



## **Consultancy – Mid-Term Evaluation of the United Nations Joint Programme on Empowering Adolescent Girls through Improved Access to Reproductive Health Education and Rights-Based Quality Sexual and Reproductive Health Services in Ghana**

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### **1.0. Background**

UNFPA and UNICEF are international development agencies working jointly with national and international partners towards the execution of their mandates. UNFPA works towards making a world where every pregnancy is wanted, every birth is safe, and every young person's potential is fulfilled. UNICEF's mandate is to ensure that the world becomes a place where the rights of every child are realised and protected; that their basic needs are met, and they are provided with opportunities which will enable them to reach their full potential.

In January 2018, the Government of Canada through Global Affairs, Canada, approved a joint proposal between UNFPA and UNICEF on strengthening sexual and reproductive health and rights of young people through scaling up reproductive health education on Ghana. The Joint programme entitled “Empowering Adolescent Girls through Improved Access to Reproductive Health Education and Rights-Based Quality Sexual and Reproductive Health Services in Ghana” targets as primary beneficiaries, adolescent girls 10 - 19 years in and out of school, married and unmarried. The secondary beneficiaries will be girls aged 20-24 years. Special attention is given to vulnerable girls such as Kayayei (migrant girls) and those living with disabilities including those in humanitarian situations (refugee camps). Again, other beneficiaries will include communities, health workers, men and boys and key stakeholders. The Joint programme among others also aims at reaching 500,000 young people 10-24 years with reproductive health information and education; 25,000 adolescents 10-19 years utilising family planning services; 150,000 women 15-49 years with modern contraceptives; 5000 adolescent girls 10-19 years with mentorship programmes; and 100,000 adolescents 10-19 years with information on sexual and reproductive health through social media platforms.

### **1.1. Goal**

The goal of the Joint Programme is to ensure that adolescent girls in Ghana including the most-vulnerable are empowered through provision of, and access to, gender-responsive reproductive health education and youth-friendly sexual and reproductive health services, including family planning and contraception.

### **1.2. Expected Outcomes**

The expected outcomes of the Joint programme from 2018 – 2020 were:

- a. Improved access of adolescent girls to youth-friendly and gender-sensitive reproductive health education
- b. Improved access of adolescent girls to quality, youth-friendly and gender-sensitive sexual and reproductive health services.
- c. Increased capacities and favourable environment for adolescent girls to defend and promote their sexual and reproductive rights.

However, a costed extension of the joint programme for 2021 - 2023 has been approved with plans to expand the reach of the Joint programme to 20 new districts in three new regions bringing to a total of 56 districts in 11 regions of Ghana. For the costed extension, modifications to the outcomes reflected the widened scope of the Joint programme with the addition of one more outcome focusing on addressing issues of sexual and gender-based violence and child protection exacerbated during the COVID-19 pandemic. The updated outcomes for the 2021 – 2023 phase of the Joint programme are:

Intermediate Outcome 1: Adolescent girls, boys, and female/male educators demonstrate an increased and more equal confidence in using or applying gender-responsive Reproductive Health Education (RHE).

Intermediate Outcome 2: Adolescent girls and boys have strengthened access to and make use of more youth-friendly and gender-sensitive sexual and reproductive health services.

Intermediate Outcome 3: Adolescent girls and boys have increased capacities, evidence and favourable environment to promote their sexual and reproductive rights.

Intermediate Outcome 4: Increased usage of services to respond to sexual and gender-based violence and child protection issues within the COVID-19 context.

The joint programme components are based on each agency's mandate and comparative advantage and are built on a wealth of evidence and programmatic experiences that the two agencies have generated working on adolescent girls' empowerment over the years. In the first three years of the Joint programme, implementation was done in 36 districts in eight (8) regions<sup>1</sup> and employed an integrated approach to sexual and reproductive health programming to create a favourable environment, improve the well-being and empower adolescent girls in Ghana especially the most disadvantaged and vulnerable.

## **2. Purpose of the Mid-Term Evaluation**

Primarily, this Mid-term Evaluation will serve both learning and accountability purposes. It will also:

- Seek to identify best practices and constraints incurred by the Joint programme to date and formulate appropriate recommendations for corrective actions for effective implementation;
- Determine the progress made in the achievement of the Joint programme's outcomes vis a vis its performance indicators measured at baseline, its efficiency, effectiveness and the validity of the Joint programme strategies.
- Provide baseline indicator estimates to guide implementation in the new region and districts of the programme extension;
- Inform programming decisions and support UNFPA and UNICEF to monitor the progress made and results of the interventions; and
- Attempt to make more explicit the power dynamics that entrench underlying causes of SGBV, teenage pregnancy and the inequalities experienced in accessing sexual and reproductive health services. It will aim to do so by assessing if and how the Joint programme may be contributing or leading to changes in these root causes, and if such changes are likely to lead to an improvement in the sexual and reproductive health and rights of adolescents in Ghana.

## **3. Methodology**

It is expected that the consultant or firm will execute a mid-term survey that will help to provide insights into the implementation and mechanism of impact of the intervention:

- Use a quasi-experimental approach that will in the future assist in measuring how programme participant's knowledge, attitudes, and practices improved or changed over time when comparing control and intervention districts, communities and facilities.

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<sup>1</sup> Old region classification

- Use both quantitative and qualitative survey methodologies, including the triangulation and validation of information from either source.
- Quantitative data from Management Information Systems (MIS), where available, will also be used together with other sources of monitoring and assessment of data to help determine indicator estimates at mid-term.
- As part of qualitative undertakings, conduct individual semi-structured interviews and focus group discussions as may be ideal to obtain relevant data on the meaning, identities and contexts associated with sexual behaviour among young people in the Joint programme areas
- Expand and further define the method of study, including research questions, in consultation with UNFPA and UNICEF as part of the inception report. **The research questions are expected to provide answers to indicators in the results framework of the Joint Programme.**
- Develop a research protocol and sampling methodology to be reviewed. The design of the sampling methodology must take into cognisance the geographical coverage for the Joint programme (A total of 56 districts in 11 regions<sup>2</sup> as primary sites) including qualitative and quantitative data from 20 districts in 6 regions where UNFPA and UNICEF have and will be implementing Joint programme interventions together. Furthermore, in 2 districts in the Volta region where UNICEF interventions will complement ongoing programming targeting adolescent girls supported by KOICA).
- Develop a core set of tools for the study to be reviewed. These may include survey questionnaires, focus group discussion and in-depth interview field guides that could suit the needs of the research questions and the cultural context.
- Consult various partners working to deliver the Joint programme including Government Ministries and Agencies, CSOs and organisations for young people in Ghana.
- Whenever possible, present disaggregated data by district or sub-district levels, sex (male, female) and age (children, adolescent, young people) and disability status.
- Process, analyse and present the data in a user-friendly format

### 3.1. General Research questions and areas for consideration may include:

Overall research questions:

1. To what extent has the programme reached adolescent girls (and boys) with reproductive health education and what proportion of the target group is applying it in decision making regarding their sexual and reproductive health?
2. To what extent has the training of teachers (TOT) influenced decision making on the roll-out of the updated reproductive health education curriculum in schools
3. To what extent are health facilities providing quality adolescent-friendly and gender-sensitive SRH services and what proportion of the target group is receiving these services?
4. Overall, to what extent are adolescent girls including the most vulnerable engaged and exercising agency and voice on sexual and reproductive health and gender issues?
5. To what extent are stakeholders and duty bears providing an enabling environment for adolescent girls to demand and exercise their sexual, reproductive health and rights?
6. What is the current situation of SGBV prevention and response, and child protection services and what proportion of adolescent girls, women (and boys) had access during the COVID-19?

In addition to these overall research questions, specific questions by Joint programme result areas will be developed in consultation with UNFPA/UNICEF and other stakeholders. Some of these questions, though not exhaustive, are presented below:

### 3.2. Specific Questions:

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<sup>2</sup> New region classifications.

- How can the strengthened capacity of education and CSO professionals address SRH and gender needs of adolescent girls?
- What is the number of adolescent girls including the most vulnerable that receive youth-friendly and gender-sensitive information, knowledge and skills in to make informed choices on Sexual and Reproductive Health and Rights issues?
- What systems are in place to ensure full integration and scale-up of project activities at the national level
- How many health professionals have the capacity including resource package on adolescent pregnancy to provide quality youth-friendly and gender-sensitive Sexual and Reproductive Health services to adolescent girls?
- What system is in place to ensure a functional procurement, supply and logistics management system for last-mile distribution of contraceptives, to young people, including numbers reached?
- What SRH, SGBV and child protection services and referral mechanisms are available to adolescent girls at the regional and district level?
- What activities on Sexual and Reproductive Health and Rights, Gender equality, SGBV prevention and response, Child protection have been undertaken by duty bearers to support adolescent girls make informed choices?
- What evidence/data exists to support advocacy for/with adolescent girls on sexual and reproductive health?
- What structures are in place to ensure that key service delivery indicators generated are fully integrated and tracked in DHIMS and EMIS to monitor progress and ensure accountability?
- What proportion of adolescent girls have increased confidence to exercise their agency on sexual and reproductive health issues?

### 3.2.1. Implementation:

- Efficiency
  - How well has the Joint programme used its resources to produce target outputs?
  - How adequate are the quantity and quality of Joint programme inputs relative to the target outputs?
  - To what extent are local expertise (by gender) and indigenous resources used?
- Effectiveness
  - What is the Joint programme status concerning target outputs in terms of quantity, quality and timeliness? What factors impede or facilitate the production of the outputs?
  - How useful are the outputs to the needs of the direct beneficiaries? Is there general acceptance of the outputs by these beneficiaries? Is there a significant gender differentiation in the usefulness of the outputs to direct beneficiaries?
  - Do the outputs contribute to the achievement of the immediate objectives of the Joint Programme? What signs indicate this? Are monitoring and evaluation indicators appropriate or is there a need to establish or improve these indicators?
- Implementation and management arrangements of the Joint programme
  - How appropriate are the execution and implementation modalities?
  - How effective is the Joint programme management/coordination structure?
  - How adequate are monitoring and reporting mechanisms?
  - How adequate is the support provided by the UNFPA and UNICEF country offices to the programme's implementing partners?
  - Do stakeholders, particularly the direct beneficiaries, participate in the management of the Joint Programme? If yes, what is the nature and extent of their participation, by gender?
- Areas for corrective action
  - What are the flaws, if any, in design, implementation, monitoring and evaluation framework of the Joint programme and how relevant is the current theory of change in the delivery of the joint Programme's results?
- Areas of potential success
  - Are there indications of potential success?
  - Are there other unintended outcomes that may have occurred as a result of the Joint programme activities?

- Are there other similar programmes that may be contributing to achieving the goal of the Joint programme?

#### 4. Expected Deliverables

The following deliverables will be expected from the Mid-Term Evaluation:

- An inception report (a maximum of 30 pages) detailing an initial assessment of the situation and task, process flow and timelines (work-plan) to fulfil the expected deliverables on time and in high quality. The report would reflect on why and how each evaluation question will be answered by way of proposed methods, sources of data, and data collection procedures **with a clear description of the consultant's perceived limitation of the methodology adopted**. The report will include a proposed schedule of tasks, a stakeholder mapping, and the final lists of questions, activities and deliverables.
- Final reviewed and agreed on data collection tools including interview guidelines.
- Data Analysis plan
- Cleaned and quality electronic data sets
- A report on training activities
- A presentation of preliminary results with tables after data compilation and initial analysis
- Draft report
- A validated final report preferably 40-50 pages (excluding) annexes detailing the findings on the assessment with incorporated comments from UNFPA and UNICEF. This includes a PowerPoint presentation that summarises the studies findings. The report will include a visual presentation of information using maps, charts, graphs and other visuals as appropriate or feasible. The report should follow, but not limited to the following format:
  - ✓ Executive Summary (usually not more than 3-4 pages)
  - ✓ Programme description
  - ✓ Purpose and objectives
  - ✓ Methodology
  - ✓ Findings
  - ✓ Conclusions
  - ✓ Recommendations
  - ✓ Annexes (including the list of stakeholders consulted during the evaluation, key documents and websites consulted, terms of reference for the Mid-Term Evaluation, aggregate findings, etc.)

#### 5. Required Qualification and Experience

- Postgraduate degree in public health, statistics, demography, social sciences, applied research or related technical fields.
- Minimum of eight years of experience in quantitative and qualitative methods and/or monitoring and evaluation.
- Demonstrated ability to:
  - ✓ Organize and undertake different types of data collection-- both quantitative and qualitative data.
  - ✓ Conduct various types of interviews-- unstructured interview, semi-structured interviews and structured interviews--- and correctly interpret and transpose the responses into meaningful findings.
  - ✓ Perform data analysis and management. Be creative, make sense of, and transform large amounts of data/text into theory by reducing the volume of raw information, identifying significant themes, constructing a conceptual framework.
  - ✓ Concisely write up research findings in a coherent report.
  - ✓ Disseminate results of research activities.
  - ✓ Work well with other researchers, data collectors and team members.

- ✓ Communicate effectively with others orally and in writing and use a variety of computer programmes.
- ✓ Demonstrate experience in using statistical software for quantitative analysis
- ✓ Demonstrate similar assignments on sexual Reproductive Health and Reproductive Health Education.
- ✓ Demonstrate an excellent command of spoken and written English.

\* Knowledge of Reproductive Health Education and/or related areas: Adolescents, HIV, sexual and reproductive health and rights, child protection, gender and human rights, social and behaviour change communication is a strong asset.

## 6. Supervision

The consultant will report to and receive a briefing from UNFPA/UNICEF who will provide day-to-day guidance and support. UNFPA and UNICEF will provide before or during the assignment relevant background documents/literature.

## 7. Duration of the Study

The consultancy has an expected duration of **fifty (50)** working days. The work is expected to take place between 26<sup>th</sup> October 2020 to 20<sup>th</sup> December 2020. This will include desk reviews, data compilation and report writing.

### 7.1. Schedule of Mid-Term Evaluation:

| Indicative Timeframe   |  |                            |
|--|--|----------------------------|
| Phases and deliverables  | Deadline   | Responsibility             |
| Preparatory Phase: <ul style="list-style-type: none"> <li>• Inception meeting</li> <li>• Gathering of initial documentation regarding the Joint programme</li> <li>• Literature Review</li> </ul>  | 5 days after contract signing  | Consultants                |
| Design Phase <ul style="list-style-type: none"> <li>• Submission of inception report with clear methodology (including sampling frame) and data collection tools</li> </ul>  | 10 days after contract signing   | Consultants                |
| <ul style="list-style-type: none"> <li>• Training and Pre-testing</li> </ul>   | 15 days after contract signing   |                            |
| Field Work Phase <ul style="list-style-type: none"> <li>• Qualitative and Quantitative data collection</li> </ul>  | 34 days after contract signing   | Consultants                |
| <ul style="list-style-type: none"> <li>• Data analysis &amp; reporting</li> </ul>  | 40 days after contract signing   |                            |
| Reporting Phase <ul style="list-style-type: none"> <li>• Submission of 1<sup>st</sup> draft report</li> <li>• Feedback on the draft report from Stakeholders</li> <li>• Incorporation of comments by consultants into a draft report</li> <li>• Validation meeting with stakeholders</li> <li>• Finalisation and submission of a final report to UNFPA &amp; UNICEF</li> </ul> | 45 days after contract signing<br>47 days after contract signing<br>48 days after contract signing<br>50 days after contract signing | Consultants & UNFPA/UNICEF |

## **8. Quality Assurance**

Throughout the process, regular interactions will be made by the Consultants with UNFPA/UNICEF focal points for their feedback on the various stages of the Mid-Term Evaluation.

## **9. Ethical Issues**

The consultant (s) will be required to adhere strictly to the ethical standards in the “Ethical Code of Conduct for UNEG/UNFPA Evaluation”. The consultants must foster the inclusion and participation of all stakeholders, particularly adolescent girls and boys; women and men and the most vulnerable that may be at more risk of having their rights violated. **The consultant will also be responsible for getting ethical approval from any institutional review board in Ghana that includes safety for enumerators and respondents.**

## **10. Management Issues**

- The Mid-Term shall be conducted under the overall direction and authority of the Representatives of UNFPA and UNICEF
- The Deputy Representatives of UNFPA and UNICEF will directly supervise the entire process
- Monitoring of the process will be conducted by the M&E Officers of UNFPA & UNICEF
- The M&E Officers of UNFPA/UNICEF and programme officers shall assist the consultant by providing access to reports and documents, contacts with interested parties etc.
- The Regional M&E Advisers of UNFPA/UNICEF for West and Central African Regional Office shall provide necessary technical support
- The Consultants shall report directly to the UNFPA and UNICEF Focal Points for the Joint Programme.

## **11. Cost and Budget**

The payment will cover 50 working days for this consultancy. Field trips and travels outside Accra shall be borne by the Joint Programme.

## **12. Proprietary rights**

All outputs generated from this study including but not limited to the survey’s quantitative and qualitative data and all written reports remain the proprietary work product of UNFPA and UNICEF. Any attempt to use this study’s data for research leading to the publication of scientific articles and reports must be pre-approved by the contracting agencies

## **13. Expression of Interest/Application**

Interested individual consultants or firms (local/international) are requested to refer to RFQ-GHA-022 for submission of technical and financial proposals.

A brief technical proposal not exceeding 10 pages on the methodology and approach to the assignment including summaries of previous similar assignments.

- Financial proposal/budget in a separate envelope.
- A letter of application addressed to the UNFPA Representative in Ghana
- CVs and scan copy of the certificates; and all documents related to working experience
- A list of three references with their complete addresses.

Incomplete applications and applications that are not similar to the desired profile will not be processed.

Only short-listed candidates will be contacted.