

Terms of Reference (TOR)

Gender and Disability Barrier Assessment

1. Background

COOPI – Cooperazione Internazionale is a relief and development organization founded in Italy in 1965. COOPI's envisions a world without poverty where diverse cultures live together sharing equal rights and equal opportunities. COOPI's mission is to reduce poverty in the global South through interventions of long-term sustainable international cooperation. COOPI also conducts advocacy activities in Italy, to fight the cause of the serious economic gap between the North and South. Since 2001 COOPI has worked in South Central Somalia providing support that is integrated, participatory, and people-centered to disaster risk reduction, emergency relief and resilience. COOPI believes in achieving resilience and creating a more conducive environment for vulnerable populations through support in basic services and establishing realistic economic and sustainable livelihood opportunities

COOPI is implementing an ANCP-funded resilience project under the SomReP consortium in Dollow, which seeks to promote livelihoods and self-reliance of IDP, Peri-urban and rural communities through increased access to livelihood marketable skills and financial services. Further the project contributes to the development of a favorable environment for the economic / social development that enhances the absorptive capacities of areas of return and improve livelihoods conditions in areas of return. Before the start of the project activities COOPI requires to undertake a Gender, Disability and Social Inclusion (GEDSI) assessment to identify existing resilience challenges and barriers to full and meaningful participation in Dollow and El Afweyn districts. In this process SomReP is looking for a consultant (or a team) who has proven experience in undertaking the fore mentioned analysis in the target areas. In this process COOPI is looking for a consultant (or a team) who has seasoned experience of undertaking the above-mentioned analysis in the target areas.

Highlights of the SomReP Approach:

- Multi-sector, multi-actor program intentionally integrated with additional WASH, nutrition and health projects implemented by 8 SomReP members and other strategic partners;
- Flexible design which incorporates in-depth vulnerability assessment to target key weaknesses in systems of livelihoods, social structures, markets and natural resource base;
- Holistic approach to building resilience which positions communities towards a pathway of inclusive economic growth;

- Community based Early Action System linked to FSNAU/ FEWSNET and pre-defined early actions implemented by communities. SomReP's Crisis Modifier pooled fund and complementary emergency donor responses to help prevent shocks from transforming into humanitarian crisis;
- Build the capacity of local responders: government institutions, civil society, local NGOs, and village committees to support resilience building in Somalia.
- Conflict sensitive approach involving in-depth sociopolitical analysis with peace building efforts undertake within and between communities;
- Emphasis on ecosystem strengthening to promote sustainable food security and economic growth;

1.1 Analysis Rationale

Somalia is ranked 165 out of 170 in the Human Development Index, while there are no recent measures, its present indicators on human development are not only low but show little improvement from the 2012 measures indicative of the slow and gradual process of recovery. Life expectancy at birth lies at 57.1 years with a global average of 56 years in low human development countries, this has only changed by 7 years from 2012 when the life expectancy was 50 years. Labor force participation rate for women is 19% while the global average for countries rated as low human development is 58%. Moreover, the Gender Inequality Index for Somalia is 0.776 (with a maximum of 1 denoting complete inequality), placing Somalia at the fourth highest position globally. Somalia has extremely high maternal mortality, rape, female genital mutilation and child marriage rates, and violence against women and girls is common, though statistics are difficult to find. The participation and role of women in politics and decision-making spheres is extremely limited, perpetuating narrow gender-based roles and inequalities. Across the country, traditional or customary law is applied more instead of the state judiciary, and sexual and gender-based violence often goes unpunished, particularly as traditional Somali society does not openly discuss these issues. Girls are married early, with 45% of women aged 20 to 24 married before the age of 18. With an overwhelming pastoralist economy, livestock represents the family's wealth and has traditionally been the property of men - however, women often manage the sale and exchange of livestock products such as milk and ghee and spend their earnings on household needs. Women's participation in wage employment in the nonagricultural sector is the highest in Puntland at 40%, followed by Somaliland at 36%, and 33% in South Central. Women's access to health services are limited, and Somalia's maternal mortality rates are amongst the highest in the world, at 1,600 per 100,000 live births. According to the World Health Organization, approximately 98% of women in Somalia undergo Female Genital Mutilation (FGM), and it is mostly performed on girls between the ages four to 11 years in its most severe form. The needs and interests of women, girls, men, and boys vary, as do their resources, capacities and coping strategies in crises. The pre-existing and intersecting inequalities referred to above

mean that women and girls are more likely to experience adverse consequences. In crisis and post-crisis settings, women often find themselves acting as the new head of their households due to separation or loss of male household members. However, they are not always able to access resources and life-saving support because there is no assistance for childcare, and acquiring resources like food or water can be dangerous tasks. Consequently, women and girls are more likely to suffer from food insecurity in emergency settings. This creates a context in which women are more susceptible to abuse and exploitation and are more likely to be forced to engage in sexual transactions for money and access to services.

Gender and Disability Barrier analysis provides insight into cultural and religious understandings of roles, as well the associated vulnerabilities and barriers. The careful analysis of relations and roles helps to identify vulnerabilities and understand existing barriers to accessing the program.

2. Objectives

The primary purpose of the assessment is to collect and analyze information and data relating to gender equality, disability and social inclusion associated barriers in the context we will be working in. The GEDSI Barrier assessment aims to improve project staff and community partners' understanding of the current situation and relevant GEDSI issues in the project areas. This includes identifying GEDSI barriers, opportunities, vulnerabilities, capacities, and resources.

A review of relevant documents from secondary sources will be conducted to identify what information is already available. This will allow for the identification of areas where there is a lack of information, and the assessment team will then formulate a research plan to gather this information. SomReP expects to rely on existing secondary data to relieve further consultation pressures with communities.

Where there is no secondary data available, primary qualitative and, in some cases, quantitative data will be collected. Data collection methods will include focus group discussions and surveys as needed.

The consultant will be tasked to conduct a gender and disability barrier assessment in Dollow and El Afweyn districts. Assessments must consider key opportunities, barriers, and viable options for women, girls, persons with disabilities, and other vulnerable groups to ensure suggested interventions are accessible to all.

Specific Objectives include;

- i) Compile relevant gender and disability-related prevalence data at country and project level (depending on available data);

- ii) Examine existing roles and responsibilities of women, men, girls and boys with and without disability, and the relationships of power between them at household and community level and the implications for intended project outcomes and interventions;
- iii) Assess how socio-cultural norms and practices affect women, men, girls and boys with and without disability in the target Dollow and El Efweyn and the implications for intended project outcomes and interventions;
- iv) Understand underlying systems and structures of power (legal, economic, political, environmental, social) and how they affect and influence access for women, men, boys and girls with and without disability in the project areas;
- v) Assess key barriers (institutional, physical, attitudinal, communication) faced by women, men, boys and girls with and without disability to improved gender equality and disability inclusion and benefits of development in general in the target population, and to equitably participating in and benefiting from project interventions.
- vi) Assess potential GEDSI-related allies, influencers/advocates and gatekeepers across civil society, government and community that the project needs to engage and partner with to pursue its GEDSI outcomes;
- vii) Map gender and disability related structures and services for building relevant referral pathways and identify opportunities to engage with them;
- viii) Identify opportunities for shifting harmful socio-cultural norms and promoting gender equality, disability, and wider social inclusion in the context of the project's outcomes and interventions;
- ix) Assess the potential risks of the project activities unintentionally perpetuating or reinforcing inequalities and exclusion and determine strategies for mitigating these risks;
- x) Make appropriate recommendations for project interventions that will address the identified inequalities, exclusion, vulnerabilities, and barriers to participation of women, girls, boys and men, particularly those with disability and from other socially excluded groups to inform the project's GEDSI action plan.

3. Key Questions

Prevalence and Data

- ✓ What is the known prevalence of disability within the country (disaggregated by gender) and within target districts?
- ✓ What are mechanisms to identify people with disability?
- ✓ What are relevant gender statistics in relation to market systems development, pastoralism, Natural Resource Management and Climate Change?

- ✓ What are participation rates of women and men, boys and girls with and without disability in producer/farmers groups, FMNR activities, community gatherings, microfinance services, employment, leadership positions?

Laws, Policies, Institutions

- ✓ What local laws or legal reforms exist for people with disabilities, including international obligations? Are program-related laws, regulations, policies inclusive to people with disability?
- ✓ Do women, men, girls and boys have equal status under national, regional and local laws?
- ✓ Do people with disability and other minority or socially excluded groups, such as Indigenous Peoples, have equal status under national, regional and local laws?
- ✓ Is domestic violence illegal? Is rape in marriage recognised and illegal?
- ✓ How does the legal system treat women, men, girls and boys (i.e. due process and recognition of rights)? Is this the same for people with disability and other minority groups?
- ✓ Is there a national gender policy? Are authorities knowledgeable of national gender equality policies? To what extent do they implement and enforce the policies?
- ✓ Are gender issues included in other relevant policies? To what extent?
- ✓ What is the gendered division of labour (roles, activities, work and responsibilities of women and men, girls and boys) in the house? Who decides what they do? Who benefits? Do they have leisure time?
- ✓ What types of activities, meetings, associations and groups (both formal and informal) do women and men, girls and boys engage in? Do women and girls participate in activities in public domains? What activities? Where?
- ✓ For what activities or tasks are girls and boys responsible? Are these by choice or prescribed by the community? What happens when individual girls or boys don't follow these norms of behavior?

Power, Decision-making, Ownership, Control

- ✓ Who makes important decisions at the household and community levels, women, men, girls or boys? About what? Who benefits? Is this the same for those with disability?
- ✓ Who has decision-making authority? In what areas? To what extent? Why? Who decides how common resources will be used?
- ✓ What limitations, if any, do women (girls) and/or men (boys) face in participating in and controlling decision making? How do these limitations differ for minority groups, including people with disability?

- ✓ What structures does the community use to make decisions, and how do women and men, girls and boys participate in these? Are certain groups of people excluded from community decision-making, such as people with disability or refugees?
- ✓ Are women and men represented in the leadership of the community or other civil society organizations? What types of leadership roles do women and men play? To what extent are women's voices heard? In relation to what? Are the interests and ideas of women addressed? Does this differ for minority groups, such as Indigenous women and men?
- ✓ Are people with disability represented in leadership of the community? Are there local and national organizations of people with disability (OPDs)? What role do they play in advocating and representing people with disability? Are the voices of people with disability being included in areas that are not disability-specific (e.g., disaster risk reduction, farmers groups, child protection)?
- ✓ What do women and men own? What do they do with what they own to improve their and their children's well-being?
- ✓ Which resources do women and men (girls and boys) control? What are the implications of (not) having control over resources?
- ✓ What level of control do women have over household income and other assets? Does this differ among minority groups, such as refugee women or women with disability?
- ✓ Can all women – widows, single women, female heads of households, women with disability etc. – own and control resources, like property, independently from others (e.g., husband, father, brother)?

Norms, Beliefs, Attitudes, Structures

- ✓ What are the gender stereotypes and societal expectations of women, men, boys and girls, including those with disability that exist in these communities that perpetuate gender inequality?
- ✓ What is appropriate behavior for a woman (girl) or a man (boy)? What is an ideal woman (girl)? What is an ideal man (boy)? How do these beliefs influence their behaviors? Are these the same or different for minority or socially excluded groups, such as refugees or Indigenous Peoples?
- ✓ Is men's violence against women in the home considered acceptable?
- ✓ What are the social beliefs and perceptions that condition women's (girls') and men's (boys') expectations and aspirations? What are the consequences of acting differently? Which institutions most strongly reinforce these norms at micro and macro levels?
- ✓ What are common community attitudes towards people with disability? What are attitudes of people with disability themselves?

- ✓ What are the cultural or attitudinal behaviors toward women and people with disability that might have an impact on participation in the project?
- ✓ How does the community enforce gender norms and punish people when they do not conform to appropriate gender norms? How does this kind of social control affect women, men, girls and boys? What are the ways in which communities discriminate against women and girls?

Barriers & Access

- ✓ What barriers exclude women and girls with and without disability from accessing services, assets and opportunities relevant to the project? Does this differ for women and girls from other socially excluded groups?
- ✓ Are there systemic/structural, physical, economic, emotional, attitudinal, cultural barriers that exist in target communities that prevent participation and access of women and young women with and without disability in project activities or government programs and services?
- ✓ Do women or men, girls or boys have restrictions on their mobility? What restrictions? How do they influence women's and girls' access to services? To supportive social networks? Are these restrictions different for people with disability and other minority or socially excluded groups?
- ✓ Do women and men, girls and boys face risks and constraints when accessing resources? (e.g. when collecting fuel, procuring food, etc.)
- ✓ Do people with disability have the same access to community services as their peers?
- ✓ What disability inclusive and specific services (education, health, social, rehabilitation) are available in the country and region? Are these accessible to people with disability (e.g., available to rural communities, costly etc.)?
- ✓ What physical barriers exist in target communities that prevent participation and access of people with disability in economic activities and project interventions? Are there locally adopted infrastructural codes/standards of accessibility (international, national or local)? How successful is implementation of those standards?
- ✓ Do people with disability have access to public information and trainings? How do they interact with neighbours and vice versa?

Stakeholder mapping

- ✓ What is the project team's capacity in disability inclusion and gender equality (gaps, needs, resources)?
- ✓ What community support is available to women, men, girls and boys? What is the nature and extent of the community support? What kinds of services exist in the community tailored for women and girls and people with disabilities?

- ✓ Which organisations are leading advocates for women's rights, gender equality or/and women's issues? (e.g., National Women's councils, Mother's groups, Village networks)
- ✓ Are there Organisations of Persons with Disability (OPDs), and/or other NGOs representing and supporting people with disability?
- ✓ Are there organisations representing other relevant minorities, such as LGBTIQ organisations, refugee organisations? What are their key service areas (e.g. training, research, advocacy, assistive devices, service provision, Community based rehabilitation, etc)?
- ✓ Is there an umbrella organisation representing all disabilities that coordinates the efforts of the various disability organisations?
- ✓ Are OPDs and women's organisations aware of World Vision programming? Have they been involved in any current or past programs?
- ✓ Does World Vision have any formal and informal partnership in place with disability-specific and/or women's rights partners that could be drawn upon?

Strategies/Actions and Recommendations

- ✓ What international and national resources (practices/tools/models/policies/pilots) can be utilized to ensure inclusion of women and people with disability within the project?
- ✓ What opportunities are there to promote gender equality and women's empowerment and disability inclusion within the project design?
- ✓ What are entry points for including women and people with disability in key project interventions?
- ✓ What measures and strategies are needed to address barriers to participation of women, girls, boys and men, particularly those with disability and from other socially excluded groups to inform the project's GEDSI action plan?

4. Methodology

A mixed methodology (qualitative and quantitative) that maximizes the use of secondary data is recommended. Where direct data collection is needed, access to communities directly by the consultant should be prioritized where possible and depending on mobility and network of consultant, minimizing reliance on SomReP teams for data collection. The consultant needs to detail whether they have their own teams/partners within Somalia/Somaliland to implement this work or how these methodologies will be put in place. Experience in training and monitoring teams remotely is recommended with an ability to travel and work in Somalia. Possible methodologies would include but not be limited to focus groups, surveys, community mapping, and key informant interviews. Data collection tools should include qualitative data focused on perceptions, beliefs, attitudes, and behaviors that highlight community and household dynamics. The consultant will

ensure that selected respondents/participants are appropriate given the project focus and target groups. The consultant is expected to engage a diverse range of women and girls, women leaders and representatives from local women's rights organizations and people with disability (people with mobility, hearing, seeing, communication and intellectual difficulties), their families and Organizations for Persons with Disabilities (OPDs). Classification of men and women with disabilities should utilize the Washington Group Questions, with support from SomReP in identifying community members where possible.

The final report will compile findings of the research and analysis of the data using a gender and disability lens. The report must include the following:

- Analysis of data collected and identification of relevant localised GEDSI issues
- Assessment of research findings from the perspective of the project aims and activities.
- Recommendations for project implementation
- Recommendations for monitoring GEDSI progress across the life of the program.

5. Deliverables

The consultant must deliver (sample):

- Inception report outlining assessment design, agreed actions, sampling methodology, work schedule, etc. in line with the contents of this Terms of Reference, to be reviewed by SomReP for approval.
- Data collection tools, to be reviewed by SomReP for approval, field tested and refined, before full roll out of assessment
- Enumerator training.
- Working files, raw data, and final data sets.
- Comprehensive analysis report (draft version for review, and final version)
- Assessment workshop to discuss initial findings and recommendations together with stakeholders (PowerPoint)

6. Schedule and Timeframe

The exercise will take place between (20th March to 19th April), anticipating a minimum of 30 working days, with some processes/stages overlapping.

Phase: preparation	Time Allocation	
Draft Inception Plan and assessment tools	2 days	
Final Inception Plan and assessment tools	2 days	
Recruitment of data collection team	1 day	
Training of data collection team on gender and disability and data collection	1 day	
Phase: data collection and analyses		
Participant selection/outreach	2 days	
Data collection	10 days	
Data analysis	3 days	
Phase: report writing		
1 st complete draft report	3 days	
Review first draft	1 day	
2 nd draft report, first draft executive summary	2 days	
Presentation of finding to representative organizations and stakeholders/discussion/reflection	1 day	
Review second draft	1 day	
Final report and executive summary	1 day	

7. Qualifications & Selection Criteria

COOPI is looking for a consultant/evaluation team/firm with a minimum of [5] years or more experience with the following expertise, experience and competency.

- Post-graduate degree in social sciences, gender studies, human rights, or another relevant field;
- Training in the field of gender equality, disability inclusion and development;
- Minimum of 5 years' experience conducting and leading gender and disability studies/assessments in humanitarian and development contexts

- Ability to communicate non-verbally and to decipher hidden meanings in responses; good observation techniques are advantageous;
- Proven knowledge and verifiable experience (with sample reports and referees) in conducting gender and/or disability analysis/ assessments.
- Understanding of the practical challenges pertaining to the development and use of gender analysis and disability inclusion assessment tools.
- Ability to work in a cross-cultural, dynamic team;
- Advanced English academic writing skills;
- Spoken [local] language capability will be an advantage.

8. Application

The application should include:

- Motivation letter
- Profile/CV highlighting the consultant's qualifications and relevant experience.
- One examples of similar 1) tools and 2) reports developed under previous assignments
- A detailed workplan based on the deliverables listed in the TOR.
- Two references who can be contacted if the application proceeds to the final selection stage
- Price quote for the daily rate in USD

9. How to apply

- Eligible candidates should be able to start by 20th March 2023.
- All applicants should submit C.V., work sample, availability via email clearly marked as '**Consultant for GEDSI Assessment**' to hr.nairobi@coopi.org and logistic.nairobi@coopi.org, with me.nairobi@coopi.org & program.nairobi@coopi.org in copy by 15th March 2023.