

**CALLDOWN CONTRACT**

**Framework Agreement with:** DT Global International Development UK Ltd

**Framework Agreement for:** Expert Advisory Call Down Service (EACDS)

**Framework Agreement Purchase Order Number:** PO 7468

**Call-down Contract For:** Hygiene and Behaviour Change Coalition (HBCC) – Vaccine Data Co-Lab

**Contract Purchase Order Number:** PO 40130628

I refer to the following:

- 1. The above mentioned Framework Agreement dated October 2016;
- 2. Your proposal of 28 July 2022

and I confirm that FCDO 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 05 September 2022 (“the Start Date”) and the Services shall be completed by 31 August 2023 (“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 **Secretary of State for Foreign Commonwealth and Development Affairs**, represented by the Foreign Commonwealth and Development Office, acting as part of the Crown (“FCDO”) (“the Recipient”).

**3. Financial Limit**

- 3.1 Payments under this Call-down Contract shall not, exceed £999,299.58 (“the Financial Limit”) and is exclusive of any government tax, if applicable as detailed in Annex B.

**4. FCDO Officials**

- 4.1 The Project Officer is:

[REDACTED]

Email: [REDACTED]

- 4.2 The Contract Officer is:

[REDACTED]

Email [REDACTED]

**5. Key Personnel**

The following of the Supplier's Personnel cannot be substituted by the Supplier without FCDO '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. Duty of Care**

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:

- I. 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.
- II. 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 FCDO in respect of:
  - II.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;
  - II.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.
- III. 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.
- IV. 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.
- V. Where FCDO is providing any specific security arrangements for Suppliers in relation to the Call-down Contract, these will be detailed in the Terms of Reference.

**8. Call-down Contract Signature**

8.1 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 signature on behalf of FCDO, FCDO will be entitled, at its sole discretion, to declare this Call-down Contract void.

**Annex A – Terms of Reference**

**Expert Advisory Call Down Service (EACDS) Framework – Terms of Reference**

**Hygiene and Behaviour Change Coalition (HBCC) – Vaccine Data Co-Lab**

**1. Background**

Frontier technologies for international development are new or emerging innovations that have the potential to impact on economic, social and political activities in ways that can drive widespread changes and positive impacts on development goals and global prosperity. While harnessing frontier technologies holds significant potential to deliver positive development impact and global prosperity for FCDO programmes, a number of issues make it challenging for the organisation to engage more systematically with, and channel the benefits of latest frontier technology innovations towards, its objectives. These include a shortage of technology skills in-house; the absence of a funding mechanism to internalise and mainstream innovations into wider FCDO programming; and a lack of FCDO Adviser time for “non-core” activities.

Responding to this FCDO DFID launched Frontier Technology Livestreaming (FTL) within the Ideas to Impact (i2i) programme in October 2016 to build DFID’s capacity to engage across the board with innovative technologies and approaches such as Co-labs, to generate in-field experience and evidence on the use of Frontier Technologies in FCDO and strengthen the ecosystem of innovators working on development applications of new technologies, data and behavioural science. It has accomplished this primarily through supporting in-field pilots based on applications sourced from FCDO Advisers through open calls. To date, the [Frontier Technologies Hub](#) has supported [44 pilots in 18 countries](#) doing everything from using artificial intelligence to detect wildfires in Pakistan, testing a pay-as-you-go solar system to provide energy to rural health facilities in Zambia, integrating smart geo-seals to track the delivery of humanitarian aid, and using blockchain to improve land ownership records in India.

In March 2020 in response to the COVID pandemic the Frontier Tech programme pivoted and set up COVIDaction investing in and sourcing innovations, strengthening supply chains and building a technology pipeline to support action related to the COVID-19 pandemic across four key thematic areas. The initial focus was on tackling COVID-19 immediate needs (e.g. frugal ventilator design, the shortening and localising supply chains with a specific focus on PPE, using data for decision making to support the pandemic response). COVIDaction portfolio of 36 organisations, teamed up with talented partners, and continuously learned with them about the emerging needs of the pandemic. As the pandemic continued, it exposed critical vulnerabilities of health systems and supply chains - such as the access to oxygen in low-resource-settings and the equitable distribution of vaccines across vulnerable populations and issues with hesitancy in vaccine uptake. Covidaction also developed the Co-lab methodology for Oxygen bringing together innovators, entrepreneurs and key stakeholders such as UNICEF and WHO.

The current work and terms of reference is building on this foundation of COVIDaction and Co-lab methodology under the Hygiene and Behaviour Change Coalition (HBCC), which was approved by Ministers in November 2021. It will develop Co-labs in two areas firstly for i) Vaccine Data to address the issue of vaccine hesitancy using technology and behavioural science and secondly, ii) it will

address Oxygen delivery and supply chains for low resource environments working closely with UNICEF and tech entrepreneurs. These two Co-labs will be contracted separately but run in parallel and will ensure learning across both on the Co-labs methodology and approach.

The Vaccine Data CoLab is the result of COVIDaction extending the pathway of what's possible; beyond supporting the scaling of new innovations and technology applications working with a range of partners. This next phase will be a collaboration will build on the experience of Frontier Tech Hub COVIDaction work but work in partnership with the partners under the FCDOs Hygiene and Behaviour Change, HBCC2, programme. It will also focus longer term on providing technical expertise and innovation to support building resilience of systems and preparedness for future pandemics.

The Vaccine Data Co-Lab is a component of the FCDO and Unilever's Hygiene and Behaviour Change (HBCC 2) programme. **The objective of the Vaccine Data CoLab is to extend reach by continuing the COVIDaction partnership with COVAX GIS/ WHO, but extending this to include partners such as the London School of Hygiene (LSHTM) under HBCC2 programme, exploring the key question of we can increase vaccine uptake amongst the most vulnerable – for COVID and other vaccinations – by using hyperlocal data driven?**

The Co-lab will provide broad responsive global support to the HBCC 2 on how to better use data for behaviour change (particularly vaccine hesitancy) as well engaging with two country programmes (Nigeria and one other tbc) where FCDO work with governments, donors, and their implementing partners assess the current data ecosystem available to address vaccine demand, design targeted activities and grants to address key niche areas, and train and build hyperlocal data analysis capacity in country leveraging our partnership with the COVAX GIS working group.

The Vaccine Data CoLab (VDC) is a pivot of the original Data Challenge established by COVIDaction in May 2020, to identify and support global social data goods that could help different LMIC actors (including other donors, governments, academics, NGOs, and the private sector) access and use data they needed to address COVID-19. As vaccines were approved and rolled out by COVAX and other partners, the Vaccine Data CoLab was set up to invest in data tools and approaches to inform the equitable distribution of vaccines within specific countries. The VDC focused on bridging the gap between countries' data needs, existing data systems, and potentially appropriate technologies, through funding local collaborations and global sharing of 'what works'. One year later, the Vaccine Data CoLab has supported the use of data to inform vaccine distribution and address hesitancy and misinformation across Senegal, Vietnam, Nigeria. The VDC has built a coalition with COVAX GIS Working Group, supporting their mission to build capacity in LMICs to use and apply GIS microplanning data tools & approaches for equitable vaccine uptake. This partnership will continue and expand into the next phase.

Whilst the original focus of the VDC was on data for vaccine prioritisation (supply), this next phase will focus on misinformation and vaccine hesitancy (demand), which are proving equally important as a bottleneck in the vaccine uptake. Vaccine hesitancy is specific to sub-groups within populations and is rarely population wide.

For the design of vaccine uptake interventions, it's important to first understand:

- **WHO** is hesitant about vaccination and vulnerable / at risk (eg, elderly, people with co-morbidities, health workers, etc)



- **WHY** they are hesitant and the concerns driving that
- **WHAT** are the limiting and supporting factors by populations - eg. literacy, access to transportation, access to cash, media consumption, internet usage, trust in government, etc.
- **WHERE** low uptake is prevalent and individuals / groups are located, i.e. in which geographic, socio-cultural or political context that may be contributing to the hesitancy (1 Larson et al. / Vaccine 33 (2015) 4165–4175, LSTHM <http://dx.doi.org/10.1016/j.vaccine.2015.04.037> 0264-410X/© 2015 Published by Elsevier Ltd.)

## 2. Recipient

The Service Provider will report to the FCDO Research and Evidence Directorate (RED) Technology and Innovation Unit (TIU) (primarily Magdalena Banasiak, SRO / Pippa Ranger, Technical Lead adviser as project leads) but working closely with RED Health Research Team (Samantha Field, Health Adviser) and the C19 and Global Health team (Lisa Rudge, WASH Adviser) as the HBCC 2 Programme lead, who will be the Recipient of the assignment and formally approve its deliverables.

## 3. Objectives of the Programme

The objective of the Vaccine Data CoLab is to extend reach by continuing the COVIDaction partnership with COVAX GIS/ WHO, extending this to include partners such as the London School of Hygiene (LSHTM) under the HBCC2 programme, exploring the key question of we can increase vaccine uptake amongst the most at risk and vulnerable. The Vaccine Data Co-lab will provide technical expertise and innovation to support COVID response and long-term recovery, while testing and generating evidence on **“how might a hyperlocal approach inform vaccine uptake interventions?”**

The impact of the Vaccine Data Co-lab will be :

Increased prosperity and preparedness to future pandemics and resilience of health systems through use of data to address vaccine demand (especially hesitancy and misinformation).

The outcomes for the Vaccine Data Co-lab will be:

- Improved vaccine uptake and reduced hesitancy at country level.
- Proven validity and value of Co-lab model as mode for delivery and partnership for testing and generating evidence (working closely with the Oxygen Co-lab on join learning and evidence generation)
- Evidence and research generation around targeted vaccine uptake and reducing hesitancy using data and behavioural change at country and local level.

The CoLab for Vaccine and Oxygen will both be anchored in the following design principles:

1. Working concurrently on the technology and its enabling environment;
2. Supporting existing global coalitions on vaccine distribution and confidence;
3. Sparking useful connections and learning within a wide-reaching network to catalyse progress;

- 4. Partners leading on specific workstreams, bringing in their unique expertise.
- 5. Being responsive and adaptive as COVID-19 needs change quickly

4. What will success look like

	OUTCOME 1 (Vaccine Data CoLab)	OUTCOME 2 (CoLab model – Vaccine and Oxygen)
Impact	Increased prosperity and preparedness to future pandemics and resilience of health systems through use of data to address vaccine demand (especially hesitancy and misinformation).	
Outcomes	Increased willingness and likelihood to get CV19 vaccines at a country level	Proven validity & value of the CoLab model as a blueprint for the sector
Intermediary outcomes	Vaccine Data CoLab helps improve willingness and reduce hesitancy of vaccine uptake at a country level.  Data is used to identify under vaccinated communities (especially those most at risk and/or vulnerable) and target behaviour change material with these communities	Grantees and partners take collective action on vaccine data issues  Number and type of collaboration with Vaccine DataCoLab
Outputs	<ul style="list-style-type: none"><li>Two country test beds leading the way in actioning and learning on how to use data and behaviour change interventions to promote vaccine uptake</li><li>Codifying and generating evidence on what works on the use of data, behavioural change and vaccine hesitancy.</li></ul>	<ul style="list-style-type: none"><li>Grantees learn and generate evidence with each other, from experimentation</li><li>CoLab adapts based on learning, including VFM – joint learning across Oxygen and Vaccine Data</li><li>Joint workshop on evidence generated by Co-labs for Oxygen and Data</li></ul>

5. Scope of the Programme and Deliverables

The Vaccine Data Colab will be split in **four phases**, which will be overlapping but feed into each other:

1. Discovery and Country Selection (1-2 months)

- Country selection with FCDO buy in and ownership
- Landscaping key actors and actions
- In country data partners and onboarding, including HBCC2
- Design and test ongoing support and learning offer with Hygiene Hub and HBCC partners

Methodology: Work with Hygiene Hub and HBCC 2 partners to identify any data challenges and needs across all programmes. Identify shortlist of countries for test beds and scope options with FCDO and HBCC 2partners. Scope out need and appetite for providing ongoing broad support with Unilever, HBCC 2 partners, LSHTM and design and test options for a Help Desk function. Collaborate with HBCC2



learning partner Hygiene Hub and the CV19 Behaviour Change Forum to explore how to add value to HBCC/ /CV19 BC learning journey on vaccine uptake.

**2. Assess local needs and data gaps (2-3 months)**

- In country health data systems diagnostics
- Horizon scanning for data for vaccine hesitancy
- Co-create questions with in country partners
- Set up and refine HBCC2 vaccine data Help Desk and Learning journey with others

Methodology: Once a country has been selected, the team will map existing local health data ecosystem to spot key gaps and needs. (incl. existing stakeholders already working to develop data for behaviour change; data systems and sets that can provide useful hyperlocal data, open data sets (DHS, World Bank, WHO), private sector data assets, etc.).

The team will bring together key actors at the country level (Ministry of Health, HBCC2 partners, FCDO Country Offices, NGO and CBOs) to co-create questions that need to be answered using hyperlocal data to inform vaccine hesitancy interventions. They should be using elements of the WHO's BeSD Framework as well as the COVAX Digital Microplanning Handbook and eLearning Modules as part of the framework for the assessment and translation to action. During this period, they will also refine the monitoring and evaluation plan, including KPIs, specific to the country's needs. Alongside this, the CoLab will offer ongoing support to HBCC2 partners on an ad hoc/on demand basis and to the CV19 BC Forum and Hygiene Hub learning journey.

**3. Action targeted interventions - Delivery of the country test beds and pilots with local data and behaviour change innovators (9-12 months)**

- Identify data tools and approaches to answer data questions
- Select most appropriate interventions
- Deliver at least two in country test beds with local data grantees deliver their interventions (Nigeria and one another in Ethiopia or Uganda tbc), plus option for supporting complementary intervention in Asia-Pacific country ( Indonesia)
- VDC staff provide targeted technical assistance to support implementation
- Continue broad support to partners via help desk and wider sector learning journey through webinars, case studies, forum discussions, ad hoc learning briefs as required.

Methodology: The team will design targeted interventions to help address the questions using the grant funds, hands on technical assistance, and partnering with other key local and global stakeholders. There will be up to 4 grants per country; based on the country ecosystem and the identified needs, this maybe procured through an open challenge within the country or a limited challenge for a specific subset of organisations, or a sole source grant making process, depending the needs assessment, this will be agreed with the FCDO SRO. Grants, associated technical assistance, will be for an average of 9 months, with specific deliverables and reporting requirements.

**4. Learn, evaluate and generate evidence on “what works” (9 - 12 months)**

- Identify and onboard innovative in country MEL/evaluation partners and behaviour change academic partners for each country test bed
- Collective learning, bring together network of data and HBCC partners to collectively learn from each other and feed into generation of evidence and learning.
- Generate and synthesis evidence, resulting in publication of research papers (min of 2)

- Dissemination and comms on learning and evidence. Deliver country based behaviour change summits in each country ( 2 to 3 summits at min one in each test bed country) by July 2023
- Contribute to broader regional and global learning journey with Hygiene Hub and CV19 Behaviour Change Forum through webinar series and other livestreaming activities.

Methodology: This phase will start during the assess period (2) and continue through action to the end of the programme. As part of the assess phase, we will bring together in-country local data networks and behaviour change partners to both help guide the programme design, monitor outcomes, and collectively learn from each other, iterate, and improve targeted vaccine hesitancy interventions. This should include funding for local M&E professional firms to formally monitor and report on the performance of the activities, as well as the overall VDC programme.

- Collective Learning Networks: convene and facilitate regular learning sessions between grantees in-country and across the two test-beds to facilitate sharing of challenges and best practice as well as grow networks
- Tools and templates: everything VDC builds or uses grant funding to create will be shared as global goods (under a creative commons licence) within FCDO, HBCC, and beyond. VDC will also continue our close relationship with Digital Square and DIAL (both of which have global good repositories) to identify appropriate approaches for FCDO/HBCC.
- Partnerships: VDC will work with COVAX GIS Working Group, Digital Square, and other global Digital Health networks so that they can access their expertise, share VDC findings, and reinforce the local data culture and capacity. For example, discussing with COVAX GIS working group ways to make the working group more accessible as a professional development community of practice to GIS experts from LMICs.
- Sharing learning and evidence publicly: VDC will produce a regular programme of content targeted to HBCC, FCDO, LSHTM, Hygiene Hub, COVAX and other key partners to share learning from the ground including through the CV19 Behaviour Change Forum and webinar series and the Hygiene Hub platforms.

The team will provide **quarterly reports** (slide deck with agreed recommendations from meeting) on progress against which payments will be made and a final report to feed into the Annual Review and End of Programme Report for HBCC.

The team will have **monthly meetings** with the FCDO programme team and wider group of experts ( to be identified with FCDO and will include representation from the FCDO Vaccine leads, RED Health Research team and the lead for CV-19 Behaviour change forum) to steer, guide and report on progress. The FCDO Leads for this work will be Pippa Ranger from TIU and Sam Field from the Health Research team.

**6. Skills and Expertise**

The programme team needs to have the following skills and expertise:

- Extensive track record in grant and fund management of local downstream partners
- Digital and data governance specialist with experience of applying digital and data technologies to the humanitarian and international development
- Experience of innovation methodologies incl. human centred design and Co-lab methodology



- Experience of evidence generation, learning journeys and communication/ storytelling
- Behavioural science expertise to support delivery of health and wellbeing outcomes incl. increasing vaccine uptake

The team will have a good balance of international and local expertise and be able to draw on networks of local entrepreneurs and partners for country test beds.

7.      **Timing & Budget**

The Agreement will commence on 05 September 2022 for the period of 12 months with the option to extend for a further 3 months if required and in agreement with the FCDO SRO. (End date for HBCC business case is March 2024).

Vaccine Data CoLab – Approx Budget Allocations		
Component	Description	Approx allocation
Grants	Funding two country portfolios of local data partners with a total of approx. 8 grants (4 grants/country).	40-5%
Partnerships / External Technical Assistance	Specific local & technical expertise, including:  1) In-country data ecosystems expertise x 2 countries 2) Local MEL/ Evaluation partners x 2 countries 3) External technical and behavioural science experts	18%
Technical Assistance - Strategy, Methods, Systems	CoLab leads and their teams of specialists: internal behavioural innovation & digital health expertise to provide direct grantee coaching, managing external TA input, relationships with FCDO and programmes, portfolio sensemaking and evidence generation, managing the private sector innovators and entrepreneurs learning networks for collective learning, help desk advisory support	18%
Programmatic - Delivery	Programme Delivery of grants and technical assistance - contracting, finance, due diligence, governance procedures.	10-12%
Evidence Generation and Dissemination	Learning journey support and collaboration	7%
Total Budget		100%

The payments will be made on a quarterly basis based on satisfactory progress and quarterly reporting and meeting. If more frequent payments are required e.g. monthly this can be discussed with the FCDO programme team, to ensure progress on delivery is at pace in line with the 12 month timeframe.

**8. General Data Protection Regulations (GDPR)**

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

**9. Duty of Care to Suppliers**

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:

- I. 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.
- II. 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 FCDO in respect of:
  - 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;
  - 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.
- III. 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.
- IV. 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.
- V. Where FCDO is providing any specific security arrangements for Suppliers in relation to the Call-down Contract, these will be detailed in the Terms of Reference.

**10. Safeguarding**

FCDO maintains a zero-tolerance approach to sexual exploitation and abuse by the Service Provider, which includes their downstream partners. The Service Provider and sub-contractor(s) should have environmental and social safeguarding policies and procedures to ensure that every vulnerable person including children, regardless of their age, gender, religion or ethnicity, can be protected from harm, this includes violence, exploitation and abuse.

**11. Modern Slavery**

FCDO is taking action against modern slavery across current programming. The Service Provider and sub-contractor(s) should have policies and procedures in place to ensure any vulnerable person at risk of modern slavery can be protected from harm.

**12. Disability**

For FCDO disability inclusive development means that people with disabilities are systematically and consistently included in and benefit from international development. Civil Society and Private Sector partners should outline their approach to disability inclusion and how people with disabilities will be consulted and engaged throughout the project.

**13. Transparency**

FCDO 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. 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 – further IATI information at <http://www.aidtransparency.net/>

**14. Delivery Chain Mapping**

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.

In advance of any release of funds, the Service Provider 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

END

**Appendix A: of Contract Section 3 (Terms of Reference)**  
**Schedule of Processing, Personal Data and Data Subjects**

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

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

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

**Annex B – Project Budget** [REDACTED]

**Annex C – Technical Proposal** [REDACTED]