Terms of Reference (ToR) for a participatory qualitative study to find out what variables influence a mother's decision to subject her daughters to FGM

Somaliland Termination Oppression of women and girls Programme II (STOP II)

May 2022

1. Background

Health Poverty Action (HPA) is a British international development non-governmental organization (NGO) with a mission of supporting the poorest and most vulnerable people in their effort to achieve better health and wellbeing. HPA believes that health is a fundamental human right and that the provision of comprehensive primary health care is essential to its realization. HPA seeks to enable the poorest and most marginalized people, who are excluded from access to health services and information, to realize their right to health and improve their health and wellbeing through training aimed at building local capacity to deliver sustainable health services and information. HPA gives priority to communities affected by conflict and political instability. HPA also works with communities, health service providers, and policymakers on long-term programs to develop appropriate and responsive primary health care services and to influence policy and practice at all levels. Health Poverty Action currently operates in 14 countries throughout Africa, Southeast Asia, East Asia and Latin America. The programs utilise community-based primary health care (PHC) education and training, as well as mass-media health communication approaches, in collaboration with the local MoH, national NGOs/CBOs, and target communities themselves.

HPA in Somaliland

HPA started working in Somaliland in 1994. Since then, the organization has maintained a continuous program presence through the successful implementation of projects in almost all of the regions of Somaliland at various times, funded by a variety of donors.

Between 1994 and 2006, amongst other projects, HPA implemented the DFID funded Primary Health Care project in the Sool and Sanaag regions of Somaliland and a Drinking Water Supply Project in the Hargeisa IDP camps with funding from UNHCR.

From 2006 to 2010, HPA implemented a five-year DFID-funded health system strengthening project in a consortium comprised of HPA, Save the Children, THET, and led by LATH. In 2007, HPA started the implementation of an EC-funded 'Emergency Obstetric Care' (EmOC) project targeting 5 MCHs in Hargeisa and Hargeisa Group Hospital. In 2011, with the successful implementation of the EmOC project, the 'Sexual and Reproductive Health and Rights' (SRHR) project was started to expand the service in an additional 6 MCHs in Hargeisa with funding from the EC.

Between 2011-2015, HPA implemented a DFID funded 'Essential Packages of Health Services (EPHS)' project in the Sahil region through a consortium with THET, SCI, Trocaire, and PSI (the consortium lead) along with an EC funded project focusing on SGBV and FGM interventions. In 2014, HPA, under the Joint Health and Nutrition (JHNP) programme (June 2014–April 2017), with a multi-donor funding platform, funded through UNICEF, implemented maternal and child health interventions in Burao hospital. HPA has implemented a Global Poverty Action Fund (GPAF) UKAID funded project (Jan 2013–Dec 2015) aimed at improving mother and child health for internally displaced women and children in Hargeisa and UNFPA supported projects in Hargeisa and Burao (November 2014–July 2016) aimed at improving the availability and quality of maternal and newborn health services and strengthening the effective referral system for emergency obstetric cases. The World Food Programme (WFP)-supported Maternal Child Health and Nutrition (MCHN) Intervention and Targeted Supplementary Feeding Programme (TSFP) began in Hargeisa in 2012 and later expanded to the Sahil and Togdheer regions.

The EC funded STOP (Somaliland Terminating Oppression of Women and Girls Programme), January 2016-March 2020, a project that covered three regions of Somaliland: Maroodi Jeex, Togdheer, and Sahil, with the aim of improving access to multi-sectoral and coordinated SGBV services and information. UNICEF supported Integrated Health and Nutrition projects in Hargeisa and Burao Districts (July 2018-June 2019); UNICEF supported Nutrition Services Intervention in the Sahil region of Somaliland (Jan 2017-December 2018); and Emergency Nutrition (Supporting Nutrition in Somalia (SNS)) – (March-August 2017)-an emergency drought relief project targeting (Hargeisa, Burao, Sahil, Sool Sanaag) providing nutrition services and supplies to alleviate the impact of the drought; The Comprehensive Caregiver Support (CCS) project (April 2018–June 2019) targeted Berbera district and was funded by Caritas Switzerland; The IRF–Emergency Health Fund project with funding from DFID through the PSI consortium, from July 2018 to March 2019. HPA delivered this Emergency Health Project in collaboration with the MOH in Berbera and Sheikh districts in the Sahil region; PSI (SAHAN) Demand Creation Project—December 2018–August 2019 and later extended to June 2020, implemented in Berbera district of the Sahil Region.

In the recent years, HPA implemented the FCDO-funded SHINE programme in 9 districts of Somaliland with funds managed by different fund managers. HPA also continues to implement the WFP-supported (MCHN & TSFP) programme through 54 health centers and MCHs in Somaliland. Currently, the FIND supported Antigen Rapid Diagnostic Testing (Ag-RDT) project; the UNICEF supported Humanitarian Programme; the European Commission (EC)-funded STOP II project; and the WFP supported MCHN and TSFP project are being implemented across Hargeisa, Sahil, Awdal, Togdheer and Ainabo areas.

2. Overview of the EC STOP II Project

Sexual and Gender-based Violence (SGBV) and Female Genital Cutting/Mutilation (FGC/M) remain major rights violation issues amongst girls and women in most areas of Somaliland, including urban and rural areas and IDP settlements. Due to the country's limited health infrastructure and service provision, victims of FGM/C and SGBV complications have suffered in silence, in some cases losing their lives, having been subjected to the trauma and indignity of having to deal with their cases. Coupled with this, state actors denied women and girls the space required to seek redress for violations and abuses they suffered. This challenge is amplified by the associated stigmatization and stereotypes, especially in the case of rape. In addition, extreme gender disparities exist, particularly in rural areas/IDP settlements, which lead to: limited access to education for girls, early marriage, the near universal prevalence of FGM, and high fertility rates. When combined, these factors result in a very high risk of morbidity and mortality in pregnancy and childbirth.

The prevalence of SGBV in Somaliland consistently ranks higher than the global average and rates of FGC/M stand at 98%, though the majority of people in Somaliland still see this as a cultural/religious practice and not SGBV (HPA 2019 project). The majority of SGBV cases are mediated outside of the legal system by elders or traditional leaders through "customary law." Research shows that Togdheer has the highest level of support for the continuation of FGM/C, with 70.4% of women and men saying they still intend to have their daughters circumcised in the future (HPA, 2019). While the government has recently taken steps to fight impunity through the passage of a law in 2018 to criminalise rape and the introduction of the anti-FGM Fatwa in 2019, pervasive religious and traditional beliefs continue to undermine these steps.

The impacts of GBV are felt across communities, causing health consequences, loss of economic output, weakening social ties, and cycles of poverty and violence. These impacts seriously restrict the ability of women and girls to reach their full potential, and thereby hinder Somaliland from reaching its development goals. Ending GBV will require not only strong laws and an effective justice system, but also a social transformation of perceptions about the status and roles of women in society. It will require a deeper acknowledgement of gender equality and strong leadership from the government and from traditional institutions to recognize, respect, protect, and fulfill the rights of women and girls. It is with this background that HPA is implementing the EC STOP 2 project to build the capacity of grassroots organisation to support SGBV survivors, synergize and improve the process of prosecution (police, MoHD, legal and justice units), and provide widespread awareness raising in communities to reduce the incidence of SGBV and FGM.

Overall Project Objective: Increased protection of girls and women from gender-based violence in communities of Somaliland, contributing to the attainment of SDG-5.

Specific Objective: Increased understanding of the dangers of FGM/SGBV within all levels of society in Somaliland, combined with strengthened mechanisms and capacity to reduce its prevalence

The project aims at achieving the following **four outputs**:

Output 1. Increased awareness and attitude change against FGM and SGBV amongst girls, women, boys and men in targeted districts

Output 2. The debate on the draft anti-FGM law and protective policy frameworks for women is re-ignited by the concerned government ministries

Output 3. Availability of comprehensive /multi-sectoral SGBV response services increased in the target districts

Output 4. Capacity of project staff, CSO/LNGO partners, MOHD, law enforcement (police and paralegal) staff working on SGBV response services is increased

• PROJECT BENEFICIARIES AND TARGET GROUPS AND TARGET AREAS

The **EC STOP 2** project will benefit 279,996 women and girls of child bearing age from the target communities (rural and IDP settlements) in Burao and Ainabo. These people will directly benefit from the projects SGBV/FGC prevention and support activities. 260,250 boys and men will also benefit from education sessions.

The project will work with the following target groups to bring activities and impact:

Local NGO partner - WORDA; local NGO/CSO staff; SGBV working group members; Anti-FGM board members; boys school clubs; girls school clubs; Women Ministers (Lobby Group); health facilities; health workers; central ministry staff (MESAF, MOJ, MoE, MORA); teachers and traditional cutters; religious and community leaders; police; CHW and FHW.

• OBJECTIVES OF THE PARTICIPATORY RESEARCH

- To find out what motivates mothers to expose their daughters to the harmful practice of female genital mutilation (FGM). How and on what account women (mothers) who have themselves gone through the FGM ordeal would subject their young daughters to such practice, demand for it and work for its perpetuation? What are the underlying issues that puts pressure on women to do so? This research would like to get first-hand information to answer this question which will be great value for current and future programming against the FGM practice.
- To assess the attitude of mothers towards subjecting their daughters to FGM practice.

Men in Somaliland often state that they are not involved in the FGM practice of their daughters. Men often say they are not informed and it is culturally considered a matter that women in the family should deal with. They claim that rather it is the mother of the girl who is solely involved, demands for and handles the whole issue of getting the girl circumcised. (Source: Anecdotes from HPA's community discussions). The research is also expected to shade some light on this claim as who in the family primarily demand for the perpetuation of such a harmful practice.

• SPECIFIC TASKS TO BE DONE BY THE CONSULTANT.

The participatory research will include undertaking the following tasks.

- Prepare the detailed inception report including a design and implementation strategy of the research, from data collection to data cleaning, analysis and report writing; the data collection tools developed and submitted to HPA. HPA will need to approve proposed plan, tools, methodologies, procedures and instruments before their finalization.
- Develop appropriate data collection tools including but not limited to key informant interviews (KIIs), focus group discussions (FGDs), in-depth interview questionnaires, etc. Prior to survey implementation, HPA will review tools and methodologies and approve their use. The data collection tools will be developed in English and translated to the local language (Somali) after incorporating HPA's feedback on the drafts. The English as well as the translated Somali versions will be submitted to HPA for feedback. These tools will be field-tested, and the inputs from the pre-test will be incorporated.
- Select and train female data collectors from the research communities on qualitative data collection methods and on the proper administration of the data collection tools developed for the work.
- Deploy the research teams on the research field and supervise the field data collection for the proper and complete administration of the research tools.
- Compile and collate the data collected through the desk review and from the research field.
- Make a thorough analysis of data and compile the findings.
- Develop a draft of the research findings and submit it to HPA for feedback.
- Produce a final report, incorporating feedback from HPA.

• DELIVERABLES

- An inception report that includes the research protocol (Design and implementation strategy) of the research and finalized data collection tools.
- First Draft and Final Research Findings Report.
- PowerPoint Presentation of the key findings.
- Submit raw and cleaned dataset

• TIMING

The research is expected to be undertaken in June 2022. The duration of the assignment will be 15 calendar days. The days are inclusive of travelling, field work, and reporting and should not exceed 6 weeks.

3. RESEARCH METHODOLOGY

The consultant is expected to propose and deploy appropriate participatory research methods and principles. Qualitative data collection methods such Key Informant Interviews (KIIs), Focus Group Discussions (FGDs) are suggested. HPA will also consider additional methods the consultant could propose to bring further insight to the Participatory research.

4. GEOGRAPHICAL AREA OF THE RESEARCH

The Research will be conducted in Burao and Ainabo districts of Somaliland where HPA is implementing Somaliland Termination Oppression of Women and Girls (STOP II) Project.

5. MINIMUM CRITERIA FOR SUBMISSION OF PROPOSAL FOR BID

The consultancy firm is expected to demonstrate that it has a track record of no less than five (5) years of experience executing similar surveys in a developing country set-up. The firm should also list the scale of similar projects worked on in the past and the team members to be involved in the Research.

The firm's experts are expected to display:

1. High sensitivity to conflict-affected settings and diversity issues;
2. Good interpersonal, administrative and management skills;

High level of experience in research methods, data collection, analysis and report writing All bidders are required to meet the following minimum requirements in order to qualify for submission of their proposal.

1. Previous experience in similar researches especially a proven experience in qualitative research methods. Applicants must have experience in conducting Participatory research for community-based health projects or SGBV projects, preferably in a pastoralist community setup and of similar or bigger magnitude.
2. High level experience of undertaking a research projects in fragile states and difficult environment.
3. Capability of the research team: team member(s) shall include public health professionals, sociologists/social workers and psychologists with a minimum of MPH/MA/MS degree to undertake the proposed study, along with relevant experience.
4. Submission of copies of all supportive documents along with the technical proposal is required.
5. Knowledge of the project area or knowledge of Somali language will be considered a plus.
6. Female researchers are encouraged to apply.

6. PREPARATION OF THE TECHNICAL PROPOSAL

While preparing the technical proposal, applying consultants must give attention to the following:

1. Detailed methodology and work plan of how the participatory research will be executed.
2. A description of the consultant/firm including an outline of the consultant's/firm's recent experience on similar undertakings.
3. Profile of each of the study team members including an outline of the members' recent experience, duration of involvement on assignments of work of similar nature and their roles/task to be assigned in conducting this baseline survey.

Please note that HPA expects consultants to ensure adequate consent is received from all participatory research participants.

7. PREPARATION OF FINANCIAL PROPOSAL

1. The financial proposal should list itemized details of costs associated with the study.
2. It should express all proposed costs in United States Dollars (USD). The total Budget for the survey should not exceed **5,000 USD**.

8. LOGISTICS

HPA will not provide office space, accommodation, Research Assistants cost, computer, copying and printing services, telephone service or facilities for workshops. It is hence advisable to include all these costs with prices in the financial proposal. However, HPA will provide transport within Burao and Aainabo districts of Somaliland only.

9. REPORT REQUIREMENTS

The consultant is expected to fulfill the following reporting requirement during the assignment:

1. Inception report containing a detailed work plan for the entire duration of the consultancy service. weekly reports should be written up by the consultancy firm and sent to HPA.
2. Final Research tools and protocol.
3. Draft Research Report
4. Final report.
5. PowerPoint presentation of key findings of the research.
6. Transcribed, translated and recorded scripts of the qualitative data.

The Final report should follow the following format:

- Title page
- Acronym list
- Executive Summary
- Introduction/context

- Objectives
- Methods
    - ✓ Study Locations
    - ✓ Sampling methodology
    - ✓ Sample Size
    - ✓ Target Population
    - ✓ Data Collection Tools and Techniques

- Limitations of the Survey
- Findings and discussions
- Conclusions
- Recommendations
- Annexes (may include data collection tools, list of people consulted and photos with signed consent)

10. OTHERS

The consultant will work closely with HPA's M&E department and with technical people working on the EC STOP 2 project.

10. BID APPLICATION

Interested parties should submit:

- Letter of expression of interest and demonstration of capability;
- Curriculum vitae of the consultant/s or firm portfolio;
- Evidence of past experience in undertaking similar assignments;
- A copy of at least one previous participatory research report;
- A technical proposal outlining proposed methodology and field and non-field work plan/schedule;
- A financial quotation;
- Renewed business license valid for 2022 and tax payer certificate as Somaliland's regulation.
- Contact information for two independent referees

Canvassing by any bidder will lead to automatic disqualification.

17.1 This ToR does not commit Health Poverty Action to award a contract or to pay any costs incurred in the preparation or submission of proposals, or costs incurred in making necessary studies for the preparation thereof, or to procure or contract for services or supplies. Health Poverty Action reserves the right to reject any or all proposals received in response to this RFT

and to negotiate with any of the proposers or other firms in any manner deemed to be in the best interest of Health Poverty Action. It also reserves the right to negotiate and award separate or multiple contracts for the elements covered by this RFT in any combination it may deem appropriate, in its sole discretion; modify or exclude any consideration, information or requirement contained in this RFT, and to add new considerations, information or requirements at any stage of the procurement process, including during negotiations with proposers.

17.2 Proposers must provide all requisite information and clearly and concisely respond to all points set out in this ToR. Any proposal which does not fully and comprehensively address this ToR will be rejected.

17.3 The normal terms of payment of Health Poverty Action are as stated above in section 16. Proposers must therefore clearly specify in their Proposal the payment terms being offered if different from these.

17.4 Proposals will be reviewed and evaluated by Health Poverty Action in accordance with the provisions of the Health Poverty Action Procurement Manual as well as the considerations, information and requirements contained in this RFT. The evaluation procedure will consist of a formal, substantive and financial assessment of the proposals received. Price is an important factor; however, it is not the only consideration in evaluating responses to an RFT.

17.5 Proposals shall remain valid and open for acceptance for a period of at least sixty (60) days from the closing date indicated above for receipt of proposals. Please indicate in your proposal that it will remain valid for this period.

17.6 Following submission of the proposals and final evaluation, Health Poverty Action will have the right to retain unsuccessful proposals. It is the proposers' responsibility to identify any information of a confidential or proprietary nature contained in its proposal, so that it may be handled accordingly.

Please note that successful consultants will have to sign and abide by HPA's Programme Participants Safeguarding and Protection Policy.

These documents should be sent by email to procurement@heathpovertyaction.org quoting the Reference Number: **HPA/SOM/ECSTOP2/PR/04/2022** by 1700 hours East Africa time before 15 June, 2022. Any proposals received after the stated time and date will be rejected. Any queries should be sent to: ruth@healthpovertyaction.or.ke or y.saiid@healthpovertyaction.or.ke