

Terms of Reference

Assignment: Needs assessment to inform the implementation of the girls' empowerment programme in three districts in CHT

1. Background

1.1. Introduction of the programme

The programme “*Our lives, our health, our futures: empowering adolescent girls and young women in Chittagong Hill Tracts of Bangladesh to live with dignity and without violence*” is a 5-year multi-partner programme that aims to empower girls and young women from ethnic groups in the CHT. This programme is supported and financed by the European Union. The Our lives, Our Health, Our Futures programme (hereafter ‘Our LHF’) is a joint initiative of Simavi and BNPS in close collaboration with 10 local partner organisations in Chittagong Hill Tracts.

The programme runs from January 2019 until December 2023 and will be implemented in three CHT districts. The forgotten conflict in CHT affects the lives of ethnic Jummas. Traditional patriarchal structures severely disadvantage women and girls, and restrict their bodily and sexual autonomy. Together with the protracted conflict, this increases the exposure of women and girls, mainly ethnic, to gender based violence (GBV) and sexual violence. Local civil society organisations (CSOs) are key stakeholders who have the role and responsibility to defend and promote girls and women’s rights.

In this context, strategic partners Simavi and BNPS have designed this programme to holistically support the empowerment of young women and adolescent girls from ethnic groups (main target group), and target key gatekeepers, service providers and local authorities in order to foster a supporting environment for the young women and girls. This will be done by providing financial and technical support to 10 local CSOs, who will implement the programme activities in three CHT Districts. The expected impact of the action is to enable and support young women and adolescent girls from ethnic groups in the Chittagong Hill Tracts of Bangladesh to transition into adult womanhood with dignity, and bodily and sexual autonomy, without violence, coercion and/or discrimination.

The objectives of the programme are:

- 1) Local CSOs have strengthened their technical, methodological, financial and administrative capacity to effectively respond to the sexual and reproductive health and rights (SRHR) needs of young women and adolescent girls and foster their rights to live free from violence, coercion and discrimination.
- 2) Young women and adolescent girls from ethnic groups are empowered to make free and informed decisions about their SRHR (and are supported to do so), free of violence, coercion and discrimination.

2. Objectives of the assignment/needs assessment

The aim of this specific study is to do a need assessment through which as much insight as possible is gained on the needs and priorities of women and girls in CHT, and the potential effectiveness of the interventions the programme has selected to contribute to the envisioned objective. It should also inform decision-making with regards to the activity plans and target group identification.

- a) More in-depth understanding of the target group, diversity and commonalities, most marginalised and disadvantaged groups, and their circumstances in relation to SRHR and GBV
- b) Identification of needs and priorities of ethnic girls and young women in relation to SRHR and GBV
- c) Identify key gatekeepers/stakeholders for the programme to engage with and their perspectives on the topics the programme addresses
- d) Inform further specification of implementation and evaluation plan
- e) Verify critical assumptions in programme design
- f) Inform a context- and ethically sensitive strategy

We have created an overview of key questions that the need assessment should provide answers to. The list is categorized per stakeholder group and can be shared upon request.

For each stakeholder group, the consultant is expected to carefully consider the extent to which the proposed interventions have the potential to effectively tackle the barriers or use the existing opportunities. Based on the needs assessment findings and recommendations, the programme partners will revisit the planned interventions and make adjustments where necessary to reach the desired outcomes of the Our LHF programme.

3. Scope of work and timeframe

The geographical focus of the programme is on selected unions in three districts in the Chittagong Hills Tracts; Khagrachari, Bandarban and Rangamati. Differences between rural and urban populations, ethnic minorities and proximity to health services should be taken into account in data collection in the three districts. The consultant is responsible for the quality and coordination of the data collection, which will be carried out together with local partners.

Timeline

	July				August				September				
	28 8-7	29 15-7	30 22-7	31 29-7	32 5-8	33 12-8	34 19-8	35 26-8	36 2-9	37 9-9	38 16-9	39 23-9	40 30-9
Selection consultant													
Method and tool development													
GO / NO GO													
Training partners & CSOs on tools and data collection													
Data collection													
Draft report													
Feedback draft report													
Final report													

4. Approach

4.1. Methodology

The needs assessment methodology and data collection tools will be developed by the consultant and should be participatory and creative in nature, suitable to the various types of stakeholders and age groups. Where possible sense making and group based analysis techniques should be used to conduct at least some of the data analysis in a participatory and women-centered manner. Particular

attention should be given to gender, both in data collection and analysis. In the first place by consulting male and female respondents separately and disaggregation of male and female perspectives in the findings. Furthermore, the consultant should be attentive to differences in access to services, facilities, opportunities and freedom of movement between men and women, as well as gendered power dynamics that affect women's opportunities to make free and informed decisions.

The key target groups and stakeholders to be involved in the needs assessment will be specified further based on a thorough mapping, but this will include the following main groups:

- ethnic girls between 10-25 years old (disaggregated for different age subgroups)
- Mothers, fathers and husbands of the girls
- Other male community members (e.g. brothers, cousins, peers)
- Community/traditional leaders
- Service providers (related to SRHR and GBV)

Based on data collected from various stakeholders, a stakeholder power-interest mapping should be provided by the consultant that provides further insight in how to engage stakeholders in the environment of girls and women to advance their empowerment.

The final report should consist of a methodology section that outlines the methods used for data collection and a breakdown of stakeholders, characteristics and number of people involved in the needs assessment. Secondly, a descriptive section should describe the findings in relation to objective a-c, which gives the reader a better understanding of local circumstances, (power) relations and needs and priorities. Furthermore, the consultant should provide a separate section in the report with an analysis of how she/he interprets these findings in relation to the programme design and implementation (objectives d-f). The recommendations from the consultant will be taken into critical consideration by the Our LHF team and local partners.

4.2. Process

Step 1: The consultant is expected to start with the review of the relevant project documents to understand the project interventions and intended outcomes. S/he will have the opportunity to ask questions to clarify anything that is unclear about the desired outcomes and planned activities.

Step 2: The consultant will propose methods and tools for data collection for each of the target groups, suited to answer the relevant questions (incl. using existing data from sources or other existing need assessment/ (un)published reports on relevant issues). The proposed methods and tools for data collection will be reviewed by the Our LHF team.

--- Go/ No Go ----

Step 3: The consultant will prepare the instruments together with the methodologies (deliverable 1) to be used in the study. These will be reviewed by the Our LHF team.

Step 4: The consultant will liaise with and guide local partners to collect the data and ensure appropriate accumulation. All raw data (deliverable 3) will be shared with the Our LHF team.

Step 5: The consultant will analyse the data and prepare a draft version of the report (deliverable 4). She/he will present this report to the Our LHF team & local CSOs.

Step 6: On the basis of the feedback from the Our LHF team and local CSOs, the consultant will conduct additional analysis if required and revise the draft report to create a final report (deliverable 5).

Step 7: The consultant will present the report to the Our LHF team.

5. Deliverables

1. Detailed description of proposed methodology and data collection instruments per stakeholder group
2. Data collection plan and training/guidance for partners and CSOs
3. Datasets / documents with raw data collected
4. Draft report
5. Final report

6. Consultant Qualifications

- Based in Bangladesh (no international travel will be paid)
- Able to (travel to and) work in Chittagong Hills Tracts
- Demonstrated experience with participatory data collection methods
- Proven track record in conducting needs assessments and/or evaluations
- Excellent intercultural and interpersonal communication skills, including coordination, facilitation and presentation;
- Excellent writing skills
- Fluent in English, both spoken and written
- Relevant university degree

7. Recruitment and appointment

Applications

Please submit a letter of motivation, your CV and budget (following the budget format below) by the 15th of July to the following email addresses: Mahbuba.KumKum@simavi.nl and marianne.vandiggele@simavi.nl

Budget

Maximum budget: € 7.000,- inclusive of VAT, and inclusive of all other costs e.g. transportation, subsistence and insurance.

	Quantity	Costs	Total (Npr)	Comments/VAT
1. Professional fees				13%
2. Travel - ticket				Real based costs
3. Local transport costs				Real based costs
4. Per diem costs - Board and Lodging - Per Diem				Board and Lodging costs real based
5. Other operational costs				Fixed

- Communication lump sum				
Subtotal:				
Contingencies%				Real based costs
VAT %				
Total:				