

Call for Consultancy: ToR for Baseline for the country programmes of the Danish Family Planning Association in Uganda, Kenya and Ethiopia

1.1 Brief information about the strategic partnership

The Danish Family Planning Association (DFPA/Sex & Samfund) wishes to have baseline studies on select components of our new Strategic Partnership on Sexual and Reproductive Health and Rights (SRHR) in East Africa funded by Danida in the period 2022-2025.

The overall Immediate Outcomes for the Strategic Partnerships are:

Outcome 2 advocacy¹: Duty bearers in public and private sectors in Ethiopia, Kenya and Uganda implement and/or adopt targeted laws, policies, strategies and/or funded implementation plans in line with human rights commitments and international policy frameworks for SRHR.

Outcome 3A empowerment: Marginalized women and youth in the target areas, including those at work, access SRH services and enjoy gender equality. Their SRHR are advanced individually and collectively and they and their families apply adaptive strategies to counter act the effects of climate change and are involved in decisions affecting their lives concerning these issues.

Outcome 3B empowerment: Sex Workers and LGBT+ persons in the target areas exercise their Human Rights including their SRHR in their homes, communities, the wider society and at work.

The Strategic Partnership is implemented in three countries, Kenya, Uganda, and Ethiopia and covers five thematic areas within and in relation to SRHR and Gender Equality:

- Sexual and Gender Based Violence (SGBV)
- Youth
- LGBT+ (Kenya)/Key Population (Uganda)/Sex workers (Ethiopia)
- Women at work in the private sector
- Climate Change.

Each of these thematic areas are implemented through thematic projects. The DFPA collaborates with 14 local partners² on projects within all five thematic areas in Kenya and Uganda and within four thematic areas in Ethiopia (SGBV is not implemented in Ethiopia). Of the 14 projects in the current portfolio, all but three are implemented in collaboration with more than one partner.

Each of the projects include an advocacy and an empowerment component. *The baseline will only focus on the empowerment component.*

Each project design includes a results frame, a theory of change (TOC), a project document and a budget. For an overview of all the project Immediate Outcomes, Outcome Indicators, Outputs and Output indicators for the empowerment component - please see annex 1.

¹ The IO1 is for global advocacy which is not relevant here

² The collaboration with WWF-Uganda and WWF-Kenya is not in a direct partnership but through a MOU between DFPA and WWF in Denmark.

The implementation of the Strategic Partnership started in Kenya and Uganda from July 2022. The projects in Ethiopia started in October 2022. The period from January-July 2022 has been spent designing the projects and preparing for implementation.

Below is a table showing where the different thematic projects are implemented and with whom:

UGANDA			
Geographical area	Project title	Thematic project area	Implementing partners
Hoima District	Protecting the Rights of Women and Girls Experiencing or at Risk of SGBV	SGBV	Reproductive Health Uganda (RHU) Centre for Human Rights and Development (CEHURD).
Hoima District	SRHR for Marginalised Young People	Youth	Reproductive Health Uganda (RHU) Reach a Hand Uganda (RAHU)
Western Region (Hoima, Mbarara, Kabalore, Kasese, Ntungamo, Kabale, Kannungu, Ibanda, Kiruhura and Bushenyi districts)	Promoting Access to SRHR services for LGBT+ persons in Uganda	KP	Reproductive Health Uganda (RHU) Human Rights Awareness and Promotion Forum (HRAPF)
Hoima District	SRHR and Inclusion in Employment in Uganda (Targeting employees in the formal private sector)	Private sector	Federation of Uganda Employer (FUE) Reproductive Health Uganda (RHU)
Kampala	Promoting Access to SRHR services for LGBT+ persons in Uganda ³	KP	Reproductive Health Uganda (RHU) Human Rights Awareness and Promotion Forum (HRAPF)
Kagadi district	Climate Change (Targeting marginalised groups and	Climate change	Reproductive Health Uganda (RHU) World-Wide Fund for Nature (WWF-Uganda)

³ This is the same project as the one implemented in the ten districts in Western region

(approx. 3 hours from Hoima)	communities living in climate affected areas)		
Rubirizi District (approx. 5 hours from Kagadi and 6 hours from Hoima)	Climate Change (Targeting marginalised groups and communities living in climate affected areas)	Climate change	Reproductive Health Uganda (RHU) World-Wide Fund for Nature (WWF- Uganda)
Kasese District (approx.5 hours from Hoima)	Climate Change (Targeting marginalised groups and communities living in climate affected areas)	Climate change	Reproductive Health Uganda (RHU) World-Wide Fund for Nature (WWF- Uganda)
KENYA			
Geographical area	Project title	Thematic project area	Implementing partners
Homa Bay County	Prevention and Response to Sexual and Gender Based Violence.	SGBV	Kenya Legal and Ethical Issues Network on HIV and AIDS (KELIN) Gender Violence Recovery Centre (GVRC)
Homa Bay County	Equal Rights, Equal Access	LGBT+	Centre for Study of Adolescence (CSA) and National Gay and Lesbian Human Rights Commission (NGLHRC)
Homa Bay County	Adolescents and Young People's Sexual Reproductive Health and Rights (AYPSRHR)	Youth	Centre for Study of Adolescence (CSA)
Kilifi county	SRHR and Climate Change	Climate change	Centre for Study of Adolescence (CSA) World-Wide Fund for Nature (WWF-Kenya)
Kisumu County and Nairobi	Sexual and Reproductive Health Rights and Gender Equality at the Workplace	Private sector	Federation of Kenyan Employers (FKE) Reproductive Health network Kenya (RHNK)
ETHIOPIA			

Geographical area	Project title	Thematic project area	Implementing partners
Addis Ababa, Adama, Hawassa and Dire Dawa towns and adjacent rural areas	Ensuring SRHR and GE of underserved young people in Ethiopia	Youth	Family Guidance Association Ethiopia (FGAE)
Addis Ababa	Right to Safe sex work	Sex workers	Family Guidance Association Ethiopia (FGAE) NIKAT (a sex worker organisation)
Horticulture farms near: Holeta, Sebate (near Addis) Koka, Bishoftu and Ziway (Rift Valley)	Most at risk Women in the Horticulture Sector	Private sector	Ethiopia Horticulture Producers Export Association (EHPEA) Family Guidance Association Ethiopia (FGAE)
Oromia Region, Jimma Zone, three kebeles of Dedo Woreda	Gender transformation and enhanced SRHR service for adaptation and resilience of vulnerable communities in Ethiopia	SRHR and Climate Change	Population Health and Environment Ethiopian Consortium (PHE EC)

1.2 Objective of the baseline study

The overall objective of the baseline study is to provide DFPA and partners with insight into SRHR knowledge, practices and gender norms, attitudes, and practices among beneficiaries, formal and informal leaders as well as service providers. The study will only cover the empowerment component (not the advocacy) of the thematic areas.

DFPA understands the term “empowerment” as a process that happens over time and not as something for example, we as DFPA can provide final beneficiaries /rights holders/marginalized people with. Hence working on empowerment requires that we work both with marginalized people themselves as well as stakeholders who are part of the structures defining and reinforcing contextual power dynamics. All projects include three main types of stakeholders involved in the empowerment component. 1) the target beneficiaries, 2) the local informal leaders in the community (e.g., parents, religious and community leaders), and in workplaces, and 3) the health and/or educational institutions and/or law enforcement agencies.

We expect the baseline study will reflect the TOC and be grounded in a qualitative study, which will not provide exact numbers for the baseline. Rather the baseline study shall provide an insight into SRHR knowledge and practices and gender norms, attitudes, and practices among beneficiaries as well as those with power in the communities. This information will inform intervention strategies as well as ongoing monitoring through the project implementation period. An end-line study in the same selected sites and with same methodologies will be undertaken to capture positive or negative changes.

1.3 Scope of work

The concrete content of the baseline studies and reports will be defined together with DFPA. The scope of work of the assignment includes the following tasks:

- Develop an inception report which should include:
 - A desk study of the relevant project documents supplied by DFPA as well as available complimenting data, thematically relevant studies, policy mapping, etc.
 - The overall research framework of the baselines and work-plan for the baseline studies in consultation with DFPA. This should also include a definition of the sampling strategy for respondents.
- Develop and test relevant tools and/or revision of existing tools for collecting data. DFPA has identified some tools which may be appropriate and/or can inspire development/revision of tools.

“Participatory Research Toolkit for Social Norms Measurement”

<https://www.unicef.org/documents/participatory-research-toolkit-social-norms-measurement>

‘Measuring Empowerment? Ask Them’ (<https://cdn.sida.se/publications/files/sida53691en-measuring-empowerment-ask-them---quantifying-qualitative-outcomes-from-peoples-own-analysis.pdf>). B. Subha Shri ‘Rights-based knowledge creation in Sexual and Reproductive Health – an Introductory Guide’ (https://srhm2-cdn-1.s3.eu-west-2.amazonaws.com/wp-content/uploads/2022/05/05115807/Rights-based-knowledge-creation_SRHM2022.pdf

- Identify/recruit and train local researchers in Ethiopia, Kenya, and Uganda.
- Coordinate all activities of the team and with the DFPA and the local partners in terms of accessing respondents in countries for the baseline.
- Engage in ongoing communication with DFPA on the baselines. The details will be agreed with DFPA.
- Conduct fieldwork activities in the selected geographical intervention areas for the selected thematic areas and with the identified respondents.
- Develop draft baseline reports based on the analysis of the findings from fieldwork and input from partners
- Meet with the local partners and DFPA to present and discuss preliminary findings of the baseline
- Compile final draft baseline reports accommodating comments by the project partners including DFPA
- Present findings in a clear, structured, and useful way that can ease the continuous monitoring and the end-line survey
- Complete of three final baseline reports, i.e., one report per country with separate chapters for each project

1.4 Suggestion for team composition

DFPA expect the consultant to suggest the best team composition. Our proposal is to have one international consultant who coordinates the baseline studies and joins the work in each of the three

countries, and two local team members in each country who speak the local language or a local M&E expert and an interpreter. It is the responsibility of the lead consultant to recruit local team members.

1.5 Approach

DFPA recommends the use of participatory methods supplemented with structured and semi-structured interviews.

The findings should be disaggregated by sex, age, and by rights holders and duty bearers. In terms of the sex-disaggregation, a 'third gender' or even 'other' categories than male/female (binary categories) should be available.

1.6 Deliverables

The following are to be submitted to the DFPA within the timeline presented below:

- Inception report on preliminary findings from desk review, a proposed list of content for the final baseline report, proposed tools and methods as well as interpretation of the assignment and a work plan. Max 15 pages
- Presentation of preliminary findings to the partners in each country and DFPA (online participation) at a debriefing meeting immediately after the fieldwork. Preferably this should be presented as a slide deck.
- Three draft baseline reports to DFPA
- Three final baseline reports to DFPA with specific chapters on each project.

1.7 Timing and budget for assignment

This section will be developed in a dialogue between DFPA and the Lead Consultant and will be based on considerations of primarily no. of necessary engagements (how many groups/respondents) within the different thematic areas, costs per day and available budget. DFPA estimates that for the Lead Consultant approx. 100 days in total is necessary for the three baseline studies, including preparation, fieldwork in three countries and report writing. For the local consultants, which must be recruited by the lead consultant, DFPA estimates between 15 and 17 days per country. The total budget available for the baseline is approx. 950.000 DKK

1.8. Contacts and submission

For further information please contact: Susanne Kirk Christensen, skc@sexogsamfund.dk

Deadline for submission of proposal: **11 December 2022, 12noon GMT**

Annex 1: Overview of Immediate Outcomes, Outcome indicators, Outputs and Output indicators for the projects in the empowerment component

Kenya			
Kilifi County.			
SRHR and Climate Change			
Kenya Climate change Immediate outcome	Climate change Immediate outcome indicators	Climate change Outputs	Climate change Output indicators
IO Women in the selected Beach Management Units and Community Forest Associations know their SRHR and are more aware of gender equality thus increasing their opportunity to jointly engage in implementation of Nature Based Solutions and hold Department of Health accountable for the protection and fulfilment of SRHR and advancement of gender equality. This will ultimately lead to increased resilience of the communities to the effects of climate change and increased ability to adapt to climate changes.	3A.1 # of marginalized women and young people who are reached with information about their SRHR and how it's interlinked with climate changes and Nature-Based Solutions by CSA and WWF.	Output 3A.1 Marginalized women and young people from the Beach Management Units and Community Forest Associations have knowledge on the linkages between SRHR, climate change, Nature Based Solutions and gender equality.	3A.1.1 # of marginalized women and young people who have been trained on the interlinkages between SRHR and climate change
	3A.2 # of marginalized women and young people reached with information who are increasingly active in requesting technical advice and support on the interlinkages between SRHR, climate change, gender equality and Nature Based Solutions to apply adaptive strategies and advancement of their SRHR.	Output 3A.2 Health Department, including the health service providers, Fisheries Directorate and Environment Directorate have increased knowledge on interlinkages between SRHR, climate change, Nature Based Solutions and gender equality and acknowledge the benefits of a multi-dimensional	3A.2.1 # of service providers actively participating in and supporting the project activities using a multi-dimensional integrated and rights-based approach.

		integrated and rights-based approach.	
	3A.3 # of marginalized women and young people reached with information who are actively implementing Nature Based Solutions and exercising their SRHR to apply adaptive strategies and advancement of their SRHR.	Output 3A.3 Chiefs, village elders, ward administrators have increased knowledge and understanding of the linkages between SRHR, climate change, Nature Based Solutions and gender equality	3A.3.1 # of local leaders trained on SRHR, climate change, Nature Based Solutions, gender equality and how they interlink.
Homa Bay County.			
Equal Rights, Equal Access (LGBT+)			
Kenya LGBT+ Immediate outcome	LGBT+ Immediate outcome indicator	LGBT+ Output	LGBT+ Output indicator
IO3. LGBTIQ+ people in Homa Bay County know their rights, can identify their SRHR needs, have information on access to legal aid in Homabay County, have the skills, confidence and self-esteem to demand for their rights and access relevant and non- discriminatory SRHR service	3.1 # of LGBTIQ+ people of Homa-Bay reached by partners and peer educators with information about their sexual and reproductive health and rights	3.1 LGBTIQ+ peer educators and SRHR youth advocates in Homa Bay County have increased knowledge on SRHR advocacy at grass root level and on how to provide advocacy and service delivery knowledge to their peers	# Of LGBTIQ+ SRHR advocates and peer educators trained on advocacy, GTA and safety and security
	3.2 # of LGBTIQ+ persons reached who develop small scale advocacy	3.2 Health Facilities in charges have increased knowledge on how to provide non-	# Of trainings held with facility in charges as ToT's in provision of friendly SRHR service provision

	plans and link and refer each other to LGBTIQ+ friendly facilities.	discriminatory SRHR services to LGBTIQ+ people	# Of trained ToT's at facility level in Homa Bay town and Ndhiwa sub-counties
			# Of support sessions conducted in 20 public health facilities in Homabay town and Ndhiwa sub-counties
	3.3 # Of LGBTIQ+ persons reached who demand for their rights, access SRH services and are willing to give feedback on level of satisfaction	3.3 Health service providers in Homabay County have increased knowledge on how to provide non-discriminatory SRHR services to LGBTIQ+ people	# of trained HSPs in 20 public health facilities in Homabay town and Ndhiwa sub-counties
Homa Bay County.			
Adolescents and Young People's Sexual Reproductive Health and Rights (AYPSRHR)			
Kenya	Youth	Youth	Youth
Youth Immediate outcome	Immediate outcome indicator	Output	Output indicator
3A. Increased uptake of quality, friendly and responsive ASRHR information and services among Adolescents and Young People in Home Bay by 2025.	3A.1 # of young people reached with SRHR information by community leaders, peer educators, champions, teachers, religious leaders and parents in community dialogues and intergenerational sessions	3A.1 Community leaders/ champions have a better understanding to support in addressing the SRHR needs of AYP in collaboration with CSA to initiate intergenerational dialogues	3A.1.1 # of community leaders trained as SRHR champions
	3A.2 # of young people reached who are demanding for their rights	3A.2 Adolescents and young people trained on social	3A.3.1 # of young people trained

	to access quality and youth friendly SRH information and services responsive to their needs at the health facilities	accountability mechanisms to help them demand for their rights to access quality and youth friendly SRH information and services at the health facilities that are responsive to their SRH needs.	
	3A.3 # of young people reached who are satisfied with the quality of and access to SRH information and services at the health facilities; thus are advancing their sexual health rights as a result of local leaders' actions for creation of safe and free environment for young people.	3A.3 Health service providers trained on ASRHR and YFS to gain knowledge and skills on how to address the SRHR needs of Adolescents and young people.	3A.3.1 # of health workers trained
	3A.4 # of Adolescents and YP seeking/accessing SRH information and services and exercising their SRHR	3A.4 Adolescent and Young People acquire knowledge and skills on their SRH rights, needs, challenges and barriers to information and services and have a good understanding on where and how to access SRH information and services at the health facilities	3A.4.1 # of adolescents and YP trained to deliver CSE education
Homa Bay County.			
Prevention and Response to Sexual and Gender Based Violence.			
Kenya	SGBV Immediate outcome indicator	SGBV Output	SGBV Output indicator

SGBV Immediate outcome			
<p>3A. By 2025 AGYW live in violent free and respectful target communities where they enjoy their equal rights and is able to access quality SGBV / SRH services. They are able to make informed SRH choices.</p>	<p>3.1 # of women and adolescent girls reached with SRHR/SGBV/GE information by ToTs.</p>	<p>3.1 ToTs have increased knowledge on SRHR/SGBV/GE and their role as ToTs</p>	<p>3.1.1 # of ToTs with improved knowledge</p>
		<p>3.2 Women and young adolescents have improved knowledge on SRHR/SGBV/GE issues and skills to make quality health choices.</p>	<p>3.2.1 # of women and young adolescents with improved knowledge and skills</p>
	<p>3.2 (A) # of women and adolescent girls reached by ToTs who seek SGBV /SRH services including redress</p>	<p>3.3 Community psychosocial support groups have capacity to support survivors of SGBV and help reintegrate the survivors back the community.</p>	<p>3.3.1 # of community psychosocial support group members with capacity to support survivors of GBV on their recovery journey</p>
		<p>3.4 HCPs have increased knowledge on SGBV management and service provision</p>	<p>3.4.1 # of HSPs with improved knowledge on SGBV management and service provision</p>
	<p>3.2 (B) # of women and adolescent girls reached by ToTs who engage in dialogues/ create safe spaces with other women and girls to provide peer to peer support</p>	<p>3.5 Enhance access to justice through litigation, improved knowledge on prevention and response to SGBV by law enforcers (Police, Judiciary and administration officers)</p>	<p>3.5.1 # of law enforcers with improved knowledge on prevention and response to SGBV</p>
		<p>3.6 Targeted men have improved understanding of gender roles, SGBV and</p>	<p>3.6.1 # men with improved knowledge on gender roles, SGBV and prevention</p>

		prevention measures are champion against SGBV	
	3.3 # of women and adolescent girls reached by ToTs who individually and collectively raise their voices.	3.7 Relevant actors have increased knowledge on how to engage and utilize the digital referral map	3.7.1 # of relevant actors with improved knowledge
Kisumu County and Nairobi.			
Sexual and Reproductive Health Rights and Gender Equality at the Workplace			
Kenya	Private sector Immediate outcome indicator	Private sector Output	Private sector Output indicator
Private sector Immediate outcome			
IO3A: By 2026, there will be an empowered, productive and more competitive private sector where employers and workers promote, respect and enable workers to access and exercise their rights to decent work, gender equality and sexual and reproductive health rights.	3A.1 # of female employees reached with SRHR and GE information by work place SRHR and GE champions.	Output 3.1. Through PE/Champion program Women and vulnerable workers are well-informed about their rights to SRHR and GE	# of workplace SRHR and GE champions/peer educators recruited and trained
			# of support supervision visits made
	3A.2 # of female employees reached by project who voice issues of relevance to address their needs in relation to SRHR, GE and PPEs.	Output 3.2: Employers, HR Managers, workplace committee members, and shop stewards have improved knowledge on the business case for investing in SRHR/GE and its related linkages to OSH	# of female workers reached through outreaches
			# of company gatekeepers with improved knowledge on SRHR in the workplace
			# of companies that have integrated SRHR and GE within existing workplace policies and OSH

	3A.3 # of female/vulnerable employees reached who exercise their rights to decent work, SRHR and GE – by accessing SRH services/information freely		
Uganda			
Hoima District.			
Protecting the Rights of Women and Girls Experiencing or at Risk of SGBV			
Uganda SGBV Immediate outcome	SGBV Immediate outcome indicator	SGBV Output	SGBV Output indicator
3A. Women and girls live in gender equal and violent free communities, have access to SGBV and SRH services and are organized in order to raise their voice	3A.1 # of men/women reached with SRHR/SGBV/GE information by peer educators or champions	3A.1.1 # of women champions with increased knowledge in HRBA/ SGBV/SRHR/GE and skills how to engage in advocacy to promote women empowerment and challenge harmful gender norms	3A.1.1 # of women champions with increased knowledge in HRBA/ SGBV/SRHR/GE and skills how to engage in advocacy to promote women empowerment and challenge harmful gender norms
			3A.1.2 # of women champions with increased knowledge in HRBA/ SGBV/ skills to act as paralegals, provide psychosocial support and referrals
			3A.1.3 # of women and girls organised in groups
	3A.2 # of women participating in SGBV awareness raising discussions with others; identifying their needs	3A.1.2 # of women champions with increased knowledge in HRBA/ SGBV/ skills to act as	3A.2.1 # of men and boys champions with increased knowledge in GE/SGBV, in challenging harmful norms, and misconceptions and stereotypes,

	and finding solutions or supporting women and girls in groups	paralegals, provide psychosocial support and referrals	practicing equal relationships in the family and holding DB accountable to respect, protect and fulfill women and girls' rights
			3A.2.2 # of men and boys organised in groups
	3A.3 # of women supporting each other; organizing and raising their voice in the family and in public; raising awareness and refer SGBV survivors	3A.3 Community leaders and opinion makers acknowledge that SGBV is a problem and they know what needs to be done about it	3A.3.1 # of community leaders and opinion makers engaged in dialogues /trainings on SGBV
			3A.3.2 # of cases filled in court follow-up to completion
		3A.4 Service providers within health and justice system (police, local council courts, SGBV committee) have knowledge on SGBV, and take on new approached to case management	3A.4.1 # of health service providers that have increased knowledge on SGBV, it's management and referral
			3A.4.2 # of police officers have increased knowledge on SGBV, it's management and referral
Hoima District.			
SRHR and Inclusion in Employment in Uganda (Targeting employees in the formal private sector)			
Uganda	Private sector Immediate outcome indicator	Private sector Output	Private sector Output indicator
Private sector Immediate outcome			
3.A. Workers in formal and semi-formal workplace structures in Hoima and Central Uganda enjoy and exercise their	3.A.1. # of male and female employees both in formal and semi-formal workplaces reached	3.A.1 Peer educators and workplace committees have increased knowledge and	3.A.1.1 # of peer educators trained on GTA, SRHR/GE and peer education programme

rights to decent work, equality, and health, including access to SRHR services- and information, targeting immediate relatives as well	with SRHR/SGBV/GE information by peer educators and champions.	awareness about GTA/SRHR/SGBV/labour laws	3.A.1.2 # of engagements with employees by peer educators on workers' rights, SGBV and SRH
	3.A.2 # of male & female employees seek and have access to comprehensive SRHR services and information against harassment and SGBV and to advance their SRHR and inclusion.	3.A.2 workplace structures such as Gender Committee and OHS committee capacitated in their role promoting decent work, including workers' rights to equality and non-discrimination	3.A.2.1. # of committee members from e.g., gender committees and OHS committees capacitated in their role promoting decent work, including workers' rights to equality and non-discrimination.
	3.A.3 # of male & female employees reached who make use of functional workplace complaint mechanisms without fear and who demand for their SRH rights to be respected and protected to advance their SRHR, inclusion, and decent work.	3.A.3 Increased SRHR and GE awareness achieved through OSH, labour and World AIDS Days.	3.A.3.1. # of workers reached through health commemorative days participated in (OSH, labour and World AIDS Days).
	3.A.4 # Workplace structures such as Gender Committee and occupational health and safety committee capacitated in their role promoting decent work, including workers' rights to equality and non-discrimination.	3.A.4 Employers with promising initiatives on most-at-risk women at work participating in Employer of Year Award (EYA).	3.A.4.1. # of companies participating in Employer of Year Award.
	3.A.5 Increased SRHR and GE awareness achieved through OSH, labour and World AIDS Days.	3.A.5 SRHR & GE advocacy materials developed and disseminated.	3.A.5.1. # of SRHR & GE advocacy materials developed and disseminated.
Hoima District.			

SRHR for Marginalised Young People			
Uganda	Youth Immediate outcome indicator	Youth Output	Youth Output indicator
Youth Immediate outcome	3A. Young people aged 10-24 are able to make informed life decisions about their SRH as well as able to hold duty bearers accountable to developing and implementing policies and programmes which promote young people's SRHR.	3A.1 Young people have increased knowledge on their sexual and reproductive health and rights and skills to make informed decisions, hold their leaders accountable and utilize SRHR services	3A.1.1 # of young people trained as peer educators and equipped to deliver SE
			3A.1.2 # of teachers from 20 secondary schools trained to provide SE
			3A.1.3 # of young people in and out of school equipped with A/YSRH information and SE
			3A.2.1 # of parents, religious and cultural leaders in Hoima oriented on SE framework, SRHR related policies and guidelines, youth adult partnership and communication skills
	3A.2 # of young people in school who have attended at least 8 out of 10 SE modules to complete the SE course.	3A.2 Parents, religious and cultural leaders have increased knowledge on A/YSRHR and also skills to communicate about SRHR with the young people	
	3A.3 # of young people out of school who have attended at least 8 SE modules to complete the SE course.		
	3A.4 % of young people reached who confidently address SRHR issues with peers, partners, parents and seek information and services from service providers		

	3A.5 # of young people reached who are able to utilise SRHR services	3A.3 The District Health Team (DHT) and Health Service providers have increased knowledge and skills in YFS	3A.3.1 # of DHT members trained in YFS Trainer of Trainees 3A.3.2 # of Health service providers mentored by the DHT to provide YFS
Kampala and ten districts in the Western region (Hoima, Mbarara, Kabalore, Kasese, Ntungamo, Kabale, Kannungu, Ibanda, Kiruhura and Bushenyi districts). Promoting Access to SRHR services for LGBT+ persons in Uganda			
Uganda LGBT+ Immediate outcome	LGBT+ Immediate outcome indicator	LGBT+ Output	LGBT+ Output indicator
3B. LGBT+ persons in Kampala and in 10 districts in the Western Region know their rights, can identify their SRHR needs, have the skills and self-esteem to demand their rights and access relevant and non-discriminatory SRHR services.	3B.1 # of LGBT+ reached with information about their SRHR by peer educators, through RHU clinics, outreaches and other KP friendly Health Facilities.	3.1 LGBT+ persons have increased awareness and knowledge of SRHR and access points and have gained knowledge on how to mobilise themselves and conduct community based SRHR advocacy	# of peer educators and champions trained in and/sensitized on SRHR, issues affecting LGBT+, on diversity and the need to protect KPs in communities
			# of advocacy champions refreshed on SRHR advocacy in the advocacy in the 10 districts Western region
	3B.2 # of LGBT+ reached who start to use the communication and advocacy skills gained.	3.2 Health workers have increased knowledge and awareness of GTA/SRHR and	# of mapping reports on the existing KP friendly health service access points the 10 areas in Western region

		LGBT+ issues and understand their own role as duty bearers	
	3B.3 # of LGBT+ reached who engage with local duty bearers/decision makers and use their voice and actively demand for their rights		# of health workers trained in GTA/SRHR and provision of KP friendly and responsive services
			# health workers trained who are providing friendly SRHR services to LGBT+ persons in Kampala and Western Uganda
Kagadi, Kasese and Rubirizi Districts.			
Climate Change (Targeting marginalised groups and communities living in climate affected areas)			
Uganda Climate change Immediate outcome	Climate change Immediate outcome indicator	Climate change Outputs	Climate change Output indicators
3A. Women and youth living in climate affected areas in Kagadi, Kasese and Rubirizi know their SRHR, and how these interlinks with gender (in)equality and climate changes, thus increasing their possibility to engage themselves in conservation and NBS in the communities and hold duty bearers accountable on the protection and fulfillment of those rights and gender equality, as well as to support their adaptation and resilience practices.	3A.1 # of marginalised women and young people who are reached with information about SRHR, GE and its links to CC and nature-based solutions by peer educators and champions.	3A.1 Marginalized women and youth in the climate affected areas have increased knowledge on SRHR and GE, and how these interlinks with CC adaptation and resilience.	3A.1.1 # of women and youth trained in GTA, SRHR, GE, CC adaptations and the interlinkages (4 groups with an average membership of 30 per district starting with first year)
			3A.1.2 # of peer educators/champions in Kagadi, Kasese and Rubirizi districts trained in GTA, SRHR, GE, CC adaptation and the links between these.
			3A.1.3 # of dialogues on SRHR, GE and CC adaptation between the peer

			educators/champions and community group member/communities facilitated.
	3A.2 # of marginalized women and young people who act by seeking services, and requesting more training/mentorship and information sharing from different players (CSOs, government, etc.) about SRHR, GE and CC adaptation.	3A.2 DCDO, CDO and selected cultural and religious leaders have knowledge on linkages between SRHR, GE and CC.	3A.2.1 # of leaders (DCDO, CDO, cultural and religious leaders trained on GTA, SRHR, GE, CC adaptation and their interlinkages.
			3A.2.2 # of dialogues facilitated between leaders (DCDO, CDO, cultural and religious leaders) and communities on SRHR, GE, CC adaptation and their interlinkages.
	3A.3 # of marginalized women and young people who feel confident to take meaningful part in CC adaptation practices and are comfortable addressing SRHR and GE issues in the community.	3A.3 HW and VHTs have knowledge on the full range of SRHR and have knowledge about a rights-based approach to services	3A.3.1 # of public health providers (HW/VHTs) trained on GTA, SRHR, GE, CC adaptation and their interlinkages and rights-based approaches to services.
			3A.3.2 # of SRHR information and service provision community outreaches by public health providers (HW/VHTs) trained on GTA, SRHR, GE, CC adaptation and their interlinkages and rights-based approaches to services.

Ethiopia

Horticulture farms near: Holeta, Sebate (near Addis), Koka, Bishoftu and Ziway (Rift Valley).

Most at Risk Women in the Horticulture sector

Ethiopia Private sector Immediate outcome	Private sector Immediate outcome indicator	Private sector Output	Private sector Output indicator
<p>3A. By 2025, most-at-risk women in the workplace in the selected horticulture farms have increased knowledge and access to SRHR services and information as well as to operational grievance handling mechanism, enabling them to enjoy participation in leadership, gender equality, good health, and access to a safe and decent work environment</p>	<p>3 A.1 # of male and female employees reached by peer educators, champions, employers, health professionals, OHS committee members, trade union.</p> <p>with information about SRHR/ SGBV/ GE/ OSH/ women in leadership/social dialogue/freedom of association/ collective bargaining/grievance handling/labor law</p>	<p>Output 3A.1. Workplace committees (Gender committee, OSH committee, labor union and health professionals) have increased awareness about OSH, SRHR, GE, women in leadership, grievance handling and Conflict management.</p> <p>Output 3A.2. Farm employers get knowledge and skill on implementation of Gender inclusive management practices, social dialogue, and decent work agenda to enable</p>	<p>3A.1.1 # of members of Gender and OSH committee and peer educators trained on occupational health and safety, women in leadership, SRHR, GE, Conflict management, Grievance handling, Labor law, Social dialogue and CBA.</p>
	<p>3A.2. # Of female employees who move to middle and top management at selected horticulture farms to improve women’s representation in decision making and are accessing the talent pipeline on an on-going basis.</p>		<p># of members of labor union trained on Labor law, OSH, Social dialogue and CBA</p>
	<p>3A.4 # of most-at-risk women who are fully accessing and utilising high quality SRHR services and information standard package and are making free and informed choices about their SRH.</p>		<p>#of health professionals who have received training about OSH, SRHR, Basic FP and Comprehensive sexual education leadership</p>
	<p>3A.1.1 # of male and female employees reached with SRHR/SGBV/GE/OSH/Social dialogue, women in leadership/grievance handling/, conflict management, gender auditing information.</p>		<p>3A. 1.1 # of male and female employers reached with SRHR/SGBV/GE/OSH/Social dialogue, women in leadership/grievance handling/, conflict management, gender auditing information.</p>

	3A. 5 # of farms certified with EHPEA code of practice	them incorporate measures to strengthen gender equality and decent work through Gender equality and anti-sexual harassment policy implementation	
	3A.6 # Farms build/upgrade the health/clinic facility at the farm compound/create referral linkage with Local health facilities to increase access for SRHR service	Output 3A.3. Selected farm Women employee have skills and knowledge to enable them to be competent candidates to be promoted to middle and top management	3A.3. #Of trained female employee the training
	3A.7 # of farms establish day care facility at the farm compound		
Addis Ababa, Adama, Hawassa and Dire Dawa towns and adjacent rural areas. Ensuring SRHR and GE of underserved young people in Ethiopia			
Ethiopia	Youth Immediate outcome indicator	Youth Output	Youth Output indicator
Youth Immediate outcome			
IO3A. By 2025, the marginalized adolescents and youth with low income, low or no education have increased access to quality and equitable SRHR information and services by enabling them to increasingly take the lead in the promotion and provision of SRHR	3A.1 # of young people reached with SRHR/SGBV/GE information by peer educators/In-school & Out of School Youth Clubs and champions.	3A.1 Religious leaders/traditional leaders have increased knowledge about young people’s SRHR and gender equality.	3A.1.1 # of Religious leaders/traditional leaders, sensitized on SRHR information and services for marginalized adolescents and youth 3A.1.2 # of Religious leaders/traditional leaders trained on SRHR.

information and services in addressing socio-cultural barriers including harmful gender norms.	3A.2 # of young people reached who have increased awareness on their SRHR and actively seeking to have access to comprehensive information and services on SRHR and stand against SGBV to advance their SRHR.	3A.2 Adolescents and youth and marginalized groups such as job seekers, adolescents in rural, urban and semi-urban areas in school and out of school as well as young people with disabilities are have increased knowledge about their sexual and reproductive health and rights, GE and skills to make informed personal choices;	3A.2.1 # of adolescents and youth and marginalized group members reached with SRHR information.
			3A.1.1 # of peer educators, youth club members and champions trained on SRHR and on how to communicate this to other young people.
	3A.3 # of young people reached with youth friendly SRHR services.	3A.3 Woreda Women, Children and Youth Offices, Kebele administrations, private and public health providers and education institutions in the project areas have increased knowledge on the SRHR of marginalized young people and on their role in providing youth friendly information and services in accordance with the AY Health strategy.	3A.3.1 # of Woreda Offices and Administration representatives sensitized on SRHR of marginalized young people and their respective roles.
			3A.3.2 # of private and public health service providers trained on SRHR and provision of youth friendly information and services.
Oromia Region, Jimma Zone, three kebeles of Dedo Woreda.			
Gender transformation and enhanced SRHR service for adaptation and resilience of vulnerable communities in Ethiopia			
Ethiopia	Climate change Immediate outcome indicator	Climate change Outputs	Climate change Output indicators
Climate change Immediate outcome			

<p>3A. IO I: By 2025, women in three kebeles of Dedo woreda contribute actively to reduce harmful practices and social and gender norms, their SRHR are advanced and their access to, use of and control over resources have been improved and they are represented in leadership positions in key community institutions</p>	<p>3A.1 # of marginalized women and young people who are reached with information about their SRHR and nature-based solutions by peer educators, HEW, SW, model mothers and school clubs.</p>	<p>3A.1 Women supported and strengthened to access to, use of and control over natural resources including land, and on leadership in a community</p>	<p>3A.1.1 # of women trained on leadership and harmful social norms and practices including violence against them at household, community and at work place levels</p>
			<p>3A.1.2 # of women trained on access to, use and control over resources in the family and a community.</p>
	<p>3A.2 # of marginalized women and young people reached with information by village PHE Committee and woreda level PHE Multi-sector task forces to apply adaptive strategies and advancement of their SRHR.</p>		<p>3A.1.3 # of women and young people supported and get household productive asset (improved crop varieties, sheep, poultry)</p>
	<p>3 A.3 # of marginalized women and young people reached with information by elders, religious leaders and law enforcement agents to apply adaptive strategies and advancement of their SRHR</p>	<p>3A.2 Women and young people aware of their SRHR, SRH service and its role in improving their house hold resilience and gender equality in the household as well as in the community</p>	<p>3A.2.1 # of Elders and religious leaders selected, trained, motivated and informed about the effect of harmful customary practice and climate change on women</p>
			<p>3A.2.2 # of HEW, DA, SW and law enforcement agents trained on different SRHR issues, climate change adaptation practices and gender equality and on how to engage with women and young people.</p>

	3A.4 # of marginalized women and young people reached with information who claim their SRHR and access climate related information		3A.2.3 # of women trained on harmful social norms and practices including violence against them at household and in the community
	3A.5 # of the reached marginalized women who demand for a leadership position in the community	3A.3 Village health committee, school clubs, model mothers and peer educators trained on SRHR, Climate change adaptation and gender equality by PHE EC.	3A.3.1 # of Village health committee, school clubs, and peer educators' members trained and strengthen on SRHR, Climate change adaptation and gender equality
	3A.6 # of reached marginalized women who claim their rights to be involved in decision making in the household and community level and stand up against harmful social norms and practices including violence against them at household, community and at work place levels		3A.3.2 # of BCC/IEC promotional materials developed on SRHR issues and gender equality and provided to Village health committee, school clubs, and peer educators
	3A.7 # of reached marginalized women who are represented at leadership position in PHE Multi-sector task forces and in other formal and informal community-based institutions.	3A.4. PHE multi-sectorial task forces at local level (Kebele) established, trained and strengthened to mainstream gender issues and gender responsive climate change	3A.4.1 # of kebele level PHE multi-sectorial task forces established, trained and Strengthened

		adaptation into development plans and budget at local level	
Ethiopia Climate change Immediate outcome 3B	Climate change Immediate outcome indicator	Climate change Outputs	Climate change Output indicators
3B. IO-II: By 2025, Three women cooperatives in the targeted three kebeles of Dedo engage and run viable businesses; they access viable market & finance and members of the cooperatives sufficiently diversify their livelihood	3B.1 # of marginalized women who are reached with information about business entrepreneurship and cooperatives and its role in improving SRHR issues by woreda cooperative office and kebele level cooperative promoter	3B.1 Marginalized women organized to form cooperatives and made aware on viable business entrepreneurship and its role in improving their SRHR service	3B.1.1 # of marginalized women groups organized by PHE to form cooperative
			3B.1.2 # of women trained on cooperative principles and entrepreneurship
	3B.2 # of marginalized women reached with information select their leaders, and demand support from PHE EC and woreda cooperative office such as the necessary trainings and awareness creation sessions on the importance and principles of cooperatives, organizational management, entrepreneurship and marketing and linkage with local level financial institutions for sustainable access to financial service.	3B.2 Organized marginalized women groups supported and strengthened by project to establish functional cooperatives	3B.2.1 # of cooperatives leaders trained on financial and organizational management and supported with financial transaction documents
			3B.2.2 # of cooperatives got legal entity and provided with seed money and linked with local financial institutions

Addis Ababa. Right to safe sex work			
Ethiopia Sex workers' rights Immediate outcome	Sex workers' rights Immediate outcome indicator	Sex workers' rights Outputs	Sex workers' rights Output indicators
Outcome 1: Female sex workers (FSWs) in the target areas in Addis Ababa claim their sexual and reproductive rights and access relevant and non-discriminatory SRH services and legal assistance	1.1 # of sex workers reached with education and information about HR, SRHR ect. (SPA 3B.1)	Output 1.1: FSWs sex workers have increased knowledge to make informed decisions about their sexual and reproductive health and rights, and have skills to improve their safety	1.1.1 # of trained PE Supervisors providing systematic and regular technical and supervisory support to peer educators
			1.1.2 # of trained peer educators engaged in the project
			1.1.3 # of FSWs participating in the peer-to-peer training and education programmes of the project
	1.2 # of sex workers reached who have accessed the safe space (3B.2)	Output 1.2: FSWs have access to a safe space	1.2.1. # of safe spaces supported by the project
	1.3 # of sex workers reached who sought SRHR services (3B.3)	Output 1.3: FSWs have improved access to SRH services and legal assistance and child protection services that enhance their rights, protection and wellbeing	1.3.1. # of FSWs accessing non-discriminatory SRH services

<p>Outcome 2: Local authorities, decision makers and opinion leaders are committed to improve the rights of sex workers</p>	<p>2.1 # of trainings/events/workshops held with local authorities, decision makers and opinion leaders where recommendations to address challenges and concerns of FSWs have been discussed</p>	<p>Output 2.1: The local authorities have increased knowledge of the rights and challenges of FSWs</p>	<p>2.1.1 # and types of representatives of local authorities with increased knowledge</p>
	<p>2.2 # of champions who show dedication and motivation to promote sex workers' rights by speaking openly in support of sex worker' rights with their peers and within their institution</p>	<p>Output 2.2: Decision makers within the police, health authorities, hotel and bar owners (or other relevant actors) have more knowledge of the challenges of FSWs and their rights</p>	<p>2.2.1. # of duty bearers and champions identified and actively participating in project activities/trainings/events</p>
	<p>2.3 # of stakeholders, duty bearers and champions reached with information about the challenges and rights of FSWs</p>	<p>Output 2.3: The general public has increased knowledge and awareness on the lives of FSWs</p>	<p>2.3.1 # of radio programmes concerning FSW rights aired</p>
			<p>2.3.2 # of public/special events used for awareness raising about FSW rights</p>