

Monitoring and Evaluation (M&E)
Terms of Reference
My Choice, Our Choice Campaign
SADC Region

Background

Experts, governments and individuals throughout the world have long recognized that unsafe abortion causes detriment to women and girls' health and well-being, and negatively impacts society. Yet the topic remains controversial, largely due to religious and cultural norms, and social stigma attached to sexual health and pregnancy. Policies remain restrictive in many places, and policy makers are often resistant to changing the status quo without significant pressure or agreement from their constituencies.

The SAfAIDS *My Choice: Our Choice* Regional Policy Advocacy Regional Campaign aims to address these issues and end unsafe abortion in the Southern Africa Development Community (SADC) region.¹ This campaign is part of a larger SAfAIDS program, *Transforming Lives – Transforming the Policy Environment for accelerating Access to SRHR by Adolescents and Young People, within a SDGs Framework, in Southern Africa (2018-2021)*, funded with support from the Government of Sweden. The campaign will form an integral part of the *Transforming Lives* program, focusing strategically on persuading policy makers to remove restrictions surrounding access to safe abortion, persuading men and boys to actively support women's desire for autonomy over their bodies, and engaging adolescent girls and young women (AGYW) to become aware of their rights regarding pregnancy and abortion.

A recent study by the Guttmacher Institute has found that abortion is slowly becoming safer worldwide, though there remain dramatic differences between developed and developing countries.² Nearly half of the abortions performed each year are unsafe, and almost all of these 25 million unsafe abortions take place in developing countries. Rates of abortion in Africa are near the world average, but it is important to note that a higher percentage of these are unsafe, putting the lives of more women and girls at risk.³

Restrictive abortion legislation significantly impacts unsafe abortion rates. Policies vary across the region, but many Southern African countries only allow abortion to save the life of the pregnant woman, and sometimes in the case of rape or fetal impairment; very few include socio-economic considerations or will allow abortion purely at the woman's request.⁴ Without legal options, young women are forced into illegal channels, which are generally more unsafe and put their lives more at risk. Even when there are legal channels available, such as in South Africa, women still do not seek abortion services from a trained health professional due to negative health care service providers attitude, stigma and a fear of being discovered.⁵

¹ The SADC region consists of the following countries: Angola, Botswana, Comoros, Democratic Republic of Congo, Eswatini, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, Tanzania, Zambia and Zimbabwe.

² Singh, S, Remez, L, Sedgh, G, Kwok, L, Onda, T (2018). *Abortion Worldwide 2017: Uneven progress and unequal access*. New York: Guttmacher Institute.

³ Ibid Singh, S, Remez, L, Sedgh, G, Kwok, L, Onda, T (2018).

⁴ SAfAIDS (July 2018). *Regional baseline study report for Transforming Lives – transforming the policy environment for accelerating access to SRHR by adolescents and young people, within a SDGs framework, in Southern Africa (2018-2020) project*.

⁵ Ibid SAfAIDS (July 2018).

The Mexico City Policy or Global Gag Rule,⁶ which is currently in force, is regarded by many as an obstruction to safe abortions. However, it has also created opportunities for the region and the global health policy community to have open dialogues on unsafe abortion. Such dialogues have initiated efforts to address the policy environment to make safe abortion more widely available. The Guttmacher studies conducted in several countries in Africa have for the first time demonstrated the multiple impacts of the restrictive policies on women and girls. The studies suggest that “highly restrictive laws do not eliminate abortion. Rather they make the abortions that do occur more likely to be unsafe.”⁷ Based on these studies, sexual and reproductive health actors are using the recommendations to address unsafe abortion in order to reduce maternal mortality.

Although there have previously been innovative actions of various scales in the movement to end unsafe abortion, there are certainly some gaps and opportunities as well. Many of the efforts have focused on health, human rights, education and policy initiatives, without addressing the attitudes and social norms underlying barriers to real change.⁸ Additionally, the efforts have focused on speaking to and empowering women and girls, without taking into consideration the influences men and boys have on the issue – whether positive or negative, and whether at the interpersonal or community level. By appealing *directly* to men and boys, and addressing their assumptions and fears in a meaningful way, they can become highly impactful advocates and partners, supporting the autonomy of women and girls to make healthy and informed decisions about their sexual and reproductive health.

Efforts to shift attitudes and social norms should be matched with focused policy advocacy across the region, creating a multi-pronged and multi-directional approach. Policy makers must be motivated to expand provisions for safe abortion from both their constituents and their counterparts and higher ups in-country and cross-regionally. The SFAIDS Unsafe Abortion Policy Advocacy Campaign will take advantage of past lessons learned, as well as the opportunities identified, to have significant impact on the region, including its Sustainable Development Goals commitments.

As part of the initial stages of the *Transforming Lives* program, SFAIDS conducted a baseline study to generate evidence regarding unsafe abortion in the region.⁹ A further formative study was conducted by SFAIDS through M&C Saatchi World Services, in order to better understand the knowledge, attitudes and practices regarding unsafe abortion across the region, in addition to reactions to key messages and lessons from previous campaigns aimed at unsafe abortion¹⁰. Results from such studies can be provided upon request from SFAIDS.

Regional Unsafe Abortion Policy Advocacy Campaign

The purpose of the Regional Unsafe Abortion Policy Advocacy Campaign is to provide guidance and materials to SADC country practitioners for implementing an evidence-based, effective region-wide multi-media campaign to persuade policy makers to remove or relax existing restrictions surrounding access to safe abortion. The campaign aims to achieve this in several ways, in addition to speaking directly to policy makers as the primary audience. First, the

⁶ The global gag rule prevents foreign organizations receiving U.S. global health assistance from providing information, referrals, or services for legal abortion or advocating for access to abortion services in their country — even with their own money. From: <https://www.plannedparenthoodaction.org/>

⁷ <https://www.guttmacher.org/infographic/2018/highly-restrictive-laws-do-not-eliminate-abortion>

⁸ M&C Saatchi World Services (Dec 2018). Accelerating Access: Formative research to inform a campaign on safe abortion in the SADC region.

⁹ Ibid SFAIDS (July 2018).

¹⁰ Findings from the formative study regarding the media landscape and key campaign insights have been integrated in the dissemination channels and message framework.

campaign will strengthen the awareness of men and boys of their unique role as “influencers of change,” supporting women’s bodily autonomy, and second it will strengthen the awareness of Adolescent Girls and Young Women (AGYW) about their decision-making power and rights. Through these two additional means the campaign will aim to provide the necessary “space” to initiate discussions between policy makers and their constituents, using the campaign materials as tools to increase policy makers’ awareness, and influence policy formulation to ultimately move toward ending unsafe abortion in the region.

Goal and Vision of the Campaign

The ultimate goal of the campaign is to end unsafe abortion across the Southern Africa Development Community region through the implementation and enforcement of policies which improve access to safe, legal, affordable and effective abortion services for women and girls, with the strategic support from men and boys.

Vision Statement: A SADC region where adolescent girls and young women can access, free from judgment or discrimination, safe, legal, affordable and effective abortion services with the support primarily of policy makers, men, boys, and community leaders.

Key Objectives

The key objectives of the SAfAIDS *My Choice: Our Choice* Regional Policy Advocacy Campaign will be as follows:

- Persuade Policy Makers to remove/relax restrictions surrounding access to safe abortion that currently exist in policies within SADC countries. Through the campaign messages and materials, policy makers will better understand the scope and negative impact of unsafe abortion within their local context, the need to address the issue through policy change, and the potential benefits to such action.
- Persuade men and boys to support women’s desire for autonomy over their bodies and support their decisions on whether to have an abortion or not, viewing themselves as partners to prevent unplanned pregnancies and unsafe abortions. Campaign messages will speak to men and boys in such a way as to encourage increased engagement in the decision-making process regarding pregnancy. Through support for the women and girls in their lives and their bodily autonomy, Men and boys will become important advocates and agents of change with their local community leaders, key influencers and policy makers.
- Raise awareness among adolescent girls and young women on their right to have children or not and to access safe abortion services. Campaign messages will build a knowledge base among AGYW both of their rights and of existing policies regarding abortion, while also fostering demand for policy change and respect for their bodily autonomy.

Expected Campaign Results

Immediate Outcomes	Intermediate Outcomes	Long Term Outcomes
Increased recognition, understanding and appreciation among policy makers about the scope and impact of unsafe abortion in their local (social and economic) context.	Increased number of actionable commitments among policy makers to address unsafe abortion through policy shifts. Improved knowledge, attitudes, behaviours, reactions and sentiments and language commitments of actors, on ending Unsafe Abortions among Adolescents Girls and Young Women.	Enacted laws and policies which remove restrictions to safe abortion.
Increased recognition among men and boys in their role in decisions impacting pregnancy and the importance of women and adolescent girls' bodily autonomy.	Improved advocacy among men and boys for policies which lessen restrictions on safe abortion.	
Increased knowledge among adolescent girls and young women about their rights regarding pregnancy and abortion.	Increased demand among adolescent girls and young women about policy change and respect for their bodily autonomy.	

Campaign Materials

The campaign leverages multiple modes of communication, in order to reach across audience groups and reinforce messages through a multi-media strategy. One of the core products for highlighting the campaign are informational whiteboard-style animations, which explain the magnitude of the issue, some of the key drivers and barriers to change, the cost, the reasons abortions are sought, and what can be done to improve the lives of AGYW who seek abortions. In addition to the animations, the materials include campaign posters, social media graphics and collateral for promotion and events. The campaign will also include a public service announcement (PSA) style video of an influential Champion from the region who supports the issue, conveying key messages directly to viewers. This video is currently under production.

Purpose of the Consultancy

SAfAIDS and PCI Media are seeking the services of a contractor (Individual or firm) to conduct routine monitoring, midterm and endline evaluations for the SAfAIDS *My Choice: Our Choice* Regional Policy Advocacy Campaign, that is being developed in 16 countries of the SADC region.

Due to the wide scope of the campaign, with support from SAfAIDS, the contractor is expected to implement monitoring activities on a sample of at least six (6) operational countries out of the 16 countries that are implementing the campaign.

Monitoring

Monitoring is about regularly measuring and assessing what is going on during the lifetime of the campaign against campaign objectives, learning from the findings and adapting the campaign strategy. Monitoring of activities will be conducted throughout the life of the campaign to reflect the outputs, timeline and audience engagement in campaign activities.

The contractor will be expected to establish an operational monitoring system for the campaign, including development of methods and tools for data collection to be used by campaign implementers to support data collection in sample countries.

Considering the short duration of the campaign (12 months), monitoring should focus on assessing the audience reception of the campaign messages and utilization of the campaign messages. This will be conducted through social media diagnostics. In addition, and dependent upon available structures for campaign implementation at the country/community level, especially during the COVID-19 health crisis, the consultant will be expected to coordinate with campaign implementers for the use of monitoring tools in the sample implementation sites.

The contractor will be expected to produce bi-monthly monitoring reports, which will include social media metrics to collect data on: (1) campaign reach to assess if the different audience groups (i.e., policy makers, men and boys, AGYW) are being reached by campaign materials; and (2) campaign reception through sentiment/content analysis, to assess how campaign materials are being received, and messages understood, by the different audience groups.

The routine monitoring will include measurements of the following sample output indicators¹¹.

- Number of social media reach (i.e., followers, impressions, traffic)
- Number of social media engagements (i.e., clicks, likes, shares, and comments, average video view duration, etc.)
- Positive or negative mentions of campaign in comments.
 - Presence or lack of a call to action
 - Presence or lack of an indication of action taken
 - Presence or absence of irrelevant comments
 - Presence or absence of negative comments
- Utilization of the Campaign Messages and products

Baseline Study

The consultant will rely on the data generated through the formative study and situation analysis as baseline data. In addition, a consultant will conduct structured baseline research which will consist of web-based surveys with a sample of policy makers from the 16 countries of the SADC region. The sample will be selected in close coordination with SAfAIDS through a data base that will be provided to the consultant, following a set of predetermined criteria in order to ensure social, cultural and policy diversity (i.e. conservative, moderate and liberal policies). This assumes

¹¹ The indicators listed are not exhaustive but are meant to serve as a sample. The consultant is expected to create and define indicators.

that SAfAIDS has the capacity to directly reach policy makers in the SADC region (specifically in the six focus countries). This activity will be conducted in complete coordination with the SAfAIDS regional team in order to ensure a high response rate from policy makers.

Midterm evaluation

A midterm evaluation will be conducted in December 2020 with a primary focus on assessing the campaign fidelity, audience reception of the campaign, and recommendations for concrete adjustments to the social media strategy, as it might be too premature to detect significant changes in intended outcomes of the campaign (i.e. changes in knowledge, attitudes and behaviours).

The midterm evaluation will summarize data from the bi-monthly monitoring reports on the reach of communication materials and messages and overall reception of the campaign by the different audience groups, and will include qualitative measurements with a sample of campaign key stakeholders (e.g., SAfAIDS regional and in-country representatives, selected regional celebrities being engaged in the campaign, etc.) to assess their perceptions around the usability of campaign materials and messages for advocacy in the SADC region. In addition, and if applicable, the types of activities/intervention conducted by program implementers will be tracked and included in the report.

Endline Evaluation

A mixed methods endline evaluation will be conducted at the end of the campaign (July 2021) to determine the self-reported effects of the campaign on awareness, knowledge, attitudes, self-efficacy and willingness to support advocacy efforts and policy changes to end unsafe abortion in the SADC region. The same policy makers that were reached for the baseline study will be approached at the end of the campaign for an endline evaluation survey. Quantitative data will also be collected by utilizing remote data collection methods through web-based surveys. In addition, qualitative data will be collected through WhatsApp focus group discussions and individual phone-based interviews with a sample of audience groups that engage with campaign materials through social media. The endline evaluation will focus on measuring outcome indicators for assessing:

Policy Makers

- Self-reported understanding of the scope and impact of unsafe abortion in their local context.
- Self-reported understanding of the need to address unsafe abortion through policy change.
- Intention/commitment to enforce/enact policies to remove restrictions to safe abortion, and their implementation.

Men and Boys

- Self-reported awareness of their role in decisions impacting pregnancy and the importance of women and adolescent girls' bodily autonomy.
- Intention to become advocates for policies which lessen restrictions on safe abortion.

Adolescent Girls and Young Women

- Self-reported awareness of their rights regarding pregnancy and abortion.
- Intention to demand policy change and respect for their bodily autonomy.

Deliverables and Timeline

The following list describes the deliverables expected for this consultancy. All deliverables will be produced in English language.

- **Monitoring and Evaluation framework:** The contractor will submit a framework which details the key scope of the work; a work plan/schedule of tasks designating a team member with the lead responsibility for each task and deliverable; evaluation questions; proposed methodology showing how each evaluation question will be answered; indicators, sources of data; data collection procedures; data collection plan (list of people to be interviewed, their designation and when the interview will be conducted); and a data analysis plan.
- Data collection tools.
- Bi-monthly monitoring reports.
- A midterm report summarizing monitoring data and key recommendations for the social media strategy.
- An endline evaluation report which should present the findings, recommendations and lessons learned covering the scope of the evaluation. The report should follow, but not be limited to the following structure:
 - Executive Summary (usually not more than 3–4 pages, which can also be used independently)
 - Programme description
 - Evaluation purpose and objectives
 - Evaluation methodology
 - Findings
 - Lessons learned
 - Recommendations
 - Annexes
- A PowerPoint presentation summarizing the report.

The following table describes the deliverables and expected timeline.

Deliverable	Working days	Timeline
Monitoring and Evaluation framework	10 working days	June 2020
Data collection tools	5 working days	June 2020
Bi-monthly monitoring reports	30 working days	August 2020 October 2020 February 2021 April 2021
Midterm evaluation report	20 working days	December 2020
Final evaluation report	20 working days	July 2021
PowerPoint presentation	3 working days	July 2021

Considerations

SAfAIDS and PCI Media for managing the consultancy. SAfAIDS will be responsible for providing stakeholder lists and contact information, as well as setting up appointments with the stakeholders for data collection.

The contractor will be responsible for his/her own logistical requirements such as office space, administrative and secretarial support, telecommunications,
The contractor will be paid by as follows:

- 20% after successful submission of the Monitoring and Evaluation framework.
- 20% on submission of the data collection tools.
- 20% on submission of midterm report.
- 40% on successful completion of endline evaluation report and PowerPoint presentation.

Qualifications and Requirements

The contractor shall have the following expertise and qualifications:

Mandatory

- Demonstrate at minimum five years' experience in programme/project research, monitoring and evaluations in the field of social sciences at national and international levels.
- A track record in designing and conducting/leading evaluations.
- Experience working with UN agencies is desirable.
- Demonstrated regional experience.
- At least the leading candidate with minimum 5 years of experience in monitoring and evaluation of national programmes or projects related to education, social issues or public health – more than 5 years of experience as specified would be an asset
- The Technical Lead from the consulting firm must have an advanced university degree in one of the social sciences, or public health, with extensive knowledge in qualitative and quantitative research, and analytical skills. Other team members must have at least BA degree in one of the social sciences, or public health, with extensive knowledge in qualitative and quantitative research, and analytical skills.
- At least one member of the consulting firm must demonstrate expertise on the subject matter of the campaign, i.e. Abortion, EUP, SRHR technical issues.

Preferable

- A track record in working with the education, social or health sectors.
- All team members responsible for data analysis and report writing must have strong computer skills including Microsoft Office (Word, Excel, PowerPoint), qualitative and statistical analysis software.
- Personnel ideally should be multicultural and consider gender balance and geographical representation.
- Regional languages other than English will be considered a plus.
- Experience working on sensitive social subjects is a strong plus.

Submission of Proposals

Consulting agencies/consultant should submit a technical and financial proposal.

Technical Proposal

- The technical proposal should be no more than 10 pages and should include:
- Background information that includes an interpretation and understanding of the terms of reference;
- Methodology and approach outlining a clear conceptual and analytical framework for the work to be undergone;
- Proposed work plan outlining clear timeframe and logical steps in conducting the assignment;
- Expectations for support from SAfAIDS in terms of logistical, technical, and other forms of support for the work;
- Previous experience of the consultant/institution and expertise that will be of benefit to the proposed assignment;
- Writing Sample: Include a sample of a recent evaluation report the consulting firm has written.

Financial Proposal

- The financial proposal should be no more than 4 pages and should include:
 - An itemized budget divided into professional fees and direct cost of activities in US Dollars.

The technical proposal will account for 80% of the final selection score, and the financial proposal for the remaining 20%.

Timeframe for submitting proposals

Proposals must be submitted by email to recruitments@said.net and gleal@pcimedia.org by June 5, 2020. Please include in the email subject: My Choice, Our Choice M&E Proposal. The results of the selection will be communicated within 5 days after the closing date.