Department for International Development

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Section 4 Appendix A CALLDOWN CONTRACT

Framework Agreement with: Oxford Policy Management Limited Framework Agreement for: DFID Expert Advisory Call Down Service Framework Agreement Purchase Order Number: PO 7468

Call-down Contract For: Technical Assistance to Improve Health Service Delivery in Pakistan

(Punjab) Contract Purchase Order Number: PO 8500

I refer to the following:

1 The above-mentioned Framework Agreement dated 20th October 2016;

2 Your proposal of 26th of March 2019

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

1. Commencement and Duration of the Services

1 The Supplier shall start the Services no later than 10th April 2019 ("the Start Date") and the Services shall be completed by 9th April 2020 ("the End Date") unless the Call-down Contract is terminated earlier in accordance with the Terms and Conditions of the Framework Agreement.

2 **Recipient**

1 DFID requires the Supplier to provide the Services to DFID Pakistan ("the Recipient").

2 **Financial Limit**

3.1 Payments under this Call-down Contract shall not, exceed £940,825 ("the Financial Limit") and is exclusive of any government tax, if applicable as detailed in Annex B**.**

3.2 Suppliers are not exempt from Pakistan Taxes. Invoices and payments under this call down contract shall therefore include all local taxes.

3.2 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.

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 the payment points defined as per schedule of payments. At each payment point set criteria will be defined as part of the payments. Payment will be made

if the criteria are met to the satisfaction of DFID.
When the relevant milestone is achieved in its final form by the Supplier or following completion of the Services, as the case may be, indicating both the amount or amounts due at the time and cumulatively. Payments pursuant to clause 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.

6. Reports

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

Duty of Care

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

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 DFID in respect of:

II.1. Any loss, damage or claim, howsoever arising out of, or relating to negligence by the Supplier, the Supplier's Personnel, or by any person employed or otherwise engaged by the Supplier, in connection with the performance of the Call-down Contract;

II.2. Any claim, howsoever arising, by the Supplier's Personnel or any person employed or otherwise engaged by the Supplier, in connection with their performance under this Call-down Contract.

III. The Supplier will ensure that such insurance arrangements as are made in respect of the Supplier's Personnel, or any person employed or otherwise engaged by the Supplier are reasonable and prudent in all circumstances, including in respect of death, injury or disablement, and emergency medical expenses.

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

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

8. Call-down Contract Signature

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

For and on behalf of	Name:
The Secretary of State for International Development	Position:
	Signature:
	Date:

For and on behalf of	Name:
Oxford Policy Management Limited	Position:
	Signature:
	Date:

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Annex A - Terms of Reference

Technical Assistance to Improve Health Service Delivery in Pakistan (Punjab)

1. Introduction

The Technical Assistance to Improve Health Service Delivery in Pakistan (Health TA) Programme will provide technical assistance to the Federal Ministry of National Health Services, Regulations and Co-ordination (MoNHSRC) and to provincial Departments of Health in Punjab and Khyber Pakhtunkhwa (KP) provinces, to support the development of new policies, strategies and governance mechanisms to improve health outcomes. This programme will not only contribute to the immediate technical assistance (TA) needs of the government of Pakistan but will also inform the design of a longer-term health systems strengthening programme.

DFID Pakistan wishes to contract suppliers to provide Technical Assistance to each of the three key partners in this programme: The Federal MoNHSRC and the two Provincial Departments of Health. **This Terms of Reference is to contract TA to support the Primary and Secondary Healthcare Department (P&SHD), Punjab, for a period of 15 months.**

2. Context

Pakistan's health sector faces great challenges, it ranks third in the list of countries contributing to chronic malnutrition in the world[1] and has the fifth highest number of maternal deaths[2] and third highest number of under-five deaths globally[3]. Government expenditure on health is very low at 0.9% of GDP[4], significantly below the 5% minimum recommended by the World Health Organization (WHO), despite having increased as a percentage of total government expenditure from 7% in 2011 to almost 12% in 2017. Low levels of expenditure derive not only from low allocations, but also from challenges with financing flows. The Departments of Health (DoH) typically do not receive allocations in a timely manner, delaying procurements and deployment of staff. The effects of low and slow expenditure are exacerbated among the poor by inequitable allocation: fewer resources are allocated and spent in poorer districts.

Inefficiencies in the use of resources compound this challenge. Curative services are prioritised over preventative services. Public primary healthcare facilities are

[1] Global Nutrition Report 2017

[2] WHO (2015) Trends in maternal mortality: 1990 to 2015. WHO. Geneva [3] UNICEF (2018) Under Five Mortality Data (https://data.unicef.org/topic/child-survival/under-fivemortality/ accessed 16/11/2018)

accessed by only around 30% of the population[5]. Equipment and medicines are often lacking, as is the means to refer, though this has improved in Punjab and KP provinces in recent years due to increased political commitment and UK support[6]. However, underlying systemic causes such as poor procurement planning and capacity, limited supply chain infrastructure and weak information management and maintenance systems persist[7]. There are insufficient health workers[8] and their maldistribution in both skills and geography: Pakistan has twice as many doctors as nurses and midwives - in most countries this ratio is the reverse[9]. While the Punjab and KP governments, with UK assistance, have made progress in addressing human resource challenges, the greatest proportion of unfilled posts appears to be in rural areas (though data on this are limited) and there are no active policy measures to address this gap. The laboratory network is not reliable, undermining disease surveillance and diagnostic accuracy[10]. There is limited data on equity, but challenges are believed to be accentuated in poor areas. Many poor people seek care in the private sector, incurring high out of pocket cost, which can lead to further impoverishment.

These inefficiencies contribute to poor quality of care. Pakistan spends similar amounts per capita, and as a percentage of GDP, as Bangladesh and has twice the number of doctors per-capita but has double the rates of new-born and under-five mortality and has 6.2 fewer years of life expectancy[11]. Key reasons for the failure to address inefficiencies are weak accountability mechanisms and a lack of performance management[12] coupled with a lack of data on health service quality or facility-based outcomes (e.g. case fatality rates)[13].

However, progress against these challenges is possible. Progress has been seen in the past 6 years, particularly in Punjab and KP, with DFID support through the Provincial Health and Nutrition Programme (PHNP). The programme has provided earmarked non-budget support financial aid to the provinces of Punjab and KP to complement their domestic resources. It has also provided significant levels of

[5] Mott MacDonald (2018) Health systems assessment of Punjab and KP: Current status, progress under PHNP and future priorities

[6] PHNP Roadmap data

[7] Price Waterhouse Coopers - Provincial Risk Assurance Programme (PRAP): Punjab PHNP Districts Review (2016); KP PHNP Progress Review (2018)

[8] Pakistan has 1.45 doctors, nurses and midwives per 1,000 population against a minimum WHO recommendation of 2.28 required to provide 80% coverage of skilled attendance at birth

[9] Nurse to Doctor Ratio by Country. https://www.helgilibrary.com/indicators/nurse-to-doctor-ratio/ [10] Mott MacDonald (2018) The Fleming Fund – Pakistan Scoping Visit Report

[11] WHO (2018) World Health Statistics 2018: Monitoring health for the SDGs. WHO. Geneva

[12] Pakistan's health system: performance and prospects after the 18th Constitutional Amendment (2013)

[13] PHNP Annual Review 2018

technical assistance to: improve public financial management; improve policy and practice around the maternal and child health services; develop risk mitigation plans; and, inter alia, develop standard analytical formats for using District Health Information System (DHIS) data.

The TA-supported Roadmap[14] approach, in particular, has championed the use of quality data for evidence-based decision making. The Primary and Secondary Health Roadmaps prioritized goals aligned with their respective aspirations. The former set targets to improve immunization coverage; skilled birth attendance rates; functionality of primary care facilities; and the provision and consumption of family planning services. The latter established targets for several indicators at the hospital level, including improvement in doctor attendance; medicine availability and dispensing; cleanliness; equipment functionality; and improving hospital management.

The new government has indicated that health, nutrition and education are among its top priorities. There is demand for TA from the new Ministers of Health for both KP and Punjab provinces to improve public service delivery, including contributing to the development of sector plans that set out the strategic direction, priorities and policy actions for the next 5-year period. The Federal MoNHSRC has also requested limited TA to strengthen Federal/Provincial co-ordination and oversight of health outcomes.

3. Scope of Work

The support through the Health Technical Assistance (TA) – Punjab strand will ensure that the Government of the Punjab has the essential health TA support that they need in a timely manner. The supplier will contract TA, including for the roadmap process, for up to 15 months. This will be a largely demand-led process, with the requestors being government health departments and programmes.

4. Outputs

While the final outputs will be determined by requests from the government, it is expected that TA will be provided in the following priority areas:

- Support the Government of the Punjab by providing high quality TA for evidence-based and effective policies, practices and reforms and their implementation:
  - Provide technical support for the development and implementation of the provincial health policy and strategy, including technical support to the provincial and district governments to develop sector plans that set out strategic direction and help them achieve sectoral targets in a timely manner;

[14] Roadmap: An approach to implementation which, if applied correctly, promises to achieve transformation. The Roadmap builds on DELIVER experience from a range of countries including Australia, Bahrain, Ethiopia, Kuwait, Malaysia, South Africa, United Kingdom, United States

- Provide support for the integration of family planning (FP) in maternal and child health services and in supporting tools to assess the availability of contraceptives at community level;
- Provide technical advice on promoting exclusive breastfeeding and on acute malnutrition treatment services;
- In close coordination with the government and other partners, influence improved service delivery and leverage enhanced funding for health in the province. This could include identifying policies that could act as stimuli for more effective healthcare service delivery and creating enabling environment for delivery on sectoral priorities and achieving performance targets and results;

❿ Help sustain and improve "Health Reform Roadmap" in the province for delivery of priority health sector results through policy and service improvements:

- Support the provincial government (Chief Minister/Health Minister's office) to define/develop Health Sector Roadmaps, and prioritize policies and actions for implementation;
- Ensure a regular (preferably quarterly) stocktake of progress with the Chief/Health Minister's offices; this includes rolling work plans, traffic light reports, heat-maps and meeting minutes. DFID will be notified in advance of the quarterly meetings on progress;
- Further develop the Roadmap process to incorporate data on a wider set of indicators, including for Family Planning and the quality of service delivery (which will improve provincial government's decision-making, so enhancing the efficiency with which their own resources are spent);
- Support capacity development of the P&SHD to lead and ultimately take-over the roadmap process in order to sustain progress on the roadmap approach (supplier performance will be dependent upon achievement of roadmap targets and development of sustainable mechanism for the future).

• ❿ Strengthen capacity in performance, financial and human-resource management, including the use of health information systems to monitor quality of services:

- Provide support for the roll-out of Health Medium Term Budgetary Framework (MTBF) to ensure that provincial and district governments are more responsive to peoples' needs;
- Provide assistance to improve public financial management capacity at provincial and district levels, including budget preparation, budget tracking and execution, supply chain and logistics, internal audit and other financial controls;
- Support the integration of the multiple health information systems and strengthening overarching health information system (DHIS2), including through data validation.
- Build partner capacity for reliable data collection, analysis, reporting and use, including using quantitative and qualitative research across the province to ensure reproductive, maternal, new-born and child health and nutrition interventions are evidence-based.
- Strengthen capacity in human-resource management.

• ❿ Co-ordination:

- Proactively lead the process for establishment of a Steering Committee (SC) to oversee TA identification and implementation;
- Ensure that the SC meets regularly to supervise implementation of (suppliers') work

plans;

- Provide flexibility and respond positively to partner’s valid requests;
- Liaise and co-ordinate with other partners to ensure complementarity and avoid duplication of work, ensure complementarities with other donor initiatives in the health sector to create linkages and synergies where possible, in line with Paris/Busan principles of Effective Development Cooperation;
- Interact and liaise with other relevant government departments in the province such as Finance and Planning to facilitate smooth and efficient programme delivery and to address bottlenecks in implementation particularly financial flows.

5. Value for Money (VfM)

The purpose of VfM analysis is to develop a better understanding and better articulation of costs and results so that both DFID and supplier can make more informed, evidence-based choices. This is a process of continuous improvement. The supplier, will agree a priority set of VfM indicators which are monitored on a regular basis. The implementation of VfM principles will be assessed by DFID through the supplier's quarterly reports and annual reviews, including specific VfM reports. VfM indicators will be based on DFID's four Es strategy (Economy, Efficiency, Effectiveness and Equity). Justifying, monitoring, and continually striving for better VfM should be integrated into all the supplier's activities.

6. Duration and break clause

The overall length of the Health TA programme is 2 years i.e. from March 2019 to February 2021. The contract under this procurement will be awarded for a period of 12 months to be completed by March 2020. The contract will consist of 2 phases i.e., an inception and implementation phase. DFID will have the option to invoke a break clause after the inception phase and at first programme annual review. The break clause is the opportunity to respond to initial performance and adapt the design of the programme based on the first year of implementation. Programme inception will be completed within 1 month after signing of the contract, including finalising the work-plans and budgets for the implementation phase. Progression beyond the break clause will be subject to the satisfactory performance of the service provider, delivery of milestones and the continuing needs of the programme.

There will be an option for time and cost extension of up to 3 months at a value of no more than £0.3 million. This extension option is included to have the flexibility to adapt to any unforeseen developments in the provinces.

7. Budget

The budget for overall Health TA programme is £3 million. The budget for this component is £1 million. There may be an option to extend for 3 months at a value of no more than £0.3 million.

8. Inception Period This contract is envisaged to have an inception phase of 1 month after signing the contract. Immediately after signing of contracts, the supplier will develop an Inception Plan, defining activities and clear milestones for the Inception period.

The Inception period will include, but not limited to the following:

- Establishment of an office, if needed, and recruitment of qualified staff, including international and/or national specialists to drive the technical quality of the programme;
- Coordination, reporting, monitoring and management procedures agreed with DFID and other suppliers (if any) to ensure coherence of programme as a whole;
- Finalisation of implementation responsibilities, deliverables and work-plans.
- Finalisation of baselines and milestones in the logical framework.
- Finalisation of risk matrix, including management strategies (format to be provided)

The supplier will produce an inception report by the end of the inception period, to be approved by DFID.

9. Management Arrangements

To implement the programme, the supplier may need to partner with other specialist organisations/consultants. The supplier will be responsible for the financial, administrative and logistical arrangements for this component. This will include all activities under the inception period and ongoing implementation of the programme including:

- Managing the disbursement of and accountability for DFID funds, including through financial reporting and audits;
- Regular physical monitoring of the progress and impact of individual activities;

- Development of close and effective working relationship with other programme components and partners.

The supplier will appoint a Provincial Team Leader with overall responsibility for delivering on these ToR that has the requisite leadership and technical experience and credentials, along with similarly appropriately qualified team members. We will expect the supplier to appoint a small team who, together with the Team Leader, fulfils the following criteria:

- Has an excellent understanding of the principles and aims of the work, together with clear practical application experience, including understanding of institutional challenges in the primary and secondary health sector;

 Prior experience of implementing health TA programmes; Ability to provide responsive and proactive technical assistance to strengthen health systems; Ability to work closely with government departments to foster ownership, involvement and coordination; Strong monitoring and evaluation expertise using qualitative and quantitative techniques and incorporating learning from innovation.

The supplier will be assessed for effectiveness during **DFID Annual Reviews and DFID Strategic Relationship Management mechanisms**, as appropriate. The performance of the supplier and programme will be formally monitored quarterly through its financial and narrative progress reports and as part of the DFID Annual Review process. All milestone-based payments to the supplier will be linked to performance and delivery of results.

10. DFID Coordination

The Senior Responsible Owner (SRO) of Health TA programme will be the designated DFID Health Adviser, supported by other advisers and programme staff as needed.

11. Contract Model

The supplier may include other national and/or international organisations/consultants in a consortium.

- A **hybrid model contract** will be agreed with the supplier prior to signing the contract. This will include a % payment of fees to be paid based on achieving agreed milestones.
- Milestones and/or outputs should be outlined in bids and will be finalised during the inception period and **payment will be clearly linked to achieving the agreed results.**
- • The remaining **input costs** will be closely monitored and linked to **approved work plans and budgets**. Although not linked to results, the supplier will report quarterly on progress made towards achieving log-frame milestones and where necessary provide a report on the necessary corrective action to realign inputs to achieve outputs.
- During the inception period the supplier shall draft, for approval, **costed work plans** by accounting period, showing outputs to be achieved during the contract period.

The supplier will be responsible for its performance and for managing theperformance of its sub-contractors in line with the DFID supply partner code of conduct.

12. Accounting/Auditing
Payments to the supplier (not linked to performance milestones) will be made monthly in arrears by DFID **on the basis of approved work plans and budgets,**and invoices showing the overall spend for the previous month. This is expected to be a payment by results contract; the supplier must set out on a quarterly basis the progress made towards achieving log-frame milestones with recommendations for corrective action. This information must be provided within 15 calendar days of the end of each quarter through a narrative and financial progress report.

1. **Due Diligence** Prior to signing the contract, **DFID will carry out a full due diligence** of the in-country systems of the supplier to ensure that sufficient controls and systems are in place to deliver agreed results and to mitigate fraud and safeguarding risks.

2. **Fraud and Corruption**

Protecting taxpayers' monies from fraud and corruption is of utmost importance. The supplier is responsible for providing assurances to DFID that **it will carry out due diligence on its sub-contractors and/or consultants** (as feasible)**.**

15. Duty of CareThe supplier is responsible for the safety and wellbeing of its personnel and third parties affected by the supplier activities under this contract, including appropriate security and safeguarding arrangements. The supplier will also be responsible for the provision of suitable security arrangements for its domestic and business property.

DFID will share available information with the supplier on security status and developments in-country where appropriate. DFID will provide the following:

a. Supplier will be offered a copy of the latest British High Commission Security awareness document on arrival. All such personnel must register with their respective High Commissions/Embassies to ensure that they are included in emergency procedures.

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

The supplier should be comfortable working in such an environment and should be capable of deploying to any areas required within the region in order to deliver the Contract (subject to travel clearance being granted).

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 Contract (such as working in dangerous, fragile and hostile environments etc.). The supplier must ensure their personnel receive the required level of training.

Supplier must develop its 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 (see page 20). They must confirm in their Tender that:
a. They fully accept responsibility for Security and Duty of Care.
b. They understand the potential risks and have the knowledge and experience to develop an effective risk plan.
c. They have the capability to manage their Duty of Care responsibilities throughout the life of the contract.

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

Acceptance of responsibility must be supported with evidence of capability and DFID reserves the right to clarify any aspect of this evidence.

In providing evidence Tenderers should consider the following questions:
a. 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)?
b. 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?
c. 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?
d. Have you an appropriate mechanism in place to monitor risk on a live / ongoing basis (or will you put one in place if you are awarded the contract)?
e. 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?
f. Have you appropriate systems in place to manage an emergency / incident if one arises?

16. Safeguarding

DFID's aim across all its programming is to avoid doing harm by ensuring that our interventions do not sustain unequal power relations, reinforce social exclusion and predatory institutions, exacerbate conflict, contribute to human rights risks, and/or create or exacerbate resource scarcity, climate change and/or environmental damage, and/or increasing communities' vulnerabilities to shocks and trends. We seek to ensure our interventions do not displace/undermine local capacity or impose long-term financial burdens on partner governments. We therefore require partners to lead and robustly consider environmental and social safeguards through their own processes and to live up to the high standards in safeguarding and protection which DFID requires.

The capacity of our potential partners to do this, including lead supplier and any downstream partners, will be a key factor in the evaluation of bids. Only partners with proven safeguarding policies and procedures will be selected. This includes policies, which expressly prohibit sexual exploitation and abuse and a commitment to address reports of such acts. The supplier will be required to produce a robust risk analysis ahead of implementation, including setting out mitigating safeguarding measures. A clear reporting and whistle blowing procedure to ensure reporting of any cases of misconducted to DFID should be put in place.

The supplier will ensure that proper safeguarding measures are in place, including but not limited to the following:
a. That the supplier (and its consortium partners) provide a safe and trusted environment which safeguards anyone who the organisation has contact with, including beneficiaries, staff and volunteers.
b. That the supplier (and its consortium partners) sets an organisational culture that prioritises safeguarding, so that it is safe for those affected to come forward, and to report incidents and concerns with the assurance they will be handled sensitively and properly.
c. That the supplier (and its consortium partners) has adequate safeguarding policies, procedures and measures to protect people, and these are shared and understood.

Do No Harm

d. 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.
e. The programme is targeting a highly sensitive area of work. 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 including research and programme evaluations 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.
f. A commitment to the ethical design and delivery of evaluations including the duty of care to informants, other programme stakeholders and their own staff must be demonstrated.
g. DFID does not envisage the necessity to conduct any environmental impact assessment for the implementation of the Issue based programme. However, it is important to adhere to principles of “Do No Harm” to the environment.

17. Registration

The supplier, whether a for-profit or not-for-profit organization i.e. private sector/INGO/NGO/CSO (or its local affiliate in Pakistan) or in any other form recognized by law, must be registered under the relevant department as laid out by rules of the government of Pakistan. The organization must be in full compliance with the rules and regulations specified by the body under which it is required to be registered.

18. UK Aid Branding

Partners that receive funding from DFID must use the UK aid logo on programme deliverables to be transparent and acknowledge that they are funded by UK taxpayers. Partners should also acknowledge funding from the UK government in broader communications, but no publicity is to be given to this Contract without the prior written consent of DFID.

19. Transparency

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

b. It is a contractual requirement for all Suppliers to comply with this, and to ensure they have the appropriate tools to enable routine financial reporting, publishing of accurate data and providing evidence of this DFID – further IATI information is available from;

http://www.aidtransparency.net/

20. Digital Principles for Partners and Suppliers

DFID expects all partners and suppliers who manage aid programmes with a digital element to adhere to the global Principles for Digital Development. If any proposal contains a digital element this must be costed separately within the proformas and are subject to approval by DFID's digital team.

21. Ethical Principles

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

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