



Terms of Reference

RECRUITMENT OF A CONSULTANT TO UNDERTAKE A NATIONAL BASELINE STUDY ON FAMILY WELLBEING AND LIFE EXPERIENCES (QUALITATIVE COMPONENT) (A STUDY ON DOMESTIC VIOLENCE IN THE MALDIVES)

A. BACKGROUND

1. 850 cases of domestic violence (DV) were reported in 2022 (650 survivors were female, 186 were male and 14 unspecified).¹ The National Study on Women’s Health and Life Experiences (2007) indicated that one in 3 women reported to have experienced some form of violence in their lifetimes in the Maldives. The study also indicates that one in 5 women aged 15-49 (19.5%), who have been in a relationship, have experienced at least one form of physical or sexual violence – or both – during their lifetimes. 12% of women reported that they had been sexually abused before the age of 15.² The Maldives Demographic and Health Survey 2016-2017, indicated that one in four women aged 15-49, experienced intimate partner violence in the Maldives.³
2. The Strategic Action Plan 2019-2023 of the government of the Maldives recognizes the importance of addressing gender inequalities towards achieving long-term and sustainable development. It strives to minimize gender-based violence (GBV) and DV, and eliminate gender-related barriers preventing equal rights, participation, and benefits for women in social and economic spheres (Government of Maldives, 2019, Strategic Action Plan 2019-2023).⁴ Additionally, Goal 4: Elimination of Gender-Based Violence of the National Gender Equality Action Plan 2022-2026 (GEAP) acknowledges the importance of ensuring Maldivian families benefit from greater personal security in the home and reduced violence against women, men and children.⁵ However, the lack of information on DV in the Maldives hinders the development and implementation of effective policies and long-term planning.
3. As such, FPA is now initiating the first “National Baseline Study on Family Well-Being and Life Experiences in the Maldives” that will provide updated prevalence data on domestic violence occurring in the Maldives. This is the only study exclusively addressing prevalence of domestic violence although other studies have integrated modules related to domestic violence. This study will be representative of the entire population of Maldives (women, men, children, and elderly). The results of the study will support the implementation of the FPA mandate and assist in the introduction of policy that

¹ FPA 2022. Annual Reports. <http://fpa.gov.mv/storage/uploads/NQoQ5gov/yrd37ikl.pdf>

² Maldives study on women’s health and life experiences: Initial results on prevalence, health outcomes and women’s responses to violence. Ministry of Gender and Family, 2007. <https://evaw-global-database.unwomen.org/~media/files/un%20women/vaw/vaw%20survey/maldives%20vaw%20survey.pdf>.

³ Maldives Demographic and Health Survey 2016-2017.. <https://microdata.worldbank.org/index.php/catalog/3412>.

⁴ Government of Maldives. 2019. Strategic Action Plan 2019-2023. Malé. <https://presidency.gov.mv/SAP>.

⁵ National Gender Equality Action Plan 2022-2026. Ministry of Gender, Family and Social Services, 2022. [GEAPFinal.pdf \(gender.gov.mv\)](https://gender.gov.mv/GEAPFinal.pdf)



encourages development and evaluation of programmes to address domestic violence in a holistic way in the Maldives.

B. PURPOSE AND OBJECTIVES OF THE CONSULTANCY

4. The purpose of this consultancy is to obtain data on the prevalence, characteristics, and socio- demographic correlations of domestic violence (DV), and to find out the perceptions of survivors in coping with violence and in overcoming the situation. The study will attempt to understand and identify strategies whilst making recommendations to strengthen existing services that address the issue of DV in the Maldives.
5. The objectives of the consultancy include:
 - i. Documenting implications of DV including effects on general health as well as sexual and reproductive health;
 - ii. Exploring the direct and indirect effects of DV on children, in terms of emotional and psychological consequences;
 - iii. Documenting and comparing the strategies and services that survivors used to cope and deal with DV they experience;
 - iv. Exploring factors that may either protect or put the person at risk of DV;
 - v. Assessing the extent to which DV is associated with mental health, substance abuse, disabilities and other conditions that occur in comorbid cases of DV;
 - vi. Gathering information on men and women's attitudes and experiences with partner and non- partner violence, which can be used to better understand the causes and consequences of violence in the national context and triangulate the results of the quantitative study.
 - vii. Enquiring about the experience of specific groups that are not clearly represented in the quantitative survey results such as older men and women, people with disabilities and children, to understand their experiences with violence.
 - viii. Exploring issues relating to violence such as the triggers for violence, where victims/survivors go for help, impact on children, intergenerational violence, etc.

C. SCOPE OF WORK

6. The Consultant will conduct a case study approach to obtain qualitative information, where purposive sampling will be used to identify the participants with a target of 8-10 primary participants.
7. The participants should be selected using a life course approach and institutional settings approach.
8. The Consultant should adopt a hermeneutic phenomenological approach in the case study to understand lived experiences during data collection. As such, the data collection should



be unstructured and use a checklist/guide only to use as a prompt (if required) as the participant narrates their story.

9. The Consultant should maintain the above-mentioned checklist/guide to ensure that the core inquiry areas are captured in the narrative and use it for further probing at the interview or after reviewing the notes as required.
10. The Consultant should carefully formulate a team of interviewers that meets certain criteria due to the specific nature of the study. All research team members must receive specialised training and on-going support in consultation with FPA.
11. The Consultant must analyse the gathered data and findings must be presented as a report and policy briefs which will be shared with policy makers and with the public.
12. The final report must be provided in both English and Dhivehi

D. SPECIFIC TASKS AND DELIVERABLES

13. In support of the objective, the following tasks/activities will be undertaken by the Consultant; the deliverables associated with each task are also described below:

1. Task Planning, Ethical and other Clearances

- i. The Consultant will develop an implementation plan and Gantt chart in consultation with FPA, outlining the timeline for all activities and providing detailed documentation to FPA on all logistical considerations and plans.
- ii. FPA will provide all permissions and ethical clearances necessary for conducting the case study (where required), this may include relevant permissions from national and/or sub-national authorities, clearance from Maldives Bureau of Statistics (MBS) for ethics approval, and the National Health Research Council, serving as the institutional review board (protection of human subjects). The Consultant will be responsible for adhering to local formalities, and for obtaining any required permits for the case study. This includes, for example, liaising with the FPA to send introductory letters to relevant institutions as required, and solicit their support.
- iii. The Consultant will also be responsible for their team health and accident insurance, salary, taxes, and other obligations as necessary.
- iv. The study must uphold international ethical standards and field procedures concerning informed consent, maintaining confidentiality, and storage of data.
- v. In all data collection activities, written consent (as applicable, per Ethical Board requirements) will be sought following provision of information to potential participants informing them as to the purpose of the study and the requirements and expectations should they decide to participate. For children 15-17 years, in addition to the participant, consent of the guardian will be collected. All potential interviewees/informants will be assured that their participation is voluntary and that they will not be penalized if they do not participate. Administering one to one interview will be carried out in a setting which gives privacy for the women, men and older children to share their experiences without





concern. They will also be informed that they are free to not answer certain questions, terminate the interview at any time, or withdraw from the study after it has been conducted. Data from the interviews will be audio recorded with consent for analysis purposes. In cases where the participants consent to participate, but not to audio record, the facilitator will only take handwritten notes.

- vi. At the end of interview, if the respondent requires further assistance, they would be guided to the referral system or support service established in relation to the case study. Details of referral system and support service will be worked out in consultation with FPA during implementation plan preparation and covered in the training of interviewers.

Deliverable(s): (i) Gantt chart for the case study; (ii) written detailed data collection protocols and logistical plans, (iii) informed consent form(s) and; (iv) documented evidence of ethical clearance(s) and permits needed to implement the case study.

2. *Adaptation, Development, and Translation of Tools and Protocols*

- i. The participants will be selected using a life course approach and institutional settings approach. Life course approach should be used for participant selection-targeting one female and one male from each life stage if possible (child over 15 years; adult 18-49; elderly over 50 years and an adult foreign migrant worker). The primary participants will be identified using institutional (Ministry of Gender, Family and Social Services) and NGO networks working in the family and domestic violence area in consultation with FPA. To allow for selection of varied experiences, attempts will be made to select the participants from the community as well as at state care institutions. In identifying the primary participants, the following criteria should be considered across the age groups:
 - Cases that occurred in the past 12 months
 - Cases flagged as high priority for investigation and intervention.
 - Cases with different living situation (nuclear or extended family, residing with friends, colleagues, or non-family)
 - Cases with different types of violence (physical, psychological,)
- ii. The secondary audience for each case will be identified through the primary participant. This may include a family member or a service provider who is noted during the data collection with the primary participant. The purpose of secondary audience interview is to gain further understanding of the primary participant's narrative and fill any gaps in the narrative.
- iii. Draft case study guide will be provided to the Consultant by the FPA. The guide for the case study includes the following to ensure the story portrays the following information;
 - the attitudes and perception of risks and safety at individual, relational (close family, friends, partner) and community (social networks and services)
 - the attitudes and perception of responses at individual, relational (close family, friends, partner) and community (social networks and services)



- the attitudes and perception of consequences at individual, relational (close family, friends, partner) and community (social networks and services)
- iv. Under the supervision of FPA, the Consultant will complete the development of the case study guide where necessary. This includes adaptation of questions and answer categories, contextualization, and preparation of the guide for use, etc. All changes must be approved by the FPA.
- v. The Consultant will develop a draft Field Manual and will complete the final adaptation, formatting, translation, and preparation of the field manual for use. All changes must be approved by the FPA.

Deliverable(s): (i) case study participants list (ii) finalized case study guide, (iii) finalized field manual in both English and Dhivehi.

3. Staffing

- The Consultant will recruit and train a field team (Supervisors and Interviewers).

4. Training

- i. Design and translate training materials to train supervisors and interviewers to conduct the case study. Interviewers must have graduate qualifications and work experience in the social sector, specifically working with vulnerable populations. Interviewers need to meet criteria such as emotional maturity, empathy, capacity, and skills in dealing with sensitive issues. Training should also include individual and group exercises to become familiar with the practice of asking questions and how to deal with interruptions during the interview such as husband or partner wanting to know what is going on.
- ii. Prepare an interviewer training plan specifying interviewer recruitment plan, training logistics and content, and the training schedule. These plans must be approved by FPA.
- iii. Interviewers/supervisor CVs must be requested and provided in advance of training and only interviewers meeting the agreed standard of qualifications and experience will be invited to participate.
- iv. Conduct supervisors' training and selection. A one-week training will be organized for Supervisor candidates to train them on case study management and supervision, evaluate their mastery of the case study, and to select those who are most likely to be able to manage teams in the field and deliver high-quality data. The Supervisors will also be expected to participate actively in training the interviewer candidates.
- v. Conduct interviewers training and selection over a period of one week using a mix of lectures, simulations, and field experience. A competency assessment will be undertaken by the consultant and candidates not passing the minimum requirements will not be offered interviewer positions. A list of all personnel trained will be maintained for future requirements.
- vi. The training will include:
 - o Gender sensitization



- Concepts of gender-based violence including domestic violence
 - Child physical, sexual, and psychological abuse
 - Research with vulnerable groups
 - Tablet/phone software use
 - Interviewing techniques
 - Research and ethics
 - Safeguarding procedures
 - Case study management session for team leaders
 - How to handle difficult situations when interviewing survivors of violence
 - The protocol for administrating case study interviews
 - Ethical boundaries,
 - Avoiding revictimization,
 - Note taking and recording.
 - Transcribing
 - Notes on reflections
- vii. For both supervisor and interviewer training, FPA will provide experienced advisors who will assist in the training and evaluation of the field staff, but the training must be led by the Consultant.
- viii. Coordinate with the FPA team in case study checklist/guide finalizing including modifications as required.
- ix. All expenses associated with adaptation and translation of checklist/guide materials, and with training, must be covered by the Consultant.

Deliverable(s): (i) Adapted and translated training materials; (ii) interviewer training plan; (iii) adapted and translated competence assessment for evaluating interviewer/supervisors; (iii) documentation of the scores/results that the supervisors/interviewers earned on the competence assessment; (iv) selected supervisors and interviewers, with a list of back-ups in case of attrition; (v) brief training completion report on training results, any barriers faced, and how they were addressed.

5. Data Collection

- i. Develop a logistical plan prior to the start of field operations that includes team's composition, contingency plans for staffing, systems for tracking equipment and supplies and contingency plans for equipment loss or malfunction, field visit schedule, logistical arrangements (including transportation and lodging for interviewers) and any necessary permissions.
- ii. Obtain a letter from the FPA to share with facilities indicating support of the case study from the FPA if required
- iii. Deploy teams of interviewers and field supervisors to undertake the data collection in households using the case study methodology.



Deliverable(s): (i) final detailed case study data collection protocols and quality assurance protocols; (ii) logistics and safety plans for data collection.

6. Data Management and Cleaning

- i. Prepare a data management plan. Data collected from the case studies will be audio recorded with consent of the participant and transcribed for analysis. For maintaining confidentiality, pseudonym will be used in the transcription. All audio and written files will be saved on the cloud with access control to researchers.
- ii. Analyse case studies via a content analysis through coding of the verbal data and classifying themes. The interviews will be transcribed from the audio recordings of the interviews and where the participant does not provide to consent, from the facilitator notes. The codes and themes from the case studies will be compared and results will be presented by summarizing the themes. The findings will be validated with triangulation with the review of case records and enable accurate inferences.
- iii. Monitor the status and produce weekly reports on progress, existing or potential problems, and suggested solutions. This involves submitting a weekly Field Monitoring and Tracking report, containing facilities covered, refusals (and reasons for refusals), barriers faced and how they were addressed, etc.
- iv. Immediately identify whether certain questions are frequently incorrectly answered or missing and assess why this is happening. Confer with FPA to map a way forward to improve quality. In some cases, facilities may need to be revisited to improve poor-quality data.
- v. Respond to any data query, request for information, or petition to fix any issues by FPA within a week of its initial request.
- vi. Following review and comments by the FPA, the Consultant will make the required changes and improvements to the results for final submission and approval. This should be accompanied by a simple report which includes basic tabulations of the case study findings.

Deliverable(s): (i) data management plan; (ii) preliminary, cleaned dataset and associated codebooks; (iii) written documentation on how data were cleaned, and inconsistencies addressed; (iv) basic report with tabulations of case study findings; and (v) weekly reports on progress, existing or potential problems and suggested solutions.

E. DELIVERABLES

14. The preliminary timetable below outlines the deliverables.

| Deliverables | Due Date | Format |
|--|--|--|
| 1. Implementation plan and Gantt chart for the case study; (ii) written detailed | One month before the start of training | 1 x hard copy plus one soft copy accessible file |



| Deliverables | Due Date | Format |
|--|--|--|
| data collection protocols and logistical plans, (iii) informed consent form(s)) and; (iv) documented evidence of ethical clearance(s) and permits needed to implement the case study tools. | | |
| 2. (i) Case study participants list (ii) Finalized case study guide, (iii) Finalized field manual. | One month prior to the start of data collection | 1 x hard copy plus one soft copy accessible file |
| 3. Pre training report with training plans specifying (i) recruitment plans, training logistics, training schedule, training and assessment materials, post training report outlining (ii) details of the selected supervisors and interviewers, with a list of back-ups in case of attrition; (iii) brief training completion report on training results, any barriers faced, and how they were addressed | Pre training report 2 weeks prior to training, and post training report 1 week post training | 1 x hard copy plus one soft copy accessible file |
| 4. Final detailed case study data collection protocols and quality assurance protocols; (ii) logistics and safety plans for data collection. | Two weeks prior to the start of data collection. | 1 x hard copy plus one soft copy accessible file |
| 5. Weekly reports on progresses and challenges | Throughout data collection. | 1 x hard copy plus one soft copy accessible file |
| 6. Data management plan: (i) preliminary, transcribed data and associated codebooks; (iii) written documentation on | Not more than two weeks after the completion of data collection ⁶ . Final | 1 x hard copy plus one soft copy accessible file |

⁶ Please note that the target for completing data collection is November 2023.



| Deliverables | Due Date | Format |
|--|---|--|
| how data were transcribed, and inconsistencies addressed; (iv) basic report with tabulations of case study findings; and (v) weekly reports on progress, existing or potential problems and suggested solutions. | reports three weeks after receiving comments. | |
| 7. Project archiving and final report | Not more than six weeks after the end of data cleaning. | 1 x hard copy plus one soft copy accessible file |

F. PAYMENT

15. Payment for the consultant will be made per deliverable, as an agreed percentage of the total price proposed.

G. SKILLS AND COMPETENCIES

Consultant Organization (Firm)

16. Consultant Firm should provide a budget for the proposal and a detailed description of the proposed human resources and their source. Experience in the Maldives is highly preferred; for those organizations not based in Maldives, description of how local engagement will be conducted is required.
17. A designated person must be allocated as a project coordinator who will be leading the interviewers with the relevant requirements listed below:
- i. A doctoral degree in the social sciences or a related field is preferred.
 - ii. At least 5 years proven experience with data quality assurance mechanisms (field work management, data entry programming, etc.) required.
 - iii. Ability to communicate fluently in English and Maldivian (Dhivehi) is required.
 - iv. Proven experience at managing large scale data collection and with household surveys and DV/GBV prevalence studies would be an advantage.
 - v. Proven ability to facilitate communication between different stakeholders, government, non-government, and academic institutions would be an advantage.
 - vi. Proven experience with developing qualitative data collection tools and collecting qualitative data would be an advantage.
 - vii. Proven experience with leading and writing reports based on collected quantitative and qualitative data would be an advantage.





- viii. Understanding of Maldives' gender sector, with track record of collaborating with the government is preferred.

H. PERIOD OF CONSULTANCY

18. Consultancy duration is expected to be 6 (Six) Months. Estimated date of commencement is August 2023. The possibility of downstream works and extension to the consultancy period exists in accordance with the Public Finance Regulation (R-20/2017) and the mutual agreement of both parties.

I. LEVEL OF EFFORT

19. The estimated level of effort should be based on 8-10 primary participants with secondary audience identification via the primary participant. The technical proposal should include a level of effort chart showing the expected timetable, budget estimate and time allocation for each deliverable and any assumptions made regarding the level of effort for each of the deliverables and the scope of work to be performed.

J. SUPERVISION

20. The Consultant will report to FPA, and other appropriate government authorities as needed. The consultant organization will be required to adhere to the technical guidance of the FPA team.

K. SPECIFIC INPUTS TO BE PRESENTED BY THE CLIENT

21. FPA will provide draft case study selection criteria for the Consultants' use. FPA will also provide participant information and case records of the selected participant (with relevant redaction for anonymization of any personal information of the actors involved) received from institutional (Ministry of Gender, Family and Social Services) and NGO networks working in the family and domestic violence area which cannot be shared without consulting with the FPA. This review of case record must be used to triangulate the narrative in the analysis such as to improve the validity of the findings.
22. FPA will provide the draft checklist/guide to be used as a prompt (if required) as the participant narrates the story and to be used further as a probing mechanism at the interview or after reviewing the notes as required.
23. For both supervisor and interviewer training, FPA will provide experienced advisors who will assist in the training and evaluation of the field staff, but the training must be led by the Consultant.
24. FPA will provide all permissions and ethical clearances necessary for conducting the case study.