

Kenya programme mid term review - terms of reference (TOR)

Background

Summary

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| Project name | Accelerating an end to FGC amongst the Maasai and Samburu communities |
| Project reference | KEN20-01 |
| Project duration | 39 months (February 2020 - April 2023) |
| Project partners | Orchid Project, Coalition on Violence Against Women and Girls (COVAW) and S.A.F.E. Kenya |
| Project funders | Human Dignity Foundation and others |
| Project location | Narok county (incl. Loita Hills) and Samburu county |
| Project impact | Reduction in prevalence FGC by 10-19% |

Context

In November 2019 Orchid Project, Coalition of Violence Against Women (COVAW) and S.A.F.E. Kenya formed a consortium and collaborated to design an ambitious three year programme to reduce the prevalence of female genital cutting (FGC) amongst the Maasai and Samburu communities in Kenya. The programme commenced on 1st February 2020 and is due to end on 30th April 2023.

FGC is a violation of human rights held in place by social norms and gender norms. The practice can lead to lifelong trauma and has significant cost implications on the healthcare system of the countries in which it is practiced. While the national Kenyan FGC prevalence rate has declined in recent years, from 37.6% of women aged 15-49 in 1998 to 21% in 2014¹, prevalence rates in the Maasai and Samburu ethnic groups are some of the highest in the country at 78% and 86% respectively². With annual population growth UNICEF³ estimates that progress must be significantly faster in order to achieve the UN Sustainable Development Goal 5.2 ‘Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation’⁴. Kenya has strong political will, President Kenyatta has pledged to end FGC by 2022⁵, an active Anti-FGM Board⁶, a semi-

¹ <https://www.28toomany.org/country/kenya/>

² <https://dhsprogram.com/pubs/pdf/FR308/FR308.pdf>

³ “An investment for the future”, UNICEF (2018)

⁴ <https://sdgdata.gov.uk/5/>

⁵ <https://kenya.unfpa.org/en/news/presidential-commitment-end-female-genital-mutilation-2022>

⁶ <http://www.antifgmboard.go.ke/>

autonomous governing agency working to uphold the 2011 FGM Act that prohibits the practice⁷, and national policy⁸, refreshed in 2019, to strengthen coordinated efforts to end FGC.

The ‘Accelerate an end to FGC amongst the Maasai and Samburu communities in Kenya’ project is focused on reducing FGC prevalence across all 6 sub-counties in Narok including Loita Hills, as well as in Samburu county, specifically in Westgate conservancy and Nyiro. Through a combination of community dialogue forums engaging the whole community in discussion about how FGC can end, complemented by radio shows and performance tours to raise awareness of FGC, our consortium is committed to reducing FGC prevalence rates within the Maasai and Samburu communities by 10-19% points by April 2023. This programme is funded by Human Dignity Foundation and supported by other donors.

Project objectives

As stated above our programme is ultimately aiming to contribute to a measurable reduction in FGC prevalence by 10-19% over three years within Kenyan Maasai and Samburu communities. Our project theory of change outlines the following short-term and long-term objectives:

Outcome 1: FGC is no longer perceived as a key part of culture

In Maasai and Samburu communities FGC is currently a prerequisite for girls to graduate into womanhood. It is an important part of the rite of passage ceremony, which is an important part of the culture. By working with communities to separate FGC from culture, individuals can choose to abandon FGC free from the fear that they are betraying their culture.

Outcome 2: Enabling environment supporting community change

If all key stakeholders have a shared forum to discuss how FGC affects them and how it can end, they can collectively decide to end cutting. Developing an enabling environment means creating positive, safe, structures and encouraging key actors to ensure the wider community feels supported in their journey towards abandonment, which in turn accelerates change. The engagement of local leadership within communities is crucial, as this further “gives permission” for community members to choose alternatives to cutting.

Outcome 3: Increased status/opportunity for girls and women in communities

In Maasai and Samburu communities, a woman’s value is closely tied to her role as a mother and wife, and FGC is believed to ensure this. A crucial driver for ending FGC is expanding the sphere of opportunity that women and girls have access to in communities, especially with regards to equal participation in public life, opportunities to demonstrate leadership, and full access to education. When girls and women are seen as more than just mothers and wives, FGC becomes much less valued, helping to accelerate the abandonment of the practice.

⁷http://kenyalaw.org/kl/fileadmin/pdfdownloads/Acts/ProhibitionofFemaleGenitalMutilationAct_No32of2011.pdf

⁸<https://gender.go.ke/wp-content/uploads/2019/10/NATIONAL-POLICY-FOR-THE-ERADICATION-OF-FEMALE-GENITAL-MUTILATION-.pdf>

Short term outcomes:

- Community members have increased knowledge of FGC and human rights
- Key influencers are taking action against FGC
- Viable alternative options to FGC exist in the community
- There is increased visibility in regards to change towards FGC in the community
- There is increased collaboration between key stakeholders towards ending FGC
- Women and girls have greater agency in decision making

Purpose of the midterm review

The midterm review (MTR) process is an essential moment within our monitoring and evaluation of the programme to pause, gather extensive data in order to measure progress towards project outcome targets, as specified in the project logframe and theory of change. The data collected and analysed will help us assess to what extent the project is meeting outcome targets, to understand how change has happened over the past 2-5 years, to reinforce existing strategies that need to be retained and to highlight what changes need to be made to ensure the project is most effective.

The purpose of the MTR is to:

- To support the consortium (Orchid Project, COVAW and S.A.F.E.) to understand progress made towards achieving the overall project outcomes, ensuring accountability to the donors
- To assess the continued relevance and effectiveness of the project
- To highlight the strengths of the consortium and what's working well
- To review and adapt the results frameworks and theory of change to ensure the achievement of all project outcomes within the lifetime of the project
- To provide the consortium with a set of concrete and actionable recommendations for improvement of the project over the remaining duration, and
- To assist the consortium to assess the sustainability of the project beyond its lifecycle

The primary users of this evaluation will be:

- Orchid, COVAW and S.A.F.E. in decision-making, notably related to programme implementation and/or design. The evaluation should provide an evidence-based, independent assessment of performance of the project so that the consortium can adjust course as necessary for the remainder of the project term. Additionally, partners may use the MTR for wider organisational learning and accountability.
- Human Dignity Foundation and other funders will use this evaluation to verify the impact achieved by this project so far, as well as the baselines and margins of error that are used in the measurement of that impact.

As with any research and evidence project, Orchid Project are guided by the following principles:

- **Collaboration:** An independent external consultant/s (or research organisation), supported by Orchid Project and consortium members, will design, deliver and analyse the data to ensure that it is as culturally appropriate, contextually relevant and as effective as possible.
- **Locally owned:** Sustained community development is at the center of this project. Therefore we will prioritise working with an Kenyan independent external consultant/s, who have

experience and understanding of the local contexts, including language, culture and norms to encourage do no harm principles

- **Mixed methods:** The MTR will use a mixed methods approach, most likely using focus group discussions, key informant interviews and community surveys to capture both qualitative and quantitative data to provide robust evidence of change. A full plan, including tools needed, will be developed in partnership with the external consultant
- **Representative:** We will ensure to set an ambitious yet realistic sample size that is representative of project areas across all three locations.
- **Transparency:** The MTR will be shared with key stakeholders at all levels to ensure transparency and amplification of evidence and data from the grassroots to the wider sector.
- **Accuracy:** It is essential that the MTR details an accurate reflection of community attitudes and practices so that the findings illustrate a realistic picture, helping us to deliver the most effective project with greatest results. We will pull upon tried and tested tools, using up to date and relevant research to support and strengthen our methodology.
- **Gender equality** - we are committed to ensuring gender equality in the evaluation process, with participation by women, men, boys and girls from different groups. We aim to ensure that research groups are gender equal.
- **Sensitivity:** Given the sensitive nature of the female genital cutting, care will be taken when designing and implementing the MTR to encourage [do no harm principles](#)

Methodology and scope

The MTR will apply the OECD DAC Network on Development Evaluation (EvalNet) evaluation criteria of relevance, effectiveness and efficiency, coherence, impact and sustainability⁹. Our guiding principles (stated above) will be mainstreamed throughout.

Based upon the OECD DAC evaluation criteria, the MTR will address the following key questions, which will be further developed by the consultancy team during the inception phase.

| Criteria | Example MTR questions |
|---------------|--|
| Relevance | <ul style="list-style-type: none"> ● Is the project's strategy relevant to the beneficiaries' needs? ● Is the project aligned with the county/national government's FGC policies and strategies? ● What impact has learning and development (programme adaptation) had on FGC interventions? |
| Effectiveness | <ul style="list-style-type: none"> ● What's the progress of project implementation - is the project on track to carry out all activities as planned? ● To what extent have (have not) the interventions resulted in the expected results and outcomes? ● How can our theory of change be adapted? |

⁹ oecd.org/dac/evaluation/daccriteriaforevaluatingdevelopmentassistance.htm

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| Efficiency | <ul style="list-style-type: none"> ● Did the project reach the expected outputs? ● To what extent is this project cost-effective? |
| Coherence | <ul style="list-style-type: none"> ● Does the project complement other county/national policies and strategies to end FGC and/or other CBOs/NGO projects? ● What value add does this project bring/is it achieving? |
| Impact | <ul style="list-style-type: none"> ● To what extent had the project made progress towards the results in the project logframe? ● Have there been any unintended outcomes (positive or negative)? ● What internal and external factors affect the project's achievement of intended results? |
| Sustainability | <ul style="list-style-type: none"> ● How are local communities contributing towards an end to FGC? ● What is needed to achieve a full handover to the community (if relevant) to continue efforts to end FGC? |

Data availability

During the process, the evaluation team may rely on the following specific sources of information about the project:

- Six monthly narrative donor reports (including social political and economic context, highlights, challenges)
- Baseline surveys (e.g. Kenya DHS 2014, Orchid Kenya baseline 2018, previous project team baselines)
- Project databases (e.g. output trackers that record monthly activity numbers)
- Other project data collected by project teams e.g. one on one interventions data, cutting season data, annual focus group discussion data)

During the inception phase of the MTR, the evaluation team will determine whether gaps exist in the data available and present viable solutions.

The project is using Kenya DHS 2014 baseline figures¹⁰, alongside Orchid's 2018 Kenya baseline¹¹ as a point of reference. There are a number of benefits and limitations to using these data sets in lieu of a dedicated project baseline, namely that the Kenya DHS measures prevalence of FGC but the data is relatively outdated and not specific to Narok and Samburu counties, but rather ethnic groups that span the country. In contrast Orchid's Kenya baseline is more up to date and the sample is more representative of Narok county but measures perception of prevalence not actual cases of FGC. For the MTR we are committed to measuring prevalence of FGC to understand to what extent families are choosing an alternative to cutting and how many girls have not undergone cutting as a result. The MTR will assess both the current prevalence of FGC in the target communities and the change in prevalence rates within the target communities since project commencement.

¹⁰ <https://dhsprogram.com/pubs/pdf/FR308/FR308.pdf>

¹¹ https://www.orchidproject.org/wp-content/uploads/2020/02/Orchid_Project_Kenyan_Baseline_Review_2020_FINAL.pdf

Sampling

The consultant will present suggested methods for random sampling within the inception report (work plan) communicated during the inception phase, ensuring that the sample size is representative of all three locations where the project is active. Primarily, this piece of work will focus on gathering insights from community members and key stakeholders within the project areas, however, budget allowing, we could consider building in data collection with non-project communities and present a comparison with project communities. The MTR will include (but will not be limited to) those areas sampled within Orchid’s Kenya baseline 2018, to allow for comparison between both data sets.

Timelines

The MTR will focus on the period from February 2020 to August 2021 (year 1 and mid-way through year 2 of the project). Although the mid way point of the project is October 2021, we propose that data collection is conducted in August 2021 to avoid rainy seasons which may impact the consultant’s ability to access communities to conduct data collection. The long rains occur in late April, to early June and the short rains can start in October and can last until December¹².

Methodology

The study design and methodology will be reviewed, discussed and agreed with the project team and with the implementing partners at the beginning of the consultancy. The consultant will use different data collecting methods: quantitative community surveys, key informant interviews, and focus group discussions. Please see the indicators table below for both Narok and Samburu, with a brief explanation of what needs to happen during the MTR.

Indicator table for Narok:

| Level | | Indicator |
|---------------------|---|--|
| Impact | Measurable reduction in girls going through FGC in targeted areas | 10-19% points reduction in prevalence of FGC |
| Goal | Community members take action to end the practice | Targeted female community members sharing their personal experiences of FGC |
| | | Targeted community members speaking out against FGC |
| | | Targeted community members whose daughters have undergone an alternative to cutting |
| Long term outcome 1 | FGC is no longer considered essential part of culture | Targeted community members prefer to abandon all types |
| | | Targeted community members who do not think FGC is an essential part of Maasai culture |

¹² <https://www.expertafrika.com/kenya/weather-and-climate>

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| | | Increase in social acceptance of uncut women |
| Short term outcome 1 | Community members and key stakeholders understand their human rights and the effects of FGC | Targeted community members and key stakeholders who can identify harmful effects of FGC |
| | Key stakeholders take action to end the practice of FGC at community level | Change in attitudes of targeted community members linked directly to action taken by key stakeholders |
| | | Targeted key stakeholders supporting abandonment activities |
| | Alternative options exists for communities to choose | Targeted community members able to identify viable alternative options to FGC |
| Targeted community members who do not fear stigma from others for abandoning FGC | | |
| Long term outcome 2 | An enabling environment supporting FGC abandonment | # of supportive policies (e.g. bi-laws/agreements) at county level; |
| | | # of budget lines in county action plans; |
| Short term outcome 2 | Increased understanding of FGC, human rights and the law amongst key stakeholders | Targeted key stakeholders able to effectively communicate links between FGC and human rights |
| | Increased collaboration between civil society organisations | # activists implementing learning from SAFE model |
| | Increased visibility of change towards FGC in the community | Targeted community members able to identify a change they have seen in their community related to FGC |
| Long term outcome 3 | Women and girls have increased status within the community, outside of marriage and motherhood | % of leadership positions in the community filled by women |
| | | # of girls supported to complete primary and secondary school |
| | | Targeted women involved in joint decision making at household level |
| Short term outcome 3 | Girls have increased agency in decision making on their | Targeted girls supported in choosing their own rite of passage |

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| | rights | Targeted community members actively supporting girls to complete their education |
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Indicator table for Samburu:

| Level | | Indicator |
|----------------------|---|--|
| Impact | Measurable reduction in girls going through FGC in targeted areas | 10-19% points reduction in prevalence of FGC |
| Goal | Community members take action to end the practice | Targeted female community members sharing their personal experiences of FGC |
| | | Targeted community members speaking out against FGC |
| | | Targeted community members whose daughters have undergone an alternative to cutting |
| Long term outcome 1 | FGC is no longer considered essential part of culture | targeted community members are supportive of moves towards abandonment |
| | | Targeted community members who do not think FGC is an essential part of Samburu culture |
| | | Increase in social acceptance of uncut women |
| | | targeted community members acknowledge that culture can change |
| Short term outcome 1 | Community members and key stakeholders understand their human rights and the effects of FGC | Targeted community members and key stakeholders who can identify harmful effects of FGC |
| | Alternative options exists for communities to choose | Community members able to identify viable alternative options to FGC |
| | | Community members who do not fear stigma from others for abandoning FGC |
| Long term outcome 2 | Key stakeholders take action to end the practice of FGC at community level | Change in attitudes of community members linked directly to action taken by key stakeholders |
| | | Targeted leaders express support for abandonment activities |

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| Short term outcome 2 | Increased understanding of FGC, human rights and the law amongst key stakeholders | Targeted key stakeholders able to effectively communicate links between FGC and human rights |
| | Increased visibility of change towards FGC in the community | Community members able to identify a change they have seen in their community related to FGC |
| Long term outcome 3 | Women and girls have increased status within the community, outside of marriage and motherhood | % of leadership positions in the community filled by women |
| | | Women involved in joint decision making at house-hold level (general, rather than %/#) |
| Short term outcome 3 | Girls have increased agency in decision making on their rights | Girls supported in choosing their own rite of passage |
| | | Community members actively supporting girls to complete their education |

The methodology will follow the following steps:

| Stage (with tentative dates*) | Detail |
|---|---|
| Preparatory phase (April/May 2021) | This phase will be led predominately by Human Dignity Foundation supported by Orchid Project, and consortium partners: <ul style="list-style-type: none"> ● Prepare and tender the terms of reference ● Select the consultant and evaluation team ● Contract the consultant to start work |
| Inception phase (June/July 2021) <u>Key deliverables</u> <ul style="list-style-type: none"> ● Inception report ● Inception workshop ● Ethical clearance | Key project documents will be submitted to the consultant who will be introduced to the consortium partners. From this the consultant will: <ul style="list-style-type: none"> ● Conduct a desk review of all documentation ● Present a draft inception report detailing study methodology to the project consortium and donor, allowing project teams to feed into the methodology. After incorporating feedback, the consultant will share the final inception report with the consortium and donor for final feedback. ● Submit final study design for ethical clearance via recognised ethical review committee (e.g. ACAAF or AMREF) and secure ethical clearance via NACOSTI |
| Data collection phase (August 2021) | Field work will take place in Narok (including Loita Hills) and Samburu county (including Nyiro). During the field work, and with the support of Orchid Project and partners, the consultant will: <ul style="list-style-type: none"> ● Train data collectors ● Field test the questionnaire ● Supervise data collection |

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| | <ul style="list-style-type: none"> • Supervise data entry • Data analysis |
| <p>Reporting phase (September 2021)</p> <p><u>Key deliverables</u></p> <ul style="list-style-type: none"> • Feedback workshop • Final MTR report • MTR summary brief (4 pages) | <ul style="list-style-type: none"> • Conduct extensive data analysis • Hold follow up consultations (if required) • Draft evaluation report including evidence based findings, disaggregated by gender, role in the community, level of education. Suggested report structure includes: Executive Summary; Introduction; Background (Program description and purpose of evaluation); Methodology and Implementation; Results and Findings; Recommendations and Lessons Learned; Annexes • Hold workshop with consortium partners and donor to receive feedback on draft report and review analysis • Incorporate consortium feedback and share final report |
| <p>Follow up and dissemination phase (<i>led by Orchid and partners</i>)</p> <p>(October - December 2021)</p> | <ul style="list-style-type: none"> • Orchid will facilitate a workshop with consortium partners to analyse findings in reference to the project theory of change and how to implement recommendations • Orchid will facilitate a webinar with the FGC sector to amplify findings and share the final report on its website • Consortium project partners will facilitate community dissemination workshops to share findings |

*Dates included in the table above are suggested. The consultant will submit an inception plan which will include a timeline. Specific dates will be agreed collaboratively at the beginning of the project.

Consultant requirement

We are looking for a consultant (or a consultancy firm) which lives up to the following requirements:

- MA university degree in relevant field (gender studies, political science, anthropology, international relations, development studies)
- Previous experience of conducting similar studies on FGC or other gender related issues
- Proven experience in conducting quantitative and qualitative research, and specifically conducting evaluation studies (including report writing skills)
- Experience with quantitative data analysis software, or possibility to subcontract work
- Excellent working knowledge of Swahili and English (as documentation will be in both languages), and excellent writing skills in English
- In-depth knowledge of the socio-cultural, economic and political context of Kenya specifically the Maasai and Samburu communities
- Experience of gender sensitive approaches, such as conducting evaluations on gender issues
- Aligns to HDF, Orchid Project, COVAW and S.A.F.E. Kenya's shared values

Application process

Consultants who meet the requirements should submit a maximum of 10 pages expression of interest, which should include the following:

- A suitability statement, including commitment to availability for the entire assignment
- Updated CV of the consultant that clearly spells out qualifications and experience
- A brief statement on the proposed study methodology, including a draft work plan

- A financial proposal containing a proposed daily fee
- Two references from organisations that have contracted the consultant proving ability to carry out a MTR
- One or two previous reports written by him/herself

Expressions of interest should be sent to tenders@humandignity.foundation

Deadline for submission of expression of interest is close of business on Tuesday the 22nd of June 2021.