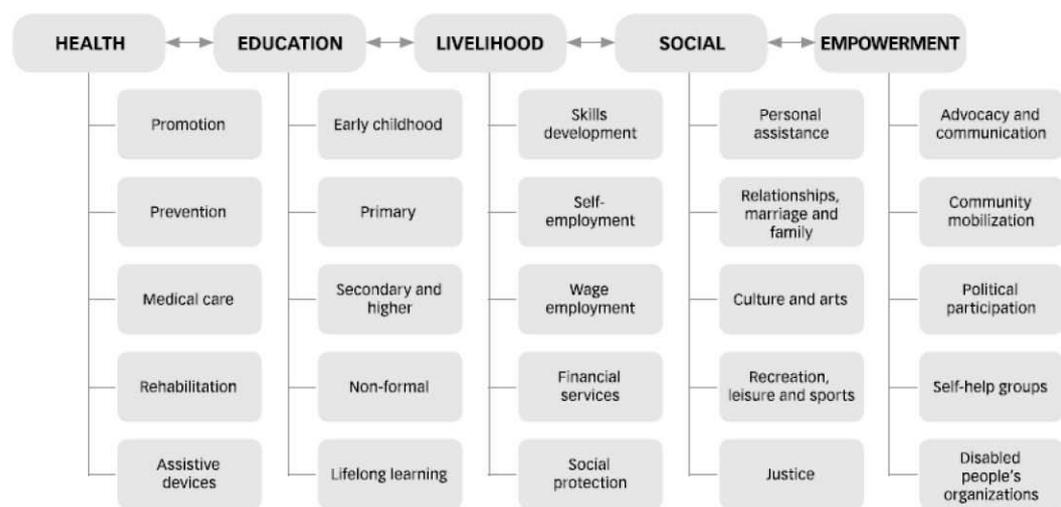


**Contract Section 3**

**Terms and Reference**

**DFID Disability Research Programme**

Figure 2: CBR Matrix



Note: From WHO2010a, Figure 1, page 25.

### **(Component of DFID Disability Inclusive Development (DID) Programme)**

1. In July 2017 the Secretary of State (SoS) for International Development approved £37 million for a new programme entitled 'Disability Inclusive Development' (DID). This programme will deliver tangible outcomes to improve the lives of people with disabilities, and generate a significant evidence base on 'what works' to deliver results.

2. One integrated component of this is a new Disability Research Programme with an allocated budget of up to £7 million from DFID's Research Budget, managed by DFID's Research and Evidence Department (RED).

2.1 DFID reserves the right to scale back the value and scope of or discontinue this programme at any point in line with the Terms and Conditions. Conversely, DFID may also scale up the value and scope of the programme should it prove to be having a strong impact and has the potential to yield better results, dependent on budget and ongoing effectiveness of the programme.

2.2 In such event that DFID take the decision to increase the scale of the programme during its entire term (including any extensions), the increase will be up to an additional £3.5 million over and above the £7 million financial limit of the original contract.

2.3 The contract will include options to extend for up to a further 30 months.

3. The justification for this new research investment is described in the DID Business Case (*insert location where document can be found*), including an assessment of existing disability research, and a description of DFID's priorities for funding new research on disability and inclusion. Interested parties should read the Business Case (*insert location where document can be found*), in conjunction with these Terms of Reference.

4. The new research produced will be an integrated part of, and will inform, DFID's Inclusive Society Department (ISD)'s DID Programme, as well as aiming to inform global and country level operations, and investments in disability inclusion, by DFID and our partners. The research investment will also deliver high quality evidence as a public good - in line with DFID RED's investment strategy.

5. **Aim of research:** to make a significant contribution to the global evidence base on Disability Inclusive Development (DID) by delivering best-in-class research including Impact Evaluations of disability-focussed interventions, integrated with delivery system research, in a limited number of DFID priority countries.

6. **Framing the research:** DFID's assessment of the need for a new research commission is based on recent evidence reviews (e.g. Groce et al 2011; Rohwerder, GSDRC topic guide, 2015) and the systematic review of CBR in low and middle income countries (Iemmi et al, 2015). These describe the current state of evidence, evidence gaps, and priorities for new research. In framing the research call we particularly direct bidders to the recommendations on sampling and methods set out in the 2015 Systematic Review.

7. RED's research commission will use the CBR matrix (below) and emerging strategies for DID (see for example the DID Toolkit, CBM 2017) to describe the field of potential intervention areas to examine. Research and impact evaluation will focus

particularly on education, livelihoods, and health, including in conflict and humanitarian settings.

8. DFID's view is that CBR and DID are two systems for disability and inclusion strategy and implementation, but within these, priority interventions to test may be similar, though implemented in community or non-community settings, and in different combinations. The DID Business Case (*insert location where document can be found*),) states that the need for high quality research is wide ranging, and gives the following indicative examples of the kind of research that could be supported:

- testing the impact of inclusion strategies (e.g.: does including children with disabilities in mainstream schooling result in measurably improved learning outcomes, social inclusion indicators, and later livelihood opportunities; and how does this compare with their non-disabled peers); or,
- testing the outcomes claimed for specific technology (e.g.: does provision of devices such as wheelchairs in humanitarian settings measurably improve the mobility and inclusion of people with walking difficulties).

The DID Business Case (*insert location where document can be found*) also notes a lack of rigorous evidence on the effect of Interventions on the households of people with disabilities, and on their carers.

**9. Research priorities:** we have identified the following list of priorities for the new research, informed by development of the DID programme and our assessment of particular gaps in existing evidence:

- i. DFID Priority Countries, particularly in sub-Saharan Africa, including Fragile and Conflict Affected Settings (FCAS).
- ii. Children and youth.
- iii. A focus on specific impairment/disability groups, using critical analysis of available prevalence data to develop a research strategy that (for example) prioritises areas where the lack of evidence is most acute; and/or delivery of new evidence may contribute to the largest development impact; and/or focus research on interventions with people with severe and/or multiple difficulties (and so least likely to be included in mainstream activities).
- iv. FCAS, including impairment caused by conflict, violence, and trauma.
- v. Rigorous measurement, particularly of development outcomes and inclusion for people with disabilities; their households; and carers.

**10. Cross cutting themes:** to complement research on the priorities identified above, we are also interested in rigorous, empirical research that aids understanding of the following cross cutting themes:

- disability and gender
- effectiveness of assistive devices and models for their delivery and sustainability (with rigorous evaluation of outcome measures, and systems research on constraints to delivery, maintenance, adaptation, sustained use)
- opportunities for innovation and use of technology, including digital technology – with rigorous testing of effects and outcomes;
- effectiveness and appropriateness of screening, diagnostic, and referral approaches;
- integration and effectiveness of DID within strategies for universal health coverage

**11. Countries:** the new research will be focussed in a limited (3-5) number of countries with the aim of helping to maximise operational and policy impact, and the value for money of this research investment, by facilitating the clustering of new

RCTs, and embedding these in complementary delivery-system research. Bidders will be expected to propose *and justify* a list of focal countries.

12. We anticipate setting a minimum target (by number of countries, studies, or research budget allocation) for sub-Saharan Africa where the research gap is particularly acute. The target will be at least 60%.

13. We anticipate that the selected research Supplier will work in a subset of the countries that are the focus of the larger DID programme, though this depends on the respective dates for development, procurement, and roll out of the two strategies (DID and research), and negotiation with future DID suppliers. DFID's oversight and management of the two components of the DID programme will ensure overall coherence, integration and coordination of the overall programme. The research consortium will be expected to service the research needs and advise on evidence of the wider DID programme.

14. **Research strategy and methods:** DFID's framing principles for the research strategy, and methods, are:

i. rigorous impact evaluation of specific interventions, particularly the use of RCTs whenever appropriate (acting on recommendations of the 2015 systematic review); with clear outcome indicators including those that address the exclusion and poverty of people with disabilities; and outcome measures focussing on households and carers as well as people with disabilities,

ii. the testing of clusters and/or combinations of interventions where appropriate, including disability 'mainstreamed' or 'inclusive' interventions,

iii. research on national and/or sub-national DID-related delivery systems, including economic analysis (echoing health and education delivery research to complement research and impact evaluation of specific health or education interventions).

iv. DFID's approach to managing research quality (described in DFID's How To Note<sup>1</sup>).

v. quality assurance, duty of care, and risk management

<sup>1</sup> See

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/291982/HTN-strength-evidence-march2014.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/291982/HTN-strength-evidence-march2014.pdf)

15. Our intention is that the explicit focus on RCTs will establish this new research investment as notably different from most existing disability research, and will increase the methodological ambition in the field. We consider that this is an important contribution of DFID's wide ranging 'What works?' approaches (e.g. in fields such as preventing Violence Against Women and Girls). We expect bidders to propose a research strategy and mix of methods that reflects the priorities stated above, and can maximise research quality, policy and operational impact, and value for money. Coherence with and utility to the wider DID programme is important.

16. The research strategy detailed here has been informed by discussion with the DFID Research Advisory Group (RAG) and we will continue to draw on advice from RAG members in refining and managing the new research.

17. **Route to delivery:** We will use a two part research competition to select a new Supplier to design and implement this research programme. Procurement for the DID programme components, outlined in paragraphs [X-X], will be run separately and parallel to this.

18. We consulted interested parties on the scope of work through an Early Market Engagement exercise in October 2017. We anticipate that the selected Supplier will:

1. design and implement the overall research strategy;
2. deliver the large part (~60% of contract value of the new research);
3. design and implement further research competition ~40% of contract value to drive ambition and innovation in the wider research supplier market, and let and manage this delivery through other researchers.

19. We expect that the ambitious framing of this research (i.e. RCT sampling, methods, and outcome measurement, rigorous Theories of Change for intervention etc) should encourage formation of new consortia combining research organisations (including those specialising in experimental methods and impact evaluation), Disabled People's Organisations (DPOs), disability and development organisations, and Southern researchers. We anticipate that the RCT focus may encourage new collaboration between disability researchers and specialists in RCT methods.

20. Any consortium competing for the research will be expected to have a named 'Lead Organisation'. If the consortium's bid is successful, the Lead Organisation will have a direct contractual relationship with DFID, and lead and manage the other partners in the consortium through sub-contracts.

21. In the competition, any organisation named as a Lead Organisation can only be a member of one bid. However, other consortium members may be included in more than one consortium bid. Lead Organisations should not use restrictive measures in their agreements (such as a sole commitment) with consortium members that would restrict these consortium members' participation in more than one bid. DFID considers this important to maximise the diversity and quality of potential bids.

22. **Finance, and Value for Money:** the budget will be up to £7 million, sourced from RED's research budget.

23. All bidders will be required to define a strong value for money (VfM) strategy, which maximises the number, quality and potential impact of research outputs, including impact evaluations, while ensuring economy, efficiency, effectiveness and equity (the four principles of DFID's VfM strategy that can be accessed [here](#)).

24. Wherever possible, the new Impact Evaluations will be integrated with the wider scale-up activities in the ISD-led DID programme, and/or the policy and programmes of DFID and its partners.

25. Wherever possible we expect the implementation costs of the interventions evaluated to be paid for from other budgets (i.e. the budget of the proposed research programme should pay for research costs only).

26. **Outputs:** the following draft outputs will be further refined by bidders, and during the inception phase:

1. research production: at least 10 new RCTs, plus allied delivery system research.
2. research uptake: policy engagement and research uptake strategy delivers rigorously documented and credible examples of 'impact pathways' from new research.
3. integration in DFID funded DID programme and other investments by DFID and its partners: design, implementation, and findings of new research are integrated with and inform development of wider programmes and policy

27. **Outcome:** these outputs are expected to particularly contribute to achievement of Outcome 1 described in the DID Business Case (*insert location where document can be found*), page Y):

“Improved educational attainment and health outcomes, productive jobs and livelihoods and reduced stigma and discrimination for people with disabilities. This includes within conflict and humanitarian settings.”

28. **Impact:** The DID programme’s intended impact is: “Global goals are met for people with disabilities. Long-term improved well-being and inclusion of people with disabilities in low- and middle-income countries”, described in the DID Business Case *insert location where document can be found*),, page Y)

29. Based on the Business Case (*insert location where document can be found*),,), and these Terms of Reference, we will expect bidders to propose and justify a research strategy and approach to structuring the research programme in terms of specifying focal countries, focal difficulty/impairment groups, focal interventions, methodology and methods, and numbers and distribution of separate research streams within and between countries. This will be indicative. It will be refined and costed during second stage of competition; and finalised during inception phase.

30. The selected research consortium will be expected to help advance and ensure best practise in understanding and using evidence, and consistent measurement by working with other contractors and partners across the whole DID programme, and also support a broader community of high quality research practice on disability.

31. An early output (during a six month inception phase for the research programme) will be further analysis of existing data sets on disability prevalence - as a public good, and to further inform development of the DID programme and the research strategy.

32. We also expect the inception phase to deliver a new critical review of existing disability research that will underpin the research strategy; be useful to the wider DID programme; and be a public good.

33. The Disability Research Programme’s core team will also be expected to advise DFID staff and teams on disability research and evidence.

34. **Evaluation:** We anticipate that the research programme will be evaluated as part of the overall DID programme evaluation, particularly the achievement of the intended outcomes and impacts, the coherence and the coordination of the research component with the DID programme, and the value that the research programme has added.

## References:

CBM (2017) Disability Inclusive Development Toolkit

<http://www.cbm.org/article/downloads/54741/CBM-DID-TOOLKIT-accessible.pdf>

Groce, N., Kett, M., Lang, R. & Trani, J-F. (2011) Disability and Poverty: the need for a more nuanced understanding of implications for development policy and practice. *Third World Quarterly*, 32(8), 1493-1513. p.1495, available at <http://dx.doi.org/10.1080/01436597.2011.604520>

Iemmi V, Gibson L, Blanchet K, Suresh Kumar K, Rath S, Hartley S, Murthy GVS, Patel V, Weber J, Kuper H. (2015) Community-based Rehabilitation for People With Disabilities in Low- and Middle-income Countries: A Systematic Review. *Campbell Systematic Reviews* 2015:15 DOI: 10.4073/csr.2015.15

Rohwerder, B. (2015). Disability inclusion: Topic guide. Birmingham, UK: GSDRC, University of Birmingham.