



# TERMS OF REFERENCE

## End of Project Evaluation

Empowering Communities to Reduce Stigma Towards Young Adolescents  
Accessing SRHR Information and Services in Wakiso District

<b>Organisation</b>	Paradigm for Social Justice and Development (PSD)
<b>Project</b>	SRHR Stigma Reduction — Wakiso District, Uganda
<b>Grant Period</b>	September 2023 – September 2026 (36 months)
<b>Geography</b>	Wakiso District, Uganda (8 Sub-Counties & Town Councils)
<b>Donor</b>	AmplifyChange
<b>Document Type</b>	Terms of Reference — End of Project Evaluation
<b>Date of Issue</b>	5 June 2026
<b>Application Deadline</b>	19 June 2026 (14 days from date of issue)
<b>Evaluation Period</b>	July – August 2026
<b>Contact / Submit to</b>	Executive Director, PSD  <a href="mailto:paradigmforjustice@gmail.com">paradigmforjustice@gmail.com</a>

Submit applications to: [paradigmforjustice@gmail.com](mailto:paradigmforjustice@gmail.com) by 19 June 2026

## 1. Background and Project Overview

Paradigm for Social Justice and Development (PSD) is a women-led non-profit organisation based in Kampala, Uganda. Since 2019, PSD has worked at the intersection of access to justice, women peace and security, sexual and reproductive health rights (SRHR), women's economic empowerment, and community-based advocacy across Kampala, Wakiso, and Buikwe Districts.

Since September 2023, PSD has been implementing the project Empowering Communities to Reduce Stigma Towards Young Adolescents Accessing SRHR Information and Services in Wakiso District, supported with funding from AmplifyChange. The project is implemented across 8 sub-counties and town councils in the Busiro East, North, and South Constituencies of Wakiso District.

### 1.1 Project Goal and Approach

The project aims to reduce stigma and structural barriers that prevent young adolescents (10–19 years) from accessing SRHR information and services. Its core theory of change holds that when key influencers (parents, teachers, religious and community leaders, health workers, and district officials) shift from stigmatising to enabling attitudes, adolescents gain increased agency to seek and use SRHR services and information.

The project operates through five inter-linked activity streams:

- Community dialogues and awareness campaigns delivered by trained Community Resource Persons (CORPs).
- Training of health workers on adolescent-friendly SRHR service delivery
- Training of teachers on sexuality education rollout using the National Sexuality Education Framework
- Production and distribution of IEC materials (T-shirts, calendars, posters, talking compounds, guidebooks)
- Advocacy with the Wakiso SRHR Stakeholders Network for district-level policy change on sexuality education

### 1.2 Project Indicators

The project reports against five indicators approved by AmplifyChange:

Code	Category	Indicator Definition
MB3.1a	Organisational Capacity	AmplifyChange grantees strengthen their own organisational capacity.
SN1.1	Social Norms	Increased and more public support for SRHR, and less negative statements, from key influencers.
PL0.1	Policy Advocacy	AmplifyChange grantee undertakes rigorous advocacy planning and regular reviews for SRHR policy change.
IA2.1	Individual Empowerment	Number and percentage of individuals reached become empowered to claim their SRHR.
AR0.1a	Access to Services	Increased number of new users of SRHR services, information, or products.

### 1.3 Baseline

A baseline survey was conducted in October 2023 by an external consultant, covering three thematic areas: (i) knowledge and practices related to SRHR among young adolescents; (ii) gender, cultural, and socio-economic factors influencing access to SRHR information and services; and (iii) the knowledge, skills and capacity of health workers and education personnel to support adolescent SRHR.

Key findings from the baseline included: limited adolescent knowledge of contraception and STIs; among adolescents; high levels stigma surrounding adolescent access to SRHR among parents, community leaders and other influencers; absence of adolescent-friendly spaces in health facilities; and limited implementation of the National Sexuality Education Framework in schools.

The baseline report serves as the primary reference point and benchmark against which endline evaluation and will be shared and will be made available to the selected consultant at inception.

## 2. Purpose and Objectives of the Evaluation

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PSD is commissioning an End of Project Evaluation to assess the outcomes, results and overall contribution of the Project achieved over the three-year project cycle (September 2023 – September 2026). The evaluation serves two primary audiences:

- AmplifyChange: to provide evidence-based accountability against approved indicators and milestones, and to fulfil final reporting requirements.
- PSD and project stakeholders: to generate learning about what worked, what did not, and why; to document and assess the effectiveness of the Project model for potential replication and scale up; and to inform the design and implementation of future SRHR programmes.

### 2.1 Specific Objectives

1. Measure change in the five approved project indicators against the October 2023 baseline, assessing the extent to which end-of-project milestones were achieved.
2. Assess the effectiveness of the community-based model specifically the CORP deployment, community dialogue approach, and IEC material distribution in shifting influencer attitudes and increasing adolescent access to SRHR information and services.
3. Produce case studies illustrating diverse adolescent SRHR access pathways, showing how different adolescents navigated barriers and accessed services or information over the project period.
4. Produce a standalone learning document on the values-based communication and storytelling approaches used throughout the project to address stigma and harmful social norms.
5. Identify key lessons learned, good practices, and recommendations for PSD, district stakeholders, and the broader SRHR ecosystem in Uganda.

### 3. Scope of the Evaluation

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#### 3.1 Thematic Scope

- Changes in influencer knowledge, attitudes, and public behaviours on adolescent SRHR (SN1.1)
- Individual empowerment of adolescents to claim SRHR rights and access services (IA2.1)
- Access to SRHR services, information, and products by young adolescents (AR0.1a)
- Policy and advocacy outcomes at district level, including the Wakiso Stakeholders Network and sexuality education resolution (PL0.1)
- PSD's internal organisational strengthening over the project cycle (MB3.1a)

#### 3.2 Geographic Scope

The evaluation covers the 8 sub-counties and town councils of Busiro East, North, and South Constituencies, Wakiso District. Primary data collection should achieve coverage across a minimum of 5 of the 8 sub-counties.

#### 3.3 Population Groups

- Young adolescents (10–19 years), both in-school and out-of-school, male and female
- Community Resource Persons (CORPs) deployed by the project
- Parents and guardians
- Primary and secondary school teachers and head teachers
- Health workers at health facilities in project areas
- Religious and community leaders
- District and local government officials (DEO, DHO, LC officials)
- Members of the Wakiso SRHR Stakeholders Network

#### 3.4 Time Period

The evaluation covers the full project period: September 2023 – September 2026. Endline data collection must be completed by 25 July 2026 to allow sufficient time for analysis, drafting, review, and dissemination before project close on 14 September 2026.

### 4. Evaluation Questions

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#### 4.1 Outcome and Impact Questions

- To what extent have the knowledge, attitudes, and public behaviours of community influencers regarding adolescent access to SRHR information and services changed since the baseline? What factors contributed to or hindered these changes?
- To what extent have young adolescents improved their knowledge of SRHR, confidence and self-efficacy to seek SRHR information and services, and actual utilization of available services? What evidence demonstrates these changes?
- How many adolescents were reached with SRHR information through CORP-delivered activities over the project cycle? How many subsequently accessed SRHR services? How do these figures disaggregate by age, sex, disability status and school attendance status (in/out-of-school)?

- To what extent has the availability, accessibility, and quality of adolescent-friendly SRHR services at supported health facilities improved compared to the baseline?

#### 4.2 Process and Effectiveness Questions

- How effective was the CORP model as a community-based mechanism for delivering adolescent SRHR information, referrals and support? What factors enabled or constrained the effectiveness, performance, and sustainability of the CORPs' approach?
- What values-based communication and storytelling approaches were employed to address stigma, discrimination, and harmful social norms related to adolescents SRHR? How were these approaches adapted across different community and stakeholders context, and what evidence exists regarding their effectiveness in influencing attitudes, behaviours and social norms?
- How effective was the Wakiso SRHR Stakeholders Network as a platform for advocacy, coordination, and stakeholder engagement? What policy, institutional, or practice changes can reasonably be attributed to, or influenced by, the Network's efforts during the Project period?
- What are the most important lessons emerging from the project's implementation regarding effective approaches to improving adolescent SRHR outcomes? Which lessons are most relevant for PSD, district stakeholders, and the wider adolescent SRHR sector in Uganda?
- What conditions, resources, capacities, and partnerships would be required to sustain or scale the CORP model and community dialogue approach beyond the project period? What opportunities and challenges should be considered in future replication or scale-up efforts?

#### 4.3 Learning Questions

- What are the most significant changes in the lives of adolescents that can reasonably be linked to the Project's interventions? How have these changes affected their access to SRHR information, services, decision-making and overall well-being?
- What are the most important lessons emerging from the Project's implementation regarding effective approaches to improving adolescents SRHR outcomes? Which lessons are most relevant for PSD, district stakeholders, and the broader adolescent SRHR sector in Uganda?
- What conditions, resources, capacities and partnership would be required to sustain or scale the CORP model and community dialogue approach beyond the project period? What opportunities and challenges should be considered in future replication or scale-up efforts?

### 5. Evaluation Methodology

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The evaluation will use a mixed-methods, participatory approach combining quantitative data collection and analysis to assess project outcomes, effectiveness, and learning. All evaluation activities must adhere to ethical, trauma-informed, gender-sensitive, and appropriate for discussing sensitive SRHR issues with adolescent participants and other stakeholders.

#### 5.1 Quantitative Methods

- Endline survey with young adolescents: A structured survey using a questionnaire aligned as closely as possible to the October 2023 baseline instrument to enable comparison of key indicators over time. The sample should cover at least 5 sub-counties and include in-school and out-of-school adolescents, with appropriate representation of both male and female.

- Compilation and analysis of CORP monitoring data: Systematic extraction, verification and analysis of cumulative reach and referral data from CORP monthly reports across the project cycle. Analysis should include trends in adolescent reach, referrals, and service uptake, disaggregated by relevant demographic characteristics where data are available.
- Health facility observation checklist: Administration of a structured observation tool at a sample of supported health facilities to assess the availability and quality of adolescent-friendly services, including dedicated spaces, information materials, privacy measures, referral mechanisms, and other relevant service-delivery components.

## 5.2 Qualitative Methods

- Key Informant Interviews (KIIs): Semi-structured interviews with a range of stakeholders, including health workers, teachers, head teachers, religious and community leaders, district officials, representatives of the District Education Office (DEO) and District Health Office (DHO), and members of the Wakiso SRHR Stakeholders Network. A minimum of 20 KIIs should be conducted across stakeholder categories to capture diverse perspectives on project implementation, outcomes, and sustainability.
- Focus Group Discussions (FGDs): Facilitated discussions with adolescents and parents/guardians to explore experiences, perceptions, attitudes, and barriers related to adolescent SRHR. Adolescent FGDs should be conducted separately by age group (10–14 and 15–19 years), sex, and school attendance status (in-school and out-of-school), as appropriate. A minimum of six adolescent FGDs and two parent/guardian FGDs should be conducted.
- Most Significant Change (MSC) interviews: In-depth interviews with selected adolescent participants to identify and document significant changes associated with the project. These interviews will generate case study narratives illustrating diverse pathways through which adolescents accessed SRHR information and services, overcame barriers, and experienced change during the project period.
- CORP Reflection Sessions: Structured group reflection sessions with a purposive sample of Community Resource Persons (CORPs) to explore implementation experiences, communication and engagement approaches, factors influencing effectiveness, lessons learned, and community responses to project interventions.

## 5.3 Document Review

The evaluation will include a comprehensive review of relevant project and organisational documents to assess implementation progress, verify reported results, provide contextual understanding, and support triangulation of findings from primary data collection. Documents to be reviewed include, but are not limited to:

- Project proposal workplan, budget, and approved indicators and milestones
- October 2023 baseline survey report and associated data collection tools, where available
- CORP monthly reports covering all project implementation periods (Periods 1–5)
- PSD monitoring reports, field visit reports and stakeholder meeting minutes
- Advocacy strategy documents and records of the Wakiso Stakeholders Network, including reports action plans and advocacy outputs.

- IEC material samples, distribution lists, communication products and relevant photographic documentation.
- PSD organisational documents including the Strategic Plan, MEL framework and system, safeguarding policies, and other relevant operational policies and procedures.
- Any additional project documentation identified during the inception phase as relevant to the evaluation objectives

#### 5.4 Ethical Requirements

Given the sensitive nature of Sexual and Reproductive Health and Rights (SRHR) issues and the involvement of adolescent participants, the evaluation must adhere to the highest ethical and safeguarding standards. **The following are mandatory and non-negotiable:**

- Informed consent and assent: Written informed consent must be obtained from all adult participants prior to data collection. For participants under the age of 18, written parental or guardian consent and informed assent from the adolescent participant must be secured in accordance with applicable ethical standards and national requirements.
- Do-no-harm approach: All evaluation activities must be designed and implemented in a manner that minimises the risk of harm, distress, stigma, or unintended negative consequences for participants. Particular care must be taken when discussing sensitive topics, including sexual and reproductive health, sexual activity, gender-based violence (GBV), discrimination, and barriers to accessing services.
- Confidentiality and data protection: The consultant must ensure the confidentiality and privacy of all participants and implement appropriate measures for the secure collection, storage, management, and analysis of data. Personal identifiers should be removed from datasets and evaluation outputs wherever possible.
- Protection of adolescent identities: All adolescents featured in case studies, quotations, photographs, or other published materials must be anonymised unless explicit informed consent for identification has been obtained from the participant and, where applicable, their parent or guardian.
- Safeguarding compliance: The consultant and all members of the evaluation team must comply fully with PSD's Safeguarding Policy and AmplifyChange safeguarding requirements throughout all phases of the evaluation, including planning, data collection, analysis, reporting, and dissemination.
- Referral and response mechanisms: The consultant must establish and clearly communicate procedures for responding to safeguarding concerns, disclosures of abuse, violence, exploitation, or other protection risks encountered during the evaluation, including referral pathways aligned with PSD safeguarding procedures.
- Ethical conduct of fieldwork: All data collection tools and processes must be age-appropriate, culturally sensitive, gender-responsive, and youth-friendly, ensuring that participation is voluntary and that participants may decline to answer questions or withdraw from the evaluation at any stage without consequence.

## 6. Deliverables

The evaluation must produce three deliverables, all submitted as final versions by 14 August 2026. Each is described in full below.

### Deliverable 1: End of Project Evaluation Report

Element	Specification
<b>Length</b>	25–35 pages, excluding annexes
<b>Format</b>	Submitted in both Microsoft Word and PDF formats, using PSD-branding and written in English.
<b>Structure</b>	<p>Executive Summary (2–3 pages)</p> <ol style="list-style-type: none"> <li>1. Introduction and Evaluation Methodology</li> <li>2. Project Context and Background</li> <li>3. Findings against evaluation objectives and project Indicators (including baseline vs. endline comparisons)</li> <li>4. Assessment of Project Model Effectiveness</li> <li>5. Lessons Learned, Good Practices and Recommendations</li> <li>6. Conclusion</li> </ol> <p>Annexes: Survey instrument, KII guide, FGD guide, data tables, respondent list among others.</p>
<b>Key requirement</b>	Findings must be presented against each indicator with clear baseline–endline comparison tables and analysis of progress towards targets. Quantitative reach, referral, and service uptake data should be disaggregated by age group (10–14 / 15–19), sex, and in-school/out-of-school status and by disability status where data are available. The report should integrate quantitative and qualitative evidence and clearly distinguish between findings, conclusions, and recommendations.
<b>Submission</b>	Draft report submitted to PSD by 9 August 2026 for review. Final report incorporating PSD comments by 14 August 2026.

### Deliverable 2: Case Studies on Adolescent SRHR Access Pathways

Element	Specification
<b>Number</b>	A Minimum of 5 case studies covering diverse adolescent experiences across sex, age group (10–14 / 15–19), school attendance status (in-school and out-of-school), and geographical locations within the project area.
<b>Length</b>	600–900 words each case study, compiled as a single case study booklet.
<b>Focus</b>	The case studies should document and analyse individual adolescent’s journeys to accessing SRHR information and services. Each narrative should describe the barriers faced, how they were navigated, the role of project interventions (including CORPs, IEC, health facility), and the changes experienced as a result. The primary emphasis should be on the access pathway, and enabling factors, rather than solely on the outcomes.

<b>Methodology</b>	Case studies should be developed using the Most Significant Change (MSC) approach, supported by in-depth interviews with selected adolescents. Participation selection may be informed by CORP referrals, PSD staff nominations and evaluation findings, with efforts made to ensure diversity of experiences and perspectives. Written informed consent and or assent. Together with parental or guardian consent required, must be obtained prior to participation.
<b>Format</b>	Narrative case study format, accompanied by photographs where informed consent for photography and publication has been obtained.. Each case study should include a one-page visual summary highlighting key messages and outcomes for advocacy, communications, and stakeholder engagement purposes.The final product should be submitted as a compiled booklet in Microsoft Word and PDF formats.
<b>Ethical Consideration</b>	Participation must be voluntary, and confidentiality must be respected throughout the process. Adolescent identities should be anonymised by default unless explicit informed consent for identification and publication has been obtained from the participant and, where applicable, their parent or guardian.
<b>Submission</b>	Draft case study booklet submitted to PSD by 9 August 2026. Final version incorporating PSD feedback submitted by 14 August 2026.

### Deliverable 3: Learning Brief — Values-Based Communication and Storytelling for Stigma Reduction

This deliverable is a standalone learning document, distinct from the End-of-Project evaluation report. It is intended as a practical resource for PSD, CSO partners, SRHR practitioners, advocates, and development partners seeking to understand and apply effective approaches to addressing stigma and harmful social norms affecting adolescent SRHR.

<b>Element</b>	<b>Specification</b>
<b>Format</b>	Standalone document submitted in Microsoft Word and PDF formats. The brief should be 6–10 pages in length, PSD-branded, visually engaging, and written in clear, accessible language suitable for practitioner, advocacy and policy audiences.
<b>Purpose</b>	To document and synthesise lessons from PSD’s use of values-based communication and storytelling approaches throughout the project, with a focus on addressing stigma, challenging harmful social norms, and improving support for adolescent SRHR.

<p><b>Content</b></p>	<ul style="list-style-type: none"> <li>a. The brief documents how PSD and CORPs used values-based communication and storytelling throughout the project to address stigma and harmful social norms. It must cover:</li> <li>b. The communication approaches: Description of the values-based communication approaches used across different intervention settings including community dialogues, school sessions, health facility interactions, and IEC materials. The brief should explain the underlying values, framing principles, and behaviour-change assumptions that informed these approaches.</li> <li>c. How storytelling was used within the project activities, including specific story types of stories shared, narrative techniques employed, and the role of lived experience in influencing attitudes, empathy and social norms.</li> <li>d. Evidence effectiveness; Presentation of evidence on what worked, including communication and storytelling approaches that generated high levels of engagement, reduced resistance, fostered dialogue or contributed to positive shifts in attitudes and behaviours among different influencer groups.</li> <li>e. Adaptation and Learning: Documentation of how communication and storytelling approaches evolved throughout the project implementations, in response to community feedback, emerging challenges, and lessons learned. .</li> <li>f. Implications for Practice: Key lessons, practical recommendations, and considerations for organisations working to address stigma and harmful social norms in adolescent SRHR programming within Uganda and contexts across East Africa.</li> </ul>
<p><b>Data sources</b></p>	<p>The brief should draw on evidence generated through CORP reflection sessions, KIIs with PSD programme staff, FGDs with adolescents and community members on which communication resonated most, review of IEC materials and CORP facilitation guides, monitoring reports and other relevant project documentation.</p>
<p><b>Audience</b></p>	<p>PSD staff and Board; CSO partners and peer organisations; district-level stakeholders; SRHR practitioners and advocates; development partners; and AmplifyChange. The brief should be designed for practical application, dissemination, and learning rather than solely for project documentation purposes.</p>
<p><b>Submission</b></p>	<p>Draft to PSD by 9 August 2026. Final version by 14 August 2026.</p>

## 7. Evaluation Timeline

All evaluation activities must be completed, and all deliverables finalised by 14 August 2026 to allow time for dissemination and payment before close. The timeline below is firm.

Phase	Activity	Dates
<b>Advertisement</b>	TOR issued on PSD website and public platforms	5–19 June 2026
<b>Review &amp; Selection</b>	Proposal review, scoring, and selection of consultant	20–24 June 2026
<b>Contracting</b>	Contract signing and project documentation shared with consultant	25–26 June 2026
<b>Inception</b>	Desk review, methodology finalisation, and data collection tools development	27 June – 2 July 2026
<b>Inception Report</b>	Submission of inception report with finalised tools to PSD for approval before fieldwork commences	By 2 July 2026
<b>Fieldwork</b>	Primary data collection: endline survey, KIs, FGDs, MSC interviews, CORP reflection sessions, facility observations	3–25 July 2026
<b>Analysis &amp; Drafting</b>	Data analysis, synthesis, and drafting of all three deliverables	26 July – 8 August 2026
<b>Draft Submission</b>	Submission of draft evaluation report, case studies booklet, and learning brief to PSD	9 August 2026
<b>PSD Review</b>	PSD review and consolidated comments (maximum 5 working days)	9–13 August 2026
<b>Final Deliverables</b>	Submission of all three final deliverables incorporating PSD feedback	14 August 2026
<b>Validation &amp; Dissemination</b>	Stakeholder validation workshop; dissemination of findings and learning brief	18–22 August 2026
<b>Payment</b>	Final payment processed upon acceptance of all deliverables	By 5 September 2026

## 8. Budget Guidance

The total budget for this evaluation, inclusive of all professional fees, data collection costs, transport, communication, and all associated expenses, is UGX 10,000,000 – 20,000,000. All applicable taxes must be included in the quoted fee. Proposals that exceed this ceiling will not be considered.

PSD will provide the following in-kind support to the selected consultant:

- Full access to all project documentation, including the baseline report, CORP monthly reports, monitoring visit reports, workplan, and approved milestones

- Introductions and facilitation to access CORPs, community leaders, and district officials
- PSD staff will support coordination, scheduling, and community mobilisation during fieldwork

## 9. Required Qualifications and Experience

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The evaluation may be conducted by an individual consultant or a firm. Where a firm applies, a named lead evaluator must be identified and their CV submitted. The successful team must be available to commence work by 27 June 2026.

### Essential

- Advanced degree (minimum Master's level) in public health, social sciences, gender studies, development studies, or a related field
- Minimum 5 years' experience designing and leading evaluations of community-based health, SRHR, or social norms change programmes in Sub-Saharan Africa
- Demonstrated experience with mixed-methods evaluation design, including quantitative survey administration and qualitative methods (KII, FGD, MSC)
- Strong understanding of adolescent SRHR, gender, and social norms change in the Ugandan context
- Experience with ethical data collection involving adolescent and vulnerable populations
- Excellent written and spoken English; demonstrable ability to produce high-quality evaluation reports and practitioner learning documents

### Desirable

- Familiarity with Luganda for community-level data collection
- Experience with AmplifyChange or similar donor evaluation frameworks
- Experience applying values-based communication or social norms change frameworks
- Prior work in Wakiso District or with adolescent SRHR programmes in Uganda

## 10. Application Requirements

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Interested applicants should submit all documents in a single PDF file to [paradigmforjustice@gmail.com](mailto:paradigmforjustice@gmail.com) by 19 June 2026. Late applications will not be accepted.

### Technical Proposal (maximum 10 pages)

1. A brief statement demonstrating understanding of the project context, evaluation purpose, and key evaluation questions
2. Proposed methodology: evaluation design, sampling approach, data collection methods, and ethical safeguards
3. Work plan showing key milestones and deliverable dates within the fixed timeline
4. CVs of the lead evaluator and any supporting team members (maximum 3 pages per CV)
5. Two samples of previous evaluation reports or learning briefs of comparable scope and complexity

### Financial Proposal

6. Itemised budget covering all professional fees, data collection costs, transport, communication, and other costs inclusive of all applicable taxes.
7. Daily fee rate for the lead evaluator.

### Other Documents

8. Three professional references, including at least one from a client organisation for a comparable evaluation
9. Completed self-declaration of conflict of interest (template available from PSD on request)

## 11. Selection Criteria

Criterion	Weight	Max Score
Technical quality of proposed methodology and evaluation design	30%	30
Relevant experience with SRHR, adolescent, or social norms change evaluations	25%	25
Quality of submitted evaluation and learning document samples	20%	20
Demonstrated ethical and safeguarding competence for adolescent-focused research	15%	15
Value for money (financial proposal)	10%	10
<b>TOTAL</b>	<b>100%</b>	<b>100</b>

Shortlisted applicants may be invited for a brief clarification discussion before final selection. PSD reserves the right to award the contract to the applicant offering best value, not necessarily the lowest price.

## 12. Management and Supervision

The evaluation will be managed by the Executive Director of PSD, with support from the MEAL Manager. The selected consultant will be required to:

- Submit all data collection instruments to PSD for review and approval before fieldwork commences.
- Maintain regular communication with PSD, with agreed check-in points minimum weekly during fieldwork.
- Attend the validation and dissemination workshop and incorporate stakeholder feedback before final submission.
- Submit all raw data, transcripts, and survey datasets to PSD alongside the final deliverables

PSD is the sole owner of all data, findings, and products generated under this assignment. Publication or external sharing of any findings or documents requires prior written approval from PSD.

## Annex A: Project Documents Available to the Selected Consultant

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- Approved project workplan, budget, and indicator and milestone framework
- October 2023 baseline survey report
- PSD MEAL Matrix
- CORP monthly reports
- PSD monitoring and follow up visits field visit reports across the project cycle
- Wakiso SRHR Stakeholders Network meeting minutes and advocacy strategy
- IEC material samples: T-shirts, calendars, power posters, community guidebooks
- PSD Strategic Plan 2025–2030 and MEL system documentation

— End of Terms of Reference —