

Section 3

TERMS OF REFERENCE

**TOWARDS ENDING FEMALE GENITAL MUTILATION / CUTTING
IN AFRICA AND BEYOND**

**Terms of Reference: PO 6337
FGM/C Research Programme**

**Governance, Conflict and Social Development Team,
Research and Evidence Division**

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A. Introduction

1. The UK Government's Department for International Development (DFID) manages Britain's development assistance to poor countries, and puts girls and women at the centre of its development programme.
2. In March 2013, DFID announced a new programme of up to £35 million to support efforts to end Female Genital Mutilation/ Cutting. The programme has a vision to see an end to the practice in one generation, and aims to reduce the practice by 30% in at least 10 countries in the first 5 years of this initiative.
3. The programme includes four elements: **direct work with practising communities**; efforts to ensure **legislation and policy** are in place and appropriately implemented; **social change communications**, and a robust **research programme** (see Section J: Background for more details). DFID will also be commissioning an independent evaluation that will evaluate the effectiveness of the overall FGM/C programme and the theory of change that underpins it.
4. This Terms of Reference (TOR) sets out requirements for the research programme: the scope of work, detailed requirements, reporting procedures and timeframe for this research programme.
5. One contract has been issued to deliver the research programme. It has been awarded to a consortium of organisations that will be ultimately accountable for the delivery of the programme. For the purposes of this TOR, the contracted agent will be referred to as the *Supplier*.

B. Objectives

6. The **objective** of the research component is to: ***produce a global evidence base on the most effective and cost-effective approaches to ending FGM/C in different contexts, to inform future policy and programming.***
7. The research programme will produce rigorous, operationally relevant research that is accessible to decision-makers influencing strategic investment, policy and programming to end FGM/C, at the national and international level.
8. This will be achieved through a North-South research consortium working together to generate a clear and coherent body of primary evidence on FGM/C, capacity building and research uptake/communication.

C. Scope of work

9. The programme will conduct a combination of basic and operational research. The specific programme design and methodologies of the programme has been set out in the Supplier's proposal and will be further developed during the inception phase. As set out in the proposal, the programme will implement high quality multidisciplinary research drawing on a range of disciplines (i.e. sociology, anthropology, health/epidemiology, political science, and economics) and include a mix of quantitative and qualitative research methods.

Research Themes

10. There will be 3 main themes in the programme and 1 cross-cutting theme. The themes will focus on:

- **Building the picture:** where, when and why is FGM/C practiced?
- **Interventions – what’s working, where and why?:** looking at critical elements, contextual factors, integrated/sequenced programmes, effective programming (including VfM) etc.
- **Wider impacts of FGM/C and interventions to stop the practice:** looking at the positive/negative impacts of interventions on women/girls, men/boys, families, communities etc.
- **Cross-cutting theme on measurement:** this will improve **approaches to measurement and data collection on FGM/C s**

Theme 1: Building the picture: where, when and why is FGM/C practiced?

11. Building on UNICEF’s report, ‘*FGM/C: a statistical overview and exploration of the dynamics of change*’ (2013) and other studies, the research programme will look more deeply at the **drivers and dynamics of FGM/C**. Using existing data sets, such as DHS, this theme will collect information on the genesis and forms of the practice in different contexts with particular reference to sub-national/ethnic differences and provide further analysis on the impacts of practicing FGM/C and the way and for what reasons the practice shifts and changes over time.

12. The programme will focus studies in relation to five priority evidence gaps:
1. Identifying and explaining generational shifts in FGM/C attitudes and practice;
 2. Differentiating individual and community abandonment factors with multilevel and spatial analyses;
 3. How gender affects the continuation or abandonment of FGM/C;
 4. Understanding the factors influencing abandonment of FGM/C;
 5. Understanding shifts in the nature of the practice to sustain FGM/C.

Possible research questions:

PLEASE NOTE: the tables included for each of the three themes are indicative research questions and it is not assumed that the programme will cover them all. The research questions will be refined during the inception phase.

Theme	Guiding questions	Sub questions
1. Building the Picture: when, where and why is FGM/C practiced?	How reliable is the existing data?	What are the challenges with large-scale data collection processes (e.g. DHS)? What gaps remain in the data collected? How do people’s perceptions of the ‘right’ answers distort the data?
	What are the drivers and causes of FGM/C in different contexts?	What are the most important drivers/combination of drivers and root causes of FGM/C and its continued practice in different contexts? What are the significant sub-national and ethnic differences?
		How, and for what reasons, has the practice shifted over time?
		What socio-economic, political, geographic and cultural factors have contributed to reinforcing or

		reducing the practice of FGM/C in different contexts?
	What are the impacts of practicing FGM/C	What are the physical, psychological, social and sexual impacts of FGM/C?
	Approaches to measurement and data collection of FGM/C	How could large-scale data collection exercises (e.g. DHS) be improved to capture shifts in social norms and social expectations?
		How can data collection be improved to ensure standardised approaches to measuring prevalence?

Theme 2: Interventions – what’s working, where and why?

This theme will form the main body of the research programme and will link the context (i.e. the fuller picture developed under Theme 1) to interventions.

The research portfolio will be characterised by the following five principles:

1. The programme will blend **retrospective evaluations, analyses and case studies of interventions** and intervention combinations implemented during the first phase of the UNJP, with **prospective studies that use implementation research and impact evaluation designs** to learn valuable lessons from interventions implemented by UNJP, EFSCC, and others.

2. To the extent possible, the programme will establish **clusters of studies in the same country** to assess the overall effect and individual contributions of a comprehensive and coordinated series of interventions. It will use the evidence generated through theme 1 to inform the research undertaken under theme 2 so that through synthesising these sources of evidence (together with that proposed for theme 3) the programme is able to construct a comprehensive body of evidence around the practice and ways of accelerating its abandonment in a particular country or among a particular ethnic community living in more than one country.

3. Wherever possible and appropriate, the programme will design **multi-site, comparative studies of similar interventions** to understand the enabling conditions and how structural, political, economic, social and cultural factors influence the same intervention in different context. This approach will also allow the programme to empirically test the social norms theory of change underpinning both programmes. Moreover, “wrapping around” and designing the research activities simultaneously with interventions—and where possible designing research that specifically measures the intervention activities—provides better VfM than doing so separately.

4. To address the global evidence gap on the **costs and benefits of FGM/C abandonment** interventions, the programme will collect data from implementing organisations on the costs of delivering each intervention. As indicated in the programme’s business case, measures can be developed to quantify the benefits of ending FGM/C, by estimating the costs per outputs, such as per procedure averted or per community pledge made; measuring benefits by reducing medical costs of treating health and disability outcomes, and improving educational outcomes for girls will be considered.

5. Should the research demonstrate that these approaches are worth further investment because they stimulate norms change the programme will **identify contextual conditions** and further investments to enable what are almost entirely small-scale pilot projects to be **sustainable**, funded and implemented for sufficient duration and at appropriate scale to reach a “tipping point” after which current theories of social change predict that abandonment will accelerate and become the norm.

Possible research questions¹:

Theme	Guiding questions	Sub questions
2. Interventions – what’s working, where and why?	What interventions are most effective (in terms of impact, sustainability and value for money) to end FGM/C, in what contexts and why?	What are the critical elements of successful programme packages to end FGM/C, and what are the causal pathways?
		What are the effective approaches to ensure sustainable change?
		What are the roles, relationship and relative effectiveness of different stakeholders toward ending the practice (such as health workers, teachers, traditional and religious leaders, traditional birth attendants, law enforcers, politicians, and local, national and international champions)?
		What combination and/or sequence of interventions are most successful? What are the ingredients that are common to successful approaches across different contexts?
		Are the approaches transferable and how can they be adapted to other practising communities to ensure they are as effective?
	What enabling conditions are necessary for the practising of FGM/C to end?	What are the structural political, economic, social, cultural determinants in specific contexts that favour the continuation or abandonment of FGM/C?
		How do these interact with specific interventions to end FGM/C?
		What impact do they have on (un-programmed) social norm change (including e.g. other harmful practices and/or sensitive issues)?
	How can measuring the impact of interventions be improved?	What methodologies can be adopted to improve impact measurements of interventions?
		How can shifts in attitudes and behaviours related to social norms be captured over time?

Theme 3: Wider impacts of FGM/C and interventions to stop the practice

13. Linked to the above two themes, this theme will look at the wider implications (including social, economic and health impacts) to girls, women, their families and communities that relate to both practicing FGM/C and ending the practice. The programme will include the following research strategies:

¹ **PLEASE NOTE:** the tables included for each of the three themes are indicative research questions and it is not assumed that the programme will cover them all. The proposals and inception phase will refine and focus the questions.

- Synthesise and summarise existing evidence of the various health impacts on the lives of girls and women and translate this into clear and authoritative messages that can be used for advocacy as well as for educational purposes;
- Review and summarise the literature, and undertake limited multivariate analyses of DHS/MICS datasets, on the associations between FGM/C and HIV, infertility and fistula;
- Clinic-based studies on FGM/C's impact on women's sexuality and psychological well-being;
- Design qualitative community-based studies to understand the extent to which rapid social norms changes may create social tensions, especially for early and late abandoners;
- Implement nested studies guided by theory of change and using social network analysis to determine whether and how FGM/C-focused interventions have wider impacts on gender inequalities.

Possible research questions:

Theme	Guiding questions	Sub questions
3. Wider implications of FGM/C and interventions to stop the practice	What are the wider impacts of FGM/C for girls, their families and their communities?	What are the effects on a girls' life of FGM/C, including psychological, social and sexual impacts?
		What are the short and long-term impacts on the lives of girls and women including girls' education, early and forced marriage, early first sexual experience/pregnancy, or changes to economic opportunities for girls and women?
		What are the potential social tensions (i.e. between women who are cut or not cut, the impact on cutters etc) within and between communities that may arise during the social change process and how can these be managed?
	When and how does a strategy focused on FGM/C start to change wider normative frameworks?	Do interventions aiming to reduce FGM/C have wider impacts on other discriminatory and harmful practices (e.g. early and forced marriage, VAWG etc)?
		Does tackling the symptom/one manifestation also address the root causes (e.g. gender inequality)?
		What impact do they have on (un-programmed) social norm change?
	How can methodologies be improved for measuring the wider impacts of practicing or abandoning FGM/C?	Are there new and improved ways to measure and capture the wider implications of FGM/C?
		What guidance can be shared on conducting research on FGM/C and the wider implications?

Cross-Cutting Theme: Measurement

14. There are significant challenges to measuring progress towards ending FGM/C. This challenge relates to ethical and accurate ways of measuring prevalence, understanding the impact of complex interventions, and measuring changes in behaviours, attitudes and social norms.
15. This cross-cutting theme will improve **approaches to measurement and data collection on incidence and prevalence of FGM/C** in terms of both the

accuracy and quality of the data and the ability to capture changes in social norms (including through additions/improvements to current DHS measurements). Work under this theme will also contribute to **improving impact measurement** of interventions (including value for money) and trying new approaches to understanding and measuring shifts in social norms and changes in behaviour (i.e. the wider impacts seen under Theme 3). It is planned that this area of work will result in the development of common indicators and advance efforts towards standardisation of measurement in this area.

D. Methods and approach

16. The research programme will use a mix of research approaches and methods. This will include advanced statistical techniques such as multilevel models which could be used to analyse the role of contextual factors (for theme 1). Understanding 'what works' in shifting FGM/C practice and the wider impacts will require the use of a combination of research approaches (including ethnography, operational research, longitudinal and intervention studies) and a range of methods, both qualitative and quantitative. Suppliers have provided information on the research approaches and methodologies proposed by the team in the bid submitted during this tender process and will be expected to refine and finalise the details of approaches and methodologies during the inception phase.
17. Research will include initial reviews and / or syntheses of existing research and evidence, alongside empirical field-based research in African and other contexts where FGM/C is practiced.
18. While Theme 1 will establish a detailed description of trends and dynamics, Themes 2 and 3 will move beyond descriptions of correlation to seek to explore causality and attribution.
19. Under Theme 1, research will focus on secondary analysis of existing data to establish trends and dynamics. Themes 2 and 3 will build upon the results of theme 1 and place emphasis on the conduct of primary operationally-relevant research using a range of qualitative, quantitative, experimental and non-experimental methods looking at a range of interventions to end FGM/C across different contexts and settings. These will include, but not be restricted to other components of the overall DFID-funded programme of activity (community-based programming and the social change communications programme).
20. The programme will involve researchers from both Northern and Southern institutions, with specific attention given to strengthening the capacity of Southern research partners (outlined in paragraphs 39-40 below). The research design will include a common framework guiding research and cross-country analysis.
21. FGM/C is practiced in at least 28 countries in Africa, and up to 6 or more in the Middle East and Asia. The research programme will cover a wide range of these countries (especially in Theme 1: Building the picture) but is likely to focus on at least 3-5 countries for more in-depth basic and operational research (covering all the themes in the research programme). The proposal submitted during the tender process has indicated countries that may be included in the research programme and is proposing Egypt, Ethiopia, Kenya, Nigeria, Somalia, and Sudan, with the potential for small-scale studies in Burkina Faso, The Gambia, and Senegal. However, the process to decide the study countries for each of the

research themes will be scoped and agreed with DFID during the inception phase of the programme. The selection criteria developed will ensure a range of countries in terms of practice, type of FGM/C, ethnic groups, intervention experience, changes in the practice etc.

22. As stated above (paragraph 3), there will be an independent evaluation that will evaluate the effectiveness of the overall FGM/C programme and the theory of change that underpins it. While the Programme Evaluation will not conduct an in-depth evaluation of this research programme, it will report on the research programme's performance against its internal log frame in order to assess the contribution of the research activities to the overall FGM/C programme theory of change (available in the business case).
23. Further, it is expected that the research programme will work with the evaluation team in order to minimise duplication between each other's activities and ensure lesson learning between the two, particularly in the area of measurement. Individual organisations may be involved in the delivery of both the research programme and the overall evaluation, but should only be lead institution on one package of activity.

E. Recipients

24. The research programme will produce operationally relevant research that is a global public good. It will be accessible to decision-makers influencing strategic investment, policy and programming to end FGM/C, at the national and international level.
25. Anticipated users of the research findings will include national politicians and policy makers in countries where FGM/C is practised, partners developing global policy (e.g. UNICEF, UNFPA, WHO and UN Women), as well as bilateral agencies, national governments, civil society organisations, DFID country staff and advisers, the research community and media.

F. Requirements

Outputs/Deliverables

26. The quality of outputs and deliverables under this programme (during both the inception phase and overall programme) will form the basis on which milestone payments will be made (i.e. Payment by Results).

Key Inception Phase Outputs/Deliverables:

27. The research programme will have an inception phase of six months, during which detailed work-plans and budgets will be refined (in line with proposal and indicative budget set out in the tender). During the inception phase, DFID will expect and welcome regular dialogue with the Research Programme Manager to give confidence that suitable progress is being made. The details of the research programme and budget will be outlined in the following two reports:

- **At the mid-point of the inception, the Supplier will provide a concise mid-inception report and a formal meeting will be organised** between key DFID staff and the Supplier to discuss the report and the direction of the programme.
- At the end of the inception phase, the research programme partner must submit a **final inception report**. It is expected that the inception report will be developed through engagement with all partners and, where relevant, stakeholders. The report (including annexes) will include:
 - Detailed research framework including: clearly described Theory of Change demonstrating how the research will lead to impact; assessment of existing evidence; research approach and hypotheses; and research methodologies to be used, including ensuring appropriate research ethics.
 - Capacity Building Framework, including realistic and achievable plans for strengthening the capacity of southern research partners through the course of the Programme.
 - Uptake Strategy, including plans for dissemination and advocacy with policy makers in country (including government, donors, and others) and demonstration of engagement with civil society through advocacy and community mobilisation groups.
 - Outline of existing plans/approach to Open Access publishing and data sets.
 - Monitoring and Evaluation Framework, including log-frame (the log-frame for the research programme will be 'nested' within the overall programme's logframe) and risk management plan.
 - Clear and agreed strategy for linking with the UN Joint Programme, Social Change Communications component and the overall programme evaluation.
 - Final workplan and budget.
 - Leadership and management of the programme.

28. Other key outputs/deliverables that will be produced during the Inception Phase include:

- Synthesis products on current evidence on FGM/C under the research themes outlined above highlighting the relative strength of any evidence presented. This will include:
 - A desk-review and synthesis of known drivers and causes of FGM/C in different contexts;
 - A mapping exercise to compile a compendium of key FGM/C interventions;
 - Synthesis of evidence on health impacts (including sexual and psycho-social impacts) for use in training materials for nurses and midwives.
- There is the potential for a further synthesis on educational and economic impacts of FGM/C and this will be discussed and agreed during the inception phase.

Key Outputs/Deliverables for Overall Research Programme

29. The key outputs of this component over five years (2014-2019) are:

- Methodologically rigorous, externally peer reviewed publications (including published peer reviewed journal articles) and research outputs in other formats on the issues and questions set out above. The programme will

deliver at least 40 research outputs, including working papers, peer-reviewed journal articles, briefing papers and survey database produced during the whole research programme.

- Research outputs presented in clear, succinct and accessible language; and with new findings situated within the context of the existing body of research evidence.
- Publications and research outputs made available in accordance with [DFID Research Open and Enhanced Access Policy](#).
- A steady flow of evidence-based, clear, operationally relevant and accessible messages for policy makers and, where-ever possible, provide practical solutions that are underpinned by strong empirical based evidence;
- In coordination with other aspects of the whole FGM/C programme (specifically, the Social Change Communications component), undertake research uptake activities through effective communication of findings and participation of key stakeholders throughout the research process. This includes feeding into, leading and supporting the development of a range of multi-media outputs to engage a range of audiences in developing countries at various levels;
- Stronger capacity for political and social science research on FGM/C in the North and South as set out in a capacity building strategy developed during the inception phase (see section on Research Capacity Building below).
- The research programme will be responsible for the timely sharing of critical research learnings, particularly in the area of measurement, with the programme evaluation team. This will include sharing research frameworks and proposed studies with the evaluation team to avoid duplication across the two streams of work.

The Research Programme Partner

30. The team responsible for delivering the research programme will be multidisciplinary including, for example, skills in: health, anthropology/sociology, economics, and statistics.
31. The Supplier has a strong track record (expertise and experience) in:
 - Delivering effective research programmes including expertise of research methodologies, research synthesis and research uptake and management of complex programme;
 - Producing publications of research in peer-reviewed journals and other research outputs;
 - FGM/C;
 - The key concepts underpinning this programme including: gender, human rights, politics and power, social norms and behaviour change;
 - The international development and human rights system;
 - Undertaking research in developing countries, in particular Africa; and understanding of effective and appropriate engagement in fragile and conflict-affected situations;
 - Working with other southern partner organisations;
 - Experience of developing and implementing effective research uptake strategies, including demonstrating impact;
 - Demonstrated experience in financial and technical management, and administration of research programmes (including duty of care and management of fiduciary risk).

Research Ethics

32. Given the highly sensitive nature of FGM/C it is essential that researchers, evaluators and implementing agencies adhere to strict ethical guidelines building on existing WHO resources and academic ethics protocols. Strengthening ethical practice for research and evaluation will form a key part of any capacity building efforts.
33. This requires approaches that go beyond usual research ethics of other areas of social research (e.g. confidentiality, problems of disclosure and the need to ensure adequate and informed consent). At a minimum, programmes should 'do no harm'. Key points to be considered include:
- The safety of respondents and the research team is paramount and should infuse all programme decisions and be monitored closely;
 - Information gathering and documentation must be done in a manner that is methodologically sound, and builds on current experience and good practice;
 - Protecting confidentiality of individuals is essential to ensuring no harm to respondents and data quality;
 - Anyone providing information must give informed consent before participating in the study;
 - Where necessary and/or appropriate, links should be made to existing programmes and services that are able to offer basic care and support for women and girls who are involved in the study. Study design should also include actions aimed at reducing any possible distress caused by the research;
 - All study team members should be carefully selected and receive specialised training and on-going support;
 - Additional safeguards must be put in place when girls (i.e. under 18 years) are to be subject of information gathering (e.g. follow child rights and protection laws and policies; specialised training for interviewers).
34. The contract has been awarded in acknowledgement of the research / evaluation ethics and appropriate ethical clearance protocols embedded in their institutions. The Supplier has also demonstrated adherence to current WHO protocols and DFID research and ethical guidelines.² Strengthening ethical practice for research and evaluation will form a key part of any capacity building efforts. **Ethical review will be the responsibility of an appropriate Ethical Review Committee.**

Uptake of Results

35. A solid evidence base and the effective uptake of results is a priority for the success of this programme. It is essential that a strong picture, together with knowledge and evidence of "what works" and "what does not work", directly informs decision-makers influencing strategic investment, policy and programming at the national and international level. The research will also feed directly into the other components of the DFID programme (i.e. UN Joint Programme and the Social Change Communication). The Social Change communications component will be expected to communicate some of the research findings as part of their role in building a global movement to end

² <https://www.gov.uk/government/publications/dfid-ethics-principles-for-research-and-evaluation>

FGM/C (see below for more detail on how this research component will be expected to link with the other two components of the overall programme).

36. Research evidence is most likely to have direct impact on policy and practice if policy makers and/or practitioners are involved throughout the project. In particular, it is crucial that those who may be able to use research results are involved in research design.
37. The research programme will have an explicit research uptake strategy in line with [DFID's guide on Research Uptake](#) which includes four strands: stakeholder engagement which includes stakeholder mapping to identify the main organisations and processes which influence policy making in this area; capacity building (see paragraphs 41-42 below); targeted communication plans to ensure research and evidence outputs reach key decision-makers at national and international levels; and monitoring and evaluation of uptake.
38. Coordinating with the UN Joint Programme and the Social Change Communications component, the Supplier will be expected to target diverse audiences through a variety of media including peer-reviewed publications and working papers, policy briefs, video, social media, and participation and presentation of results in key national and international policy and practitioner meetings. We also expect the findings from the research programme to be disseminated through evidence-informed policy discussions at national and international levels.
39. The whole DFID programme is expected to build on and strengthen existing networks and communication channels with key individuals, organisations and processes. This will include strengthening a network of practitioners and researchers working explicitly on FGM/C.
40. The Supplier will be expected to contribute research findings and evidence to the Social Change Communications component. This will include feeding into and/or facilitating evidence-informed policy discussions; this may include:
 - Targeting international fora (online, print and events) to disseminate and discuss research findings;
 - Feeding into international policy discussions through links between researchers, civil society and advocacy groups as well as inputs to HMG processes;
 - Hosting and facilitating policy discussions both online and face-to-face;
 - National level engagement with policy makers, CSOs and advocacy groups on evidence from research, impact evaluation and innovation pilots in specific countries where research undertaken;
 - Linking into complementary DFID international policy engagement.
41. The Supplier has provided, as part of their overall proposal, a research uptake strategy that covers:
 - Plans to work with and feed into the other components in the DFID programme (i.e. the UN Joint Programme and the Social Change Communications component);
 - How policy makers or practitioners are involved as part of the research team and how two-way dialogue between decision makers and researchers will be facilitated throughout the programme;
 - The human and financial resources which will be used for research uptake;

- The previous experience and expertise of the team in research uptake;
- A thorough mapping of relevant organisations and processes;
- Plans for priority themes and approaches for uptake products and media including syntheses papers, policy briefs, etc;
- Plans for wider communication of results including feeding into/facilitating evidence-informed policy discussions (in coordination with the Social Change Communication component);
- Plans to assess existing capacity for research uptake and to respond to capacity gaps.

42. A full research uptake strategy will be developed during the inception phase of the programme.

Research Capacity Building

43. The Supplier places strong emphasis on linking northern and southern organisations and/or researchers to implement the research. This will contribute towards strengthening the capacity of southern researchers working in this field, as well as expand the pool of researchers with expertise on FGM/C. This will also support long term capacity building for research and evaluation. As noted above, capacity building will include strong attention to ethical and sensitive approaches to research and evaluation.

44. The Supplier has set out its approach that contributes to strengthening capacity at the individual, organisational and institutional levels. The research will:

- assess existing capacity of partners and the political, organisational and institutional context;
- develop an action plan designed to contribute to capacity at individual, organisational and institutional levels;
- implement activities addressing research ethics, design, quantitative and qualitative methodologies, analysis, writing of results, research uptake and research management; and
- monitor and evaluate capacity building efforts. Activities may include workshops on methodologies and ethics; joint design and field work between northern and southern partners; on-going mentoring and support, particularly in field based methodological challenges and analysis; writing workshops. We are also looking for thoughtful approaches to addressing organisational blockages and constraints in the overall enabling (or institutional) environment.

45. A full capacity building strategy will be developed during the inception phase of the programme.

Environmental Considerations

46. The Supplier will ensure due consideration is given to the environmental impact of all work undertaken to deliver this component, both in terms of minimising any direct negative impact, and the extent to which research findings contribute to positive environmental management in relation to issues such as sanitation, water and fuel efficient stoves.

47. Specific attention to minimising operational impacts on the environment and global climate of those undertaking the research should include ensuring

individuals travel by economy class, and reducing carbon footprint through for example, using recycled paper and minimising printing waste.

G. Budget and timeframe

48. The programme is expected to disburse up to **£8 million over the next 5 years** (with possible scope for future expansion). This total budget in the business case included funds for the grants awarded to Suppliers to develop full proposals (see details in the PQQ Information Pack).
49. It is envisaged the work will commence in early 2015 and run for a period of 5 years. This component will have a 6 month inception phase followed by 4.5 year implementation phase. Transition from inception to implementation will be subject to DFID approval of the Inception Phase report and detailed implementation proposal.
50. DFID, in consultation with key stakeholders, may extend the project for a further 5 years if necessary.

H. Reporting and Management

Management of the Research Programme

51. Research programmes are **centres of specialisation around a particular research and policy theme**. The lead Supplier brings together a group of institutions and individuals, including (or exclusively) institutions in developing countries, with a lead Supplier that has overall management and financial responsibility. Institutions may include academic, civil society and commercial organisations (including operational development and communications organisations).
52. Institutions and individuals in the research programme will have relevant expertise, including strong technical expertise in FGM/C, excellent financial and management expertise, and proven expertise in managing research programmes in this challenging field. This will not involve the separate establishment of a physical centre or the formation of a new institution. In particular, The Programme Director will need to combine technical expertise, project management skills and expertise in facilitating relations between multiple stakeholders.
53. The Supplier will maintain regular dialogue with DFID's programme management team to ensure compliance with all terms and conditions set out in the contract, as guided by DFID's Procurement and Commercial Department; best practice financial management, including timely and accurate financial forecasting and invoicing and cost control; and effective contract management, including early notification on any proposed changes to the contract, before formal agreement is sought from DFID's contract office.
54. The specific management structure of the research programme will be finalised by the Suppliers during inception phase. A clear governance structure for ensuring effective partnership across the research programme, the production of high quality primary research and quality assurance is required.

55. An Independent Advisory Group will be also established for the research programme. This board will include:
- An independent chair and up to six members involving international experts, including representation from Africa or Asia;
 - Ex officio members including one member from the lead Supplier and from DFID and any other potential funders.
56. This group will not make any executive decisions, but will advise the research programme on:
- Direction the programme components need to consider;
 - Technical advice on design and delivery of components;
 - Technical advice on key outputs;
 - Opportunities and strategies for synthesis and uptake across components; and will
 - Provide advice to the Management Committee as required;
 - Provide a challenge as well as a Quality Assurance function.
57. DFID management for this component will be led by the Governance, Conflict and Social Development Research team within the Research and Evidence Division but in close collaboration with technical leads on FGM/C from Africa and Policy Division. The Social Change Communications Component of the overall FGM/C programme will provide a coordination/‘hub’ function for the programme (see paragraphs 59-61 below).
58. The research component, along with the other two components, will report to DFID’s FGM/C Board, which oversees all of DFID’s work on FGM/C (also including country level programmes and communications work). This Board is co-chaired by the DFID Deputy Directors for Human Development Department and Africa Regional Department and comprises DFID staff and some external expertise. DFID will work with the Suppliers to ensure that all reporting requirements are streamlined.

Links between the components

59. The research programme will complement and link to the other components in the overall FGM/C programme. The first two components (direct work with practising communities and legislation and policy work) are combined (UN Joint Programme) but the other components (the Social Change Component, research programme and overall programme evaluation) in the programme have been designed to be operationally and contractually separate. This is to ensure an adequate concentration of expertise for addressing related but distinct dimensions of the FGM/C agenda.
60. Notwithstanding their independent existence, the partners working on the different components will be required to work closely together, routinely sharing research and programming plans and findings; and meeting up in at least one annual meeting or workshop.
61. The Supplier for the Social Change Component of the overall programme will provide a coordination or ‘hub’ function for the programme. This component will be responsible for learning and synthesis across the whole programme (all 4 components listed in paragraph 73 plus the overall programme evaluation) in order to facilitate exchange on activities, learnings and results. This will also

ensure there is no duplication of efforts and that components learn from good practice and successes (and failures).

Duty of Care

62. The Supplier is responsible for the safety and well-being of their Personnel (as defined in Section 2 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.
63. The Supplier is responsible for ensuring appropriate safety and security briefings for all of their Personnel working under this contract and ensuring that their Personnel register and receive briefing as outlined above. Travel advice is also available on the FCO website and the Supplier must ensure they (and their Personnel) are up to date with the latest position.
64. During the programme, it is DFID's expectation that the supplier will provide a full Duty of Care assessment for each potential country/area of work where in-country ground work is expected to be necessary.
65. If the programme activities take place in medium or high risk locations, DFID will share available information with the Supplier on security status and developments in-country where appropriate. DFID will provide the following:
 - a. All Supplier Personnel will be offered a security briefing by the British Embassy/DFID on arrival.
 - b. All such Personnel must register with their respective Embassies to ensure that they are included in emergency procedures.
 - c. A copy of the DFID visitor notes (and a further copy each time these are updated), which the Supplier may use to brief their Personnel on arrival.

I. Background

66. The World Health Organisation (WHO) defines FGM/C as all procedures that involve partial or total removal of the external female genitalia or other injury to the female genital organs for non-therapeutic reasons. The most extreme form of FGM/C involves cutting out all the external genitalia and sewing up the girl's vagina. Both the practice and the age at which it is carried out vary across practising communities.
67. FGM/C is a human rights violation and is violence against women and girls. It is one of the most extreme manifestations of discrimination against women and girls. It is a deep-rooted social practice that is carried out because, in practising communities, it is believed to be essential for marriage and 'proper' womanhood and to control women's sexuality. There is no health benefit to the practice.

68. It is estimated by the WHO that 3 million girls a year in Africa are at risk of FGM/C and that 100-140 million women and girls have undergone the practice. It is mainly carried out in 28 African countries but also in the Middle East and some communities in other parts of Asia; and within diaspora communities.
69. FGM/C can cause severe physical and psychological damage including haemorrhage, excessive pain, infections and abscesses, and injury to the neighbouring tissues (and sometimes death); painful menstruation and accumulation of menstrual blood in the vagina, acute urinary retention; severe problems in pregnancy and childbirth and perinatal deaths; and fear of sexual intercourse, damage to relationships, post-traumatic stress disorder, and depression.
70. There is now strong African leadership and real momentum for change in Africa. Increasing numbers of communities, traditional and religious leaders, national policy-makers and other high-profile champions are working to end FGM/C. These efforts were given a new level of legitimacy with the passing of a UN General Assembly resolution in December 2012, led by the Africa Group, calling for a global ban to the practice. This is an important moment when support is needed to get behind these efforts and ensure that this opportunity is maximised and not missed.

The DFID programme

71. The programme is underpinned by three principles which will inform and guide all its activities:
- FGM/C is understood within the wider context of violence and discrimination against women and girls (it is both violence and a social norm);
 - Supporting an Africa-led movement;
 - Do no harm: this is a sensitive, taboo and sometimes highly political issue that goes to the heart of gender identity and gender relations. Insensitive approaches and implementation could risk driving the practice underground, undermining existing efforts to end the practice, contributing to a backlash, adding to other political/conflict tensions, etc.
72. Based on wide consultation and review of the literature, DFID considers an approach based on an understanding of social norms and how they change to be the most compelling approach to ending this form of violence against women and girls. The whole programme is therefore underpinned by the idea of changing social norms, so that FGM/C is no longer carried out because it is no longer considered necessary or desirable for a girl to be cut to become a 'proper' woman, to get married or to be 'protected'. Fundamental to this is therefore a shift in gender relations and how women and girls are valued in their communities and societies. There are different ways to support a change in norms, and a combination of approaches is needed.
73. This programme will address FGM/C through four complementary approaches:
- i. **Direct work with practising communities**, implemented by civil society organisations in at least 15 of the most affected countries. This will support whole communities to end the practice through a comprehensive package of support including education and awareness-raising. To be implemented by the existing UN Joint Programme on Ending FGM/C and 15 countries will align to their focus countries.

ii. Efforts to ensure **legislation and policy** are in place and appropriately implemented, and support regional and cross-border agreements and approaches particularly where practising communities straddle national borders. This will also be implemented by the UN Joint Programme.

iii. **Social change communications**, to galvanise a global movement to end FGM/C. This will work at the global level, to increase attention and funding toward ending FGM/C and in affected countries at national and community levels. It will also work strategically with diaspora groups in the UK to leverage change in their home countries. This has been separately contracted.

iv. A robust **research programme** to produce a global evidence base on the most effective and cost-effective approaches to ending FGM/C in different contexts, to inform future policy and programming. This is the programme under consideration in these TORs.

v. DFID will also be commissioning an independent evaluation that will evaluate the effectiveness of the overall FGM/C programme and the theory of change that underpins it.

74. The intended results of the programme as a whole are:

a. A reduction in cutting of girls by 30% in at least 10 countries in 5 years (measured by prevalence among 0-14 year olds)

b. Robust knowledge and evidence produced and made widely available to key actors, leading to more effective FGM/C policies and programmes.

c. A global movement to end FGM/C – to galvanise unprecedented political commitment and funding for this neglected issue.

75. The programme will work collaboratively with DFID country office efforts to end FGM/C and support design of country specific plans for additional DFID effort at the country level. It will also work in coordination with cross-government efforts to end FGM/C in the UK. The Social Change Communications component will take on an overall coordinating hub function between the various parts of the programme, ensuring coherence and communications between the components.

76. The programme is firmly situated within the context of DFID's *Strategic Vision for Girls and Women*, directly contributing to the pillars on reducing violence against women and girls and delaying first pregnancy and supporting safe childbirth, as well as to the pillars on education and economic assets and to the enabling environment. FGM/C is also highlighted within *Choices for Women: The UK's Framework for Results on Reproductive, Maternal and Newborn Health*.