

TERMS OF REFERENCE

INSTITUTIONAL CONTRACT

Section:	PRIME and Health & Nutrition	Date:	January 25, 2022
Title:	Early Childhood Development in Lebanon: A formative mixed-methods research.	Duty station:	Lebanon
Reporting to:	Research & Evaluation Unit and Health & Nutrition	Contract type:	Institutional Contract/Open Tender
Duration:	5 months	Start date:	March 2022

Section	Content
Background	<p>Lebanon has been crippled by the impact of multiple shocks which have exhausted its economy and caused an unprecedented increase in its headcount poverty rate. The fragile and deteriorating situation has placed heavy burdens on families' ability to provide adequate nurturing care for their children and increased children's vulnerabilities across multiple domains, with the youngest children bearing the heaviest burden.</p> <p>The UNICEF LCO Humanitarian Socio-Economic Assessment report (2020) notes the continually deteriorating situation: Lebanon is facing a compound crisis with i) the worst economic crisis since the Civil War, ii) political instability, iii) COVID-19 and iv) the Beirut Explosion, and v) the protracted refugee crisis</p> <p>The devastating economic crisis has resulted in devaluation of the currency by 90%, and an inflation rate of a staggering 146%. Children and women are particularly vulnerable to fluctuation in the availability of affordable services. The vast majority of basic social services in Lebanon are privatized, including 90% of primary health care, over 50% of schools, and 30% of drinking water.¹ The state of emergency has placed additional pressures on already overstretched and inadequate public services which have experienced a growing demand as more middle-income families can no longer afford to pay for private services. At the same time, private service providers are declining in both number and quality as a result of decreasing demand and affordability of early child care services. In November 2020, the Central Bank lifted subsidies on medicines, further constraining the ability of families to treat childhood illnesses.</p> <p>Thirty three percent (33%) of Lebanese (1.7m people) have fallen into monetary poverty, and multidimensional poverty has doubled to 82% as of Sep.2021. Lebanon has witnessed a 300 per cent increase in food prices in one year alone. Across the country, 60% of Lebanese people face challenges in getting enough to eat. Among the 1.5 million Syrian refugees currently living in the country, 78% face food insecurity. To cope, families are reducing food consumption, increasing concerns of the risk of malnutrition among children under 5 years and the possibility of stunting and micronutrients deficiency. Currently, only 15 percent of infants less than 6 months are exclusively breastfed, and 13 percent of 6 to 23 months old children meet the minimum adequate diet for complementary feeding.</p> <p>Vulnerabilities have increased significantly among all populations as has child poverty, impacting children's physical and mental wellbeing. An estimated 470,000 most vulnerable Lebanese children are considered to face multiple deprivations. The refugee population has become more vulnerable, with 9 out of 10 Syrian refugee families living in extreme poverty, and significant increase in child labour, child marriage and other child protection concerns.</p> <p>The Covid 19 pandemic has led to closures and lockdowns since March 2020. Lockdown measures have exacerbated the economic crisis and pushed more families into poverty. The closure of preschools, ECE centres, nurseries and day care centres have placed additional burdens and stresses on families and caregivers, and negatively affected caregiver wellbeing and their ability to provide nurturing care for their youngest children. The effects of the multiple crises has been a rise in parental stress, maternal depression, GBV and VAC. Education establishments have had to follow a blended approach involving both remote and face-to-face learning. Despite these measures, due to the economic situation, many families are facing financial</p>

¹ Economic and Social Council (26 April 2007). Presentation by United Nations Children's Fund. Annual Session 2007 (4-8 June 2007). Item 9 (a) of the provisional agenda: "Short duration Country Programme Document: Lebanon". United Nations E/ICEF/2007/P/L.26

obstacles to education, including the ability to access to digital tools and connectivity, the ability to afford private ECE services, and the ability to pay for their children's school transportation.

The detrimental effects of crisis have been well documented and are exceptionally acute in the first years of a child's life, when the brain undergoes its most rapid period of **development** and is extremely sensitive to environmental influence.^{2 3} During this foundational stage of human development, severe and prolonged stress or deprivation can affect brain architecture and epigenetic structures that regulate gene expression and influence the physiological response to stress and disease. Prolonged adversity, chronic neglect, caregiver mental illness, exposure to violence and the accumulated burdens of poverty- without adequate caregiver support to mitigate it- can lead to 'toxic stress' and have long life implications for physical and psychosocial health^{4 5 6}

In humanitarian crises, the risks to young children are compounded. Stress on the child is exacerbated at multiple levels, including the damage and deterioration of support systems such as government health and welfare services, schools and communities.^{7 8} The effects of the multiple deprivations affect not only the individual child, but extend to subsequent generations and to the broader community through biological, behavioural and socioeconomic processes, which reinforce inequalities that threatens the future peace social cohesion and stability of societies^{9 10} Despite the evidence of the impact of crises on early childhood development and beyond, ECD in emergencies remains the most underfunded component in emergency response plans.

Within this landscape, there is an urgent need for wide scale intervention to support vulnerable families with young children in crisis to ensure adequate ECD services such as health, nutrition, early education and childcare, social protection, and child protection continue to provide quality services for both Lebanese and non-Lebanese vulnerable populations groups.

In response, in 2020 the UNICEF Lebanon Country Office (LCO) initiated the development of an ECD strategy and cross and multi-sectoral programme. The first phase of this work resulted in an Early Childhood Development (ECD) Strategy Recommendation Paper to a) map existing ECD activities within the LCO to identify gaps in programming as per the Nurturing Care Framework, ii) examine the situation of early childhood development in Lebanon in both development and emergency contexts to identify the strengths, weaknesses, opportunities and threats facing young children in order to inform future programming, and iii) to provide a set of strategic recommendations for strengthening child centered ECD interventions within and across UNICEF sectors, and map out the key ECD priorities, entry points and platforms for an integrated, multisectoral, quality ECD programme aligned to the Nurturing Care Framework and based on an ecological model of child development.

The mapping of ECD programmes revealed that, although the LCO has implemented activities across many sectors which have encompassed young children in the 0-6 age group, this has been ad hoc and by default rather than by design. Moving forward ECD programmes within the LCO require a) a more tailored programming focus and response for the youngest children in the first and second 1000 days (0-3 and 4-6yo), b) greater integration of multisectoral interventions designed around the child, d) greater diversification of partners, delivery modalities and platforms, e) more data and evidence on ECD, f) greater focus on interventions at household level and with families and communities around ECD, g) advocacy with key stakeholders to create a consensus of the sectoral and cross sectoral ECD priorities within Lebanon across key stakeholders, and on adopting a common framework for action to streamline and harmonise service provision, h) greater investment

² Center on the Developing Child at Harvard University. (2007). *The science of early childhood development: Closing the gap between what we know and what we do.* Cambridge, MA.

³ Murphy, K.M., Yoshikawa, H. and Wuerml, A.J. (2018). Implementation research for early childhood development programming in humanitarian contexts. *Annals of the New York Academy of Sciences* 1419: 90-101.

⁴ Shonkoff, J.P., Garner, A.S., Siegel, B.S., Dobbins, M.I., Earls, M.F., McGuinn, L., and Committee on Early Childhood, Adoption, and Dependent Care. (2012). The lifelong effects of early childhood adversity and toxic stress. *Paediatrics* 129(1): e232-e246.

⁵ Szyl, M. and Bick, J. (2013). DNA Methylation: A Mechanism for Embedding Early Life Experiences in the Genome. *Child Development* 84: 49-57.

⁶ Center on the Developing Child at Harvard University. (2017, online). Key Concepts: Toxic Stress. Available at: <https://developingchild.harvard.edu/science/key-concepts/toxic-stress/>

⁷ Murphy, K.M., Rodrigues, K., Costigan, J. et al. (2017). Raising children in conflict: An integrative model of parenting in war. *Peace and Conflict: Journal of Peace Psychology* 23: 46-57

⁸ Slone, M. and Mann, S. (2016). Effects of War, Terrorism and Armed Conflict on Young Children: A Systematic Review. *Child Psychiatry & Human Development* 47: 950-965

⁹ Leckman, J.F., Panter-Brick, C. and Salah, R. (Eds.). (2014). *Pathways to Peace: The Transformative Power of Children and Families.* Cambridge, MA: MIT Press

¹⁰ Walker, S.P., Wachs, T.D., Grantham-McGregor, S. et al. (2011). Inequality in early childhood: risk and protective factors for early child development. *The Lancet* 378: 1325-1338.

	<p>in and scaling up of ECD programmes to reach greater numbers of children 0 to 6 primary beneficiaries, including through engaging the private sector.</p> <p>Building on the work conducted in 2020, the LCO initiated the operationalization of the ECD programme in 2021 based on the strategic recommendations and in response to the emergency situation and to the urgency of addressing the growing ECD needs to protect the most vulnerable and youngest children. For additional information on ECD in UNICEF: https://www.unicef.org/early-childhood-development-emergencies</p>
<p>Purpose and Objectives</p>	<p>Purpose</p> <p>The purpose of the research study is to measure the developmental status of young children in Lebanon and to identify the drivers of children’s developmental status and vulnerabilities across Nurturing Care domains. More specifically, to:</p> <p>Generate data and evidence on the status of ECD in Lebanon with specific focus on the impacts of the multiple crises in Lebanon on young children and their caregivers</p> <p>Further inform and articulate the design and content of UNICEF integrated, multisectoral programming and implementation going forward, and to strengthen ECD focus within sectors.</p> <p>Contribute to an advocacy campaign on the impacts of crises on children and their caregivers</p> <p>Identify further research and data generation needs for ECD to inform planning and programme implementation</p> <p>Contribute to the forthcoming the Situation Analysis of ECD in Lebanon.</p> <p>Objectives</p> <p>The ECD research study will be undertaken to generate empirical evidence on the status of ECD in Lebanon across diverse vulnerable groups. More specifically, given the lack of systematic empirical data on children 0 to 6yo in Lebanon, and particularly on young children under 5 with special needs/disabilities, the objectives of the study will be to:</p> <ol style="list-style-type: none"> 1. Measure the early childhood developmental status of young children (0 to 3 and 4 to 6 years of age) amongst the different population groups in Lebanon (Lebanese, Syrian and Palestinian refugees, including the most vulnerable such as female headed households, children with special needs/disabilities, pregnant and adolescent mothers, living below the poverty line, in marginalized or remote locations) 2. Identify the impacts of the multiple crises on young children and their caregivers 3. Identify the main barriers to caregiver’s capacity to engage in responsive caregiving. 4. What are caregivers’ coping strategies in the current crises? What impact have the multiple crises had on caregiver’s mental health and ability to deliver responsive nurturing care, especially in the first 1000 days. 5. Identify and analyze the main barriers to access and utilization of general and specialized quality multisectoral ECD services, 6. Identify further information gaps and recommend key areas for future research and data generation, and 7. Based on the empirical evidence from the research study, make further recommendations on key ECD interventions, platforms and entry points to strengthen UNICEF’s integrated ECD programming response in both emergency and development settings, with a focus on caregiver support to deliver responsive caregiving and nurturing care across NFC components.
<p>Scope of Work and Methodology</p>	<p>Scope of Work</p> <p>The study aims to provide an in-depth understanding of young children (0 to 6) and their caregivers of all nationalities across the regions in Lebanon to identify the potential reasons of poor ECD outcomes at multiple levels. The study will also explore the root causes and drivers of specific ECD risks and vulnerabilities, especially for the most at risk, e.g., children with special needs, living below the poverty line, at risk of neglect and abuse, in single headed households, etc.</p> <p>The research questions are:</p> <ol style="list-style-type: none"> 1. What is the ECD status of young children (0-3 and 4- to 6-year-olds) across the different population groups? <ol style="list-style-type: none"> a. What are the major bottlenecks and barriers perpetuating inequalities in the realization of the developmental potential of young children in the first 1000 days (0 - 3 years old) and second 1000 days (4 to 6 years old), at immediate, underlying and structural level of the ecosystem? b. What are the main contributing factors which negatively impact the developmental status of young children in Lebanon? c. Who and where are the most vulnerable groups which require targeted ECD interventions?

2. What is the impact of the compounding crises on the lives of young children in Lebanon?
 - a. How have the multiple protracted crises in Lebanon affected caregivers' capacity for nurturing care and positive parenting as a result of toxic stress and other pervasive harmful social and cultural practices, and beliefs? What are caregivers' main coping strategies?
 - b. What are the views of caregivers on how support services across nurturing care domains can be improved and expanded to better address to ECD needs? Who are the key stakeholders and reference networks who influences community's perspective on ECD?
3. To what extent are caregivers of young children aware of the importance of responsive caregiving in the early childhood period and of providing nurturing care? To what extent are caregivers aware of the existence of ECD services to support the provision of nurturing care? (e.g. early learning, day care, social protection, child protection, parenting support, health and nutrition services, WASH)
4. What are the drivers and barriers to implementing and scaling up quality, integrated, multisectoral ECD programmes in Lebanon in the different population groups?
 - a. What capacities exist at national, sub-national, community and home levels to respond to the developmental needs of children and caregivers (public, NGO, bilateral, and private sector)?
 - b. How should UNICEF leverage and diversify partnerships to expand capacity and ensure quality for ECD programmes?
5. What ECD quality standards should be put in place and how should they be monitored and evaluated?

Methodology The research study will adopt a mixed methods approach including both quantitative and qualitative data collection and analysis of ECD. The quantitative component will measure ECD status across age groups, population groups and locations, and will include indicators at the household level. The qualitative component will explore the drivers and root causes of poor ECD outcomes and factors which lead to good ECD outcomes. The study will benefit from a select number of case studies using an ethnographic approach to reflect the impacts of the Lebanon crises on the lives of a young child and their family.

The methodology should take into consideration the volatile situation in Lebanon, with severe shortages in electricity, fuel, and internet connection. A risk management matrix will be needed to mitigate for potential obstacles.

Sample Design and Size

The sampling strategy should provide estimates that are nationally representative of the target population. Also, the strategy must ensure representation of the different vulnerable households and children, including gender, children with disabilities, and the different population groups. The sample size for the study should be based on parameters and a sample size with an acceptable margin of error (noting the sample size should not exceed around 4,000 households).

Quantitative tools:

The quantitative tools will include household-level and child-level data (0 to 6yo). Data collection will include the ECD Index (ECDI) which provides internationally comparable data and reports on the SDG 4.2.1; *the proportion of children 0 to 6 years old who are developmentally on track in health, learning and psychosocial well-being*. At household level, the MICS household modules will be used, and may include other measures such as elements of the HOME tool. Data collection will be run via Computer Assisted Personal Interview (CAPI), while considering the probability of have paper-based questionnaires in some areas in Lebanon for security reasons. If the country's situation does not allow for face-to-face encounters, then a Computer Assisted Telephone Interview (CATI) can be used.

Qualitative tools

To supplement the quantitative analysis, in particular the drivers and root causes of ECD outcomes, a combination of participatory in-depth semi-structured interviews, Focus Group Discussions (FDGs) and Key Informant Interviews (KII) will be used and will include adolescent parents, female headed households (FHH), households with young CWDs, and minorities or marginalized groups. Key Informant Interviews (KIIs) will be held with main ECD providers and key stakeholders. Internal consultations with UNICEF sections will take place to identify sectoral and cross sectoral plans and priorities for ECD in line with the ECD Operational Framework and Plan.

Sampling for the qualitative component should ensure “information rich” participants based on convenience, purposive, and other relevant sampling considerations. Both male and female caregivers will be included with the purpose of fostering a balanced gender-analysis and gender sensitive research. Lebanese, Syrian and Palestinian refugees will be included in separate FGDs to allow comparison between groups. Furthermore, the study will include an ethnographic dimension with 2-3 case studies with more than one visit/follow-up within the timeline of the study. The immersive approach in such study will allow exploration of the complex interplay of factors affecting child development outcomes and will be reflective of the on-going interaction between the child and his/her surroundings.

Data Disaggregation

Throughout implementation process, the study must consider equity, gender, and human rights with necessary disaggregation of data analysis, findings and adhere with the UNICEF evaluation guiding principles and values. The disaggregation should at the least include sex, age, disability, nationality, and geographical location. The below are details on the disaggregation needed for the quantitative and qualitative part, when possible and applicable:

Caregiver Sex: Both male and female caregivers will be included in the FGDs with the purpose of fostering a balanced gender-analysis and gender sensitive research.

Child Age: 0 to 3 and 4 to 6 year olds.

Children with Special Needs/ developmental delays/disability: Young children as per above age breakdown and their families will be sampled to identify ECD needs by age range to identify gaps in programmes and services and parenting support needs.

Population Groups: Separate results for the Lebanese, Syrian refugees and Palestinian refugee, for both the quantitative and qualitative to allow comparison between groups.

Geographical Differences: The study will sample different regions in Lebanon within the most vulnerable cadastres

Confessional Differences. The FGDs will capture differences at the confession level to identify particular groups in need of targeted interventions (To be confirmed).

Deliverables and Schedules

The tasks to be completed by the team of contractors include, but are not necessarily limited to the following:

Phase#	Tasks	Deliverables	Days
1	<p><u>Inception Phase:</u> Desk and literature review, consultations with UNICEF sections and senior ECD Consultant to develop the methodological framework, define key questions and indicators for the research study, develop the qualitative data tools, translate into Arabic, and identify data gathering process</p> <p>Develop data sampling frame Prepare the quantitative and qualitative data collection plan.</p>	Research Protocol, with the below outline <ul style="list-style-type: none"> - Background - Research purpose - Research design - Sampling - Sample selection process - Instruments - Analysis plan - Timetable - Data Protection protocol - Human Subject Protection protocol - Tools translated 	20
	Finalization and Ethical Approval		7

	2	<p><u>Qualitative and Quantitative Training and Pre-test</u></p> <p>-Training of enumerators, facilitators, and supervisors (including mandatory training on Early Identification and Safe Referral to Child Protection Services).</p> <p>- Pre-testing of field tools and amending any necessary changes.</p> <p><u>Quantitative and qualitative data collection.</u></p> <p>Data collection for 4,000 families in the 8 governorates in Lebanon and selected most vulnerable areas.</p>	<p>Training material and brief report on the pre-test.</p>	15
			<p>Field debrief report including of completed data collection per nationality, age, gender and governorate, etc. Also, including challenges and mitigation measures.</p>	28
	3	<p>-Data Processing and Analysis</p> <p>-Write up of report with preliminary findings and recommendations</p> <p>-Presenting the findings and facilitating the discussion during the workshop</p>	<p>-Raw and cleaned data to be provided at the end in Excel file or similar format</p> <p>-Draft report with analysis and preliminary findings</p> <p>- Workshop presentation and feedback report</p>	20
				10
				5
4	<p>Final ECD Report incorporating feedback with Executive Summary and Power Point Presentation.</p>	<p>-Final report with executive summary and PPP</p>	6	

Timing

March 2022 to July 2022

Management of the survey

The contractor will be supervised by the Research and Evaluation Unit at UNICEF Lebanon in close coordination with the Deputy Representative. An ECD Technical Group will be formed chaired by the Deputy Representative and consisting of the Senior ECD Consultant as the Chief Technical Advisor, Research & Evaluation ECD focal point, and Health & Nutrition ECD focal point. The technical group will oversee and guide the contractor on the technical and ethical matters related to the research study to ensure quality control. It will also provide feedback on the inception report, the field work and the narrative report.

The ECD Working Group's role will be to:

- Review and agree on all research material and tools (research protocol).
- Review and comment on the proposed research and methodology;
- Review and comment on the draft and final report;
- Review and approve any public document that will be issued as a result of this work.

The Consultant Team Leader will work closely with the ECD Technical Group to overseeing the study and facilitate and monitor the research process. The UNICEF National ECD Coordinator will support coordination between the research team and UNICEF.

Reporting Requirements

The reports should be electronically submitted to the ECD Working Group in Word format. The structure of the report should be logical and succinct (e.g., background and objectives before the findings and findings are presented before the conclusion). The research team is expected to submit one report in English. The following order could be adopted for the report:

- Table of contents, list of annexes/figures/tables, etc.
- List of Acronyms
- Executive Summary (2 – 5 pages)

	<ul style="list-style-type: none"> ▪ Introduction & Background ▪ Methodology ▪ Limitations ▪ Ethical Considerations ▪ Results, Discussion, & Recommendations ▪ Conclusion ▪ Annexes <ul style="list-style-type: none"> - The report should be written in a style accessible by the general audience. - The executive summary should not exceed 5 pages, while including a summary on each section of the report and being aligned with the structure of the full report. The report should be in English and submitted electronically in Word MS format. - The length of the report should not exceed 80 pages excluding annexes. - The report should be submitted in English in Microsoft Word format. - Several iterations could occur to ensure proper feedback implementation.
<p>Ethical Considerations</p>	<p>In line with the Standards for UN Evaluation in the UN System (developed by the UN Evaluation Group), all those engaged in designing, conducting and managing evaluation activities will aspire to conduct high quality and ethical work guided by professional standards and ethical and moral principles. The proposal must identify actual or potential ethical issues, as well as measures and methods adopted to mitigate against these issues. All interviewees will be informed with the purpose of the study and their role and what information is required specifically from them. No deceptive practices are adopted in the research methodology. Confidentiality of participants and right of withdrawal are ensured. If interviewees will include minors, a written consent should be taken from the persons in charge of their care. Most importantly, the research methodology and every personnel involved in the study must ensure and abide by the “Do No Harm” principle. This means that during all the stages of the research, the team needs to avoid putting the participants at any risk, providing false information, or giving false promises. The harm can be physical, psychological, social, or financial. The three pillars of the Do No Harm are Respect, Beneficence and Non-maleficence, and Justice. The least to ensure Do No Harm, the research team must abide by the aforementioned considerations (see UNICEF Procedure for Ethical Standards in Research, Evaluation, Data Collection and Analysis for details).</p> <p>All tools developed must be in line with the Institutional Review Board (IRB) or the Ethical Review Board (ERB). The IRB is a constituted review body established or designated by an institution to protect the rights and welfare of human subjects recruited to participate in biomedical or behavioral or social science research. IRBs attempt to ensure, both in advance and by periodic review, protection of subjects by reviewing research proposals and related materials. IRB protocols assess the ethics of research, evaluations or data collection and analysis and their methods, promote fully informed and voluntary participation by prospective subjects capable of making such choices (or, if that is not possible, informed permission given by a suitable proxy), and seeks to maximize the safety of subjects. The below provides more details on the main ethical aspects</p> <p><u>Informed Consent</u></p> <p>The purpose of the informed consent is to assure that the fundamental rights and welfare of subjects are protected. Signing the informed consent ensures that the document has been provided to a prospective subject, risks and benefits have been explained, participants agree to participate, and a contact has been given in case of any complaints or queries. As per the IRB guidance, the informed consent should include the following:</p> <p>An age-appropriate statement that the study involves research, an explanation of the purposes of the research and the expected duration of the subject's participation, a description of the procedures to be followed, and identification of any procedures which are experimental;</p> <ol style="list-style-type: none"> 1. A description of any reasonably foreseeable risks or discomforts to the subject; 2. A description of any benefits to the subject or to others which may reasonably be expected from the research; 3. A disclosure of appropriate alternative procedures or courses of assistance, if needed, that might be advantageous to the subject; 4. A statement describing the extent, if any, to which privacy and confidentiality of records identifying the subject will be maintained, and any limitations to confidentiality (e.g., mandatory reporting of abuse, etc.);

5. For research involving more than minimal risk, an explanation of the risk involved and any support services that will be made available;
6. An explanation of whom to contact for answers to pertinent questions about the research and research subjects' rights, and whom to contact in the event of a research-related injury to the subject; and
7. A statement that participation is voluntary and negotiable, refusal to participate or choose not to respond to a particular question will involve no penalty or loss of benefits to which the subject is otherwise entitled, and the subject may discontinue participation at any time without penalty or loss of benefits to which the subject is otherwise entitled.

Protection of Data

To maintain the integrity of stored data, project data should be protected from physical damage as well as from tampering, loss, or theft by limiting access to data. Principal Investigators should decide which project members are authorized to access and manage stored data. Data stored on paper, such as surveys or notebooks should be kept together in a safe, secure location away from public access, e.g., a locked file cabinet. Confidentiality and anonymity can be assured by replacing names and other information with encoded identifiers, with the encoding key kept in a different secure location. Ultimately, the best way to protect data may be to fully educate all members of the research team about data protection procedures. Data protection should be a part of every project's plan for data storage. The best way to protect data, whether in written or electronic form, is by limiting access to the data. Electronic data storage offers many benefits but requires additional consideration and safeguards. Theft and hacking are concerns with electronic data. Many research projects involve electronic collection and maintenance of human subjects' data and other confidential records that could become the target of hackers.

Protection of Human Subjects' Identities

If it is essential to collect and link identifying information (e.g., subjects' names) to subjects' responses (e.g., questionnaire answers), researchers must do their best and may need to be creative to provide the utmost confidentiality of subject data. Providing subject anonymity of information collected means that either the project does not collect identifying information of individual subjects (e.g., name, address, email address, etc.), or the project cannot link individual responses with participants' identities. Maintaining confidentiality of information collected from research participants means that only the investigator(s) or individuals collecting/analyzing data can identify the responses of individual subjects. However, the researchers must make every effort to prevent anyone outside of the project from connecting individual subjects with their responses. Examples of increases the level of confidentiality is use a unique subject code instead of recording identifying information and/or encrypt identifiable data.

Protection of Human Subjects' Safety

The primary concern of researchers should be subject safety. Protecting subject safety requires researchers to use all available information to identify potential risks to subjects, to establish means of minimizing those risks, and to continually monitor the ongoing research for adverse events experienced by subjects. Researchers must be prepared to stop the study if risks arise. To assess risks and benefits, researchers need to explain and potential risks, as well as benefits, that are encountered by the research project. The term *risk* refers to the possibility that harm might occur. There are many kinds of risks, such as psychological, physical, legal, social and economic hardship. The term *benefit* in research refers to something positive as related to health or welfare. Risks and benefits affect not only subjects, but also their families and society at large. The IRB will decide whether the risks to the subjects are justified.

Three Basic Ethical Principles:

1. *Respect for subjects*: protecting the autonomy of all people and treating them with courtesy and respect and allowing for informed consent. Researchers must be truthful and conduct no deception.
2. *Beneficence*: The philosophy of "Do no harm" while maximizing benefits for the research project and minimizing risks to the research subjects. Subjects are treated in an ethical manner not only by respecting their` decisions and protecting them from harm, but also by making efforts to secure their well-being.
3. *Justice*: ensuring reasonable, non-exploitative, and well-considered procedures are administered fairly — the fair distribution of costs and benefits to *potential* research participants — and equally to each person an equal share.

	<p>The basics of all human research subject protections is the fulfilment of nine functions:</p> <ol style="list-style-type: none"> 1. The risks of the research are minimized; 2. The risks to subjects are reasonable in relation to anticipated benefits; 3. The selection of subjects is fair; 4. Each participant gives a voluntary and informed consent; 5. When appropriate, the research plan makes adequate provisions for monitoring the data collected to ensure the safety of subjects; 6. There are adequate provisions to protect the privacy of subjects and to maintain the confidentiality of data; 7. Conflicts of interest are transparent and appropriately managed; 8. Consideration is given to what additional protections, if any, are needed for vulnerable populations; and 9. Proper training in human subjects' protections is provided for research personnel 															
<p>Profile Requirements [RFP]</p>	<p>UNICEF is seeking proposals from experienced international research companies with at least ten years of experience in research studies on ECD. The company should have a portfolio of research on ECD in development settings. The selection process of the contractors will be assessed through an evaluation form based on the quality of the proposals in line with the terms of reference deliverables</p> <p>The research team must have the following qualifications:</p> <ul style="list-style-type: none"> • Research lead should have an Advanced University Degree in public health/social sciences/research with a focus on ECD. Previous experience in research on ECD in emergencies is an added value as is previous experience working in MENA. • Research team should have university degrees in psychology, social sciences, research or statistics. • Research team should have extensive work experience in conducting surveys, data collection, data analysis for studies, formative research. • The research team should have outstanding skills in statistical analysis. • The research team should have excellent analytical and writing skills in English. • The research team should have previous experience or training on data collection about and from children. • Enumerators should be based in Lebanon and be fluent in Arabic. 															
<p>Technical Evaluation of the bidders</p>	<p>The proposals will be evaluated against the following criteria:</p> <table border="1" data-bbox="331 1312 1560 2132"> <thead> <tr> <th style="background-color: #4F81BD; color: white;">Category</th> <th></th> <th style="background-color: #4F81BD; color: white;">Maximum points</th> </tr> </thead> <tbody> <tr> <td style="background-color: #4F81BD; color: white;">Overall Response</td> <td>Completeness of response Overall concord between requirements and proposal</td> <td style="text-align: center;">10</td> </tr> <tr> <td colspan="2" style="background-color: #4F81BD; color: white;">Maximum points</td> <td style="background-color: #4F81BD; color: white; text-align: center;">10</td> </tr> <tr> <td style="background-color: #4F81BD; color: white;">Experience of the company</td> <td> Demonstrated knowledge in ECD research and/or ECD analysis Proven experience in conducting ECD related research studies Demonstrated experience in conducting quantitative and qualitative assessments using quantitative measuring tools, focus group discussion, individual in-depth interviews, participatory and innovative approaches; Demonstrated experience in conducting research with marginalised and excluded groups. Demonstrated experience in data analysis and interpretation and development of high-quality reports </td> <td style="text-align: center;">20</td> </tr> <tr> <td></td> <td>Experience with international organizations, UN Agencies is an asset.</td> <td style="text-align: center;">10</td> </tr> </tbody> </table>	Category		Maximum points	Overall Response	Completeness of response Overall concord between requirements and proposal	10	Maximum points		10	Experience of the company	Demonstrated knowledge in ECD research and/or ECD analysis Proven experience in conducting ECD related research studies Demonstrated experience in conducting quantitative and qualitative assessments using quantitative measuring tools, focus group discussion, individual in-depth interviews, participatory and innovative approaches; Demonstrated experience in conducting research with marginalised and excluded groups. Demonstrated experience in data analysis and interpretation and development of high-quality reports	20		Experience with international organizations, UN Agencies is an asset.	10
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Overall Response	Completeness of response Overall concord between requirements and proposal	10														
Maximum points		10														
Experience of the company	Demonstrated knowledge in ECD research and/or ECD analysis Proven experience in conducting ECD related research studies Demonstrated experience in conducting quantitative and qualitative assessments using quantitative measuring tools, focus group discussion, individual in-depth interviews, participatory and innovative approaches; Demonstrated experience in conducting research with marginalised and excluded groups. Demonstrated experience in data analysis and interpretation and development of high-quality reports	20														
	Experience with international organizations, UN Agencies is an asset.	10														

		Experience in producing high quality reports in English.	
	Maximum points		30
	Proposed Methodology	Research approach proposed (quality of proposed methodology; proposed research approach and data collection methods are sufficient to collect enough data) Proposed sampling; segmentation of audiences.	5
		Clear mechanisms to ensure gender aspects and age-related factors are explored and considered. Clear process to ensure the inclusion of minorities, specifically children with disabilities. Clear description of anticipated or actual ethical issues as well as measures and methods to address or mitigate against these issues.	15
	Analysis and Reporting	The framework for analysis. Monitoring and quality assurance process. Report writing and presentation.	10
	Maximum points		30
	Total Technical (passing score is 50)		70
	Financial	Appropriate budgeting per activity	30
	Total Financial		30
	Total technical and financial		100
Timing	March 2022 – July 2022		
Administrative Issues	<p>Management: The Contract will be managed by the Research & Evaluation Officer and Health & Nutrition Officer.</p> <p>Travel: Any travels shall be included in the costed proposal. The unit cost for each travel shall be stated in the financial proposal. The following conditions apply:</p> <ul style="list-style-type: none"> ▪ Economy class travel, regardless of the length of travel. ▪ Accommodation, meals and incidentals shall not exceed applicable daily subsistence allowance (DSA) rates. UN DSA rates are publicly accessible at: http://icsc.un.org/map/ ▪ Travels and other incidental expenses not known ex ante to be justified and accepted by UNICEF before they are incurred. These expenses may be reimbursed against supporting documentation, e.g. receipts. ▪ All the meetings, consultations and interviews shall be organised by the Contractor and included in the costed proposal. ▪ UNICEF Lebanon will be responsible for organising and coordinating the meeting for the presentation of the evaluation findings under deliverable 5. ▪ The contractor will be responsible of covering all the costs including all logistics, transportation and accommodation if needed during data collection. ▪ The contractor will be using his/her own resources in matter of premises. ▪ The contractor will be using his/her own resources in matter of electronic devices such as laptops, tablets, printers, etc. 		