Framework Agreement with: Palladium International Ltd

Framework Agreement for: Global Development Delivery Framework

(GDD)

Lot 2 - Health and Humanitarian

Framework Agreement ECM Number: ecm_5788]

Call Down Contract For: ITT 6366 - Tackling Deadly Diseases Africa

Programme – 2 (TDDAP 2)

Contract ECM Number: ecm_6836

I refer to the following:

1. The above-mentioned Framework Agreement dated 18/12/2023

2. Your proposal of 05/06/2024

and I confirm that FCDO requires you to provide the Services (Annex A, Terms of Reference), 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 12/09/2024 ("the Start Date") and the Services shall be completed by 31/03/2028 ("the End Date") unless the Call Down Contract is terminated earlier or extended in accordance with the Terms and Conditions of the Framework Agreement.

2. Recipient

2.1 FCDO requires the Supplier to provide the Services to the FCDO (the "Recipient").

3. Financial Limit

3.1. Payments under this Call Down Contract shall not, exceed £19,271,765 ("the Financial Limit") and is inclusive of any government tax, if applicable as detailed in Annex B. FCDO reserves the option to extend the Call Down Contract by up to 12 months, FCDO will provide a minimum written notice 3 months notice to supplier in respect of extension. The total Contract value shall not exceed £24,271,765 million including all extension options.



4. FCDO Officials

- 4.1. The Project Officers are
- 4.2. The Contract Officer is:

5. Key Personnel

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



6. Reports

6.1. The Supplier shall submit project reports in accordance with the Terms of Reference/Scope of Work at Coordination, Governance and Reporting article 69-81

7. Duty of Care

- 7.1. All Supplier Personnel as defined in Section 2 of the Agreement) engaged under this Call Down Contract will come under the duty of care of the Supplier:
 - I. The Supplier will be responsible for all security arrangements and His 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.

8. Call Down Contract Signature

8.1. If the original Form of Call Down Contract is not returned to the Contract Officer (as identified at clause 4 above) duly completed, signed and dated on behalf of the Supplier within **5 working days** of the date of signature on behalf of FCDO, FCDO will be entitled, at its sole discretion, to declare this Call Down Contract void.

No payment will be made to the Supplier under this Call Down Contract until a copy of the Call Down Contract, signed on behalf of the Supplier, returned to the FCDO Contract Officer.

Signed by an authorised signatory for and on behalf of	Name:	
Secretary of State for Foreign, Commonwealth	Position	
and Development Affairs	Signature:	
	Date:	
Signed by an authorised signatory or and on behalf of the Supplier	Name:	
ioi and on behalf of the oupplier	Position:	
	Signature:	
	Date:	

Annex A

Terms of Reference

- 1. These are the Terms of Reference for the implementation of the National and Community Technical Assistance Component (one of four) of the Tackling Deadly Diseases in Africa Programme Phase II (TDDAP2, 2023-28 <u>DevTracker Programme GB-GOV-1-300585 fcdo.gov.uk</u>), to be procured by the UK Foreign, Commonwealth and Development Office (FCDO).
- 2. If and where these ToRs deviate from the TDDAP2 business case, the information contained in these ToRs shall take precedence.
- 3. TDDAP2 will implement the UK's and Africa's vision for global progress on health security, building on African successes from the COVID-19 pandemic and other outbreaks' response. It will provide technical assistance (TA) to national governments and regional bodies and will develop long-term partnerships between African, UK and global public health institutions e.g. the Africa Centre for Disease Control and WHO-AFRO. It will also have an Africa Rapid Response to Outbreaks (ARRO) Fund to support early and rapid response to outbreaks across Sub-Saharan African countries.
- 4. This programme will support achievement of the Sustainable Development Goals on Good Health and Well-being; and contribute to UK Global Health Security (GHS) objectives as set out in the Integrated Review, the Strategic Framework for Official Development Assistance and the refreshed Africa Strategy. TDDAP2 will be a core delivery mechanism for the x-HMG global health objectives, as outlined under the Global Health Framework, particularly; 'strengthening global health security' and strengthening country health systems and work towards ending preventable deaths of mothers, babies and children.' It also contributes to our recent G7 commitment to partner with public health institutions and is consistent with the theme of the International Development Strategy to build GHS and resilient health systems.
- 5. Investments through the programme align with the UK's wider global health portfolio and will directly contribute to the new Global Health Framework. This includes Global Health Initiatives, such as Gavi, the Vaccine Alliance, and the Global Fund; International Financial Institutions like the World Bank, the Department of Health and Social Care's (DHSC) international health security programming such as the Fleming Fund; and the International Health Regulations (IHR) Strengthening Programme implemented by the UK Health Security Agency (UKHSA), which TDDAP2 will collaborate with.
- 6. FCDO requires the services of a Supplier to lead and manage the delivery of the National and Community Technical Assistance Component of TDDAP2. Given the recent COVID-19 pandemic and the increase recurrence of infectious disease outbreaks on the continent, the desire to align to country priorities and ensure coordination with other support, elements of this ToR and the component will need an adaptive approach in response to the evolving context within which TDDAP2 is operating.

Key Programme Information

- 7. The aim of TDDAP2 is to contribute to the reduction of harmful impacts from infectious disease threats in African populations and globally. The overall intended outcome is to strengthen regional and national public health and emergency capability in Africa to prevent, detect and respond to disease outbreaks.
- 8. This programme is the successor to the £175m Tackling Deadly Diseases in Africa Programme (TDDAP, 2017 2023 <u>DevTracker Programme GB-1-205242 (fcdo.gov.uk)</u> through which FCDO supported WHO AFRO in its health security leadership role in Africa; provided targeted technical



support to health security systems in six countries (Mali, Niger, Chad, Cameroon, Cote d'Ivoire, Uganda); and enabled rapid and effective emergency responses through a contingency mechanism for outbreaks. TDDAP also provided £20m to the AU's COVID-19 Response fund, supporting Africa CDC's leadership of the continental response. The TDDAP Programme Closure Report shall be made available to all potential suppliers prior to bidding to better enable fair and open competition and help build on lessons learned.

- 9. An extensive stakeholder consultation exercise among major donors, philanthropic foundations and African regional partners (e.g. Africa CDC) on the need for, and proposed design, of TDDAP2 was undertaken. To avoid duplication with similar global health security programmes, we have worked with partners to identify gaps where the UK could play a unique role, including, for example, strengthening National Public Health Institutes, supporting National One Health Platforms, supporting Regional Coordinating Centres, interventions to improve IHR compliance and other discreet health security activities, with a strong focus on workforce development. The UK's focus on community engagement and working with civil society (as demonstrated under TDDAP) is a vital yet underutilised approach in health security that partners have expressed interest to learn from, replicate and continue.
- 10. Given the rapidly evolving nature of partner support, the supplier will need to finalise detailed mapping of partner activities in each priority country (DRC, Ghana, Kenya, Malawi, and Uganda) during the inception phase to ensure that TDDAP2 addresses the most critical gaps. For each priority country, the supplier will be able to build on mapping work, Political Economy Analysis and assessment of priorities for Year 1 conducted by partners (including WHO Ghana, Triple Line Consulting Ltd and the Infectious Diseases Institute at Makerere University) on behalf of FCDO. All reports and findings from this preliminary work shall be made available to potential suppliers prior to bidding to better enable fair and open competition.
- 11. Ongoing coordination with partners will take place through existing mechanisms wherever possible, including through the joint partner coordination forum with Africa CDC. Where these mechanisms are no longer functional, FCDO and the supplier will discuss how best to reinvigorate them. These coordination mechanisms will ensure that TDDAP2 remains aligned with regional and national partner activities and addresses priority needs.
- 12. TDDAP2 has four components:
 - National and Community Technical Assistance (this Contract). This component will consist of provision of long-term technical assistance for DRC, Ghana, Kenya, Malawi and Uganda to strengthen implementation of the IHR, supporting country priorities through the delivery of National Action Plans for Public Health (NAPHS), One Health and All Hazard Plans and piloting innovative approaches.
 - Regional Technical Assistance. This component will support African regional institutions, networks and initiatives with a health security mandate through technical assistance, facilitation of peer-to-peer learning partnerships, and discreet financial support.
 - Africa Rapid Response to Outbreaks (ARRO) Fund. ARRO will provide early and rapid funding to a wide range of countries in SSA for outbreak response, and support coordination across HMG for the effective deployment of expertise, logistics and monitoring;
 - Monitoring and Evaluation FCDO will contract out an independent M&E function to enable third-party monitoring, lesson learning and adaptation through programme lifecycle.
- 13. The TDDAP2 Programme Team will play a central role in coordinating lead suppliers/consortia members across the programme to steer direction and ensure this procurement works effectively alongside the components on Regional Technical Assistance and Africa Rapid Response to



Outbreaks (ARRO) Fund. In addition, part of the remit of the Monitoring and Evaluation component will be to ensure knowledge sharing across the programme and this component will be expected to engage closely with to facilitate this goal.

Objective

14. The overall outcome of the National and Community Technical Assistance Component is to strengthen national public health and emergency capability to better prevent, detect and respond to disease outcomes in Ghana, Uganda, DRC, Kenya and Malawi and contribute to the following impact: "Reduced harmful impacts from infectious disease threats in African populations and globally.

Recipients and Beneficiaries

15. The primary recipients and beneficiaries of the National and Community Technical Assistance Component will be a) the citizens relying on community and national systems of countries supported through the programme 2) health officials, members of civil society and community-based organisations who will be trained and empowered to better prevent, detect and respond to health threats. Secondary beneficiaries will include policy makers responsible for the design and implementation of national health security plans.

Scope of Work

16. The overall outcome of the National and Community Technical Assistance Component is to strengthen national public health and emergency capability to better prevent, detect and respond to disease outcomes. The expected outputs to deliver against the outcome are as follows:

Planning, Coordination and Financing

Output 1 - Country progress towards operationalising priorities for NAPHS in focus countries supported by national ownership and sustainability.

Workforce

Output 2 - Country progress towards implementing strategy and capacity building activity for workforce development for health security.

Data and Surveillance

Output 3 - Coverage and integration of data for surveillance, laboratory capacity building, climate informed approaches and One Health.

Community Engagement

Output 4 - Improved role of communities and civil society in the governance of and surveillance mechanisms for national health security.

- 17. Examples of activities and inputs the component will deliver to help achieve the outputs include:
 - Provision of technical support to countries for developing and implementing national and sub-national emergency preparedness plans, ensuring continuity of essential health services, lessons from COVID19, Ebola and other outbreaks, and alignment with a one health approach.
 - Supporting the development and implementation of workforce strategies to strengthen core public health functions e.g. National Public Health Institutes.
 - Strengthening national capacities for implementation/scale up of Integrated Disease Surveillance and Response (IDSR).



- Supporting risk communications and community engagement to convey public health threats transparently and in a timely and coordinated manner through mechanisms built into National Action Plans for Health Security (NAPHS).
- Supporting approaches to strengthen health security capability within a broader health system strengthening framework.

Geographical Scope

18. Following a rigorous process which utilised a range of quantitative and qualitative criteria including global health security risk, need, UK partnership level, FCDO Health Adviser capacity (including ability to help facilitate stakeholder and partner engagement), appetite of government stakeholders for technical assistance and to avoid duplication with existing UK programmes - the component will focus on five countries spread across SSA, with a wide geographical remit: Ghana, Uganda, Democratic Republic of the Congo, Kenya, and Malawi:

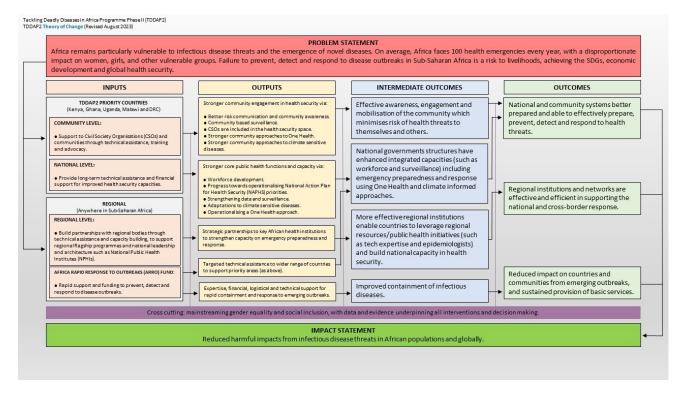
- <u>Ghana</u>. A key strategic partner for the UK (where we are the lead health partner) and plays a critical role in regional health security, including plans to become a lead on the vaccine, therapeutics and diagnostics manufacturing agenda in Africa and to establish a health security agency. The Government of Ghana has requested UK support on health security and the component will complement a new DEFRA programme.
- <u>Uganda</u>. Health security is a major priority for Government of Uganda; the UK is a leading actor in the GHS space, since before COVID-19. The component will build on progress from TDDAP and success demonstrated through our role in the recent Ebola outbreak.
- <u>DRC</u>. DRC's need in terms of risk of outbreaks and existing health system gaps is high, the component will add value in the GHS space e.g. funding gaps in the National Action Plans on Health Security (NAPHS) and there is political commitment to strengthen health security.
- <u>Kenya</u>. The UK is a valued donor and can support innovative and collaborative health security work, with links to objectives under the regional component and with RED's new GHS R&D programme. Under TDDAP2, there is strong potential for a UK-Kenya health security compact.
- <u>Malawi</u>. Engagement on the recent cholera outbreak has shown extreme need and opportunities to add value. There is strong political will to strengthen health security capabilities, with opportunities to support the new National Public Health Institute.

In addition, TDDAP2 will be able to support a wider range of countries in Sub-Saharan Africa via ARRO which will provide rapid support to outbreaks (as TDDAP has been doing for the last 5 years).

Contract Duration and Budget

19. The Contract will run for an Initial Term of 43 months from approximately August 2024 – August 2028, subject to review points set out in detail at paragraph 52. The maximum value of the Contract will be £23m (inclusive of all applicable taxes). The Contract may be extended by up to a further 12 months with an additional budget of £5m.

Theory of Change



- 20. This component will support Ghana, Uganda, Democratic Republic of the Congo, Kenya, and Malawi to strengthen core public health functions, building health security partnerships and supporting the delivery of agreed national health security priorities. Most countries have a NAPHS, developed after a Joint External Evaluation (JEE) to assess countries' capacity to prevent, detect and rapidly respond to public health risks. Under our predecessor programme TDDAP, in all 5 focus countries over 92% of government partners said that the programme interventions had made a tangible difference to national health security. The JEE helped countries identify the most critical gaps within their human and animal health systems to prioritise opportunities for enhanced preparedness and response. This component will particularly focus on supporting the prevention and detection aspects of the NAPHS. Specific activities for each country will be determined during the programme inception phase, based on an assessment of progress against country's IHR core capacities and readiness assessments to address key disease risks, in line with NAPHS where appropriate. Please see paragraph 17 for examples of activities and inputs the component will deliver to help achieve the outputs.
- 21. This component will also include work at the community level to strengthen preparedness and response, building on the predecessor programme's work, supporting scalable approaches such as strengthening Community-Based Surveillance and improving access and awareness of health services through sensitisation and outreach campaigns. The component will test innovative approaches to improve community engagement and risk communication in the five focus countries, with a specific focus on gender and equity. Evidence tells us that women and girls tend to be disproportionately affected by outbreaks of infectious diseases. We expect suppliers to refer to new WHO guidance on mainstreaming gender and equity considerations.
- 22. Additionally, where TDDAP2 has provided a direct response to disease outbreaks through the ARRO Fund, this component will help reinforce that response by supporting ongoing work with



affected communities to embed lessons learned and sustain prevention and response capability beyond the immediate outbreak. The supplier can propose tested and innovative ways of supporting community engagement e.g. pairing local CSOs with larger suppliers to deliver training and campaigns, closely aligning with national health security priorities.

- 23. Cross cutting considerations suppliers should consider and where feasible demonstrate how the component will embed:
 - Gender and equity guided by new WHO guidance on mainstreaming gender and equity considerations into health security;
 - Building the evidence of the impact of climate change on infectious disease outbreaks;
 - Integrating GHS into Health Systems;
 - One Health, including climate and health.

Supplier Requirements

- 24. It is anticipated that in each priority country there will be a dedicated team of staff, which will work with local suppliers, partners and key actors (e.g. WHO-AFRO), supported by a central coordination mechanism.
- 25. FCDO will provide a letter of introduction to the relevant Ministry of Health (or equivalent) but would expect the Supplier to already have the right to work in each of the five focus countries.
- 26. The Team will provide capability and expertise in the following areas:
 - Presence and experience in the selected countries and regions including conflict affected regions;
 - Ability to deliver programming through and strengthen local institutions where possible;
 - Ability to support a wide range of services, channels and approaches;
 - Ability to strengthen public sector delivery focusing on sustainability;
 - Working with hard-to-reach populations including young people, persons with disabilities and the poorest;
 - Tackling social norms, disinformation and driving behavioural change;
 - Strengthening accountability, beneficiary participation, engagement and feedback;
 - Commodity procurement, establishment of supply chains and contingency plans;
 - Data and evidence collection, collation and analysis.
 - Both the required capability, expertise and structure of a technical team; as well as the required expertise, experience and structure of a programme management team for oversight and delivery of the following outcome: to strengthen national public health and emergency capability to better prevent, detect and respond to disease outcomes.
 - For output 1, high-level understanding of:
 - the national health security context and governance framework in the five focus countries;
 - how health security strategies and priorities fit in with wider global and national health priorities (e.g. the Lusaka agenda on the Future of the Global Health Initiatives, the New Public Health Order for Africa, etc);
 - capacity required to implement the International Health Regulation frameworks in each focus country.
 - For output 2, high-level understanding of:
 - relevant global and national health workforce strategies, including the WHO Roadmap for Strengthening Essential Public Health Functions;
 - evidence-based approaches to strengthen workforce development, including on-the-job training and mentoring;



- the potential of and availability of workforce development expertise from a range of UK public health organisations;
- the relevance of gender to strengthening health security and of global and national strategies to doing so.
 - For output 3, high-level understanding of:
- key global and national strategies to strengthening surveillance;
- the relevance of climate change and One Health to strengthening health security;
- climate change and One Health.
 - For output 4, high level understanding of:
- the relevance of civil society in strengthening health security;
- existing frameworks to guide the engagement of civil society in health security;
- where civil society engagement sits within the national health security frameworks of the five focus countries.
- 27. Over the life of the contract, the Supplier should be committed to:
 - Transparency, Value for Money, and be open to public scrutiny;
 - Gender Equality and poverty reduction;
 - Policy and evidence uptake, building capacity and sustainability;
 - Flexible and adaptive programming.
- 28. As per the TDDAP Programme Completion Report, building on learning from TDDAP, suppliers should:
 - It is expected the team will include appropriate resource to engage with TDDAP2's Monitoring and Evaluation Component including Third Party Monitoring activities. For example at minimum we would expect to see a named MEL lead with dedicated time within their job description to work closely with the Monitoring and Evaluation Component;
 - Consider inclusion of Country Manager/Coordinator roles (or shared between countries) to provide leadership and coordination of component activities amongst subcontracted partners with government/national stakeholders and Post at country level.
 - Factor in resources so that a representative from the lead Supplier can join regular field visits by FCDO officials from the TDDAP2 team.
- 29. For each priority country, the supplier will be able to build on mapping work, Political Economy Analysis and assessment of priorities for Year 1 conducted by partners (including WHO Ghana, Triple Line Consulting Ltd and the Infectious Diseases Institute at Makerere University) on behalf of FCDO. Specific decisions e.g. on target areas for support and priority issues for technical assistance should be agreed during the inception phase when completing the work-plan.
- 30. The work-plan should take into consideration government and Post priorities and will be approved as an inception phase deliverable. Workplan design should consider:
 - Where applicable, learning from the predecessor TDDAP programme through the Programme Closure Report;
 - preliminary mapping work, PEA and assessment of priorities for Year 1 conducted by partners and to be available to all potential Suppliers prior to bidding;
 - additional political economy and conflict analysis as relevant;
 - realistic timeframe for delivery of agreed activities;
 - budgetary considerations.
- 31. During the inception phase implementing partners should support establishment of and provide secretariat support to a TDDAP2 Country Steering Committee, ideally chaired by a Ministry of Health and/or National Public Health Institute official and including Post representation and other key country stakeholders.



- 32. The Country Steering Committee should be consulted on the work-plan prior to submission at the end of the inception to ensure programme coherence with national objectives/Post Country Business Plans. The country based FCDO focal point for this component may wish to arrange for plans to be shared with FCDO Programme Board or equivalent.
- 33. Building on the mapping, PEA and identification of priorities for Year 1 commissioned by FCDO, The Supplier should develop for each country (using cross-programme jointly agreed approaches) the following:
 - Conflict sensitivity assessment where relevant;
 - Country Overview and Engagement Plan summarising policy context and component areas of focus (to be updated annually) e.g. a country workplan with accompanying results framework;
 - A framework to set sustainability objectives, ensuring that all sub-contracted partners have earmarked targets;
 - Approach on mainstreaming gender and equity considerations into health security.
- 34. The work plan for following and subsequent years should take into consideration findings from the above.

Programme Outputs

- 35. <u>Output 1</u>: Country progress towards operationalising priorities for NAPHS in focus countries supported by national ownership and sustainability. Examples of activities to address this output could include:
 - List of priorities for NAPHS to be supported by the supplier identified by Government;
 - Country progress towards operationalising NAPHS;
 - Improved policies, national Government financing and public sector capacity for health security.
- 36. **Output** 2: Country progress towards implementing strategy and capacity building activity for workforce development for health security. Examples of activities to address this output include:
 - Increased capacity of health security / public health workforce;
 - Operationalising workforce development plan for health security;
 - Gender mainstreaming in health security infrastructure, preparedness and response.
- 37. <u>Output 3</u>: Coverage and integration of data for surveillance, laboratory capacity building, climate informed approaches and One Health. Examples of activities to address this output include:
 - Coverage and functioning of Integrated Disease Surveillance and Response (IDSR);
 - Country progress in establishing or operationalising NOHPs;
 - Country progress on operationalising climate informed approaches to health security;
 - Increased laboratory capacity for health security.
- 38. <u>Output 4</u>: Improved role of communities and civil society in the governance of and surveillance mechanisms for national health security. Examples of activities to address this output include:
 - Country progress on CSO engagement and participation in health security;
 - Country progress in strengthening community-based surveillance (CBS).

Please refer to paragraph 23 for cross cutting considerations.

Expected Results and Budget Allocations

39. We expect the National Component to deliver across all five focus countries: Ghana, Uganda, DRC, Kenya, and Malawi. Baselines and Key Performance Indicators for the outputs below will be agreed with the Supplier prior to close of the Inception Phase and form part of the overall TDDAP2



results framework. Although the other TDDAP components may contribute to a degree, FCDO expects the outputs below to be almost fully attributable to this contract:

TDDAP2 National Component Output 1

Country progress towards operationalising priorities for NAPHS in focus countries supported by national ownership and sustainability.

TDDAP2 National Component Output 2

Country progress towards implementing strategy and capacity building activity for workforce development for health security.

TDDAP2 National Component Output 3

Coverage and integration of data for surveillance, laboratory capacity building, climate informed approaches and One Health.

TDDAP2 National Component Output 4

Improved role of communities and civil society in the governance of and surveillance mechanisms for national health security.

40. The preliminary figure for the relative proportion of funds for this component (£23m) to be allocated to each country is expected to be 20% each. These are indicative figures given that the countries vary by population size and health system maturity and include a wide range of operating environments. To ensure flexibility, they can vary depending on the results of the preliminary work conducted by FCDO partners and changes in the operating environment.

Country	Proportion (%)
Ghana	20%
Uganda	20%
DRC	20%
Kenya	20%
Malawi	20%

41. Likewise, and with the caveats listed in paragraph 41, the proportion of funds allocated to each output is expected to be:

	Output	Proportion (%)
	Country progress towards operationalising priorities for	
1	NAPHS in focus countries supported by national ownership	25%
	and sustainability	
	Country progress towards implementing strategy and capacity	
2	building activity for workforce development for health	25%
	security.	
	Coverage and integration of data for surveillance, laboratory	
3	capacity building, climate informed approaches and One	25%
	Health.	
	Improved role of communities and civil society in the	
4	governance of and surveillance mechanisms for national	25%
	health security.	

42. It is possible that unforeseen natural, political or conflict related emergencies occur in one or more of the focus countries that require FCDO to request major changes in the scope of work.



Suppliers would be expected to be responsive in such situations but will be able to feed into and negotiate feasible alternative scopes of work.

Key Contract Management Information

43. It is anticipated that the National and Community Technical Assistance Component contract will commence in August 2024 and will end March 2028. The phases of programming are outlined in the table below.

Phase	Duration	Indicative activities (note: this is not exhaustive)
Transition,	4 months Sept 2024-Dec 2024	Build on scoping and design work undertaken by Programme Team in Year 1 to; Make all administrative, logistical and management arrangements to facilitate the launch and delivery of the programme in the implementation phase, according to the approved programme design and approach. Establish relationships with relevant counter parts and ensure all key programme governance mechanisms are fully in place. Agree with FCDO reporting timelines for the duration of the programme, including key dates for report submissions. • Ensure any due diligence has been completed for any downstream partners engaged in this component. • Work closely with the Monitoring and Evaluation Component during the inception phase to ensure MEL products like the Results Framework and Evaluation methodology are fit for purpose and that the fora for collaboration on MEL issues meet the needs of all key stakeholders. • Production of an inception report (see below for requirements). • Agree an annual workplan and overall priorities for the overall programme of support in each country. • Proactive planning and implementation of sustainability strategies should commence from the programme's inception, ensuring an integrated approach throughout its lifecycle and avoiding a rushed last-minute approach to sustainability.
Implementation	36 months Jan 25 – Dec 27	Manage programme delivery and activities under the component. The Supplier is responsible for ensuring that KPIs and result framework outputs are on track to be met, and the work plan agreed during inception phase as well as subsequent annual workplan revisions are adhered to. Establish and manage all required partnerships with stakeholders, counterparts, and suppliers. This should include



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		consultation with, and involvement of communities affected, women and marginalised groups.
		Incorporate elements of adaptive management, particularly
		, , , , , , , , , , , , , , , , , , , ,
		those related to being politically informed, locally led, and
		enabling adaptive responses:
		- incorporating politically informed and locally led
		strategies for responsive decision-making and allocating
		resources accordingly;
		 facilitating ongoing community engagement and
		participatory decision-making to ensure local
		perspectives guide adaptive responses;
		- promoting collaboration with local stakeholders
		through inclusive governance structures and capacity-
		building initiatives;
		- integrating regular political risk assessments to inform
		adaptive strategies and mitigate potential risks
		associated with political dynamics;
		- designing flexible stakeholder engagement strategies
		to accommodate diverse interests and ensure tailored
		approaches to collaboration;
		- establishing feedback mechanisms for continuous
		adaptive learning, fostering reflection on project
		outcomes, challenges, and political dynamics;
		· · · · · · · · · · · · · · · · · · ·
		Monitor the programme's progress, issues, and results. The
		Supplier will also be expected to facilitate and contribute to the
		FCDO monitoring arrangements, such as progress reports and
		Annual Reviews
		Engage closely with the independent, third-party monitoring,
		and research and evaluation component on relevant activities
		like activity verification, mid-term evaluation and knowledge
		sharing.
		Actively manage, mitigate, and report programme risk,
		including sharing high level risk incidents within 48 hours,
		detailing the event, response recommendations from the
		Supplier and time framed next steps. The Supplier will regularly
		update the agreed programme risk matrix.
		Report on the programme quarterly, according to agreed
		parameters and timing as set out during the transition,
		mobilisation, and inception phase.
		 Carry out the exit deliverables as per the FCDO
		agreed exit plan including meetings with key
		partners and a sustainability strategy.
	3 months	Ensure the transfer of assets which has been
Exit Phase	Dec 27 – Mar28	approved by FCDO, in line with guidance criteria.
ZAICT HOSC	20027 1710120	Engage with FCDO regarding Programme
		Completion final reporting and ensure all final
		reporting has been submitted prior to the
		deadline.
		ueauiiiie.



 Conduct any evaluation/s of the programme and/or engage with the independent M&E component to undertake summative programme learning activities. Conduct any necessary financial audit. Plan for any transfer of services.
Ensure all FCDO reporting concern cases have
been resolved.
 Ensure there are no discrepancies between
FCDO and the Suppliers final financial figures.

Scale Up/Scale Down/Extension Options

- 44. FCDO may seek to scale up or extend the programme's budget or duration including but not limited to the following circumstances:
 - Where the programme has been demonstrated to have strong impact using independent findings from the MEL supplier and has the potential to yield greater results;
 - In the case of significant expansion of the scope of work e.g., significant scale of delivery required in new locations (within existing focus countries);
 - In the event of a significant change in the external context or in response to any unexpected geopolitical event

FCDO reserves the right to scale down or discontinue this programme at any point in line with FCDO Terms and Conditions. Scaling down is at FCDO's discretion and may occur for a number of reasons, including but not limited to:

- Poor performance by the Supplier
- Shortage of funds
- External context changes
- 45. Although we do not currently expect any reductions in our ODA budgets, it is possible that FCDO's strategic priorities can change in response to any unexpected geopolitical event therefore we reserve the right to scale-down if required.
- 46. Programme management: the Supplier will provide a team whose responsibilities will include due diligence of downstream partners, financial management, managing internal and external audit and third-party monitoring, ensuring compliance with FCDO standards and practices and UK law, law in the country of operation and law in the country of legal registration, and ensuring that programme delivery occurs as intended and within the parameters of the contract.
- 47. Engaging downstream partners, particularly local and regional African expertise, could potentially be advantageous to institutionalising sustained epidemic preparedness and response. Examples could include:
 - Regional workforce experts: acknowledging the significance of specialised skills in scaling up and deploying a flexible national and regional workforce partnering with experts in capacity building for public health professionals and community health workers.
 - Technical institutions: collaboration with academic and technical institutions, particularly laboratory partners possessing specialised knowledge in epidemic preparedness and response, along with experience in providing TA to support government and national laboratories.
 - Civil society organisations and community-based partners: engaging with civil society and community-based organisations as an underutilised source of expertise crucial for sustained health security measures.



- 48. As mentioned above, engaging downstream partners particularly local and regional African expertise could potentially be advantageous to institutionalising sustained epidemic preparedness and response.
- 49. The Supplier shall commit to being fully prepared in the event any decision is made to scale up (increase) or scale down (decrease) the scope of the programme (i.e. in relation to the programme's inputs, outputs, deliverables, outcomes) during the contract.
- 50. The Supplier should be prepared to amend the strategy, workplans and budgets should FCDO decide to scale up or down on the programme. This may happen at any point during the contract, dependent on need or donor appetite. The supplier should be aware of the requirement for a contract amendment (including new Proformas, detailed narratives, value for money considerations and workplans defining new activities) should there be a change in contract value. The contract amendment process will be led by the Commercial Department of FCDO.
- 51. To reflect lessons learned, changes in circumstances, or policies and objectives relating to or affecting the programme, the Supplier must have the ability to adapt to such changes that occur during the life of the programme and that require the work to be either scaled up or down. This may include but is not limited to shifts in the operating environment that may require the Supplier to change downstream Partners.
- 52. It is anticipated that the contract will be subject to a break point at the end of financial year 2024/25 (in line with UK Government Spending Review periods). Continuation of the services after this period will be based on agreement of deliverables, satisfactory performance, ongoing programme need, availability of FCDO funding and progress against agreed outputs. At all break points, FCDO will reserve the right to terminate the contract.
- 53. The component will operate across a range of countries in Africa; therefore suppliers must be flexible to changing needs such as political insecurity, instability, health crises or environmental disasters.
- 54. To enable effective impact across all outputs requires a programme with an adaptive approach. The supplier should embed opportunities to trial, test and adapt programming, enabling the programme to 'learn as it goes' and sense check that change is happening as intended in real time.
- 55. Flexibility on this programme will occur within defined parameters; activities may be scaled up or down, but new activities are not acceptable without FCDO approval. The scope of those activities must align to the contract and business case.
- 56. The Supplier will be expected to present in their proposals their approach to driving and measuring value for money throughout the programme period. They will be routinely expected to demonstrate how value for money is being accurately measured within implementation.

Programme Budget and Payment Structure (Indicative)

57. The core budget for the National and Community Technical Assistance Component is £23m over 4 years (inclusive of all applicable tax) with a £5m over 12-month extension option, do note these are indicative and subject to review as per para 52. Annual budgets must be signed off and agreed with FCDO to ensure they can be met within Pan-Africa Department allocation. This will typically take place in the prior quarter of the preceding financial year. All funding is subject to review during UK Government Spending Reviews.

Year 1 (23/24)	Year 2 (24/25)	Year 3 (25/26)	Year 4 (26/27)	Year 5 (27/28)	Total
0.8m	1m	6.85m	6.85m	7.5m	23m



- 58. Over the course of the programme, the contract may be uplifted by additional funds, which may be used over the duration of the programme. This is subject to FCDO confirmation and including any donor funding received. This will require a contract amendment.
- 59. If the contract is extended in duration, any increase in funds is subject to need analysis, supplier performance, approval of an addendum of the business case (if required), an approved contract amendment and budget availability.
- 60. During the inception period payment shall be made at successful completion of each milestones (please refer annex 4) will be linked to performance. Specific costs against this milestone shall be agreed as part of the bidding process.
- 61. During implementation and close out, costs will be a mix of input and output based. Amendments to the workplan can be made if agreed by the FCDO during implementation.
- 62. Invoices will be submitted quarterly and paid quarterly to align KPI evaluation and invoicing, promoting transparency and effective financial management. Expenses will be reimbursed to the Supplier based on the quarterly invoicing of actual costs incurred. Evidence for all expenditure may be required from FCDO.
- 63. The programme will be formally assessed quarterly and annually on Key Performance Indicators. The indicators can be found at Annex 04.
- 64. Performance KPIs will be measured quarterly throughout the lifetime of the programme.
- 65. Where performance is inconsistent or there is under performance an Improvement Action Plan may be set in place. This will likely; i) agree actions with Suppliers to drive improvements in the performance ii) record the agreed actions iii) review actions as part of monthly / quarterly meetings and record progress and iv) close out or amend actions as required.
- 66. The KPIs may be refined dependant on the outcome of inception.

Due Diligence

- 67. The Supplier will undertake suitable due diligence and take the necessary steps prior to transferring FCDO funds and at regular intervals throughout the implementation to assess the internal controls and systems of any Downstream Partners. These assessments will be shared with FCDO upon request and should determine, relative to project risk:
 - The reliability, integrity and efficiency of the Downstream Partners' controls, systems and processes including compliance with applicable legislation, regulations, rules, policies, and procedures.
 - Whether the Downstream Partner can successfully deliver the relevant outputs based on its processes, experience and whether they have the sufficient staff capacity and capability available.
 - The Downstream Partner's ability to correctly manage and account for aid monies and assets as well as its financial health.
 - Where appropriate, whether the Downstream Partner has sufficient capacity and capability to properly monitor and control its implementing partners.
- 68. If required, additional due diligence may be conducted by FCDO or an external contractor on the Supplier focusing on some or all the below pillars:
 - Governance and Internal Controls: This pillar focusses on how partner organisations are established, structured, directed and controlled. It seeks to understand how the organisation operates and the tone from the top.
 - Ability to Deliver: This pillar focusses on an organisation's capacity & capability to deliver programmes of the type, size, and complexity that the funding applies to.
 - Financial Stability: This pillar focusses on establishing if the partner organisation exposes the FCDO to any financial or VFM risks and how these are managed.



- Downstream Delivery: This pillar focusses on how the organisation manages any downstream delivery Suppliers in terms of governance, and how due diligence is cascaded further down the delivery chain.
- Safeguarding: This pillar focusses on controls and processes to avoid harm to people or the environment with a specific focus on the prevention of harm via sexual exploitation, sexual abuse, and sexual harassment (SEAH).

Coordination, Governance and Reporting

- 69. FCDO will allocate a senior responsible officer, a programme responsible officer and additional programme management and advisory support as required, including a health advisor. Collectively, their functions will include quality assurance and oversight, technical advice, supplier management, contract management, and strategic input. FCDO is responsible for signing off key deliverables and will monitor the programme regularly, balancing sufficient scrutiny with programme autonomy. The supplier will need to be efficient and streamlined in its engagement and communications with the FCDO.
- 70. This FCDO TDDAP2 Programme Team will help provide clarity amongst TDDAP2 partners on the distinct roles the TDDAP2 Regional Component and this TDDAP2 National and Community Technical Assistant Component will play; to prevent any potential duplication or competition.
- 71. There will also be a central TDDAP2 Programme Board, bringing together the FCDO team including Commercial colleagues, lead suppliers/consortia members, the Monitoring, Evaluation and Learning component, other government departments and donors of any aligned funding to steer overall programme direction. The Board will meet annually or semi-annually to assess progress against log frame outcomes and outputs and ensure that the programme is on track and provide technical and advisory inputs and progress against previous annual review recommendations and course corrections. Suppliers will be expected to factor the costs of their participation in this committee in their bids under pro forma.
- 72. The Supplier will implement the programme based on the following key documents, which will be developed by the Supplier (and developed with support of the MEL component) during the Inception Phase and will form part of the Inception report:
 - Finalised Theory of change, being data driven, testing whether the outputs will generate the results expected through the programme, and proposing whether amendments could maximise results delivery.
 - Results framework / log frame, setting out results and milestones to be delivered during the Implementation Phase, to include results for impact on gender and equality. The report from a Data Systems Review commissioned by FCDO will be shared with the successful bidder to help better inform the log frame.
 - Workplan, outlining activities and their costs, agreed through consultation with programme stakeholders which will be updated annually.
 - Financial plan, outlining financial review and performance management processes, audit requirements, an asset register, and approach to counter-fraud and anti-corruption. The supplier should detail financial flow within the programme, detailing where decision making responsibility lies and who has financial responsibility.
 - Risk register, outlining principal risks and plans for their treatment where needed, including delivery chain mapping and risk management of downstream Partners.
 - Reporting plan, outlining the schedule for drafting, reviewing, and finalisation of the anticipated reports (see section "Contract Management, Reporting and Validation").
 - Governance arrangements, both structure and timing of all meetings, drafted by FCDO and agreed through consultation with the supplier.
- 73. The narrative report template will be agreed with Suppliers during the inception phase. Narrative reporting is intended to provide a holistic perspective of progress, challenges and



lessons learned from the start of the project. The programme implementer will be expected to provide quarterly narrative reports against Key Performance Indicators at country level and log-frame targets. This will include a quarterly update of the risk assessment and downstream partners. The Supplier will be expected to collate information from all other consortium and downstream partners to present a consolidated report to FCDO against an agreed format. The Supplier will also need to maintain and update a comprehensive asset register.

74. Suppliers should try to report concisely, avoiding duplication of information provided elsewhere. Annexes should be kept to a minimum and agreed in advance during the inception phase (for example, the FCDO Programme Manager may agree with a Supplier additional reporting on topics outside of the narrative reporting template for which an annex may be suitable). There is also an expectation that case studies on beneficiary experience and photographs will be submitted by Suppliers at some point during the project's lifecycle; as well as a communications plan for the component. The exact nature and frequency of this will be at the discretion of the FCDO programme team. Suppliers and FCDO programme teams should work together to agree principles around the production and use of such documents, including approvals and safeguarding procedures.

75. Suppliers will be required to provide monthly expenditure figures and forecasts to FCDO, and quarterly financial reports including disbursements to downstream suppliers. Quarterly reports will include spend by country, cost category, output, and channels/users where possible. Annual financial reports will be provided by an agreed date in advance of programme annual reviews. This should provide costs by CYP for each country programme including further cost disaggregation for clients by geography, poverty levels and age groups. Suppliers will be required to provide annual audited accounts that separately identify FCDO funds, associated disbursements and unspent funds. The TDDAP2 programme team may also finance independent audits of partners if required. Payment and spending profile should be scheduled to meet FCDO's 90:10 requirement (90% before December) as far as possible. The Supplier will provide a high-quality final report at the end of the programme period, setting out results achieved, and lessons learned for future GHS programmes.

76. Narrative Reports will be provided by the last day of January, April, July, and October. The final report will be due three months after the end date of the project. Disaggregated results data is due one month after the end of each reporting period, with the financial disaggregation report likely due one month after that. On exceptional occasions extensions can be agreed (e.g., annual reports, when one or two additional weeks will ensure that the finance figures and results provided to FCDO are final).

77. FCDO will provide corrective or non-corrective feedback to Suppliers via FCDO programme managers. Corrective feedback will focus on inaccuracies or clarification needed and will require the Supplier to submit a revised version of the report. Non-corrective feedback will need to be considered by the Supplier in the next report but will not require any revisions this time round. Suppliers should respond to FCDO's feedback via the FCDO programme manager. Feedback will be discussed in progress meetings between FCDO and the Supplier. Key Performance Indicators will have their own feedback mechanism which is also linked to payment (see KPI section and Annex).

78. Alongside reporting documents, Suppliers are expected to participate in quarterly meetings with the TDDAP2 FCDO team. These quarterly meetings can use the structure of the narrative report as a guide for discussion, however, the exact content of the meetings will be at the discretion of the FCDO programme teams. Quarterly meetings will likely include discussing topics covered in the narrative report, including updates on risk, finances, downstream Partners, and project performance. Thematic/ad-hoc meetings may also be requested where required on technical issues or programme management issues.



- 79. At country level, the Supplier should facilitate and provide a secretariat function to a TDDAP2 Country Steering Committee which should meet at least three times a year. This should be chaired by an official from government and include an official from FCDO post, implementing partner representatives and relevant development partners working in country.
- 80. FCDO are required to conduct an Annual Review every 12 months and the first review date is yet to be confirmed. The annual review is an FCDO led process. The Supplier must ensure there is capacity to hold a meeting covering key programmatic information. A Terms of Reference for the review will be shared with the Supplier in advance of this review and suppliers will be requested to submit a self-assessment report ahead of the review.
- 81. FCDO are required to conduct a Programme Completion Report (PCR) at the end of the programme. The Supplier must ensure that there is capacity to hold a meeting covering key programme deliverables which will typically take place one month after a programme has finished the implementation period. This is an FCDO led process. A Terms of Reference for the Review will be shared in advance of this process.

Monitoring and Evaluation

- 82. The Supplier is responsible for managing the component and monitoring progress against the agreed log frame and the KPIs with their consortia and downstream partners. Proposals need to outline the data systems to be used for consistent and ongoing collection of disaggregated data throughout the programme, and, where relevant capability for real time data availability and use. Ongoing analysis and learning is expected for course correction. The Supplier should set out dedicated resource and define how this will engage closely with the Monitoring and Evaluation component to support their activities (results verification, contribution analysis/mid-term evaluation and evidence dissemination).
- 83. The main monitoring tool for the component will be the log frame. An illustrative draft log frame from one focus country should be shared as part of the tender to better enable assessment of the proposal, with five detailed log frames covering each focus country to be developed collaboratively with local stakeholders during the inception phase. See Annex 02 for suggested logical framework model. The data quality review report will be shared with all bidders to inform the development of log frames. Sources of data for reporting may include, but are not limited to:
 - Health system strengthening activities;
 - Client feedback and anonymous/mystery client reflections;
 - Site and provider assessment and activities;
 - Logbooks;
 - Referral data;
 - Community attitude and practice surveys;
 - Mobile survey data.
- 84. A mentioned above, FCDO will hold quarterly progress meetings with the suppliers to oversee overall implementation and progress. The meetings will comprise the core FCDO programme team, representatives from country offices/regional programmes as relevant, the suppliers and the Monitoring, Evaluation and Learning contractors (see below). It will review progress towards delivery of outputs, the budget, results achieved, KPIs, forecasts and risk mitigation.
- 85. FCDO is contracting a Monitoring, Evaluation and Learning component. The expected outcomes of the MEL component include:
 - TDDAP2's results and VfM are verified on an ongoing sample basis.
 - TDDAP2's progress toward its intended outputs and outcomes is successfully tracked and reported to ensure accountability.



- Learning is applied to TDDAP2's delivery and management both at the component and programme levels to ensure the overall objectives of the programme are met, risks to delivery assessed, and opportunities are maximised for overall efficiency and effectiveness.
- Learning products are produced and, where relevant disseminated, documenting successful and unsuccessful outcomes.
- New, quality evidence is produced to strengthen the evidence base on what works and what doesn't work for an effective regional response to cross border health threats, as well as building national capacity to prevent, detect and respond to disease outbreaks.
- 86. The MEL team will interrogate reports, undertake field visits and specific time bound in depth studies to explore specific bottlenecks or areas of learning of the programme. This service will also be expected to convene a peer learning process between the successful bidders, FCDO and other key stakeholders and feed into annual assessments of the programme to ensure learning is fed back into implementation in a timely manner to allow for effective decision making and course correction.
- 87. Full cooperation and dedicated resource to engage with the MEL component is expected of Suppliers throughout the programme mobilisation, implementation and close out period.
- 88. A suggested division of labour between implementing partners of this component and the MEL contract is set out below. Implementing partners are responsible for producing:
 - A clear baseline;
 - Consistent and ongoing collection of quality disaggregated data;
 - Real time data availability (where feasible), analysis, and use;
 - Ongoing analysis and learning for course-correction and sharing this with MEL component for wider dissemination;
- 89. MEL Supplier is responsible for:
 - Independent monitoring:
 - -Verification/assurance of component reporting on a sample basis.
 - -Ownership of TDDAP2 log frame VfM framework for all programme components, including in support of formal programme review. Own and manage overall TDDAP II log frame, including quarterly reporting.
 - -Country performance assessments, including field visits.
 - -Targeted MEL support to TDDAP2 partners (e.g. on design of MEL systems, indicator definitions, indicator methodology, robust systems to track accurate results).
 - Contribution Evaluation:
 - -Development and management of TDDAP2 Theory of Change
 - Formative Contribution evaluation for all components and programme level (at Midterm 2026)
 - -Summative contribution evaluation at endline to assess performance and contribution to overall impacts (by Programme end).
 - Evidence Dissemination and Learning
 - -Production of appropriate Lessons learned products and oversight of recommendation implementation-
 - -Facilitation of cross-programme learning (between countries, regional institutions, and components).

Overview

An effective global response cannot take place without strengthened health security in Africa which faces on average 100 outbreaks a year and remains particularly vulnerable to infectious and novel disease threats due to a variety of factors, including:

- weak health systems and inequitable access to quality primary health care;
- rapid population growth, urbanisation and encroachment on the environment which leads to habitat destruction and increased risk of zoonotic disease transmission;
- large scale population displacement which can lead to an increased risk of communicable diseases and negative health impacts.

The UK is working in partnership with key African regional institutions and countries to further strengthen health security capability in Africa, building on Africa's successes at tackling Covid-19 and other outbreaks, drawing upon UK and global expertise to help implement our shared vision for progress on health security in the continent and forging UK-Africa partnerships through our bilateral, regional and multilateral investments.

The £95 million Tackling Deadly Diseases in Africa Programme Phase II (TDDAP2, 2023-28 <u>DevTracker Programme GB-GOV-1-300585 fcdo.gov.uk</u>) will contribute towards the Good Health and Well-being Sustainable Development Goals and to UK Global Health Security (GHS) objectives as set out in the Integrated Review, the UK Strategic Framework for Official Development Assistance, and the Africa Strategy. TDDAP2 will be a core mechanism to deliver on UK global health objectives, as outlined under the <u>Global Health Framework</u>. It will "Strengthen regional and national health security capabilities through improved preparedness for future epidemics, drug resistant infections and climate change", "Strengthen the global health architecture through more coherent regional governance and collaboration between Africa CDC and WHO AFRO" and "Strengthen country health systems, working towards ending preventable deaths of mothers, new-borns and children, integrating Covid-19 response into national systems".

This programme is the successor to the £102m Tackling Deadly Diseases in Africa Programme (TDDAP, 2017 – 2023 DevTracker Programme GB-1-205242 fcdo.gov.uk) through which FCDO supported WHO AFRO's health security leadership role in Africa, provided technical support to health security systems in six countries (Mali, Niger, Chad, Cameroon, Cote d'Ivoire, Uganda) and enabled rapid and effective emergency responses through a contingency mechanism for outbreaks. TDDAP also provided £20m to the African Union's COVID-19 Response fund, supporting Africa CDC's leadership of the continental response.

Key Achievements from TDDAP

TDDAP supported WHO reforms in response to weaknesses identified following the 2014 Ebola outbreak in West Africa. This resulted in response times to public health emergencies in the Democratic Republic of Congo and Uganda, for example, of less than 48 hours.



TDDAP trained over 230 health officials in more than 90 border points of entry (POEs) on disease screening and infection prevention and control (IPC). It strengthened legislation and policy making and monitored national action plans for health security (NAPHS) in line with the International Health Regulations.

TDDAP strengthened public health governance and accountability in several countries by training staff from 111 civil society organisations (CSOs). This helped them provide a strong community voice in public health emergencies (PHEs) on behalf of marginalised and vulnerable groups. TDDAP-supported CSOs enabled over 1,781,440 people to access accurate and reliable COVID19-vaccine information.

TDDAP strengthened Integrated Disease Surveillance and Response (IDSR) by strengthening community-based surveillance (CBS) and improving timeliness and completeness of reports in five countries. By the end of the programme, 82.8% of TDDAP-supported districts in the five countries had identified, investigated and provided immediate responses to communicable disease alerts in less than 48 hours (the World Health Organisation target), representing an average improvement of over 50%.

Between 2019 and 2022, the Contingency Mechanism was used to respond to outbreaks of Ebola in the Democratic Republic of Congo and Uganda, Yellow Fever in Niger, measles in Madagascar and Marburg Virus Disease in Guinea. This mechanism also supported the COVID-19 response in Africa, including through provision of medical equipment and the deployment of emergency medical teams to countries. It provided a further £20m to the Africa union (AU) and the Africa Centre for Disease Control's (Africa CDC) Covid-19 Pandemic Preparedness and Response Plan (PPRP).

Key Objectives for TDDAP2

TDDAP2 will build on the lessons and successes of TDDAP and other epidemic responses; and operationalise the UK Government's ambition to be a driving force in global efforts to strengthen health security by building African health security capability.

At the impact level, TDDAP2 will contribute to the reduction of harmful impacts from infectious diseases in African populations and globally.

At outcome level, interventions funded under this programme will contribute to the delivery of an effective regional response to cross border health threats, as well as improve countries' capacity to prevent, detect and respond to disease outbreaks. It will do so at different levels by:

Supporting the regional health architecture through building long-term partnerships with key regional public health institutions and aligning with flagship regional programmes to help enable more effective national and cross-border responses.

Providing long term technical assistance and financial support to strengthen health security capabilities at national and community level in Kenya, Ghana, Uganda, Malawi and Democratic Republic of Congo.

Reducing the impact on countries and communities from emerging outbreaks through rapid UK support and funding provided by the Africa Rapid Response to Outbreaks (ARRO) Fund.

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All the above will be done through programming which is considerate of climate change, gender equality and social inclusion; and uses a wider Health Systems Strengthening and One Health approach to maximise impact and outcomes. The programme will also support an independent M&E function to ensure good practice is scaled-up and adapted.

Annex 02 FCDO Tender Log Frame Model



5 IMPACT	Impact Indicator 1		Baseline	Milestone 1	Milestone 2	Target (date)	
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30 INPUTS (HR)							
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33.38	Output Indicator 1.2	Planed	Baseline	Milestone 1	Milestone 2	Target (date)	
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43 IMPACT VEIGHTING (2)	Output Indicator 1.3		Baseline	Milestone 1	Milestone 2	Target (date)	
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92		Achieved					
52		Source					
200	Output Indicator 2.2		Baseline	Milestone 1	Milestone 2	Target (date)	
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62		Source					
					Ш		
64 IMPACT VEIGHTING (2)	Output Indicator 2.3		Baseline	Milestone 1	Milestone 2	Target [date]	
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67		Source					
30	FCD0 (£)		Govt [£]	Other (f.)	Total (£)	FCDO SHARE (%)	
71 INPUTS ICT	FCDO (FTEs)						
72 INPUTS (HR)							



Annex 03 General Data Protection Schedule

As published on ITT Vol 5 for GDPR information.

Annex 04 Inception Milestones and Contract Key Performance Indicators

Within two (2) weeks from the Start Date of this Contract, FCDO and Palladium Internation Ltd shall mutually agree upon the detailed deliverables of the Inception Phase milestones listed below.

No	Inception Phase - Milestones	Timescales to be met	Source of KPI Measurement Data
1	Finalise Core team recruitment, Core team and post meetings.	Milestone month 1	Supplier Reporting / Outputs
2	Make all administrative, logistical and management arrangements to facilitate the launch and delivery of the programme in the implementation phase, according to the approved programme design and approach.	Milestone month 1	Supplier Reporting / Outputs
3	Establish relationships with relevant counter parts and ensure all key programme governance mechanisms are fully in place.	Milestone month 1	Supplier Reporting / Outputs
4	Component 1, 2, 3 4 delivery process and agree an annual workplan and overall priorities for the overall programme of support in each country.	Milestone month 1	Supplier Reporting / Outputs
5	Outcomes 1,2,3,4 in country kick-off workshop dates agreed	Milestone month 2	Supplier Reporting / Outputs
6	Agree KPIs for the implementation phase. Country teams established	Milestone month 2	Supplier Reporting / Outputs
7	Outcomes 1, 2, 3, 4 log frames agreed Ensure any due diligence has been completed for any downstream partners engaged in this component.	Milestone month 3	Supplier Reporting / Outputs
8	Country strategy for each priority country Engage with the M&E component. Initial exit strategy	Milestone month 3	Supplier Reporting / Outputs
9	Communications and stakeholder engagement strategy	Milestone month 4	Supplier Reporting / Outputs
10	Governance finalised, including in each Priority Country	Milestone month 4	Supplier Reporting / Outputs
11	Progress towards implementation of Triple Line recommendations reports	Milestone month 4	Supplier Reporting / Outputs
12	Inception report - Proactive planning and implementation of sustainability strategies should commence from the programme's inception, ensuring an integrated approach throughout its lifecycle and avoiding a rushed last-minute approach to sustainability.	Milestone month 4	Supplier Reporting / Outputs



13	Detailed workplan approved for year 1 of the implementation phase including target areas and support building on the scoping study.	Milestone Month 4	Supplier Reporting / Outputs
14	Establishment of Secretariat to support Country Steering Committees	Milestone Month 4	Supplier Reporting / Outputs
15	TDDAP 2 official launch in the 5-priority countries.	Milestone month 4	Supplier Reporting / Outputs

Standard KPIs for the contract are defined below. Full details, weightings and any amendments will be developed with the Supplier during the Inception Phase and agreed prior to the close of the Inception Phase.

Indicator	Measures for Quarterly Reporting Source: FCDO and partner reporting Formuala for calculating KPI performance (where applicable): Number of deliverables completed/total number of deliverables = %	Performance Target	Weightage	Rating 1-5	Max possible score
KPI 1	Measure of Delivery Performance 100% of Milestones delivered and on time as agreed in the Project Workplan and Results Framework (unless agreed otherwise through contract amendment).		20	Pass / fail	100
KPI 2	Quality of Analysis Milestones Delivery Benchmarks and measures of quality for Analytical products to be agreed during the Inception Phase.	TBC during Inception Phase	10		50
КРІ З	Quality of Technical Quality Analysis Delivery Benchmarks and measures of quality for technical products to be agreed during the Inception Phase.	TBC during Inception Phase	10		50
KPI 04	Measure of Financial Performance Accurate and timely submission of invoicing, supported by relevant supporting evidence and documentation where required. Invoicing remains within 3% of budgeted amount throughout the contract term, unless agreed otherwise via a contract Amendment.	remains within 3% of	10		50
KPI 05	Timely and Quality Reporting and Compliance 100% of reports and forecasts issued in accordance with reporting requirements (unless agreed otherwise through contract amendment).	1111111/2	10	Pass / fail	50
KPI 06	Attendance at Meetings and Stakeholder Engagement A Contract Management Plan and Communications Strategy, to be delivered by the Supplier during the Inception Period, will be used as the basis for agreeing benchmarks and assessment measures for KPI 04.	100%	5	Pass / fail	25
KPI 07	Quality of Management of Downstream partners Benchmarks and quality assessment measures for effective management of approved downstream partnership portfolio to be agreed during the Inception Phase.		10	Pass / fail	50
KPI 08	Quality of Adaptation and Responsiveness Benchmarks and quality assessment measures for adaptation and responsiveness to local, current context, FCDO requirements (in line with contract scope) and stakeholder input to be agreed during the Inception Phase.	Inception	10		50



KPI 09	Effective Coordination and Collaboration Benchmarks and assessment measures for coordination and collaboration, including targets where applicable, to be agreed during the Inception Phase.	Incontion	5	25
KPI 10	Value for Money (Economy, Effectiveness, Efficiency and Equity) Benchmarks and assessment measures for VfM, including cost comparisons, cost savings, and examples of value for money (e.g. leveraging of state funding for shared objectives analysis coordination and collaboration, including targets where applicable), to be agreed during the Inception Phase.	TBC during Inception Phase	10	50

Payment structure and application of KPI Mechanism

Once agreed, contract KPIs will be applied in accordance with the following model:

- KPIs will be assigned to each payment according to relevance and with the agreement of FCDO and the Supplier, which agreement shall be made no later than the end of the Inception Phase.
- The % of fees for <u>each</u> payment at risk against the KPIs will likewise be agreed with the Supplier.
- Where appropriate and at FCDO's sole discretion, KPIs may be further developed and agreed between the Supplier and FCDO post Inception Period.

Annex 05 of Call-down Contract (Terms of Reference) - Schedule of Processing, Personal Data and Data Subjects

This schedule must be completed by the Parties in collaboration with each-other before the processing of Personal Data under the Contract.

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

Description	Details
	The Parties acknowledge that for the purposes of the Data Protection Legislation, the following status will apply to personal data under this Call-down Contract
Identity of the Controller and Processor for each Category of Data Subject	1. The Parties acknowledge that Clause 33.2 and 33.4 (Section 2 of the Framework Agreement) 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:
	all personal data handled under this Agreement
Subject matter of the processing	
Duration of the processing	