

8/24/2020

UNICEF ECA Regional Office: Contributing to Evidence-based Adaptation of ECD Services for Young Children in Response to COVID-19

Project Title:	Multi-Country Evaluation of the UNICEF Early Childhood Development response to COVID-19 in Europe and Central Asia region
Consultancy/Services Title:	Consultancy to conduct a developmental evaluation of the of UNICEF ECD response to COVID-19
Consultancy Mode:	National x International x
Type of Contract:	Consultant Individual Contractor Institutional x
Mode of Selection:	Competitive Single Source
Duration of Contract:	From: September 2020-March 2021

UNICEF Europe and Central Asia Regional Office (ECARO) seeks a consultancy to conduct a developmental evaluation of UNICEF Early Childhood Development (ECD) response to COVID-19.

1. Project title

Multi-Country Evaluation of UNICEF's Early Childhood Development response to Covid-19 in ECA Region

2. Background Information

As the first part of the year evolved, the coronavirus increasingly spread across the ECA region and ushered in a new wave of global and domestic shocks. COVID-19 is a global pandemic which threatens young children and their rights in countries across the ECA region and exposes them to massive disruption to their healthcare, education, access to basic needs and services like food, protection and social interaction with family members, teachers, peers and communities. The imposed preventative measures by the local governments such as quarantines, school and day care closures, travel restrictions and border closures and others, have a deeper impact on the wellbeing of children and their parents.

There are major health and development risks to children and their families that arise from the pressure on healthcare and education systems resulting in reduced access to routine health, childcare and early education services. Vulnerable children in need of specialized services are at high risk of compromised development during the crisis and through the recovery as these services are not easily accessible.

Children and parents from the most vulnerable groups (poor children, ethnic minorities such as Roma, migrant and refugee children, children with disabilities) are likely to be even more affected with the COVID- 19 and its secondary impact. Due to the lower access to digital means of communication, reduction in outreach services, segregation and linguistic and financial barriers they have poorer access to timely information, support to parental guidance, or distance learning opportunities, increasing equity gaps and jeopardizing long-term social cohesion.

Too often, early childhood development (ECD) falls through the cracks in emergency responses – but there are key measures UNICEF and partners are taking to ensure that early childhood development is supported within the COVID-19 responses and that opportunities to strengthen policy goals with respect to young children are leveraged.

3. Purpose / Objectives / Rationale

As the crisis unfolds, adaptation of ECD-related services provided to families is taking place rapidly in response to the current, evolving context. Services may include remote pre-natal care, home visiting, parental counselling, early childhood education, or early childhood intervention for children with disabilities. Some of these services are halted, some have already been adapted to reach children and families through digital means, others are looking into expanding reach and effectiveness further.

Many countries on the region are already implementing or planning to implement various data collection mechanisms at the household level, mainly to understand the economic impact of COVID-19 in families and children. However, there is not much evidence generation and data collection taking place with respect to services that affect young children and the providers i.e. workforce who are in direct contact with families. Combining household level data with service-level data in an iterative manner can help to shape and direct decisions towards increased relevance and effectiveness of core services and support to families and children.

UNICEF ECARO seeks to guarantee business continuity of these services for young children and ensure relevance and effectiveness during the period of crisis, as well as integrating lessons learned into future planning and rebuilding of more resilient systems and service provision modalities. For this purpose, ECARO plans to undertake an evaluation of the adaptation of services for young children and their families in response to COVID-19 to response to the changing needs of the service users.

The primary purpose of this evaluation is to critically assess UNICEF's efforts in ECD programming that are being adapted to meet the changing needs of young children and families and do so with the view of going forward to be better prepared to the similar situation in the future. By collecting “good enough” evidence recurrently and dedicating resources for ongoing analysis, UNICEF and partners can strengthen the process of adaptation of these services and their effectiveness in an agile manner. The knowledge generated from the evaluation, and the specific lessons learned that it identifies, will inform evidence-based decision-making, evidence-based advocacy, and resource-mobilization, while contributing to learning within UNICEF.

The secondary purpose is to document the specific substance and progress of UNICEF's work in this area to date to contribute to the final evaluation which will be conducted in 2021.

The objectives of the evaluation are to:

- assess the extent to which the ECD activities are being implemented in the selected countries, how they are meeting the needs of young children and families especially when their needs change as the COVID-19 outbreak evolves.
- assess the effectiveness of the ECD activities in improved programming and systems strengthening support to governments in the selected countries

4. Object and Scope of the evaluation

The evaluation will focus on services for young children and their families, traditionally supported by health and education delivery platforms and frontline workers but which are now being altered to fit in to the COVID-19 restrictions. Relevant services are determined at country level and may include remote pre-natal care, home visiting, parental counselling, early childhood education, early childhood intervention for children with disabilities or any other type of services to families with young children.

However, the selected project activities must be delivered through 'a workforce' (frontline workers) and fall into one of the following categories (these excluding criteria):

- moving an existing service to a digital mode of engagement or delivery or complementing the existing service with new modalities of distance support (increase effectiveness);
- introducing new services to address new needs for current service users (increase relevance);
- adapting existing or incorporating new services or service provision modalities to meet the needs of new groups of service users (increase relevance)

The evaluation will not focus on the project activities which do not fit either of the three stages of adaptation or those which do not provide service delivery through frontline workers.

The inclusion criterion for the countries is determined based on interest of the Country Office (CO) to participate, existence of respective services supporting young children prior to COVID-19 and after the onset of the crisis, relevant adaptations introduced to core services, regional representation, and ability of countries to engage directly with frontline workers, in partnership with relevant government counterparts.

The key OECD-DAC evaluation criteria which are most important to the evaluation are relevance, effectiveness and sustainability.

The time period covered is from March 2020 when the COVID-19 outbreak started and up to February 2021.

5. Intended user(s) and use(s)

The primary intended users of the evaluation are UNICEF COs selected as the ‘in depth’ study countries, UNICEF ECA Regional Office and national governments and partners. The findings will also be useful to those UNICEF COs who are starting their new programme cycles in 2021 to reflect on the lessons learned that are applicable to their contexts.

The findings of the evaluation will inform the ECD programming in the near future in relation to the situations such as that of COVID-19 to ensure the continuity of ECD-related services delivered to children and families regardless of the pandemic.

6. Evaluation questions

The evaluation proposes to investigate the following main evaluation questions:

Q1. What adaptations in ECD services made in response to COVID-19 crisis are more (or less) effective in terms of delivering on the expected service outcomes and the needs of families in the selected countries? For which population group and under which circumstances do the adapted ECD service delivery work best and in what ways? (relevance, effectiveness)

Q2. What are key requirements in terms of staff capacity, technology, as well as enabling environment, for the introduction and continuous delivery of the effective adaptations of services? (effectiveness)

Q3. To what extent adaptations introduced in response to COVID can improve resilience of services and contribute to long-term effectiveness and efficiency in service provision? (sustainability)

There will be sub-questions developed for each CO to ensure contextualisation of the evaluation to their specific context and programme characteristics. Those questions will be developed and fined tuned during the inception stage.

7. The principles and approach that will guide the evaluation

The evaluation will be guided by the “Norms and Standards” and the “Ethical Guidelines for Evaluation” developed by the United Nations Evaluation Group (UNEG) and UNICEF’s corporate guidance for equity focused evaluations. The evaluation design and implementation should consider ethical safeguards where appropriate, including protection of confidentiality, dignity, rights and welfare of human subjects particularly children, and respect of the values of the local community. Please refer to UNEG ethical guidance for evaluation which outlines the ethical principles in part of evaluation intentionality, obligations of evaluators, obligations to participants and evaluation process and product.

The evaluation team should also adhere to UNICEF’s Evaluation Policy and to UNICEF Reporting Standards. Evaluation team members will sign a no conflict of interest attestation.

Transparency, partnership, openness and cost-effectiveness should guide the evaluation process. In so doing, the evaluation will take the following general approach:

- Work in a way that will allow the development of a set of actionable recommendations directed to regional and country office all of which should aim toward the ultimate goal of improving UNICEF ECD response.
- Make the maximum use of ongoing and recent data collections started since the COVID-19 outbreak, with a view to reducing duplication (as well as evaluative burden) and to deepening the available data set and analysis.
- Allow for maximum ownership by CO staff and place the least possible burden on UNICEF CO staff and other informants.
- Place findings in the context of the ongoing evolution in UNICEF policies and guidance so that any related recommendations are tailored to latest developments.

The evaluation team and the evaluation process must meet the requirements and standards of the following documents:

- UNICEF Revised Evaluation Policy (12 April 2018)
- United Nations Evaluation Group (UNEG) norms and standards (2016)
- UNICEF Gender Equality Resources:
http://www.unicef.org/gender/gender_57850.html
- UNEG Code of Conduct for Evaluation in the UN system as well as Ethical Guidelines for UN Evaluations
- UNEG Norms and Standards: <http://www.unevaluation.org/document/detail/1914>
- How to design Equity-Focused evaluations
- Ethical Research Involving Children, 2013, <https://childethics.com/>

8. Methodology

This proposal presents a developmental evaluation approach to contribute to increasing the relevance and effectiveness of the available services for young children and address current and emerging needs of the ECD workforce so they can better support families. Given the very dynamic context that is rapidly changing, the exercise will be both retrospective and prospective and will try to evaluate suitability and relevance of the adaptations to the respective context in the past, present and future times. It will look back and evaluate adaptations that were introduced at the onset of COVID-19 pandemic, even if these had been discontinued. It will equally try to assess ongoing changes and the extent to which they support current and future needs and modalities of service provision.

While the evaluation methodological approach will be finalized at the inception phase, initial advice on the comprehensiveness of the evaluation approach is expected at the proposal stage. Methodological rigor will be given significant consideration in the assessment of proposals. Hence bidders are invited to interrogate the approach and methodology suggested in the ToR and improve on it or propose an approach they deem more appropriate. Bidders are encouraged to also demonstrate methodological expertise in.

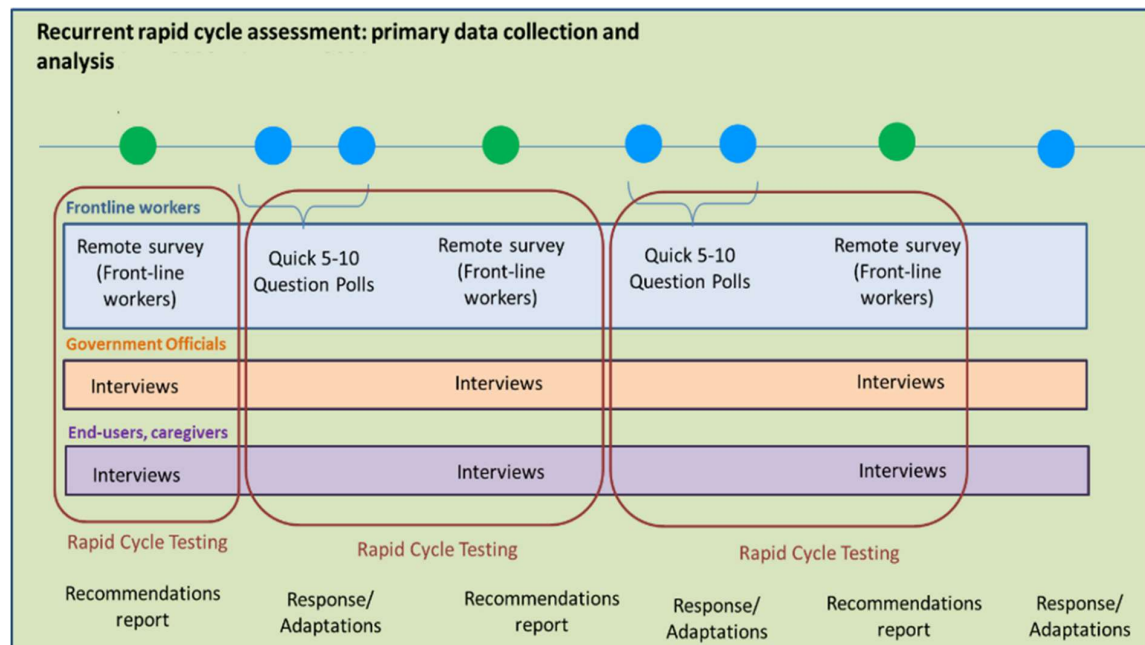
Three-layered data collection and analysis

The initial step in this exercise will be to map adaptations introduced in ECD-related services across participating countries. This will be the basis for the identification of the respective service providers to participate in data collection and the key respondents for in-depth interviews. Then the following 3 main components will be conducted:

- 1. Survey design and data collection in the in-depth study countries.** This includes:
 - i. Frontline workers survey (telephone/SMS/text): sampling of workforce, questionnaire formulation; implementation of the questionnaire three times in a period of 6-9 months- through digital means or other forms (e.g. telephone). Questions should be tailored to the workforce needs in terms of access to families and children, operational challenges (access to materials, supplies, information, transport etc.), skills gaps and capacity needs to respond to the current context (e.g. availability of training and guidance, connection with the national authority, network of professionals, peers etc.), mentoring and supervision in the current context, etc.
 - ii. Key in-depth interviews with selected government officials in the depth study countries
 - iii. Key-in-depth interviews (telephone) to a small number of front-line workers in the depth study countries
 - iv. Key in-depth interviews (telephone) to selected service end-users in the depth study countries at specific times will complement the data collection process.
 - v. Other existing data available in-depth study countries, such as social media data, HH surveys, situation analysis, etc.
- 2. Data analysis and formulation of programmatic recommendations through rapid cycle testing/analysis** in the depth study countries, ideally in combination with household level data collected by UNICEF or partners, as well as other existing information available. Data analysis will aim to provide rapid inputs to UNICEF staff and national counterparts, and enable the formulation of evidence-based recommendations, advocacy and communication strategies, and programmatic decisions. The recurrent analysis (done each time after the surveys are produced)' objectives will be to:
 - i. assess if ECD workforce have relevant capacity and skills to adapt to and deliver new modalities (what is missing- trainings, technology, supportive policy, supportive supervision- which is already in the note);
 - ii. assess the support available and required by front line workers and formulate better program response;
 - iii. assess the effectiveness of the adapted tele-and remote services they are providing, how can they be improved, are there new opportunities to consider post COVID-19; and ultimately
 - iv. inform future policy formulation and adaptations that reflect lessons learned from this context

The participating in-depth study country offices will have three briefs.

3. **Regional synthesis and country level reports.** A regional synthesis of lessons learned, findings, and recommendations will be developed. Further, based on the iterative data collection at country level and the overall emerging findings. There will be a synthesis report at the end of this exercise.



The proposed period of this exercise is August - March 2021. Surveys and interviews will ideally be conducted in August, September, December. The iterative process can continue in the future.

Sampling Procedures

Timeframe As an ongoing evaluation, the evaluation will look primarily at recent developments and assess the direction of work in this area. Data collected will cover the eight-month period.

Geographical scope: The evaluation will have 'desk review' and 'in-depth' study countries. The former will include all the ECA RO 21 countries and territories that have adapted ECD-related services in response to COVID-19, while the latter will focus on **Georgia, Croatia, Ukraine, and Moldova** (see Annex 1 for project details by country). Selection of specific municipalities, cities, districts within each in-depth study country will be detailed at the inception stage. Selection of specific respondents will also be identified separately for each country.

Programming: As stated above, the programme focus is on ECD project activities which are falling under one or more of the three stages of adaptation as discussed above.

Provisions to obtain needed permissions to collect and report data:

Collection of data involving the workforce is expected to be done through the existing means of data collection which UNICEF is already employing for programme monitoring. When interviewing respondents, the team is required to follow all the ethical requirements and obtain their consent for doing so.

Provisions to store and maintain security of collected information:

Data will be stored in a safe password-protected folder with access rights given to the evaluation team only. The evaluation team is required to suggest protocols for anonymity/confidentiality.

9. Ethical Considerations

The evaluation must be in line with the United Nations evaluation norms and standards. The evaluation must be external and independent and will be carried out in an objective, impartial, open and participatory manner, based on empirically verified evidence that is valid and reliable.

The ethical principles that will guide the evaluation are independence, impartiality, credibility, responsibility, honesty and integrity. Similarly, it is essential for the evaluation team to maintain respect for the dignity and diversity of the individuals interviewed, and to take into consideration respect for human rights, gender equity and equality throughout the evaluation process. The team will take the appropriate measures to preserve the confidentiality of information and data of the individuals involved, while respecting the right to provide information in confidence. Here, it is essential that informed consent be obtained when the information is collected.

The evaluation must also comply with UNICEF Procedure for Ethical Standards in Research, Evaluation, Data Collection and Analysis, and according to the methodology selected and the subject evaluated, it must be reviewed by an external ethical review committee (UNICEF has a global contract for external ethical reviews). The evaluation will not be able to proceed with the data collection before being approved by the ethical review committee. If the institution has its own ethical review mechanisms, they could substitute for the external committee, provided that these mechanisms comply with the minimum quality standards established in UNICEF's policy. In its methodological proposal, the evaluation team should clearly indicate any possible ethical issues and specify the supervision and the ethical review mechanisms of that are applicable to the evaluation process.

In addition, members of the evaluation team are required to disclose in writing any past experience, of themselves or their immediate family, which may give rise to a potential conflict of interest, and to deal honestly in resolving any conflict of interest which may arise during the evaluation.

10. Roles and responsibilities

UNICEF ECARO evaluation team will be responsible for all the management issues and methodological matters and will liaise between the evaluation and UNICEF COs. UNICEF ECARO ECD team will provide technical oversight and be responsible for the technical quality of the outputs. UNICEF COs staff will be instrumental in participating in all the steps

of the approach outlined above, including in working closely with contracted partner to develop relevant survey questions for frontline workers, facilitate data collection as needed, and use the recommendations of the analysis after each survey for advocacy purposes. COs will be responsible for the use of this information for shaping their strategies and decisions. Efforts will be made as much as possible to use the exercise and build national capacity to collect similar data from frontline workers in the future.

There will be set up an Evaluation Reference Group (ERG) to act a sounding board for the evaluation to foster transparency and participation and to review key evaluation deliverables. The ERG will not have any formal evaluation management responsibilities. It will act in an advisory capacity and provide inputs on all main evaluation deliverables that are expected to strengthen the quality and credibility of the evaluation. The group will consist of ECA RO advisers and CO Representatives. In addition to this, in each in-depth study country, ERG will be set up consisting of the key partners.

11. Evaluator qualifications

The evaluation will be conducted by engaging an institution. The proposed team will consist of two international consultants and one national technical expert in each country (Georgia, Croatia, Ukraine, Moldova).

1. The senior-level Team Leader must have the following competences:
 - Having extensive evaluation experience (at least 10 years) with an excellent understanding of evaluation principles and methodologies, including capacity in an array of qualitative and quantitative evaluation methods, and UNEG norms and standards. It will be a requirement that the team leader can prove extensive expertise in developmental evaluations.
 - Having experience on ECD sector reforms – planning, implementing, managing or monitoring such programmes.
 - Holding an advanced university degree (Masters or higher) in international development, public policy or similar, including sound knowledge of policy and systemic aspects; familiarity with ECD and education programmes.
 - Bringing a strong commitment to delivering timely and high-quality results, i.e., credible evaluations that are used for improving strategic decisions.
 - Having in-depth knowledge of the UN's human rights, gender equality and equity agendas.
 - Having a strong team leadership and management track record, as well as excellent interpersonal and communication skills to help ensure that the evaluation is understood and used.
 - Specific evaluation experience in the ECD and education sector is strongly desired, but is secondary to a strong mixed-method evaluation background, so long as the ECD and education expertise of the other team members (see below) is harnessed to ensure the team's collective understanding of issues relating to systems strengthening from a UN or NGO perspective.
 - Previous experience of working in Europe and Central Asia context is a must.

- S/he must have the ability to concisely and clearly express ideas and concepts in written and oral form as well as the ability to communicate with various stakeholders in English.

The Team Leader will be responsible for undertaking the evaluation from start to finish, for managing the evaluation team, for the bulk of data collection, analysis and consultations, as well as for report writing in English and communication of the evaluation results.

2. The international Junior Analyst must have the following competencies:

- Minimum 5 years' experience in quantitative and qualitative data design, collection and analysis for large scale surveys, research projects or evaluations.
- Holding advanced university degrees (Masters-level) in Statistics, public policy or similar.
- Familiarity in UN's human rights, gender equality and equity agendas; knowledge of ECD programming a plus.
- S/he must have the ability to concisely and clearly express ideas and concepts in written and oral form as well as the ability to communicate with various stakeholders in English.

The Junior Analyst will work under the stewardship of the Team Leader in support data collection and analysis.

3. One national consultant (one per participating country - 4 countries) must have the following competencies:

- Holding advanced university degrees (Masters-level) in Statistics, public policy or similar.
- Hands-on experience in collecting and analysing quantitative and qualitative data.
- Strong expertise in equity, gender, equality and human rights-based approaches to evaluation and expertise in data presentation and visualisation.
- Having good communication, advocacy and people skills and the ability to communicate with various stakeholders and to express concisely and clearly ideas and concepts in written and oral form.
- Excellent English communication and report writing skills; knowledge of local languages is obligatory.
- Having excellent understanding of the ECD and education system in ECA region through previous experience or research work.

The national consultant will play a major role in data collection, analysis and presentation, and preparation of the debriefings and will make significant contributions to the writing of the main evaluation report.

It is vital that the same individuals that develop the methodology for the proposal will be involved in conducting the evaluation. In the review of the proposal's, while adequate

consideration will be given to the technical methodology, significant weighting will be given to the quality, experience (CV's and written samples of previous evaluations) and relevance of individuals who will be involved in the evaluation.

12. Reporting requirements

It is expected that the evaluation will have a joint Inception Report, analytical briefs based on rapid cycle data collection, Evaluation Report for each in-depth country based on the briefs, and a regional synthesis report of lessons learned, findings, and recommendations based on the evaluation reports for countries.

Outlines and descriptions of each evaluation products are meant to be indicatives, and include:

Inception report: The inception report (in English) will be key in confirming a common understanding of what is to be evaluated, including additional insights into executing the evaluation. At this stage evaluators will refine and confirm evaluation questions, confirm the scope of the evaluation, further improve on the methodology proposed in this ToR and their own evaluation proposal to improve its rigor, as well as develop and validate evaluation instruments. The report will include, among other elements: i) evaluation purpose and scope, confirmation of objectives and the main themes of the evaluation; ii) evaluation criteria and questions, final set of evaluation questions, and evaluation criteria for assessing performance; iii) evaluation methodology (i.e., sampling criteria), a description of data collection methods and data sources (incl. a rationale for their selection), draft data collection instruments (with a data collection toolkit as an annex), an evaluation matrix that identifies descriptive and normative questions and criteria for evaluating evidence, a data analysis plan, a discussion on how to enhance the reliability and validity of evaluation conclusions, a description of the quality review process and a discussion on the limitations of the methodology; iv) proposed structure of the final report; v) evaluation work plan and timeline; vi) resources requirements (i.e., detailed budget allocations, tied to evaluation activities, work plan) deliverables; v) annexes (i.e., organizing matrix for evaluation questions, data collection toolkit, data analysis framework). The inception report will be 20-25 pages in length (excluding annexes), and will be presented at a formal meeting of the reference group.

Analytical briefs based on the iterative and rapid data collection in each country will be produced three times during the course of the evaluation on the analysis of the ECD project adaptations and provide overall emerging findings from the survey and interviews. There will be three briefs soon after each cycle of data collection.

Country Evaluation report for each in-depth country will answer the sub-questions relevant to each in-depth country. The report (in English) will not exceed 40 pages, excluding the executive summary and annexes. A complete draft report will include: i) Title page and opening pages; ii) executive summary; iii) brief background, purposes, scope and objectives iv) an analysis of key issues against the evaluation questions v) the lessons emanating from those experiences; and vi) annexes. These reports will be delivered in March 2021.

A Synthesis report will answer the main evaluation questions. The report (in English) will not exceed 40 pages excluding the executive summary and annexes. A complete draft report will include: i) Title page and opening pages; ii) executive summary; iii) brief background, purposes, scope and objectives iv) an analysis of key issues against the evaluation questions v) the lessons emanating from those experiences; and vi) annexes. This report will be delivered in March 2021.

All reports should be electronically delivered to UNICEF. Completed data sets should be returned (filled out questionnaires, surveys, interview notes and tapes, etc.) to UNICEF.

13. Limitations

Due to the COVID-19 outbreak, there will not be any face-to-face data collection. Hence the data will be collected through virtual means which can bring certain limitations to the quality of data and scope of data collected.

14. Procedures and logistics

This approach will require pre-agreement/partnership with government agencies that provide services and access to telephone databases or digital platforms (if applicable) of the pre-natal health care, home visiting, early childhood education, and other relevant frontline workers who support families with ECD-related services. The agreement should ideally include obtaining permission to contact frontline workers. The government agency should also be open and interested to use evidence generated through this exercise. UNICEF will benefit to ensure evidence-based advocacy to re-establish or improve the services with on the ground information and explore this issue further.

No international travel is envisaged due to Covid-19. Travel within each country by the national consultant will be facilitated by the local UNICEF CO and follow the government's measures and rules in relation to the COVID-19 situation.

Total number of days envisaged for this assignment is 150.

15. Timeline and milestones

Deliverables	Timeline*	Payment
1. Inception report 2. Presentation of the inception report to ERGs (UNICEF and national partners)	September 2020	30%
1. Three Analytical Briefs based on rapid data collection per country (12 total)	September, November, January	0

1. Country Evaluation Report (answering sub-questions) (4 reports total) 2. Presentation of the evaluation country reports to ERG and national partners	March 2021	30%
1. Synthesis Report (answering main evaluation questions) 2. Presentation to wider UNICEF	March 2021	40%

16. Quality assessment of the evaluation report

The ECA Regional Office evaluation and ECD teams and country office levels will provide quality assurance on all evaluation tools and documents based on the UNEG's and UNICEF's norms, standards, processes and tools and as well as on other best practices related to programme evaluations.

Once approved, the final evaluation report will be submitted to the UNICEF's global evaluation reports oversight system (GEROS) for an independent quality review. The report and the review will be made available on the UNICEF Internet website, in compliance with the commitment for transparency of evaluation findings.

GEROS is a UNICEF organization-wide system which aims at assessing the quality of evaluation reports against global quality standards. All ratings and evaluation reports are then available to the public on UNICEF website. Therefore, the evaluation inception and final reports must be compliant with UNICEF standards:

- **Inception report** (same check-list than for Terms of Reference):

https://www.unicef.org/evaluation/files/UNICEF_UNEG_TOR_Checklist_updated_June_2017.pdf

- **Final report:**

https://www.unicef.org/evaluation/files/UNICEF_adapted_reporting_standards_updated_June_2017_FINAL.pdf

Please refer to GEROS webpage and Handbook¹ for more details. It is also to be noted that UNICEF standards include performance indicators from the UN System Wide Action Plan (UN-SWAP). For more information on the UN SWAP Evaluation Performance indicator, please consult: www.uneval.org/document/download/2148

17. Application requirements - HOW TO APPLY

¹ GEROS webpage: https://www.unicef.org/evaluation/index_GEROS.html and GEROS handbook: https://www.unicef.org/evaluation/files/GEROS_Handbook_FINAL_full_document.pdf

Proposer(s) must submit a technical and a price proposal (in separate documents) that will be split between technical and commercial (price proposal) scores (an 70/30 split).

A) The **technical proposal** (70 points) should include the following information:

- Cover letter
- Presentation of the firm/research institution/consulting group and experiences
- Understanding of the ToRs and Evaluation needs
- Team composition (incl. identification of team leader), with complete CVs
- Matching the team skills with the required skills
- Proposed methodology and rationale for it
- Detailed Timeline/Chronogram and level of effort by each team member (role of each team member)
- Sample(s) or link(s) of previous Evaluation(s) by the team members

The technical proposal will be assessed with the following criteria:

Technical sub-criteria	Description	Maximum Points
Completeness of technical requirements (5 points)	Overall conformity of the proposal, including appropriate referencing and supporting documents (description of institution and key personnel, understanding of ToRs, matching team skills with required skills, proposed methodology, detailed timeline, references and written sample)	5
Qualifications of team (45 points)	Overall conformity with requirement of the Team leader	17
	International Junior Analyst	8
	National consultants	20
Quality of technical proposal (20 points)	Understanding of the ToRs (match between the proposed approach and requested scope of evaluation)	3
	Quality of the methodology and methods proposed, innovative design, rationale for the methodology	10
	Realistic work plan and level of efforts of team	4
	Understanding of ethical considerations and integration of such in the methodology	3
Maximum Score for technical criteria		70
Minimum Score for technical compliance		49

Total Maximum points for the technical proposal is **70** points. Only proposals which receive a minimum of **49** points will be considered further.

B) **Financial Proposal** should include:

1. Detailed budget as per the Financial Proposal template

2. Explanation of budget assumptions with regard to planning, team composition, field work, etc.

The total amount of points allocated for the price component is **30**. The maximum number of points will be allotted to the lowest price proposal that is opened and compared among those invited firms/institutions which obtain the threshold points in the evaluation of the technical component. All other price proposals will receive points in inverse proportion to the lowest price; e.g.:

Score for price proposal X = (Max. score for price proposal (**30** Points) * Price of lowest priced proposal) / Price of proposal X

Total obtainable Technical and Price score: **100**

The Proposer(s) achieving the highest combined technical and price score will (subject to any negotiations and the various other rights of UNICEF detailed in this LRPS) be awarded the contract(s).

Annex 1. In-depth Country: Croatia

Project title:	Tele-intervention - Virtual Early Intervention Responding to the impacts of COVID-19 on young children with developmental delays and disabilities	Augmentative and Alternative Communication (AAC)	Neonatal care: Neo-Baby Friendly Hospital Initiative (Neo-BFHI) and Human Milk Bank
Project objectives:	The aim is to develop a digital platform for EI practitioners, training resources needed for the tele-intervention during this critical period and beyond. Based on the lessons learned from this initiative, UNICEF will advocate for institutional, programmatic and financial changes to ensure the sustainability of early interventions.	With the support of the RO, CO is also testing an integrated open-source AAC solution. The solution is getting adjusted to the national context by selecting, customizing and confirming individual symbols for inclusion in the open symbol set, and professionals from 24 institutions from Croatia are to be trained to apply the solution in their work with children with complex communication needs.	The aim of the programme is for every prematurely born child to receive the best possible care in order to overcome the health difficulties they face. UNICEF equipped all 13 units of intensive neonatology and provided capacity building for healthcare professionals to ensure all preterm and severely ill children in intensive neonatology units can have a skin-to-skin contact with their parents and to get feed by human milk.
Project end beneficiaries:	Children with developmental delays and disabilities and their families	Children with complex communication needs and their families	Parents and their prematurely born babies
The stage of the project implementation (please elaborate):	Digital platform completed https://edukacija.ranaintervencija.com/ First cycle of online self-paced training will be available to the EI practitioners on July 6, 2020. Under the project 10 online training cycles and mentoring are foreseen.	2 training cycles lasting 4 days, of which 2 days in the summer and 2 days in the autumn. Enrollments for online training are completed. The 1st cycle of two-day training completed (188 participants). The 2nd cycle of the two-day training will take place on July 9th and 10th	Neo-BFHI programme was introduced in all 13 NICU's and the first assessments with the WHO/UNICEF assessment tools were to start in September 2020 but due to the COVID-19 pandemic outbreak it is postponed. The Human Milk Bank, with planned national reach, was opened in Dec. 2019 and will be fully functional by the end of 2020.
Project start date (or start date of adaptations):	June 2020	June 2020	2013
Project end date (or end date of adaptations if any):	November 15, 2020	October 12, 2020	2020
Project location(s):	National	National	National

Project workforce engaged (who, how many if known):	250 ECI professionals, Caregivers	June course – 188 enlisted ECD/ECI professionals	Health professionals in 29 maternities, neonatologists and nurses; professionals in 13 NICUs; home visiting nurses
Project adaptation details:	Developing a digital platform with all the resources and capacity building activities (training and mentoring), for providing Virtual EI which otherwise would have been done face to face.	Capacity building activities on using the AAC, which otherwise, would have been done face to face are being done remotely	UNICEF provided guidelines and recommendations, advocated with the MoH; The practice of banning the parental accompaniment during the hospitalization of a child was introduced during COVID19. Based on the decision of epidemiologist, the HMB was not allowed to continue receiving donated milk during COVID, due to risk of infection; only already collected milk was processed and shared with 3 Zagreb NICUs (2 are the largest in Croatia, treating the most critical conditions of premature children). UNICEF shared concerns about the separation of infants and very young children from their parents.
Project monitoring activities:	July, August, TBD	June, July, September, TBD	July-Sept, TBD
Specifics of existing data collection:	Online self-paced course for EI practitioners following an online mentoring. The survey can be integrated into an online course and mentoring. However, the 3-collection point should be via email.	Online course lasting 4 days, 2 days in June and 2 days in September. It is possible to integrate the survey in the course	Ministry of Health collects all relevant data from the maternities and the HMB. Survey can be shared via email with all relevant health institutions.
Proposed objective of the evaluation:	The evaluation may explore the quality of the training (including mentoring) in terms of meeting the needs, requirements of the workforce who are trained. Relevance and effectiveness of virtual home visiting during COVID-19 and post COVID-19 (the virtual home visits will be important and beneficial for families living	The evaluation may explore the quality of the training in terms of meetings the needs, requirements of the workforce being trained; sustainability of the technology used; extent to which technology is useful to the end beneficiaries.	The evaluation may explore the appropriateness of COVID-19 related measures imposed to children and their families in NICUs and the use of HMB, as well as long-term effect the measures may have on children's health

	in rural, isolated areas, as well as for socio-economically deprived families, enabling them an intervention without travel and related costs to reach the service.)		
Proposed scope of the evaluation	Relevance, sustainability, effectiveness	Relevance, sustainability, effectiveness	Relevance, sustainability, effectiveness

Additional remarks:

1) The programme of *Improving the inclusivity of initial teachers' education for early childhood education and care* with focus on professional development of staff at 5 Croatian Faculties for Teachers education on inclusive practices, has started in February 2020 and its' implementation has by now not been adapted to COVID-19 epidemic. Depending on the time-scope of the planned evaluation, it may eventually also be suitable for evaluation.

2) Providing early childhood education is also challenging in time of epidemic. Depending on the interest of the Ministry of Science and Education, we might explore in the following weeks (parliamentarian elections are on July 5, 2020) evaluation of the measures taken to support early childhood and preschool teachers to adapt to the closure and re-opening of kindergartens might also be worthy.

In-depth Country: Georgia

Title	Remote pregnancy care;	Hotline (child protection and adolescents)
Objective	To mitigate the risks associated with coronavirus disease and to remotely provide pregnant women with qualified medical consultation on relevant pregnancy related issues by qualified clinician	To help children and their families to receive the state services in an easier and faster way and help adolescents receive timely psychosocial support
beneficiaries:	All pregnant women pregnant at a time of the project (26,000)	Children 0-18 and their families; adolescents up to 24 years of age
Stage of the project	Being implemented; the project has a potential to become a modus operandi for patients' education. We are thinking to accompany the pregnant in post-delivery period and therefore.	Being implemented; The country high leadership is interested in taking this module for all hotlines of the country.
Start date	June 2020	April 2020; adolescents/youth component started in mid-June
End date	15 September 2020 – may continue	31 December 2020 with UNICEF's partial financial support, government will take over full funding in January 2021
Project location	Throughout the country	Throughout the country
Project workforce engaged	<ul style="list-style-type: none"> Group of people making phone calls to arrange online consultations of beneficiaries Representatives of the Birth Registry office of the National Centre for Disease Control and Public Health 	<ul style="list-style-type: none"> Frontline operators -4, Case workers-8, Psychologists-2, Staff from state and municipal services

	<ul style="list-style-type: none"> Antenatal Care Providers favored/nominated by mothers i.e. 10 clinicians. 	<ul style="list-style-type: none"> NGO being recruited to expand psychosocial support to children, caretakers and adolescents
Project adaptation details:	It is a new way of delivering the service i.e. remotely	It is a new way of facilitating the access to traditional services when beneficiaries call a hotline instead of physically going to the services providers
Project monitoring activities (if any):	HMP indicators + additional indicators: Pregnant' interest in participating (In case of refusal, the reasons are collected); Number of pregnant per session and its duration; Quality of information sessions and beneficiary satisfaction. Data is routinely collected and analyzed periodically	HMP indicators + additional indicators: N of calls, N of cases and their status, profile of beneficiaries, types of assistance requested, N of households helped, N of adolescents/youths improved their psychosocial situation as a result of received support; These are collected through weekly updates, bi-weekly HPM indicator reports, programme visits, Up-date from implementing partners on weekly bases,
Proposed objective of the evaluation:	Effectiveness, relevance, efficiency	Effectiveness, relevance, efficiency
Proposed scope of the evaluation:	Entire project activity; 10 clinicians; selected beneficiaries	Both components
CO cannot go ahead with both of the projects and will appreciate help to select one.		

In-depth Country: Republic of Moldova

Project title: Regional project on Social Inclusion of Roma Children and Children with Disabilities in Moldova (with a focus on early education, early intervention and positive parenting)

Project objectives: advance social inclusion and the equitable distribution of opportunities for the most vulnerable and marginalized children viz. children from ethnic minorities and children with developmental difficulties, including delays and disabilities.

Project beneficiaries: education and health specialists, parents/caregivers of children with disabilities (CWD) and Roma from targeted rayons, young children including Roma, children with developmental delays etc.

The stage the project is at (please elaborate): the project is at final stage

Project start date (or start date of adaptations): April 2020-start of adaptations

Project end date (or end date of adaptations if any): 01.08.20

Project location(s): Calarasi, Cantemir and Singerei rayons

Project workforce engaged (who, how many if known):

CNETIF CSO, 8 TOTs, 160 local trainers, 10 474 managerial and didactical staff (81,4% out of total number);

Voinice CSO, 11 staff members (providers of early intervention services), two teams in two localities that are trained to provide early intervention services (12 professionals)

Institute of Mother and Child Health, 7 staff members involved in programme dedicated to strengthening capacity of home visiting nurses on provision of universal-progressive HV

Project adaptation details:

16 on-line modules on positive parenting + an 1 module on COVID-19 pandemics + methodology and guidance for on-line trainings, mentoring and counseling were developed.

On line learning courses for newly established early intervention services; telemedicine – distance consultation and mentoring of health professionals in provision of early intervention services

On-line capacity building on provision of services for families with young children in context of COVID pandemics, support to breastfeeding, counselling on nutrition; support on resuming vaccination

Project monitoring activities (if any): Monitoring/mentoring/counselling sessions were organized for 19 rayons including specific recommendations on correct and efficient on-line work with parents, support to newly established teams of early intervention services

Proposed objective of the evaluation: evaluate the efficiency of on-line interventions (trainings, monitoring/counseling sessions, activities on ensuring continuity of services etc.), lessons learnt, benefit of the foreseen recommendations of the evaluation etc.