



Terms of Reference

Lead Consultant, STRIDES Project Baseline Study

Locations: Remote

Type: Consultancy Position

About AKFC

Aga Khan Foundation Canada (AKFC) is an international development organization and registered charity. AKFC partners with communities, businesses, and governments to find innovative, lasting solutions to global challenges. Working in Africa and Asia, we invest in local institutions and systems that anchor progress over the long term. In Canada, AKFC mobilizes funding and expertise and promotes awareness of global issues. AKFC is an agency of the Aga Khan Development Network, one of the world's most comprehensive development organizations. Since 1980, AKFC has helped millions of women and men to unlock their own potential to build a better life. [Learn more at www.akfc.ca](http://www.akfc.ca)

I. Position

As part of its seven-year STRIDES project, AKFC is seeking applications from qualified consultants or firms to lead the Baseline Study. This Terms of Reference (ToR) outlines the responsibilities of the lead consultant(s)/firm, who will lead on design, technical support to data collection (data collection to be led by AKF country teams and Local Consultants), analysis, and reporting for the baseline study.

II. Background and Context

STRIDES for Sexual and Reproductive Health and Rights (SRHR) through Resilient Health Systems (STRIDES) is a seven-year initiative (2025-2032), gender-targeted (GE-3) initiative valued at \$25 million CAD funded by Global Affairs Canada (GAC) and Aga Khan Foundation Canada (AKFC) and implemented by AKFC in partnership with AKF's country offices and local partners in Kenya and Mozambique. The CAD \$25 million project aims to enhance the equal enjoyment of sexual and reproductive health and rights (SRHR) for women and adolescent girls in marginalized and underserved areas of Kilifi County, Kenya and Cabo Delgado Province, Mozambique.

STRIDES targets over 457,000 direct and indirect beneficiaries and 15,305 intermediaries, including health workers, community leaders, civil society organizations (CSOs), and women's rights organizations (WROs). It addresses social norms, service delivery barriers, and systemic weaknesses through a gender-transformative and rights-based approach. STRIDES aligns with



Canada's Feminist International Assistance Policy (FIAP), the SheSOARS initiative, the WHO's health systems framework, and country-level SRHR priorities.

The project's Theory of Change (ToC) is anchored in three strategic pillars: improving SRHR behaviours and practices, increasing access to and quality of integrated SRH and nutrition services, and strengthening governance and data use for SRHR and nutrition policies and laws.

III. Purpose and Objectives of the Baseline Study

The overall purpose of the STRIDES baseline study is to help stakeholders understand the pre-implementation context in project geographies and help lay the groundwork for successful results-based management during implementation.

The baseline study is designed to achieve three specific objectives:

- To establish baseline values and provide additional qualitative insights for selected outcome-level indicators in the project's Performance Measurement Framework (PMF) and assess indicator feasibility and relevance;
- To provide an evidence basis, on which the project team can define targets for selected outcome indicators in the PMF;
- To provide recommendations for fine-tuning the project implementation and Monitoring, Evaluation, and Learning (MEL) strategies.

Baseline data is intended to inform the establishment of realistic and achievable targets, provide a point of reference against which progress on or towards the achievement of outcomes can be monitored and evaluated, and provide suggestions for the review of indicators if and where necessary.

IV. Scope of the Study

The study will cover all the components of the STRIDES project. The baseline study will be conducted in all STRIDES target geographies:

Kenya: Kilifi North, Kilifi South, Malindi, Kaloleni, and Rabai sub-counties

Mozambique: Mecufi, Metuge, and Nanumo districts

The baseline study will collect and analyze baseline data for the following indicators, based on the final version of the PMF of STRIDES:



Table 1: Baseline study indicators¹

Expected Results	Indicators	Data Sources	Data Collection Methods
Ultimate Outcome			
1000 Enhanced equal enjoyment of sexual and reproductive health and rights (SRHR) by women and adolescent girls, in select areas of Kilifi, Kenya and Cabo Delgado, Mozambique experiencing poverty, marginalization, and vulnerability	1000.1 %/total women and adolescent girls who have decision making ability in SRH and personal domains* (by age group, geography)	Women and Adolescent girls	Sample household survey, triangulated with focus group discussions and secondary data
	1000.2 #/1,000 rate of adolescent pregnancy among adolescent girls (by geography)	Adolescent girls	Sample household survey, triangulated with focus group discussions and secondary data
Intermediate Outcomes			
1100 Improved SRHR behaviours and practices by women, men, adolescent girls and boys, and community leaders that support their autonomy and decision making in select areas of Kenya and Mozambique	1100.1 %/total men, women, adolescent girls, and boys who report concrete action to support women or girls to achieve their SRH rights (by gender, age group, geography)	Men, women, adolescent girls and boys	Sample household survey, triangulated with focus group discussions and secondary data
	1100.2 %/total community leaders who report having taken concrete action to support women or girls to achieve their SRH rights (by gender, age group, geography)	Community leaders	Tracer survey ²
1200 Increased use of integrated SRH services* by women and adolescent girls at primary and community care levels in select areas of Kenya and Mozambique	1200.1 %/total of women and adolescent girls with a live birth who have received antenatal care four or more times (by age group, geography)	Women and Adolescent girls	Sample household survey, triangulated with focus group discussions and secondary data
	1200.2 %/total women and adolescent girls who use any modern method of contraception (by age group,	Women and Adolescent girls	Sample household survey, triangulated with focus group discussions and

¹ Please note that some the indicators and associated data sources and data collection methods contained in this table are currently being reviewed and could be subject to change/ revisions.

² For all tracer surveys, data collection will not be conducted during the baseline, but the consultant will be expected to draft data collection tools. These tools will be administered annually in subsequent project years, once the project has begun engaging directly with stakeholders to be surveyed.



	geography)		secondary data
1300 Strengthened equal protection and promotion of SRHR and nutrition policies and laws by governments and health service providers in select areas of Kenya and Mozambique	1300.1 %/total government officials who report having taken concrete action to protect or promote SRHR and nutrition policies and laws (by gender, age group, geography)	Government officials	Tracer survey
	1300.2 %/total health managers and government officials who report making data-informed decisions or actions on SRH service provision or SRHR promotion (by gender, stakeholder type, age group, geography)	Health managers and government officials	Tracer survey
Immediate Outcomes			
1110 Increased capacity and ownership of community leaders, CSOs and WROs to support women and adolescent girls to adopt healthy SRHR behaviours and practices	1110.1 %/total of community leaders who report capacity and ownership to support women and adolescent girls to adopt health SRHR behaviours and practices (by gender, age group, geography)	Community leaders	Tracer survey
	1110.2 #/total local CSOs and WROs promoting women and adolescent girls' SRHR with improved performance (by geography)	CSOs/WROs	Organizational performance index (OPI) assessment ³
1120 Increased capability, opportunity and motivation of women and adolescent girls to pursue healthy SRHR behaviours and practices	1120.1 %/total women and adolescent girls in care groups, community-based savings groups, and safe spaces reporting knowledge and agency on SRHR (by age group, geography)	Women and Adolescent girls	Tracer survey
	1120.2 # of individuals who received comprehensive sexuality education (HN4 1210e) ⁴	Activity Reports	Document Review

³ AKF already has an in-house version of this tool that it plans to deploy in this project, so the consultant is not expected to develop this tool.

⁴ This indicator will not be within the scope of the baseline, as data on it will be collected once project implementation begins.



1210 Reduced barriers to accessing integrated SRH services at community and primary care levels for women and adolescent girls	1210.1 %/total women and adolescent girls participating directly in care groups, community-based savings groups, and safe spaces who believe they have adequate access to SRH services (by age group, geography)	Women and Adolescent girls	Tracer survey
1220 Increased availability of quality, gender-responsive, climate resilient, and integrated SRH and nutrition services for women and adolescent girls at primary and community care levels	1220.1. # of visits for family planning services (HN1 1120d)	HMIS	Document review
	1220.2. # of deliveries by skilled birth personnel (HN3 1120b)	HMIS	Document review
	1220.3. #/total health facilities that meet standards for quality, gender responsiveness, and climate resilience (by geography, type of facility)	Health facilities	Health facility assessment
1310 Improved capacity of health managers and government officials to make data-informed decisions regarding provision of equal, quality, gender-responsive, and resilient SRH and nutrition services at primary and community care levels	1310.1 %/total health managers and government officials reporting confidence and knowledge on data-informed, gender-responsive, and resilient decision making (by gender, stakeholder type, age group, geography)	Health managers and government officials	Tracer survey
1320 Increased capacity and ownership of health managers and government officials to promote and protect equal, quality, gender-responsive, resilient, integrated SRHR and nutrition policies and laws at primary and community care levels	1320.1 %/total health managers and government officials with knowledge on the importance of equal promotion and protection of SRHR and nutrition (by gender, stakeholder type, age group, geography)	Health managers and government officials	Tracer survey

V. Mandate of the Consultant

The mandate of the Lead Consultant includes:

- Designing the study inception report, including (but not limited to) study methodology tools, sampling and data collection strategies and procedures.



- Delivering a remote training of trainers (ToT) session to local consultants and AKF/implementing partner country teams on study protocols and tools, data collector training procedures, and data entry and cleaning protocols.
- Providing light touch remote support to local consultants and country teams during data collection, while remotely reviewing data entry processes and providing feedback to country teams as needed to ensure data quality.
- Cleaning and analyzing quantitative and qualitative data and sharing preliminary findings to inform AKF-led data interpretation workshops.
- Developing a regional baseline report covering both countries (includes summary powerpoint presentation).
- Supporting revisions to the PMF based on baseline findings, where required.

VI. Roles and Responsibilities

The Lead Consultant will provide technical guidance to two national consultants (one per country), and work in close collaboration with AKF country MEL and project teams, and with other STRIDES implementing partners in Kenya and Mozambique. AKFC will provide overall oversight to the consultant.

The local consultants will be responsible for organizing and supervising all in-country study activities, including data collection, enumerator training, and overall fieldwork coordination. These consultants will be recruited and managed by AKF country teams. The Lead Consultant and local consultants will collaborate regularly to ensure methodological coherence and consistency in data quality across both countries.

With guidance from the Lead Consultant and AKF country teams, the local consultants will also ensure the appropriate quality control during the data collection itself, as well as data entry and/or submission to the Lead Consultant. Where necessary the local consultants will support the AKF country MEL teams to obtain relevant research approvals from national governments in project countries.

Table 2: Summary of baseline study roles and responsibilities

Lead Consultant	Lead the design, analysis, and reporting of the study.
Local Consultants	Lead data collection, recruit and supervise enumerators.
AKF Country Teams	Recruit, oversee, and support Local Consultants, and provide inputs on study design and findings.
AKFC	Recruit Lead Consultant, provide overall oversight.
Implementing Partners	Support community entry, mobilization, and review of study design and findings.

VII. Methodology



The following elements should guide the design of the methodology and tools for this baseline study:

- The study should employ qualitative and quantitative research methods that are gender sensitive, and engage as much as feasible in participatory approaches;
- The data collection approaches and specific tools used to establish indicator baselines should be adapted to the local contexts in the two countries, to ensure the appropriateness and reliability of the data collected.

Updated outcome statements, indicators, sources and data collection methods for each indicator in the project's PMF will be shared with the consultant upon contracting. The Lead Consultant will be expected to review the PMF and provide suggestions for potential revision of indicators during the inception report, if required to address measurability issues. The final, integrated baseline study report produced by the Lead Consultant will be expected to provide specific suggestions on how the project's draft PMF could be improved; how quantitative and qualitative indicators within the PMF might be adjusted; and how the data collection tools should be deployed for future data collections.

The STRIDES baseline study will focus on collecting data from several sources. The first is adolescent girls (ages 10–19) and women (ages 20–49), who are the primary beneficiaries of the project across the target counties in Kenya and districts in Mozambique. The household survey component will include a **representative sample of females aged 10–49 years** in each country, ensuring adequate representation across age groups, sub-geographies, and (if required) other relevant demographics. The household survey will also include a **sample of men and boys (ages 15+)** who will be asked about actions they have taken to support women or girls to achieve their SRH rights. The household survey will be complemented by **qualitative data collection methods**, tentatively focus group discussions and key informant interviews with women, girls, men, boys, and other key stakeholders, which will help triangulate and make meaning from the quantitative household survey findings, alongside **secondary data from a literature review**. Secondary data on selected indicators measure health service uptake will also be gathered from government **Health Management Information Systems (HMISs)**. In addition, data will be collected from partner CSOs through an Organizational Performance Index (OPI) assessment to evaluate their performance, using AKF's in-house OPI tool.

Additionally, the consultant will design tools for **tracer surveys** and **health facility assessments**. Data collection for these tools will be outside the scope of this consultancy and will be conducted post-baseline at an annual frequency, once implementation begins. These tools will ultimately be administered to specific health facilities, community leaders, government officials, health managers, and women and adolescent girls reached by project-supported interventions.

The **sample size and overall sampling strategy** will be designed and proposed by the Lead Consultant in collaboration with the MEL teams, and finalized in the inception phase.

VIII. Milestones, Tasks, and Deliverables



The baseline study will include four key phases:

1. Inception
2. Data collection
3. Data analysis and interpretation workshop
4. Final reporting

The baseline study will consist of four key deliverables from the Lead Consultant:

1. Inception report and annexes
2. ToT completion documentation
3. Preliminary findings
4. Baseline report and annexes

Table 3: Milestones, Deliverables, and Deadlines

Milestone	Deliverable	Level of Effort, Lead Consultant (est. # of days)	Deadline
1. Inception			
Consultant selection and contract signature by AKFC	N/A	15	13 Aug
Initial meetings and document review			18 Aug
First draft inception report	1. Inception report and annexes		29 Aug
AKF feedback on first draft			10 Sept
Second draft inception report			19 Sept
AKF feedback on second draft			26 Sept
Final inception report			6 Oct
Ethical approval by country teams	N/A		Oct-Dec
2. Data Collection			
Remote ToT of local consultants and country teams by Lead Consultant	2. ToT completion documentation	4.5	1 Dec
Training of enumerators and piloting of tools by the local consultants	N/A		8 Jan,26
Data collection in Kenya and Mozambique by local consultants with light-touch remote support by Lead Consultant	N/A		27 Jan, 26
3. Data Analysis and Interpretation			



Data cleaning and preliminary analysis by Lead Consultant	3. Preliminary findings	8	24 Feb, 26
Data interpretation workshop by AKF teams	N/A		3 Mar, 26
4. Final Reporting			
First draft baseline report	4. Baseline report and annexes	12.5	16 Mar, 26
AKF feedback on first draft baseline report			30 Mar, 26
Second draft baseline report			10 Apr, 26
AKF feedback on second draft baseline report			17 Apr, 26
Final baseline report			8 May, 26
Total Level of Effort, Lead Consultant		40	

The first phase of the consultancy (inception) will commence upon completion of the contracting process. The Lead Consultant will participate in inception meetings with key project stakeholders and conduct a document review of project documents and literature (where relevant) to gain a deeper understanding of the project, its context, and information needs. The Lead Consultant will lead the inception phase to create the baseline study design, detail the methodology, and develop the data collection tools. These tools will be submitted by AKF country teams to country-level ethical committees for approvals, which will take an estimated two months. The Lead Consultant should therefore anticipate a two-month pause while approvals are obtained, before work resumes.

The second phase of the consultancy will begin once country-level ethical clearances in both countries are obtained. At this time, the Lead Consultant will train local consultants and AKF country teams on the use of data collection tools. These local consultants will oversee enumerator training and the overall data collection process, with logistical support and supervision from the AKF country teams. The Lead Consultant will provide ongoing remote technical guidance to the local consultants and AKF country teams to ensure high-quality and timely data collection. Once data collection is complete, the local consultants will submit the data to the Lead Consultant for analysis and reporting.

The third phase of the consultancy includes the cleaning and analysis of collected data and the production of the preliminary findings, in the form of a PowerPoint with indicator data tables and selected supporting qualitative data. AKF teams will then conduct an interpretation workshop to review and make sense of findings, validate results and generate feedback on the findings, and set targets against baselines.

The fourth phase will commence with the Lead Consultant drafting a baseline report which will include an updated PMF other required annexes, which will be confirmed with the Consultant prior to report development. Following feedback from AKF and the project team, the Lead Consultant will finalize the baseline report.



IX. Consultant Profile and Qualifications

The selected consultant(s) or firm should meet the following criteria:

- Minimum 7 years of experience conducting studies, collecting data, and producing quality baseline/endline study reports, preferably for international non-profit organizations or multilateral agencies and multi-country studies.
- Demonstrated experience on studies in SRHR and/or health systems strengthening is strongly preferred.
- Experience working in Sub-Saharan Africa, preferably Kenya and/or Mozambique, is strongly preferred.
- Demonstrated experience in designing baseline and endline studies including proven experience in sound sampling, mixed methods approach (quantitative and qualitative), tool development, enumerator, and qualitative facilitator training, etc.
- Demonstrated experience in conducting gender sensitive studies.
- Demonstrated experience in programming in Open Data Kit (ODK) or other computer assisted personal interviewing software will be an asset.
- Demonstrated experience with GAC results-based management requirements, such as PMFs, is an asset.
- Familiarity with safeguarding in research, alongside ethical and inclusive research practices, including with adolescent populations.
- Proficiency in English is mandatory; Portuguese is an asset for work in Mozambique.

X. Ethical Considerations

The consultant must adhere to ethical research principles and design the study in a manner that supports AKF country teams to obtain research approvals from the appropriate national ethics review boards. AKF's Global Safeguarding Policy and Global Gender Equality Policy must be followed. Informed consent, privacy, and confidentiality must be guaranteed throughout the research process.

XI. Application Packages and Procedures

Interested consultants or firms are invited to submit:

- Brief letter of interest, including the contact information of two previous clients who can be contacted as references to provide relevant experience. Consultants are also expected to disclose any conflict of interest related to this mandate with AKF.
- Detailed **technical proposal** of not more than **8 pages** clearly demonstrating a thorough understanding of this request for proposals and including the following:
 - Description of quantitative and qualitative study approach and methodology, covering



- preliminary sampling considerations, data management and data analysis, and gender equality and ethical standards
- A proposed timeframe detailing activity and a schedule/work plan (including a Gantt chart)
- A proposed training approach for AKF country teams
- Team composition and level of effort of each proposed team member
- A **financial proposal** with a detailed breakdown of costs for the study
 - Itemized consultancy fees/costs
 - Itemized administrative expenses
 - Validity period of quotations
 - Expected payment plan and method
- Curriculum Vitae(s) of all proposed staff outlining relevant experience (annexed to technical proposal)
- A copy of a previous report of similar work undertaken on a) baseline study; OR b) endline study
- A Consulting Firm profile (if applicable)

Proposals will be evaluated only if the complete package as outlined above is received. Evaluation of proposals will be weighted at 80% for the technical component and 20% for the financial components.

Complete applications should be submitted electronically to:

AKFC.HR@akdn.org with the email subjected “STRIDES Baseline Study Application”

*Closing date for submission of the application package is end of business day EST on **16 July, 2025.***

XII. Management and Reporting

The successful candidate(s) will report to AKFC’s Monitoring, Evaluation, and Learning Manager. The consultant will be directly accountable to AKFC on all matters related to the contract.

AKFC is committed to advancing gender equality and inclusion through our programming and operations in Canada and overseas. AKFC requires all employees and consultants to review and abide by the AKFC Gender Equality Policy.

AKFC recognizes the importance of safeguarding and is committed to ensuring it manages a wide range of risks such that beneficiaries, staff, other associates, and the organization are kept safe from harm. All employees and consultants must respect the AKF Code of Conduct and Safeguarding Policy.