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together for children

**Terms of Reference to conduct a Study on Social Norms related to Female Genital Mutilation (FGM) and Child Early and Forced Marriage in Kassala, North Darfur and White Nile States, Sudan**

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| **Organization** | Plan International Sudan |
| **Project title** | Obligation to Protect and Empower Girls in Sudan (OPEG) |
| **Location** | Kassala, White Nile, and North Kordofan. |
| **Project Duration** | 2 years (December 2019 – November 2021) |
| **Task Type** | Social Norms Study on FGM/C and Child Early and Forced Marriage (CEFM) |
| **Task duration**  | 40 days after signing the contract  |
| **Partners engaged in the project** | **Authorities:**National Council of Child Welfare (NCCW) and it states branches, Family and Child Protection Units (FCPUs) at states, States Ministries of Social Welfare (SMOSW), States Ministries of Education (SMoE), States Ministries of Health (SMoH)**Civil Society Organization – CSOs:**1. Sudanese Organization for Research and Development (SORD), Kassala.
2. Sudan National Committee on Traditional Practices (SNCTP), North Darfur
3. Child Rights Society (CRS), While Nile
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**1.0 Introduction to Plan International Sudan**

Plan International is an independent development and humanitarian organization that advances children's rights and equality for girls. In Sudan, Plan International has been working for more than 40 years, building powerful partnerships with and for children in over 300 communities in White Nile, Kassala, North Kordofan and North Darfur.

Plan International Sudan is implementing its new Country Strategy which covers the five-year period that runs each year from July to end of June each year. The strategy will guide Plan’s work for the 5 years in line with the government of Sudan’s development, the Sustainable Development Goals, and the child rights agenda with specific focus on the rights of girls and excluded groups. Our overarching ***goal*** is to ensure that “Vulnerable children and youth are able to realize their full potential within protective and resilient communities which respect and promote girls’ equality”. This will be achieved through five strategic

1. Vulnerable Children 6-14 years particularly girls and young women complete quality gender responsive and inclusive formal and non-formal basic education to succeed in life.
2. Vulnerable Young people particularly young women (15-35 years old) are able to decide on their lives and lead in economic, social and civic life of their communities.
3. Vulnerable children particularly girls and young women live in communities free from all forms of violence, traditional harmful practices and gender discrimination and are able to take decisions on their lives.
4. Vulnerable children particularly girls 0-5 years grow up equally valued and cared for to thrive in communities and societies that respect child rights and equality.
5. Vulnerable children, especially girls, live in resilient communities and have free and safe access to life-saving services during and after natural disasters and conflicts.

The objectives are utilizing the community and individual level mobilization to promote the attitudinal and behavioral changes which are required to support transformational change for the improvement in the child rights and gender equality situation in Sudan.

We aim to strengthen the capacity of communities, children and youth to lead their own development, and to this end we will support civil society and local organizations to monitor and support the implementation of policies and laws that create a conducive environment for the attainment of child rights, particularly those that pertain to girls and young women.

**1.2 Background and Introduction to the Social Norms Study**

The Female Genital Mutilation/Circumcision (FGM/C) and Child Early and Forced Marriages (CEFM) is a worldwide concern affecting many ethnic groups. Worldwide, over 200 million women are estimated to undergo specifically FGM/C, most of them in Africa, whereas a third underage girls, below 18 years are forced into marriages[[1]](#footnote-1).

Specifically, in Sudan, where this study is being commissioned, 86.6% of girls and women aged 15-49 years face FGM/C, with rates slightly higher in rural areas at 87.2% than in urban areas at 85.5%[[2]](#footnote-2). It is estimated that two thirds of girls aged 0-14 are at risk of facing FGM/C before reaching 15 years of age. In rural areas, 70.9% are at risk of being circumcised, compared to 56.2% in urban areas. Therefore, girls living in rural areas are more likely to be circumcised than girls residing in urban areas.[[3]](#footnote-3)

Similarly, Sudan has a high prevalence of child marriage, with 40 percent of women in the 20-24 age group reporting being married before the age of 18, and 15 percent of girls who married before the age of 15 (UNICEF Sudan, 2017). About 40 percent of married women aged 15-19 are married to a man that is at least 10 years older. The practice is slightly more common in rural than in urban areas and varies considerably across the states (Thiam, 2016). In the state of Kassala, White Nile and North Darfur, the percentage of women age 20-49 years who first married or entered a marital union before their 18th birthday are 45, 37 and 47 percent respectively.

Further, CEFM and FGM are reported to be perceived as a practice that links a girl’s sexual activity before marriage with spoiling the family “honor”. Consequently, FGM is a cruel and painful way of controlling girl’s sexuality and is believed to reduce a girl’s sexuality and reduce the likelihood of having sexual affairs prior to marriage. Evidence shows that the practice tends to be a cause of chronic infections; severe pain during urination, menstruation, sexual intercourse, problems of childbirth that may lead to child deaths; psychological trauma; and in some cases, even death. (WHO, 2017). The FGM practice in the states of Kassala, White Nile and North Darfur is 78.7%, 93.7% and 97.6% respectively.

Cognizant that 96% of the majority of women in Sudan aged 14-49 years have knowledge about FGM/C, in addition to the efforts put by Government through amendment of the criminal law and inclusion of an article that prohibit FGM practice, these need to be translated into real gains for many women and girls. Thus, this forms a basis for a research on the social norms, beliefs and attitudes to provide evidence that perpetuate FGM/C in Sudan with a focus of project locations – Kassala, White Nile and North Darfur.

Thus, Plan International Sudan, plans to commission a study by a consultant to inform advocacy and programme strategies and approached to improve the protection mechanism (both formal and informal) for women and girls at risk of being cut, in addition to influence full implementation of the laws and legislation that protects children, including the recent effort to criminalize FGM in Sudan This initiative is supported by SIDA through a four-year project being implemented by Plan International and three other consortium National NGOs (SORD, SNTCP, CRS) through a project entitled “Obligation to Protect and Empower Girls in Sudan (OPEG)” in three states of Kassala, North Darfur and White Nile.

**1.3 About the Project: Obligation to Protect and Empower Girls, Sudan (OPEG)**

The four-year project is in line with Plan International Sudan strategy 2018–2022 indicated above, with an **overall goal** to ensure ***“Vulnerable children and youth – in particularly girls and young women – live in communities free from all forms of violence, traditional harmful practices and gender discrimination, and are able to take decisions on their own lives”.***

The **project purpose** is to ensure ***“Communities, civil society and government structures to adopt positive social norms and laws to protect children's rights with a particular focus on tackling FGM and child marriage in Kassala, White Nile and North Darfur”***

The project aims to achieve **four core outcomes** and outputs underlisted in the table below;

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| **Outcomes** | **Outcomes indicators**  | **Output**  |
| **OUTCOME 1:** Communities women and men are empowered to bring about positive change in attitudes and behaviors on gender equality. | ***OCI: 1.1:****% of active community members supporting gender equality and girls right in their communities* | * 1. Communities, women and men have organized around REFLECT (Regenerated Freirean Literacy Through Empowering Community Techniques) and VS&L (Village saving and loan) groups to gain economic capacity and knowledge on positive social norms, attitudes and behaviors on gender equality and girls rights.
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| * 1. Community level institutions including schools and Parent Teacher Associations (PTAs) and child protection committees, religious leaders, have integrated community action plans to mitigate the barriers for girls equality pertaining to education, protection and livelihoods.
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| **OUTCOME 2:** CSOs and CBOs, particularly women and youth CBOs, male and female adolescents, young boys and girls have strengthened capacity to promote gender equality, social accountability mechanism and advocacy to combat FGM and child marriage | ***OCI: 2.1:****% of active CSOs and CBOs women and youth, male and female adolescents, young boys promoting and supporting gender equality, social accountability mechanism and advocacy to combat FGM and child marriage*  | * 1. National and state level CSOs and CBOS acquire organizational and technical skills and knowledge to coordinate and establish a functional alliance to combat child marriage and FGM.
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| * 1. Adolescents and young boys and girls acquired skills to establish a social accountability mechanism on girl’s rights, FGM and child Marriage and network and coordinate with existing community structures, national and continental movements on gender equality and working with men.
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| * 1. Ethnic and tribal norms that affect girls’ equality are mapped to identify strategies that promote behavioral and attitudinal change on gender equality.

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| **OUTCOME 3:** Strengthened government systems and capacities to protect and prevent child marriage and FGM and influence policies, strategies and legal frameworks on FGM and child marriage*.* | ***OCI 3.1:*** *# of government systems (MIS) strengthened and functioning and support protection and prevention of child marriage and FGM.****OCI 3.2****# of approved legislations criminalizing of FGM and changes in the family law to set 18 years for child marriage* | * 1. A pilot child rights Management information system (MIS) established to identify, prevent, refer child protection cases including FGM and child marriage from village to national level through National Council of Child Welfare in Kassala state.
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| * 1. State and national level legislators and parliamentarians have capacities to conduct policy analysis from child rights point of view to amend legal frameworks pertaining to FGM and child marriage at White Nile and Kassala state and national level.
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| **OUTCOME** 4: Strategic interventions to social norms transformation are identified | *OCI 4.1 # of strategic interventions identified and planned* | 4.1 The required researches and studies conducted to assess the situation and identify the required interventions to social norms transformation |

**1.4 Rationale/Why the Study**

Globally, there is growing consensus that more effort is needed to understand the social norms drivers that perpetuate VAWG such as FGM/C in different settings, in order to be able to drive positive social norm change. A social norm is a collectively shared belief about what others in the group actually do (what is typical) or what others in the group ought to do (what is appropriate).

Social norms are maintained by forms of positive and negative social regulations. Those who violate or fail to meet the social norms within a given reference group are likely to experience sanctions or punishment by the group, whereas those who comply may be rewarded.

Social norms are inherently gendered and determine what typical and appropriate behavior is for men and women within a reference group (which may be a family, community or wider society). Gender norms are a category of social norms that shape for example how men and women perceive themselves, how they behave within relationships, expected roles for men and women in the family and the distribution of power and resources in the household.

Having a clear understanding of social norms and VAWG promotes long–term change and is important in ensuring that the advocacy efforts and campaigns does not cause further harm or risk by inadvertently perpetuating the existing violent norms or behaviors. Interventions that aim at addressing VAWG through social norm change must be evidence based and theory driven, thus the proposed formative study. In this regard, Plan International Sudan commissions a study on FGM/C in the threes focus states of Kassala, White Nile and North Darfur in order to provide a clear understanding of the problem and inform its subsequent advocacy campaign and programme strategies and approaches to tackle the underlying issues that promotes FGM/CEFM within the mentioned states and at national level.

**1.5. Overall Study Objective**

The overall objective of this formative research is to assess and establish how communities frame, interpret and transmit social norms that promote FGM/early child marriages, including sanctions and rewards associated with the practice, and how these interpretations can help design programmes, advocacy and approaches to influence policy and practices to combat the vice.

**1.5.1 Specific Objectives:**

The study aims to achieve the following specific objectives:

1. To assess and identify social norms, practices and beliefs that promotes or discourages FGM/CEFM in Kassala, North Darfur and White Nile states in Sudan divided by ethnicity.
2. To understand different frames and narrative around social norms and how it is transmitted and perpetuated (why resist/embrace it)
3. To assess and identify the barriers and enablers for the translation of policy into practice from individual, family and community, including intuitional level
4. Map out stakeholders or other initiatives at local and national level in combating FGM/C and their areas of focus, strategies employed and gaps.
5. To make recommendations on the advocacy messaging, programme design, approaches and implementation of a campaign that will address social norms that promote FGM and early child marriages

The research findings and the recommendation are expected to help in the development of a comprehensive advocacy campaign plan for national and local level and Behavioral Change Communication Strategy aimed at transforming the social norms that perpetuate FGM and early child marriages in Kassala, North Darfur and White Niles states and potentially in other areas of Sudan, and also to reinforce government effort in scaling down the FGM/CEFM practices as a whole. Particularly, the study seeks to answer the following key questions:

1. What are some of the social norms that promote or discourage FGM/Early child marriages in the private sphere?
2. How are these social norms perpetuated and transmitted per state, underlying drivers?
3. What do the FGM local surgeons and elders (women, men) thinks and how can they be influenced to abandon the practice or what do they think about the policies and laws related to FGM?
4. What do men of marriage age (married and unmarried) think of circumcised girls
5. What are the sanctions (state regulations on social norms) for going against current or existing social norms on FGM/CEFM per state?
6. What are the rewards for upholding existing social norms? And how can that be tackled?
7. Are there any positive norms that geared towards prevention of CEFM/ FGM?
8. What are the enablers or barriers for translating the national law/policy to state regulations
9. Does law/policy change translate to change in practice? If so, to what extent? If not, why not?
10. What are some of the best practices or initiatives put in place by CSO’s in addressing the FGM/CEFM
11. What are some of the initiatives by parents/families and communities put in place to that has led to actual reduction and abandoning of FGM/Forced or early child marriages and how can these be replicated in the project locations?

**1.6 Scope of the Study**

The study is planned to be completed within 40 days (October 2020) after signing the contract and will be conducted in the three states of Kassala, White Nile and North Darfur. These states are part of the project focused areas of implementation where Plan International Sudan has partnered with three national NGOs (SORD, CRS and SNTCP). Just like any other state in Sudan, the practice of FGM/C is prevalent in these states. The consultant will be expected to work closely with Plan International Staff and Partners at field levels to select and sample localities as may be determined.

The data collection should be obtained from girls 7-14 girls ( for FGM questions) and girls and boys age 12-18 years (in school and out of school married and non-married ); marriage age men (married and unmarried) seeking their opinion on FGM and if they can marry non-circumcised girls or not; Parents, women married and non-married, persons with disability, school teachers, midwives, law-enforcement staff, medical students, community leaders and local community structures; relevant duty bearers and local government and relevant CSOs working with gender equality and women empowerments issues and child protection. We need to consider ethnicity as selection and disaggregation factor.

**1.7 The Study Population**

The study is expected to target primarily an array of core actors such as rightsholder beneficiaries (girls and boys), and duty bearers. They may include but not limited to the following categories:

* Adolescents and Young people (CAY)–from youth groups, schools or youth representatives; both male and female;
* Marriage age men (married and unmarried) to seek their opinion on FGM and if they can marry non-circumcised girls or not, and why
* Saleema Groups members
* Circumcised women seeking re-circumcision
* Traditional/professional surgeons for FGM
* Religious leaders; both Muslims and other existing denominations
* Medical professionals–selected medical officers and midwives at the referral hospital.
* Local FGM/C Surgeons; if possible
* Parents–mother and father-identified and sampled.
* State government leaders and technocrats, including Gender Officer
* Women leaders (politicians, local groups leaders) and activists at state level
* Judicial Officers–Magistrates, Police, Prison etc.
* CBOs/CSOs engaged in the campaign to reduce FGM/C

**1.8. Sampling**

The researcher is expected to demonstrate and propose the sampling size, sampling frame and sampling methods for the study population indicated in 1.7 above. The researcher must demonstrate how the respondents, communities or villages will be sampled.

**1.9 Approach and Methodology**

The consultant is expected to conduct a desk review for the available FGM/early child marriage literature to back of the formative research. In addition, the consultant must outline clearly how respondents will be invited and selected, to demonstrate the quality and representativeness of the data, taking into consideration any available data related to the area of study. The expectation is that this assignment will involve multi-site data collection activities, exercise cultural sensitivity, and apply both quantitative and qualitative methods for data collection. The consultant must demonstrate capacity to use participatory tools including but not limited to desk review, in-depth interviews, key informant interviews, focus group discussion, and participatory rural appraisal with CSOs, government stakeholders and other project beneficiaries (including children and youth groups).

Methods needs to be age appropriate and the best interest of the children participating needs to be ensure before, during and after the study. The consultant should clearly state appropriate analytical tools including integrated qualitative-quantitative analysis. Plan International Sudan retains intellectual property rights to the data, materials, and deliverables produced under this assignment and the consultant will do everything necessary to give effect to this assignment

Plan International is committed to ensuring that the rights of those participating in data collection or analysis are respected and protected, in accordance with Ethical MERL Framework and our Global Policy on Safeguarding Children and Young People.

**1.10 Time Frame**

The whole process, including production of the final product is expected to take 40 days. The consultant will propose a timeline and adhere to the schedule proposed. There will be an ongoing engagement between the consultant and the focal point within Plan International regarding any issues of concern during the research period.

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| **#**  | **Key Deliverables/Outputs**  | **Approximate Due Date after signing Contract** |
| 1 | Desk review, data collection and field work  | 5 days  |
| 2 | An inception report highlighting operational methodology and detailed work plan  | 2 days  |
| 3 | Validation of data collection tools and process local agreements/ authorization  | 1 day |
| 4 | Field work and data collection exercise from the field locations (Kassala, North Darfur and White Nile states) | 18 days  |
| 5 | First draft report for feedback from the Plan International and partners  | 3 days  |
| 6 | Power point presentation on methodology, key results and recommendation of the study  | 1 day  |
| 7 | Validation workshop to present the findings | 1 day  |
| 8 | Final study Report  | 7 days  |
| 9 | A summary report (maximum 10 pages) hard & soft copy both in Arabic and English. | 2 days  |
|  | **Total Number of Days**  | **Total = 40 Days**  |

**1.11 Role of Plan International Sudan:**

* Appointment of lead field researcher and a team of enumerators
* Allocate a dedicated staff to oversee and supervise the implementation of the research
* Work with the lead researcher/consultant to develop and review the tools
* Provision of project documents (the Proposal, result framework, and risk assessment).
* Provide linkages to relevant resources and information available.
* Facilitate the approval of the study with local authorities in the three states.
* Conduct start-up meeting with the research team before the mission to the fields.
* Provide financial support to the consultant on time based on signed contract agreement.
* Ensure the consultant and the working team understand the safeguarding policy and code of conduct.
* Ensure consent forms are available and used by the working teams.
* Ensure quality control during the whole process of the research.

**1.12 Intended Users of the Study Report**

The primary user of the report will be Plan International, the implementing partners. Secondary; the Swedish International Development Agency (SIDA) as the donor of this project. Thirdly, relevant government line ministries like the State Council of Child Welfare (NCCW) and Ministry of Social Welfare as well as another sister organization.

**1.13 Deliverables and Outputs:**

Below are the expected deliverables by the consultant based on close consultation with the Project Manager:

* An inception report
* A draft report in English with two rounds of feedbacks from Plan, should be expected. Please refer to (Annex 1) for the structure of the baseline report.
* Final comprehensive research report submitted in electronic version incorporating the main benchmarks, recommendations and findings on FGM/Early/forced child marriage and any related facts about violence against women and girls
* Ensure systematic baseline database produced and delivered with final report along with recommendation of targets for performance evaluation.
* Power point presentation of the methodology, key results/findings and recommendation of the findings (to be presented in a validation workshop with key stakeholders).
* A summary report (5 pages) hard & soft copy both in Arabic and English.
* Provide final version of data collection tools
* Approval from a government department/ethics body

**1.14 Expertise and Experience of the Researchers/Consultant**

The consultancy team should be a multi-disciplinary to ensure covering the following skills:

* Track-record of previous high-quality research experience, including using participatory approaches particular in the areas of protection and social norms.
* Proven ability and outstanding experience to manage in-depth qualitative research by handing an example of qualitative assessment undertaken earlier.
* Familiar with participatory approaches and having strong participatory methodology and experience,
* Experience in carrying out research with children and adolescents will be an advantage,
* Have a minimum of a BSC degree in the fields of Social Sciences, Anthropology or any other related fields. Advance degree is a plus as well as psychosocial/behavioural issues.
* Know how to undertake desk reviews, as well as qualitative and quantitative data collection & or evaluations
* Technical competence in child protection and community development
* Has good understanding on issues of Violence against women in Sudan, including FGM/forced/early marriage and the sensitiveness, safeguarding needed for children.
* Have solid understanding of the situation of the country, local context and the ongoing changes.
* Aware of gender equality, gender transformations and responsive programming
* Excellent communication skills (written and oral) in English and Arabic/local language.
* Proven ability to publish concise, focused, and easily understandable research/studies and assessment reports.

**1.14 Application Process & Requirements**

Interested Consultant must submit the following documents:

1. **Cover Letter,**
2. **CV of the firm and the research team members** involved in the study process with reference details to previous clients and the team/individuals involved in this work with their CVs
3. **Sample of previous work** in similar consultancy work. It can be a part of the CV,
4. **Technical proposal** to conduct the study based on the project background, project logic and results framework: The detailed technical proposal should:
* show a thorough understanding of this term of reference,
* plan for the research to conducted (detailed timeframe, including dates for submission of first draft and final report),
* proposed methodologies appropriate given the objective of the research
* include a description of the methodology to be used
* demonstrate how to collect and manage the quantitative and qualitative information.
* demonstrate approaches that will be used to ensure child protection and ethics and principles will be applied throughout the design and data collection phases of the study, and how targeted people will be included.
1. **Tentative financial proposal (budget) containing:**
* consultancy fees/costs,
* field data collection expenses broken down by team members, number of days, fees per team member according to the level of involvement and number of days required from each,
* travel, communication (internet, mobile credit) and administrative expenses,
* any other related costs and required for the proper conduction of the survey,
* Plan will cover the cost of meeting for presentation and validation of the results.
* In case of institution paying VAT you should include it in financial budget.

**Applications**

If you have experience of working in a similar capacity, meet the above profile and want to make an active and lasting contribution to protection of children in Sudan, please submit your proposal including your financial proposal and documents in a sealed envelope on or **before 4:30 pm of Sunday 5th October, 2020** to operations Department at: Plan International Sudan, The Nile Tower, Fourth Floor/ Block 10, Building #20, Street 63/, Alimtedad, East Khartoum/ The envelop must be marked with the title of the assignment. So, you can submit your detailed proposal to Ahmed Mohamed Ibrahim – Procurement Specialist via his email Ahmed.Ibrahim@plan-international.org​ with copy to Paul Collins Okello, Project Manager in his email: paul.okello@plan-international.org

 Kindly note that the closing date of submission above and please.

1. **Ethical Considerations**
* The study objectives should be clearly explained to all the respondents of the study before gathering data from them.
* No one will be forced to provide information for the study.
* The Study team will be abstained from collecting data from those who will deny or show any kind of disinterest in providing information.
* As a minimum, the interviewer should sign that consent has been provided before collecting data and oral/verbal consent of the respondents would be considered.
* The study team will be highly committed to the respondents to keep the privacy of their information and source of data and put heartiest endeavor to be unbiased in collecting data.
* The study report will not reveal the identity of the respondents.
* The collection and analysis should be in line with the Framework for ethical Monitoring, Evaluation, Research and learning (MERL) guidelines.
1. **Safeguarding Children and Young People Policy (SCYPP)**

The firm/individual shall sign and comply with Plan’s Safeguarding children and Young People Policy of and any violation /deviation in complying with Plan’s SCYPP will not only result-in termination of the agreement but also Plan will initiate appropriate action in order to make good the damages/losses caused due to non-compliance to the policy.

1. **Bindings**

All documents, papers and data produced during the assessment are to be treated as Plan’s property and restricted for public use. The contracted agency/consultant will submit all original documents, materials and data to Plan International Sudan in the Country office.

1. **Disclaimer**

Plan International Sudan reserves the right to accept or reject any or all proposals without assigning any reason what so ever.

**Annex to be provided to selected candidate:**

1. Final Report guidelines – will be provided
2. Safeguarding children and Young People Policy
3. Plan’s Monitoring, Evaluations, Research and learning (MERL)
1. Evidence to combat FGM/C: Exploring the association between FGM/C and early/child marriage: a review of the evidence, 2017 [↑](#footnote-ref-1)
2. UNICEF 2016: Female Genital Mutilation/Cutting (FGM/C) and Child Marriage in Sudan [↑](#footnote-ref-2)
3. UNICEF 2016: Female Genital Mutilation/Cutting (FGM/C) and Child Marriage in Sudan [↑](#footnote-ref-3)