

Terms of References

An Institutional Contract

Survey and Formative Evaluation of the Integrated Early Childhood Development Programme

Title	Survey and Formative Evaluation of the Integrated Early Childhood Development (IECD) Programme
Purpose	To (i) collect data on the IECD 'programme's situation in a qualitative and quantitative manner based on of the benchmark indicators and to (ii) evaluate the ' programme's effectiveness, efficiency, scalability, and sustainability.
Location	Three project provinces of Dien Bien, Gia Lai and Kon Tum, Viet Nam
Duration	December 2020 – Oct 2021
Start Date	December 2020
Reporting to	Mr. Nguyen Huy Du , Acting Chief of CSD, and Ms. Ngo Thi Quynh Hoa , Chief of PME, UNICEF Viet Nam

Background: Integrated Early Childhood Development (IECD) Programme

Early childhood, from conception to the first eight years, is the period when the brain develops most rapidly and most dependently on both enriching and adverse environments. Early years of childhood form the basis of intelligence, personality, social behavior, and capacity to learn and nurture oneself as an adult. Many children do not reach their full human potential because of their 'families' income status, geographic location, ethnicity, disability, religion, or sexual orientation. They do not receive adequate nutrition, care, and opportunities to learn. These children and their families can be helped. It is their right to develop as well as to survive.

UNICEF globally calls for greater integration and synergy across sectors to support integrated programming for children at different stages of the life cycle. The current UNICEF Strategic Plan recognizes specifically the critical importance of the early years on the basis of the latest evidence on the science of brain development: *"New scientific research on brain development has brought fresh evidence of the critical importance of early childhood development for future learning achievements, health outcomes and productivity, and the cumulative nature of deficits"*. An integrated approach to early childhood development (IECD) is not only a global but a national priority in Viet Nam as set forth in the Law on Children 2016. IECD will help the country to achieve a high quality of human capital from the early years of human life, a pre-requisite for sustainable development. The newly endorsed Law on Children 2016 introduces a number of improvements as compared to the Law on Protection, Care and Education of Children, 2004. Holistic childhood development is articulated in almost key chapters on specific child rights and state duties. However, holistic early childhood development and rights to early childhood development are not adequately stipulated with legally binding duties and measures for enforcement. The Ministry of Labour, Invalids, and Social Affairs is responsible for coordinating sectoral policies and programmes among concerned ministries and agencies on childhood care and development, which implicitly includes holistic early childhood development. However, there is no coherent, comprehensive Early Childhood Development policy nor an effective coordination mechanism on ECD¹ while it is recognized as an on-going policy initiative about the establishment of Viet Nam Committee on Children with political support from the highest level in the Government. Recent economic progress has improved the well-being of millions of Vietnamese children, but not all have benefited equally from such prosperity. There is equity in access to preschool by gender and ethnicity, but it does not necessarily translate into improved learning outcomes for all children. According to the data published by the General Statistics Office (GSO) and UNICEF in 2014, 96.8 % of children in Grade 1 of the primary

¹ Asian Development Bank (2006). *Recommendations for Early Childhood Development in Viet Nam. Period 2006-2010 and the vision toward 2020.*

school attended preschool the previous year. There was no disparity found between boys and girls, urban/rural or Kinh/Hoa and ethnic minority pupils to access preschool education. However, fewer children from the Mekong River Delta attended preschool compared to other regions (10 percent gap). Furthermore, although equity is apparent in access, there are striking disparities in terms of learning outcomes between Kinh and ethnic minorities. While there are vertical interventions in health, nutrition, reproductive health, and education, little has been done to horizontally integrate services for early childhood development, especially for children from 0 to 3 years old, and particularly at the household level². Even within ministries, there is fragmentation between agencies with low incentives for integration. While the life cycle is an integral part of the social protection system in Viet Nam, the youngest population – especially under '3's – do not benefit from the schemes except for the health insurance. Parenting education is supposedly delivered through child-care centres, crèches and kindergarten and also as components within health and nutrition programmes. However, there is little documentation as to the curricula (content), delivery mechanisms (frequency, dosage, and intensity) and impact of interventions. Existing parenting materials, especially for children from 0 to 3, mostly focus on health and nutrition, disregarding child development. The rate of exclusive breastfeeding has, after years of stagnation, increased from 17 percent (in 2010) to 24 percent (in 2014). However, breastfeeding as a practice is still low and boys are more likely to be exclusively breastfed than girls³. Progress has been slowest in reducing malnutrition (stunting), which partly reflects the fact that maternal nutrition remains a problem not addressed adequately in the National Nutrition Strategy. Stunting continues to affect approximately one-fourth of the under five population (24.6 percent). The rates are highest in the Central Highlands (34 percent) and other disadvantaged regions where ethnic minority people live (27.3 percent in the Central Coastal region and 30.3 % in the North West)⁴.

Analysis of the Early Child Development Index (ECDI) of 2014⁵, which is used to determine if children are developmentally on track in four domains: literacy and numeracy, physical, socio-emotional, and learning show disparities. 29.4 percent of children were on track in the literacy-numeracy domain, more in the physical (96.5 %), learning (94.2 %), and social-emotional (91.2 %) domains. However, in each individual domain the higher score was associated with children living in the richest households, with children attending an early childhood education programme and older children.

It is well recognized that there are severe short-term and long-term effects of violence against children. Most immediately, consequences include physical injury, delayed physical growth, damage to the brain, and cognitive and language deficits, with such consequences often being interrelated. In the short term, there are significant impacts on a 'child's development and adjustment as well as relationships with parents, other adults, and peers – problems such as aggression, withdrawal, isolation, and even self-harm. Unfortunately, in Viet Nam, violence-discipline is widely practiced by parents, with 68.4 percent of children aged 1-14 years were subjected to at least one form of psychological or physical punishment by household members⁶. This proves that young children, even at the age of 1, could suffer from violence-discipline. More specifically, children from 5 to 9 years of age were subjected to physical punishment more than the older and younger children⁷. In addition, a small-scale assessment indicated that 12 percent of families are neglecting their children⁸.

² Ibid.

³ General Statistics Office. 2014. Viet Nam Multiple Indicator Cluster Survey.

⁴ National Institute of Nutrition. 2015. National Nutrition Surveillance.

⁵ General Statistics Office. 2014. Viet Nam Multiple Indicator Cluster Survey.

⁶ Ibid.

⁷ Drivers of Violence against children in Viet Nam, UNICEF and UNFPA

⁸ Ibid.

IECD Programme

To address the identified issues in early childhood development among children aged 0 to 8, UNICEF Viet Nam's Country Programme 2017-2021 is designed to, among others, strengthen the enabling legal and policy environment for IECD at the national level and strengthen the local capacities to develop an IECD model to be implemented in selected districts and communes of three provinces: Gia Lai, Kon Tum, and Dien Bien. It is expected that the IECD model will generate further evidence and policy options to scale-up IECD nationally.

At the UNICEF Country Programme (CPD) level, UNICEF and the Government of Viet Nam aim to achieve:

CPD Outcome 3: By 2021, in selected areas of the three provinces, all children and their families, especially the most vulnerable, utilize inclusive and quality IECD services.

CPD Outcome 3 indicators:

- a. Percentage of children aged 6 to 23 months who receive a minimum acceptable diet.
- b. Percentage of mothers receiving post-natal care within two days of delivery.
- c. Proportion of the population having an improved sanitation facility.
- d. Attendance rate in early childhood education programme.
- e. Number of communes with functioning IECD services.

CPD Output 1: Enhanced local capacity to develop and operationalise IECD centered, equitable and inclusive high impact child survival and development packages in focus provinces.

CPD Output 2: Strengthened capacity of education service providers in focus provinces to deliver quality early learning and school readiness programmes for children under 4 years.

CPD Output 3: Enhanced local capacity in focus provinces to develop and operationalize local child protection systems and services, including positive parenting, non-violent discipline.

UNICEF has implemented the Integrated Early Childhood Development (IECD) programme in collaboration with the Government of Viet Nam to achieve. At *National level* – UNICEF has worked MOLISA with a Specific project Objective of improvement of national capacity to legislate, monitor and oversee child rights related laws, policies and programmes. At sub national level, through the **27 communes of 9 districts** in the three provinces (Gia Lai, Kon Tum, and Dien Bien). The IECD programme plan to achieve the below objectives:

Provincial 'Project's long-term objective:

By 2021, all targeted children (0-8 years old) and their family members, especially those of the most vulnerable groups in the target communes, utilize inclusive and quality IECD services to fulfill children's rights to survival, development, education, and protection.

Provincial 'Project's Long-term Indicators:

1. Percentage of children aged 0-3 years in project locations received **age-appropriate nutrition and early stimulation/learning** from parents/child caregivers
2. Percentage of children **aged 36-59 months** in the project locations which are attending an early childhood education project
3. Percentage of parents/primary caregivers of children aged 0-8 years in a project the project locations **who practice non-violent discipline and responsive parenting**
4. Percentage of children aged 36-59 months in project locations on-track in at least three of four developmental domains (MICS IECD Index: Literacy-numeracy, physical, social-emotional and learning)

Provincial 'Project's Immediate objectives:

1. By 2021, parents, caregivers, and community members in programme communes have the knowledge, skills and supportive norms to access available IECD services and practice behaviors that support healthy IECD

Indicators:

- Percentage of parents and caregivers of children aged 0-8 years who believed that responsive and non-violence parenting is the best for their children.
 - Percentage of boys and girls aged 6-8 years who know where to report violent incidents involving themselves and other children.
 - Percentage of parents and caregivers of children aged 0-8 years who recognize the benefits of all areas of IECD, and know where to seek help if they need supports.
 - Percentage of parents, caregivers of children aged 0-8 years **who wanted** to participate in IECD parenting/counseling platforms at grassroots level.
2. Improved capacity of service providers from related sectors in providing IECD services at all platforms

Indicators:

- Percentage of local service providers including health workers teachers and ECE care givers in the project locations able to perform IYCF counselling and early stimulation exercises.
 - Number of child protection workers at commune level who could provide case management in line with national standards.
 - Percentage of parents/child caregivers who have positive feedback/comments on IECD services.
3. Accessible minimum IECD services in place with acceptable quality for parents, caregivers and children in targeted areas

Indicators:

- Percentage of ECE centers, including family-based child-care groups in project locations which have minimum IECD equipment and early learning/stimulation services for young children.
 - Number of commune healthcare centers in the project locations have IYCF counselling, micro-nutrient supplementations services integrated with early stimulation services for young children.
 - Number of social work service centers applying **national standards**⁹⁹ established and functioning at provincial and district levels.
 - Percentage of communes in the project location covered by m-IECD module (including CP, Nutrition, Education contents) to fast-track progress of respective IECD interventions.
 - Proportion of preschools/IECD centers with WASH facilities meeting national/JMP standards.
4. An enabling environment created and maintained for implementation of IECD interventions in the province

Indicators:

- Availability of coordination committee and mechanism on IECD at provincial, project districts and communes.
- Availability of Provincial IECD Action Plan 2018-2021 with **budget allocation** for implementation.
- Existence of a monitoring system for tracking the progress of the IECD models implementation.

⁹⁹ National standards include parenting education services

Summary of the program implementation:

The programme implementation started in the first quarter of 2018, at national level and with pilots in 3 provinces (Dien Bien, Gia Lai and Kontum). The total approved planned budget was USD 10,585,000. At national level, UNICEF supported analysis and policy influencing at the central level have created a supportive and political environment for the development and scale up the programme: a national IECD scheme and a national guidance on implementation of the IECD scheme were developed and approved by the Prime Minister and the respective ministry. At subnational level, to work out the program design, including its governance and service delivery, UNICEF supported an IECD implementation model in 3 provinces (Dien Bien, Kontum and Play Cu). The model consists of a programme management unit (PMU) at each implementation levels; a coordination mechanism that was built based on an existing government structure, which maintains statutory oversight on sector collaboration in delivery of the program intervention at the ground. A comprehensive list of essential ECD services that includes **health, nutrition, WASH, education and child protection interventions**, have been holistically delivered to the targeted parents/child caregivers in all project locations using the 4 main platforms: i) commune health centers, ii) local preschools; iii) community-based IECD clubs; and individual households. Communal IECD clubs are functioning as the heart for cross sector collaboration at grassroots level. Working as a core part for integration, a specific Holistic Parenting Project named as ""the NOBODY IS PERFECT"" has been adopted and was being scale-up in all 27 project communes since October 2019 after the development and adaptation process. To date, 53,543 parents /child-care givers and children have access to the IECD services, which is an initial evidence of the 'program's good performance.

A baseline assessment was conducted and completed in October 2018 that covered a list of 45 benchmark indicators. Its purpose was to establish a set of values for all indicators at the starting point of the program which will support a final evaluation of the results of the programme at the end of the Country Programme. The final baseline assessment report is available at <https://www.unicef.org/vietnam/reports/integrated-early-childhood-development-programme-2017-2021-unicef>.

During the programme implementation COVID-19 happened in early 2020, affecting the whole country, partly due to the outbreak causing deaths, but mainly due to government's measures to contain the spread of the diseases. Impacts of COVID-19 are multi-dimensional including economic, social and mental well-being, esp. for children and vulnerable groups.

Justification

The IECD programme pilots in the three provinces supported by UNICEF was to draw out lessons learnt for implementing the IECD scheme (approved by the Prime Minister) at national scale. Thus, it is important to conduct a survey of the Programme, and subsequently the final programme evaluation.

Conducting the survey and the evaluation requires a strong team of experts specialized in surveys and evaluations. Also, since this assignment is to be done by independent experts to ensure independence and impartiality, it will be contracted out **with a competent institution**. It is up to the bidders to decide whether to have international staff on the team (given travel constraints due to COVID-19) and bidders are responsible for travel arrangement themselves with lump sum payment), but the qualified institutions must ensure good quality of the key deliverables in both English and Vietnamese.

Purpose, Targeted Audience, Objectives and scope of work

Purpose:

This assignment will evaluate and draw out lessons learned on the IECD program pilots to enable scaling up of the IECD scheme nationwide.

Targeted Audiences: lessons learnt from this evaluation will be discussed and disseminated by MOLISA and UNICEF for other provinces to improve the way the IECD scheme to be implemented in other localities across Viet Nam.

- The Ministry of Labour, Invalids and Social Affairs, es. the Department of Children Affairs
- UNICEF Management and the Programme Team
- Provincial People' Committees of 3 project provinces and PPCs of other provinces/cities in Viet Nam

Objectives:

- **To conduct a survey** capturing the status of the IECD program indicators in a quantitative manner which will also capture effects of COVID-19 in project provinces
- **To evaluate the programme effectiveness, efficiency, scalability and sustainability**
- **To provide the lessons learnt for the central and local governments** in replication and scale-up of the model at a national scale

Key scope of works:

The survey and the evaluation are planned to be conducted in 2020-2021, focusing on national level (the policy framework for IECD) and at the 3 project provinces of Dien Bien, Gia Lai and Kontum. The survey and the evaluation will look into how the project has performed on its all indicators (agreed in the project document, and with baseline data established at the outset of the programme in 2018), and if the project is sustainable and is scalable with its current design and governance. The thematic areas include integrated holistic parenting, services on health, nutrition, WASH, education, and governance systems of the programme.

Survey:

- To provide values for all **quantitative indicators** as benchmarks for performance evaluation based on the Programme design
- Using quantitative data from the survey to better understand progress and results in greater detail, with a focus on the effectiveness of the project
- To capture, to the possible extent, the negative and positive effects of COVID-19 on the programme outcomes/outputs

Evaluation

- To provide a **qualitative assessment** on the policy environment and implementation progress of the IECD scheme in Vietnam, including in provinces without UNICEF support
- To evaluate the IECD programme pilots in terms of their effectiveness, efficiency, scalability and sustainability considering cross-sectional issues e.g. gender, disabilities etc.
- To identify key issues of the programme design and suggest recommendations for improvement
- To provide lessons learned, and good practices for improvement and replication and scaling up in other localities, using 'government's budget

Methodology, timetable and deliverables

The overall logic of the programme is as follow:

There is currently a relatively low level of investment in the ECD sector in Viet Nam. Research worldwide showed more and more evidence on the importance of the investment in early childhood development in physical, emotional, mental development of children and their potential as adults. Thus, with UNICEF support the government has been developing an IECD scheme to be implemented in all provinces/cities in Viet Nam. The key feature of this scheme is the integration of services, and the level of engagement of parents/care givers in children's development.

To help the government develop an effective model for implementation of the IECD scheme, UNICEF has developed an IECD programme with MOLISA with pilots in 3 provinces. A baseline survey was conducted with baseline data on the programme key indicators. Before the programme scale up its implementation module in other provinces, UNICEF and MOLISA would like to measure progress against the indicators and undertake an

evaluation on the programme effectiveness, efficiency, scalability and sustainability.

Findings from the survey and the evaluation will inform MOLISA, UNICEF and provinces on how to improve the implementation of the IECD programme at subnational level, in a sustainable and effectiveness manner.

Methodology:

Based on the objectives of the evaluation, this section indicates a possible approach, methods, and processes for the evaluation. Methodological rigor will be given significant consideration in the assessment of proposals. Hence bidders are invited to interrogate the approach and methodology proffered in the ToR and improve on it or propose an approach they deem more appropriate. In their proposal, the bidder should clearly refer to triangulation, sampling plan, ethical consideration, and methodological limitations and mitigation measures. Bidders are encouraged to also demonstrate methodological expertise in evaluating initiatives related to the focus areas.

This evaluation should follow a participatory, utilization-focused, and theory-based approach, with mixed methods (qualitative and quantitative) of data collection and analysis. Under a utilization-focused approach, the evaluation will facilitate senior management decision-making. The evaluation will be iterative with regular feedback loops throughout that foster stakeholders' active ownership, including engagement in both the process and the key findings, conclusions, and recommendations that will inform future programming. Case studies may also be considered to understand recurrent patterns.

In consultation with the evaluation manager and reference group (see below), the selected consultant(s) will develop a detailed methodology for the assignment, with prioritized evaluation questions from those in the framework above. The consultant team will develop and propose a methodology for this assignment, as well. ***(Please see Annex 1 for some guidance and suggestions on methodology and scope).***

Multiple and high-quality data collection and analysis methods with a range of stakeholders should be used to facilitate triangulation of data. These may include document review, semi-structured interviews with key stakeholders, a survey, and consultative workshops or focus group discussions. Key stakeholders to be involved in the data collection should be selected from UNICEF and other UN staff, key national and sub-national government agencies, and other relevant partners such as civil society organizations/NGOs.

The evaluation team will need to draw on available quantitative data from recent evaluations, reviews, researches, studies, progress reports, situation reports, national datasets, and surveys, and other sources. Bidders will be encouraged to propose any feasible stakeholder consultation approaches that could generate useful quantitative data on key issues and help form qualitative inquiry areas.

Data collection and analysis should be human rights-based and gender sensitive. Any data collected should be disaggregated by age, gender, state/region, disability, etc., where possible. Data triangulation will be of crucial importance. Data analysis should also include aspects of gender, equity and human rights into consideration.

A sampling strategy should be included in the Technical Proposal, setting out how institutions and organisations, and different stakeholder groups will be sampled. This applies to both quantitative and qualitative data collection.

The Evaluation Team will be expected to conform to guidelines and standards set by the UN and UNICEF. The team will be guided by [UNICEF's revised Evaluation Policy](#) (2018), the [United Nations Evaluation Group \(UNEG\) Norms and Standards for Evaluation](#) (2016), [UNEG Code of Conduct for Evaluation in the UN system](#) (2008), [UNEG Ethical Guidelines for Evaluation](#) (2020), [UN SWAP Evaluation Performance Indicator](#) (2018), [UNEG Guidance on Integrating Human Rights and Gender Equality in Evaluation](#) (2014), and [UNICEF-Adapted UNEG Evaluation Report Standards](#) (2017).

Gender and Human Rights, Child Rights

Human Rights, child rights, and gender equality will be incorporated in the evaluation through a mainstreaming approach to these issues in the evaluation questions, data collection processes, and analysis. In the conclusions of the evaluation, the Evaluation Team will draw out specific findings and recommendations on human rights,

child rights, and gender equity. The conduct of the evaluation will be guided by the [UNEG Guidance on Integrating Human Rights and Gender Equality in Evaluation](#) (2014).

Key tasks

1. Survey

The consultant team will lead the survey in consultation with UNICEF Viet Nam. The survey will cover both national and subnational levels. It will ensure a coverage of all involved sectors with the programme activities including education, health, nutrition, WASH and child protection etc. under the implementation framework.

The key tasks are:

- To develop a survey methodology
- To conduct a desk review of key relevant documents and understanding the IECD programme design and contextual framework of Viet Nam (including on COVID-19), relevant to ECD, and the implementation status.
- To design tools/questionnaire and methodology for data collection of quantitative data mainly at subnational level per the selected indicators, considering gender and other cross-sectional issues. For evaluation purpose, The EA tool should also be able to capture necessary data and information at national level. *(please see Annex 2 as guidance/suggestions)*
- To conduct the survey and analyse the findings with recommendations for programme improvement

Evaluation of the programme achievement

Key tasks:

- At national level, to review the existence of certain number of IECD supportive policies and coordination and collaboration/integration between sectors. Assess the current situation of ECD in Viet Nam (via reviewing existing documents issued by MOLISA, MOH, MOET and others),
- To collect data and information (qualitative/quantitative), especially at subnational that might include data on the intervention costs of key sector interventions as well as financing capacity/possibility of the Governments for those costs under current context of the county.
- To analyse the extent of the programme achievement in terms of effectiveness, efficiency, scalability and sustainability using findings from the survey and qualitative findings. Make recommendations for programme improvement. This evaluation part will prioritise three main evaluation criteria as follows:

The evaluation will cover evaluation criteria including effectiveness, scalability and sustainability. Key Questions:

Effectiveness

1. Has the Program achieved the targets and results set out in the program design at the outset? Including (i) What is the level of accessibility and quality of ECD services to children and their families and how it improved? (ii) How do the most vulnerable and marginalized children benefit from the services? (iii) What is the level of the ECD service 'providers' capacity? and how it improved?
2. What is the governance structure of the program and how effective this structure was for service delivering, coordination, and collaboration? (sub-question: To what extent do the service providers of different sectors coordinate with each other in delivering ECD services to children and their families?)

Detailed questions at sectoral levels:

What is the current nutritional status of children aged 0-5? What is the level of their access to age-appropriate nutrition in their families and at relevant centres? What is the extent of their 'parents'/caregivers' knowledge of early learning and infant stimulation? and how it improved compared to its value of the baseline point?

3. Are there any available ECD centres/programmes for children? What is the attendance rate of children in ECD centres? and how it improved compared to its value of the baseline point?
4. What is the level of violence in disciplining children in households? What child protection services exist to prevent violence, protect children and raise awareness on violence among the population in the target locations? and how it improved compared to its value of the baseline point?
5. What is the level of literacy, socio-emotional and physical learning among of children aged 36 -59 months? and how it improved compared to its value of the baseline point?
6. How are existing ECD services contributing to interpersonal relations between individuals in the community and intergroup relations, especially groups having tension in the community (horizontal social cohesion)? and how it improved compared to its value of the baseline point?
7. How are existing ECD services contributing to relations between individuals/groups and their authorities/governing institutions (vertical social cohesion)? and how it improved compared to its value of the baseline point? and how it improved compared to its value of the baseline point?
8. What is the amount of communal/district/provincial budget and percentage of it out of total to ECD services? and how it improved compared to its value of the baseline point?
9. What coordination mechanisms and monitoring systems in ECD exist and how do they function? and how it improved compared to its value of the baseline point?

Efficiency

10. How economically resources or inputs (such as budget, expertise and time) are converted to results?
11. Did the programme manage to achieve all or some of its objectives within established timeframes and costs? Has the programme demonstrated good efficiency to date in those areas where the activities were implemented, and outputs produced?
12. Did the programme demonstrate some flexibility in adapting to any change in environment in terms of political, legal or socio-economic aspects?
13. What specific steps have been taken to optimize the efficiency of the programme?

Sustainability and scalability

- Are there prospects for further development of related interventions after the end of the programme cycle, even across project locations? If not, then why?
- Are local governments in project locations committed and simultaneously capable of maintaining the IECD operationalization model by the end of the programme cycle? Have local 'governments' skills and expertise in coordinating different IECD components in service delivery been improved?
- Do capacity building activities within the IECD programme positively affect sustainability and have they been systematized and institutionalized? If yes, then in what form and in which level (provincial, district or commune)?
- To what extent can the programme sustain the future change in environment in terms of political, legal, financial and socio-economic aspects at the end of the programme cycle?

Timetable:

#	Task	Duration	
		Team Leader	Team members (each)
1	Inception Phase (1) – December 2020- March 2021		
1.0	Formulation and work on a research plan with agreement from UNICEF		
1.1	Research on the programme interventions & implementation progress	10 working days	10 working days
1.2	Desk review, interview with UNICEF and stakeholders, qualitative contextual analysis		
1.3	Develop the EA data collection method and tools.		
1.4	Field test the data collection tools.		
1.5	Submit the inception report including a preliminary qualitative report with an executive summary.		
1.6	Make a presentation to UNICEF and partners.		
1.7	Revise the inception report, based on audit trail		
2	Data Collection and Analysis Phase (2) March – May 2021		
2.1	Conduct qualitative assessment and field work to target locations to collect data.	18 working days	15 working days
2.2	Submit a summary of the field visits.		
2.3	Conduct field visit debrief meeting.		
2.5.	Prepare data analysis and findings.		
2.6	Summarize initial findings from the field visits.		
2.7	Conduct a workshop with stakeholders on emerging findings		
3	Report Writing & Presentation (3) June – July 2021		
4.1	Produce a survey report, and a formative evaluation report	15 working days	15 working days
4.2	Conduct a consultation with stakeholders on the findings and tentative conclusions and recommendations		
4.3	Submit draft final report and a draft dissemination plan (with guidance from UNICEF CSD staff)		
4.4	Develop and present key finding presentation to relevant stakeholders. Develop a policy brief < 5 pages		

Deliverables (a concrete timeline to be agreed later) – key products must be in both English and Vietnamese	
1	Inception Report
	<p>The inception report must present a detailed 'EA's tools and methodology, table of finding presentation, the timeframe for each proposed data collection components.</p> <p>The report should include a qualitative contextual analysis on the current IECD programme implementation, to which draft report will be reviewed by UNICEF Viet Nam PME, and the detailed list of comments, if any, will be shared with the evaluation team in 5 working days. The EA team is expected to respond to the comments and revise the report in 5 working days. Depending on the quality of the report, the EA team may be required revise it more than once until it meets the UNICEF standards.</p>
2	Data collection tools
3	Summary of Initial Findings from the Field Visits
4	Copies of micro dataset and data analysis files
5	Survey Report and evaluation report (combined no longer than 70 pages is recommended)
6	Presentation of Findings and a summary of key findings and recommendations.

Quality assurance

UNICEF Viet Nam, Planning, Monitoring and Evaluation Section will co-lead the survey and evaluation together with CSD OIC-Chief, and will ensure the quality of the deliverables. PME Section will be responsible to ensure that the data collection is conducted per quality standards, norms and ethical procedures of UNICEF. There may be a need to establish a joint Government-UNICEF technical working for the EA & Evaluation survey with the participation of government experts having ECD related programme and research background. This group will provide technical review of the survey method and tools. The Regional Office Evaluation Team also provides quality assurance and guidance during the whole process of this evaluation.

Ethical procedures

Researchers are required to receive consent from participants before involving them in the data collection process and respect their right to provide information in confidence. Researchers must inform participants about the scope and limits of confidentiality and ensure that their information cannot be found by anyone. It is mandatory to prepare risk management plans to minimize potential harm to participants.

Profile of Candidates

The Assessment team should be composed sufficient numbers of local team members for successful implementation of the assignment.

The team Leader will be in charge of leading the entire process through working with team members. The Team Leader will be responsible for timely and quality deliverables, and must have:

- Advanced degree in education, nutrition, sociology, and other social science related field.
- At least ten 'years' experience in leading the design and conduct of complex development research projects and assessment; proven experiences in surveys and evaluation for international development agencies;

- Experience in early childhood development and conducting research in the East Asian continent, preferably in Viet Nam;
- Familiarity with the work of UNICEF and/or other similar organizations working on early childhood development;
- Good understanding of human rights, equity and gender-based approaches to programming;
- Demonstrated ability to deliver high-quality written work in the English language, and to engage effectively with stakeholders at all levels.

Team Members will contribute to the EA through data collection and analysis. They will be responsible for timely and accurate delivery of results through conducting key informant interviews and focus group discussions, surveys and field visits, and provide inputs to the production of inception and final reports. Team members must have:

- 'Master's or 'bachelor's degree in sociology, education, nutrition, anthropology, social work and another social science-related field;
- At least 3-5 years of work experience in the field of social development and research;
- Strong quantitative and qualitative analysis skills; proven experiences in surveys and evaluation for international development agencies;
- Solid written and spoken communication and facilitation skills;
- Experience of working directly with children and commitment to meaningful child participation;
- Experience of using participatory techniques in data collection and child-friendly participatory techniques (preferred);
- Gender balanced;
- Fluency in English is essential;
- Fluency in Vietnamese language is essential.

Evaluation of Bids

The proposals will be assessed by a UNICEF technical panel using the below set of criteria. Applications will be evaluated technically and financial based on how well the proposal meets the requirements of the Terms of Reference using the guidelines detailed in the table below:

Technical criteria (70%) – The thread hold for candidates to enter the financial round is 55/70 points of the total score.
A Strong team with local experiences in baseline assessment and results framework development (15 points)
Previous proven experience working on statistics, social research, context analysis, stakeholder analysis or related field assignments (20 points)
Strong experience working on early childhood development and children related issues in Viet Nam and in the region (10 points)
Previous experience in processing and synthesizing complex information into key messages and writing high quality publications (10 points)
Previous proven experience in the development and editing of UN and/or UNICEF fund-raising documents (10 points)
Good representational and liaison skills; ability to meet deadlines and excellent English writing and communication skills. (5 points)
Financial criteria (30%)

Payment Schedule

Payment for the assignment will be made based on achievement of the following deliverables based on the schedule below:

1. Completion of Phase 1: 25%
2. Completion of Phase 2: 45%
3. Completion of Phase 3: 30%

Lump sum for travel payment will be made in case such travel takes place.

Annex 1- The Baseline Scope and Sampling Approach

The geographical scope of the EA includes 3 provinces of **Dien Bien, Gia Lai and Kon Tum**. The information will be collected in a way that will reflecting the implementation result from 27 communes of 9 districts. The table below represents the names of the districts and communes:

Provinces	Districts	Communes
1. Dien Bien	Dien Bien Dong	Hang Lia
		Pu Nhi
		Chieng So
	Tuan Giao	Muong Thin
		Muong Mun
		Na Tong
	Tua Chua	Ta phin
		Sin Chai
		Ta Sin Thang
2. Gia Lai	KBang	Lo Ku
		Son Lang
		Kong Long
	Krong Pa	Chu Drang
		Chu Gu
		La Mlah
	Mang Tang	Ayun
		Dak Troi
		Kong Chieng
3. Kon Tum	Tumorong	Dakna
		Mangri
		Dak Ro Ong
	Daklei	Dak Pek
		Daklei town
		Dak Kroong
	Kon-Ray	Dak Rve town
		Tan Lap
		Dak To Re

The EA will cover at least all indicators that contained in the baseline assessment which was conducted in Oct 2018.

Sampling approach

Service providers, parents/caregivers and children of the ages from 0 to 8 years will be the unit of the analysis. Purposive and random sampling methods are the preferred approach in determining sample sizes of the target groups for qualitative and quantitative assessments. The sample sizes must be determined with proper effect size and enough statistical power. However, UNICEF is ready to discuss with the assessment team to minimise sample size at a minimum number that still ensures a standard valid result in case the available budget allocated for this assessment do not allow a maximized sample size recruited. The current suggested confidence level is 95 % with 5% standard deviation and margin of error.

EA methods and data collection tools

The MA assessment methods must be based on primary data collection using participatory, gender, equity and human rights approaches. The data must be collected primarily through surveys, especially on indicators that will be measured quantitatively; focus group discussions and interviews for in-depth qualitative assessment of the situation of children and their families in terms of their knowledge and access to ECD.

Data collection tools must be culturally appropriate and include:

1. KAP questionnaire
2. Quantitative survey on the 'indicators' percentage rates and numbers
3. Qualitative information via FGD and interview protocols

The MA of the following indicators must be collected (due to budget constraints, prioritization of indicators may be needed during the inception phase of this assignment):

1. Percentage of children aged 6 to 23 months who receive a minimum acceptable diet.
2. Percentage of mothers receiving post-natal care within two days of delivery.
3. Proportion of the population having an improved sanitation facility.
4. Attendance rate in early childhood education programme.
5. Number of communes with functioning IECD services.
6. Existence of integrated early stimulation, protection and nutrition intervention packages targeting 0 to 35 months old children
7. National monitoring systems reporting on equity of access to WASH services available
8. Proportion of health and nutrition workers trained in vitamin A supplementation as defined by national standards
9. Number of communities in the project locations certified ODF as a result of UNICEF and partner support in IECD provinces
10. Percentage of local service providers at grass root levels in the project locations (commune and villages) are able to perform IYCF counseling
11. Percentage of parents/child-care givers and commune people in the project locations having Positive feedback/ comments to on IECD services
12. Existence of at least one m-IECD module (Child Protection-Nutrition-Education-WASH) applied mobile technology to fast track the progress of respective IECD interventions in the project locations
13. Number of ECD facilitators/teachers who received training with funding provided by UNICEF
14. Number of children benefiting from early childhood education through alternative approaches (such as home-based provision of ECD, accelerated school readiness models, parent education, among others) with support from UNICEF

15. Number of child protection workers in UNICEF-supported communes who provide case management in line with national standards
16. Improved capacity of service providers from related sectors in providing IECD services at all platform
17. Accessible minimum IECD services in place with acceptable quality for parents, caregivers and children in targeted areas
18. An enabling environment created and maintained for implementation of IECD interventions in the province
19. Percentage of children aged 0-3 years in project locations received age-appropriate nutrition and early stimulation/learning from parents/child caregivers
20. Percentage of children aged 36-59 months in the project locations who are attending an early childhood education
21. Percentage of parents/primary caregivers of children aged 0-8 years in project the project locations who practise non-violent discipline and responsive parenting
22. Percentage of children aged 36-59 months in project locations on-track in at least three of four developmental domains (MICS IECD Index: Literacy-numeracy, physical, social-emotional and learning)
23. Percentage of parents and caregivers of children aged 0-8 years who believed that responsive and none violence parenting is the best for their children.
24. Percentage of boys and girls aged 6-8 years who know where to report violent incidents involving themselves and other children.
25. Percentage of parents and caregivers of children aged 0-8 years who recognize the benefits of all areas of IECD, and know where to seek help if they need supports.
26. Percentage of parents, caregivers of children aged 0-8 years who wanted to participate in IECD parenting/couselling platforms at grassroots level.
27. Percentage of local service providers including health workers teachers and ECE care givers in the project locations able to perform IYCF counselling and early stimulation exercises.
28. Number of child protection workers at commune level who could provide case management in line with national standards.
29. Percentage of parents/child caregivers who have positive feedback/comments on IECD services.
30. Percentage of ECE centres, including family-based child-care groups in project locations which have minimum IECD equipment and early learning/stimulation services for young children.
31. Number of commune healthcare centres in the project locations have IYCF counselling, micro-nutrient supplementations services integrated with early stimulation services for young children.
32. Number of social work service centres applying national standards¹⁰ established and functioning at provincial and district levels.
33. Percentage of communes in the project location covered by m-IECD module (including CP, Nutrition, Education contents) to fast-track progress of respective IECD interventions.
34. Proportion of preschools/IECD centres with WASH facilities meeting national/JMP standards.
35. Availability of coordination committee and mechanism on IECD at provincial, project districts and communes.
36. Availability of Provincial IECD Action Plan 2018-2021 with budget allocation for implementation.
37. Existence of a monitoring system for tracking the progress of the IECD models implementation.

¹⁰¹⁰ National standards include parenting education services

Data Analysis

The data analysis which is based on the value of the above indicators must present a qualitative and quantitative picture of the situation of the target groups, and **in a comparison with its of baseline values**, and with specific focus on:

- The situation of children, especially those in the three provinces and the most vulnerable ones, and their access to early childhood development services
- Existence of ECD services by life-cycle approach:
 - First 1000 days;
 - 36 – 59 months;
 - 5 – 8 years
- The extent to which existing ECD services are integrated:
 - The comprehensiveness of the services: infant stimulation, parental education and early education at homes and centres, health and nutrition education and care, sanitation, juridical protection against abuse, exploitation, and violence, cash transfer (poverty reduction).
 - The continuity of care in the services: from prenatal period to preschool ages reflecting a smooth transition between age groups and between developmental periods.
 - The cultural appropriateness of the ECD services.
 - Existing services for children in special needs (orphans, children with disabilities, children with HIV/AIDS).
- Capacity and knowledge of families in delivering nurturing care
 - Parental education and infant stimulation at homes and centres
 - Parental knowledge of health, nutrition, hygiene, education and care, including discipline
- Capacity of service providers in providing ECD services that are integrated to children
- Attendance rate of children aged 36-59 months in the early childhood education schools/programmes;
- The discipline styles of parents/caregivers and level of violence in the households with children the ages of 0-8 years;
- Existence of child protection services and their approach in protecting children from violence and case management procedures;
- Level of literacy, social, emotional and physical learning of children aged 36-59 months;
- Availability of budget, presence and functioning level of national coordination mechanisms and monitoring systems in ECD.

Data must be disaggregated by gender, location, ethnicity, income, language and ages of respondents.

Annex 2 – IECD Programme Outcome and Output Indicators

Country Programme Level

UNICEF Country Programme Outcome 3: By 2021 in selected areas of the three provinces, all children and their families, especially the most vulnerable, utilize inclusive and quality IECD services.

UNICEF CPD Outcome 3 indicators:

- Percentage of children aged 6 to 23 months who receive a minimum acceptable diet.
- Percentage of mothers receiving post-natal care within two days of delivery.
- Proportion of the population having an improved sanitation facility.
- Attendance rate in early childhood education programme.
- Number of communes with functioning IECD services.

CPD Output 3.1: Enhanced local capacity to develop and operationalise IECD centered, equitable and inclusive high impact child survival and development packages in focus provinces.

CPD Output 3.2: Strengthened capacity of education service providers in focus provinces to deliver quality early learning and school readiness programmes for children under 4 years.

CPD Output 3.3: Enhanced local capacity in focus provinces to develop and operationalize local child protection systems and services, including positive parenting, non-violent discipline.

Project Level

National level - MOLISA 'Project's Specific Objective: Improved national capacity to legislate, monitor and oversee child rights related laws, policies and programmes.

Indicator relevant to IECD: Availability of a national policy on integrated early childhood development by 2018.

Local level - Provincial Projects with Gia Lai, Kon Tum, and Dien Bien implementing in 27 communes of 9 districts.

Provincial 'Project's long-term objective: By 2021, all targeted children (0-8 years old) and their family members especially those of the most vulnerable groups in the target communes utilize inclusive and quality IECD services to fulfil children's rights to survival, development, education and protection.

Provincial 'Project's Long-term Indicators:

1. Percentage of children aged 0-3 years in project locations received age-appropriate nutrition and early stimulation/learning from parents/child caregivers
2. Percentage of children aged 36-59 months in the project locations who are attending an early childhood education project
3. Percentage of parents/primary caregivers of children aged 0-8 years in project the project locations who practise non-violent discipline and responsive parenting
4. Percentage of children aged 36-59 months in project locations on-track in at least three of four developmental domains (MICS IECD Index: Literacy-numeracy, physical, social-emotional and learning)

Provincial 'Project's Immediate objectives:

1. By 2021, parents, caregivers, and community members in programme communes have the knowledge, skills and supportive norms to access available IECD services and practice behaviours that support healthy IECD

Indicators:

- Percentage of parents and caregivers of children aged 0-8 years who believed that responsive and non-violent parenting is the best for their children.
 - Percentage of boys and girls aged 6-8 years who know where to report violent incidents involving themselves and other children.
 - Percentage of parents and caregivers of children aged 0-8 years who recognize the benefits of all areas of IECD, and know where to seek help if they need supports.
 - Percentage of parents, caregivers of children aged 0-8 years who wanted to participate in IECD parenting/counseling platforms at grassroots level.
2. Improved capacity of service providers from related sectors in providing IECD services at all platforms
- Indicators:
- Percentage of local service providers including health workers, teachers and ECE caregivers in the project locations able to perform IYCF counseling and early stimulation exercises.
 - Number of child protection workers at commune level who could provide case management in line with national standards.
 - Percentage of parents/child caregivers who have positive feedback/comments on IECD services.
3. Accessible minimum IECD services in place with acceptable quality for parents, caregivers and children in targeted areas
- Indicators:
- Percentage of ECE centres, including family-based child-care groups in project locations which have minimum IECD equipment and early learning/stimulation services for young children.
 - Number of commune healthcare centres in the project locations have IYCF counseling, micro-nutrient supplementations services integrated with early stimulation services for young children.
 - Number of social work service centres applying national standards¹¹ established and functioning at provincial and district levels.
 - Percentage of communes in the project location covered by m-IECD module (including CP, Nutrition, Education contents) to fast-track progress of respective IECD interventions.
 - Proportion of preschools/IECD centres with WASH facilities meeting national/JMP standards.
4. An enabling environment created and maintained for implementation of IECD interventions in the province
- Indicators:
- Availability of coordination committee and mechanism on IECD at provincial, project districts and communes.
 - Availability of Provincial IECD Action Plan 2018-2021 with budget allocation for implementation.
 - Existence of a monitoring system for tracking the progress of the IECD models implementation.

¹¹¹¹ National standards include parenting education services