Terms of Reference for Consultancy
Formative Evaluation and Endline Survey of the National Health Commission-UNICEF Early Childhood Development project of the Integrated Maternal and Child Health and Development Programme (2017-2020)

1. The context

A growing body of evidence shows that early childhood is one of the most significant and influential phases of life - especially the first 1,000 days (0-3 years of age). It determines the basis for every child's future health, well-being, learning and earning potential, and sets the groundwork for young children's emotional security, and for developing competencies, resilience and adaptability. Intervening at this most critical stage of human development to provide to this group quality nurturing care is crucial to ensure a child's physical, cognitive, psychological and socio-emotional development. A poor start in life can lead to estimated losses of about a quarter of the average adult income per year, while countries may forfeit up to twice their current expenditures on health and education. A focus on early childhood development (ECD) brings clear benefits both to the individual and society, reducing health and economic problems that children can carry throughout their entire lives, and breaking the vicious cycle of intergenerational poverty, societal disparities and inequality of opportunities.

Investing in early childhood development has been universally endorsed in the 2030 Sustainable Development Goals and the UN Secretary General's Global Strategy for Women's, Children's and Adolescents' Health 2016–2030. In the recently concluded session of the Central Economic Working Conference in December 2018, ECD in poverty stricken rural areas was identified as one of the priority areas for economic development and poverty alleviation in China. The Central Government has committed to increasing investment in ECD, especially in disadvantaged areas.

China is home to 17 million children under five years old who are denied the opportunity to develop to their full potential due to a number of risk factors, such as child poverty, malnutrition, lack of psychosocial stimulation, and poor parenting environment, ranking second globally according to the 2016 Lancet ECD series[1] (see additional facts under "Findings from project baseline survey" in section 2. Project description).

Currently, ECD services for children under the age of three in China still face many challenges. There is a shortage of government-led public ECD resources, especially in resource-limited settings. In poor rural areas, "how", "who", "at what frequency" and at "what cost" to implement programmes still remain elusive and challenging. In addition, the number of independently established ECD service institutions either through the education sector, the health sector or private enterprises are limited, and their quality still needs to be improved. In many of these settings, responsive caregiving, one of the most fundamental elements for optimal child development is not adequately addressed, and the quality of

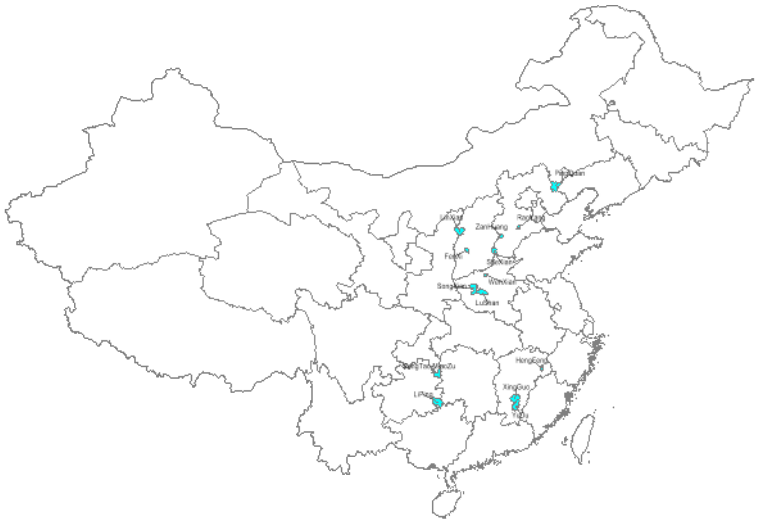
[1] Lu, C., M.M. Black, and L.M. Richter, *Risk of poor development in young children in low-income and middle-income countries: an estimation and analysis at the global, regional, and country level.* Lancet Glob Health, 2016. 4(12): p. e916-e922

services are far from standard. A vast number of families still find it hard to receive scientific and adequate guidance on children development in an easy and timely manner.

2. Project description

To address the challenges mentioned above, UNICEF China in collaboration with the National Health Commission (NHC) launched the ECD project as part of the Integrated Maternal and Child Health and Development (IMCHD) programme in June 2017. The implementation period was set as four years (2017-2020).

The ECD project is being implemented in 781 villages of 61 selected townships in 14 counties (districts) of five provinces (including Hebei, Shanxi, Henan, Jiangxi and Guizhou) in Central and Western China (Annex 1a). The total population of the project villages is about 746,200 (20% of the total population in the pilot counties), with an estimated 30,000 children aged 0-3 years old to be covered, as well as around 1,000 ECD service providers.



Building upon the experiences learned from the last programme cycle, the project aims to contribute to two outcomes: (1) A costed, feasible and scalable ECD model established for children under three years old to promote quality nurturing care practices and services; (2) ECD essential services and model embedded into existing government health systems for scale-up, in terms of HR, financing, supplies, and local incentives to prevent every child from compromised development and help them achieve their full potential.

The project is working towards three outputs:
OUTPUT 1- Enhanced national, local and institutional capacity for evidence-based, quality ECD project design and implementation, especially for rural or remote areas, contributing to the development of national policies, strategies, and programmes on ECD.

OUTPUT 2- By 2020, 80% of pilot villages equipped with the applicable trained work forces to deliver quality ECD services to families and children via multiple delivery channels including clinics, care groups and home visits to enhance nurturing care covering health, nutrition, responsive caregiving, early learning and stimulation.

OUTPUT 3- Households, community leaders and ECD service providers engaged and mobilized, and the literacy, skills and behaviours of the most disadvantaged children under 3

years old and their caregivers improved to access and use ECD services with at least 70% of eligible children and caregivers reached by ECD services via multiple delivery channels by 2020.

Following are stakeholders of the project:

- Project primary beneficiaries: caregivers and children under three years old;
- Project secondary beneficiaries: family members of children under three years old or pregnant women; community members;
- Project tertiary beneficiaries: health providers and project managers (village, township, county, prefectural and provincial levels), ECD workers at community level;
- Project partners at national level: NHC, National Center for Women and Child Health (NCWCH) and the National Consultation Experts team;
- Project partners at local levels: local health commissions.

To achieve the expected outputs, the NHC, as the leading agency in the national childcare service work, is responsible for overall guidance on national policies, overall project planning, organization, management and supervision, as well as investment in human resources, venues, funding support to the national basic public health services in which the project is embedded within, and future scale-up of the costed, feasible and scalable ECD model in China, particularly in resource-limited areas.

The NCWCH under the China Center of Disease Control and Prevention, the key national level technical agency and coordinator of the National Consultation Experts team, is assigned by the NHC to implement the project, including the development of technical standards and toolkits on ECD to standardize operation and service provision; introduction and implementation of developed materials through capacity building and technical support to the local implementation partners in order to fortify knowledge, attitudes and practices of ECD service providers; and improve project monitoring and funds management.

UNICEF, as an international organization particularly focusing on children in need, has extensive practical experiences in ECD. Aligned with UNICEF's global ECD-related policy and technical documents, the key role of UNICEF China is to support the NHC and other relevant national technical agencies on standards, toolkits, training package development and testing in relation to ECD, and develop an effective monitoring, evaluation and quality assurance system to ensure quality ECD care. In doing this, the annual funding support provided by UNICEF to the project is approximately USD 500,000. The project experiences and results not only contribute to strengthening ECD services and related policies, standards, regulations and the monitoring and evaluation system in China, but also add to global lessons and approaches on ECD that other developing countries can learn from.

Findings from project baseline survey

Before the initiation of the ECD project, a baseline survey was conducted in three counties of the project provinces (Annex 1b), with the purpose of understanding: (1) early development of children under three years old, (2) the knowledge, behaviors and service utilization of

caregivers, (3) the service capacity of providers at county, township, and village levels, and (4) the evidence for setting the project priorities and establish a baseline for the final project assessment.

Key issues identified in child growth and development in surveyed poor areas included: the prevalence of anaemia among children 6-59 months at 36.5%, the proportion of children under five with suspected development delay reaching 28%, and 27% of children identified to have social and emotional problems. In addition, the nurturing care practices were far from enough to secure the healthy development of children. For example:

- The micronutrient supplementation (Ying Yang Bao) only covered 24.5% of children aged 6-23 months. The rates of exclusive breastfeeding among children younger than 6 months was still low, at around one-fifth. In terms of complementary feeding, only 30% of children in project sites reached the minimum acceptable diet.
- Still, 23% of children under three did not receive any early stimulation and responsive care in the past three days. Father's participation in early learning was very limited, at 14.6%. Around 59% of children did not have at least three picture books and 20% of families did not have at least two toys. 75% of caregivers performed violent discipline in project villages, indicating appropriate family education was required.

ECD interventions

Following the global nurturing care framework[2] , the ECD project adopted a systematic approach to provide information and resources that is appropriate for the child's age and the family's circumstances. The project aims at reducing or mitigating the damaging effects of risk factors and advance the healthy development of children aged 0-3 years old through parental guidance and support focused on improving responsive caregiving, early learning, and early detection of developmental delays or disabilities, as well as referral for additional support and interventions through the health system. In addition, the project supports overall strengthening of the health system including human resource capacity, monitoring and coordination.

The nurturing care framework defines three tiers of support for meeting families' and children's needs depending on the challenges they face at different points: universal, targeted and indicated. The services in all these tiers work together, forming a seamless continuum of care. It should be noted that the current project mainly focuses on the first two tiers.

Tier I: universal support for every child, through health promotion and primary prevention. Interventions are selected that benefit all children and ensure that developmental delays or

[2] World Health Organization, United Nations Children's Fund, World Bank Group. *Nurturing care for early childhood development: a framework for helping children survive and thrive to transform health and human potential*. Geneva: World Health Organization; 2018 License: CC BY-NC-SA 3.0 IGO.(https://www.who.int/maternal_child_adolescent/documents/nurturing-care-early-childhood-development/en/)

problems are less likely. And when issues emerge, universal support identifies them early and refers caregivers and children to additional services.

Tier II: targeted interventions designed for individuals who are at risk of developmental delays because of factors such as preterm, low birth weight, undernutrition, and other poverty of socio- economic related risks. Tier II interventions aim to reduce the damaging effects of early life risk, and strengthen caregiver and household capacity to address and cope with the additional needs of caregiving. Families and caregivers are provided additional services with home visits, and through contact with trained providers, either volunteers or paid workers.

The ECD services, delivery channels, service providers, and the frequency of services is attached in Annex 2.

3. Purpose, objectives and intended use

As a four-year project over the 2017-2020 period, 2019 will focus on assessing and documenting the ECD project of the IMCHD programme, so as to inform and contribute to the design of this initiative in the next programme cycle (2021-2025).

The overall task comprises of two phases:

- **Phase one**: A formative evaluation (mostly qualitative)
- **Phase two**: An endline survey including a costing analysis (mostly quantitative)

This Terms of Reference (ToR) will cover both phases so that the bidders are aware of the overall scope. The deliverables of the two phases are linked and informed by one another. A synthesis report will be developed to bring the two pieces of information together.

The **purpose** of this two-phased approach is to document results of the ECD project, explore the **process of change** among households and service providers to establish what works, what doesn't, and why. The draft Theory of Change (ToC, Annex 3) of the project will be reviewed and validated with key stakeholders, and this will guide the following steps of the formative evaluation which will inform the endline survey for further assessment, data collection and documentation.

The **objective** of the two phases together is to determine the **relevance** of the ECD project, its **effectiveness** in reaching its expected results and its potential to be **sustainable.**

In particular, the objectives of the formative evaluation in **Phase one** are:

- Validate the ToC and establish its alignment with current project interventions;
- Identify gaps in evidence and project delivery, and seek to outline the process of change that is underway in project areas;
- Identify policy and implementation challenges, emerging best practices and adaptations;

- Understand project progress and document results through answering evaluation questions mainly on relevance and sustainability.

The objectives of **Phase two** are:

- Using quantitative data form the endline survey to better understand progress and results in greater detail, with a focus on the effectiveness and sustainability of the project;
- Costing analysis to understand key cost components for ECD package delivery.

It is expected that the formative evaluation and the endline survey will (1) contribute to the development of a costed, feasible and scalable ECD model that can bring changes for children 0-3 years old in China, particularly in resource-limited areas, including rural poor areas; (2) determine the economic and political environment for national scale-up based on the qualitative review of the drivers and bottlenecks; (3) provide strategic insights on the program content, and related government policy, budgeting and human resource allocation necessary to cover children in rural areas with ECD services. Findings and recommendations will also be used by UNICEF to improve its support to the Government of China in promoting ECD during the new country programme cycle for the years 2021–2025.

The users of the evaluation will include all the stakeholders mentioned above (refer to "2. Project description" for composition of the stakeholders) among others:

- Primary user: project partners at national and local levels, technical agencies and ECD services delivery institutions, project primary and tertiary beneficiaries, and UNICEF;
- Secondary user: other ministries and academic institutes working on ECD, project secondary beneficiaries;
- Other audiences: other UN agencies, NGOs, private institutions related to ECD.

All the stakeholders will be contacted for data collection and/or consultations (e.g. to validate the ToC as mentioned above). Key findings and recommendations of the formative evaluation and the endline survey will also be shared with them for verification and/or sharing as relevant.

4. Scope

The scopes of the formative evaluation and the endline survey are specified in the following table, with the aim to meet the stated objectives, while considering feasibility as per given the resources and time.

	Formative evaluation	**Endline survey**
Project	ECD project of the IMCHD Programme (refer to the draft ToC in Annex 3)	
Time frame	From the launch of the ECD project (July 2017) to October 2019.	From the launch of the ECD project (July 2017) to May 2020.
Areas for field work	In three provinces out of the five project provinces,	In five to seven out of 14 project counties and the same number of control counties

	Formative evaluation	Endline survey
	covering from the village level to the provincial level.	(identified in the same prefecture) in five provinces. The number of counties ultimately included will be determined in term of the sampling method and sample size to be sufficient to measure progress and effectiveness of the project.
Geographic coverage	Analysis will cover all project counties (14 counties in five provinces)	

5. Criteria and questions

The two phases will focus on three key criteria, including *relevance, effectiveness and sustainability.* This reflects the timing and focus of the planned evaluation, as well as the use of the findings, both of which aim to influence the service package that should be included through the health sector as part of the national scale up of ECD services.

The two phases will respond to the following indicative questions. Improvements and/or refinements to the draft questions may be offered at the proposal stage. However, the expectation is that the inception process will yield the final set of questions.[3]

Relevance

- How relevant is the project to national and sub-national government priorities?
- How is the project design still valid compared with the current change of government policies? And how can UNICEF leverage resources in this changing context?
- To what extent are the project design, strategies and implementation still appropriate and valid to meet the needs of the different segments of the target groups in the settings where the project operates?

Effectiveness

- To what extent do the set of services implemented under this project through the health sector accommodate the recommended service package under the global ECD nurturing care framework?
- To what extent did the project design stratify the needs of different segments of the population?
- What are the variations in implementation and quality of the interventions? What works, what doesn't, and why?

[3] The actual final decisions on the detailed questions will be taken in the inception phase, based on the following principles: (1) Importance and priority: the information should be of a high level of importance for the various intended audiences of the evaluation; (2) Usefulness and timeliness: the answer to the questions should not be already well known or obvious, additional evidence is needed for decision; (3) Answerability and realism: all the questions can be answered using available resources (budget, personnel) and within the appropriate timeframe; data and key informants are available and accessible, and performance standards or benchmarks exist to answer the questions; and (4) Actionability: the questions will provide information which can lead to recommendations that be acted upon to make improvements.

- Do the implementation strategies and use of different platforms (clinics, care groups and home visits) contribute to the equity of ECD covering especially disadvantaged groups (e.g., those in remote areas, experiencing cultural or language barriers, etc.)?
- To what extent did the ECD project of the IMCHD programme achieve its intended objectives at output level?
    - *To what extent did the promoted interventions, via a wide variety of channels cover the needs of the population (the coverage of the promoted intervention delivered via clinics, care group session as well as home visits respectively)?*
    - *How did the interventions contribute to improve family parenting knowledge, skill and practices on nurturing care?*
    - *How did the project help timely detection, management and provision of support to children at risk of development delays?*
    - *How did the project shift the perception of community leaders, policy-makers and health workers (e.g. do people understand the importance of ECD?)*
    - *How ECD related technical guidelines/project documents have been adapted and applied in project areas?*
- What were the major factors (barriers and bottlenecks) influencing the achievement or non-achievement of the results? To what extent have the barriers/bottlenecks been reduced?
- To what extent have UNICEF and its partners contributed to improving community, local and sub-national capacities on promoting and implementing ECD services?

<u>Sustainability</u>

- What components of the current model are likely to be sustainable and scalable? Can this ECD model be embedded into existing government health systems for scaling-up, in terms of HR, financing, supplies, and local incentives?
- What are the perceptions of scale and sustainability among key stakeholders (health care providers, care givers and regarding the ECD package?
- What are the key cost components that are essential for delivering ECD project at scale? What should the cost allocation be to ensure that all children are able to access ECD services? Are there other cost considerations for efficiency and effectiveness?
- What policy, managerial and financial changes are needed to sustain and scale this package of services?

As part of the development of the technical proposal, the evaluation team is invited to further review the above questions and to unfold them into sub-questions. Questions and sub-question, as well as the sources and other relevant information should be included into an evaluation matrix (see Annex 5 for the template). The team could indicate which questions are to be answered by phase-one formative evaluation and which are more suitable to be covered by phase-two endline survey, and this will be finally determined at the inception stage.

6. Methodology

The methodology will be guided by the UNICEF's revised Evaluation Policy (2018),[4] the Norms and Standards (2016) of the United Nations Evaluation Group (UNEG),[5] UN SWAP Evaluation Performance Indicator,[6] the UNEG Guidance on Integrating Human Rights and Gender Equality in Evaluation (2014),[7] UNICEF Procedure for Ethical Standards in Research, Evaluation, Data Collection and Analysis (2015),[8] and UNICEF-Adapted UNEG Evaluation Report Standards (2017).[9]

This section provides some initial thinking on the proposed methodology, which will be addressed by the evaluation team in the technical proposal and further developed in the inception report. Methodological rigour will be given significant consideration in the assessment of the proposals. Hence applicants are invited to interrogate the approach and methodology suggested in the ToR and improve on it, or propose an approach they deem more appropriate. In their proposal, the applicants should refer to triangulation, sampling plan and methodological limitations and mitigation measures.

Study population

The two-phased approach will collect the information from the perspectives of all stakeholders (refer to "2. Project description" for composition of the stakeholders).

Overall design

The two-phased approach will start with a formative evaluation (mostly qualitative), followed by an endline survey that includes a costing analysis (mostly quantitative). The overall design will be theory-based and utilization-focused, using an applied mixed method approach.

For the formative evaluation, the qualitative methods of inquiry, including semi-structured interviews, focus groups and project diaries should be used with open questions that can lead to the exploration of processes and articulation of how the implementation processes have unfolded to date. This will also focus on the questions related to relevance of the current project, including relevance of the ToC, and alignment of project interventions to the ToC.

The endline survey will collect data on key behaviors and changes in performance/outputs in all project provinces. It will be undertaken with proper sampling methods, allowing detection of differences in intervention coverage, knowledge and behaviours among both health providers and end-users of ECD services. Endline survey will also include review of costs, especially some key strategies like home visits.

Data collection and triangulation

[4] https://www.unicef.org/about/execboard/files/2018-14-Revised_Eval-ODS-EN.pdf
[5] http://www.unevaluation.org/document/detail/1914
[6] http://www.unevaluation.org/document/detail/1452
[7] http://www.uneval.org/document/detail/1616
[8] https://www.unicef.org/supply/files/ATTACHMENT_IV-UNICEF_Procedure_for_Ethical_Standards.PDF
[9] https://www.unicef.org/evaldatabase/files/UNICEF_adapated_reporting_standards_updated_June_2017_FINAL(1).pdf

Data will be collected through two rounds of field visits, facilitated by the NHC and UNICEF China during October to December 2019 (qualitative, for the formative evaluation) and June to August 2020 (quantitative, for the endline survey), respectively. Elaboration of some of the tasks are listed as below.

- **Desk review** of (1) ECD project related documents; (2) National policies, plans and reports related to issues concerned; (3) Evaluations and documentation of similar projects implemented by UNICEF and other organizations outside China and relevant global guidance;
- **Focus group discussions** with caregivers of children and local service providers to stratify the needs of different segments of the target population, assess how ECD interventions and implementation pathways were perceived in the target population;
- **In-depth interviews and consultations** with national and local health officials, experts and project managers to understand the project implementation strategies, process and quality, as well as identify best practices, barriers and challenges in promoting ECD in project areas.
- **Household, facility and health provider surveys** to collect quantitative information to assess knowledge, behaviours and skills of the target population on ECD, determine the availability, utilization and quality of interventions promoted by the project, and estimate the cost for different service delivering channels introduced to the project (e.g. care group sessions, home visits);

Triangulation of information and data through different methods and sources is considered fundamental to draw evidence-based findings, conclusions and recommendations. Methodology design should identify opportunities to ensure that various stakeholders and social groups (including those who are not accessing services), in particular children, parents/caregivers, community members and decisions makers at local and central levels, females and males, are reached and their voices heard, taking into account the ethical considerations, gender perspective and the Human Rights Based Approach. Data should be disaggregated by sex and other characteristics as relevant to demonstrate equity focus to the extent possible, along with gender-responsive analysis.

A set of key indicators have been identified as part of the project monitoring and evaluation framework, which are presented in Annex 4 and will be revised based on the formative evaluation results.

Quality control

Quality control will be emphasized throughout each phase of the data collection, including pre-testing, training of data collectors, and setting criteria for data collectors and supervisors, supervision during the course of data collection, and double entry and analysis. Quality assurance will be provided by an Evaluation Reference Group, facilitated by the evaluation managers (refer to “9. evaluation management”).

Ethical consideration

As also mentioned above, the evaluation team should comply to *UNICEF Procedure for Ethical Standards in Research, Evaluation, Data Collection and Analysis*,[10] and clearly identify any potential ethical issues and approaches, as well as the processes for ethical review and oversight of the evaluation process in the proposal.[11] For external ethical review, the evaluation team is encouraged to use a recognized institutional ethical review board that has the technical expertise and rigour to undertake an ethical review process that is consistent with UNICEF procedures.

7. Work plan, deliverables & timeline

The formative evaluation is expected to be initiated in September 2019 and the final evaluation report completed by first quarter of 2020. The endline survey is expected to be carried out starting in the first quarter of 2020 and a quantitative report should be completed by September 2020. A synthesis report of both phases will be finalized by October 2020, consolidating analysis and findings from the phase-one formative evaluation and the phase-two endline survey that includes a costing analysis. The effective work period will be 42 weeks.[12] The following steps are foreseen with required deliverables and proposed timelines:

Tasks	Expected products/Deliverables	Timeline
Phase-one: formative evaluation (Sep 2019-Mar 2020, 14 weeks)		
Inception for the formative evaluation, including: • Desk review of documents provided by UNICEF and partners • Conduct interviews with NHC and UNICEF staff	• Confirmation of tasks and timeline • The study protocol and methodology, data collection and analysis plan for formative evaluation • Data collection tools (questionnaire, outline for focus group discussion, interview questions etc.) • Inception report for the formative evaluation, with evaluation matrix (template for inception report will be provided)	Sep-Oct, 2019 4 weeks

[10] https://www.unicef.org/supply/files/ATTACHMENT_IV-UNICEF_Procedure_for_Ethical_Standards.PDF

[11] Specifically, proposal should:

a. Identify any potential ethical issues and explain how these will be addressed, including:
   - Measures to ensure that the selection of participants and sampling will promote equity
   - Potential harms and risks to the safety and well-being of participants or their communities, and how these will be prevented or mitigated
   - The nature of informed consent by participants, and the measures that will be taken to obtain it
   - The measures to ensure privacy and confidentiality in data collection, analysis and storage
   - Explanation and justification of payment or other compensation to participants

b. Identify any actual or potential conflicts of interest, and if these exist, indicate how they would be managed.

c. Describe the process for ethical review and oversight of data collection and analysis.

d. Indicate that data collectors and others involved will have completed basic ethics training before the commencement of activities. (UNICEF China can provide information and suggestions for basic ethics training.)

[12] While this will not mean 42 weeks full time work for the evaluation team, it will give adequate time for translation and full engagement by the partners.

Implementation of the formative evaluation	• ToC finalized • Ethical review approved for formative evaluation • Field visit conducted	Oct-Dec, 2019 6 weeks
Draft and finalize the formative evaluation report	• Data analysed with a draft report of the formative evaluation completed • Workshop conducted to validate findings and recommendations from the draft report • Final report of the formative evaluation in Chinese and English (no more than 40 pages in English) inclusive of a 3-5 page Executive Summary which is able to stand-alone. (The evaluation report must be compliant with *UNICEF-Adapted UNEG Evaluation Report Standard*.[13])	Jan-Mar, 2020 4 weeks
Phase-two: endline survey including costing analysis (Feb-Sep 2020, 23 weeks)		
Design and develop endline survey protocol, methodology and tools	• The study protocol and methodology, data collection and analysis plan for endline survey • Data collection tools (questionnaire, outline for focus group discussion, interview questions etc.) developed and tested • Ethical review approved for endline survey	Feb-Mar, 2020 5 weeks
Implementation of the endline survey	• E version data collection platform developed and finalized • Field data collection including costing analysis	Apr-Jun, 2020 10 weeks
Draft and almost finalize the endline survey report	• Data analyzed with a draft report of endline survey completed • Workshop conducted to validate findings and recommendations from the draft report • Almost finalization of the endline survey	July-Sep, 2020 8 weeks
Development of a synthesis report to bring the two pieces together (Sep-Oct 2020, 5 weeks)		
Draft and finalize the synthesis report	• Draft of the synthesis report based on the findings of formative evaluation and endline survey • Workshop conducted to validate findings and recommendations from the draft report • A final synthesis report in Chinese and English (no more than 40 pages in English), inclusive of a 3-5 page Executive Summary which is able to stand-alone. Annexes may be provided.	Sep-Oct, 2020 5 weeks

8. Budget and payment schedule

The payment will be divided as follows and upon satisfactory acceptance by the NHC and UNICEF of the deliverables:

[13] https://www.unicef.org/evaldatabase/files/UNICEF_adapated_reporting_standards_updated_June_2017_FINAL(1).pdf

- 20% will be paid upon the submission of the inception report for the formative evaluation;
- 20% will be paid upon the submission of final formative evaluation report;
- 30% will be paid upon the submission of draft endline survey report;
- 30% will be paid upon the submission of the final synthesis report.

UNICEF reserves the rights to withhold all or a portion of payment if performance of the contracting evaluation team is unsatisfactory.

9. Evaluation management

The evaluation will be co-managed by the Health, Nutrition and WASH (HNW) section chief and the Planning, Monitoring and Evaluation (PME) section chief.

HNW will support technical review of all deliverables, providing clarifications and information requested on project design and implementation, and any queries related to the ECD project.

PME will provide quality assurance support of all deliverables to ensure they meet OECD-DAC and UNEG Norms and Standards, and the UNICEF Global Evaluation Report Oversight System (GEROS) quality guidelines.

An Evaluation Reference Group, including the Regional ECD and Evaluation Advisor, a gender expert and key government stakeholders and partners, will provide external advice and independent quality assurance to strengthen relevance and accuracy, and hence improve the credibility and utility of the evaluation.

UNICEF will appoint an evaluation manager at working level, who will be a UNICEF China staff member with evaluation expertise and knowledge of the ECD project but not be part of the team that designs and/or manages the implementation of the assessed project. The evaluation manager will serve as a link between UNICEF China, External Reference Group and Evaluation Team, with oversight over the whole evaluation process, from TOR development to final report.

10. Work place

Aside from the field visits, the work will be home-based and team members are requested to use their own laptops.

11. Qualifications or specialized knowledge/experience required

The external contractor will present a team of professionals. The team should have the below mentioned knowledge, skills, experience and competencies, and is capable in team size and level to ensure that the schedule presented in section 7 can be met.

The leader of the evaluation team will have overall responsibility for the quality design and implementation of the formative evaluation and the endline survey including costing analysis, and the timely delivery of high quality outputs. The team leader should have a

minimum of ten years of progressively increased international and national experiences related to evaluations or evaluative research in ECD 0-3 years, with relevant previous experiences for UNICEF, United Nations and/or international non-governmental organizations an asset. He/she will lead a team meeting following requirements and is gender-balanced:

Knowledge, skills, and experience

- Extensive demonstrable technical knowledge and/or experience in early childhood development in development settings;
- Demonstrable experiences and excellent skills of qualitative and quantitative survey design, field implementation and data analysis, including costing data collection and analysis, gender mainstreaming, and social exclusion analysis;
- At least one international expert with global experience in ECD in the evaluation team;
- Strong understanding and knowledge of the Chinese context, especially China's health care system and health financing system; previous work experience in China is an asset;
- Knowledge of Results Based Management, the UN Norms and Standards for Evaluation and OECD-DAC Evaluation Criteria;
- Understanding of the Convention on the Rights of the Child, Convention on the Elimination of All Forms of Discrimination against Women, and the human rights-based approach to programming;
- Fluency in both Mandarin and English reading, speaking and writing.

Competencies

- Highly organised; able to plan, implement and monitor work with good attention to detail;
- Highly motivated; able to motivate and build capacity of others and to drive initiatives forward with minimal day-to-day supervision;
- Ability to take initiatives with clearly defined parameters;
- Analytical and conceptual ability;
- Excellent communication skills;
- Ability to make timely and quality judgements and decisions;
- Proven ability to keep deadlines;
- Ability and willingness to work as part of a team; demonstrated ability to work with people of all ages and from various organizations, including government partners, children and young people.

12. Bids for consideration

UNICEF invites bids for consideration against this ToR from qualified parties. Bids should address all major aspects of the ToR, and comprise of both a technical and a budget proposal. UNICEF will consider each element of the bid separately, awarding a 70% weighting and 30% weighting to the technical and financial proposal components, respectively. UNICEF will assess the bids together with the NHC.

Technical bids should cover the following elements: Understanding of the scope of work/background, refining evaluation questions and developing a preliminary evaluation matrix (see Annex 5 for the template), elaboration of methodology, team (including roles and responsibilities of team members, time allocation, qualification based on previous experience and CVs), proposed work plan, and quality assurance measures the team proposes to take.

EVALUATION SHEET

CATEGORY	MAX. POINTS	MIN.
1. MANDATORY REQUIREMENTS (PASS OR FAIL)	**70**	**51**
2. OVERALL RESPONSE - Demonstrate good understanding of, and responsiveness to, UNICEF China Country Office TOR requirements - Demonstrate good understanding of the evaluation scope, objectives and completeness of response - Demonstrate experiences in ECD 0-3 project evaluation both in formative and quantitative evaluation in - Overall concord between UNICEF requirements and the proposals	**(5)**	**3.5**
3. STANDARD STRATEGY/METHODOLOGY FOR EVALUATION - Quality of proposed evaluation design, methodology, tools, and quality control measures - Quality of proposed evaluation framework - Quality of proposed Implementation Plan - Recognition of direct as well as risks/peripheral problems and methods to prevent and manage risks/peripheral problems	**(20)**	**16**
4. PROPOSED TEAM - The team leader should have a minimum of ten years of progressively increased international and national experiences related to evaluations or evaluative research in ECD 0-3 years, with relevant previous experiences for UNICEF, United Nations and/or international non-governmental organizations an asset - Demonstrate extensive technical knowledge and/or experience in early childhood development for children under 3 years old in Low-and Middle-income settings - Demonstrable rich experiences and excellent skills of qualitative and quantitative survey design, field implementation and data analysis, including costing data collection and analysis, gender mainstreaming, and social exclusion analysis; - Strong understanding and knowledge of the Chinese context, especially China's health care system and health financing system; previous work experience in China is an asset; - At least one international expert with global experience in ECD 0-3 years in the evaluation team; - Knowledge of Results Based Management, the UN Norms and Standards for Evaluation and OECD-DAC Evaluation Criteria;	**(30)**	**21**

- Understanding of the Convention on the Rights of the Child, Convention on the Elimination of All Forms of Discrimination against Women, and the human rights-based approach to programming; - At least one member of the evaluation team demonstrating fluency in both Mandarin and English reading, speaking and writing.		
5. ORGANISATIONAL EXPERIENCE - Range and depth of experience with similar projects/contracts/client - Financial status - Reference of similar studies undertaken in the states covered.	**(15)**	**10.5**
6. PRICE AS EXPRESSED IN PERCENTAGE OF DISBURSEMENT.	**(30)**	**0**
TOTAL MARKS	**(100)**	

Note: In normal circumstances, only those offer that score minimum and above points on technical proposals will be considered for commercial evaluation. However, UNICEF reserves the right to evaluate all commercial offers

The technical proposal should be a maximum of 20 pages in English (excluding annexed CVs) in Times New Roman 12 font and a maximum of 15 pages in Chinese in font Fangsong GB2312 Size 13.

The budget proposal should include itemized costs.

The deadline for submitting the proposal is **10:20 am 28 August 2018** to **chinabid@unicef.org**.

13. Usage of the evaluation results

The result of the evaluation will be part of the project documentation, and will facilitate evidence-based communication on the relevance, effectiveness, sustainability, and as far as possible impact of the ECD project in China, and support local government adoption and scale-up of the interventions.

All materials generated in the conduct of this evaluation are the property of the NHC and UNICEF. Evaluation materials and products are not permitted to be used and published or shared with a third party without NHC and UNICEF's prior written permission. Responsibility for distribution and publication of evaluation results rests with the NHC and UNICEF. The evaluation team should consult the NHC and UNICEF for proper authorship and acknowledgement for the reporting.

Cleaned original/raw data and study protocols must be submitted to the NHC and UNICEF with acceptable coding and label, along with the narrative report. In addition, all generated analysis files will be provided along with associated computer code so that NHC and UNICEF can independently replicate and verify all results and analysis. Documentation should explain how computer code and analysis data files link to results and tables in the approved

reports. On the completion of the evaluation, all data will be handed over to UNICEF and deleted from evaluation team's records.

Annex 1a. List of ECD project sites supported by UNICEF 2017-2020

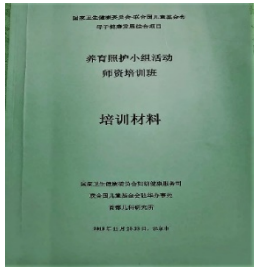
Province	Prefecture	County	No. of Townships	No. of Villages
Hebei	Chengde	Pingquan County	4	63
	Handan	She County*	5	39
	Shijiazhuang	Zanhuang County	3	45
	Hengshui	Raoyang County	2	13
Shanxi	Linfen	Fenxi County	8	25
	Lvliang	Lin County	10	36
Hennan	Jiaozuo	Wen County*	3	55
	Luorang	Song County	3	64
	Pingdingshan	Lushan County	4	114
Jiangxi	Ganzhou	Yudu County*	3	69
		Xingguo County	5	64
	Shangrao	Hengfeng County	2	19
Guizhou	Qian Southeast	Liping County	4	66
	Tongren	Songtao County	5	109
Total	13	14	61	781

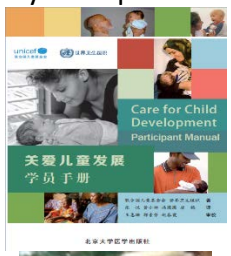
*Counties selected for the baseline survey.

Annex 1b. Counties selected for baseline survey in 2016

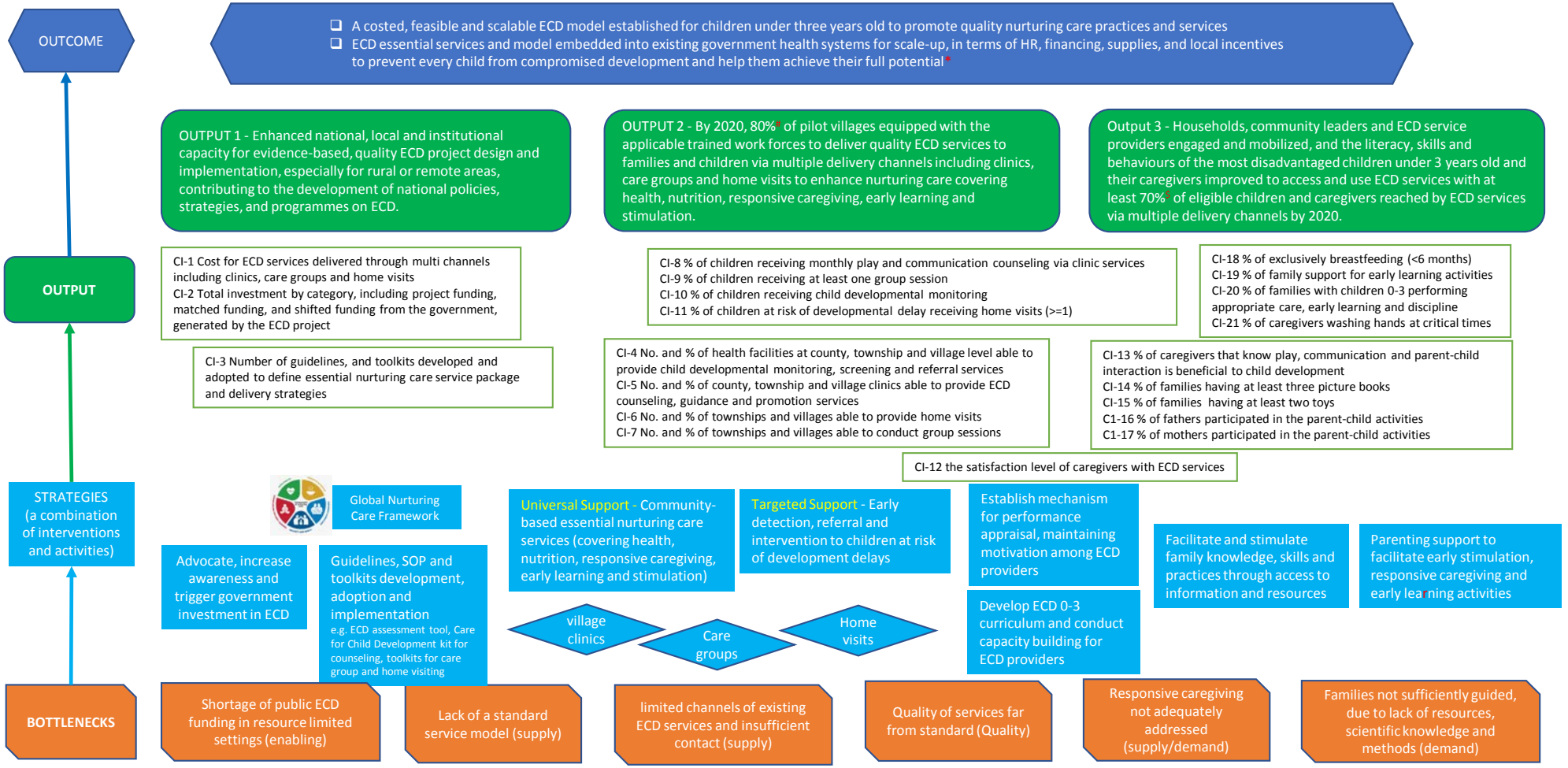
	Province	No. of project counties	Prefecture	Project county selected for 2016 baseline	Comparison county
1	Henan	4	Jiaozuo	Wen County 温县	Qinyang 沁阳
2	Jiangxi	4	Ganzhou	Yudu County 于都	Gan 赣县
3	Hebei	4	Handan	She County 涉县	Quzhou 曲周
Total	3	12	3	3	3

Annex 2. ECD services, delivery channels, providers and service frequency in the project

Type of service	Delivery channels	Target Population	Services Provider	Service Content	Material and tools Used in the project	Frequency
Universal Support	Village clinics	All caregivers and children	Village doctor MCH worker	1. Growth monitoring 2. IYCF counseling and anemia prevention 3. YYB supplementation 4. Play and communication counseling 5. Identify children with possible growth and development delay and referral to higher level	Warning sign checklist  ECD counseling card  	Imbedding on the national Primary Health Care Programme, the universal support is delivering at day 14 and 28 of the neonatal period, and at 3, 6, 8, 12, 18, 24, 30 and 36 months, according to PHC schedule
Universal Support	ECD care group	All caregivers and children	At Township or village level: ECD volunteers/FP workers/women's cadre	1. Operate community care groups 2. Conduct care group sessions for parents and grandparents 3. Cover a range of topics focused on the five components of Nurturing Care Framework 4. Address parent-child interaction, promote sensitivity/responsivity, play and communication, book sharing	Care group toolkit  	Bi-monthly

Type of service	Delivery channels	Target Population	Services Provider	Service Content	Material and tools Used in the project	Frequency
Targeted Support	Home visits	Families and children under 3 at risk (including preterm, low birth weight, anemia, undernutrition, violence)	Township Health workers, Village doctors, Family planning workers	1. Provide at least monthly visits and one-to-one services to prevent delays focusing on developmental monitoring, counseling and demonstration of play/communication activities and nutritional counseling (YYB, complementary feeding) 2. Provide follow up services for children at risk 3. Motivate attendance of ECD care groups 4. Promote professionally-administered assessment services, and referral if necessary	WHO-UNICEF Care for Child Development toolkit including CCD toys and picture books   Warning sign checklist 	Minimum global standard - At least monthly

Annex 3. Draft Theory of Change



CI-Core Indicator selected from the full indicator list
*Indicators at outcome level which also implies evaluation questions in relation to sustainability and relevance to be developed.
# the target will be calculated according to CI4-CI7
$ the target will be calculated according to CI8-CI10

Assumptions
- The project ECD related technical guidelines/documents are adapted and applied at project areas to meet the needs of the target groups.
- The project contributes to improve family and parenting knowledge, skill and practices on nurturing care.
- The project helps timely detection, management and provision of support to children at risk of development delays.
- The project shifts the perception of community leaders, policymakers and health workers on the importance of ECD.

Annex 4. Indicators included in the ECD Project monitoring and evaluation framework

OUTPUT	INDICATORS		POSSIBLE DATE SOURCE	BASELINE SURVEY	MONITORING	FORMATIVE EVALUATION	ENDLINE SURVEY
OUTPUT 1: Enhanced national, local and institutional capacity for evidence-based, quality ECD project design and implementation, especially for rural or remote areas, contributing to the development of national policies, strategies, and programmes on ECD.							
Output indicators *	Governance	Number of provinces, counties with policy/strategies/action plans highlighting ECD 0-3	qualitative interview			YES	
		CI3: Number of guidelines, and toolkits developed and adopted to define essential nurturing care service package and delivery strategies	qualitative interview			YES	
	Finance	CI2: Total investment by category, including project funding, matched funding, and shifted funding from the government, generated by the ECD project	qualitative interview			YES	
		CI1: Cost for ECD services delivered through multi channels including clinics, care groups and home visits	qualitative interview			YES	
OUTPUT 2- By 2020, 80% of pilot villages equipped with the applicable trained work forces to deliver quality ECD services to families and children via multiple delivery channels including clinics, care groups and home visits to enhance nurturing care covering health, nutrition, responsive caregiving, early learning and stimulation.							
Input indicators	Human Resource	Number of person/times trained by the UNICEF-supported project at national, province, county, township and village level	Routine monitoring, qualitative interview		YES	YES	
		Number and % of local workers equipped with home visit skills	qualitative interview			YES	
		Number and % of local workers equipped with child developmental monitoring skills	qualitative interview			YES	
		Number and % of local workers equipped with parenting counselling skills to facilitate early stimulation, responsive caregiving and early leaning activities	qualitative interview			YES	
		Number and % of local workers equipped with care group skills	qualitative interview			YES	
	Facilities(supplies)	Number of ECD centers/activity rooms set up at county, township and village level supported by the project	qualitative interview			YES	

OUTPUT	INDICATORS		POSSIBLE DATE SOURCE	BASELINE SURVEY	MONITORING	FORMATIVE EVALUATION	ENDLINE SURVEY
		% of health facilities at county, township and village level having at least one type of ECD monitoring/screening tool available	qualitative interview			YES	
		% of health facilities at county, township and village level with project-supported material available for counseling, demonstration and guidance	qualitative interview			YES	
Output indicators	Service availability	CI4: Number and % of health facilities at county, township and village level able to provide child developmental monitoring, screening and referral services	facility based survey				YES
		CI5: Number and % of county, township and village clinics able to provide ECD counseling, guidance and promotion services	facility based survey				YES
		CI6: Number and % of townships and villages able to provide home visits	facility based survey				YES
		Number and % of health facilities at county level able to provide early interventions for children at risks	facility based survey				YES
		CI7: Number and % of townships and villages able to conduct group sessions	facility based survey				YES
		Number of sessions organized by ECD center/group session organizers in a defined time period	Routine monitoring, facility based survey		YES		YES
		Number of working days for group sessions	Routine monitoring, facility based survey		YES		YES
	Service quality	The average score of county, township and village providers on ECD (questions to be defined)	Qualitative interview, facility based survey				YES
		The acceptance of service providers towards ECD services proposed by the project	Qualitative interview, facility based survey			YES	YES
		The willingness of the service providers towards ECD services by the project	Qualitative interview, facility based survey			YES	YES
		The quality of service provision, including counseling, screening, group sessions and home visits	Onsite observation, facility based survey				YES
		CI12: The satisfaction level of caregivers with ECD services	Qualitative interview, Household survey				YES

OUTPUT	INDICATORS		POSSIBLE DATE SOURCE	BASELINE SURVEY	MONITORING	FORMATIVE EVALUATION	ENDLINE SURVEY
Output 3 - Households, community leaders and ECD service providers engaged and mobilized, and the literacy, skills and behaviours of the most disadvantaged children under 3 years old and their caregivers improved to access and use ECD services with at least 70% of eligible children and caregivers reached by ECD services via multiple delivery channels by 2020.							
Output indicators	Service coverage and compliance	CI8: % of children receiving monthly play and communication counseling via clinic services	Household survey				YES
		% of children taking YYB in line with national standard	Household survey				YES
		CI9: % of children receiving at least one group session	Routine monitoring, Household survey		YES		YES
		Number of group sessions that children attended	Routine monitoring, Household survey		YES		YES
		CI10: % of children receiving child developmental monitoring	Routine monitoring, Household survey		YES		YES
		% of children screened as positive using warning signs checklist	Routine monitoring, Household survey		YES		YES
		% of children at risk of delay referred under 1 years old	Routine monitoring, Household survey		YES		YES
		CI11: % of children at risk of developmental delays receiving home visits (> =1)	Routine monitoring, Household survey		YES		YES
		Number of home visits children at risks received	Routine monitoring, Household survey		YES		YES
	Nurturing care practice	CI18: % of exclusive breastfeeding (< 6 months)	Household survey	YES			YES
		Minimum dietary diversity	Household survey	YES			YES
		CI14: % of families having at least three picture books	Household survey	YES			YES
		CI15: % of families having at least two toys	Household survey	YES			YES
		CI19: % of families support for early learning activities	Household survey	YES			YES
		CI20: % families with children 0-3 performing appropriate care, early learning and discipline	Household survey	YES			YES
		CI16: % of fathers participated in the parent-child activities	Household survey	YES			YES
		CI17: % of mothers participated in the parent-child activities	Household survey	YES			YES
		% of children 0-3 washing hands at critical times	Household survey	YES			YES

OUTPUT	INDICATORS		POSSIBLE DATE SOURCE	BASELINE SURVEY	MONITORING	FORMATIVE EVALUATION	ENDLINE SURVEY
		CI21: % of caregivers washing hands at critical times	Household survey	YES			YES
	Nurturing care knowledge	% of caregivers knowing exclusive breastfeeding with children at a given age	Household survey				YES
		% of caregivers knowing time for complementary feeding	Household survey				YES
		% of caregivers knowing three key moments for handwashing	Household survey				YES
		% of caregivers knowing the right methods of taking YYB	Household survey				YES
		% of caregivers knowing more support required for children at risk	Household survey				YES
		% of caregivers knowing the importance of early period for overall child development	Household survey				YES
		CI13: % of caregivers knowing play, communication and more parent-child interaction is beneficial to child development	Household survey				YES
Demographic data		Number of project villages	Facility based survey	YES			YES
		Total population in the county	Facility based survey	YES			YES
		Total population in project sites	Facility based survey	YES			YES
		Number of pregnant women in project sites	Facility based survey	YES			YES
		Number of children under 3 in project sites	Facility based survey	YES			YES
		Maternal Mortality Ratio in the county	Facility based survey	YES			YES
		Under 5 Child Mortality Rate in the county	Facility based survey	YES			YES
		Education: illiterate rate	Facility based survey	YES			YES
		Proportion of ethnic minorities	Facility based survey	YES			YES
		Population living on less than US $1.25/ day	Facility based survey	YES			YES
		Population living on less than US $2/day	Facility based survey	YES			YES

*Sustainability and relevance of questions and indicators to be developed

* Focus of indicators on ECD weak areas, e.g. responsive care, high-risk interventions, instead of traditional component in the primary health care package

Annex 5. Template of evaluation matrix

Evaluation questions	Sub-questions	Indicators	Tools for data collection	Data types and sources	Data analysis strategies	Availability of baseline data