

Terms of Reference

Preventing Maternal Death in Africa and South Asia (PMD)

Introduction

The Prevention of Maternal Death from Unwanted Pregnancy (PMDUP) programme has been operational between September 2010 and March 2017 for a contract value of £. This Terms of Reference cover continuation of services provided between 1 April 2017 and 30 June 2018, under the re-titled programme 'Preventing Maternal Death (PMD).

Objective

This programme supports the provision of comprehensive sexual and reproductive health (SRH) services, with an emphasis on reaching poor and marginalised women & girls. The programme is designed to reduce women's recourse to unsafe abortion and increase use of family planning, especially for marginalised and young women. The programme aims to reduce death and injury from unsafe abortion and increase contraceptive use, thereby improving maternal health.

The programme will sustain the delivery of vital family planning and maternal health services; ensure a smooth transition to the new Women's Integrated Sexual Health (WISH) programme; and contribute 750,000¹ additional users to the UK's results commitment on family planning.

Recipient

The recipients of this programme will be the women in the selected countries in Asia and Africa. This programme will also have a particular focus on reaching the young (under 20) and the marginalised (poorest).

Timing: The programme will be from 01 April 2017 to June 2018.

Scope

This programme will:

1. Ensure that fewer women, especially marginalised and young women, have recourse to unsafe abortion, and that more women can access modern family planning (FP) methods;
2. Increased choice of sites (both public and private) for post abortion care and where permitted, Comprehensive Abortion Care provided as an alternative to unsafe abortion and for modern family planning services;
3. Improve capacity of the health sector including health worker training in Post Abortion Care (PAC) and where permitted, Comprehensive Abortion Care (CAC), and FP methods

¹ Proportion of results for April 2017-June 2018 to be provided and agreed.

4. Support locally led changes to the regulatory and/or policy environments for abortion services at national level and across the Africa region
5. Share evidence-based practices and learning to increase women's choice and access to PAC/CAC and FP.

Outputs 1 and 2 will account for approximately 76% of spending.

The **geographic focus** for this programme will prioritise Sub-Saharan Africa and the Sahel, with a gradual and responsible phase out of PMD programming in the Asia Region. The proportion of the budget dedicated to programming in Asia will reduce from around 28% to 9% of overall project expenditure (April 2017-June 18). Operations in Pakistan, Bangladesh (MSI only) and Burma (Ipas only) will continue until June 2018 and operations will start in Francophone West Africa/ Sahel countries.

The countries of implementation will thus be Bangladesh, Burma, Pakistan, DRC, Ethiopia, Ghana, Malawi, Nigeria, Sierra Leone, Zambia, Zimbabwe, Uganda, Kenya and the Sahel (Mali, Burkina Faso, Niger and Senegal).

The service provider will set out a plan for operations in all countries. As a pre-requisite, DFID will need to agree an operational plan in each country with clear commitments from respective governments (domestic financing/training) by beginning April. This should form a key element of the sustainability plan. The service provider will ensure all conditions which exist under previous associated contracts are met for operating in these new countries.

The programme will have the following strategic priorities:

1. Generate Additional Users

- **Solidifying the impact of PMDUP** by integrating and institutionalising family planning and safe abortion services within a host of service delivery channels
- **Expanding the Scope of programming** in targeted PMD countries focusing on those countries with the strongest track record of generating substantial results.
- **PMD's reach to new countries in the Sahel including hard to reach populations**

2. Prepare the ground for new investments in safe abortion, and integrated sexual health: applying evidence at scale; increasing focus on and ensuring best practices in targeting the hardest to reach; and improving quality across the safe abortion continuum of care including information and support required through social marketing and outreach, clinical services and access to a post-abortion family planning method.

3. Leaving no one behind: Targeting the hardest to reach

It is expected that during the programme additional efforts will be made to step up results for harder to reach populations, especially young women and those living on less than US\$1.25ppp/day. This is in line with the UK's commitment to "Leave no one behind" under the global goals, compliance with the international Development Gender Equality Act 2014, and the intentions of the FP2020 agenda.

The service provider (SP) will:

- Provide analysis of who the hardest to reach populations with high unmet need are and what specific interventions the SP will need to put in place to reach them in each country context or group of countries with common exclusionary factors.
- Provide detailed disaggregation of users (from client information) and non-users by age, income, location. Provide sample studies that illustrate how disability and any other social or cultural characteristics may lead to the exclusion from services in the contexts where the programme works, and what the programme can do to ensure access for those populations with high unmet need.
- Develop cost estimates for reaching different underserved communities with the different interventions provided through the programme, and through different service delivery channels.
- Ensure all partners significantly grow the number of family planning users aged 15-19
- Aim to ensure inclusion of people with disabilities in the services and interventions of the programme².

Gender Equality: In compliance with expectations of the International Development Gender Equality Act 2014, this shall include an analysis of the gender and social barriers to accessing family planning and abortion care, outline specific actions the programme will take to address these, what the specific results are and how this will be monitored throughout the programme. The programme should outline to what extent it will include men and boys and tackle gender inequalities and inequities.

Key results

This programme will reach 750 000 additional family planning users in Africa and in Asia through a phased out approach until June 2018; and deliver the following results:

Metric	Africa ³	Asia	At least /Total
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² See DFID Disability Framework: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/554802/DFID-Disability-Framework-2015.pdf

³ Africa/Asia breakdown to be provided and agreed

Maternal deaths averted			14,000
Unsafe abortions averted			2,400,003
Unintended pregnancies prevented			2,600,000
Disability Adjusted Life Years averted			4,500,000
Family Planning Couple Years of Protection			8,000,000
Family Planning Services (output indicator 1.3)			5,000,000
Family Planning Users			2,400,000
Adopters			1,200,000⁴

Requirements

See contract Annex 1 for all programmatic requirements and strategy for delivery

Key Performance Indicators relating to number of services, sites and training will be discussed in depth and agreed by no later than 31 May 2017. Targets met in relation to agreed sustainability and youth KPIs will be reported on at the end of the programme,

Sustainability: Exit and transition strategy

The service provider will adhere to the proposed 'Sustainability and Exit Strategy' as set out under Annex 1, section 5.

Third Party Monitoring

DFID will independently contract third party monitoring in 2017 to verify results and prioritise robust monitoring and other safeguards to ensure a stringent health and safety environment and quality standards around SRHR services. The Service Provider will be expected to cooperate fully with the contracted party and provide the evidence and data required and plan for learning from the results for programme implementation.

Value for Money

The service provider will maintain ongoing detailed analysis and progress against value for money drivers including:

- unit costs compared to the previous operations (average cost of £22 per user: £24 for Africa and £13 for Asia)
- a clear breakdown of costings per CYP and where possible for additional user trajectories data for different types of service delivery channels.
- setting out the costs related to reaching an even higher proportion of HIC (High Impact Clients), and develop equity indicators to measure this.

Reporting

The service provider will submit a Quarterly narrative, KPI and financial report with a breakdown of country by country spend, budget line items (cost categories), by fee and reimbursable. This will include the results achieved against the KPIs during the previous quarter. As a performance based contract, the fee payment will be made subject to progress against the KPIs (see contract annexes 12, 13, 14 and 15). Payment should be scheduled to meet DFID's 90:10 (90% before December 2017) schedule as far as possible.

Each target country will have country specific logframes and operational plans.,

PMD will present to DFID:

Quarterly finance forecasts will be sent to DFID Programme Manager. This will include spend by cost category, region and output.

By the 1st September both years the service provider will commit to providing costs by CYP for each country programme including details of costs by channel, where possible disaggregated by geography and age groups [e.g. outreach versus clinics, rural versus urban] . In addition the service provider will provide 3 case studies that include analysis of the costs and cost differential of delivery of FP services to different target groups [including under 19 year olds] and different geographies within those countries.

The Service Provider is required to submit a detailed annual report and VFM analysis using DFID's annual review format which will feed into the annual review that will be commissioned by the DFID Team. As part of the annual report and Vfm analysis, the Service Provider will provide an overview of the spend by region, by output, and reimbursable spend by cost categories.

The PMD Programme Board will continue to meet semi-annually, providing an opportunity for reporting and discussion with Senior Management in Asia and Africa regions. Specific presentations are requested including lessons learned

on how to deliver on the range of needs of young people under 20, including the roll out of youth strategies and delivering more services and youth success models in countries detailed in the KPI for this contract.

There is also an annual CEO meeting between MSI and Ipas, to review the progress of the programme and to work jointly on addressing the key challenges. DFID will be invited to appropriate elements of this this meeting.

Detail on timing for the abovementioned reports and related meetings will be discussed and agreed during the contracting period.

Due to the size of the extension, due diligence has been undertaken on the current governance arrangements by DFID. The recommendations of this review will have been discussed with MSI management and actions will be reviewed as a standing item at the regular DFID/MSI meetings.