



Sexual and Reproductive Health & Economic Empowerment - Supporting Out-of-school Adolescent Girls' Rights and Skills (SHE SOARS) Program

Terms of Reference - National Consultant

for

Mid-Term Evaluation Study

Introduction

CARE International is a global network of independent national organizations working together across more than 100 countries to save lives, end poverty and fight social injustice. CARE is a humanitarian and development non-governmental organization committed to working with people of all genders, especially women and girls, communities, and institutions to have a significant impact on the underlying causes of poverty. CARE seeks to contribute to economic and social transformation, unleashing the power of the most vulnerable women and girls.

SHE SOARS Project

Project Name	Sexual and Reproductive Health & Economic Empowerment - Supporting Out-of-school Adolescent girls' Rights and Skills (SHE SOARS)
Funding	Global Affairs Canada
Implementing partners	Restless Development, Youth Coalition, the Center for Reproductive Rights, Reach Out Mbuya and Naguru Teenage Health and Information Center.
Project ultimate outcome	Increased enjoyment of health-related human rights by the most marginalized and vulnerable women and girls' rights holders, particularly out-of-school adolescent girls in Kenya, Uganda & Zambia.
Type of the study	Cross-sectional mixed methods mid-term evaluation

Proposed key approach and methodology	Quantitative Household Coverage Survey and Qualitative Gender and Power Analysis: Focus Group Discussions, Key Informant Interviews and Individual In-depth Interviews, Outcome Harvesting, and HMIS data analysis
Purpose of the study	Examine the current knowledge, attitudes, and practices related to sexual reproductive health and gender equality among adolescents, particularly out-of-school adolescents, to inform project improvement.
Study Population	Project participants, particularly out-of-school adolescents, their families, networks, and Health Care Providers
Geographic area	Uganda- Kampala, Terego, Madiokollo, and Arua districts in 25 sub-counties of Kampala (Nakawa & Makindye Divisions), Arua(Pajulu, Adumi, Oluko& Dadamu), Terego(Katrini , Uriama, Omugo, Aii-vu, Leju, Bileafe & Odupi), Madiokollo(Pawor, Ogoko, Ewang, Inde T/C, Uleppi, Offaka, Anyirabu, Rigbo S/C, Okollo T/C, Okollo S/C, Rhino camp T/C & Rhino Camp S/C.
Proposed start dates	April 1st 2024
Proposed end date	August 30th 2024

The project aims to increase the enjoyment of health-related rights on the part of extremely vulnerable and marginalized women and girls, particularly out-of-school adolescent girls between 10 and 19 years of age in Kenya, Uganda, and Zambia. The project has provided training and support for educators and health care providers to ensure that adolescents have access to comprehensive sexuality education (CSE) and provided CSE directly through skills and training packages for youth groups in all three project countries. The project is working with local groups, health care providers, and government ministries to build capacity and improve access to high-quality, evidence-based comprehensive sexual and reproductive health (SRH) services for out-of-school adolescents in an inclusive and adolescent-friendly environment. The project was informed by consultation with out-of-school and at-risk adolescents in the project countries and continue to work with local organizations and governments to advocate for sustainable transformations in the social, economic, and legal environments so that adolescents, particularly adolescent girls, can more easily access sexual and reproductive health (SRH) services and exercise their sexual and reproductive health rights.

Working in partnership with Restless Development, the Youth Coalition for Sexual and Reproductive Rights, the Center for Reproductive Rights and through partnerships with local Women's Rights, and Youth-Led Organizations, the project puts out of school adolescent girls' needs and rights at the center of activities and is anticipated to directly support 189,922 (75%) out of school adolescent girls and 50,646 (20%) out of school boys (10-19 years) across the target communities.

The project will increase the enjoyment of health-related human rights on the part of extremely vulnerable and marginalized women and girls, particularly out-of-school adolescent girls aged between 10 and 19 years old in Kenya, Uganda, and Zambia through three interconnected pillars: (1) increased equitable use of SRHR health services by diverse groups of women, adolescent girls, and children's rights holders, particularly out-of-school adolescent girls; (2) improved provision of gender-and adolescent-responsive, inclusive and accountable health services by health care providers for diverse groups of women, adolescent girls, and children's rights holders, particularly out-of-school adolescent girls; and, (3) improved effectiveness of key stakeholders, particularly women's and girls' rights organizations to advocate for evidence-based, accountable and equitable adolescent SRHR policies, legal frameworks and services.

Project activities include: 1) providing training and support for educators and health care providers to ensure that adolescents have access to comprehensive sexuality education (CSE), and providing CSE directly through skills and training packages for youth groups in all three project countries; 2) working with local groups, health providers, and government ministries to build capacity and improve access to sexual and reproductive health and rights (SRHR) services for out-of-school adolescents; 3) financial and capacity support to Women's Rights Organizations and Youth-Led Rights Organizations to conduct advocacy on SRHR to influence legal and policy change; 4) deep community engagement and accompaniment to transform social and gender norms that are barriers to adolescent girls' and boys' rights, including the right to bodily autonomy.

In Year one of the project, a baseline study was conducted with the purpose to:

- 1) Establish baseline values for all indicators for the SHE SOARS project as set out in the Performance Measurement Framework (PMF)
- 2) Examine the knowledge, attitudes and practices related to sexual reproductive health and gender equality among adolescents, particularly out-of-school adolescents, to inform project implementation.
- 3) Contribute to the evidence base surrounding Gender Equality and Sexual and Reproductive Health outcomes for adolescents.

- 4) Identify programmatic priorities and approaches through key informant interviews with stakeholders such as government staff, community leaders, health care providers and staff from other sexual and reproductive health rights projects.

The project has been running for the past three years since 2021. It is against this background that a Mid-Term Evaluation (MTE) will be conducted in the fourth year of the project.

MTE Scope

The proposed scope of the mid-term evaluation will involve undertaking a cross-sectional mixed methods approach:

1. A coverage survey at household level that targets households with at least one female adolescent member (15-19 years old), uses a structured questionnaire about sexual and reproductive health and gender equality and allows for sex, age and in-school/out of school disaggregated quantitative data.
2. A qualitative gender and power analysis study that provides contextual information about beliefs and behaviors related to sexual and reproductive health and gender equality among adolescents, particularly out-of-school adolescents, their families, and networks. Focus Group Discussions (FGDs) will also address how different interventions (peers groups, Youth Savings and Loans Associations (YSLAs), Community Score Card (CSC), Social Analysis and Action (SAA) contributed to other project outcomes such as women's empowerment and access to health services.
3. Key Informant Interviews with intermediaries and key stakeholders to document successes, challenges, and lessons learned, in particular regarding:
 - a. Youth engagement
 - b. Utilization of knowledge by Youth Led Organizations (YLOs) and Women Rights Organizations (WROs)
 - c. Partnership and consortium management
 - d. Safeguarding

Proposed Research Questions

The following are the key questions to be addressed by this multi-faceted study, taking into account process and outcome evaluation requirements:

Process evaluation:

- What is working well? What is working less well? Documenting successes, challenges, and lessons learned in terms of implementation and sustainability, for example, uptake of project's activities, the institutionalization of approaches at Health Facility, the functionality of youth structures, Feedback and Accountability Mechanisms (mainly using Key Informant Interview [KII] guides)
 - Pillar 1100: Community engagement
 - Peer groups: girls clubs, Role Model Boys (RMB)
 - Community Score Card
 - YSLA and Inter-generational Dialogues (IGAs), skilling programs
 - Gender transformative activities: SAA, IGDs, social norms for gatekeepers
 - Pillar 1200: Health Systems Strengthening
 - Training and mentoring of (Health Care Providers) HCP (values and biases)
 - Management teams, village health and Health Facility committees, Technical Working Groups (TWGs)
 - Community Health Volunteer (CHV) and outreach
 - Pillar 1300: Advocacy
 - Capacity building of WRO and YLOs
 - Convenings, movements, forums

Outcome evaluation:

- Pillar 1100:
 - What are the current knowledge, attitudes and practices related to ASRHR among adolescents, particularly out-of-school adolescents? How has it changed since the baseline? (Household coverage survey targeting project participants)
 - 1100 %/total of girls 15-19 making their own informed decisions regarding sexual relations, contraception, and reproductive health care (to be addressed by GPA focus groups)
 - 1110 %/total of girls and boys 15-19 who know how to access SRHR services
 - 1110 %/total of adolescent girls who have high capability to perform economic activity (attending school or TVCE)

- 1120 %/total of women, men, adolescent boys and girls who report improved communications between adolescents and parents about ASRH
 - 1120%/total of women, men, adolescent boys and girls who report gender-equitable attitudes toward women's and girls' sexual agency
 - % of adolescents that have accessed ASRH services
 - 1200 %/total of adolescent girls aged 15-19 using modern contraception.
- How has the enabling environment changed to allow the modified behavior without sanctions considering intersectional factors – in/out of school, adolescent mothers? Are there any unintended consequences? (Gender and Power Analysis)
- How has agency, control and decision making over adolescents' bodies, gender power relations, and harmful gender social norms transformed as a result of the project's interventions (peers groups, YSLA, skilling program, CSC, SAA)? (GPA)
- Have aspirations regarding adolescent girls' lives changed in the community since the baseline study? Is there any indirect attribution to the project?
- Has the CHE model helped adolescents access health products conveniently (time, affordable and proximity)?
- Has the presence of CHEs and the products improved health - seeking behaviors among adolescents?
- Has the CHE model helped adolescents earn extra income?
- Pilla 1200:
 - How do management teams and village committees perceive their capacity to coordinate ASRHR services? To which extent are the recommendations from supportive supervision put into practice? What is the level of youth engagement? What is the status of environmental health aspects? (use KIIs and direct extraction of HMIS data)
 - 1130 #/total and %/total of all Community-level health advisory structures with meaningful youth involvement
 - 1210 #/total and %/total of HF with youth friendly services
 - 1220 #/total and %/total of HF with full availability of contraception methods on the day of assessment (HMIS)
 - 1220 #/total and %/total of gender responsive supportive supervision visits per health facility.

- 1230 # of adolescent girls and boys provided with SRH information and services through SRH outreach (HMIS)
 - 1212 #/total of HCP who receive mentoring visits
 - 1232 #/total of HFs equipped to deliver adolescent and gender responsive SRH services
- Pillar 1300:
 - How do WROs and YLOs perceive the project contribution to their capacity to hold national, district and local duty-bearers accountable for adopting and/or implementing comprehensive ASRHR policies and services? (Outcome harvesting - KIIs)
 - Knowledge on engagement with accountability mechanisms.
 - Knowledge on legal and policy research and analysis.
 - Knowledge on evidence based legal and policy advocacy.
 - Engaging with new accountability mechanisms. How useful the knowledge was in their engagement with accountability mechanisms.
 - Undertaking legal and policy research and analysis and identifying legal and policy priorities
 - Developing multi-year national legal and policy advocacy strategies
 - Influencing SRHR standards and services
 - Who are the stakeholders (duty-bearers, influencers) that drove the changes that were achieved? What explains their relative influence/contribution?
 - What do the outcomes we attained say about the impact of our intervention strategies (what works, what seems to have less influence)?
 - How do WROs and YLOs perceive the project contribution to their level of regional coordination? (Outcome harvesting & advocacy logs)
 - 1300 #/total of supported WROs & YLOs reporting increased ability to engage in networks, alliances, platforms, and movements.
 - 1300 #/total targeted policies, laws, standards, and services that were influenced by interventions (such as advocacy, consultation, collaborative drafting, briefings) from women's rights organizations, networks, and alliances.
 - How have implementing partners, local partners internally mainstreamed gender throughout project implementation

and institutional practices? (are there gender sensitive staff recruitment processes? availability of gender responsive budgets, strengthening internal PSHEA policies etc) (KIIs)

Approach and Methodology

In Uganda, the mid-term evaluation data collection will take into consideration the following aspects:

- Data source (primary and secondary) adaptation of provided data collection tools for country context.
- Data collection in the targeted communities in the respective Countries.
- Data analysis and interpretation of quantitative data.
- Data analysis for the qualitative Gender and Power Analysis data.
- Outcome harvesting of the progress being recorded by Project's Women Rights Organizations and Youth Led Organizations.

Household Coverage Survey:

The coverage survey will follow the John Hopkins University (JHU) RADAR guidance on the following link (<https://www.radar-project.org/coverage-survey>) and DHS methodology on the link below: (<https://dhsprogram.com/methodology/Survey-Types/DHS-Methodology.cfm>). The consultant will conduct data collection on randomly selected households with at least one female adolescent member (15-19 years old) in areas where the project is being implemented. In each household up to 4 members will be interviewed if present: a female adolescent, male adolescent, female adult and male adult. The interview with each member should last less than 1 hour. The questionnaire will contain social-demographic questions, sexual reproductive health questions and gender equality questions sufficient to provide data for calculating project indicators as described in the Performance Measurement Framework (PMF).

Deliverables:

The National Consultant will be responsible for the following deliverables:

Activity	Deliverable	Approximate number of days
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Develop Inception report	Inception report, with a field plan	2 Days
Design Sampling Strategy	Sample Design and strategy for approval	3 Days
Review, adaptation and translation of data collection tools in Local language	Final Data Collection Tools	5 Days
Development of study protocols for Expedited Ethics Review	Study protocols	5 Days
Configuration of study protocols on a digital platform (Kobo)	Link to the tools	2 Days
Selection and Training of Enumerators	Training Manual and PowerPoint Slides	5 Days
Data Collection	Raw dataset with dictionary and syntax	15 Days
Verbatim Transcription of qualitative data	Qualitative Transcripts	10 Days
Preparation of the Mid-Term Evaluation Report (H/H Coverage, GPA and Outcome Harvesting report.	MTE (H/H coverage, GPA and Outcome Harvesting) Report	10 Days
Facilitate results' sense-making, validation and dissemination meetings	Presentations	3 Days
Total Number of Days		60 Days

Qualitative gender data collection:

- Focus group discussions guided by semi-structured open-ended questions will examine adolescent girls and boys in and out of school, and women and men's beliefs and behaviors in relation to gender and sexual reproductive health. The National Consultant will conduct FGDs, IDIs and KIIs in the respective countries. It is expected that the National Consultant will work with Qualitative Data Collectors trained specifically in qualitative data collection and with proven past experience that are fluent in local language(s) and in English. The data collection tools will be provided and can be adapted to the local context.

Deliverables:

- FGD/KII/IDI guides in English and translated into local language
- Selection and training of facilitators on do no harm, obtaining consent, confidentiality, FGD/KII methodology and FGD/KII guides
- Conduct and supervise FGDs/KII/IDI
- Taped/recorded voice conversations of the FGDs/KII/IDI
- Verbatim transcription and translation of documents/files of the FGDs/KII/IDI
- Report containing data collection procedures and limitations, qualitative data from Key Informant Interviews, (FGD, KII and IDI transcripts)

Roles and Responsibilities

The mid-term evaluation will be conducted in Uganda in 4 districts, Kampala, Arua, Terego, and Madiokollo, and 25 sub-counties, managed by a Principal Investigator (PI) – SHE SOARS National and Regional MEAL Advisors (based in Uganda and Lusaka, Zambia respectively), with technical support from the SHE SOARS MEAL Specialist Canada. The PI will manage and oversee the Consultant who will be involved in the day-to-day activities of the evaluation: data collection, data analysis, and report writing. The specific roles and responsibilities are outlined below:

Principal Investigator – National and Regional MEAL Advisors.

- Overall coordination and management of the mid-term evaluation study in the three countries
- Participate in the hiring of National Consultants
- Coordinate the Ethics approval process.
- Test of the digital platform for data collection
- Attends training of Enumerators where possible
- Conducts supervisory visits during data collection to ensure quality and consistency across countries.
- Assist in random sampling for the households and communities.
- Ensure that evaluation deadlines are met.
- Support results in sense-making, validation, and dissemination sessions.
- Archives mid-term evaluation raw data

SHE SOARS MEAL Specialist - CARE Canada responsible for:

- Providing technical support on methodology, particularly sample design and calculation of indicators
- Participate in the hiring of National Consultants
- Input into questionnaire and interview guides
- Review survey training materials
- Test of digital platform for data collection
- Provide report template

National Consultant

- Responsible for day-to-day management and coordination of evaluation activities
- Prepares research protocol.
- Responsible for translation of study tools and consent forms

- Applies for expedited ethical approval.
- Prepares the inception report and training manual.
- Leads on recruitment of enumerators and facilitators.
- Leads on training of enumerators and facilitators.
- Responsible for ODK/Kobo program
- Undertakes preparation and logistics for data collection.
- Supervision of data collection, data entry, data cleaning, transcriptions, and translation.
- Undertakes data analysis and provides raw datasets and transcripts to the PI in time.
- Prepares report of data collection procedures and limitations with tabulation of all questions
- Compile household survey, gender power analysis and Outcome Harvesting report.
- Facilitate the sense-making, validation, and dissemination of mid-term survey results with varied stakeholders.

Ownership and Disclosure of Data/Information

All documents, project designs, drawings, data, and information shall be treated as confidential and shall not be shared without the written approval of CARE or be made available to any third party. In addition, the consultant(s) formally undertakes not to disclose any parts of the confidential information and shall not, without the written approval of CARE, be made available to any third party. The utilization of the reports, training materials and protocols is solely at the decision and discretion of CARE. All the documents containing both raw data/materials provided by CARE and final report, both soft and hard copies are to be returned to CARE upon completion of the assignment. All documentation and reports written as, and as a result of the research or otherwise related to it, shall remain the property of CARE. No part of the report shall be reproduced except with the prior, expressed and specific written permission of CARE.

Consultant qualifications

The interested Consultant should have a long history of experience in public health and sexual reproductive health rights with preferred background and experience in gender. He/She must have the following skills and qualifications:

- PhD/Msc level
- Expertise on quantitative and qualitative data collection and analysis

- Sound knowledge and practical experience in fields of social sciences, gender, and policy analysis.
- Proven ability to manage large teams of Enumerators.
- Experience with using digital data collection for similar surveys.
- Experience designing databases, performing data entry and data analysis.
- Ability to supervise and manage data entry for quality control.
- Practical experience of using statistical methods with SPSS or STATA
- Experience in designing questionnaires and data collection using mobile technology (ODK or Kobo Collect).
- Desired experience with qualitative software such as Nvivo or Atlasti.

Proposal Submission Requirements

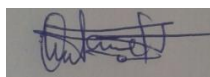
A technical and financial proposal on the basis of this Terms of Reference (ToR) is requested from individual Consultants or Consulting firms. The proposal should contain:

- A technical proposal with a detailed plan of action for field work indicating staff days required.
- Specific roles and responsibilities of the team leader, supervisory chain, and other core members of the evaluation team
- Schedule of key activities
- Detailed budget in local currency
- Updated CV of Team Leader and other core members of the Evaluation Team
- A profile of the consulting firm (including a sample report if possible)

Proposal Submission Timeline

Interested and Qualified applicants who meet the criteria indicated in the TOR should electronically submit both Technical and Financial proposals **by Friday 22nd March 2024** to; UGA.Procurement@care.org

Approved by: Sam Okello; Ag. Program Quality and Learning Manager



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