

TERMS OF REFERENCE FOR A CONSULTANT TO DEVELOP A NATIONAL POLICY AND PLAN OF ACTION ON THE ELIMINATION OF FGM IN THE GAMBIA

TERMS OF REFERENCE	
Title:	Development of a National Policy and Plan of Action on the Elimination of FGM in The Gambia
Hiring Office:	United Nations Population Fund (UNFPA)
Purpose of consultancy:	<p>1.0 Background: Female Genital Mutilation¹ (FGM) is a harmful practice that has been internationally recognised as an extreme form of violation of the rights, health and integrity of women and girls. FGM constitutes both as a result and a perpetuation of gender inequality and discrimination against women and girls. It violates the basic human rights of women and girls and is harmful to their lives in many ways, including physical health, psychological health and education.</p> <p>Female Genital Mutilation (FGM) is a common practice across many African nations, The Gambia included. According to the Gambia DHS (2020), the prevalence rate of the practice is at 73% with a slight reduction from 76% in 2013. There are variations in the prevalence of FGM by age and region. The proportion of women who are circumcised is highest in Basse and Mansakonko (97% and 94%, respectively) and lowest in Banjul (47%). Estimates of FGM prevalence show that the prevalence amongst girl's increases with age for girls aged 0-4 years estimated at 27.1%, 60.6% for girls aged 5-9 years and 68.4% for those aged 10-14 years.</p> <p>The FGM practice in The Gambia shows an endemic pattern. With the joint UNFPA/UNICEF interventions, the prevalence is still a short fall from the SDG 5 target of zero FGM prevalence, substantial progress has been registered over the last two years as mirrored in the prevalence estimates of the Multiple Indicator Cluster Survey (MICS) 2018 for young girls. Some positive change might have been registered in attitudes towards FGM in the country, for example a reduction in the practice, as evidenced by the fact that 75% of women between 15 and 49 years old have gone through FGM, while the younger population between 0 to 14 reveals a lower number of 51%. Significant proportions of the population continue to believe that the practice should be continued. About 48.9% of the women aged 15-49 years believe that FGM practice should continue (MICS, 2018). This indicates the need for a sustained campaign against the practice to influence the desired change in attitudes.</p> <p>Even though the practice has declined, significant numbers are still practicing it due to some inherent challenges. Firstly, socio-cultural beliefs that promote the practice of FGM remain entrenched in most Gambian communities. Many Gambians continue to believe that FGM is sanctioned by their culture and religion, hence the need to continue to circumcise girls. Although a law against FGM was enacted in 2015, hardly any violator of the law has been prosecuted. Enforcement of the FGM law could have served as a deterrent to perpetrators of the practice. Beyond intensifying the community mobilisation and public declaration to abandon FGM, the law enforcement mechanisms and procedures on FGM need to be strengthened. Unless individuals, communities and institutions work simultaneously to stop the practice, ending the practice would remain a challenge.</p>

¹ FGM is defined by the WHO as a procedure that involves the "partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons".

	<p>2. National Policy and Plan of Action for the Elimination of Female Genital Mutilation in The Gambia</p> <p>The Policy is a public document which will guide multi-faceted and multi-stakeholder interventions and programs on eliminating Female Genital Mutilation in the Gambia. The Ministry of Gender, Children and Social Welfare will be the custodian of the policy and will be responsible for coordinating the development of the policy in partnership with the Ministry of Health and other key Government sectors and a cross section of multi-disciplinary stakeholders including CSOs.</p> <p>2.1. Rationale for the development</p> <p>Despite the country's ratification of the Convention on the Rights of the Child (1979), Convention on the Elimination of all Forms of Discrimination against Women (CEDAW 1979) and the enactment of the Women's Amendment Act (2015), gender inequality persists with much discrimination against girls and women. The current police force does not specifically address the issues of FGM comprehensively. There is need to have a legal framework that provides a holistic approach to the issues around FGM in the country in order to keep pace with world progress. The policy is critical in accelerating the elimination of FGM and will ensure continuous validation of FGM interventions in The Gambia. The policy will reflect and capture current status of FGM, social-norms drivers of the practice, stakeholder analysis, multi-sectoral needs for prevention and management and the emerging issue of medicalization of FGM. It is on this premise that the UN Joint programme is supporting the Government of The Gambia through the Ministry of Gender, Children and Social Welfare to engage the services of a consultant to guide the development of the Policy and Plan of Action for the Elimination of FGM in the country.</p> <p>3.Goal</p> <p>The policy document will assist the government, civil society organisations and development actors in The Gambia to improve and expand their programmatic efforts to prevent and respond to FGM in a coordinated and synergistic manner for maximum impact. The Policy and Plan of Action will also provide a guide for developing comprehensive programming to address issues around National efforts for program coordination, advocacy for policy implementation, social norms change, capacity building for service providers and data generation for informed programming. The policy will also serve as a tool to advocate for more broad-based initiatives and resources for FGM programming within and beyond the development settings.</p> <p>3.1. Specific objectives of the Policy development</p> <ul style="list-style-type: none"> ❖ To review current contents with up to date evidence-based data and situation analysis ❖ To address/reflect policy gaps as it relates to existing policies and legislations addressing FGM in The Gambia ❖ To develop the Policy to consolidate emerging trends and issues for effective programming on FGM ❖ To develop the Plan of Action in line with the Policy ❖ To determine the validity period of the Policy beyond its current date/period of coverage
<p>Scope of work:</p> <p><i>(Description of services, activities, or outputs)</i></p>	<p>4. Scope</p> <p>FGM interventions in The Gambia are still evolving; a lot of programming needs to be done to address issues around roles and responsibilities, coordination and standardization to ensure quality programming and services for FGM survivors. The bulk of the technical expertise required for FGM intervention is centered on programming for social norms change amongst health workers and all other relevant stakeholders - religious and traditional - at the community levels and for addressing the ensuing complications associated with the practice including but not limited to sexual and mental health. A situation analysis conducted at the end of the UNJP Phase 2 revealed some critical occurrences on FGM, new hot spots have been identified, growing trends of urban cutting of girls, emerging forms of FGM amongst others as reported by the MICS (2018). Some of the gaps identified in FGM programming on the UN Joint Programme for accelerating the abandonment of FGM in The Gambia include:</p>

- ❖ A gap in the implementation of existing laws criminalizing FGM in The Gambia alongside variable enforcement of anti-GBV measures across the regions
- ❖ FGM laws are not preventing or protecting FGM survivors as they are not enforced and perpetrators are not convicted
- ❖ Insufficient capacity and human resource to deliver on the integration of FGM interventions into existing gender and social development programs
- ❖ A lack of coordination for community engagement and a need for vigorous efforts for better coordination and zero duplication.
- ❖ Insufficient political commitment to the elimination of FGM
- ❖ Women's low awareness of their legal rights and contextual public resistance to abandoning the practices due to socio-cultural norms' influences
- ❖ Engagement with security personnel and law enforcement agencies need to be strengthened and well-coordinated
- ❖ Overall reporting and coordination structures of the line ministries need to be improved.
- ❖ Gaps in information gathering and analysis on FGM are also present. The lack of harmonization of data instruments utilized for rapid needs assessment and deliberate effort to coordinate and consolidate data processes is also a major obstacle to improved FGM response and mitigation.

A key component of this Policy is to improve coordination among various stakeholders in order to ensure that decisions with significant bearings on FGM prevention and response are taken within the sphere of existing human rights instruments and legislation.

4.3. Process Outputs

The consultant will work in close contact with the FGM Steering Committee on Eliminating FGM to achieve the following outputs:

- a. The consultant will engage with the other development partners to ensure that the FGM Policy builds upon and complements existing tools and documents to ensure support for cross-sectoral preparedness. In addition to this, to identify response interventions to reduce risks for women and girls being cut and the establishment of safe, accessible comprehensive services for survivors of FGM.
- b. The FGM Policy should define and clarify roles of coordinating and implementing ministries, departments and agencies, and should be grounded in practical actions to enhance the quality of development partners around GBV, especially FGM, including data gathering, analysis and dissemination.
- c. Programmatic interventions should prioritise capacity building for service provision (social and health) and coordination through planning focused on mapping, assessing and building capacity of partners and participating institutions, recommendations for oversight and quality assurance mechanisms such as a preparedness audit and recommendations on integrating FGM programmes into other existing programmes.
- d. Align the FGM Policy document with the FGM manual and treatment protocol. Minimum standards for GBV case management and all associated tools, including for accountability and advocacy, for gender equality and the Child Protection Minimum Standards for preventing and responding to all forms of violence.

5. Major Outputs

	<ul style="list-style-type: none"> • A final publishable national policy and plan of action on elimination of FGM in the Gambia
Deliverables	<ul style="list-style-type: none"> i. First Draft of the FGM Policy and plan of action ii. Final clean draft of FGM policy and plan of Action. <p>Proposed Strategy approaches</p> <ul style="list-style-type: none"> ❖ Need Analysis <ul style="list-style-type: none"> a. Conduct a stakeholder analysis to decide on new date – period/duration of the policy b. Identify gaps through literature review and consultations c. Conduct data analysis and review policy to reflect current status of FGM d. Identify key issues in programming and develop actionable strategies and activities in the plan of action. ❖ Research <ul style="list-style-type: none"> a. Perform desk review and analyze relevant documents and information that will inform the policy formulation (DHS, MICS, literatures, abstract, academia etc.) b. Conduct analysis of socio-cultural norms that drive and sustain FGM practice c. Conduct a key stakeholders' and need analysis mapping of who is doing what and where d. Take advantage of coordination platforms and CSOs programming for FGM) e. Review of the level of implementation of the of relevance policy (Women's Amendment Act and Child Right Act) f. Draw up a list of emerging issues to be reflected in the policy document g. Include emerging issues around medicalization and cross community cutting, h. Include essential service package for managing FGM in line with available laws and services. ❖ Drafting <ul style="list-style-type: none"> a. Prepare a first draft of the FGM policy b. Update and finalize draft policy based on inputs during /from consultations and validation meetings ❖ Consultation <ul style="list-style-type: none"> a. Share draft policy with stakeholders in consultative meetings for inputs b. Collate inputs from stakeholders and consolidate to reflect feedback c. Present consolidated policy to FGM Steering Committee for final review <p>Proposed Strategy Priorities</p> <ul style="list-style-type: none"> i. Engaging all relevant stakeholders—from the community level to the national government level to ensure widespread commitment to eliminating FGM; ii. Community Engagement – with community and religious leaders, women and youth groups, work with male groups to identify best practices for male and community involvement. iii. Establishing a survivor centered approach for women and girls to take action towards ending the practices and prevent new cases. iv. Filling research gaps on the prevalence and character of FGM in different ethnic, religious, class, and institutional contexts to better inform advocacy efforts and program design as well as implementation; v. Develop a monitoring framework for the policy and plan of action: developing better indicators and collecting better service delivery data for monitoring and evaluation, ongoing program assessment, and ongoing program improvement

Proposed schedule	<table><tr><th>WEEKS</th><th>1</th><th>2</th><th>3</th><th>4</th><th>5</th><th>6</th><th>7</th><th>8</th><th>9</th><th>10</th><th>11</th><th>12</th></tr><tr><td colspan="13">Draft consultant's work plan</td></tr><tr><td>Discussion of TOR</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Consultant work to produce first draft</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Present first draft to FGM Steering committee</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>FGM Steering committee review and submit to consultant</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Consultant harmonize and submit to FGM Steering</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Finalization and presentation to stakeholders</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Finalization and submission</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	WEEKS	1	2	3	4	5	6	7	8	9	10	11	12	Draft consultant's work plan													Discussion of TOR												Consultant work to produce first draft												Present first draft to FGM Steering committee												FGM Steering committee review and submit to consultant												Consultant harmonize and submit to FGM Steering												Finalization and presentation to stakeholders												Finalization and submission											
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NB: Should the field work be delayed, the timeframe will shift accordingly.																																																																																																															
Duration and cost of consultancy:	The duration of this consultancy will be 30 working days including field work over a period of 3 months																																																																																																														
Required Skills and Experience of qualifying agency or individuals	<ul style="list-style-type: none">Advanced university degree in Social Sciences, Public Health, Law, Gender/Women Studies or a related technical fieldDirect experience in development of policies on health, legal and social development and welfareMinimum of 7 years of development or related work experience, including previous experience working in policy developmentExperience with Gender equality programmingExperience in programming in developmentProven leadership skills, including the ability to set priorities, manage time effectively, and contribute to a team environment of respect, recognition, and mutual accountabilityExcellent spoken and written EnglishExcellent communication skills <p>Desirable</p> <ul style="list-style-type: none">Knowledge of Gender/GBV/Harmful Practices and protection programming																																																																																																														
Competencies	<p>Core Values and Ethics</p> <ul style="list-style-type: none">Demonstrate cultural sensitivity and able to work in a multi-national environmentSupport the goals of the GBV WGComply with UN rules, regulations and code of conductDemonstrate integrity <p>Teamwork</p> <ul style="list-style-type: none">Build effective relationships and partnershipsInteract with all members of the Technical Working Committee on ending FGM and GBV WG at national and sub national levelsExcellent interpersonal skillsApply existing knowledge to work <p>Communication</p> <ul style="list-style-type: none">Excellent oral and written skillsListen actively and respond effectively <p>Task Management</p>																																																																																																														

	<ul style="list-style-type: none"> • Plan, prioritize and delivery of tasks on time • Exercise sound judgment/analysis
Supervision	The consultant will be supervised by the UNFPA Gender Team