

TERMS OF REFERENCE FOR INDIVIDUAL CONSULTANT

| Terms of Reference for End of Project Evaluation: “My Choice” - Achieving Universal Access to Sexual and Reproductive Health and realizing Reproductive Rights of Young People - Mozambique 2017-2022 | |
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| Hiring Office: | Mozambique UNFPA CO- SRH Team |
| Purpose of consultancy: Background | <p>UNFPA is the Sexual and Reproductive Health and Rights (SRHR) agency of the United Nations committed to delivering a world where every pregnancy is wanted, every childbirth is safe and every young person’s potential is fulfilled. UNFPA has committed its global, regional and country programmes to prioritize and scale up effective programmes for adolescents and young people with special attention to sexual and reproductive health, including HIV prevention, while providing evidence and advocating for the holistic development of young people.</p> <p>The UNFPA country office is undertaking a final evaluation of the My Choice project which was aimed at Achieving Universal Access to Sexual and Reproductive Health and realizing Reproductive Rights of young people in Tete and Cabo Delgado Province-Mozambique. The purpose of evaluation is a formal review of the project’s achievements and lessons learned. The evaluation will provide an independent assessment on project performance and achievement of intended results. The evaluation will be carried out by an independent local consultant. The results of the evaluation will be incorporated into key programme documents and will be widely disseminated to stakeholders at national and regional levels and shared with the Embassy of the Kingdom of the Netherlands and UNFPA regional/HQ offices.</p> <p>The main purpose of the end of project evaluation is to provide an independent assessment to UNFPA and Embassy of Kingdom of the Netherlands on the quality of results and performance of My Choice project in Achieving Universal Access to Sexual and Reproductive Health and realizing Reproductive Rights of young people in Tete and Cabo Delgado Province-Mozambique. It is envisaged that the evaluation will provide an overall picture of whether the project achieved the expected results, outline any identified programming gaps and make recommendations. The end of project evaluation will mainly focus on the overall achievement or none achievement of the results.</p> |
| Purpose of the consultancy | <p>With the funding support from the Government of the Netherlands the project started in December 2017 with an aim to address the limited fulfilment of sexual and reproductive health and rights (SRHR) by young people in Mozambique, in particular the human right to safe, voluntary Family Planning (FP) by young women and protection of adolescent girls in Tete Province against the risks of early pregnancy. In August 2019 the project was expanded to Cabo Delgado province. The project has aimed at strengthening health systems for increased availability of contraceptives and family planning at the national level and to improve access to information about SRHR, contraception and quality of sexual and reproductive health services for young people in the project focus areas. After the COVID-19 pandemic, additional activities were added in August 2020 to ensure continuity of SRHR services with infection prevention measures. At the same time, the project is extended by an additional six months until June 2022 to continue the programme.</p> <p>A full range of complex drivers are at the root of the limited fulfilment of young people’s sexual and reproductive rights and of the adverse outcomes in</p> |

Adolescent Sexual Reproductive Health(ASRH) in Mozambique. This programme aims to address the following among those:

The high rates of adolescent pregnancies and of unwanted pregnancies among young women.

The low use of contraception specifically amongst young people.

The shortage of contraceptives in the country and the unpredictable funding for procurement of contraceptives in the coming years.

Weak supply chain management information system.

The low availability of quality adolescent and youth-friendly services, and the weak capacities of health providers to provide youth-friendly and gender-sensitive ASRH information and services.

The low access to the existent FP services (information and contraceptives) and to SRH services overall, especially by young people and in rural areas.

The low demand for ASRH services and contraception among young people and its following causes:

The limited degree of knowledge among young people about SRH, the prevention of pregnancies, HIV and STI.

The limited control adolescent girls and young women have on their sexual and reproductive lives.

The low level of information young people have on the existence, availability and location of the AYFS.

Focusing on Tete and Cabo Delgado Provinces, My Choice planned to support by the mid of 2022, 906,096 young people living in the six targets districts in Tete Province (Chiúta, Dôa, Macanga, Mágoè, Marara and Zumbo) and 273,250 young people living in the in four target districts in Cabo Delgado Province (Balama, Montepuez, Namuno and Chiúre). My Choice secondary beneficiaries are adult women and men of reproductive age, health providers, traditional, community and religious leaders, and teachers.

The project's overarching goal is to contribute to achieving universal access to sexual and reproductive health and realizing reproductive rights of young people in Mozambique by accelerating efforts to reduce adolescent pregnancies and unwanted pregnancies among young women.

The project's specific Objectives are:

Strengthen the health system towards improved availability of contraceptives and family planning.

Increase and improve the quality of SRH services for young people.

Support improvements in young people sexual and reproductive health behaviours.

Enhance adolescent and youth access to contraceptives and to quality sexual and reproductive health services

The Project's expected Impact, outcomes and outputs:

Impact: By the end of 2021, reduction in pregnancies among adolescent girls and young women in Mozambique, and particularly in Tete and Cabo Delgado Province. The three main progress indicators at impact level are:

Pregnancy rate among adolescents;

Early pregnancy rate – before 18 and

Early pregnancy rate – before 15

Outcome 1: Increased Couple of Years Protection (CYP) in Mozambique from 1,722,692 in 2017 to 3,664,607 in 2021.

Output 1.1 Increased availability of contraceptives in Mozambique, by filling 26% of contraceptive gaps during 2018-2020.

Output 1.2: Strengthened inter-sectorial and intra-sectorial coordination for FP and ASRHR.

Outcome 2: 30% increase in contraceptive use by young people in Tete and Cabo Delgado Province, by the end of 2021.

Output 2.1: By 2021, 60% of all health facilities of Tete Province and 40% of all HF of Cabo Delgado Province have no stock-out of any contraceptive method.

Output 2.2: By 2021, quality youth-friendly SRH information and services are accessible to young people at all 35 HFs, all 13 public secondary schools, 32 primary schools and 96 communities of the 6 target districts of Tete Province & at all 20 HFs, all 11 public secondary schools, 20 primary schools and 112 communities of the 4 target districts of Cabo Delgado Province.

Output 2.3: By 2021, at least 50% of adolescent girls and 40% of adolescent boys and young men in the 6 target districts in Tete & 35% of adolescent girls and 25% of adolescent boys and young men in the 4 target districts in Cabo Delgado have enhanced capacities to make informed decisions about their SRH and demand for services.

Output 2.4: By 2021, at least 60% of target communities in Tete Province and 30% in Cabo Delgado Province publicly declare their intent to prevent early pregnancies and act towards enhanced fulfilment of the SRHR of young people.

The programme strategy includes the following main elements:

Government ownership/leadership and alignment with national policies, strategies and plans.

Promoting social change at all levels by engaging with community leaders, teachers, parents from the beginning and building knowledge and supporting networks for the targeted girls through mentorship in the safe spaces.

Working with men and boys: men and boys are involved and targeted by the programme as key change agents. The programme strategy is based on the deconstruction of the myth used by various programmes that 'gender' means 'women and girls'.

Capacity building: using the cascade approach and on-the-job mentorship, to guarantee efficiency and in line with the evidence that knowledge alone does not change the behavior of health service providers. Mentorship, on the contrary, can help address underlying attitudes, values, and cultural norms and provides health workers with skills to manage organizational problems – ex. lack of time or staff for counseling.

Bringing services, contraceptives and information to the young people, in the communities where they live, in the schools where they study and in the health facilities, to facilitate access in rural areas and ensure all young people (both in and out-of-schools) benefit from them in target areas.

Using a combination of three parallel strategies to provide community-based FP, in line with what envisaged in the National School and Adolescent Health Strategy, including:

Regular integrated health mobile brigades using mobile clinics by health providers, as health providers are the only actors able to provide the complete package of services (including all FP methods and HIV testing);

CHWs (called APEs in Portuguese), as this is the preferred strategy in the long term (the offer at present includes condoms, pills and injectable);

Young community FP agents, as a provisional strategy, in order to ensure achieving results/ wider coverage of the target group in the short-term.

Mentoring adolescent girls in safe spaces, in their communities.

Project management (arrangements)

UNFPA is overseeing the overall project and financial management including coordination, communication mechanisms, guidance, support and oversight to all project activities to ensure quality, timeliness and cost-effectiveness in the

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| | <p>program implementation. The project is being implemented through implementing partners (DKT, AMODEFA, Coalizão and Wiwanana), which were selected based on a strategic partnership analyzing their strategic value and proven records while some activities were implemented directly by UNFPA. The project is being implemented in close collaboration and coordination with the ministry of Health and its representatives at provincial and district level.</p> |
| <p>Scope of work: (Description of services, activities, or outputs)</p> | <p>The end of project evaluation will assess the project performance towards achieving its mandated outputs and outcomes over the operational period. The review will explore the strengths and weaknesses of the project. It will highlight all factors influencing the effective and efficient implementation of the interventions and their contribution towards the realization of the programme outcomes and outputs. Based on the analysis it will draw conclusions regarding the outcomes and outputs. As such, the evaluation will also identify lessons learned, good and promising practices. It will then formulate recommendations for UNFPA and The Embassy of the Kingdom of the Netherlands to consider for future projects. In addition, the evaluation will assess the following:</p> <ul style="list-style-type: none"> ● The Embassy would like to receive an answer to the following question: To what extent did the My Choice programme achieve its objectives and the expected outcomes? Determine if the project has achieved its results and assess whether the outputs led to the expected outcome; ● The evaluation will assess the results and impact of the programme and validate the performance/results framework. ● Document challenges and lesson learnt, and outline key forward looking priorities to continue accelerating efforts to reduce adolescent pregnancies and unwanted pregnancies among young women in Mozambique, ● Provide recommendations based on the findings with timeline ● To what extent did the Programme achieve its overall objectives? ● Whether the project activities were appropriate for its context, and the needs of the population? ● Whether the programme addressed gaps in the provincial and national Family Planning policy and its implementation? ● Whether the interventions aligned with the policies of the Ministry of Health in Mozambique? ● To what extent there was coordination, coherence or complementarity with other UN- or (international) civil society organisations' SRHR/HIV activities? <p>The evaluation will cover the programme period from December 2017 – June 2022 and should start in July 2022, and be conducted in Q3 and Q4 and the report should be delivered by December 2022.</p> <p>The End of Project Evaluation should be guided but not limited to the scope of broad evaluation questions listed in the extensive ToR for this consultancy each evaluation criteria The proposed initial questions to be answered by the end of project evaluators are expected to be refined by the selected consultants in their inception report.</p> |
| <p>Duration and working schedule:</p> | <p>6 months</p> |

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| Place where services are to be delivered: | UNFPA CO |
| Delivery dates and how work will be delivered (e.g. electronic, hard copy etc.): | <p>The consultant is expected to deliver the following documents and reports:</p> <p>Deliverable 1: An Inception/Design Report- July 2022</p> <p>Based on the TORs and on existing information, the consultant will prepare a detailed inception report with evaluation protocol and schedule, including an evaluation matrix with evaluation questions and sub-questions, sources of information, methodology, data collection tools, sampling, statistical formulas, questionnaires, and analysis methods and tools, which will guide the assessment. The inception report also has to include the proposed budget.</p> <p>Deliverable 2: PowerPoint presentation on preliminary findings- October 2022</p> <p>Deliverable 3: 1st Draft Evaluation Report: October 2022</p> <p>Deliverable 4: Conduct consultation workshop and present draft report to stakeholders- November 2022</p> <p>Deliverable 5: Final Evaluation Report (e-copy)- December 2022</p> <p>All above-mentioned deliverables are to be written in English and Portuguese (e-copy), all associated data to be submitted to UNFPA CO in the due date.</p> |
| Monitoring and progress control, including reporting requirements, periodicity format and deadline: | <p>The deliverables for this evaluation include:</p> <ol style="list-style-type: none"> 1) Inception report which include details highlighting the background information and methodology; 2) Data collection and analysis plan, including data collection tools; 3) Summary of preliminary findings to be shared via PowerPoint and in a 5-page handout, and discussed in a “working review” meeting described above. 4) Draft report for review and comments by UNFPA and stakeholders; 5) Final report (20-25 pages), a separate 1-3-page overview/executive summary of key findings and recommendations; Short introduction; background and context of the programme; Methods and data collection tools; Analysis of Relevance, Effectiveness, Efficiency, Impact, Sustainability and Cross-cutting issues; Presentation of findings; Conclusions and lessons learned and Recommendations. Also a well-designed power point presentation summarizing the assessment’s key findings, methodologies, conclusions and recommendations. Additional annexes and/or folders/files may be submitted along with the final report for further reference. 6) Summary report having a maximum of 2-3 pages, format allowing easy read and accessible while published on the website. |
| Supervisory arrangements: | <p>The Consultant will work closely with the SRH team and the M&E analyst. The UNFPA M&E will supervise and provide necessary support and guidance to facilitate the evaluation process and completion, including liaison with the relevant stakeholders from the Government line agencies, donors, associations, implementing partners, service providers, and beneficiaries of the project.</p> |
| Expected travel: | <p>The Consultant will be based in Maputo with expected travels to Cabo Delgado- The consultant will be responsible for the recruitment and logistics of</p> |

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| | all consultancy team, including recruitment, payment of fees, training and data collection logistics. |
| Required expertise, qualifications and competencies, including language requirements: | <p>The individual consultant will be a health specialist with extensive experience in monitoring and evaluation of development programmes but not limited to:</p> <ul style="list-style-type: none"> • Advanced degree in public health, demography, social sciences, development studies or other related studies • At least 7 years' proven experience in conducting evaluations in the field of development for UN organizations or other international organizations • Strong technical and analytical capacities and demonstrated knowledge of research methods and techniques for data collection and analysis, • Past experience in similar assignments and production of a quality baseline, research or evaluation reports. • Excellent communication and presentation skills and excellent report writing in English • Familiarity with UNFPA or UN systems |
| Other relevant information or special conditions, if any: | <p>UNFPA will provide a lump sum for the consultant which will include all the logistic arraignment for the travels, per diem, training and data collection related to the consultancy. This will be paid on installments below based on the description below. Also, the consultant will be responsible for sub contracts.</p> <p>20% upon submission and acceptance of the inception report 40% upon submission and acceptance of the draft report 40% up on submission and acceptance of the final report and presentation.</p> <p>The candidate must submit his/her curriculum vitae with a motivation letter and also must provide a detailed estimated cost for the consultancy through the moz.recruitments@unfpa.org.</p> |
| Inputs/services to be provides by UNFPA or implementing partner: | <p>Data sources will comprise project documents and progress reports provided by UNFPA (and implementing partners, as needed), published surveys, health facility data, the DHIS2, and the MIS (as relevant). Key informants will be identified from government, training institutes, implementing partners, technical partners, midwives of varying levels of experience who participated in one or more of the project's training and mentorship activities, UNFPA staff, and women (and/or their family members) who received sexual and/or reproductive health services from midwives supported by the project.</p> |

The following documents need to be reviewed.

- UNFPA Ethical code of conduct for evaluations
- List of stakeholders and interviewed people
- A short outline of design report and final evaluation report
- Template for evaluation matrix
- UN editing guidelines
- Project proposal (initial and its extension to Cabo Delgado Province) ,and project results framework , the initial and the revised version, with activities and indicators associated with each outcome and outputs.