Call for Concept notes

Terms of Reference for: Protecting Sexual reproductive Health and Rights in West Nile Region:

Published on: 4 March 2024

Embassy of the Kingdom of the Netherlands in Kampala (EKN)

Duration: 4 years

The Embassy of the Kingdom of the Netherlands in Kampala (EKN) aspires to develop and finance a program that will enable women, men, adolescents and youth achieve their Sexual and Reproductive Health Rights.

Through this call, EKN is soliciting interested parties to submit concept notes (CN) that will lead to the development of the final project proposal.

EKN will evaluate the CNs, and one organization will be selected to submit a full proposal. In case during the selection process by EKN of the CNs the total of the score may be equal (or near similar) a second organization may also be invited to submit a full proposal.

Please find below the context and main features of the envisaged program. Key criteria that will be used in the selection process are described in this paper.

Maximum budget for the program is **total 20 million euro for 4 years**. Please be aware that for unspecified reasons there is a possibility that the program will ultimately not be awarded.

The approval is subject to the condition that sufficient funds are made available by the budget legislator.

Questions on the planned intervention/this document can be submitted before 18 April 2024 at 12:00 Uganda Time; EKN will publish the answers to the questions on the website not later 25 April 2024

UPDATE: The answers to the questions submitted will be published by Tuesday 30 April instead of Thursday 25 April. We hope for your understanding.

Submission deadline for CN: 30 May 2024 at 12:00 Ugandan time.

Submit eventual questions and the CN for the program to the following email address:

KAM-OS@minbuza.nl ; with cc. to:

judith.adokorach@minbuza.nl & ruth-van.zorge@minbuza.nl

CALL FOR CONCEPT NOTE: PROTECTING SEXUAL REPRODUCTIVE HEALTH AND RIGHTS IN WEST NILE REGION

1. INTRODUCTION AND BACKGROUND

Uganda in 2015 adopted the 2030 Agenda for Sustainable Development Goals. Since then it made progress towards the aimed results under Sustainable Development Goal 3 i.e. Good Health and wellbeing for all (SDG3) and SDG 5 (Achieving gender equality and empowerment of all women and girls). The results of the country's sevenths Demographic and Health Survey (UDHS 2022) indicates it is on a positive trajectory towards the Sustainable Development Goals i.e. Good Health and wellbeing for all (SDG 3) and Achieving gender equality and empowerment of all women and girls (SDG 5). However the progress in sexual and reproductive health and rights, is a diverse picture, showing considerable variations (by gender, age group, regions, urban/rural), progress in some and stagnation in other indicators.

Sexual activity, marriage and teenage pregnancy

Contextually there is contention regards adolescent sexuality, including access to sexuality education and contraceptives (for sexually active young people), yet there is early and high sexual activity among young people. According to the 2022 UDHS, 14.1% of women and 13.2% of men aged 20-24yrs, report first sexual encounter by 15 years. 60.4% of women and 58.4% of men in this age group report first encounter by age 18yrs.

For persons between 25-49yrs, the median age at first marriage is 19years for women and 25years for men, this increasing with education level. early/child marriage is commonly happening. 40% of women (age 20-24yrs) and 11% of men in the same age group were in union by 18years. 59% of women and 22% of men in the age group report union by age 20yrs. Teenage pregnancy has stagnated between 24-25% since 2011. Nationally it is 24% with significant regional variations, highest region at 25.9%. Rural areas are slightly more affected than urban.

Fertility and Family planning

Over the years the Total Fertility Rate (TFR) has declined, and so has the unmet need for family planning among women. The national TFR is 5.2, but highest (5.8) among women with no education at all and significantly reduces with women's increasing education (3.8 among women with more than secondary education). Rural women have higher TFR (5.6) than their urban counterparts (4.3). For women in urban areas, this remains significantly lower than the national average, though since 2011 the urban TFR is showing slow increase.

38% of married women and 40% of unmarried women of reproductive age (15-49yrs) use modern contraceptive method. Unmet need for family planning is 24% among married women of reproductive age. It is significantly highest among women in refugee/host settings. 43% of refugee women and 33% of women in host communities have unmet need for family planning.

Maternal health, mortality and morbidity

Maternal mortality has significantly decreased over the years, currently 189/100,000 live births. 28% of maternal mortality is associated with teenage pregnancy.

Maternal deaths due to abortion complications are highest among adolescents and young women (i.e. abortion accounts for 8% of maternal deaths among <19yrs, 10.3% of deaths among 20-24yr olds, 5.5% of deaths among >25yr olds).
Cancers is a growing public health concern, yet unfortunately screening and testing for women related cancers is very low. Nationally only 13% of women have tested for cervical cancer and only 7% been examined for breast cancer.

HIV infection, knowledge and safe sexual practices

Comprehensive HIV knowledge among young people (15-24yrs) is low. Only 56% of female and 54 % of males in this age group have comprehensive HIV knowledge. Small variations exist between those in urban and rural areas.
According to the UPHIA 2020-2021, prevalence of HIV among adults in Uganda was 5.8%. This was higher among women (7.2%) than among men (4.3%). Annual incidence of HIV (new infections) among adults (defined as those aged 15 years and older) in Uganda was 0.29%: 0.38% among women and 0.20% among men. However the annual incidence among adolescent girls and young women (15-24ys) is significantly higher at 0.62%
According to the 2022 UDHS, 15% of women and 39% of men had in the last 12 month had sex with a person who was neither their husband/wife (nor cohabiting partner), only 10% of women and 20% of men used a condom during last sex with a non-cohabiting partner. Promotion of safe sexual practice among women/men (15-49yrs) remains critical in tackling the HIV pandemic.

Sexual and Gender Based Violence

The trends in sexual and gender based violence during the period 2011-2022, shows a reduction, but the occurrence is still high, with women and girls more affected than men.
During the last 12 months preceding the UDHS 2022, 23% of women and 14% of men experienced physical violence, 11% of women and 4% of men reported sexual violence, 84% of women whose husbands are often drunk have experienced physical, sexual or emotional violence.
Intimate partner violence remains very high. Among the women/men aged 15-49yrs living with their spouse, 52% of women and 32% of men reports ever experiencing emotional, physical or sexual violence committed by current or most recent wife/husband/spouse. Among those divorced/separated/widowed, 59% of women and 52% men reported experiencing the same.

SRHR and GBV are interlinked. GBV is a violation of Sexual and Reproductive Health Rights and deprives girls (boys) from attaining highest state of the Sexual and Reproductive Health, and GBV is a determinant for Sexual and Reproductive Health and Rights. It is therefore necessary that SRHR programs integrate GBV prevention and response.

To further improve the country's progress towards the SDGs, it essential to address prevailing inequalities and accelerate the gains so far made. Uganda has in place enabling legal and policy framework for promoting SRHR, Prevention/Response to SGBV, promoting gender equality and women empowerment, but significant gaps remain between the laws and policies on one hand, and the reality of women's and girls' lives on the other. Effective implementation of these laws and policies has been poor partly due to insufficient domestic financing, religious and political factors.

The Netherlands Embassy in Kampala has since 2019 invested in several activities to contribute to improving Sexual and Reproductive Health and Rights in Uganda. These activities includes : The HEREOS program that is implemented by Amref (in consortium with mifumi and Cordaid) ;The ACTUATE project that is implemented by DKT International (in consortium with Coherinet and Ipas); the ANSWER program (Oct 2019-Sept 2023) that was coordinated and implemented by UNFPA (in partnership with Marie Stopes Uganda, Plan International, Save the Children and Selected government Ministries, Agencies and Departments (at district Local Government level), in West Nile (all districts) and Acholi subregion (Amuru, Lamwo and Agago).

ANSWER aimed to contribute to achievement of universal access to SRHR of women, girls, boys and men including disadvantaged and vulnerable populations (refugees, persons living with disabilities). At broader level, the program focused to contribute to: reduction of maternal mortality, unmet need for modern contraceptives, adolescent birthrate/teenage pregnancies, sexual and gender based violence, and improving the quality of services in the targeted health facilities. At objective level, it was designed to (i)Enhance access to and utilization of quality SRHR services (FP, Maternal health, Post abortion Care, HIV Testing and Post GBV) by women, girls, boys and men including refugees and PWDS in West Nile and Acholi sub region. (ii) To increase domestic public financing towards the demographic dividend priorities, by strengthening implementation and accountability towards the demographic dividend roadmap.
The ANSWER program has ended. This concept call is an initial process towards identification and development of a new activity that will build on the achievements and lessons from ANSWER.

II. ACTIVITY ALIGNMENT WITH DUTCH AND GOU POLICIES AND PRORITIES.

(a) Alignment with NL policies

This activity will contribute to these strategic policies and results:

The SRHR results of the Netherlands Ministry of Foreign Affairs Directorate of Social Development and MASC of the Embassy:

(i) better information and greater freedom of choice for young people about their sexuality;
(ii) Improved access to SRH and HIV/AIDS medicines and commodities:
(iii) Better public and private health care for family planning, pregnancies and childbirth
(iv) Sexual and reproductive rights of all people, including those belonging to marginalized groups, are institutionally respected & protected.
(v)

The Global Health Strategy of the Netherlands: Strengthening resilient health systems including community health systems.

The Netherlands Feminist Foreign Policy: addressing structural barriers for women/ girls in accessing sexual and reproductive health services and education; transforming negative social norms that perpetuate gender inequality and sexual gender based violence.

(b) Alignment with GOU policies

Uganda in its vision 2040, aspires to transition from a predominantly low income to a competitive upper middle income country with a per capita income of USD 9,500. Uganda has one of the youngest populations in the world, with nearly half aged below 15 years. Adolescents and young people constitute over 60% of the population (48% is 0-14 years, 20.25% is 15-24yrs). Creating a critical mass of healthy and productive human capital, out of this population age structure is pivotal for this vision aspiration and economic growth, and this calls for :

1. Changing the current population age structure into one that is predominantly of working age group.
2. Improving primary and secondary education completion by adolescents and young people, through among other strategies addressing the SRHR and negative social norms related barriers, hindering retention and completion at both primary and secondary education level. A 2021 survey by the Forum for African Women Educationalists (FAWE) revealed that of the 10–14 year-old age cohort, 40% reported schools as places where they experienced physical violence, of which 17% was sexual. Between 4% and 19% of girls who dropped out of school cited pregnancy as the reason.
3. Improving sexual and reproductive health and rights of women and girls, preventing/responding to sexual and gender based violence including changing social norms and harmful practices that perpetuate gender inequality. Violence against women and girls jeopardize human capital development, drains national resources through the costs of response services, loss of productivity and at worst loss of lives, which ultimately hinder progress towards the Sustainable Development Goal targets.
4. Reduce vulnerability and gender equality, and change negative social norms that impacts women/girls sexual and reproductive health and rights.

To contribute towards these needed actions, the activity will strengthen implementation of these national policies and guidelines : National Health Policy III (under finalization);the MOH sharpened RMNCAH plan (2022/23-2027/28); The National Family Planning Costed Implementation plan II (2020/21-2024/25); The National Community Health Strategy; Gender in Education Policy; National Guideline for Prevention and management of teenage pregnancy in schools settings in Uganda (2020); The National GBV policy; The National Strategy to end teenage pregnancy and child marriage.

III. OUTLINE OF THE NEW ACTIVITY

Activity target group

Primary target group

- Adolescents and young people (10-24 yrs).
- Within the Adolescent and Young people, special focus will be given to two marginalized groups: Youth NEETS (not in education, employment or training-including survivors of teenage pregnancies), Youth living with Disability (PWDs).
- Women in reproductive age (25-49 yrs).

Secondary target group

- Men, Community leaders, Political, religious and cultural leaders and community groups.

- District local governments and lower Local (subcounty and Parish) governments, particularly Health, Education and community development (Gender) departments.

Results to be achieved by activity

The overall goal of this activity is to improve Sexual Reproductive Health and Social wellbeing of adolescents, youth, and women.

The results indicators mentioned below may be slightly adjusted (renamed) before the final proposal writing starts

<u>Long-term outcomes/Impact level results</u>

Activity contributes to these higher level results:

- Reduction in Maternal Mortality Ratio.
- Reduction in unmet need for contraceptives
- Reduction in Total Fertility Rate
- Reduction in SGBV and child marriage
- Reduction teenage pregnancies
- Reduction in HIV infection among adolescents especially girls.

<u>Short-term/Intermediate outcomes</u>

Health Systems Strengthening:

- Increased use of modern contraceptives methods.
- Improved client satisfaction with quality of services.
- Reduced stockouts at health facilities.
- Increased number /coverage of youth friendly health facilities.
- # of (adolescents, youth/young adults, women of reproductive age, including PWDs) provided with Sexual and Reproductive services (Maternal Health, Family planning, HPV/Cervical Cancer screening, HPV vaccination for adolescent girls, HIV, Post Abortion Care, Post SGBV care).
- # of Couple Years of Protection.
- # of maternal deaths averted.
- # of unsafe abortions averted.
- # of unintended pregnancies averted.
- # of health facilities that adopt and implement youth-friendly SRH and HIV/AIDS services.

Education systems strengthening

- Improved retention and completion in targeted schools.
- Reduction in school absenteeism in targeted schools.
- Positive change in norms and values that perpetuates gender inequality and gender based violence within school setting.

Comprehensive response to SGBV, SRHR information/Education and social norms change

- Reduction in tolerance and social acceptance of SGBV.

- Acceptance of adolescent sexuality (or at least their needs)
- Change in norms that perpetuate SGBV (including child marriage)
- # of (adolescents, youth/young adults, women of reproductive age, men, including PWDs), directly reached with SRHR/SGBV information, education and social norms transformation.
- # of individuals (including youth, women of reproductive age, PWDs and survivors of teenage pregnancies) economically empowered.

Governance and accountability mechanism for social services

- Functional mechanism for good governance and accountability for social service delivery, at the district, subcounty, parish and community level (including health facilities and schools).

Geographical scope of the activity.

To build on the achievements and structures developed/strengthened by the Netherlands financed ANSWER programme (implemented by UNFPA and its partners), this activity will target West Nile Region. Furthermore to strengthen impact /results of this activity, the Netherlands Embassy recommends a district wide approach (i.e. targeting a whole district with an integrated package of interventions). This means the final selection of districts to be targeted (4-6) will depend on presence of other development partner activities and nature of their interventions, and district status against key SRHR indicators (UDHS 2022).
The CN will indicate a maximum of 10 districts in the West Nile Region, proposed to be targeted by the applicant.

Budget and duration of the programme.

Maximum 20 million Euros for 4 Years. The final proposal is allowed an Inception period of up to six months, to allow for establishment of governance and implementation strategies, building strategies with local governments, introductions at the community level and conducting the baseline.

IV. MAJOR FEATURES/STRATEGIES/ APPROACHES OF THE ACTIVITY

Activity builds on already tested and evidence based strategies in general and from the Answer program. It will be multisectoral, leveraging the roles and contributions of health, education and Gender/Community development sectors in promoting social and Human Capital Development.
Central in this activity is improving Adolescent Sexual and Reproductive Health and Rights (ASRHR), Maternal Health, Prevention of Sexual and Gender Based Violence (SGBV). Systems strengthening is core in the strategies, but only a limited extent of investments in hardware is allowable, therefore innovative financing mechanisms are recommended, to make available needed finances for the hardware related intervention.
The CN, will elaborate how the activity shall:

- Using a Health Systems Strengthening approach (HSS), support establishment of climate and epidemic resilient health systems (Government owned Health Center IV, Health Center III and Community level Systems), for sustainable delivery of quality and

rights based, adolescent and disability responsive sexual and reproductive health services.

- Using an SRHR/Education nexus approach and education systems strengthening approach, to tackle the gender /SRHR related barriers affecting retention and completion in primary and secondary school level.
- Strengthen and improve access to rights and needs based SRHR information for young people (in and out of school).
- Support and facilitate a comprehensive response to SGBV i.e. access to post SGBV healthcare; psychosocial support; economic opportunities and access to justice. It is important to note this activity will not directly invest in interventions to improve access to justice , neither in justice systems strengthening. It is therefore required that the concept will elaborate how the activity will secure access to justice services for the SGBV survivors in the activity geographic areas.
- Mobilize and target youth, households and communities to increase demand and utilization of sexual and reproductive health services; transform gender and social norms that perpetuate gender inequality and SGBV; promote positive masculinity among boys and men; stimulate community activism against sexual and gender based violence (including child marriage).
- Address the nexus between poverty and SRH Rights violation.
- Strengthen effective governance and accountability mechanism for social services (health, Education, SGBV Response) service delivery, SRHR/Gender within education services, SGBV response services) at the district, subcounty, parish and community level (including health facilities and schools).

V.IMPLEMENTATION MODALITIES, MANAGEMENT AND GOVERNANCE

Activity will be implemented by a consortium of None Governmental Organizations. The consortium will be a balanced mix of , National and International organizations. The consortium will comprise of :

I. The lead partner (Consortium lead), which can be an international or National Southern based Organization, with strong experience in; health systems strengthening, SRHR/GBV programing in Uganda and other African countries, at a comparable scale in terms of finance and number of beneficiaries ; managing multisector partnerships and programs; working with Uganda ministry of health structures at national, district, subcounty and health facility level.
II. A technical support organization on disability inclusion
III. An organization (could be youth led or not) with expertise in promoting meaningful youth participation in programs, social accountability and social inclusion of marginalized and vulnerable populations.
IV. A women's right organization with experience in delivering: women/girls empowerment programs, GBV/SRHR programs in Uganda's education sector; GBV response and gender norms transformation programs in Uganda.
V. A technical support organization with expertise integrating economic empowerment within the interventions with the primary beneficiaries.
VI. An organization with expertise in innovative financing mechanisms (including in Uganda).

In case of subcontracting/granting by the consortium members, for program implementation, this will only be with district based, community based or national organizations.
For technical assistance or strengthening innovations within the program, engagement of national or international organizations or institutions is acceptable.

VI. CROSS CUTTING ISSUES AND THEIR INTERGRATION

Meaningful youth participation, inclusion, gender equality, climate and digitalization are cross cutting issues to be integrated in the activity. The CN will elaborate how:

- Meaningful Youth Participation will be strengthened in the activity.
- Inclusion and diversity will be strengthened in the activity, and inclusion of marginalized and vulnerable groups including (but not limited) to Youth NEETs (Youth not in Education, Training or Employment, survivors of teenage pregnancies) and Persons living with disability, will be secured.
- Climate change adaptation and mitigation will be strengthened in the activity and its interventions. How activity will address impact of climate change on service delivery and utilization. What approaches will be undertaken to reduce effects of activity on climate.
- Digitalization will be leveraged in the activity.
- A human Rights based approach will be promoted and strengthened.
- The activity will operationalize a Gender Transformative approach.

VII.MONITORING, EVALUATION, ACCOUNTABILITY AND LEARNING.

Concept will elaborate how monitoring, accountability and learning will be undertaken at all levels. This could include participatory community planning and monitoring, and operational research (with potential research topics).
NB: The Embassy will directly manage the evaluation (baseline/MTR/end evaluation). Baseline assessment on indicators will be conducted by the Embassy, and collaborative discussion will be held with partners, to set targets.

VIII. ACTIVITY SUSTAINABILITY

The CN will highlight, using the FIETs (Financial, Institutional, Environmental, Technical and Social) model, how sustainability of this activity will be promoted and achieved.

IX. SELECTION PROCEDURE

The CN will be maximum **10 pages** (excluding front and content page and the annexes required for the threshold criteria and Organizational and track record check, including those relevant for the qualitative assessment of the CN.
The received concepts shall be subjected to a two staged assessment process, that will result in selection of one successful concept, whose applicants will be invited to develop a full proposal.

Stage 1 -Threshold criteria check and organization track record.

Stage 2 - Qualitative assessment of the concept note.

Stage 1: Threshold criteria check and organization track record.

Applications received on time will first be assessed for compliance with the threshold criteria and organization track record.

The threshold check comprises criteria which an application must in any case meet to qualify for contribution/granting. Applications that do not pass/fulfill all the threshold criteria's will not be continued for the organization track record assessment. Applications that meet the threshold criteria and organization track record requirement will be assessed on the concept note criteria.

Threshold criteria need to be met. If not, the CN will not be considered for the track record assessment. The following ***threshold criteria*** are applied:

a. The lead partner has proven experience in the management of single-projects of 15 million Euros or more, in which the lead partner is the lead (or contract) party. The following information is required: name of the project, country of implementation, thematic area, main results, total budget (including currency) and the contact details of the contact person of the donor organization.
b. The value of the proposal per year is less than 50% of the lead partner's in-country total annual budget. Annual financial statements of 2021, 2022 and 2023 to be submitted.
c. The lead partner has submitted the following documents:
    a. Annual financial statements for 2021, 2022 and 2023
    b. Organizational chart
    c. Audit reports and management letters of the last three years
    d. Registration certificate in Uganda
    e. Corruption/fraud/SEAH (Sexual Exploitation, Abuse and Harassment) policy
d. EKN has a strong preference for consortia for this programme. The lead partner (Consortium lead) has proven experience with implementation of health systems strengthening, SRHR/GBV programing in Uganda and two other African countries, at a comparable scale in terms of finance and group of beneficiaries; managing multisector partnerships and programs; working with Uganda ministry of health structures at national, district, subcounty and health facility level
   Details of similar projects implemented/coordinated need to be submitted and with at least the following information included: duration, country of implementation, budget (including currency), donor, objectives, strategy, and planned/achieved results.
e. The applicant will declare that:
    a. The TL will be in charge of program operations and supervise ALL program staff (including from other consortium partners).
    b. The allocated budgets to the partner are indicative and can be changed when deemed necessary by the lead (after consultation with EKN).
    c. The composition of partners may change when deemed necessary by the lead in consultation with EKN.
f. Applicant will declare that it will not simply act as an intermediary channel to provide financing to other implementing parties or subcontract those to execute most of the

work. At least 50% of the activity budget should be implemented directly by the program staff of the applicant.

g. The application must include a 1-2 pager, draft Memorandum of Understanding (MOU) containing conclusions regards implementation of activity for which a contribution/grant is requested. This will include agreements on:
    i. how each of the consortium partners will contribute to the consortium's activities;
    ii. how decisions are made within the consortium and how other implementing partners who might be engaged in the program, will shape and participate in decision making on the program.
    iii. how costs and risks will be shared among the consortium members;
    iv. how the consortium members will ensure that the lead party fulfils the obligations towards EKN in respect of the contribution/grant, including responsibility for the joint aggregated reports (including IATI-compliant reports);
    v. how the consortium members will keep each other informed, in particular concerning their financial health;
    vi. how the partnership can be adapted; both in composition and in budget allocation to the different partners.
    vii. the role of each of the consortium members in monitoring and evaluating progress in the activities for which a contribution/grant has been received.

    EKN will not accept a consortium in which activities and budgets are divided between the partners without a clause that these allocations are preliminary and can be amended at any time during the program implementation if requested by EKN or judged necessary by the consortium lead and approved by EKN. This clause needs to be explicitly mentioned in the draft MOU and the CN.

h. Applicants (and possible consortium members) should declare :
    - having a pre-employments scanning (including on SEAH) in place; The applicant (and possible consortium members) should declare to include this specific requirement in the possible contract with the subcontractors.
    - Having a working environment where Diversity, Equity, Inclusion and non-discrimination are being ensured. This requirement will also be included in possible contract with subcontractors (and all possible consortium members).

i. Applicants should have an office in Uganda for at least 3 years. Scanned copy of the organization's registration certificate should be included in the submission package.

Organizational and track record check: qualitative criteria concerning the organization and the applicant's/consortium's track record (50 points)

All applications that pass the threshold check will be assessed on the organizational and track record. The minimum required score to pass to the stage 2 assessment is 40 points. Up to four applicants (with highest score) on the organizational and track record, will be forwarded to the stage 2 assessment. In case of an equal total score on the organization/track record, the application with the highest score on the experience will be invited for stage 2.

The criteria below are used to assess the quality of the applicant's/consortium's organization and track record. (In demonstrating the experience, the applicant or all the consortium partners together may also refer to experience gained by members of their staff in a previous job with another organization.)

1. Experience (30 points).
   The extent to which the consortium partners have successful and relevant experience, in Uganda, with carrying out projects at scale in:
   a. Health Systems Strengthening (HSS), and establishing climate and epidemic resilient health systems for sustainable delivery of quality and rights based sexual and reproductive health services. **(4 points).**
   b. Working on the SRHR/Education nexus and education systems strengthening approach to tackle the gender /SRHR related barriers affecting retention and completion in primary and secondary school level. **(3 points)**
   c. Improving adolescent/youth and disability responsiveness of the health systems. (**3 points).**
   d. Strengthening and improving access to rights and needs based SRHR information for young people (in and out of school), including for PWDs. **(3 points)**
   e. Address the nexus between poverty and SRH Rights violation. **(3 points)**
   f. Implementing a comprehensive response to SGBV i.e. access to post SGBV healthcare; psychosocial support; economic opportunities and access to justice **(4 points)**
   g. Mobilizing youth, households and communities to: increase demand and utilization of sexual and reproductive health services; transform gender and social norms that perpetuate gender inequality and SGBV; promote positive masculinity among boys and men; stimulate community activism against sexual and gender based violence (including child marriage). **(4 points)**
   h. Strengthening effective governance and accountability mechanism for social services (health, Education, SGBV Response) service delivery, SRHR/Gender within education services, SGBV response services) at the district, subcounty, parish and community level (including health facilities and schools). **(3 points)**
   i. The TL has the sufficient requirements. (Attach CV to the CN).
   Qualifications: Bachelor's degree (preferably MBCHB, Nursing, Development studies or Social science); Master's Degree in Public health ; 12-15 years' experience in design and delivery of Public health or Social development programs; experience and ability to strengthen a multisectoral approach and coordination. (**3 points**). At the consortium partners an experienced professional will head the activity (but this will not be used at the assessment stage).

2. Collaboration (20 points).
   a) The extent to which the applicant/consortium has experience working in collaboration Ministries of Health/Gender/Education, District local governments and Lower local governments and with local organizations. **(10 points)**
   b) To what extent the consortia members have relevant experience working in consortium and achieved results. (**10 points**)

Details of project (s) (to proof evidence of these experiences) to be submitted and include at least: duration, budget, donor, objectives, strategy and approach, and summary of results achieve.(This will be annexed to the CN)

Stage 2 : qualitative criteria assessment of the concept note (100 points)

1. The extent to which the draft theory of change (ToC) contributes to the goal, outcomes and intended result areas of the Program and strengthens a multisectoral approach. **(15 points)**

2. The translation of the TOC into a comprehensive program design, clearly elaborating what, how, where and who. **(14 points)**

3. Program efficiency. The concept contains well thought mechanisms to improve program efficiency. This includes how the program will strategically and programmatically collaborate with District Local Governments, including strengthening their coordination capacity. **(10 points).**

4. Monitoring, Accountability and Learning **(5 points)**

5. The extent to which the CN shows understanding of, and provides a convincing strategy to (each 2 points): **(16 points)**

- Strengthen climate and resilient Health Systems for sustainable delivery of quality and rights based SRHR services.
- Improving adolescent/youth and disability responsiveness of the health systems.
- Strengthen and improve access to rights and needs based SRHR information for young people (in and out of school), including for persons with disability
- Using an SRHR/Education nexus and education systems strengthening approach, to tackle the gender /SRHR related barriers affecting retention and completion in primary and secondary school level.
- Support and facilitate a comprehensive response to SGBV i.e. access to post SGBV healthcare; psychosocial support; economic opportunities and access to justice.
- Mobilize and target youth, households and communities to: increase demand and utilization of sexual and reproductive health services; transform gender and social norms that perpetuate gender inequality and SGBV; promote positive masculinity among boys and men; stimulate community activism against sexual and gender based violence (including child marriage).
- Address the nexus between poverty and SRH Rights violation.
- Strengthen effective governance and accountability mechanism for social services (health, Education, SGBV Response) service delivery, SRHR/Gender within education services, SGBV response services) at the district, subcounty, parish and community level (including health facilities and schools).

6.The CN note provides information on how collaboration with other (Development partners and Government funded) projects is planned, including to address limitations of the activity **(5 points)**

7. Concept outlines convincing strategy on sustainability and localization. (**10 points).**

8. Cross cutting issues (**10 points)**
- Meaningful Youth Participation (2 points)
- Strengthening inclusion and diversity and reaching marginalized and vulnerable groups. (2 points).
- Climate change adaptation and mitigation will be strengthened in the activity and its interventions. How effects/impact of activity on climate will be mitigated. How effect/impact of climate change on service delivery and utilization will be mitigated. (2 points)
- Digitalization will be leveraged in the activity. (1 point)
- Human Rights Based Approach (2 points)
- The activity will operationalize a Gender Transformative approach. (2 points)

9. Value for money (**10 points**)
- # of (adolescents, youth/young adults, women of reproductive age, men, including PWDs), directly reached with SRHR/SGBV information, education and social norms transformation.
- # of individuals (including youth, women of reproductive age, PWDs and survivors of teenage pregnancies) economically empowered.
- # of (adolescents, youth/young adults, women of reproductive age, including PWDs) provided with Sexual and Reproductive services (Maternal Health/Safe motherhood, Family planning, HPV/Cervical Cancer screening, HPV vaccination for adolescent girls, HIV, Post Abortion Care, Post SGBV care).
- # of Couple Years of Protection.
- # of maternal deaths averted
- # of unsafe abortions averted
- # of unintended pregnancies averted.
- # of health facilities that adopt and implement youth-friendly SRH and HIV/AIDS services

10. Budget **(5 points)**
The concept will include a budget overview, with these main budget lines. Budget will include budget notes providing insights on the budget details.

a) Programmatic costs (indicating allocations to the different components)
    - Health component
    - Education component
    - Community and social norms change
    - Strengthening accountability mechanisms
b) Operation costs
c) Personnel/Human Resource cost (at both consortium and IP level).
d) Program monitoring, accountability and learning.

Selection and decision

EKN will select the best concept note(s) that meets the requirements. Final selection and approval of the quality of the CN's is at the discretion and responsibility of the EKN. Decisions of EKN are final and binding and not open for appeal. Applicants will be informed in writing on the outcome of the selection. After the selection a discussion with the selected applicant(s) will start to discuss potential weak areas of the concept and to investigate if a successful program can be implemented. After this development of the proposal will start.

Indicative Timelines for Concept Notes (CN)	
Date /Deadline	**Activity**
04 April 2024	Publish Call for Concept Notes on website.
18 April 2024	Deadline for sending questions to EKN on the Terms Of Reference.
30 April 2024	Reaction by EKN on the questions on the ToR published on website
30 May 2024	Deadline submission of CN to EKN (KAM-OS@minbuza.nl)
01 June – 23 June	Review of submitted CN by EKN
25 June	EKN provides details on decision to all applicants, including successful.
Indicative Timelines for Full proposal	
27 June – 31 July	Development of full proposal by selected applicant(s).
15 August	Decision on full proposal
15 August – 30 September	Finalization of EKN internal process + contracting (may include discussion with implementing partner on full proposal)
01 October 2024	Start of implementation