



Terms of Reference CARE Cambodia

To Conduct a Gender Equality, Disability and Social Inclusion (GEDSI) Analysis for Strengthening Inclusive Services for Indigenous People (SISIP)

I. Overview

CARE is a non-governmental organization which has been in existence since 1945, and aims to save lives, defeat poverty, and enhance social justice. CARE seeks to contribute to economic and social transformation, unleashing the power of the most vulnerable women and girls. In Cambodia, CARE has been working since 1973, with an office in Phnom Penh since 1991. Today, CARE focuses on empowering particularly marginalised and vulnerable women in Cambodia, including urban women who are marginalised by occupation, rural women who are denied multiple rights, and women and girls from ethnic minorities.

II. Project information

The five-year Strengthening Inclusive Services for Indigenous People (SISIP) project under the Australian government funded Australian-Cambodia Cooperation for Equitable Services – Phase 2 (ACCESS 2), aims to increase the voice and participation of GBV survivors and people with disabilities in Ratanak Kiri province, and the organisations that represent them, in the policy, budgeting, and planning processes, strengthen subnational GBV service provision, provide support and system strengthening to local authorities and the GBV Working Group, and ensure that relevant national and sub-national policies respond to the priorities and needs of these groups. CARE's contribution to ACCESS 2 aims to increase the quality, inclusiveness, coordination, and awareness of GBV and disabilities services. The geographical focus of SISIP is in Ratanak Kiri province, covering nine administrative districts, 50 communes and 31 health services delivery points in the entire province.

The project has five expected outcomes:

1. Indigenous women, men, adolescents and youth, girls, boys, people with disabilities, communities and local organizations have a better understanding of the root causes of GBV and increased confidence in their right to live free from violence.
2. Increased the awareness among youth, marginalised groups, people with disabilities and Indigenous people on sexual and reproductive health rights, including GBV prevention and response, GBV support services and how to access them.
3. A shift in negative attitudes, beliefs and norms relating to gender and disability among community members and stakeholders and strengthen GBV service delivery.
4. The institutional response to GBV survivors through evidence generation, policy advocacy and system strengthening at national and subnational level (including capacity-strengthening, coordination, monitoring and evaluation) is strengthened through mentoring and coaching.
5. The institutional response to persons with disabilities through evidence generation, policy advocacy and system strengthening at national and subnational level (including capacity-strengthening, coordination, monitoring and evaluation) is strengthened through mentoring and coaching.

As part of outcomes 4 and 5, the project will conduct a GEDSI analysis to inform the development, selection and refinement of project activities. In addition, the project will conduct a disability assessment of GBV services. This will be carried out specifically with a disability inclusion lens where research questions and methodology/approach to the analysis will be focused on disability, and will take an intersectional approach which will explore how disability intersects with other forms of diversity, such as gender and age. This will ensure project interventions to strengthen service provision are tailored to address the specific and unique gender, disability and cultural contexts in Ratanak Kiri province. The project will mainly targeted community members with focus on persons with disabilities, ethnic minority groups, youth and women, and provider sides at sub-national and local authorities and services delivery related to GBV and disability services.

III. Purpose of Consultancy

The purpose of the consultancy is to conduct a GEDSI analysis of both services providers (GBV and disability services) and services users by applying a GEDSI lens and explore the intersectionality of GBV, disability, and Indigenous dimensions in the Ratanak Kiri province. The services are referring to the GBV services include health, mental health, legal, shelter or safety for responding to GBV survivors and the disability services including the broader rehabilitation services, social assistance program, and other services that needs by a person with disabilities. This GEDSI analysis will include the disability assessment as the main sub-section under this GEDSI analysis. The disability assessment will cover the disability aspects and needs of intersectionality of disability and GBV services in Ratanak Kiri province. The assessment is expected to look at individual and system level with a focus on consciousness capacity and resources, in both formal (rule and policy) and informal (norms and exclusionary practices) spheres. The GEDSI analysis is looking at roles and power relations, identify root causes of existing inequalities and how to address them, identify the unique needs and priorities of those who will benefit from/be affected by the activity, identify potential risk or harm or unintended negative impact, collect key disaggregated baseline data, and propose key recommendations for the project design and policy dialogues, and reforms to response to identified needs for the advocacy agenda.

IV. Key GEDSI Analysis Questions

The GEDSI analysis will explore the power dynamics from different perspectives of individual and system level as well as informal and formal sphere, focusing on the following key questions:

Consciousness and capabilities

- What level of knowledge and skills do women/men (this may include girls, boys, youth group, people with disabilities, indigenous groups, which this will require data disaggregation by genders and ages, groups) (services users) have about the information of the available services (including the current available supporting and referral mechanism in place i.e.)? Is this the same or different for people with disabilities?
- What level of knowledge and skills do women/men (services users) have about access to the services? Is this the same or different for people with disabilities?
- What level of knowledge, skills, and experiences do women/men (service providers) have about service provision?
- What level of knowledge and skills do service providers have to work inclusively with people with disabilities?
- Are there gaps in knowledge and skills among service users and service providers or particular societal groups in Ratanak Kiri province?

Access to resources/services

- How much access do women and/or men have to resources (e.g. education, housing, income, social benefits, public services, transport, technology, health, mental health, legal services, etc) which would enable them to access GBV services?
- How the level of accessible for the service users to access the available services; education, shelter, protection, medical, psychosocial support, legal services, etc are there?
- How are the existing services delivered to GBV survivors, people with disability, Indigenous community members, and other vulnerable groups?
- Are there equity gaps in access to resources among women, men, people with disability, indigenous community and other and other vulnerable groups?
- Are there barriers that service users face that need to be addressed?
- Are there any challenges that become barriers for the quality and inclusive services for GBV survivors and the vulnerable groups, including people with disabilities, in Ratanak Kiri.

Informal social norms and exclusionary practices

- What are gender, disability and social norms that may impact on service delivery?
- How do they impact participation of the target groups and the outcomes of the services?
- How to address the identified harmful gender, disability and social norms (e.g. stigma, bias, discrimination)?

Formal rules and policies

- What are the relevant existing legislation and policies supporting GBV and Disability internationally and in Cambodia?
- Do relevant legislation or existing legal frameworks protect the rights of marginalised groups particularly survivors of GBV, persons with disabilities, and Indigenous communities in Cambodia? How are legislation and policies enforced and implemented?
- Do relevant policies and strategies support GEDSI? What are the gaps?
- Are accountability mechanisms in place to hold stakeholders accountable for client outcomes?

V. Approach and Methodology

The GEDSI analysis is expected to apply a qualitative methodology, by undertaking a desk review of relevant documents, conducting Key Informant Interviews (KII), and Focus Group Discussions (FGD) with key target groups and stakeholders.

Proposed key steps in conducting a GEDSI analysis are:

- Review available GEDSI and disability assessment documentation including global and international standards, and the relevant national legislation, policies, GEDSI and disability assessments, analyses, research and reports.
- Examine available quantitative and qualitative data and identify data gaps.
- Consult with stakeholders at national, provincial, districts levels, as communities impacted by the project.
- Consult with relevant NGOs, donors, and other organisations working in the sector to understand and document good practices and lessons learned to avoid duplication.

The sample size and respondents for the KII and FGD and reviewed documents, are expected to be proposed by the consultant, which is large enough to represent different target groups in Ratanak Kiri, and in order generate key findings, recommendations to fit in the project design as well as to provide an advocacy agenda or policy recommendations.

The consultant will develop data collection tools and specify the techniques for data collection and analysis. The assessment tools, methodology, and findings should be reviewed and validated by various stakeholders and approved by CARE to ensure the final results are credible and trustworthy. The consultant will undertake primary data collection, with the support of CARE.

VI. Activities to be carried out by consultant

The consultant will undertake the following tasks in close and regular liaison with the Project Manager, Senior Program Manager, Technical Advisor-Gender and the Technical Advisor-Monitoring Evaluation and Learning of CARE Cambodia during all phases of the consultancy:

- Conduct a document review, not limited to documents provided by CARE, to ensure sufficient understanding of GEDSI and disability issues in Cambodia and in Ratanak Kiri in particular.
- Develop an inception report which disability assessment is a main sub-section under this GEDSI analysis, detailing methodology, sampling, workplan, data collection tools; quality control mechanisms, risk mitigation plan as well as methods of analysis and ethical approaches based on Do No Harm principles. The inception report needs to be endorsed by CARE before implementation.
- Incorporate CARE Cambodia's Feedback Accountability Mechanism (FAM) and Safeguarding into their data collection process, and be oriented to the FAM by CARE for full understanding of the application of the FAM and organizational safeguarding requirements

- Carry out the data collection with strong data quality control mechanisms including data transcripts and interview recordings such as audio record to ensure accuracy, consistency, and completeness checks in qualitative data. CARE will support on coordination with stakeholders and communities, our local partners which based in Ratanak Kiri will facilitate with communities when data collection is undertaken. CARE team may join the consultant team during the data collection process.
- Conduct data analysis and develop key findings by incorporating the desk review, secondary data, and primary data from data collection.
- Prepare the first draft of the GEDSI report and submit the report to CARE for review and feedback. CARE will provide the report template for consultant.
- Incorporate the feedback in the final revision of the report to CARE.
- Prepare a two-page summary of the key findings and recommendations for dissemination with project stakeholders and donor.

Important note: Consultant will receive a brief safeguarding orientation (safeguarding will be required the consultant to be sign off with their contract) from CARE before they start engaging with communities under this consultancy work.

VII. Evaluation Deliverables

The consultant will produce the following deliverables:

- Draft the inception report detailing methodology, sampling, data collection tools; quality control mechanisms, enumerators / facilitators training plan, risk mitigation plan, work plan, analysis methods/framework and ethical approaches based on the Do No Harm principle.
- Final inception report the incorporates the feedback from CARE.
- Submit a data collection report with clean data that is aligned with the proposed research methodologies, including progress of the data collection, challenges, issues identified in the data, data limitations regarding the analysis and any changes made to the data during the data cleaning process.
- First draft GEDSI report.
- Final report incorporating the feedback from CARE for approval with an annex including the relevant data to support the findings.
- A two-page summary of key findings and recommendations for program strategies and for dissemination with the project stakeholders and donors.

Table 1. Assessment timeline and milestones.

| Evaluation Activities/delivery output | # days | W1 | W2 | W3 | W4 | W5 | W6 |
|--|----------|----|----|----|----|----|----|
| Sign contract | 1/2 day | x | | | | | |
| Document review | 2.5 days | x | | | | | |
| Drafting the 1 st inception report | 2.5 days | x | | | | | |
| Final inception report including tools | 1 days | | x | | | | |
| Conduct data collection and analysis | 5 days | | x | x | | | |
| Submission of data collection report | 1 day | | | x | | | |
| 1 st draft of the GEDSI report | 5 days | | | | x | x | |
| Submission of Final report | 1 day | | | | | x | x |
| Submission of two-page summary of key findings and recommendation. | 1 day | | | | | | x |
| total | 17 days | | | | | | |

Table 2. Roles and responsibilities of CARE team

| Persons | Role |
|---|--|
| Phoeurn Sokchan, Senior Program Manager | Provide day to day communication with consultant, share related documents, support the field data collection, and field data quality control, review of deliverables |
| Aun Hemrin, TA-MEL Hun Sinuon, TA-Gender | Technical advice on the inception report development, tool development and review of GEDSI report deliverables |
| Deputy Country Director- Programs | Oversees the whole process of the consultancy and approve the final report. |

VIII. Required External Response to Terms of Reference

A technical and costed proposal based on the Terms of Reference is requested from the consultant or the consulting firm. The proposal should contain:

- i) Detailed plan of action for field work indicating staff days required
- ii) Specific roles and responsibilities of the team leader, supervisory chain and other core members of the assessment team, including CV's of the team members. The lead consultant's CV should highlight the previous list/portfolio of relevant previous work experiences.
- iii) Schedule of key activities preferably in a format such as a Gantt chart.
- iv) A clear methodology section that describes how the consultant intends to undertake the assessment, including data collection methods and analysis techniques.
- v) A risk management plan, including an assessment of potential risks and how they will be mitigated.
- vi) A timeline for the submission of interim and final reports, including planned dates for stakeholder consultations and feedback.
- vii) Clear communication channels and reporting mechanisms, including regular check-ins with CARE staff and stakeholders, as well as a process for addressing concerns or issues that arise during the assessment.
- viii) Detailed budget with justification (in USD). The consultant should include a reasonable detailed budget to cover all costs associated with the scope of work. This should be presented by major activities and line items for CARE's review and decision. This includes a breakdown of the cost to contract possible external team members, international and local travel, and in-country accommodation and per diem. Other related costs that might be in the budget include expenditures for hiring local personnel (drivers, translators, enumerators, and other local technical experts), translating reports, and renting meeting rooms for presentations/workshops.
- ix) Submit two relevant or similar studies of the previous work of the applicant.
- x) Submit a list of the past assessments done in relation to this consultancy.
- xi) Any additional information or supporting documentation that the consultant believes is relevant to their proposal.

It is also important that the proposal highlights any unique skills or experiences that the consultant or team members can bring to the assessment and demonstrates a commitment to conducting the assessment with integrity and impartiality.

IX. Method of Payment

The Consultant will be paid fees on the following basis:

- 30% - upon submission of a final approved inception report
- 30% - upon submission of a data collection report with raw/clean data/transcript and data analysis plan
- 40% - upon submission of a final approved report with a two-page summary.

The payment will be only made on submission of an invoice with VAT identified, and the outputs to be paid clearly identified. CARE will make payment based on the receipt and acceptance of the above in accordance with CARE quality standards.

X. Desired qualifications and key competencies

Required

- At a minimum, a master's degree in gender studies, international development, social sciences or other related field.
- Experience in designing and conducting assessment using qualitative methods, adherence to safety protocols and best practices.
- Experience in conducting a GEDSI analysis related to GBV, disability inclusion, Indigenous peoples, and other vulnerable groups.
- Excellent proficiency in English, especially in written form.
- Excellent knowledge of Khmer or responsible for the coordinate a translation of the report; or a consultancy team with Cambodian consultants.
- Country experience: it is particularly important that the team has a thorough knowledge of the Cambodian context and the ability to interpret findings from a contextual perspective.

Preferred:

- Experience in working with government officials.
- Experience of Gender/GBV
- Experience of working with Indigenous communities.
- Experience of the context of persons with disabilities.
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All candidates will be screened according to CARE International's Child Protection and Preventing Sexual Harassment, Exploitation and Abuse Policy and required to sign the code of conduct and undertake orientation and a safety and security briefing prior to any field work being undertaken.

XI. Work arrangement and resources

- CARE provides office space for work during the consultancy period. The workstation is a flexible desk. The field travel to Ratanak Kiri province is required.
- The consultant is expected to use his/her own laptop computer