Better HAG Uganda (Better Health Action Group Uganda) is seeking to hire a consultant to carry out a baseline survey on the “Powered Health Initiatives (SRH) and Rights – Manafwa District”, a 2 year Amplify Change funded project seeking to improve the quality of life and standard of living of young people (especially girls) 10-24 with respect to their Sexual and Reproductive Health and Rights in Manafwa district. The project will be delivered by the ‘Coalition of Rural Youth and Women’s Rights’ (CYWR) under the captaincy of Better HAG Uganda (Lead Agency). The other implementing partners include; Treasure Woman Foundation (TWF), Girl Help and Sorry Comes after Danger (SCAD).

Background

Better HAG Uganda is a non-profit making Non-Governmental Organization (NGO) incorporated with limited liability and registered with the Uganda National NGO Board. It was formed by a group of health rights and development activists in 2008 to respond to poor sexual and reproductive health and rights (SRHR) especially among women and young people; high HIV incidence and prevalence rates, increasing maternal, neonatal and child mortality ratios as well as the general inadequate support for the ever growing number of disadvantaged children country wide. The organization has since 2010 integrated activities consistent with sustainable environment and natural resources management in contribution to the global campaign towards climate change mitigation and/or adaptation.

Better HAG Uganda is one of the pro-active NGOs dedicated to employing the human rights based approach towards uplifting the health and safety of women and girls. The organization is currently implementing a project in Bubulo County East of Manafwa district benefiting thousands of women and girls including their families and communities.

With respect to the “Powered Health Initiatives (SRH) and Rights – Manafwa District” project, Better HAG Uganda’s intervention logic is to approach community issues from three angles: Access to improved SRHR service provision; empowerment for young people (10-24) to know and act on their SRHR; advocacy to hold duty bearers accountable. In the project concerning this contract, this is realised as improved access to Reproductive Health services; creating demand for SRHR services among young people; and advocacy involving young people (10-24) to hold duty bearers accountable.
We take a Human Rights Based Approach (HRBA) to our field of work of sexual and reproductive health and rights and the implementation of related projects. This recognizes and empowers persons as valuable individuals and citizens with a legitimate claim towards their government (duty bearers). The approach is illustrated in the below figure;

The ultimate outcome indicators are:

i). Increased knowledge of SRHR as a human right, particularly amongst young people (10-24)

ii). Young people (10-24) become empowered to claim their SRHR

iii). Young people (10-24) increase their engagement in activism to advocate for SRHR, in Manafwa district

iv). Expansion or improvement of SRHR services/ information/ products delivered by CYWR

v). Increased engagement among target populations to advocate for SRHR

vi). Increased media coverage of SRHR from a human rights perspective

vii). Increased engagement and influence of CSOs on policy and budgetary process

The corresponding core indicators are;

a) Number and %age of young people (10-24) reached by the program in Manafwa district have increased awareness and knowledge of SRHR as a human right in 2 years

b) Number and % of young people (10-24) reached by the program in Manafwa district become empowered to claim their SRHR in 2 years (e.g., reporting GBV cases, requesting services for the first time)

c) Number of young people (10-24) reached by the program in Manafwa district become active in advocating for SRHR in 24 months

d) Increased range (# of different types) of SRHR services/ information/ products available for young people (10-24) in Manafwa district due to CYWR activities in 2 years

Other indicators include the following;

e) Increased number of new users of SRHR services provided by CYWR in 24 months

f) Increased and more public support for SRHR, and less negative statements, from key influencers
1. Objectives
The main objective of the baseline is to provide Better HAG Uganda and partners with data that can be used to assess the projects’ impact by project completion. It shall provide an analysis or a ‘snapshot’ of the situation pre-operation in relevant communities, institutions and organisations in the project sites concerning young people’s (10-24) Sexual and Reproductive Health and Rights (figures, violations, services, plans) and advocacy capacity.

A secondary objective is to provide the project with data on the target groups’ knowledge attitude and practices concerning their SRHR and influence on this. The target group of young people is organised into young people’s groups and an assessment of the capacity of the groups is needed. The methodology used for this is open for discussion.

2. Scope of work
The assignment is to conduct a baseline study with sufficient data that enables our Planning, Monitoring and Evaluation system to provide learning from monitoring, reviews and evaluation of this data as well as improving our accountability.

The detailed tasks to be undertaken as part of the baseline will be proposed by the Consultant and developed with Better HAG Uganda as part of the contract. The concrete content of the baseline will be defined together with Better HAG Uganda. The baseline is to be conducted before Mid September 2016.

The Consultant will:
- Ensure a well-functioning baseline team
- Hold a meeting with Better HAG Uganda; preparatory and after field trip
- Develop a framework, timeline and work plan for the baseline to be shared with the team
- Develop a brief inception report based on a desk study of among other documents the existing literature and outlining approach, theory and methods to be used and available data
- Develop relevant tools and/or revision of existing tools for collecting data
- Travel to project sites in Manafwa district
- Carry out the survey and compile the study
- Develop a draft baseline report with a useful presentation of data and share the results with Better HAG Uganda
- Complete the final Baseline Report
- Give recommendations to possible refinements of project indicators

The consultant is expected to begin with a desk study of the relevant project documents, data and theory to form an inception report. This will be followed by field work in Manafwa district to interact with various people in different communities. The consultant will meet with Better HAG Uganda management at the onset of the consultancy, and when presenting the baseline framework and after the field study when presenting the draft report. The first meeting will also be used for requesting further information, documents and contacts from the partners.

The consultant will develop the baseline framework and necessary tools based on dialogue with Better HAG Uganda. The Consultant will be responsible for organising the baseline and the team including the travel and stay in Manafwa district. The Consultant will be responsible for setting the Consultant team to include possible field assistants and interpreters and ensuring a well-functioning team with clear roles, responsibilities and timelines for all team members. Better HAG Uganda will be available for assistance in terms of establishing contact to stakeholders, interpreters and if necessary research assistant candidates. It is suggested that the Consultant ensures to include senior management in the study to anchor the methodology and the outcomes of the study in the organisation.

3. Approach

The baseline study should provide an accurate estimate of pre-operation conditions, and provide the relevant and adequate data upon which the projects’ progress on generation of outputs, contribution to outcomes and impact is assessed. It should provide data for monitoring the progress during implementation and assessing the effectiveness and impact by project completion. This entails, in dialogue with Better HAG Uganda and our implementing partners, to define and concretise the theory of change/intervention logic and assumptions embedded in the project logic to ensure covering the right issues.

The baseline study is the first step in the project’s PM&E system. The baseline study gathers the information to be used in subsequent assessments of how efficiently the project is being implemented and the eventual results of the project, and forms a basis for setting performance targets and ensuring accountability to partners and other stakeholders. It should be considered how data from the baseline can most easily be integrated in the PM&E system for regular monitoring at field level, Head Quarter level and also by our funders. The baseline study will also serve to test indicators and determine the refinements necessary.

The key intention with the baseline is to have a basis from which the project can determine the change that the intervention aims to bring about (i.e. expected results). Secondary changes and underpinning assumptions may be assessed. The Consultant
should thus apply state of the art within baseline studies and preferably look to the newest approach and theory to assessing young people’s (10-24) lives, decision making power, and issues around their SRHR.

The baseline should look at which communities among young people (10-24) are affected, what are the key issues they face regarding SRHR and participation in decision making in the health sector, what are the relevant socio-economic and educational indicators and trends in this context, what are the main social, political, economic and technological factors that influence the issue in this context. If possible, past and future trends should be included.

The project will involve health service providing institutions. The baseline should include health service status in the study area including health workers, and potential baselines for macro-level contextual issues from which to track impact.

The consultant will be responsible for managing the process and the timely and participatory involvement of different stakeholders. It is vital that the consultant is able to travel to the study area within the budget.

4. Methodology

The choice of methods should be dependent on the anticipated information. The selected methods should be qualitative and quantitative and a combination of methods is desirable to maximize the reliability of the data. The sampling should be ‘representative’. When selecting data collection methods, the context of the intervention need to be taken into consideration – e.g. cultural aspects (i.e. conduct separate Focus Group Discussion for young people, men and women).

Participatory methods are suggested whenever possible, as is the inclusion of stakeholders. The stakeholders that should at least be involved are Better HAG Uganda staff, and the target groups who are young men and women (10-24 yrs), health service providers in Manafwa district as well as management of the health sector at Manafwa district headquarters. The exact people to involve and possible other stakeholders will be defined together with Better HAG Uganda.

An inventory of existing information is vital. The methods used in the study need to be explained and justified in detail in the baseline plan and in the baseline reports. It is vital to show where the data will be accessed, and how many data sources will be used. Indicate which tools and methods will be used to analyse data. A quality-control process should be built into each method used in the baseline study to ensure that the data are collected according to the principles and criteria on which the study was planned. The Consultant should design the data collection tools and present them to Better HAG Uganda (and if possible pre-test them).
Visual items, including photographs, maps and diagrams, are important pieces of data and will be welcome in the baseline study. It is often necessary to be creative and innovative about the data sources used. The presentation of the data should include tables, diagrams, graphs, etc. to make it user friendly.

The baseline study should be meaningful, relevant, cost effective and not too academic.

5. Deliverables
The Consultant is expected to deliver the following to Better HAG Uganda within the timeline presented below:
- Inception report
- Baseline plan
- Draft baseline report
- Final baseline report

6. Reporting
Results of a baseline assessment should be interpreted and narrated in a standard, easy-to-read report. The following is a suggestive table of contents. The wishes for data to be entailed in the baseline study will be defined by Better HAG Uganda before the inception report is expected.

The final report should include discussion of the following:
(a) The general framework of the assessment
(b) Techniques employed in information gathering
(c) The participative methodology used
(d) Tools used to collect and analyse the information
(e) The composition of the assessment team
(f) The range of stakeholders involved
(g) The limitations or constraints in terms of information gathering, the tool or other constraints faced by the evaluation team.
(h) Presentation and analysis of findings in a quantitative and qualitative form.
(i) Conclusion with recommendations as how to work with the data throughout the project implementation and as part of the evaluation.

7. Timing and work plan
The Consultancy should be undertaken in the period August 2016 – September 2016. The total number of working days is expected to be 16 days. Better HAG Uganda is open for a discussion of the time schedule.

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<thead>
<tr>
<th>Activity</th>
<th>Deadline</th>
<th>Working Days</th>
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<tr>
<td>1.  Meeting with Better HAG Uganda, preparatory</td>
<td>September 16th 2016</td>
<td>½ day</td>
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<tr>
<td>2.  Desk study</td>
<td>September 19th 2016</td>
<td>2 ½ days</td>
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3. Baseline plan
   September 21\textsuperscript{st} 2016
   2 days

4. Field study
   September 24\textsuperscript{th} – Sep. 28\textsuperscript{th} 2016
   5 days

5. Draft Baseline Report
   Sept. 29\textsuperscript{th} – Oct. 2\textsuperscript{nd} 2016
   3 days

6. Debriefing with Better HAG Uganda
   October 3\textsuperscript{rd} 2016
   ½ day

7. Final Baseline Report
   October 5\textsuperscript{th} 2016
   2 days

Total

8. Budget

We will hold roundtable negotiations

9. Skills and Qualifications of the Consultant(s)

We are looking for a consultant/team with the following skills and qualifications:
1. Demonstrable expertise on SRHR and gender equality, preferably in Uganda or the region
2. Track record in developing and conducting various types of evaluations including qualitative and quantitative data collection
3. Experience in managing and coordinating evaluation/research exercises, delivering agreed outputs on time and on budget
4. Experience in data collection and analysis using participatory methodologies
5. Previous experience working with women, girls and communities using participatory approaches
6. Excellent and demonstrated understanding of Women’s Human rights and ethical issues in research
7. Ability to work with communities in the relevant local language (in this case, Lomasaba/Lugisu would be an advantage)
8. Strong quantitative data entry and analysis skills and previous experience using statistical analysis software
9. Ability to respond to comments and questions in a timely, appropriate manner
10. Ability to write high quality, clear, concise reports in English

10. Application process and timeline
We invite interested individuals and companies to submit the following application documents:
☐ Expression of interest outlining how the consultant(s) meets the selection criteria and their understanding of the ToR and methodology;
☐ A proposed activities schedule/work plan with time frame;
☐ Copy of CV of the consultant(s) who will undertake the evaluation;
☐ One recent example of similar evaluation report written by the applicant;
Financial proposal detailing consultant(s) itemized fees, data collection and administrative costs

Please address queries and applications to the Executive Director, Better HAG Uganda and send by email to: jobsandtenders.betterhaguganda@gmail.com. (Please copy arnoldjk2000@gmail.com and in your correspondence) or hand deliver sealed applications to either:

**Head Office:**
Plot 147, Kisingiri road, Off Sir Albert Cook road
Mengo Town, Kampala
**Tel:** +256 414 695 288 **Cell:** +256 775 926 928

OR

**Manafwa Office:**
St. Lawrence House, Bupoto road
Opposite Magale Sports Ground
Magale Town Council
**Cell:** +256 785 058 113

**Deadline for applications**
The deadline for applying is **September 9th 2016**. We are aiming to select the consultant by **September 14th 2016** and start the contract on **September 19th 2016**.

**Ownership and Disclosure of Data/Information**
All documents, project designs, drawings, data and information shall be treated as confidential and shall not without the written approval of Better HAG Uganda be made available to any third party. In addition, the consultant(s) formally undertakes not to disclose any parts of the confidential information and shall not, without the written approval of Better HAG Uganda be made available to any third party. The utilization of the report is solely at the decision and discretion of Better HAG Uganda. All the documents containing both raw data/materials provided by Better HAG Uganda and final report, both soft and hard copies are to be returned to Better HAG Uganda upon completion of the assignment. All documentation and reports written as, and as a result of the research or otherwise related to it, shall remain the property of Better HAG Uganda. No part of the report shall be reproduced except with the prior, expressed and specific written permission of Better HAG Uganda.