectiveness of their chosen approaches.

Engaging men in family planning and reproductive health can be beneficial for their partners and children, as well as, for the men themselves. Efforts to engage men and boys may have greater benefits for women and men and girls and boys when they are combined with or at least coordinated with efforts to empower women for a synchronized approach to address gender norms, reduce gender inequalities, and improve health[7]. Bidders will be expected to show how they will engage men and boys in their services provision, demand creation work as well as advocacy and research work.

5.6 Geographical Lots

The Country selection for each Lot is set out below.

LOT 1	West Africa – Sahel countries
Geographical focus	Burkina Faso, Cameroon, Chad, Cote D'Ivoire, Democratic Republic of Congo, Mali, Mauritania, Niger, Nigeria, Senegal, Sierra Leone
Budget allocation	**£77,000,000**
CYPs	7,148,176
Additional Users	1,100,000
LOT 2:	East and Southern Africa and Asia
Geographical focus	Burundi, Ethiopia, Madagascar, Malawi, Mozambique, Rwanda, Somalia, South Sudan, Sudan, Tanzania, Uganda, Zambia, Zimbabwe Afghanistan, Bangladesh, Pakistan
Budget allocation	**£132,000,000**

[7] Male Engagement in Reproductive Health Programmes: https://www.measureevaluation.org/prh/rh_indicators/specific/me

CYPs	13, 293,047
Additional Users	1,850,000

Consortia do not need to cover all of these countries but can pick from the list the ones where they feel they can deliver the CYP and additional user targets. The exception to this is for LOT 2 where it is mandatory that bidders operate and include proposed targets in all Asian countries. Each of the Lots is expected to ensure inclusion of high volume countries to deliver significant contributions to additional and total users of family planning services by 2020 whilst also ensuring ambitious targets for working in fragile and conflict affected states, reaching adolescents under the age of 20, the poorest and being inclusive of people with disabilities. **No one country should represent more than 40% of either lot's results targets.**

Whilst countries such as **South Africa, Kenya and Ghana** should not be included for service delivery, DFID invites bidders to consider how they would engage these countries in terms of national ownership, experience sharing and lesson learning (driving commitment and domestic financing as well as permissive legal and policy environments for family planning services and commodities in country). Bidders could also consider how to engage these countries as potential influencers for the promotion of family planning and SRHR in the wider Africa and Region through cross border and regional cooperation (see section 5.7).

5.7 Country engagement strategy and regional collaboration

The supplier will deliver the requirements as set out under the **country engagement strategy (Technical proposal – Annex A)**which outlines the capacities, opportunities and risks of working in the Lot 2 countries.

A regional SRHR approach brings additional benefits by pooling specialised resources and expertise, enabling lesson learning and swift adoption of new approaches. A collective effort across target countries increases voice and presence on SRHR internationally. A regional approach also balances risk across different countries, allowing resources to be shifted to where they are most needed and where prospects for impact are greatest. It provides economies of scale and enables a rigorous approach to quality assurance and monitoring and evaluation.

The supplier will continuously demonstrate added value and capacity to deliver regional aspects of the programme requirement in terms of:

- The choice of countries and risk pooling
- Shaping the programme to add value with bilateral and other donor/national FP programmes
- Providing a Political Economy Analysis to the promotion of SRHR
- Outlining Cross border/transboundary opportunities and challenges including in the provision of services to mobile populations
- Maximising peer support and learning opportunities
- Supporting the implementation of regional and global commitments
- Driving economies of scale

5.8 Innovation and flexibility

The supplier will **drive innovation** through engagement with new evidence and programme delivery, including the visible application of lessons learned from the changing context of sexual and reproductive health, and continue to try new innovative

approaches to reach new users where they are and **show flexibility** to scale up and down to respond to opportunities. to the supplier will:

- Enhance use of new medical technologies (including but not limited to medical abortion, self-injecting contraception, state of the art male and female condom promotion)
- Use new ways to promote access and uptake of information taking into account the fast moving role of new ICTs, the internet and mobile technology in opening up the access people have to sexual health information
- Drive people-centred SRHR services which promote appealing messages emphasising well-being, pleasure, and consensual, respectful and safe sexual relationships and offer support on gender based violence, risks of cervical cancer, HIV/STI prevention and mental health impact of sexual relations.
- Provide health services in such a way that ensures minimum environmental impact and reduced reliance on traditional energy sources (e.g clinics/outreach using solar energy].
- Promote innovations that will enhance demand for services, information, contraception and condoms that might move away from traditional health service delivery. Innovate for the integration of services across other health, private sector or broader 'touch points' with clients (e.g. youth clubs, places of employment, places they socialise or meet sexual partners).

5.9 Driving Sustainability

It is important to DFID that its investments lead to sustainable capacity and funding streams for family planning and SRH services in the future. Its investment is also designed to support the delivery of the commitments made by African and Asian countries under FP2020[8] and the family planning summits in 2012 and 2017. If delivered carefully, SRHR programmes can increase government and private sector capacity to deliver SRHR services, sound SRHR policies, and improved government financing, as well as contraceptive commodity security. Sustainability is also driven by efforts to deliver services in a low cost way that ensures government or other providers can 'take on' services. This might include use of renewable energy sources, hiring and building capacity of local staff, using local transport and systems for service delivery and other low cost effective sustainable delivery channels.

Whilst service provision is likely to be delivered largely through private sector actors in this programme, there is the expectation that this will include some private sector to public sector capacity building, and promote local indigenous, small scale private sector initiatives. It is also expected that the programme will work to influence social and cultural norms to increase demand and uptake for family planning services, especially among adolescents. Donor-financed scale up of services should support longer term sustainability by reaching a critical mass of users, ensuring services reach women in countries with youth population 'bulges', the poorest and hardest to reach. Overall the supplier will incorporate approaches to local sustainability and a reduction in reliance on donor funding from the outset as a principle of programme design.

The supplier will deliver on a set of sustainability measures against which performance will be measured and payment will be made. Examples include, but are not limited to: site assessments and action plans for further support and transition/exit strategies; assessments of sector wide sustainability; securing new sources of funding; Government endorsement/ commitment/contracting: securing domestic finance;

[8] http://summit2017.familyplanning2020.org/commitment.html

country advocacy strategies; landscaping of financing options. The suppliers will propose targets and include these as part of the country engagement strategies.

5.10 Monitoring and Evaluation

The upplier is responsible for managing the WISH programme and monitoring and evaluating progress against the agreed logframe and the KPIs with their consortia and downstream partners. The supplier will maintain data systems to be used for consistent and ongoing collection of disaggregated data throughout the programme, and capability for real time data availability and use. Ongoing analysis and learning is expected for course correction where needed and rigorous attribution and contribution analysis and reporting.

The main monitoring tool for WISH will be the logframe,which will be further developed and refined during the mobilisation phase of the contract.

Sources of data for reporting may include, but are not limited to:

- Health systems activities
- Client feedback and anonymous/mystery client reflections
- Site and provider assessment and activities
- Logbooks
- Referral data
- Community attitude and practice surveys
- Mobile survey data

Data produced by the supplier and their consortium partners will be assessed against available national and global datasets.

DFID will hold quarterly progress meetings with the supplier to oversee overall implementation and progress. The meetings will comprise the core DFID programme team, representatives from DFID country offices/regional programmes as relevant, the suppliers and the Third Party Monitoring contractors (see below). It will review progress towards delivery of outputs, the budget, results achieved, KPIs, forecasts and risk mitigation.

DFID will undertake mandatory **annual reviews** which will measure progress against annual milestones and overall objectives, points of learning, beneficiary feedback and programme correction and delivery of value for money. It will also look at budget execution and all aspects of implementation arrangements, as well as governance structures. It will be an opportunity for the consortia of both lots to come together with the Third Party Monitoring (TPM) and DFID teams for peer learning and support, share good practice and provide recommendations to maximise delivery against milestones and objectives and enhance efficiency and effectiveness as necessary.

5.11 Third Party Monitoring Service

DFID have contracted a Third Party Monitoring (TPM) Service to ensure the WISH programme is delivering the desired results and having the intended impact and informing programme adaptation as required through the life of the programme to improve overall performance by:

- Independent verification of results reported by suppliers
- Generating additional evidence of results
- Learning what works on key issues and sharing the evidence

The Third Party Monitoring team will interrogate reports, undertake field visits and specific time bound in depth studies to explore specific bottlenecks or areas of learning

of the programme. This service will also be expected to convene a peer learning process between the successful bidders, DFID and other key stakeholders and feed into annual assessments of the programme to ensure learning is fed back into implementation in a timely manner to allow for effective decision making and course correction. Full cooperation will be expected of suppliers for WISH with the chosen Third Party Monitoring service provider throughout the programme mobilisation, implementation and close out period.

The basic division of labour between implementing partners of the WISH programme and the Third Party Monitoring contract is set out below.

Implementing partners are responsible for producing:

- A clear Baseline
- Consistent and ongoing collection of quality disaggregated data
- Real time data availability, analysis and use
- Ongoing analysis and learning for course correction
- Rigorous attribution and contribution analysis and reporting
- Active engagement with Third Party Monitoring Contractor to facilitate verification of results, for learning and cross fertilization across wider WISH programme, including attending and providing input to all partner learning meetings

Third Party Monitoring Supplier to:

- Verify results by randomly sampling WISH implementation countries in order to test monitoring reports.
- Assess programme performance by regular assessment of quality data produced by the programme.
- Convene learning and cross pollination between implementing consortia and DFID staff.
- Develop specific research pieces on topics to be agreed with DFID.

5.12 Small / Medium Enterprises (SME's) and Micro Organisations and Africa/Asia based partnerships

DFID require that the lead supplier effectively engages with local partnerships through their consortium arrangements. This is particularly important in the interests of embedding sustainable systems in each country and region, and driving continued value for money. Furthermore it is important for consortia to include southern based organisations working in the relevant countries and regions to ensure local and contextual understanding and expertise as well as to support the wider market development of organisations in Africa and Asia promoting integrated FP and SRHR for longer term sustainability.

6. Constraints and dependencies

6.1 Licence to operate

The supplier and its consortium members have the appropriate licence to operate in the relevant countries. The country engagement strategies will include detail on coordination with other Family Planning programmes and be clear in plans for increasing domestic financing over the life of the programme as well as leaving in place sustainable investments for the future.

6.2 Reporting

A zero baseline on additional user targets is assumed for WISH. The supplier will routinely report fully disaggregated data (by, as a minimum, age and gender and per FP channel/per country) in relation to targets met.

6.3 Handover from previous DFID FP Programme

WISH will be a successor programme to Preventing Maternal Deaths (PMD)[9], which is currently being implemented to ensure a smooth transition to the new WISH programme, including sustaining delivery of vital family planning and maternal health services. There will be a requirement to closely align programme activities with the Preventing Maternal Deaths (PMD) programme in order to agree a clear transition and plan to ensure an efficient and effective handover of services.

The outline strategy for this is set out in **Annex 5.** As part of the Invitation to tender.

6.4 Third Party Monitoring

The supplier and their consortia members will be expected to cooperate fully and engage constructively (participate in and respond to regular discussions) with the contracted TPM service provider and avail the evidence and data required for learning from the results for programme implementation.

6.5 Exit strategy

DFID has an approved budget of £260m for the WISH programme until 2022.. Regardless of potential for future costed extensions to the programme, the supplier accepts the Exit/Transition strategy as set out in Annex 5 and will align with PMD activities to develop the strategy to ensure a responsible exit leading up to the withdrawal of DFID funding during 2021. In the event contract extension or scale up opportunities are utilised, the supplier will ensure sustainability and hand over to public sector or local private sector organisations to ensure sustainability of services into the future.

7. Contract Management

7.1 Contract Award

DFID has awarded a contract to a lead supplier in each lot under WISH. DFID has also awarded a separate contract for the TPM Service to a third party supplier (separately procured through DFID's Global Evaluation Framework Agreement). Each lead supplier under WISH will represent and coordinate a consortium of organisations to deliver the different aspects of the programme in the geographical regions under each lot.

The supplier is contractually responsible for delivery of the contract and has sole contractual obligation towards DFID. The supplier is responsible for ensuring the implementation and reporting of all agreed interventions, achievement of results targets, for financial management and full acceptance of financial risks, for carrying out due diligence and risk management of consortia and downstream partners. the supplier is required to cooperate fully with the TPM service to facilitate the verification

[9] https://devtracker.dfid.gov.uk/projects/GB-1-201518

of results and methodologies and ensure learning is shared across the different implementing partners and countries in the overall WISH programme. However, DfID expects to engage with the consortia as a whole for programme implementation, review and learning, and expects to see the programme governance and division of labour aligned to the strengths of different partners. This will be governed as set out in paragraph 10.2

7.2 Contractual Review Points

DFID will monitor programme performance through quarterly results reporting in addition to formal annual performance reviews. DFID reserves the right to terminate the contract subject to programme performance and this will be set out in the contract. In addition to the Annual Reviews, the contract will allow for formal review points after the first 3 months (DFID approval of logframe and additional detailing of sustainability and poverty indicators, data mapping, final governance structures, country engagement strategies, final country selection analysis as required and successful completion of the programme handover/transition process), at the mid-term point (18 months) and at the end of year 2, based on overall performance. Review points will involve a substantive discussion on performance against targets, KPIs and resolution of challenges.

7.3 Reporting

Narrative Reporting: The supplier will provide **quarterly narrative reports** against the agreed work plan, Key Performance Indicators and logframe targets. The report will identify achievements, opportunities and constraints in the delivery of the programme. This will include a quarterly update of the risk assessment and downstream partners. As a performance based contract, payment will be made subject to progress against the KPIs. The supplier will be expected to collate information from all other consortium and downstream partners in order to present a consolidated report to DFID against an agreed format. The supplier will also maintain and update a comprehensive asset register.

An **Annual progress report** will be required to coincide with DFID annual reviews to an agreed format. The report will detail progress on results, learning, financial, management and commercial issues, risk, value for money, and monitoring and evaluation. This will form an integral part of effective programme delivery, lesson learning and adaption.

Financial Reporting: the supplier will be required to provide **monthly expenditure figures** and forecasts to DFID, and **quarterly financial reports** including disbursements to downstream suppliers. Quarterly reports will include spend by country, cost category, output and channels/users where possible. Annual financial reports will be provided by an agreed date in advance of programme annual reviews. This should provide costs by CYP for each country programme including further cost disaggregation for clients by geography, poverty levels and age groups. The supplier will be required to provide **annual audited accounts** that separately identify DFID funds, associated disbursements and unspent funds. WISH may also finance independent audits of partners if required.

The supplier will provide a high quality final report at the end of the programme period, setting out results achieved and lessons learned for future SRH programmes.

7.4 Value for Money

The supplier will be routinely expected to demonstrate how value for money is being accurately measured within the programme implementation.

Value-for-money in WISH will be measured by the following **standardised cost-effectiveness measures**:

- Cost / maternal death averted
- Cost / unsafe abortion averted
- Cost / unintended pregnancy averted
- Cost / DALY averted
- Cost / CYP

These have been selected due to the outcome/impact being objective with an accepted value. These measures will be disaggregated by country and where possible target groups, including adolescents and other marginalised groups.

In addition to headline health outcome cost-effectiveness measures, operational value-for-money measures will also be used, including:

- Cost / trainee
- Cost / service (split by direct and indirect costs)
- Incidence of commodity stock outs
- Cost / user
- Cost / additional user
- Cost / client under 20 years old reached
- Cost / client living on less than a $1.90day ppp
- Cost / channel
- Cost / clinic offering a range of contraception

DFID is open to additional measures being proposed as relevant. Suppliers should outline the **trade-offs** being proposed, especially in reaching 'harder to reach' and possibly more costly groups as opposed to those who might be easier/cheaper e.g. providers might want to highlight the trade-offs inherent in working in different countries, in rural versus urban regions, through different channels or with different client groups. DFID welcomes bids which highlight a range of alternative trade-offs bidders would be willing to consider, although this is not essential. This may include for example a range of scenarios that offer an alternative to the pro-forma range submitted and suggest alternative ways to balance more costly but harder to reach clients with cheaper but higher volume interventions and countries.

Successful bidders are to consider these VfM measures and propose how they will ensure this data is available and reported on, on an annual basis for all annual reviews.

8. Programme Budget, Payment by Results and Key Performance Indicators

The overall WISH programme is valued at £209m (exclusive of Government taxes) divided between two lots. Asia will account for a fixed £26million of expenditure in Afghanistan, Bangladesh, and Pakistan under Lot 2.

8.1 Payment by Results

A payment by results model will be used for effective implementation of the WISH programme. Key Performance Indicators (KPI's) will link delivery of targets to an

agreed payment schedule. A detailed logframe will be agreed during the contract mobilisation phase and approved by DFID. Performance will also be tracked through the progress against the logical framework.

Payments will be made on a quarterly basis unless otherwise indicated in contract sections 4 and 5. All payment of programme fees will be linked to delivery of agreed target numbers and retained until agreed target numbers are achieved as follows:

a) Number of **Couple's Year Protection (CYP's)** achieved (outcome)
b) Number of **'Additional Users'** and total users achieved (outcome)
c) **'Reaching young people'** - proportion (%) of FP clients/users under the age of 20 (output)
d) **'Targeting the Poorest'** number of FP clients/users who are living on less than a $1.90 per day (ppp) or other appropriate measure of poverty to be agreed during inception (output)
e) **Sustainability** - Quantifiable improvements in national policy, domestic financing and integration of FP services from across public, private sector and Civil Society.

The supplier agrees to the following:

i) Expenses (in respect of Programme Costs, Inception Fees and FCAS Fees) will be reimbursed to the lead supplier on the basis of actual costs incurred; however, such payment will be capped at the value of expenses as proposed in pro forma 2

ii) Payment of PBR Fees will be made upon delivery of targets (KPI's) as set out in pro forma 6. The overall level of payment linked to delivery of targets will not be below 100% of the value of fees as set out in pro forma 5

iii) As part of the lead supplier's obligations to achieve the agreed CYP targets, implementing partners will need to show on a quarterly basis that in 70% of countries, at least 80% of CYP targets have been reached for reporting purposes only.

iv) The supplier accepts that, across all KPI's which are linked to payment of fees, payments will be made as an exact proportion of the % of targets delivered. For example, if 90% of agreed targets are delivered in time for the relevant milestone, the lead supplier will accept 90% of the directly attributable agreed payment. Pro forma 4 may be updated to reflect forecasted results and payment at each annual review point during the life of the contract.

v) The lead supplier also accepts that no payment will be made where less than 50% of agreed targets are delivered in time for the relevant milestone as set out in pro forma 4.

vi) It is mandatory that the lead supplier adheres to a fixed retention of payment of fees as per pro forma 6 relating to Sustainability KPI's every year.

8.2 Key Performance Indicators

The suppliers will deliver the targets as set out **in Tables A1 and B1**. Output targets will be routinely measured on the basis of the Key Performance Indicators as set out in contract Annex C

KPI's linked to payment
See Annex C for full detail on KPI's linked to payment

KPI's not linked to payment, but routinely monitored as part of quarterly and annual programme reviews

- Budget allocation of public financing to Family Planning in WISH countries, and contribution of WISH partners to increasing budget allocation and release of resources for Family Planning and reproductive health in line with country level budget
- Coordination and collaboration with results verification and operational research component (Third Party Monitoring) and other implementing partners.
- Number of service delivery units disaggregated by channel

8.3 Supplier performance

As part of DFID's quarterly and annual programme review processes, the suppliers' ongoing performance will be assessed on the basis of the below: These KPI's will not be linked to payment, but will be routinely monitored as part of quarterly and annual programme reviews.

TABLE C

Category	KPI
Quality & Delivery of Technical Support	1) Timeliness of milestone delivery and sum deviation of planned activities and agreed work plan
	2) Availability of accurate programme generated data in real time
	3) Appropriate and effective identification and management of risks
Financial Management & Forecasting	4) Accurate and timely submission of forecasting and invoices
Personnel	5) Performance of team leader and key senior leadership team members (including managing staffing levels, staff performance and sub-contractors)
	6) Performance of management team and support provided in delivering key tasks
	7) Performance of technical team and support provided in delivering key tasks, providing client-centred and professional service and demonstrating willingness to improve partnership with DFID and project stakeholders
	8) Ability to problem solve and address issues with appropriate escalation channels
Quality of Report	9) Clear, plain English reports to an agreed reporting format against the outcomes, outputs and KPIs.
Risk Management and Zero tolerance to fraud	10) The supplier will provide a substantive risk matrix with mitigation measures to be reviewed on a quarterly basis in discussion with DFID
Interaction with Stakeholders	11) Effective and timely collaboration with TPM service provider

	10) Extent to which supplier is responsive and flexible to client and stakeholder needs and seeks to align with DFID priorities
	11) Regularity of communication with DFID and delivery of agreed action points
Continuous Improvement & Innovation	12) Actively capturing and sharing lessons learnt
Corporate Social Responsibility	13) Supplier actively seeking opportunities to employ local contractors and/or engage SMEs within the supply chain to deliver the programme

9. Due Diligence

Suppliers will be responsible for full due diligence of all consortium members and downstream partners.

9.1 Delivery Chain Mapping

In advance of any release of funds, suppliers will be required to produce a delivery chain risk map which should, where possible, identify all partners (funding and non-funding e.g. legal/contributions in kind) involved in the delivery of a programme. Risk maps should be reviewed and updated periodically, in line with agreed programme monitoring processes and procedures. A suggested format is attached at **Annex 2**. As a minimum, it should include details of:

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

9.2 Risk of fraud

The supplier has in place effective fraud mitigation strategies including internal risk management and reporting systems. DFID will further require that annual financial audits include spot checks of high risk areas of programme activity (e.g. procurement), and – if any causes for concern arise – these must be reported to DFID immediately. DFID has a zero-tolerance policy with regard to fraud and will reserve the right to conduct a full forensic audit.

The risk of fraud through downstream suppliers or with partners in country will need to be partly mitigated through the supplier's due diligence of downstream suppliers, ensuring acceptable levels of financial control and reporting before granting funds. It will also be partly mitigated through the third party monitoring supplier. The supplier will be required to set out how they will monitor the performance and financial management of downstream suppliers and national partners supported through the programme. This may include the use of 'mystery clients' to verify services, quality control checks to ensure partners are delivering services to the required standard and data tracking mechanisms.

9.3 Asset Monitoring

This programme will finance a large volume of commodities including contraceptives and medical supplies. The supplier will maintain, control and report on assets purchased with DFID funds, mitigating against theft, damage or loss. A detailed asset management plan will be developed within the delivery plan for this programme.

9.4 Visibility of DFID funding

Suppliers that receive funding from DFID must follow UK aid Branding Guidelines and use the UKAid logo on their programmes to be transparent and acknowledge that they are funded by UK taxpayers. Suppliers should also acknowledge funding from the UK government in broader communications but no publicity is to be given without the prior written consent of DFID. A branding discussion will be held with the lead supplier and their consortia where appropriate. Given the sensitive nature of the work, the supplier should seek prior consent from DFID before using the logo or acknowledging funding. This will also be captured on the visibility statement and agreed prior to contract signature.

9.5 Digital spend

The UK government defines digital spend as 'any external-facing service provided through the internet to citizens, businesses, civil society or non-governmental organizations'. The Government Digital Service (GDS), on behalf of the Cabinet Office, monitors all digital spend across government and DFID is required to report all spend and show that what we have approved meets with GDS Digital Service Standard. In DFID, this applies to any spend on web-based or mobile information services, websites, knowledge or open data portals, transactional services such as cash transfers, web applications and mobile phone apps. Plans to spend programme funds on any form of digital service must be cleared with DFID in advance and must adhere to the following principles:

1. Design with the user
2. Understand the existing ecosystem
3. Design for scale
4. Build for sustainability
5. Be data driven
6. Use open standards, open data, open source & open innovation
7. Reuse & improve
8. Address privacy & security
9. Be collaborative

Bidders are requested to highlight any digital aspects of their proposal including potential budget assigned to these interventions, licenses/permissions required and sustainability of investment.

10. Coordination and programme governance

10.1 DFID Contact Points

WISH will be led by a Senior Responsible Owner based in DFID's Africa Regional Department (ARD). They are the named individual with overall responsibility for ensuring that the programme delivers the agreed outputs and outcome, ensuring compliance with DFID Smart Rules, and providing direction to the core programme team and the implementers. The programme will also have oversight from the leader of the ARD Extreme Poverty and Southern Africa team given the size, complexity and degree of risk.

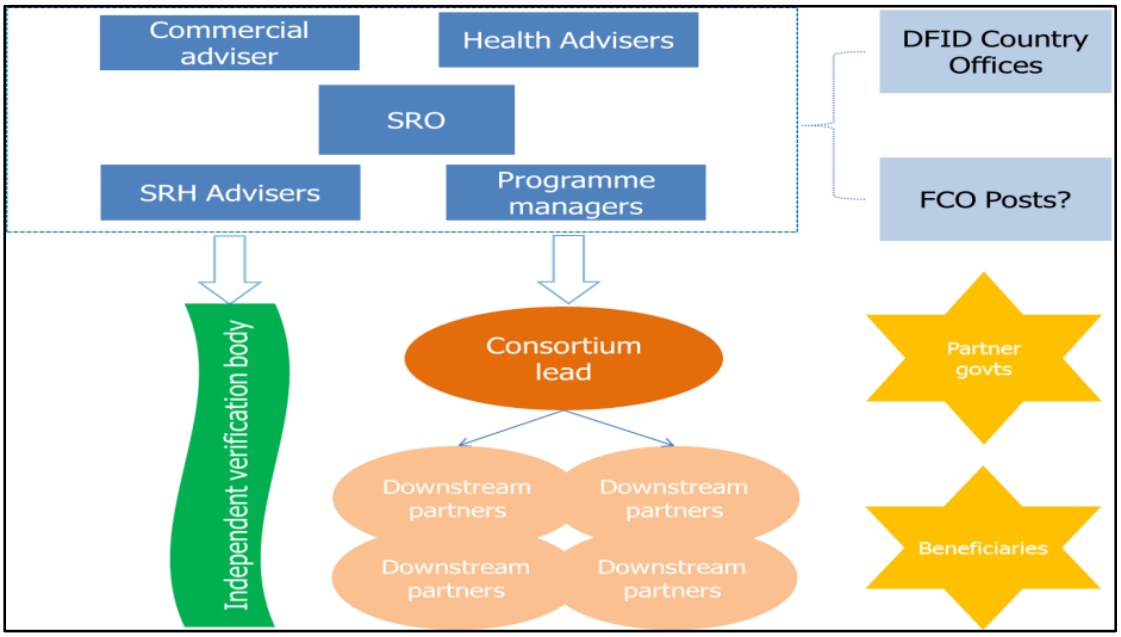
The programme will be managed and largely funded by DFID Africa Regional Department, with some funding being provided by Asia Department specifically for the Asian countries.

10.2 Governance

There will be a central steering committee, bringing together the DFID team, lead suppliers/consortia members, Third Party Monitoring agency, international SRHR experts and a representative sample of partner country institutions to steer overall programme direction. This committee will meet twice a year (i) mid-year point to review progress against logframe outcomes and outputs and ensure that the programme is on track, and provide technical and advisory inputs (ii) post-annual review to consider recommendations and course corrections.

The supplier's Country Engagement Strategy will provide details of steering committees that will also be set up in each country to oversee programme direction. These steering committees will comprise representatives from the lead supplier/consortium, national SRHR experts, partner country governments, key implementing partners and beneficiaries, and DFID where relevant. Views of beneficiaries collected by implementing partners and through third party monitoring will be considered in governance decisions.

WISH Governance Structure



As stated above, DFID will hold quarterly progress meetings with the contractor/consortium to oversee overall implementation and progress. This will comprise the core DFID programme team, representatives from DFID country offices/regional programmes as relevant and the lead supplier/consortium. It will review progress towards delivery of outputs, the budget, results achieved, forecasts and risk mitigation.

11. Timeframe

The programme is expected to be operational by September 2018 and will run for 3 years until September 2021. The additional family planning user results will need to be delivered by December 2020 in line with FP2020 targets. However, DFID reserves the right to extend the programme with an increased budget beyond this period if the need arises as specified in section 7.

The programme will be managed in three stages:

Mobilisation Phase (3 months) during which the programme implementer and their consortia will be asked to learn lessons from the Prevention of Maternal Deaths programme to ensure most effective delivery of this programme, carry out necessary assessments and provide an updated delivery plan including division of labour between agencies in each geography and detailed country engagement strategies. During the mobilisation phase there will be a process of defining 'methodology and data mapping notes' and each of the logframe indicators will be refined.

Implementation (30 months) with formal annual review points.

Closure (3 months) the supplier should aim for delivery of results by December 2020. A responsible close down/exit will be required although suppliers should be prepared to retain flexibility for scale up and expansion after this point if required. This will be reviewed between DFID and the suppliers during the programme cycle / mid-term point to allow for timely planning and implementation of close down or extension. A formal high quality programme final report will be required, documenting overall programme results, breakdown of costs and delivery and lessons learned for future SRH programmes.

12. Background

There is a huge unmet need[10] for SRHR services in developing countries, particularly among the poorest, girls and young women, and those living in remote places. Of the estimated 210 million pregnancies each year in developing countries, around 80 million are unintended (Curtis, 2014). Only 25% of African women use modern methods of contraception, compared to a global rate of 56% (PRB 2015). Figure 1 on fertility trends (below) illustrates how Africa lags behind. Countries such as Niger, South Sudan, the Democratic Republic of Congo, Somalia, Chad, Burundi and Uganda have the highest fertility rates in the world. The populations of Mali, Niger, Somalia, Tanzania and Zambia are expected to increase at least fivefold by 2100. Although contraceptive use is higher in Asia than Africa, some Asian countries have high family sizes, such as Afghanistan (4.9) and Pakistan (3.8) (PRB 2015). Use of modern methods of contraception is low in these countries (20% in Afghanistan and 26% in Pakistan).

Figure 1: Global Fertility Rate Trends 2015-2050

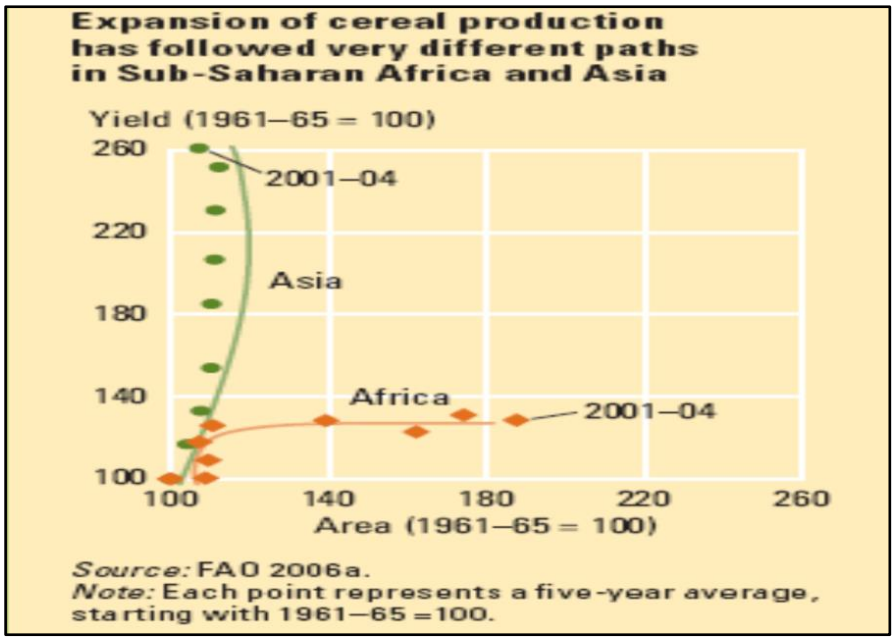
[10] Women and girls who want to delay, space or avoid becoming pregnant and are not using modern methods of contraception.

Region	Population Size (Millions) 2015	2050	Absolute Change (Millions) 2015-2050	Percent change 2015-2050
Europe	738	707	-31	-4
Northern America	358	433	75	21
Asia	4,393	5,267	874	20
Latin America/Caribbean	634	784	150	24
Oceania	39	57	18	46
North Africa	224	354	131	58
Sub-Saharan Africa	**962**	**2,123**	**1,161**	**121**
World	7,349	9,725	2,376	32

High fertility rates and thus **rapid population growth means that Africa cannot achieve a 'demographic dividend'**[11], whereby spending on dependents reduces – spurring economic growth. Urban populations in Africa are doubling every 20 years, with 62% living in slums compared to 32% in South Asia. Food production lags behind any potential South Asian type 'green revolution' (Figure 2). Rapid population increase makes broad socio-economic progress more difficult and a sharper decline is needed to increase investment for job creation[12].

Figure 2: Expansion of cereal production in Sub-Sharan Africa and Asia

[11] The demographic dividend is defined by the United Nations Population Fund as "the economic growth potential that can result from shifts in a population's age structure, mainly when the share of the working-age population (15 to 64) is larger than the non-working-age share of the population (14 and younger, and 65 and older)."
[12] Cleland and Machitama: Challenges faced by demographic change in Africa: Population and Development Review 2016



Source: FAO

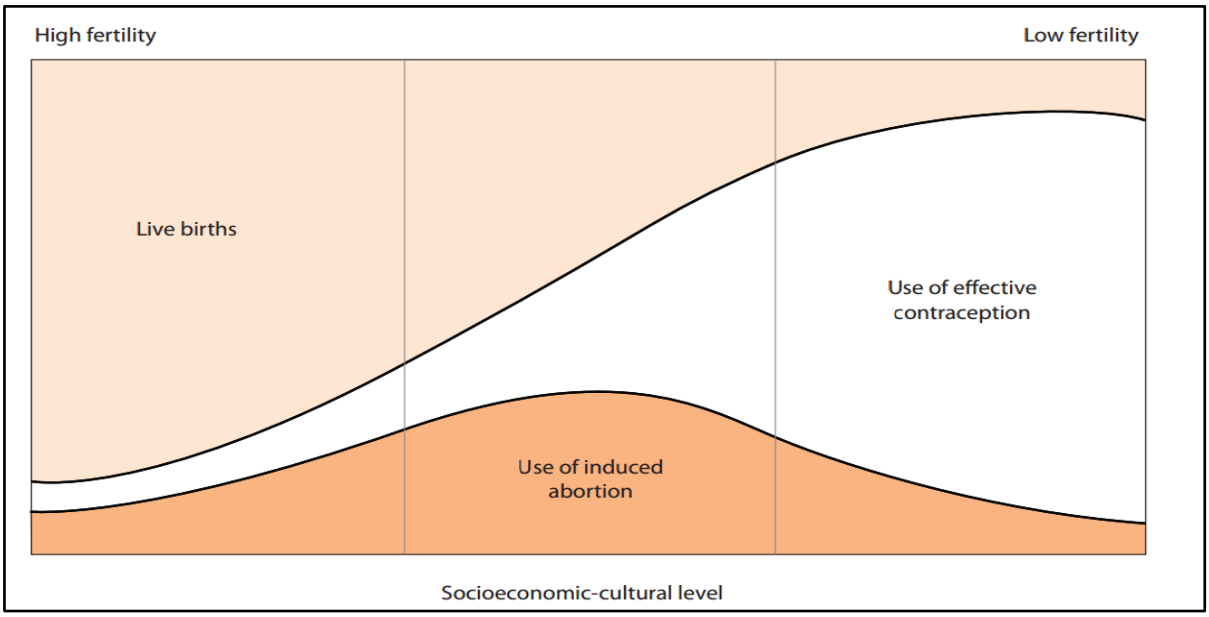
Historically, once demand for family planning is increased, it does not decline. Current contraceptive prevalence rates of 25% in sub Saharan Africa means that **the UK, through WISH, can support the transition from high to low fertility and mortality and realisation of a demographic dividend** in the region. When there are fewer children to support and a higher proportion of working adults, there is a window of opportunity for economic growth, provided proper investments and policies are in place (PRB, 2013). Both Thailand and Brazil have enjoyed considerable success from their demographic dividends.

Family planning makes an important contribution to prosperity from greater productivity and workforce participation (Steinberg 2014). Investing in **WISH will support economic growth and expand potential export markets for the UK**. WISH complements DFID jobs programmes by contributing to lower dependency ratios and reduced labour supply-side pressures in the medium term. Alongside increasing productivity, **this may help lower jobs-related push factors that drive irregular migration.**

Countries with a demographic youth 'bulge' face growing SRHR needs: increasing numbers of adolescents and young adults need access to services to avoid risks associated with adolescent childbearing – higher maternal mortality, devastating disabilities and injuries such as fistula, lower educational attainment, and lower nutritional status – which perpetuate the cycle of poverty from one generation to the next. The World Health Organisation (WHO) (2015) estimates that two-thirds of the global annual maternal deaths globally are in Sub-Saharan Africa. **Family planning helps lower maternal mortality** because risky, closely-spaced births are avoided (PRB, 2009). Supporting girls and women to determine when and how many children they want, and how to space their pregnancies reduces the risk of complications and unnecessary maternal and child deaths.

Regardless of the safety or legality of abortion, the average annual rate at which women terminate unwanted pregnancies is surprisingly similar around the world[13]. However, where there is lack of access to family planning, education and safe abortion services, many women turn to illegal, unsafe abortions. **Unsafe abortion is one of the major causes of maternal mortality, responsible for an estimated one in ten maternal deaths in Africa** (Guttmacher 2016). Young women and girls are disproportionately vulnerable: in Africa almost 60% of unsafe abortions take place among 15-24 year-olds (WHO 2004). About half of pregnancies among adolescents aged 15–19 in developing regions are unintended, and more than half of these end in abortion, most of which are unsafe. Lack of access to quality family planning is closely related to abortion use, as women rely on abortion to regulate fertility. **When access to family planning services reaches a critical mass of >30%, evidence shows that abortion rates to begin to drop** (Figure 3 – Africa is currently in middle panel).

Figure 3: Global schematic diagram on the transition from high to low fertility and interrelations between family planning and abortion



Source: WHO - Unsafe Abortion 2008

The UK plays a leading role internationally on SRHR as evidenced by its investment in programming across Africa and Asia and also high level political commitment. The UK has held two high level international summits (2012 & 2017) to drive action for Family Planning and a significant increase in service provision and reach by 2020. **DFID has already made significant commitments of its own, of which the WISH programme is one, and continues to leverage the support of other donors for this work.** DFID has considerable experience in working at country level on sensitive SRHR issues including family planning, access to safe abortion, prevention of sexually-transmitted disease or cervical cancer, among others.

[13] Guttmacher Institute: Abortion Worldwide, 2009.

There is a strong case for voluntary family planning as a neglected 'development best buy'. A recent study by the Guttmacher Institute shows that each additional dollar spent on contraception reduces spending on pregnancy-related care in Sub-Saharan Africa by US$2.30[14] The Asian Development Bank found that every dollar invested in family planning services yields between US$2 and US$6 in social sector costs savings in Asia. The Copenhagen Consensus found that **universal access to contraception is estimated to have a 120:1 benefit to cost ratio – second only to trade liberalization**.

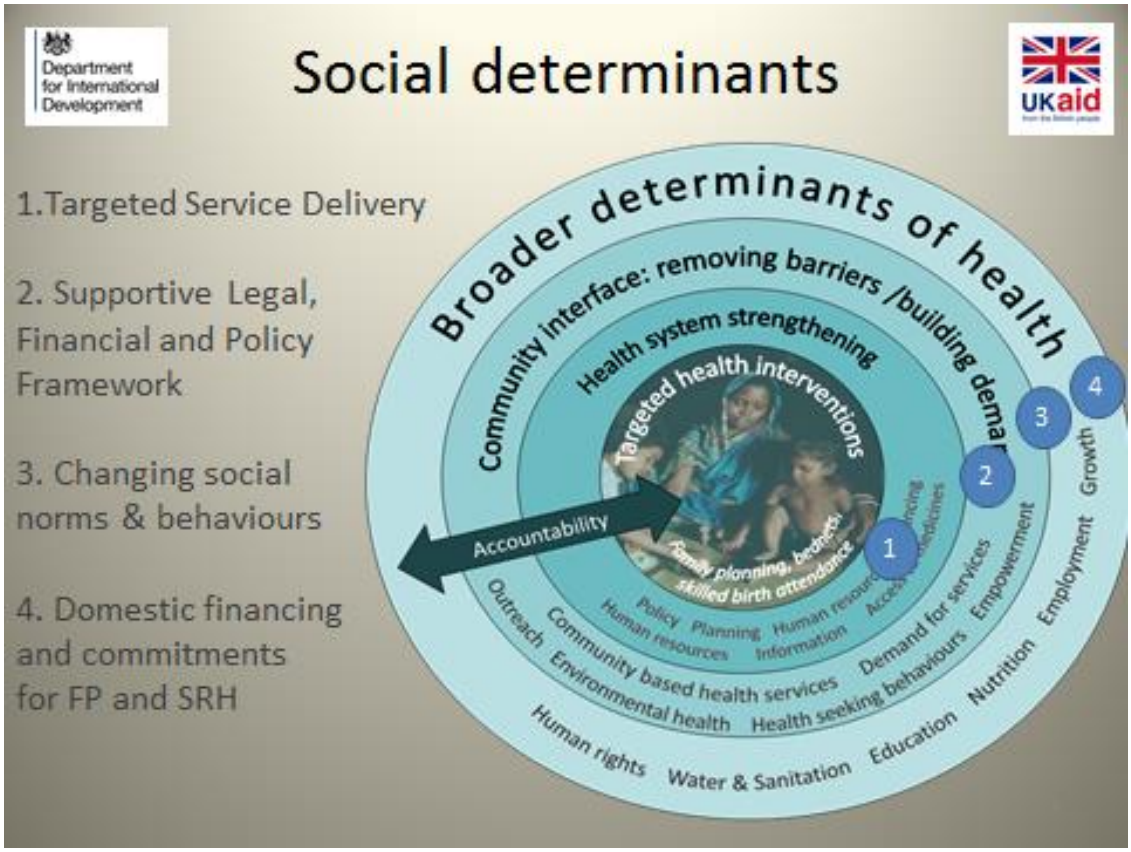
Family planning offers high future returns on investment and **cost-effectiveness of SRHR compares favourably against other health interventions**. WISH is cost-effective based on WHO guidance[15]. In a study of 74 countries, the economic and social return on investments in family planning were found to be equivalent to US$0.10 per person spent annually, thus reducing fertility, reducing the dependency ratio, and increasing GDP by one per cent by 2035. When the eight countries with the highest fertility were considered, the increase in GDP was 8 per cent by 2035 from greater productivity and workforce participation (Steinberg, 2014). This rise continued until 2050.

Integrating family planning into other SRHR services increases cost effectiveness by up to 60%, increases women's demand for family planning and helps to prevent repeat abortions. Delaying first pregnancies and enabling women to choose how to space their pregnancies means they can gain the education and skills to live healthy lives. This leads to positive social and economic outcomes for women, families and society and reducing deaths and impacts on the well-being of their current and future children. In general, women seeking an abortion were either not practising family planning or experienced a contraceptive failure. Offering these women post-abortion family planning helps prevent repeat abortions. 89% of abortion clients opt for a family planning method after abortion, some for the first time[16].

[14] "Adding it Up", Guttmacher Institute 2017
[15] WHO-CHOICE provides guidance that if the cost of averting one DALY is below that country's GDP per Capita, it is rated as being "Very Cost-Effective", and if it costs below three times a country's GDP per Capita it is rated as being "Cost-Effective"
[16] Quantitative evidence on the efficiencies of integrated SRHR services, PMDUP, 2016

The UK's approach is to support family planning as part of integrated sexual and reproductive health programmes, supporting **a people centred approach**, which promotes appealing messages emphasising well-being, pleasure, and consensual, respectful and safe sexual relationships and offers support on gender based violence, risks of cervical cancer, HIV/STI prevention and mental health impact of sexual relations[17]. Locating Family Planning and SRH programmes within the **social determinants of health** is key to understanding the barriers poor and marginalised communities face in accessing these services. Understanding and addressing social and cultural determinants will drive efforts to ensure the WISH programme targets the poor and youth, and reaches the hardest to reach. As part of the UK Government's strategic vision for women and girls, we maintain that women and adolescent girls must have the right to make their own decisions about their sexual and reproductive health and well-being. Tackling violence against women and girls is therefore also a key component of this objective.

[17] Please refer to Background section for more detail



Social norms impact on the acceptance and uptake of family planning, and context-specific approaches are essential. Studies in a range of developing countries have found evidence of male dominance in the decision-making process around family planning and negative stereotypes limiting uptake of contraception (Nalwadda et al 2010; Schuler et al 2011; Mishra et al 2014); as well as traditional norms of not using modern contraception (Munshi and Myaux 2006), and negative stereotypes limiting uptake of contraception. Involving men and community leaders has been found to be critical for family planning acceptance. Studies have also found that social norms change as the use of SRHR services grows, increasing female autonomy and impacting on conservative social norms. Evidence suggests it is critical to intervene early when adolescents are forming their identities, with those in urban areas (Rahman 2010; Moore 2009) and formal education (Mayaki and Kouabenan 2015) more likely to use modern contraception.

A wide range of delivery channels and providers should be used for SRHR services, to ensure maximum outreach and accessibility. Among the many barriers that limit access to SRHR services lack of trained providers is critical. The global deficit of skilled health-care professionals is estimated to reach 12.9 million by 2035 (WHO, 2013). Countries face subnational disparities in the availability of a skilled health workforce, with shortages being particularly high in rural areas and in the public sector. Delivery of SRHR services can be provided through multiple routes besides fixed location clinics, including for example, pharmacies, private sector distributors, midwives and community health workers. WHO (2015) recommends that community and mid-level providers may deliver many contraceptives safely (when trained) and has issued guidelines advocating use of a wide range of service providers for safe abortion care. Oversight and quality control of service providers is critical

Policy and legislative changes are needed in developing countries to make SRHR services safer and more accessible. Advocacy and support to partner governments may be needed, for example on policies and legal frameworks, oversight

and provision of services. This could include revision of regulations to allow lower level providers to deliver some SRHR interventions. It could include working with governments to ensure quality control/ oversight of pharmacy, private sector and other non-government providers of SRHR services, or to approve the distribution of new commodities and drugs. It could also include working with governments on the integration of family planning into broader SRHR and health services.

Annex 1: Duty of Care

The 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.

DFID will share available information with the supplier on security status and developments in-country where appropriate. DFID will provide a copy of the DFID visitor notes (and a further copy each time these are updated), which the supplier may use to brief their personnel on arrival. A named person from the contracted organisation should be responsible for being in contact with DFID to ensure information updates are obtained. There should be a process of regular updates so that information can be passed on (if necessary). This named individual should be responsible for monitoring the situation in conjunction with DFID.

Travel advice is also available on the FCO website and the supplier must ensure it (and its personnel) are aware of this. The supplier is responsible for ensuring appropriate safety and security briefings for all of its personnel working under this contract.

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 (such as working in dangerous, fragile and hostile environments etc.). The supplier must ensure its personnel receive the required level of appropriate training prior to deployment.

- 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.
- They will give responsibility to a named person in their organisation to liaise with DFID and work with DFID to monitor the security context for the evaluation.

Country Risk Assessments

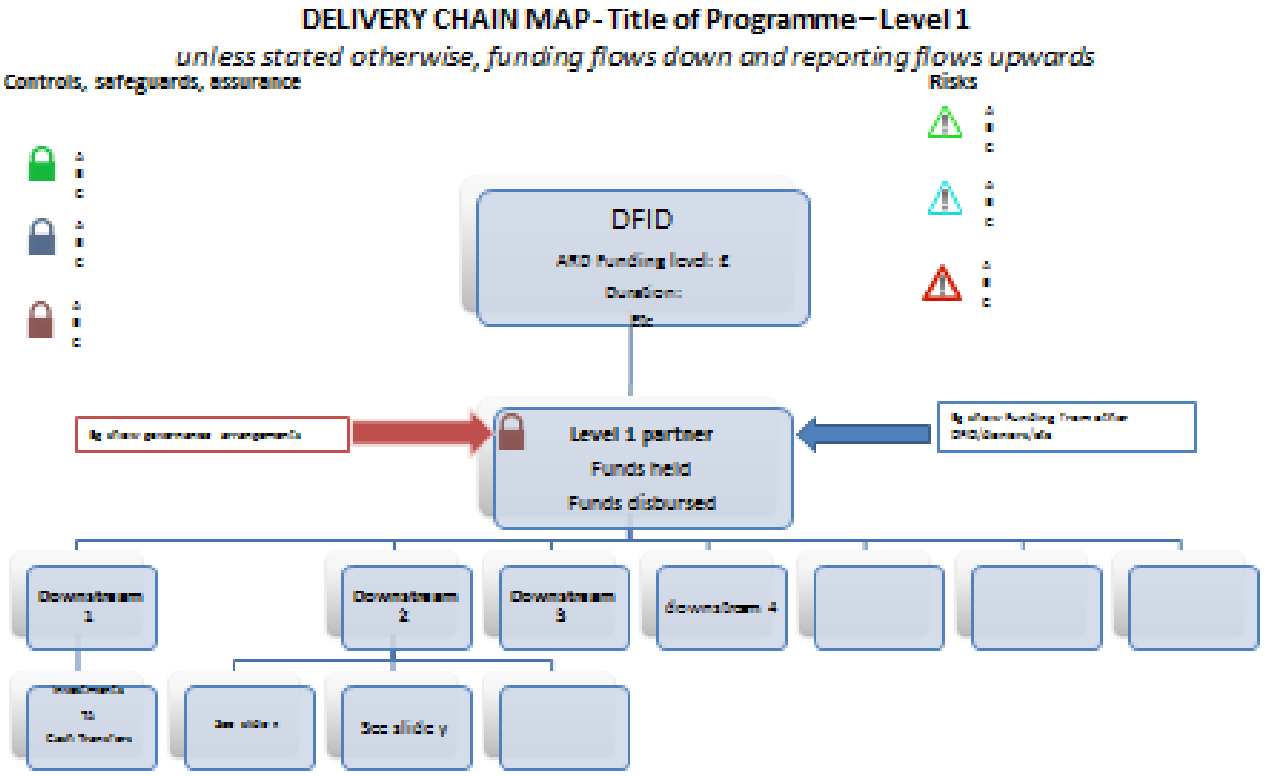
1 Very Low Risk	2 Low Risk	3 Medium Risk	4 High Risk	5 Very High Risk
Low		Medium	High Risk	

Country	City	Overall Security	Violent Crime	Civil Disorder	Terrorism	Espionage

Afghanistan	Kabul (Capital)	5	4	4	5	-
Bangladesh	Dhaka (Capital)	4	3	3	4	-
Burkina Faso	Ouagadougou (Capital)	4	4	4	4	-
Burundi	Bujumbura (Capital)	4	4	4	4	-
Cameroon	Yaoundé (Capital)	3	3	3	3	-
Chad	N'Djamena (Capital)	4	3	3	4	-
Cote d' Ivoire	Abidjan (Capital)	3	3	3	2	-
Ethiopia	Addis Ababa (Capital)	3	2	2	3	-
Democratic Republic of the Congo	Kinshasa (Capital)	4	5	5	2	-
Madagascar	Antananarivo (Capital)	3	3	3	1	-
Malawi	Lilongwe (Capital)	3	3	3	2	-
Mozambique	Maputo (Capital)	3	3	3	2	-
Malawi	Lilongwe (Capital)	3	3	3	2	-
Mozambique	Maputo (Capital)	3	3	3	2	-
Mali	Bamako (Mali)	4	2	2	4	-
Mauritania	Nouakchott (Capital)	4	1	1	4	-
Niger	Niamey (Capital)	4	4	4	4	-
Nigeria	Abuja (Capital)	4	4	4	4	-
Pakistan	Islamabad (Capital)	5	2	3	5	Specific security concern
Rwanda	Kigali (Capital)	2	2	2	2	-
Senegal	Dakar (Capital)	3	2	2	3	-
Sierra Leone	Freetown (Capital)	3	3	3	2	-
Somalia	Mogadishu (Capital)	5	2	2	5	-
South Sudan	Juba (Capital)	4	5	5	4	-
Sudan	Khartoum (Capital)	4	3	3	4	-
Tanzania	Dar es Salaam (Capital)	4	4	4	3	-
Uganda	Kampala (Capital)	3	3	3	3	-

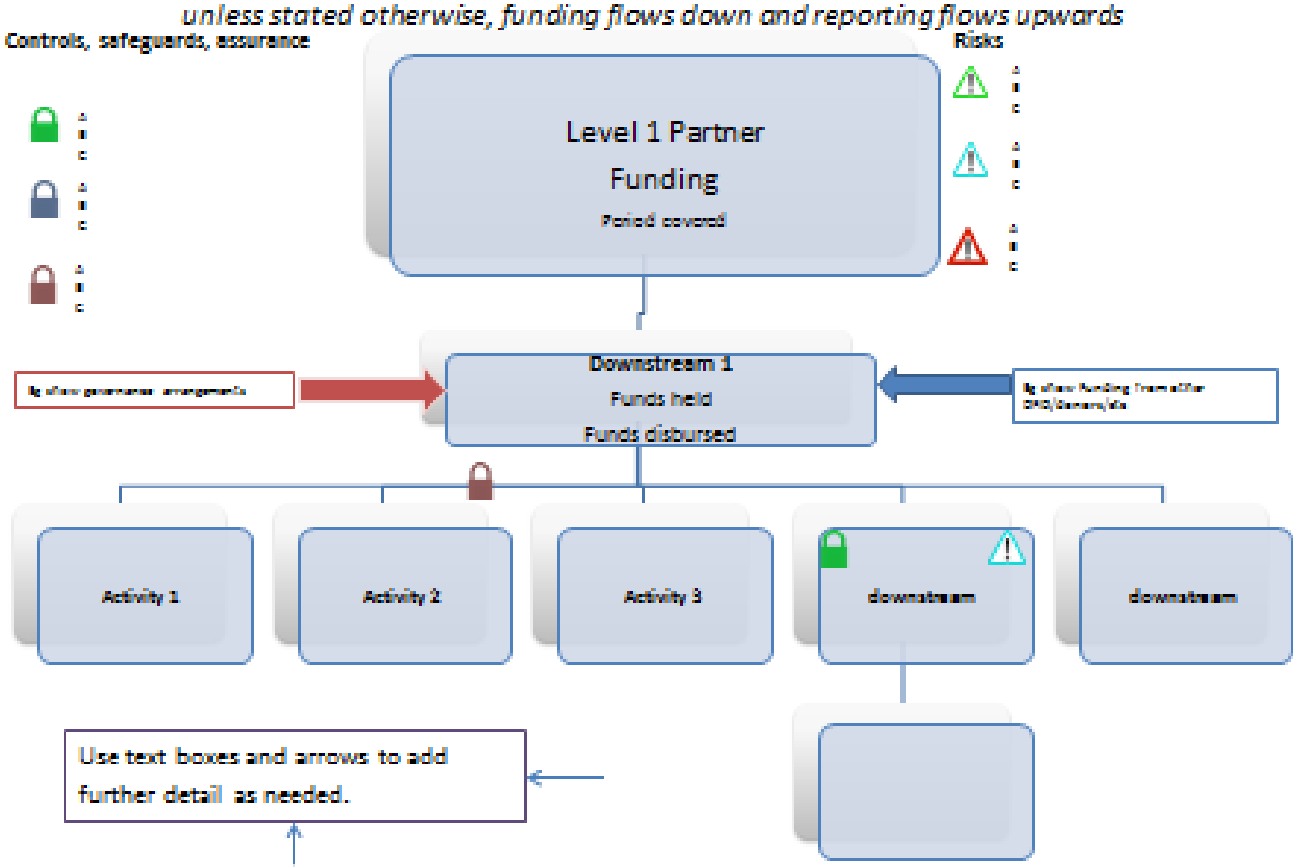
Zambia	Lusaka (Capital)	**3**	**3**	**3**	**1**	**-**
Zimbabwe	Harare (Capital)	**3**	**3**	**3**	**1**	**-**

Annex 2 Delivery Chain Mapping Proposed template

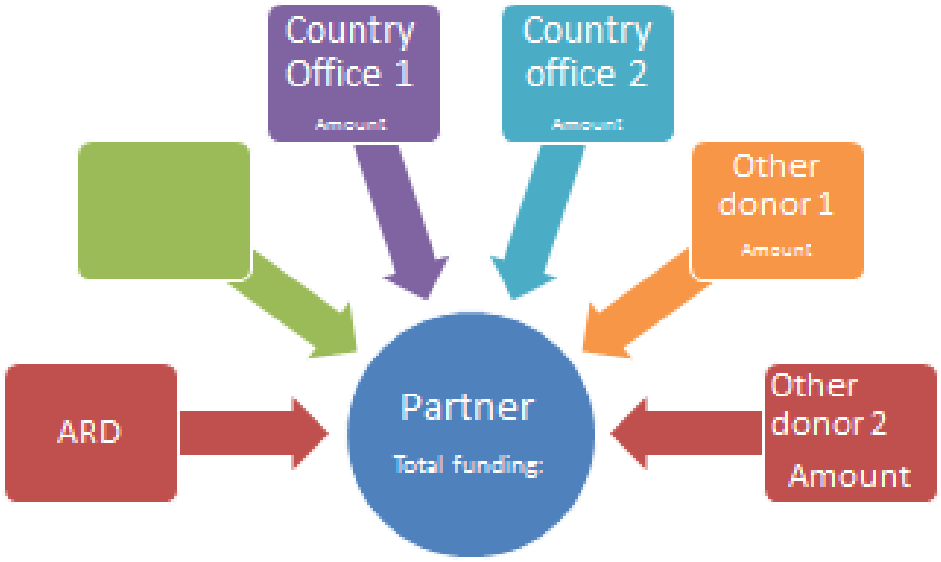


DELIVERY CHAIN MAP – title of Programme – Level 2

unless stated otherwise, funding flows down and reporting flows upwards



Optional relationship chart could be used to simplify funds into partner (and reverse available for funds out)



Annex 3: Method to calculate results

- Additional user years will be estimated using client data and the Impact2 or similar model (developed as a global good by MSI) link at: https://mariestopes.org/what-we-do/our-approach/our-technical-expertise/impact-2/
- We will assume zero baseline therefore historic information will not be required
- Bids should therefore include **credible plans** for collecting client profile and service data
- Bids should also **detail and justify the model inputs** (eg adopters; continuers; provider changers) that are expected to be achieved in order to deliver the required numbers of additional users
- Other results will rely on internationally recognised methods of calculation – such as LIST, to be expressed in bids.

Annex 3.1: DFID Methodology Note on Family Planning

See separate PDF file

Annex 4 Log Frame as at tender

See separate PDF file

Annex 5: Preventing Maternal Deaths Exit/Transition Strategy: Outline

The incumbent supplier for the Preventing Maternal Deaths Programme (PMD) provided a transition/exit plan setting out those activities that will be continued, exited or handed over (initial draft delivered in December 2017). Handover of assets and sites will be agreed in line with discussions of the final site list and asset registeres produced by PMD for the relevant countries transitioning to WISH.

Phase 1 - End of March 2018

Country and channel-level sustainability plans were set out informing the basis of a transitional plan, and agreements regarding the possible transfer of services, assets and information in December 2017. The PMD supplier subsequently developed and provided (by March 2018) high-level country snapshots, draft lessons learned reports on five thematic areas: adolescence, poverty, sustainability, enabling environment and engaging men and boys, an inventoryof relevant global goods and dissemination activities, and a summary of opportunities and needs for engagement in ongoing policy and advocacy work.

Phase 2 - End of June 2018

The PMD supplier will provide an addendum to the country snapshots that details PMD components that are not ready to be transitioned back to each country's respective MoH and/or local partners, or continued under a different funding stream for potential transition to WISH implementing partners between April-June 2018.

Phase 3 - 1 July – 30 September 2018

The country snapshots will be finalised as per updated DFID content requested in May 2018, along with final versions of the five thematic area lessons learned reports above, as part of the PMD Final Programme report due to DFID at the end of August 2018. During this period, as part of the WISH inception meetings and process, the PMD incumbent supplier will share relevant country briefs, global activities and dissemination (see below) including research findings, and other lessons learned from PMD, with the WISH implementers.Lesson learning/ transition meetings will be integrated into inception period between August – October 2018.

WISH implementers will be responsible for building relationships and creating their own agreements for future scopes of work with each country's respective MoH and local implementing partners and champions.

Knowhow and Tools ('PMDUP/PMD Global Activities')

During Phase 3, the PMD implementing partners will advise the WISH supplier in the ''Summary of PMDUP/PMD Global Activities and Dissemination' initially provided to DFID in March 2018, and to be finally updated for the final year of PMD as part of the final programme report by 31 August 2018.

Based on the above mentioned elements to achieve an effective transfer, PMD suppliers will share the relevant global goods according to this summary document in Phase 2 (1 July – 30 September 2018) with the WISH provider (and third party monitor as appropriate) before the start of the WISH implementation phase.

Assets and Materials

Inventory, cost-efficiency analysis and transfer plan of Assets and Materials began in March 2018 [based on the December agreement]. Handover of items will take place according to formal DFID decisions on asset disposition requests during Phase 2 and 3.

Section 3, Appendix A

Schedule of Processing, Personal Data and Data Subjects

This schedule must be completed by the Parties in collaboration with each-other before the processing of Personal Data under the Contract.

The completed schedule must be agreed formally as part of the contract with DFID and any changes to the content of this schedule must be agreed formally with DFID under a Contract Variation.

Description	Details
Identity of the Controller and Processor	The Parties understand that the factual status will determine their status as 'Controller', 'Processor' or 'Joint Controller' under the GDPR, however it is anticipated that the following status will apply to the Personal Data outlined below: **The Supplier as Data Controller** The Parties acknowledge that for the purposes of the Data Protection Legislation and the Contract, in accordance with Clause 32 (Section 2 of the Contract), the Supplier is the Data Controller for all Personal Data, except for Personal Data relating to DFID Employees. DFID shall be Data Processor only to the extent necessary under clauses 6, 8, 12, 13, 14 and 15 of the Terms and Conditions. During the inception period a third party monitor will be appointed who will act as a Data Processor. A GDPR compliant written agreement will be entered into. This section will be updated at that time. **DFID as Data Controller** The Parties acknowledge that for the purposes of the Data Protection Legislation and the Contract, in accordance with Clause 32 (Section 2 of the Contract) DFID is the Data Controller for Personal Data relating to DFID Employees The Supplier shall be Data Processor of DFID Employees Personal Data only to the extent that it processes Personal Data relating to DFID Employees under performance of this Contract

Duration of the processing	**The Supplier as Data Controller** DFID is permitted to act as Data Processor for the duration of the Contract. **DFID as Data Controller** The Supplier is permitted to act as Data Processor for the duration of the Contract.
Categories of data subject	**The Supplier as Data Controller** Supplier Personnel and clients / beneficiaries / recipients described in the Terms of Reference (Section 3) **DFID as Data Controller** DFID Employees
Nature and purposes of the processing	**The Supplier as Data Controller** The processing may include recording, storing, retrieving, accessing, consulting, analysing and or combing the Personal data for purposes limited to performance of the Supplier's and DFID's obligations under the Contract and in accordance with the Terms and Conditions. **DFID as Data Controller** The processing may include recording, storing, retrieving, accessing, consulting, analysing and or combing the Personal data for purposes limited to performance of the Supplier's and DFID's obligations under the Contract and in accordance with the Terms and Conditions.
Type of Personal Data [and Special Categories of Personal Data]	**The Supplier as Data Controller** May include name, occupation, address, date of birth, age, place of birth, next of kin, email, telephone number, NI number, tax code, salary or remuneration, economic status, images, curriculum vitae, passport or other form of ID, travel information, right to work documentation, hours worked, information and / or opinion about health, religion or politics, information about investigations and criminal proceedings. **DFID as Data Controller** May include name, occupation, address, date of birth, age, place of birth, next of kin, email, telephone number, passport or other form of ID, travel information.
Plan for return and destruction of the data once the processing is complete. UNLESS requirement under European Union or European member state law to preserve that type of data	Where the Data Processor receives instructions from the Data Controller to return the Personal Data, the Data Processor shall return the Personal Data in its original format or similar readable and portable format. Where the Data Processor receives instructions from the Data Controller to delete the Personal Data, the Data Processor shall delete the Personal Data in a permanent and confidential manner.