

# Call for Proposals

Lead Consultant, Baseline Study (Benin, Mozambique and Nigeria)

Strengthening Health Systems Integrated & Transformative SRHR (SHIFTS) Project

## Project Details

|                                     |  |
|-------------------------------------|--|
| <b>Contractor</b>                   | Action Canada for Sexual Health and Rights   |
| <b>Project Name</b>                 | Strengthening Health Systems Integrated & Transformative SRHR (SHIFTS)   |
| <b>Donor Name</b>                   | Global Affairs Canada (GAC)  |
| <b>Project Location</b>             | Benin, Mozambique, Nigeria   |
| <b>Project Start Date</b>           | February 2026  |
| <b>Ultimate Outcome of Project</b>  | Enhanced realization of sexual and reproductive health and rights (SRHR) of women, adolescents and most marginalized communities in targeted regions of Benin, Mozambique and Nigeria. |
| <b>Work Requested</b>               | Baseline Survey  |
| <b>Time Frame of Work Requested</b> | 1 February to 30 April 2026  |
| <b>Budget</b>                       | \$20,000 CAD   |

## Organizational Background

The SHIFTS Project is implemented in partnership between Action Canada, IPPF and experienced local implementing partners (Planned Parenthood Federation of Nigeria (**PPFN**) in Nigeria, Associação Moçambicana para o Desenvolvimento da Família (**AMODEFA**) in Mozambique, and Association Béninoise pour la Promotion de la Famille (**ABPF**) in Benin).

**Action Canada for Sexual Health and Rights (Action Canada)** is a Canadian non-governmental organization committed to advancing the sexual and reproductive health and rights (SRHR) of all people, both in Canada and globally. Action Canada works to ensure that individuals, particularly women, adolescents, LGBTQ+ people, and other marginalized groups, can make free and informed choices about their bodies, health, and lives.

Action Canada engages in advocacy to shape public policy and hold governments accountable to national and international SRHR commitments; public engagement and education to reduce stigma and promote rights-based information and services; and partnerships with organizations globally.

Through its integrated approach, combining service delivery support, rights-based advocacy at national and international levels, and public engagement, Action Canada contributes to advancing gender equality, the right to health, and achieving the Sustainable Development Goals (SDGs), particularly Goal 3 (Good Health and Well-being) and Goal 5 (Gender Equality).

**The International Planned Parenthood Federation (IPPF)** is a global sexual and reproductive health and rights (SRHR) organization working in over 140 countries through a network of Member Associations. Founded in 1952, IPPF advocates for universal access to sexual and reproductive health services, gender equality, and the protection of human rights. The Federation supports locally led organizations to deliver comprehensive, inclusive, and rights-based SRHR programs, particularly for women, youth, and marginalized communities.

## Project Background

The SHIFTS Project is a 7 year (2025-2032), CAD\$22 million initiative whose ultimate outcome is to enhance realization of sexual and reproductive health and rights (SRHR) of women, adolescents and the most marginalized communities (including persons with disabilities, LGBTQ individuals, and internally displaced persons) in targeted regions of Benin, Mozambique and Nigeria. Improving SRHR leads to broad development impacts: improved gender equity, better educational and economic outcomes for girls and women, healthier households, and poverty reduction.

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The SHIFTS project responds to persistent gender and health inequities, such as high maternal mortality, unmet need for contraception, and higher-than-global-average adolescent birth rates. These challenges are compounded by harmful social and gender norms, limited decision-making power of women and girls over their bodies, sexuality and health, and health systems characterized by weak service delivery points, shortages of trained health providers, poor supply chain systems, and limited integration of SRHR services into primary healthcare. Additionally, despite the liberalization of abortion laws (Mozambique and Benin) and the introduction of national guidelines for safe termination of pregnancy (Nigeria), unsafe abortion remains a major contributor to maternal mortality and morbidity in all three countries. Stigma, misinformation, lack of information on the legal status of abortion, lack of access to safe abortion care, and lack of trained providers, continue to push women and adolescents to unsafe practices. Moreover, as shocks to health systems become more frequent due to climate change, displacement, conflict, and public health emergencies, there is an urgent need to proactively strengthen the resilience of health systems in accordance with WHO standards in the three focus countries to ensure continuity and accessibility of sexual and reproductive health services in times of disruption.

The SHIFTS project addresses these inequities and challenges by employing a three-pillared approach:

1. *Health System Resilience*
  - a. Strengthen integrated, gender-responsive SRH service delivery.
  - b. Scale up innovative “cluster models” for service delivery.
  - c. Train providers, establish referral systems, and integrate digital/self-care solutions.
2. *Community Uptake of Services*
  - a. Increase demand for SRHR services through age- and gender-sensitive approaches.
  - b. Expand access to Comprehensive Sexuality Education (CSE) and peer education.
  - c. Sensitize communities and providers about SRHR laws and rights.
3. *Enabling Policy and Legal Environment*
  - a. Advocate for supportive laws and policies.
  - b. Review and reform SRHR-related legal frameworks.
  - c. Promote international and Canadian engagement in SRHR advocacy.

The SHIFTS project mainstreams gender equality as a **structuring axis** across all interventions. Grounded in human rights and feminist approaches, SHIFTS ensures that women, adolescents, LGBTIQ+ people, persons with disabilities, sex workers, and marginalized groups are at the center of design, delivery, and monitoring. This approach not only addresses immediate SRHR needs but also strengthens systemic and policy environments for long-term, inclusive transformation.

## Objectives of the Baseline Study

### Overall Objective

To establish a comprehensive understanding of the current status of sexual and reproductive health and rights (SRHR) in the SHIFTS project implementation areas in Benin, Mozambique and Nigeria, in order to validate and set baseline values for project outcome indicators and inform evidence-based planning, implementation, and monitoring of the SHIFTS project.

### Specific Objectives

- 1) To **assess the current state of SRHR service delivery** in the target areas, including the availability, accessibility, acceptability, quality, and integration of services within primary healthcare systems.
- 2) To **identify prevailing social and gender norms, barriers, and enablers** that influence access to and utilization of SRHR services, particularly among women, adolescents, LGBTIQ+ individuals, persons with disabilities, sex workers, and other marginalized groups.
- 3) To **assess the level of knowledge, attitudes, and practices (KAP)** related to comprehensive sexuality education (CSE), contraception, safe abortion, and other SRHR components among target populations.
- 4) To **assess the policy and legal environment** related to SRHR, including the implementation of national guidelines on safe abortion and the extent to which human rights-based approaches are integrated into health governance.
- 5) To **assess the resilience of health systems**, with a focus on their capacity to ensure continuity and accessibility of SRHR services.
- 6) To **consolidate and analyze quantitative and qualitative baseline data** for all relevant project outcome indicators, disaggregated by age, gender, disability, and other relevant factors.
- 7) To **provide actionable recommendations** for refining project strategies and interventions based on baseline findings, ensuring alignment with the SHIFTS project's gender-transformative and rights-based approach.

### Purpose and Scope of the Baseline Study

The baseline study will provide an independent assessment to establish, review and validate the project outcome indicators and set baseline values for the start of the project in its inception phase. The primary audience for the baseline includes Global Affairs of Canada (GAC), Action Canada, IPPF, technical and implementing partners, women's and youth's organizations and movements, civil society organizations (CSOs) working on SRHR as well as Canadian, regional and national level partners and stakeholders, including national and local governance authorities.

## Methodology

The Lead Consultant(s) is expected to determine and work with country-level consultants to develop and execute the best approach/methods to be used in the baseline study in order to effectively address all objectives.

The Consultant should ensure that the baseline exercise makes use of a mixed-methods approach that incorporates both quantitative and qualitative data collection techniques for data triangulation purposes, including tools for:

- Document and literature reviews;
- Key informant interviews (KII);
- Focus group discussions (FGDs);
- Surveys/Interviews for target program participants;
- Stakeholder analysis.

Secondary data sources may include the following (non-exhaustive):

- SHIFTS project documents
- National surveys such as Demographic and Health Surveys (DHS), and Multiple Indicator Cluster Surveys (MICS)
- Health management information systems (HMIS) data
- Project-specific studies
- Health facility records
- Advocacy records
- Government publications of laws or policies

For primary data collection, the survey will incorporate both qualitative and quantitative data collection methods in line with feminist research methods. Quantitative data is required to create a baseline value for the indicators, and a separate survey should be administered for stakeholder groups of the three project pillars. Qualitative methods should allow stakeholders to guide conversations that will help provide a robust understanding of the on-the-ground realities. Qualitative data analysis and the incorporation of quotes from respondents should be part of the final baseline study report, integrated with the analysis of the quantitative data, as part of a larger, holistic context and baseline analysis. The consultant should propose the best approaches and tools for FGDs and KIIs that are appropriate and feasible to meet the objectives of the baseline study approach.

Given the scale of the SHIFTS project, which will reach approximately 2,450,094 direct beneficiaries, including 954,409 women aged 25 and over, 1,084,784 girls and young women aged 10–24, and 410,901 men and boys, as well as 4,697,990 indirect beneficiaries (e.g., healthcare workers, teachers, peer educators, youth networks, and community leaders), the baseline study will employ a methodologically sound sampling strategy.

The evaluation team at country level will be responsible for determining an appropriate sample size that ensures statistical validity and represents the diverse beneficiary groups across the three target countries (Benin, Mozambique, and Nigeria). The sample size must be calculated using a confidence level of 95% and a margin of error of  $\pm 5\%$ . The sampling will also ensure participation of women and girls, men and boys, health care providers, community groups and leaders/influencers, civil society actors, government officials as well as sub-populations that face unique barriers to SRHR including sex workers, women and girls with disabilities, LGBTIQ+ individuals, migrants, and other vulnerable groups identified through country level assessments. In line with a feminist methodology, data collection will prioritize inclusivity, equity, and accountability. This means ensuring that data is disaggregated by sex, age, disability, and key population group (e.g., adolescents, LGBTIQ+ individuals, sex workers)

Target health facilities will also be assessed to determine their current state of SRHR service delivery as well as their resilience in terms of capacity to ensure continuity of SRHR service provision. This will be done through facility assessment checklists and review of facility service registers/logbooks (to verify provision of specific SRHR services)

IPPF and Action Canada envision the work of the Lead Baseline Study Consultant occurring in close coordination with three country-level baseline survey consultants in Benin, Mozambique, and Nigeria under the SHIFTS project. The country-level consultants will be responsible for primary data collection and initial country analyses. The Lead Consultant will be responsible for consolidating country level data and reports, including:

- Providing input to the development/adaptation of data collection tools (questionnaires, checklists, etc.)
- Translation of the data collection tools from local languages (French and Portuguese)
- Development of appropriate analysis frameworks for quantitative and qualitative data of the baseline study
- Execution of consolidated data analysis,
- Provide consolidated data analysis
- Drafting of a consolidated baseline report, including baseline data and reports from Benin, Mozambique and Nigeria.
- Coordination to ensure all three country reports are consolidated, including working with the country level consultants

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## Deliverables & Timelines

The baseline exercise shall be undertaken between 1 February to 30 April 2026. The recommended total number of days allocated for the consultancy is 20 working days. The consultant is responsible for defining the number of days required for the whole exercise in their proposal and agree later with Action Canada and IPPF.

**Table 1. Proposed activities, deliverables and timelines**

| Key Activities / Deliverables  | Timeline  |
|--|---|
| <i>Inception phase (8 days)</i>  | <i>From 1 February 2026</i>                     |
| <ul style="list-style-type: none"> <li>• Undertake a thorough desk review</li> <li>• Update baseline study research questions</li> <li>• Develop or adapt baseline data collection tools<sup>1</sup> and suggest changes as required</li> <li>• Submit an inception report with all the tools developed, data analysis framework and baseline report contents</li> <li>• Discuss and finalize details of the inception report<sup>2</sup></li> </ul> | Inception report submission by 20 February 2025 |
| <i>Data Analysis (5 days)</i>  | <i>From 15 March 2026</i>                       |

<sup>1</sup>Data collection tools for this baseline survey need to be standardized across the 3 countries that are implementing SHIFTS project.

<sup>2</sup> In-country data collection can only begin after Action Canada and IPPF approve the inception report.

|  |   |
|--|---|
| <ul style="list-style-type: none"> <li>• Conduct consolidated data analysis</li> <li>• Submission of final cleaned dataset and final analysis table of results</li> <li>• Submission of a final qualitative dataset and analysis</li> <li>• Submission of a final dataset based on health facility assessments</li> </ul>  | <p>In-country data collection to be completed by 14 February 2026.</p> <p>Datasets to be submitted on or before 31 March 2026.</p>          |
| <b>Baseline Report (7 days)</b>  | <b>From 15 April 2026</b>   |
| <ul style="list-style-type: none"> <li>• Draft consolidated report</li> <li>• Present initial findings to Action Canada and IPPF (PowerPoint presentation)</li> <li>• Engage in discussions with Action Canada and IPPF about revisions to the report</li> <li>• Submit a draft report and a summary report to Action Canada and IPPF for final review and input</li> <li>• Submit a final report, summary report, presentation of findings and datasets to Action Canada and IPPF for final validation</li> </ul> | <p>Presentation on initial findings on or before 15 April 2026.</p> <p>Final Report products to be submitted on or before 30 April 2026</p> |

The final report should include:

- Executive summary
- Project background
- Methodology section
- Baseline findings and values against project indicators
- Gender and context analysis
- Recommendations
- Annexes including (non-exhaustive)
  - Inception report
  - Data collection tools, including survey and qualitative tools
  - Consolidated data sets (Qualitative and quantitative)
  - Presentation of the findings
  - Summarised baseline report (5 pages or less)

## Key Competencies

**Key competencies of the consultant(s) include:**

- -5 years' experience in designing and leading project evaluations, particularly baseline studies.
- Strong thematic background in gender equality, women's empowerment, sexual health and reproductive rights, cluster health facilities, family planning.
- Previous experience with conducting mixed-method studies on SRHR, gender-based violence, or maternal and child health.
- Proven ability to design qualitative and quantitative data collection tools, and conduct data analysis
- Demonstrated experience in calculating baseline values for project log frames.
- Experience in utilizing qualitative, feminist MEAL principles and practices.
- Proven ability to engage in quantitative data analysis, with preference given to experience

with SurveyCto, DHIS2, etc.

- Strong experience in working with complex datasets and analysis. Ideally, the candidate would have 5 years of relevant experience.
- Strong experience presenting results of qualitative and quantitative data to non-research audience and facilitating sense-making experience with the audience.
- Experience in using platforms such as Zoom and experience with remote audience interaction tools.
- Strong written and verbal communication and presentation skills in English (required).
- Strong preference for teams that include Portuguese/ French language skills.
- Sensitivity to cultural and historical contexts in the data collection and analysis process.
- Strong preference for teams that include members with experience conducting research in Sub Saharan Africa, with a focus on the project countries.

### **Submission and Evaluation of Proposals**

Consultants meeting the above criteria are invited to submit a technical and financial proposal by email to [weris@actioncanadasrh.org](mailto:weris@actioncanadasrh.org) with the subject line: “Proposal for SHIFTS Baseline Study Consultant” no later than January 31, 2026. The body of the proposal should have a maximum of 10 pages (excluding annexes) and should include the following:

- cover letter outlining relevant years of experience in conducting project evaluations/baselines for similar projects (include methodologies and frameworks used, project focus, geography, scope, etc.)
- An outline of the baseline study approach, noting any additional questions, methodological approach, data collection plan, data analysis plan, potential technical and operational challenges, and strategies to ensure timely, high-quality deliverables. Please note proposed data collection software (e.g. SurveyCTO, KoboCollect) and data analysis software (e.g. SPSS).
- Please highlight how gender and inclusion considerations will be incorporated into the baseline study approach, noting any gender-responsive, or participatory approaches.
- Please address how your team adheres to safeguarding policies and procedures and ethical M&E practices based on the specific roles of this consultancy.
- A list of key activities and draft implementation schedule.
- Proposed outline of budget (in Canadian Dollars) with allocation to deliverables.

The proposal should also include Annexes, which are not included in the 4-page limit, such as:

- Three (3) references who can attest to the team’s experience and expertise as it relates to this project (including daytime phone numbers and email contacts).
- CVs of the consultant’s team (if applicable), outlining previous evaluation experience and accomplishments as it relates to demonstrating the skills and knowledge needed to fulfill the Terms of Reference.
- Preferred: Two (2) examples of large-scale evaluation recently led by the consultant(s). If possible, at least one should be relevant to the subject of this evaluation. Action Canada and IPPF will review all proposals closely against this outline.
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### **Selection Process and Timeline**

Action Canada is committed to a fair, transparent, and equitable selection process that reflects our feminist, anti-oppressive, and human rights-based values. All proposals will be assessed using a standardized set of criteria (see below) to ensure consistency and objectivity. We actively seek to support organizations and initiatives led by, or meaningfully engaging, communities most impacted by systemic inequities, including women, girls, and gender-diverse

people, particularly those facing intersecting forms of discrimination.

Action Canada reserves the right to seek clarification during the review process and may prioritize proposals that align most closely with our values, strategic priorities, and commitment to advancing sexual and reproductive health and rights.

Proposals will be evaluated based on the following scoring:

| Evaluation Criteria                  |     |
|--------------------------------------|-----|
| Relevant experience and capabilities | 50% |
| Project plan                         | 30% |
| Pricing                              | 10% |
| Commitment to diversity and equity   | 10% |

Proposals will be accepted until **January 31, 2026**.

Proposals will be reviewed by the project team during the week of **February 2, 2026**.

Shortlisted consultants may be contacted during this period for clarification or further discussion.

The successful consultant will be selected no later than **February 6, 2026**, with the anticipated start date no later than **February 9, 2026**.

Unsuccessful consultants will be notified of the outcome of their application no later than **February 9, 2026**.

Questions regarding this Call for Proposals may be directed to **Weris Dualeh** at **[weris@actioncanadasrh.org](mailto:weris@actioncanadasrh.org)** prior to the submission deadline.