



Foreign, Commonwealth & Development Office



CALLDOWN CONTRACT

Framework Agreement with:	Nathan Associates London Limited
Framework Agreement for:	Global Evaluation and Monitoring Framework Agreement (GEMFA) Lot 4
Framework Agreement ECM Number:	ECM_4755
Call-down Contract For:	Evaluation of Health Systems Connect (HSC) Programme
Contract ECM Number:	ECM_5981

I refer to the following:

1. The above-mentioned Framework Agreement dated 1st Feb 2023.
2. Your proposal of 01/12/2023.

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 2nd January 2024 ("the Start Date") and the Services shall be completed by 31 March 2026. ("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 FCDO requires the Supplier to provide the Services to the FCDO (the "Recipient").

3. Financial Limit

- 3.1 Payments under this Contract shall not, exceed £169,415 ("the Financial Limit") and is inclusive of any government tax, if applicable as detailed in Annex B.

22. PAYMENTS & INVOICING INSTRUCTIONS

The following Clause 22.4 shall be substituted for Clause 22.4 of the Section 2, Framework Agreement Terms and Conditions.



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- 22.4 Where the applicable payment mechanism is "Milestone Payment" invoice(s) shall be submitted for the amount(s) indicated in Annex B and payments will be made on satisfactory performance of the services, at the payment points defined as per schedule of payments. At each payment point set criteria will be defined as part of the payments. Payment will be made if the criteria are met to the satisfaction of FCDO.

When the relevant deliverable 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 22.4 are subject to the satisfaction of the Project Officer in relation to the performance by the Supplier of its obligations under the Direct Award Contract and to verification by the Project Officer that all prior payments made to the Supplier under this Direct Award Contract were properly due.

4. Officials FCDO

- 4.1 The Project Officer is:
Name: /REDACTED/
Email: /REDACTED/
Telephone: /REDACTED/

- 4.2 The Contract Officer is:
Name: /REDACTED/
Email: /REDACTED/
Telephone: /REDACTED/

Supplier

- 4.3 The Contract Officer is:

Name: /REDACTED/
Email: /REDACTED/
Telephone: /REDACTED/

- 4.4 The Project Officer is:

Name: /REDACTED/
Email: /REDACTED/
Telephone: /REDACTED/

5. Key Personnel

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



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/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 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 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 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 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 Contract, these will be detailed in the Terms of Reference.

Enclosures:

1. Nathan Associates Concept Note Proposal /REDACTED/
2. Nathan Associates Commercial Response /REDACTED/
3. Clarifications /REDACTED/

Foreign Commonwealth Development Office
Annex A Terms of Reference

Evaluation of Health Systems Connect (HSC) Programme

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Abbreviations

ALBs	Arms-Length Bodies
DHSC	Department for Health and Social Care
DoH	Department of Health
EOI	Expression of Interest
EPD	Ending Preventable Deaths
ESC	Evaluation Steering Committee
FCDO	Foreign, Commonwealth and Development Office
HDD	Human Development Department
HSC	Health Systems Connect
HSS	Health Systems Strengthening
IDS	International Development Strategy
LMIC	Low and Middle Income Countries
M&E	Monitoring and Evaluation
MEL	Monitoring Evaluation and Learning
NHS	National Health Service
NHS C	NHS Consortium for Global Health
NHS E	NHS England
ODA	Official Development Assistance
ToC	Theory of Change
ToR	Terms of Reference
UHC	Universal Health Coverage
VfM	Value for Money

1. Introduction

1.1 The Foreign Commonwealth and Development Office (FCDO) Human Development Department (HDD) is one of the policy departments at the centre of HMG's international efforts on global health and the COVID-19 response, providing advice to Ministers, and delivering critical policy, diplomacy and programmes, and supporting the FCDO overseas network to deliver our global health objectives. The Directorate leads on diplomacy, policy and programme delivery across a broad range of health issues. Examples include primary health care, health systems strengthening, sexual and reproductive health and rights, nutrition, climate, and environment and health.

1.2 FCDO is appointing Nathan Associates London Ltd to lead the evaluation of the FCDO financed Health Systems Connect (HSC) programme implemented by National Health Service Consortium for Global Health (NHS C). The Supplier will deliver Monitoring, Evaluation and Learning (MEL) services to the Human Development Department (HDD) over the accumulative period of 9 months between 2nd Jan 2024 to 31 March 2026. The budget for this Contract is limited to £169,415 inclusive of all government taxes.

These Terms of Reference outline the objectives and requirements to deliver:

- 1. Monitoring, Learning and Evaluation Approach Review & Evaluation Design
- 2. Endline Evaluation.

2. Context

2.1 As laid out in the UK's 2022 International Development Strategy (IDS), global development challenges will not be solved by money alone. Progress is led by partnerships with and expertise from world-leading institutions such as the internationally renowned UK National Health Service (NHS) formed in 1948.

2.2 The FCDO Health Systems Connect (HSC) programme is a three-year programme, launched in April 2023 and due to complete on March 2026, that builds upon the global brand of the NHS and the UK's global reputation in health systems strengthening. The programme – currently in the design phase - will provide FCDO posts and host governments with access to British health expertise through technical exchanges with experts working across the UK's health policy, planning and delivery ecosystem accessed through a single "one-stop shop" – the NHS Consortium for Global Health (NHS C). This will be provided through a mix of demand rapid response lighter touch and more intensive technical partnerships. This programme will complement wider health investments (UK, global, domestic and other) in official development assistance (ODA) eligible countries and across the FCDO network to support strengthening of national health systems towards achieving universal health coverage (UHC) by 2030.

2.3 The programme's geographic location for at least year one of the programme has been determined during the starting phase of the programme and several countries prioritised, with scoping work ongoing (see section 6 for further details). Further expressions of interest (EOIs) will be received throughout the programme, so only the initial countries have been identified for partnerships at this point. The process is demand driven, open to the whole FCDO network and the more intensive partnerships are likely to include low and middle-income countries (LMICs) in both Africa and Asia. Over a three-year period, the programme will provide support to the estimated 5-6 countries through the 'intensive' partnerships, and across a wider set of countries (to be determined) for the rapid-response lighter touch interventions which are included to help galvanise UK health influencing capability across a greater range of countries.

2.4 The programme will focus where there is government-led demand for a technical partnership with the UK and where the proposed work is aligned to the broader engagement from the relevant

embassies and high commissions. The partnership model for this programme seeks to achieve mutual learning between health institutions in the UK and partner countries.

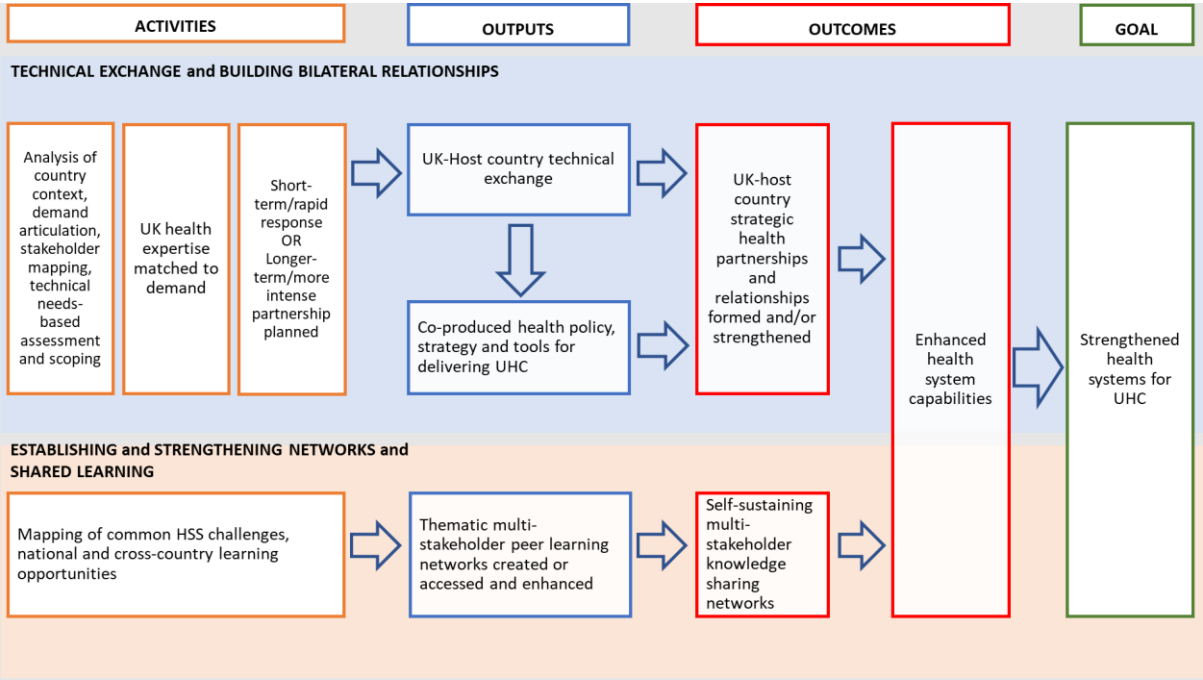
2.5 For detailed information about the HSC programme, please refer to the Business Case. Working through the NHS C, this programme will:

- Provide coordinated access to a range of technical specialists from across the NHS and UK health sector, offering credible, evidence-informed health systems expertise to help tackle health system bottlenecks in partner countries.
- Enable targeted deployment of NHS senior health experts to support wider health influencing efforts at FCDO Post.
- Facilitate regional and global learning by building self-sustaining learning networks for mutual learning and peer-support between participant ministries of health and health institutions, including participant UK institutions.

2.6 The HSC programme aims at contributing to the desired impact through efforts to deliver across three high level outcomes through pathways described simply in the Theory of Change (ToC) illustrated in Figure 1 below:

- **Outcome 1:** Effective UK-host country strategic health partnerships and relationships formed and/or strengthened in an estimated 5-6 countries.
- **Outcome 2:** Self-sustaining multi-stakeholder knowledge sharing networks established/in place.
- **Outcome 3:** Enhanced health system capabilities in an estimated 5-6 partner countries and the UK.

Fig.1: HSC Programme Theory of Change (draft, as per Business Case)



3. Evaluation Objectives

3.1 The main objective of the evaluation activities under this Contract is to assess the effectiveness and impact of the implementation of the HSC programme including identifying lessons learnt and

informing the future of the health partnership model (whether funded by FCDO or others). To do this, the Supplier will engage with the NHS C MEL Manager, to ensure there is a coherent monitoring, evaluation and learning (MEL) approach deployed by the HSC programme, to generate sufficient evidence and relevant data upon which to carry out an effective evaluation of the programme and set out the most robust approach for evaluating the HSC programme within the budget envelope.

3.2 The key outcomes for this Contract are:

- I. External Evaluation Inception phase
 - Review of the monitoring, evaluation and learning (MEL) plan with the HSC team and make recommendations to align the programme MEL plan to the Suppliers planned Endline Evaluation.
 - Submission of the Endline Evaluation plan.
- II. External Evaluation Implementation Phase
 - Endline Evaluation and the associated reporting and consultation.

3.3 Use and Influence

This Evaluation will provide an independent assessment of the effectiveness of the HSC programme and the pathways to achieving its impact. Noting that the evidence base for the effectiveness and value for money of health partnerships is limited, it is further expected to provide wider evidence and lessons on the effective use of health partnerships writ large.

The first phase of the assignment is intended to review and provide Health System Connect Programme monitoring, evaluation, and learning (MEL) framework and data collection and analysis tool recommendations to ensure a robust approach across the programme life cycle and provide the evaluation partner with high quality data and evidence upon which to base their endline evaluation in the second phase of activity. The recommendations resulting from the programme evaluation will be used by FCDO and shared with other relevant stakeholders to inform future investment decisions for health systems programming.

NHS C and its Steering Group comprising various NHS ALBs will commit to utilising the learning and recommendations from the planning phase to optimise programme and the MREL framework design and identify lessons from the programme evaluation in designing and developing future health strengthening programmes.

4. Recipient and Beneficiaries

The primary recipient of evaluation Contract will be the FCDO, and the beneficiaries of the evaluation activities will be the NHS C and the country stakeholders who are partners in the programme activities. The results of the external evaluation will be shared with partner governments, institutions, and the wider health partnerships implementing and funding community.

5. The Scope

The Contract will consist of two phases: an inception and implementation phase.

5.1 Inception Phase- Monitoring, Learning and Evaluation Approach Review & Evaluation Design (Month 1 to Month 2)

During the inception phase the Supplier will build their approach upon best practice and learning from wider efforts to measure the impact of health partnerships and/or traditional technical assistance for health system strengthening. The Supplier will:

- conduct an assessment of the HSC programme to identify/determine the appropriate evaluation method/approach for the programme endline evaluation, including an assessment of data availability, and the systems and capacities to make data available. This will involve working with NHS C MEL Manager, to support the refinement of the HSC MEL Framework including Theory of Change, Logframe, Value for Money Indicators, and Learning Approach.
- work with the HSC team to:
 - a) Conduct a desk-based review on relevant programme documents and existing literature on approaches to monitoring and evaluating health partnerships.
 - b) Ensure the data collection and Monitoring Reporting Evaluation and Learning (MREL) approach is robust enough to allow for the conduct of an independent evaluation of Health Systems Connect (HSC) programme at the end of its implementation phase.
- outline data collection methods for in country primary data collection to support a robust assessment for the endline evaluation, within the Contract budget.

By the end of Month 2, the Supplier will provide the NHS C with a clear set of recommendations for enhancing their approach to routine programme MREL and allowing a robust external endline assessment and present to and discuss with both the FCDO and NHS C with a proposed approach to this. The NHS C have committed to reviewing and incorporating Supplier recommendations in to their MREL approach to ensure the necessary routine data is collected and shared.

The table below outlines the deliverables/outputs and the associated activities along with the timelines: Inception phase (from Contract start Month 1 to the end of Month 2)

Deliverables/ Output	Activities	Timeline
Deliverable 1: Mobilisation	Project Team mobilised, and programme management structures set up.	Within 2 weeks from the Contract award date
Deliverable 2: Inception work plan	Inception work plan finalised and agreed with FCDO	By the end of Month 1
Deliverable 3: risk management plan	Risks/likelihood/impact and mitigation management plan in relation to implementation of MEL activities is finalised and agreed with FCDO	By the end of Month 1
Deliverable 4: key project documents desk review	A desk review of key project documents and relevant literature on HSS programme evaluation conducted.	By the end of Month 1
Deliverable 5: Recommended HS Connect MREL strategy and tools	Proposed recommended changes to the programme MREL strategy and tools (including ToC, Logframe, Vfm indicators and learning approach) compiled by Supplier and shared with HSC and FCDO.	By the end of Month 1
Deliverable 6: Evaluation plan, recommendations for HS Connect MREL strategy and tools presentation by Supplier.	Meeting to discuss proposed endline evaluation approach/plan and recommendations/suggested changes to MREL strategy and tools. Supplier meets (online or in-person) with FCDO and NHS C teams to present and discuss	By the end of Month 1

	proposed revisions to the programme's MREL strategy and tools and endline evaluation plan.	
Deliverable 7: Draft Inception report	Supplier submits the draft inception report [containing a summary of key MREL recommendations and an outline of the endline evaluation plan] to the NHSC and FCDO teams for review/feedback.	By the end of month 2
Deliverable 8: Final Inception report	Supplier completes the final inception report incorporating the feedback from NHSC and FCDO teams	Within 2 weeks from the receipt of feedback on the draft inception report from NHSC and FCDO teams

5.2 Implementation Phase: Endline Evaluation (7 months long; between Month 22 and (final) Month 28 of the HSC Contract)

During the implementation phase the Supplier will deliver the Endline Evaluation: to refine the evaluation plan as set out in the inception report (deliverable 6 of inception phase) and conduct an independent review of the HSC programme. The Supplier will use a mixed method design, utilising the core HSC programme data and learning (secondary analysis) complemented by additional primary data collection as deemed necessary by the Supplier.

The table below outlines the deliverables/outputs and the associated activities along with the timelines for the Contract Implementation phase:

Deliverables/ Output	Activities	Timeline
Deliverable 1: Review evaluation plan	Supplier meets with NHS C and FCDO teams to discuss any updates or changes to the endline evaluation plan since the inception phase.	By the end of September 2025
Deliverable 2: Stakeholder engagement plan	Stakeholder engagement plan to support delivery of implementation period	By the end of September 2025
Deliverable 3: Finalised programme endline evaluation plan	Supplier shares their final endline evaluation framework with the NHS C and FCDO teams.	By the end of September 2025
Deliverable 4: data collection completed	Supplier carries out data collection engagements with stakeholders both from the UK and partner countries.	By the end of October 2025
Deliverable 5: draft Programme endline evaluation report	Supplier concludes analysis of the evaluation data and shares a draft report with NHS C and FCDO teams	By the end of December 2025
Deliverable 6: Final evaluation report submitted	Supplier completes the final endline evaluation report (including the evaluation digest) incorporating NHS C and FCDO feedback.	By the end of March 2026

Deliverable 7: Final evaluation report presentation by Supplier	Supplier presents the final evaluation report to relevant stakeholders jointly determined by NHS C and FCDO teams.	By the end of March 2026
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5.4 Formal Review Point

- 1. There will be a formal review of the Contract at the following point:
 - i. At the end of the inception phase to determine whether the Contract should proceed to full implementation
- 2. Continuation of the Contract beyond the review point will be dependent of Supplier performance and ongoing need.

6. Geographical Location

Programme scoping activities [including clarifying the ‘ask’; assessing country-level buy-in, checking the suitability of the UK system and matching the need to appropriate NHS arms-length-body (ALB)] are continuing, with the following countries prioritised for intensive partnership during the first year of the programme; Ghana, Malawi, Nepal and likely the Philippines. With further expressions of interest from countries received as the programme progresses and new partnerships developed, it is not currently possible to confirm all the countries in scope that will be engaged during the programme’s timeline. It is expected that the Supplier will provide an evaluation of three listed countries in scope, where 2 countries will require in-country data gathering and one remote. The choice of countries shall be confirmed by FCDO during the Contract Inception phase.

7. Evaluation Methodology

- 7.1 This evaluation will be guided by relevant [OECD DAC evaluation criteria](#) including impact, relevance, coherence, effectiveness, efficiency, and sustainability. A gender and equity lens must also be applied to explore the degree to which gender and inclusion issues were considered.
- 7.2 The Supplier has demonstrated in their Concept Note Proposal how their proposed methods will conform to the best practice in evaluation (including FCDO policy on evaluation and its ethics principles). The proposal included a justification of the proposed evaluation methodology. The Supplier clearly stated the intended evaluation methodology and approach, data gathering activities and analytical frameworks for assessing the data. This approach will be refined during the inception phase.
- 7.3 The Supplier proposed the questions to be answered during the Endline Evaluation as part of their concept note proposal, which will be then refined and finalised with the HSC and FCDO during the inception phase.
- 7.4 The Endline Evaluation questions should relate to the programmes: impact; relevance; coherence; effectiveness and sustainability, for example:

Impact:

- What was the overall HSC programme impact and what were the change pathways through which change occurred?
- What were the critical drivers of success/failure?

Relevance:

- How did the HSC programme objectives and design respond to health system strengthening priorities of the partner countries and respond to beneficiaries and targets groups' needs?

Coherence:

- To what extent did HSC programme activity complement broader in-country health investments?
- To what extent was there learning between HS Connect countries and technical partnership themes?

Effectiveness:

- To what extent did the programme design, management and implementation effective in achieving its results?
 - What worked well or less well in terms of the HSC programme delivery model (re: mutual health learning partnership) and the thematic technical areas prioritised?
 - Did the programme Monitoring, Evaluation and Learning framework deliver robust and useful information to assess progress towards outcomes and contribute to learning?
 - Did the programme sufficiently incorporate a gender and equity lens and climate sensitivity considerations into its work and delivery.

Efficiency:

- To what extent did the HSC programme deliver results in the most efficient way?
- Did the programme offer value for money?

Sustainability:

- To what extent will the benefits of the intervention including the cross-country learning networks continue, or are likely to continue?
- Can the programme approach be replicated or scaled up? What would support their replication and scaling up?

8. Evaluation Approach (Implementation Phase- endline evaluation)

8.1 Though the approach for the programme evaluation will be determined and agreed at the Inception phase, FCDO requires that the Supplier deploys a mixed methods design combining verification, secondary analysis of core programme MREL data and primary data collection methods. Any analytical framework or tools used to analyse both quantitative and qualitative data shall be determined by the Supplier and refined once the Health Systems Connect MREL strategy and tools have been reviewed and, partnership with the NHSC, refined (to maximise the utility of routine reporting and M&E for evaluation purposes). While recognised that health partnerships are notoriously difficult to evaluate, the proposed analysis techniques must be rigorous and sufficiently robust to identify changes that may be plausibly associated with the programme and that may contribute to the desired outcomes.

and impact. The analytical framework should identify pathways through which these changes have and could happen, testing out the causal pathways behind the guiding Theory of Change.

8.2 The Supplier has demonstrated in their Concept Note proposal the evaluation approach/methodology and methods for data collection to be used and has stated how these will ensure the delivery of Independent Evaluation objectives and outcomes. Any identified limitations to the proposed approach/methodology along with the mitigation measures to address these was outlined in the proposal.

8.3 The Supplier has demonstrated how a gender-responsive evaluation process will be ensured. The evaluation design, methodology and methods for data collection and analysis shall be finalised and agreed with FCDO during the programme inception phase of the Contract.

9. Skills and Competency Requirements

9.1 The Supplier will deploy the proposed team and team structure to deliver the outputs and objectives of this contract. The team may represent a mix of international and national/regional experts.

9.2 Between them, the proposed team members and the team lead shall possess the following skills:

- Evaluation skills including expertise in participatory and developmental evaluation approaches.
- Expertise gained from working in developing countries.
- A demonstrable ability to engage with senior stakeholders from both the public and private sector organisations (including governments) in low- and middle-income countries.
- Ability to use of a range of data collection methods, analysis, and interpretative techniques, including spatial and panel data collection; cost effectiveness and value for money assessment.
- Expertise in leading evaluations in the context of international development (ideally in global health) particularly the use of a partnership and mutual benefit approach.
- Extensive knowledge of and expertise in evaluation design, applying mixed methodologies and participatory evaluation principles.
- Expertise in evaluating health, gender and equity programming.
- Strong analytical skills and ability to concisely analyse and integrate information from a diverse range of sources into practical and realistic recommendations.
- Effective communication skills, written and spoken, in English.
- Ability to produce concise evaluation reports of high quality.
- In-depth knowledge of health sector challenges and priorities in a range of different low and middle-oncome countries (LMICs), broad knowledge of the evidence base on health systems strengthening.

10. Contract Budget and Timeline

10.1 The Contract will run from 2nd January 2024 to 31 March 2026 with the requirements stated within this ToR running accumulatively for total of 9 months, including 2 months long Inception phase and 7 months long Implementation phase. The maximum budget available under this Contract shall not exceed £169,415 (inclusive of all government taxes). The Supplier will commence the services under this Contract within 5 working days from the Contract award date. The Supplier has budgeted for the costs associated with in-country data gathering activities to accommodate the travel subsistence and accommodation cost associated with up to 2 country visits.

11. Payment mechanism

- 11.1 All payments under this Contract will be managed by FCDO and made upon the approval of deliverables by the Evaluation Steering Committee. A payment by results approach will be used to enable effective delivery of the Contract.
- 11.2 The inception phase payment(s) will be output-based (comprising fees and expenses) and linked to the successful delivery and acceptance of the inception phase deliverables as per the Schedule of Prices at Annex B. The deliverables will become eligible for inclusion in invoice upon FCDO's acceptance and approval.
- 11.3 The inception phase deliverables are the deliverables to be completed by the end of the inception phase (see Inception Phase Deliverable Table).

12. Reporting requirements

- 12.1 The Supplier will report to FCDO Senior Responsible Officer and Programme Manager of the FCDO Health Systems Connect Programme. The Supplier is required to proactively engage the Evaluation Steering Committee in regular and open communication through:
- 12.2 Monthly update email providing an overview of key activities, any initial evaluation reflections and findings, any early recommendations.
- 12.3 Regular progress reporting to FCDO and NHS C team. The specific timelines will be determined at the inception phase.
- 12.4 Submission of deliverables within the agreed timeline. The Supplier will provide the following:
- Recommendations for MREL Strategy and tools including ToC, Logframe, VfM indicators and learning approach
 - Draft inception report
 - Final inception report
 - Draft programme endline evaluation report
 - Final programme endline evaluation report
 - Presentations on evaluation findings.
- 12.5 The **recommendations for the MREL Strategy and tools** should not exceed four pages and must outline the suggested revisions to the programme ToC, Logframe, VfM indicators and learning approach by the Supplier. In addition, the Supplier should describe any additional data collection needs to support a robust assessment for the endline evaluation, within the budget available.
- 12.6 All reports must be provided in English. The **draft inception** report will form the basis for the continued evaluation process and shall be approved by FCDO and NHS C. The draft inception report should not be more than 15 pages and should cover:
- Suggested evaluation questions and sub-questions, and proposed evaluation approach as part of the Supplier's plan for the endline evaluation
 - Identification of data needs, including what can be drawn from HSC programme monitoring, any additional data the Supplier would recommend be part of routine programme monitoring and what will be required from primary data collection (based on discussions with stakeholders)
 - A work plan, including number of hours/working days for each team member, for the remainder of the evaluation.
- 12.7 The **final inception report** should not exceed 15 pages and must incorporate FDCO and NHS C teams' feedback on the draft report. It must include the final endline evaluation questions,

methodology, data collection and analysis methods, data collection tools, evaluation design (including a matrix), and stakeholder mapping/analysis.

12.8 The **draft endline evaluation report** should not exceed 20 pages and must have a clear structure and follow FCDO's reporting requirements. The report should clearly describe the evaluation approach/methodology and methods for data collection and analysis, the results of the analysis and clearly highlight key findings, recommendations and lessons learned. The inclusion of personal data in the report must always be based on a written consent.

12.9 The **final endline evaluation report** should not exceed 20 pages and must incorporate feedback and comments provided by FCDO and NHS C team on the draft version. In line with FCDO's evaluation policy, the final reports will have to go through quality assurance before being published. In addition, the Supplier will be required to submit "Evaluation Digest", a 2-page summary of evaluation findings. The template for the Evaluation Digest will be provided during the inception meeting.

12.10 Presentations on evaluation findings - the Supplier will develop a presentation slide deck that highlights the methodology, key findings, recommendations, and lessons learned from the programme's endline evaluation. The target audience for the presentations will be determined jointly by FCDO and NHS C teams. The specific length and details of the presentation will be discussed during the inception meeting.

13. Performance Requirements

13.1 Performance will be assessed on quality and timeliness of deliverables. The Supplier agreed the deliverable timelines highlighted under implementation requirements section and any payment will be subject to FCDO quality assurance process.

13.2 The deliverables will be reviewed and signed off by the Evaluation Steering Committee within two weeks of receipt from the Supplier. This timeframe will increase where the submitted deliverable does not meet quality requirements and needs further work from the Supplier. Any delay with the review process by the ESC shall be duly communicated to the Supplier. The Deliverables shall become eligible to payment upon their successful delivery and acceptance by FCDO.

14. Constraints and dependencies

14.1 To maintain integrity of independent evaluation and credibility of evaluation process the Supplier shall not be involved in the delivery of the initial of Health Systems Connect (HSC) programme and its MEL component.

14.2 The following constraints are envisioned:

- Timing considerations, including stakeholder schedule and availability: The Supplier will be required to engage with high-level policy actors across the UK and priority countries with potentially conflicting schedules.
- Potential data challenge to evidence changes in programme countries health systems resulting from the HSC partnership.

The Supplier will use the following key data sources:

- **Inception:** Business Case, Literature on Evaluation Approaches for Health Partnership programmes (Annex 2) (Annex 3), MEL Framework and tools including Theory of Change, Logframe (Annex 1) (Data collection instruments – to be refined by HSC MREL Manager).
- **Implementation** (documents to be provided ahead of implementation phase): Routine HSC MEL data and learning documents, Internal programme reports (quarterly progress reports, annual review reports, pause and learn sessions reports, publications, programme monitoring

records, meeting records, country reports and case studies); key informant interviews in 3 HSC partner countries (approach to be advised by Supplier - noting section 11.1 setting out the Supplier must budget for the costs associated with in country data gathering (key informant interviews) activities for 2 countries).

15. Management and Coordination

15.1 This evaluation is commissioned by FCDO Health Systems Team on behalf of the NHS C. The evaluation will be managed by an Evaluation Steering Committee (ESC), chaired by NHS C MEL Manager who will be the primary focal point for this evaluation and working with the Evaluator to manage and quality assure the evaluation.

16. Other requirements

16.1 The Supplier will be required to align with the following FCDO’s processes:

- Comply with Ethical Guidance for Research, Evaluation and Monitoring Activities. FCDO expects the planning of data collection and analysis to reflect active consideration of ethical principles and standards.
- The Supplier must seek approval to use of any Artificial Intelligence programmes (such as large language models) in data collection, analysis or drafting of products.

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 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. There will be no expectation to travel to high-risk and conflict-affected states.

The Supplier is responsible for all of their travel and logistics in-country. The FCDO programme team will support where possible in identifying relevant in-country key informants.

18. General Data Protection Regulations (GDPR)

18.1 Please refer to the details of the GDPR relationship status and personal data (where applicable) for this project as detailed in Appendix 1 (Appendix 1 Schedule of Processing, Personal Data and Data Subjects).

19. Safeguarding

19.1 All organisations that work with or come into contact with children should have safeguarding policies and procedures to ensure that every child, regardless of location, race, age, gender, religion, culture or ethnicity, sexuality or disability can be protected from harm. There must be protection from violence, exploitation, and abuse through involvement, directly or indirectly, in place for FCDO 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.

20. Disability

20.1 The programme will contribute to implementation of the FCDO Disability Inclusion Strategy. This includes ensuring persons with disability are not excluded from programmes, and that proactive

measures are taken by FCDO and partners to maximise inclusion. Disaggregated data on disability will continue to be collected by the Monitoring, Evaluation and Learning (MEL) provider of this programme.

Appendix 1 of Call-down Contract (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 FCDO and any changes to the content of this schedule must be agreed formally with FCDO under a Contract Variation.

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 Call-down 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 Parties are independent Controllers in accordance with Clause 33.3 in respect of the Personal Data necessary for the administration and/or fulfilment of this contract”.</p>