



Department
for International
Development

NOT PROTECTIVELY MARKED



Tropical Health and
Education Trust
1 Wimpole Street,
London
United Kingdom
W1G 0AE

Our ref: PO 8560

Email: REDACTED

Tel: REDACTED

Date: 21st November 2019

Dear Ben,

Contract Reference: PO 8560 – Stronger Health Partnerships for Stronger Health Systems

OJEU publication reference number: 2019/S 099-239978

I refer to the contract advertised by the Department for International Development for the supply of “ **Stronger Health Partnerships for Stronger Health Systems**” under the above OJEU reference number **2019/S 099-239978**.

The mandatory ‘standstill period’ has now expired and the Department for International Development acting for and on behalf of the Secretary of State for International Development, is now pleased to advise you that we will be making a formal award of contract for the above mentioned services to Tropical Health and Education Trust for the contract to supply Stronger Health Partnerships for Stronger Health Systems to those parties as described in the Terms of Reference and contract tender documents.

Please review the enclosed contract documents and confirm that you accept this contract award by signing and returning via our e-sign tool.

As per the DFID Supply Partner Code of Conduct, if this contract qualifies for internal compliance procedures, a member of the PCD Compliance Team will contact you to discuss your compliance requirements.

Yours sincerely

REDACTED

Senior Procurement and Commercial Manager
Programme Sourcing - Procurement and Commercial Department

cc. REDACTED

NOT PROTECTIVELY MARKED

CONTRACT FOR SUPPLIER SERVICES

Section 1 - FORM OF CONTRACT

CONTRACT FOR : Stronger Health Partnerships for Stronger Health
Systems
PURCHASE ORDER NUMBER : 8560

THIS CONTRACT is made

BETWEEN : The Secretary of State for International Development at the Department for International Development, Abercrombie House, Eaglesham Road, East Kilbride, G75 8EA ("**DFID**");

AND : Tropical Health and Education Trust ("**Supplier**")
[whose principal place of business, or, where the Supplier is a company, whose registered office is situate at 1 Wimpole Street, London, United Kingdom W1G 0AE,

(and DFID and the Supplier together shall be the "**Parties**").

WHEREAS:

- A. DFID requires the Supplier to provide the Services to DFID (the "Recipient"); and
- B. the Supplier has agreed to provide the Services on the terms and conditions set out in this Contract.

IT IS HEREBY AGREED as follows:

1. Documents

This Contract shall be comprised of the following documents:

Section 1	Form of Contract
Section 2	Standard Terms and Conditions
Section 3	Terms of Reference
Section 4	Special Conditions
Section 5	Schedule of Prices

2. Contract Signature

If the original Form of Contract is not returned to the DFID Contract Officer (as identified in Section 4) duly completed (including the applicable Purchase Order Number at the top of Section 1), and signed and dated on behalf of the Supplier within **15 working days** of the date of signature on behalf of DFID, DFID will be entitled, at its sole discretion, to declare this Contract void.

No payment will be made to the Supplier under this Contract until a copy of the Form of Contract, signed on behalf of the Supplier, is returned to the DFID Contract Officer.

3. Commencement Date and End Date of Initial Period

The Services shall commence on 2nd December 2019 and the end date of the Initial Period shall be 2nd July 2023.

4. Financial Limit

Payments under this Contract shall not, in any circumstances, exceed £28,500,000 inclusive of any government tax, if applicable.

5. Programme Name

The Programme Name to which this Contract relates is 'Stronger Health Partnerships for Stronger Health Systems'.

6. Time of the Essence

Time shall be of the essence as regards the performance by the Supplier of its obligations under this Contract.

Signed by an authorised signatory
for and on behalf of
The Secretary of State for
International Development

Name:

Position:

Signature:

Date:

Signed by an authorised signatory
for and on behalf of the Supplier

Name:

Position:

Signature:

Date:

Stronger Health Partnerships for Stronger Health Systems

DFID Terms of Reference

PO 8560

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Acronyms

ALB	Arms-Length Body
DFID	Department for International Development
DHSC	Department of Health and Social Care
HPS	Health Partnership Scheme
LIC	Low-income country
LMIC	Lower-middle income country
NHS	National Health Service
SHPSHS	Stronger Health Partnerships for Stronger Health Systems
ToR	Terms of Reference

Glossary of terms

Health institution	A health institution is an organisation that provides health care and related services. In the UK and developing countries, this may refer to a wide range of organisations, from Ministries of Health to individual hospitals and clinics. Examples of health institutions expected to be involved in health partnerships include: NHS Trusts, healthcare providers, academic institutions, professional organisations, public sector regulatory bodies and local authorities. The programme will welcome interest from organisations that can contribute to developing country health systems strengthening priorities and mutual learning between the UK and developing countries.
Health partnership	A health partnership is an institutional relationship between two or more health institutions in the UK and developing countries that facilitate UK health care professionals to volunteer to support partners in low-income (LIC) and lower-middle income (LMIC) countries to strengthen their health systems, as well as engage in mutual learning and problem solving that bring benefits back to the UK health system.

1. Introduction

- 1.1. This document is the Terms of Reference for the implementation of a new health partnerships programme, Stronger Health Partnerships for Stronger Health Systems (SHPSHS), by the UK Department for International Development (DFID). DFID leads the UK Government's efforts to eradicate poverty and improve health and well-being in low-income (LIC) and lower-middle income (LMIC) countries.
- 1.2. This Terms of Reference (ToR) sets out DFID's requirement for a Supplier to undertake the implementation of the SHPSHS. The preferred Supplier will be a single organisation or leading a consortium and will contract with any required sub-contractors or consortium members. This is a £28.5m requirement from approximately October 2019 to end of April 2023. The ToR should be read in conjunction with the SHPSHS Business Case (Annex A) and the indicative Logical Framework (Annex B). SHPSHS will contribute to the UK Aid Strategy and Single Departmental Plan (SDP) objectives 2 (strengthening resilience and response to crises) and 4 (tackling extreme poverty and helping the world's most vulnerable), and DFID's cross-cutting health priority to support countries to achieve UHC and strengthen health systems.
- 1.3. DFID has funded health partnerships between the UK and developing countries since the International Health Links Funding Scheme was launched in 2009. Health partnerships deploy UK expertise in healthcare delivery and management to support partners in low-income (LIC) and lower-middle income (LMIC) countries to strengthen their health systems, as well as engage in mutual learning and problem solving that bring benefits back to the UK health system. SHPSHS will strengthen the UK's approach to health partnerships. It will support larger strategic partnerships that explicitly focus on supporting LIC and LMIC health system priorities, complemented by smaller partnership grants that test innovative approaches to specific health system challenges.

2. Objectives and outputs

- 2.1. The programme aims to help developing countries build stronger and more resilient health systems and make progress towards universal health coverage through improved health service performance for poor and vulnerable populations. The programme will achieve this by supporting the development of stronger health systems, with better governance, information, standards and management of health systems and better skilled health workforces. This building of institutional capacity will help countries, where appropriate, to transition to different forms of external assistance and ultimately to reduce longer-term need for external support.
- 2.2. To achieve this objective, the programme will deliver the following outputs:
 - a) Accelerated progress on health systems priorities in 10 focus countries (see 6.11) through 48 - 80 strategic health partnership projects that are aligned with national health plans.

- b) UK expertise shared and new initiatives tested to address specific health systems constraints through up to 100 smaller partnership projects with potential for innovation, learning, and scale-up in a wider range of LICs and LMICs.
- c) Contribution to a supportive UK environment that enables NHS volunteers with the right skills to take part in health partnerships and to benefit the NHS with mutual learning and reverse innovation.
- d) Efficient and effective programme, partnership and grant management to ensure VFM, and drawing on monitoring, evaluation and learning to continuously improve performance (working with the external evaluation provider, contracted separately by DFID to improve the evidence base on the contribution of this type of health partnership to health system strengthening)

2.3. The programme will assist health partnerships to promote equitable access to health services regardless of geographical location, ethnicity, age, religion, gender, disability and social status, with particular focus on ensuring that poor and most vulnerable populations are able to benefit from DFID-funded activities.¹

3. The recipient

3.1. The recipients of the services provided by the Supplier will be:

- a) UK health institutions and volunteers that receive grants to fund health partnership activities;
- b) Developing country health institutions and volunteers that will be involved directly in health partnerships;
- c) Other partners in country involved in delivering and supporting health partnership activities, including Ministries of Health and DFID country offices;
- d) NHS and other UK public and private sector organisations that support, or can support, health partnerships.

3.2. These recipients of services will support improved health outcomes for individuals in LICs and LMICs through the activities of, and support to, health partnerships.

¹ Vulnerable groups – including children, youth, persons with disabilities, people living with HIV, older persons, indigenous peoples, refugees, internally displaced persons and migrant as specified in the 2030 Agenda. <https://unstats.un.org/sdgs/report/2016/leaving-no-one-behind>

4. Contract context, budget, and timeframe

Contract context

4.1. DFID has supported the Health Partnership Scheme from 2011 to 2019 for developing health partnership projects in over 30 countries. This successor programme to the Health Partnership Scheme will continue to support health partnerships between the UK and developing countries.

Budget and timeframe

4.2. This ToR covers one contract, with a maximum budget up to £28.5m. This contract will run from approximately October 2019 for 43 months to April 2023.

4.3. The initial four-month period (approximately December 2019 – March 2020) will be the programme inception phase, with the main implementation period due to begin approximately April 2020. The contract will complete at the end of the 43-month period. The contract includes the option to extend for up to two years for up to £13m. Extension is dependent on DFID's future approach to health partnerships, performance and additional funds being available.

4.4. A minimum amount of £24m of this budget is allocated for health partnership grants. The supplier should propose the total amount for health partnership grants in their commercial budget. It is expected that up to £20m of this funding will be allocated for larger strategic partnerships in 10 countries. Up to £4m will be allocated to smaller partnerships in a wide range of countries, dependent on the amount of grant funding allocated to larger strategic partnerships. The exact mix of grant funding to large and small partnership projects, and the size of each grant offered, will be determined through a series of grant calls throughout the programme.

4.5. To meet the February 2018 DFID commitment to support the *Nursing Now* campaign, £5m of the grant funding will be allocated to support nursing and midwifery leadership and development. This ring-fenced funding will be used to fund partnerships for nursing and midwifery capacity building, including for management and leadership development. This funding is part of the minimum £24m grant funding identified and will be allocated through funding for the larger and smaller partnerships, rather than as a separate call for proposals. Partnerships focused on nursing and midwifery will need to align with country priorities and health workforce strategies.

5. Dependencies and constraints

External dependencies

5.1. There are several external dependencies that will influence the programme and health partnership activities:

- a) National health priorities as determined by national governments, or sub-national/local priorities as determined through existing or emerging community social accountability mechanisms.
- b) Existing and planned international assistance in health and related sectors by other donors, international organisations, and civil society.
- c) Constraints of the operating environment, including the available human resource, infrastructure, equipment, supplies, and health information, to ensure that their intended outputs and outcomes are appropriate and realistic.
- d) The availability, capability and capacity of UK and LIC/LMIC health institutions and health professionals to volunteer their resource, time and expertise for health partnership activities, as determined by institutional policies and capacities and national frameworks for volunteering.
- e) The willingness of UK health institutions to enter into partnerships with the express recognition of the mutual benefit and opportunities for reverse innovation.
- f) Links with and opportunities to enhance the impact of other health partnership programmes, including Fleming Fund's 'Commonwealth Partnerships for Antimicrobial Stewardship' programme.

Building on previous DFID health partnership programmes

5.2. The Health Partnership Scheme has built up an evidence base on effective health partnership approaches. The Supplier should demonstrate how they will use this evidence and learning to support partnerships to design effective projects, including drawing on the findings of the independent evaluation, annual reviews, and the project completion review (when available).

Independent monitoring and evaluation

5.3. DFID will procure monitoring and evaluation services through a separate contract, to be provided throughout the contract period. The lead Supplier and any downstream partners/consortia members will cooperate fully and engage constructively (participate in and respond to regular discussions) with the contracted evaluation service provider and provide the evidence and data required for monitoring and learning. This includes ensuring attendance at six-monthly meetings with the evaluation service provider and DFID to discuss findings, recommendations and learning. The Supplier is excluded from bidding for the Independent Monitoring and Evaluation contract.

Exit strategy

5.4. This programme will end in 2023 and there is no assurance of additional funding. The service provider should outline how they will ensure disbursement of all grant funding and completion of all funded partnership activities by the programme end date, including how they will ensure partnerships to build sustainability into their partnership activities. The Supplier should develop and

maintain an up to date sustainable exit strategy for the overall contract, which will be agreed with DFID.

- 5.5. DFID expects the supplier to work with any future DFID Supplier in relation to health partnership programmes to ensure consistency in support to health partnerships.

Exit activities

- 5.6 The supplier should refer to Clause 16 of the DFID Standard Terms and Conditions which outlines the requirements of an Exit Strategy and the onus on the contracted supplier. The supplier will provide an exit plan no later than 6 months before the end date of the contract

6. Scope

Types of grant funding for health partnerships

- 6.1. The programme will provide two types of grants.

- 6.2. **Large grants for long-term, strategic health partnership activities.** These will fund coherent and strategic partnerships that support health workforce development and health systems priorities in ten focus countries in Africa and Asia. This will be through approximately six to eight 'large' grants in each country, up to £400,000 per grant for up to three years. The exact number of countries included in the programme will be determined by DFID and the supplier during the inception phase, and DFID reserves the right to scale up or scale down the total number of countries involved. Where this applies, the full £20million allocated for large grants must be divided between the selected countries.

- 6.3. **Small grants for short-term innovation, learning and scale up of health partnership activities.** These will fund a larger number of smaller grants for partnerships with potential for innovation, learning, and scale-up that address clinical and health system challenges, and specific themes, in a wider range of LICs and LMICs. This will be through a total of up to 100 grants, up to £50,000 each.

- 6.4. £5m of the grant funding will be ring-fenced to support nursing and midwifery development and leadership, in support of the *Nursing Now* initiative. This ring-fence will not be issued as separate grant calls and is included in, and is not in addition to, the minimum £24m grant funding. Partnerships focused on nursing and midwifery will need to align with country priorities and health workforce strategies identified in the grant calls. The Supplier will monitor progress towards this commitment and report this to DFID regularly.

Scope of health partnership activities

- 6.5. Health partnerships have a strong track record in health workforce development and we expect this to continue in SHPSHS. However, in line with the increased

ambition that health partnerships contribute to health systems strengthening, the programme will encourage and fund health partnership activities that address other areas of the health system. This will include developing non-clinical capability and capacity, for example in health financing, health information systems, and health services management.

- 6.6. Health partnership activities will be expected to demonstrate alignment with national health system priorities. The Supplier will set out health system priorities in the focus countries in calls for grant proposals, and partnership bids will need to clearly demonstrate how they respond to the identified priorities.
- 6.7. All partnerships will be expected to assess social inclusion and access challenges, with a focus on sex, age, disability status and geography, and identify how they can contribute directly and indirectly to increased equity and accessibility of health services. Scoring will be weighted for partnerships that can demonstrate they will reach vulnerable and under-served populations and groups.
- 6.8. All partnerships will be expected to build sustainability into their partnership activities. The larger strategic partnerships will be expected to demonstrate how they are contributing to sustained strengthening of the health system. Smaller partnerships will be expected to demonstrate learning from their activities, how project outcomes will be sustained and, where appropriate, how these can be scaled up over time, including potential for reverse innovation with UK partners.
- 6.9. Costs covered by grants are expected to include travel, training materials and equipment, volunteers' subsistence and expenses, and monitoring and evaluation activities. Payment for technical assistance as part of a grant is not valid for funding.

Geographical scope

- 6.10. DFID has selected partner countries for the larger strategic partnerships according to the following criteria:
 - a) The country is a current DFID partner country, which has had or has UK bilateral funding for health, and where the DFID country office is interested in being involved;
 - b) Strong and explicit country government demand for and commitment to UK health partnerships, plus potential for long term and sustained benefit after the partnership ends;
 - c) Where there is unmet demand for external technical and financial support to initiate or continue health partnerships that have the potential to achieve sustainable and scalable progress that strengthens the national health system;
 - d) Ensuring that there is a range of focus countries, including countries with UK aid transition underway or planned, stable low-income countries and fragile states.

Based on consultation with DFID country health advisers, the long-list of countries that will be considered for larger strategic partnerships are: Bangladesh, Burma, The Democratic Republic of Congo, Ethiopia, Ghana, Nepal, Nigeria, Pakistan, Sierra Leone, Somalia, Tanzania, Uganda and Zambia. These may be subject to change and DFID reserves the right to scale up or scale down the total number of countries included in the programme during the inception phase. The supplier should propose 10 countries from this list.

- 6.11. The final list of countries will be agreed with DFID country offices in the inception phase, based on an assessment against the outlined criteria above. The nature and impact of these larger strategic partnerships will vary according to country context; we expect the Supplier to work with partner governments, DFID and other stakeholders to develop designs for grant calls that offer partnerships tailored to the identified needs of, and opportunities in, each country context.
- 6.12. The smaller partnerships will operate in wider range of countries across Sub-Saharan Africa and South-East Asia. These may be in countries where DFID has a country office, but we also expect that they will extend beyond this to include regions such as the Sahel. The geographic footprint of partnerships may change over the life of the programme.
- 6.13. It is expected that some smaller partnerships will take place in the same countries as larger strategic partnerships, to understand if there are any benefits from proximity and linkages between partnerships, for sustainability, scale-up and access. Where smaller partnerships are not operating in the same country as a larger strategic partnership, we would still expect to see evidence of engaging with the wider health system strategies to explore opportunities to sustain and scale up impact. We would also expect all partnerships to explore opportunities to connect with and develop regional networks.

Programme activities

- 6.14. The Supplier is responsible for ensuring that the activities detailed below take place. In some contexts, activities may be provided by downstream partners/consortium members as appropriate.
- a) Identification of national health priorities and demand for UK health partnerships;
 - b) Facilitation and brokerage of partnerships between UK and LIC/LMIC partners that have the skills and expertise to address identified health priorities;
 - c) Design of calls for grant proposals, evaluation of submitted bids, and award of grant agreements in line with the budgets allocated to larger and smaller partnership grants;
 - d) Disbursement and management of grant funding, including ensuring adequate financial assurance and risk management;

- e) Programme management, including ensuring that partnerships have robust project plans, identified outputs and outcomes, and monitoring and evaluation plans for their partnership activities;
- f) Advocacy and relationship management with relevant organisations in country, such as relevant national Ministries;
- g) Dissemination of evidence and learning about effective health partnerships with relevant stakeholders;
- h) Improving the environment and support for UK volunteers participating in health partnerships; and
- i) Communications about the programme, including impact and human interest stories.

Coordination and collaboration

6.15. The Supplier will establish and maintain effective working relationships with all stakeholders at the international, regional, national and sub-national levels as follows:

- a) Collaborate and coordinate with relevant national and local government partners in the programme countries such as Ministries of Health, district health authorities, and Ministries of Finance;
- b) Coordinate with DFID country offices, using their expertise and knowledge and ensuring coordination with relevant DFID programmes and implementing partners in the health sector;
- c) Work with existing and potential UK and LIC/LMIC partners in the health sector to facilitate and support partnerships that can deliver the programme outcomes;
- d) Coordinate with UK Government organisations and ensure linkages as needed with their international and domestic health activities and investments;
- e) Engage with campaigns such as *Nursing Now* (in the UK and in LICs/LMICs) that can provide expertise, networks and local links to build partnerships and identify priorities, and facilitate delivery of DFID's £5m commitment to support nursing and midwifery;
- f) Facilitate and participate in health partnership networks and meetings to share expertise and lessons from DFID funded partnerships and other health partnership programmes;
- g) Coordinate and collaborate with UK Government organisations and UK health institutions on the enabling environment for volunteers; and
- h) Collaborate with a (separately contracted) evaluation service provider and participate in joint monitoring, learning and evaluation exercises on agreed aspects of programme delivery, including gathering feedback from those benefitting from the programme.

7. Principles of delivery

7.1. The following principles will guide and inform all activities:

- Delivery of health partnerships that are sustainable and empower local and national ownership and coordination of health systems strengthening activities;
- Health partnerships will apply a health systems strengthening approach, demonstrating an understanding of national and sub-national health systems, and build the capacity of institutions to enable them to sustain activities and change. As a minimum, partnership activities must not weaken emerging or existing national and sub-national systems, and must align with the health sector plan and objectives;
- Health partnerships will address a wide range of health system priorities and will bring together UK and LIC/LMIC expertise to address health system challenges and barriers across all building blocks of the health system;
- Health partnerships will develop effective international, regional, national and sub-national networks and relationships that enable them to influence and address dependencies and systemic constraints to the delivery of identified outputs and outcomes;
- Health partnerships will support the commitment to leave no one behind by identifying and addressing, as far as possible, access, equity and inclusion challenges in the health sector;
- Health partnerships will approach their activities as an opportunity for mutual learning and enable UK and LIC/LMIC health institutions to identify, test and adopt change that strengthens the delivery of health services and the quality of care provided;
- The programme will take a flexible approach to implementation, responding to updated information and analyses, and ensuring that changes in context are accounted for in programming; and
- The programme will be collaborative, transparent, open and accountable to stakeholders.

8. The requirements

Requirements of the Supplier

8.1. The Supplier will be expected to demonstrate that they can deliver on the following areas.

8.2. Facilitation of health partnerships aligned with national health systems, including:

- Working with stakeholders in the UK and in developing countries to assess need and opportunities for health partnerships to contribute to the strengthening of health systems and national health priorities;
- Matching skills and expertise in the UK with demand in developing countries for strategic and innovative health partnerships, including

supporting new partnerships to develop that can meet identified needs in developing countries;

- Assisting partnerships to develop a strong and accountable relationship with national and local government stakeholders for delivery of health partnership activities that contribute to locally-determined priorities;
- Supporting the development of strong regional, national and sub-national networks between partnerships to maximise the contribution of health partnerships to health system development;
- Supporting UK health institutions to identify and take up opportunities for mutual learning and reverse innovations that will benefit the UK health system.

8.3. Programme management and technical assistance, including:

- Develop and monitor a clear plan of work to deliver the programme outputs and outcomes set out in the logical framework, adapting approaches to manage risks and issues;
- Assist and quality assure partnership work plans to sustainably deliver the outputs and outcomes in grant proposals;
- Provide technical assistance to partnerships that maximises the value for money of their projects through improved economy, efficiency, effectiveness and equity;
- Manage grants to ensure that funds are budgeted and spent as intended (ie to support access to volunteer expertise from the UK), and that any technical assistance provided by the managing agent maximises value for money
- Design and implement effective programme governance arrangements to optimise programme delivery and ensure programme accountability to DFID and other stakeholders;
- Effectively manage risk to mitigate operational, delivery, reputational, safeguarding and fiduciary risks across different operating contexts and respond to issues that arise appropriately and quickly;
- Work with partnerships to assess and increase social inclusion of projects, including increased access for women and girls and those with a disability;
- Support partnerships to innovate through engagement with new evidence, lessons learned from the programme, and appropriate use of digital technology;
- Manage overall co-ordination and communications with country government partners and DFID country offices, based on the communications plan developed as part of the inception report

8.4. Financial management, including:

- Manage grant awards, including the design and issuing of grant calls and evaluating bids;
- Provide effective and timely disbursement of grants to facilitate partnership activities;
- Fully identify and manage fiduciary risk across different country contexts through effective monitoring and audit throughout the delivery chain;

- Provide DFID with regular accurate forecasts and reports of programme spend against the agreed budget, workplan and milestones.

8.5. Monitoring, evaluation and evidence dissemination, including:

- Lead on programme monitoring, including quality assuring and consolidating reports from grantees, and providing advice to inform DFID's assessment of programme performance;
- Make and support implementation of recommendations for improvement throughout the programme;
- Support evaluation and learning by working with the independent evaluation service provider as required;
- Provide technical assistance to support projects to robustly evidence activity and impact, including disaggregating data to explicitly measure social inclusion vulnerable and marginalised groups based on sex, age, disability status and geography;
- Share evidence and learning between partnerships to promote best practice and strengthen partnerships.

8.6. Strengthening UK support for health partnerships, including:

- Work with UK partners to create incentives that encourage and reward UK health professionals to volunteer their time for health partnership activities;
- Support UK partners to deliver communications campaigns to advertise and promote volunteering opportunities;
- Showcase the impact of health partnerships to the UK public and other stakeholders and promoting the opportunities provided by health partnerships;
- Work with DFID, UK government departments and agencies, and other institutions to develop a supportive policy environment for health partnerships.

8.7. To assure DFID of the capability and capacity to deliver these requirements, bids must demonstrate:

- Expert technical knowledge in health systems development in LMICs;
- Understanding and experience of LMIC country operating environments (particularly the long list of countries) and ability to provide support on the ground and ensure alignment with country government priorities for their health system;
- Capability to coordinate stakeholders at national government and institutional level to develop shared objectives and implement the necessary complementary activities;
- Knowledge of the UK health system and institutions, and ability to manage and coordinate work with a wide range of UK institutions (across HMG, including NHS bodies);
- Ability to work with the relevant UK institutions to foster a stronger enabling environment for UK volunteers' supply of technical assistance, for example assisting with volunteering frameworks and supporting partnership activities as recognised Continuing Professional Development;

- Programme management capacity, including grant and fiduciary risk management, ability to deliver value for money by exercising effective cost control, and effective monitoring of partnerships to ensure adherence to DFID safeguarding standards and policies and other ethical standards;
- Monitoring and evaluation capacity and ability to learn and disseminate lessons from the programme with partnerships, DFID and other relevant parties; and
- Evidence of adherence to international best practice on procurement, fraud bribery and corruption, both for their own administration of the programme and for all partners receiving grant funding, and experience of working in countries where corruption is a problem.

Licence to operate

8.8. The lead Supplier, consortium members and all downstream partners will have the appropriate licence to operate in the relevant countries. Award to contract will be dependent on evidence being provided of the necessary licences.

Inception requirements

8.9. The Contract will commence, on approval, with an inception (or mobilisation) phase of four months for the Supplier to:

- Develop a detailed workplan for the first year of the programme, with a higher-level plan of activities and milestones for the remainder of the programme;
- Develop country analysis and grant prioritisation reports, based on country demand and needs, and including how the programme's theory of change translates into that country context, for at least six of the focal countries. These will form the basis for the inaugural competitive calls for grant applications issued at the conclusion of the inception phase. This will ensure that calls for project proposals are aligned with national plans/strategies, address gaps in support from other sources, such as other donors and multilateral agencies, and can draw on UK expertise that can have an impact on strengthening the health system;
- The Supplier will set out how they will work with DFID country offices and other partners to identify areas of interest and low and lower-middle income countries (LMICs) for smaller partnership grants. These grants should include a focus on ensuring social inclusion and taking opportunities, such as testing and promoting new technologies; or addressing areas of health system performance that the wider partnerships are not picking up; or focussing, for example, on particular diseases or social groups;
- Identify if further evidence and analysis is required to understand supply of expertise from UK health institutions. If required, this should be commissioned and completed during the inception phase. The inception should include mapping UK institutions in accordance with capability for meeting needs emerging from country consultations and scoping;

- Provide DFID with risk management methodology, assurance of financial management approaches, and provide DFID with the necessary information to complete a due diligence assessment;
- Work with DFID to finalise a logframe for the Contract;
- Provide refined monthly forecasts to DFID for the first year of the Contract and annual forecasts for the remainder of the duration of the Contract;
- Develop a Communications Plan, with detail on the first year of the contract and a high-level indication for the remainder of the programme;
- Develop a set of comprehensive and robust VfM indicators for the programme. These should cover cost-effectiveness, cost-efficiency, economy, equity and sustainability. Please see the VfM section (p25 of the Business Case, Annex A);
- Work with DFID to finalise a milestone payment schedule for the first year of the programme and a draft schedule for the remainder of the duration of the contract;
- Finalise an appropriate mechanism for payment by results in relation to supplier fees and expected progress on the plan for the strategic partnership and small awards; and
- Work with the evaluation service provider to set-up base-line data collection and monitoring mechanisms. Ensure access to relevant financial and performance information to the evaluation service provider for the duration of the Contract. The Supplier must monitor their own activities, but the evaluation service provider will be responsible for independent assessment of the results and impact of partnership activities on health systems and health outcomes, and for assessing the adequacy of monitoring systems. The Supplier will be expected to respond to recommendations from the evaluation service provider on improvements to monitoring systems. The Supplier will also be expected to engage in a start-up meeting to be chaired by the evaluation service provider during the inception phase.

Performance requirements

8.10. The Supplier will be responsible for monitoring and evaluating the performance of partnerships and their projects, through appropriate frameworks and regular stock-taking consultations, working with the independent evaluation service provider as appropriate.

8.11. The Supplier will need to capture information for assessing performance in a timely, effective and efficient way. Some of the key targets at outputs, outcome and impact level are provided in the indicative log frame (Annex B) which is based on the theory of change, set out in the appraisal case. This will also be reviewed and finalised with DFID during the inception phase and considered as a living document during programme implementation (updated as required following Annual Reviews each year), to enable adjustments according to shifting contexts and priorities.

Key Performance Indicators

- 8.12. DFID will monitor and assess programme performance based on timely and quality achievement of key performance indicators and deliverables on a six monthly and annual basis, which will draw on both logframe output milestones and on the agreed workplan deliverables. The KPIs for the inception phase are summarised in 8.9. DFID expects the Supplier to work with DFID during the inception phase to develop and agree KPIs for contract implementation, linked to the logframe milestones.

Value for Money (VfM)

- 8.13. The Supplier should provide a robust VfM strategy. The Supplier should demonstrate significant competence and capability in ensuring VfM and also in managing all downstream partners to deliver VfM.
- 8.14. Capped daily fee rates for each job family are applicable to this contract. Further information on the capped fees rates is provided in the Volume 2-Supplier Instruction.
- 8.15. The Supplier will be expected to drive and measure value for money throughout the programme period. They will be routinely expected to demonstrate how value for money is being accurately measured within the programme implementation. VfM summaries will be provided in quarterly and annual reporting to DFID, and supplementary detailed VfM Data will be shared on an annual basis.
- 8.16. VfM benchmarks will need to be refined and finalised during the inception phase. There are a number of indicators that could be used to assess VfM, including those set out on page 25 of the Business Case.
- 8.17. The Supplier is expected to consider a set of qualitative measures as part of the VfM proposition, and to consider how VfM assessment will take into account programme results, intervention quality and sustainability. The supplier should outline how they will assess trade-offs proposed by partnerships, particularly in relation to 'harder to reach' communities and individuals.

Commitment to leaving no one behind

- 8.18. The UK has made a commitment to leave no one behind in achieving the global goals. The Supplier will be expected to work with all partnerships to assess how the most excluded and hardest to reach can benefit from partnership activities and results.
- 8.19. SHPSHS will be fully compliant with the Gender Equality Act (2014). The Supplier must ensure that all activities consider the impact on gender equality, including disaggregation of data by gender and the inclusion of gender-based targets in results measurement. The Supplier(s) must also ensure that the impact on disability is equally considered through the same approach.
- 8.20. The Supplier must also comply with the Public Sector Equality Duty by: 1) ensuring that harassment and discrimination are not tolerated and 2) promoting

equal opportunity between people who share protected characteristics with those who do not.

9. Reporting requirements

Performance and technical reporting

- 9.1. Monthly progress meetings will be held with the Supplier to oversee overall progress. This will comprise the core DFID programme team, representatives from DFID country offices if appropriate, and the Supplier. These meetings will review progress towards delivery of outputs, the budget forecast and actual expenditure, results achieved and risk mitigations. Separate meetings will also be held at least every six months with the evaluation service provider, to seek an external view of the progress of the programme, the adequacy of monitoring and reporting, and facilitate learning.
- 9.2. The Supplier will provide quarterly reports and an annual report to DFID.
- 9.3. Quarterly reports will assess progress against the agreed work plan and milestones, KPIs and logframe targets, including qualitative assessment of programme interventions. This report will identify achievements, opportunities and constraints in the delivery of the programme. This will include a quarterly update of the risk assessment and delivery chain mapping. The Supplier will be expected to collate information from all other consortium and downstream partners to present a consolidated report to DFID against an agreed format. The Supplier will also need to maintain and update a comprehensive asset register. Where applicable, logframe reporting will be disaggregated by gender, disability status and age group.
- 9.4. Annual reports will be required in time to inform DFID's annual reviews. This will be provided to an agreed format and will detail progress on outputs, outcomes and impact, 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 adaptation.
- 9.5. DFID will undertake mandatory annual reviews which will measure progress against annual milestones that will have been finalised in the inception phase, Key Performance Indicators and VfM metrics: reports from the Supplier and information provided by the monitoring and evaluation supplier will be used in this process. Annual reviews will also look at budget execution and all aspects of implementation arrangements. The annual review process will provide recommendations to enhance delivery and achievement of outcomes.
- 9.6. The Supplier will provide a high-quality final report at the end of the programme period in line with exit strategy requirements. In addition to the annual progress report requirements, this will include a full assessment of lessons learned for future approaches to supporting health partnerships between the UK and LICs and LMICs.

Financial reporting

- 9.7. The Supplier will be required to provide monthly expenditure figures and forecasts to DFID, on a resource accounting basis and broken down by key cost drivers. Forecasts should be realistic and free of optimism bias and the supplier must inform DFID of potential slippage or overspends as soon as they are identified. The Supplier will also be required to provide annual audited accounts that separately identify DFID funds, associated disbursements and unspent funds.
- 9.8. Open book accounting will also be required, in line with the DFID Supplier Review, to ensure full transparency of supplier finances, including any profit margins and Non Project Attributable Costs associated with the programme.

Supplementary data and information reporting

- 9.9. The Supplier will be requested to provide supplementary data on the programme to DFID. The precise requirements for this additional data reporting will be agreed between DFID and the Supplier(s) during the inception phase, but it is likely to include ensuring that the programme has an accurate data set that captures all grants and partnership activities funded through the programme. This data will be disaggregated (where appropriate) by sex, age, disability status and geography.
- 9.10. All data and metadata is owned by DFID and the Supplier should ensure that all data is rigorously documented and stored in an accessible format. Any research outputs resulting from the programme should be made available via open-access routes.

10. Governance and accountability

Programme oversight

- 10.1. DFID will set up a UK-based SHPSHS programme level steering committee to provide oversight over all contracts associated with SHPSHS. The steering committee will include the DFID core programme team, the Supplier, the evaluation service provider, DFID country office representatives, and DHSC. Participating UK institutions such as NHS Trusts, Royal Colleges and other organisations will be invited as needed. The steering committee will meet at the end of the inception phase and will set the frequency of meetings. The committee will alter its membership as required to meet the needs of the programme.
- 10.2. DFID will convene the steering committee with administrative assistance from the Supplier. The steering committee will have a strategic oversight role, assessing performance, opportunities and challenges and recommending any directional change needed. It will play an important role in agreeing the criteria for grants (and monitoring that these are followed), and potentially be involved in approval of grant awards.

- 10.3. Focus country government partners and DFID country offices may choose to establish additional governance mechanisms for the programme, or include the partnership in an existing government-development partner co-ordination mechanism.

Programme management

- 10.4. The programme will be managed by DFID's core programme team based in DFID's Health Services Team. Monthly progress meetings will be held with the implementation Supplier, DFID's core programme team, and representatives from DFID country offices as appropriate.
- 10.5. The Supplier will report directly to the Senior Responsible Owner (SRO) in DFID's Health Services Team. They are the named individual with overall responsibility for ensuring that the programme delivers the agreed outputs and outcomes, ensuring compliance with the Smart Rules, and providing direction to the core programme team and the implementers.

Supplier governance arrangements

- 10.6. The Supplier will develop the framework and systems for robust governance and accountability during the inception period, with a monitoring and accountability framework to oversee all strands of activity in each country partnership. This will specify minimum standards of behaviour and delivery, enabling the Supplier to intervene, and if necessary stop funding, where activity is below standard. The accountability framework should closely reflect the criteria for assessing the bids for grant funding to ensure coherence and transparency.
- 10.7. The Supplier will ensure that all partnerships have robust safeguarding arrangements to prevent and respond to safeguarding risks to ensure the safety of those involved in and interacting with partnerships. The Supplier will ensure that these arrangements are followed when safeguarding concerns arise. If safeguarding policy or practice is unsatisfactory, the Supplier will intervene as required and alert DFID of any safeguarding cases or concerns immediately when they arise.
- 10.8. Subject to ensuring that correct fiduciary monitoring is in place for all grants of funding awarded by the Supplier as part of the SHPSHS, the administrative burden placed on those receiving funding will be proportionate to the amount of funding being provided.
- 10.9. The Supplier will be required to apply robust grant award and grant management processes. This includes robust due diligence and risk assessment of health partnerships before grant award, followed by monitoring and support on project design, budgeting, governance, financial controls, fraud management and duty of care. Grant holders will be required to provide regular detailed financial and narrative reports to the Supplier, with payments contingent on verification of expenditure, performance and evidence-based results.

10.10. The Supplier will be required to carry out regular reviews of programme and grants-level risk and rolling audits of grants projects. Sufficient flexibility will be built into workplans to enable the Supplier to manage risks and contextual changes. DFID and the Supplier will agree an appropriate mechanism for payment by results during the inception period. Payments to any external supplier will be linked to demonstrable achievement against programme outputs and outcomes to ensure value for money. Any poor performing grants will be required to carry out prompt remedial actions and where they fail to deliver on agreed remedial action plans, these grants will be closed. The Supplier will be required to keep DFID fully informed throughout the process.

Delivery Chain Mapping

10.11. Delivery chain mapping is a process that identifies and captures, usually in visual form, the names of all partners involved in delivering a specific good, service or charge, ideally down to the end beneficiary. Addressing this is the actions/activities required to manage regular and exceptional risk throughout the network to reduce exposure and vulnerability.

10.12. In advance of any release of funds, the Supplier will be required to produce a delivery chain map, and delivery chain risk map, which will, where possible, identify all partners (funding and non-funding e.g. legal/contributions in kind) involved in the delivery of a programme. The delivery chain map, and delivery chain risk map, should be reviewed and updated regularly, in line with agreed programme monitoring processes and procedures. As a minimum, it should include details of:

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

Risk of fraud

10.13. The risk of fraud through downstream Supplier or with partners in country will need to be partly mitigated through the Supplier's due diligence of downstream Supplier, ensuring acceptable levels of financial control and reporting, and safeguarding before granting funds. The Supplier will be required to set out how they will monitor the performance and financial management of downstream Supplier and national partners supported through the programme.

Safeguarding

10.14. DFID maintains a zero-tolerance approach to sexual exploitation and abuse by the Supplier, which includes their downstream supply chains. In this programme, this means all partners benefitting from grant funding. We expect DFID partners to follow our lead and robustly consider environmental and social safeguards through their own processes. The capacity of our partners to do this

and their effective performance will be a key risk assessment factor in programme design, delivery and monitoring and evaluation.

Do no harm

- 10.15. DFID requires assurances regarding protection from violence, exploitation and abuse through involvement, directly or indirectly, with DFID suppliers and programmes. This includes sexual exploitation and abuse but should also be understood as all forms of physical or emotional violence or abuse and financial exploitation.
- 10.16. The Supplier must demonstrate a commitment to the ethical design and delivery of monitoring and evaluation, including the duty of care to informants, other programme stakeholders and their own staff.

Duty of care

- 10.17. 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. 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.

The Supplier is fully responsible for Duty of Care in line with the details provided above and the initial risk assessment matrix prepared by DFID included in this Annex. The supplier must confirm that:

- They fully accept responsibility for security and Duty of Care.
- They understand the potential risks and have the knowledge and experience to develop an effective risk plan.

- They have the capability to manage their Duty of Care responsibilities throughout the life of the contract.
- 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

Please note: The scores were provided by DFID's Departmental Security Department (DSU), 16th April 2019.

Country	Overall Security	Violent Crime	Civil Disorder	Terrorism	Espionage
Bangladesh	4	3	3	4	
Burma (Myanmar)	2	2	2	2	
Dem. Rep. of the Congo	4	5	5	2	
Ethiopia	3	3	3	3	
Ghana	3	3	3	3	
Nepal	3	3	3	1	
Nigeria	4	4	4	4	
Pakistan	5	3	3	5	Specific Security Concern
Sierra Leone	3	3	3	2	
Somalia	5	4	4	5	
Tanzania	4	4	4	3	
Uganda	3	3	3	3	
Zambia	3	3	3	1	

Additional country specific information can be found on the FCO website:
<https://www.gov.uk/foreign-travel-advice>

Environmental considerations

10.18. The Supplier will be expected to identify and minimise any impact from their management of the programme on the environment, and challenge partnerships to do the same. This will include maximising use of technology as an alternative to travel where appropriate.

10.19. In line with DFID's environment and climate safeguards, the Supplier should assist partnerships to address environmental measures and opportunities, including contributing towards adequate waste management and improved water and sanitation at health facility level.

GDPR

10.20. Please refer to the details of the GDPR relationship status and personal data (where applicable) for this project as detailed in Appendix A of the ToR and the standard clause 33 in section 2 (DFID Standard Terms and Conditions) of the contract.

Small to Medium sized Enterprises (SMEs)

10.21. DFID is expected to report to central government on the levels of contracted work being allocated to SME and other sub-contracted organisations. It is now a requirement to provide details regarding the levels of direct and indirect departmental SME spend with major suppliers to the cross-government SME Small Business Policy team working on this initiative.

10.22. DFID is also interested in gathering details of the organisations working within the delivery chains of directly contracted partners. As part of the contractual compliance checking process, the supplier will be required to submit returns providing these details, as a minimum on an annual basis.

11. Contract information

Timeframe

11.1. The Contract will start in December 2019 and will run for 43 months until July 2023. The inception phase is expected to be four months and will conclude, approximately, at the end of March 2020.

11.2. All large grants will be issued by 31 May 2021. All small partnership grants will be issued by December 2021. All partnership activities will be expected to be completed by the end of December 2022.

11.3. DFID reserves the right to extend the programme for a further two (2) years should this be required.

Budget

11.4. The total budget for this programme is £28.5m, with the total for grants identified as a minimum £24m. Within this grant fund value, £5m has been ringfenced to support the development and training of nurses and midwives. These values are inclusive of VAT and all relevant government tax.

11.5. The programme will include an option to extend by up to an additional £13m and by up to an additional two years.

Payment

11.6. DFID will award a hybrid contract with payment made on a combination of inputs and payment by results on a quarterly basis.

11.7. For the duration of the contract all expenses will be paid on the reimbursement of actual expenditure incurred by the supplier.

11.8. Grant disbursements will be reimbursed by DFID on a quarterly basis based on the grants disbursed in that quarter.

11.9. For the Inception phase, 100% of fees will be linked to the satisfactory completion of the deliverables set out in section 8.9 of these terms of reference. The supplier should propose the cost attached to each deliverable.

11.10. For the implementation phase at least 10% of fees will be linked to achievement of the milestones outlined in output Indicator 1.1 of the Logframe (Annex B). The supplier will propose the % at risk.. The final targets for these milestones will be established in the inception period. Draft targets shown below

Milestone 1 - 20 large grants awarded by 31/05/20.

Milestone 2 – 40-50 Large grants awarded by 30/09/20

Milestone 3 – All large grants (60-80) awarded by 31/03/21

11.11. Following the achievement of milestone 3 which is scheduled for the mid-point of the contract DFID and the supplier will discuss what the % of fees at risk will be linked to for the remainder of the programme.

11.12. The supplier should propose how the remaining % of implementation fees will be paid, with a focus on delivery of results rather than inputs.

11.13. DFID will discuss and agree the final implementation phase payment mechanism in the inception period including exploring what other elements of performance/results can be linked to payment of fees.

Break points

11.14. The contract will have a break point after the inception period. There will be a further break point two years after the start of implementation. Continuation of the contract will be subject to satisfactory performance by the Supplier against the terms of the contract and key performance indicators.

Scale up/down

11.15. DFID reserves the right to scale back or discontinue this programme at any point in line with DFID's contractual Terms and Conditions. The Supplier shall commit to being fully prepared in the event any decision is made to scale up (increase) or scale down (decrease) the scope of the programme. This may include changes to the number and value of the grants issued and managed and the countries in which partnerships operate.

11.16. DFID may scale up or extend the programme's budget and time in any of the following circumstances:

- Where the programme has been demonstrated to have a strong impact, and has the potential to yield better results;
- Expansion of the scope of work.

11.17. Scaling down is at DFID's discretion, and may occur for a number of reasons, including but not limited to:

- Shortage of funds;
- A change in security and/or political circumstances;
- Political economy reasons.

11.18. A political economy reason is a change in the situation of the security, government stability, corruption, or delays in key, necessary government engagement in the specific areas in question which are such that they affect the effective delivery in the specific areas (rather than generally) in a way and it is not possible to make a reasonable adjustment to the programme in an appropriate timeframe.

Independent evaluation

11.19. An independent evaluation service provider will be procured through limited competition in 2019, through the DFID Global Evaluation Framework Agreement, and contracted to design and implement continuous evaluation activities throughout the programme's lifetime. In addition to delivering evaluation activities, the evaluation service provider will advise on whether the programme logframe should be modified, and identify lessons learnt, and how any issues and opportunities should be addressed.

Ethical principles

11.20. It is a requirement that all partners DFID commission and fund comply with the Ethics Principles. Partners will be required to include consideration of ethical issues and a statement that they will comply with the ethics principles when undertaking research, monitoring and evaluation.

12. Communications and UK Aid branding

UK Aid branding

12.1. Suppliers that receive funding from DFID must follow [UK Aid branding guidelines](#) and use the UK Aid logo on their programmes to be transparent and acknowledge UK taxpayers' support. The Supplier 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 Supplier and will be captured on the visibility statement and agreed prior to contract signature.

Communications

12.2. The Supplier should actively promote the work and results of the programme throughout the programme lifecycle and are required to inform DFID of any important milestones, events, planned media activity or queries from the media. The Supplier should also provide DFID with first-hand human interest stories that show how UK Aid funding for the programme is making people's lives better.

This can take the form of positive stories of people receiving or delivering our aid through the programme, any interesting innovations, research or statistics and results from the programme.

Transparency

12.3. DFID has transformed its approach to transparency, reshaping our own working practices and pressuring others across the world to do the same. DFID requires Suppliers receiving and managing funds, to release open data on how this money is spent, in a common, standard, re-usable format and to require this level of information from immediate sub-contractors, sub-agencies and partners.

12.4. It is a contractual requirement for all Suppliers to comply with this, and to ensure they have the appropriate tools to enable routine financial reporting, publishing of accurate data and providing evidence of this DFID – further IATI information is available from; <http://www.aidtransparency.net/>.

13. Digital Spend

13.1. The UK Government defines digital spend as ‘any external-facing service provided through the internet to citizens, businesses, civil society or non-governmental organisations.’ The Government Digital Services (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 meetings 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 clear with DFID in advance and must adhere to the following principles:

- Design with the user
- Understand the existing ecosystem
- Design for scale
- Build for sustainability
- Be data driven
- Use open standards, open data, open source & open innovation
- Reuse & improve
- Address privacy & security
- Be collaborative

13.2. The Supplier will highlight any digital aspects of their approach including potential budget assigned to these interventions, licenses/permissions required and sustainability of investment.