

Terms of Reference for
Evaluation of Progress in Abandonment of Female
Genital Mutilation/Cutting and progress towards
abandonment of early marriage in woredas that have
declared abandonment of FGM/C of Ethiopia

Purpose	To inform state support for the accelerated abandonment of FGM/C and early marriage
Expected fee	Based on competitive tender
Location	Afar, Amhara, BG, SNNPR and Addis Ababa
Duration	October-December 2011
Start Date	October 2011
Reporting to	Chief ADPH and Chief REPOM, UNICEF Ethiopia
Budget Code/PBA No	
Project and activity codes	

Background and purpose

Female genital mutilation or cutting (FGM/C) includes all procedures involving partial or complete excision of the external female genitalia or other injury to the female genital organs for reasons other than medical. Apart from the immediate risks of severe blood loss, shock and infection, longer-term problems associated with FGM/C include infections of the urinary and reproductive tracts, infertility and a range of obstetric complications, such as postpartum haemorrhage and death of the child. FGM/C is a common practice in many societies in sub-Saharan Africa. In Ethiopia, the age at which FGM/C is performed varies amongst the different ethnic groups. In northern Amhara and Tigray, for example, FGM/C is performed at infancy and usually on the eighth day after birth (NCTPE, 1998). According to the Demographic and Health Survey (DHS), female circumcision had declined from 80 percent in 2000 to 74 percent in 2005. The same source indicates three in four Ethiopian women had been circumcised in 2005. DHS 2005 further shows significant regional variability in practice: more than 91 percent of the women in Afar region and 97.3 percent of the women in Somali region suffered from FGM/C. In 2005, less than one in three women who had heard of FGM/C believed that the practice should continue. Support for the practice had also markedly declined from 60 percent in 2000 to 31 percent in 2005 which led to a decline in circumcising daughters from 52 percent of mothers with at least one daughter had a daughter circumcised in 2000 to 38 percent in 2005.

Successful strategies to address FGM/C have involved broad-based partnerships; adopted integrated approaches; targeted circumcisers to benefit from alternative income-generation schemes; and offered alternative rituals to replace FGM/C in the social value system of the society. The strategies recognise that long-term programme commitments and support are important to ensure sustainability. A review of successful programmes has identified six key elements that contribute to combating FGM/C as a social convention (UNICEF Innocenti Digest 2005/2008).

1. A non-coercive and non-judgmental approach focused on fulfilling human rights and empowering girls and women
2. Community awareness of the harm caused by the practice
3. The collective choice of a group that intermarries or is closely connected in other ways
4. An explicit, public affirmation by communities of their collective commitment to abandon FGM/C
5. A process of organised diffusion to ensure that the decision spreads rapidly from one community to another and is sustained
6. An environment that enables and supports change

In Ethiopia, some interventions meant to deal with this problem adopted a variant of the above strategies (Hailegabriel, et al 2008):

1. **Generating knowledge:** Awareness-raising measures and in particular the 'community dialogue/conversation' (CD/C) framework provided communities with new alternative knowledge around FGM/C. The process of dialogue and discussion - within families, in neighbourhoods, at *edir* meetings, in schools and churches served to deepen knowledge and insights into traditional practices, creating doubts about the validity of FGM/C as a social convention and generating interest in change.
2. **Creating social force:** As a result of the community conversation process, new social groups empowered with knowledge about the rights of girls and women to live free of violence were created and mobilised to spearhead efforts to change social conventions and eliminate FGM/C.
3. **Creating compelling conditions for change:** The public events, the rescue actions and public declaration strategies create strong public pressure opposing the FGM convention.
4. **Enforcing abandonment:** At the fourth stage, the alliance of *edir*, *kebele* and *woreda* enforced the declarations. This step obliges the law enforcing officials to take action while CD/C members and uncircumcised girls monitor violations and report to *kebele* officials for enforcement of measures.

Especially CD/C and social mobilisation for behaviour change have broadly been applied in the last several years. Awareness creation and prevention measures launched in different districts (woredas) since the turn of the new millennium have contributed to a reduction in the

prevalence of FGM/C. A series of workshops and training on gender issues, reproductive health and human rights have been conducted targeting mothers, the youth, girls, elders, religious leaders and local government. Special workshops and training have been organised for circumcisers and alternative means of income have been sought. Moreover, new partnerships with civil society organisations were entered into for focused support at community level in Afar and Somali, in order to scale up the community dialogue/conversation strategy and other interventions. In collaboration with the Pan-African Parliament and the Ethiopian Government, UNICEF hosted a high level continental parliamentary meeting on harmful traditional practices (HTP)/FGM/C. This was a good opportunity for advocacy with senior Ethiopian parliamentarians encouraging further commitment to the development of national plans of action for the abandonment of FGM/C.

The practice has persisted in several parts of the country in spite of the above mentioned concerted efforts and illegality of the practice under Ethiopian criminal law attracting a penalty of five to 20 years' imprisonment. Some regions like the regional state of Afar also adopted this law and introduced a new proclamation to further protect women against FGM/C. Change processes are complex because of the nature of the practice as a social convention, rooted in particular in societal attitudes linked to gender dynamics, marriageability criteria and family honour and status.

In the last few years a number of districts publicly pledged to abandon FGM/C and commemorated this in mass public celebrations. Table 1 presents the woredas that have recently declared abandonment of the practice from their localities.

Table 1: Localities that declared abandonment of FGM/C

Region	Woreda
Afar	Amibara
	Awash Fentale
	Gewane
	Elidar
Amhara	Achefer
Benishangul-Gumuz	Guba
SNNPR	Cheha
	Dale
Addis Ababa	Kolfe Keranio Sub City Kebele 04
	Yeka Sub City Kebele 16/17/18

Objectives

Further to the recommendations of the mid-term review, UNICEF is supporting the MoWCYA to provide direct support for the abandonment of FGM/C on a pilot basis to 20 out of the initial 300 woredas planned, helping these Woredas to declare abandonment of FGM/C. A key part of the decision to focus on 20 Woredas was the decision that *“the work in these twenty districts will be closely evaluated with a view to informing the policy making process on scaling-up the abandonment of FGM/C.”* The prime objective of this study is, therefore, to provide evidence on the extent of FGM practice thereby validating the claims for abandonment of FGM in the locations listed above in Table 1; to learn lessons from the locations covered in this study for decisions regarding how to scale-up the abandonment of FGM/C nationwide and in particular to examine the programme strategy that has been employed so far with a view to learning lessons regarding how to scale it up.

Closely related to FGM/C is the issue of early marriage. The validation work will also seek to find out in detail what the trends are in the reduction of early marriage.

Study design

In each Woreda the study will employ a quantitative survey, focus group discussions, in-depth interviews and will document the time line and costs of the state support for accelerated FGM/C abandonment.

Quantitative household survey

The quantitative method will employ a household survey. A sample of households will be drawn from each of the woredas with a view to presenting data at the Woreda level in the reporting.

A two-stage cluster sampling will be used with enumeration areas (EAs) as primary sampling units and households as the ultimate units. Preferably the sampling frame from Census 2007 will serve the selection of EAs however the consultant evaluators are welcome to make an alternative proposal. If the census enumeration areas are used households will be randomly selected from a fresh listing of households in the selected EAs with eligible female children for this study. Sample size will be determined in such a way as to enable reporting of survey results at woreda level.

Respondents for the questionnaire on daughter circumcision will be the mother or primary care giver in the absence of the mother. In view of possible understatement of the FGM/C practice, direct observation by a female enumerator could be more reliable and valid although it may entail an ethical issue.

The following are the key quantitative indicators for the validation:

Knowledge, prevalence and support of female circumcision

- Percentage of women (15-24, 25-49, 50 and above) who have participated in a community conversation/dialogue on female genital mutilation
- Percentage of women aged (15-19, 20-24, 25 and above) who are circumcised by type of circumcision.

Additional HTP related information will be collected, including on the following indicators:

- Age of marriage (15-19, 20-24, 25 and above)
- Prevalence of marriage by abduction (15-19, 20-24, 25 and above)
- Percentage of women who believe that a wife is justified in refusing to have sexual intercourse with her husband in specific circumstances (15-19, 20-24, 25 and above)
- Percentage of women who agree that a husband is justified in hitting or beating his wife for specific reasons (15-19, 20-24, 25 and above)

Focus group discussions

Six focus group discussions will be held in each Woreda with the following sex and age groups present.

Teenage girls in the aged between 13-18.

Teenage boys between 13-18

Women aged 18-34

Men aged 18-34

Women aged 35 and above

Men aged 35 and above

The aims of the focus groups are to:

- a) Elicit information regarding understanding about what FGM/C is, why it is part of the cultural practice in the location and to describe what changes there have been in use of the practice in recent years.
- b) To find out what the participants know about state efforts to encourage abandonment of FGM/C and to elicit their views on these efforts
- c) To ask them for advice on what the state should do to further the abandonment of early marriage.

- d) Elicit information regarding understanding about why it is part of the cultural practice in the location and to describe what changes there have been in use of the practice in recent years.
- e) To find out what the participants know about state efforts to encourage abandonment of early marriage and to elicit their views on these efforts
- f) To ask them for advice on what the state should do to further the abandonment of early marriage.

If marriage by abduction is an issue in the woreda then similar questions should be asked regarding the practice.

If the focus groups elicit information regarding the movement of girls to neighbouring locations to undertake FGM/C because this is a woreda where the practice has been abandoned this issue should be probed in some depth.

In-depth Interviews

In-depth interviews should be held with Woreda council chairpersons and other members of the council as well as senior police and judicial officers regarding their views on the practice FGM/C and early marriage, what they think about the laws banning these practices, their understanding of trends in the Woreda, their review of the state's efforts to encourage accelerated abandonment and their recommendations for how this support can be improved or scaled-up.

If the focus groups elicit information regarding the movement of girls to neighbouring locations to undertake FGM/C because this is a woreda where the practice has been abandoned this issue should be probed in some depth.

Documentation of the timeline of implementation of the FGM/C abandonment activities in the Woreda including costing

Information for this task will be generated by interviewing UNICEF staff and CSO and government staff who have been managing the state support to the elimination of FGM/C and by reviewing records. The intention is to document the milestones, time and costs invested by the state (supported by CSOs and the UN) to encourage accelerated elimination of FGM/C in the woreda.

Background documentation useful to help prepare the research team

For the study, the following resources would be useful.

- Investing in boys and girls in Ethiopia: Past, present and future Situation Analysis, 2010

- A study on social dynamics leading to abandonment of harmful traditional practices with especial reference to female genital cutting, 2008
- Ethiopia Demographic and Health Survey 2005
- Ethiopia Demographic and Health Survey 2000
- UNDAF Mid Term Review (2009)
- National Committee on Traditional Practices of Ethiopia (NCTPE). 1998. Baseline Survey on Harmful Traditional Practices in Ethiopia. Addis Ababa, Ethiopia

Reporting and Timeframe

A Steering Committee composed of representatives from MoFED, MoWCYA, UNICEF, UNFPA, UN Women, and other UN Agencies participating in the Joint Programme on Gender Equality and Women's Empowerment, development partners and NGOs as appropriate will be established to lead the validation work. UNICEF will be responsible for contractual issues. The consultant will complete this assignment under the direct supervision of a Chief/ADPH and Chief REPOM. The consultant will submit the inception, first draft, final draft reports and other products to the steering committee. The team leaders shall report on the progress and have meetings with the supervisors at regular intervals in the course of the assignment.

The validation study will last for three months with following key activities

Major Tasks, Deliverables and Timeframe

	Major Task	Deliverable	Timeframe
1.	Development of validation study framework, tools and methodology which will constitute the inception report.	Overall validation approach which should define: <ul style="list-style-type: none"> - Validation study questions - Household and focus group and in-depth interview guides, survey formats, data collection tools and instruments, data source - Sampling approach - Level of precision - Type of data analysis - Reference indicators and benchmarks (if relevant) 	2 weeks in October 2011
2.	Desk review of available documents on the abandonment of FGM/C including MTR report, annual and quarterly review reports, trip reports, workshop reports, partner's reports, and other relevant documents	Desk review	1 week in October 2011
3.	Data gathering (household survey, including field visits, focus group discussions, in-depth, key informant interviews, etc)	Cleaned datasets (e.g. filled questionnaires)	6 weeks in Oct/Nov 2011
4.	Workshop for validation study, steering committee for their review and comments incorporated where relevant	Workshop to review findings with the aim of discussing potential modifications to the strategies	By end of Nov 2011
5.	Drafting of validation study report with draft action plan as agreed at workshop/meetings	Delivery of draft report to steering committee	By middle of Dec 2011
6.	Dissemination and presentation of	Validation study results	By end of Dec 2011

	validation study findings to the steering committee	presented, dissemination kits (i.e. final report, PowerPoint presentation, reader-friendly summary (no more than 5pages), etc.)	
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Expected Background and Experience

The validation study will be conducted by a registered institution or a team of freelance consultants. It is proposed that the team consist of one international expert in gender study teamed with a national research firm experienced in quantitative and qualitative household surveys or two (or more) national consultants. The team leader will have the responsibility for all negotiations, decisions, and deliverables. The technical work is to be divided between the team leader and the team members.

International consultant (1):

- At least a master’s degree in planning, monitoring and evaluation, gender, child protection, social sciences or other relevant field
- At least 8 years of documented experience in programme evaluation, study including gender, gender-based violence and justice for children
- Extensive experience in working with governments, UN (UNICEF experience preferred), local authorities, beneficiaries
- Demonstrated analytical, writing and computer skills
- Excellent knowledge of English

National consultant (2-3):

- At least a master’s degree in degree in planning, monitoring and evaluation, gender, child protection, social sciences or other relevant field
- At least 8 years of documented experience in programming and study including gender, gender-based violence and justice for children
- Extensive experience in working with governments, UN (UNICEF experience preferred), local authorities, beneficiaries

- Demonstrated analytical, writing and computer skills
- Excellent knowledge of English and Amharic

Procedures for Application

Candidates should submit to the Ethiopia UNICEF a technical proposal detailing how they are going to undertake the evaluation as well as a detailed financial proposal separately.

Ethical Considerations

The evaluation will follow UNICEF guidelines on the ethical participation of children. In addition, all participants in the study will be fully informed about the nature and purpose of the study and their requested involvement.

All the documents, including data collection and analysis tools, and all the formats developed or collected for this consultancy are the intellectual property of UNICEF. UNICEF will be free to adapt and modify them in future.

UNICEF reserves the right to withhold all or a portion of payment if performance is unsatisfactory, if workplan/output is incomplete, not delivered or for failure to meet the deadline.

Terms of Payment

The consultancy fees will be based on the UN operational rate.

The payment schedule is as follows:

- 30% on signing the contract
- 40% on submitting an acceptable draft report
- 30% on submitting the final report.

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