



RIGHT TO PLAY
PROTECT. EDUCATE. EMPOWER.

SHARE

**Program Midterm and Endline
Evaluations**

Request for Proposals

March 14, 2024

1. Consortium Overview

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.

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.

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.

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 is implemented in the following locations:

Project Locations
Ghana - Builsa North Municipal
Ghana - Kasena- Nankana Municipal
Ghana - Kasena-Nankana West District
Ghana - Bongo District
Mozambique - Boane
Mozambique - Namaacha
Mozambique - Chokwe
Mozambique - Chongene

Uganda - Buyende
Uganda - Adjumani

Project Timeline: July 2021-March 2026

Project Participants: The program works with 324,752 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 works with more than 700,000 intermediaries, including teachers, community health workers, health workers, and community members.

3. Purpose of Consultancy

The objective of this consultancy is to implement Phases 2 and 3 of the SHARE program evaluation by conducting a midterm and an endline evaluation to assess the impact of the SHARE program to achieve its programmatic outcomes. This will be achieved by measuring project indicators and comparing midterm and endline results to baseline values, project targets, and comparison groups. Data collection for the midterm evaluation will be conducted between October-December 2024, while endline data will be collected between October-December 2025.

For this purpose, the project is currently seeking a consultancy firm or university research partner to design and implement two evaluations for the SHARE project. The consultancy firm will be expected to follow the program's performance measurement framework (PMF) and approaches from the baseline evaluation conducted in 2022-23 to assess the effectiveness of the intervention and generate recommendations and lessons learned. We invite proposals that not only assess project outcomes but also employ state-of-the-art participatory methods. We believe in the power of engaging stakeholders and project participants directly in the evaluation process. Proposals should outline innovative and participatory approaches that foster active participation, ensuring a comprehensive understanding of the project's impact. We encourage methodologies that prioritize the voices of the community and individuals affected by the project. We look forward to partnering with a consultancy that shares our commitment to excellence and embraces cutting-edge participatory approaches in the evaluation process.

4. Scope of Work

1. Conduct a comprehensive review of the existing SHARE project documents, including the baseline evaluation report and data collection tools, activity implementation plans, monitoring data, performance measurement framework, and theory of change. Review/refine the evaluation methodology and sampling strategy used at baseline to arrive at most appropriate quantitative and qualitative methods for answering the evaluation questions at midline and endline.

2. Prepare an inception report outlining the methods to be employed in executing the assignment and a detailed work plan for the evaluations including:
 - a. Work plan and schedule of activities.
 - b. Description of qualitative and quantitative sampling following the sampling approach, sample size, power, and confidence intervals.
 - c. Detailed description of how to collect, analyze, triangulate, and summarize quantitative and qualitative data including 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 and ethical considerations 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.
3. Take a lead role in revising, translating, and piloting data collection tools administered at baseline (both qualitative and quantitative), including pre-testing and piloting of tools for linguistic and cultural appropriateness. The consultancy firm will be responsible for all costs associated with the evaluation planning, training, data collection, quality assurance and reporting, including travel, printing, translations, mobile devices, and training venue(s) and materials.¹
4. Actively participate in regular meetings with the evaluation steering committee to consult on the evaluation plan, discuss implementation challenges, and agree on follow-up actions.
5. Manage data collection processes at midline and endline, 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.
6. Data should be collected using mobile devices. All tablets, power banks, and other necessary equipment will be provided by the consultant.
7. Compile comprehensive first draft midline evaluation reports and draft endline evaluation reports for each of the three countries of implementation (Ghana, Mozambique, and Uganda) based on the field evaluation findings using a Right To Play report template and revise reports based on feedback from SHARE consortium partners.
8. Develop a PowerPoint presentations for each of the three countries of implementation with summary findings for formal presentation to key stakeholders in each of the three countries of implementation for both midline and endline evaluations.
9. Facilitate data validation workshops in each of the three countries of implementation with key stakeholders after both midline and endline data collection.
10. Prepare and submit three final midline evaluation reports and three final endline evaluation reports, including:
 - a. Integration of feedback from validation workshops with SHARE implementing partners and from SHARE consortium partners.

¹ This includes the cost of Wi-Fi and/or data charges for network usage for data uploading.

- b. 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.
11. Generate an evaluation brief for each of the three project countries for public dissemination at midline and endline.

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:

- Collect midline and endline values of outcome-level indicators according to the program's PMF.
- Assess the SHARE program's performance and achievements at midline vis-à-vis intended outcomes and against baseline results and comparison groups.
- Assess the SHARE program's contributions to observed results.
- Identify best practices in project implementation.
- Generate specific recommendations for each country and across the program to inform program decision-making and adaptation at midline.

5.6. 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?
- **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 is the contribution of the SHARE project on the change in levels of knowledge, attitudes, and behaviours of young people that participated in the project? 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? How can the project strengthen sustainability during the last phase of the project?

7. Methodology

The first part of the consultancy will involve a document review of the SHARE baseline report, performance measurement framework and its accompanying tools; desk review and literature review; and engagement with the program team to produce a midline evaluation design. Comparison groups will be employed to 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 and power calculations should be adequate (with 95% confidence intervals clearly stated) to detect differences in key indicators over time.

The second part of the consultancy will involve the planning and implementation of the midline evaluation data collection 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 evaluation reports and appropriate dissemination documents, with incorporated and integrated feedback from relevant SHARE program staff.

Data Collection Tools

The midline and endline evaluations will include relevant, appropriate tools to measure the program's outcome indicators, which are driven by the project's PMF. The evaluations should include a gender analysis. Existing tools will undergo a review and revision while new qualitative tools promoting participatory approaches may 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:

- Quantitative:
 - Adolescent survey
 - Caregiver and community stakeholder survey
 - Health facility survey
- Qualitative (prioritize participatory approaches)
 - Focus Group Discussions (adolescents, parents/caregivers)
 - Key Informant Interviews:
 - Community members
 - Government and NGO stakeholders

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 review and refine the evaluation sampling strategy used at baseline and propose the most appropriate quantitative and qualitative sampling to respond to the evaluation questions. The quantitative sampling for the adolescent survey should be of a sufficient size and representativeness to allow reasonable levels of certainty that the findings are representative for the target population. Baseline quantitative samples are provided in the table below.

Baseline Evaluation Quantitative Sampling							
Survey	Adolescents and Youth			Caregiver and Community Stakeholder			Health Facility
	Full	Treatment	Comparison	Full	Treatment	Comparison	
Ghana	1,686	843	843	340	169	171	30
Mozambique	1,759	906	853	558	239	319	32
Uganda	1,480	740	740	331	168	163	32

Data Analysis

An analytical framework must be submitted as part of the evaluation design processes, which will detail the specific analytical methods that will be used. This will include a gender analysis of progress made in the project to date. 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 and age as outlined in the PMF.

The consultant will utilize analytical software to analyze both the quantitative (e.g., Excel, SPSS, STATA, SAS), 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, SAS).

8. General Conditions of the Consultancy

Evaluation 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 midline and endline rounds 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 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.
- Obtain all necessary ethics approvals and data collection permissions.
- Submit an inception report including a detailed work plan and time frame for the completion of the midline component of the evaluation for each of the midline and endline evaluations.
- 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 evaluation.
- Share data analysis results with SHARE program staff with sufficient time for review and feedback, which will be incorporated into subsequent work.
- Present results and recommendations to 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 Timeline²

SHARE Midline Evaluation Key Deliverables and Timeline			
#	Deliverable	Details	Date
1	Submission of Proposal	Please include a technical proposal, financial proposal, and supporting documentation as outlined below in Section 12.	March 29, 2024
2	Award of Contract	Contract awarded by Right To Play	April 12, 2024
3	Consultations with SHARE team	<ul style="list-style-type: none"> • Kick-off meeting week of April 15, 2024 • Conduct document review 	April 15, 2024
4	Inception Report	<ul style="list-style-type: none"> • Evaluation protocol that specifies evaluation question and objectives, design, target populations, sampling designs, and sample size calculations (where relevant) or sample size justifications, key evaluation measures by objective, data collection strategies and instruments, and data analysis plan overview. • A detailed work plan to carry out the midline component of the evaluation including, data collector training plan, stakeholder participation in evaluation 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: <ul style="list-style-type: none"> i. Data collection logistics and schedule ii. Data collection manual including data collectors' training guide iii. Data collector training materials and presentations 	Draft: April 26, 2024 Final: May 10, 2024

² The timeline is tentative and subject to change through consultation with Right To Play.

		<ul style="list-style-type: none"> • The revised inception report should integrate all feedback from SHARE implementing partners and provide tools translated into local languages. 	
5	Data Collectors Training Completed	<ul style="list-style-type: none"> • Data collectors training agenda • Final data collection instruments and translations (revised following pilot during training) • Data collectors' training report 	September 30, 2024
6	Fieldwork Completed	<ul style="list-style-type: none"> • Fieldwork completion reports for each of Ghana, Mozambique, and Uganda 	October 31, 2024
7	Data Collected and Submitted	<ul style="list-style-type: none"> • Cleaned and raw data in two formats: excel and a stats software format (e.g., SPSS or STATA) 	October 31, 2024
8	Analyzed data	<ul style="list-style-type: none"> • Analyzed quantitative and qualitative data for all outcome-level indicators according to the program's performance measurement framework. 	November 30, 2024
9	Validation Workshops	<ul style="list-style-type: none"> • In-person validation workshops conducted with relevant stakeholders in each of the three countries (Ghana, Mozambique, Uganda) 	December 13, 2024
10	Draft Midline Evaluation Reports	<ul style="list-style-type: none"> • Revised data analysis framework document • Draft evaluation reports (3) 	January 15, 2025
11	Final Midline Evaluation Reports	<ul style="list-style-type: none"> • Finalized data analysis framework document • Excel and SPSS/Stata scripts with clear, easy to understand notes • Final evaluation reports (3) • Final summary PowerPoint presentations (3) 	January 31, 2025

SHARE Endline Evaluation Key Deliverables and Timeline			
#	Deliverable	Details	Date
1	Inception Report	<ul style="list-style-type: none"> • Evaluation protocol that specifies evaluation question and objectives, design, target populations, sampling designs, and sample size calculations (where relevant) or sample size justifications, key evaluation measures by objective, data collection strategies and instruments (including relevant translations), and data analysis plan overview. • A detailed work plan to carry out the endline component of the evaluation including, data collector training plan, stakeholder participation in evaluation management, and data validation plan. 	March 2025

5	Data Collectors Training Completed	<ul style="list-style-type: none"> • Data collectors training agenda • Final data collection instruments and translations (revised following pilot during training) • Data collectors' training report 	September 30, 2025
6	Fieldwork Completed	<ul style="list-style-type: none"> • Fieldwork completion reports for each of Ghana, Mozambique, and Uganda 	October 31, 2025
7	Data Collected and Submitted	<ul style="list-style-type: none"> • Cleaned and raw data in two formats: Excel and a stats software format (e.g., SPSS or STATA) 	October 31, 2025
8	Analyzed data	<ul style="list-style-type: none"> • Analyzed data for all outcome-level indicators according to the program's performance measurement framework. 	November 30, 2025
9	Validation Workshops	<ul style="list-style-type: none"> • In-person validation workshops conducted with relevant stakeholders in each of the three countries (Ghana, Mozambique, Uganda) 	December 12, 2025
10	Draft Endline Evaluation Reports	<ul style="list-style-type: none"> • Revised data analysis framework document • Draft endline evaluation reports (3) 	January 16, 2026
11	Final Endline Evaluation Reports	<ul style="list-style-type: none"> • Finalized data analysis framework document • Excel and SPSS/Stata scripts with clear, easy to understand notes • Final endline evaluation reports (3) • Final summary PowerPoint presentations (3) 	January 31, 2026

10. Proposed Budget and Payment Schedule

Consultants are asked to provide a draft financial proposal along with their technical proposal for consideration. The proposed budget to conduct both the midline and endline evaluations should not exceed CAD \$650,000.

- First payment: After signing of contract agreement with Right To Play (10%)
- Second payment: Submission of final midline evaluation inception report and translated data collection instruments (15%)
- Third payment: Submission of final midline evaluation reports, evaluation briefs, and PowerPoint presentations (20%)
- Fourth payment: Submission of final midline evaluation inception report and translated data collection instruments (15%)
- Fifth payment: Submission of final endline inception report (20%)
- Final payment: Submission of final endline evaluation reports, evaluation briefs, and PowerPoint presentations approved by Right To Play (20%)

11. Applicant Qualifications

- A consultancy firm/group with a minimum of 10 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.
- Extensive experience conducting program evaluation or research using participatory and gender-responsive approaches with youth.
- Topical experience in one or more of the following domains strongly preferred: sexual and reproductive health, gender analysis, and behavioural change.
- 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.
- 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. Please include a list of key personnel and their proposed roles as well as their CVs.
- 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.
- Two writing samples, ideally reports the firm/organization/group has lead authorship on

The Proposal must be submitted no later than **March 29, 2024** 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 Performance Measurement Framework

Outcome	Indicators	Disaggregation	Data Sources	Methods
Ultimate Outcome				
1000 Increased enjoyment of health-related human rights by the most marginalized and vulnerable rights-holders, particularly adolescent girls and young women in targeted areas of Ghana, Mozambique, and Uganda.	1000.2 Proportion of women aged 15 to 24 years who make their own decisions regarding sexual and reproductive health and rights	Age Urban/rural	Adolescents and Young Women Ages 10-24	Survey
Intermediate Outcomes				
1100 Increased equitable use of gender-responsive SRHR information and services by adolescents and young people, particularly girls and young women.	1100.1 % of young people who used SRH services	F/M Age group Urban/rural In/out-of-school	Adolescents and Young People Ages 10-24	Survey
	1100.2 % of women and girls, men and boys, demonstrating positive attitudes towards ending SGBV	F/M and age group	Adolescents and Young People Ages 10-24	Survey
	1100.3 % of youth who are confident that they could get their partner(s) to use contraceptives/condoms if they desired	F/M and age group	Adolescents and Young People Ages 15-24	Survey
	1100.4 % of sexually active girls aged 15-19 years using (or whose partner uses) a modern method of contraception		Adolescent girls ages 15-19	Survey

1200 Improved delivery of quality, gender-responsive, inclusive services to address SRH needs of adolescents and young people, particularly girls and young women.	1200.1 % of health facilities offering good quality gender-responsive and adolescent-friendly health services	Type/level of HCF and Geography	Health Workers	Health Facility Survey
	1200.2 % of young people who are satisfied with ASRH services	F/M, Age	Adolescents and young people	Survey
1300 Enhanced social action by key stakeholders especially adolescent girls and young women to advocate for gender-responsive SRHR services and policies.	1300.1 # of context specific policies developed and executed by the local authorities to promote ASRHR as a result of CBOs and young people's advocacy initiatives	Type; Policy Level and Target group	Key Stakeholders	Key Informant Interviews and Document Review
	1300.2: Level of active participation in SRHR advocacy and social action initiatives by girls and young women (Low, Medium, High)	Age group, Type of forums, Advocacy agenda items	Girls and Young Women	Survey
	1300.3 Average resilience score among young people	Age group Modules covered	Young people	Survey
Immediate Outcomes				
1110 Improved SRHR skills amongst adolescents and young people, particularly girls and young women	1110.1 % of young people that are knowledgeable of their sexual and reproductive health and rights	Age group	Adolescent Girls and Young Women	Survey
	1110.3 % of adolescents and youth who believe they could seek sexual and reproductive health information and services if they needed them	F/M and age group	Adolescents and Young People	Survey

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	1120.1 % of community members that have positive attitudes towards SRHR for young people	F/M and type of stakeholder	Community Members	Survey
	1120.2 % of young people who report being supported by their families to access SRHR information and services	F/M	Adolescents and Young People	Survey
	1120.3 % of community members with knowledge of the negative consequences of gender inequality on adolescents' sexual and reproductive health and rights	Age group	Community Members	Survey
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 improved adolescent rights in their communities	Age group	Adolescent Girls and Young Women	Survey
	1310.2 % of community members with knowledge of national laws and local policies that affect young people's SRHR and gender equality	Gender; Age group	Community Members	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 % of community members that report attending a ASRHR focused social action forum	Sex, Age Group	Community Members	Survey