



Sexual and Reproductive Health and Rights Applied Research Centre

Call for Expressions of Interest

September 2026

Programme Summary

Programme Name:	Sexual and Reproductive Health and Rights (SRHR) Applied Research Centre
Timeframe:	July 2027 – March 2032 (including an inception period at implementation outset)
Value:	Up to £12m
Funding type:	Accountable grant
Location:	<u>Pillar 1</u> should be focused on at least six diverse low- and middle-income countries (LMICs), including but not limited to Africa and South or Southeast Asia, and fragile and conflict-affected settings. Country selection should have a clear rationale based on burden of need and/or contextual opportunity. <u>Pillar 2</u> should be available beyond Pillar 1 countries, based on FCDO and partner need. Demand will be managed with FCDO support.
Short description:	This Research Centre will deliver new knowledge on how to improve comprehensive SRHR in LMICs,¹ including services and health systems and structural and behavioural drivers. It is not expected to work across all domains of comprehensive SRHR but is expected to work on several areas. The Centre will be a multi-national consortium of at least six organisations focused on at least six diverse countries. It will work to address gaps in the evidence base, as well as increase the coherence, use and impact of SRHR research, through two mutually-reinforcing pillars. Pillar 1 will conduct primary research and curate the existing and emerging evidence to improve uptake of what works to a wide range of audiences; and Pillar 2 will provide responsive evidence, advisory support and rapid

¹ Comprehensive SRHR means: contraceptive services, maternal and new-born care, prevention and treatment of HIV, and STIs other than HIV; comprehensive sex education; safe abortion care; prevention, detection and treatment of infertility and cervical cancer; counselling and care for sexual health. It does not include gender-based violence (GBV) but is expected to work closely with the FCDO supported GBV What Works Centre.

research to FCDO posts and partner governments through a call down (on-demand) function. Through LMIC thought leadership and equitable research partnerships, the Centre ultimately aims to increase access, choice, quality and sustainability of SRH services and rights.

Research leadership:

The Research Centre will be led by a single LMIC institution or one of an LMIC-LMIC or LMIC-High-Income Country (HIC) co-led institutional partnership. The lead should be an academic or non-profit research institution registered as a legal entity in the respective country.

Competition Summary

Process:

Two-stage competition, with Expressions of Interest (EOIs), followed by Full Proposals. Only shortlisted applicants will be invited to submit full proposals.

Management:

The Global Research and Technology Development (GRTD) Research Commissioning Centre (RCC), co-led by 3ie and the University of Birmingham, is running this open competition for the SRHR Applied Research Centre on behalf of FCDO. Once the successful consortium is selected, the grant award and ongoing Research Centre management will be led by FCDO directly.

Indicative timeline

Competition (EOI) launched	30 September 2026
Virtual Q&A webinar	6 October 2026, 11:00 BST (10:00 GMT)
Deadline for submitting questions	6 November 2026
Deadline for Expressions of Interest	30 November 2026, 17:00 GMT
Applicants notified of shortlisting decisions	8 January 2027
Completion of due diligence and contracting for proposal development grants	26 January 2027
Full Proposal phase launched	1 February 2027
Deadline for Full Proposals	16 April 2027, 17:00 GMT
Funding decision to preferred bidder	28 May 2027
Accountable grant signed	Early June 2027

Note: In case there are any changes to these dates, revisions will be reflected on the call page.

1. Background

- 1.1 The UK's Foreign, Commonwealth and Development Office (FCDO) invests in science, technology and research through the Global Research and Technology Development (GRTD) portfolio, launched in May 2026. The future direction for FCDO research programme and partnerships is set out under the [GRTD Approach Paper](#).
- 1.2 Global Health remains an [Area of Research Interest](#) for FCDO with plans to invest approximately £256 million until FY 2029/2030 in research to support healthy women, children and newborns; address emerging infectious diseases and diseases of epidemic potential; and strengthen health systems, financing and service delivery. This includes investment to support the development of and equitable access to new vaccines, diagnostics and treatments, as well as funding applied research, to optimise the effective delivery of existing interventions and new innovations within the health systems of low- and middle-income countries (LMICs).
- 1.3 The programme described here makes a core contribution to the UK's [International Women and Girls' Strategy 2023-2030](#), launched on 8 March 2023, which puts women and girls at the heart of everything FCDO does, using diplomatic and development capabilities to improve lives, embolden and amplify women's organisations, and stand up to those holding back women and girls. FCDO champions the rights of those most at risk – including adolescent girls, those living in poverty, women and girls with disabilities, and LGBT+ people. In supporting comprehensive sexual and reproductive health and rights (SRHR), this programme plays a key role in the second 'E' of the strategy: empowering women and girls. The Research Centre remains aligned with the UK's commitment to [Ending Preventable Deaths](#) of mothers, newborns and children and is guided by FCDO's [Health Systems Strengthening](#) position paper.
- 1.4 The programme will complement other FCDO research investments on comprehensive SRHR including product development partnerships on HIV prevention and STIs, maternal and newborn health, and next- generation contraceptives; investment in the UN co-sponsored Human Reproduction Programme, investment in the Coalition for Operational Research on Neglected Tropical Diseases (COR-NTD) on female genital schistosomiasis among others and on What Works to Prevent Violence Against Women and Girls.
- 1.5 It will also complement FCDO's programming via the Women's Integrated Sexual Health (WISH) Dividend, investment in SRHR product scale-up via our CHOICES programme and the United Nations Population Fund (UNFPA), programming on grassroots SRHR as well as broader multilateral and bilateral investments to support comprehensive SRHR. The programme is aligned to FCDO's commitment on rights and equality and is being delivered in the context of rollback of SRHR, wider multilateral sector reform including the UN80 initiative, the Lusaka agenda, Accra Reset initiative and reductions in aid financing.
- 1.6 The programme will also form a key offer under FCDO's 'Health Community of Expertise'². This will be reflected in conducting research in Pillar 1 countries; a focus on evidence dissemination and uptake in formats that are accessible for non-academic audiences and that bring out policy and programme relevance; and a responsive expertise and research offer under Pillar 2 that is flexible to emerging partner country

² <https://www.gov.uk/government/publications/the-uks-modern-development-approach/the-uks-modern-development-approach-july-2026>

priorities and needs identified by FCDO country offices and able to deliver small responsive pieces of SRHR research and technical support.

- 1.7 FCDO held an open Early Market Engagement event in 2024 with over fifty attendees from a range of research organisations. The event provided important feedback on the Research Centre's scope and approach to commissioning research. We are now seeking proposals from suitable research consortia to respond to our need for a long-term strategic partnership with academic and research organisations to work with FCDO on priority SRHR research areas. A further Question and Answer (Q&A) session will be offered soon after the launch of this call for Expressions of Interest (EOIs) to address questions relating to applications.

2. Scope of this call

Objectives

- 2.1 The strength of evidence on effective interventions for SRHR in LMICs is relatively strong. Substantial knowledge has been generated through clinical trials and primary studies, syntheses, and cost-effectiveness analysis demonstrating the strong case for investing in health (e.g. Disease Control Priorities and World Health Organization's (WHO) CHOICES).^{3,4} But this has largely focused on the *effectiveness* and not the *implementation* of interventions. There are gaps in our understanding of why known, effective interventions and services are not delivered, accessed, or taken up, in certain geographies and population groups⁵, including but not limited to access to new products and technologies. This includes **drivers – political, economic and social**, including behaviours and low priority of, or opposition, to SRHR.⁶ Multidisciplinary science is important to achieving progress.⁷
- 2.2 Despite a growing evidence base and many evidence portals,⁸ knowledge in SRHR is disparate and fragmented by type of research or by theme. There are also gaps in the ability of health policy makers, practitioners – including within FCDO – to identify, access, and appraise the best evidence easily and rapidly. For various reasons, family planning is separate from maternal and newborn health, for example (and separate from legislation and behaviour change), and there is no clear go-to place to assess up-to-date knowledge across SRHR components or disciplines. Consultation within and external to FCDO has identified a need for a new approach to make research more contextually relevant, politically astute, and accessible to policy makers, advocates and implementers.
- 2.3 FCDO's diplomats and technical advisers in policy teams and country offices are critical knowledge brokers with the potential to do high-level influencing.⁹ However, they have

³ International Initiative for Impact Evaluation (3ie) Achieving the SDGs in Africa: A cross-sectoral Evidence Gap Map [Online]. Available at: <https://gapmaps.3ieimpact.org/evidence-maps/africa-evidence-gap-map>

⁴ [Disease Control Priorities](#) provides a periodic review of the most up-to-date evidence on [cost-effective interventions](#) to address the burden of disease in low-resource settings.

⁵ Reidpath DD, Allotey P, Barker SF, Clasen T, French M, Leder K, Ramirez-Lovering D, Rhule ELM, Siri J. Implementing "from here to there": A case study of conceptual and practical challenges in implementation science. Soc Sci Med. 2022 Bottom of Form

⁶ As an example, issues ranging from sex education in schools, to the regulation of adolescent access to contraception.

⁷ Allotey, P., Reidpath, D.D., Ghalib, H. et al. Efficacious, effective, and embedded interventions: Implementation research in infectious disease control. BMC Public Health 8, 343 (2008)

⁸ Knowledge repositories, networks and initiatives in curating SRHR research include [High Impact Practices \(HIPs\)](#), vetted by global experts against specific criteria, WHO PMNCH Knowledge Summary, Progress Reports; Monitor (WHO Mother and Newborn Information for Tracking Outcomes & Results); Countdown to 2030 (trends); PMNCH [Resources \(who.int\)](#); Research from [Global reports | Guttmacher Institute](#)

⁹ Heart, Bellinger, 2017. Putting Evidence into Practise in the Education Cadre

limited time, resources and tools, and access to academic experts. There is a missed opportunity to tap into high-quality, world-class research supported by UK Official Development Assistance (ODA) in the UK and LMICs. Consultations across health teams and missions suggest that access to curated, tailored evidence (e.g. contextualised evidence that considers the cost, potential impact, and strength of the evidence base) for FCDO priority countries needs to be complemented with ad-hoc, on-demand expertise in SRHR to inform policy, programmes and diplomatic engagement and short-term responsive research that can capitalise on unforeseen opportunities and windows.

2.4 This call for EOIs seeks an LMIC-led (or LMIC/LMIC or LMIC/High-Income Country (HIC) led) research consortium to deliver the Research Centre. It is expected that the successful applicant will be an academic or non-profit research institution, heading a technically strong and politically aware consortium of six to eight, and not more than ten, research organisations from countries/regions where the research will take place, alongside strong research uptake and research-to-policy experience. It is expected that the group will draw together experts from across disciplines including public health, social and behavioural science, health systems and policy research.

2.5 The Centre will be a consortium with objectives to build the evidence, strengthen access to, coherence and impact of research on SRHR, responding to demand and working with UK government and partners in key geographies. It will draw together experts from across disciplines and SRHR domains, with a focus on priority issues and research questions as identified by the bidder, to align with burden of need, major challenges in the SRHR area and topics that pertain to specific geographies, especially fragile and conflict-affected areas. We expect that the Centre will span a wide breadth in terms of both geographies and research topics.

2.6 GRTD will fund a multi-country consortium to produce excellent and outcome-focused applied research that addresses existing and emerging SRHR priorities in partner countries and contributes to increasing access, choice, quality and sustainability of SRH services across several domains as well as upholding rights. Anticipated outcomes include:

- Improvements in policies and practices of key actors in LMICs, based on greater understanding of the drivers of SRHR, to improve delivery of equitable access to, and use of, services and the promotion of rights to sexual and reproductive health.
- Improved use of evidence by FCDO policy teams and missions, and other global health actors (governments, scientists, and advocacy coalitions)
- Strengthened collaboration across disciplines, research groups and networks
- Increased localisation of research and research leadership in LMICs and support multi-directional research capacity strengthening at individual and institutional level.

FCDO's research funding aims to support high-quality knowledge and evidence that responds to practical development challenges and that can directly inform programming and policy in LMICs and across the development community. Research is judged on its real-world impact rather than purely academic merits, and with a strong focus on equitable partnerships. The aim of this programme is to make research more contextually relevant, politically astute, and accessible to policy makers, advocates and implementers.

Thematic areas of focus

- 2.7 GRTD aims to fund applied health research that addresses gaps in evidence for SRHR. Research priorities should be identified by the applying consortium and explore questions pertinent to the diverse range of country contexts in which the consortium is based, including challenges in a global context.
- 2.8 Applications are not expected to cover all domains of comprehensive SRHR¹⁰ but are expected to span several. Applications are encouraged to bring together **diverse disciplinary expertise** to address the clinical, social, economic, behavioural, gender, health systems, and policy determinants of SRHR outcomes.
- 2.9 Access to high-quality, person-centred SRHR services is fundamental to achieving improved health, wellbeing, and reproductive autonomy across the life course. However, significant gaps in the availability, quality, accessibility, acceptability, and continuity of SRHR services persist in many LMICs, particularly among underserved and marginalised populations. We encourage research that generates evidence on how SRHR services can be designed, delivered, integrated, and strengthened to meet the diverse needs of different populations and contexts. This may include research on service delivery models, quality of care, workforce capacity, community-based and primary healthcare approaches, integrated service provision, self-care interventions, referral systems, and strategies to improve coverage, uptake, and continuity of care. **Research should consider the principles of equity, rights, choice, and person-centred care, and generate actionable evidence to inform policy and programme decisions that improve access to comprehensive SRHR services at scale.**
- 2.10 Despite substantial advances in SRHR, many evidence-based interventions fail to achieve population-level impact because they are not effectively implemented, adapted, financed, or sustained within real-world health systems. Strengthening health systems and generating implementation evidence are therefore critical to improving equitable access to high-quality SRHR services and achieving lasting health outcomes in low- and middle-income countries. FCDO seeks research that generates actionable evidence on how to strengthen, adapt, and scale effective SRHR interventions within diverse health system contexts. Proposals should address barriers and enablers to implementation, service delivery, workforce performance, governance, financing, and sustainability, with a focus on achieving equitable impact at scale. Research should move beyond demonstrating efficacy to understanding **what works, for whom, under what circumstances, through which mechanisms, and at what cost.**
- 2.11 Profound inequalities in SRHR persist both within and between countries. Gender inequality, poverty, disability, age, geography, displacement, ethnicity, social exclusion, and other intersecting forms of disadvantage continue to shape access to services, health outcomes, bodily autonomy, and the ability to exercise reproductive rights. Despite overall improvements in SRHR indicators, many populations remain systematically excluded from high-quality, acceptable, affordable, and person-centred care. Addressing these inequities requires research that moves beyond identifying disparities to generating evidence on how they can be reduced through effective policies, programmes, services, and social change interventions. FCDO seeks research that advances equality, inclusion, and rights in SRHR by addressing the structural, social, economic, cultural, and institutional factors that drive unequal outcomes. **Research should generate actionable evidence on how to improve access, quality, agency,**

¹⁰ Starrs, Ezech, Barker et al. (2018) [Accelerate progress—sexual and reproductive health and rights for all: report of the Guttmacher–Lancet Commission](#). *Lancet* 391: 2642-2692

participation, and health outcomes for populations experiencing exclusion, marginalisation, or discrimination.

- 2.12 Applications are encouraged to include research in fragile and conflict-affected settings, particularly those experiencing protracted humanitarian crises, displacement, political instability, environmental shocks, or recurrent conflict. Such contexts present unique and evolving challenges for the delivery of SRHR services, often exacerbating existing inequalities and disproportionately affecting women, girls, adolescents, people with disabilities, displaced populations, and other marginalised groups. Despite substantial need, evidence on effective, equitable, and sustainable SRHR interventions in these settings remains limited. **FCDO seeks research that generates actionable evidence on how to protect, deliver, adapt, and strengthen SRHR services in fragile and crisis-affected contexts.** Themes may include, but are not limited to, emergency preparedness, continuity of care, SRHR in displacement settings, SRH service delivery models in crises and SRHR integration and health system resilience. Research should not be limited to refugee or internally displaced persons camps and may include urban, peri-urban, rural, and informal settlement contexts.
- 2.13 Digital technologies and innovation, including applications of artificial intelligence (AI), have the potential to transform access to SRHR information, services, and care, particularly for populations facing geographic, social, economic, or cultural barriers to access. FCDO encourages research that evaluates, develops, or scales technology-enabled approaches that improve the quality, accessibility, acceptability, efficiency, and equity of SRHR services. This may include digital health platforms, telehealth and virtual care models, mobile health applications, digital decision-support tools, artificial intelligence and data-driven innovations, self-care technologies, digital health information systems, and innovative diagnostic or service delivery approaches. Research should examine not only effectiveness, but also issues of digital inclusion, equity, safety, privacy, trust, affordability, implementation, and sustainability, particularly among underserved populations and in low-resource settings. **Research should generate evidence on how technological innovation can strengthen SRHR outcomes while reducing, rather than exacerbating, existing inequalities in access and care.**

Pillar structure and purpose

- 2.14 The SRHR Applied Research Centre will have two complementary pillars.
- **Pillar 1: SRHR applied research, evidence synthesis and knowledge mobilisation** (approximately 80% of funding¹¹) will be the Centre's core function. It will generate and mobilise evidence to improve SRHR outcomes in LMICs. The emphasis is on producing policy-relevant, multidisciplinary research that addresses key gaps in applied SRHR with a strong focus on policy relevance and uptake. It will also provide additional research services, including curation of evidence, communications work, and convening.
 - **Pillar 2: Responsive evidence, advisory support and rapid research** (approximately 20% of funding¹²) will provide a rapid-response research and advisory function for FCDO. It will ensure that FCDO policy teams, country offices and partners can access timely evidence, specialist expertise, and responsive research to inform SRHR policy, programming and influencing opportunities as

¹¹ Percentages are provided for guidance and subject to change

¹² Percentages are provided for guidance and subject to change

they emerge. Pillar 2 should be developed as a pilot during an initial phase (of approximately 6-12 months) and refined based on demand and lessons learned.

- 2.15 The two pillars are expected to be mutually reinforcing. Pillar 1 is a proactive research and evidence-generation function focused on longer-term learning and impact. Pillar 2 is a reactive and responsive evidence-to-policy function focused on supporting immediate decision-making and seizing emerging opportunities.

Pillar 1: SRHR applied research, evidence synthesis and knowledge mobilisation

- 2.16 **Purpose:** The primary purpose of Pillar 1 is to strengthen the evidence base on how to improve SRHR outcomes in LMICs, with a particular focus on implementation, scale, equity, and uptake. See 2.7-2.13 for areas of thematic interest. Under Pillar 1 the Research Centre will:

- a.) **Conduct research:** The Centre should undertake a portfolio of high-quality research addressing priority evidence gaps across comprehensive SRHR. This includes high-quality synthesis reports and systematic reviews.
- b.) **Curate evidence:** The Centre should act as a trusted source of SRHR evidence. It should: bring together evidence across traditionally separate SRHR domains; assess the strength, quality, cost-effectiveness and policy relevance of available evidence; and develop accessible evidence products targeted at policymakers and practitioners. Applicants should explain how they will avoid duplication with existing evidence platforms while adding value.
- c.) **Communicate:** The Centre should have a strong focus on evidence use. The expectation is not simply to generate evidence, but to maximise its influence on policy and programme decisions. The Centre should support research uptake as a global public good to other experts, policy and advocacy groups, for the purposes of cross-learning and to inform policymakers and practitioners; pave the way for, and ensure maximum uptake of, new knowledge and evidence (e.g., to package findings for uptake into global and national policies).
- d.) **Convene:** regular dialogues between experts, across disciplines, to share, discuss, critique the evidence, agree research gaps, priorities and disseminate new evidence externally.

- 2.17 **Geographic scope of Pillar 1:** Pillar 1 should have a global remit while maintaining a focused but diverse country portfolio that is based on need and SRHR challenges. Applicants should propose work in **a minimum of six LMICs**, including but not limited to, countries in various parts of Africa and South/Southeast Asia. We expect the country portfolio to include at least some **fragile and/or conflict-affected settings** and some countries where **FCDO is supporting or has supported the country's health sector**. Applicants should demonstrate:

- Strategic rationale for country selection.
- Potential for policy influence.
- Existing partnerships and capacity.
- Diversity of contexts.
- Opportunities for learning across countries.

Pillar 2: Responsive evidence, advisory support and rapid research

- 2.18 **Purpose:** The purpose of Pillar 2 is to provide FCDO with flexible, timely access to SRHR expertise and evidence that can support real-world decision-making through its Health Community of Expertise. FCDO staff and partner country stakeholders often need

evidence and expert input within weeks rather than the timelines associated with traditional research programmes. Pillar 2 should therefore operate as a responsive service that complements the longer-term research agenda under Pillar 1. Under Pillar 2 the Research Centre will deliver:

- a.) **Rapid expert advice and evidence support:** The Centre should provide a responsive mechanism through which FCDO teams can request:
- a. Evidence summaries.
 - b. Curated evidence (in addition to Pillar 1).
 - c. Expert opinion.
 - d. Policy advice.
 - e. Technical briefings.
 - f. Context-specific recommendations.
 - g. Participation in strategic discussions.

Responses should be timely, accessible, practical, and tailored to policy and programme needs. The first year should be used to pilot this mechanism. Based on experience from similar initiatives, we anticipate in the range of 12-24 substantive responses across the FCDO network (including country offices and selected partners), in addition to ad-hoc responses to questions for verbal briefings or participation in strategic discussions/meetings, with the potential for expanded demand after the pilot year.

- b.) **Responsive research fund:** The Centre should manage a flexible research fund that can deliver short-term research activities responding to emerging opportunities and priorities that do not form part of the core research agenda addressed under Pillar 1. This work may occur within Pillar 1 countries or in countries outside the core portfolio. The Centre may deliver work through the existing consortium members or establish/commission new partners outside the core consortium partners to support delivery where needed. Year 1 will serve as a pilot for this mechanism and it is expected that responsive research should include no more than 3-6 research activities under this pillar in the first year. We envisage that approximately 50% of Pillar 2 funding should be allocated to this responsive research fund. At full proposal stage, the consortium will be asked to consider how it intends to manage this fund, including competitive subawards.

2.19 Pillar 2 should be developed as a pilot during an initial phase and refined based on demand and lessons learned. FCDO recognises the need to pre-agree staffing and resourcing arrangements that will support this type of responsive work.

2.20 **Geographic scope of Pillar 2:** Pillar 2 is expected to extend the Centre's work and engagement beyond core consortium partners delivering in at least six countries under Pillar 1. Criteria will include:

- Political will for evidence-based policy & learning
- Supplier country presence, research expertise and strong relationships
- FCDO mission, expertise (health adviser) and strong relationships

3 Eligibility

Consortium requirements

3.1 A consortium must consist of **at least one and up to two Lead Organisation(s) (Consortium Lead(s)) as well as Co-Appling Organisations (Consortium Members)**. A consortium must consist of a **minimum of six organisations** and reflect

the expertise and experience required to deliver the research in the LMICs proposed. The recommended total size of a consortium is between six and eight organisations, and no more than ten, including the Consortium Lead(s). The contribution of all consortium members should be justified. The consortium is expected to have an **in-country presence in at least six LMICs**, but its research focus may extend beyond this according to organisational remit and expertise.

Consortium Lead(s)

3.2 Applications should be led by a single Lead Organisation or joint Lead Organisations.

Single lead applicants must be an eligible LMIC organisation. For applications with joint Lead Organisations, one lead must be an eligible LMIC institution, and the other joint lead a different eligible LMIC institution or an eligible HIC institution.

3.3 The Lead Organisation(s) will have overall responsibility for management of the grant but it is expected that one Lead Organisation will act as the Administering Organisation. The Administering Organisation will be responsible for receiving all funds from FCDO and onward disbursement of funds to all consortium members. This includes in the case of joint Lead Organisations, where relevant. The Administering Organisation is also responsible for ensuring due diligence and financial governance is completed across all Consortium Members as well as ensuring the proposed activities are delivered in accordance with the grant's terms and conditions.

3.4 The Administering Organisation(s) must be:

- A public university or a non-profit research organisation or a private university involved within a not-for profit division or clearly marked as non-profit generating activities.
- A legal entity registered in a LMIC or HIC according to the [World Bank Country Classification list](#)
- Able to enter into legal agreements in its own name and on its own account.
- Sign up to FCDO Grant Conditions and ensure that Consortium Members sign up to the same conditions.
- Able to receive funds in Pounds Sterling (£).

3.5 Organisations that are not an academic or non-profit research organisation can be Consortium Members and are eligible to receive funds but are not eligible to be the Lead Organisation.

3.6 Organisations may only act as Lead Organisation on one Expression of Interest Application. An Organisation can participate as a Consortium Member in up to three applications. This could be up to three applications where they are a Consortium Member or two applications where they are a Consortium Member and one in which they are a Lead Organisation.

Consortium Members

3.7 Consortium Members (and the Joint Lead Organisation where applicable) will receive funds through the Administering Organisation. The Consortium Members are expected to play a substantial role in delivering the proposed activities alongside the Lead Organisation(s).

3.8 Consortium Members can be from LMICs or HICs. Consortium Member eligibility is not restricted to academic or research institutions and could include not-for-profit NGO and

civil society, government and public sector, academic research, or service delivery entities.

- 3.9 Consortium Members are responsible for supporting the Lead(s) in completing agreed project activities, meeting technical and reporting requirements related to their contributions, and complying with the terms set out in their respective individual consortium agreement.
- 3.10 Consortium Members will host individuals and teams that contribute specific expertise, resources, or capabilities to complement the overall objectives of the Consortium. This could include, but is not limited to, leading a strand of research, or meaningfully engaging in training and development or research ecosystem strengthening activities. Whilst they do not manage the grant directly, Consortium Members work closely with the Lead Organisation to ensure the successful execution of the proposed activities.
- 3.11 We expect all Consortium Members to be involved in designing the proposed activities and preparing the application. Support will be provided to further facilitate this for applications invited to submit a full proposal (see Section 4).
- 3.12 At full proposal stage, the commitment of each Consortium Member to delivering on the aims of the Consortium must be demonstrated within a Letter of Support, which includes a commitment to signing up to a consortium agreement if the application is successful.
- 3.13 A consortium should be predominantly made up of organisations whose legal entity is registered in a LMIC (per World Bank Country Classification list). However, organisations whose legal entity is registered in a country outside of this list can be a Consortium Member and receive funds.
- 3.14 All Consortium Members must be able to sign up to FCDO grant conditions that are required to be cascaded by the Administering Organisation.

Partnership expectations

- 3.15 The Centre will be a collaborative platform and it is required that management and governance arrangements within the consortium are designed to be inclusive. A Consortium must establish a Consortium-level agreement between the respective Lead Organisation(s) and Consortium Members. Organisations may use their own agreement formats or use the agreement template provided by FCDO ahead of the invitation for full proposals.
- 3.16 FCDO supports locally led research to ensure solutions reflect contextual realities and are relevant and tailored to local problems. Importantly, we acknowledge the need to diversify voices and perspectives, and change the balance of power in knowledge production, as the global health research system has been historically centred in the 'Global North'. This means supporting local research systems, beyond single studies, within governance and decision-making structures towards a more sustainable research ecosystem. This is reflected in the FCDO's Open Science approach and GRTD Approach Paper.
- 3.17 Applying Consortia are required to set out their approach to consortia management and equitable governance as part of the application.

Other eligibility requirements

- 3.18 The Research Centre will be funded through Official Development Assistance and must be for the direct and primary benefit of people in ODA-eligible countries (see [OECD DAC list](#)). Applications must demonstrate which countries on the OECD DAC list will directly benefit, how the application is directly and primarily relevant to the development challenges of those countries and how the outcomes will promote the health and welfare of these and/or others on the DAC list.
- 3.19 All FCDO research products to qualify as Her Majesty's Government (HMG) capital spend must follow an internationally recognised [OECD Frascati Definition of R&D](#) and be approved by the Chief Scientific Advisor, who is responsible for reporting FCDO R&D to the Office for National Statistics and internationally.

Further guidance

- 3.20 To support both FCDO project teams and researchers, FCDO R&D delivery follows the FCDO [Programme Operating Framework \(PRoF\)](#).
- 3.21 All FCDO funded research is expected to comply with the [FCDO Ethical Guidance for Research, Evaluation and Monitoring Activities](#); [FCDO guidance on safeguarding for external partners](#) and [UKCDR: Guidance on Safeguarding in International Development Research | UKCDR](#); [Government Social Research Assurance and Ethical Checklist](#); [Fraud reporting guidance for FCDO-funded grants](#); United Nations Framework Convention on Climate Change (UNFCCC) [Paris Agreement 2015](#); UK Government Guidance on [Aligning UK international support for the clean energy transition](#); the UK's [Environmental principles policy statement](#) as well as [FCDO's open access policy](#).
- 3.22 FCDO also strives towards embedding equality, diversity and inclusion in all R&D investments, including equitable research partnership principles such as developed by [Equitable Partnerships Resource Hub | UKCDR](#). See also [FCDO's Disability Inclusion and Rights Strategy](#).

4 Budget and finances

- 4.1 FCDO expects to allocate up to £12m to the SRHR Applied Research Centre. The Research Centre is expected to start in July 2027, with an initial inception period involving a progressive ramping up of activities, and run to March 2032. Indicative competition timelines are set out Section 8 below. Funding agreements could be extended if further funding becomes available in the future.
- 4.2 Research Centre budgets are not required at EOI stage. Teams invited to submit Full Proposals should prepare a budget in Pounds Sterling using the budget template provided.
- 4.3 For applicants invited to Stage 2 of the competition, up to £30,000 will be made available to support the development of full proposals. Applicants should submit a budget for how they would use this funding to support development of their Full Proposal, unless they choose to opt out of the proposal development grant. A separate budget template for the proposal development award is provided. Proposal development grants are subject to completion of light-touch due diligence and contracting with the RCC.

Eligible costs

4.4 The £30,000 proposal development award is intended to help applicants meet the costs associated with strengthening their consortium and preparing a strong, well-costed full proposal. Eligible costs include:

- a.) Travel, meeting and communication expenses for all Lead(s) and Consortium Members for the purpose of developing the full proposal.
- b.) Staff costs for Lead(s) and Consortium Members employed at LMIC institutions.

Proposal development awards may not be used for staff costs at HIC institutions, indirect costs or overheads, research or data collection costs of any kind. Only organisations named as consortium members in the EOI are eligible to receive funds from the proposal development grant. Please see the accompanying proposal development grant applicant guidance for more information.

4.5 The Research Centre is funded on a full-economic costing basis, including overheads, and is governed by FCDO's [Eligible Cost Guidance](#). More information will be provided to applicants invited to submit Full Proposals.

5 Competition process

Competition management

5.1 The Global Research and Technology Development (GRTD) Research Commissioning Centre (RCC) supports FCDO's GRTD portfolio by commissioning and managing research for global impact and scalable solutions. Led by the International Initiative for Impact Evaluation (3ie), the University of Birmingham, and a consortium of UK and global research partners, RCC works across the full research lifecycle, from designing funding calls to managing grants and tracking impact. The RCC is running this open competition for the SRHR Applied Research Centre on behalf of FCDO. Once the successful consortium is selected, the grant award and ongoing Research Centre management will be led by FCDO directly.

Application process

5.2 The SRHR Applied Research Centre call will be conducted in two stages. Initially, an open call will invite Expressions of Interest. A small number of these applications will then be invited to develop a Full Proposal in Stage 2.

5.3 Organisations wishing to compete for funding for the SRHR Applied Research Centre should submit their EoIs through the [RCC's grant management platform](#), SmartSimple, by **17:00 GMT on Monday 30 November**. Please refer to the guidance provided for instructions on how to navigate the system and submit your application. Expressions of Interest received after the due time and date will not be considered.

5.4 The following conditions apply:

- FCDO is unable to provide any advice to applicants on the content or administrative structure of the EoIs. Ministers and officials cannot meet with organisations to discuss the competition or the EoIs.
- When EoIs are shortlisted, the organisation submitting the Full Proposal must be the same as the organisation that submitted the EOI.

5.5 At any stage of the process, before funding agreements are finalised, FCDO reserves the right to annul the competition and not make any awards.

6 Evaluation process

6.1 A high-level eligibility check will be conducted to screen out ineligible applications.

Please note that Eols that do not conform to the guidance given in this document will be rejected without appraisal.

6.2 EOIs will then be assessed by a panel of expert reviewers against expectations as set out above using the following criteria (see Section 7 for more detail):

- Alignment with the scope of this call and potential impact (25%)
- Research quality (25%)
- Consortium Lead(s) and Members' expertise and capabilities (25%)
- Consortium structure and governance arrangements (25%)

6.3 FCDO's decision will be final and will not be open to appeal. The RCC will provide individual feedback only to shortlisted applicants invited to submit Full Proposals. Generalised feedback will be provided to everyone who submitted an EOI.

6.4 Organisations that are successful at the Expression of Interest phase will be invited to submit Full Proposals. Additional information about the proposal process will be provided to shortlisted applicants. Up to £30,000 will be made available to applicants progressing to Full Proposal stage to support the development of proposals including the full and equitable engagement of partners in this process, as specified in Section 4, subject to light-touch due diligence and contracting with the RCC.

7 Evaluation criteria

Alignment with call scope and intended impact	25%
• Clear understanding of the purpose and ambition of the SRHR Applied Research Centre. • Appreciation of the needs of FCDO and its partners. • Demonstration that the Centre will provide relevant, high-quality, timely, and actionable outputs and insights for advancing SRHR outcomes. • Geographic breadth among consortium partners, including diverse coverage of at least 6 LMICs and fragile and conflict-affected settings. • Experience with curating existing and emerging bodies of evidence, communicating research findings to diverse audiences, and facilitating research uptake and use.	
Research quality	25%
• Demonstrated thought leadership by LMIC organisations. • Strong appreciation of SRHR research needs and priorities, with strategic rationale for consortium thematic and geographic coverage. • Context expertise in the countries of research focus, including the lived experience of affected populations. • Compelling and equitable approach to research agenda co-design.	
Consortium Lead and Member expertise and capabilities	25%
• Consortium Lead(s)' capacity and experience managing large multi-year, multi-country research programmes and budgets, including partner coordination, contracting, financial disbursement and reporting, risk assurance and mitigation.	

• Cross-consortium SRHR expertise across multiple domains, including demonstrated through its proposed staffing. • Disciplinary breadth across some or all of clinical, social, economic, behavioural, gender, health systems, and policy determinants of SRHR outcomes. • Strong track record in applied SRHR research to inform policy and practice.	
Consortium structure and governance arrangements	25%
• Effective governance model and coordination strategy to deliver an ambitious research agenda and achieve the Centre's objectives. • Strong approach to ensuring equitable, inclusive and mutually beneficial partnerships, based on demonstrated prior experience. • Capacity for rapid mobilisation of expertise and responsiveness to time-sensitive requests.	

8 Indicative competition timelines

Competition (EOI) launched	30 September 2026
Virtual Q&A webinar	6 October 2026, 11:00 BST (10:00 GMT)
Deadline for submitting questions	6 November 2026
Deadline for Expressions of Interest	30 November 2026, 17:00 GMT
Applicants notified of shortlisting decisions	8 January 2027
Completion of due diligence and contracting for proposal development grants	26 January 2027
Full Proposal phase launched	1 February 2027
Deadline for Full Proposals	16 April 2027, 17:00 GMT
Funding decision to preferred bidder	28 May 2027
Accountable grant signed	Early June 2027

9 Contacts and guidance

8.1 Many questions about programmes funded by the FCDO are likely to be covered by existing guidance, particularly the Programme Operating Framework in 3.20. Applicants are advised to review this guidance for answers to questions.

8.2 Responses to Frequently Asked Questions (FAQs) not covered elsewhere will be published on the call page and circulated to the project mailing list. To submit a question, please contact **rcc@3ieimpact.org** using the subject line, "SRHR – Request for clarification". The RCC team will not respond to queries individually but will update the published FAQs at regular intervals to ensure all applicants have access to the same information. Please submit all questions by **Friday, 6 November**.

8.3 A Q&A webinar will be additionally held on **Tuesday, 6 October from 11:00-12:00 BST** (10:00-11:00 GMT) with the FCDO and RCC teams. Please see the call page for registration details. To keep up to date with announcements about this competition, [join the mailing list here](#).

Annex A: Lessons learnt which have informed this call for EOIs

We have drawn on learning from Centres of Expertise, 'What Works' models and evidence centres within FCDO, and analysis of existing evidence curation and management systems¹³ in the design of this Centre. However, the evidence on What Works Centres is limited, hence a proposed pilot approach. Key ingredients for success include a strong understanding of end-users of evidence, rigour in research methods used, mechanisms for curation and long-term demand generation. FCDO has, for many years, funded systematic evidence programmes, such as READ-It, that work closely with the Cochrane Collaboration and have ensured that research and implementation is founded on best available evidence and rigorous methodologies.

There are useful lessons from the 2020 evaluation of the Violence Against Women and Girls (VAWG) programme¹⁴ for research design and uptake.

- **Research:** The evaluation found that a **mixed-methods** approach offered the greatest chances for uptake, bringing together scientific evidence from randomised controlled trials (RCTs) that carries policy clout, when accompanied by qualitative research. Positive **equitable partnerships** and investment in people were essential for the generation and analysis of rigorous research data, including co-creation from the outset. Where possible, senior Global South researchers should drive contextual understanding and ensure research quality. Successfully **'reading across'** multiple programme components to find thematic evidence and learning is a specialised task but needs to be done from the outset to optimise learning. There are also useful recommendations on mentoring and use of Annual Scientific Meetings and Learning Events.
- **Uptake:** Good quality research is essential but insufficient to ensure that decisions, policies and programmes will be shaped by evidence. For sustained social change, evidence from research must be connected with and used by others, such as activists, women's organisations, and policy makers. The limited political priority given to maternal and newborn health, for example, is partly due to a lack of power of those affected, lack of advocacy coalitions, and a 'technically complex' topic, with no quick 'one size fits all' solution.¹⁵ While the SRHR Applied Research Centre will not conduct advocacy, it will need to work politically, understanding the key influential players in SRHR policy and programming. At a global level, the WHO Strategic and Technical Advisory Group of Experts for Maternal, Newborn, Child and Adolescent Health and Nutrition (STAGE) represents an important forum of world-leading experts with whom to engage to ensure global coherence and complementarity. The Centre will also need to make sure that evidence is locally relevant and accessible to country stakeholders, including policy makers and civil society groups, who can influence this agenda.

We recognise that the anticipated time scale (five years) is, in principle, limited to bring about change that is visible. The VAWG programme managed this, partly because of the pre-existing reputation of the people involved and the networks, credibility, and reputation that they brought with them. These 'reputational assets' are often underestimated in the design of a programme but are important factors in whether and how it achieves visibility, engagement, and traction around evidence generated.

¹³ HEART, Gibbs.E, Thomas.E, Lucas.B (2020) Understanding Evidence, Evidence Curation, Management and Uptake for Better Learning .

¹⁴ Crawford, S. with Lloyd-Laney, M., Bradley, T, Atherton, L., and Byrne, G. (2020), 'Final Performance Evaluation of DFID's What Works to Prevent Violence Against Women and Girls Programme', DFID's What Works to Prevent VAWG Programme, IMC Worldwide: Surrey

¹⁵ Shiffman, J., & Smith, S. (2007). Generation of political priority for global health initiatives: a framework and case study of maternal mortality. *Lancet*, 370(9595), 1370-1379. [https://doi.org/10.1016/S0140-6736\(07\)61579-7](https://doi.org/10.1016/S0140-6736(07)61579-7)