Terms of Reference: Baseline Research on FGM/C in Somaliland

1) Summary

ActionAid International Somaliland is seeking a consultant(s) to conduct nation-wide research that will also serve as a project baseline, on FGM/C in Somaliland. The project ‘Empowering Communities to Abandon FGM/C,’ implemented with SOWDA and WAAPo, started in October 2015. The consultant or research team/organisation is required to support with data collection on the knowledge, attitudes and behaviours of a representative sample of community members and other key stakeholders and produce a comprehensive report. This Terms of Reference sets out the scope and details of the work to be undertaken.

2) Background

In Somaliland an estimated 99% of girls and women aged 15 – 19 years have undergone FGM/C (female genital mutilation/cutting), 85% of which have experienced the most severe form (MICS, 2011). The issue is hugely sensitive and taboo, is not discussed in public, and is deeply entrenched in social norms around the position of girls and women in society, their sexuality, and dominant patriarchal and religious beliefs that are upheld by all sections of society. FGM/C urgently needs to be addressed as it is one of the most extreme manifestations of violence against women and girls. ActionAid International Somaliland (AAIS) is working in partnership with Women Action for Advocacy & Progress Organization (WAAPo) and Somaliland Women Development Association (SOWDA) to implement the project ‘Empowering communities to collectively abandon FGM/C in Somaliland’. The project will be implemented from October 2015 to October 2019, in 35 communities.

Specific outcomes of the project are thus:

1. Target communities commit to abandon all forms of FGM/C
2. Women and youth are empowered to reject FGM/C
3. Religious leaders publicly denounce all types of FGM/C
4. Policies and laws promoting zero tolerance against FGM/C progress through the legislative process
5. Partners and Somaliland CSOs have greater capacity to drive forward nationally-led anti-FGM movement

3) Baseline Research Purpose

The overall objective of the baseline research is to collect qualitative and quantitative data on attitudes, knowledge and behaviours related to Female Genital Mutilation / Cutting (FGM/C) in Somaliland.

Specific objectives for the baseline research are to:

i) Provide detailed contextual information / situational analysis on attitudes, knowledge and behaviour of communities and stakeholders in Somaliland relating to FGM/C to help refine the project theory of change, activities and objectives

ii) Gather data from a nationally representative sample of women and men on FGM/C ‘prevalence rates’ to inform national advocacy initiatives

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1 ‘Prevalence rates’ to be estimated by verbal self-reporting, not clinical examination
iii) Gather relevant baseline data for key project indicators to enable changes in beneficiaries’ lives to be measured over the course of the project and in relation to a control group

iv) As part of the baseline, provide training to project staff (alongside data collectors) on data collection and research ethics

v) Develop recommendations for on-going project monitoring, learning and final impact assessment

4) Baseline Research Utilisation

It is expected that the baseline research will be used for different purposes by different actors. In designing the baseline research and communicating findings, the consultant is expected to have the following users and uses in mind:

| Who: Project staff (AAIS and partner project managers/officers and MEL staff) | Needs what: Information to help refine and adjust programme interventions; to measure project progress over time | Why: To re-assess the project theory of change and proposed activities, so as to inform and/or make adjustments to project implementation |
| Who: Project staff (AAIS and partner project managers/officers and MEL staff) | Needs what: Detailed baseline data against key indicators in project and non-project areas (including raw data for future reference) | Why: To use as the basis for evaluating the impact of the project (in comparison to a control group) |
| Who: Policy makers, Parliamentarians and Religious Leaders within Somaliland | Needs what: Robust, nationally representative data pertaining to prevalence rates of FGM/C that is communicated in an accessible, easily understood format | Why: To be used as an advocacy tool by project staff with key stakeholders to demonstrate the scale of FGM/C |
| Who: CSOs in Somaliland working on women’s rights and FGM/C, including the FGM Task Force and NAFIS (Network Against FGM/C in Somaliland) and GBV Working Group (including national decision makers and the international donor community) | Needs what: Robust, nationally representative data pertaining to prevalence rates of FGM/C that is communicated in an accessible, easily understood format | Why: To use as an advocacy tool with key stakeholders, for resource mobilisation and to inform the development of projects and programmes to tackle FGM/C |

Women and men in target communities are not given as primary users of the baseline research. While AAIS and partners will use the baseline to inform project activities with community members, given the sensitivities FGM/C, women and men are not expected to be actively involved as participants in the design of the baseline or in data collection. However, options for providing feedback to beneficiaries, immediately during/after data collection and/or subsequently, will be explored.
5) Project details

Project Activities

The project takes a multi-pronged approach to addressing FGM/C. Key activities include:

1. Sensitizing traditional leaders and facilitating Community Conversations providing space for discussion of the harmful impacts of FGM/C

2. Establishing Women’s Coalitions and Youth Forums for intensive rights awareness and empowerment amongst women and youth.

3. Holding dialogue meetings between religious leaders, hosting religious scholars from a Muslim majority country which has passed anti-FGM/C legislation, holding public debates and disseminating public statements promoting FGM/C abandonment.

4. Training parliamentarians, attaching a women’s rights legal expert to Parliament, conducting exposure visits for the SWC to a country with a strong legislative framework on FGM/C, and holding inter-ministerial dialogues between MoRA and MoLSA to endorse and table national FGM/C policy, giving government the technical capacity to pass anti-FGM/C policies currently in draft.

5. Developing a national FGM/C strategic framework and handbook for mainstreaming FGM/C into programmes, decentralising FGM/C coordination meetings and training members of NAFIS on lobbying and advocacy so CSO’s have improved capacity to tackle FGM/C.

The project’s Theory of Change asserts that if communities are more informed about FGM/C and have space to discuss the associated social, health and religious implications, and if there is an enabling environment for change which includes public support from religious leaders and policies enshrined in law that prohibit the practice, then they will collectively choose to abandon it. This shift will be more sustainable if led by a coordinated movement of national CSO’s. Recognizing that social changes of this kind take time, the project will bring about fundamental attitudinal changes which will lay the foundation for behavior change over the longer term.

Project MEL Plan and Learning Questions

There is a growing but still limited evidence base on effective ways to end FGM/C. This project will contribute to sector learning through a research component that will be conducted at national level to develop a comprehensive understanding of stakeholder attitudes, beliefs and drivers in relation to different types of FGM/C. This will also serve as the project baseline. A final evaluation will assess changes and make recommendations for future programming. The evaluation will take a mixed methods approach combining quantitative survey data with in-depth qualitative research and will focus on measuring changes in attitudes and beliefs. The research and evaluation will enable a comparative analysis in project and non-project areas. Findings will be shared nationally with policy makers and civil society, internally and internationally.

The following learning questions have been identified at the project design phase. While these do not form specific objectives of the baseline research, it is expected that the baseline will contribute to the overall MEL plan that seeks to address these questions.
The project will test the key assumptions in the Theory of Change, that community education and empowerment can change attitudes and behaviour; that religious leaders can positively influence public opinion on FGM/C, and CSO’s can lead a national anti-FGM/C agenda, to contribute to the limited evidence base for these approaches.

1. To what extent have girls, boys, women, men and community leaders been able to publically discuss FGM/C, and has this translated into changes in attitudes and behaviour?

2. What have been the enabling and disabling factors that have enabled community members to publically challenge FGM/C and what have been the most effective strategies for mobilizing change?

3. What are the most effective strategies to influence religious leaders to publically denounce all forms of FGM/C and to what extent have any changes in religious leaders’ attitudes influenced wider public opinion?

4. How sustainable are civil society efforts to effectively influence public opinion and policies and laws that promote zero tolerance against FGM/C?

**Project Indicators**

The baseline research is required to produce data on the following indicators, for target communities, and disaggregated as specified. Data on quantitative indicators only are also required for non-project areas.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Data Collection Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of men and women who think that people in their community expect them to cut their daughters (Disaggregated by age, sex, rural/urban, education status)</td>
<td>Baseline/endline quant. survey random sample target/non-target areas</td>
</tr>
<tr>
<td>% of men and women who say they intend to cut their daughters (Disaggregated by age, sex, rural/urban, education status)</td>
<td>Baseline/endline quant. survey random sample target/non-target areas</td>
</tr>
<tr>
<td>The extent to which community members approve of FGM/C</td>
<td>Qualitative analysis of FGD notes at baseline and end line, plus informal feedback from community facilitators</td>
</tr>
<tr>
<td>% of women and girls with knowledge of their rights to freedom from violence and SRHR (Disaggregated by age, sex, rural/urban and education status)</td>
<td>Composite indicator from baseline/endline survey questions testing knowledge of laws/rights. Triangulated through pre/post-test training questionnaires</td>
</tr>
<tr>
<td>Level of confidence of women and girls to discuss FGM/C in public safely and without fear of backlash</td>
<td>Qualitative analysis of FGD notes at baseline/end line; feedback from community facilitators recorded in project monitoring forms</td>
</tr>
<tr>
<td>Attitudes of boys and young men towards marrying girls/women who have undergone FGM/C</td>
<td>Qualitative analysis of FGD notes at baseline/end line; feedback from community facilitators recorded</td>
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</tbody>
</table>
Project communities

The project is to be implemented in 35 communities (10 in Todgheer and 25 in Maroodi Jeex) spread across Hargeisa, Gabiley, Baligubadle, Burco, and Odweyne Districts of Somaliland, representing a mixture of rural and urban areas. Target numbers are given below.

<table>
<thead>
<tr>
<th>Types of people benefiting</th>
<th>Who is included in this figure?</th>
<th>Total number of people</th>
</tr>
</thead>
<tbody>
<tr>
<td>People benefiting directly</td>
<td>350 girls 350 boys in youth forums; 3,150 women and men in Community Conversations (inc. 1,050 women in coalitions, 210 elders; 35 religious leaders)</td>
<td>3,850</td>
</tr>
<tr>
<td>‘Frontline workers’</td>
<td>70 Community Facilitators; 70 teachers; 82 Parliamentarians; 80 Religious leaders; 20 partner staff; 60 staff from CSOs</td>
<td>382</td>
</tr>
<tr>
<td>Other people benefiting</td>
<td>10,311 women; 10,310 men</td>
<td>20,621</td>
</tr>
</tbody>
</table>

Indirect beneficiary numbers are estimates only, based on approximate population data for the target communities. It should be noted that accurate population data is not always available for Somaliland. Basic population data from 35 project communities will be collected at project start-up, prior to baseline data collection.
6) Methodology

ActionAid International Somaliland and partners welcomes Expressions of Interest that propose a suitable methodology to achieve the baseline research objectives and that will enable the future impact assessment of the project and address the learning questions. Given the extremely sensitive nature of the topic, AAIS places a premium on research ethics in designing, and conducting, the baseline research.

It is expected that the baseline research will take a mixed-methods approach, combining statistically representative household survey data with in-depth, qualitative research. However, qualitative research may be focused just in project communities rather than non-project areas if resources do not allow a wider scope. Qualitative research is expected to provide an understanding of the knowledge, attitudes and behaviours of distinct separate stakeholders i.e. women, men, girls, boys, community leaders, teachers, religious leaders at community level, district, national level, and political leaders at the national level.

All data, qualitative and quantitative, collected through the research must be disaggregated by sex and age as a minimum. Other factors as highlighted in project indicators also need to be considered. It is expected that the sample size be such to allow sufficient statistical power to compare responses between project and non-project areas. Ideally it would also allow the statistically significant comparison of responses from men and women. Randomisation of project communities is not an option. The consultant(s) will be expected to advise on the feasibility of obtaining a nationally representative sample for quantitative data and provide options for different approaches within the resource limits.

Where possible, the research will seek to build on current evidence relating to FGM/C in Somaliland (for example, the ‘Situational Analysis of FGM/C Stakeholders and Interventions in Somalia’).  

7) Roles and Responsibilities

The selected consultant will be contracted by and report to ActionAid Somaliland. Support provided by ActionAid Somaliland will involve: introductory briefings with the consultant(s); security briefings in advance of travel and on arrival, and on-going security support; logistical support arranging visas and booking accommodation as required; providing contact details and introductions to key stakeholders; mobilising community members to be involved in the evaluation; if required, recommendations for research assistants, interpreters or other local human resources as needed.

It should be noted that travel by foreigners outside of Hargeisa requires Special Protection Units, provided by the Government. This will need to be included in the consultant’s budget at the current rate of $10 USD per day.

AAIS can provide support for mobile data collection (provision of devices and IT support) in support of the baseline research as required. Careful thought will need to be given regarding the appropriateness of using mobile devices to investigate extremely sensitive topics with community members.

ActionAid UK will be responsible for providing technical advice on research approaches and ensuring deliverables meet agreed quality standards and grant requirements.

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8) Tasks and Outputs

It is expected the baseline research consultancy will involve the following tasks:

- Meet with Project Manager and relevant other staff for initial briefing and discussion of TOR (either in Hargeisa or virtually).
- Review project documentation (proposal, logframe, theory of change etc.) and existing evidence
- Write inception report and workplan for the baseline, and discuss schedule with AAIS
- Design data collection instruments, including questionnaires and all data entry processes, and qualitative tools adapted for different target groups as appropriate
- Develop research ethics and child protection protocols and appropriate response mechanisms
- Review/revise sampling strategy and draw up list of sampling points
- Coordinate the recruitment (if additional enumerators required) and train data collectors in-country in quantitative and qualitative methods
- Provide training to enumerators and project staff on research ethics and data collection techniques and practices appropriate to the subject
- Pilot data collection tools / data entry processes (including translation if necessary) and refine as required
- Oversee the start-up of the baseline project ensuring quality control processes are in place
- Provide on-going (possibly remote) technical support for the duration of the data collection process and ensure the on-going coordination and management of all data collection
- Analyse all data collected
- Provide summary data for key project logframe indicators (template to be provided)
- Write a draft evaluation report and present to AA and partners for discussion
- Finalise baseline report based on feedback received
- Produce additional short report (or include within main report) to guide the project monitoring and evaluation strategy (including recommendations for on-going monitoring, triangulation and analysis of data collected, revisions to baseline tools for use at mid-term and end-line stages, and guidance on ensuring the ultimate evaluability of the project)
- Development of user-friendly summary of main research findings
- Verbal presentation of findings and recommendations in workshop/meeting(s) with AA, partner and other CSO stakeholders (either in person, remotely, or through the provision of summary presentation material)

Specific outputs of the consultancy will be:

A. Inception report and workplan
B. Data collection methodology, including sampling strategy and collection tools
C. Training and capacity building for data collection and entry and comprehensive Guidance Document
D. Training and capacity building on research ethics for enumerators and project staff
E. Data analysis of quantitative and qualitative data
F. Baseline figures for logframe indicators
G. Draft(s) baseline report
H. Final baseline report
I. M&E Recommendations report
J. Oral presentation/meeting to AA, partner staff and other CSO stakeholders (in Hargeisa or remotely, or through the provision of summary presentation material)
K. A ‘user-friendly’ summary of the baseline report to aid sharing of key findings
with stakeholders (relevant CSOs and policy makers in Somaliland)
L. All raw data files including quantitative output and syntax files, qualitative transcripts etc.

All reports will be produced in English. ActionAid Somaliland will translate the final summary report into
Somali. The expected format for the final baseline report and M&E Recommendations report will be
agreed during inception phase.

9) Timeline and Budget

The baseline study is to be carried out between February and April 2016; the contract would start as soon
as possible and the finalized report and logframe baseline data is due by 30th April 2016. If the timeframe
is the only constraints for an interested and qualified applicant, we would be still interested in reviewing
the application and discussing alternative timeframes.

ActionAid has an indicative budget of £20,000 GBP for this work.

10) Skills and qualifications of consultants

The successful baseline research partner will have a solid track record on the criteria below, with
examples of evidence for each.

General criteria
1. Demonstrable expertise on women’s rights and gender equality
2. Thematic expertise on violence against women and girls, harmful traditional practices, or
   FGM/C
3. Geographic expertise in East/Horn of Africa, preferably Somaliland
4. A financial proposal that offers good value for money and that maximises potential
   efficiencies to deliver the outputs within budget

Technical criteria
5. Experience in quantitative methods and analysis
6. Experience in qualitative methods and analysis, participatory research, action research
7. Experience in project monitoring and evaluation systems, including those using
   participatory approaches and ‘hard to measure’ indicators (i.e. empowerment,
   governance, well-being, etc.)
8. Experience in designing and conducting rigorous research (including using
   experimental/quasi-experimental and/or theory-based evaluation methodologies)
9. Evidence of strong downward accountability mechanisms used with project
   stakeholders/research participants to actively share results and learning
10. Evidence of use of ethical considerations and methodological measures for conducting
    research with girls, women, boys, men on sensitive topics
11. Evidence of successfully designing and managing large-scale, rigorous and robust
    research processes and evaluations

Track record
12. Evidence of successful collaboration with NGOs, and particularly collaborations which
    included capacity building and ‘on-the-job’ training with field office staff.
13. Evidence of client responsiveness, creativity and flexibility of approaches towards clients’ needs and/or challenges in research implementation.
14. Evidence of producing clear, concise reports in English and high quality, published research and active dissemination of research findings

11) Application process

We invite interested researchers to submit the following application documents:

   a) Expression of interest addressing track record and selection criteria
   b) Technical proposal for the baseline study including proposed activities schedule/work plan with time frame
   c) CV(s) of applicant(s)
   d) Budget (separating core consultancy costs and daily rates of team members and in-country data collection costs)
   e) An example of previous similar work

Selected consultant(s) will be expected to sign and abide by ActionAid values and key policies (including Anti-Sexual Harassment Policy, Child Protection Policy etc).

Please send your applications to: admin.somaliland@actionaid.org

The deadline for applying is 3rd January 2016. We are aiming to select the consultant in January 2016 and start the contract in February 2016.

If you have any questions about these ToR please email: jake.phelan@actionaid.org and Khalid.Ismail@actionaid.org. We would be grateful if you could send any questions you have before 22nd December to ensure we can respond before the public holidays.