TERMS OF REFERENCE
Facing the challenges of functional rehabilitation under public management, Cambodia

End of project final external evaluation

1. Background

1.1 About Handicap international

Handicap International is an independent and impartial international aid organisation working in situations of poverty and exclusion, conflict and disaster. Working alongside people with disabilities and other vulnerable groups, our action and testimony are focused on responding to their essential needs, improving their living conditions and promoting respect for their dignity and their fundamental rights. HI is currently implementing projects in more than 50 countries worldwide, including Cambodia.

1.2 Rehabilitation background

Despite significant progress in terms of meeting the SDG, Cambodia remains one of the poorest countries in Asia, with a growing inequality between urban and rural settings. Around 90% of Cambodia's poor live in rural areas (World Bank, 2014). In terms of prevalence, data differs widely. The most recent 2014 Cambodia Demographic and Health Survey (CDHS) reported disability prevalence at 9.5% of the population with higher prevalence for female (10.4%) and for people living in rural areas (9.6%). A study carried out by HI and the Ministry of Education in 2011 in children aged 2-9 years old estimated this prevalence to be even higher with 15.59% have one or more impairments and 10.06% have a disability.

In Cambodia, the Ministry of Social Affairs, Veterans Youth and Rehabilitation (MoSVY) is in charge of the implementation of the legislation relating to disability. However, while the Royal Government of Cambodia takes responsibility for the provision of mainstream services, the majority of services for people with disabilities, particularly at the sub-national level, are currently provided or supported by NGOs or DPOs (Bailey & Nguon, 2014). Rehabilitation services, for instance, are provided through a network of 11 Physical Rehabilitation Centres (PRCs), all initially established by international organisations.

In 2008, the transition from INGO management to government management started by the creation of Persons with Disabilities Foundation (PWDF), with the aim that PWDF would ultimately take over

central management of the PRC network in the future. A recent report highlighted important gaps in the capacity of PWDF to do so. It was estimated that 5/10 more years of support is required for PWDF to achieve full managerial, technical and financial capacity to independently manage the PRC network across the country.

The Department of Preventive Medicine at the Ministry of Health is currently increasing its involvement in the rehabilitation sector with the support of WHO. Physiotherapy services are included in the Minimum Package of Activities (MPA) guideline for Health Centers and the guideline on Complementary Package of Activities (CPA) for Referral Hospital development (Ministry of Health, 2014). However, the actual implementation of these guidelines is still limited and referral mechanisms between the health system and PRCs are generally weak. Coordination mechanisms for the delivery of rehabilitation between the health and social welfare sectors need to be strengthened both at the policy and implementation levels.

The transition towards autonomy needs to be revised to strengthen: (a) the links by services provided by PRC and MoH, (b) internal management issues across PRCs, (c) revised transition plan focusing more on monitoring and reporting progress and capacity building for PWDF and increased national budget allocations for PRC funding, (d) management, financial and technical capacities at PWDF (including human resources), (e) the legislation to strive for better cost-recovery.

The Kampong Cham Physical rehabilitation Centre (PRC), founded by HI, offers a range of rehabilitation services, including physiotherapy, production of prosthetics and orthotics (P&O) and social services delivered by social workers at the center. Services are provided mainly at the center, with sporadic home visits only for follow up of clients using assistive devices. Less than 30% of clients are survivors of trauma (amputation due to accidents or land mines), while a substantial proportion of clients are children with congenital impairments such as club foot or cerebral palsy. Musculo-skeletal conditions are also treated at the center with a relatively high number of physiotherapy sessions per year as compared to other PRCs in the country[1].
Aside from continuous capacity building of clinical staff at the PRC, HI is recognized amongst rehabilitation stakeholders for its efforts in strengthening management capacities for greater autonomy and quality of the services delivered, in coordination with PWDF.

1.3 Project summary information

HI has been working with the physical rehabilitation center in Kampong Cham and has been collaborating with the Ministry of Social Affairs, Veterans Youth and Rehabilitation in charge of rehabilitation and its provincial departments since 2002. In 2009, the 'Ministry of Social Affairs, Veterans and Youth Rehabilitation' (MoSVY) recognized the authority of the Ministry upon Kampong

[1] Report on 11 PRCs in Cambodia: Statistics and Key Indicators in 2016 and Trends 2012 – 2016

Cham PRC through a Prakas[2], confirming its ultimate responsibility upon Kampong Cham center in particular and over the whole rehabilitation sector.

This evaluation covers the period from 2014 to 2017, under fundings from the Ministry of Foreign Affairs of Luxemburg and the DGD. During this period, the PRC management has progressed to a collaborative management with the MosVY through the PWDF. The PRC has been a site for trialing new approaches in a tacit recognition of the challenges facing the handover of rehabilitation services to government management. Innovative management practices have been piloted, aiming at strengthening the quality of services available and improving the viability of public rehabilitation centers. In addition, in order to support medium to long term sector funding, the project intended to enhance the consideration of rehabilitation on the political agenda and to advocate for a management framework adapted to the current institutional context. In this perspective, the project has:

- Built a referral and counter referral framework with the health sector who provides direct access to users
- Mobilized local authorities and village chiefs, who play a key role in the identification of, and information provision to, people with physical rehabilitation needs
- Increased service users' involvement to promote access to services and improve the quality of service provision
- Improves existing management systems, in particular by using the Rehabilitation Management System tool (RMS) developed by HI in Southeast Asia for quality assurance processes
- Used the legitimacy acquired from rehabilitation support provided to landmine survivors, explosive remnants of war and cluster munitions survivors to reinforce advocacy for the ratification of the Convention on Cluster Munitions to strengthen institutional commitment towards victim assistance including rehabilitation care.

Title of the action: Facing the challenges of functional rehabilitation under public management: project to improve the sustainability and the quality of rehabilitation care in Cambodia

Duration of action: January 01, 2014 to December 31, 2017[3]

Location of the action:
Activities take place in Cambodia at three different levels:

[2] « Prakas » is a Cambodian term which means official proclamation. It is a ministerial or inter-ministerial decision signed by the relevant Minister(s). A proclamation must conform to the Constitution and to the law or sub-decree to which it refers.

[3] The Rehabilitation project is funded by the Luxembourg MOFA from 2014 to 2017 but also cofunded by the DGD from January to December 2017.

- At national level, advocacy activities and the dissemination of lessons learnt issued from innovative know-how developed at provincial level. Across the country, advocacy activities for the ratification of the Convention on Cluster Munitions have been implemented to complement the legal instruments in force and to strengthen the inclusion of landmine and explosive remnants of war survivor's victim's assistance in the context of existing development.
- At provincial level, the PRC is located in Kampong Cham province and provides physical rehabilitation services as well as referrals for medical and mental health services when appropriate.
- 20 communes and 20 Health Centers are targeted for improving continuum of care between health and rehabilitation sectors, in particular through the promotion of a referral and counter referral system.

Luxembourg MOFA Funding (2014-2017)

Overall objective: The vulnerability of people with disabilities in Cambodia is reduced as part of the national effort against poverty reduction and in accordance with the framework set by the National Plan of Action for People with Disabilities including Landmine survivors.

Specific Objective: People with physical disabilities in Kampong Cham province receive quality rehabilitation and proposed innovations contribute to the sustainability of the sector and to the implementation of the commitments made by the Government under the framework for Victim Assistance People with Disabilities Rights.

Expected Result 1: People with physical disabilities who can benefit from rehabilitation services are referred to Kampong Cham Physical Rehabilitation Center (PRC) by health actors, local authorities and their peers.

Expected Result 2: The viability of Kampong Cham rehabilitation center is reinforced in the institutional framework adopted by the MoSVY, to improve the quality of services and users involvement in service provision.

Expected Result 3: The innovations introduced by Handicap International in the management of Kampong Cham center are capitalized and presented to rehabilitation stakeholders in the framework of the national sector dialogue, and contribute to advocacy for the ratification of the Convention on Cluster Munitions in accordance with the commitments taken through the Millennium Development Goal 9 adopted by the Government of Cambodia to reduce the risks created by unexploded ordnance of war and to promote economic growth in the affected areas.

DGD Funding (2017)

Specific objective: By end of 2017, proposed innovations in the management and provision of rehabilitation services have long term benefits on people with physical disabilities in Kampong Cham and Tbaung Khnum provinces and contribute to the sustainability of the sector within its long-term transition from international organizations to public management

Result 1: 2,200 people with disabilities (at least 35% female) receive rehabilitation services at Kampong Cham PRC, in line with the national Standard Working Procedures and within a strengthened management and quality framework

Result 2: Kampong Cham PRC's innovations in terms of management and costing of rehabilitation services are shared with other PRCs and with PWDF

Project expected beneficiaries:

Direct beneficiaries

- People, adults and children, men and women with physical impairment as well as landmines and explosive remnants of war survivors who receive rehabilitation services (6600 during the project and an average estimated 2,200 people per year after the project completion with at least 35% female)Users representatives, chosen among PRC clients to contribute to improve the quality of services at center level as well as information and referral of people with physical impairments in the pilot area (20 Health Centers).
- Local authorities from the pilot area mobilized to facilitate information and referral within the community (20 communes).
- The Rehabilitation Centre in Kampong Cham team members involved in the provision of rehabilitation services and the implementation of innovative management practices (30 employees)
- Health staff from the pilot area and staff from the district referral hospital located into the PRC coverage area (approximately 70 people)
- MoSVY services involved in rehabilitation (DAC[4], PWDF, and Persons with Disability Welfare Department) associated to the pilot actions implemented at Kampong Cham PRC to improve management practices and the viability of the center (a dozen people).
- Actors from the rehabilitation sector will be informed about the results achieved within the framework of innovative practices (a dozen representatives).
- Cambodian population informed of the risks induced by cluster munitions and are mobilized to demand the ratification of the International Convention (approximately 10% of the population).
- Clients with signs of psychological distress either targeted by activities at PRC or referred to mental health services (50 persons in 2017)

Indirect beneficiaries

[4] Disability Action Council

- The families of people receiving physical rehabilitation services (23 100)[5]
- People with physical impairment who ultimately benefit from rehabilitation services of acceptable quality manageable by public authorities (150 000)[6]
- Inhabitants of cluster munitions affected areas who will ultimately benefit from the ratification of the Convention and the implementation of the related obligations.[7]

Project partners:

Level	Partners/Stakeholders	Role in the project
National	1) Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY) with in particular the Persons With Disabilities Foundation (PWDF) recently created whose mission includes PRCs management (but also DAC and the Welfare Department)[8] 2) Other rehabilitation actors: ICRC, CT, VIC, KHAPO, CPTA, CSPO, WHO	- Contribution to the definition of pilot actions aiming at improving service quality and sustainability of management systems - Participation in the analysis of the results obtained within the framework of these initiatives - Involvement in the modeling of tested tools and their presentation to all actors from the rehabilitation sector - Overall monitoring of the project and of the services provided at Kampong Cham PRC - Participation in the sessions to disseminate capitalization findings
	3) The actors engaged in the fight against landmines and cluster munitions, organizations of and for people with disabilities	- Development of a strategy to advocate for the ratification of the Convention on Cluster Munitions - Organization of events to raise awareness on the risks associated with cluster munitions / advocacy actions - Contribution to the analysis of the national action plan for the rights of persons with disabilities' results and of the commitments for assistance to landmines and explosive remnants of war victims in relation to the Convention on Landmines

[5] Average number of persons per household (based on census) minus 1 (patient)
[6] In Kendra J. Gregso, Sharonjit Sandhu, Ky Vien, Soeng Sophary, 27 October 2006
[7] To date, the authorities have no statistics on the number of people affected by mines and explosive remnants of war. However, we know that the communities most affected by cluster munitions are located in rural areas along the eastern border. These areas are among the poorest in the country.
[8] The MoSVY is responsible for setting policy for rehabilitation and operation of the network of centers which it delegates the management of international organizations.
The PWDF received the mandate to manage the network of centers and mobilize necessary financial resources for funding while the Welfare Department and DAC are mainly associated with the definition of technical management and coordination of the sector.

Provincial	1) Provincial Department of Social Affairs, Veterans and Youth Rehabilitation (PoSVY)	The PoSVY is responsible for center management and compliance, by the organization to which the management is delegated, to institutional frameworks established at central level. - Contribution to the financing of the center - Provision of contractual positions for center staff - Monitoring of the PRC activities - Contribution to the definition of pilot actions aiming at improving service quality and sustainability of management systems - Participation to the analysis of the results obtained within the framework of these initiatives - Involvement in the modeling of tested tools and its presentation to all actors from the rehabilitation sector
	2) Provincial Department of Health and provincial hospital	- Participation in the selection of pilot villages and communes and mobilization of district hospitals and health centers - Participation in the development of the referral pathway - Collection of statistical data for selected pathologies - Participation in the development of information tools and training sessions for health workers - Monitoring of the referral mechanism with HI - Participation in advocacy activities for the inclusion of rehabilitation within equity funds

2. Objective of the evaluation

The evaluation has a key role to play in the process of ensuring the sustainability of the Kampong Cham Physical rehabilitation sector and of the sector in general. By analysing the actions implemented, their outcomes and measuring the gains reached over four years, it will enable HI to make informed decisions about future approaches and the actions required to move towards greater autonomy of the PRC and greater sustainability.

- To make an **informed assessment on the performance of the project** to provide the donors, HI and its partners with sufficient information regarding the relevance, effectiveness, efficiency, quality, impact and sustainability of the project as per Organisation for Economic Co-operation & Development (OECD) standards.

- To provide HI and its partners, within the framework of the project continuation, with practical **recommendations.** Strengths and weaknesses of the project's methodology and implementation process will be identified and analyzed, with an objective to increase impact and sustainability in the next phase of the project.

3. Evaluation questions

The consultant will articulate its analysis around the following set of evaluation questions, which are structured below in a non-exhaustive list, according to the OECD-DAC criteria of relevance, effectiveness, efficiency, sustainability, synergy and impact. When necessary, the consultant will propose a set of sub-questions at desk phase.

Relevance:

- Is the PRC addressing the needs of the population?
- Is the current approach relevant taking into consideration current policy reforms within the health sector on a medium to long term?

Including:

- Compare impairment classification of PRC clients and the types of services currently provided by the PRC with the target population, identify any potential overlap with services offered within public health facilities, and define whether service packages provided at the PRC need to be reviewed
- Have the partnerships set up at the different levels of intervention proven to be successful? Did they foster dynamics in the implementation of the actions? What factors could have improved the quality and effectiveness of the partnerships?
    - Was the support provided to the PRC in line with what was needed? And have the shortcomings improved since?

Synergy

- Have the partnerships with PWDF and MOH and with other stakeholders involved in the rehab sector proved to be coherent with the project's objectives, including but not limited to:
    - Have real synergies been created between health and rehab stakeholders? How could they be improved?
    - What is the impact of enhanced links between health and rehabilitation stakeholders in terms of access to rehabilitation services for people with disabilities?
- Is the Kampong Cham PRC effectively collaborating with local, provincial and national stakeholders? Is the intervention (technical working groups, participation to stakeholders meetings…) targeting all relevant stakeholders? Are there gaps?
- What other partnerships could usefully have been set up?

Efficiency

- Have the resources been optimised? The evaluation will consider both the quantity and quality of the resources mobilised when dealing with this question.
- Does the PRC allocate sufficient staff and resources and in an optimal fashion to provide quality services?
- Does the PRC provide services at the most efficient and value for money cost?
- Could the project outputs been achieved in a more efficient way?

Effectiveness

- To what extent did the proposed intervention method achieve the expected results and achieve value for money?
- How is the quality of the Social Work, Physiotherapy and P&O services provided both at the center and outreach services against relevant standards? Are the services provided comprehensive enough? Is the current model of care effective in addressing the rehabilitation needs of the target groups? Is it adapted for a logical handover to the PWDF?
- What is the effect of the social work unit in improving the holistic quality of interventions to support the clients' needs? Are people with psychological needs correctly identified and supported? How could this be improved?
- Are the different disciplines working in a true inter-disciplinary model, or are services provided in the one location using a silo approach? What strategies are used/could be implemented to create a successful inter-disciplinary team?
- Do clients receive all the appropriate equipment/adaptive devices required for their rehabilitation and social/economic inclusion after discharge?
- Are there clear quality improvement plans in place for clinical services?
- Has the programme been able to adapt to unexpected developments? To what extent did any adjustments affect the achievement of expected outcomes?
- What factors hindered or facilitated the achievement of objectives?
- Are the monitoring mechanisms in place effective in measuring the effects of the intervention, and also in ensuring that the intervention is relevant to the Cambodian context?

Capacity

- Are the technical capacities of the PRC staff optimal against international or national standards to be proposed by the consultant? Are mechanisms to allow continuous professional education effective? What is the level of autonomy of the PRC staff in managing their work?
- What is the level of the organizational capacities (including management, communication as well as HR, logistics and admin) of the PRC and is the team autonomous in their work? How could it be improved? Is the Rehabilitation Management System (RMS) effective in building the organizational capacities of the PRC?
- Does the project provide sufficient capacity building opportunities for the PRC staff? Assess value for money of capacity building and potential for sustainability in a potential handover to the PWDF
- How effective is the project in building the capacities of PWDF and of the rehabilitation sector in regards to long term sustainability? What factors have hindered or facilitated the

capacity-building of institutional actors? What actions should be taken in priority in this domain (recommendations)?
- What is the level of performance of the PRC and its level of production?

Sustainability

- What could be the criteria for defining the cost of physiotherapy, social work and prosthetic/orthotic services in consideration of cost recovery (taking into account the market, including private and public stakeholders)?
- Are the current strategies (in terms of technical and management features) effective and relevant in supporting the sustainability of the PRC, including technical, financial, organizational sustainability? What could be additional ways forward?
- Have the conditions for the technical and financial sustainability of rehabilitation services been put in place?
- Have the strategies for ensuring the sustainability of rehabilitation services proved to be relevant and realistic? How involved and how much responsibility was taken by the services' governance bodies? What other forms of collaboration and governance could have been put in place with these bodies? At the end of the programme, can we consider that the stakeholders' capacities and competencies have been strengthened?
- Should the outreach intervention be enhanced given the potential handover to the PWDF?
- Has the intervention's learning processes been well managed and exploited? If so, how?
- Is the intervention proving to be a good model within the sector? Are the innovative tools effectively disseminated? How could innovations be better disseminated? Are those innovation tools relevant to other stakeholders?

Impact/ Effects

- What are the positive and negative effects of the intervention on people with disabilities and their families in the target area?
- Where there any positive or negative unexpected effects linked to the intervention?
- Did the programme enable the Cambodian population to learn more about cluster munitions?
- What effects have advocacy actions related to the campaign to ban cluster munitions had? Did they impact the political agenda?

The consultant will also identify good practices and lessons learnt if any and make recommendations which can be shared with stakeholders and wider HI in Cambodia. These good practices may include tools, publications, lessons learned, training materials, management practices etc. The consultant should explain why this is considered good practice and make suggestions on their wider applicability.

4. Methodology required

The consultant will propose appropriate methods for demonstrating impact. The proposed methodology shall include:

DESK PHASE

The consultant (or team of experts) will undertake a desk review based on all documents sent by the project. On this basis, the consultant will:

- Develop an evaluation framework to ensure that the final evaluation is objective and transparent.
- Finalize the technical proposal and the evaluation methodology to ensure participation of the project beneficiaries and stakeholders
- Define a detailed work plan including the list of stakeholders to meet during field phase.

These elements will be combined in an inception report. HI team will validate the inception report during the initial briefing.

Indicative materials to review:

- Project narrative and financial proposal, amendment and contract with MoFA Luxemburg and the DGD
- Project donors reports
- Monitoring framework (PME) and Beneficiaries database
- Data on client Satisfaction Surveys
- Study report on the Financial Access to Rehabilitation services (iFAR) in Cambodia
- Report on Demonstration Project capitalization/lesson learnt
- Report on Personalized Social Support capitalization/lesson learnt
- PRC Standard Working procedure
- Cost allocation tools and database
- Rehabilitation Management System tool
- Data on ICF rehabilitation monitoring outcomes

FIELD PHASE

- Briefing with Operational Coordinator or Country Director, Rehabilitation Technical Advisor, Health and Rehabilitation Deputy Operations Coordinator, Rehabilitation Project Manager and PRC coordinator
- Field visits and meetings with the main project partners, stakeholders and beneficiaries.
- Debriefing to HI.

Relevant primary and secondary research may include: interviews with HI and main partners' staff involved in the management and delivery of work; interviews with various delivery partners; focus group discussions with beneficiaries; surveys with project stakeholders where (possible and proportionate); verifying reported data through back checking and quality control assessments.

REPORTING PHASE

- Preparation of draft evaluation report

- Discussion with HI
- Incorporation of HI's comments and submission of final evaluation report

QUALITY ASSURANCE

The consultant will be responsible for quality assuring the evaluation as it is undertaken and it is imperative that the evidence collected as part of the reporting is robust and reliable. Where high quality data is not available, the limitations of the data and any conclusions drawn from it should be clearly stated.

5. Deliverables

The consultant will produce:

- An inception report to be introduced at the end of the desk phase. The inception report will include:
  - The evaluation framework
  - A detailed methodology to ensure participation of the project beneficiaries and stakeholders
  - A detailed work plan including the list of stakeholders to meet during field phase.

  The inception report will be discussed at the initial briefing and will need to be validated before commencing the field phase.

- A power-point presentation to support the final debriefing workshop, covering the draft content of the final report's chapters "findings", "conclusions" and "recommendations". During this workshop, the consultant will also provide detailed explanation of the methodological assessment tools used.

- A final report including an Executive Summary

The report will be provided in soft copy. The consultant will provide first a draft version of the final report and then incorporate HI comments and produce a final version.

Within the report confidentiality will be respected when representing personal information. Photos used will have HI permission form completed, any inclusion of pictures of children will have the statement within the document…. "All names & information about the location of children and family privacy in conformity with HI Child Protection Policy".

6. Contractual arrangements

6.1 Profile of the Evaluator or team of evaluators:

Mandatory requirements:

- An evaluation specialist with a minimum of seven years' experience in programme/project evaluation in an international development context.
- Experience of results-based monitoring and evaluation.

- Ability to design and plan the evaluation approaches and research methodologies, including quantitative and qualitative research methods.
- Technical expertise in a physical rehabilitation related field
- Diploma or related experience in public health
- Excellent spoken and written English

Highly preferable:

- Working experience in Cambodia and knowledge of Cambodia context would be an asset.
- Spoken Khmer would be an asset.

6.2 Timeframe and location:

- **Location:** field phase will take place in Kampong Cham province; the consultant is free to choose the location from where to carry out the desk and reporting phase.
- **Start date & End date:** The consultancy is expected to be organized in November 2017 and shall be completed no later than mid December 2017 with all deliverables submitted.
  Please note the following restrictions:
  - International travel days are not working days
  - Weekends are not working days, except when agreed

- **Suggested scheduling :**

Tasks	Number of days	Proposed agenda	Responsible
Desk review and submission of inception report	4 days	1-6 Nov.	Consultant
Field mission	15 days	7-27 Nov	Consultant
Debriefing workshop with HI and partners	1 day	28 Nov	Consultant / HI / Partners
Submission of draft report	4 days	29 Nov- 4 Dec	Consultant
Feedback from HI on the draft report	3 days	5-7 Dec	HI
Submission of final report	2 days	8-11 Dec	Consultant
Total	**29 days**		**26 working days**

6.3 Management arrangements

The consultant will:

- Organize and pay a return flight (economy class) from the consultant's country of residence to Phnom Penh (if applicable) according to the timeframe of the evaluation
- Purchase a business visa at arrival to Phnom Penh airport (if applicable)
- Organize and pay all local transports in Phnom Penh and from Phnom Penh to Kampong Cham in Cambodia
- Organize and pay accommodation and meals in Cambodia – NB: In Phnom Penh, HI has a guest house and can accommodate the consultant for free.

- Provide proof of adequate medical insurance coverage including repatriation. Otherwise Emergency repatriation insurance will be arranged by Handicap International. The fixed premium of € 50 per month, whatever the number of days of presence in the field, shall be deducted from the value of the services provided.
- Provide proof of adequate professional, third party liability insurance or a discharge of responsibility by which he/she responds personally to any damages caused to third parties by his/her act.

Handicap International will:

- Organize and pay travel costs in Kampong Cham.
- **Note that per diems will not be paid to the consultant and should not be represented within the budget. International travel days will not be considered as working days and will not be paid.**
- Cover the costs associated with interviews, focus groups and other activities involving beneficiaries and stakeholders.
- Provide logistical support, including arranging meetings as requested by the evaluator and providing transport for use during the evaluation.
- Provide an external interpreter Khmer-English during the field work in Kampong Cham.
- Make available all relevant documents to the evaluator.
- Provide working space, access to the internet, telephone usage and office services (copies, etc.) in Kampong Cham.

6.4 Budget and payment schedule

The maximum budget available for this consultancy is **15 600 USD (withholding tax included**)[9]. This sum includes the consultant expenses for his/her own international travel arrangements.

The consultancy contract will specify the agreed gross professional fees as a lump-sum. HI will deduct the corresponding withholding tax and then pay the net amount as follow:

- forty per cent (40%) at the signature of the contract
- sixty per cent (60%) after the submission and the acceptance of the final report.

7. Application procedures

Candidates should submit the following information with their application:

[9] As per Cambodia Law, professional fees are subjective to a withholding tax. Handicap International will withhold tax according to the consultant status and pay the tax directly to the Cambodian tax authorities. The consultant will receive the net after tax deduction.- For consultant and/or company located in Cambodia with TIN (Tax identification number): 10% will apply.
- For consultant and/or company located in Cambodia without TIN (Tax identification number): 15% will apply.
- For consultant and/or company non-located in Cambodia: 14% will apply.
The tax will be calculated on the consultancy fees only (excluded accommodation, transport and visa if any).

1) Cover letter demonstrating the understanding of the assignment
2) Curriculum vitae and list of previous assignments, highlighting those focused on health, rehabilitation and/or local development and/or disability final evaluation
3) Three references from previous evaluation assignments
4) One example of a program/project evaluation carried out
5) A proposal of the detailed methodology in accordance with the terms of reference,
6) A tentative work plan
7) A budget breakdown for the consultancy including:
    - professional fees (gross of the applicable withholding tax; see footnote in previous page), calculated as daily fee multiplied by # of working days
    - accommodation
    - communication
    - local transport (airport transfers, local buses to field, etc.)
    - international plane tickets (if required)
    - business visa (if required)
8) Scan of passport (> 9 months still valid)

Evaluation of the expression of interest will be made through a selection committee **only if complete application is received**. Criteria to select the best application will be based on quality of the methodology, realistic work plan, relevance of previous experiences, demonstrated expertise of the applicant(s), and coherency of the financial proposition.

Complete applications should be sent to:
Handicap International, Virginie DATTLER (op.coord2@hicambodia.org), Rithy YOEUNG (health.rehab.doc@hicambodia.org) and the HR Department (hr.mgr@hicambodia.org).

Applications submitted by email should indicate as subject: **Rehabilitation evaluation/application**

Deadline for submission of applications: 23 October 2017 at 06:00 pm (local time in Phnom Penh)
Applications submitted after the deadline (day or hour) will not be considered. Only short listed candidates will be contacted.
Selected applicants may be invited for a (phone/skype) interview.

"Handicap International is committed to protect the rights of the children and opposes to all forms of child exploitation and child abuse. HI contractors must commit to protect children against exploitation and abuse".

The consultant remains fully responsible to declare and pay taxes in his/her home country if different from Cambodia.