

Terms of Reference (TOR)

PROTECT SRHR Project Baseline Survey 2025

Project Summary

Project Title	PROTECT- SRHR
Project Type	Sexual Reproductive Health
Project Duration	4 Years (November 1, 2024, through October 31, 2028)
Type of study	Baseline Survey
Study location	Pakwach, Koboko, Maracha, Terego, Nebbi and Yumbe
Number of target clients	787,016 Adolescents and young people aged 10-24 317,289 Women of reproductive age aged 25-49
Number of target service points	163 health facilities ; 6 hospitals, 7 HCIV, 87 HCIII, 63 HCII. 610 schools ; 497 primary schools, 113 secondary schools.
Donor	Embassy of the Kingdom of the Netherlands
Duration of the assignment	Approximately 80-90 working days
Expected start of assignment	March 2025

International Rescue Committee (IRC) Background

The **International Rescue Committee (IRC)** in **Uganda** is a lead responder to the humanitarian and development needs of refugees and host communities through quality, client-centered, inclusive, and integrated health, livelihoods, protection, and education services that promote sustainability, resilience, peaceful co-existence, and partnerships. Operational **since 1998** in response to the humanitarian crisis in Northern Uganda resulting from the Lord's Resistance Army-induced conflict, the IRC has subsequently expanded to provide critical services for refugees and vulnerable Ugandans across the country.

Project Background and context

The International Rescue Committee (IRC) and its consortium partners including World Vision (WV), Reach A Hand Uganda (RAHU) and Humanity & Inclusion (HI), as well as strategic partner Open Capital Advisors (OCA), received a four-year grant from the Embassy of the Kingdom of Netherlands (EKN) aimed at improving the Sexual Reproductive Health and Rights (SRHR) and social wellbeing of over one million adolescents, young people, and women of reproductive age by reducing preventable maternal deaths, unmet needs for family planning, teenage pregnancies, Sexual and Gender-Based Violence (SGBV), child marriage and new HIV infections, among refugees and host populations in six districts of West Nile in Uganda.

This project will be implemented in partnership with the Ministry of Health (MoH), Ministry of Education and Sports (MoES) Ministry of Gender, Labor, and Social Development (MoGLSD), respective district local governments and authorities, other implementing non-state partners and, multiple community structures across the region.

Project Scope

The project will be implemented in these 6 West Nile districts: Koboko, Maracha, Terego, Nebbi, Pakwach and Yumbe.

Key result areas (Outcomes/Impact , Intermediate outcomes and outputs)

Impact: Improved Sexual Reproductive Health and Social Wellbeing of adolescents, young people, and women.

At impact level the program will contribute to these results in the targeted districts:

- Reduction in Maternal Mortality
- Reduction in Sexual Gender Based Violence
- Reduction in Total Fertility Rate
- Reduction in Child Marriage
- Reduction in Teenage Pregnancy
- Reduction in Unmet need for contraceptive
- Increased Modern Contraceptive Prevalence Rate (mCPR)
- Increased school retention, primary and secondary
- Increased school completion, primary and secondary
- Reduction in new HIV infections among adolescents and youth

Intermediate Outcomes

Intermediate outcome 1: Increased access to and utilization of SRHR & SGBV services by women, adolescents, and young people (10-24), including marginalized groups.

The project aims to achieve these results under this intermediate outcome.

- Reduce the Institutional Maternal Mortality Ratio in health facilities in targeted districts.
- Increase the Proportion of births attended by skilled health personnel in target districts.
- Increase the number of adolescents and young people, and women of a reproductive age provided with SRHR services (Maternal Health- ANC/Safe Delivery/Postpartum, Contraceptive services; Cervical cancer screening and management, HP-Vaccination and Post Abortion Care).
- Increase in the number of adolescents and young people, and women of a reproductive age that received STI management (including HIV counselling and testing).
- Increase in the number of adolescents and young people, and women of a reproductive age that experienced SGBV and accessed health services (including mental health).
- Increase the number of women and girls enrolling to use modern contraceptives (new uptakes) and reduce discontinuation (continued use).
- Increase in couple years of protection (CYP)
- Increase in the number of people (including young people), reached with SRHR/SGBV information/sensitization and mobilization to transform social norms.
- Increase in the number of young people reached with comprehensive, correct information on sexuality, HIV/AIDS, STIs, pregnancy, and contraception and GBV prevention and response.
- Increase in the number of people in the program communities with positive attitudes towards at least five (05) gender equitable social norms.
- Increase in the number of individuals provided with comprehensive post abortion care services.
- Reduce Adolescent birth rate.
- Increase in the number of unintended pregnancies averted.
- Increase in the number of unsafe abortions averted.
- Increase in the number of maternal deaths averted.

Intermediate outcome 2: Improved retention and completion rates of girls and boys in primary and secondary schools.

The project aims to achieve these results under this intermediate outcome.

- Increase Primary school completion rate in the targeted schools.
- Increase Lower secondary school completion rate in the targeted schools.
- Increase Primary school retention rate in targeted schools.
- Increase Lower secondary school retention rate in targeted schools.
- Reduce School Absenteeism due to menstruation among female learners in targeted schools.

Output 1.0: Public health facilities and community service delivery points offer integrated, quality, equitable and inclusive SRHR & SGBV services within climate and epidemic resilient health systems.

At this output, the project aims to achieve these results:

- Increase number of service providers (health workers and community health workers) trained/mentored integrated, quality, equitable, and inclusive SRHR & SGBV services.
- Increased percentage of relevant providers in the public sector facilities supported by the project that meet competency Level 1 in the services they provide. (improve health worker competencies)
- Reduce the percentage of health facilities experiencing no stock-outs of at least three modern FP methods over a period of three consecutive months. (reduce stockouts)
- Increase number of health facilities providing youth friendly SRHR, SGBV and HIV/AIDS services
- Increased percentage of clients satisfied with the quality of SRHR, SGBV & HIV/AIDS services (improve client satisfaction with the services offered)
- Increase percentage of targeted CEmONC & BEmONC facilities meeting the minimum standards for availability, usability, and quality of signal functions for emergency obstetric and newborn care. (increase health facilities with capacity to deliver CemONC & BemONC)
- Increase number of health facilities implementing climate-smart and epidemic-resilient SRHR service delivery models
- Improve inclusiveness and friendliness of the targeted health facilities (youth and disability responsiveness and friendliness).
- Improve capacity of health facilities to secure continued delivery of health services in times of crisis (climate / Epidemic).
- Increase number of health workers trained on climate change adaptation, disaster preparedness, and epidemic response for SRHR service continuity.
- Increase timely utilization of post SGBV healthcare services among survivors.

Output 2.0 Primary and secondary schools and community settings have strengthened their capacity to deliver sexuality education, prevent and respond to GBV, and are safe, inclusive, and adaptive to youth needs Adolescent SRHR, Maternal health, DD, FP, and GBV issues presented to the district council, passed, and implemented.

Under this output project aims to achieve these results:

- Increased percentage of young people aged 10-24 years with comprehensive correct knowledge of HIV.

- Increase the number of structures (schools & community structures) with capacity and engaging in delivery of life age-appropriate skills-based sexuality education, SRHR information/education to young people.
 - Increase number of resource persons with capacity built to provide age appropriate SRHR/SGBV information to young people.
 - Increased number of teenage mothers (10-19years) reintegrated back to school.
 - Increase percentage of adolescents and young people in targeted schools with positive attitudes to at least five (05) gender equitable social norms.
 - Increase percentage of adolescents and young people in targeted schools with age-appropriate knowledge regarding sexuality, pregnancy, and pregnancy prevention and SGBV.
 - Reduction in dropout rate in the targeted primary schools, due to teenage pregnancy and child marriage
 - Increase percentage of in-school sexually active adolescents and young people using modern contraceptive methods.
- Increase percentage of young people (unmarried) in the targeted communities, who report that their teachers, parents, health workers and community members are supportive to them, on matters of their sexual and reproductive health.

Output 3: Young people (10-24 years), especially adolescent girls and marginalized groups (Youth NEETS & PWDs); and women of reproductive age, realize their SRH rights in a supportive socio-cultural and policy environment at all levels.

At this output level, project aims to achieve these results:

- Increase number of adolescents and young people, and women of reproductive age, including marginalized groups, reached with life skills programs (Girl Shine, WGSS, School clubs, livelihood groups) that build their health and social assets.
- Increase number of cultural and religious leaders reached with information on elimination of all forms of violence including harmful practice and promoting gender equality practices.
- Increase percentage of cultural and religious leaders with improved attitudes and practices towards elimination of all forms of violence including harmful practices and promoting gender equality practices.
- Increase number of SGBV survivors referred by the program to access justice services Increase percentage of out of school adolescents and young people, and women of a reproductive age reporting autonomy to make their own decisions around SRHR & SGBV
- Increase number of religious and cultural institutions that develop and effectively implement action plans to shift negative gender and social norms affecting demand and utilization of SRHR & SGBV services among women and adolescent girls. Increase percentage of individuals (decision makers, political and technical leaders) in targeted districts reached through the program, with improved attitudes and practices towards elimination of all forms of violence including harmful practice and promoting gender equality and practices Increase percentage of program beneficiaries (25yrs and above) in targeted communities with positive attitudes towards to at least five (05) gender equitable norms

Output 4: Women, adolescents and young people, especially marginalized groups, are economically empowered to overcome barriers to access and utilization of SRHR, SGBV & education services.

At this output level, the program aims to achieve these results.

- Increase percentage of program participants who demonstrate increased income from IGAs, VSILAs, or business activities by the end of the program period. Increase number of women and youth trained on business skills.
- Increase number of women and youth linked to markets (Input and output markets) and financial institutions.
- Increased value of savings in USD from VSILA groups
- Increase number of individuals (including youth, women of a reproductive age, PWDs and teenage mothers, SGBV survivors, children headed households, female headed households) economically empowered.

Output 5: Strengthened governance and accountability mechanisms for social services (health, Education, SGBV Response) at all levels within the district social services delivery system.

The program will achieve these results in the targeted districts.

- Strengthen government led coordination (including multisector coordination) for improved coordination and better collaboration among SRHR, GBV, and Education activities in the districts/subcounty.
- Increase district local government financing for SRHR, GBV, and Education services.
- Facilitate effective locally led evidence-based advocacy and accountability, for service delivery (at school, health facility, community, and district level).
- Strengthened and functional District Committee on Adolescent Health (DICAH)
- Strengthened Maternal Perinatal Death Surveillance and Response (MPDSR) committees at district and facility levels.
- Partners satisfaction with the district led coordination mechanism around SRHR, SGBV and Education coordination.
- Strengthen the implementation of action plans from accountability dialogues held at district, subcounty and community level including schools on social service delivery and SRHR for all and address SGBV.
- Strengthen meaningful participation of the youth in policy and decision-making bodies and platforms at regional, district and community levels.
- Increase number of communities, CSOs and advocacy networks with increased lobby and advocacy capacities

Purpose and scope of the Baseline Survey

The overall objective of the baseline survey is to provide reliable and relevant baseline information, to be used as a benchmark for measuring project performance. The baseline will collect data on key project indicators as presented in the project log frame which will serve as a reference point to assess progress throughout the project duration. Additionally, the baseline will generate information relevant to guide the project in shaping its design and sharpening its strategies, and activities, determine whether the underlying assumptions are accurate in relation to leading to the desired behavioral change.

Specific objectives of the baseline survey

1. Establish baseline values for the selected indicators (intermediate outcome and output level), in the six (06) intervention districts & selected control districts.
2. Assess whether the current strategies, models, and tools will be effective to create the desired changes/results on intermediate outcome and output indicators, and give recommendations for strengthening aimed results.
3. Conduct a social norms analysis and identify prevailing social norms and gender roles in the target communities that: drives unequal power relations between men and women; promotes /perpetuates Sexual Gender based Violence: hinders Contraceptive use; promotes Child marriage; teenage pregnancy.
4. Provide recommendations for strengthening cross programmatic complementarity (in strategies and geographically) between the Program and other projects in the targeted districts.
5. Assess relevance of the program to the intended beneficiaries and provides recommendations to strengthen its relevance to the program beneficiaries.

Scope of the Study

The study focuses on gathering information on various result levels of the project.

- **Geographical Scope:** Regarding the geographical scope, the baseline study will cover districts in the West Nile sub-region as mentioned above.
- **Content scope:** Of content scope, the baseline survey is to provide reliable and relevant baseline information which will be used as a benchmark for measuring project impact, including cross-cutting themes on Gender Equality and Social Inclusion.
- **Time scope:** Regarding time scope, this baseline study will have to be completed within 80-90 working days from the date of contract signing.

Methodology

The consultant will be required to develop a robust methodology that is technically sound which shall be reviewed and approved by IRC before field engagement. This will include specification of the techniques for data collection and analysis, **sampling techniques, and sample size** among others. Additionally, the methodology should include examining the project's Theory of Change and Results Framework, with particular attention to the identification of assumptions, risks, and mitigation strategies, and the logical connection between levels of results and their alignment with outcomes and impact. The tools must be able to collect both quantitative and qualitative data and must be friendly and participatory. The Consultant will collaborate with the PROTECT SRHR Consortium team to review existing tools and develop any other tools that might be required for data collection.

The methodologies chosen for the Baseline study should be robust enough and replicable across baseline, mid-term, and end-term evaluations to generate strong evidence on project impacts.

Key Responsibilities

The selected consultant will be primarily responsible to:

- Develop a baseline study inception report including detailed methodology and proposed tools.

- Develop and implement a detailed Baseline study workplan.
- Work closely with the PROTECT SRHR team during the design of the methodology/ tools; agree on the tools that will be used.
- Protocols and ethical review clearance. Seek clearance of the field activities and researchers from relevant authorities where applicable.
- Constitute, deploy, and supervise a competent Baseline study team.
- Conduct a Baseline study results validation workshop.
- Sign the IRC Uganda Safeguarding Policy and abide by the terms and conditions thereof.

Responsibilities of IRC

- Develop the Baseline terms of reference.
- Provide administrative support to the Baseline team e.g. introducing the baseline team to key stakeholders.
- Review and approve the study design, methodology, and data collection tools.
- Review reports and provide feedback to the consultant and approval of the final report. The reports include the Inception report and study report.
- Arrange or mobilize key stakeholders as per the agreed assessment methodology and work plan.
- Ensure compliance with contractual obligations between the study partners/stakeholders.
- Provide necessary documents to support the study.

Expected Outputs and deliverables.

- Inception report (study protocol): before initiating the study, to be submitted electronically in English and detailing the below.
 - Study approach: sampling strategy and sample size, data collection strategy and methodologies, study tools, indicators, alignment with log frame, suggestions for participatory monitoring and evaluation, data analysis methodology strategy for continued monitoring, ethical considerations including consent forms and data protection plan, etc.
 - Work plan including data collection processes as well as a quality assurance plan setting out the systems and processes for assuring the quality of the research process and deliverables (piloting of research activities and tools; training of enumerators; logistical and management planning; fieldwork protocols and data verification; data cleaning and analysis).
- Draft baseline report after data collection:
 - Summary of the methodology of the study, specifying any limitations/complications and changes to the initial design.
 - Presentation and interpretation of baseline values for all project indicators at all results levels (gender and age disaggregated).
 - Recommendations for adaptations of the results framework of the project including a detailed clarification on the outcome indicators.
 - Monitoring methods for measuring the impact and sustainability of interventions and collecting and analyzing baseline data related to this.
 - Conclusions and recommendations to enhance the project's success.

- Final baseline report considering the feedback from PROSPECT SRHR Consortium partners and the partners and adjustments of the draft report.
- Baseline database including all primary data collected and secondary data sources.
- Presentation of evaluation findings at a dissemination workshop for the stakeholders

Expected profile of the consultant

The consulting firm or consultant(s) will be selected based on their proven experience, qualifications, and ability to deliver a quality product in a timely and efficient manner. Particular qualifications and experience of the lead consultant and team members include:

Team leader

- A master's degree or higher (PhD) in public health, social sciences, Population and Demographics.
- General professional experience: 10-15 years of working experience in any of the above-mentioned discipline in the context of adolescent, youth, and women.
- A strong background in evaluation of large programs focusing on social norms change, Health systems strengthening, social protection, developmental social work, maternal health, adolescent sexual and reproductive health.
- Previous experience working with marginalized groups, including women, youth and persons with disabilities is an asset.
- Proven experience in conducting quantitative systems strengthening evaluations with strong statistical analysis skills; should complement that quantitative research with qualitative data.
- Excellent communication skills, especially the ability to write clearly in English.
- Share records of assignments conducted in the last five years and at least 2 referees.

Required expertise mix within the team.

- Medical Anthropologist (Masters). At least 10 years of technical working experience. Experience in conducting program evaluations.
- Gender Expertise (Masters in Gender). At least 10 years of technical working experience. Experience in evaluating social norms change programing.
- Familiarity with the national health, education and social systems including data management systems like DHIS2, MTRAC, OVCMIS, EMIS and GBVMIS.
- MEAL expert/Biostatistician (Masters). At least 10years working experience. Experience in conducting program evaluations.
- Excellent communication skills, especially the ability to write clearly in English.
- Previous experience working with marginalized groups, including women, youth and persons with disabilities is an asset.
- Proven experience in conducting quantitative systems strengthening evaluations with strong statistical analysis skills; should complement that quantitative research with qualitative data.

Duration and time frame

It is expected that the baseline study will take not more than 03 months. This will include time for data collection, analysis, report writing and presentation to IRC.

Application process:

Interested consulting firms or individuals should submit a technical and financial proposal based on the terms of reference.

- Detailed response to TOR, with a specific focus addressing the purpose and objectives of the assignment, methodology to be used, and key selection criteria.
- Technical profile of the firm/consultant. (Not more than 2 pages -other information can be included as annexes including sample copies of relevant work)
- Detailed survey plan for the exercise and indicated the fieldwork including the staff days required. Schedule of key activities preferably in a format such as a Gantt chart.
- Proposed composition and roles of the team members. Share the CVs for the consultants as annexes.
- Lead consultant should show evidence for human subjects' research training certificates (CITI, PHRP, etc) received from a recognized institution.
- Detailed budget with justification. The external evaluation proposal should include a reasonably detailed budget to cover all costs associated with the evaluation. The detailed budget should include a breakdown of the lead investigator and research assistants' wages and allowances, data collection and fieldwork costs, data transcription and analysis costs, transport, and accommodation for the duration of the evaluation, etc.
- Additionally, provide a List of projects completed in the last 5 years, a minimum of two projects (project name, client, budget, and sample report).

Ethical considerations

The consultant will ensure that all activities and consultations comply with ethical standards, including confidentiality, respect for local customs, and safeguarding the rights and dignity of participants, especially adolescents and marginalized groups.