



CONSULTANCY- CALL FOR PROSOPSALS BASELINE STUDY

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

Terms of Reference – National Consultant

for

Baseline 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.

As long as gender inequality persists, we cannot eradicate poverty and social injustice, or realize our goals for economic and climate justice, health equity, the right to food, water and nutrition, and equitable access to humanitarian assistance. Gender equality is therefore the central organizing principle of CARE’s strategy and the heart of CARE’s programmatic and organizational ambitions and targets.

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, Center for Reproductive Rights

TERMS OF REFERENCE (TOR) – SHE SOARS BASELINE IN ZAMBIA

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 study	Mixed methods baseline study
Proposed key approach and methodology	Household survey, Focus Group Discussions, Key Informative Interviews and Individual In-depth Interviews
Purpose of the study	Establish baseline values for indicators. 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 implementation.
Study population	Adolescents, particularly out-of-school adolescents their families and networks
Geographic area	Zambia: Chadiza, Kasenengwa and Mambwe districts in Eastern province
Proposed start date	Nov 1 st 2021
Proposed end date	Jan 30 th 2022

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 will provide training and support for educators and health care providers to ensure that adolescents have access to comprehensive sexuality education (CSE) and will provide CSE directly through skills and training packages for youth groups in all three project countries. The project will work with local groups, health 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 is informed by consultation with out-of-school and at-risk adolescents in the project countries and will 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 rights.

CARE will deliver the project 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 will reach an estimated 203,370 out-of-school girls aged 10-19 years old, who are consistently excluded from traditional adolescent sexual and reproductive health and rights (ASRHR) programming, are difficult to reach and often have the greatest need for support. The project will indirectly reach an estimated 777,314 women and girls and 657,269 men and boys to support an enabling environment for adolescent health and rights. These figures are based on initial estimates.

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.

Baseline Study Purpose, Objectives, and Rationale

The purpose of the baseline evaluation is to:

- 1) Establish baseline values for all indicators for the SHE SOARS project in Zambia., as set out in the Performance Measurement Framework (PMF)
- 2) 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 implementation
- 3) Contribute to the evidence base surrounding Gender Equality and Sexual 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 reproductive health rights projects.

Scope

This piece of work will encompass 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 reproductive health and gender equality and allows for sex, age and in-school/out of school disaggregated quantitative data
2. A qualitative gender analysis study that provides contextual information about beliefs and behaviors related to sexual reproductive health and gender equality among adolescents, particularly out-of-school adolescents, their families, and networks.

Research Question

The following are the key questions to be addressed by this study:

- What are the current knowledge, beliefs, attitudes, behaviors and practices related to sexual reproductive health and gender equality among adolescents, particularly out-of-school adolescents?
- How do the knowledge, beliefs, attitudes and behaviors of families and networks of adolescents, particularly out-of-school adolescents influence their behaviors and practices?

Approach and Methodology

In Zambia, baseline data collection will take into consideration for the following aspect:

- Covid- 19 Adaptation protocols and adherence. At a minimum, the Consultant must demonstrate how they will mitigate risks of transmission (both for enumerators and community members).
- Data source (primary and secondary) adaptation of provided data collection tools for the country context.
- Data collection in the target communities of Kasenengwa, Mambwe and Chadiza districts.
- Data analysis & interpretation of quantitative data
- Sharing of qualitative data with Gender consultant for analysis and interpretation

Coverage survey:

The coverage survey will follow John Hopkins University (JHU) RADAR guidance (<https://www.radar-project.org/coverage-survey>) and DHS methodology (<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 will be 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). Data collection must strictly observe COVID-19 transmission mitigation measures as established in Zambia which

may evolve during the timeframe of the data collection). Supervisors and enumerators must be fluent in local language(s).

Deliverables:

The National Consultant will be responsible for the following deliverables:

Activity	Deliverable	Approximate # of Days
Design Sampling Strategy	Sample Design & Strategy for Approval	3 Days
Review, adaptation and translation of data collection tools from English to local language when applicable	Final data collection tools	5 Days
Development of ethics protocol for expedited review	Protocol for Ethics submission	3 Days
Prepare Inception report	Inception Report	2 Days
Identification and configuration of data tools on a digital platform for data collection		1 Day
Logistics preparation and collection of materials required for data collection		3 Days
Selection and training of enumerators on: do no harm, consent, confidentiality, COVID-19 transmission mitigation measures, data collection tool and use of tablets	Training manual & power-point slides	5 Days
Data collection	Raw data set with dictionary and syntax	15 days
Transcribe and Translate qualitative data	Submit qualitative raw data in form of transcripts	10 Days
Preparation of quantitative baseline report	Baseline report containing data collection procedures and limitations, tabulation and interpretation of all questions and comparison with most recent DHS, calculation of key PMF indicators	10 Days
Facilitate results' validation and dissemination meeting	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 Kasenengwa, Mambwe and Chadiza districts. It is expected that the National Consultant will work with focus group discussion facilitators 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 (preferably Chewa)
- Selection and training of facilitators on do no harm, obtaining consent, confidentiality, COVID-19 transmission mitigation measures, 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 and IDI transcripts)

Roles and Responsibilities

The baseline study will be conducted in Zambia managed by a Principal Investigator (PI) with technical support from the SHE SOARS MEAL Advisor (based in Lusaka, Zambia). The PI will manage and oversee the Consultant who will be involved in day-to-day activities of the evaluation: data collection, data analysis and report writing. The specific roles and responsibilities are outlined below:

6.1. **Principal Investigator** – Regional MEAL officer based in Zambia

- Overall coordination and management of the baseline evaluation study in each country
- Participate in the hiring of national consultant
- Coordinate Ethics approval process
- Attends training of enumerators
- 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 validation and dissemination sessions

6.2. **SHE SOARS MEAL Specialist** - 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

6.3. **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 program
- Undertakes preparation and logistics for data collection
- Supervision of data collection, data entry, data cleaning, transcriptions, and translation
- Provides raw data-sets and transcripts to the PI
- Prepares report of data collection procedures and limitations with tabulation of all questions
- Compile household survey report, and gender qualitative report
- Facilitate the validation and dissemination of baseline 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 and gender
- 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 KoboCollect)
- 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 Zambian Kwacha
- 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 applicants should electronically submit both Technical and Financial proposals **by Friday 22nd October, 2021** to;

Manager – Program Support Services
CARE International in Zambia,
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Kabulonga, **Lusaka**
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