

Terms of Reference:

The National Consultant – Baseline Study for Care Connect

1. Project to be Reviewed

Project Name	Care Connect: Action for Care Workers in the Philippines and Indonesia
Project Location	Indonesia
Donor	Global Affairs Canada (GAC)
Project Start Date	26 March 2024
Project Ultimate Outcome	Enhanced empowerment, social economic well-being and enjoyment of rights for women and girls in the Philippines and Indonesia
Work Requested	National Consultancy for Baseline Study
Timeframe	October – December, 2024
Report Deadline	December 20, 2024
Application Submission Deadline	September 10, 2024
Report To	Program Officer – MEL for Care Connect
Supported By	Program Officer, MEL Officer, Baseline Lead Consultant – Oxfam Canada, Project partners

2. Background

Penabulu Foundation was established in 2002 as an independent non-profit organization, built on local initiatives and resources, dedicated to the vision of an empowered civil society that ensures full respect for human rights and humanitarian principles, democratic resilience, and strong civic space; to fight injustice and structural poverty in Indonesia. Penabulu plays a role as a Civil Society Resource Organization (CSRO) through the mobilization of resources in any form, managing and distributing resources, capacity strengthening, and enabling ecosystems for the work of Indonesian civil society in the agendas of climate justice, gender justice, socio-economic, universal healthcare coverage, and humanitarian action.

Since the end of November 2023, Penabulu, as a locally-rooted national organization, has received **Prospective Affiliate** status from Oxfam International with a transition period of two years thereafter before fully becoming Indonesia's representative in the Oxfam International confederation as **Penabulu Oxfam**. Becoming part of the global Oxfam network will provide more opportunities and strengthen Penabulu's role as a local organization for the empowerment of Indonesian civil society, connected to the global movement to fight poverty and injustice based on the belief that the future is equal. Penabulu will continue Oxfam in Indonesia's mission of building lasting solutions to poverty and injustice with a focus on improving lives and promoting the rights of women and girls. We work directly with communities, partners, and women's rights organizations to challenge the systems that perpetuate inequality and keep people poor. Together, we seek to influence those in power to ensure that women trapped in poverty have a say in the critical decisions that affect them, their families, and entire communities.

3. Care Connect Project

The "**Care Connect: Action for care workers in the Philippines and Indonesia**" (Care Connect) project, spearheaded by Oxfam Canada (OCA) in partnership with 5 local organizations, is a \$5.95 million, 4-year initiative designed to transform gender dynamics and improve the lives of women

and girls in these countries. The project aims to enhance empowerment, socioeconomic well-being, and the enjoyment of rights among women and girls. This initiative addresses the multifaceted challenges of care work, which includes both unpaid and paid domestic care tasks. Despite the critical role of care work in human well-being and economic sustainability, it remains undervalued and poorly compensated, with significant issues such as child labor and gender-based violence being rampant, particularly in East and Southeast Asia. The Care Connect project emphasizes the need to recognize, redistribute, and reduce unpaid care work while ensuring decent work and fair wages for paid care workers. It also promotes representation, social dialogue, and collective organizing and bargaining for DCWs, drawing on the International Labour Organization's "5R framework."

Care Connect's approach is deeply rooted in feminist and gender-transformative principles, aiming to dismantle patriarchal norms and empower women's rights actors and organizations. By integrating human rights, gender, and environmental considerations into its design, the project seeks to address poverty, inequality, and the disproportionate burden of care work on women and girls. The project involves a wide range of stakeholders, including employers, unions, opinion leaders, and community members, to champion the cause of care workers.

The people with whom we will work directly through the project include all individuals and organizations that will have experienced Outcomes and Outputs by the end of the project. They regularly participate or are engaged in the project interventions, receive a product or service directly, and/or are likely to receive messages directly from the project campaign or awareness-raising intervention. Women over age 25 are highly represented because they represent the majority of care workers. The team recognizes that girls under 18 are involved in care work in both countries; however, doing so is illegal. Therefore, the team cannot accurately track people from this group, as asking for such disclosure would put girls at risk. However, this decision does not preclude making programming decisions with this group in mind.

The people reached by the project indirectly will be people living within the catchment area of the project who are likely to obtain a benefit as a result of being associated with the direct project participants (for example, the household members of the direct beneficiaries) or who indirectly receive messages from project campaigns or awareness-raising interventions, but who have not necessarily had direct contact with the project's interventions (inhabitants of the neighboring non-target areas). Care Connect will take an intersectional approach to combat discrimination across identity factors, including a particular focus on religion and ethnicity. Project teams will prioritize both rural and urban communities, taking a broad approach for public engagement and national advocacy activities.

Table 1. Target of people reached by Care Connect project in Indonesia (direct and indirect)

	Direct Reach		Indirect Reach	
	Female	Male	Female	Male
Adolescents and Youth (18-24)	52	21	789,490	263,492
Adults (25 and over)	1,067	330	2,376,286	1,055,559
Total	1,119	351	3,165,776	1,319,051
	1,470		4,484,827	

A) *Programming Vision and Approach*

Through these interventions, Care Connect aims to promote dignity and respect for care workers, empowering them to exercise agency and decision-making, and enabling their full

participation in economic, social, cultural, and political spheres. The project aligns with international human rights instruments, national policies, and Canada's Feminist International Assistance Policy (FIAP), positioning Canada as a leader in feminist programming and contributing to the Sustainable Development Goals (SDGs).

Care Connect aims to enhance the empowerment, socio-economic well-being, and enjoyment of rights for women and girls in Indonesia (*Ultimate Outcome 1000*). This initiative focuses on domestic care workers (DCWs) and other paid sectors like early childhood educators and caregivers for the elderly and disabled. The Theory of Change (TOC) builds on Oxfam's understanding that local civil society organizations (CSOs), especially women rights organizations (WROs), are key agents in determining the direction of change in their societies. The implementing partners in Care Connect were selected because of their commitment to gender equality and human rights, their expertise in care programming in Indonesia, their connections and understanding of care workers (rights-holders), their communities and relevant institutions. These local partners are responsible for directly implementing the activities they helped design, while Penabulu Oxfam will support and strengthen their capacities throughout the four years of Care Connect's implementation.

The ultimate outcome is achieved through two interconnected pillars, also referred to as intermediate outcomes:

Pillar one (intermediate outcome 1100) is the enhanced protection and promotion of women's rights and needs related to paid care work. By focusing on this outcome, Care Connect ensures that women in care professions receive the recognition, fair treatment, and support they deserve. This involves developing gender-transformative strategies that address inequalities and promote the rights of paid care workers. Through these efforts, women are empowered to advocate for their rights, leading to increased socio-economic well-being and the enjoyment of their rights.

Pillar two (intermediate outcome 1200) is the enhanced participation of women and girls in economic, educational, political, community, and leisure activities according to their own choices. This outcome directly contributes to their empowerment by providing opportunities for women and girls to engage more fully in society. By fostering an environment where women and girls can freely participate in various aspects of life, Care Connect helps them achieve greater autonomy, improved socio-economic status, and a better quality of life.

The overarching assumption behind these pillars is that Oxfam's gender-transformative approach, which forms the foundation of the Care Connect project, will effectively advance the empowerment, protection, and promotion of paid and unpaid care workers and their rights in Indonesia. Evidence from Oxfam's Securing Rights for Domestic Workers stand-alone domestic care work project in Bangladesh indicates that this approach shifts the focus from merely advancing women's economic rights for economic development to ensuring that human rights, dignity, and empowerment are central to all strategies for women's economic empowerment (WEE) and systems change.

Oxfam's gender-transformative approach:

- Promotes gender justice and challenges harmful social norms.
- Contributes to dismantling patriarchy and power imbalances by incorporating power analyses into the design.
- Enables a deep understanding of the operational context.

- Supports people and their communities to access their full rights and potential.

The foundation of Care Connect lies in several key assumptions:

- i) Addressing women's rights and needs related to paid and unpaid care work will lead to increased empowerment, social economic well-being and greater enjoyment of rights for women and girls in Indonesia;
- ii) Effectively protecting and promoting the rights and needs of paid care workers requires improving the competencies of various stakeholders, including paid care workers, their employers and paid care worker groups;
- iii) Strengthening CSOs, particularly WROs, and care workers' unions capacity to advocate for the rights and needs of women and girls in Indonesia will ensure that positive changes in relevant policies are achieved and sustained;
- iv) Raising awareness and fostering a sense of responsibility among Canadians towards the rights and needs of paid care workers Indonesia will motivate them to support sustained efforts by the Canadian government to fund stand-alone care-initiatives globally;
- v) Increasing the enjoyment of rights for women and girls requires transforming individual attitudes and behaviors, harmful social norms, and belief systems that prevent women and girls from participating in economic, educational, political, community and leisure activities in Indonesia;
- vi) Transforming the provision of gender-transformative initiatives by CSOs, WROs, duty-bearers and the private sector that increase women and girl's ability to participate in economic, educational, political, community and leisure activities will increase women's agency and empowerment.

Moreover, Oxfam's extensive experience in multi-country projects highlights the need to consider local contexts at every stage of implementation. While Care Connect aligns project outcomes in Indonesia, variations in laws, social norms, and other factors require differentiated approaches. In Indonesia, it also includes caregivers for the elderly and disabled. This nuanced strategy is essential for achieving the desired outcomes in each country. The project is guided by human rights principles such as equality, non-discrimination, participation, inclusion, transparency, and accountability, all while promoting environmental sustainability.

Care Connect is articulated around the ILO's "5R framework" and intends to 'Recognize,' 'Redistribute' and 'Reduce' unpaid care work, 'Respond' to the rights and needs of unpaid and paid care workers -particularly DCWs- with more decent work and wages; and promote 'Representation,' social dialogue, and collective organizing and bargaining for paid care workers. Many initiatives seek to improve paid DCWs' conditions or advocacy around unpaid care work, but they also operate these initiatives in silos—Oxfam's work recognizes that government policies and social norms change must go hand in hand to deliver lasting change in care work. The project emphasizes improving the competencies of various stakeholders, strengthening civil society organizations, and raising global awareness. By engaging a broad range of stakeholders, Care Connect aims to transform harmful social norms and create a tipping point where gender-transformative practices become the norm. This holistic approach, supported by local implementing partners committed to gender equality, ensures that the voices of care workers guide the project, leading to lasting positive changes in the lives of women and girls in Indonesia.

B) Project Partners and Project Locations

Penabulu will work with SMERU Research Institute and Yayasan Kalyanamitra to implement the Care Connect project in Indonesia. SMERU will focus on feminist research at the national

level. Meanwhile, Kalyanamitra using the result from Rapid Care Analysis (RCA) in NTB and NTT as evidence, will establish and strengthen networks among CSOs, duty bearers, and private sectors, as well as maintain advocacy activities at the national level. We will also collaborate with Jala PRT, a national advocacy network of DCWs associations in Indonesia focusing on the protection of DCWs from violence and discrimination, to enhance on-the-ground coordination with the DCWs in Indonesia. At the community level, Jala PRT will strengthen the capacity of domestic workers together with domestic workers unions in their network Jakarta, Surabaya, and Makassar.

4. Consultancy Summary

As Care Connect project is now undergoing the beginning phase of its implementation period, Penabulu Foundation is seeking a **National Consultant (Individual / team)** to conduct Baseline Study for the project. The specific objectives of the baseline study are:

- 1) To provide an analysis of the current context of the project locations in line with the project outcomes
- 2) To provide thematic data on care work (paid and unpaid) for domestic and other care workers
- 3) To provide baseline values and establish benchmark on key project outcome-level indicators.

With those in mind, the Care Connect Baseline Study will employ a mixed-methods approach, leveraging both quantitative and qualitative data through secondary and primary data collection. Sampling is taken from the population of project locations. The consultant should propose methodology, including sampling method and target respondents.

The **National Consultant** will be responsible for the overall co-design of methodology and tools with the Lead Consultant, leading the overall coordination for primary data collection, ensuring safe, ethical, and high-quality data collection, data cleaning, data analysis, and reporting. In particular, the consultant needs to ensure that data is collected against the key performance indicators with baseline values clearly tabulated in the final report. The management of the national consultant will be led by the Penabulu Foundation.

The Lead Consultant will be an international consultant recruited by Oxfam Canada to provide support on co-designing the methodology with the national consultants from both countries (Indonesia & Philippine), data collection tools, reporting and general technical support and guidance as needed.

The primary audiences of the Baseline Study result are both internal/external, namely Oxfam Indonesia, Penabulu, as well as the key project partners. Report and findings may also be shared with other parties namely GAC and other relevant audience.

It is expected that the consultant will use an intersectional lens and decolonial approach. In this project, we seek to apply a [Feminist Approach to Monitoring, Evaluation, Accountability and Learning \(FMEAL\)](#). In doing so, it prioritizes seven key foundations, including:

1. Understanding feminist MEAL as an approach,
2. Positioning MEAL as an integral part of social transformation,
3. Shifting power to participants in evaluations,
4. Understanding the role of the evaluator as a facilitator,
5. Valuing collective, context-driven knowledge generation,
6. Providing a learning orientation to evaluative exercises, and
7. Rooting feminist MEAL in safe programming, guided by 'do no harm'.

The successful consultant/firm should reflect these foundations in their proposal and subsequent work.

The **key performance indicators** for Care Connect are as follows:

Ultimate Outcome Indicators:

1000a: %/total of women who have accessed a different economic pathway than the one that they currently are in during the past three years (disaggregated by age)
1000b: Perceptions of women on the quality of the activities that they have undertaken as part of their personal development (scale 1-5) (disaggregated by age)
1000c: %/total of individuals who believe that improved care work policies and practices are improving women and girls' rights (disaggregated by age and sex)

Intermediate Outcome Indicators:

1100a: %/total of individuals who recognize the importance and value of paid care work in Indonesia and the Philippines (disaggregated by age and sex)
1100b: Extent to which individuals' reflections illustrate shifting positions in relation to gender equitable social norms around the care economy in Indonesia and the Philippines (disaggregated by age and sex)
1200a: %/total of women who play a leadership role within an organized group in their community (disaggregated by age)
1200b: Perceptions of women and girls on the extent to which they can freely decide how to spend their time (scale 1-5) (disaggregated by age)

Immediate Outcome Indicators:

1110a: %/total of paid care workers with the skills and knowledge that allow them to promote their rights and needs (disaggregated by age)
1110b: %/total of employers with the skills and knowledge that allow them to promote the rights and needs of paid care workers (disaggregated by sex)
1110c: %/total of paid care workers who are confident (scale 1-5) in their ability to respond to their rights and needs (disaggregated by age)
1120a: # CSOs, particularly WROs, paid care worker unions, and paid care worker groups who meaningfully participate in policy/influencing spaces related to paid care work
1120b: Perceptions of CSOs, particularly WROs, paid care worker unions, and paid care worker groups who are confident in their ability to hold duty bearers to account in implementing existing care policies (scale of 1-5)
1130a: %/total of Canadians who understand issues related to recognizing, representing and responding to the rights and needs of care workers in the Philippines and Indonesia (disaggregated by age and sex)*
1130b: # of Canadians who have taken an online action related to recognizing, representing and responding to the rights and needs of care workers in the Philippines and Indonesia (disaggregated by age and sex)*
1210a: # of key stakeholders able to formulate and carry out plans to advocate for women's participation in a variety of spaces (disaggregated by sex)
1210b: %/total of women and girls who feel that key stakeholders in their regions support women's participation in a variety of spaces (disaggregated by age)
1220a: # of CSOs, particularly WROs, duty bearers, and private sector stakeholders with skills to implement initiatives enhancing women's participation

1220b: Level of confidence of CSOs, particularly WROs, to carry out gender-transformative initiatives (scale 1-5)

**) applied to Oxfam Canada (OCA) only – the data will be under Lead Consultant*

In addition to the outcome level indicators above, consultant is also expected to gain understanding on the following areas:

Topics	Key Questions
In-depth analysis of unpaid care work amongst paid target care workers	<ol style="list-style-type: none"> 1. What is the extent and impact of unpaid care work on the personal and professional lives of paid target care workers? 2. How do these workers allocate their time between paid work and unpaid care work? 3. What support systems or policies exist to assist these workers in managing their unpaid care responsibilities?
Social attitudes in target communities and key government stakeholders toward care work	<ol style="list-style-type: none"> 1. What are the prevailing attitudes towards care work, both paid and unpaid, in the target communities? 2. Are there any existing policy and research activities conducted? What gaps or limitations exist in the current policies and research concerning care work?

Overall, we envision the Baseline Study focusing on data collected to measure and benchmark the key performance indicators and the additional themes/questions listed above.

5. **Approach and Key Deliverables**

The consultant/firm will review all project documents and existing data in advance of carrying out any primary data. While Penabulu has developed this scope of work for the consultancy with a priority to measure project indicators and themes specific to the project, the consultant will finalize the methods and co-develop the tools to measure baseline and gather thematic data in line with the project's theory of change in collaboration with the Lead Consultant – Baseline Study, country MEL Officers, and project partners.

The consultant/firm will be responsible for co-designing the methodology, preparing the data collection tools, conducting coordination and implementation of data collection activities, analyzing data findings, and reporting. The consultant will provide the following deliverables:

1. **Inception report** with summary from literature review, detailed approach and methodology, detailed data collection plan, draft tools, data analysis plan, workplan with timeline, and draft outline for the final report.
2. **Presentation of key findings** for validation with key project stakeholders (both in English and Bahasa Indonesia)
3. **Draft report** (this is expected to incorporate feedback received from the validation presentation)
4. **Final report** (with all feedback incorporated)

The consultant/team will present a **final baseline report** that includes:

- 1) An **executive summary** that includes a table with all key indicators and their baseline values
- 2) **One-page infographic** summarizing key assessment findings
- 3) **Summary of findings** by project outcome including thematic findings
- 4) **Recommendations** for project programming (i.e. sustainability, capacity-strengthening, gender, and inclusion)
- 5) **Annexes** of methodology, final tools, detailed data tables and summary notes from qualitative data collection, list of key stakeholders interviewed/consulted, bibliography of any supporting documentation reviewed, and photos/videos with credit and consent forms (if any)

The final report will have a graphic design and be formatted by the consultant, with feedback from the Penabulu Foundation.

Please note the following:

- The successful consultant should include and address all potential ethical issues related to this consultancy in its proposal and subsequent inception report. Additionally, the successful consultant is expected to lead the baseline with high respect given to transparency, cost-effectiveness, gender transformative potential, and collaboration with a range of stakeholders.
- All the outputs – baseline reports, database, etc., produced under this assignment will not be disseminated in part or whole without express authority from Penabulu Foundation and Oxfam. Thus, the consultant shall not produce these materials in any form (electronic, hard copies, etc) to a third party without written permission from Penabulu Foundation, Oxfam in Indonesia, and Oxfam Canada.

6. Indicative Timeframe

Activities	Output	Estimated Working Days	Indicative Period
Start date of contract & kick-off meeting with project team		1	October
Inception phase <ul style="list-style-type: none"> • Undertake a thorough desk review • Develop study protocol, including detail study method, sampling size and method, data collection tools and instruments • Discuss and finalize details with Penabulu and Oxfam team 	Inception report and workplan	7	October
Data collection		10	October - November
Data collation, analysis, and draft reporting	Draft report to be reviewed by Penabulu and Oxfam	7	November
Preliminary findings presentation with project team (including partners)	Draft report and presentation/debrief session conducted to collect feedback	1	November
Final report	Final report with	5	November -

	feedback integrated		December
	Total days	31 days	

7. Consultant Profile

The consultancy can include different team members. Key competencies of the team include:

- Strong experience in designing and leading baseline, research and/or evaluations for multi-country project, particularly those focusing on care, women economic empowerment, and themes related to gender equality and women's rights
- Experience in utilizing feminist MEAL principles and practices
- Ability to facilitate and relate to stakeholders at multiple levels and in diverse contexts
- Proven ability to engage in mobile-based data collection, with preference given to experience with SurveyCTO and/or Kobo Toolbox (or other mobile-based data collection tools)
- Consultant/team must have strong research, demonstrated quantitative and qualitative data analysis skills, and excellent report writing skills in English
- Strong written and verbal communication and presentation skills in Indonesian and English
- Sensitivity to cultural and historical contexts in the data collection and analysis process
- In the event that consultancy activities are delayed by up to three months due to unforeseen circumstances and associated travel and movement restrictions, the consultant/team should be flexible to accommodate such delays

8. Travel:

Travel to project locations in the target locations will be required. All associated travel-related costs (flights, accommodations, per diems, and local travel) need to be incorporated within the proposed budget/financial proposal.

9. Submission and Evaluation of Proposals

Consultants meeting the above criteria are invited to submit a proposal by email to: operation@penabulu.id with the subject line: "Proposal for Care Connect Indonesia – Baseline Study". Proposals should be received no later than **Tuesday, 10th September 2024 at 5 pm (Jakarta Time)**. The body of the proposal should be no longer than 10 pages and should include the following:

- **A cover letter** outlining relevant experience in reviewing similar projects and models, including experience reviewing or working on care, as well as experience in the relevant geographies
- **A high-level summary of the baseline study**, highlighting: any additional proposed research questions, overall methodological approach, data analysis plan, potential technical and operational challenges, and strategies to ensure timely, high-quality deliverables
- **A list of key activities**, linked to the proposed activities, within a scheduled timeframe
- **An estimated budget**, budget proposal detailing the daily rate of consultancy fee, level of effort and operational cost required to conduct the study (all tax inclusive). Note that *all expenses related to in-country data collection (and potential travel) will need to be incorporated into the budget*
- **A statement indicating the consultant's availability** for the duration of the contract and flexibility up to a three-month contract extension should delays arise

The **proposal** should also include the following:

- **List of two references** who can attest to the teams' expertise as it relates to this assignment

- **Curriculum vitae** of consultant and/or team members
- *Preferred: Two examples of similar work* recently completed
- **Confirmation of availability** for the assessment period October 2024 – December 2024 with a possible extension for 3 months

Penabulu Foundation will review all proposals closely against this outline. It will determine a shortlist of potential candidates and finalize a contract by September 30th, 2024. The consultancy is expected to start in October 2024.