TERMS OF REFERENCE
Mother and Child Health Programme
Happy Child Project
End of project 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.

The Cambodia 2008-2012 strategy's goal, towards which the project to be evaluated contributed, is to improve and sustain the living conditions of people with disabilities as well as to prevent new disabling situations. In this respect, the programme developed actions in 4 fields of actions: health, rehabilitation, inclusion and rights and policies.

The Cambodia 2013-2017 strategy's goal, towards which the project to be evaluated contributed, is composed of 4 fields of intervention: prevention, access to health and rehabilitation services and inclusion & empowerment.

The project to be evaluated is part of the health and rehabilitation component of HI strategy in Cambodia.

1.2 General information

Disability prevalence rates in Cambodia estimated by different national sources differ widely according to the source:

- 2014 Cambodian Socio-Economic Survey: 4%
- 2014 Cambodia Demographic and Health Survey : 9.5%
- 2013 Cambodian Inter-censal Population Survey: 2.1%.

With a lack of knowledge on what defines disability and the social stigma attached to disability in Cambodia, it is most likely that data underestimates the true scale of the situation.

Disability prevalence research conducted by Handicap International and the Ministry of Education, Youth and Sport (involving 20,000 children 2-9 years old) from 2011 through 2012 found that 1 out of every 10 children has a disability. Since many disabilities are acquired and not limited to

congenital factors, it is likely that the prevalence rate is even higher among the older demographic age groups.

Treatment needs were found to be high in all children with disabilities. Levels approached 100% in those with moderate/severe/profound disability. For gross motor, behaviour, cognition and speech (motor and language), an education plan was most needed. For fine motor, seizures, vision and hearing, medical treatments were most needed.

People with disabilities face specific barriers when accessing health services, as emphasized by the research conducted by CBM[1] in 2012 and through case studies developed by HI in 2014 with 20 children with disabilities and their families. Main barriers are:

- financial, namely transport costs to the health facility, unofficial user fees and the costs of a carer to accompany the person with disabilities;
- logistical, due to long distances to health facilities, a lack of appropriate transport options and the inaccessibility of health facilities;
- linked to the quality of care, due to health professionals' limited knowledge and skills related to disability as well as their discriminatory attitudes based on the patient's ability to pay;
- related to the sociocultural negative beliefs and attitudes associated with disability and people with disabilities having poor knowledge of where to seek appropriate services and of their rights and entitlements.

Knowledge about disability is weak not only in the community but also within the health system. Poor understanding of the causes of disability limits the capacity for prevention and early detection. Efforts must be made to increase the knowledge, awareness and service seeking behavior of parents and caretakers. This needs to be coupled with improving the capacity of the health structures in providing primary prevention and secondary prevention (screening, early detection and referral) services. In order to ensure the appropriateness and accessibility of information and services, local NGOs and disabled people's

1.3 HI and Mother and Child Health in Cambodia

In 2006, HI conducted a survey of 500 families with children with disabilities and 500 families without children with disabilities in Siem Reap and Takeo provinces. Data was gathered on disability demographics, types of disabilities, suspected causes of disability and use and attitudes related to health system.

With this research as a base, HI began to meet with government and civil society health and disability partners to identify areas of greatest need and impact. It was decided that focus should be on improving the knowledge and capacity of the local health structures and communities in identifying danger signs of disability and common types of disability, as well as, the development of a referral system.

[1] Christian Blind Mission

In 2007, the Happy Child project was launched and a draft early detection curriculum & training manual was created. Trainings were initiated in Siem Reap and Takeo provinces within the health structures, as a first step in increasing the awareness and knowledge about disability. This project is still running in Siem Reap province only.

In 2009, the trainings and tools were updated to include comprehensive early detection and early intervention (play stimulation and home-based care) trainings for health structure staff from the provincial level down to the community health centers and village health volunteer level. IEC materials were developed and community awareness sessions were initiated. Since that time early detection and intervention capacity has been transferred to other partners including Ministry of Education, Ministry of Social, Veteran and Youth Affairs, Cambodian Red Cross, commune councils and other NGO partners. Community-level activities have also expanded to include “Health Center Days”.

From 2011 to 2012, HI in collaboration with the Ministry of Education and the Global Partnership for Education conducted a nation-wide disability prevalence study on Cambodian children 2-9 years old. Findings from this research showed that 1 out of every 10 Cambodian children has a disability and that cognitive, hearing and speech where the most common types of disabilities. Anecdotal evidence from the research and from the field activities demonstrated that while awareness and knowledge on disability is improving in HI’s target areas, service capacity is being out-paced by demand. That is to say that, while many parents are more willing to take their children for assessment/screening and services, health structures and their staff are still lacking in their ability to identify mild and moderate disabilities and make the appropriate referrals. Additionally, it has been noted that primary eye and ear care services at the health center level would greatly improve accessibility and reduce the quantity of permanent sensory disabilities.

In March 2013, HI launched the Inclusive Health Care Project in Kampot and Kampong Thom provinces, funded by GIZ and ending in December 2015. The action focused on three main areas: 1) Advocacy, Awareness and Mainstreaming 2) Early Detection and 3) Referral, access and provision of services. Activities have focused on disability partner workshops, capacity building trainings for health structures, development of screening tools, development of service directories for referral, direct service provision through health center days, networking and collaboration with local NGOs and DPOs and community-level awareness raising. Through the project, 3 screening tools have been developed for 3 different age ranges (0-28 days, 9-12 months, 5-6 years) to support the detection of children with disabilities at health centre level.

In 2014, the tools have started to be piloted in Siem Reap in 16 health centres (HC) in Sothnikhum Operational district. On the basis of the pilot, it was decided to review the screening tools in 2015. International consultants were hired to support this revision process. The technical steering committee was strongly associated to this revision process, and especially its lead, Prof Choeun Vuthy, from National Pediatric Hospital. This review process took 18 months. There are now 2 screening tools: 1 tool for newborns and 1 tool for children from 1 month to 5 years. In November 2016, the newborn screening tool was endorsed within the National Safe Motherhood protocol.

Discussions are ongoing to also include both tools within the Minimum Package of Activities for Health centre staff.

Along the revision of the screening tools and protocols, the initially named 'Early detection' and 'Early intervention' manuals were reshaped into one manual on 'Early Childhood Disability intervention'. Health and community based rehabilitation referral pathways were also developed. All these tools aim at building the capacities of health centre staff in enhancing detection and early intervention for children detected with disabilities at health centre level.

1.4 Project summary information

Project title: Mother and Child Health Project: Systems Approach to the Reduction and Mitigation of Childhood Disability in Cambodia.

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

Target Location:

- **Screening:** 16 health centres in Siem Reap province, Sothnikhum district - In 2016, it was decided to review the HC according to 3 main criteria: 1/ number of deliveries in the HC 2/ Capacities of HC staff to screen 3/ Number of routine screening done. HI phased out from 5 of the HC and started working in 4 other HCs and 1 referral hospital.
- **Awareness**: 32 health centres and 90 villages (every year) in Sothnikhum and Siem reap districts of Siem Reap province.
- **National level** (Ministry of Health and MoEYS) for screening tools and trainings

Partners:

- Ministry of Health
- CABDICO
- Commune councils

Donors:

1 January 2014 - 31 December 2017: Ministry of Foreign Affairs of Luxemburg
1 October 2015 – 31 December 2017: UNICEF
These 2 donors are co-funding the project. Logframes are similar but present some specificities.

Objectives:

Global objective (MoFA Lux): To improve the quality of life of Cambodians, in particular of children and their families.

Specific Objective (MoFA Lux): To prevent disability in children between the ages of 0-6 years and/or reduce its impact through community empowerment and the development of government systems for early detection, referral and therapeutic services.

Result statement (UNICEF): Increased capacity of district and commune level authorities, civil society organizations and families to support children with disabilities to realize their rights

Expected results:

Expected result 1 (MoFA Lux + UNICEF): Community Empowerment - Targeted beneficiaries, including poor women and youth, are empowered to demand appropriate health services especially for their newborn/children from local public and non-profit health service providers.

Expected result 2 (MoFA Lux + UNICEF): Early Detection - District and community health agents are able to detect impairment and/or developmental delay in early childhood and provide appropriate information related to medical referral and/or home-based care to family members.

Expected result 3 (MoFA Lux + UNICEF): Early Intervention - Children presenting certain (treatable and prevalent) impairment and/or developmental delays have access to services that can prevent or mitigate the impact on their long-term development and function.

Expected result 4 (UNICEF): Parenting clubs —Children with disabilities or developmental delays are involved in play-stimulation activities through parenting clubs

Expected result 5 (MoFA Lux + UNICEF): Advocacy and Mainstreaming - Key stakeholders involved in the Mother and Child Health development sector include disability awareness, detection and intervention messages into their existing plans and activities.

Target Beneficiaries:

Target figures within MoFA Lux proposal:

Direct:

Women of child bearing age, new mothers, newborns, infants and children.
Women 15-44 years: 167,754
Children 0-5 years: 82,000

Indirect:

Total population in target areas: 521,183

Health Structure staff (aprx. 100), Village Health Volunteers (aprx. 400), Commune Committee for Women and Children (aprx. 50) and local NGOs in targeted areas.

Target figures within UNICEF proposal:

CUMULATIVE from Q4 2015+2016+2017	Without Disability					With Disability					With and without disability		
Direct/ Indirect	Adult Male	Adult Female	Boy (0-17 year old)	Girl (0-17 year old)	**Total**	Adult Male	Adult Female	Boy (0-17 year old)	Girl (0-17 year old)	**Total**	Urban	Rural	UXO Survivors
Direct	5123	12003.2	7993	8135	**33254.1**	902.7	2109.35	1477	1203	**5692.05**	0	38946.15	0
Indirect	26059	72590.3	19882	20138	**138669**	4598.4	12809.7	2714	2268	**22390.1**	0	161059	0
Total	31182	84593.5	27875	28273	**171923**	5501.1	14919.1	4191	3471	**28082.15**	0	200005.2	0

1.5 Justification for calling upon a Consultancy

As the funding cycles come to an end, the project is calling upon a final external evaluation to support measuring the achievement of the indicators, outputs and effects of the intervention, support the adjustment of the project approaches and interventions according to the needs of the population and provide recommendations on how to move forward the roll out of the screening tools and to assess the effectiveness of the tools, as well as any room for improvement.

This evaluation concerns the period of the project from January 2014 to December 2017, in Siem Reap province.

2. SCOPE AND OBJECTIVES OF THE EVALUATION

2.1 Objective of the evaluation

The objective of the evaluation is twofold:

- To make an **informed assessment on the performance of the project** this will provide MoFA Lux, UNICEF, HI and its partners with sufficient information regarding the relevance, the effectiveness, the efficiency, the impact and the sustainability of the project.
- To provide HI and its partners, within the framework of the project continuation in Kampong Cham province, with practical **recommendations** for rolling out at national level and replicating existing tools and approaches.

2.2 Expected results of the assignment

- An assessment of the overall project results is carried out taking into account the context, the proposal and the monitoring and evaluation framework of the project.
- Strengths and weaknesses of the project's methodology and implementation process are identified and analyzed, with a view to increase value for money, impact and sustainability in the other province of intervention and at national level.
- Practical recommendations are formulated regarding the process to enforce the screening tools within the health system, including a **clear action plan/ strategy** detailing which should be the steps to: 1/ move forward the roll out of the screening tools at national level (including advocacy recommendations, financial options for training health centre staff and printing tools, options for increasing training capacities) 2/ Encourage early intervention of children with disabilities and how to improve early intervention mechanisms 3/ Mobilise communities in understanding the importance of screening and early detection

2.3 Evaluation questions

The consultant will articulate its analysis around a set of evaluation questions. Some questions are listed below. These questions are not exhaustive and will be reviewed by the consultant at desk phase. The following criteria should be looked into, though other criteria can be suggested by the evaluator:

Relevance

- Did the project actually cover the target population identified in the initial phase?
- Was the project design appropriate to the specific context?
- Did the project answer to the needs of the target population? Are the screening tools adapted to the needs of the population? Will the tools remain relevant for evolving needs?
- Are the mechanisms and approaches developed in coherence with existing plans and policies?
- Have the partnerships set up at the different levels of intervention proven to be relevant? Did they foster dynamics in the implementation of the actions? What factors could have improved the quality and effectiveness of the partnerships?
- Did the project meet the partners' expectations and cover the needs for support?

Effectiveness

- To what extent did the project achieve the expected results?
- How did HI adjust the project and its methodologies to the constraints faced during the implementation phase to achieve the expected results?
- Were the methodologies and tools appropriate to meet the project's objective?
- Were the criteria set for selecting the beneficiaries appropriate?
- Were the project's activities designed and implemented addressing the needs of both men and women on an equal basis as well as the needs of all people with disabilities alike?
- Which challenges were faced during project implementation and why did they occur?
- Were risks well identified and were measures to avoid impact effectively implemented?
- Does physical screening prove to be an effective means for detecting children with impairments, at the earliest stage?
- Are the mechanisms for referring children and ensuring children benefit from an early intervention effective? Including:
    - Conducting an analysis of the HI beneficiary database to specify number of children detected and number of children benefiting from intervention adapted to their needs
    - Detailing existing mechanisms for early intervention and clarify which have been successful strategies to improve early intervention
    - Proposing recommendations on how to improve effectiveness of mechanisms and how to improve follow-up of beneficiaries
- Has working with institutional stakeholders (communes, health centres, VHSG) been effective in achieving the project results?

Capacities

- Did the organization of the project serve the capacity building of the partners? Including: training of trainers approach within the health system

- Have the training and awareness raising sessions been delivered effectively using quality training /facilitation methods and materials?
- Are the technical capacities of the health centre staff optimal in administrating screening tools protocol? What is the level of autonomy of the HC staff in managing their work?
- Assess value for money of capacity building and potential for sustainability in a potential national roll out
- What factors have hindered or facilitated the capacity-building of institutional actors? What actions should be taken in priority in this domain (recommendations)?

Efficiency

- Were the project team's profiles and organization efficient for implementing the project in the area covered? Did the project allocate sufficient staff and resources and in an optimal fashion to provide quality services?
- Have the resources been optimised? The evaluation will consider both the quantity and quality of the resources mobilised when dealing with this question.
- Did the strategy and approach chosen enable achieving results at the most efficient cost?
- Does physical screening prove to be an efficient means for detecting children with impairments, at the earliest stage? Are the mechanisms for referring children and ensuring children benefit from an early intervention efficient?

Effects/ Impact

- What are the positive and negative effects of the intervention on children with disabilities and their families in the target area?
- Did the programme enable the Cambodian population to learn more about impairment and the benefits of intervention?
- What effects have advocacy actions related to nationalising the screening tools had? Did they impact the health policy agenda?
- To what extent can it be said that the effects/ impacts are attributable to project interventions? Are there other external factors which have played a role in the effects/ impacts during the project period so far?
- For those the effects/ impacts which are attributed to the project, what have been the processes, component or qualities of the project intervention which have led to the change?
- What modification/reorientation should be made in areas of intervention and activities to better achieve the expected the effects/ impacts? The evaluator should consider both the short term (to the end of the project, and the longer term directions for future strategy).
- Did the project have any negative impact or is likely to have in future?

Sustainability

- Are the results achieved of short term, mid-term or long term sustainability? Describe how you see them having future positive influence on project's partners, stakeholders and beneficiaries.
- Is the referral and service provision mechanism sustainable? How could it be improved?
- To what extent can the Ministry of Health replicate the methodology?
- At the end of the programme, can we consider that the stakeholders' capacities and competencies have been strengthened? Do project stakeholders have sufficient capacities and commitment to continue using the project tools?
- Have the strategies for ensuring the sustainability of screening proven to be relevant and realistic? How involved and how much responsibility was taken by the Ministry of Health and institutional stakeholders? What other forms of collaboration and governance could have been put in place with these bodies?
- Is there any barrier to sustainability? Propose recommendations to address them.
- 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 screening tools and tools developed by the project effectively disseminated? How could innovations be better disseminated? Are those tools relevant to other stakeholders?

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.

3. METHODOLOGY

The exact methodology should be proposed by the consultants in their applications.
The methodology should include but not be limited to the following:

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 refine the evaluation questions, propose a detailed methodology emphasizing participation of the project beneficiaries and stakeholders as well as define a detailed working plan including the list of stakeholders to meet during field phase. These elements will be combined in an inception report.
- HI team and partners' representatives will validate the inception report.

Field phase

- Briefing with Operational Coordinator or Country Director, MCH Technical Advisor, Health and Rehabilitation Deputy Operations Coordinator, and MCH Program Manager.
- 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.

4. DELIVERABLES

The consultant in charge of the assignment will:

- Produce an **inception report** in English to be introduced at the end of the desk phase. The inception report will have to be validated prior launching the field phase.
- **Organize a restitution workshop** to HI and **1 restitution workshop to the stakeholders** including an analysis of the project's achievements against the planned indicators and a set of recommendations addressing each of the project's components. During this workshop, the consultant will also provide detailed explanation of the methodological assessment tools used. A **PowerPoint presentation** will be produced by the consultant.
- A **draft report** incorporating the feedback from the debriefing workshop
- A **final report in English**. The final report will include relevant comments from HI on the draft report. The final report should be divided into the following sections:
    - Executive summary of the evaluation findings
    - Introduction to the context
    - Evaluation methodology, including selection and sampling methods, and mention any constraints and challenges encountered, and strategies used to overcome them.
    - Detailed key findings and conclusions related to the main objectives
    - Recommendations
    - Annexes – all data collection tools, List of persons met during the evaluation process and salient points of the meetings

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".

5. LOCATION & TIMEFRAME

Location: field phase will take place in Siem Reap province; the consultant is free to choose the location from where to carry out the desk and reporting phase.

Timeframe: The consultancy is expected to start mid October 2017 and shall be completed no later than **December 1, 2017** with all deliverables submitted.

On the basis of the proposed timetable laid down in these Terms of Reference, the applicant must set up a detailed work schedule for the performance of the service.
The work schedule must clearly specify the manner in which the Consultant will approach the activities required to perform the service.
The schedule must indicate the progress and/or the standard of service performance, including the criteria and/or indicators to check that the service provision is proceeding smoothly.

INDICATIVE WORK SCHEDULE

Activity	Start date	End date	Responsible persons
Call for expressions of interest	11-Sep-17	13-Oct-17	Handicap International
Selection of the applicant and contract signing	16-Sept-17	20-Oct-17	Handicap International
Submission of inception report	23-Oct-17	27-Oct-17	Research team & Feedback/validation fror Handicap International
Data collection	30-Oct-17	14-Nov-17	Research Team
Organizing debrief workshops and stakeholders workshops	15-Nov-17	17-Nov-17	Research Team & Handicap International
Submission of draft final report	20-Nov-17	22-Nov-17	Research Team
Feedback on the draft final report	25-Nov-17	27-Nov-17	Handicap International
Submission of the final version of all deliverables	29-Nov-17	30-Nov-17	Research Team

6. BUDGET

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 Siem Reap 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.
- **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.**

Handicap International will:

- Organize and pay travel costs in Siem Reap.
- 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 Siem Reap if requested by the consultant.
- Make available all relevant documents to the evaluator.
- Provide working space, access to the internet, telephone usage and office services (copies, etc.).

The maximum budget available for this consultancy is **10,965.00** USD (net amount - **withholding tax excluded**)[2].

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.

[2] 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).
The consultant remains fully responsible to declare and pay taxes in his/her home country if different from Cambodia.

7. EXPERTISE REQUIRED

The evaluation will be carried out by an expert or a team of experts.

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 mother and child health and/or early childhood development
- Knowledge on disability
- 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.
- Experience in access to services for vulnerable groups
- Experience in nationalisation processes
- Spoken Khmer would be an asset.

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.

8. APPLICATIONS PROCEDURES

Candidates should submit the following information with their application:

1. Cover letter demonstrating the understanding of the assignment
2. Curriculum vitae and list of previous assignments, highlighting those focused on 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; see chapter 6.4), 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).
- 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: "Happy Child project evaluation/application"

Deadline for submission of applications: 13 October 2017 at 06:00 pm

Applications submitted after the deadline (day or hour) will not be considered.
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"