



RIGHT TO PLAY
PROTECT. EDUCATE. EMPOWER.

SHARE

**Program Evaluation
Request for Proposals**

October 21, 2021

1. Consortium Partners

Right To Play International

Right To Play is a global organization committed to improving the lives of children and youth affected by conflict, disease, and poverty. Established in 2000, Right To Play has pioneered a unique play-based approach to learning and development which focuses on quality education, life skills, health, gender equality, child protection and building peaceful communities. With programming in 16 countries, Right To Play transforms the lives of more than 2.3 million children each year, both inside and outside of the classroom. In addition to our work with children, Right To Play advocates with parents, local communities, and governments to advance the fundamental rights of all children.

Right To Play is headquartered in Toronto, Canada and in London, UK and has operations in North America, Europe, the Middle East, Africa, and Asia. Our programs are facilitated by more than 600 international staff and 31,900 local teachers and coaches. For more information, follow @RightToPlayIntl and visit www.righttoplay.com.

FHI 360

FHI 360 is an international nonprofit working to improve the health and well-being of people in the United States and around the world.

FHI 360 partners with governments, the private sector and civil society to bring about positive social change and to provide lifesaving health care, quality education and opportunities for meaningful economic participation. FHI 360 does this by using research and evidence to design and deliver innovative programs that change behaviors, increase access to services and improve lives.

FHI 360's staff of more than 4,000 professionals work in more than 60 countries. Their diverse technical expertise and deep understanding of local conditions provide a 360-degree perspective that allows FHI 360 to develop customized responses to the toughest human development challenges.

Forum for African Women Educationalists (FAWE)

The Forum for African Women Educationalists (FAWE) is a membership-based pan-African Non-Governmental Organisation that operates through 34 National Chapters in sub-Saharan Africa to promote girls' and women's education. FAWE's vision, mission and goal are all resolute on the well-being of girls' education. In order to accomplish its mission of 'promoting gender equity and equality in education in Africa' FAWE uses a holistic four-pronged approach.

FAWE is a non-political, voluntary, charitable, non-sectarian, not-for-profit organisation and does not discriminate on the basis of race, ideology, colour, nationality or religious persuasion. However, its target beneficiaries and constituency are primarily girls and women.

WaterAid

WaterAid is an international charity dedicated to transforming the lives of the poorest and most marginalized people by improving access to safe water, sanitation, and hygiene. Since 1981, WaterAid has worked in 34 countries around the world, improving access to these essential services and helping people break free from poverty, unlock their potential, and change their lives for good. WaterAid comprises of seven national members – Australia, Canada, India, Japan, Sweden, the United Kingdom, and the United States – and collaborates with governments, the private sector, research institutes, and non-governmental organizations towards achieving the United Nations (UN) Sustainable Development Goals.

WaterAid Canada is a member of WaterAid, and a leading Canadian Water Charity determined to make clean water, decent toilets, and good hygiene normal for everyone, everywhere within a generation. Since 1981 we've reached 27.1 million people with clean water and 26.6 million with decent toilets. Visit www.wateraidcanada.com for more information.

2. Program Overview

The Sexual Health and Reproductive Education (SHARE) program is a five-year program funded by Global Affairs Canada (GAC). Designed as a gender-transformative, human-rights progressive sexual and reproductive health and rights (SRHR) program, SHARE’s ultimate outcome is to increase the enjoyment of health-related human rights by adolescent girls and young women in Ghana, Mozambique, and Uganda. SHARE’s ultimate outcome will be achieved through action on three interrelated pillars, particularly targeting adolescent girls and young women by:

1. Increasing the use of gender responsive SRHR information and services.
2. Improving the delivery of gender-responsive services to address adolescent SRHR needs; and
3. Enhancing social action by key stakeholders to advocate for adolescent-friendly, gender-responsive SRHR services and policies.

SHARE will be implemented as a consortium led by Right To Play (RTP), in collaboration with WaterAid, the Forum for African Women Educationalists (FAWE), and technical partner, FHI 360.

Geography: The SHARE program will be implemented in the following locations:

Location
Ghana - Builsa North District
Ghana - Kasena- Nankan Municipal
Ghana - Kasena-Nankan West District
Ghana - Bongo District
Mozambique - Boane

Mozambique - Namaacha
Mozambique - Chokwe
Mozambique - Chongene
Uganda - Buyende
Uganda - Adjumani

Project Timeline: July 2021-March 2026

Baseline Evaluation Timeline: November 1, 2021-April 15, 2022

Midterm Evaluation Timeline: October 1, 2023-March 15, 2024

Endline Evaluation Timeline: October 1, 2025-March 15, 2026

Beneficiaries: The program will work with 423,087 girls and boys aged 10-24, both in and out of school, to empower them to demand better sexual and reproductive health care. In addition, the program will reach more than 700,000 indirect beneficiaries including teachers, community coaches, health workers, and community members.¹

		Direct Beneficiaries			
		Ghana	Mozambique	Uganda	Total
In school	10-19 boys	18,750	50,625	50,087	119,462
	10-19 girls	23,250	84,375	68,500	176,125
	Total	42,000	135,000	118,587	295,587
Out of school	10-24 boys	625	5,910	44,000	50,535
	10-24 girls	1,875	9,090	66,000	76,965
	Total	2,500	15,000	110,000	127,500
Total Direct		44,500	150,000	228,587	423,087

		Indirect Beneficiaries			
		Ghana	Mozambique	Uganda	Total
Total Indirect		23,970	397,500	297,163	718,633

3. Purpose of Consultancy

The objective of this program evaluation is to assess the impact of the SHARE program to achieve its programmatic outcomes, by measuring project indicators at three points in time: baseline, midline, and endline. Phase One of the consultancy will be conducted between November 2021 and April 2022 with the implementation of a program baseline evaluation that will form the basis for developing a strong monitoring and evaluation framework. The budget envelope for the

¹ Current beneficiary projections are tentative and subject to change.

baseline evaluation in Phase One is CAD \$500,000 (technical and financial proposals will be evaluated separately). This will create a critical foundation for measuring change, understanding the project's contribution to achieving this change, and drawing lessons for future direction and project development. Phase Two will be conducted between October 2023-March 2024 through a midline evaluation. Phase Three will consist of an endline evaluation between October 2025-March 2026.

For this purpose, the project is currently seeking a consultancy firm or university research partner to design and implement a program impact evaluation for the SHARE project, beginning with the baseline round of data collection in Phase One. The consultancy firm will be expected to design a comprehensive and rigorous approach to impact evaluation that will inform program decision-making and organizational learning. The SHARE program's draft performance measurement framework (PMF) is available below in Annex 1.

In Phase One the consultant and/or consultancy firm will:

- Conduct a comprehensive review of the existing SHARE project documents, including the project activity list, performance measurement framework, and theory of change.
- Design and conduct a mixed methods baseline evaluation in the three countries of implementation (Ghana, Mozambique, and Uganda) in collaboration with Right To Play, FAWE, FHI 360, and WaterAid staff while developing the overall approach, including design, methods and measures.
- Design and/or adapt existing data collection tools to be used for the evaluation.
- Produce a comprehensive report using a Right To Play report template based on the baseline data, establishing baseline values and accurate status in line with the expected project impact and outcome indicators.
- Facilitate a data validation workshop in each of the three countries of implementation with key stakeholders.

4. Scope of Work

1. Prepare an inception report outlining the methods to be employed in executing the assignment and a detailed work plan for the baseline with:
 - a. Work plan and schedule of activities.
 - b. Description of qualitative and quantitative sampling including sampling approach, sample size, power, and confidence intervals
 - c. Detailed description of how to collect, analyze, triangulate, and summarize quantitative and qualitative data including draft versions of all data collection tools to be used, in English, Portuguese, and other local languages, as required.
 - d. Detailed quality assurance protocols to guide data collection/entry, including spot checking procedures.

- e. Description of gender sensitive research methods that will be integrated into the study, including processes for obtaining informed consent.
 - f. Description of data analysis processes, including use of data analysis software.
 - g. Detailed indicator descriptions that include indicator definitions, data sources, and calculation formulas.
2. Due to COVID-19-related health and safety considerations, consultancy firms based outside of Ghana, Mozambique, and Uganda should prepare for remote management of the baseline. If international consultants are not able to travel to countries of implementation for this assignment, they will be responsible to partner with local data collection firms and provide remote management, training, and quality assurance. Take a lead role in developing, revising, adapting, translating, and piloting various data collection tools (both qualitative and quantitative) to be used for the baseline as per the agreed methodology, including pre-testing and piloting of tools for linguistic and cultural appropriateness. The consultancy firm will be responsible for all costs associated with the baseline evaluation planning, training, data collection, quality assurance and reporting, including travel, printing, translations, mobile devices, and training venue(s) and materials.²
 3. Actively participate in regular meetings with Right To Play, FAWE, WaterAid, and FHI 360 consulting on evaluation plan/methodology/timeframe, discussing results and findings and agreed recommended follow-up actions.
 4. Manage data collection process, including recruitment of data collectors, providing training and support, supervision and monitoring of data collection and storage. This includes ensuring the credibility of field data collected by interviewers.³
 5. Data should be collected using mobile devices. All tablets, power banks, and other necessary equipment should be provided by the consultant.
 6. Compile a comprehensive first draft baseline report based on the field evaluation findings a Right To Play report template and revise report based on feedback from Right To Play, FAWE, WaterAid, and FHI 360.
 7. Prepare and submit a final baseline report to Right To Play’s Global Monitoring, Evaluation and Learning Team, including:
 - a. Validation workshop with SHARE implementing partners
 - b. Copy of the final baseline report
 - c. Copies of raw and cleaned data sets in both Excel and statistical software formats (e.g., SPSS) including any transcripts, coding frameworks, field notes, as well as annexes of processed results tables and copies of all final data collection tools used (with all levels of disaggregation, including geographical areas breakdown) are to be submitted to Right To Play with the final report
 - d. PowerPoint presentation with summary findings for formal presentation to key stakeholders in each of the three countries of implementation
 - e. An evaluation brief document summarizing the main findings of the evaluation.

² This includes the cost of Wi-Fi and/or data charges for network usage for data uploading.

³ Due to COVID-19 restrictions, consultancy firms based outside of Ghana, Mozambique, and Uganda may plan for remote management of the evaluation via local data collection firm(s).

5. Evaluation Objectives

The overall objective is to design and implement a program impact evaluation for the SHARE program to assess the program's performance following the OECD's DAC Evaluation Criteria and vis-à-vis the program's performance measurement framework. Specifically:

- Implement baseline data collection in Phase One to establish baseline values of outcome-level indicators according to the program's PMF
 - Conduct a gender analysis during the baseline to inform program design and approaches
- Assess the SHARE program's performance and achievements at midline and endline vis-à-vis intended outcomes and against baseline and midline results
- Assess the SHARE program's contributions to observed results
- Identify best practices in project implementation generate specific recommendations for each country and/or across the program to inform program decision-making and adaptation

6. Evaluation Questions

The consultant will be required to develop an evaluation approach with inputs from the SHARE MERL team that answers the following overarching questions:

- **Relevance** – To what extent does the intervention respond to context-specific beneficiary needs and priorities, including gender areas identified in the baseline gender analysis?
- **Coherence** – How does the intervention support or undermine other interventions, and vice versa?
- **Efficiency** – How well were project resources used? Did resource allocation and use reflect the need to prioritise adolescent girls and young women?
- **Process** – Was the project successfully designed and implemented?
- **Effectiveness** – What worked (and did not work) to increase the main outcomes of interest for the different stakeholder groups as defined by the project? Which context variables are linked to the success of the project? Were prioritised gender equality and human rights results achieved? Did processes that led to these results align with human rights and gender equality principles (e.g., Inclusion, non-discrimination, accountability, participation, etc.)? To what extent did all stakeholders, regardless of their sex, origin, age, disabilities, have access to the processes promoted by the project and benefited from the results of the project?
- **Impact** – What impact did the project have on the main outcomes of interest and specifically its contribution to increased enjoyment of health-related human rights by adolescent girls and young women (focus on outcome-level indicators, including adolescent fertility rate). How and why was this impact achieved? How did the project contribute to gender equality and advancing girls and women's empowerment?

- **Sustainability** – How sustainable are the program results? What factors promoted/hindered sustainability?

Specific project level evaluation questions will be outlined as part of the MEL Framework. These questions will help define the scope and focus of the project evaluation process. The successful bidder will be expected to work with the Project Management Team to review and revise these questions as appropriate at the outset of the project. Project specific context is important in this respect.

7. Methodology

The first part of the consultancy will involve a document review of the SHARE performance measurement framework and its accompanying tools; desk review and literature review; and engagement with the program team to produce a quasi-experimental research design for the program evaluation. Comparison groups should be matched to sampled program sites to participate in measurement activities, which will ultimately enable evaluators to better assess which changes achieved during the program life cycle may be attributable to the program intervention. The evaluation must include mixed methods relevant to the evaluation questions and objectives.

A comprehensive sampling strategy, including defining eligibility criteria and sampling methods for each sub-population will be required. We will also require sample size estimates for quantitative data, based on evaluation objectives. Sample sizes should be adequate for both baseline estimates (with 95% confidence intervals clearly stated) and power calculations to detect differences in key indicators over time.

The second part of the consultancy will involve the planning and implementation of the baseline component of the evaluation that will enable the program establish baseline values of outcome-level indicators according to the program's PMF. As the field work will take place concurrently in three countries of implementation, the consultancy is expected to collaborate significantly with SHARE country teams to successfully conduct the field work.

The third part of the consultancy includes the analysis of data collected and the production of the baseline report and appropriate dissemination documents, with incorporated and integrated feedback from relevant SHARE program staff.

The baseline evaluation will serve as a key reference for the midline and endline program evaluations in Phases Two and Three of the consultancy, particularly with regards to methods and sampling.

Data Collection Tools

The baseline evaluation will include relevant, appropriate tools to measure the program's outcome indicators, which are driven by the project's PMF. The baseline will include a gender

analysis. Existing tools will undergo a critical review and revision while new ones will be developed. All tools must be translated into local languages, as required. The list of tools that will need to be adapted and/or developed may include, but is not limited to:

- Adolescent survey
- Child and Youth Resilience Measure (CYRM)
- Youth Life skills survey
- Teacher survey
- Caregiver (and responsibility holder) survey
- CHW and health care worker survey
- Classroom Observation
- Service mapping
- Key Informant Interview Guides
- Focus Group Discussions (adolescents, teachers, parents)

The evaluation implementation will include an in-depth training of data collectors, which will include piloting of the instruments to ensure that the questions are clear, understandable, able to be answered as asked, culturally relevant, and can be administered as intended. Tools will subsequently be refined after training and prior to data collection.

Sampling

The consultants will be required to propose a sampling framework for both qualitative and quantitative samples. These should be of a sufficient size and representativeness to allow reasonable:

- Levels of certainty that the findings are representative for the target population (for quantitative data).

Data Analysis

Data will be analyzed both quantitatively and qualitatively. An analytical framework will be submitted as part of the evaluation design process, which will detail the specific analytical methods that will be used for each evaluation objective. This will include a gender analysis of key areas of interest based on the project scope. Key areas of interest include gender related laws and policies; cultural norms, beliefs, and practices; gender roles and responsibilities, access to and control over assets and resources, participation, and decision-making; SRHR service mapping and gender responsiveness of services and programs. All data must be disaggregated by sex as outlined in the PMF. The consultant will actively engage with the Right To Play team to determine and agree on these.

The consultant is encouraged to utilize analytical software to analyze both the quantitative (e.g., Excel, SPSS, STATA), and qualitative (e.g., NVivo) data. Outputs from data analysis will be

submitted as part of the deliverables, as will the scripts (or list of commands) with clear notes/guidance, particularly for quantitative data analyzed (in SPSS, STATA).

8. General Conditions of the Consultancy

Steering Committee

A steering committee of key implementation stakeholders (including SHARE Program country and global staff) will be formed to guide and inform the evaluation process. They will help to inform the relevance and appropriateness of the baseline round of data collection, the data collection tools, and the analytical framework. They will also help to ensure that the evaluation planning and data collection processes are sound, culturally appropriate, and contextually relevant to Right To Play's programmatic needs and to the needs of all relevant stakeholders (i.e., beneficiaries, community members and partners).

Consultancy Expectations

The consultancy firm/group will:

- Take part in an orientation to the SHARE program's delivery model.
- Follow the Organization for Economic Co-operation and Development Development Assistance Committee (OECD-DAC) evaluation criteria in designing the evaluation approach (relevance, coherence, efficiency, effectiveness, impact, and sustainability) (<https://www.oecd.org/dac/evaluation/dacriteriaforevaluatingdevelopmentassistance.htm>).
- Develop an evaluation protocol detailing the evaluation design and methods to be used.
- Submit an inception report including a detailed work plan and time frame for the completion of the baseline component of the evaluation.
- Lead data collection, cleaning, and analysis at each phase of the evaluation in each of the three program countries.
- Lead data validation workshops (one per country) with program staff and relevant stakeholders after each phase of the evaluation.
- Share data analysis results with SHARE program staff with sufficient time for review and feedback, which will be incorporated into subsequent work.
- Present final results and recommendations at each phase of the evaluation (baseline, midline and endline) to SHARE program staff and appropriate stakeholders.
- Maintain regular communications with the steering committee regarding progress throughout the project lifespan.
- Budget for and pay all travel and accommodations for visits to SHARE intervention countries.
- Store all data in a safe and secure location, allowing full access to SHARE staff during the evaluation.
- Submit all raw datasets and cleaned datasets to Right To Play at the conclusion of each phase of the evaluation.

- All materials, data, reports, plans and other work products provided to or developed by the consultancy firm/group on under the SHARE project remain the property of Right To Play.

9. Key Deliverables and Tentative Timeline⁴

SHARE Baseline Evaluation Key Deliverables and Timeline			
#	Deliverable	Details	Date
1	Submission of Proposal	Please include: <ul style="list-style-type: none"> • Cover letter • Expression of interest • A complete profile of the firm/organization/group, highlighting previous experience and expertise in areas listed in the “Qualifications” section detailed in the above section. • CVs of any other key team members who will be the part of baseline evaluation team • Two writing samples, which ideally include a final evaluation report and a peer-reviewed publication. 	November 22, 2021
2	Award of Contract	Contract awarded by Right To Play	December 3, 2021
3	Consultations with SHARE team and document review	<ul style="list-style-type: none"> • Initial consultations will begin on December 6 and extend throughout the duration of the planning period. 	Beginning December 3, 2021

⁴ The timeline is tentative and subject to change through consultation with Right To Play.

4	Evaluation protocol	<ul style="list-style-type: none"> • Evaluation protocol that specifies evaluation question and objectives, design, target populations, sampling designs, and sample size calculations (where relevant) or sample size justifications, key evaluation measures by objective, data collection strategies and instruments, and data analysis plan overview. • A detailed work plan to carry out the baseline component of the evaluation including, data collector training plan, stakeholder participation in baseline management, and data validation plan. • The inception report should include all data collection instruments and a data analysis framework specifying indicator definitions and calculation details. • The inception report should provide a detailed data collection work plan that includes: <ol style="list-style-type: none"> i. Data collection logistics and schedule ii. Data collection manual including data collectors' training guide iii. Data collector training materials and presentations • The revised inception report should integrate all feedback from SHARE implementing partners and provide tools translated into local languages. 	<p>Draft: January 7, 2021</p> <p>Revised: January 28, 2022</p>
5	Data Collectors Training Completed	<ul style="list-style-type: none"> • Data collectors training agenda • Final data collection instruments and translations (revised following pilot during training) • Data collectors' training report 	February 11, 2022
6	Fieldwork Completed	<ul style="list-style-type: none"> • Fieldwork completion reports for each of Ghana, Mozambique, and Uganda 	March 4, 2022
7	Data Collected and Submitted	<ul style="list-style-type: none"> • Cleaned and raw data in two formats: excel and a stats software format (e.g., SPSS or STATA) 	March 11, 2022
8	Analyzed data	<ul style="list-style-type: none"> • Analyzed baseline data for all outcome-level indicators according to the program's performance measurement framework. 	March 18, 2022
9	Validation Workshops	<ul style="list-style-type: none"> • Validation workshops conducted with relevant stakeholders 	March 25, 2022
10	Draft Baseline Report	<ul style="list-style-type: none"> • Revised data analysis framework document • Draft (multi-country) baseline report 	April 8, 2022

1 1	Final Baseline Reports	<ul style="list-style-type: none"> • Finalized data analysis framework document • Excel and SPSS/Stata scripts with clear, easy to understand notes • Final (multi-country) baseline report • Final summary PowerPoint presentations 	April 15, 2022
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10. Proposed Budget and Payment Schedule

Consultants are asked to provide a draft financial proposal along with their technical proposal for consideration. Right To Play offers competitive consultancy rates in keeping with market value and international NGO standards.

- First payment: After signing of contract agreement with Right To Play (10%)
- Second payment: Submission of final inception report and translated data collection instruments (15%)
- Third payment: Submission of analyzed data and populated PMF (25%)
- Fourth payment: Submission of draft report (25%)
- Final payment: Submission of final report and PowerPoint presentations approved by Right To Play (25%)

11. Qualifications

- A consultancy firm/group with a minimum of 7 years of experience leading the development and implementation of programmatic impact evaluations and/or programmatic research in low- and middle-income countries.
- Experience managing multi-country research or evaluation activities
- Experience conducting program evaluation or research with youth and other vulnerable populations.
- Topical experience in one or more of the following domains strongly preferred: sexual and reproductive health, gender analysis, life skills, and behavioral change
- Experience using participatory and gender-responsive evaluation approaches.
- Experience with OECD-DAC principles for evaluation and measurement.
- Ability to travel to and within both implementing countries in support of the work as required.
- Existing relationships or experience with data collection firms in Ghana, Mozambique, and Uganda.
- Applicants should have a relevant degree in social sciences, international development, statistical sciences, or another related field.
- Strong, demonstrable experience in both qualitative and complex quantitative data analyses.

- Excellent verbal and written communication skills in English. Proficiency in Portuguese preferred.

12. Proposal Application Submission

Interested organizations are requested to submit proposals including the following documents:

- Cover letter
- Detailed response to RFP, with technical proposal clearly demonstrating a thorough understanding of this Terms of Reference and with specific focus addressing the purpose and objectives of the assignment, methodology to be used and key selection criteria (max. 8 pages)
- Financial Proposal: Detailed budget breakdown based on expected daily rates and initial work plan
- Proposed management structure and strategy for local data collection teams, field work, and quality assurance
- Initial draft of the proposed work plan in Gantt chart style
- A complete profile of the firm/organization/group, highlighting previous experience and expertise in areas listed in the “Qualifications” section detailed in the above section.
- List of key personnel and their proposed roles
- CVs of any other key team members who will be the part of the evaluation team
- Two writing samples, ideally reports the firm/organization/group has lead authorship on

The Proposal must be submitted no later than **November 22, 2021**, to **David Amaya, Monitoring, Evaluation and Learning Manager** at: damaya@righttoplay.com.

Proposals will be accepted on a rolling basis and will be reviewed as soon as they are received. Early submissions are encouraged and Right To Play reserves the right to select a consultancy before the proposal submission date noted above.

While we thank all applicants for their interest, only those selected for interviews will be contacted.

Right To Play is a child-centered organization. Our recruitment and selection procedures reflect our commitment to the safety and protection of children in our programs. To learn more about how we are and what we do, please visit our website at www.righttoplay.com.

Annex 1 – SHARE Draft Performance Measurement Framework

Expected Results	Indicators	Disaggregation	Data Sources	Data Collection Methods
Ultimate Outcome				
1000 Increased enjoyment of health-related human rights by the most marginalized and vulnerable rights-holders, particularly adolescent girls and young women in targeted areas of Ghana, Mozambique, and Uganda.	1000.1 Adolescent Fertility rate (ages 10-14 and 15-19)	Age group	Health Management Information Systems, Community Health Systems, Project Data System	Review of official records
Intermediate Outcomes				
1100 Increased equitable use of gender-responsive sexual reproductive health information and services by adolescents and young people, particularly girls and young women.	1100.1 % of sexually active young people who used modern contraception	F/M and age group	Adolescents and Young People	Survey
	1100.2 % of women and girls, men and boys, demonstrating positive attitudes towards ending SGBV through GAC-funded projects	F/M and age group	Adolescents and Young People	Survey
	1100.3 % of adolescents who are confident that they could get their partner(s) to use contraceptives/condoms if they desired	F/M and age group	Adolescents and Young People	Survey
1200 Improved delivery of quality, gender-responsive, inclusive services to address sexual reproductive health needs of adolescents and young people, particularly girls and young women.	1200.1 % of health facilities offering adolescent health services	Type/level of HCF and Geography	Health Facility Records	Interviews
	1200.2 % of health care facilities where waste is safely segregated in consultation areas and sharps and infectious wastes are treated and disposed of safely	Type/level of HCF and Geography	Facility Staff and Facility Inventory	Interviews and Physical Verification of Equipment and Supplies

	1200.3 % of schools that provided life skills-based HIV and sexuality education within the previous academic year		School Records	Document Review
1300 Enhanced social action by key stakeholders especially adolescent girls and young women to advocate for gender-responsive SRHR services and policies.	1300.1 # of advocacy and public engagement activities completed by key stakeholders supported by GAC-funded partners which are focused on SRHR	Type	Key Stakeholders and Activity Reports	Key Informant Interviews and Document Review
	1300.2 Existence and roll-out of supportive adolescent and youth sexual and reproductive health policies (qualitative)		Government Documents	Document Review
	1300.3 #/% of girls and young women who actively participate in advocacy and social action initiatives	F/M and age group	Girls and Young Women and Activity Reports	Survey or Interview and Document Review
Immediate Outcomes				
1110 Increased knowledge of sexual reproductive health and rights amongst adolescents and young people, particularly girls and young women.	1110.1 #/% of adolescents and young people that are knowledgeable of their sexual and reproductive health rights	F/M and age group	Adolescents and Young People	Survey
	1110.2 #/% of adolescents and young people who have positive attitudes towards key sexual and reproductive health issues	F/M and age group	Adolescents and Young People	Survey
	1110.3 % of adolescents and young people who report receiving parents' support for comprehensive sexuality education	F/M and age group	Adolescents and Young People	Survey

1120 Improved attitudes of mothers, fathers, caregivers, communities and responsibility holders to support adolescents and young people, particularly girls and young women, to access SRHR education and gender-responsive services.	1120.1 #/% of mothers, fathers, caregivers, communities and responsibility holders that have positive attitudes towards SRHR for adolescents and young people	F/M and type of stakeholder	Mothers, Fathers, Caregivers, Community Members and Responsibility Holders	Survey
	1120.2 % of adolescents and young people who report being supported by their families to access SRHR services	F/M and type of stakeholder	Adolescents and Young People	Survey
1210 Increased capacity among healthcare workers in the community and at health facilities to provide gender-responsive, inclusive and accountable services to adolescents and young people, particularly girls and young women.	1210.1 #/% of community health workers that are knowledgeable on the provision of inclusive, gender-responsive and adolescent-friendly SRH services	F/M	Community Health Workers	Survey
	1210.2 #/% of health care workers that are knowledgeable on the provision of inclusive, gender-responsive and adolescent-friendly SRH services	F/M	Healthcare Workers	Survey
	1210.3 % of teachers that can name three sexual health inequities and some of their systemic causes	F/M	Teachers	Survey
1220 Strengthened infrastructure and processes of health systems to deliver quality adolescent-friendly and gender-responsive priority services addressing the needs of adolescents and young people, particularly girls and young women.	1220.1 #/% of health facilities with safe and inclusive, gender-responsive adolescent and youth friendly infrastructure and supplies	N/A	Facility Staff and Facility Inventory	Interviews and Physical Verification of Equipment and Supplies
	1220.2 #/% of adolescents and young people referred for service	F/M and source of referral	Referral Records and Adolescents	Document Review and Survey

	1220.3 #/% of health service providers actively participating in support coordination networks	N/A	Health Service Providers and Coordination Network Minutes	Interview and Document Review
	1220.4 % of HFs that have the minimum IPC standards in place	N/A	Health Service Providers and Coordination Network Minutes	Interview and Document Review
1310 Increased capacity and opportunities for adolescent girls and young women in selected schools and communities to engage in decision-making related to SRHR	1310.1 #/% of adolescent girls and young women that demonstrate life skills	Age group	Adolescent Girls and Young Women	Survey
	1310.2 #/% of adolescent girls and young women who are willing to take on leadership roles	Age group	Adolescent Girls and Young Women	Survey
	1310.3 #/% of adolescent girls and young women with a high level of confidence in their ability to advocate for their SRH rights	Age group	Adolescent Girls and Young Women	Survey
1320 Increased capacity of key stakeholders and community organizations to advocate for evidence-based, accountable and gender-responsive SRHR services and policies.	1320.1 #/% of key stakeholders that report favourable attitudes towards SRHR for adolescent girls and young women	F/M and type of stakeholder	Key Stakeholders	Survey
	1320.2 #/% of key stakeholders that are knowledgeable of SRHR advocacy, strategies and action planning	F/M and type of stakeholder	Key Stakeholders	Survey