



HUMAN RIGHTS AWARENESS AND PROMOTION FORUM (HRAPF)

**TERMS OF REFERENCE (TOR) FOR HIRING A CONSULTANT TO CONDUCT A STUDY
ON THE IMPACT OF THE LEGAL AND POLICY FRAMEWORK ON ACCESS TO
COMPREHENSIVE SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS
INFORMATION AND SERVICES FOR MARGINALISED ADOLESCENTS IN UGANDA**

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1. INTRODUCTION

HRAPF is implementing the project titled 'Access to comprehensive sexual and reproductive health information and services for marginalised adolescents and young people in Uganda'. In the first phase of the project, HRAPF working together with the Uganda Youth and Adolescent Health Forum will conduct a baseline analysis of the effect of the legal and policy framework on the access to sexual and reproductive health rights (SRHR) services for marginalised adolescents and young people.

2. BACKGROUND

Sexual reproductive health rights refer to the autonomy of the person to choose freely and responsibly on matters related to sexuality, including sexual and reproductive health, free of coercion, discrimination and violence.¹ This means that people are able to have a satisfying and safe sex life and have the capacity to decide on who, how and when to engage sexually as well as how often they reproduce if at all.² To guarantee this condition, there must be access to information on a satisfying and safe sex life as well as access to safe, effective, affordable and acceptable sexual reproductive products of choice.

In Uganda, sexual reproductive health rights are not a priority of the State particularly the sexual reproductive health rights for marginalised adolescents and young people. This is as a result of the criminalisation of certain groups of people such as sex workers and LGBTIQ persons.³ This is compounded by laws that criminalise abortion services⁴ which have resulted in the procuring of unsafe abortion services that contribute 26% of maternal deaths in Uganda.⁵ Despite the fact that abortion related crime is rarely prosecuted, the enforcement of the laws had led to the violation of the rights of women, girls and health workers.⁶

Due to social and or political reasons, the state often ignores and or allocates little to no resources to the sexual reproductive health rights and needs of marginalised persons including adolescents

¹ International Planned Parenthood Federation (IPPF), 'Sexual and reproductive health and rights - a crucial agenda for the post-2015 framework'
https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ved=2ahUKEwis-YecuNbzAhUnzIUKHeVUAdEQFnoECAMQAw&url=https%3A%2F%2Fwww.ippf.org%2Fsites%2Fdefault%2Ffiles%2Freport_for_web.pdf&usg=AOvVaw2EGawWJv1yTrpSmMLXNZwO

² As above

³ Penal Code Act Cap 120 Sections 138 and 139, criminalise sex work. Sections 145 criminalises the sexual acts of LGBTQ persons.

⁴ As above sections 141, 142 & 143.

⁵ Center for Health, Human Rights and Development & Center for Reproductive Rights, 'Facing Uganda's.

Law On Abortion Experiences from Women & Service Providers' 2016.

⁶ Human Rights Awareness and Promotion Forum, 'The Enforcement of Criminal Abortion Laws in Uganda and its Impact on the Human Rights of Women and Health Workers' 2016.

with the sexual reproductive health products of marginalised adolescents often funded by donors.⁷ This establishes correlation between criminalisation of marginalised adolescents and the availability and access to effective, affordable and acceptable sexual reproductive health products impacting their sexual reproductive health rights.

Be that as it may, the sexual reproductive health rights of adolescent young girls is as well ignored. The pregnancy rate among adolescent young girls stands at an astronomical 25% with the Eastern Region of Uganda contributing a larger number to this.⁸ The large number of early and or unwanted pregnancy among adolescent girls is attributable to the lack of quality health care, contraception, safe and legal abortion, and social economic factors created by the legal and policy framework.⁹ This has a severe impact on the livelihood and the education of adolescent persons.¹⁰ Furthermore the negative consequences of the lack of sexual reproductive health rights is often faced by marginalised adolescents particularly those engaged in sex work, persons living with HIV/AIDS and those whose sexual orientation is criminalised.¹¹ According to the Ministry of Health, Annual health sector performance report for financial year 2019/2020, 10% of maternal deaths are a result of abortion and abortion complications. This percentage does not aggregate what number of marginalised adolescents suffer this fate and this informs the need to assess the access to comprehensive sexual and reproductive health information and services for marginalised adolescents and young people in Uganda.

Suffice to note that leaving marginalized individuals out of conversation on sexual reproductive health rights increases the risk that the ordinary social protections advanced by the state will not serve and or accommodate their health needs. This exposes marginalised person to higher risks of HIV/TB infection as well as other sexually transmitted diseases, in addition to the already heightened risk they face.¹² The lack of the social protections is attributable to the unfavorable legal and policy framework. Criminalisation aggravates the stigma and discrimination that marginalised adolescent's face thereby creating barriers that prevent access to essential sexual reproductive health services.¹³

⁷ Human Rights Awareness and Promotion Forum, 'Trends Analysis Of Programming And Budget Allocation To SRHR Commodities And Services For LGBT Persons In Uganda Trends Analysis Of Programming And Budget Allocation To SRHR Commodities And Services For 2016/2017 - 2020/2021' 2020. <https://www.hrapf.org/index.php/resources/legal-policy-analyses>

⁸ J Nabugoomu et al, 'What can be done to reduce the prevalence of teen pregnancy in rural Eastern Uganda?: multi-stakeholder perceptions' (2020) 134 *Reproductive Health* 17

⁹ As above, see also World YWCA & Asia Pacific Resource and Research Centre for Women, 'Sexual reproductive health and rights for adolescents in Sub Saharan Africa. Youth fact sheet' 2014 <https://healtheducationresources.unesco.org/library/documents/sexual-reproductive-health-and-rights-adolescents-sub-saharan-africa-youth-fact>

¹⁰ As above

¹¹ S Engebretsen, 'Using data to see and select the most vulnerable adolescent girls' 2012 https://knowledgecommons.popcouncil.org/departments_sbsr-pgy/768/

¹² Avert, ' HIV and AIDS in Uganda' <https://www.avert.org/professionals/hiv-around-world/sub-saharan-africa/uganda>

¹³ Global Commission on HIV and the Law, 'Risks, Rights & Health' 2012. <https://www.undp.org/publications/hiv-and-law-risks-rights-health>

The COVID-19 pandemic and its attending regulations have as well compounded the already deep-rooted inequalities and health disparities in Uganda with marginalised persons facing the harshest outcomes. Besides the struggles to meet basic needs, sexual reproductive health rights were placed at the backdrop with marginalised adolescents unable to access sexual reproductive services and products during the several national lockdowns. This has placed more adolescents at risk of having unwanted pregnancies and unsafe abortions with marginalised adolescents facing the greatest risk.¹⁴ The COVID-19 pandemic intersected with the existing cultural norms and religious morals surrounding sexuality, which inform service providers negative and judgemental attitudes towards young people seeking SRH care. Often the service providers scold them for engaging in sexual activity. Such unfriendly treatment discourages youth from seeking SRHR services.

Uganda has several policies that include sexual reproductive health for adolescent such as the National Policy Guidelines and Service Standards for Sexual and Reproductive Health and Rights 2006¹⁵, and the Adolescent Health Policy Guidelines and Service Standards 2012.¹⁶ These policies provide for sexual reproductive health for adolescent and young persons and recognise sexual reproductive health rights as a basic human right. Despite the recognition of sexual reproductive health rights as a human right, the policies do not make specific provision for the sexual reproductive health rights of marginalised adolescents.

It is upon this background that HRAPF wants to conduct a baseline analysis on the legal and policy framework on access to SRHR and its impact of access to SRHR services for marginalised adolescents and young people in the districts of Wakiso, Kampala, Mbale, Jinja, Lira and Mbarara in Uganda. The baseline will highlight the intersecting relations between the legal and policy framework and the SRHR needs of marginalised adolescents and young persons. The study will also inform advocacy efforts that seek to ensure access to friendly, adequate and safe SRHR services for marginalised adolescents and young persons

3. OBJECTIVES OF THE STUDY

The overall objective of the analysis is to analyse the impact the legal and policy framework has on sexual and reproductive health and rights for marginalised adolescents in Uganda.

4. MAJOR TASKS OF THE CONSULTANT

The study will be conducted in two phases.

The following tasks will be expected to be undertaken in the first phase of the study

¹⁴ N Segawa, 'Pandemic Lockdown Could Spur a Jump in Teen Pregnancies' 2021 *Global Press Journal* <https://globalpressjournal.com/africa/uganda/pandemic-lockdown-spurs-jump-teen-pregnancies/>

¹⁵ n 7 above

¹⁶ Ministry of Health, 'Adolescent Health Policy Guidelines and Service Standards 2012' 2012. <http://library.health.go.ug/publications/adolescent-health/adolescent-health-policy-guidelines-and-service-standards>

- a. **Developing an inception report for the assignment:** The consultant will draft an inception report detailing the structure and methodology of the study. The consultant shall discuss the report and show a way forward on how the assignment shall be accomplished. The consultant will develop a study proposal in line with the inception and submit the same for review and approval.
- b. **Develop of the research proposal:** The consultant will develop the research proposal and the protocols that will be submitted to the TASO REC. The proposal will also be presented in a validation meeting to the stake holders. The consultant will make inputs of the comments made by the stake holder during the validation meeting
- c. **Training of the research assistants:** The consultant will be required to train five research Assistants who will support in in filed data collection.
- d. **Conduct desk review for the study:** The consultant will conduct the desk review of the study and submit a report of the desk review.

Second phase of the study. Below are the tasks that will be carried out in the second phase

- a. **Conduct filed data collection:** The consultant will lead a team of research assistants to collect data from the selected
- b. **Developing the research report:** The consultant will develop the research report and also make inputs from the feedback from the various review processes
- c. **Validation meeting:** The consultant will present the draft report to the stake holders through a validation meeting.
- d. **Finalising the of the research report:** the consultant will make inputs in the study report and submit the final copy to HRAPF
- e. **Presenting the study findings to the stakeholders:** the consultant will present the research finding to the stakeholders during the launch of the study.

5. TIMELINES

The consultant shall be expected to deliver the final desk review report within 20 working days from the date of execution of the contract.

6. DELIVERABLES

The consultant shall submit the following deliverables to Human Rights Awareness and Promotion Forum:

- a. An inception report outlining details of activities with a proposed methodology and delivery dates.
- b. Draft proposal and research protocols
- c. Data collection tools
- d. Report of the desk research review

7. AQUALIFICATIONS AND EXPERIENCE FOR THE CONSULTANT

The prospective consultant will be selected based on their proven experience, qualifications, and ability to deliver good quality work in a timely and efficient manner.

The minimum qualifications, experience, knowledge, and other capabilities of the consultant will include:

- i) A law degree or any other relevant degree from a reputable University. A masters of laws degree or in any other related field is an added advantage
- ii) Proven record of conducting analyses or conducting research reports.

8. SUPERVISION

The Director Research and Advocacy Program at HRAPF will be in charge of supervising the entire assignment and ensuring that all terms and conditions of the assignment are executed as agreed.

9. REMUNERATION

- a) The remuneration for the assignment will be determined and agreed upon within the contract which this document forms a part.
- b) 50% payment of the quoted amount will be paid on submission of the study proposal.
- c) The final payment will be made when the final study report is submitted to HRAPF and approved.
- d) All payments will be subject to statutory deductions as per the laws of Uganda in force at the time.
- e) All payments will be made by cheque or any other means as may be convenient upon submission of an invoice by the Consultant.

10. COMMENCEMENT OF WORK

The consultant shall begin work immediately upon signing the contract.

11. APPLICATION PROCEDURE

Interested individual consultants must submit the following documents/information:

1. Personal CV including experience in similar projects and at least 3 references, with more than one consultancy you have been involved in, clearly indicating the overall lead consultant and responsible persons.
2. Expression of interest explaining why you are the most suitable person for the work and providing a brief methodology on how you will approach and conduct the work.
3. An expression of the daily rate and expected remuneration for undertaking the assignment.
4. At least two referee from the non-profit field for whom the candidate has ever conducted an analysis or study.
5. At least one final report of a related previous study
6. Interested persons are encouraged to send their expression of interest with all the required documents to fzalwango@hrapf.org not later than 3rd June 2022.
7. Only the successful candidate will be contacted.

