



## Adolescent Sexual and Reproductive Health and Rights (ASRHR) Project

### Terms of Reference: Project Evaluation

**Save the Children Sweden is calling for applications from interested consultants to undertake the Project Evaluation of the Adolescent Sexual and Reproductive Health (ASRHR) Project.**

<b>Project Title</b>	Adolescent Sexual and Reproductive Health and Rights (SRHR) at the fore: Working with children and young people as agents of change for better health outcomes
<b>Project Location</b>	Kenya, Malawi, South Africa, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe
<b>Project Period</b>	August 2016 – October 2019
<b>Project Period Being Evaluated</b>	August 2016 – December 2018
<b>Evaluation timeline</b>	March – May 2019

#### 1. Project Background

Save the Children Sweden (SCS) is implementing the ASRHR project with the primary goal of improving SRHR outcomes for children, adolescents and young people (CAYPs) in the East and Southern Africa region (ESA) for the period August 2016 – October 2019. The project aims to reach children and adolescents aged 5-18 years with SRHR information and Comprehensive Sexuality Education (CSE in the different communities in ESA). Secondary target groups include young people aged 19-24 years, with a focus on parents, teachers, community health providers, and community leadership including traditional and religious leaders and national governments. At regional level the project is targeting regional bodies with member state representation (SADC, EAC, and AU). The implementation of the project has been made possible through the support of the Embassy of Sweden in Zambia.

The project is being implemented in 8 countries in ESA: Kenya, Malawi, South Africa, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe, as well as at the regional level. It uses a common Programmatic framework with shared outcomes, and focuses on the following objectives:

- To promote the SRHR of children, adolescents and young people through the provision of comprehensive sexuality education focusing on gender sensitive approaches
- To increase access for children, adolescents and young people to clinical and non-clinical SRHR services including community based services
- To create an enabling legislative and policy environment in the selected countries through advocating for legislation that promotes the realisation of the SRHR of children, adolescents and young people at the national and regional level

- To improve the knowledge management and shared learning on SRHR at regional level

During the period August 2016 – December 2017, project implementation was through Save the Children International (SCI) regional office and country offices. The regional office was responsible for implementing activities at regional level and coordinating project implementation at country level through SCI offices and partners. In Kenya, Malawi, Swaziland and Uganda SCI country offices implemented the project directly in the targeted communities while in South Africa, Tanzania, Zambia and Zimbabwe SCI implemented in collaboration with partner organisations.

**Table 1:** The project was implemented in the following geographical locations at country level (August 2016 – December 2017):

Country	Intervention location
Kenya	Bungoma, Western region
Malawi	Mchinji
South Africa	Thabo Mofutsanyane District, Free State
Swaziland	Hhohho, Lubombo, Manzini and Shiselweni
Tanzania	Shinyanga District Council, Kahama Town Council and Zanzibar: North A
Uganda	Four Sub counties in Wakiso District, Central Uganda
Zambia	Lusaka, Lusaka Province
Zimbabwe	Rushinga District in Mashonaland Central Province

In the period January – December 2018, the project implementation model was changed because the Mexico City Policy (MCP) was reinstated in 2017 and Save the Children International (SCI) decided to comply with the policy to avoid losing US government funding for other projects. The decision by SCI to comply with MCP had implications on the project being implemented through SCI regional office and SCI country offices, as the agreement with the donor (Sida) was to ensure comprehensive SRHR programming which the MCP restricts. It was then agreed that the project implementation be transitioned from SCI to Save the Children Sweden with whom the contractual agreement was signed with the donor.

Effective 1 January 2018, the project is now being implemented through SC Sweden Regional ASRHR Hub in collaboration selected local partners (CBOs and CSOs) in the 8 countries in ESA. The selected partners are provided with technical and financial support from the ASRHR regional hub with to implement their own initiatives within the framework of SRHR programming.

**Table 2:** Project implementation with partners in the following geographical locations at country level (January – December 2018):

Country	Intervention location	Partner Name
Kenya	Bungoma, Western region	Centre for Study of Adolescents (CSA)
Malawi	Mchinji	Pakachere
South Africa	<ul style="list-style-type: none"> <li>• Thabo Mofutsanyane District, Free State</li> <li>• Regional Level</li> </ul>	SC South Africa  International Network of Religious Leaders Living with or Personally Affected by HIV and AIDS (INERELA+)

Swaziland	Hhohho, Lubombo, Manzini and Shiselweni	SC Swaziland
Tanzania	<ul style="list-style-type: none"> <li>• Kahama Town Council</li> <li>• Zanzibar: North A</li> <li>• Shinyanga District Council, and</li> </ul>	<ul style="list-style-type: none"> <li>• Kiota Women's Health and Development (KIWOHEDE)</li> <li>• Zanzibar Association of People Living with HIV/AIDS (ZAPHA+)</li> <li>• Agape AIDS Control Programme (AGAPE)</li> </ul>
Uganda	Four Sub counties in Wakiso District, Central Uganda	Reproductive Health Uganda (RHU)
Zambia	Lusaka, Lusaka Province	SAfAIDS Zambia and Latkings
Zimbabwe	Rushinga District in Mashonaland Central Province	SAfAIDS Zimbabwe

## 2. Description of the project

The project focuses on the following main intended outcomes:

### **Goal**

- Healthier CAYPs with changed behaviour and making informed decisions about their SRHR

### **Objective 1**

- Secondary target audience (Champions, facilitators, change agents, teachers, parents and care givers) show change in attitudes and behaviour making them more comfortable to address sensitive SRH issue with CAYPs in communities
- Change in cultural/traditional practices that hinder knowledge on SRHR issues in communities
- CAYPs have improved and increased access to CSE and SRH information

### **Objective 2**

- SRHR services are youth friendly and accessible to CAYPs
- Health workers and other service providers (non-clinical) have change in mind-sets leading to more youth friendly services

### **Objective 3**

- Community level - CBOs, CAYPs and community gate keepers empowered to engage in advocacy on SRHR.
- Country and Regional level - Change in perceptions and behaviour relating to SRHR.
- Community and Country Level - Increased and improved media coverage on SRHR issues

### **Objective 4**

- Knowledge levels and services on SRHR are improved and enhanced

### **Process Oriented Approach (POA)**

The project uses the Process Oriented Approach (POA) as a key methodology to reach the target groups. POA is methodology used to build capacity of adults that have direct contact with children in communities to deliver CSE and address socio-cultural barriers to youth attaining positive SRHR outcomes. This approach focuses on first reaching the adults as key stakeholders and gate keepers in communities, including parents, teachers, religious leaders, nurses, police and local government representatives etc., in order for them to internalize concepts through personal reflection to fully understand the concept of

CSE and SRHR. Once the adults have the understanding and capacity, they are better equipped to identify and respond in a non-judgmental way to the needs and rights of CAYPs.

### ***Project interventions***

Different interventions are implemented at country level, and in communities, focused on capacity building, community mobilisation and outreach activities. The project is implemented working through existing community systems and structures in each local context. Country varies with regards to the context and challenges faced by target community; in some communities the openness and awareness of SRHR is greater than in others. Whereas in other communities there has been an increased need to focus on building relationships with key stakeholders, sensitize and build capacity as a strategy towards enhancing the SRHR services for CAYP. Emphasis is placed on child participation through the engagement of CAYPs in order to understand their needs and views on SRHR.

Various strategies including advocacy are also used to promote access and utilization of quality SRH services. This includes making the services more accessible to CAYPs.

A bottom-up approach advocacy intervention, with community-led strategies, is being used to influence decision making. Local level advocacy involves working with community gate keepers, community leadership structures and community media to advocate social acceptance of practices that promote the SRHR for CAYPs. At national level, advocacy by the project partners and related CSOs focuses on policy makers such as parliamentarians and national leaders to increase the number of policy makers and key leaders (including religious leaders, traditional leaders, community leaders and civil society leaders) who are involved in SRHR work.

The regional level interventions in the project are aiming at creating an enabling environment for the promotion of adolescent SRHR at regional level and to improve knowledge management and shared learning. The project's regional level advocacy targets member states of SADC, EAC and the AU and those civil society organizations with a regional footprint to lobby national policy makers, with linkages to country level, thus aiming at greater accountability at all levels.

### **3. Purpose of the Evaluation**

SCS is seeking to evaluate the progress of the project towards achieving the objectives and intended outcomes as stated in the MEAL framework. The findings of the evaluation will be used to inform the remaining period of the project implementation and future SRHR programming.

### **4. Objectives and evaluation questions**

The evaluation will focus on 5 key criteria as set out by the Development Assistance Committee (DAC) of the Organisation for Economic Co-operation and Development (OECD). These 5 criteria are: *Relevance, Efficiency Effectiveness, Impact and Sustainability*. The evaluation will focus on the short and medium-term effects of the project rather than the project's long-term effects on SRHR outcomes for children, adolescents and young people. Addressing the evidence gap on short and medium term effects is considered priority this point in time.

**Relevance:**

1. Does change happen in the way it is thought to happen in the project Theory of Change?
2. Have the project interventions met the needs of the CAYPs?
3. Is the project appropriate in the context where it is being implemented?
4. How has the project ensured CAYPs' participation in activities?
5. To what extent does the project promote gender equality?

**Efficiency:**

6. Did the differences in project implementation modalities and management between SCI country offices and SCS partner implementation affect the project resources and outcomes? If so, how?
7. Were the resources invested in the project sufficient and effectively utilized to achieve results (outputs and outcomes)?

**Effectiveness:**

8. To what extent have the intended outcomes of the ASRHR project been achieved?
  - *If outcomes have been achieved: What factors have contributed to achieving the outcomes?*
  - *If outcomes have not been achieved; why have they not been achieved?*
  - *What has been the implications of the Mexico City Policy to the project implementation and outcomes?*
9. Does the POA to SRHR contribute to change in mind-sets amongst adults? If so, in what way?
10. What is the progress towards addressing the gaps in policies, structures, capacity and SRHR services, as identified in the Gap Assessment Report (2017)?

**Outcome/Impact:**

11. What changes has the project brought (intended or unintended)?

**Sustainability:**

12. What is the likelihood that the changes mentioned above will sustain after the project has ended?

**5. Evaluation scope**

The evaluation will focus on 3 countries, Zanzibar, Zambia, and Kenya, as well as regional level where there was less disruption in implementation as a result of the project transitioning from SCI to SCS.

**Approaches and standards**

The following approaches and standards will be used to guide the evaluation.

*Child participation*

To ensure consistent high quality child participation practice, Save the Children has a set of standards for children's participation. Children may participate in an evaluation process in a number of ways. For the purpose of this evaluation children will participate as respondents, using child-friendly methods and tools. Children's participation should

always be meaningful, safe, voluntary and inclusive and in accordance with the practice standards.

### *Child safeguarding*

According to Save the Children's standards, children's safety and well-being should always be paramount. Children and young people should not be exposed to any risks and all staff, partners and consultants should adhere to Save the Children's Child Safeguarding Policy and Code of Conduct.

The evaluation is expected to adhere to widely agreed standards for evaluation quality<sup>1</sup> and research ethics. The evaluators will specify the measures to be taken to ensure that the rights and interests of the participants in this evaluation are protected.

## **6. Evaluation design and methodology**

The evaluation team will propose a suitable evaluation design and methodology that responds to the evaluation questions, and the resources available including field visits.

The evaluation will focus mostly on qualitative methods, which could include the following:

- a. Desktop review of all project documents
- b. Interviews and focus group discussions with
  - Project staff
  - Partner organisations
  - Trained POA facilitators
  - Critical project stakeholders including government officials, teachers, religious leaders, community leaders, health services provider and clinic staff
  - Project beneficiaries
- c. Most significant change stories - to collect experiences from the perspectives of beneficiaries

In addition to primary data the consultant will also analyse existing data and make use of findings from the Gap Assessment Report. The methodology will be further elaborated by the consultant during the inception phase and included in the inception report.

## **7. Organisation, roles and responsibilities**

The following management structure has been put in place for the evaluation:

The evaluation manager (Tafadzwa Madondo) at SCS ASRHR Regional Hub will assume the day-to-day responsibility for managing the evaluation process. The evaluation manager will be the main point of contact for the evaluation team and is responsible for providing the team with access to relevant documentation and information. Technical support will be provided by the evaluation specialist based in SCS Stockholm office.

An evaluation steering group (consisting of ASRHR Regional Hub team members and SCS evaluation specialist) will be responsible for managing the overall evaluation process, support prioritisation and focus for the evaluation, approve inception report, draft report and final reports. The steering group will be supported by a reference group consisting of

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<sup>1</sup> Such as the OECD/DAC Quality Standards for Development Evaluation

key stakeholders (selected project implementing partners) to provide feedback to the inception report and the draft report.

The ASRHR project implementing partners will support the evaluation team’s access to information and informants during in-country data collection.

### 8. Resources and Documents for review

The following project documents will be shared with the evaluation team:

- The project proposal and M&E frameworks of the project;
- Annual reports from project implementation submitted to Sida (which track progress, highlight lessons learned and opportunities for scale up);
- Project total reach tables
- The project training manuals
- Project research documents and publications
- Gap Assessment Report
- Baseline reports from selected partners
- Other resources stemming from the project which may be relevant for the evaluation, such as capacity assessments of project partners, research and policy analysis undertaken within the framework of the project.

### 9. Work plan, timeline and deliverables

The evaluation will be carried out between March and May 2019

Evaluation Phase	Focus	Deliverable	Timeline
1. Inception phase	Inception meeting with selected consultants to discuss evaluation methodology, design tools, detailed work plan and timelines	Inception report	First week of March 2019
2. Evaluation research phase	Data collection and analysis	<ul style="list-style-type: none"> <li>• Data collection tools</li> <li>• Field research</li> </ul>	Mid- March to Second week of April
3. Report writing phase	<ul style="list-style-type: none"> <li>• Develop report according to agreed format</li> <li>• Draft report submitted and evaluation team to present report</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• Draft evaluation report</li> <li>• Presentation of findings (Summary report and PowerPoint)</li> </ul>	Mid to End -April
4. Finalizing report	<ul style="list-style-type: none"> <li>• Report review</li> <li>• Incorporating comments</li> </ul>	<ul style="list-style-type: none"> <li>• Final evaluation report</li> </ul>	First week of May
5. Submission of report	<ul style="list-style-type: none"> <li>• Report submitted to Sida</li> </ul>	<ul style="list-style-type: none"> <li>• Final evaluation report</li> </ul>	Mid-May 2019

## **10. Qualifications of the evaluation team**

SCS is looking for a team of consultants, preferably 2 - 3 people with a strong record in conducting evaluations, particularly in the African context (experience in ESA will be an added advantage).

### **10.1. Qualifications and Experience**

- Post graduate degree in Health, Development Studies, SRHR, Human Rights, Child Rights, Gender Equality/Women's Rights, International Development, Community Development or related field
- All team members shall be fluent in English, written and spoken
- Extensive experience (at least 7-8 years) in CSE and SRHR in African context
- Significant practical and theoretical knowledge and experience of conducting evaluations for projects related to child rights issues, SRHR and development
- Demonstrable experience in producing high-quality and credible evaluations
- Previous experience in child rights research or working with children
- Experience of working in, or assessing, multi-country and regional programmes
- Experience in quantitative data analysis
- Publications in the SRHR field are desirable
- Report writing skills, copy editing skills, content editing skills and formatting skills
- Experience in working with Government, UN agencies, Regional Bodies (SADC, EAC and AU) in the African context
- Expertise and knowledge of the SRHR context in the identified countries (Kenya, Zambia and Zanzibar).

## **11. Submission of Proposals**

The proposal should include the following documents:

- 11.1. A cover letter highlighting the consultants' interest, relevant experience and qualifications
- 11.2. A detailed technical proposal with clear methodology, justifications and specifications in regard to any sampling, ethical considerations, methods for data collection and analysis
- 11.3. A proposed work plan with key deliverables
- 11.4. Competencies and experience for each consultant (detailed CVs and list of references)
- 11.5. Proof of evaluation conducted in similar contexts
- 11.6. Proposed budget (with daily fees and number of working days for each consultant) – note that travel and logistical costs will be covered directly by Save the Children Sweden (flights, accommodation, meals and in-country travels)

### **Your response must be submitted in the following format:**

- The proposals must be submitted in TWO (2) separate attachments. One will be marked "Technical Proposal" which will contain your proposal on all technical related aspects as covered, prescribed and requested for in the Terms of Reference (TOR). The second attachment will be marked "Financial Proposal" which will contain your detailed and comprehensive financial offer.

Interested consultants are invited to submit the proposals and accompanying documents by **Monday 25 February, 2019** to the ASRHR Hub email address [AHub@savethechildren.org.za](mailto:AHub@savethechildren.org.za) with the **title ASRHR Project Evaluation in the Subject line.**

## 12. Evaluation of Proposals

The 80/20 principle is applicable to this requirement. 80 points will be allocated for price and 20 points will be allocated for BBBEE points. The proposals will be evaluated in two (2) phases, namely:

- Phase 1:

This will be a technical evaluation of the proposals where a supplier must score more than 70 out of 100 in order to proceed to the next phase, during Phase 1 only the technical proposals with the relevant supporting documentation will be opened and evaluated.

- Phase 2:

During this phase, the financial proposals and the BBBEE credentials of the suppliers whom scored more than 70 out of 100 will be opened, evaluated and scored. The successful supplier will be the supplier that scores the highest points out of 100 during Phase 2.

The technical evaluation criteria for Phase 1 will be as follows:

<b>Concept and methodology</b>		<b>35</b>
Clarity and completeness of the tender	5	
Critical analysis of the project objectives and the ToR	10	
Proposed concepts and methods	20	
<b>Qualifications of proposed staff</b>		<b>65</b>
Team leader / project manager	35	
Other Key staff to be employed on the project	25	
Personnel in the home office who will monitor and control the team, and provide back-up services	5	
<b>Total (maximum)</b>		<b>100</b>