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**REQUEST FOR PROPOSAL FOR SERVICES**

**LRPS-2020-9161313**

**09 September 2020**

**UNITED NATIONS CHILDREN'S FUND (UNICEF)**

**Wishes to invite you to submit a proposal for**

Social and Behavior Change (SBC) Baseline, Midline and Endline survey  
Due Date: 30 September 2020 at 2:00 PM East African Time  
This bid is open for both Local & International Vendors

XXXXXXXX FAX/LETTER NOT SPECIFIED IN 'PREPARE ITB (ZMRQ)' XXXXXXXXX

THIS REQUEST FOR PROPOSAL FOR SERVICES HAS BEEN:

**REQUEST FOR PROPOSAL FOR SERVICES FORM**

This FORM must be completed, signed and returned to UNICEF.  
Proposal must be made in accordance with the instructions contained in this Request for Proposal for Services (RFPS).

**TERMS AND CONDITIONS OF CONTRACT**

Any Contract resulting from this RFPS shall contain UNICEF General Terms and Conditions for Institutional and Corporate Contracts and any other Specific Terms and Conditions detailed in this RFPS.

**INFORMATION**

Any request for information regarding this RFPS must be forwarded by email to the person who prepared this document, with specific reference to the RFPS number.

The Undersigned, having read the Terms and Conditions of RFPS No. **LRPS-2020-9161313** set out in the attached document, hereby offers to execute the services specified in this document.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name & Title: \_\_\_\_\_

Company: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Tel No: \_\_\_\_\_

Fax No: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Currency of Proposal: \_\_\_\_\_

Validity of Proposal: \_\_\_\_\_

Please indicate which of the following Payment Terms are offered by you:

10 Days 3.0% \_\_\_\_\_ 15 Days 2.5% \_\_\_\_\_ 20 Days 2.0% \_\_\_\_\_ 30 Days Net \_\_\_\_\_ Other \_\_\_\_\_

Item	Service Description	Quantity	Unit	Unit Price	Price
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**10 Social and Behavior Change (SBC) baselin**

**TERMS OF REFERENCE**

Social and Behavior Change (SBC) baseline, midline and endline survey

To assess the extent of change in knowledge, attitudes, intent to change practices and norms around child marriage and female genital mutilation amongst adolescents, caregivers and key influencers in 7 regions in Ethiopia over a four-year period to inform SBC and related programming changes.

Location - Ethiopia: selected sites in the following regions: Afar, Amhara, Gambella, Oromia, Somali, SNNP and Tigray

Duration - Baseline: 5.6 months in 2020/21 spread over 8 months

Midline: 3 months in 2022 spread over 5 months

Endline: 4 months in 2023/24 spread over 6 months

(extended time period of contract is to allow for feedback loops and ethical clearance)

**Background**

Ending child marriage (CM) and female genital mutilation (FGM) are priorities for UNICEF and the Government of Ethiopia in order to ensure the protection of children's rights, including prevention of gender-based violence and violence against children (VAC), increase girls' access to education, and improving women's health indicators. Since 2013, the national Harmful Traditional Practices (HTP) Strategy of the Government of Ethiopia has been the primary policy document addressing these issues in Ethiopia and, as evidenced by the Ethiopian Demographic Health Survey (EDHS) there is good progress in the last decade. The percentage of women aged 20 # 24 years who were first married or in union before age 18 declined from 59 per cent in 2005 to 40 per cent in 2016 # with a reported 4.2 per cent average annual rate in reduction from 2010 # 2016. UNICEF. Ending Child Marriage: A profile of progress in Ethiopia, UNICEF, New York, 2018. It was also found that from 2005 # 2016, FGM amongst girls 15 # 19 years old declined from 62 per cent to 47 per cent. Central Statistical Agency (CSA) [Ethiopia] and ICF, Ethiopia Demographic and Health Survey 2016, Addis Ababa, Ethiopia; Rockville, Maryland, USA, 2016, pp. 315. Evidence shows that whilst the prevalence of both harmful practices is reducing amongst younger age groups, the high population of adolescent girls in Ethiopia means the absolute number of girls affected by both practices is one of the highest in Eastern and Southern Africa.

The key drivers of child marriage and FGM are social, religious, cultural and gender norms. Generally, girls are expected to become wives and mothers with their roles limited to household tasks. Traditionally, girls have been married either before or soon after puberty to ensure that if they became sexually active, either by choice or by rape, they would not damage their own or their family's reputations. This also ensures, from their parent's perspective, that girls would not be 'unmarriageable' # essential given that marriage is the traditional route to economic security for girls and women and their children and also central to establishing social ties between extended families. The importance of girl's reproductive capacities to families' social standing is evident across all regions. FGM, like child marriage, is primarily driven by gender norms that seek to control women's sexuality. These norms may be tied to religious beliefs, and FGM is believed by many to be a religious requirement. FGM may be so embedded in cultural practices that it is held in place, even when parents believe it should be eliminated, by fear of being socially sanctioned by the community National costed roadmap to end child marriage and FGM/C 2020 - 2024. Failure to comply with social expectations can result in social consequences such as naming and shaming unmarried girls, a reflection of Ethiopia's highly entrenched patriarchal social system and gender inequalities Ethiopia ranks 121 out of 189 countries on the Gender Inequality Index.. While recent trends show adolescent girls are 'choosing' to get married for different reasons, girls' beliefs and decisions are shaped by social and gender norms and the limited options they may have with regards to completing a full cycle of education and going onto employment.

**UNICEF Ethiopia**

UNICEF, in collaboration with UNFPA and key governmental and non-governmental agencies, has been implementing two global joint programmes. The United Nations Global Programme to end child marriage (GP-ECM), in phase II, has been implemented since 2015 and is in 12 countries globally. The United Nations joint programme on FGM (UNJP-FGM), now in Phase III, has been implemented since 2008 and is in 17 countries. A new programme 'Accelerating action to end FGM' is starting in May 2020, funded by Global Affairs Canada.

Item	Service Description	Quantity	Unit	Unit Price	Price
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The UNJP-FGM is currently in phase three which ends at the end of 2021. The GP ECM phase two will be implemented between 2020 and 2023. Both these global programmes are expected to continue in a further phase once the current phase is completed. The 'accelerating action to end FGM' funded by Canada will be implemented between mid-2020 to mid-2025.

The GP ECM is implemented by UNICEF in 72 woredas (or districts) in six regions (Afar x 4, Amhara x 30, Gambella x 5, Oromia x 10, SNNPR x 15 and Somali x 8). Additionally, UNFPA is working in Tigray under the GP ECM. The UNJP FGM is implemented in 14 woredas in two regions (Afar x 10 and SNNPR x 4); the woredas of the UNJP-FGM are different to those of the GP ECM. The Canada funded 'Accelerating action to end FGM' will be implemented in 25 woredas in three regions (Afar x 13, Somali x 8 and SNNPR x 4). The woredas to be chosen will be different to the ones where the UNJP-FGM programme is implemented.

The three harmful practices programmes implement common interventions around five common outcomes: 1) girls' empowerment and life skills; 2) social and behavior change communication (SBCC) in communities; 3) prevention and protection services; 4) legal and policy frameworks; 5) data and evidence. The SBC baseline-endline would assess changes in outcome 1 and 2 and partially in outcome 3 (barriers to accessing services). The GP ECM is implemented in collaboration with the UNICEF Ethiopia Learning and Development (L&D) section and the FGM programmes are implemented in collaboration with UNFPA (UNJP-FGM) and the UNICEF Ethiopia Health section (Canada FGM). All harmful practices programmes are working in collaboration with the C4D and CAP (communications and advocacy programme) units in the Ethiopia Country Office.

'End Child Marriage' was selected as one of four Flagship Results for the UNICEF Ethiopia Country Programme (mid- 2020 to mid-2025) because of the high national prevalence and burden, its priority for the Government of Ethiopia, UNFPA and for UNICEF, and because it needs contributions from multiple sectors to accelerate progress and achieve national goals and the SDG. Furthermore, achievement of this Flagship Result has multiplier effects, notably more girls in school, fewer adolescent pregnancies, healthier newborns, increased female participation in financial institutions and paid employment, and because females who marry later are less likely to accept intimate partner violence. The proposed social behaviour change (SBC) baseline-midline-endline survey (elaborated below) is expected to contribute to evidence building on the changes in social/gender norms, attitudes and practices underlying child marriage (in addition to FGM) which are a critical component of the Flagship Result.

SBC interventions under the CM and FGM programmes

An SBC strategy developed by the harmful practices team for ending child marriage and FGM is focused on addressing the social and gender norms that underpin both harmful practices. Similar methodologies are being used across all three programmes and include life skills for out-of-school girls, boys/men engagement, engagement with religious leaders, Community Conversations (CC), and media engagement. The CM and FGM programmes place a strong focus on gender transformation which aims to address the specific needs of girls/women and boys/men but must also transform the power dynamics and structures that serve to reinforce gendered inequalities. This also means that the intervention is about changing dynamics and structures.

No SBC baseline, midline or endline has been conducted for the CM or FGM programmes and, apart from data from the EDHS, evidence of progress in changing social and gender norms is not available. There is currently no monitoring tool (e.g. pre- and post-test or in-session observations) attached to the CCs to assess change in self-reported knowledge, attitudes, intention to change practice and norms among CCs participants, so tracking progress on social and gender norms changes has not been possible. The CC tool is being re-developed and will include a simple monitoring tool for use by the facilitators available from mid-2021.

Programming for and measuring shifts in social norms that contribute to child marriage and female genital mutilation is a global priority amongst development partners and for the two global programmes. To provide information on the transformative effects on social and gender norms of the two global programmes that can be analyzed and compared across the implementing countries, global frameworks for SBC measurement have been developed:

Given the vital role that social norms play in both the continuation and elimination of FGM, the UNJP put