



## Terms of Reference CARE Cambodia

### Comprehensive Assessment of Gender Equality, Disability, and Social Inclusion in GBV Services within Indigenous Communities 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 and research into Patriarchal Social Norms in Indigenous Communities in relation to GBV to inform the development, selection and adaptation of project activities. The proposed activities to conduct a Gender Equality, Disability, and Social Inclusion Assessment of GBV services and research into patriarchal social norms are fundamental to addressing the complex and interrelated issues of GBV, disability, and social exclusion in Indigenous communities. By generating evidence and fostering dialogue, these initiatives will lay the groundwork for transformative change that empowers individuals, strengthens service delivery, and promotes gender equality, disability and social inclusion in Ratanakiri province and beyond.

#### III. Purpose of Consultancy

The purpose of the consultancy is to conduct a thorough gender equality, disability, and social inclusion (GEDSI) assessment of gender-based violence (GBV) services. In addition, the consultant is expected to conduct research into patriarchal social norms affecting GBV in Indigenous communities. The goal is

to identify barriers and facilitators to accessing GBV services for marginalized groups, while also examining how entrenched social norms influence GBV dynamics. Key Components:

1. Conduct a GEDSI Assessment of GBV Services:

- Evaluate the accessibility, effectiveness, quality, and inclusivity of existing GBV services for Indigenous women and people with disabilities in Ratanakiri province.
- Identify gaps and barriers in service delivery related to gender equality, disability, and social inclusion.
- Provide actionable recommendations to improve the accessibility, effectiveness, quality, and inclusivity of GBV services for Indigenous women and people with disabilities in Ratanakiri province.

2. Research on Patriarchal Norms:

- Identify which patriarchal norms are shaping the gender roles, responsibilities, expectations, and power dynamics that perpetrates GBV and the response to it in Indigenous contexts.
- Investigate how these patriarchal norms are influencing attitudes and behaviours towards GBV within Indigenous communities
- Analyse the impact of these norms on the accessibility and effectiveness of GBV services.

#### **IV. Key Questions**

##### **1. GEDSI Assessment of GBV Services**

###### **Access to GBV Services**

- What gender-related barriers (such as gender roles or expectations) impact the accessibility of GBV services for women, girls, and gender-diverse people in Indigenous communities?
- What specific barriers impact the accessibility of GBV services for persons with diverse disabilities in Indigenous communities, and how do these barriers differ from those living without disabilities?
- What improvements can be made to GBV services to enhance accessibility for all marginalized groups within Indigenous communities?

###### **Effectiveness of GBV Services**

- How effective are current GBV services in addressing the specific needs of women, girls, and gender diverse people from Indigenous communities?
- How effective are current GBV services in addressing the specific needs of persons with disabilities? Do they provide adequate reasonable accommodations for persons with disabilities?
- What lessons can we learn from inclusive GBV service models in the world/region/etc. that address the unique needs of marginalised groups? How can we translate these lessons to the context of Ratanak Kiri? province

###### **Community Engagement**

- How can we best engage diverse Indigenous communities to ensure GBV services reflect the unique needs of the communities? (community engagement)
- How can diverse Indigenous voices be represented in the decision-making processes and structures in developing and implementing GBV services? (structural representation)
- What roles do community leaders and elders play in shaping norms, behaviours, and attitudes towards GBV and promoting gender equality, disability and social inclusion within Indigenous communities?

###### **Knowledge**

- What knowledge do different groups (e.g., women, men, youth, people with disabilities) have on available GBV services and their rights to freedom from violence in Ratanak Kiri province?
- What can be done to improve the knowledge of different groups within Indigenous communities on the availability of GBV services and their rights to freedom from violence?

- **Inclusive Practices of GBV Service Providers**

- What level of knowledge and skills do GBV service providers have to work inclusively and effectively with marginalised groups (e.g., women, youth, people with disabilities) from Indigenous communities? What are their gaps in knowledge and skills?
- What can be done to improve the knowledge and skills of GBV service providers to work inclusively with marginalised groups (e.g., women, youth, people with disabilities) from Indigenous communities?
- What social norms (positive and negative) impact service delivery for GBV survivors with diverse intersecting identities from Indigenous communities?
- How can harmful gender and social norms be addressed to improve service delivery and outcomes for marginalized groups?

### **Formal Rules and Policies**

- What existing legislation and policies support GBV prevention and response and disability inclusion in Cambodia, and how effectively are these laws implemented at the subnational level?
- What accountability mechanisms are in place to ensure the enforcement of laws protecting the rights of marginalized groups, particularly GBV survivors and individuals with disabilities?

## **2. Research on Patriarchal norms**

### **Patriarchal Norms**

- What are the dominant patriarchal social norms in Indigenous communities, and how do these norms shape community perceptions and behaviours toward GBV?
- What are the dominant social norms on disability, and how do these norms shape community perceptions and attitudes towards GBV experienced by persons with disabilities?

### **Intersectionality**

- How do intersecting identities (e.g., gender, disability, age, socio-economic status) influence individuals' experiences with GBV and their access to relevant services in Indigenous communities?
- In what ways do diverse Indigenous cultures, customs and practices impact the experiences of GBV among persons with disabilities? Are these different or similar between different Indigenous communities?
- In what ways do diverse Indigenous cultures, customs and practices impact the experiences of GBV among women, girls and gender-diverse people? Are these different or similar between different Indigenous communities?

## **V. Approach and Methodology**

The methodology for this study is expected to employ a mixed-methods approach, integrating both quantitative and qualitative data collection and analysis techniques. Quantitative data will provide measurable insights into the accessibility, effectiveness and inclusivity of GBV services, while qualitative data will offer a deeper understanding of the social and cultural contexts influencing GBV and disability inclusion in Indigenous communities. By employing a rigorous mixed-methods approach, the study aims to inform policy and practice, ultimately contributing to improved services and outcomes for Indigenous communities and women with disabilities facing GBV.

The consultant will:

- identify a list of documents for review
- develop detailed methodology for the overall study, including primary data collection
- propose the sample size and respondents for the Key Informant Interviews (KIIs) and Focused Group Discussions (FGDs) which is large enough to represent different target groups in Ratanak Kiri
- develop data collection tools
- 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.

### **Primary data collection**

The primary data collection will be a collaborative effort. While CARE and its partners will be primarily responsible for the data collection, the consultant is expected to guide CARE and its partners throughout the data collection process. The expected roles and responsibilities for data collection are as below:

- The consultant will:
  - develop and train CARE and its partners on primary data collection, methodologies and assessment tools
  - guide CARE and its partners throughout the data collection process to ensure the relevant and quality data is collected based on the proposed methodologies through close and frequent contact with CARE
  - Support CARE and its partners with the quality control of the primary data through the translation of data transcripts and interview recordings
- CARE and its partners will:
  - Organise community engagement and related logistics for primary data collection
  - Undertake primary data collection

### **Incorporation of Baseline Findings**

The assessment should build on the existing baseline research, particularly through qualitative data collection to enhance understanding of the topics. CARE will provide the consultant with baseline data collected including information on disability inclusion and GBV. This baseline data will serve as a critical reference point for the assessment and research, ensuring that findings are grounded in existing knowledge and enhancing the relevance and accuracy of the study.

## **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 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 GBV 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
- Train and support CARE and its partners' staff in carrying 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
- Conduct data analysis (including participating in data validation sessions with CARE and its partners) and develop key findings by incorporating the desk review, secondary data, and primary data from data collection. Prepare the first draft 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 report. The final report should contain the following subsections:
  - GEDSI Assessment of GBV Services
    - Including disability assessment of GBV services
  - Research on Patriarchal Norms. This section will be assessed based on (1) Clarity and depth of analysis regarding the impact of patriarchal norms on GBV services. (2) integration of qualitative data that illustrates community perspectives and experiences and (3) actionable recommendations that emerge from the research on patriarchal norms to improve GBV services.
- Subsections need to be evenly weighed in its report.
- Final report incorporating the feedback from CARE for approval with an annex including the relevant data to support the findings.

**Table 1. Assessment timeline and milestones.**

Evaluation Activities/delivery output	# days	W1	W2	W3	W4	W5	W6
Sign contract	1/2 day	x					
Literature review/Document review	2.5 days	x					
Drafting the 1 <sup>st</sup> inception report	2.5 days	x					
Final inception report	1 day		x				
Develop data collection tools (+ revision of tools based on CARE feedback)	1.5 days						
Conduct data collection and analysis	5 days		x	x			
Submission of data collection report	1 day			x			
1 <sup>st</sup> draft of the 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	18.5 days						

**Table 2. Roles and responsibilities of CARE team**

Persons	Role
Phal Chansathya, Project Manager	Provide day to day communication with consultant, share related documents, support the field data collection, and field data quality control, review of deliverables
Hun Sinuon, TA-Gender	Technical advice on the inception report development, tool development and review of GEDSI report deliverables

### 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 break-down 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 research on patriarchal Norms, 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.

All candidates will be screened according to CARE International's Safeguarding 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.

<b>XI. Work arrangement and resources</b>
---

- 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