

**Terms of Reference for Baseline Study for the Joint NCA/SCI FGM-CEFM
programme-Phase IV
2025-2029**

Grant	FR1005 Norad Grant Agreement Civil Society 2025-2029 (QZA-24/0188)
Evaluation type	Baseline Study
Thematic area(s)	Gender Based Violence (GBV)
Project/Program	Joint NCA/SC FGM-CEFM Programme Phase IV
Program Goal	To contribute towards the elimination of CEFM and all forms of FGM/C in targeted communities
Location	Bosasso, Gardo, Iskushuban, Bayla, Dahar, Garowe, Eyl, Dandorayo in Puntland state and Dollow, Luuq, Belet Hawa and Kismaiyo in Jubaland state of Somalia.
Total Direct Target beneficiaries	Total Target: 129,267 Male: 21,738 Female (adult women): 50,762 Girls (adolescent/younger): 32,470 Boys: 14,500 Other groups (faith actors, CSOs, duty bearers, etc): 6,375
Tentative Start date	
Procurement File No.	NCA 1069

1 CONTEXT AND PROGRAMME BACKGROUND

Norwegian Church Aid (NCA) is a diaconal organization established in Norway to work with people around the world to eradicate poverty and injustice. Our vision is “Together for a Just World”. NCA began its work in Somalia in 1993, following the humanitarian crisis caused by the collapse of the central government in 1991. In 2004, NCA became active in Puntland state following the Tsunami, - supporting food security and livelihoods, Water Sanitation and Hygiene (WASH) and Gender Based Violence (GBV) and peacebuilding interventions. In 2008, NCA expanded its operations to the Banadir region implementing WASH, GBV, and livelihood activities in emergencies. NCA works both directly

through field offices and indirectly through Somali local partners. With over three decades of continued presence, NCA has gained community trust and confidence and has maintained access to the most vulnerable populations despite increased insecurity in some areas. The organization has since maintained its presence in Jubaland, Puntland and Banadir responding to food security and livelihoods, water, sanitation and hygiene, gender-based violence, Food security and livelihoods, education and peacebuilding. The country programme has its Country Office in Mogadishu, two area field offices, one in Garowe in Puntland state, and the other in Dollow in Jubaland state.

A period of over 90 years, Save the Children International (SCI) has been making a difference in children's lives in more than 120 countries. Save the children is the world's largest independent child rights organization, underpinned by a vision in a world in which every child attains the right to survival, protection, development, and participation. SC's mission is to inspire breakthroughs in the way the world treats children, and to achieve immediate and lasting change in their lives. SCI is an equal opportunity organisation dedicated to the core values of Accountability, Ambition, and Collaboration, Creativity, and Integrity. SCI culture is embedded in these values, along with a strong commitment to our Child Safeguarding Protocol, ensuring that all representatives of Save the Children demonstrate the highest standards of behaviour towards children both in their private and professional lives. Save the Children in Somalia/Somaliland has over 40 years been working in partnership with Civil Society Organizations.

1.1 NCA/SC JOINT PROGRAMME TO END FGM AND CEFM IN SOMALIA

The joint program to end Female Genital Mutilation (FGM) and Child, Early and Forced Marriage (CEFM), 2025–2029 aims to contribute towards the elimination of FGM and CEFM in Somalia, building on lessons and achievements from the previous phases. The program is being implemented by Norwegian Church Aid in partnership with Save the Children, KAAALO Aid and Development, SEDHURO and Puntland Minority Women Development Organisation (PMWDO), in collaboration with Ministry of Women Development and Family Affairs (MoWDFAFA) and the Ministry of Justice, Constitution, Rehabilitation and Religious Affairs (MoJCRAR) with funding support from Norad. Female genital mutilation remains widespread in Somalia, with a prevalence rate of approximately 98% among women aged 15–49, according to the 2018 Somalia Health and Demographic Survey (SHDS). This shows the urgent need for continued multi-sectoral efforts; thus, this program will therefore integrate advocacy with practical interventions, strengthening policy enforcement while mobilizing religious leaders, youth, community groups, and health professionals to shift social norms and practices. The program's geographical focus will cover 12 districts: Bosasso, Gardo, Iskushuban, Bayla, Dahar, Garowe, Eyl, Dandorayo, Dollow, Luuq, Belet Hawa, and Kismaiyo.

2 THE JOINT PROGRAMME HAS THE FOLLOWING FOUR OUTCOMES:

- 1) **Outcome 1:** Women, girls, and boys are empowered to promote gender equality towards zero tolerance to FGM/CEFM.
- 2) **Outcome 2:** Dominant social norms transformed to protect girls and women from FGM and child marriage.
- 3) **Outcome 3:** Women and girls at risk of and/or survivors of FGM and CEFM have improved access to specialised, inclusive and multisectoral services.
- 4) **Outcome 4:** Strengthen and support coordination initiatives to enhance development, enactment, and enforcement of laws, policies and strategies to end FGM and CEFM.

3 PURPOSE OF THE BASELINE, STUDY, SCOPE, AUDIENCE, AND USE

3.1 PURPOSE OF THE BASELINE

The purpose of this baseline study is to establish the starting point for the 2025–2029 phase of the joint programme to end Female Genital Mutilation (FGM) and Child, Early and Forced Marriage (CEFM) in Somalia. The study will also be used to provide evidence on current knowledge, attitudes, practices, of the target communities on FGM/CEFM in both new and continuing programme locations. This knowledge will be used to establish baseline values, generate learnings that will inform the program implementation and adaptive strategies.

3.2 THE KEY OBJECTIVES OF THE BASELINE STUDY ARE TO:

- Establish the baseline values for outcome and impact indicators in all target locations (new and continuing) to enable objective measurement of progress attained at the end of the project period
- To generate context relevant evidence for evidence-based programme design, annual planning, and budgeting.
- Provide insights into the policy and community-level environment, including the roles of religious leaders, youth, and women’s groups in influencing decisions on FGM and child marriage.
- Identify potential barriers and opportunities for change on FGM and CEFM practices at household, community, and institutional levels.
- Generate recommendations to guide implementation approaches, strengthen intervention models, and support adaptive learning throughout the programme cycle, drawing on evidence-based practices and relevant academic and grey literature on social norms and stigma change.

4 SCOPE OF THE EVALUATION

4.1 Geographical Locations

The 2025–2029 phase of the joint programme will be implemented across twelve districts in Puntland and Juba land state of Somalia. The programme expands its geographical coverage by including new locations while continuing interventions in previously targeted areas. This baseline evaluation will therefore cover both new and existing districts to establish comprehensive starting points for monitoring progress and assessing changes over the programme cycle.

S/N	State	Region	District	Implementing agency
1	Puntland	Bari	Bossaso	PMWDO/SC
2	Puntland	Bari	Iskushuban	PMWDO/SC
3	Puntland	Karkaar	Gardo	PMWDO/SC
4	Puntland	Karkaar	Bayla	PMWDO/SC
5	Puntland	Sanaag	Dhahar	PMWDO/SC
6	Puntland	Nugaal	Garowe	NCA Puntland & KAALO
7	Puntland	Nugaal	Eyl	NCA Puntland & KAALO
8	Puntland	Nugaal	Dandorayo	NCA Puntland & KAALO
9	Jubaland	Gedo	Dollow	NCA Gedo and SEDHURO
10	Jubaland	Gedo	Luuq	NCA Gedo
11	Jubaland	Gedo	Belet Hawa	SEDHURO
12	Jubaland	Lower Juba	Kismaiyo	SEDHURO

5 APPROACH AND METHODOLOGY

The baseline study is required to employ both quantitative and qualitative methods to establish benchmark values for the programme's impact and outcome indicators across the 12 target districts. The consultant is expected to use mixed-methods approach that will capture both statistical measures and rich contextual insights and evidence to guide programme implementation. The quantitative methods will be used to survey adults, youths, and adolescents in the targeted communities to measure their Knowledge, Attitudes, and Practices (KAP) on FGM and CEFM, as well as outcome indicators such as agency, decision-making, and attitudes towards gender equality. Sampling will be representative across both new and continuing programme locations, with appropriate

disaggregation by gender, age, and disability status. The consultant is also expected to propose a detailed sampling strategy in the inception report, ensuring methodological rigor and representativeness. The consultant will also use qualitative methods to collect information through focus group discussions (FGDs), key informant interviews (KIIs), and participatory approaches with a wide range of stakeholders to capture perceptions, social norms, and community dynamics that influence FGM and CEFM practices. Stakeholders will include beneficiaries/right holders, such as religious and community leaders, women and girls' groups, male champions, duty bearers/government, teachers, health professionals, local administration and government representatives, as well as NCA and SCI and partners. The consultant will also be required to conduct a document and literature review, focusing on the most recent available data and studies (preferably within the last 2–3 years) on FGM and CEFM in Somalia. All data that will be collected must be disaggregated by age, gender, and disability status, unless otherwise agreed.

5.1 Programme Impact and Outcome Indicators

Impact Result: To contribute towards the elimination of CEFM and all forms of FGM/C in targeted communities
Percentage of girls and women aged 15-49 years who have undergone FGM
Percentage of girls aged 0 to 14 years who have undergone FGM
Percentage of women aged 20 to 24 years who were first married or in union before age 15 and before age 18
Percentage of girls aged 15 to 19 years of age currently married or in union
Outcome 1: Women, girls, and boys are empowered to promote gender equality towards zero tolerance to FGM/CEFM
1.1 Proportion of girls who become agents of change after completing a girls empowerment/capacity development package (NCA GLOBAL GBV 1.1.) <i>(Not applicable at baseline)</i>
1.2 Percentage of women aged 15-49 who exercise agency in making decisions related to elimination of FGM (NCA GLOBAL GBV 1.2.)
1.3 % of girls and boys who hold positive attitudes towards gender equality and equal rights for girls and boys
1.4 % of women (and girls?) who decide how their income earned from IGA will be used
Outcome 2: Dominant social norms transformed to protect girls and women from FGM and child marriage

2.1. % of people who do not support the continuation of (all forms) of FGM (disaggregation by children and adults)
2.2. % of people who do not support the continuation of CEFM (disaggregation by children and adults)
2.3. % of male and female caregivers and community members who report having taken action to prevent or respond to violence against children including FGM and/or CEFM (NCA GLOBAL GBV 2.1.) <i>(existing community action before programme interventions to be measured)</i>
2.4. Proportion of communities that have made a public declaration of abandonment of FGM. <i>(To be measured to establish whether any communities have already made declarations prior to programme interventions)</i>
NCA GLOBAL GBV 2.2. Narrative with concrete stories/cases of change that highlight how individuals/families/communities have challenged and transformed harmful norms and practices. <i>(Not applicable at baseline)</i>
Outcome 3: Women and girls at risk of and/or survivors of FGM and CEFM have improved access to specialised, inclusive and multisectoral services
3.1 % of girls and women who are aware on where to seek support services on FGM
3.2 % of girls and women who are aware on where to seek support services on CEFM
3.3 % of girls and women affected by FGM who accessed more than one support services in the last 12 months
3.4 % of girls and women affected by CEFM who accessed more than one support services in the last 12 months
Outcome 4: Strengthen and support coordination initiatives to enhance development, enactment, and enforcement of laws, policies and strategies to end FGM and CEFM
4.1 # of strategies (2) policies (1), and laws (2) enacted and enforced to protect women and girls from FGM <i>(baseline will map and document existing strategies/policies/laws in place)</i>
4.2. # of strategies (1), policies (2) and laws (1) enacted and enforced to protect women and girls from CEFM <i>(baseline will map and document existing strategies/policies/laws in place)</i>
4.3. % of Policymakers who have taken actions against FGM/C and CEFM.

5.2 ETHICAL CONSIDERATIONS:

The consultant must adhere to high ethical standards given the cultural, religious, and gendered dynamics around Female Genital Mutilation (FGM) and Child, Early and Forced Marriage (CEFM). The consultant must provide detailed information on how they will safeguard ethical principles and adhere to ethical standards, including informed consent, confidentiality, and safeguarding of children and

vulnerable groups. The consultant should detail the measures they will put in place to ensure “DO NO Harm,” principle. Because the data are highly sensitive, the consultant must include a Data Management Plan (DMP) in the technical proposal by at minimum, specifying Anonymization / Pseudonymization, Storage & Access Controls and Proposed retention periods.

6 EVALUATION TIMELINE

DATE	ACTIVITY	DELIVERABLES	DAY
3	<ul style="list-style-type: none"> Initial business meeting with selected consultant. Workshop/Meeting for planning evaluation Agree/Finalize the evaluation design/methods. Prepare field schedule 	Inception report, including desk review, detailed methodology, and detailed workplan.	24 days
4	<ul style="list-style-type: none"> Field data collection by external consultant team 	<ul style="list-style-type: none"> Raw data from HH survey. KII/FGD notes 	26 days
6	<ul style="list-style-type: none"> Review of the draft report by the Evaluation Working Group. Consultant address comments for WG Final report submitted. 	<ul style="list-style-type: none"> Evaluation summary Final report with clear findings and recommendation in English 	23 days
Total days for the consultant to finish the assignment			73

7 LIST OF KEY DELIVERABLES

- Inception report including desk review and detailed description of methodology including draft tools and detailed workplan with timelines(dates) and budget
- Reference Manual mapping each indicator to the specific survey questions and detailing indicator calculation methods (numerator, denominator, and formula).
- Revised data collection tools for review.
- Final data collection tools
- Draft translated data collection tools.
- Final translated data collection tools.
- Draft Baseline evaluation report.
- Raw and cleaned final data – (Excel/CSV, anonymized or pseudonymized) plus codebook.

- Final evaluation report, which should include the analyses of the findings, lessons, learned and specific actionable recommendations.
- Presentation/validation workshop including PowerPoint presentation on the main findings and key recommendations.

8 N.B; THE DRAFT AND FINAL EVALUATION REPORTS NEED, AS A MINIMUM, TO CONTAIN THE FOLLOWING COMPONENTS:

- Executive summary (publishable, max. 3 pages)
- Background
- Literature Review
- Methodology (quantitative and qualitative)
- Findings with impact and outcome indicator-by-indicator values, at minimum disaggregated by gender and age or as defined by the specific indicator and supporting analysis of these findings.
- Discussion and analysis structured around the baseline study objectives.
- Recommendations based on the data collected and existing evidence in the literature and drawing on evidence-based practices and academic/grey literature on social norms and stigma change, to guide implementation approaches, strengthen intervention models, and support adaptive learning throughout the programme cycle.
- Conclusion
- Recommendations
- Evaluation Summary (Template to be provided)

Annexes

- ✓ Annex 1 – Evaluation matrix addressing evaluation questions, indicator by indicator – description of approach (method(s), sampling framework, sample size calculation, etc.)
- ✓ Annex 2 – Final data collection tools used (both in English and translated to Somali).
- ✓ Annex 3 – Full ToR

9 SUBMISSION CRITERIA

PART A: TECHNICAL PROPOSAL

- The Technical Proposal shall be straightforward and concise, describing how the consultant intends to carry out and deliver on the above-mentioned task. No cost or pricing information is to be included in the technical proposal.
- Technical proposals are limited to 15 pages in total. Organizational Information, CVs of proposed personnel, and examples of previous relevant work are to be included in an Annex. The page limitation does not include key personnel resumes, dividers, and past performance report forms.

- Bidders are encouraged to provide an Annex, or “portfolio,” of samples demonstrating experience performing similar activities. The Annex can include copies of photographs, other visual representations, and media/social media clippings.

The technical proposal shall be formatted using the following sections:

Technical Approach

- The bidder shall demonstrate understanding of the assignment and overall approach to conducting the baseline evaluation.
- The proposal should clearly describe how the baseline will be designed, structured, managed, and executed to meet NCA/SC objectives, with attention to quantitative and qualitative methodologies, sampling, indicator measurement, and ethical considerations.
- The Technical Approach must include a timeline or Gantt chart of the deliverables required to execute this project.

Capability Statement

- The bidder shall demonstrate specialized competence in conducting baseline or endline evaluations in the fields of gender equality, harmful practices (FGM/CEFM), child protection, or related thematic areas.
- The bidder shall demonstrate they have the required personnel and organizational capacity to comply with the contract requirements and deliver quality outputs.

Past Performance

- The Bidder shall provide at least three (3) examples of past performance of conducting similar evaluations. The past performance examples must be within the last three (3) years and similar in scale and relevance (e.g., baseline or endline studies, FGM/CEFM programming, gender and protection evaluations).
- Each example must include references with name, title, phone number, and email address.
- The firm’s technical lead/individual consultant must have at least a PHD or master’s degree in gender studies, social sciences, public health, development studies, or related qualifications, with proven expertise in evaluating development or humanitarian programmes.
- The technical lead must have at least 6 years of experience working with international organizations and donors on monitoring and evaluation, preferably in the Horn of Africa/Somalia context, with demonstrated experience on gender, protection, or social norm change programmes.

Personnel/Staffing

- A summary describing the proposed staff for the project, including up to three team members. The summary shall include names, relevant qualifications of similar experience, and the proposed role for

each individual. A Team leader/Project Manager must be identified with a minimum of five years' experience in related project management.

- The bidder must also include the CVs of the key staff members involved in the Project, including the Team Leaders/Project Managers and up to 3 Team members. Each CV should not exceed three (3) pages.

PART B: Financial PROPOSAL

- The bidder shall propose a realistic and reasonable cost for this work.
- The cost should be in US dollars and include all applicable local taxation. The financial proposal shall clearly list all costs associated with the assignment.
- Items described in the technical proposal but not priced shall be assumed to be included in the prices of other items or at the consultant's own cost.

PART C: Baseline study logistics and other support

- The consultant is responsible to cover their logistical arrangements and cost including food, accommodation and local transport and all costs associated with data collection work and other activities required to submit all deliverables specified above.
- NCA, SC and local partners will support the consultant at field level in mobilisation of target community during the evaluation.

EVALUATION CRITERIA

- This solicitation is open to individuals or local firms/companies registered in Somalia, specializing in research.
- The selected Consultant will be responsible for designing and executing all activities outlined in this Request for Proposal in coordination with NCA.
- Proposals will be evaluated using quality and cost-based selection, with a total score calculated out of 100% of which 80% is the weight of the technical proposal and 20% is the weight of the financial proposal.

Proposals meeting the mandatory requirements will be evaluated for technical merit based on the criteria in the below chart. Those proposals scoring 65 points or higher (out of 80 points) will be considered for cost-effectiveness Section	Description	Maximum Points
Technical Approach	Proposed structure, design and approach to conducting the baseline evaluation and understanding of the assessment FGM/CEFM including knowledge of harmful practices and	35

	<p>social norms and demonstrated attention to ethical considerations in GBV/FGM/CEFM Research and quality of proposed data management approach (25 points)</p> <p>Timeline or Gantt chart of the activities required for evaluations are logic, realistic and demonstrate efficiency. (10 points)</p>	
Capability Statement	Demonstrate the necessary organizational systems and personnel to successfully comply with the contract requirements and accomplish the expected results. Specialized competence in baseline/evaluations, mixed methods and analysis (15 points)	15
Past Performance	<p>Inclusion of at least three relevant pasts performance examples of similar assignments. (10 points)</p> <p>References provided by past clients for these examples and their evaluation of the bidder's ability to deliver on time and within quality and budget expectations. (5 points)</p>	15
Personnel/Staffing	Qualifications and past relevant experience of the lead consultant and up to 3 team members proposed to fulfil the requirements of this scope of work. Demonstrated expertise in FGM/CEFM, social norms change, gender equality and child protection including proven experience working in Somalia. (15 points)	15
Technical Evaluation Threshold (only offers that receive a technical evaluation score of 65 and above points (out of 80) will be considered for cost evaluation.)		
Cost Evaluation	<p>The financial proposal will be evaluated using the following formula:</p> $FS = 20X \frac{\text{Lowest Price}}{F}$	20
Total Points		100

HOW TO APPLY

Please note that companies missing any of the below documents will not be considered in the technical evaluation.

1. Proposal Submission Form duly completed and signed by the Candidate.
2. Valid certificate of business license or similar document of Somalia federal state and federal Member Government.

3. Valid tax registration, tax clearance certificates or similar documents, and where applicable advance tax clearance certificate of Federal state and federal Member Government. i.e., Jubaland and Puntland.
4. Information on ownership structure (Name of directors of the company / Owner
5. List three corporate clients (attach documentary evidence which may include copies of Similar Contract assignments issued in the last 3 years

Interested and qualified consultant(s) should submit their technical and financial proposals to Procurement.Somalia@nca.no with the e-mail subject line clearly marked; Consultancy Service for Baseline Evaluation for the Joint NCA/SC FGM-CEFM programme on or before **21st October,2025**.