



Terms of Reference

for

**Endline evaluation for Action to Scale Up Reduction of Teenage Pregnancies
Among Vulnerable Girls in Eastern Uganda**

September 2024

1.0 Introduction

AMREF Health Africa has been operating in Uganda for over 20 years implementing various Programs aimed at strengthening the existing systems as well as improving the quality of life of its target beneficiaries. With funding from the European Union through AMREF Italy and AMREF HQ. The Scale Up Reduction of Teenage Pregnancy with the overall goal of reducing teenage pregnancies among the adolescents in Bugiri and Namutumba project is implemented by a Consortium consisting of Amref Health Africa (Prime), UWONET a national Organization and NSHAWA a local CBO. The project was implemented from February 2023 and it ends in January 2024.

1.1 Background

The action is directly aligned to the Republic of Uganda EU Multi Annual Indicative Program 2021-2027 (priority 3), contributing to EU priority in support of democratic governance and social inclusion which allows working on education for girls, social protection, social services, sexual and reproductive health, and rights (SRHR), refugee response. It is further aligned to the National Strategy to end Child Marriage & Teenage Pregnancy. It has also contributed to the realization of SDGs, in particular Goal 5 on Gender Equality. Additionally, it has a direct contribution to the EU Action plan on Human right and Democracy Uganda 2020-2024 addressing working and capacity development for local and grassroots CSOs and use of a rights-based approach with gender sensitive actions that are relevant under specific objective 3, by empowering girls and boys contributing to the fulfilment of the rights of women and girls.

The action has built the capacities of key Stakeholders to effectively tackle Sexual & Gender-Based Violence (SGBV), preventing and responding to teenage pregnancies in Bugiri and Namutumba districts (Eastern Region). It has also fostered in the capacity building of local authorities and CBOs on governance, Rights-Based Approach (RBA), cases management, monitoring and evaluation, partnerships building, and effective grants management under the Specific Objective of the action, including the involvement of the cultural leaders in the action so that they are fully empowered with the capacity to own, deliver and sustain the project.

1.2 Project Goal

To contribute to the reduction of Teenage pregnancies, through enabling local authorities and CSOs to engage as actors of governance and development, by Dec 2024.

1.3 Project Outcomes

The Scale up reduction of teenage pregnancies project targeted to attain the following outcomes;

1. Increased awareness of SRHR and increased demand and access to SRHR/SGBV prevention and response services for young people, women and persons with disability at all governance levels
2. Enhanced capacities of key stakeholders and duty bearers to effectively deliver quality prevention and care services, and to address the social norms and practices that lead to teenage pregnancy and SGBV.
3. Improved monitoring, case management and referral pathways to protect young people, women and persons with disability.
4. Increased capacity of institutions (legal, religious and cultural) to respond to and properly manage teenage pregnancy cases

2.0. The overall purpose of the end line evaluation.

Amref in Uganda is seeking to hire a consultant to undertake an end line evaluation of Scale Up Reduction of Teenage Pregnancy Project' in Bugiri and Namutumba. The end line evaluation seeks to assess the outcomes and impact of the Project against its objectives, anticipated outcomes, and performance indicators by comparing the situation in the project locations at baseline. The findings will determine the achievements, changes and impacts that have been created within the project implementation areas. The findings will document the successes and failures of the project and guide future project design. The end line evaluation will ensure data has been gathered and collated for each indicator, lessons learnt and best practices are well documented

2.1 Specific Objectives of the Study

- i. To Assess the extent to which the Scale Up Project has achieved its goals, objectives, intended and unintended Outcomes.
- ii. To assess the Effectiveness, relevance, Efficiency, coherence, sustainability and impact of the project OECD/DAC.
- iii. To assess the progress on extent to which the project has Enhanced capacities of key stakeholders and duty bearers to effectively deliver quality prevention and care services, and to address the social norms and practices that lead to teenage pregnancy and SGBV
- iv. To assess the capacity of Nshawa to implement other SRHR related projects and its organization capacity.
- v. To what extent are the young people, women and persons with disability able to seek SRHR /SGBV services.
- vi. To assess the capacities of key stakeholders and duty bearers to effectively deliver quality prevention and care services, and to address the social norms.
- vii. Assess the extent to which the project has contributed to the shift in gender norms that affect SRHR/SGBV
- viii. Enhanced capacities of key stakeholders and duty bearers to effectively deliver quality prevention and care services, and to address the social norms and practices that lead to teenage pregnancy and SGBV.
- ix. Assess the capacity of institutions (legal, religious and cultural) to respond to and properly manage teenage pregnancy cases

2.2 Evaluation Questions:

- What is the effectiveness, efficiency, relevance, coherence and sustainability of the project outcomes, approaches, models, principles and strategies?
- What are the outcomes (intended and unintended), best practices, lessons learned and challenges experienced during project implementation?
- To what extent has the project contributed to the change in the social norms and practices that perpetuate SGBV and affect uptake of SRHR services.

3.0 Scope of Work

The End line evaluation will investigate all project results covering Outcomes, Out puts, and impact. The evaluation will cover findings from all the 2 districts of Eastern Uganda.

3.1 Expected Outputs

- Document a comprehensive and well-articulated inception report 5 days after the inception meeting detailing the consultant’s understanding of the assignment, proposed methodology, deliverables, timelines and budget.
- Submit an evaluation matrix for review and approval.
- To develop an evaluation protocol for IRB approval.
- Form an evaluation steering committee with membership from Amref and districts teams and local communities.
- Develop data collection tools and submitting them for review.
- Recruiting Research Assistants and training them on the key deliverables including tools and data collection procedures. This will be followed by pretesting the data collection tools.
- Coordinate and supervise data collection, including interviews and focus group discussions.
- Analyzing the data and documenting a comprehensive report with findings properly aligned to the results.
- Document key best practices and lessons learnt from implementing the project
- Submit to Amref Uganda country office the final report (The report will be: three bound hard copies, soft copies and a complete data set and code book). The reports should be no more than 60 pages, excluding annexes.
- Develop power point presentations to be used for disseminating the evaluation findings

4.0 Approach

The evaluation is expected to utilize the OECD/DAC criteria and the consultant/consultancy firm will adopt participatory evaluation methodologies involving the local community, district leadership and other key project stakeholders. The evaluation design shall be further discussed, agreed upon and approved by Amref before commencement of any field data collection.

It is expected that the consultant(s) will adopt participatory evaluation methodologies involving the local community, duty bearers, district leadership and other stakeholders. The evaluation design shall follow selected dimensions of the OECD-DAC criteria discussed, agreed upon and approved by the consortium members during the Inception meeting before commencement of any field data collection.

The main stakeholders involved in this project include; Amref, Nshawa, UWONET, District Health department; District Health Teams, Community resource persons/VHTs, Police, JLOs, training institutions and other implementing partners within the district.

The consultant will collect both quantitative and qualitative data as part of the evaluation.

5.0 Deliverables

The consultant is expected to deliver:

- Inception Report (Technical) outlining the preferred survey methodology and justification for selection of the methodology, schedules, data collection tools, names and particulars of the consulting team members.
- Research protocol that will be submitted for IRB approval
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- Submission of final evaluation report and any relevant documents to Amref Health Africa at the end of the survey. This should include relevant annexes such as:
 - A questionnaire and other data collection tools
 - Cleaned Raw database (In SPSS) for data collected and used for the analysis,
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 - Power point slides of the key evaluation findings
 - Present the evaluation findings to the consortium member.

6.0 Expected Profiles of the Consultant

- The potential consultancy firm/consultant should have an overall understanding of health program policies and systems and SRHR and SGBV program strategies and policies in Uganda.
- He/she should have a demonstrated experience in conducting evaluations, in Health/Community interventions specifically RMNCAH (SRHR and SGBV).
- He/she should have proven expertise in monitoring and evaluation of communication for Behavior change projects/programs at district or national levels, particularly those focusing on Maternal, newborn and child health programs.
- The consultant should have good knowledge of Gender, Equity and Social Inclusion SRHR programming.
- The suitable candidate should possess postgraduate training in public health, social sciences or related disciplines.
- Experience in quantitative and qualitative methods, including publications in peer-reviewed journals.
- Experience in conducting evaluations following the OECD-DAC criteria (www.oecd.org/dac/evaluation/daccriteriaforevaluatingdevelopmentassistance.htm).
- Demonstrated ability to provide timely, evidence-based, quality assured technical reports.

7.0 Role of Amref Health Africa

- a) Participate in the evaluation steering committee meetings.
- b) Convene the other consortium partners to participate in the evaluation
- c) Provide technical oversight, quality assurance and control for the evaluation as necessary
- d) Provide feedback on the draft inception report and confirmation of approval before any data collection begins.
- e) Mobilize local communities and partners to effectively participate in the evaluation.
- f) Provide letters of introduction to the consultancy firm
- g) Provide the relevant project documents for review.
- h) Facilitate the dissemination meeting.
- i) Provide the venue and equipment for the presentation and dissemination of the findings.

8.0 Role of DHMTs

- a) Provide relevant technical staff to participate in the survey.
- b) Mobilize communities for the survey and provide relevant information to stakeholders on its purpose.
- c) Attend the dissemination meeting.

9.0 Role of the community

- a) Participate in the survey through provision of information
- b) Through community elders, mobilize the community to participate in the survey

10.0 Time Frame

The End line Evaluation is expected to take a maximum of 30 days. This includes the submission of the final report. The final report is to be submitted within five days of completion of the end-term survey.

11.0 Response to this proposal

Interested consultants must include in their application a detailed technical and financial proposal (No more than 30 pages excluding annexes) with the following components

11.1 Technical Proposal

- Introduction/ Background
- Consultant's understanding of the task
- Approach and Methodology
- Work plan
- Evaluation matrix
- Analysis plan
- Evidence of similar works undertaken by the consultancy firm/individual
- The evaluation team and key professional inputs
- Curriculum Vitae(s)
- Recommendation letters from previous assignments with contacts of responsible persons.

11.2 Financial Proposal

- Detailed cost proposal in Uganda Shillings
- Other costs e.g. Travel, training, printing, taxes etc.
- Total cost

12.0 Proposal Evaluation and award Criteria

Amref Health Africa in Uganda will evaluate the proposals and award the assignment based on Quality Cost-Based Selection (QCBS) criteria. Technical evaluation will have a weight of 85 points as detailed in below table, whereas financial proposals will have 15 points. On the basis of technical and financial proposals, Amref Health Africa in Uganda will select the company/individual, given he/she meets the best overall value. Amref Health Africa in Uganda reserves the right to accept or reject any proposal received without giving reasons and is not bound to accept the lowest or the highest bidder.

Technical Criteria	Technical Sub-criteria	Score
Overall Response	Completeness of response and demonstrated understanding of the TOR/Task.	10
Experience	Range and depth of experience with similar project evaluations, Number of organizations, size of projects, number of staffs per project, Client references	15
Key Personnel	Key personnel: relevant experience and qualifications	15
Proposed Methodology	Programme management, evaluation methodology, monitoring and quality assurance process, Innovative approaches	40
	Detailed work plan	5
Financial Proposal	Detailed financial proposal	15
Maximum Points	TOTAL Points for Technical and Financial Proposal	100

13.0 Proposed payment schedule based on deliverables

Payments are delivery based, i.e. payments are triggered by satisfactory submission of specified deliverables and accompanying invoices. Any deliverable not meeting the required specifications will have to be revoked and resubmitted at no additional cost to Amref.

Payment Instalment	Deliverable	%
1 st	Submission of inception report	40%
2 nd	Submission of preliminary findings and report outline	20%
3 rd	Submission of final report	40%

14.0 Application procedure

The deadline for submission of technical and financial proposals is 27th **September, 2024**. Interested Independent Individuals/Firms (Consultants) who meet the above requirements should submit a technical and financial proposal to; The Human Resource Business Partner Amref Health Africa, Uganda Country Office 8 Plot 1 Okurut Close, Kololo (Opposite Lohana Academy) P.O. Box 10663 Kampala in Soft Copies: ugerp.tender@amref.org with subject line marked "Scale Up Reduction of Teenage Pregnancies Among Vulnerable Girls In Eastern Uganda." not later than 20th September 2024 5.00pm (EAT)

