

Request for Proposal – Baseline Service Access, Quality and Uptake Study (SAQUS)

About us

With more than 30 years of experience, CowaterSogema is Canada’s global leader in management consulting services specializing in international development. CowaterSogema is managing the Australia-Cambodia Cooperation for Equitable Sustainable Services (ACCESS) Program. ACCESS is a three-year (2018-2021) Australian Government initiative to improve the sustainability, quality and inclusiveness of services for persons with disabilities and for women affected by gender-based violence (GBV) in Cambodia. Clear Horizon are recognised leaders in providing monitoring and evaluation services for complex, multi-year programs. Clear Horizon has partnered with CowaterSogema to provide monitoring and evaluation services to ACCESS.

ACCESS reflects Australia’s strong commitment to supporting human rights, gender equality and disability-inclusive development in our region. ACCESS works in partnership with the Royal Government of Cambodia to support the implementation of the National Action Plan to Prevent Violence Against Women (NAPVAW) and the National Disability Strategic Plan (NDSP).

Currently CowaterSogema is recruiting a Company (“the Company”) to conduct the baseline Service Access, Quality and Uptake Study (SAQUS) in Cambodia.

Background

To achieve its End of Program Outcomes, ACCESS will strengthen the capacities, ownership, and resourcing of the Royal Government of Cambodia (RGC), Community Service Organisations (CSO) and private sector service providers to sustainably improve services for persons with disabilities and women affected by GBV. The exact partners to be supported are being determined now, however they will be funded to improve the following services either through capacity building of service providers or direct provision of services – both with a view to promoting long term sustainability.

Services for Persons with disabilities are expected to include:

- **Physical rehabilitation services**, including physiotherapy, prosthetics, orthotics, mobility devices, counselling and other aids (provided through 11 physical rehabilitation centres); and
- **Inclusive economic services** (provided by training providers and employers from public, CSO and private sectors), including a range of skills development (e.g. vocational training, on-job training, mentoring), job placement, sensitising activities and reasonable accommodation at workplaces, and promotion of entrepreneurship.

Services for women affected by GBV are expected to include essential services as defined by the National Action Plan for the Prevention of Violence Against Women (NAPVAW) and consistent with the UN Women (2015) Essential Services Package for Women and Girls Subject to Violence: Core Elements and Quality Guidelines. Specifically, ACCESS will focus on:

- **Health Care:** Identification of survivors of GBV, first line support, care of injuries and urgent medical treatment, forensic exam;
- **Legal Protection:** Survivor-centred mediation, legal assistance, (Legal Aid, MOWA Judicial Police Agents), and accountability for Perpetrators;
- **Other Social Services:** (e.g.) crisis information, safe shelter, psycho-social support, material aid, and legal information; and
- **Coordination:** Coordinated approach to multi-sectoral services at the national and subnational level.

Across both workstreams, ACCESS will seek to improve coverage, quality and inclusiveness of targeted services. See Annex 1 for definitions of these terms and descriptions of how they will be measured. The exact scope of services targeted by ACCESS will be agreed by July 2019, through a collaborative component design process with selected grantees and RGC counterparts.

Management of the Task

The Company will report to the MEL Manager and work closely with the ACCESS program team. Clear Horizon will provide technical oversight and quality assurance support.

Scope of Task

The Company will be required to design and implement the baseline SAQUS study (2019). Subject to DFAT extending ACCESS beyond 2019, the Company may be engaged to conduct an endline study in 2023. The study will use a mixed methods approach. Guided by the “5 A’s framework” (affordability, availability, geographic accessibility, accommodation and acceptability, see definitions in Annex 1), it is intended to examine the supply and uptake of services including:

- Supply-side: Resources; coverage; inclusiveness and access; degree of adherence to national minimum standards; staff knowledge, attitude and beliefs.
- Demand-side: Levels of service uptake by women affected by GBV and persons with disabilities; and the barriers to uptake that they face (relating to either the supply of or demand for services).

The SAQUS will be a longitudinal study – meaning that it will revisit the same service providers (and where possible service users) in both rounds of data collection. It will document the current status of service supply and demand within sampled providers, as well as factors contributing to observed strengths and weaknesses (including the strength of ACCESS’ contribution). It will also explore implications of findings for the ACCESS program’s relevance and likely effectiveness.

Based on direction from the MEL Manager, and technical inputs from Clear Horizon, the Company is required to design and implement the study, defining the methods for sampling, data collection and analysis, which may include:

- secondary analysis of existing service provider administrative data;
- document review of service provider case management files;
- semi-structured interviews and observation within a sample of providers (conducted jointly with Royal Government of Cambodia (RGC) counterparts in some cases to contribute to shared learning); and
- interviews with service users and representative groups e.g. DPOs.

The design and implementation of the study is intended to promote opportunities to build RGC capacities to monitor and quality assure service delivery in a way that is constructive and helpful for service providers. For example, the study may include: the use of existing RGC checklists where available or the joint development of service quality assessment checklists with RGC counterparts, to promote their institutionalization over time; and conducting service provider visits jointly with RGC counterparts to promote their learning and model a supportive supervision approach to service quality assessment. The study will also involve the ACCESS team and grantee staff in data collection, analysis and interpretation where possible.

Sampling Frame

As noted above, the scope and number of providers that ACCESS will target for service delivery improvement will be settled by July 2019 as part of a collaborative component design process with RGC counterparts and ACCESS grantees.

The sampling method should minimize selection bias while also including a breadth of providers by:

- service type (e.g. legal protection)
- provider type (e.g. non-government, government)
- location (urban v rural, province)
- other factors that emerge as important during the study design process

The sampling should be more intensive in the ACCESS focus provinces (Kampong Cham, Kampong Speu and Siem Reap) but also include the 'expanding provinces' – other provinces where the access grantees work. These additional eligible Provinces are Battambang, Kampong Cham, Kampong Chnang, Kampong Thom, Kratie, Phnom Penh, Preah Sihanouk, Preah Vihear, Prey Veng, Ratanak Kiri, Stung Treng, Takeo and Tbong Kmom.

Timeline

This assignment includes the following activities over a six month-period as follows:

Activity	Timeframe
<p>1. <u>Design SAQUS Study</u></p> <p>a) Background reading and review of:</p> <ul style="list-style-type: none">i) ACCESS Design Documentii) ACCESS MEL Planiii) Other relevant documents provided by ACCESS e.g. NAPVAW, NDSP, previous research. <p>b) Write study design (for both baseline and endline study) with technical support from Clear Horizon - including sampling approach, data collection tools and data analysis approach, capacity building strategies, ethical considerations, approach to quality assuring data collection across the study team, and strategies for promoting use of the study.</p> <p>c) Develop a workplan for conducting the baseline study, including the approach to obtaining ethics approval from the RGC.</p>	1 month, dates TBC
<p>2. <u>Obtain ethics approval for SAQUS</u></p> <ul style="list-style-type: none">• Work with ACCESS to obtain ethics approval from RGC	Dates TBC- timed for when ethics committee is meeting-
<p>3. <u>Collect SAQUS data as per agreed workplan</u></p> <ul style="list-style-type: none">• Collect data as per workplan• Provide weekly update emails on data collection progress, any issues encountered and how they were addressed.• Clean dataset	2 months, dates TBC
<p>4. <u>Data analysis, interpretation and report writing</u></p> <ul style="list-style-type: none">• Analyse, interpret and synthesise data set and develop a draft report, which meets the requirements outlined in the deliverables section below.• Finalise report incorporating any feedback from ACCESS.• Translate finalized report into Khmer• Undertake agreed dissemination activities e.g. presentation/workshop	2 months, dates TBC

Budget and Milestone Payments

The payments for the contract will be broken down into milestone payments as below.

Milestone	Payment	Timeframe
<p>1. A SAQUS design for the baseline and endline studies, including:</p> <ul style="list-style-type: none"> a. Refinement/elaboration of relevant MEL sub-questions from the ACCESS MEL Plan b. A description of the sampling approach, c. A description of the study methodology, d. The data collection tools (in English and Khmer), e. The data quality assurance approach during data collection, f. The data analysis approach and tools g. Ethical considerations h. Capacity building strategies i. Study limitations; and j. A full baseline study workplan, including actions, timeframes and roles and responsibilities <p>Ethics approval for the study from RGC</p>	30%	End of September
<p>2. Cleaned data set in agreed formats for study baseline data collection</p>	30%	End of November
<p>3. A draft SAQUS Baseline Report which:</p> <ul style="list-style-type: none"> a. Starts with a three-page executive summary describing the study approach, methods, findings and implications for the ACCESS program, b. A main report of no more than 20 pages which includes: <ul style="list-style-type: none"> i. A description of the study methodology, data collection, analysis and interpretation approach; ii. A description of any changes to the methodology that happened during implementation; iii. Any limitations to the study which affect how the information is interpreted; iv. The main findings of the study; v. Proposed implications for the ACCESS program; and vi. Any implications for how the endline study will be conducted. c. A presentation/workshop on the baseline report findings for the ACCESS team and partners, to explore implications for ACCESS going forward; <p>A final SAQUS Study Baseline Report incorporating feedback from the ACCESS team, accepted by the ACCESS team in both English and Khmer languages.</p>	40%	End of January

Proposal Assessment Criteria

Criteria	Weighting
1. Strength of Company's previous experience conducting similar studies <ul style="list-style-type: none">a. Experience of mixed-methods research studies, with experience of longitudinal studies an advantage;b. Capacity to manage the study to an appropriate standard and on time, including data scope and scale of data collection and approach to data analysis, including any proposed software;c. Quality of reporting.	40
2. Quality of Study Team proposed <ul style="list-style-type: none">a. Extent of previous experience conducting longitudinal mixed methods studies;b. Extent of experience in health, gender or disability research;c. Spread of qualitative and quantitative skills;d. Native Khmer speakers;e. Native English Speaker to lead report writing	40
3. Cost	20
Overall assessment of value for money of proposal	

How to apply:

Please send a brief proposal using the attached template describing:

- the company's previous experience in relevant, similar projects;
- an example report the company completed for similar work;
- a description of the personnel who will be involved, the number of input days, roles and responsibilities;
- CVs of all listed personnel;
- the daily rate for all listed personnel, accommodation and per diem rates and details of any management fees or administration fees; and
- contacts of two referees

Please send proposals to jobs@accesscambodia.org before July 5th, 2019.

Annex 1: How coverage, quality and inclusiveness of targeted services is to be measured

Improved **coverage** of services means helping providers to reach more persons with disabilities and/or women affected by GBV. Support to expanding service coverage will be balanced against the need to ensure that services maintain quality and inclusiveness.

Improved **quality** of services (including the facilities, supplies, equipment, personnel, etc.) refers to whether services meet standards of international good practices and RGC standards established in national guidelines such as:

- PRC's Operational and Clinical guidelines;
- RGC Sub-Decree on Quota for Recruitment of Disabled People;
- Inter-ministerial Sub-Decree for Reasonable Accommodation for Employment of People with Disabilities; and
- National Accessibility Guidelines.

Improved service **inclusiveness** refers to whether services respond to the specific needs of persons with disabilities and/or women affected by GBV (thus overlapping with quality above) and also the extent to which persons with disabilities, women affected by GBV and/or other vulnerable groups will be engaged in the design, planning, implementation and monitoring of services. In the context of ACCESS, service inclusiveness will also consider the specific barriers faced by other vulnerable groups when accessing these same services, such as religious minorities, ethnic and indigenous groups, LGBTQI, and the elderly – for example, whether GBV services are responsive to the needs of women with disabilities and other vulnerable groups, or whether rehabilitation services address the particular needs of women.

In line with the ACCESS design document, in judging levels of access to quality and inclusive services, the program will consider:

- **Affordability:** Service provider charges relative to the ability and willingness to pay of women affected by GBV and/or persons with disabilities.
- **Availability:** Extent to which a service provider has the requisite resources, such as competent personnel and required equipment, to meet the needs of women affected by GBV and/or persons with disabilities.
- **Accessibility (geographic):** How easily women affected by GBV and/or persons with disabilities can physically reach the provider's location.
- **Accommodation:** Extent to which the provider's operation is organised in ways that meet the constraints and preferences of women affected by GBV and/or persons with disabilities e.g. physical accessibility of facilities for persons with disabilities, ability of women affected by GBV to access services with the assurance of confidentiality.
- **Acceptability:** Extent to which women affected by GBV and/or persons with disabilities feel comfortable and respected by the service provider and consider the service desirable and appropriate.