

CALLDOWN CONTRACT

Framework Agreement with: Ecorys UK Limited

Framework Agreement for: Global Evaluation Framework Agreement (GEFA)

Framework Agreement Purchase Order Number: PO 7448

Call-down Contract For: ASCEND Third Party Monitoring

Contract Purchase Order Number: PO8459

I refer to the following:

1. The above mentioned Framework Agreement dated **12 September 2016**;
2. Your proposal of **15th April 2019**

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

1. Commencement and Duration of the Services

- 1.1 The Supplier shall start the Services no later than **16th September 2019** ("the Start Date") and the Services shall be completed by **15th July 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 **DFID UK** ("the Recipient").

3. Financial Limit

- 3.1 Payments under this Call-down Contract shall not, exceed **£6,496,209.00** ("the Financial Limit") and is inclusive of any government tax, including VAT.

4. Milestone Payment Basis

- 4.1 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 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.

5. DFID Officials

5.1 The Project Officer is:

REDACTED

5.2 The Contract Officer is:

REDACTED

6. Key Personnel

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

REDACTED	
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7. Reports

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

8. Duty of Care

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

- I. The Supplier will be responsible for all security arrangements and Her Majesty's Government accepts no responsibility for the health, safety and security of individuals or property whilst travelling.
- II. The Supplier will be responsible for taking out insurance in respect of death or personal injury, damage to or loss of property, and will indemnify and keep indemnified 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.
- IV. The costs of any insurance specifically taken out by the Supplier to support the performance of this Call-down Contract in relation to Duty of Care may be included as part of the management



costs of the project, and must be separately identified in all financial reporting relating to the project.

- V. Where 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.

9. Assets

- 9.1 Under this Clause, assets are defined as items (e.g. vehicles, laptops, office equipment, specialist equipment) with a useful life of more than one year and cost more than £500 individually or collectively (e.g. mobile phones).
- 9.2 The supplier shall be required to maintain, and provide to DFID, an up-to-date register of DFID assets and to carry out physical checks of assets at least annually. The supplier shall be required to notify DFID at the earliest opportunity of any lost, stolen or damaged assets. The supplier shall be required to facilitate physical checks of assets by DFID or the TPM supplier as required.
- 9.3 The supplier shall be required to obtain DFID approval prior to the purchase of any DFID asset providing details of costs and justifying its contribution to the sustainable outcome of the programme. The supplier shall be required to obtain DFID approval prior to the disposal of any DFID asset providing details of the value for money of the option proposed.

10. Call-down Contract Signature

- 10.1 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
The Secretary of State for
International Development

Name:

Position:

Signature:

Date:

For and on behalf of

Name:

[

Position:



Department
for International
Development



Signature:

Date:



Department
for International
Development



Model Calldown Contract Amendment Letter

Department for International Development
Abercrombie House
Eaglesham Road
EAST KILBRIDE
Glasgow
G75 8EA

Telephone: East Kilbride 01355 84 4000
Directline: 01355 84 []

File Ref: []

Date: []

Contract Amendment No: []

CONTRACT FOR: []

CONTRACT NUMBER: []

1. With reference to the contractual letter dated [] (as most recently amended by the letter dated []) whereby your firm [(in association with [])] was engaged to [] and with reference to your letter(s) of [] and subsequent discussion, I confirm that the UK Government wishes to make the following further amendment(s) to the letter of []:
2. These / This amendment(s) relate(s) to []
3. Please confirm in writing by signing and returning one copy of this letter, within 15 working days of the date of signature on behalf of DFID that you accept the amendment(s) set out herein.
4. Please note the provision in the contractual letter that the financial limit of the UK Government's liability to the Supplier under this engagement shall not exceed the sum specified unless the amount of any such excess has been agreed by the Department for International Development in writing before the Supplier takes any action which might result in the financial limit being exceeded.

For and on behalf of the
Secretary of State
for International Development

Name:

Position:

Signature:

Date:



Department
for International
Development



For and on behalf of

Name:

Signature:

Date:

Terms of Reference Volume 2
Third-Party Monitoring Supplier ('TPM Supplier')
Accelerating the Sustainable Control and Elimination of Neglected
Tropical Diseases (ASCEND)

Department for International Development

PO 8459

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List of Acronyms and Definitions

ADG	Assistant Director General
APOC	African Programme for Onchocerciasis Control
BCC	Behaviour Change Communication
BMGF	Bill and Melinda Gates Foundation
CDD	Community Drug Distributor
DALY	Disability Adjusted Life Year
DFID	Department for International Development
EME	Early Market Engagement
ESPEN	Expanded Special Project for Elimination of Neglected Tropical Diseases
ET	External Technical Supplier
FCAS	Fragile and Conflict Affected State
HMG	Her Majesty's Government
HST	Health Services Team
IDM	Innovative and Intensified Disease management
IEC	Information Education Communication
KPI	Key Performance Indicator
LNB	Leave No-One Behind
LLIN	Long lasting insecticidal net
MoU	Memorandum of Understanding
M&E	Monitoring and Evaluation
MDA	Mass Drug Administration
NGO	Non-Government Organisation
NTDs	Neglected Tropical Diseases
ODA	Overseas Development Assistance
ODF	Open Defaecation Free
OJEU	Official Journal of the European Union
PbR	Payment by Results
PCT	Prevention Chemotherapy and Transmission Control
PSIF	Policy and strategic investment fund
SAFE	Surgery, Antibiotics, Facial Cleanliness and Environmental Interventions
SDG	Sustainable Development Goal
SRO	Senior Responsible Owner
TAS	Transmission Assessment Survey
ToR	Terms of Reference
UHC	Universal Health Coverage
USAID	United States Agency for International Development
VfM	Value for Money
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization
WHO AFRO	World Health Organization Regional Office Africa

Control: The reduction of disease incidence, prevalence, morbidity, and/or mortality to a locally acceptable level as a result of deliberate efforts, where ongoing interventions are likely to be required to maintain this level.

Elimination as a public health problem: Achieved when specific targets on the disease incidence, prevalence, morbidity, and/or mortality have been met

Elimination of transmission: the reduction to zero of the incidence of infection caused by a specific pathogen in a defined geographical area, with minimal risk of reintroduction, as a result of deliberate efforts

1. Introduction

- 1.1. This document comprises the Terms of Reference for the competitively tendered monitoring and evaluation element of a new neglected tropical disease control and elimination programme, Accelerating the Sustainable Control and Elimination of Neglected Tropical Diseases (ASCEND), by the UK Department for International Development (DFID). The ASCEND programme will be delivered by the World Health Organization (WHO), one or more External Technical Suppliers (ET Supplier(s)) selected via a competitive process (this is being tendered as two geographical lots, covering (a) Western and Central Africa; and (b) Southern Asia and East Africa), and a Third-Party Monitoring Supplier.
- 1.2. This Terms of Reference document (TOR) sets out DFID's requirement for the independent third-party monitoring (TPM) supplier, (hereinafter referred to as the 'TPM Supplier') to undertake ongoing independent monitoring and quality assurance of programme delivery and finances, documentation of lessons, robust verification and tracking of results, and to conduct an independent evaluation of the ASCEND programme. The focus of third-party monitoring will be the two main implementation contracts implemented by the ET Suppliers, although engagement with the WHO will be required when necessary for monitoring of these activities, and for evaluation of aspects of the ASCEND programme as a whole. This is an up to £6,496,209 requirement, with mobilisation anticipated approximately August 2019 and to end June 2022. ASCEND will contribute to UK Aid Strategy and Single Departmental Plan (SDP) objectives 2 and 4: strengthening resilience and response to crisis; and tackling extreme poverty and helping the world's most vulnerable.
- 1.3. Neglected Tropical Diseases (NTDs) are a group of infectious diseases that thrive in poor and often rural settings, affecting 1.6 billion of the world's poorest people and causing disability, disfigurement, stigma and death. The UK is one of the leading donors for NTD control activities (alongside the USA). ASCEND aims to support accelerated progress towards global targets for the control and elimination of NTDs, as set out in the WHO roadmap on NTDs, in over 20 high burden countries.

2. Objectives

Objective of the ASCEND programme

- 2.1. The objective of the programme is to achieve progress towards the 2020 NTD roadmap targets¹ for the targeted NTDs in all programme countries as outlined in Section 5 (noting that not all NTDs will be targeted in all programme countries), and to strengthen elements of the national health systems which are required for sustainable NTD control and elimination. The programme will focus on five NTDs: lymphatic filariasis; onchocerciasis; schistosomiasis; visceral leishmaniasis and trachoma. Additional activities to tackle other NTDs included in the London Declaration on NTDs² may also be included where there is a strong case that these can be integrated based on geographical overlap with priority diseases, and a clear justification of need based on disease burden and a lack of other financial support.

¹ https://www.who.int/neglected_diseases/resources/WHO_HTM_NTD_2012.1/en/

² https://www.who.int/neglected_diseases/London_Declaration_NTDs.pdf

- 2.2. Key high-level targets for the ASCEND programme are (note that these are baseline figures and should be considered as a minimum expectation):
- Elimination as a public health problem of visceral leishmaniasis in Asia (and improved control in Africa).
 - The elimination of at least one of trachoma, lymphatic filariasis or onchocerciasis in 8 to 15 countries.
 - Reduction of morbidity and disability in at least 40,000 people with lymphatic filariasis (via management of hydrocele and lymphedema).
 - Provide surgeries to prevent at least 350,000 cases of blindness due to trachoma.
- 2.3. ASCEND will deliver a range of key interventions for the control and elimination of NTDs in line with national strategies, while ensuring a strong health systems approach is applied. ASCEND will also work to strengthen relevant building blocks of national health systems, supporting countries to provide the prevention, detection, treatment and surveillance activities necessary to maintain the reduced disease burden in the longer term, and to prevent disease resurgence. The main programme activities will fall under the following categories:
- **Prevention and treatment**, including mass drug administration (MDA) for onchocerciasis, lymphatic filariasis, trachoma and schistosomiasis; diagnosis and treatment for visceral leishmaniasis; surgery for lymphatic filariasis and trachoma cases; morbidity management for lymphatic filariasis cases; and behaviour change communication.
 - Increasing the **integration of aspects of NTD programmes within domestic health systems** where this is feasible, while ensuring in fragile and conflict affected states (FCAS) opportunities to develop a health system as countries transition are not undermined by programme activities;
 - **Strengthening the national health system**, integrating efforts to strengthen the relevant building blocks of the health system³ both by building capacity and integrating targeted interventions where feasible for sustainable delivery of NTD control and elimination activities.
 - **Data for targeting and monitoring**, including mapping of NTDs where this has not yet been completed, coverage surveys, impact assessments and alignment of NTD monitoring with national and international monitoring systems and processes.
 - **Cross-sectoral coordination**, between the health and water, sanitation and hygiene (WASH) sectors, to encourage targeting of WASH investments based on NTD burden, and with the education sector, as appropriate for school-based interventions.

Objective of the third-party monitoring contract

- 2.4. The TPM Supplier will provide ongoing review of programme management, progress, programme quality and verification of results achieved by the ET supplier(s) across both programme lots; conduct an independent evaluation of the programme; and recommend improvements for the ET Supplier(s). The purpose is to ensure that ASCEND is having the intended impact by focusing on independent quality assurance and accountability, ensuring robust monitoring systems and programme management and facilitating learning and adaptive management to improve the overall performance. Some of the evidence provided by the TPM Supplier will also be used to assess the ET

³ World Health Organization (2007). Everybody's business - strengthening health systems to improve health outcomes: WHO's framework for action. WHO; Geneva. Available from: http://www.who.int/healthsystems/strategy/everybodys_business.pdf

Supplier(s) progress against the programme logframe, and Key Performance Indicators (KPIs): the process for this will be set out at the beginning of the inception phase. Supporting assessments from the TPM Supplier will also be used for the development of programme annual reviews. The main requirements of the TPM contract are outlined in section 6. These are mapped to the purposes outlined above in table 1.

Table 1: Mapping of TPM contract purposes and requirements

Requirement	Purposes
Assessment of ET supplier(s) programme and financial management and recommending improvements.	<p>Ensuring robust programme management.</p> <p>Provide assurance on financial/fiduciary management and risk management. Provide assurance on due diligence and safeguarding⁴ policies and practices of the ET suppliers. Assessments will include adequacy of policies and verification of implementation.</p> <p>The TPM supplier will also track use of funds for activities and outputs, with attention paid to accurate forecasting of costs and budget monitoring, clear and audited accounting procedures, and adequate safeguards to prevent fraud and corruption.</p>
Assessment of monitoring system adequacy and recommending improvements	<p>Accountability, ensuring robust monitoring systems.</p> <p>This, combined with independent verification, will provide assurance that activities have been conducted, results achieved and that monitoring data is fit for purpose (e.g. data disaggregation and alignment with/use of national systems).</p>
Independent verification of results delivered (quantitative)	<p>Independent quality assurance, accountability, ensuring robust management systems, facilitating learning and adaptive management.</p> <p>Independent verification will provide assurance that monitoring systems are functioning as intended and will provide assurance that activities have been conducted and results achieved. Recommendations will be made to improve ongoing programme performance.</p> <p>Verified results will inform assessment of ET Supplier(s) progress towards against logframe targets and payment milestones.</p>

⁴ DFID defines safeguarding as ensuring all those engaged in the international aid sector take all reasonable steps to prevent harm from occurring in the delivery of aid, protect people from that harm and respond sensitively but robustly when harm or allegations of harm occur.

Assessment quality of results delivered (qualitative)	<p>Independent quality assurance, accountability, ensuring robust management systems, facilitating learning and adaptive management.</p> <p>These assessments will provide assurance on the quality of programming, including aspects such as application of standards and guidelines, alignment with national systems and beneficiary experience. Recommendations will be made to improve ongoing programme performance.</p>
Programme evaluation	<p>Independent quality assurance, facilitating learning and adaptive management.</p> <p>Evaluation (including mid-term) will inform adaptive management particularly in relation to implementing an integrated approach to NTD programming, embedding NTD activities within health systems and health system strengthening</p>

3. Recipient

- 3.1. The recipients of all the outputs from the TPM Supplier are DFID, the ET Supplier(s) of ASCEND and WHO. The audience for the outputs will include beneficiaries, and national and international stakeholders including implementers of NTD programmes.

4. Contract Context, Budget, Timeframe and Dependencies

- 4.1. DFID currently supports a range of programmes on NTD implementation and research, largely channelled through UK and other non-UK partners that include the Carter Center and the WHO. See Annex E for further details of DFID's current NTD programmes.
- 4.2. In April 2017 the UK announced additional funding for NTD implementation activities: in total, DFID will invest £360 million in NTD implementation programmes from 2017/18-2021/22. ASCEND will be the largest single NTD programme within DFID's NTD portfolio and will follow on from several of DFID's current NTD programmes which are due to close in early 2019.
- 4.3. This ToR covers a third-party monitoring contract, indicated at £6,496,209 (inclusive of applicable taxes) which will run for 34 months from approximately August 2019 to June 2022 (in parallel with the implementation contracts). The initial three-month period (August – October 2019) will form the programme inception phase, with the main implementation period due to begin in November 2019.
- 4.4. To complement ASCEND's main focus on the implementation of NTD control and elimination activities and to ensure progress towards the integration of NTD control and elimination activities within broader health systems, and within Universal Health Coverage (UHC), a component of the ASCEND programme will also provide funding to WHO. This funding will support strategic activities to further progress towards

ASCEND's objectives; the generation of specific evidence (for example around the measurement of impact); the development of "global goods", such as guidelines for best practice in NTD programmes to facilitate the strengthening of relevant health system components; and the acceleration of actions towards the embedding of NTDs in UHC strategies. For more details see business case (Annex A).

Constraints and dependencies

4.5. There are several external dependencies which may influence the third-party monitoring aspects of ASCEND:

- The ET Supplier(s) will clarify the range of activities to be carried out within each programme country during the bidding process and the Inception phase: this may encompass the inclusion of additional countries and/or additional NTDs. The TPM Supplier activities will be dependent upon a good relationship with the ET Supplier(s) to ensure a detailed understanding of programme activities and sharing of information and data.
- Activities by WHO, including in particular the Expanded Special Project for Elimination of Neglected Tropical Diseases (ESPEN). This includes activities to improve national NTD reporting via the ESPEN data portal⁵.
- The level of Government commitment and capacity within each country: this is likely to influence the approach to programme implementation in some countries, which may also affect the approach needed for third-party monitoring.
- Suppliers intending to bid on the main ASCEND programme cannot bid for the TPM contract.

4.6. The ET Supplier will begin implementation approximately April 2019 (subject to tender) At the earliest time feasible, the ET Supplier, TPM Supplier and DFID will be convened by the TPM Supplier to ensure that all parties agree on the frameworks, structures and methodologies to ensure that the TPM requirements are met. The TPM should have audit-type capacities as well as a good contextual understanding of the geographies and programme components. Strong practical expertise and capability in monitoring and evaluation for large-scale public health programmes, including of assessing data and programme quality, should be embedded within the TPM Supplier. The TPM Supplier will be able to establish and maintain good relationships with country partners, including national governments and will have the ability to operate across the range of country contexts in which ASCEND will be working but need not have experience of operating in each of the ASCEND programme countries.

Licence to operate

4.7. Lead Supplier(s), consortium members and all downstream partners will have the appropriate licence to operate in the relevant countries. Award to contract will be dependent on evidence being provided of the necessary licences.

5. Scope of the ASCEND programme

Disease focus

5.1. ASCEND will focus on five NTDs: lymphatic filariasis; onchocerciasis; schistosomiasis; visceral leishmaniasis and trachoma. Note that soil transmitted helminth MDA and other NTDs included in the London Declaration on NTDs may be included in ASCEND: the final selection of NTDs included will be clarified in Spring 2019.

⁵ <http://espen.afro.who.int/>

Country selection

- 5.2. Table 2 sets out the minimum programme requirements, along with suggested areas for scale up. Note there are two countries (Burkina Faso and Ghana) where future support may be provided by other donors to improve efficiency. Expansion of activities from this baseline will be required, given the scale-up in financial support: further clarification of which NTDs will be targeted by the ET Supplier(s), in which countries, will be available in Spring 2019.

Table 2. Current focus of DFID's NTD programmes, and potential activities for ASCEND scale-up. Note that health systems strengthening activities, including building institutional capacity and promoting Government ownership, is expected to be undertaken in all programme countries: the extent of these activities will be dependent on the specific country context (i.e. these activities may be limited in FCAS).

	<i>Lymphatic Filariasis</i>	<i>Onchocerciasis</i>	<i>Schistosomiasis</i>	<i>Soil transmitted helminths*</i>	<i>Trachoma</i>	<i>Visceral Leishmaniasis</i>
Bangladesh	x					x
Ethiopia	scale up		scale up		scale up	scale up
India						x
Kenya					scale up	++
Malawi	x		c		x	
Mozambique	c		c		c	
Nepal	x					x
South Sudan	++		++		++	scale up
Sudan	++		++		+	scale up
Tanzania	x	+	c		x	
Uganda		H	c		x	+
Zambia	c		scale up		scale up	
Burkina Faso	h					
Chad	+		++		scale up	
Cote d'Ivoire		+	c		+(s)	
DRC	scale up	C	scale up		+	
Ghana	h					
Guinea	c				+(s)	
Guinea Bissau	++	X	++		+(s)	
Liberia	c		c			
Niger			c			
Nigeria	scale up	C	scale up		scale up	
CAR	+		+		+	
Benin					+(s)	
Sierra Leone					+(s)	
x	Support country to reach and sustain elimination					
++	Priority extension of activities to cover this NTD (limited other donor support)					
+	Potential extension of activities to cover this NTD					
(s)	Potential extension to cover surgery					
scale up	Scale-up current activities towards full geographical coverage					
c	Ensure continuity of current programme activities					
h	Coordinate with national Government and other donors on future support					
	Current DFID implementation activities					

Country weightings

- 5.3. These country weightings will guide the level of investment for ET Supplier(s) in each country in relation to each type of activity. This includes improving components of the overall health system which are directly relevant to the delivery of NTD control activities.
- 5.4. Output results in terms of, for example, numbers of treatments and people reached with morbidity management will vary from these weightings depending on the relative level of investment in these outputs and system strengthening. However, the minimum numbers of output results for each lot will be met (see Sections 5.6 and 5.7).
- 5.5. The weightings take in to account a number of relevant factors including:
- The scale of DFID's prior/current NTD activities within each country.
 - Treatment needs and gaps.
 - The status of NTD control and elimination programmes within each country.
 - Other donor activity.
 - Potential to scale up.

Table 3: Lot 1 country weightings

Lot 1 – Southern Asia and East Africa				
	MDA	VISCERAL LEISHMANIASIS case detection, diagnosis and treatment	Morbidity Management for trachoma	Morbidity management for LF
Country	Weighting (%)	Weighting (%)	Weighting (%)	Weighting (%)
Bangladesh		10		5
Ethiopia	28	15	58	5
India		30		
Kenya	5	5	8	
Malawi	6			5
Mozambique	15		13	15
Nepal		10		5
South Sudan	9	20	6	7
Sudan	12	10	5	47
Tanzania	11		5	6
Uganda	5			
Zambia	9		5	5

- 5.6. Lot 1 minimum results of:
- 350 million MDA treatments
 - 10,000 cases of visceral leishmaniasis diagnosed and treated
 - Provide surgeries to prevent 250,000 cases of blindness due to trachoma
 - Reduction of morbidity and disability in 14,000 people with lymphatic filariasis

Table 4: Lot 2 country weightings*

Lot 2 – Western and Central Africa			
	MDA	Morbidity Management for trachoma	Morbidity management for LF
Country	Weighting (%)	Weighting (%)	Weighting (%)
Burkina Faso			5
Chad	5	5	5
Cote d'Ivoire	5	10	
DRC	29	37	23
Ghana			5
Guinea	5	5	5
Guinea Bissau	5		5
Liberia	5		5
Niger	5		
Nigeria	41	43	47

*Inclusion of CAR, Benin and Sierra Leone within this lot is encouraged. Level of investment in these countries will be explained by ET Supplier(s) with reference to the factors outlined in paragraph 5.5.

5.7. Lot 2 minimum results of:

- 450 million MDA treatments
- Provide surgeries to prevent 100,000 cases of blindness due to trachoma
- Reduction of morbidity and disability in 26,000 people with lymphatic filariasis

5.8. See Annex F for the results requirements for the ET Supplier(s) contracts.

6. Requirements

- 6.1. The countries to be covered by the TPM Supplier will include: Bangladesh; Ethiopia; India; Kenya; Malawi; Mozambique; Nepal; South Sudan; Sudan; Tanzania; Uganda; Zambia; Chad; Cote d'Ivoire; Democratic Republic of the Congo; Guinea; Guinea Bissau; Liberia; Niger; and Nigeria. Inclusion of further countries (as noted above) may be required: this will be clarified during Inception phase.
- 6.2. The TPM Supplier will ensure sharing of data and information across the ET Supplier(s), and where appropriate, more broadly as part of global best practice and learning. The supplier will build relationships with the WHO and the ET Supplier(s) based on mutual respect and information flow. Where possible, the ET Supplier(s) will be expected to utilise (and, if necessary, strengthen) national health information systems for programme monitoring and evaluation. The TPM Supplier will assess the adequacy of the monitoring process and systems being used and provide recommendations for improvements as required. They will also conduct validation of results and assess intervention quality for a sample of programme countries throughout the programme and conduct a programme evaluation. The TPM Supplier will need to analyse raw data as part of the verification process and collect new primary data where applicable.
- 6.3. The TPM Supplier will engage and seek advice from specialists based in those countries where DFID has a presence before and during implementation and may commission separate analysis for any target countries (e.g. in the Sahel) where DFID does not have

an office. This will help ensure the programme remains grounded in the realities of the operating environment.

- 6.4. Our ET Supplier(s) and the WHO will be responsible for programme monitoring, and the work of the TPM Supplier will not replace this. The activities undertaken by the TPM Supplier will support and complement these primary monitoring activities, and provide a programme evaluation.

Distinction of responsibilities between ET Supplier(s), TPM Supplier and WHO

ET Supplier(s)	<p>Responsible for managing the ASCEND programme and for delivering implementation activities within the focal countries. Will monitor progress against indicators within the logframe, including disaggregation where relevant. The ET Supplier(s) will also provide more detailed and disaggregated data reporting to DFID on a six-monthly basis (for example reporting sub-national annual treatment numbers, by NTD). This will help to track programme implementation, provide an overall picture of activity within different geographical areas and against different NTDs, and will contribute to the calculation of DFID's Single Departmental Plan indicator, <i>Number of people receiving treatment or care for one or more neglected tropical diseases, disaggregated by type of intervention received</i>. In some cases, the ET Supplier(s) may conduct activities to strengthen data systems and processes for NTD data and will support national Governments to report high quality NTD data to the WHO in a timely manner.</p> <p>The ET Supplier(s) will assume full responsibility for delivering areas of work under their contract: they will sub-contract other partners with the appropriate specialist skills and geographic reach as needed and will set out the responsibilities and required standards for these sub-contractors.</p> <p><i>*Note: if more than one Tier one ET Supplier(s), the ET Supplier(s) will be expected to collaborate and coordinate reporting.</i></p>
TPM Supplier	<p>Responsible for assessing the adequacy of monitoring systems in use for programme monitoring by the ET Supplier(s) and providing recommendations for improvement or additional strengthening activities to the ET Supplier(s) where relevant. Conducting spot-check validation activities of the ET Supplier(s) within a sample of focus countries, including defining and collecting additional independent primary data. Spot-check validation should cover all aspects of the ASCEND log frame, activities and programme management data. Conducting assessments in a sample of countries to assess the quality of interventions (e.g. quality of surgeries; quality of training; quality of health system strengthening activities conducted; coverage and equity; treating people with respect, non-discriminatory care), and gathering independent stakeholder feedback on the overall engagement and performance of the ET Supplier(s), including beneficiary feedback. Responsible for carrying out a programme</p>

	<p>evaluation, covering aspects of both process and performance. Will ensure that lessons from each of these processes are recorded and shared to improve future practice.</p> <p>Overall, the TPM will be responsible for delivering quality assurance and validation of delivery, alongside supporting programme adaptation and improvement through recommendations and a programme evaluation.</p>
WHO (including ESPEN, and WHO-HQ)	Responsible for managing delivery and reporting progress against specific indicators to which their work relates. ESPEN also plays a key role in the strengthening of information systems for NTDs.

Requirements of the third-party monitoring Contract

- 6.5. The TPM Supplier will be responsible for four main areas of work, as outlined below with their related deliverables. Within their scope of work, the TPM Supplier should work closely with national Governments: in some cases, this will entail supporting local activities in these areas rather than duplicating or supplanting national monitoring and verification activities.

Assessment of ET supplier(s) programme and financial management and recommending improvements

- 6.6. The TPM Supplier will develop a thorough understanding of the ET Supplier(s) programme and financial management policies, practices and systems including financial/fiduciary management, risk management, due diligence and safeguarding. The TPM Supplier will assess the adequacy of these policies with reference to DFID rules and requirements and will verify implementation. Potential fraud and other fiduciary risk will also be identified through regular inspections, data verification and interviews with staff and clients. The TPM Supplier will make relevant recommendations for strengthening of policies, practices and systems to respond to the risk areas identified.
- 6.7. The TPM Supplier will consider a wide range of issues relating to social safeguards within this programme including consideration of safeguarding in relation to those directly or indirectly employed by the programme, volunteers (e.g. community drug distributors), and beneficiaries including children and other excluded or vulnerable groups.
- 6.8. The deliverables related to this work will be:
- A short report on programme management strengths and weaknesses, with recommendations, for each focal country, within the first year of implementation.
 - Additional follow-up evidence to be included in six-monthly and annual TPM reporting, covering verification, whether recommendations were implemented, the outcome of any changes made and feedback from the ET Supplier(s).
- 6.9. These outputs will be provided to DFID and the ET Supplier(s).

Assessment of monitoring system adequacy and recommending improvements

- 6.10. The TPM Supplier will develop a thorough understanding of the monitoring systems and data flows and processes in use within each focal country. The systems in use will be

critically appraised, with consideration given to a range of aspects (e.g. reporting burden, data quality, interoperability of digital systems in use, data disaggregation for assessment of leave no-one behind, alignment to national systems), and strengths and weaknesses will be identified. Based on this, an overview of the adequacy of monitoring systems within each country to provide robust results and programme management data will be formed. Recommendations for strengthening of the monitoring systems will be developed in response. As national systems will be used where possible, these recommendations will also cover the adequacy of monitoring systems and data flows and processes for national use and international reporting.

6.11. The deliverables related to this work will be:

- A short report on monitoring system strengths and weaknesses, with recommendations, for each focal country, within the first year of implementation.
- Additional follow-up evidence to be included in six-monthly and annual TPM reporting, covering whether recommendations were implemented, the outcome of any changes made and feedback from the ET Supplier(s).

6.12. These outputs will be provided to DFID and the ET Supplier(s).

Independent verification of results delivered (quantitative)

6.13. Building on the overview of monitoring system adequacy, spot-check validation activities will be conducted by the TPM Supplier in a sample of countries (country selection recommended by TPM and agreed with DFID), throughout the programme life-cycle (we anticipate that all programme countries would be included in independent verification activities at least once during the programme timescale, including visits to each programme country). Independent verification will also include assessing and making recommendations on quality of survey methodologies (including sample size adequacy, sampling strategy and avoidance of bias) to be used by the ET Supplier(s), before these surveys are carried out. This will include verification of activities, outputs and results reported for the entire ASCEND log frame, Value for Money (VfM) metrics, and programme records. Again, verification activities will be used to generate learning and recommendations to be shared with DFID and the ET Supplier(s), facilitating ongoing improvements to monitoring activities and programme implementation more generally. These verification activities are likely to require the definition and collection of additional independent primary data by the TPM Supplier: proposals should set out the scale of primary data collection required and proposed sampling strategies.

6.14. The deliverables related to this work will be:

- Six-monthly TPM reporting on verification methodology, findings and recommendations. Over the lifetime of the programme, these six-monthly reports should cover all the main focal countries.
- Annual TPM summary ahead of DFID annual review time

6.15. These outputs will be provided to DFID and the ET Supplier(s). Note that the deliverables related to independent verification activities will feed into the assessment of ET Supplier(s) progress against logframe targets, and payment milestones.

Assessment quality of results delivered (qualitative)

6.16. Assessments will also be used by the TPM Supplier in a sample of countries to examine the quality of programming, throughout the programme lifecycle, focussing on the

activities and outputs of the programme. This will prioritise verification of clinical standards (e.g. trachoma surgeries, lymphatic filariasis surgeries, lymphatic filariasis morbidity management, visceral leishmaniasis treatment), through regular inspection regimes and unannounced visits. These inspections should include assessment of adherence to relevant national or international clinical guidance and best practice, including non-discriminatory practice. Other areas for quality assessment include quality and reach of interventions (e.g. health systems strengthening activities and responsiveness to political economy, Mass Drug Administration (MDA) rounds, behaviour change communication (BCC) activities); assessment of success of ETs in leaving no-one behind; ETs' assessment of disaggregated data and mitigating measures if groups are not being reached equitably (taking in to account need v. delivery); ET's assessment and response to beneficiary feedback; ET's assessment of degree of alignment or integration between programme activities and national systems; analysis of risk including antimicrobial resistance; extent of and quality of coordination activities with other donors, organisations and sectors (e.g. including WASH coordination); and level and quality of ET Supplier(s) engagement at the national and subnational levels.

- 6.17. Qualitative assessments will explore beneficiary experience of the programme including, but not limited to: equity of access; treating people with dignity and respect; reach and uptake (e.g. is the programme reaching hidden populations, out of school children); quality of information provided on treatment and risks; acceptability and inclusiveness of interventions, including behaviour change communication; meaningful engagement to inform decision making on design and implementation; interactions with programme implementers; responsiveness to need; and quality of care. These assessments should extend to community implementers of programme activities (e.g. community drug distributors), considering issues such as quality of training, wellbeing, and positive and negative personal or community-wide impacts of their involvement with the programme (e.g. impact of time spent on programme activities, reinforcement of harmful gender norms). The assessments will also consider relevant national and international ethical guidance⁶ including, for example, issues of consent and choice.
- 6.18. These verification activities will require the definition and collection of additional independent primary data and qualitative information by the TPM Supplier (including feedback from both key stakeholders and beneficiaries in each ASCEND programme country): proposals should set out the scale of data collection required and proposed methods including sampling strategies.
- 6.19. The deliverables related to this work will be:
 - Six-monthly TPM reports on the assessment of programme quality, including methodology used for the selection of assessment locations and quality assessments by theme. Over the lifetime of the programme, these six-monthly reports should cover all of the main focal countries. These reports will include recommendations for improvements in programme effectiveness and equity, to inform adaptive programming.
 - Annual TPM summary ahead of DFID annual review time
- 6.20. These outputs will be provided to DFID and the ET Supplier(s). Note that the deliverables related to intervention quality assessment activities will feed into the

⁶ For example, WHO guidance available here: <https://www.who.int/ethics/en/>. Note that guidance is likely to be updated over time and the TPM Supplier is expected to keep abreast of changes.

assessment of ET Supplier(s) progress against logframe targets, and payment milestones.

Programme evaluation

- 6.21. The main purpose of the evaluation will be learning and adaptive management. The evaluation will be undertaken in line with the Organisation for Economic Co-operation and Development (OECD) Development Assistance Committee (DAC) Evaluation Quality Standards.
- 6.22. Designing and implementing an evaluation of a programme with this flexible and adaptive nature will require an innovative and pragmatic approach to evaluation design, and consideration of how to bring this flexibility into the evaluation delivery, while maintaining an appropriate level of analytical rigour.
- 6.23. The evaluation of the programme will be carried out by the TPM Supplier throughout programme implementation: this will encompass aspects of both process and performance. The process evaluation aspect will aim to better understand the factors influencing the quality of programme implementation and the added benefit of an integrated approach over disease-specific approaches, covering all programme countries. The performance evaluation aspect will examine how well the programme is performing within a sub-set of programme countries (4-7 countries, to be proposed by the TPM Supplier and agreed with DFID), and in particular the contribution of the programme towards outcomes and impact. Detailed evaluation questions will be agreed with DFID during the inception phase. Specific priority questions for the evaluation will include the following:
- What is the added benefit of an integrated approach to NTD programming (including across both preventive chemotherapy (PCT) and innovative and intensified disease management (IDM) diseases), covering national level coordination and planning, integrated delivery and cross-sectoral coordination and advocacy efforts (e.g. coordination between WASH and health sectors), equitable reach and impact, and recommendations for how this can be strengthened;
 - How effective has cross-programme learning been across programme countries, and between different themes (e.g. integration, leave no-one behind, safeguarding); and
 - What is the programme's contribution to building government ownership, embedding evidence-based NTD activities within health systems, health system strengthening and the route taken towards sustainable domestic provision of NTD activities? What are effective strategies to maximize health system gain from NTD programmes?
- 6.24. The deliverables related to this work will be:
- An evaluation methodology document (to be agreed by DFID prior to commencement of the evaluation), outlining the approach to be taken to the evaluation;
 - A communications plan for the evaluation, outlining how findings will be communicated to stakeholders including beneficiaries. The communications plan should include a range of methods to promote uptake of evaluation findings.
 - A mid-term evaluation report, including findings from the first 12 months of programme implementation (to be delivered by Q2, year 2), including a concise executive summary;

- A final programme evaluation report, including findings from the whole of the programme timescale (to be delivered by Q4, yr 3), including a concise executive summary; and
 - Two short presentations to be delivered to DFID health advisors, covering the main findings of the evaluation (timed approximately alongside the two evaluation reports).
- 6.25. These outputs will be provided to DFID and the ET Supplier(s), and will be made publicly available to support improved NTD control and elimination programmes more widely.
- 6.26. The primary evaluation users will be DFID, the ET Supplier(s), beneficiaries, the WHO and Ministries of Health of the 20 programme countries. Secondary evaluation users will include other donors, NTD programme implementers and the public.

Methodology and data sources

- 6.27. The following principles will guide and inform all activities within the ASCEND programme. The TPM Supplier should be cognisant of these principles, and integrate them into their own work (for example in quality assurance assessments, ensuring that activities provided by the ET Supplier(s) are adhering to these principles):
- Delivery of a programme that is sustainable, promoting national ownership, leadership and coordination.
 - Use of analysis including political economy⁷, evidence and local knowledge and expertise to inform planning of activities within each focal country. These analyses should, for each programme country, provide a thorough understanding of: gaps in NTD intervention coverage and health systems; the stakeholder landscape in terms of who is doing what in the health sector (particularly of relevance to the identified gaps) and; the relevant incentives, relationships and governance arrangements that may facilitate or challenge programme implementation. These country gap analyses should be used by the ET Supplier(s) as a basis for the planning of activities within each country.
 - Application of a Health Systems approach: understanding of national and sub-national health systems, building the capacity of institutions to enable them to take on activities in future, and embedding activities within existing national health systems where appropriate. As a minimum, ensuring activities do not act to weaken emerging or existing national systems and aligning with other health sector activities.
 - Taking a flexible and adaptable approach to implementation, based on updated information and analyses, to ensure that changes in context are accounted for in programming.
 - Collaboration, transparency, openness and accountability for quality, monitoring and results (to Government, communities, other donor programmes, WHO, DFID and other stakeholders).
 - Application of most up-to-date WHO guidelines⁸, including on identification of target populations and minimum requirements for coverage rates.

⁷ Mcloughlin, C. Political economy analysis: Topic guide. Governance and Social Development Resource Centre, University of Birmingham, Birmingham, UK (2014). Available from: <https://www.gov.uk/dfid-research-outputs/political-economy-analysis-topic-guide>

⁸ The most recent WHO guidance is available here: http://www.who.int/neglected_diseases/resources/en/. Note that guidance is likely to be updated over time and the TPM Supplier is expected to keep abreast of changes.

- 'Do no harm' through preventing unintended negative consequences from the programme, for example communities misinterpreting information resulting in unintended beliefs or practices, or services not offering financial protection.
 - Coordination with, and leveraging of, other sectors to ensure sustainable results.
 - Delivery of VfM.
- 6.28. There will be considerable variation across ASCEND programme countries in health system structures, financing, levels of provision from public vs private providers, accountability and strength of governance. The activities and approach of the ASCEND programme will respond to these contexts ranging from scenarios of transition to full Government ownership and management of NTD programmes to scenarios in the most challenging settings where the ASCEND programme will focus on direct service delivery and ensuring that programme activities do not undermine future health systems development.
- 6.29. The TPM Supplier will agree on methodologies and processes in consultation with the ET Supplier(s) and DFID during inception phase. However, it is suggested that the TPM Supplier will employ a range of methods to meet the objectives, including (but not limited to):
- Both qualitative and quantitative methods to ensure correct triangulation of information and avoid data gaps during analysis and reporting;
 - Ensuring use of feedback from beneficiaries, key national and international stakeholders, for example via interviews. Timely and meaningful feedback will be shared with beneficiaries.
- 6.30. The TPM supplier should outline their ethical protocols including protection of data. The TPM supplier must have a robust approach to safeguarding and data collection activities involving at-risk groups. A high-level outline will be required in bids and a more detailed explanation will be required by the end of the inception period.
- 6.31. The programme covers a range of intervention types in different country contexts, with a unique combination of activities to be undertaken within each focal country. A sampling approach will be required which will give broad representation of each main aspect of the programme structure (e.g. representing each NTD, different levels of maturity of national NTD programmes, the types of intervention provided within a country, the level of integration appropriate to the country, and different country contexts). The sampling strategy should allow for robust conclusions to be drawn. We expect the TPM Supplier to proactively reach out to all key stakeholders (national and international) for interviews, to check information and to fill in any knowledge gaps. These methodologies will be refined and agreed upon during the three-month Inception phase.
- 6.32. Proposals should indicate preferred methodologies (both qualitative and quantitative) and succinctly relate these to the evaluation requirements and the theory of change in the business case. Proposals should explain the approach to selecting the sub-set of programme countries for performance evaluation, with reference to context and cross-country learning. It is not anticipated that evaluation findings will necessarily be generalisable across the programme, but rather the focus should be on an in-depth assessment of the evaluation questions in each context.

- 6.33. Proposals should set out the potential risks and challenges for the evaluation and how these will be managed, including a conflict-sensitive approach.
- 6.34. The exact evaluation approach will be clarified following selection of the TPM Supplier. The evaluation approach will be linked to, and use data from, programme monitoring.

Commitment to leaving no-one behind

- 6.35. The UK has made a commitment to leave no-one behind in achieving the global goals⁹. Including those who are most excluded and hardest to reach will be prioritised in the ASCEND programme, to ensure that all can access and benefit from prevention, diagnosis and treatment activities. Beneficiary and community feedback collected by both the ET Supplier(s) and TPM Supplier will be an important source of evidence for both monitoring and evaluation carried out by the TPM Supplier. Monitoring and evaluation findings will be shared with beneficiaries, communities and national and international stakeholders.
- 6.36. DFID's Data Disaggregation Action Plan¹⁰ sets out how DFID will improve collection and use of disaggregated data. The TPM Supplier should adhere to the principles of DFID's Data Disaggregation Action Plan in assessing and supporting collection and use of disaggregated data.
- 6.37. DFID's Strategy for Disability Inclusive Development¹¹ sets out DFID's strategy for implementing disability inclusive development. The TPM Supplier should adhere to the principles of this strategy in delivering the requirements of these terms of reference and will support DFID in ensuring that the ASCEND programme meets minimum standards for disability inclusive programming. the TPM Supplier will use the Washington Group questions for disaggregation by disability status within the TPM Supplier's primary data collection activities and will support the ET Supplier(s) in implementing the Washington Group questions across the main implementation contracts.
- 6.38. ASCEND will be fully compliant with the Gender Equality Act (2014). The TPM Supplier must ensure that all activities consider the impact on gender equality, including disaggregation of data by sex and the inclusion of related targets in results measurement. The TPM Supplier must also comply with the Public Sector Equality Duty by: 1) ensuring that harassment and discrimination are not tolerated and 2) promoting equal opportunity between people who share protected characteristics with those who do not.
- 6.39. The TPM Supplier should outline approaches in their bids for assessing whether implementation activities are reaching the poorest, people with disabilities, the elderly, out-of-school children, women and girls and other excluded and vulnerable groups (e.g. nomadic and migrant populations).

⁹ Department for International Development (2017). Leaving no one behind: Our promise. Available from: <https://www.gov.uk/government/publications/leaving-no-one-behind-our-promise/leaving-no-one-behind-our-promise>

¹⁰ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/582315/Data-disaggregation-action-plan-Jan-2017.pdf

¹¹ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/760997/Disability-Inclusion-Strategy.pdf

Results of the third-party monitoring contract

6.40. The TPM Supplier will be responsible for delivering the following results (indicators and targets to be refined during the inception phase):

6.41. **Outcome:** Uptake and application of evidence and recommendations used to inform adaptive management of ASCEND implementation activities. Proposed indicators to measure progress towards this outcome:

- Proportion of results monitoring strengthening activities/changes implemented by ET Supplier(s) because of TPM Supplier recommendations (*Minimum Target: 95%*)
- Proportion of spot-check/quality assessment/evaluation recommendations which are implemented by ET Supplier(s) (*Minimum Target: 95%*)

6.42. **Output 1:** Increased assurance on the delivery of high-quality results through ASCEND implementation activities. Proposed indicators to measure progress towards this output:

- Number of countries for which results validation exercises have been conducted and reports approved by DFID (*Minimum Target: 20*)
- Number of countries for which quality assurance spot check have been conducted and reports approved by DFID (*Minimum Target: 20*)

6.43. **Output 2:** Increased knowledge and evidence on the effective response to NTDs (WHO, ET Supplier(s) and ESPEN also contribute to delivery of this output). Proposed indicators to measure progress towards this output:

- Number of activities to disseminate evidence and learning from implementation activities, independent monitoring and evaluation activities and the development of global public goods (e.g. via publications, reports, presentations and other means).
- The use of a high-quality process and performance evaluation, and independent monitoring activities to deliver improved understanding of effective NTD programming.

Team Profile

6.44. The monitoring and evaluation teams should include:

Monitoring Team	Evaluation Team
Team leader with expertise in managing a team with demonstrable success in monitoring of large, multi-country programmes across a relevant range of country contexts.	Evaluation lead with expertise in successfully managing large evaluations across multiple counties and relevant contexts.
Team members with ability to deliver each of the monitoring requirements including systems, quantitative and qualitative methodologies and financial management, risk management, due diligence, safeguarding and VFM/economic analysis.	Team members with ability to deliver high quality process and performance evaluation across multiple counties and relevant contexts.
Team members with (or team access to), expertise in monitoring of or delivering health programming and with health expertise in line with the main objectives	Team members with (or team access to), expertise in evaluating or delivering health programming and with health expertise in line with the main objectives and activities

and activities of the ASCEND programme (including MDA, morbidity management and integration within domestic health systems).	of the ASCEND programme (including MDA, morbidity management and health systems strengthening).
A diverse team with respect to equality characteristics (age, disability, race, religion or belief, sex and sexual orientation) and a balance of local, national and international experts with ability to engage with stakeholders at all levels, including relevant language skills.	
Team members with (or team access to) social development expertise.	
Team members with understanding of health systems and political economy across a range of country contexts.	
Strong analytical skills to assess implications of findings for policy and programming and excellent report writing and presentation skills, to communicate findings and promote uptake of recommendations.	

- 6.45. The lead organisation must have the capability to programme manage monitoring and evaluation across multiple countries and contexts including financial and risk management and reporting, due diligence, safeguarding and duty of care for personnel and third parties affected by activities under this contract.
- 6.46. The evaluation will utilise programme monitoring data and monitoring data collected by the TPM. However, the TPM evaluation team should be distinct from the monitoring team to provide a degree of independence of the evaluation.

Inception Phase

- 6.47. The Contract will commence, on approval, with a mobilisation phase of three months for the TPM Supplier(s) to:
- Chair a start-up meeting, to include the TPM Supplier and ET Supplier(s). This should be used to build strong communication and collaboration from the outset, clarify the final scope of programme activities, and provide an opportunity to discuss and plan programme monitoring mechanisms;
 - Work with the ET Supplier(s) to set-up monitoring mechanisms and ensure access to relevant performance information and monitoring data from the ET Supplier(s) for the duration of the Contract. The ETM Supplier(s) must monitor their own activities, but the TPM will be responsible for verification of results and assessment of the adequacy of monitoring systems. Within the first six weeks of the TPM Supplier contract being signed, a draft version of an overarching independent monitoring and evaluation strategy should be provided, with a final version to be agreed with DFID and the ET Supplier by the end of the inception period. A detailed work plan should be included as part of this strategy, detailing how the full requirements of this ToR will be achieved, including how it will work independently from the ET Supplier to provide independent assurance of programme quality and results. The work plan should provide a breakdown of activities and outputs (with associated budget);

- Develop a methodology document outlining the approach to validation and quality assurance activities, including sampling methodology to ensure representativeness for population sub-groups (to be proposed by the TPM and agreed by DFID);
- Develop an evaluation methodology document, integrating inputs from DFID and advice provided via an evaluability assessment (due to be available Spring 2019);
- Outline approach for adhering to DFID's commitment to leave no-one behind;
- Develop a robust risk management strategy;
- Work with DFID to finalise a logframe relating to TPM activities;
- Develop a set of comprehensive and robust VfM indicators for the TPM Contract, covering cost-effectiveness, cost-efficiency, economy and equity.
- Provide refined monthly forecasts to DFID for the first year of the Contract and quarterly forecasts for the remainder of the duration of the Contract;
- As part of the bid, suppliers will propose milestone payment schedule, which can be refined as a discussion with DFID during the inception period.

Evidence and learning

- 6.48. The TPM Supplier will be actively involved in evidence generation and lessons learning associated with the control and elimination of NTDs, particularly focussing on integrated approaches and the use of a health systems approach in NTD implementation activities. The TPM Supplier will engage at the national and international levels, feeding in evidence and learning to international guidance and broader lessons learning.
- 6.49. The TPM Supplier will work with the ET Supplier(s) to conduct an evaluation of the overall ASCEND programme, with the aim of generating evidence and recommendations in key programme areas. A substantial proportion of the TPM Supplier's work will be focussed on generation of evidence, documentation of lessons learned and provision of recommendations.
- 6.50. The TPM Supplier will chair cross-programme meetings, to include all programme partners, ensuring that lessons learned, and evidence generated are shared across all programme partners and to facilitate uptake of recommendations.
- 6.51. Priority evidence gaps to be addressed through ASCEND are:
- Opportunities and challenges for the integration of activities for diseases which require different approaches to control and elimination (i.e. preventive chemotherapy, and innovative and intensified disease management);
 - The added-value of integrated versus disease specific NTD programmes, in terms of health outcomes, health systems strengthening, and cost effectiveness;
 - Approaches to building sustainable country ownership of NTD programmes;
 - Degree of trade-off between strengthening national health systems and delivering expanded NTD activities at scale;
 - Effective strategies to maximize health system gain from NTD programmes;
 - Successful management of hard-to-reach and nomadic populations;
 - Measurement of the quality of NTD implementation programmes, not just the quantity and reach of treatment.

7. Reporting requirements

- 7.1. Meetings will be held on at least a quarterly basis with the TPM Supplier, to report on progress and seek an external view of the progress of implementation activities, the results being achieved and the strength of national and supplier data reporting systems.
- 7.2. Six-monthly cross-partner meetings (to include the ET Supplier(s) and the TPM Supplier) will also be held to discuss programme activities and progress, and to facilitate cross-programme learning.

Third Party Monitoring reporting

- 7.3. Third Party Monitoring reporting should reflect the outcomes of independent monitoring, verification and evaluation activities, as described in Section 6.
- 7.4. The TPM Supplier will provide a country-focussed short report on monitoring system strengths and weaknesses, with recommendations, for each focal country within the first year of implementation.
- 7.5. Both six-monthly and annual country and lot level TPM reports will also be required from the TPM Supplier. These should set out findings related to the verification and quality assurance of activities and results, including:
 - Follow up evidence regarding national monitoring system strengths, weakness and recommendations (e.g. evidence of implementation of recommendations, and feedback on how this has influenced the programme);
 - Methodology used for verification activities (activities and results), along with findings and recommendations;
 - Assessment of programme quality, including methodology used for the selection of assessment locations and quality assessments by theme;
 - Overall assessment of programme quality, drawing from each of the areas of work, including recommendations for improvement.
- 7.6. The TPM Supplier will provide a high quality final TPM report for each country and with an overview at the end of the programme period, to provide a full assessment of lessons learned for future approaches to tackling NTDs.
- 7.7. In relation to the programme evaluation, a standalone methodology document (to be agreed by DFID prior to commencement of the evaluation) will be developed within the inception phase, outlining the approach to be taken to the evaluation. A mid-term evaluation report will be developed to cover findings from the first 12 months of the programme (to be delivered by Q2, year 2), including a concise executive summary. A final programme evaluation report will also be produced, to include findings from the whole of the programme timescale (to be delivered by Q4, yr 3), including a concise executive summary.
- 7.8. The TPM Supplier will also deliver two short presentations to DFID health advisors, covering the main findings of the evaluation (timed approximately alongside the two evaluation reports).
- 7.9. Note that for each deliverable relating to TPM and evaluation findings, the TPM Supplier should factor in enough time and a suitable process to allow the ET Supplier(s) to provide comments and feedback on the report (to be included as an annex to the report), prior to submission to DFID.

Performance reporting in relation to the third-party monitoring Contract

- 7.10. Performance reporting should reflect the progress and performance of the TPM Supplier with respect to the requirements of the contract. This reporting should not focus on the findings of TPM activities or the performance of the ET Supplier(s).
- 7.11. Both six-monthly and annual reports relating to TPM contract performance will also be required from the TPM Supplier (according to the templates provided in Annex G).
- 7.12. Six-monthly reports will assess progress against the agreed work plan and milestones, and logframe targets. This report will identify achievements, opportunities and constraints in the delivery of the Contract requirements. This will include updates of the risk assessment and delivery chain mapping.
- 7.13. The lead TPM Supplier will be expected to collate information from any other downstream partners to present a consolidated report to DFID against an agreed format. The TPM Supplier will also need to maintain and update a comprehensive asset register.
- 7.14. Annual Reports will be required to be produced in time to inform DFID's annual reviews. This will be provided to an agreed format and will detail progress on outputs and outcomes, learning, financial management and commercial issues, risk, value for money and monitoring and evaluation.
- 7.15. DFID will also seek feedback from the ET Supplier(s) on the level of engagement and collaboration from the TPM Supplier, the ease of working together, and the quality of recommendations.
- 7.16. DFID will undertake mandatory annual reviews which will measure progress against annual milestones and VfM metrics. Annual reviews will also look at budget execution and all aspects of implementation arrangements, including the third-party monitoring Contract. The annual review process will provide recommendations to enhance delivery and achievement of outcomes.

Financial reporting

- 7.17. The TPM Supplier will be required to provide monthly expenditure figures and forecasts to DFID, on a resource accounting basis and broken down by key cost drivers. The TPM Supplier will also be required to provide quarterly financial reports including disbursements to downstream Supplier(s). Quarterly reports will include spend by country, cost category, and output/activity. Forecasts should be realistic and free of optimism bias, with suppliers informing DFID of potential slippage or overspends as soon as they are identified. The TPM Supplier will also be required to provide annual audited accounts that separately identify DFID funds, associated disbursements and unspent funds. Timing of payment requests to DFID should be scheduled to meet DFID's 90:10 requirement (90% before December) as far as possible. Open book accounting will also be required, in line with the DFID supplier review, to ensure full transparency of supplier finances, including any profit margins associated with the programme. Any changes to the pre-agreed budgets and key personnel will need to be reported to DFID as soon as possible.
- 7.18. As a summary, the TPM Supplier will be expected to produce the following outputs:
- **Inception phase outputs**

- An overarching independent monitoring and evaluation strategy, including a detailed work-plan with a breakdown of activities and outputs and associated budget;
- A validation and quality assurance methodology document, including sampling methodology to ensure representativeness;
- An evaluation methodology document, integrating inputs from DFID and advice provided via an evaluability assessment (due to be available Spring 2019);
- A communications plan for the evaluation, outlining how findings will be communicated to stakeholders including beneficiaries. The communications plan should include a range of methods to promote uptake of evaluation findings.
- Leave no-one behind strategy, outlining the approach for adhering to DFID's commitment to leave no-one behind including geographical targeting, community level approaches and the use of independent coverage surveys. The strategy should include approaches to collecting and assessing beneficiary feedback;
- In collaboration with DFID, a logframe should be finalised;
- A comprehensive risk matrix, considering key risks to delivery across the full set of programme countries;
- Monthly forecasts for the first year of the Contract and quarterly forecasts for the remainder of the duration of the Contract, on a resource accounting basis;
- A VfM strategy, including robust VfM indicators to be tracked through the programme lifecycle;
- In collaboration with DFID, a milestone and payment schedule for the first year of the programme (linked to the work-plan) and a draft schedule for the remainder of the duration of the contract;
- Asset Register and asset management plan;
- A delivery Chain Map, outlining funding flows to downstream Supplier(s) (Template attached at Annex H);
- **Implementation reporting requirements**
 - A short report assessing monitoring system strengths and weaknesses, with recommendations, for each focal country, within the first year of implementation;
 - Six-monthly and Annual TPM Reports should be provided, to include findings related to TPM activities;
 - Six-monthly and Annual Performance Reports should be provided, using the templates provided in Annex G, to summarise the main progress, achievements, challenges and lessons learnt related to the TPM contract;
 - Monthly, Quarterly and Annual expenditure reports and financial forecasts to ensure strong financial management; and a certified annual audit statement showing funds received and expended;
 - Communications products to document and disseminate useful results and lessons learned as and when required;
 - High Quality Project Completion Report: consolidating the entire programme including consolidated results, beneficiary feedback, lessons learned and recommendations for future NTD programmes;
 - A mid-term evaluation report, including findings from the first 12 months of programme implementation;

- A final programme evaluation report, including findings from the whole of the programme timescale.
 - **Of these, the following should be considered “live documents” to be kept updated on an ongoing basis**
 - Asset Register.
 - Risk Matrix.
 - Delivery Chain Map.
 - Log-frame.
- 7.19. All reports should be of a length and level of detail appropriate to the purpose, and generally be as concise as possible. The writing and presentation of data must be written in plain English. Templates will be provided by DFID where applicable which the Supplier(s) may complete to provide additional relevant information to enhance the quality of the report.
- 7.20. A consultation will be held with DFID to finalise the draft independent and monitoring strategy document and work-plan. The TPM Supplier will conduct workshops with DFID and the implementing partners to refine the plan during the start-up phase and hold six-monthly workshop sessions throughout the programme lifetime.

8. Performance and Payment Management

- 8.1. The contract will be based on a hybrid - model, where (i) percentage of retained fee costs will be linked to achievement of key milestones (e.g. the delivery of high-quality assessment reports, six monthly and annual reports and programme completion report) to incentivise delivery of outcomes. Please refer to Annex J for details of key milestones linked to payments. The implementation phase key milestones will be reviewed and refined as part of the inception process. (ii) The remaining fees and expenses (which will be paid on actual spend) will be paid quarterly in arrears based on approved work plan activity.
- 8.2. Satisfactory delivery and quality of key milestones on the costed work plan will be required for full payment to be released. DFID will quality-assure deliverables, validate reports and assess TPM Supplier against achievement of key milestones as per the TOR requirements as part of the approval process for payment.
- 8.3. DFID approval of the key milestones will pay attention to the quality of each review/evaluation output, as well as the extent to which its outputs are useful, accessible and offer appropriate analysis. The Supplier is expected to propose an approach to measuring quality of deliverables, key milestones and associated KPIs which will be finalised as part of the inception phase. The Supplier will be expected to link partial release of payments to approval of the quality and achievement of key milestones and to include a milestone and payment schedule in their proposal, to be discussed and agreed with DFID in the inception phase.
- 8.4. All key outputs of the evaluation will also need to follow DFID’s quality assurance process. The supplier will be expected to incorporate feedback from this process, including on all aspects of the evaluation process, quality and the degree to which the evaluation is adding value. Payments will not be made against key milestones until DFID approval has been given.

- 8.5. DFID requires at least 10 working days to review and comment on any products produced by the supplier.
- 8.6. Payments will be released upon satisfactory completion of the key milestones and DFID's approval of the required outputs, and submission of accompanying financial reports. If there are issues on quality of delivery, it will be discussed at the earliest opportunity with the supplier and clear directions will be given that are expected to be adhered by the supplier, and that DFID will subsequently monitor. DFID also reserves the right to withhold payment in case of missed or unsatisfactory delivery of outputs. Any resubmissions of outputs will be at no additional cost to DFID.
- 8.7. In addition to the hybrid performance related payment model outlined above, the TPM Supplier's performance on broader aspects of contract delivery (e.g. accuracy of financial forecasting, responsiveness to queries) will be monitored through Key Performance Indicators (KPIs). Please see Annex K for an example of KPIs. We expect the Supplier to include KPIs in their proposal, to be discussed and agreed with DFID in the inception phase.
- 8.8. The TPM Supplier will be responsible for managing their and all their sub-contractor's performance and tackling poor performances. They will be required to demonstrate strong commitment towards transparency, financial accountability, due diligence of partners and zero tolerance to corruption and fraud.

Value for Money (VfM)

- 8.9. A robust VfM strategy should be annexed to your financial methodology (C1) which will be included in the stipulated page limit. Potential supplier(s) should demonstrate significant competence and capability in ensuring VfM and in managing all downstream partners.
- 8.10. The TPM Supplier(s) will be expected to drive and measure value for money throughout the programme period. They will be routinely expected to demonstrate how value for money is being accurately measured within the programme implementation. VfM summaries will be provided in quarterly and annual reporting to DFID.
- 8.11. VfM benchmarks will need to be developed during the implementation phase covering the following areas:
- **Cost-Effectiveness**
 - **Cost-Efficiency**
 - **Economy**
 - **Equity**
- 8.12. The Supplier(s) are expected to consider a set of qualitative measures as part of the VfM proposition. All partners will be expected to have a VFM strategy (both commercial and programmatic), including reporting.

9. Contract Management

Contract Award

- 9.1. DFID will award one contract to the TPM Supplier. In addition, two separate contracts will be awarded to the ET Supplier(s), unless one Supplier wins both geographical lots, in which case a single contract will be awarded to the Supplier(s). A separate

Memorandum of Understanding will be in place for the WHO component. The TPM Supplier under ASCEND will represent and coordinate the required subcontracted downstream partners. The TPM Supplier will be contractually responsible for delivery of all aspects within their contract, including:

- Ensuring the implementation and reporting of all agreed activities.
- Ensuring appropriate downstream partners are in place to deliver high quality activity across all aspects of the programme.
- Financial management and full acceptance of financial risks.
- Ensuring agile management of risks including in relation to safeguarding.
- Carrying out due diligence (including safeguarding), fiduciary risk assessment and risk management of all downstream partners.
- Adhering to DFID reporting requirements and providing additional information as and when required.

- 9.2. Before a contract can be awarded, the TPM Supplier must provide all information required for DFID to undertake a full due diligence assessment including enhanced due diligence in relation to safeguarding. Delivery chain mapping will be required for the preferred bidder prior to final award of the contracts to ensure they have the required capability and capacity to deliver.

Contract Review points

- 9.3. DFID will monitor TPM Supplier performance through six-monthly reporting and annual reviews. DFID reserves the right to terminate the contract subject to programme performance in accordance with the Terms and Conditions of Contract. In addition to annual reviews, the contract will allow for formal review points after the first 3 months and at the mid-term point (18 months). Review points will involve a substantive discussion on TPM Supplier performance, deliverables and challenges.

Timeframe

- 9.4. The TPM Contract is anticipated to start August 2019 and run for 34 months until the end of May 2022. DFID reserves the right to extend the Contract for a further 18 months should this be required.

Scale Down/Extension options

- 9.5. DFID reserves the right to scale back or discontinue the ASCEND programme at any point in line with DFID's contractual Terms and Conditions. The TPM supplier must maintain flexibility to be able to exit from high risk environments and to scale up in other locations as required.
- 9.6. DFID may take the decision to extend the TPM contract by up to a further £3.25 million (inclusive of applicable taxes) dependent on need and 18 months subject to necessity and performance.

10. Governance

- 10.1. The governance of ASCEND will ensure that all aspects of the programme are coherent at the global level and managed effectively at both regional and national levels. The TPM Suppliers Contract Management Plan, as required in Invitation to Tender Volume 2 Instructions must include the requirements as below.

- 11.1. The TPM Supplier will need to set out how they will maintain, control and report on any assets purchased with DFID funds, mitigating against theft, damage or loss. A detailed asset management plan will be developed within the delivery plan for this programme. DFID will then determine how the assets are disposed of at the end of the programme as part of the closure strategy. Any funds not spent by the programme will be returned to DFID at the end of the programme. All assets will be disposed of in a way that represents best VfM with a clear record of decision making, including approval by Head of Department or delegate.

12. General Data Protection Regulation (GDPR)

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

13. Risk

- 13.1. The TPM Supplier will develop a comprehensive risk matrix, incorporating risks specific to each programme country. The Supplier(s) will discuss risk mitigation measures on a quarterly basis with DFID and flag any arising risks throughout the course of the programme.
- 13.2. The TPM Supplier will be required to set out their fraud and safeguarding mitigation strategies including internal risk management and reporting systems. DFID will further require that annual financial audits include spot checks of high-risk areas of programme activity (e.g. procurement), and – if any causes for concern arise – these must be reported to DFID immediately. DFID will reserve the right to conduct a full forensic audit. DFID takes a zero-tolerance approach to fraud.
- 13.3. The TPM Supplier will also be required to develop a risk management strategy during the Inception Phase.

Delivery Chain Mapping

- 13.4. In advance of any release of funds, the Supplier(s) will be required to produce a delivery chain risk map which should, where possible, identify all partners (funding and non-funding e.g. legal/contributions in kind) involved in the delivery of a programme. Risk maps should be reviewed and updated periodically, in line with agreed programme monitoring processes and procedures. As a minimum, it should include details of:
- The name of all downstream delivery partners and their functions.
 - Funding flows (e.g. amount, type) to each delivery partner
 - High-level risks involved in programme delivery, mitigating measures and associated controls

Risk of Fraud

- 13.5. The risk of fraud through downstream Supplier(s) or with partners in country will need to be partly mitigated through the Supplier(s) due diligence of downstream Supplier(s), ensuring acceptable levels of financial control and reporting and safeguarding before granting funds. The TPM Supplier will be required to set out how they will monitor the performance and financial management of downstream Supplier(s) and national partners supported through the programme.

Safeguarding

- 13.6. DFID maintains a zero-tolerance approach to sexual exploitation and abuse within Supplier(s) organisations, which includes their downstream supply chains. We expect DFID partners to follow our lead and robustly consider environmental and social safeguards through their own processes. The capacity of our partners to do this and their effective performance will be a key risk assessment factor in programme design, delivery and monitoring and evaluation.

Do No Harm

- 13.7. 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.
- 13.8. The programme is targeting a highly sensitive area of work. The TPM 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. 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.
- 13.9. The TPM Supplier will be requested to conduct an Environmental and Safeguarding Risk Assessment during the Inception phase, to consider the potential positive and negative environmental impacts of programme activities.
- 13.10. The TPM Supplier will have responsibility for assessing safeguarding policies and practices of consortium members and downstream partners. Lead Supplier(s) will comply with all DFID safeguarding policies and will be required to demonstrate that they have robust approaches in place to reduce the risk of bullying, harassment and exploitation and to manage instances if they take place.

14. Communications and UK Aid Branding

- 14.1. Suppliers that receive funding from DFID must follow UK Aid Branding Guidelines and use the UK aid logo on their development and humanitarian programmes to be transparent and acknowledge that they are funded by UK taxpayers. Suppliers should also acknowledge funding from the UK government in broader communications, but no publicity is to be given without the prior written consent of DFID. A branding discussion will be held with the Suppliers and the Implementing Partners and will be captured on the visibility statement and agreed prior to contract signature.
- 14.2. The TPM Supplier should actively promote the work and results of the programme throughout the programme lifecycle and is required to inform DFID of any important milestones, events, planned media activity or queries from the media. The TPM Supplier should also provide DFID with first-hand human-interest stories that show how UK aid funding for the programme is making people's lives better. This can take the form of positive stories of people receiving or delivering our aid through the programme, any interesting innovations, research or statistics and results from the programme.

15. Digital spend

15.1. The UK government defines digital spend as 'any external-facing service provided through the internet to citizens, businesses, civil society or non-governmental organisations'. The Government Digital Service (GDS), on behalf of the Cabinet Office, monitors all digital spend across government and DFID is required to report all spend and show that what we have approved meets with GDS Digital Service Standard. In DFID, this applies to any spend on web-based or mobile information services, websites, knowledge or open data portals, transactional services such as cash transfers, web applications and mobile phone apps. Plans to spend programme funds on any form of digital service must be cleared with DFID in advance and must adhere to the following principles:

- Design with the user
- Understand the existing ecosystem
- Design for scale
- Build for sustainability
- Be data driven
- Use open standards, open data, open source & open innovation
- Reuse & improve
- Address privacy & security
- Be collaborative

15.2. The TPM Supplier will highlight any digital aspects of their approach including potential budget assigned to these interventions, licenses/permissions required and sustainability of investment.

16. Duty of care

16.1. The TPM 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. Please see Annex D for full details of DFID's Duty of Care Policy and country risk assessments

17. Transparency

17.1. DFID requires Supplier(s) 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. It is a contractual requirement for all Supplier(s) 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 information is available from: <http://www.aidtransparency.net/>

Annex A: ASCEND Business Case (to be issued on portal)

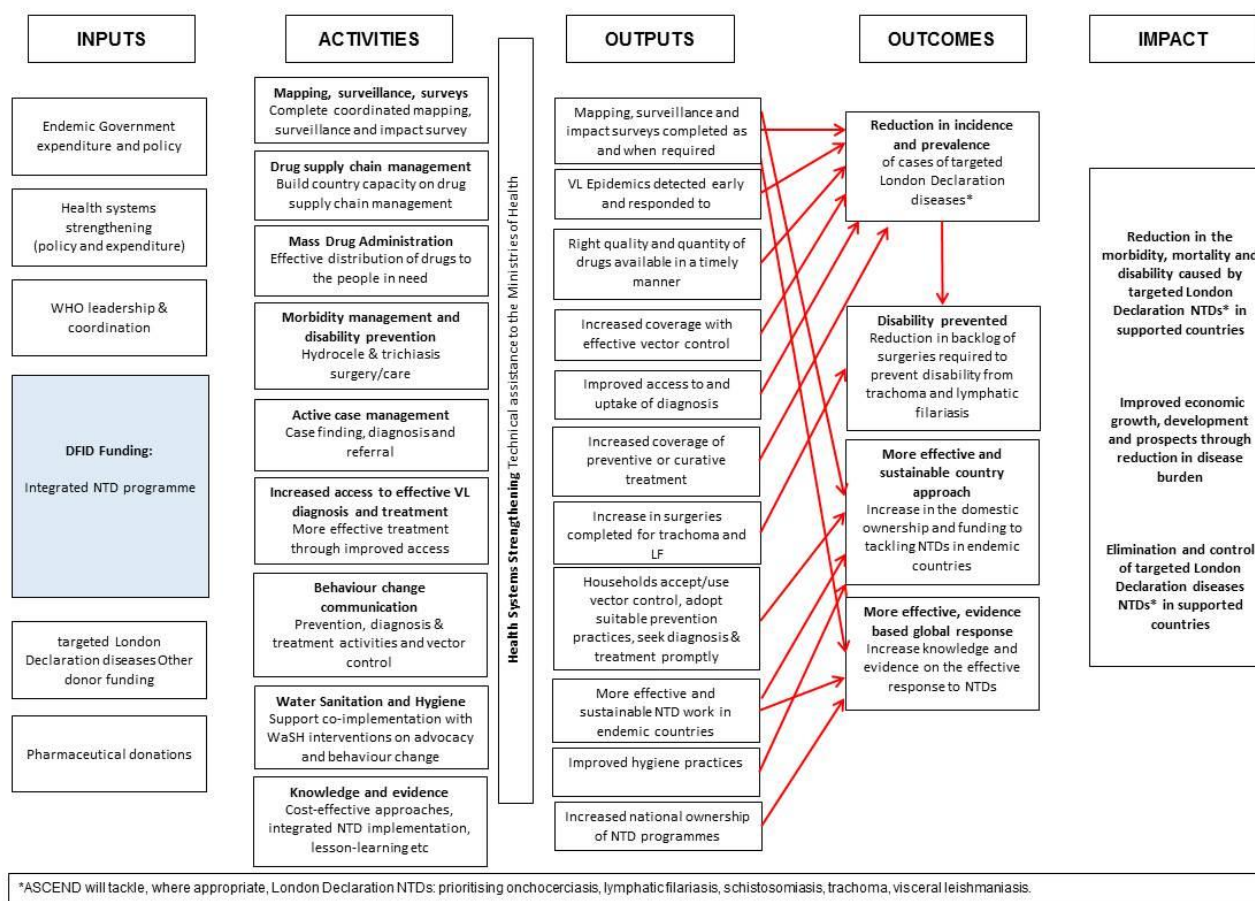
Annex B: Technical Criteria for Bid Assessment

TECHNICAL CRITERIA (60%)			
Criteria	Sub-criteria	Detailed criteria	Weighting
<u>Criterion 1</u> Quality of team	T1: Evidence of core team's expertise and ability to effectively deliver the requirements of this terms of reference and mix of national, regional and international staff/organisations	<p>Core team demonstrates strong technical skills and suitable expertise with evidence of having effectively delivered across all of the areas identified in the terms of reference. This includes:</p> <ul style="list-style-type: none"> • Team leader and management team with ability to deliver monitoring and evaluation of large, multi-country programmes across relevant contexts. • Core team expertise in monitoring, verification and evaluation in relation to large, multi-country programmes across relevant contexts. • Team members with, or team has access to, expertise of health systems and political economy across relevant country contexts. • Team members with (or team access to), experience in monitoring of or delivering health programming and with health expertise in line with the main objectives and activities of the ASCEND programme, including MDA, morbidity management and integration within domestic health systems. • Teams members with expertise in financial management, risk management, due diligence, safeguarding and VFM/economic analysis. • Demonstrable success in making actionable recommendations that have informed programming. • Team member(s) with expertise vfm and economic analysis. • Team members with (or team access to) to social development expertise. • Balance of local, national and international experts with ability to engage with stakeholders at all levels, including relevant language skills. • Team with strong analytical skills to assess implications of findings for policy and programming and excellent report writing and presentation skills, to communicate 	15%

		findings and promote uptake of recommendations.	
	T2: Governance and management structure	<ul style="list-style-type: none"> Proposed management structure and governance mechanisms to cover: size of team, reporting, risk, quality assurance, safeguarding, retention and recruitment. Outline of ethical protocols for TPM activities. 	5%
<u>Criterion 2</u> Methodology	T3: Methodology and plan for assessment of monitoring system adequacy and recommending improvements	<p>Set out the high-level methodology for assessment of monitoring system adequacy including:</p> <ul style="list-style-type: none"> High-level assessment framework (detailed framework to follow in inception period) outlining the main features of systems to be assessed with reference to these terms of reference, and the broad criteria to be applied. A high-level plan for assessment of monitoring systems within the first year including engagement with main suppliers and downstream partners and other key stakeholders (e.g. Ministries of Health), in-country and remote communications and assessment, and recommendations/follow up. 	10%
	T4: Methodology and plan for independent verification of results delivered (quantitative)	<p>Set out the high-level methodology for independent verification of results delivered including:</p> <ul style="list-style-type: none"> Clear sampling strategy, number of countries, frequency, and approach to VFM and assessing programme performance on leave no-one behind. The strategy should be risk-based and allow for targeting based on findings from the monitoring systems assessment. Approach to assessing adequacy of ET supplier(s) sampling survey methodologies. Approach to summarising findings and reporting to DFID. 	10%
	T5: Methodology for assessment of quality of results delivered (qualitative)	<p>Set out high-level methodology for assessment of quality of results delivered including:</p> <ul style="list-style-type: none"> Approach to assessment of each aspect of quality outlined in the ToRs. Scale, sampling strategies and methods for data collection. Approach to summarising findings and reporting to DFID. 	10%

	T6: Evaluation approach	<p>Set out high-level methodology for both process and performance evaluation including:</p> <ul style="list-style-type: none"> • Approach to defining evaluation questions and scope. • Approach to identifying a sub-set of programme countries. • Data collection and sources, and analysis. • Approach to ensuring that evaluation findings support learning and adaptive management. 	10%
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Annex C: ASCEND Theory of Change



Annex D: Duty of Care

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.

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.

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 its personnel working under this contract.

The supplier is responsible for ensuring that appropriate arrangements, processes and procedures are in place for its personnel, considering 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.

Suppliers must develop tenders based on being fully responsible for Duty of Care in line with the details provided above and the initial risk assessment matrix prepared by DFID included in this Annex. They must confirm in the tender that:

- They fully accept responsibility for security and Duty of Care.
- They understand the potential risks and have the knowledge and experience to develop an effective risk plan.
- They have the capability to manage their Duty of Care responsibilities throughout the life of the contract.
- They will give responsibility to a named person in their organisation to liaise with DFID and work with DFID to monitor the security context for the evaluation.

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 (no more than 2 A4 pages) and DFID reserves the right to clarify any aspect of this evidence. In providing evidence tenderers should consider and answer yes or no (with supporting evidence) to the following questions:

- I. 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)?
- II. 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?
- III. 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?

- IV. 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)?
- V. 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?
- VI. Have you put appropriate systems in place to manage an emergency / incident if one arises?

Country Risk Assessments

Please note: The scores were provided by DFID's Departmental Security Department (DSU), 19th February 2019.

Country	City	Overall Security	Violent Crime	Civil Disorder	Terrorism	Espionage
Bangladesh	Dhaka (Capital)	4	3	3	4	-
Benin	Porto-Novo (Capital)	3	3	3	2	-
Burkina Faso	Ouagadougou (Capital)	4	4	4	4	-
Central African Republic	Bangui (Capital)	4	5	5	3	-
Chad	N'Djamena (Capital)	4	3	3	4	-
Cote d' Ivoire	Abidjan (Capital)	3	3	3	2	-
Democratic Republic of the Congo	Kinshasa (Capital)	4	5	5	2	-
Ethiopia	Addis Ababa (Capital)	3	3	3	3	-
Ghana	Accra (Capital)	3	3	3	1	-
Guinea	Conakry (Capital)	4	4	4	1	-
Guinea-Bissau	Bissau (Capital)	3	3	3	2	-
Ghana	Accra (Capital)	3	3	3	2	-
Guinea	Conakry (Capital)	4	4	4	1	-
India	New Delhi (Capital)	3	1	1	3	Specific security concern
Kenya	Nairobi (Capital)	4	5	5	4	-
Liberia	Monrovia (Capital)	3	3	3	1	-
Malawi	Lilongwe (Capital)	3	3	3	2	-

Mozambique	Maputo (Capital)	3	3	3	2	-
Nepal	Kathmandu (Capital)	3	3	3	1	-
Niger	Niamey (Capital)	4	4	4	4	-
Nigeria	Abuja (Capital)	4	4	4	4	-
Sierra Leone	Freetown (Capital)	3	3	3	2	-
South Sudan	Juba (Capital)	4	5	5	4	-
Sudan	Khartoum (Capital)	4	3	3	4	-
Tanzania	Dar es Salaam (Capital)	4	4	4	3	-
Uganda	Kampala (Capital)	3	3	3	3	-
Zambia	Lusaka (Capital)	3	3	3	1	-

Other country-specific sources of information on potential risks can be obtained from the following sources:

FCO Travel advice: <http://www.fco.gov.uk/en/travel-and-living-abroad/travel-advice-by-country/>

World Meteorological Organisation: <http://severe.worldweather.org/>

Global Flood risk map: <http://globalfloodmap.org/>

CIA World Fact file: <https://www.cia.gov/library/publications/the-world-factbook>

Annex E: Current relevant DFID NTD programmes (for background – these programmes are closing within the next 3-6 months. The TPM Supplier will not be monitoring these programmes)

Current programmes due to be superseded by the ET Supplier(s).

Programme ID	Programme name	Main implementing partner(s)	Programme timeframe	Disease focus	Country focus
GB-1-200706	Integrated Control of Schistosomiasis and intestinal helminths in sub-Saharan Africa	Schistosomiasis Control Initiative	February 2010 – December 2018	Schistosomiasis, soil transmitted helminths	Cote D'Ivoire, Liberia, Malawi, Mozambique, Tanzania, Zambia, Niger, Uganda, Ethiopia, Democratic Republic of Congo
GB-1-201177	Support for the Elimination of Lymphatic filariasis	Liverpool School of Tropical Medicine	October 2009 – March 2019	Lymphatic filariasis	Bangladesh, Burkina Faso, DRC, Ethiopia, Ghana, Guinea, Liberia, Malawi, Mozambique, Nepal, Tanzania, Zambia
GB-1-203145	Eliminating Blinding Trachoma	Sightsavers	July 2012 – June 2019	Trachoma	Chad, Ethiopia, Nigeria, Tanzania, Zambia
GB-1-203146	Nigeria: Tackling Neglected Tropical Diseases through and Integrated Approach	Sightsavers	November 2012 – March 2019	Schistosomiasis, soil transmitted helminths, onchocerciasis, lymphatic filariasis, trachoma	Nigeria
GB-1-203148	Visceral Leishmaniasis (VL) elimination programme in Asia & Africa	Mott MacDonald, WHO-HQ	July 2013 – March 2019	Visceral leishmaniasis	Bangladesh, India, Nepal, Ethiopia, South Sudan and Sudan
GB-1-204731	River blindness control	Sightsavers, WHO-ESPEN (and previously APOC)	April 2016 – March 2019	Onchocerciasis, lymphatic filariasis	Nigeria, Uganda, Guinea Bissau, Democratic Republic of Congo

<u>GB-1-203754</u>	The Queen Elizabeth Diamond Jubilee Trust – Trachoma Initiative in Kenya, Malawi, Mozambique, Nigeria, Tanzania, Uganda, Zambia	Queen Elizabeth Diamond Jubilee Trust	April 2014 – March 2019	Trachoma	Kenya, Malawi, Mozambique, Nigeria, Tanzania, Uganda, Zambia
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Other current NTD programmes, which fall outwith the scope of this ToR.

<u>GB-GOV-1-300576</u>	Contributing Towards Eliminating Blinding Trachoma in the Commonwealth	Sightsavers	May 2018 – May 2020	Trachoma	Kenya, Kiribati, Nauru, Nigeria, Pakistan, Papua New Guinea, Solomon Islands, Tanzania, Tonga, Vanuatu
<u>GB-1-203066</u>	World Health Organisation's Department of Neglected Tropical Diseases for capacity Building	WHO	March 2012 – June 2018	NA	NA

Other relevant DFID funded programmes operating in priority countries

<i>Country</i>	<i>Region (United Nations subregions)</i>	Health	WASH			
		<i>Bilateral programme</i>	<i>Bilateral programme</i>	<i>UNICEF ASWAI (rural)</i>	<i>WASH Results Programme (rural)</i>	<i>WSUP (urban)</i>
Bangladesh	Southern Asia					
Burkina Faso	Western Africa					
Chad	Central Africa					
Cote d'Ivoire	Western Africa					
DRC	Central Africa					
Ethiopia	Eastern Africa					
Ghana	Western Africa					
Guinea	Western Africa					
Guinea Bissau	Western Africa					
India	Southern Asia					
Kenya	Eastern Africa					
Liberia	Western Africa					
Malawi	Eastern Africa					
Mozambique	Eastern Africa					
Nepal	Southern Asia					
Niger	Western Africa					
Nigeria	Western Africa					
South Sudan	Eastern Africa					
Sudan	Eastern Africa					
Tanzania	Eastern Africa					
Uganda	Eastern Africa					
Zambia	Eastern Africa					

Annex F: Results requirements for ET Supplier(s)

- 1.1. Note that the anticipated programme results indicated below, should be considered as **minimum requirements for the ET Supplier(s)**. Within all countries, progress towards WHO's 2020 NTD roadmap targets¹² will be expected for the targeted diseases, although the rate of progress will vary depending on the current status of activities within each country, and the scale of intervention required. See Table i. for a summary of the roadmap targets.

Table i: Relevant targets from WHO's 2020 NTD roadmap

Disease	Target
Lymphatic filariasis	Global elimination as a public health problem by 2020.
Trachoma	Global elimination of blinding trachoma by 2020.
Schistosomiasis	75% intervention coverage in school-aged children by 2020; elimination of transmission in selected countries.
Visceral leishmaniasis	Elimination as a public health problem in Asia by 2020.
Onchocerciasis	Scale-up control; elimination of transmission in selected countries by 2020.

- 1.2. **Impact:** Reduction of the morbidity, mortality and disability, which occur because of NTDs in programme countries, with proposed measurement of the following indicators to assess progress towards this:
- Number of people requiring interventions against NTDs (i.e. contributing to achievement of sustainable development goal [SDG] target 3.3). (*Target: TBC in consultation between DFID and Supplier(s)*)
 - Number of people no longer at risk of NTD infection (i.e. due to local elimination being achieved, or MDA coverage levels being enough to substantially reduce transmission). (*Minimum target: 180 million [TBC in consultation between DFID and Supplier(s)]*)
- 1.3. **Outcome:** Reduction in the prevalence of NTDs and associated morbidity and disability, and the establishment of sustainable integrated NTD programmes in targeted countries, with proposed measurement of the following indicators to assess progress towards this:
- Number of countries which have reached criteria for elimination of at least one NTD because of ASCEND support. (*Minimum Target: 8-15 countries: see Table 3 for an indicative list of countries where this target is anticipated to be reached within the programme timeframe*)
 - Number of countries for which an overall reduction in NTD prevalence, intensity and/or incidence has been detected, by NTD (TBC in inception phase; measures used will be those most appropriate by NTD). (*Minimum Target: Visceral leishmaniasis 7; Lymphatic filariasis 12; Trachoma 12; Onchocerciasis 4; Schistosomiasis 12*)
 - Average time from onset of symptoms to treatment for visceral leishmaniasis, by country. (*Minimum Target: Africa 1.2 months; Asia 1.5 months. This may be revised following results of endline survey from current visceral leishmaniasis programme*)
 - Number of countries with evidence of NTD masterplan implementation and review. (*Minimum Target: 20*)

¹² World Health Organization. (2012). Accelerating Work to Overcome the Global Impact of Neglected Tropical Diseases: A Roadmap for Implementation.

- Number of countries for which financial support for improved WASH has been targeted to NTD hotspots (e.g. villages or sub-districts), following coordination and advocacy efforts by ASCEND. (*Minimum Target: 10*)
- 1.4. **Output 1:** Relevant aspects of the health system are strengthened to ensure sustainable delivery of NTD control and elimination activities. Proposed indicators to measure progress towards this output:
- Drug availability/supply chain: % of MDAs for which required drugs are available in the target location, on time (measured at sub-district level). (*Minimum Target: 95%*)
 - Health information systems: % of programme countries which provide timely and complete NTD data reports to WHO. (*Target: 100%*)
 - NTD mapping: Number and % of identified NTD mapping gaps which have been filled via mapping activities. (*Target: TBC in consultation between DFID and Supplier(s)*)
 - Capacity development: Number of people trained, by category (surgeon, health worker, community drug distributor, teacher) and gender. (*Target: TBC in consultation between DFID and Supplier(s)*)
 - Quality of services: % of quality spot checks (conducted by TPM) of capacity development and MMDP activities which are rated as good or higher, by activity type. (*Minimum Target: 95%*)
 - Embedding in national systems: Number of programme countries supported by the programme to develop, update or implement NTD masterplans (as appropriate): each to be reported separately. (*Minimum Target: Develop TBC; Update TBC; Implement 20*)
- 1.5. **Output 2:** Increased coverage of preventive treatment for NTDs within programme countries. Proposed indicators to measure progress towards this output:
- MDA coverage: % of countries reaching target therapeutic coverage within all programme areas, by NTD. (*Target: Onchocerciasis 100%; Schistosomiasis 100%; Lymphatic filariasis 100%; Trachoma 100%*)
 - MDA reach: Number of MDA treatments delivered. (*Minimum Target: 800,000,000*)
 - Value for Money (VfM): Overall average £ per treatment delivered (detailed VfM data to be reported separately). (*Minimum Target: £0.20 per treatment*)
 - MDA equity: % of countries reaching target therapeutic coverage, for all population groups based on independent coverage surveys (disaggregated coverage data to be reported separately). (*Target: Onchocerciasis 100%; Schistosomiasis 100%; Lymphatic filariasis 100%; Trachoma 100%*)
- 1.6. **Output 3:** Increased coverage of curative treatment and morbidity management and disability prevention services for NTDs within programme countries. Proposed indicators to measure progress towards this output:
- Morbidity management and disability prevention: Number of people receiving morbidity management and disability prevention activities, by category (trachoma surgery; LF surgery; LF morbidity management). (*Minimum Target: Trachoma 350,000; LF surgeries 40,000; LF morbidity management TBC*)
 - Morbidity management and disability prevention: % of population in need of morbidity management and disability prevention activities who have received the required intervention, by NTD. (*Target: TBC in consultation between DFID and Supplier(s)*)
 - Visceral leishmaniasis treatment: Case fatality rate due to visceral leishmaniasis. (*Target: TBC in consultation between DFID and Supplier(s)*)

- 1.7. **Output 4:** Increased coverage of appropriate preventive measures, including hygiene promotion and behaviour change communications. Proposed indicators to measure progress towards this output:
- BCC reach: Number of people reached with behaviour change activities focussed on sanitation behaviours, hygiene, facial cleanliness or knowledge of NTDs, by country.
- 1.8. **Output 5:** Increased knowledge and evidence on the effective response to NTDs (WHO, TPM and ESPEN also contribute to delivery of this output). Proposed indicators to measure progress towards this output:
- Number of activities to disseminate evidence and learning from implementation activities, independent monitoring and evaluation activities and the development of global public goods (e.g. via publications, reports, presentations and other means).
 - The use of a high-quality process and performance evaluation, and independent monitoring activities to deliver improved understanding of effective NTD programming.

Annex G: Reporting template

DFID Annual Reporting Template

This template must be used by Supplier(s) for annual reporting to DFID. Narrative reports should be concise and no longer than 12 pages plus one page per output report. They must include the sections set out below:

- A. Basic data sheet
- B. Executive summary
- C. Introduction and Context
- D. Performance and Conclusions
- E. Report by output
- F. Value for Money and Financial Performance
- G. Risk Management
- H. Commercial Considerations
- I. Monitoring and Evaluation
- J. Management and Administration
- K. Programme Governance
- L. Women and Girls
- M. Gender Equality
- N. Due Diligence
- O. Security
- P. Communications and Information
- Q. Financial report
- R. Annual Audits

All sections in red below also form part of the DFID Annual Review template. DFID may modify this reporting template during implementation.

A. Basic data sheet (1 page)

This should give the following information:

- **Name of project** - including location(s);
- **Name of organisation** - with name, designation, address, telephone, fax and email of the contact point for this project. Add parent organisation and partner organisation details where applicable;
- **Project cost** – total value of the project;
- **Project purpose** - a sentence that identifies the purpose of the project;
- **Project duration** - with start and end dates;
- **Type of agreement with DFID** (i.e. Accountable Grant, MOU, contract – Please also include DFID Component Numbers);
- **Status of report** - is this an Interim Progress Report (indicate 1st, 2nd, 3rd etc) or a Final Project Report? What dates does it cover?

B. Executive Summary (1 page)

In this part of the report, please summarise the main body of the report i.e.

- Summary of progress, including key achievements and milestones (for last reporting period only; for entire programme if end-of-programme report).
- Summary of lessons learnt; including technical and managerial lessons (e.g. personnel, financial management, partnerships, assets and management).
- Summary of actions on previous recommendations.
- Summary of any key recommendations for the next reporting period.
- Summary of operational constraints that have arisen and action taken to address them.
- Summary of any issues requiring a DFID decision or urgent discussion.

N.B. Anything that might impact on timing and delivery of the project should be flagged to DFID at the earliest possible stage.

C. Introduction and Context (1 page)

- Outline and rationale for the work falling under the contract
- Expected results
- Contribution to DFID's international development objectives
- Any deviation from original programme documents (with explanation, even if previously agreed with DFID) and implications of this for impact on DFID/UKAid objectives

D. Performance and Conclusions (1-2 pages)

Each project is different and so it is difficult to provide guidelines on length. Suggested lengths are therefore indicative and projects should use discretion to adapt to their specific context.

Progress should focus on **results and achievements** against agreed milestones and actions in the previous reporting period, and should avoid elaboration of process.

D1: Assessment of achievements towards the outcome

- Progress towards the stated outcome statements and indicators (in the reporting period)
- Assessment whether the programme is on track to achieve outcome by end of the programme (explain if not)
- Move beyond just reporting of outputs and include context, policy dialogue and the changes you are seeing towards achievement of the outcome. Qualitative aspects should also be included.

D2: Key lessons learnt in the previous reporting period

- Key lessons learnt on (a) working with partners by implementing partner(s), recipients/clients, collaborators and funders; (b) project management; (c) innovative/new ways of working
- Assessment of whether assumptions (from BC and/or last AR) have changed (pls. explain); including whether the TPM aspects would be designed differently if it were to be re-designed
- Plans for sharing of lessons learnt in the team, with DFID (and other funders?), with the ET Supplier(s) and externally (where applicable)

D3: Suggested key actions for next reporting period

- Any further information on key actions (not covered in the summary), incl. timelines and responsibilities

D4: Logframe changes

- Description of logframe changes in the reporting period and rationale
- Expected impact of these changes for the programme
- Recommendations for future changes

D5: Report against agreed annual workplan. This can be presented in matrix format (2 PAGES). This should briefly summarise:

- status of delivery against approved workplan;
- explanation if planned activity did not take place, or milestone not achieved;
- if activity did not take place, will this slip to the next reporting period. Any impact on agreed resources (staff and budgets)?
- where possible, summarise outcome of activity.
- workplan for next reporting period and any proposed changes to the current approved workplan.

E. Report by Output (max. 1 page per output)

- Summary of progress against expected milestones and results by output
- Current impact weighting; any suggestions for change of impact weighting and explanation.
- Current risk rating (also corresponding to current logframe); any suggestions for changes, including any new risks should be flagged
- Table of indicators expected milestones and progress towards the milestones
- Key points describing progress of this output
- Response to recommendations of previous AR (where relevant) to this output
- Recommendations for future reporting period(s) to this output

Please attach the latest agreed logframe; where this is an Annual Report preceding an Annual Review or a Programme Completion Review, please complete the achievements section in the logframe.

NB: General principles:

- a. **Use of numbers.** Reports should quantify activities and outputs wherever possible. All results reported should be attributable to DFID funding.
- b. **Gender.** Where appropriate, data presented should be disaggregated by gender and impacts described for both women and men.
- c. **Sub grant reporting.** Where a project includes a substantial number of sub grants, then the narrative reporting should report not just on number and type of grants disbursed, but also on outputs and outcomes i.e. how the implementation of the sub-grants helps to achieve the project purpose and outputs. Sub-grants reports should be included as an annex.

F Value for Money and Financial Performance (1 page)

F1: Key cost drivers and performance.

- Update of actual costs and cost drivers, e.g consultancy fees, travel and expenses.
- Changes to costs/cost drivers identified in previous ARs or BC and explanation
- Areas where the programme has achieved value for money during the reporting period.

F2: VfM performance compared to the original VfM proposition in the business case

- Performance of programme against VfM measures and trigger points
- Suggestions for any changes to the VfM measures and trigger points and rationale

F3: Assessment of whether the programme continues to represent value for money

- Following DFID metric on 3Es: Economy, Efficiency and Effectiveness (possibly with Equity as well)
- If programme is considered not to represent VfM, why not and what actions can be taken to achieve VfM

F4: Quality of Financial Management

- Best estimate of future costs against current approved budget and forecasting, for each reporting year
- Adherence to narrative and financial reporting requirements for each reporting year
- Conclusions of last financial report
- Achievement of auditing requirements

G. Risk Management (½ page)**G1: Overall output risk rating (low/medium/high)**

- State the documented risk for the reporting period
- Recommendations for change to overall risk based on individual output risks; explain any suggested changes

G2: Overview of Programme Risk

- Any new overall risks that DFID should be aware of
- Also highlight any potential reputational risks for DFID and other stakeholders which need to be managed.
- Suggestions for change of the overall risk environment/context and reasons
- Review of all documented and suggested risks and how they affect the programme delivery
- Review of current or suggested mitigating actions to address the risks; how are these actions affecting the identified risks
- Assessment of safeguarding and mitigation measures, including whistleblowing policies and actions.
- Requirements for additional checks and controls to ensure UK funds are not lost (e.g. but not limited to corruption and fraud)

G3: Delivery Chain Map (see Annex F)

- Update the Delivery chain map that was produced for the design report, noting any changes to funding flows and risk with downstream partners (if relevant).

G4: Outstanding actions from risk assessment

- Outstanding actions from due diligence, fiduciary risk assessment, safeguarding or programme risk matrix
- Follow-up on DFID counter-fraud and anti-corruption strategies

Please include an updated risk matrix as an annex.

H. Commercial Considerations (½ page)

H1: Delivery against planned timeframe

- Comparison of actual progress against approved timescales (in the contract, ToR, AR)
- Explanation for any deviation to original timescales

H2: Performance of partnerships

- How well are formal partnerships/contracts working
- Lessons learnt from partner experience and application of those lessons
- Ways for DFID to be a more effective partner

H3: Asset monitoring and control

- Description of asset management and monitoring, including spot checks
- List of assets which have been procured over the reporting period and are each valued £500 and above
- Please attach an annex with a complete asset register

I. Monitoring and Evaluation (½ page)**I1: Evidence and evaluation**

- Changes in evidence and implications for the programme
- Where an evaluation is planned, update on progress
- How is the Theory of Change in the Business Case and the assumptions used in the programme design working out in practice
- Are modifications to the programme design required?
- Is there any new evidence available which challenges the programme design or rationale? How does the evidence from the implementation of this programme contribute to the wider evidence base? How is evidence disaggregated by sex and age, and by other variables?
- Where an evaluation is planned set out what progress has been made

I2: Monitoring process throughout the review period

- Direct feedback from stakeholders, including beneficiaries
- Monitoring activities throughout review period (field visits, reviews, engagement etc)
- Including plans for the next reporting period.

J. Management and Administration (½ page)

Update on:

- Human resources and staff management
- Financial management
- Procurement and contracting
- Operational constraints (both technical and administrative), incl. how these may have impacted on programme implementation and what mitigating actions have been taken

K. Programme Governance (½ page)

- Update on changes to the Programme governance (where relevant)
- Key action points from meetings under the Governance structure.
- Key action points from programme management meetings with DFID and other partners (where applicable)

- Report on action points from previous reporting period

Please include as an annex (i) current Programme Governance Structure including relevant current ToRs of any bodies (i.e. Steering Committees, Advisory Bodies, and/or Management Committees) and their membership; and (ii) minutes of any meetings during the period of report.

L. Leaving no one behind (½ page)

Update on progress made to ensure that the poorest, people with disabilities, elderly and children most excluded and hardest to reach are prioritised. Include details of beneficiary feedback strategy, implementation and assessment.

M. Gender Equality (½ page)

Now a mandatory requirement, this should include an update on progress of specific action the programme has taken, or plans to take. Please refer to The UK's Gender Equality Act May 2014.

N. Due Diligence (¼ page)

Progress on action points arising from any assessments carried out by your organisation on any sub-grantees. Please also provide as an annex any relevant Due Diligence assessments carried out by your organisation on sub-grantees.

O. Security (max ¼ page)

Please make DFID aware of any security issues that might directly impact on the outcomes of the project.

P. Communications and Information (max ¼ page)

Please describe activities on communications in terms of products, events and other activities since the last report. Provide DFID with first-hand human-interest stories that show how UK aid funding for the programme is making people's lives better.

Q. Financial report (1 page)

The financial report should show the complete financial position of the programme:

- All programme spend must be shown in the same currency as the approved project budget.
- All agreed budget lines including income/spend/commitments (in the form of contracts) and unallocated.
- For reporting on upfront funding please quote the exchange rate used in the money transfer for each tranche being accounted for.
- Realistic monthly forecasts of spend for each subsequent quarter(s) for each financial year.
- Narrative explaining spend variances to forecasts including any risks associated with delivery and/or identification of issues (i.e. budget virements) requiring discussion/decision.

R. Annual Audits (½ page)

This should report on progress arising from agreed action points arising from last report. It should also provide a summary on the status of progress on arranging the next audit including the date it will be submitted to DFID. If audit reports are going to be submitted late DFID needs to know as early as possible including an explanation.

Progress against current Logical Framework

OBJECTIVES <i>Insert statements from original logframe.</i>	INDICATORS and MILESTONES <i>Insert statements from original logframe and any modifications.</i>	PROGRESS <i>Comment against each Indicator Milestone outlining key issues faced, and any reassessment of assumptions and risks. This should include progress since project start with changes since the last report highlighted in bold.</i>	RATING*	COMMENT <i>Indicate actions proposed or taken to overcome problems and any recommendations</i>
IMPACT <i>(Final report only)</i>				
OUTCOME <i>NB. Under progress indicate how achievements against project purpose can be <u>directly attributed</u> to this project</i>				
OUTPUTS <i>NB: Please give a breakdown of each individual LogFrame indicator.</i>				

Description	Scale
Outputs substantially exceeded expectation	A++
Outputs moderately exceeded expectation	A+
Outputs met expectation	A
Outputs moderately did not meet expectation	B
Outputs substantially did not meet expectation	C

DFID Quarterly Reporting Template

This template must be used by Supplier(s) for quarterly reporting to DFID. Narrative reports should be concise and no longer than 5 pages plus one page per output report. They must include the sections set out below:

- A. Basic data sheet
- B. Executive summary
- C. Report by output
- D. Value for Money and Financial Performance
- E. Risk Management
- F. Financial report

DFID may modify this reporting template during implementation.

A. Basic data sheet (1 page)

This should give the following information:

- **Name of project** - including location(s);
- **Name of organisation** - with name, designation, address, telephone, fax and email of the contact point for this project. Add parent organisation and partner organisation details where applicable;
- **Project cost** – total value of the project;
- **Project purpose** - a sentence that identifies the purpose of the project;
- **Project duration** - with start and end dates;
- **Type of agreement with DFID** (i.e. Accountable Grant, MOU, contract – Please also include DFID Component Numbers);
- **Status of report** - is this an Interim Progress Report (indicate 1st, 2nd, 3rd etc) or a Final Project Report? What dates does it cover?

B. Executive Summary (1 page)

In this part of the report, please summarise the main body of the report i.e.

- Summary of progress, including key achievements and milestones (for last reporting period only; for entire programme if end-of-programme report).
- Summary of lessons learnt; including technical and managerial lessons (e.g. personnel, financial management, partnerships, assets and management).
- Summary of actions on previous recommendations.
- Summary of any key recommendations for the next reporting period.
- Summary of operational constraints that have arisen and action taken to address them.
- Summary of any issues requiring a DFID decision or urgent discussion.

N.B. Anything that might impact on timing and delivery of the project should be flagged to DFID at the earliest possible stage.

C. Report by Output (max. 1 page per output)

- Summary of progress against expected milestones and results by output

- Current impact weighting; any suggestions for change of impact weighting and explanation.
- Current risk rating (also corresponding to current logframe); any suggestions for changes, including any new risks should be flagged
- Table of indicators expected milestones and progress towards the milestones
- Key points describing progress of this output
- Response to recommendations of previous AR (where relevant) to this output
- Recommendations for future reporting period(s) to this output

Please attach the latest agreed logframe; where this is an Annual Report preceding an Annual Review or a Programme Completion Review, please complete the achievements section in the logframe.

NB: General principles:

- d. Use of numbers.** Reports should quantify activities and outputs wherever possible. All results reported should be attributable to DFID funding.
- e. Gender.** Where appropriate, data presented should be disaggregated by gender and impacts described for both women and men.
- f. Sub grant reporting.** Where a project includes a substantial number of sub grants, then the narrative reporting should report not just on number and type of grants disbursed, but also on outputs and outcomes i.e. how the implementation of the sub-grants helps to achieve the project purpose and outputs. Sub-grants reports should be included as an annex.

D. Value for Money and Financial Performance (1 page)

- Summary update of Value for Money performance and changes over the past quarter
- Best estimate of future costs against current approved budget and forecasting
- Adherence to narrative and financial reporting requirements
- Conclusions of last financial report
- Achievement of auditing requirements

E. Risk Management (½ page)

- Summary of any changes to programme risk, including emerging risks or mitigating actions

F. Financial report (1 page)

The financial report should show the complete financial position of the programme:

- All programme spend must be shown in the same currency as the approved project budget.
- All agreed budget lines including income/spend/commitments (in the form of contracts) and unallocated.
- For reporting on upfront funding please quote the exchange rate used in the money transfer (s) for each tranche being accounted for.
- Realistic monthly forecast (s) of spend for each subsequent quarter (s) for financial year.
- Narrative explaining spend variances to forecasts including any risks associated with delivery and/or identification of issues (i.e. budget virements) requiring discussion/decision.

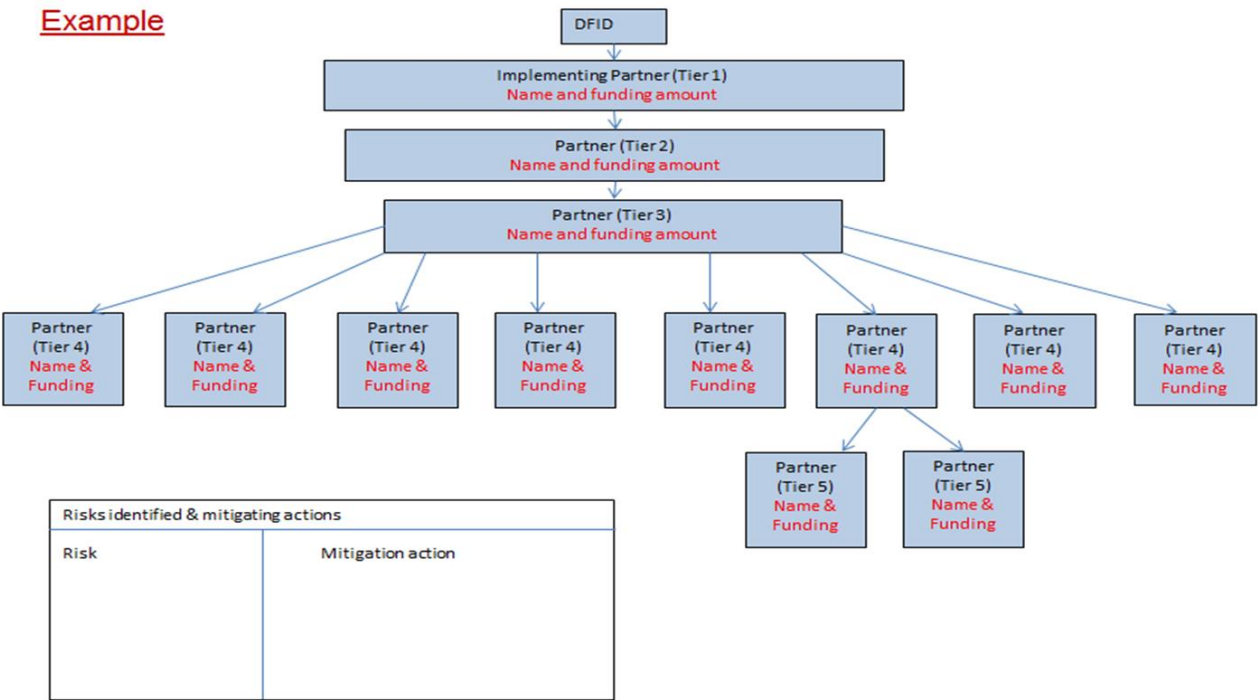
Progress against current Logical Framework

OBJECTIVES <i>Insert statements from original logframe.</i>	INDICATORS and MILESTONES <i>Insert statements from original logframe and any modifications.</i>	PROGRESS <i>Comment against each Indicator Milestone outlining key issues faced, and any reassessment of assumptions and risks. This should include progress since project start with changes since the last report highlighted in bold.</i>	RATING*	COMMENT <i>Indicate actions proposed or taken to overcome problems and any recommendations</i>
IMPACT <i>(Final report only)</i>				
OUTCOME <i>NB. Under progress indicate how achievements against project purpose can be <u>directly attributed</u> to this project</i>				
OUTPUTS <i>NB: Please give a breakdown of each individual LogFrame indicator.</i>				

Description	Scale
Outputs substantially exceeded expectation	A++
Outputs moderately exceeded expectation	A+
Outputs met expectation	A
Outputs moderately did not meet expectation	B
Outputs substantially did not meet expectation	C

Annex H: Delivery chain example

Example



Annex I: 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	<p>The Parties acknowledge that for the purposes of the Data Protection Legislation, the following status will apply to personal data under this contract</p> <p>1) The Parties acknowledge that Clause 33.2 and 33.4 (Section 2 of the contract) shall not apply for the purposes of the Data Protection Legislation as the Parties are independent Controllers in accordance with Clause 33.3 in respect of the following Personal Data:</p> <ul style="list-style-type: none">• Personal Data necessary for the administration and/or fulfilment of this contract

Annex J: Key Milestones to be Linked to Payments

Inception phase outputs

- A validation and quality assurance methodology document, including sampling methodology to ensure representativeness;
- An evaluation methodology document, integrating inputs from DFID and advice provided via an evaluability assessment (due to be available Spring 2019);
- Leave no-one behind strategy, outlining the approach for adhering to DFID's commitment to leave no-one behind including geographical targeting, community level approaches and the use of independent coverage surveys. The strategy should include approaches to collecting and assessing beneficiary feedback;
- A VfM strategy, including robust VfM indicators to be tracked through the programme lifecycle;

Implementation phase outputs

- A short report assessing monitoring system strengths and weaknesses, with recommendations, for each focal country, within the first year of implementation;
- Six-monthly and Annual TPM Reports, to include findings related to TPM activities;
- High Quality Project Completion Report: consolidating the entire programme including consolidated results, beneficiary feedback, lessons learned and recommendations for future NTD programmes;
- A mid-term evaluation report, including findings from the first 12 months of programme implementation;
- A final programme evaluation report, including findings from the whole of the programme timescale.

Annex K: Example KPIs

Performance Categories		Category Performance (%)	ID	KPI Name	Criteria
1	Flexibility & Ease of Doing Business (contract/agreement management)	10%	1a	Responsiveness	Degree to which the supply partner's management team quickly responds and adapts to changing contexts or requests
			1b	Quality of Reporting	Degree to which reports provided by the supply partner are timely, accurate, concise and reflective of business needs. Includes aggregated data and financial reporting.
2	Delivery & Support	20%	2a	Adherence to Schedule	Degree to which contract and agreed deliverables are completed within agreed schedule.
			2b	Communications with DFID programme team	Degree of effective communication.
3	Quality	20%	3a	Deliverable Quality	Agreed and defined deliverables are completed with a high level of quality, professionalism, and attention to detail.

			3b	Personnel	Performance of team (including team leader) and appropriate level of expertise / skill level of personnel allocated to the project.
4	Value for Money	15%	4a	Adherence to budget	% variance of project delivery in comparison to budget / estimate or expectations.
			4b	Value for Money	Degree to which the supply partner is able to maximise value for money.
5	Partnership, Innovation and Improvement	20%	5a	Innovation & Innovative Solutions	Degree to which the supply partner proactively provides valuable, innovative and flexible solutions. Where appropriate implements measures to drive process efficiencies.
			5b	Knowledge Sharing & Lessons Learned	The supply partner actively captures, and shares lessons learnt (including undertaking appropriate evaluations relevant for the programme and country context) and acts upon recommendations

			5c	Collaboration	The supply partner has sought out collaborations with other supply partners and partners and delivers effectively with other organisations.
			5d	Responsiveness to Feedback	The supply partner has taken on board feedback from the last reporting period, due diligence review findings, annual review findings, audit report findings and Performance Improvement Plan (PIP).
6	Risk & Compliance	15%	6a	Compliance	Degree to which supply partner is compliant with DFID terms and conditions, including fraud reporting, audit and information security requirements etc.
			6b	Delivery Chain Mapping	The supply partner has mapped its supply chain and has actively identified and managed downstream risks.
			6c	Transparency	Degree to which the supply partner adheres to transparency requirements (SMART rule 5)

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6d	Risk Management	Strength and implementation of procedures to identify and manage project risks, including fraud.
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