



Foreign, Commonwealth  
& Development Office



## CALLDOWN CONTRACT

**Framework Agreement with:** Oxford Policy Management Limited (OPM)

**Framework Agreement for:** Expert Advisory Call Down Services LOT 4

**Framework Agreement Purchase Order Number:** 7468

**Call-down Contract For:** Technical Assistance to Improve Health Service Delivery in Pakistan Khyber Pakhtunkhwa (KP)

**Contract Purchase Order Number:** PO10047

I refer to the following:

1. The above-mentioned Framework Agreement dated 19<sup>th</sup> October 2016;
2. Your proposal of 12<sup>th</sup> August 2020

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

### 1. Commencement and Duration of the Services

- 1.1 The Supplier shall start the Services no later than 21st September 2020 ("the Start Date") and the Services shall be completed by 20th March 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 FCDO requires the Supplier to provide the Services to The Government of Pakistan Khyber Pakhtunkhwa (KP), specifically The Department of Health ("the Recipient").

### 3. Financial Limit

- 3.1 Payments under this Call-down Contract shall not, exceed £1,299,145.50 ("the Financial Limit") and is inclusive of any government tax, if applicable as detailed in Annex B.

### 4. Payment Mechanism

- 4.1 The contract payment structure will follow a hybrid payment model of payment by results (PBR) and input fees. Payments will be made quarterly in arrears; this will include 80 % payment of fees to be paid based on achieving the agreed milestones, with 20% of the payment linked to confirmation of delivery against the agreed means of verification (MOV), payments will only be released once FCDO is satisfied it has been completed in accordance with the agreed means of verification. Should a milestone not be completed within the agreed timeline and/or in accordance with the means of verification the supplier must provide FCDO with a written

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explanation and a plan for completion in the next quarter. Should the milestone still remain incomplete in the next quarter, i.e. where not all the deliverables in the milestone are completed by the agreed timeline, and/or by the means of verification, payment will be apportioned and paid for the completed deliverables only, and risk share applied to milestone deliverables outstanding.

- 4.2 Expenses will be reimbursed on actual costs. Changes to budget lines, i.e., between fees and expenses are not permissible unless agreed by FCDO Pakistan and these changes would be reflected in a contract amendment. Movement within expenses lines, will require justification that this provides value for money and agreed and approved by FCDO Pakistan.
- 4.3 Draft Milestones are detailed at Annex B Cost Breakdown, these will be finalised by OPM within one month of mobilisation following consultation with FCDO Pakistan and The Government of Pakistan Khyber Pakhtunkhwa (KP), specifically The Department of Health. The identified milestones will not change, but the deliverables within each milestone (i.e. a quarterly report) would be agreed at the start of each quarter (based on agreed quarterly workplan). The deliverable and the means of verification (MOV) are considered to be achieved when OPM has delivered the agreed work and it is presented and discussed at relevant government forum and related comments/ queries addressed by the TA.
- 4.4. The remaining input costs will be closely monitored and linked to approved work plans and budgets. Although not linked to results, the supplier will report quarterly on progress made towards achieving log-frame milestones and where necessary provide a report on the necessary corrective action to realign inputs to achieve outputs.

### 5. Reports

- 5.1 Quarterly report to be submitted within 15 days after the end of the quarter, this must include means of verification and related supporting documentation required from The Government of Pakistan Khyber Pakhtunkhwa (KP)/The Department of Health, FCDO to reply/comment within 15 days.
- 5.2 Quality Assurance log to be annexed with each deliverable to capture the process.
- 5.3 The VFM framework, Risk Register and programme log frame to be revised and updated within one month of signing the contract.

### 6. Break Points

The contract under this procurement will be awarded for a period of 18 months starting from 15<sup>th</sup> September 2020. FCDO will have the option to invoke a break clause after 9 months and at first programme annual review. The break clause is the opportunity to respond to initial performance and adapt the design of the programme based on the 9 months of the implementation.

### 7. FCDO Officials

- 7.1 The Project Officer is:

REDACTED



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7.2 The Contract Officer is:

REDACTED

### 8. Key Personnel

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

REDACTED

### 9. Duty of Care

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

- I. The Supplier will be responsible for all security arrangements and Her Majesty's Government accepts no responsibility for the health, safety and security of individuals or property whilst travelling.
- II. The Supplier will be responsible for taking out insurance in respect of death or personal injury, damage to or loss of property, and will indemnify and keep indemnified FCDO in respect of:
  - II.1. Any loss, damage or claim, howsoever arising out of, or relating to negligence by the Supplier, the Supplier's Personnel, or by any person employed or otherwise engaged by the Supplier, in connection with the performance of the Call-down Contract;
  - II.2. Any claim, howsoever arising, by the Supplier's Personnel or any person employed or otherwise engaged by the Supplier, in connection with their performance under this Call-down Contract.
- III. The Supplier will ensure that such insurance arrangements as are made in respect of the Supplier's Personnel, or any person employed or otherwise engaged by the Supplier are reasonable and prudent in all circumstances, including in respect of death, injury or disablement, and emergency medical expenses.
- IV. The costs of any insurance specifically taken out by the Supplier to support the performance of this Call-down Contract in relation to Duty of Care may be included as part of the management costs of the project and must be separately identified in all financial reporting relating to the project.
- V. Where FCDO is providing any specific security arrangements for Suppliers in relation to the Call-down Contract, these will be detailed in the Terms of Reference.

### 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 5 above) duly completed, signed and dated on behalf of the Supplier within 15 working days of the date of issue on behalf of FCDO, FCDO will be entitled, at its sole discretion, to declare this Call-down Contract void.



# Foreign, Commonwealth & Development Office



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

Name:

Position:

Signature:

Date:

For and on behalf of  
  
Oxford Policy Management Limited (OPM)

Name:

Position:

Signature:

Date:

## **Section 4 - Appendix A**

### **Annex C**

#### **Special Conditions**

**1. Party Contacts**

**1.1 FCDO**

REDACTED

**1.2 Supplier**

REDACTED

**2. Additional Documents to be included in this Contract**

REDACTED

**3. Sub-Contractors**

N/A

**4. Reports**

REDACTED

**5. Insurance**

REDACTED

## Section 4 - Appendix A

### Annex A

#### Terms of Reference

#### **Technical Assistance to Improve Health Service Delivery in Pakistan Khyber Pakhtunkhwa (KP) (PROJECT NUMBER PROJ10135)**

##### **1. Introduction**

The Technical Assistance to Improve Health Service Delivery in Pakistan (Health TA) Programme is currently providing technical assistance to the Federal Ministry of National Health Services, Regulations and Co-ordination (MoNHSRC) and to provincial Departments of Health in Punjab and Khyber Pakhtunkhwa (KP) provinces, to support the development of new policies, strategies and governance mechanisms to improve health outcomes.

In the current situation, The World Health Organisation (WHO) has now declared COVID-19 as a pandemic. As of today, i.e. 17<sup>th</sup> June 2020 despite limited testing facilities available, there are over 154759 confirmed cases in Pakistan and the number is increasing substantially every day. More than half of these confirmed cases are in Punjab and KP provinces. A robust response to this situation is of the highest priority for FCDO Pakistan.

FCDO Pakistan wishes to contract suppliers to provide Technical Assistance to each of the three key partners in this programme: The Federal MoNHSRC and the two Provincial Departments of Health. **This Terms of Reference is to contract TA to support the Department of Health KP to Covid-19 response, for a period of 18 months.**

##### **2. Context**

In Pakistan, the first COVID 19 case was reported on 26<sup>th</sup> February 2020, with a slow rise in infected patients till 15<sup>th</sup> March, after which there was a sharp increase, and the first death was reported on 19<sup>th</sup> March. Among the confirmed deaths reported in Pakistan, the highest number of deaths being in Khyber Pakhtunkhwa.

In the face of COVID-19, there is a need to urgently undertake measures for strengthening the real time surveillance and early detection, containment of potential COVID-19 cases, and embedding of prevention and control measures to halt / minimize local transmission. Already fragile health system in Pakistan have been further challenged by the current pandemic of Covid-19. A quick analysis of health sector situation in Khyber Pakhtunkhwa (KP) related to addressing the prevailing outbreak of corona novel virus reveals that there are wide spread critical gaps encompassing the areas of early case detection, isolation and management of infected patients at facilities level, safety of healthcare providers as well as preventing further spread of infection at community level.

Building the existing capacity of health system in KP is a priority as the government is struggling to respond to the pandemic due to pre-existing fragile structure and limited

institutional capacity. The health system will further deteriorate over time with spread of this viral infection resulting in more deaths if not addressed in timely manner.

### 3. Scope of Work

The support through the Technical Assistance (TA) –Aims to strengthen the KP Health Department capacity to improve health service delivery and response to Covid pandemic. This will ensure that the Government of KP has the essential Covid-19 response support they need in a timely manner. The supplier will contract TA, for up to 18 months. This will be a largely demand-led process, with the requestors being government health departments and programmes.

### 4. Recipient

The Government of **Khyber Pakhtunkhwa** KP (Pakistan), specifically The Department of Health.

### 5. Outputs

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

#### A. WHO 's 9 pillars of action to support country Preparedness and Response (SPRP) for COVID-19 including:

1. **Coordination, Planning, and Monitoring** (outputs include but are not limited to activating coordination mechanisms, develop response plan, conduct need and capacity assessment, conduct data analysis and operational reviews for policy planning, establish monitoring and evaluation system)
2. **Risk Communication and Community Engagement**
3. **Surveillance, Rapid Response Teams, and Case Investigation** (outputs include but are not limited to assessing gaps in surveillance system, establish case definition, devise and implement surveillance strategy, monitor and report disease trends, epidemiological analysis, capacity building of rapid response teams)
4. **Points of Entry** (outputs include but are not limited to developing points of entry plan, capacity building, prepare quarantine /isolation facilities)
5. **National laboratories** (output includes but are not limited to conducting gap analysis, develop/support testing strategy, developing quality assurance mechanism, devising and implementing SOPs, linking with surveillance system, developing surge plans)
6. **Infection Prevention and Control** (outputs include but are not limited to assessing capacities, capacity building, devising and implementing IPC at all levels of health care system, functional triage system to determine priority patients, devising plan to manage Personal Protective Equipment distribution)
7. **Case Management** (outputs include but are not limited to assessing health system capacity, developing SOPs, conducting human resource planning, capacity building of staff on oxygen support and other skills)
8. **Operational Support and Logistics** (outputs include but are not limited to mapping resources and supply chain mechanisms, procurement planning,

preparing surge capacity, assessing capacity of local market to meet demand of essential supplies)

## **9. Maintaining essential services during an outbreak**

- B. Supporting new health system strengthening programme including:
- Conduct research assessments and operational reviews to assess gaps in healthcare system preparedness and response
  - Provide technical assistance to identify and prepare a results framework for the Disbursement Linked Indicators (DLIs) for the current financial year.
  - Health Economist to support development of upcoming FCDO programme appraisal case and VFM section as required, including inputs related to Covid-19.
- C. Assisting the health departments for strengthening health care delivery system including human and fiscal resource planning.

## **6. Value for Money (VfM)**

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

## **7. Scale Up/Scale Down**

The contract must have adequate provision for variation to adapt to changes that occur during the life of the programme. Following FCDO reviews, FCDO shall reserve the right to scale the requirement up or down over its lifetime to include potential changes to programme scope, whilst remaining within the contract financial limit. Any such changes will be fully communicated to the Supplier and implemented in accordance with the terms and conditions and procurement regulations.

## **8. Duration and break clause**

The contract under this procurement will be awarded for a period of 18 months starting from September 2020. FCDO will have the option to invoke a break clause after 9 months and at first programme annual review. The break clause is the opportunity to respond to initial performance and adapt the design of the programme based on the 9 months of the implementation.

## **9. Budget**

The budget for this component is up to a maximum of £1,299,145.50 including any applicable taxes for Covid-19 response. There will be no option to extend the contract duration or value.

## **10. Outline of proposal**



The Supplier will propose the milestones and deliverables within their proposal based on the Outputs at Paragraph 5. At the 9-month break point, FCDO and the Supplier will review the proposed milestones and deliverables for remainder of the programme, the supplier must be flexible to adapt to the programme requirements due to the Covid-19 response. The Supplier and FCDO will agree the milestones and deliverables for the remainder of the programme, along with any change to the payment mechanism (if necessary) and could result in a contract amendment.

The Suppliers proposal should contain:

- Draft work-plans.
- Draft milestones in the logical framework.
- Draft risk matrix, including management strategies (Annex A)
  - i. Please also provide a separate paragraph on covid-19 direct and indirect impact,
  - ii. And a separate risk matrix and mitigation of working in context of severe covid-19 outbreak.

The proposal should not be more than 25 pages long. Finalised version of all of the above will be due within 1 month of mobilisation.

## **11. Management Arrangements**

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

- Managing the disbursement of and accountability for FCDO funds, including through financial reporting and audits;
- Regular physical monitoring of the progress and impact of individual activities;
- Development of close and effective working relationship with other programme components and partners.

The supplier will appoint a Provincial Team Leader with overall responsibility for delivering on these ToR that has the requisite leadership and technical experience and credentials, along with similarly appropriately qualified team members. We will expect the supplier to appoint a small team who, may include other national and/or international organisations/consultants in a consortium, and together with the Team Leader, fulfils the following criteria:

- Has an excellent understanding of the principles and aims of the work, together with clear practical application experience, including understanding of institutional challenges in the primary and secondary health sector;
- Prior experience of implementing health TA programmes;
- Ability to provide responsive and proactive technical assistance to strengthen health systems;
- Ability to work closely with government departments to foster ownership, involvement and coordination;

- Strong monitoring and evaluation expertise using qualitative and quantitative techniques and incorporating learning from innovation.

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

## 12. FCDO Coordination

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

## 13. Contract Model & Payment Mechanism

The supplier's proposed budget is expected to be based on or around a split of; 70% or above on fees and up to a maximum of 30% on expenses.

- A **hybrid payment model contract** of payment by results (PBR) and input fees. This will include a minimum of 80 % payment of fees to be paid based on achieving agreed milestones, the supplier is encouraged to propose above the minimum stated in their bid.
- Expenses will be reimbursed on actuals costs.
- Milestones and/or outputs and means of verification should be outlined in bids and will be finalised within 1 month of the mobilisation and **payment will be clearly linked to achieving the agreed results.**
- The remaining **input costs** will be closely monitored and linked to **approved work plans and budgets.** Although not linked to results, the supplier will report quarterly on progress made towards achieving log-frame milestones and where necessary provide a report on the necessary corrective action to realign inputs to achieve outputs.

## 14. Accounting/Auditing/ Verification of Results

- Payments to the supplier (not linked to performance milestones) will be made quarterly in arrears by FCDO **on the basis of approved work plans and budgets**, and invoices showing the overall spend for the previous month.
- Payments linked to achievement of milestones will be made quarterly in arrears; Milestone payments will only be released once FCDO is satisfied it has been completed in accordance with the agreed means of verification.
- Should a milestone not be completed within the agreed timeline and/or in accordance with the means of verification the supplier must provide FCDO with a written explanation and a plan for completion in the next quarter. Should the milestone remain incomplete the agreed risk share on milestones will apply in full.
- FCDO will review and sign off on successful achievement of milestones for quarterly payment within two weeks.
- The supplier must set out on a quarterly basis the progress made towards achieving log-frame milestones with recommendations for corrective action.

This information must be provided within 15 calendar days of the end of each quarter through a narrative and financial progress report.

- Expenses will be reimbursed on actuals costs and paid quarterly in arrears.

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

## **15. Fraud and Corruption**

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

## **16. Duty of Care**

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

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

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

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

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

The supplier is responsible for ensuring that appropriate arrangements, processes and procedures are in place for their personnel, taking into account the environment they will be working in and the level of risk involved in delivery of the Contract (such as working in dangerous, fragile and hostile environments etc.). The supplier must ensure their personnel receive the required level of training.

Supplier must develop its tender on the basis of being fully responsible for Duty of Care in line with the details provided above and the initial risk assessment matrix developed by FCDO (Annex B). The Supplier must confirm in their Tender that:

- a. They fully accept responsibility for Security and Duty of Care.

- b. They understand the potential risks and have the knowledge and experience to develop an effective risk plan.
- c. They have the capability to manage their Duty of Care responsibilities throughout the life of the contract
- d. The service provider will have to work with different local stakeholders including the government officials, other development partners and the FCDO local team. Due to the COVID-19 crisis and the country on partial lockdown, with restriction on international flights and limited mobility to field areas, the service provider will need to ensure that they can work remotely, adapt accordingly and use alternative modes of working to ensure timely completion of activities under the TA. This is essential as the TA must be completed within the specified time i.e. before 30 January 2022 as the recommendations will be critical in informing the Government of KP to identify areas of improvement and take corrective actions to improve its response to the crisis. This will therefore require the service provider to have a strong local presence (ability to employ local consultants) in addition to the international consultants. The rates for local and international consultants should be in line with the FCDO benchmark rates.

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

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

In providing evidence Tenderers should consider the following questions:

- a. Have you completed an initial assessment of potential risks that demonstrates your knowledge and understanding, and are you satisfied that you understand the risk management implications (not solely relying on information provided by FCDO)?
- b. Have you prepared an outline plan that you consider appropriate to manage these risks at this stage (or will you do so if you are awarded the contract) and are you confident/comfortable that you can implement this effectively?
- c. Have you ensured, or will you ensure that your staff are appropriately trained (including specialist training where required) before they are deployed and will you ensure that on- going training is provided where necessary?
- d. Have you an appropriate mechanism in place to monitor risk on a live / on-going basis (or will you put one in place if you are awarded the contract)?
- e. Have you ensured, or will you ensure that your staff are provided with and have access to suitable equipment, and will you ensure that this is reviewed and provided on an on- going basis?
- f. Have you the appropriate systems in place to manage an emergency / incident if one arises?

The Supplier will be required to undertake due diligence on any downstream partners, including on their financial systems, governing policies and programme staffing. On reputational risk, the verification reports on activities and results would be subject to counter checking with FCDO implementing partners, FCDO programme team, and down-stream partners to ensure information checking is completed before being shared externally

## **17. Delivery Chain Mapping**

If the Supplier contracts other organisations to conduct aspects of the contract, a delivery chain map is required. The delivery chain map should be reviewed and updated regularly, 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 and funding flows (e.g. amount, type) to each delivery partner, as well fiduciary and other risk management strategies.

## **18. Safeguarding**

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

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

The supplier will ensure that proper safeguarding measures are in place, including but not limited to the following:

- a. That the supplier (and its consortium partners) provide a safe and trusted environment which safeguards anyone who the organisation has contact with, including beneficiaries, staff and volunteers.
- b. That the supplier (and its consortium partners) sets an organisational culture that prioritises safeguarding, so that it is safe for those affected to come forward, and to report incidents and concerns with the assurance they will be handled sensitively and properly.
- c. That the supplier (and its consortium partners) has adequate safeguarding policies, procedures and measures to protect people, and these are shared and understood.

### **Do No Harm**

- d. FCDO requires assurances regarding protection from violence, exploitation and abuse through involvement, directly or indirectly, with FCDO suppliers and programmes. This includes sexual exploitation and abuse but should also be understood as all forms of physical or emotional violence or abuse and financial exploitation.

- e. The programme is targeting a highly sensitive area of work. The Supplier must demonstrate a sound understanding of the ethics in working in this area and applying these principles throughout the lifetime of the programme to avoid doing harm to beneficiaries. In particular, the design of interventions including research and programme evaluations should recognise and mitigate the risk of negative consequence for women, children and other vulnerable groups. The supplier will be required to include a statement that they have duty of care to informants, other programme stakeholders and their own staff, and that they will comply with the ethics principles in all programme activities. Their adherence to this duty of care, including reporting and addressing incidences, should be included in both regular and annual reporting to FCDO.
- f. A commitment to the ethical design and delivery of evaluations including the duty of care to informants, other programme stakeholders and their own staff must be demonstrated.
- g. FCDO does not envisage the necessity to conduct any environmental impact assessment for the implementation of the Issue based programme. However, it is important to adhere to principles of “Do No Harm” to the environment.

## **19. Registration**

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

## **20. UK Aid Branding**

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

## **21. General Data Protection Regulations (GDPR)**

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

## **22. Modern Slavery**

The HMG Modern Slavery Statement sets out how UK Government departments must take action to ensure modern slavery risks are identified and managed in government supply chains.

The FCDO Supply Partner Code of Conduct sets out the expectation for all supply partners to have full awareness of the International Labour Organisation (ILO).

### **23. Transparency**

- a. FCDO has transformed its approach to transparency, reshaping our own working practices and pressuring others across the world to do the same. FCDO requires Suppliers receiving and managing funds, to release open data on how this money is spent, in a common, standard, re-usable format and to require this level of information from immediate sub-contractors, sub-agencies and partners.
- b. It is a contractual requirement for all Suppliers to comply with this, and to ensure they have the appropriate tools to enable routine financial reporting, publishing of accurate data and providing evidence of this FCDO – further IATI information is available from; <http://www.aidtransparency.net/>

### **24. Digital Principles for Partners and Suppliers**

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

### **25. Ethical Principles**

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

## Annex B: Risk Assessment

Country: Pakistan

Date of assessment: 15<sup>th</sup> May 2020

Assessing official: REDACTED

DFID Overall Project/Intervention Summary Risk Assessment Matrix			
Theme	DFID Risk Score	DFID Risk Score	DFID Risk Score
Province	FATA	Khyber Pakhtunkhwa (south) including Peshawar	Khyber Pakhtunkhwa (north and east)
Overall Rating*	5	4	3
FCO Travel Advice	4	4	3
Host Nation Travel Advice	N/A	N/A	N/A
Transportation	4	4	4
Security	5	4	4
Civil Unrest	4	4	3
Violence/crime	4	4	3
Terrorism	5	5	3
Conflict (war)	5	3	2
Hurricane	2	2	2
Earthquake	3	4	4
Flood / Tsunami	2	2	2
Medical Services	4	3	3
Nature of Project Intervention		2	2

1 Very Low Risk	2 Low Risk	3 Medium Risk	4 High Risk	5 Very High Risk
Low		Medium	High	

The latest information and advice from the UK Government on the outbreak of the coronavirus, including travel advice and a list of affected countries and territories, is available on <https://www.gov.uk/coronavirus>

For any immediate information on travel please consult the FCO travel advice: <https://www.gov.uk/foreign-travel-advice>





**Appendix A: Framework Schedule 2, Annex 1, the Services, (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
<b>Identity of the Controller and Processor for each Category of Data Subject</b>	<p>The Parties acknowledge that for the purposes of the Data Protection Legislation, the following status will apply to personal data under this contract</p> <p>1) The Parties acknowledge that Clause 33.2 and 33.4 (Section 2 of the contract) shall not apply for the purposes of the Data Protection Legislation as the <b>Parties are independent Controllers</b> in accordance with Clause 33.3 in respect of the Personal Data as necessary for the administration and/or fulfilment of this contract.</p>