

UK Aid Connect: Terms of Reference

Promoting Sexual and Reproductive Health and Rights (SRHR)

A. Introduction

The world has seen substantial success on poverty reduction. However, 1.2 billion people remain in extreme poverty. There is a growing recognition that global problems facing the poorest and most excluded people are complex and inter-connected and that no single development actor has all the answers.

Consortia¹ and collaboration can bring new and creative ideas, innovation, better results and opportunities through pooled ideas, skills and resources. UK Aid Connect is a specific mechanism to bring those qualities together in tailored coalitions to address key development challenges in priority thematic areas for DFID.

DFID is inviting proposals that answer the complex policy and practice problems of today and tomorrow. To do so and to specifically match the response to the problem will require consortia representing a broad range of organisations, such as think tanks, research institutions, foundations and philanthropic organisations, the private sector, large and small civil society organisations, social movements and organisations based in the Global South.

UK Aid Connect grants will be awarded to consortia for work in, or for the benefit of, people in countries ranked in the bottom 50 countries in the Human Development Index and/or those on DFID's fragile states list.

DFID will award UK Aid Connect grants through a competitive process – the submission of a proposal by the consortium-lead.

A strong proposal will provide quality ideas that are directly relevant to the design of UK Aid Connect, answering the question of why this particular development problem is best answered by this particular coalition of actors. It will also articulate how these ideas will bring about lasting change in innovative ways. The power, innovation and ambition of those ideas is more critical to selection than very specific programme detail.

Fundamental to UK Aid Connect are the principles of innovation, learning and adaption throughout the programme design and implementation. Prior to awarding grants, DFID reserves the right to request bidders to further develop ideas or approaches within proposals or within consortia. This may include, for example, strengthening integration or consistency of themes *across* UK Aid Connect programmes on important issues including closing civil society space, gender equality and women's rights or promoting the meaningful engagement of Southern-based civil society organisations. Following the awarding of grants, DFID policy teams will work closely alongside the consortia to further develop the programme design during a six to nine month

¹ See Annexe 1: Definition of Consortia

co-creation phase – again this could include proposals to adapt programmes or constituencies, from all partners.

The consortium must nominate one lead organisation who will be the grant-holder to DFID and accountable to DFID for programme performance, risk and financial management. They will be responsible for the grant award arrangements with other consortium members and the overall governance of the consortium, including how the consortium manage and mitigate risk, financial management capacity and fiduciary risk. The consortium lead will be a registered non-governmental and not-for-profit organisation which supports the delivery of poverty reduction. All consortium members must be listed in the proposal.

These terms of reference outline the development challenge and the requirements for consortia wishing to respond to this opportunity.

B. The Development Challenge: Developing a sustainable, scalable approach to reaching the hardest to reach with comprehensive, evidence-based Sexual and Reproductive Health and Rights (SRHR) including family planning.

1. There are a number of complex problems that are a barrier to delivering universal access to sexual and reproductive health and rights by 2030, as laid out in the Sustainable Development Goal 5: *“Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences.”*

2. It also links to Sustainable Development Goal 3 in terms of reducing maternal death and ending the AIDS Epidemic.

3. Over 225 million women and girls in developing countries who want to avoid pregnancy are (for a range of reasons) not using modern contraception; every year there are an estimated 74 million unintended pregnancies; 36 million end in abortion – 20 million of which are unsafe; 280,000 girls and women die in pregnancy or childbirth each year and , in 2011, 2.9 million new-borns died; 15 million girls in Africa alone are at risk of female genital mutilation (FGM) over the next decade; AIDS is the leading cause of death among adolescents (aged 10–19) in Africa; 1.1m AIDS-related deaths in 2015.

Rights based:

4. Developing a sustainable approach to reaching the hardest to reach must be firmly rooted in human rights to ensure that policy actions must be taken to ensure SRHR programming is based on full, free and informed choice. A rights-based approach to SRHR is critical in ensuring women and girls are empowered to access the services they need and have agency to decide whether and when to become pregnant and how many children to have, and that all men, women, girls and boys are empowered and able to make their own sexual and reproductive choices.

Comprehensive:

5. As a FP2020 core convenor, DFID has a particular interest in accelerating family planning and this consortium will need to demonstrate results in this specific area. However, programmes are most effective when they are designed, around people, to address comprehensive sexual and reproductive needs. To be eligible for this funding, the consortium must therefore support a comprehensive package of SRHR. For illustration, this typically includes the following:

- Family planning.

- Reduce recourse to unsafe abortion, management of the consequences of abortion and provide access to safe abortion where permitted by national law.
- Supporting the prevention, care and treatment of Sexually Transmitted Infections (STIs) and HIV/AIDS, and addressing stigma and discrimination.
- Information, education and counselling on sex, relationships and reproductive health.
- Tackling the social taboos, norms and provider biases that can prevent the most vulnerable from accessing the SRH information, services and commodities they need.
- Prevention and response to violence against women, care for survivors of violence and other actions to eliminate harmful practices, such as FGM and child, early and forced marriage.
- Treatment of reproductive tract infections.
- Prevention and appropriate treatment of infertility.

6. We do not expect organisations to necessarily cover all these issues; we do expect them to take a holistic, rights-based view of women's needs and deliver services accordingly. In particular, reflecting the UK's niche added value, one element of the work of the consortium is likely to be support to reduce deaths from unsafe abortion. The successful consortium will need to be comfortable to working within the framework of the UK's policy position on [safe and unsafe abortion](#) in order to qualify for this initiative.

Reach the hardest to reach:

7. In order to deliver universal access to SRHR, we need to understand and address complex reasons for unmet need including those which reduce women's and girls' ability to make informed choices about their SRH. These include views of the place of women in society; high-desired fertility and family size, opposition to family planning, taboos around non-marital sex, menstruation, knowledge of available methods of contraception, financial barriers, stigma, discrimination and human rights-related barriers to accessing services, and reasons for non-use and discontinuation. To ensure no one is left behind, we also need to reach those hardest to reach, including:

- **How to reach and track progress for adolescents (married and unmarried)?** - Meeting all need for modern Family Planning among adolescents would prevent 7.4m unintended pregnancies each year, yet this group is amongst the most neglected, and stigmatised, when it comes to family planning and SRHR.
- **How to increase access to services in fragile states and humanitarian settings developing sustainability?** In 2016, an estimated 96 million people required humanitarian assistance, including more than 25 million women and adolescent girls. Yet family planning and SRHR is usually ignored or inadequate in humanitarian responses.

- **How to reach the marginalised** – who are still left behind; including disabled people, people living in very remote areas or mobile populations, prison populations and sex workers, people who inject drug and LGBT populations and integrating services to prevent and treat HIV/STI infection.
- **How to reach the poorest** – including both rural and urban poor.
- **How to reach people with disability** - people with disability often face barriers to accessing information and services and that there is a need to promote and protect the reproductive and sexual health and rights of people with disability.

At scale and for the long term:

8. We need to ensure we are building the foundations for sustainable, long-term delivery as we scale-up and mainstream SRHR. To do so, we will need to consider the following questions:

- **How to strengthen health delivery and information systems** for SRHR, and build sustainable domestic financing, including for commodities to put countries on the path towards sustainability with governments and service providers held accountable.
- **How to use best practice** (including from private sector) to improve delivery methods such as supply chains including challenging “last mile” delivery. Availability is critical to the reproductive rights of women and girls and stock-outs remain a pervasive problem with a profound impact on contraceptive prevalence and method choice.
- **How to deliver policy change and, over the long term, change harmful gender and other social practices** including particularly in these areas: safe abortion, comprehensive sexuality education, SRHR services including contraception for young and unmarried people, ending FGM and the stigmatisation of key populations affected by HIV.
- **How to make global SRHR civil society more sustainable** more independent of government and donors, less vulnerable to the vicissitudes of politics and funding.

C. What are the expected results?

9. We recognise that much has been done already to address these challenges through existing projects and programmes. UK Aid Connect is designed to take this further by focussing on new exciting and innovative approaches. This is not about more of the same, but radical new approaches with different actors and collaborations.

10. The specific results delivered by each consortium will in part be determined by the nature of the issues to be addressed in those particular policy and thematic areas. However we envisage the consortia will produce rigorous and influential practical evidence, knowledge and learning. The

rigorous evidence and learning produced by the consortia will be used to implement and scale up these innovative solutions to deliver real change to poor people's lives in low and middle income countries².

D. Impact and Outcome

11. SRHR Connect will deliver the foundations for a step change in the delivery of comprehensive SRHR at scale. Proposals will need to demonstrate what will be delivered in terms of improved SRHR results and the scalability and sustainability of the approach. The overall high-level impact and outcome will be to:

- Develop a scalable and sustainable approach to delivering comprehensive, rights-based SRHR to the hardest to reach populations.

12. Reaching the 'hardest to reach' must include provision for reaching adolescents and rural and/or urban poor. In addition, you may wish to focus programming for one or more of the following groups:

- Populations in fragile states and humanitarian situations.
- Marginalised populations.
- People with disability.

13. Additional detail on 'the hardest to reach' can be found in section B.

E. Outputs:

14. All **outputs** that demonstrate programming in reaching the hardest to reach, and that it is sustainable and scalable, can be used to evidence the success of the approach. Potential examples for consortia to consider could include:

- Changing attitudes, greater social acceptability of women and girls making their own reproductive decisions using standardised metrics e.g. via responses to DHS surveys.
- Expansion of services to hard-to-reach, marginalised, and underserved populations.
- Changes in the way policies and laws are designed and implemented.
- Implementation and monitoring of rights-based approaches (e.g. as set out in the FP2020 rights and empowerment principles).
- Strengthened health systems for SRHR including financing, data collection, health worker training, quality of care, non-discrimination and last-mile delivery.
- Increase in number of additional users of modern methods of contraception, reduction in adolescent birth rate, reduction in unintended pregnancies, reduction in HIV prevalence, or a reduction in new-born mortality rates.

² See Annexe 2: List of Eligible Countries

- Identify the proportion of additional users that are under 19 years old, married and unmarried and other appropriate indicators for this group (to be proposed by consortia).
- Decrease in HIV incidence, in particular among women and adolescents, people who inject drugs, men who have sex with men, prisoners and sex workers.
- Expansion of approaches outside of traditional delivery mechanisms.

F. Scope

15. Interventions approved through UK Aid Connect must be used to fund activities which aim to reduce poverty in the eligible countries. This could include:

- Action research
- Identifying innovative ideas
- Trialling new approaches and interventions
- Testing the viability of scaling up effective approaches
- Identifying ways to routinely capture, analysis and report (for all groups) key data through Health Management Information Systems
- Producing rigorous and influential evidence and learning
- Disseminating evidence and learning.

16. Potential consortia may suggest additional work streams that will help the programme fulfil its outcome.

G. The Requirements

17. **Why a consortia-led approach:** clear ideas and approaches demonstrating why this specific consortium is the most effective way to address this/these specific development challenge/s at this time and in the future. This must be supported by a clearly articulated Theory of Change.

18. **Capability and capacity:** the potential consortium must demonstrate the consortium's skills and capacity to deliver the impact and outcomes as set out in the Theory of Change.

19. **Structure and governance:** it will be the responsibility of the consortium-lead to establish a governance structure and arrangements that meets the need of the programme, including a clear risk strategy and a demonstration of financial management capacity and fiduciary risk.

20. **Quality of evidence, learning and adaptation:** the consortium must demonstrate their ability to produce rigorous and influential practical evidence, knowledge and learning to progress the programme at scale. It must set out clear mechanisms for systematically listening and responding to beneficiaries, and ensuring this feedback informs programme design and adaptation

21. **Innovation:** clearly demonstrates how the consortium will identify and trial innovative new approaches, and testing the viability of effectively delivering the new approach at scale.

22. **Value for money:** the consortium must demonstrate an understanding of the key cost drivers associated with the delivery of the programme

H. Individual programme evaluations

23. There is an opportunity to learn from individual evaluations of innovative programmes delivered by consortium partners. The selection of programmes to evaluate will be dependent on any evidence gap identified by the DFID or the consortium, an evaluability assessment of each individual programme, and the capacity of the consortium to support an evaluation and deliver learning accordingly.

24. The details and delivery of an evaluation will be discussed and negotiated during the inception/co-creation phase and, if appropriate, additional funds will be made available against an agreed and costed evaluation strategy. Although suppliers will be contracted by the consortium, all sub-contracted evaluations will have access to DFID's contracted Evaluation Quality Assurance and Learning Service (EQUALs).

I. Timeframe

25. Proposals can be for up to 4 years duration, including the inception/co-creation phase.

J. Programme budget

26. There is not a pre-determined budget ceiling for the theme. DFID is aiming to award grants of circa £9 million a year. However, there may be exceptions to this which DFID will consult on during the planned market engagement discussions. We anticipate one consortium per theme; however, the final decision will be determined by the number and overall merit of the consortia proposals.

27. The detailed budget for each grant award will be finalised during the co-creation phase. For the purpose of the application, you will be required to submit a detailed budget for the co-creation phase, plus an indicative budget breakdown across each of the years, broken down to component level (the identified key cost drivers).

28. The indicative figures should include all costs associated with the establishment of the consortium, co-creation costs, management and programme costs.

K. Programme financing

29. Funding will be provided to partners quarterly in arrears, and on the basis of the final agreed programme budget. However, payment in advance can be provided if a partner can demonstrate that quarterly expenditure on DFID projects will use over 20% of its unrestricted reserves. If there are other reasons why payment in advance should be considered partners can make a request for this to the UK Aid Connect Programme Manager

L. Selection process and timetable

30. See Annexes 3, 4 and 5 for the application process and timeline, proposal format and scoring methodology.

M. Due diligence

31. DFID undertakes due diligence assessments of all organisations funded. It will assess whether the consortium-lead has the necessary policies, processes, governance systems and resources including human resources with the right skills and experience to manage DFID funds, for the purpose they were awarded, and to deliver the programme successfully. This will include the proposed arrangements between the consortium-lead and its associated consortium members. This may include site office visits.

32. The UK Aid Connect grant will be conditional on the implementation of any recommendations arising from the due diligence assessment either before the grant starts or during the first months of the programme depending on the importance of the recommended action for assuring the necessary level of management capacity.

N. Inception/co-creation phase

33. There will be a funded co-creation (design) phase of up to 9 months, when the selected consortium will work closely with DFID to define the full programme, finalise the consortia as required, define the results framework, work plan and key deliverables, risk matrix and the detailed budget breakdown. DFID and the consortium may mutually agree to implement a shorter co-creation period. The final programme design will be subject to DFID approval.

O. Reporting, performance and financial requirements

34. The consortium lead will submit a quarterly narrative progress report covering progress against the agreed work plan, emerging evidence and learning and an updated assessment of programme risks; and a quarterly expenditure and forecasting report.

35. The consortium-lead will submit an annual report on progress against the targets/milestones set out in the results framework, which will be designed with DFID during the co-creation phase.

P. Upholding the International Development Act (Gender Equality) 2014

36. UK Aid Connect will uphold the UK International Development (Gender Equality) Act 2014 throughout its operations and is expected to give due consideration to gender equality throughout its activities in order to empower and protect women and girls and support gender equality. The consortium will be expected to monitor, evaluate and address the intended and unintended impacts of interventions on women and girls where relevant. Potential consortia will be required to demonstrate how they will ensure gender equality throughout all activities. The details of this will be finalised during the inception phase.

Q. UK Aid Branding

37. A visibility statement forms part of the Accountable Grant Agreement. In this document you will describe how you will acknowledge UK funding both in country and when communicating about your work. This should be completed with reference to DFID's [UK aid branding guidance](#).

R. Transparency

38. The consortium will publish to the International Aid Transparency Initiative (IATI) standard on all its DFID funding within six months of the start of this Arrangement. DFID expects the Partner to publish to the IATI standard on all its non-DFID funding and for Downstream Partners to publish to the IATI standard on their funding. The intention of this commitment is to allow traceability throughout the delivery chain. For more details on IATI standards see: <http://www.aidtransparency.net/>

S. Ethics

39. Selected consortia will uphold the highest standards of ethics throughout its operations, including DFID's [ethics principles](#). Consortia should also have appropriate processes in place to safeguard ethics in all aspects of operations and to escalate and address any unforeseen ethical issues that may arise during the delivery of project activities. Potential consortia will be requested to submit their proposed ethics governance processes during inception.

T. DFID co-ordination

40. Each accountable grant agreement will be managed by the Programme Management Team comprising of the Policy/Thematic Lead Adviser, Senior Responsible Owner (SRO) and Deputy Programme Manager. This team will work closely with the Consortia-leads.

U. Additional Background

Rationale for DFID

41. This is an important development challenge for DFID as the UK is a key donor and international SRHR policy leader. Successive UK governments have shown a willingness to take progressive positions around a range of challenging SRHR issues including FP, HIV and safe abortion. In 2012, the UK committed to double our efforts and to provide 24 million girls and women with FP services by 2020. The Secretary of State remains committed to this agenda will co-host a global Family Planning event in summer 2017. This will be used as a platform to launch a SRHR Connect around this time.

42. A SRHR Connect would complement a range of wider investments in this area (e.g. bilateral FP programmes, commodity supplies, Africa Regional Women's Integrated Sexual Health – WISH Programme) and directly contribute to achieving the UK's Manifesto Commitment to provide 24 million girls and women with FP services by 2020.

Annexe 1: Definition of Consortia

Consortia are models of collaboration bringing together multiple actors (individuals, institutions, or otherwise) who are independent from one another outside of the context of the collaboration, to address a common set of questions using a defined structure and governance model. The very nature of consortia makes them well suited to tackle complex development challenges. The creation, facilitation and nurturing of new and diverse consortia is key to the success of UK Aid Connect. Through our discussion and dialogue with more than 150 organisations, many benefits for consortia working were identified including improved learning, evidence and knowledge; better programme delivery; greater value for money, and more innovation.

The specific composition of each of the consortia will be determined by the specific development challenges to be addressed, and this must be demonstrated in proposals. However, diverse, multi-institutional coalitions working together will be required to tackle these complex issues. It is likely that consortia will include but will not be limited to traditional civil society organisations. There will be a need to ensure that many other types of organisations are included such as think tanks, research institutions, foundations and philanthropic organisations, the private sector, smaller civil society organisations, social movements and organisations based in low income countries.

Consortia organisations, including lead agencies, will not be limited to UK based organisations. There are a number of existing coalitions of organisations that have developed strong and coherent partnerships. These could provide valuable starting points for the development of effective consortia in response to specific policy and practice problems.

Brokering, promoting, supporting and maintaining effective consortia are complex and iterative processes that require considerable resources, knowledge and time and that present risks. Genuine collaborative consortia are not so easy to bring into existence or control. For all proposed partnerships, the roles of each partner and their contribution to delivery of the programme must be clearly defined. It must also be made clear how the consortia will learn and improve its' own operation. There must be clear mechanisms in place to enable beneficiaries to participate in the design, management, implementation and review of the work.

The consortium must nominate one lead organisation who will be accountable to DFID for the use of the funds and who will be responsible for the grant award arrangements with other consortium members. The consortium-lead will be responsible for the overall governance of the consortium, including how the consortium manage and mitigate risk, financial management capacity and fiduciary risk. The consortium-lead will be a registered non-governmental and not-for-profit organisation which supports the delivery of poverty reduction projects. All consortium members must be listed in the application. DFID reserves the right to comment on consortia composition, especially with

regard to the fit to the defined policy problem and may, if deemed necessary, suggest changes to that composition.

Annexe 2: Eligible Countries

UK Aid Connect grants will be awarded to consortia for work in or for the benefit of people in countries ranked in the bottom 50 countries in the Human Development Index and/or those on DFID's fragile states list.

Please note some countries will appear in both lists.

Afghanistan	Madagascar
Angola	Malawi
Azerbaijan	Mali
Bangladesh	Mauritania
Benin	Mozambique
Burkina Faso	Myanmar
Burundi	Nepal
Cambodia	Niger
Cameroon	Nigeria
Central African Republic	Pakistan
Chad	Papua New Guinea
Comoros	Rwanda
Congo (Democratic Republic)	Sao Tome and Principe
Côte d'Ivoire	Senegal
Djibouti	Sierra Leone
Egypt	Solomon Islands
Eritrea	Somalia
Ethiopia	South Sudan
Gambia	Sudan
Ghana	Swaziland
Guinea	Syrian Arab Republic
Guinea-Bissau	Tajikistan
Haiti	Tanzania
Iraq	Togo
Kenya	Turkmenistan
Kyrgyz Republic	Uganda
Lao People's Democratic Republic	Uzbekistan
Lebanon	Yemen
Lesotho	Zambia
Liberia	Zimbabwe
Libya	

Annexe 3: Application Process and Timeline

DFID will award grants through a one-stage competitive process – the submission of a proposal by the consortium lead. We do not expect consortia to submit proposals with a fully designed programme. A strong proposal will provide quality ideas that are directly relevant to the design of UK Aid Connect, answering the question of why this particular development problem is best answered by this particular coalition of actors. It will also articulate how these ideas will bring about lasting change in innovative ways. The power, innovation and ambition of those ideas is more critical to selection than very specific programme detail.

Following the award of a grant, DFID policy teams will work alongside the consortia to further develop the programme design during a six to nine month co-creation phase.

DFID will reserve the right to not fund one or more areas if the bids do not meet the required standard.

DFID will provide feedback on all applications. The following table summarises the actions you will need to take to apply for UK Aid Connect funding.

STAGE	TASK	TIMELINE
Proposal	<p>Complete and submit the following to UKAidConnect@dfid.gov.uk by the deadline.</p> <ul style="list-style-type: none"> UK Aid Connect Proposal Form (including the Theory of Change) Budget Proposal template <p>Emailing your application: attachments larger than 6MB may need to be compressed or divided between separate emails.</p>	<p>Deadline for submission of proposals:</p> <p>23:59 15 September</p>
Assessment	Applications are assessed and scored.	Approximately 8 weeks
Due diligence/Grant arrangements	DFID will complete Due Diligence Assessments. Once the indicative budget for the project has been agreed and on satisfactory completion of the due diligence assessment, an Accountable Grant Agreement (AGA) will be issued.	1-3 months
Co-creation	<p>There will be a funded, intensive co-creation (design) phase when each consortium will work closely with DFID to clearly define the full programme, consortia membership if required, the outputs and indicators, work plan and key deliverables, risk matrix and the detailed budget breakdown.</p> <p>DFID and the consortia might mutually agree to implement a shorter co-creation period.</p> <p>The final programme design will be subject to DFID approval.</p>	6-9 months
Mobilisation	Full mobilisation of the programme.	Approximately 6-9 months from award of grant.

Annexe 4: Proposal Format

Using the template provided, the proposal must clearly set out the following:

Section 1 (maximum 15 pages)

- Brief project summary.
- Proposed impact and outcome for the intervention.
- Why a consortium-led approach is the best approach to delivering the outcome and **why, specifically this consortia**.
- The skills and capacity of the consortium to deliver the intervention. This incorporates a short statement on the capability and capacity of each consortium member, highlighting their added value.
- The governance arrangements for the consortium, including the approach to managing programme risk, financial management capacity and fiduciary risk.
- A demonstration of the consortium's capacity to produce rigorous and influential practical evidence, knowledge and learning to progress the programme at scale.
- A clear demonstration of how mechanisms for systematically listening and responding to beneficiaries will be implemented and used to inform programme design and adaptation.
- A clear statement on how the programme will give due consideration to gender equality throughout its activities in order to empower and protect women and girls and support gender equality.
- A clear statement on how the programme will deliver effectiveness, efficiency, economy and equity.

Section Two (maximum 3 pages)

- A theory of change. Submit this using your own preferred format.

Section Three

- Background and track record of the consortium members (max 2 pages per member)

Budget Proposal

- Using the template provide, submit an indicative budget breakdown which should include:
 - a. a breakdown of the budget for the co-creation phase;
 - b. a total budget, broken down across each of the proposed years, presented at the component level (the key identified cost drivers).

Annexe 5: Scoring Methodology and Evaluation Criteria

The Panel will apply the following scoring methodology to assess proposals:

6	Excellent, addresses the requirements of the ToR and where relevant demonstrates fine tuning, to make a match expectations, and is of a quality and level of detail and understanding that provides confidence in certainty of delivery and permits full contractual reliance (where applicable)
5	High degree of confidence that they can meet the requirements of the ToR (and where relevant strong evidence they have tailored their response to meet these). Demonstrates they have a thorough understanding of what is being asked for and that they can do what they say they will; translates well into contractual terms (where applicable)
4	An understanding of all issues relating to delivery of the ToR and tailoring the response to demonstrate that proposals are feasible so that there is a good level of confidence that they will deliver; can be transposed into contractual terms (where applicable)
3	Understands most of the issues relating to delivery of the ToR and addresses them appropriately with sufficient information, but only some relevant tailoring and so only some confidence that they will be able deliver in line with expectations
2	Some misunderstandings of the issues relating to delivery of the ToR and a generally low level of quality information and detail. Poor appetite to tailor when asked and so fails to meet expectations in many ways and provides insufficient confidence.
1	ToR issues are scantily understood and flimsy on quality information, with minimal tailoring where relevant. Provides no confidence that the issues will be addressed and managed at all in line with expectations
0	Complete failure to address the requirements of the ToR.

The above scoring methodology will be applied to each of the Criteria detailed on the table below. The Total Score for each Criteria will comprise of the score awarded (0 to 6) multiplied by the weighting allocated to each Criteria.

The Evaluation Criteria and Weightings that will be applied to proposal are detailed in the table below:

No.	Success Criteria	Weighting (%)	Score	Total Score
1.	Consortia approach: clear ideas and approaches demonstrating why this specific consortium is the most effective way to address this/these specific development challenge/s to bring about lasting change in an innovative way.	25	6	150
2.	Skills, capacity and governance: clearly demonstrate the collective	20	6	120

	<p>consortium and individual component skills and capacity to deliver the impact and outcomes as set out in the Theory of Change.</p> <p>Set out clear governance arrangements for the consortium, clear risk strategy and a clear demonstration of financial management capacity and fiduciary risk.</p>			
3.	Quality of evidence, learning and adaptation: clearly demonstrates the collective consortium and individual component's ability to produce rigorous and influential practical evidence, knowledge and learning to progress the programme to sustainable scale.	15	6	90
4.	Quality of beneficiary engagement: sets out clear mechanisms for systematically listening and responding to beneficiaries, and ensuring this feedback informs programme design and adaptation	5	6	30
5.	Innovation: clearly demonstrates how the consortium will identify and trial innovative new approaches, and testing the viability of effectively delivering the new approach at scale.	15	6	90
6.	Gender equality: clearly demonstrates on how the programme will give due consideration to gender equality throughout its activities in order to empower and protect women and girls and support gender equality.	5	6	30
7.	Value for Money: demonstrates how the programme will demonstrate effectiveness, efficiency, economy and equity.	15	6	90
Overall Total		100%		600

