Department for International Development

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**Section 4 Appendix A**
**CALLDOWN CONTRACT**

**Framework Agreement with:** American Institutes for Research

**Framework Agreement for:** DFID Global Evaluation Framework Agreement

**Framework Agreement Purchase Order Number:** PO 7448

**Call-down Contract For:** Third Party Monitoring for Strengthening Uganda's Response to Malaria Programme

**Contract Purchase Order Number:** PO 8367

I refer to the following:

1. The above mentioned Framework Agreement dated 12 September 2016;
2. Your proposal of 24 October 2018
3. American Institutes for Research clarifications responses e-mails 29 November 2018; 10 December 2018 and 28 December 2018 (12:06).
4. Revised proformas 15 February 2019 (23:28).

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 25 February 2019 ("the Start Date") and the Services shall be completed by 30 November 2022 ("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 Department for International Development, Uganda, the Ministry of Health (MoH), National Malaria Control Programme (NMCP) and the Implementing Partners of the SURMA programme ("the Recipient").

**3. Financial Limit**

3.1 Payments under this Call-down Contract shall not, exceed £890,448.62 ("the Financial Limit") and is exclusive of any government tax, if applicable as detailed in Annex B**.**

When Payments shall be made on a 'Milestone Payment Basis' the following Clause 28.1 shall be substituted for Clause 28.1 of the Framework Agreement.

**28. Milestone Payment Basis**

28.1 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 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. The payment process will be initiated upon DFID's receipt of the deliverable(s). DFID will review the Supplier's submission and provide consolidated comments by no more than two weeks of receipt. The Supplier will then revise and submit revised deliverable(s) within two weeks. DFID will confirm receipt of the revised deliverable(s) and provide payment based on the revised submission.

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 28.1 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 – DFID Uganda

4.2 The Contract Officer is:

Redacted, Procurement and Commercial Specialist - Programme Sourcing, DFID Procurement and Commercial Department

5. Key Personnel

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

| Name | Type of Expert | Role |
|---|---|---|
| Redacted | Senior Expert International | Team Leader |
| Redacted | Assistant Expert National | Medical Specialist |
| Redacted | International Principal Expert | Deputy team leader/Value for Money Expert |
| Redacted | International Senior Expert | Project Director/ M&E Technical Advisor/ Qualitative Lead Analyst |
| Redacted | International Assistant Expert | Quantitative Lead Analyst |
| Redacted | National Principal Expert | Senior Malaria Expert |
| Redacted | National Senior Expert | Senior Epidemiologist |
| Redacted | National Expert | Assistant Epidemiologist/Study Coordinator |
| Redacted | Expert National | Entomologist/IRS Specialist |
| Redacted | National Senior Expert | Biostatistician |

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**6. Reports**

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

**7. Break Point**

7.1 There will be an initial break point after the 4 months inception phase followed by a further break point two years after the implementation phase has started at the mid-term where a review of the performance of the supplier will be undertaken.

7.2 In the event that DFID determines not to proceed with the contract, the Contract will be terminated in accordance with the DFID Standard Terms and Conditions.

**8. Duty of Care**

DFID's standard contracts with suppliers for the provision of Services state that these Suppliers are responsible for their own safety and security. The evaluation is expected to be carried out within the UK which is not considered a dangerous environment although you should be aware:

I. 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.

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

III. 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.

IV. 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.

**9. Call-down Contract Signature**

9.1 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 DFID, DFID will be entitled, at its sole discretion, to declare this Call-down Contract void.

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**10. 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.

| | |
|---|---|
| For and on behalf of | Name: |
| **The Secretary of State for International Development** | Position: |
| | Signature: |
| | Date: |
| For and on behalf of | Name: |
| **American Institutes for Research** | Position: |
| | Signature: |
| | Date: |

**Terms of Reference: Third Party Monitoring for DFID Uganda's Strengthening Uganda's Response to Malaria Programme.**

## 1. Introduction

1.1 Uganda's climate allows for perennial transmission of malaria across 95% of the country, making malaria one of the country's most important public health problems. In Uganda, malaria prevalence rates in children are not only much higher than in neighbouring countries, they are among the world's highest. With over 10 million malaria cases reported in 2015, Uganda is the ninth largest contributor to the global malaria burden. Malaria causes nearly half of all morbidity and 20% of all deaths in Ugandan under-fives. It also accounts for 30–50% of outpatient visits and 15–20% of hospital admissions[1].

1.2 Over the last four years, the UK government has provided approximately £42,000,000 channelled through the US Agency for International Development and UNICEF as part of efforts to support the control of malaria in Uganda. This support has contributed to increased protection of populations at risk and prompt access to diagnosis and treatment.

1.3 DFID is investing £45 million over five years (2018 to 2022) through the Strengthening Uganda's Response to Malaria (SURMA) programme. DFID is directly funding activities in 23 high-burden districts in the Karamoja, Acholi and Lango regions. The programme will support the Government of Uganda to deliver cost-effective interventions to prevent and treat malaria among those most at risk, reducing malaria related illness and death.

1.4 DFID will work mainly through the United States Agency for International Development and the United Nations Children's Fund. At sub-national level, the support will sustain the prevention of malaria through Indoor Residual Spraying in 5 districts where the prevalence of malaria is highest; and expand access to high-quality life-saving treatment through integrated community case management in 23 districts. In addition, DFID will work with district health teams in 23 districts to support and strengthen the health system to deliver interventions at the required levels of coverage and quality to be effective. At national level, the programme will focus on building the capability of the National Malaria Control Programme and supporting the transition of a mobile-phone based health management information system to government ownership under a broader effort to strengthen the Health Management Information System (HMIS).

1.5 Over the next five years, DFID will transition from bi-lateral support to focus on its multilateral funding for malaria through the Global Fund for AIDS, TB and Malaria (GFATM). The SURMA programme will provide the support required to strengthen the district and national systems and approaches required to support the transition out of bi-lateral support. This is expected to prevent the resurgence of malaria that could result from a premature transition from the DFID-funded interventions of Indoor Residual Spraying (IRS) and Integrated Community Case

[1] Details on the national and international development context within which the programme is set included on pages 8-13 of Business Case.

Management of malaria (iCCM). The transition will be guided by a monitoring and evaluation (M&E) framework. This Terms of Reference (TOR's) contains a draft M&E framework (Annex 1) with suggested indicators that are based on the Uganda's Malaria Reduction Strategic Plan's (UMRSP)[2].

**2. Purpose and objectives**

2.1 The TOR's sets out DFID's requirements for a third party independent monitoring, verification and adaptive evaluation service provider/ organisation/ firm (hereinafter referred to as TPMG for Third Party Monitoring Group) to undertake independent monitoring and evaluation of the extent to which DFID support is translating into reductions in malaria prevalence; mortality and morbidity in the 23 focus districts of the programme (as set out in the programme's theory of change outlined in Annex 2) and whether the programme based on the M&E framework is on the path to a successful transition out of bi-lateral support. The theory of change that underpins the SURMA programme is based on Uganda's Malaria Reduction Strategic Plan's (UMRSP) Monitoring and Evaluation framework and the WHO Global Malaria Technical Strategy to ensure alignment to National and Roll Back Malaria Partnership Strategies.

2.2 The M&E framework including milestones will be finalised during the inception phase. A baseline is currently being undertaken in all 23 districts by an implementing partner. The TPMG is expected to use this baseline, the Uganda Demographic Health Survey 2016, as well as the Malaria Indicator Survey scheduled for later in 2018 to inform the finalisation of the M&E framework. The milestones for the M&E framework will to a large extent be informed by the results of the Malaria Indicator Survey and the baseline that is underway.

2.3 The TPMG will support the generation and use of evidence to inform DFID's transition out of bi-lateral support. This will include the generation of evidence around the scale back of vector control interventions in the Ugandan context, an area where there is limited guidance. The TPMG will interrogate reports, undertake field visits, collect data and monitor indicators in the agreed results framework. The TPMG will be expected as required to conduct specific time bound in depth studies to explore specific bottlenecks or areas of learning of the programme. In addition, based on emerging evidence the TPMG will evaluate the programme at mid-line (2020) and end-line (2022).

2.4 The TPMG will provide an ongoing critical constructive review of implementation, recommending improvements for course correcting and improving the overall delivery of the SURMA programme and generating evidence to guide decision making around transition options. This service will also be expected to convene at least one annual peer learning process between the implementing partners, DFID and other key stakeholders such as Ministry of Health and feed into annual assessments of the programme to ensure learning is fed back into

[2] List of additional/useful documents for these TOR's included at Annex 5 and additional background information in Annex 4. **Suppliers expected to read the TORs alongside documents listed in Annex 5**.

implementation in a timely manner to allow for effective decision making and course correction.

2.5 The TPMG should have a well constituted technical team with the capacity to commission and undertake data collection, analysis and evaluation to determine progress against the results framework indicators; to provide technical guidance to DFID on the transition out of bi-lateral support based on sound and robust evidence; to recommend additional evidence required and possible discrete studies to be conducted; to convene at least one annual learning opportunity between programme partners and DFID to analyse progress, discuss course correction, and identify good practice. Based on results being achieved, DFID proposes to undertake a mid-term evaluation and an end-term evaluation and this must be considered in the proposed approach.

2.6 At a minimum, DFID requires an update every 6 months on progress against the indicators. The TPMG will feed into the management framework for the programme -an oversight/advisory group that includes NMCP, DFID, UNICEF, USAID and a representative from academia. The team leader of the TPMG, and some of technical members of the TPMG, will meet this group on a bi-annual basis for a focused discussion on progress on indicators in the results framework and readiness for transition out of bi-lateral support. The supplier will need to construct systems and strong relationships to ensure sharing of data and information across the implementation partners (Abt, UNICEF, WHO, Malaria Consortium) and, when appropriate, more broadly as part of global best practice and learning.

## 3. Scope of work

3.1 The key interventions of the programme are broadly grouped around the 6 objectives of the UMRSP and will include:

I. Effective malaria prevention interventions including IRS and limited distribution of Long Lasting Insecticide treated Nets (LLINs).
II. Building capacity for diagnosis and treatment in public and private sector.
III. Translating high levels of awareness into practise through behavioural change activities.
IV. Strengthening district and national level capacity to oversee the response to malaria including using up to date data for decision making as a key tenet for sustainability.

3.2 The main objectives of the assignment are to:

I. Monitor and evaluate progress towards attainment of expected outcomes including- the proportion of the population in the 23 focus districts protected, treated and practising correct behaviours and the extent to which this is contributing to reductions in malaria mortality and morbidity.
II. Evaluate the extent to which the health systems at national and district level (23 districts) are being strengthened to support sustainability of the gains expected under this programme.
III. Based on robust evidence including emerging global evidence and learning from the programme, advise DFID on the feasibility of a successful transition

out of bi-lateral support by 2022 including the possible options for such a transition.

3.3 This contracted piece of work is not expected to replace the monitoring DFID's implementing partners will undertake, nor does it replace DFID's internal monitoring system but will instead complement and support it closely. The division of labour between implementing partners of the SURMA programme and the TPMG is set out below. The service provider will be required to demonstrate in the proposal how they will build the capacity of NMCP and SURMA's implementing partners in the area of monitoring and evaluation to transfer knowledge and skills. This will include through linkages to M&E activities with other donor programmes such as the GFATM and the US President's Malaria Initiative (PMI)/USAID.

## 4. SURMA Implementing Partners:

4.1 The **Implementing partners** are responsible for managing the SURMA programme and monitoring and evaluating progress against the programme logframe (Refer to list of documents submitted). The Implementing partners will assume the full responsibility for delivering the areas of work under their agreements and contracts. This includes:

- Manage the relationship with DFID core management team to report on progress, emerging issues and opportunities;
- Ensure strong relationships with local actors including government at central and sub-national levels and beneficiaries;
- Monitor data collection, analysis and reporting: The Implementing partners are responsible for the collection, analysis and reporting of monitoring data that is relevant to the DFID logframe and relevant to reports DFID has requested over the course of the programme.

TPMG:

TPMG is responsible for defining and collecting **additional** primary data required for independent monitoring, evaluation and results verification purposes. TPMG is used to ensure independent monitoring and quality assurance of programme delivery, documentation of lessons and robust tracking of results. Specifically, TPMG's services will include:

### I. Monitor progress against the M&E results framework

- Provide third-party monitoring of SURMA, providing robust and independent oversight of the programme's delivery and of progress against indicators in the M&E framework. It should be noted that the M&E framework is broader than the DFID programme logframe.
- Critically review (operational, financial, and advisory) of the data provided by the Implementing Partners to make recommendations on what additional requirements/reporting is needed.
- Assess monitoring systems currently used by the Implementing partner to build an evidence base of which interventions are working well. This is meant to build the capacity of implementing partners in M&E and the TPMG is expected to demonstrate in the proposal how they would achieve this.

- Provide constructive feedback to DFID and implementers to enable programme delivery, ensure VFM and adaptation for outputs and results.
- Consider, capture and analyse potential negative consequences of the programme which were not intended. We expect the TPMG to have a clear ethical policy and procedures to cover this contract.
- Consider any emerging evidence generated through DFID's contract with MQSUN that is focused on monitoring and evaluating achievements of the DFID Karamoja Nutrition Programme[3]. This will include a focus on improvements in health outcomes in Karamoja and strengthening of district health systems and their relevance to DFIDs overall plan to transition from bi-lateral support to malaria. The provider will actively seek to reduce duplication and bolster synergies with DFIDs MQSUN M&E work in Karamoja.
- Beyond, the DFID Karamoja Nutrition Programme, the TPMG is expected to actively consider the evidence/results emerging from other DFID supported programmes specified in Table 4 and 5 in the DFID Business Case.
- In addition, review the data/evidence from the PMI supported work on epidemiological and entomological surveillance in Uganda including therapeutic efficacy studies and LLIN durability studies and implications for the effectiveness for current vector control interventions and how and where they are deployed in Uganda.
- Draw in M&E being undertaken by other donors such as GFATM and WHO in Uganda that has implications for the SURMA programme. This includes M&E on supply chain management systems; health management and information systems and; human resources for health. To the extent possible, this includes actively considering options for join M&E to reduce duplication and promote synergies.
- Evaluate evidence for Value for Money (Vfm) and costings of delivery (e.g. of population groups) of the SURMA programme and its components.
- Based on the evidence emerging, we propose an evaluation at mid-point and end-point of the programme and the proposal should address this in the proposed approach. The evaluation would a) evaluate progress towards attainment of expected outcomes including- the proportion of the population in the 23 focus districts protected, treated and practising correct behaviours; and the extent to which the health system has been strengthened to address malaria which are key tenets of sustainability that would contribute to a successful transition; and b) progress in attaining the desired impact of the interventions to reduce the prevalence, morbidity and mortality of malaria.

**II. Provide a key learning function for the SURMA programme across all implementers to ensure as effective programming as possible.**

- Organize a start-up/inception meeting and annual meetings thereafter of all partners to share findings and learning.
- Facilitate research on areas of learning or challenge in SURMA programme as agreed with DFID and implementing partners. This will include learning on

[3] Both the SURMA and DFID Karamoja Programme are providing support in the Karamoja region.

but not limited to; effectiveness of delivery of different models of iCCM; lessons emerging from the expansion of the Family Connect beyond the Kaabong district; how to decrease the gap between net ownership and utilisation; Interpersonal communication and its role in risk perception; and shifts from high levels of awareness into practise in different cultural and age groups in the 23 districts.

- Evaluate evidence from the programme to enable adaptive programming, with a variety of prioritised studies that test innovation or gaps in evidence to either adjust the programme or strengthen global knowledge.
- Evaluate effectiveness of country engagement strategies set out by implementing partners to effect longer term change, flagging any risks for sustainability early on in the programme.
- Test evidence links in the SURMA programme against the Theory of Change to either adjust the programme or strengthen global knowledge.
- Investigate the extent to which the programme through its support to eHMIS is promoting harmonisation in reporting at sub-national up to national level in the DHIS2 to reduce duplication and transactional costs on reporting. More importantly explore the extent to which evidence is being turned into action through the programme and other partner programmes such as PMI, GFATM to ensure data is being used to guide decision making not only in the 23 DFID focus districts but nationally.
- Establish strong links with academia in Uganda, to tap into the ongoing research in the field of malaria being undertaken by various entities. The proposal must demonstrate how the TPMG proposes to draw in high quality national academic experts into the team.
- Malaria disproportionately affects children and pregnant women particularly those in rural areas. In addition, the areas of highest malaria prevalence in Uganda are areas of high economic exclusion in North East and Northern Uganda where the 23 districts of the programme are focused. Therefore the TPMG will review the extent to which the programme is contributing to reducing these inequalities including reducing risk of catastrophic expenditure that often characterises expenditure on treating malaria. The provider is expected to consider the need for a gender and equity analysis in the proposal to provide learning to inform targeted interventions for specific sub-groups that are disproportionately affected by malaria.

III. **Monitor global trends and share new research related to the following:**

- Cost-effectiveness of vector control tools and any other innovations related to malaria prevention and control.
- New experiences/impact of withdrawing IRS, or scaling back vector control interventions.
- Review and consider learning from global initiatives such as UNITAID, NextGen IRS project and the Innovative Vector Control Consortium on new diagnostics and vector control products; diagnosis and case management

including in the private sector work, insecticide resistance management among other areas.

**IV. Advise on which transition options as outlined in DFID's transition plan are most appropriate, factoring in performance against the results framework and the relevance of any new global experiences.**

- Review and consider new global experiences which DFID Uganda should take into consideration in its transition plan.
- Suggest a favoured option for sustainable transition which DFID Uganda should consider.
- Based on the favoured option for transition, advise on the risks to the transition out of bi-lateral support and the necessary mitigation strategies.

Suppliers are asked to set out a plan and approach for undertaking data collection, verification and monitoring across the programme, keeping in mind that reporting, quality of response, monitoring and results tracking is expected to be challenging in some of these contexts. The supplier will be required to be present in the geographic areas either permanently or on a regular basis[4]. The supplier will need to factor in regular trips to districts (4-5 times per year). Suppliers may want to partner with groups or organisations with a permanent presence in Uganda. Suppliers must be aware of the DFID Duty of Care requirements.

5. **The Recipient**

5.1 The recipient of the monitoring and evaluation are DFID Uganda, the Ministry of Health (MoH), National Malaria Control Programme (NMCP) and the Implementing Partners of the SURMA programme. Some documents and findings such as policy briefs and results of short studies will be published and shared more widely in order to be made available to a broader public audience. DFID will retain the right to decide which material/information can be shared beyond DFID considering sensitivities in terms of programme performance and external risks which will be regularly discussed with the TPMG.

DFID will have unlimited access to the material produced by the TPMG as expressed in DFID's general conditions of contract.

The supplier will be expected to share, discuss and meet with the implementing partners of SURMA, together with DFID.

All data and metadata are owned by DFID, and the supplier should ensure that all data is rigorously stored, protected and documented and data protection requirements under the UK Government Data Protection Regulation (GDPR) rules are met.

[4] Please note DFID/British High commissions/Embassies will not be in a position to provide office space or support services in country.

Specific requirements for information sharing are included at Annex 3:

## 6. Monitoring Methodology

6.1 The supplier could employ a range of methods including (but not limited to):

- A diverse interaction of qualitative and quantitative methods to ensure proper triangulation of information and avoid data gaps during analysis and reporting.
- Adaptive monitoring, evaluation and learning processes.
- Innovative ways to collect data including open and digital data collection methods, innovative sampling and other techniques.
- Ensuring that national and southern based institutions, or those representing the service user communities, are involved in evaluating the programme.
- An analysis of the operating environment and the opportunities and challenges this presents.
- Involving implementing partners, donor agencies and beneficiaries through a process of consultation and constructive feedback.

6.2 The programme covers a wide range of different interventions in different contexts. A sampling approach will have to be found which allows for conclusions to be drawn, as monitoring will not be able to cover every intervention across all districts. Based on the objectives and scope of work of the assignment the approach papers should clearly outline a proposed methodology and sampling strategy for monitoring, an outline of tools, frequency of visits and schedule for the same. The proposed methodology will be assessed by the DFID statistics/evaluation adviser as part of the process to agree the approach to undertaking this work.

## 7. Evaluation Methodology and Questions

7.1 The approach papers should clearly articulate the proposed methodology that will be used to fulfil the evaluation requirements of this ToR, including the geographic scale of the study and how this will affect the conclusions drawn. The evaluation sampling methodology should outline how different interventions in different locations will be managed so that robust conclusions can be drawn. The capacity building and lesson learning that is expected to be generated from these evaluations should be clearly stated. The proposed methodology will be assessed by the DFID statistics/evaluation adviser as part of the process to agree the approach to undertaking this work.

7.2 As stated under the “purpose and objectives” section, it is proposed that a mid-line and end-line evaluation be undertaken. These evaluation documents should address the questions outlined in the below table. Based on the OECD-DAC evaluation criteria, it is anticipated that the evaluation will provide information on the following questions:

Table 1: Evaluation questions

| Criteria | Question | Comments |
|---|---|---|

| | | |
|---|---|---|
| Effectiveness | • To what extent is the programme increasing the proportion of the population protected, treated and practising correct behaviours?<br>• To what extent is the health system being strengthened to ensure sustainability of results and support a successful transition?<br>• What are the major factors influencing the achievement or non-achievement of the above? | |
| Impact | • Are the programme inputs translating into a reduction in morbidity and mortality (bearing in mind assumptions and other external factors)? | Focus on both intended and unintended results |
| Sustainability | • To what extent did the benefits of the DFID programme continue after donor funding ceased? What were the major factors which influenced the achievement or non-achievement of sustainability of the programme? | Subject to availability of funding after the programme closes. |
| Efficiency | • Were activities cost-efficient?<br>• Were objectives achieved on time?<br>• Was the programme implemented in the most efficient way compared to alternatives? | |

7.3 Relevance of key interventions being implemented in the programme are well documented and are therefore not a focus of the evaluation by the TPMG. The evaluation approach proposed should be able to address the questions in the table above and consider a mixed methods approach to make sure that all of the questions can be addressed. The DFID statistics/evaluation advisor will review the approach and work with the supplier to ensure that a robust methodology is used.

7.4 The approach paper will include a commercial/financial component that includes a draft budget to undertake the proposed assignment based on the budget ceiling in the TOR's. This will be evaluated against the DFID commercial and financial criteria provided.

8. **Timescale**

8.1 The work is expected to commence in February 2019 and end in November 2022. This will be divided into two phases; an inception phase and an implementation phase.

**Inception phase**

8.2 There will be a 4 months inception phase ending March 2019 before the implementation phase. Transition from inception to implementation will be subject to DFID's approval of the inception report, including agreement on the satisfactory performance of the supplier.

8.3 The following deliverables are required (as a minimum) to be met during the inception phase.

i) Within 3 months of the start of the contract, a draft programme detailing how the requirements of the contract will be delivered. The core team of the supplier, including the team leader should be in place within 2 weeks of the contract award.

ii) Within 3 months of the start of the contract agreement on the evaluation questions and methodology based on the ongoing baseline and malaria indicator survey results. A detailed time line of evaluation activities will be required.

iii) Within 3 months of the contract start date, provide DFID with a full draft inception report. This should include but not limited to the following:

- Detailed results framework including indicators and milestones that will be monitored throughout the life of the programme.
- An analysis of the baseline survey results and implications for the programme going forward.
- A review of the results framework against the theory of change.
- A theory of change and framework advice on what the supplier will duplicate (count the same as partners) and what the supplier will triangulate (measure differently).
- Additional elements the supplier will measure (e.g. unintended effects).
- A detailed budget for programme implementation.
- An evaluation communications plan.
- A realistic forecast of quarterly expenditures for the first year and annual expenditures for the following years.
- A list of proposed learning events and research pieces to be agreed with DFID.

iv) Within 4 months from the contract start date, agree with DFID a final inception report which includes a full implementation plan. This will have incorporated feedback from the draft.

**Implementation phase**

8.4 This is expected to begin 4 months after the start of the programme following the successful completion of the inception phase. With a start date of February 2019, the implementation phase would be expected to start in May 2019 and end in November 2022.

8.5 The supplier will be expected to:

Provide an **objective assessment** of programme performance by regularly assessing data produced by the programme Implementing Partners, to help inform programme orientation. This will include work on feeding into annual reporting and monitoring reports from each district sampled combined with the data gathered by the supplier, presented in a format to be agreed between DFID and the supplier. A regular feedback reporting forum will be agreed. The supplier is expected to suggest and construct ways to encourage learning through regular and close contact with DFID and the implementing partners.

Provide a **convening role** for learning events and processes which bring together DFID, Implementing Partners and the TPMG to learn from experience in the programme, ensure consistency of approach to data collection, collation and analysis and ensure approaches and innovations are shared and evaluated by the whole group.

Develop **smaller, specific research pieces** on topics agreed with DFID during the inception phase; and potentially as new information gaps emerge during implementation.

Undertake a **mid-term** and **end-line evaluation** of the programme to assess key questions as stipulated on page 8 of the methodology section.

8.6 One year after the end of the implementation phase (and the end-line evaluation), it is proposed that a **post programme evaluation** be undertaken to understand the extent to which the desired outcomes and impact of the programme have been maintained should DFID transition out of bi-lateral support. This is critical given the risks associated with the transition. While this is outside the proposed budget of this TOR, the TPMG should include in their proposal a brief section that outlines an approach to a post programme evaluation that could be undertaken jointly with another donor such as GFATM. DFID will undertake a separate process to agree whether to conduct a post-programme evaluation based on the results of the end-line evaluation, DFID priorities at the time and other pertinent factors including availability of funds to issue a contract for the post programme evaluation.

**9. Relationship between the TPMG, DFID and implementing partners**

9.1 It is recognised that the adaptive nature of the programme will require a close and iterative relationship between the TPMG, Implementing partners and DFID, to ensure that the monitoring and evaluation design lends itself to informing the direction of the programme. Evaluation has shown that, while it is essential for the third party monitoring work to remain independent, a mutually helpful relationship with the Implementing partners needs to be fostered to ensure that each party feels sufficiently involved in order to learn from and contribute to the evaluation and verification process. As set out under ‘scope’, there is a clear division of responsibilities between the Implementing Partners and the TPMG with regards to data collection; the TPMG should ensure that this is clear in advance of the design phase.

**10. Timeframe and budget**

10.1 The timeframe of this contract will be a start in January 2019 to 30th November 2022. The budget ceiling for undertaking this piece of work benchmarked against similar assignments is up to £700,000. The financial and commercial aspects of the proposal will be assessed against the commercial/financial evaluation criteria. Based on availability of funds, cost and/or no-cost extensions to the contract will be considered including for a possible post-programme evaluation. Outputs generated through this work will be quality assured and approved by DFID prior to payment.

10.2 The TPMG should begin its function immediately following the selection of a supplier. As described above, the contract will include a 4 months inception phase. The supplier will only proceed to implementation phase after successful delivery of the inception phase and approval of the inception phase report by DFID.

10.3 The contract will be awarded for the full period (from start date to 30th November 2022) but will include two break points. There will be an initial break point after the 4 months inception phase followed by a further break point two years after the implementation phase has started at the mid-term where a review of the performance of the supplier will be undertaken.

**11. Reporting to DFID**

11.1 The TPMG is expected to provide the following**:**

- High quality bi-annual narrative reports on results verification and progress towards attainment of desired programme outcomes.
- Quarterly narrative and financial updates on activities in the work plan against expenditure.
- High quality substantive annual reports and assessments including results verification across the programme: consolidate evidence generated and recommendations on programme adaption.
- As required, specific research pieces - timeframe of delivery will be discussed and agreed on an annual basis.
- The midline and end-line evaluation reports.
- A final agreed report consolidating learnings throughout the programme.

11.2 Additional information on required outputs and targeted audience is included in Annex 3. Payment will be linked to agreed deliverables for both the inception and implementation phases. The TPMG main contacts at DFID will include the DFID statistics adviser- Clare Winton and DFID health adviser Robinah Lukwago. The DFID health adviser will lead on taking forward any recommendations made by the TPMG. The DFID programme manager Grace Namata Sagi will lead on all contractual and logistical issues.

11.3 DFID has existing MOU's with USAID and UNICEF that govern the implementation of the programme and form the basis for which these partners (and their sub-grantees) will participate in the oversight/advisory committee that will oversee programme implementation and therefore all Monitoring and evaluation of the programme.

**12. Risk management**

12.1 DFID envisions the following risks.

- Risk of resurgence: the risk of a resurgence in sub-districts/districts where IRS is stopped;
- Political risk: a backlash from district and national political leaders and civil society organisations against the scale back of support;
- Weak information systems impeding good decision making;
- Inadequate finance or poor management of available finance; and
- Loss of, or failure to build, human resource capacity in time, to manage the transition.
- Lack of ownership by the NMCP and implementing partners of the work being undertaken by the TPMG;
- Duplication of activities being undertaken by the TPMG and other donors;
- Though attempts have been made to ensure delineated in the TOR's, a risk of overlap between the TPMG and implementing partners in the M&E activities.
- Changes in operating context, including weakened political commitment towards the prevention and control of malaria in Uganda

This list is not exhaustive and the TPMG is expected to include in their approach paper a section on anticipated risks and their impact, robust risk management and quality assurance of data and challenges, clearly stating strategies for addressing these risks.

**13. Required skills**

13.1 The TPMG team is required to possess the following expertise:

- Strong experience of various quantitative and qualitative third party monitoring (including results verification) and evaluation methodologies.
- Malaria epidemiology.
- Malaria entomology.
- Experience in undertaking monitoring, verification and evaluation of large and complex malaria control programmes that led to programme changes.
- Expertise in data disaggregation and analysis for illustrative and learning purposes.
- Experience in adaptive programming.
- Experience and operational mobility in the districts of operation.
- Experience in undertaking poverty, gender, vulnerability and inequality analysis and monitoring.
- Ability to integrate creative approaches to traditional qualitative and quantitative research methods to evaluate an innovative programme.
- Ability to call upon a range of experts as needed to address evidence gaps through the programme.
- Ability to incorporate flexibility into M&E designs.
- Ability to present complex issues in a clear and accessible way.
- Close understanding of political economy of Uganda and risks and opportunities on the ground.
- Ability to engage with a multi-disciplinary broad stakeholder group focusing on technical excellence but maintaining a spirit of collaboration and team work.

- Familiarity with DFID systems and aid processes would be desirable.
- Experience building government and partner capacity in M&E desirable.

13.2 Specifically the team leader will possess the following skills:

Required

- Robust technical expertise in the epidemiology, prevention and control of malaria;
- An understanding of the global and national policies and guidelines on malaria;
- Strong public health background with suitable quantitative analytical skills;
- Experience in conducting research in order to facilitate meaningful analysis of evidence;
- Readiness to facilitate interaction and communication between diverse stakeholders;
- Excellent interpersonal and writing skills.

Desirable

- A good understanding of Value for Money analysis;
- Experience working with bi-lateral/multi-lateral agencies;
- Ability to appreciate and factor in political economy considerations;

**Team composition**

13.3 Based on the above requirements, it is envisioned that the team will comprise but not limited to:

1) Epidemiologist/malaria technical adviser- Team leader

   *Required qualification*

   - Master's in public health or an equivalent

   *Desirable qualification*

   - Biostatistics and/or epidemiology at post graduate level

2) Monitoring and evaluation technical adviser- Deputy team leader

   *Required qualification*

   - PhD or Masters in Statistics or an equivalent

   *Desirable qualifications*

   - Health Economics or a similar qualification to facilitate VFM analysis
   - Poverty, gender, vulnerability and inequality analysis

3) Entomologist
4) Malaria specialist
5) Data manager/analyst
6) Programme/logistics officer responsible for travel and in-country appointments without DFID support.
7) Finance and administrative officer
8) Regional level staff may be required but this is not mandatory and will depend on the methodology and approach proposed by the team. Careful thought should be given to various contracting options such as call down contracts/contracting of some staff such as research assistants for short periods at a time.

13.4 A good balance between international and national staff is expected to draw in experience from both international and local experience but also ensure local capacity is being built. It is envisioned that up to 70% of the staff will be local staff. In addition, due consideration should be given to a team composition that promotes a healthy and constructive gender balance across the team. The team must include a high quality/calibre representative from Ugandan academia as part of the process to ensure learning is fed into the national research community and also to tap into existing research hubs and collaborations.

**14. Government Tax**

14.1 Tenderers are responsible for establishing the status of this requirement for the purpose of any government tax in the UK or Overseas. Any applicable taxes must be shown in Pro Forma 3 (ITT Volume 4). Tenderers must supply either a statement confirming they have investigated the tax position or advising no tax is applicable OR must provide a figure at proforma 3 of the tax due under any contract.

**15. UK Aid Branding and Transparency**

15.1 Transparency, value for money, and results are top priorities for the UK Government. DFID has a duty to show UK taxpayers where their money is being spent, its impact, and the results achieved. DFID has guidance on the use of its logos, which will be shared with the Supplier(s) as necessary.

15.2 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.

15.3 Accordingly, but not limited to, the contractor is required to submit copies of its supply chain (sub-contractor) invoices and evidence of payment when invoicing DFID for its actual Procurement of Local Services Costs and applicable Management Fee.

15.4 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 to DFID. Further IATI information is available from: http://www.aidtransparency.net/

**16 Do No Harm**

16.1 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.

16.2 The Supplier must demonstrate a sound understanding of the ethics in working in this area and applying these principles throughout the lifetime of the programme to avoid doing harm to beneficiaries. In particular, the design of interventions should recognise and mitigate the risk of negative consequence for women, children and other vulnerable groups. The supplier will be required to include a statement that they have duty of care to informants, other programme stakeholders and their own staff, and that they will comply with the ethics principles in all programme activities. Their adherence to this duty of care, including reporting and addressing incidences, should be included in both regular and annual reporting to DFID;

16.3 A commitment to the ethical design and delivery of programme activity including the duty of care to informants, other programme stakeholders and their own staff must be demonstrated.

16.4 DFID does not envisage the necessity to conduct any environmental impact assessment for the implementation of the programme. However, it is important to adhere to principles of “Do No Harm” to the environment.

**17. Duty of Care**

17.1. The Supplier is responsible for the safety and well-being of their personnel and third parties affected by their activities, including appropriate security arrangements. They will also be responsible for the provision of suitable security arrangements for their domestic and business property.

17.2. DFID will share available information with the Supplier on security status and developments in-country where appropriate.

17.3. The Supplier is responsible for ensuring appropriate safety and security briefings for all of their personnel 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.

17.4. The Supplier is responsible for ensuring that appropriate arrangements, processes and procedures are in place for their personnel, taking into account the environment they will be working in and the level of risk involved in delivery of the Services (such as working in dangerous environments etc.). The Supplier must ensure their personnel receive safety in the field training prior to deployment if judged necessary.

17.5. Tenderers must develop their Tender on the basis of being fully responsible for Duty of Care in line with the details provided above and the initial risk assessment matrix developed by DFID (Annex 1). They must confirm in their 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 the capability to manage their duty of care responsibilities throughout the life of the contract.

17.6. 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 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 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?

**Annex 1**

**DFID Overall Project/Intervention - Summary Risk Assessment Matrix:**

**Project/intervention title:** Third Party Monitoring for DFID Uganda's Strengthening Uganda's Response to Malaria Programme

**Location:** Uganda

**Date of assessment:** June 2018: Assessor: Redacted

| **Theme** | **DFID Risk score** | **DFID Risk score** | **DFID Risk score** | **DFID Risk score** | **DFID Risk score** | **DFID Risk score** |
|---|---|---|---|---|---|---|
| Country | **Uganda** | | | | | |
| Region | **Kampala** | **North-east Uganda Karamoja Region** | **Northern Uganda** | **South Western Uganda** | **Western Uganda** | **Eastern Uganda** |
| **OVERALL RATING[5]** | **3** | **3** | **3** | **3** | **3** | **3** |
| FCO travel advice | 2 | 4 | 2 | 2 | 2 | 2 |
| Host nation travel advice | N/A | N/A | N/A | N/A | N/A | N/A |
| Transportation | 5 | 5 | 5 | 5 | 5 | 5 |
| Security | 3 | 3 | 3 | 3 | 3 | 3 |
| Civil unrest | 3 | 2 | 2 | 2 | 2 | 2 |
| Violence/crime | 3 | 4 | 3 | 3 | 3 | 3 |
| Terrorism | 3 | 3 | 3 | 3 | 3 | 3 |
| War | 1 | 2 | 1 | 1 | 1 | 1 |
| Hurricane | 1 | 1 | 1 | 1 | 1 | 1 |
| Earthquake | 1 | 1 | 1 | 2 | 2 | 1 |
| Flood | 2 | 1 | 2 | 2 | 1 | 3 |
| Medical Services | 4 | 4 | 4 | 3 | 3 | 3 |
| **Nature of Project/Intervention** | | | | | | |

| 1<br>Very Low risk | 2<br>Low risk | 3<br>Med risk | **4**<br>**High risk** | 5<br>Very High risk |
|---|---|---|---|---|
| **Low** | | **Medium** | **High Risk** | |

[5] The Overall Risk rating is calculated using the MODE function which determines the most frequently occurring value.

**Annex 1**

Suggested indicators for the M&E framework based on the UMRSP. Final indicators and milestones to be agreed during the inception phase.

| | |
|---|---|
| **1. EPIDEMIOLOGICAL INDICATORS** | |
| Impact | Number of confirmed malaria cases per 1000 persons per year |
| | Number of malaria deaths per 100,000 persons per year |
| | TPRs: number of lab confirmed malaria tests per 100 suspected cases examined[6] |
| | Prevalence of malaria in children aged 0-59 months |
| Outcome | Proportion of confirmed malaria cases receiving recommended treatment |
| | Proportion of patients with suspected malaria who receive a parasitological test (RDT or microscopy) |
| | Proportion of cases treated for malaria without being tested |
| **2. INSECTICIDE RESISTANCE AND ENTOMOLOGICAL INDICATORS** | |
| Outcome | Vector density |
| | Proportion resting inside |
| | Proportion biting early or late |
| | Human biting rate (number of bites per person/night) |
| | Sporozoite rate (number of infected mosquitoes/total tested) |
| | EIR: number of infective bites per person per night |
| | Residual efficacy of insecticides |
| | Number of insecticides for which resistance was reported |
| | % of sentinel sites at which resistance was reported for: 1) pyrethroids; 2) carbamates; and 3) organophosphates |
| | Highest transmission intensity (parasites prevalence >50) |
| **3. COVERAGE [7]** | |
| Outcome | Proportion of households with one net for every two persons |
| | Proportion of population who slept under an ITN the previous night |
| Output | Proportion of houses sprayed with IRS |
| | IPTp3 coverage: Proportion of pregnant women who received at least three or more doses of SP |
| | Proportion of hard-to-reach villages (>5km from a health centre) with active (who report quarterly) iCCM services |
| | Proportion of caregivers who know malaria prevention measures |
| **4. RESILIENT AND SUSTAINABLE SYSTEMS FOR HEALTH (RSSH)** | |
| 4a. RSSH: PSM | |
| Outcome | Number of days of stock- outs for ACTs for a) 1 day and b) 7 days in the last one month at a) HFs b) VHTs |
| | Number of days of stock-outs of RDTs for a) 1 day and b) 7 days in the last one month at at a) HFs b) community |

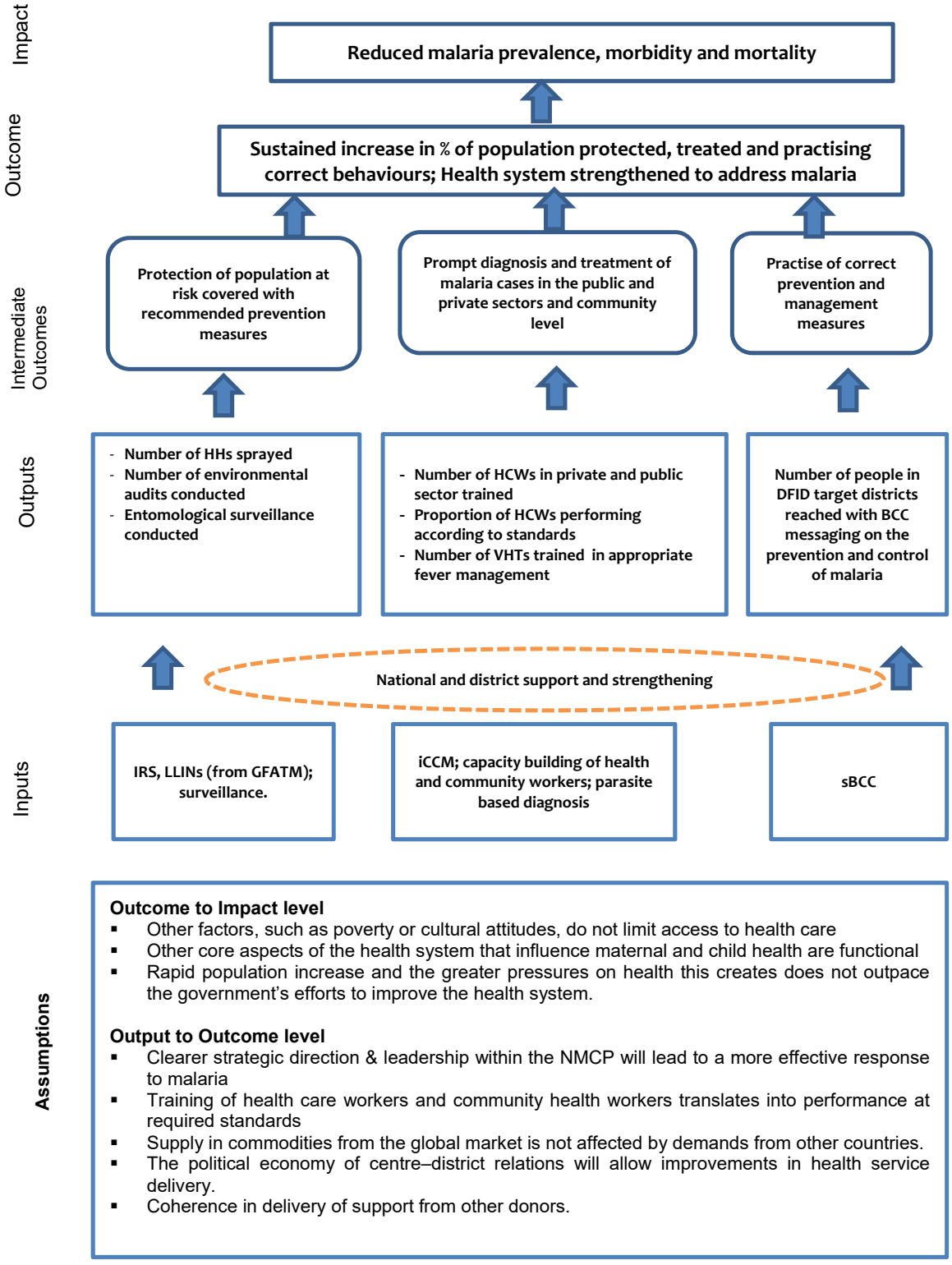
[6] The usefulness of this indicator appears to decline as transmission reduces, e.g. when TPR <10%.
[7] Some indicators to be disaggregated by wealth and gender to determine coverage in disadvantaged groups and extent to which programme is leaving no one behind

| | |
|---|---|
| | level |
| | Proportion of VHTs without stock-out of ACTs for more than one week in the last month |
| Output | Stock status of routine LLINs |
| | Stock status of ACTs and injectable artesunate |
| 4b. RSSH: HMIS | |
| Output | Proportion of health facilities submitting timely and complete reports in DHIS2 |
| | Annual insecticide resistance reports from sentinel sites submitted to NMCP (timely submission) |
| | Proportion of vector control initiatives that follow UMRSP and national M&E plan |
| | Quarterly presence of maps with information on vulnerable groups/hotspots at subnational level |
| | Hotspot/vulnerable groups maps displayed on the HF walls |
| 4c. RSSH: Epidemiological surveillance and epidemic response | |
| Outcome | Proportion of malaria epidemics responded to by district councils within two weeks from the onset |
| | Malaria alert and epidemic thresholds set and understood by districts and HF |
| Output | Proportion of epidemic-prone districts trained on epidemic preparedness |
| | Proportion of districts with annual epidemic response plans that have incorporated malaria |
| 4d. RSSH: Sustainability | |
| Outcome | Technical assistance to NMCP fully integrated into the Public Service |
| | mTrac successfully transition to DHIS2 with full government funding |
| | Proportion of government budget allocated to malaria |
| Output | Capacity of District vector control officers to respond to epidemics |

## Annex 2

### Theory of Change of DFID support to malaria over the next five years

The evidence which underpins the links between inputs, outputs, outcomes and impact is generally extensive and of good quality. The theory of change shows how project inputs may be converted into outputs, outcomes and impact.



**Annex 3**
A summary of information needs and sharing

| Outputs required | Purpose of information | Recipient | Timelines* |
|---|---|---|---|
| **Inception phase** | | | |
| Inception report (specific details for report included above) | To agree focus of the implementation plan | DFID | Within 4 months of contract award |
| **Implementation phase** | | | |
| Bi-annual reports on results verification and progress | The information will be used by the oversight/advisory committee to discuss progress towards attainment of the desired goals of the programme including readiness to transition out of bi-lateral support. Ultimately the decision on whether to transition/exit rests with DFID. | Oversight/advisory committee comprised of the following:<br>DFID<br>NMCP<br>UNICEF<br>USAID<br>WHO<br>Representative of academia | Every 6 months |
| Quarterly financial and narrative reports | To provide an understanding of expenditure against activities in the workplan | DFID | Quarterly |
| Substantive annual reports and assessments | The information will feed into DFID's annual review of the programme to inform programme adaptation. | DFID<br>NMCP<br>WHO<br>USAID<br>UNICEF | Annual |
| Convene at least one learning event annually | To learn from experience in the programme, ensure consistency of approach to data collection, collation and analysis and ensure approaches and innovations are shared. | DFID<br>NMCP<br>WHO<br>USAID<br>UNICEF | Annual |
| At least two research outputs (including but not limited to policy briefs and/or abstracts) from short studies. | To provide information on emerging evidence | DFID and all other Roll Back malaria partners in country and as relevant, internationally. | Annual |

| | | | |
|---|---|---|---|
| Mid-term and end-term evaluations of the programme | To provide DFID and its partners with an understanding based on rigorous evaluation on whether expected outcomes and impact has been achieve. | DFID<br>NMCP<br>WHO<br>USAID<br>UNICEF | Mid-term:2020<br><br>End term: 2022 |

**Annex 4**

Useful information on the geographical coverage of the DFID programme (drawn from DFID Business Case).

**Criteria for selection of priority regions**

| Region | Relative poverty* | Inequality (Gini index) | Malaria prevalence | US programmes | DFID current support on malaria | Other DFID programs |
|---|---|---|---|---|---|---|
| **Kampala** | 0.10% | 0.12 | <1% | --- | | |
| **Central 1** | 15.8% | 0.30 | 11% | MAPD | | |
| **Central 2** | 21.2% | 0.34 | 24% | MAPD | | |
| **E Central** | 33.1% | 0.31 | 36% | RHITES** | | |
| **Eastern** | 58.0% | 0.35 | 13% | --- | | |
| **Karamoja** | 85.4% | 0.56 | 27% | --- | iCCM | see Table 4 |
| **Mid-North** | 75.3% | 0.34 | >50%*** | --- | IRS | see Table 4 |
| **West Nile** | 72.4% | 0.31 | 28% | MAPD | | Refugees[i] |
| **Western** | 35.5% | 0.35 | 18% | MAPD | | |
| **Southwest** | 29.6% | 0.28 | 4% | --- | | |
| **National** | **40.0%** | **0.39** | **19%** | | | |

**Potential synergies between new malaria programme and other DFID programmes in northern Uganda** (NB: Arrows show direction(s) of expected synergies. Right arrow (→) indicates non-malaria programme in first column can/will benefit malaria programme. Left arrow (←) indicates malaria programme can/will benefit non-malaria programme in first column.

| DFID programme | Relevant outcomes | Geographic overlap | Potential synergy with malaria programme |
|---|---|---|---|
| RISE (Reducing high fertility rates and improving sexual and reproductive health)<br>→<br>← | 'increased uptake of modern contraceptives and a reduction in fertility' | Mid-North<br>Karamoja | By reducing unwanted pregnancies, RISE can reduce lifetime risk of malaria in pregnancy.<br>Malaria programme may increase uptake of family planning by fostering integration of services. |
| ACT-Health (Accountability Can Transform Health)<br>→ | knowledge as to whether interventions (citizen report cards etc.) designed to strengthen the relationship between community members & health service providers result in better health outcomes | Mid-North (6 districts)<br>Karamoja (3 districts) | Knowledge from ACT-H may inform local health sector governance in ways that also improve malaria outcomes. |

| | | | |
|---|---|---|---|
| SESIL (Strengthening Education Systems for Improved Learning) ➔ ➔ | 'improved equity and quality of measurable learning outcomes for girls and boys in Uganda at pre-primary, primary and secondary levels' | Mid-North | Malaria prevention protects cognitive capacity and can improve school attendance.<br>Better quality education can improve knowledge of malaria, its prevention and control. |
| NUTEC (Northern Uganda: Transforming the Economy through Climate smart agribusiness) ➔ ➔ | '£100 million additional investment by agribusiness [and] £50 per year invested by each of 250,000 smallholders in improved inputs' | Mid-North | NUTEC may involve increased insecticide production and/or increased agricultural insecticide use.<br>Lower malaria prevalence could encourage agri-business investors.<br>Lower malaria morbidity will improve productivity and earnings and enable smallholders to accumulate money to invest. |
| GAPP (Governance, Accountability and Participation Programme) ➔ | Focuses on local accountability, resource management and service delivery at local level | National | GAPP can foster sustainability of DFID malaria investments by galvanising demand for GoU accountability for delivering health services. |

**Annex 5**
List of additional/useful documents

1. DFID Business Case- Strengthening Uganda's Response to Malaria
2. Sustainable financing for malaria: TRANSITION from DFID bilateral support
3. Uganda's Malaria Reduction Strategic Plan
4. Uganda's Malaria Reduction Strategic Plan M&E framework
5. Mid-Term review of the Uganda's Malaria Reduction Strategic Plan
6. Malaria GFATM funding application concept note
7. WHO Global Technical Strategy For Malaria 2016-2030

Department for International Development

UKaid from the British people

# 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.

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

| Description | Details |
|---|---|
| **Identity of the Controller and Processor 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<br><br>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 **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.<br><br>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 anonymised data as it does not constitute Personal Data. |