Department for International Development

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Section 4 Appendix A

CALLDOWN CONTRACT

Framework Agreement with: HERA

Framework Agreement for: Independent Monitoring, Process Evaluation, Regional Framework Agreement (IMPERFA)

Framework Agreement Purchase Order Number: PO 7930

Call-down Contract For: Third Party Monitoring for Appui au système de santé en RDC (ASSR) Support to the health system in DRC

Contract Purchase Order Number: PO 8576

I refer to the following:

1. The above-mentioned Framework Agreement dated; **5 April 2019**

2. Your proposal Commercial and Technical Proposal of **11 July 2019**

and I confirm that DFID requires you to provide the Services (Annex A), under the Terms and Conditions of the Framework Agreement which shall apply to this Call-down Contract as if expressly incorporated herein.

1. Commencement and Duration of the Services

1.1 The Supplier shall start the Services no later than **30 September 2019** ("the Start Date") and the Services shall be completed by **31 March 2021** ("the End Date") unless the Call-down Contract is terminated earlier in accordance with the Terms and Conditions of the Framework Agreement.

2. Recipient

2.1 DFID requires the Supplier to provide the Services to the UK Department for International Development (DFID) Democratic Republic of Congo (DRC) (the "Recipient").

3. Financial Limit

3.1 Payments under this Call-down Contract shall not, exceed **£969,992 (Nine Hundred and sixty-nine thousand nine hundred and ninety-two GBP.** ("the Financial Limit") and is exclusive of any government tax, as detailed in Annex B**.**

When Payments shall be made on a 'Milestone Payment Basis' the following Clause 3.2 shall be substituted for the Framework Agreement.

PAYMENTS & INVOICING INSTRUCTIONS

3.2 Where the applicable payment mechanism is "Milestone Payment", invoice(s) shall be submitted for the amount(s) indicated in Annex B and payments will be made on satisfactory performance of the services, at the payment points defined as per schedule of payments. At each payment

point set criteria will be defined as part of the payments. Payment will be made if the criteria are met to the satisfaction of DFID.
When the relevant milestone is achieved in its final form by the Supplier or following completion of the Services, as the case may be, indicating both the amount or amounts due at the time and cumulatively. Payments pursuant to clause 3.2 are subject to the satisfaction of the Project Officer in relation to the performance by the Supplier of its obligations under the Call-down Contract and to verification by the Project Officer that all prior payments made to the Supplier under this Call-down Contract were properly due.

4. DFID Officials

4.1 The Project Officer is:

REDACTED
REDACTED
Human Development Team South and West Africa
Department for International Development

4.2 The Contract Officer is:

REDACTED
REDACTED
Procurement and Commercial Department
Department for International Development

5. Key Personnel

5.1 The following of the Supplier's Personnel cannot be substituted by the Supplier without DFID's prior written consent:

REDACTED

6. Reports

6.1 The Supplier shall submit project reports in accordance with the Terms of Reference/Scope of Work at Annex A.

7. Sub-contractors

7.1 The following of the Supplier's sub-contractors have been approved for the purpose of fulfilling this contract and cannot be substituted by the Supplier without DFID's prior written consent:

Bluesquare
Kinshasa Public Health School
Aidworks

8. Extension Options

In agreement with the Supplier, DFID reserves the right to extend the contract at no additional cost for up to a further six months beyond the end of the Call Down Contract. Any options to

extend will be reviewed subject to satisfactory performance of the supplier, the continuing need of the services and agreement on work-plans and budgets for the proposed extension period.

9. Additional Documents to be included in the contract

9.1 Third Party Monitoring for Appui au système de santé en RDC (ASSR) Support to the health system in DRC General and Technical Proposal dated 11 July 2019 (enclosed at the end of the contract)

10. Payment Schedule and Key Performance indicators

10.1 An indicative payment schedule is detailed in Annex B of this contract. The outputs listed in the draft workplan are formulated as Key Performance Indicators and include the following:

- KPI 1: Timely submission of final inception report (week 44, 2019)
- KPI 2: Timely submission of the six quarterly TPM & OR reports (weeks 46 [2019], 6, 19, 32, 45 [2020]; 6 [2021]
- KPI 3: Timely submission of the pharmaceutical supply review report (week 5, 2020)
- KPI 4: Timely submission of the quality of services assessment (week 7, 2020)
- KPI 5: Timely submission of the Annual Review report (week 27, 2020)
- KPI 6: Timely submission of the Project Completion Review (week 6, 2021)
- KPI 7: Timely submission of the final TPM & OR report (week 12, 2021)

10.2 The timing of the KPIs will be finalised and agreed between DFID and HERA during the inception phase.

10.3 HERA will offer a reduction of 2% of the fee for the cost of the deliverable for every working day a deliverable is later than the agreed timeline.

11. Duty of Care

11.1 All Supplier Personnel (as defined in Section 2 of the Agreement) engaged under this Call-down Contract will come under the duty of care of the Supplier:

11.2 The Supplier will be responsible for all security arrangements and Her Majesty's Government accepts no responsibility for the health, safety and security of individuals or property whilst travelling.

11.3 The Supplier will be responsible for taking out insurance in respect of death or personal injury, damage to or loss of property, and will indemnify and keep indemnified DFID in respect of:

11.3.1 Any loss, damage or claim, howsoever arising out of, or relating to negligence by the Supplier, the Supplier's Personnel, or by any person employed or otherwise engaged by the Supplier, in connection with the performance of the Call-down Contract;

11.3.2 Any claim, howsoever arising, by the Supplier's Personnel or any person employed or otherwise engaged by the Supplier, in connection with their performance under this Call-down Contract.

11.4 The Supplier will ensure that such insurance arrangements as are made in respect of the Supplier's Personnel, or any person employed or otherwise engaged by the Supplier are

reasonable and prudent in all circumstances, including in respect of death, injury or disablement, and emergency medical expenses.

11.5 The costs of any insurance specifically taken out by the Supplier to support the performance of this Call-down Contract in relation to Duty of Care may be included as part of the management costs of the project and must be separately identified in all financial reporting relating to the project.

11.6 Where DFID is providing any specific security arrangements for Suppliers in relation to the Call-down Contract, these will be detailed in the Terms of Reference.

12. Call-down Contract Signature

12.1 If the original Form of Call-down Contract is not returned to the Contract Officer (as identified at clause 4 above) duly completed, signed and dated on behalf of the Supplier within **15 working days** of the date of issue, DFID will be entitled, at its sole discretion, to declare this Call-down Contract void.

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

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:

Department for International Development

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Third Party Monitoring for Appui au système de santé en RDC (ASSR) – Support to the health system in DRC:

Introduction

The UK Department for International Development (DFID) Democratic Republic of Congo (DRC) is making available up to £1m from July 1st, 2019 to 31st December 2020 for delivery of a Third-Party Monitoring (TPM) and operational research facility for the Accès aux Soins de Santé en RDC (ASSR) programme.

Background

The Department for International Development (DFID) has been providing support to the Health Sector in DRC for over 10 years. The two most recent programmes - Support to malaria control programme (https://devtracker.dfid.gov.uk/projects/GB-1-203458) and ASSP- Accès aux Soins de Santé Primaires (https://devtracker.dfid.gov.uk/projects/GB-1-202732) ended in November 2018 and March 2019 respectively. Both programmes have sought to save lives by supporting delivery of health services and improvements in the quality, availability, and accessibility of health care. To continue supporting the health sector, DFID DRC has designed a new 18-month programme that started in April 2019. ASSR is expected to provide a bridge between the current ASSP programme and a new long-term health programme planned to start in September 2020. The new programme aims to continue to work to improve the health of women, adolescents and children through support for prevention, delivery of health care and health systems strengthening. The programme, detailed in Appendix 1, will continue providing support for the health sector in four provinces of DRC – Nord Ubangi, Kasai, Kasai Central and Maniema (estimated population 9 million) and at national level for selected existing areas of technical support and deliver cross-cutting support on strengthening Global Health Security in DRC. The maximum estimated value of the 18-month ASSR programme is £35million.

Objectives

The objective of the independent third-party monitoring and operational research facility is to:

1) Provide an ongoing, high quality, critical constructive review of the ASSR programme and verify that the reporting against agreed results indicators is of a high quality.
2) Work with programme providers to improve any areas of weakness identified.
3) Deliver a defined number of pre-agreed pieces of high quality operational research and provide capacity to respond to emerging research needs.
4) Ensure wider ASSR programme activities and expenditure is protected from reputational risk as far as possible.

To deliver these objectives services will include:

1. **Monitoring** (75% programme value)

- **Delivery of independent verification of the programme's delivery (using a sampling approach)** against expected inputs and outputs set out in the logframe to feed into the assessment of quarterly reports from the ASSR Implementing partner(s) (including KPI data). Verification is expected to include feedback from beneficiaries and non-beneficiaries.

- **Assessment of monitoring systems and processes including data collection and data management systems** used by the implementing partner(s), to identify if systems are fit for purpose, adequately resourced and used according to plan.
- **Provision of evidence and monitoring to support robust DFID reviews** [at least annually], including completion of ASSR Programme Annual Review and Project Completion Review according to DFID guidelines. This will include secondary analysis of programme results derived from the verification process, to build an evidence base of which interventions are working well, identify key trends, and assess progression towards outcomes and impact outlined in the ASSR logframe and theory of change.
- **Identification of areas of best practice, programme impact, lessons learned, and opportunities for strengthening** the programme, identified through monitoring activities.
- **Valued and constructive feedback to DFID and implementers** to enable programme delivery, ensure VFM and adaptation for outputs and results. This should be practical, innovative, actionable and evidence based.

2) Research (25% programme value)

- **Generation of evidence to enable adaptive programming** through delivery of two studies that test innovation or address gaps in evidence to either adjust the programme or strengthen global knowledge:
    1. A baseline study/ audit of the quality of service delivery in selected programme supported areas
    2. An assessment of the national drug supply chain to identify key weaknesses and risks with a view to proposing piloted/ stepwise increased system utilisation by DFID
- **Delivery of a small number of pieces of quick 'nimble' analysis/research** against emerging needs identified – to facilitate appropriate programme course correction e.g. piloting.
- **Nutrition data collection** support in programme and non-programme areas may also be required to feed in to a wider study managed outside of this TPM component.

Scope of work

All components of the ASSR programme will be subject to third party monitoring (TPM) as outlined in Annex 1.

Relationship between the TPM provider, DFID and partners

This work does not replace the implementing partner(s) monitoring nor does it replace the monitoring that DFID DRC undertakes but instead will compliment and support it closely. The independent third-party monitor is to ensure independent monitoring and quality assurance of programme delivery, documentation of lessons and robust tracking of results. The service provider is responsible for defining and collecting additional primary data required for independent monitoring, evaluation and results verification purposes.

Data sharing agreements and processes should be in place between service provider and implementing partner(s) including consideration of timeliness of data sharing and safeguarding of data. DFID and other UK government departments will have unlimited access to the material produced by the supplier (as expressed in DFID's general conditions of contract)

The service provider will need to demonstrate flexibility to adapt to DFID and implementing partner(s) needs and requirements, and the context.

Approach

Applicants are invited to propose:

- The approaches that they will take in setting up and delivering the TPM, including outlining expectations for DFID engagement and support during the start-up phase.
- Approaches to developing and delivering robust, independent and cost-effective verification of the programme's delivery.
- Methods for high quality research including (but not limited to) sampling strategy and data collection and analysis strategies, staff training and quality assurance.
- Methods for critical review of the data, assessment of monitoring systems, data collection and data management systems.
- Effective approaches to community engagement (including gathering input from beneficiaries and those who have not benefitted from the provider's services) and dissemination of findings to communities to support programme and TPM accountability to the community.

Quality of Team (including essential skills and knowledge required)

Quality of Team Leader – This should be a highly skilled, highly credible individual who has preferably developed their expertise over at least 10 years* working on complex monitoring and/or evaluation assignments. A Master's degree or higher with a focus on research (in a social science or related discipline) will be a further benefit. The Team Leader will be based full time in DRC and should be able to demonstrate how they will utilise their considerable knowledge, expertise and skills to benefit a programme of this size and complexity. The team leader should also have the relevant experience in effectively managing a multi-disciplinary team and it would be beneficial to be fluent in French.

Quality of Project Team (long-term key personnel) – should include an appropriate mix of national/international staff, seniority levels, contacts/networks demonstrating suitable skills and ability to undertake the requirements of the programme, particularly demonstrating expertise in the design of complex monitoring systems. In-country knowledge would be advantageous. As above, we are seeking evidence as to how the team's collective considerable knowledge and expertise will benefit a programme of this size and complexity. It would be beneficial to be fluent in French. Gender balance should also be considered when putting together the core team. The delivery team would also be expected to include at least one person with analytical skills and expertise in operational research to commission/ co-deliver research and conduct analysis.

Note – DFID is willing to consider fewer number of years of knowledge but with appropriate expertise in managing similar assignments.

The supplier would be required to visit a minimum of half of the health zones in each province (equating to a minimum of 25 health zones- see Annex 2) over the course of 15 months for monitoring purposes. Choosing provinces will be done in consultation with DFID. The supplier would need to work with the ASSR implementing partner to align work plans so that TPM activities represent VfM in terms of transactional and logistical costs.

Deliverables/ Reporting

The reporting requirements would include:

- A work plan prepared and agreed with DFID DRC at the start of this assignment (and revisited half way through, if required).
- Quarterly Third-Party Monitoring reports (within first ten days of the following month).
- An Annual Review of the ASSR programme and a Project Completion Review of the ASSR programme, written according to the DFID template.

The format and content of the third-party monitoring reports will be agreed with DFID DRC at the start of this assignment. Reports should provide concise key messages and include clear, relevant and realistic recommendations.

Timeframe

The service provider will be engaged for a period of 18 months (August 2019 to January 2021) – with a schedule of input agreed with DFID at the Contract signing stage. There could be a possibility of a further extension of this work until March 2021. An indicative timetable of initial activities is given here:

Within 2 weeks of the start of the contract	The Supplier should have the full team in place, including the Team Leader and ready to commence work.
Within 3 weeks of the start of the contract	The Supplier will submit a workplan to DFID DRC Health Team, detailing how the objectives of the contract will be delivered. This will include a reporting format that will be agreed with DFID DRC.
Within 4 weeks of start of the contract	The Supplier will propose detailed methodology and a timeframe for the delivery of the research pieces.
Within 3 months of the start of the contract	The Supplier to submit the first quarterly narrative and financial report on activities in the workplan and against expenditure. This will set the quarterly reporting circle for the rest of the contract duration.

Budget and Payment Mechanism

A budget of up to £1 million is available for this assignment (inclusive of tax/vat). DFID has committed to deliver the best possible outcomes that help the poorest in the world and deliver Value for Money for UK taxpayers.

Suppliers will propose a milestone payment structure, where payments are linked to clearly defined milestones according to the objectives and deliverables defined in this Terms of Reference. Key Performance Indicators should also be incorporated into the payment mechanism, examples can include but are not limited to : submission of periodic reports (monthly, bimonthly or quarterly), distinct milestones achieved such as completion of substantial pieces of work. DFID may refine the milestone payment plan and Key Performance Indicators during the inception phase.

Logistical Arrangements

Potential suppliers should also in their proposals provide information on their duty of care arrangements concerning field data collection activities, as well as an outline of travel arrangements in-country for field mobilisation of the team.

Duty of Care

The Supplier is responsible for the safety and wellbeing 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 DRC will share available information with the Supplier on security status and developments in-country where appropriate.

Bidders must develop their Tender on the basis of being fully responsible for Duty of Care for the duration of the Contract. Bidders must confirm in the Tender 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 capability to manage their Duty of Care responsibilities throughout the life of the contract.

If a bidder is unwilling or unable to accept responsibility for Security and Duty of Care as detailed above, their Tender will be viewed as non-compliant and excluded from further evaluation.

Acceptance of responsibility must be supported with evidence of capability and DFID reserves the right to clarify any aspect of this evidence. In providing evidence, Tenderers should consider the following questions:

- Have you completed an initial assessment of potential risks that demonstrates your knowledge and understanding, and are you satisfied that you understand the risk management implications (not solely relying on information provided by DFID)?
- Have you prepared an outline plan that you consider appropriate to manage these risks at this stage (or will you do so if you are awarded the contract) and are you confident/comfortable that you can implement this effectively?
- Have you ensured, or will you ensure that your staff (if any), are appropriately trained (including specialist training where required) before they are deployed, and will you ensure that on-going training is provided where necessary?
- Have you an appropriate mechanism in place to monitor risk on a live / on-going basis (or will you put one in place if you are awarded the contract)?
- Have you ensured, or will you ensure that your staff (if any) are provided with and have access to suitable equipment and will you ensure that this is reviewed and provided on an on-going basis?
- Have you appropriate systems in place to manage an emergency / incident if one arises?

The Supplier is responsible for ensuring appropriate safety and security briefings for all their personnel working under this contract and ensuring that their personnel register and receive briefing as outlined above. Travel advice is also available on the FCO website and the Supplier must ensure they and their personnel are up to date with the latest position.

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General Data Protection Regulations

Please refer to the details of the GDPR relationship status and personal data (where applicable) for this project as detailed in Annex 4 and the standard clause 33 in section 2 of the Framework Agreement Contract.

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Annex 1: Information note - Proposed Appui au système de santé en RDC (ASSR) – Support to the health system in DRC

Background

The Department for International Development (DFID) is the UK Government's aid agency. DFID provides development finance and support in developing countries. DFID has provided support for the health sector in DRC for over 10 years most recently through two programmes:

- ASSP - Accès aux Soins de Santé Primaires (further information https://devtracker.dfid.gov.uk/projects/GB-1-202732)
- Support to Malaria Control programme (further information https://devtracker.dfid.gov.uk/projects/GB-1-203458)

ASSP ended in March 2019 and the Support to Malaria Control programme will close by early 2019. Both programmes have sought to save lives by supporting delivery of health services and improvements in the quality, availability, and accessibility of health care.

Together the programmes worked at all levels of the health system, from community level to national level. This approach has proved successful in addressing immediate health needs while supporting progress towards longer term health system change.

New programme of work

We are commencing a new 18-month programme of work to run from April 2019. The programme will continue providing support for the health sector in four provinces of DRC – Nord Ubangi, Kasai, Kasai Central and Maniema (estimated population 9 million) and at national level for selected existing areas of technical support. The programme is expected to provide a bridge between the current ASSP programme and a new long-term health programme planned to start in September 2020. The estimated value of the programme is £35 million.

Project aim

The project aim is to continue work to improve the health of women, adolescents and children through support for prevention, delivery of health care and health systems strengthening.

Programme principles

The programme will be expected to:

- Work in support of the PNDS[1] (DRC heath sector strategy) and sector specific policies and guidance.
- Support delivery of activity through government/ public sector systems wherever possible and by working closely with and involving communities.
- Make full use of local, national and international evidence to inform planning and delivery of activity.
- Promote sustainability, resilience and health system strengthening.

[1] The 2018 updated - *Plan National de Développement Sanitaire*.

- Work to meet the needs of the most vulnerable, looking to 'leave no-one behind.'[2]
- Embed consideration of gender and conflict into all activity, including in targeting of communities, recruitment of staff, procurement and delivery.
- Deliver on areas of UKAID focus – maternal, child and adolescent health, family planning, nutrition, global health security, disability, sexual and gender based violence.
- Consider where DFID support is best placed to respond and how the work of this programme can interface/ coordinate with other programming.
- Fulfil DFIDs compliance expectations - including on due diligence, delivery chain mapping, financial reporting, fraud and safeguarding.
- Provide value for money[3] - explicitly considering economy, efficiency, effectiveness, equity and ultimately cost effectiveness.
- Work to a strong results and monitoring framework that clearly articulates the ambition and scope of the programme and its intended outcomes and impacts in addition to outputs, and that allows for timely and effective monitoring and assessment of progress.

These principles are considered in more detail in the following sections.

Geographical focus of the programme

The programme will support delivery of basic services in the provinces of Nord Ubangi, Kasai, Kasai Central and Maniema. The specific health zones to be supported can be found in Appendix 2. All the health zones listed currently receive support through the ASSP programme.

The programme will extend the provision/ introduction of support to Dekese health zone (Kasai province). This health zone currently has no sustained external health sector support and is large, remote and poorly accessible. It is the only health zone in Kasai province where DFID is not currently providing support through ASSP.

Within each province support to all levels of the health system will be considered (community, health facility, health zone, province) with a view to sustainability, resilience building and health systems strengthening.

At national level the programme will include continuing technical support work on DHIS2[4], human resources (including iHRIS[5] and WISN[6]) and public financial management (all further discussed in technical scope section). These are areas where significant progress has been made over the course of the ASSP programme and where it is considered DFID support can continue to play a critical role in the strengthening of national levels systems.

Technical scope of the programme

Health facility and community level

[2] Given the scale of need in DRC there may be difficult choices to be made for example on scale vs depth. These choices should be fully articulated so if people are 'left behind' this is recognised, explained and documented.
[3] VFM for DFID means we maximise the impact of each pound spent to improve poor people's lives
[4] DHIS2 is the electronic system for capturing SNIS data - *Systeme National d'Information Sanitaire* (SNIS) is the national health information system-.
[5] iHRIS is a human resources data system
[6] WISN – WHO Workload Indicators of Staffing Needs methodology

It is expected that a minimum package of support will be provided to all health facilities in supported health zones. This minimum package of activities will include consideration of appropriate interventions across the following technical areas:

- Family planning
- Maternal care
- Nutrition
- Childhood illness
- Adolescent health
- Immunisation
- Sexual and gender-based violence

Delivery of activity in these areas will need to include interventions aimed at:

- Ensuring the availability of essential drugs and equipment (including maintenance of critical equipment and infrastructure such as VSAT phones and solar lighting and fridges installed in the current project).
- Improving health worker motivation and training.
- Improving the quality of care.
- Improving collection, management and use of information.
- Making services accessible and preventing catastrophic health expenditure.
- Empowering communities to have a voice and to support and shape health service delivery.

The minimum package of support defined will align to the GoDRC defined minimum package of activities.[7] There will also be a strong focus on improving the quality of health care aligned to the GoDRC guidance and expanding the minimum package of support to address needs.[8]

Currently DFID is also responsible through a national rationalisation agreement to provide all routine malaria commodities to Kasai province (not currently including Dekese). Other donors provide for Nord-Ubangi, Kasai Central and Maniema.

It is recognised that the detailed design of specific interventions is best done in conjunction with communities, health staff and local authorities. To that end there will be a three month inception phase between April 2019 and June 2019 to allow for finalisation of the scope of interventions. It is expected however that some delivery will also need to take place during this time to prevent gaps in critical areas of activity such as drug supply[9]. This inception phase of programming will also allow for lessons from an impact evaluation of ASSP to be considered in the design of interventions – the impact evaluation is expected to be published in early 2019.

Provincial and health zone level

Provincial and health zone teams are responsible for the planning, coordination, oversight and supervision of public health sector delivery in their geographical areas and appropriate engagement will therefore be critical to the success of any programme.

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[7] *Recuil des Normes de la Zone de Sante*

[8] *Démarche Qualitié Intégrée*

[9] It is anticipated that at least three months of drug supply will be available in the programme from March 2019 to assist with programme transition, but this will require oversight and management.

National level work

The programme will work closely with relevant directorates of the national Ministry of Health (and wider parts of GoDRC as appropriate) on all areas of programme delivery.[10] In addition there are a number of key areas where continued technical support at national level is expected through this programme:

DHIS2 – ASSP has achieved considerable success in piloting and supporting scale up of adoption of DHIS2, including providing dedicated technical support at national level. Continuation of support to improving the quality and use of DHIS2 is a core programme delivery requirement over the new 18-month programme. There are a number of other donors also providing support to DHIS2.

Human resources – ASSP has made significant progress in supported provinces in supporting health worker identification and validation processes. This process allows for correct identification of health workers and cleaning of payroll lists used for primes and salary payments. This information is then captured in an electronic human resource database (iHRIS) which can be continually updated and used for annual human resources planning. Accompanying this work ASSP has supported national work to define health facility human resource requirements using WHO WISN (Workload Indicators of Staffing Needs) methodology. Both areas of work are of high priority to the GoDRC and it is anticipated that iHRIS may be rolled out nationally.

Public Financial Management – ASSP has provided technical support to the (Health) Secretary General's office on budget analysis and management. This will continue through the new programme.

A diagram showing the expected full scope of DFID health activity over the next 18 months (including additional health preparedness and response work) can be found in Appendix 3.

[10] This should include fostering an environment of mutual learning, support, sharing of information and processes for supervision of provincial level activity

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Annex 2 : List of ASSR health zones

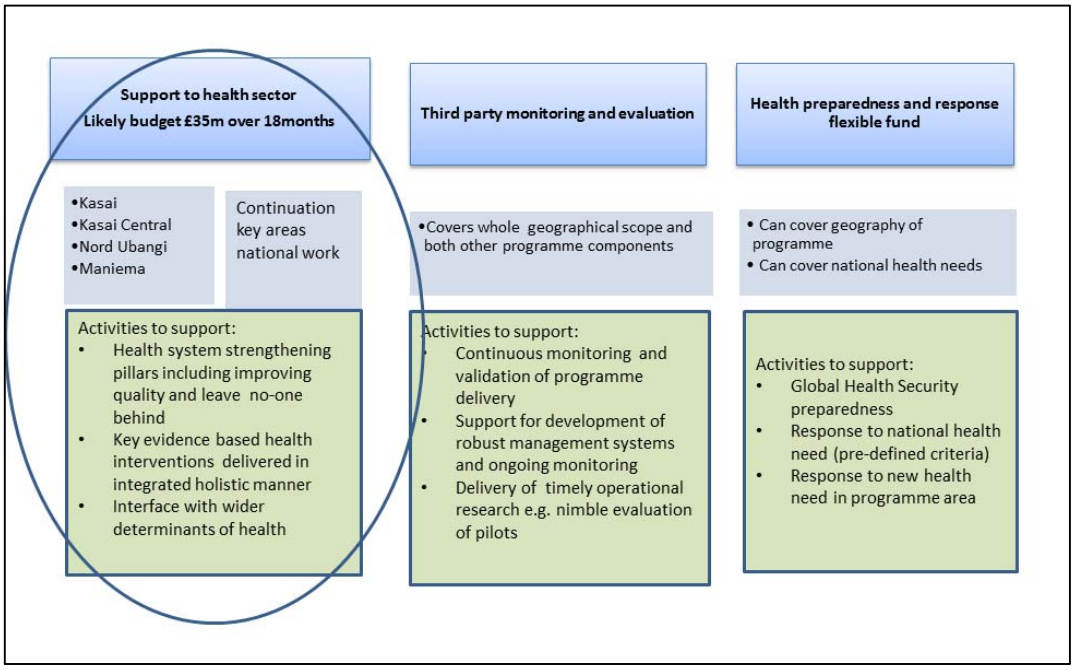
Province	District	Territory	Health Zone		Pop 2019
NORD-UBANGI	NORD UBANGI	BOSOBOLO	BILI	1	203,753
			BOSOBOLO	1	181,625
		BUSINGA	BUSINGA	1	140,945
			KARAWA	1	276,283
			LOKO	1	138,896
		GBADOLITE	GBADOLITE	1	159,620
		MOBAYI MBONGO	MOBAYI MBONGO	1	123,709
		YAKOMA	ABUZI	1	83,874
			WAPINDA	1	86,645
			WASOLO	1	80,636
			YAKOMA	1	107,682
KASAI - CENTRALE	KANANGA	KATOKA	KATOKA	1	160,952
		LUKONGA	LUKONGA	1	310,015
		NDESHA	NDESHA	1	117,815
		NGANZA	TSHIKAJI	1	136,590
	LULUA	DEMBA	BENA LEKA	1	317,442
			DEMBA	1	360,626
			MUTOTO	1	151,427
		DIMBELENGE	BENA TSHIADI	1	130,176
			KATENDE	1	103,988
			LUBUNGA	1	113,718
			MUETSHI	1	130,131
KASAI	KASAI	ILEBO	ILEBO	1	215,511
			MIKOPE	1	212,922
		LUEBO	LUEBO	1	276,831
		MWEKA	BULAPE	1	193,674
			KAKENGE	1	185,170
			MUSHENGE	1	185,900
			MWEKA	1	230,628
			NDJOKO-PUNDA	1	172,784
		DEKESE	DEKESE	1	166,583
	TSHIKAPA	BUMBA	KALONDA OUEST	1	465,642
		DIBUMBA	TSHIKAPA	1	416,491
		KANZALA	KANZALA	1	275,120
		TSHIKAPA-KASAI	BANGA LUBAKA	1	178,032
			MUTENA	1	313,300
			NYANGA	1	141,372
		TSHIKAPA-TSHIKAPA	KAMONIA	1	442,393
			KAMUESHA	1	496,229
			KITANGUA	1	277,438
MANIEMA	CENTRE MANIEMA	KAILO	KAILO	1	160,337
		PANGI	KALIMA	1	154,621
			KAMPENE	1	163,349
			PANGI	1	105,518
	KINDU-VILLE	ALUNGULI	ALUNGULI	1	89,786
			KINDU	1	205,050
	NORD MANIEMA	LUBUTU	LUBUTU	1	135,160
			OBOKOTE	1	91,334
		PUNIA	FEREKENI	1	80,599
			PUNIA	1	131,417
TOTAL POPULATION					**9,779,740**

		HZ	Pop 2019
Provincial Totals	**NORD-UBANGI**	11	1,583,667
	KASAI CENTRALE	11	2,032,881
	KASAI	18	4,846,021

	MANIEMA	10	1,317,171
		50	**9,779,740**

Annex 3: Diagram of DFID DRC support to health sector April 2019 – September 2020

(NOTE THAT THE TPM SERVICE WILL COVER BOTH OTHER COMPONENTS)



Department for International Development

UKaid from the British people

Annex 4: Schedule of Processing, Personal Data and Data Subjects

Description	Details
Identity of the Controller and Processor for each Category of Data Subject	The Parties acknowledge that for the purposes of the Data Protection Legislation, the following status will apply to personal data under this contract**:** 1) The Parties acknowledge that Clause 33.2 and 33.4 (Section 2 of the Framework Agreement) shall not apply for the purposes of the Data Protection Legislation as the **Parties are independent Controllers** in accordance with Clause 33.3 in respect of Personal Data necessary for the administration and / or fulfilment of this contract. 2) For the avoidance of doubt the Supplier shall provide **anonymised data** sets for the purposes of reporting on this project and so DFID shall not be a Processor in respect of Personal Data necessary for the administration and / or fulfilment of this contract.