SHARE
Program Evaluation
Request for Proposals
December 9, 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:

<table>
<thead>
<tr>
<th>Location</th>
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<tbody>
<tr>
<td>Ghana - Builsa North Municipal</td>
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<tr>
<td>Ghana - Kasena- Nankan Municipal</td>
</tr>
<tr>
<td>Ghana - Kasena-Nankan West District</td>
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<tr>
<td>Ghana - Bongo District</td>
</tr>
<tr>
<td>Mozambique - Boane</td>
</tr>
</tbody>
</table>
Mozambique - Namaacha
Mozambique - Chokwe
Mozambique - Chongene
Uganda - Buyende
Uganda - Adjumani

**Project Timeline:** July 2021-March 2026

**Baseline Evaluation Timeline:** November 1, 2021-May 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

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

<table>
<thead>
<tr>
<th>Out of school</th>
<th>Ghana</th>
<th>Mozambique</th>
<th>Uganda</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Indirect</td>
<td>23,970</td>
<td>397,500</td>
<td>297,163</td>
<td>718,633</td>
</tr>
</tbody>
</table>

**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. 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/daccriteriaforevaluatingdevelopmentassistance.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 Timeline

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<tr>
<th>#</th>
<th>Deliverable</th>
<th>Details</th>
<th>Date</th>
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<tbody>
<tr>
<td>1</td>
<td>Submission of Proposal</td>
<td>Please include:</td>
<td>January 17, 2022</td>
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<td></td>
<td></td>
<td>• Cover letter</td>
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<td>• Expression of interest</td>
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<td>• A complete profile of the firm/organization/group, highlighting</td>
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<td>previous experience and expertise in areas</td>
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<td>listed in the “Qualifications” section detailed</td>
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<td>in the above section.</td>
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<td>• CVs of any other key team members who will be the part of baseline</td>
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<td>evaluation team</td>
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<td>• Two writing samples, which ideally include a final evaluation report</td>
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<td></td>
<td></td>
<td>and a peer-reviewed publication.</td>
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<td>2</td>
<td>Award of Contract</td>
<td>Contract awarded by Right To Play</td>
<td>January 19, 2022</td>
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<tr>
<td>3</td>
<td>Consultations with SHARE team and document review</td>
<td>• Initial consultations will begin on December 6 and extend throughout</td>
<td>Beginning January</td>
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<td></td>
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<td>the duration of the planning period.</td>
<td>19, 2022</td>
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</table>

4 The timeline is tentative and subject to change through consultation with Right To Play.
|   | Evaluation protocol | Draft: February 4, 2022  
<table>
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<tr>
<th></th>
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<th>Revised: February 18, 2022</th>
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</table>
| 4 | 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:  
|   | 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. | Draft: February 4, 2022  
|   | Revised: February 18, 2022 |
| 5 | Data Collectors Training Completed | Data collectors training agenda  
|   | Final data collection instruments and translations (revised following pilot during training)  
|   | Data collectors’ training report | March 4, 2022 |
| 6 | Fieldwork Completed | Fieldwork completion reports for each of Ghana, Mozambique, and Uganda | March 25, 2022 |
| 7 | Data Collected and Submitted | Cleaned and raw data in two formats: excel and a stats software format (e.g., SPSS or STATA) | April 1, 2022 |
| 8 | Analyzed data | Analyzed baseline data for all outcome-level indicators according to the program’s performance measurement framework. | April 8, 2022 |
| 9 | Validation Workshops | Validation workshops conducted with relevant stakeholders | April 15, 2022 |
| 10 | Draft Baseline Report | Revised data analysis framework document  
|   | Draft (multi-country) baseline report | April 29, 2022 |
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 January 17, 2022, 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

<table>
<thead>
<tr>
<th>Expected Results</th>
<th>Indicators</th>
<th>Disaggregation</th>
<th>Data Sources</th>
<th>Data Collection Methods</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ultimate Outcome</strong></td>
<td>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.</td>
<td>1000.1 Adolescent fertility rate</td>
<td>Age (10-14/15-19) Residence (Rural/Urban)</td>
<td>District Health Survey and Maternal Health Survey. Baseline data sources: Ghana: 2017 MHS Mozambique: 2011 DHS Uganda: 2016 DHS</td>
</tr>
<tr>
<td><strong>Intermediate Outcomes</strong></td>
<td>1100 Increased equitable use of gender-responsive sexual reproductive health information and services by adolescents and young people, particularly girls and young women.</td>
<td>1100.1 % of sexually active young people who used modern contraception</td>
<td>F/M Age group Urban/rural In/out-of-school</td>
<td>Adolescents and Young People Ages 15-24</td>
</tr>
<tr>
<td></td>
<td>1100.2 % of women and girls, men and boys, demonstrating positive attitudes towards ending SGBV</td>
<td>F/M and age group</td>
<td>Adolescents and Young People Ages 15-24?</td>
<td>Survey</td>
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<tr>
<td></td>
<td>1100.3 % of adolescents who are confident that they could get their partner(s) to use contraceptives/condoms if they desired</td>
<td>F/M and age group</td>
<td>Adolescents and Young People Ages 15-24</td>
<td>Survey</td>
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<tr>
<td></td>
<td>1200 Improved delivery of quality, gender-responsive, inclusive services to address</td>
<td>1200.1 % of health facilities offering adolescent-friendly health services</td>
<td>Type/level of HCF and Geography</td>
<td>Service Provision tool (SPA)</td>
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<tr>
<td>Sexual reproductive health needs of adolescents and young people, particularly girls and young women.</td>
<td>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</td>
<td>Type/level of HCF and Geography</td>
<td>Facility Staff and Facility Inventory</td>
<td>Interviews and Physical Verification of Equipment and Supplies</td>
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<tr>
<td>1300 Enhanced social action by key stakeholders especially adolescent girls and young women to advocate for gender-responsive SRHR services and policies.</td>
<td>1300.1 Existence of locally relevant policies that promote ASRHR (qualitative)</td>
<td>Type; Policy Level</td>
<td>Key Stakeholders and Activity Reports</td>
<td>Key Informant Interviews and Document Review</td>
</tr>
<tr>
<td></td>
<td>1300.2 Level of girls and young women who actively participate in SRHR advocacy and social action initiatives (Low, Medium, High) (qual)</td>
<td>Age group</td>
<td>Girls and Young Women and Activity Reports</td>
<td>Survey or Interview and Document Review</td>
</tr>
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<td></td>
<td>1300.3 % of adolescents that demonstrate improved life skills</td>
<td>F/M</td>
<td>Adolescents and Young People</td>
<td>Development Assets Profile (DAP).</td>
</tr>
</tbody>
</table>

**Immediate Outcomes**

<table>
<thead>
<tr>
<th>1110 Improved SRHR skills amongst adolescents and young people, particularly girls and young women</th>
<th>1110.1 % of adolescents and young people that are knowledgeable of their sexual and reproductive health</th>
<th>Age group</th>
<th>Adolescent Girls and Young Women</th>
<th>Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1110.2 % of teachers with knowledge of CSE guidelines, as per national standards</td>
<td>F/M</td>
<td>Teachers</td>
<td>Survey</td>
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<tr>
<td></td>
<td>1110.2 % of adolescents and young people who have positive attitudes towards key sexual and reproductive health issues</td>
<td>F/M and age group</td>
<td>Adolescents and Young People</td>
<td>Survey</td>
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<tr>
<td></td>
<td>1110.3 % of adolescents and youth who believe they could seek sexual and reproductive health information and services if they needed them</td>
<td>F/M and age group</td>
<td>Adolescents and Young People</td>
<td>Survey</td>
</tr>
<tr>
<td>1120 Improved knowledge and attitudes of men and women, including parents, caregivers, community leaders and other responsibility holders, to support adolescents and young people, particularly girls and young women, to access gender-responsive SRHR information and services</td>
<td>1120.1 % of mothers, fathers, caregivers, communities and responsibility holders that have positive attitudes towards SRHR for adolescents and young people</td>
<td>F/M and type of stakeholder</td>
<td>Mothers, Fathers, Caregivers, Community Members and Responsibility Holders</td>
<td>Survey</td>
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<td>1120.2 % of adolescents and young people who report being supported by their families to access SRHR information and services</td>
<td>F/M</td>
<td>Adolescents and Young People</td>
<td>Survey</td>
<td></td>
</tr>
<tr>
<td>1120.3 % of community members with knowledge of the negative consequences of gender inequality on adolescents' sexual and reproductive health and rights</td>
<td>Age group</td>
<td>Adolescent Girls and Young Women</td>
<td>Survey</td>
<td></td>
</tr>
</tbody>
</table>

| 1210 Increased capacity among healthcare workers in the community and at health facilities to provide gender-responsive, safe and sanitary, inclusive and accountable services to adolescents and young people, particularly girls and young women | 1210.1 % of community health workers with knowledge of gender-responsive, inclusive, and adolescent-friendly services | F/M | Community Health Workers | Survey |
| 1210.2 % of health care workers that are knowledgeable on the provision of gender-responsive and adolescent-friendly SRH services | F/M | Healthcare Workers | Survey |

| 1220 Improved equitable access to quality, adolescent-friendly and gender-responsive, safe and sanitary SRHR services for adolescents and young people, particularly girls and young women. | 1220.1 % of adolescents and young people referred for service | F/M and source of referral | Referral Records and Adolescents | Document Review and Survey |
| 1220.2 % of adolescents and young people who are satisfied with ASRH services | F/M, Age | Adolescents and Young People | Survey |
| 1220.3 % of HFs that have the minimum IPC standards in place | N/A | Health Facility Assessment | Interview and Direct Observation |
| 1310 Increased capacity of key stakeholders, particularly adolescent girls, young women and CBOs, to advocate for evidence-based, accountable and gender-responsive SRHR services and policies. | 1310.1 % of girls and young women who feel they can advocate for themselves | Age group | Adolescent Girls and Young Women | Survey Development Assets Profile (Ages 12-18) |
| 1310.4 % of community members with knowledge of national laws and local policies that affect adolescents and young people's SRHR | Gender; Age group | Key Stakeholders | Survey |

| 1320 Increased access to evidence and knowledge exchange platforms to promote social action for gender and adolescent responsive SRHR services and policies | 1320.1 Number of SRHR knowledge products disseminated to support social action for gender and adolescent responsive SRHR services and policies | Key Stakeholders | Project records |
| 1320.2 % of community members that report attending a ASRHR focused social action forum | Sex, Age Group | Key Stakeholders | Survey |