

Section 3 – Terms of Reference

What Works to Prevent Violence: Impact at Scale Research and Evaluation Component

Contents

Introduction	2
Objective	3
Expected impact and outcomes.....	3
The Recipient.....	4
Scope of work.....	4
Geographical location	9
Types of violence.....	9
Budget and Timeframe	10
Inception Phase Requirements	10
Implementation Phase Requirements	12
Transition / Exit Phase requirements	15
Team structure	16
Oversight requirements	16
Monitoring and reporting requirements.....	17
Budget and financial management.....	18
Budget and payments	18
Financial management and value for money	19
Contract management	20
Acronyms.....	23
Annex A: FCDO principles and standards for research and evaluation.....	24
Annex B: Duty of Care Matrix	26
Annex C: Schedule of Processing, Personal Data and Data Subjects	27
Endnotes.....	28

Introduction

1. The *What Works to Prevent Violence – Impact at Scale* Programme will build on the success of its predecessor (*What Works 1'*) to prevent and contribute to eliminating violence against women and girls through:
 - Systematically designing, implementing and rigorously evaluating a range of approaches to scaling up violence prevention efforts, translating proof-of-concept evidence into robust, large-scale programmes;
 - Designing, piloting and testing new theory-driven violence prevention approaches (innovation);
 - Strengthening long-term capability and capacity to deliver cutting-edge violence prevention programmes across the programme's grantees, the UK Government (principally FCDO), and developing country governments; and
 - Using evidence to influence a more effective global response to end VAWG.
2. FCDO requires the services of a Supplier to lead and manage a research programme consortium (RPC) which will deliver a strategic and coherent portfolio of research and evaluation. This research programme will improve our understanding of patterns and trends in the prevalence and drivers of violence against women and girls (VAWG), including its relationship to violence against children (VAC) and to sexual exploitation, abuse and harassment (SEAH); and broaden and deepen the evidence base on what works, under what circumstances and for whom in programmatic interventions to prevent such violence. This programme of research and evaluation will have a value of up to £15.9 million and contributes one component of the overall programme as outlined in the Business Case. It will be funded and managed by the FCDO's Research and Evidence Directorate (RED), and report to and be managed by a named Senior Responsible Officer (SRO) within RED.
3. A contract for the design and implementation of a portfolio of violence-prevention projects and global influencing will be procured separately and managed by FCDO's Education, Gender and Equalities Directorate (EdGE). This intervention contract will have a value of at least £45.5 million; including £31.5 million for scale-up and innovation projects. The intervention contract anticipates funding the following number and types of violence-prevention programmes:
 - **Around nine large-scale programmes.** This is anticipated to include (i) around five standalone programmes focussed specifically on violence prevention and (ii) around four 'mainstreaming' interventions which incorporate VAWG-prevention elements large scale sector programmes (e.g. education, social protection, livelihoods, health delivery). All of these at-scale interventions are anticipated to run for three to five years. Around a third of the funds available for these projects will be reserved to respond to opportunities and demand emerging during the early years of the programme; and some of the total will be available to FCDO country offices for mainstreaming VAWG prevention and gender equality into sector programmes they support.

- **Around 15 smaller, pilot projects ('innovation').** These will be implemented in two cycles. Programme Cycle 1 will direct support to pilots testing the innovation priorities identified in the Business Case. Programme Cycle 2 is expected to begin a few years later, to address new learning frontiers emerging during the first few years of the programme. In each cycle, projects are expected to be supported for two to three years each.
4. The RED and EdGE contracts will be coordinated by FCDO to ensure complementarity of the programme's intervention and research components. The RED Supplier must read the Terms of Reference (ToR) for the EdGE contract alongside these ToR.
 5. An independent evaluation will also be separately commissioned by FCDO to assess the programme's performance and provide regular, rapid feedback on management and impact to improve learning and performance during the programme's lifetime.
 6. An Independent Advisory Board (IAB) will be established for the programme as a whole to provide independent challenge and quality assurance, and to identify and utilise opportunities and strategies for using evidence to influence policy and practice. At least half of those represented will be from the Global South.

Objective

7. This overall programme aims to accelerate progress towards the elimination of VAWG (SDG 5.2) and VAC (SDG 16.2) through support to a more effective, evidence-based and scaled-up global response.

Expected impact and outcomes

8. The expected **outcomes** of the overall programme, as defined in the Business Case, are as follows:
 - i. A measurable reduction in VAWG and VAC in the development and humanitarian contexts in which the programme operates, including for the most marginalised women and girls (for example, women or girls with a disability). Of projects subject to an impact evaluation, we expect the majority to show an appreciable reduction in violence, attributable to the project.
 - ii. An expanded global base of knowledge and evidence on what works to prevent VAWG and VAC across development and humanitarian contexts, including how to achieve this at scale.
 - iii. Strengthened capacity and will of FCDO, governments, other donors and civil society (including Southern-based organisations) to use evidence to design, implement and evaluate effective violence prevention strategies.
 - iv. Effective evidence-based violence prevention strategies (new and/or strengthened) developed and implemented by the UK Government, developing country governments, and the international community, demonstrated for example by the use of evidence in policies and programmes,

new budget allocation for violence prevention, and increased attention to violence prevention in policy.

9. The objective of this research and evaluation contract is clearly primarily to deliver outcome (ii) in this list of outcomes (i.e., a strengthened evidence base for VAWG prevention at scale): but the Supplier is expected to work closely with the EdGE-managed implementation programme to contribute to the achievement of outcomes i, iii and iv, too.

The Recipient

10. The programme is designed to reach women, girls and boys experiencing and/or at risk of violence in low- and middle-income countries (LICs and MICs). Indirect recipients are expected to include LIC and MIC governments (at various levels, from local to national), multilateral and bilateral agencies, women's rights organisations and other civil society organisations, and other stakeholders involved in designing, implementing and investing in policy and programming on VAWG and VAC prevention.

Scope of work

Design and manage an overarching research and evaluation strategy

11. The Supplier will design, lead and manage a coherent portfolio of research and evaluation activities which address critical gaps in existing knowledge to provide policy-relevant insights and reflect analysis of national and international stakeholders and policy cycles. The anticipated number of different types of study and evaluation are described below in paragraph 18. To deliver a coherent portfolio of research and evaluation studies will require working in close consultation with the Supplier of the intervention contract, as
 - the EdGE-contracted Intervention Supplier is responsible for overall coherence, synergies and collaborative working relationships across the programme (including facilitating high quality, equitable partnerships between the two Suppliers, their respective grantees and the Independent Evaluator of the overall programme); and
 - it is intended that most (and possibly all) of the evaluations conducted by the RPC will be of interventions (c. 15 innovation pilots and c. nine at-scale projects) that are supported by the intervention contract, which represents a substantial (£31.5 million) investment in violence-prevention projects.
12. If funds are sufficient to allow additional evaluations, the RPC may include evaluations of interventions drawn from outside the EdGE intervention programme. Similarly, if there are challenges in matching some EdGE-supported interventions with RED-supported evaluations (e.g. if the timing of project start and end dates, or the selection of eligible and enrolled beneficiaries, makes the identification of impact impossible), the RED-supported RPC may, with agreement from the FCDO, select other violence-prevention interventions, from

outside the *What Works...At Scale* programme portfolio, to make up the desired total number of evaluations.

13. For each study or evaluation, research design and the choice of data collection and analytical methods should reflect evidence gaps and the critical needs of policy-makers and programme managers. Choice of approach and methods should reflect data availability and gaps; an understanding of national and international policy systems; the time, funds and skills available; and good research ethics and risk management. Research is likely to require a mixed methods approach, with quantitative and qualitative analysis combined in a planned and sequenced manner to make the most of their complementarities (see Annex A).

Conduct research into the nature of VAWG and VAC and what works in prevention

14. The Supplier will deliver the majority of the studies and evaluations (accounting for c. 70% of the £15.9 million research and evaluation contract budget, i.e., c. £11.13 m) using skills and resources from within the RPC.

Manage a competitive research grant process to commission in additional specialisms

15. Mid-programme, the RPC Supplier will design and manage a research grant competition (one or more windows) to identify the best researchers and proposed approaches for the remaining impact evaluations and studies. These competitively-sourced evaluations and studies will have contract values which total c. 30% of the contracted budget for the research and evaluation contract (i.e., c. £4.77 m). This will allow the research programme flexibility to respond to the evolution of the intervention / implementation components for both at-scale and innovation projects; and allow FCDO to continue to expand and shape the market for rigorous impact evaluation of VAWG and VAC interventions.

Develop a strategic and flexible strategy for research uptake and impact

16. The Supplier will identify key audiences and potential users for the research findings, at global, national and sub-national levels; engage with them early to understand their perceptions and evidence needs, and shape the design of research and evaluation activities (definition of research questions, approach, and choice of methods for data collection and analysis) to reflect these needs and foster buy-in to findings; and proactively communicate the conclusions and recommendations in a range of formats to reflect the diverse needs of academic, policy, practitioner and activist needs.
17. This function will be shared with and require working closely with the Intervention Supplier, which will be responsible for external engagement and influence, including the synthesis of evidence from the programme and other studies

(including *What Works 1*) and shaping the direction of the violence prevention field and wider development and humanitarian sectors.

Indicative number and type of research study and evaluation

18. The Supplier will deliver policy-relevant insights into (i) the nature of VAWG and VAC and (ii) what works to reduce these forms of violence under the following five broad categories of research and evaluation outputs. For each category, we propose an indicative number of anticipated research tasks and estimated unit costs for each type.

- i. More and better **population-level data** on violence and sexual exploitation, abuse and harassment (SEAH) affecting women and children. Well-designed surveys complemented with careful qualitative research can provide better understanding of the problem that needs to be addressed. Information on the prevalence, nature and drivers of violence and abuse, and how this varies between different locations and contexts (including humanitarian contexts), will allow for the design and targeting of effective interventions aimed at vulnerable groups and likely perpetrators.

Anticipated outputs: Prevalence surveys (distinct from / additional to the baseline surveys for project evaluations) to identify the extent of different forms of VAWG (including SEAH) in around five to ten different locations (estimated cost c. £100,000-£400,000 each). There may be flexibility to fund follow-up interventions in these settings under the scale-up and innovation components.

- ii. Rigorous **impact evaluation** (IE) of interventions using techniques adapted from medical science trials such as randomized control trials (RCTs), matching or regression discontinuity design. Impact evaluations seek to generate statistical proof of impact of an intervention on final outcomes (violence reduction), and an estimate of the size of that impact, compared to the counter-factual of no intervention.

Anticipated outputs: Rigorous impact evaluations of projects that seek to reduce VAWG and VAC, covering both small-scale pilots of innovative new approaches and efforts to take interventions which have been proven to work in pilots to a larger scale. When possible and appropriate, these evaluations should also seek to generate pre- and post-intervention estimates of SEAH, to better understand the relationship between violence and SEAH. Assuming that it is possible to design all of these as evaluations of projects supported by the corresponding, FCDO-funded intervention programme, we anticipate that the budget would enable impact evaluations of c. five to ten promising innovation pilots² and two to four scale projects (assuming each impact evaluation costs c. £0.5 to £1.5 million, with costs to evaluate a pilot programme with a simple evaluation lower than costs for a multi-arm evaluation of an at-scale programme). Projects would be selected for impact evaluation on the basis that (i) they show promise based on routine

monitoring and evaluation and (ii) they demonstrate innovation (e.g. in sector, intervention, location or social group) which will fill a gap in the evidence base on VAWG and VAC prevention. The Supplier should seek to include in the portfolio of evaluations a representative mix of the various types of intervention planned for the EdGE-supported implementation contract as described in paragraph 3 above:

- *both projects which focus specifically on violence prevention and projects which seek to mainstream violence prevention elements within service delivery programmes (health, education, social protection, livelihoods..);*
- *some projects which are managed by FCDO country programmes using funds from the EdGE-managed contract*
- *projects starting early in the programme, and projects starting at programme mid-point (Programme cycle 2 for the innovation projects, and scale projects starting later which respond to issues and lessons emerging in the first years).*

- iii. **Implementation or operational research (or process evaluations)**, which relies on enhanced programme M&E to answer questions on ‘what is happening and why’ in programme implementation, which intended and unintended results are being achieved, what elements of programmes are and are not effective (and why and in what context), and what factors influence implementation (and enable or constrain success)³.

Anticipated outputs: Operational research on innovative violence-prevention interventions, both pilot (around seven to ten) and at-scale (around six to seven). Costs are assumed to be around £150,000 to £250,000 per process evaluation, depending on the scale and complexity of the intervention. The selection of these process evaluations should prioritise the selection of interventions which are funded by the EdGE component of What Works, but are not selected for an impact evaluation i.e. ideally every EdGE-funded intervention would be subject to either an impact evaluation or a process evaluation.

- iv. **Evaluations of whether or to what degree impact is sustained.** Most impact evaluations, focusing on proof-of-concept questions, assess change in outcomes over a relatively short period. Less is known about whether a time-bound intervention has long-lasting or permanent effects on behaviour that persist once the individuals’ and communities’ engagement in the project ends, or whether some form of continued material support, periodic reinforcement of messages or follow-on activity is required to consolidate and sustain gains in violence prevention. The proposed programme will identify a number of projects from the last five years of the previous *What Works* programme (2013-2020) which have achieved proven impact and now ended: for these, a further round of data will be collected and analysed to assess whether violence reduction outcomes persist beyond the lifetime of a time-bound intervention, or whether over time levels of violence revert towards pre-intervention levels.

Anticipated outputs: Impact evaluation of around two to four ‘closed’ projects that were supported under [What Works](#), to assess the persistence of violence-reduction impact. These evaluations of longer-term sustainability of impact are expected to cost less (estimated at £0.25m each) than new impact evaluations, on the grounds that they will each involve just one (or possibly two) additional post-closure rounds of data collection, building off the sampling, fieldwork and data processing arrangements already established under What Works.

- v. In addition to the generation of new data through primary research and evaluation, under this element the programme will commission **systematic reviews** and **rapid evidence reviews**⁴. Such reviews will provide snapshots of the evolving evidence base and help identify remaining gaps in knowledge to guide the selection of subsequent evaluations and the second round of innovation projects. Drawing on project M&E, operational research and impact evaluations, detailed **cost-effectiveness studies** will assess the value of interventions / investments and how impact on violence prevention outcomes can be achieved economically, efficiently, effectively and equitably.

Anticipated outputs: Cost-effectiveness studies, systematic and rapid evidence reviews and secondary analysis of data generated from What Works and other studies (c. £0.05 - £0.15m each: anticipated total c. £1.5 m to £2 m).

- 19. In preparing their bid and subsequently during the lifetime of the programme, suppliers are welcome to propose variations on this framework of activities, outputs and budget allocation outlined above: but should justify this in terms of (i) ability to serve the evaluation needs of the EdGE programme; (ii) research uptake, capacity development and policy influence; and (iii) the resulting ability to achieve programme-level outcomes and impact (influencing global policy and practice towards more and better VAWG and VAC prevention interventions).
- 20. In addition to the collection, analysis and interpretation of data, the RPC will need to coordinate throughout the programme with the Intervention Supplier to ensure effective communication and uptake of the new knowledge generated through research and evaluation.
- 21. Researchers and evaluators engaged under the RPC will need to cooperate from the outset with those designing and implementing interventions under the EdGE-managed implementation programme. Experience from other programmes suggests that establishing a good working relationship between researchers and implementers at the beginning contributes significantly to programme success and robust, generalisable, policy-relevant evaluation findings. Such collaboration helps to clarify the theory of change on which the intervention is premised; identify explicit gaps in evidence that the intervention and its evaluation are designed to address; refine intervention design based on existing evidence and formative research; define specific, measurable impact indicators that the programme is intended to affect; and ensure that

management information systems and the collection of routine monitoring data support operational and impact evaluation.

Geographical location

22. The Programme should operate in ODA-eligible countries and include a number of fragile and conflict-affected states (FCAS) and humanitarian settings (which should together account for 40% of innovation projects) as well as more stable low- and middle-income countries. Research and evaluations should cover a range of world regions, with particular focus on FCDO priority countries, countries with a high burden of interpersonal violence, and on sub-Saharan Africa, South Asia, and the Middle East and North Africa.
23. Experience suggests that research programmes of this type are more successful when they embed meaningful partnerships with Southern researchers; and when non-national researchers allocate time in the study country to build relationships with state, NGO and CSO actors (including but not only project implementers). Explicit attention to both these aspects tends to improve the definition of relevant research and evaluation questions, identification of appropriate research design and methods, and effectiveness of research uptake strategies. In-country researcher presence is likely to be particularly important if the covid-19 pandemic persists and results in continued disruption to international travel. FCDO will look favourably on proposals which include (i) substantive roles for researchers and research institutions based in low- and middle-income countries and (ii) allocations of significant shares of Northern-based researcher time (including time of the principal investigator) to in-country presence.

Types of violence

24. The intervention programme will design and implement holistic approaches that address the multiple, compounding forms of violence that women and girls experience in their daily lives. The primary focus is on intimate partner violence (IPV) and non-partner sexual violence (NPSV) because these are highly prevalent forms of VAWG and *What Works 1* has contributed to a strong evidence base for action in these areas. This will be especially urgent during and in the aftermath of COVID-19, which is contributing to a surge in IPV. However, the programme will also address other forms of VAWG, including violence in schools, workplaces and public spaces.
25. Recognising that exposure to violence in childhood can have long-term impact, including increasing risk that an individual will experience and / or perpetrate violence in adolescence and adulthood, the programme will also address the intersections between VAWG and VAC. Reductions in VAC will be measured as a secondary outcome for every VAWG-focused intervention funded and evaluated under this programme (unless there is a compelling ethical reason not to do so).

26. The programme will also generate information on the prevalence of SEAH to inform effective child protection and violence prevention policies and programmes.
27. The Supplier will work with the Intervention Supplier and project grantees to identify measurable intermediate and final outcome indicators for these different types of violence, and ensure that data to generate these measures can be collected accurately, ethically and in ways that will support the identification of difference, change and impact. Wherever possible, a given form of violence will be defined and measured in the same way in different studies, to support comparison and synthesis of findings (for example, in systematic reviews).

Budget and Timeframe

28. The contract will be awarded for an initial term of up to 84 months. We anticipate that the programme will start in early 2022 (ideally, April 2022) and finish by early 2029. The maximum budget for the initial term is up to £15.9 million. Duration and budget are both subject to review points set out at paragraphs 56-57 below.
29. The contract will comprise of three phases:
 - Inception: 9 months;
 - Implementation: 63 months;
 - Exit and Closure: 12 months.
30. **Possible contract extensions:** FCDO may scale up or extend the programme's budget and time by up to 42 months and up to a further £7.95 million in cases where the programme has demonstrated a significant impact and has the potential to yield additional results or where there is an expansion of the scope of work. The Mid-Term Review point will be used as an opportunity to consider extending the length and value of the contract to extend the geographic focus or increase the scale of the programme.

Inception Phase Requirements

31. During the inception phase, the Supplier will:
 - Refine and agree with FCDO the overall research and evaluation strategy (**Deliverable 1**) and workplan (**Deliverable 2**) which sets out priorities, selects sectors and key research questions, and outlines a balanced and sequenced portfolio of research projects and outputs to answer these questions. This should be done in close consultation with the Supplier of the intervention contract (both the technical assistance facility that helps projects with their design, and the individual grant-recipient project organisations), as the innovation and scale-up projects supported by that contract will be the focus of the evaluations.
 - Agree with the Intervention Supplier and FCDO a list of which interventions will be accompanied by operational research and which will be subject to a full impact evaluation (**Deliverable 3**). This selection process will take place through discussion between the researchers, the implementers, FCDO staff

(UK-based and in Country Offices) and in-country partners. This list will be updated with new information on the changing status of the evaluation portfolio (agreement reached, tools and protocols developed, baseline, midline and endline surveys completed, etc) or whenever the evaluation plan changes (for example, if change in security or national policy means a previously-agreed evaluation cannot now be carried out, or a new opportunity opens up for a strategically important evaluation not previously considered). This evaluation portfolio status summary will be reported to FCDO on a quarterly basis to provide FCDO.

- Work with the Intervention Supplier to organise and deliver the first full annual meeting of the programme (**Deliverable 4**), that brings together all programme EdGE and RED partners, including grantees and researchers.
- Participate in the meeting of the Independent Advisory Board (**Deliverable 5**), organised by the Intervention Supplier in consultation with FCDO.
- Work with the Intervention Supplier to finalise the programme-wide theory of change (**Deliverable 6**). This should map out expected causal pathways, articulate assumptions and be clear on the strength of evidence underpinning these.
- Based on the theory of change, work with the Intervention Supplier to finalise the logical framework or alternative appropriate results framework (**Deliverable 7**) including SMART output and outcome indicators with baselines, milestones and targets.
- Support the Intervention Supplier in finalising a comprehensive plan for high-quality project monitoring and evaluation (M&E) (**Deliverable 8**). This should include details of expected data sources for tracking implementation and results at all levels of the results framework using best-in-class monitoring and tools/methods, including plans for direct data collection and use of secondary sources; and for disaggregating beneficiary data by sex, disability status (using the Washington Group questions), poverty, and age. Agree with the Intervention Supplier principles and protocols regarding which aspects of data collection, processing and reporting will be the responsibility of the project implementers under their internal M&E / MIS systems; and which supplementary information, if any, will need to be collected (or which additional analysis of project M&E data may need to be produced) by the researchers engaged in process or impact evaluation under this contract.
- Finalise an overarching risk management strategy and plan (**Deliverable 9**), including conducting a systematic risk assessment of unintended consequences that programming activities may have for women and girls, as well as ethical approval processes, safeguarding and duty of care.
- Conduct light touch institutional capacity needs assessment (**Deliverable 10**) and draft capacity development plan for the research programme consortium (**Deliverable 11**). This plan should lay out principles and activities (with modest but meaningful dedicated resource allocations) for an explicit commitment to strengthening the skills - both technical and managerial - of Southern research partners. This should provide for identifying and addressing capacity needs for both those Southern research organisations engaged as consortium members and those which are later

contracted through the grant competition process; and cover both on-the-job, learning-by-doing learning and specific structured training as needed.

- Finalise and agree with FCDO a detailed workplan and budget for years 1 and 2 of the implementation phase of the research and evaluation programme (**Deliverable 12**), and an outline for the rest of the programme lifetime, including breakdown by activity type (population studies, impact evaluation, process evaluation, capacity building etc.) and individuals evaluations / studies.
- Submit and obtain FCDO approval of the Inception Report (**Deliverable 13**). FCDO will review and respond to the inception report within four weeks of submission.

Implementation Phase Requirements

First year of implementation

32. Informed by agreements reached during the inception phase, we expect the first year of implementation to focus on:

- **supporting the Intervention Supplier in designing, field-testing and refining the first round of interventions** to ensure these are theoretically sound, built on robust evidence, and take a rigorous approach to ensuring the safety and security of beneficiaries. In particular, the implementers and evaluators will need to collaborate closely in order to develop project-level theories of change, logframes and M&E / MI systems. This will involve working closely on:
 - providing management and frontline staff of the implementing agency with basic familiarisation training to demystify the independent evaluation function (particularly impact evaluation), explain the value-added in terms of effectiveness and learning, and identify and address any concerns regarding how the evaluation might impose requirements (e.g. in the process of beneficiary selection or the timing of implementation).
 - where necessary, conducting formative research which can help to tailor aspects of intervention design (e.g. curriculum content, staff training, etc.)
 - developing a project-specific theory of change which specifies measurable primary and secondary outcomes of interest. Wherever possible, indicators for primary outcomes – i.e. prevalence rates of different types of violence - should be standardised across interventions, to support comparison of impact and cost-effectiveness, and later incorporation in systematic reviews.
 - designing project M&E frameworks and systems for the collection of data on implementation (inputs - including costs – and activities) and results (outputs), to support project management and process evaluation / operational research;
 - designing a beneficiary selection process which will enable the construction of a valid comparator / control group, and ensure that impact evaluation samples will have the requisite statistical power to detect change attributable to the intervention.

- Where possible (i.e. for those projects – probably four to five - which are ready to begin in the first year), conduct baseline data collection (quantitative and qualitative) to obtain an accurate and nuanced local profile of VAWG and VAC in the area in which the project will work. A baseline survey is expected for *all* projects supported by the programme, regardless of whether they are to be assigned an impact evaluation (which is likely to require additional work to distinguish between intervention and control groups) or a more straightforward implementation or operational research function⁵.
 - **Evaluations of the persistence of impact of closed projects.** From the previous, first phase of What Works (2014-2019), identify projects (probably two to four) which achieved a significant impact on rates of VAWG, but have closed; obtain the impact evaluation datasets, data collection instruments and study protocols; talk (to the extent possible) with those who were involved in the project as implementers and evaluators; and implement a new round of data collection (quantitative and qualitative) to provide updated estimates of (i) population-level VAWG measures and (ii) the degree to which project impact has or has not been sustained.
 - **Studies other than evaluations.** These may include the collection of population-level data (which may also help inform the design of interventions) and, if necessary, systematic or rapid evidence reviews to map what is and is not known at the start of the programme. While these studies may take place at any point during the programme, there is a logic to front-loading many of them as they can take place while new interventions are being designed and started up.
 - A first round of training and mentoring activities to address priority **capacity development** needs amongst consortium members.
33. In the first year of implementation, the Supplier will be required to attend the inaugural annual meeting of the programme, which will bring together both What Works to Prevent Violence: Impact at Scale Suppliers (i.e. the Implementation supplier and the Research and Evaluation supplier); and quarterly meetings of the Independent Advisory Board, including one in-person meeting to coincide with the first annual meeting (public health measures permitting).

Remaining years of implementation

34. Over the **duration of the implementation period**, the Supplier will be expected to deliver the following activities. The details and timing of these will be finalised during the inception phase and revised throughout the life of the programme through quarterly and annual meetings.
- If necessary, complete baseline data collection for the remainder of the first round of projects; write up the findings of these baseline studies in a synthesis descriptive report to capture the range in incidence and types of

VAWG and VAC in the various contexts in which the projects are implemented.

- Complete the evaluations of post-closure impact persistence.
- Conduct ongoing operational / implementation research and process evaluation for all active projects, and support projects in strengthening M&E / MI systems.
- mid-programme, design and manage a research competition (one or more windows) to identify and contract the best researchers and proposed approaches for the remaining impact evaluations and operational research studies. These competitively-sourced evaluations and studies will have contract values which total c. 30% of the contracted programme budget (i.e. c. £4.8 million). As with the first round of evaluations, the assignment of projects to impact evaluation or operational / implementation / process research will be agreed in consultation with FCDO, the Intervention Supplier, and the project-implementing partners.
- Where required, conduct midline surveys for the impact evaluations that are implemented directly by the RPC.
- Conduct endline surveys for those interventions for which evaluations which are delivered directly by the research programme consortium (i.e. those which the RPC does *not* contract out through competition). As mentioned above with regard to baseline surveys during the inception phase, it is expected that *all* interventions supported by this programme will include an endline survey and complementary qualitative research (regardless of whether or not they are the subject of an impact evaluation, i.e. regardless of whether baseline and endline surveys follow treatment and control groups), in order to obtain a set of end-of-programme population-level estimates of levels and trends in VAWG and VAC.
- Work with the Intervention Supplier and those implementing the interventions to ensure the collection of intervention cost data in forms which are comprehensive in coverage of cost types and consistent between interventions, enabling the generation and comparison of measures of intervention cost-effectiveness.
- Collate and synthesise evidence, from this programme and other contemporaneous research, to provide updated summaries of the state of the evidence base and guidance to policy-makers and programme managers. These synthesis products will include evidence gap maps, rapid evidence reviews, and systematic reviews.
- Generate a stream of high-quality research outputs, both academic (peer-reviewed journal articles) and practitioner-oriented (working papers, summaries, policy briefs, blogs etc.);
- Work with the Intervention Supplier to ensure that findings and recommendations are (i) reflected in ongoing, rapid updates to the technical assistance provided to implementing partners (learning and capacity development plan, advice, mentorship, helpdesk function) and (ii) translated into effective external communications. Communications should be guided

by a strategic, programme-wide plan for research uptake, policy engagement and influencing, and advocacy.

- Continue to implement, and revise as necessary, plans to address the capacity development needs of consortium partners.
- Provide FCDO (RED, copied to EdGE) with quarterly progress reports on implementation, achievements and challenges. These reports should incorporate updates on spend and forecasts, report progress for each active evaluation or research study, describe new outputs, identify new opportunities, and provide an updated risk register for the research and evaluation programme;
- Cooperate and coordinate with the Intervention Supplier to ensure overall programme coherence, including participation in the quarterly meetings of the Programme Management Group (convened by the Intervention Supplier).
- Provide a longer annual report, summarising progress against logframe output milestones and towards end-of-programme outcome targets, in a format and at a time each year which supports FCDO production of an annual review for the What Works...At Scale programme.
- Participate actively in the Annual Meeting of the programme and bi-annual meetings of the programme's Independent Advisory Board (including a face-to-face meeting to coincide with the Annual Meeting). The organisation of these meetings will be led by the Intervention Supplier but require active participation from the RPC Supplier in planning and delivery.

Transition / Exit Phase requirements

35. A 12-month Transition / Exit plan including a strategy for the disposal of assets will be developed by the Supplier and agreed with FCDO, prior to the final 8 months of the programme. The plan will cover arrangements for ensuring long-term online access to research outputs such as reports, working papers and programme-collected datasets; and the disposal of the assets procured throughout the lifetime of the programme as per the agreed disposal plan (to be completed before the closure date). The implementation of the Transition / Exit plan will be reviewed monthly with FCDO's SRO during the last 8 months.
36. Building demand for evidence, sharing findings and supporting use of knowledge and recommendations will be a key focus across the seven years of the programme: but is expected to be a particular priority during the final year, once research findings are available.
37. Providing FCDO with a final report on the last year's activities and achievements and reflections on the lifetime of the research programme, to support FCDO in writing a Programme Completion Report (PCR) for What Works...At Scale.

Team structure

38. The RPC **Consortium Executive Director** (CED) will provide managerial and intellectual leadership to the RPC, be the first point of contact for FCDO, and remain accountable for all RPC delivery through the lifetime of the programme. The CED will lead development of the research strategy and ensure coordination and coherence with the separately-procured Intervention Supplier for the intervention programme. FCDO's preference is that this is a full-time post (at a minimum no less than 70%) and that the CED is an employee of the RPC's lead organisation. The CED should be named in ITT bids, and bidders must guarantee her / his availability if the bid is successful. If the named CED is unavailable after conclusion of the ITT competition, we will appoint another Supplier.
39. The CED will be supported by a core management team that will include the following:
 - **Programme Manager.** The Programme Manager will support the CED in planning, monitoring and delivering the programme, with responsibility for management functions encompassing financial, risk (including safeguarding), commercial and duty of care aspects; and will line manage non-technical staff involved in the delivery of the programme. They will take the lead in putting together quarterly and annual reports to FCDO.
 - **Impact evaluation technical lead.** The IE lead will have extensive experience in the design and management of RCTs and other impact evaluations in low and middle-income countries, with expertise in statistics, qualitative and mixed-methods research, ethical approvals, the design of data collection instruments, fieldwork logistics and data management. They will have primary responsibility for quality assuring RPC-implemented evaluations from design through delivery; and for managing a process for competitive selection and subsequent monitoring and QA of the contracted-out evaluations.
 - an **evaluation specialist** who will lead and coordinate more qualitative, operational / implementation research, leading on process evaluations (working closely with the IE lead on process evaluation of those interventions which are subject to impact evaluation); and working in close collaboration with the staff of downstream partners in elaborating project-specific theories of change and designing M&E / MI systems for the interventions implemented by the Intervention Supplier.

Oversight requirements

40. Formal responsibility for programme direction and results will lie with the Supplier, under oversight and approval supervision of the RED SRO and assigned FCDO programme team.
41. The Programme's core Management Team will meet with the FCDO programme team on a quarterly basis as a Management Group to oversee and ensure the

effectiveness of operations; discuss achievements, challenges and risks; and address any issues.

42. FCDO will establish an Independent Advisory Board (IAB) for the programme as a whole. The IAB will consist of international experts, including world-leading researchers, practitioners and women's rights advocates, to provide independent challenge and quality assurance. The IAB will not make executive decisions but will advise the FCDO SROs for the RED and EdGE contracts on the direction that programme components need to consider; provide technical advice on selection, design and delivery of interventions and research; and use its networks to identify opportunities and strategies for synthesis, research uptake and influence. At least half of those represented should be from the Global South, including from feminist, women-led civil society organisations and research bodies.
43. Face-to-face meetings of the RPC Management Group and the Independent Advisory Board (see below) will take place at annual meetings of the programme to collectively monitor progress against milestones, draw out lessons to strengthen performance, and review the functioning of programme management arrangements.

Monitoring and reporting requirements

44. The Supplier will be required to report progress regularly to the programme team. This will consist of both routine contact and the preparation of written quarterly reports. Each year, the Supplier will produce a longer and more detailed annual report, which will include reporting against the agreed logframe indicators to enable FCDO programme staff to complete an Annual Review. This will report on spending and activities completed; progress against logframe output indicators, and towards end-of-programme outcome and impact indicators; notable successes and challenges from the preceding 12 months; and risks / issues arising, with proposed mitigation strategies.
45. Treasury rules on 'Transparency Information' require that all new programmes report a set of core key performance indicators (KPIs) on a quarterly basis. FCDO will require the Supplier to report against key deliverables 2 (workplan), 3 (updated evaluation portfolio status dashboard) and 9 (risk assessment and risk management strategy) – see pp. 9-10 above. FCDO will publish this information as KPIs.
46. Notwithstanding any other provision of this Agreement, the Supplier hereby gives consent for FCDO to publish to the general public the Transparency Information in its entirety (but with any information which is exempt from disclosure in accordance with the provisions of the FOIA redacted), and shall assist and co-operate with FCDO to enable this. FCDO shall, prior to publication, consult with the Supplier on the manner and format of publication and to inform its decision

regarding any redactions but shall have the final decision in its absolute discretion.

Budget and financial management

Budget and payments

47. The budget for the 'Impact at Scale' research and evaluation consortium will be up to £15.9 million, sourced from RED's research budget (out of a total Business Case budget of £67.4 million⁶). Indicative allocation of the research and evaluation budget between activities and themes is anticipated as follows:

type of research / evaluation activity and output	estimated budget (£m)
1. prevalence surveys	1.60
2. impact evaluations (innovation and scale projects)	8.00
3. operational research (innovation and scale projects)	2.50
4. evaluations of sustainability of impact of closed projects	0.80
5. other studies (cost-effectiveness, rapid and systematic review, secondary analysis)	2.00
6. coordination, research uptake, capacity building	1.00
Total	15.90

48. Administration and management costs are assumed to be incorporated across the six activity / output lines in the table above: at ITT stage, bidders are expected to detail the structure of these costs.
49. Dependent on project progress and direction, FCDO reserves the right to redistribute RPC funds between activity / output budget lines and between directly delivered components and research competitions. Administration and management costs are assumed to be incorporated across activity / output lines listed above: at ITT stage, bidders are expected to detail the structure of these costs.
50. The contract payment mechanism for this seven (7) year contract is detailed below:

During the inception phase:

- The contract will specify 13 key milestone deliverables set out in paragraph 31, each with a specified monetary sum to be paid on delivery to satisfactory quality. This will link 100% of Fees and Expenses against FCDO approval of the deliverables.

During the implementation phase:

- Expenses / other costs will be paid on actuals. Downstream disbursements will also be paid on actuals. All payments will be paid in arrears. These will be paid quarterly against a detailed financial report submitted with the invoice.
- Actual Fee costs not linked to the Payment by Results Mechanism will be paid quarterly in arrears.
- A minimum of 10% of fees (total programme team costs) (based on actual number of input days), profit, overheads and any other costs will be withheld on submission of invoices where performance is not of an acceptable standard. The remaining percentage of fees, profits, overheads and other costs will be paid on satisfactory performance of the outputs agreed.
- The process for agreeing performance and the standards FCDO expects will be agreed in inception. Indicatively, performance will be measured against key performance areas including, but not limited to, the following:
 - Completion of activities against the work plan
 - Ability to react/deliver to stakeholders' reporting requests
 - Ability to deal with delays/re-plan and still deliver⁷.
 - Research products will be assessed against Table 1: Principle of Research Quality in the How to Note for Assessing the Strength of Evidence <https://www.gov.uk/government/publications/how-to-note-assessing-the-strength-of-evidence>

Financial management and value for money

51. The Supplier should develop and implement provisions for robust financial management and a clear strategy to ensure value for money (VfM) throughout the life of the programme. Achieving and ensuring economy, efficiency, effectiveness and equity (the four principles of [FCDO's VfM strategy](#)) will require minimising costs consistent with maximising the number, relevance, quality and impact of research outputs. It is expected that VfM measures will be integrated into reporting and M&E and assessed during FCDO annual reviews.
52. Wherever possible, evaluations will be of 'innovation' or 'scale' projects which are delivered by the Intervention Supplier through the corresponding, EdGE-managed implementation programme. However, should it prove difficult to achieve a full portfolio of evaluations drawing only on these projects (for example, if delays to the start-up of those projects would make it hard to complete the necessary number of evaluations within the RPC contract timeframe), or if there is a strong strategic case, FCDO may agree to the inclusion of evaluations of interventions from outside this list of projects. In this case, the preference would be for an evaluation of another FCDO-funded project (e.g. one funded through a Country Office, separately from What works – Impact at Scale).
53. We expect the implementation costs of the interventions that are evaluated - i.e. the intervention itself - to be paid for from other budgets, and not the RPC budget. It is expected that the budget of the proposed research programme should pay

for evaluation / research costs only. Inclusion of intervention delivery costs would be on an exceptional basis and need to be approved by RED in advance.

Scale up / scale down / extension options

54. In line with the Terms and Conditions, FCDO reserves the right to scale back the scope, duration and / or value of this programme, or discontinue it, at any point. Conversely, depending on available budget, FCDO may scale up the value, scope or geographic coverage of the programme, should it demonstrate a strong impact and the potential to yield additional results with good value for money.
55. Under such circumstances, the contract will include options to extend the programme by up to half the original duration (i.e. by up to 42 months) and / or budget (i.e. by up to £7.95 million). The possibility of scaling up or down based on need and performance will be considered on an ongoing basis during the annual review process and explicitly during the Mid-Term Review (MTR).

Contract management

56. **Contractual Review Points:** There will be will formal reviews of the contract at the following points.
 - i. End of the Inception Phase (9 months)
 - ii. Mid-point of the initial term of the contract (anticipated 2025/26).
 - iii. March 2027. Continuation of the contract beyond June 2027 will be dependent upon obtaining HMT approval to continue implementation for the final phase of the programme, subject to continued satisfactory performance. There will be no anticipated pause in the programme as approval will be sought in advance of January 2027.
57. Continuation of the contract beyond the formal review points will be dependent on Supplier performance, the impact of the programme and continuing need.

UK Aid Branding

58. The Supplier will acknowledge UK Government funding in any press release or other contact with the media, including interviews, and agree any such statement with the FCDO press office before it is issued unless agreed otherwise with the FCDO SRO for reasons of sensitivity.
59. The Supplier will support FCDO in delivering its own media and communications work related to the funds provided and the expected results and impact, including contributions from the field such as case studies, photos and videos. It will collaborate with FCDO on other awareness raising activities where feasible and appropriate, in the UK and overseas, to profile the partnership and the results it is delivering.
60. The Supplier and FCDO will agree and regularly review an approach to use of the UK Aid logo and otherwise acknowledging UK support.

61. The Supplier and FCDO will agree appropriate communications and branding. The Supplier will not communicate the existence of this contract or details regarding the Programme without first having agreed the form and format for such communication with FCDO in writing.

Transparency

62. The Supplier must release open data on how any money received from FCDO is spent, in a common, standard, re-usable format. This level of information is also required from immediate sub-contractors, sub-agencies and partners.
63. It is a contractual requirement for the Supplier and Supply chain to comply with this, and to ensure they have the appropriate tools to enable routine financial reporting, publishing of accurate data and providing evidence of this to FCDO. Further information on IATI (International Aid Transparency Initiative) requirements is available from <http://www.aidtransparency.net/>

Small to Medium sized Enterprises (SMEs)

64. FCDO is expected to report to central government on the levels of contracted work being allocated to SME and other sub-contracted organisations. It is now a requirement to provide details regarding the levels of direct and indirect departmental SME spend with major suppliers to the cross government SME Small Business Policy team working on this initiative.
65. FCDO is also interested in gathering details of the organisations working within the delivery chains of directly contracted partners. As part of the contractual compliance checking process, the Supplier will be required to submit returns providing these details, as a minimum on an annual basis.

Duty of Care

66. The Supplier is responsible for the safety and wellbeing of their Personnel (as defined under Contract Section 2, paragraph 10, Duty of Care, of the contract) and Third Parties affected by their activities under this contract, including appropriate security arrangements. They will also be responsible for the provision of suitable security arrangements for their domestic and business property.
67. FCDO will share available information with the Supplier on security status and developments in-country where appropriate.
68. The Supplier is responsible for ensuring appropriate safety and security briefings for all their Personnel working under this contract. Travel advice is also available on the FCDO website and the Supplier must ensure they and their Personnel are up to date with the latest position.

69. The Supplier is fully responsible for Duty of Care in line with the details provided above and the example risk assessment matrix provided by FCDO in Annex B. FCDO will provide a separate assessment for each proposed country once they have been selected. The Supplier must confirm:
- i) They fully accept responsibility for Duty of Care and Security
 - ii) They have made a full assessment of security requirements
 - iii) They have the capability to provide security and Duty of Care for the duration of the contract.
70. Acceptance of responsibility must be supported with evidence of Duty of Care capability and FCDO reserves the right to clarify any aspect of this evidence throughout the Contract term.

General Data Protection Regulation (GDPR)

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

Acronyms

CO	(FCDO) country office
CSO	civil society organisation
DFID	(UK) Department for International Development (1997-2020)
DoC	duty of care
EdGE	(FCDO) Education, Gender and Equalities Directorate
EME	early market engagement
FCAS	fragile and conflict-affected states
FCDO	(UK) Foreign, Commonwealth and Development Office
FGM	female genital mutilation
GCIH	Governance, Conflict, Inclusion and Humanitarian Research Team (in
GDPR	General Data Protection Regulations
GDS	Government Digital Service
HMG	Her Majesty's Government
IAB	Independent Advisory Board
IATI	International Aid Transparency Initiative
IE	impact evaluation
IPV	intimate partner violence
IRB	Institutional review board
ITT	Invitation to Tender
KPI	key performance indicator
LIC	low-income country
M&E	Monitoring and evaluation
MIC	middle-income country
MIS	Management information system
MTR	Mid-term review
OPHI	Oxford Poverty and Human Development Initiative
PCR	(FCDO) Project Completion Review
PD	Programme Director
PI	Principal investigator
PPI	Probability of Poverty Index
PSVI	Preventing Sexual Violence in Conflict Initiative
QA	quality assurance
RCT	randomised control trial
RED	(FCDO) Research and Evidence Directorate
RPC	research programme consortium
SAFE	Security Awareness in Fragile Environments (training)
SDG	(UN) Sustainable Development Goals
SEAH	sexual exploitation, abuse and harassment
SMART	specific, measurable, achievable, relevant and time-bound (indicators)
SRO	(FCDO) Senior Responsible Officer
SSQ	Selection Stage Questionnaire
TA	Technical assistance / technical advisors
ToC	theory of change
TOR	terms of reference
VAC	violence against children
VAWG	violence against women and girls
VfM	value for money
WHO	World Health Organisation

Annex A: FCDO principles and standards for research and evaluation

FCDO's Research and Evidence Directorate (RED) funds investments in data, research and evaluation that support more effective action (by FCDO and others) for the elimination of extreme poverty and the realisation of the SDGs. FCDO's approach to defining and measuring research quality has become more explicit over the last five years. Bidders should familiarise themselves with FCDO's approach to managing research quality (described in FCDO's [How To Note](#)).

This research programme should adopt an inter-disciplinary approach, drawing on economics, statistics and data science, sociology, anthropology and behavioural science, amongst others. Theoretical frameworks and research methods should be chosen based on specific research questions and practical considerations of the data that is available or can feasibly be collected.

Reflecting RED policies, framing principles for this RPC include:

- a) The RPC must employ well-developed and clearly documented standards and procedures for ethical approval of research studies and evaluations. Studies and evaluations should be subject to relevant institutional review board (IRB) and national requirements; and compliant with FCDO's [Ethical Guidance for Research, Evaluation and Monitoring Activities](#).
- b) Impact evaluations should aim to employ randomised control trials (RCTs) where feasible. Impact evaluations using other techniques should explain why an RCT is not possible or appropriate.
- c) It is expected that all studies will employ a mixed-methods approach at some level, employing rigorous qualitative research to inform and complement quantitative analysis (for example, during formative research and piloting to refine research questions or data collection instruments, and / or to explore findings and causality identified from quantitative analysis). We recommend that bidders review FCDO / HMG policies on [quality in qualitative approaches](#).
- d) FCDO-funded researchers are expected to maximise access to data and analysis generated with funding from FCDO (see FCDO's [Research Open and Enhanced Access Policy](#)). In line with the Department's [Data Disaggregation Action Plan](#), data (including impact findings) should be reported by sex, age, disability status and geography.
- e) The RPC should seek to strengthen LIC and MIC capacities to generate and use rigorous, policy-relevant research and evaluation. Credible in-country research partners should be identified and supported to wherever possible. In discussion within the supplier, any capacity needs (e.g. in research methodology, project management, writing and presenting to different audiences) should be identified and addressed with tailored support.

- f) The Intervention Supplier will lead on strategic research uptake and communication: however, the RPC will be expected to work very closely to support development of an explicit [research uptake strategy](#) supporting communication of findings and evidence-based recommendations to research users (politicians, policy-makers, programme managers, civil society and the private sector). This will require proactive, early and targeted engagement. The RPC should seek to influence concepts, knowledge and practice at all levels, from specific programmes to national and international policy.
- g) Strong systems for financial management, duty of care, risk management (including safeguarding), and the quality assurance of research outputs.

Annex B: Duty of Care Matrix

Please note, this is an example Duty of Care Matrix based on Nigeria. FCDO will provide a separate assessment for each proposed country and the Supplier will be responsible for validating this assessment and incorporating onto their Duty of Care Arrangements.

Project/intervention title: What Works to Prevent Violence: Impact at Scale

Theme	FCDO Risk score	FCDO Risk score
	Abuja	Kano, Kaduna, Jigawa
OVERALL RATING ¹	2	3
FCDO travel advice	2	4
Host nation travel advice	Not available	Not available
Transportation	2	3
Security	2	3
Civil unrest	2	3
Violence/crime	2	3
Terrorism	1	3
War	1	1
Hurricane	1	1
Earthquake	1	1
Flood	1	1
Medical Services	2	2
Nature of project / intervention	1	2

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

¹ The Overall Risk rating is calculated using the MODE function which determines the most frequently occurring value.

Annex C: 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
<i>Identity of the Controller and Processor for each Category of Data Subject</i>	<p>The Parties acknowledge that for the purposes of the Data Protection Legislation, the following status will apply to personal data under this contract:</p> <p>The Parties acknowledge that Clause 33.2 Protection of Personal Data and 33.4 (Section 2 of the contract) shall not apply for the purposes of the Data Protection Legislation as the Parties are independent Controllers in accordance with Clause 33.3 in respect of the following Personal Data necessary for the administration and/or fulfilment of this contract.</p>
Plan for return and destruction of the data once processing complete.	(UNLESS requirement under EU or European member state law to preserve that type of data)

Endnotes

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- ¹ A description of *What Works* Phase I and its implementation and results can be found on the [DevTracker](#) site and at <https://whatworks.co.za/>.
 - ² Priority themes for innovation programming under the Intervention contract are: (1) *Preventing and responding to VAWG during and after conflict and crisis, including the COVID-19 pandemic*. How can scalable VAWG prevention interventions be adapted for contexts of conflict and crisis (including COVID-19) and post-conflict and disaster recovery, including to address the gender inequality and social norms that often drives violence? (2) *Effective responses for women and girls most at risk of violence*: How can approaches targeted at the general population be adapted to reach women and girls most vulnerable to the highest frequency and worst severity of violence, including those facing multiple, intersecting forms of discrimination? (3) *Addressing violence against children and its links to violence against women to stop the transmission of violence across generations*: What works to prevent children's early exposure to violence, build their resilience, and disrupt cycles of abuse across lifecycles and generations? (4) *Getting to zero*: The most effective interventions under What Works only reduced levels of VAWG and VAC by around 50%, leaving high levels of residual violence. What different combinations, intensities or duration of approaches might further reduce and ultimately end violence?
 - ³ Different sectors define operational research in different ways. For the purposes of this Business Case, it is understood along the lines used in health research: "Any research producing practically-usable knowledge (evidence, findings, information, etc.) which can improve program implementation (e.g. effectiveness, efficiency, quality, access, scale-up, sustainability) regardless of the type of research (design, methodology, approach)" (WHO-TDR (2008) [Framework for operations and implementation research in health and disease control programs](#). GFATM, WHO, TDR and USAID). Similarly, 'implementation research' generates knowledge on 'what is happening and why' in design, implementation, and outcomes, providing systematic analysis of the degree to which intended outcomes are being achieved; what elements of programmes are effective or not, why and in what context; what factors may influence programme implementation (and enable or constrain success); and identify any unintended results (Werner, Alan (2004) *A Guide to Implementation Research*. Washington, DC: Urban Institute Press). See also Zachariah R, Harries AD, Ishikawa N, et al. "[Operational research in low-income countries: what, why, and how?](#)" *Lancet Infect Dis* 2009;9: 711–17. This type of approach is also sometimes referred to as process evaluation: these "aim to explain how complex interventions work...[and] are especially useful for interventions that include a number of interacting components operating in different ways and also when interventions address complex problems, or seek to generate multiple outcomes...They examine the processes through which an intervention generates outcomes, that is, how they work... [and] can also aid understanding of why the intervention works for some population groups, in some contexts, but not others." (Public Health England (2018) [Process evaluation – guidance](#).)
 - ⁴ A systematic review is understood as a highly structured review of existing impact evaluation literature pertaining to a given outcome type (in this case, violence reduction) which uses an explicit, reproducible approach to identifying eligible studies and then synthesises these to describe the average effect (and range of individual values around this). A rapid evidence review is less structured and formalised, less purely quantitative, and may be able to encompass a broader range of study types. See for example Tricco, Antony and Straus (2015) [Systematic reviews vs rapid reviews: what's the difference?](#); DFID (2015) [Rapid evidence assessments](#); and Temple University Libraries (2021) [Systematic reviews and other review types](#).
 - ⁵ Baseline data collection will be the responsibility of the researchers (and the costs of this activity reflected in the research budget), but there may be a case for downstream partner staff who are involved in implementing the intervention (contracted by the Intervention Supplier) to participate in the exercise. At a minimum, downstream partners should engage in discussion with the researchers on what measures and insights are needed, for what sub-groups, to refine intervention design and the design and management of intervention M&E. There may also be a case for downstream partner staff to receive enumerator training and take part in baseline data collection, to improve mutual understanding and build the foundations for effective long-term cooperation between implementers and researchers.

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- ⁶ Out of the total £67.4 million budget approved in the Business Case, in addition to the £15.9 m for this RED-managed research and evaluation contract, up to £50.5 million is assigned to EdGE and £1 million for independent monitoring and evaluation of the programme as a whole.
- ⁷ Aspects of performance to be assessed, and criteria for judging that performance is satisfactory, will be agreed during inception. For indicative criteria by which the quality of research products will be assessed, bidders should refer to DFID (2014) [*Assessing the strength of evidence – How To Note*](#) pp. 9-15 (and particularly Table 1).