

**United Nations Children's Fund (UNICEF)  
Phnom Penh, Cambodia  
Vacancy N° CP/15/018**

**Terms of Reference**

**Individual Consultancy: Study on the  
Funding and Financial Models of Residential Care Institutions in Cambodia**

**The Study is funded by UNICEF and USAID and is conducted in partnership with the  
Better Care Network**

**Closing date: 14 December 2015**

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**I. Purpose of the consultancy**

The purpose of this consultancy is to document and analyze how residential care institutions operate and sustain themselves and the funding and financial models of the different types of residential care institutions in Cambodia. The results of the study will strengthen the evidence-base for the child care sector reform in Cambodia, which will be supported by the Family Care First initiative of USAID and UNICEF, and will inform the design of UNICEF Child Protection interventions for the next UNICEF and Government of Cambodia Country Programme 2016- 2018. By better understanding the operational and financial aspects of residential care institutions, the alternative care sector will be better placed to understand how to support these institutions to transition from institutional care to community based care.

**II. Background**

As families grapple with poverty, many are finding it increasingly difficult to rely on well-established values that prioritize family- and community-based care and are instead forced to rely on leaving their children to grow up in residential care facilities, a trend that has contributed to a rapidly increasing and largely unregulated residential care industry in Cambodia. While more than 11,453 children (MOSVY Inspection data, 2014) are living in residential care, an estimated 73 per cent have at least one living parent and many more have extended families that could care for them with the right support. Many of these children are unnecessarily separated from their parents and kin who are the most protective safeguard in the life of a child during childhood development.

Orphans and children separated from their parents have been traditionally cared for by relatives and extended family and informal fostering within the community. In addition, Buddhist pagodas, which are a form of residential care, have also traditionally played a key role in providing alternative care in Cambodia.<sup>1</sup> These forms of care have increasingly been replaced by institutional care due to the high number of residential care facilities that have been established. In 2005, there were 154 institutions with a total number

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<sup>1</sup> Buddhist pagodas qualify as a form of residential care under the Alternative Care Guidelines and need to be regulated to ensure they provide appropriate care for children

of 6,254 children who resided in an institution. By 2014, the official number of residential care facilities rose to a total of 225, with 11,453 child residents, but the actual number is higher, as there are numerous unregistered institutions. That means the number of children living in registered institutions alone has increased by 46 per cent compared to 2005. This is high even by comparison to the post Khmer Rouge decade, in the civil war period of the 1980's, where the number of orphans was predicted to be above 74,000 but only 7,000 children were placed in institutions. There is currently diversity in the typology of residential care institutions in Cambodia, with some generally meeting the Government's minimum standards of care, while others pose immediate threats to the safety of the children in them.

The financing of residential care institutions is a global concern and is the subject of another important study being carried out by the Elevate Children Funders Group, which is conducting a funding stream analysis in three low-income countries (Cambodia, Nepal, and Uganda). The purpose of this study is to get a clearer understanding for the role private and government funding plays in promoting (versus discouraging) different forms of family and alternative care and whether current funding streams are in line with international standards, mainly the UN Guidelines for Alternative Care.

A fundamental question that frames this study is why and how has this proliferation of residential care happened despite extensive evidence that residential care is not the best way to provide the care and developmental opportunities that children need and despite the fact that it is relatively expensive on a per capita basis. A better understanding of the success of the residential care model in Cambodia may provide insights into how this trend can be reversed.

### **III. Work Assignment/Major Tasks to be accomplished:**

The study will use qualitative research methods. The study will analyze the funding and financial models of residential care institutions in Cambodia, including transitional homes, temporary emergency residential care, group homes and institutions self-describing as 'boarding schools'. More specifically, the study will analyze how residential care institutions are financed. This will include how this funding system shapes the operations of these institutions, including the type of services that are provided, the strategies and missions of the institutions and the targeting of beneficiaries, including how different the funding models affects the daily life of children in institutions. The study will also consider what oversight there is over the way this funding is received, managed, and allocated and how resources might be redirected in the longer term to support appropriate services for children.

The research questions are as follows:

1. What are the main funding and financial models of residential care institutions in terms of how they operate? What are the different models and strategies used for securing resources to operate? To what extent are the programs of residential care institutions shaped or driven by their strategies to secure income? How are the different categories of residential care institutions using different sources of income to benefit children in residence as opposed to other purpose? To what degree are the financial strategies used by residential care institutions compatible with the best interests of the child as defined by the CRC?
2. What are the core aspects of these funding and financial models, including the purpose, financial and funding process, target beneficiaries, services, strategies, infrastructure, organizational structures (including type and professional experience of staff), operational processes and policies (including registration status)?
3. What is the estimated total annual budget for each of the Cambodian residential care institutions over the last 3-5 years, and how has it been allocated/spent? What is the average cost of keeping the child in each type of residential care institution (costs per child per/day/ year)? How are revisions

to the budget made each year and what issues are faced by the institutions in terms of spending, resource allocation, financial planning?

4. Where does the funding come from? What other resources are available to the institution (financial or in kind)? What kinds of donors/ funders (nationally and internationally) are supporting residential care institutions in Cambodia? What approaches and methods are used to attract these resources? How long can these relationships typically be sustained? What are the different categories of approaches used for securing income or other donations and what are the typical sources of each and are there any regulations that apply to them?
5. Considering the sources of financial support to residential care facilities in Cambodia, can existing or potential strategies be identified that might influence the redirection of at least some of this support to family and community-based care for children? What are the entry points, if any, for dialogue with residential care institutions, about changing their operational approach to transition into community-based care and strengthen family care for children?
6. What kind of reporting, independent audit, government supervision is there in ensuring funding (domestic and international) is received and used in an appropriate manner, and support or challenges the implementation of government policies and international standards for child care?

The consultancy can propose additional and revisions to questions as appropriate.

Under the supervision of the UNICEF Child Protection Specialist, the consultant will carry out the following assignments in close collaboration with the Advisory Group:

1. Complete the desk review of background reports, studies and materials related to the national context, information available online as well as other relevant documents on the operational, funding and financial models of residential care institutions.
2. Finalize the development of the research methodology and the research tools in consultation with the members of the Advisory Group, including determining how many residential care institutions should be visited and what would be the criteria for selection. The Elevated Funders Group is also an important stakeholder and will be consulted on the design of the methodology and related issues.
3. Conduct interviews with key stakeholders at national and subnational levels, including academic leaders and professors, representatives of the Ministry of Social Affairs, Veterans and Youth Rehabilitation, Ministry of Interior, Ministry of Foreign Affairs, social workers, representatives of NGOs, directors, founders and staff of residential care institutions, local authorities, children and families, donors and any other relevant stakeholders.
4. Conduct focus group discussions with Government and NGO social workers, local authorities, heads of residential care facilities and their staffs, social workers and other relevant actors.
5. Conduct field visits to at least 15 residential care institutions, including transit centers, group homes and boarding schools, in the provinces of Siem Reap, Phnom Penh, Battambang, Kandal and Preah Sihanouk. The field visits should also include District Offices of Social Welfare, Veterans and Youth Affairs DoSVY, selected families and children, and local competent authorities.
6. Documentation of different funding and financial models of residential care
7. Finalization of the report

#### IV. Deliverables

The consultancy involves the development of a study inception report, finalizing the methodology and study tools, conducting the desk review, the interviews and field visits, the data analysis, writing the draft report as well as the compilation of the final report. The consultancy requires participation in preparatory meetings at the beginning of the study to present and discuss the study plan, suggested methodology and data available for the purposes of this study. The consultancy requires regular consultation with members of the advisory group as specified below.

Task Description	Approx number of days	Location
Conduct the desk review, develop the questionnaires and inception report, including detailed timeframe to be presented to the advisory group	10 days	Cambodia (Phnom Penh)
Interviews with key stakeholders and field visits of residential care institutions	50 days	Cambodia (Phnom Penh, Siem Reap, Battambang, Kandal, Sihanoukville)
Report drafted and presented to UNICEF/BCN and Advisory Group/key stakeholders	10 days	Home-based
Report editing based on UNICEF/BCN and Advisory Group comments	10 days	Home-based
Finalization and submission of final report to UNICEF/BCN and advisory group	20 days	Home-based

\* Estimated number of days shall be considered the maximum compensation as part of a lump sum contract,

\* The above includes consultations with the supervisor and focal point as requested.

#### V. Estimated Start Date and Duration of the Consultancy

The duration of the assignment will be four months commencing in January 2016.

#### VI. Qualifications or Specialized Knowledge/Experience Required

The consultancy will be carried out by an international consultant and a National Consultant. The International consultant is expected to recruit the national consultant and be responsible for all negotiations, decisions and deliverables. The following minimum qualifications will be required for the International and national consultants:

##### International Consultant:

- Advanced university degree in business or economics, with documented experience and knowledge from the social welfare related field
- Demonstrated experience in carrying out quality field studies, mappings, assessments and evaluation, preferably in the areas of child protection and alternative care
- Minimum 8 years of working experience in the area of economics, business administration, social welfare or other relevant studies or researches.
- Current knowledge of development issues, policies as well as programming in countries with emerging social protection systems,

- Extensive experience in analyzing the institutional, administrative, human resource and financial dimensions of organization
- Excellent knowledge of English. Knowledge of Khmer is an asset.

National Consultant:

- Academic degree in business or economics, with documented experience and knowledge from the social welfare related field
- Demonstrated experience in carrying out quality field studies, mappings and assessments and evaluation, preferably in the areas of child protection and alternative care
- Minimum 3 years of working experience in the area of economics, business administration, social welfare or other relevant studies or researches
- Experience in supporting the carrying out of studies, assessments and evaluations
- Excellent knowledge of English and Khmer
- Proven ability to interact with different stakeholders, including senior level government and beneficiaries.

**VII. Payment schedule**

Deliverable	Percentage of contract
Conduct the desk review, develop the questionnaires and inception report, including detailed timeframe to be presented to the advisory group	20%
Interviews with key stakeholders and field visits of residential care institutions	30%
Finalization and submission of final report to UNICEF/BCN and advisory group	50%

- **Payment:** All payments are subject to satisfactory completion and submission of due deliverables, certification and evaluation of the work done by contract supervisor. In case of unsatisfactory performance, the contract will be terminated by notification 5 days prior to the termination date.
- **Unsatisfactory performance:** In case of unsatisfactory performance the contract will be terminated by notification letter sent five days prior to the termination date.
- **Performance indicators:** the consultant's performance will be evaluated against the following criteria: meeting TOR requirements, timeliness, work relations, communication, dependability/reliability in carrying out the assignments

**VIII. Management and Supervision arrangements**

The consultant will work directly under the supervision of the UNICEF Child Protection Specialist who will provide detailed briefing, guidance and oversee timeliness and quality of deliverables.

An advisory group has been established to provide technical and procedural guidance. Members of the advisory group will be resource people with expertise in child protection, residential care and the context of Cambodia. The advisory group will review the research proposals, the inception report, the sampling and research tools, the ethical protocol, the draft and final report of the consultancy.

## IX. Consultant's Work Place and Official Travel

The consultant will be required to travel internally in Cambodia to conduct field visits to project sites in five provinces as mentioned in Section 5. The consultants will be required to organize their own transport and pay directly the costs. This costs must be therefore included in the financial proposal (see below)

## X. Confidentiality

The documents produced during the period of this consultancy will be treated strictly confidential and the rights of distribution and/or publication shall solely reside with UNICEF.

## XI. Proposal submission

Applications shall be submitted to [cbdhrvacancies@unicef.org](mailto:cbdhrvacancies@unicef.org) before the deadline containing the following required documentation:

1. Technical Proposal: The consultant shall prepare a proposal in response to the ToR, ensuring that the purpose, objectives, scope, criteria and deliverables of the assessment are addressed. Draft work plan and timeline for the assessment should be included. The proposal shall also include updated CV and Personal History Forms (P11) of the international consultant and of the national consultant, and copies of 2 assessments performed previously by the consultants. **No financial information should be included in the technical proposal.**
2. Financial Proposal: The consultant should prepare a lump-sum offer. This should include the consultancy fee for the lead consultant and child protection technical expert, fees for the research teams, per-diem, all transportation costs and other costs (including Khmer translation).

## XII. Evaluation Criteria

A two stage procedure shall be utilized in evaluating the applications received in accordance to the below criteria, with evaluation of the technical proposal being completed prior to any price proposal being compared. Submitted applications shall be assessed using Cumulative Analysis Method. Technical proposals should attain a minimum of 50 points to qualify and to be considered:

### a) Technical proposals (Maximum technical score: 70 points)

1. Overall Response: Maximum 10 points
  - Understanding of scope, objectives and completeness and coherence of response
  - Overall match between the ToR requirements and technical proposal
2. Proposed Methodology and Approach: Maximum 20 points
  - Quality of proposed approach/methodology
  - Quality of proposed Implementation Plan, i.e. how the consultant will undertake each task, and maintenance of project schedules;
3. Technical Capacity: Maximum 40 points
  - Match between the minimum qualification requirements for both the international and national consultant in this TOR and the profile of the consultants applying
  - Range and depth of experience in similar previous work / assignments;
  - Proven expertise in the deployment, oversight and management of teams of specialists
  - Proven experience in the field of social science or child protection research, preferably in Southeast Asia;

- Proven ability to produce high quality reports in English in an engaging format accessible to the wider public and policy makers
- Proven record in delivering timely results
- Previous working experience with governments and UN Agencies, is desirable.

**b) Financial Proposal** (Maximum Financial Score: 30 points)

The maximum number of points shall be allotted to the lowest Financial Proposal that is opened /evaluated and compared among those technical qualified candidates who have attained a minimum 50 points in the technical evaluation. Other Financial Proposals will receive points in inverse proportion to the lowest price.

**XIII. Contract Award**

The consultancy shall be awarded to the consultant obtaining the highest combined technical and financial scores, after passing a verification interview. UNICEF shall sign a lump sum Contract including all costs specified in the Financial Proposal.