

Terms of Reference (ToR) of the study on Youth Engagement in Promoting SRHR Service Provision and Access for Adolescents and Youth in Bangladesh

1. Background and Context: In Bangladesh, adolescents and youth (A&Y) face significant challenges in accessing Sexual and Reproductive Health and Rights (SRHR) services. Youth engagement has emerged as a critical strategy to bridge this gap, ensuring that SRHR services are inclusive, accessible, and responsive to the needs of A&Y. The current program operates across all 64 districts of Bangladesh, engaging youth platforms, primary and secondary schools, community health clinics, and government line departments. This ToR outlines the scope of an assessment aimed at evaluating the effectiveness of youth engagement in promoting SRHR services. The documentation will contribute to a learning report, video documentation, and a model to leverage future funding.

2. Objectives:

The primary objectives of this process documentation are to:

- Evaluate the Impact of Youth Engagement on SRHR Service Provision and Access.
- Assess the Support and Integration of VfD Pathways in Youth-Led SRHR Delivery.
- Analyze the value for money of youth led SRHR interventions.
- Measure Outcomes and Sustainability of Youth Engagement.

3. Key Questions:

• Youth Engagement and SRHR Service Improvement:

- How has youth engagement contributed to the improvement and increased access to quality, affordable, and comprehensive SRHR services, particularly for marginalized communities and persons with disabilities?
- What youth engagement strategies were applied in this project (e.g., gender composition of primary actors, volunteers, the role played by females)? What worked well, and what didn't?
- What specific support mechanisms were provided to the youth to facilitate their role in SRHR service delivery?
- What role did volunteers play in the intervention, how were they supported, and how did they contribute to observed results?
- How were Volunteering for Development (VfD) pathways integrated into youth engagement and the promotion of SRHR services, and how did this contribute to observed outcomes?
- What measurable outcomes (e.g., STI & HIV testing, FP services, teenage pregnancy rates over the last three years) have been observed as a result of these interventions? Consider usage, services utilized, behavior change, and global health theory of change impacts on individuals, communities, health systems, and policy.

• Engagement (Voice) and Accountability:

- How were primary actors and volunteers supported to interact with duty bearers to request changes in SRMNCAH (Sexual, Reproductive, Maternal, Newborn, Child, and Adolescent Health) services?
- Was there any follow-up on these requests, and if so, by whom? What was the response of duty bearers?
- Were there any reported changes in the services or behavior of duty bearers in response to the requests?
- What was the level of participation of women, girls, and persons with disabilities in engagement and accountability activities?

- **Inclusion:**
 - What evidence is there to show inclusion of persons with disabilities, marginalized, vulnerable, and hard-to-reach populations in SRHR services?
 - What barriers exist for marginalized adolescents and youth in accessing SRHR services, and what has been done to address these barriers?
 - Were any differences noted in service utilization based on gender (e.g., males vs. females)?
- **Resilience:**
 - What evidence shows that primary actors (youth, volunteers, etc.) have developed greater capacity, influence, or resources to manage unforeseen shocks or stresses (e.g., disasters, rising market prices, food crises, or lack of emergency services at health centers)?
 - Were any interventions designed to help primary actors withstand shocks and stresses to ensure continued access to SRMNCAH services during unforeseen events?
 - Are there any differences in the ability to access services based on gender, disability, age, or geography?
 - How sustainable are the observed results, and what are the prospects for long-term impact?
- **Safeguarding:**
 - What measures were implemented to ensure the safety of primary actors, community members, volunteers, and staff involved in the project?
 - What was done to safeguard vulnerable members of the community, including ensuring their access to services?
 - Are there any community-led initiatives to protect vulnerable people and ensure they have access to SRHR services?
- **Volunteering:**
 - What types of volunteers were involved in the project?
 - What specific inputs or roles did different volunteer typologies (e.g., community volunteers) contribute to the project?
 - How were these volunteer contributions linked and aligned with the planned project outputs and outcomes?
- **Policy and Advocacy:**
 - What specific service or policy demands were made and achieved by primary actors or their collectives concerning SRMNCAH services, and what changes have been observed as a result of these policies or advocacy efforts?
- **Conflict Sensitivity and Social Cohesion:**
 - What evidence exists of the program following a conflict-sensitive approach?
 - What evidence shows that the interventions intentionally strengthened trust and relationships within the community?
- **Scope of Work**

The consultant will:

- Review secondary data and existing project documents, reports, and data from youth platforms, schools, community health clinics, and government line departments.
- Conduct field visits in selected districts to interview key stakeholders, including youth volunteers, SRHR service providers, and beneficiaries.
- Organize focus group discussions (FGDs) with adolescents, youth, and community members to understand their perspectives on SRHR services and youth involvement. The FGDs will also

include women and girls, boys and girls including marginalized groups such as women and girls with disabilities

- Produce written reports (inception, draft, final) capturing key aspects of youth engagement, interventions, and results.
- Demonstrate inception report to the country project team.

5. Target Beneficiaries/Primary Actors

- **Marginalized Youth:** Adolescents from underprivileged backgrounds engaged in SRHR programs.
- **Women and girls:** Women and girls involved in or impacted by the interventions.
- **Local Communities:** Community members and leaders involved in or affected by the interventions.

6. Interventions The key interventions to be documented include:

- **Capacity-Building Efforts:** Training and workshops for youth and community members. (Outcomes: Community and family engagement in addressing harmful social norms and practices to enhance adolescents and youth health rights and Adolescents and youth exercise their (SRMNCAHR) health rights)
- **Policy Advocacy:** Efforts to influence policy changes for improved SRHR services. (Conducive legal and policy environment for inclusive and resilient health practice)
- **Community Engagement:** Initiatives to involve local communities in SRHR and health programs. (Outcome: Community and family engagement in addressing harmful social norms and practices to enhance adolescents and youth health rights)

7. Key Indicators

Youth Level:

- Perspective on how they are meaningfully engaged including any gender specific perspectives

Programme Level:

- To assess the level of engagement and support to the youth for MYP

Enabling environment level: Looking at policies, regulatory framework, communities etc. that are in place to support youth to exercise their rights

- Assessment of harmful negative/ positive social norms and their role in SRHR

Qualitative Indicators:

- Feedback from participants on the relevance and effectiveness of the interventions.
- Case studies demonstrating changes in attitudes or behaviors.

Quantitative Indicators:

- Number of youth and women trained or engaged.
- Changes in SRHR service utilization rates.
- Policy changes influenced by advocacy efforts.

8. Expected Outcomes/Results Outline the anticipated results:

- **Short-Term Outcomes:**
 - Increased knowledge and skills among youth and women regarding SRHR.
 - Improved community awareness and engagement in SRHR issues.
- **Long-Term Outcomes:**
 - Enhanced SRHR service provision and access for adolescents and youth.
 - Sustainable changes in policies and practices benefiting marginalized communities.

9. Methodology The process documentation will employ a mixed-methods approach:

- **Quantitative Data Collection:** Analysis of service utilization data, cost-effectiveness metrics, and youth involvement statistics.
- **Qualitative Data Collection:** Interviews, FGDs, case studies, and observational data from the field.

10. Deliverables and Timelines

The expected level of effort is estimated to maximum 18 days

| Key Expected Deliverables | Number of Days |
|---|----------------|
| • Inception Report: Preparation, Review Finalization with an in-person presentation to the project team | 04 |
| • Secondary Data Review | 02 |
| • Tools Development & Finalization | 03 |
| • Focus Group Discussions (FGDs) • Stakeholder Interviews | 03 |
| • Draft Report Finalization | 03 |
| • Presentation of Draft Report | 01 |
| • Finalization of Final Report | 02 |

The analytical report should comprise:

| | |
|---|--|
| <ul style="list-style-type: none"> • Title page • Acknowledgement • Acronym List • List of Figures and Tables • Executive Summary (Max 03 pages) • Background | <ul style="list-style-type: none"> • Methodology • Limitations of the assessment • Key findings and analysis based on the questions • Conclusions and recommendations • List of annexures |
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Note:

- The final report should be provided in an electronic format compatible with Microsoft Word for Windows.
- All data collected in the form of questionnaires will be returned to VSO for safe disposal according to organizational policy, unless otherwise agreed on safe disposal with the consultant.

SKILL, KNOWLEDGE, & EXPERIENCE

The consultant should be based in Bangladesh. Given the nature of deliverables required, the consultant should have good current relations with key players and partners.

Qualifications/Experience

- Significant relevant experience in Public Health and especially in SRMNCAH and Health Systems Strengthening, Primary Health Care
- Experience of conducting analytical research and studies
- Strategy and Theory of Change development
- Experience in delivery or engagement with UN/AU systems around Health SDGs or Agenda 2030 targets

Knowledge

- In depth knowledge of Health (SRHR and MNCH), at country level
- Good knowledge of the principles of Universal Health Coverage and of the Sustainable Development Goals (SDGs) as they relate to health
- Strong networking skills or experience with networking with different stakeholders
- Knowledge of then Volunteering for Development approach and VSO

Skills/Abilities

- Professionalism: Knowledge and understanding of theories, concepts and approaches relevant to strategic planning at organizational level. demonstrates professional competence and mastery of subject matter; is conscientious and efficient in meeting commitments, observing deadlines, and achieving results.
- Communication: Strong in written and oral communication; a good listener; demonstrates openness in sharing information and keeping people informed.
- Planning & Organizing: identifies priority activities and assignments; adjusts priorities as required; allocates appropriate amount of time and resources for completing work; foresees risks and allows for contingencies when planning; monitors and adjusts plans and actions as necessary; uses time efficiently.
- Accountability: Takes ownership of all responsibilities and honours commitments; delivers outputs for which one has responsibility within prescribed time, cost, and quality standards; operates in compliance with organizational regulations and rules.

Payment

VSO shall pay the consultant the agreed fee in the local currency, 25% after signing the agreement and 75% after submission and after completion of the deliverables and subject to withholding tax deduction.

Application

Interested individuals should submit their application through VSO recruitment system making sure to attach the following components, in one PDF file, of no more than 4 pages in length:

- Cover letter that addresses the motivation for taking on the project, states the track record and competencies of the consultant based on the above requirements and assets, and clarifies the consultant's expected rate.
- Resume of the consultant.

Should you be shortlisted, you will be expected to share via e-mail, in one PDF file, the following elements:

- Draft proposal, including methodology and deliverables.
- Detailing timeline and budget.

Two references of previous employers and a police check are part of the recruitment process.