

**TERMS OF REFERENCE FOR BASE LINE STUDIES OF THE PROGRAMS:**

**“Contribution to ending the HIV epidemic by improving access to health services in Gaza province (Mozambique)”**

**and**

**“Promotion of the right to child protection and gender equality in Gaza province (Mozambique)”**

## TERMS OF REFERENCE

### INDEX

1. INTRODUCTION.....	2
2. OBJECTIVE OF THE CALL FOR PROPOSALS.....	2
General and Specific Objectives .....	3
General objective 1 .....	3
General objective 2.....	3
3. METHODOLOGY AND APPROACH .....	5
4. ROLES AND RESPONSIBILITIES.....	7
5. PHASES OF THE CONSULTANCY .....	8
6. CONSULTANCY DELIVERABLES .....	9
7. WORK PLAN.....	10
9. PROFILE OF THE BASELINE STUDY TEAM.....	11
10. REQUIREMENTS AND SCORING FOR THE SELECTION OF THE CONSULTANCY FIRM	11
11. COST .....	13
13. ANNEXURE 1 .....	14

## 1. INTRODUCTION

The **Vicente Ferrer Foundation (FVF)** is a Spanish NGO committed since 1996 to support Rural Development Trust (RDT) work through their holistic approach programme that helps to tackle poverty and discrimination amongst the most vulnerable people. After all these of years supporting RDT in their several fields, we have been able to witness many changes and such a human transformation in different fields.

In this context, the Vicente Ferrer Foundation intends to open a call for a **baseline study** in Mozambique, specifically in the province of Gaza. This initiative seeks to measure the current situation and establish initial values for key indicators related to the components and impact areas of the projects to be implemented.

N'weti is a Mozambican non-governmental organization born in 2008, with the aim of improving the health of people in Mozambique through health promotion, community health and prevention services, referral and counter-referral systems, follow-up of health services, strengthening health systems and building local capacities. Additionally, N'weti's expertise in a variety of cross-cutting areas, such as gender and youth development, facilitates the delivery of effective, high-quality projects.

## 2. OBJECTIVE OF THE CALL FOR PROPOSALS

This call for tenders intends to select a consultant team, independent or belonging to any firm to carry out a baseline study in Mozambique, specifically in the districts of Chicualacuala, Chigubo, Mabalane, Mapai and Massangena, in the province of Gaza. This study will focus on two different programs that will be implemented:

1. "Contribution to ending the HIV epidemic by improving access to health services in Gaza province (Mozambique)"  
Locations Chicualacuala, Mapai and Massangena districts
2. "Promotion of the right to child protection and gender equality in Gaza province (Mozambique)"  
Locations: Chicualacuala, Mapai, Mabalane and Chigubo districts

In addition, a **third baseline document** will be also expected to provide us the basis for a field research to assess the potential synergies between the two programs. This baseline will compare communities where both programs are implemented with those where only one or neither program is implemented. For this purpose, we leave the selection of a control communities (or control HF catchment areas) opened to the decision of the consultancy firm.

## General and Specific Objectives

The consultancy will use its full capacity to achieve the following general and specific objectives.

### General objective 1

**Develop two baselines for the HIV and Child Marriage.**

#### Specific Objectives of the HIV and Child Marriage Program (SO1)

- **Situational Analysis:** Conduct a comprehensive analysis of the current situation related to HIV and child marriage in the selected districts.
- **Identification of Barriers:** Identify the main barriers and challenges faced by communities in relation to access to services related to HIV and Child Protection projects such as health facilities, SAAJ, justice, police, social protection, school (retention and reintegration), and nutrition services.
- **Measurement of Key Indicators:** Measure the baseline situation and establish initial values for key indicators related to projects components and impact areas.
- **Project Logic Review:** Review the logic of the project's logical framework and propose relevant indicators that will enable effective monitoring.
- **Recommendations:** Produce concrete recommendations for projects development, as well as for aspects related to monitoring and evaluation.

### General objective 2

**Establish the basis for the development of a small social research study on the positive and negative impact of the synergies of implementing an HIV program and a CM program simultaneously in the same geographic region (involving FVF and N'weti)**

#### Specific Objectives of synergies (SO2)

- **Problem Definition:** Clearly define the study's focus and objectives, focusing on evaluating the impact of the synergies from implementing both HIV and CM programs simultaneously in the same area.
- **Review of Previous Research:** Analyze all data and information available and assess the starting situation and existing synergies in the districts/province/country before program implementation, considering both public and private resources.
- **Formulation of Hypotheses and Research Questions:** Develop hypotheses and research questions to guide the analysis of synergies between the programs, focusing on their potential impact and outcomes.
- **Development and Measurement of OVIs:** Define and measure the baseline of key indicators (qualitative and quantitative) based on Annex 1. These indicators will serve as primary data for ongoing research. To help measure and assess the synergies expected to be created in the future.
- **Characterization of Synergies:** To characterize the initial situation of the public and private services existing in the region and of the referral systems between both actors.

- **Data Collection Tools:** Design flexible tools and systems to collect continuous data throughout program execution, defining objectives and the frequency of data collection for ongoing evaluation.

The main users of this baseline are: N’weti, Vicente Ferrer Foundation (FVF), the relevant authorities and the communities involved, with a special focus on the target people addressed by the projects.

#### Details of the two projects

##### Project 1 “CONTRIBUTION TO ENDING THE HIV EPIDEMIC BY IMPROVING ACCESS TO HEALTH SERVICES IN GAZA PROVINCE (MOZAMBIQUE) ”

- **Life Cycle:** 3 years
- **Overall Goal:** Contribute to ending the HIV epidemic in Gaza (SDG 3, Target 3.3) by achieving the following targets by 2030:
- **Specific Objective:** Contribute to ending the HIV epidemic in the intervention areas of Gaza province (10 Health Facilities (HFs) from Chicualacuala, Mapai, and Massangena districts) (SDG 3. Target 3.3) by improving access to health services.
- **Results**
  - Result 1: An enabling environment established for increased provision, demand, use, and ownership of available, accessible, and acceptable HIV services of high quality.
  - Result 2: Increased number of people tested for HIV, through improved testing capacity and provision of HTS
  - Result 3: Improved linkage to care and treatment of people recently diagnosed to be living with HIV, through bi-directional referrals between communities and-HFs
  - Result 4: Improved retention in care and viral suppression of PLHIV, through a community-based intervention coordinated with HFs
  - Result 5: Improved socioeconomic situation and resilience of PLHIV and their families to promote adherence to ART and retention in care.
  - Result 6: Launched an operational community health network which improves HIV-related health services that are coordinated with the formal health system

##### Project 2 “PROMOTION THE RIGHT OF CHILD PROTECTION AND GENDER EQUALITY IN GAZA PROVINCE (MOZAMBIQUE) ”

- **Life Cycle:** 3 years
- **Overall Goal:** Promote the right to child protection in Mozambique promoting Gender Equality.
- **Specific Objective:** Eliminate harmful practices, such as Child Marriage and Gender Based Violence among the most vulnerable rural population in Chicualacuala, Mapai, Mabalane, and Chigubo districts, Gaza province, Mozambique (SDG-5. Target 5.2 & 5.3)
- **Results**



- Result 1: Enhancing the community actors to improve the attention and follow up to girls, boys and adolescents women in rural areas in Chiculacuala, Mapai, Mabalane, and Chigubo districts, Gaza province, who are victims of Child Marriage and GBV aligned with government strategies
- Result 2: Girls, boys and adolescents in rural areas in Chiculacuala. Mapai, Mabalane, and Chigubo districts, Gaza province are empowered and mobilized to ending harmful practices through the construction of mechanisms for early prevention and improving the referral system and follow-up
- Result 3: Communities in rural areas in Chiculacuala, Mapai, Mabalane, and Chigubo districts, Gaza province are empowered and committed to eliminate the harmful practices related to child marriage and GBV
- Result 4: Ensuring public access to information and safeguarding fundamental freedoms in accordance with national law against CM & GBV in rural areas in Chiculacuala, Mapai, Mabalane, and Chigubo districts, Gaza province

### 3. METHODOLOGY AND APPROACH

The baseline study will be conducted using a mixed methods research design, as the project includes both qualitative and quantitative indicators. The consultancy should explicitly demonstrate how the selected methodology and proposed techniques align with the implementation strategy, providing ample opportunities to collect and compile key data and information.

➤ **Suggested Methodologies:**

For data collection, the following methodologies are recommended:

- Surveys: Structured surveys to obtain quantitative data on the current situation regarding key HIV and child marriage indicators.
- Focus Groups: Focus groups with different segments of the community to explore perceptions, attitudes and experiences related to project issues.
- Key Informant Interviews: Interviews with community leaders, health professionals and other relevant stakeholders to obtain detailed and contextualized information.
- Documentary Analysis: Existing documents, reports, routine M&E data collected by the HFs/MoH and previous studies to provide additional information on the context and issues addressed by the projects.
- Semi-structured and Open-ended Interviews: Semi-structured interviews with selected participants to deepen their experiences and opinions on HIV and child marriages.
- On-Site Visual Inspection (Observation): Direct observation in the communities and HFs to better understand the social and cultural environment in which the projects will be implemented.

The entire process will be developed in a participatory manner, involving all stakeholders, including the Vicente Ferrer Foundation (FVF), N'weti, rights holders, implementers and local authorities. This will ensure that the voices of all stakeholders are heard and considered in the evaluation process.

### ➤ **Technical Approaches**

The study will adopt several technical approaches that will guide the methodology:

- **Human Rights Based Approach:** Ensure that all aspects of the projects respect and promote human rights, with a particular focus on children's rights.
- **Gender Approach:** Gender dynamics will be considered in all phases of the study, ensuring that inequalities are addressed, and equity is promoted.
- **Social Inclusion Approach:** Interventions will be design and promote the social inclusion in all phases of the study
- **Environmental Sustainability Approach:** Interventions will be designed taking into account their environmental impact, promoting sustainable practices in all project's activities.
- **Democratic Governance Approach:** The active participation of communities in decision making will be encouraged, promoting inclusive and transparent governance.
- **Intersectional Approach:** The multiple identities and experiences that affect individuals within communities will be recognized, considering how these intersections can influence access to resources and services.

Through this comprehensive and participatory methodology, it is expected to gain a deep understanding of the local context and generate meaningful data to inform effective project design and implementation.

### ➤ **Stakeholders Involved**

The implementation of the baseline study will involve several key actors, each with specific roles and responsibilities to ensure the success of the projects. The main actors involved are:

- **Vicente Ferrer Foundation (FVF):** will act as overall project coordinator, providing strategic direction and ensuring that activities are aligned with organizational objectives. FVF will also be responsible for stakeholder communication and resource management.
- **N'weti:** As a local partner, N'weti will comment on the deliverables of the consultants, and facilitate contacts with the local authorities to gain their support for the baseline.
- **Consultant or Consulting Firm:** Will be responsible for designing and implementing the baseline study, using mixed methods for data collection and analysis. The consultant should coordinate closely with FVF to ensure that the approach is participatory and addresses local needs.
- **Local Authorities:** The exercise will seek the participation of local authorities by providing relevant information. Their involvement is crucial to legitimize the process and foster acceptance of the results.

- **Participating Communities:** Members of the affected communities will be central to the process, participating in focus groups, interviews and surveys. Their perspective is essential to understand the local context and ensure that the results reflect their realities.

#### 4. ROLES AND RESPONSIBILITIES

Core responsibilities of the consultants are as follows:

##### A. Consultant or Consulting Firm:

**Primary Responsibility:** Lead the design, implementation, supervision, and analysis of the baseline study, ensuring a robust, ethical, and inclusive methodological approach.

Specific Responsibilities:

- **Methodological Design and Validation:** Develop a comprehensive baseline study protocol with: detailed methodologies selected for each component and a sampling strategy accompanied by a detailed timeline for data collection, ensuring alignment with the project's objectives. This includes reviewing key project documents such as the indicator logframe projects proposals, village data, and beneficiary profiles to inform the design of appropriate data collection tools, including surveys, interviews, and discussion guides. All tools must be translated into relevant local languages to ensure accessibility and understanding, and they will require validation from FVF and N'weti prior to implementation. Additionally, consultants must request, adhere to, and ensure the approval of the national bioethics committee prior to initiating fieldwork.
- **Training and Preparation of Field Teams:** Ensure gender balance in the selection of translators, enumerators, supervisors, and data entry operators, and provide comprehensive training that includes gender principles, adolescent-friendly approaches, and child safeguarding practices. Develop training materials and a manual for the proper use of data collection tools.
- **Supervision and Data Collection:** Organize inception meetings to plan activities and provide updates on data collection progress. Oversee data collection, including spot checks, to ensure quality, consistency, and adherence to gender-responsive and child safeguarding principles. Supervise data entry, verify accuracy, and address any inconsistencies as needed.
- **Data Processing and Analysis:** Verify, process, and analyze collected data, and prepare a comprehensive analytical report with key findings, recommendations, and a baseline for future monitoring and evaluation.
- **Delivery of Results and Materials:** Deliver all materials used during the study, including data collection tools, original forms, hard copies of raw data, and the tool usage manual, along with the final dataset in digital format.



- **Logistics and Coordination:** Manage all logistical arrangements for the study, including international and local travel, accommodation, and other necessities.

#### **B. Vicente Ferrer Foundation (FVF):**

**Primary Responsibility:** Overall coordination of the study and supervision of all activities related to the baseline.

##### Specific Responsibilities:

- Provide strategic direction for the study, ensuring alignment with the Foundation's mission and project-specific objectives.
- Facilitate access to all relevant program documents, such as the indicator logframe, project proposals, demographic village data, and beneficiary profiles.
- Ensure smooth communication among stakeholders, guaranteeing timely and accurate information sharing.
- Coordinate logistics for the study's execution, in collaboration with N'weti and the consultancy team.
- Prepare the agenda for key meetings and activities in coordination with N'weti and the consultants.
- Respond promptly to drafts and reports produced by the consultancy within agreed deadlines, providing constructive feedback.
- Supervise the quality of deliverables, ensuring they meet established standards and deadlines.
- Ensure the study results are shared with communities and other key stakeholders in a participatory and inclusive manner.

#### **C. N'weti**

**Primary Responsibility:** Local coordination and facilitation to ensure smooth execution of the baseline study's fieldwork activities.

##### Specific Responsibilities:

- **Agenda Preparation:** Collaborate with FVF and the consultancy team to design a agenda, detailing timelines and key activities for the study.
- **Comment on the deliverables,** including the study protocol and the preliminary report/findings.
- **Contacts with local authorities:** N'weti will facilitate the contacts between the consultants and the local authorities, to ensure the authorities' support for the studies.

## **5. PHASES OF THE CONSULTANCY**

- **Phase One: Desk Work: Collection and Analysis of Documentation,** develop the comprehensive baseline study protocol and Interviews (Estimated duration: 3 weeks)

This phase will begin with the engagement of the external team. The Vicente Ferrer Foundation will supply all relevant materials related to program formulation to ensure a comprehensive understanding of the project. The consultancy firm will agree with FVF and N'weti a comprehensive baseline study protocol which will guide the work. Virtual and/or telephone interviews will be conducted with personnel from the Vicente Ferrer Foundation and N'weti staff. Additionally, the consultancy firm will be responsible for preparing all necessary documentation and securing approval from the national bioethics committee prior to initiating any fieldwork.

➤ **Phase Two: Fieldwork**

This phase will begin upon completion of the previous phase and will last approximately 15 days<sup>1</sup>, depending on the circumstances.

Fieldwork is primarily aimed at engaging with the various stakeholders involved in the projects, observing activities on-site, and conducting all necessary interviews and activities to ensure the successful execution of the consultancy.

➤ **Phase Three: Synthesis and Socialization**

This phase aims to share the initial findings prior to start the drafting of the baseline report. The socialization process will involve the various teams from the Vicente Ferrer Foundation, N'weti, as well as the rights-holders, duty-bearers and stakeholders directly involved in the projects.

➤ **Phase Four: Final Baseline Report on Programs and Synergies**

This phase marks the conclusion of the process. The drafting of the final baseline reports on programs and synergies will provide an initial contextual framework and key preliminary indicators to be discussed with FVF and N'weti before submitting the final reports. These outputs will facilitate a thorough review of the intervention and allow for the adjustment of activities if deemed necessary.

## 6. CONSULTANCY DELIVERABLES

- A baseline report for each program, including the monitoring and learning matrix, conclusions, and recommendations. **Language:** Spanish and Portuguese. **Length:** Maximum of 30 pages without annexures.
  - Annexes: Survey results, forms, etc
- A baseline report to provide the basis for a field research to assess potential synergies between the two programs, including the monitoring and learning matrix, conclusions, and recommendations. **Language:** Spanish and Portuguese. **Length:** Maximum of 20 pages for both programs without annexures.
  - Annexes: Survey results, forms, etc

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<sup>1</sup> We believe that all planned activities should be completed within 15 days. However, this timeframe is provided as an estimate, allowing for adjustments in case of unforeseen circumstances

## 7. WORK PLAN

Activities	January	February	March	April
Launch of the call	X			
Deadline for submission of proposals	X			
Proposal evaluation and scoring process	X			
Contract signing and legalization	X			

Activities	January	February	March	April
Desk Work: Review of information, write an agreed comprehensive baseline study protocol with FVF/N'weti (including methodological design detailed for each component, definition of data collection tools, and validation)		X		
Field Work: Data and information collection		2 weeks		
Feedback session in Gaza (With the Communities)			Last day in Gaza	
Feedback session in Maputo, N'weti & FVF teams (Offline and On line)			Last day in Maputo	
Analysis and Systematization: Data processing and analysis				X
Preliminary Report Writing: Discussion of results with FVF and N'weti				X
Final Baseline Report Preparation and Submission				X

## 8. TIMELINES AND SUBMISSION PROCEDURES:

### ➤ Consultancy Duration:

The consultancy is expected to have an approximate execution period of 3 months, starting on January 2025, and ending on April 24, 2025, including time for review and acceptance of the final deliverable.

### ➤ Contents of the proposal:

The proposals must include the following points:

A. Technical Proposal: Methodology for conducting the baseline study, including the sampling strategy, techniques, data collection sources, and the data analysis process; work plan and data collection plan for the projected sample population.

B. Detailed Economical Proposal in euros (including taxes and deductions), covering professional fees, as well as mobility, accommodation, and subsistence expenses, along with any other costs incurred by the evaluator(s).

C. Chronogram.

D. Team Composition: CVs of the team members, including professional experience and expertise, as well as the level of effort of each proposed team member, if applicable. The CV of the consultancy firm should also be included if relevant.

➤ **Proposal Submission:**

The consulting team must submit their technical and financial proposal to FVF. The consultancy firm may submit its proposal from the opening date of the call until the closure date, January 24<sup>th</sup>, 2025, 23:59 (CET). All proposals must be sent to the following email: [proyectos@fundacionvicenteferrer.org](mailto:proyectos@fundacionvicenteferrer.org) with the subject line: "licitación\_linea\_base2025."

Once the call has closed, all proposals will be thoroughly reviewed and analyzed, and the final decision will be communicated.

Following the notification and publication on our website: <https://fundacionvicenteferrer.org/es/ejercicios-de-consultoria>, the Vicente Ferrer Foundation will sign a contract with the selected service provider.

## 9. PROFILE OF THE BASELINE STUDY TEAM

For the Vicente Ferrer Foundation, this type of exercise is considered an internal learning process. Therefore, priority will be given to applications, that, if possible, include a mixed team consisting of an EU consultant and a local consultant.

The professionals carrying out this mixed exercise must have demonstrated experience in this kind of exercises, such, consultancy in baselines, evaluations, technical assessment at least in one of both fields of the programs being, Child Protection and HIV the core interest, as well as the country, Mozambique.

We are looking for a team that should meet the following requirements:

- One team member must have specific training in social research methodologies and techniques.
- Professionals with extensive training and experience in international development cooperation; demonstrable experience in designing and conducting external baseline/evaluations (at least 5 evaluations/baseline in the intervention country and 5 in intervention sector).
- Knowledge of the different crosscutting approaches in the proposal.
- Experience working in rural communities, particularly in countries with a low Human Development Index (HDI).
- Knowledge of and respect for the culture and customs of the region.
- The coordinator must be fluent in English and Spanish, and Portuguese is an asset, while regional consultants should be fluent in Portuguese and English.
- Knowledge of local languages will be considered an asset too.

## 10. REQUIREMENTS AND SCORING FOR THE SELECTION OF THE CONSULTANCY FIRM

All offers will be evaluated based on the following criteria:

- Proposal and budget quality: 50%



- CV of each expert (both academic and professional path) 30%
- Methodology and approach for the synergies research study: 20%

## **11. COST**

The budget to run this consultancy be 30.000 euros (all taxes and withholdings included). This amount includes professional fees and all trip and stays, visas, insurance and any other material or logistic might be needed to run this exercise.

## **12. TERMS OF PAYMENT**

A first payment of 30% of the total cost of the contract will be made upon signing the contract and 70% upon delivery of the final reports.

## 13. ANNEXURE 1

### **Successful referral mechanism between programs**

Existing indicators already included in the matrix for both programs:

- 100% of beneficiaries identified as survivors of SGBV referred to services of the CM&SGBV program or to HF services
- 100% of beneficiaries identified as eligible for HTS referred to community- or HF-based HTS supported by the HIV program

New ideas to include:

- Percentage of success in the referrals. For districts that share both programs and for those where only one is implemented.
- A success referral is defined as the person reached the point of service, and received a counter-referral.

### **Prevention**

Greater education, also in terms of sexual education; of boys and girls can have an impact on delaying premature unions and the spread of HIV and STDs? In the same way, for Gender-based violence

### **Economic empowerment**

Does access to economic resources (used for retention in the educational system, saving groups, income-generating activities, non-formal professional training) reduce vulnerability to premature unions and HIV infection?

### **Social and community change**

Does the development of action plans/meetings with community leaders and community dialogues on both topics generate changes in the communities and in leaders' opinions?

Is there greater awareness about harmful practices such as child marriage and GBV in the common districts?

Is there a greater demand for the use of health and social services in the common districts?

### **Not expected synergies between both N'weti programs**

Initiatives generated between the staff of both projects by the fact of sharing locations, facilities, etc.

### **Appropriation of public services by authorities**

Has the combined action of both programs promoted improvements in public services in the districts/HF?

### **Sustainability**

Are more sustainable the structures/nets/groups created by the programs (CHW network, savings groups...) in those districts where both have been implemented

### **Efficiency**

Can resources (financial, human... etc.) be optimized between both programs in such a way that the same positive impacts are achieved?