Terms of Reference for 0-3KCF

[External Baseline Study]

[Nurturing Care: Promoting Early Childhood Development (ECD) for children aged 0-3 in Cangyuan County, Yunnan Province]

[February，2023]

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# Project Summary

|  |  |
| --- | --- |
| Type of evaluation | [External Baseline Study] |
| Name of the project | [Nurturing Care: Promoting Early Childhood Development (ECD) for children aged 0-3 in Cangyuan County, Yunnan Province ] |
| Project Start and End dates | [1st January 2023 – 31st December 2025 (36 months)] |
| Project duration | [3 years] |
| Project locations: | [Cangyuan County, Yunnan Province, China] |
| Thematic areas | [Education] |
| Sub themes | [ECCD] |
| Donor | [Save the Children Hong Kong/SC Hong Kong various donors/general funds] |
| Estimated beneficiaries | [ 800 children aged 0-3 (46% being girls) and 1,600 caregivers (50% being women) in 8 rural communities in Mengdong and Mengsheng township in Cangyuan County.] |
| Overall objective of the project | The project aims to help children aged 0-3 in rural Cangyuan County gain better access to early childhood development services and grow up in a caring family and community environment.  At the same time, the Cangyuan County government is encouraged to adopt the project model county-wide and further promote the model at the provincial and national levels to promote its wider implementation in Southwest China.] |

# Introduction

This document provides Terms of Reference for [Nurturing Care: Promoting Early Childhood Development (ECD) for children aged 0-3 in Cangyuan County, Yunnan Province External Baseline Study], which is a three-year project to help all boys and girls (0-3 years old) in rural Cangyuan County, Yunnan Province, gain access to ECD services and grow up in a community environment with loving families and friendly Spaces. In particular, Wa people and cross-border migrant children in Cangyuan County are affected by local economy, language barriers and places of residence, so ECD services for children are a major problem. The project will provide nurturing care to female and male caregivers for their children by building the capacity of services to support caregivers and creating an enabling environment. The project will work with key local partners in the same sector, such as village partners, including ECD workers and CFS workers. And county-level partners, such as the Civil Affairs Bureau, the Health Bureau and the county-level children's health hospital, the Women's Federation and the Cangyuan Women and Children's Service Center. And will work to integrate nurturing care support into its existing service delivery platform for boys and girls from birth to 3 years of age and their carers. The target project sites will be Mengdong Township and Mengsheng Township in Cangyuan County, Yunnan Province, comprising eight communities: Baita, Yonghe, Yongleng, Paliang, Mengsheng, Mankan, Mankan Laozhai and Heping. The donor for the project is The Kadoorie Charitable Foundation(KCF) and Save the Children Hong Kong.This Evaluation will be External Evaluation.

The project background, study scope, key questions, intended methodology (if applicable), reporting and governance, key deliverables and timeframes for its implementation are provided in the sections that follow.

# Background and Context

The program is based on SC China's experience in different ECD programs, combining nutrition, early learning, active parenting/child protection interventions with the actual situation in Cangyuan County, Yunnan Province, to meet the needs of children through community - and family-based service models. The rationale for the SC China Design project is to adapt the existing nurturing care framework and the Socio-ecological framework to the actual situation in Cangyuan County, Yunnan Province, to foster care framework design activities in key areas such as health, nutrition, responsive care, safety and early learning opportunities. Building supportive Socio-ecological frameworks will empower caregivers and communities to ensure local ownership and sustainability. That if children are to reach their full potential, they need a nurturing, respectful and protective environment. Such an environment depends on caregivers having the necessary knowledge and skills to create it; This can empower caregivers through effective community networks and the provision of quality services, as well as enabling environments. Therefore, for children aged 0-3, we will focus on building the capacity of caregivers and service providers and creating an enabling environment to support ECD.

First, we set up community Child development Committees (CCDCS) and conducted culturally responsive needs assessments by recruiting local people to become members of CCDCS. In addition, local ECD and CFS workers are recruited for targeted training and management based on local culture, traditions and needs assessments. Second, ECD workers will organize biweekly group meetings in eight project areas for children aged 6-36 months and their caregivers, enabling parents to build supportive peer networks to promote children's interaction and social-emotional development. For children who are unable to attend group meetings or need tailored support, ECD workers will conduct bi-weekly home visits, and SC China and Child Development will support ECD workers to identify and pay special attention to vulnerable children (e.g. cross-border families, single mothers, grandparents, caregivers with disabilities, etc.). ECD capacity building for caregivers for better implementation of ECD services is divided into three sections. First, quarterly nutrition training for CFS, where ECD staff demonstrate correct feeding practices and support caregivers' practices; Second, training on child protection topics, covering non-violent parenting, family safety, etc. The third is to produce pictures and videos (IEC) in the Wa dialect that are easy to understand. Finally, to reach more children and caregivers and contribute to the provision of comprehensive parenting and care services, we will build partnerships with civil society organizations, communities, governments and the private sector, and work to integrate children and child care services into their existing service delivery platforms for children aged 0-3 years and their caregivers. SC China and Cangyuan County Civil Affairs Bureau will jointly select and adapt 8 community CFS for children aged 0-3. The selection criteria of CFS include the size and location of CFS. The Civil Affairs Bureau will provide space free-of-charge for CFS and the basic operational cost. Cangyuan County Womens Federation will provide support in selecting books and toys to be provided in each CFS for children aged 0-3 to play with. SC China will work with Can yuan County Civil Affairs Bureau and Women Federation to develop a workplan for reporting and referring children at risk of child abuse and neglect. The workplan will include: roles and responsibilities of involved duty bearers; risk identification (e.g. accidental injuries); reporting channels, case documentation, etc. SC China will include child protection topics (e.g. parenting without violence) in the trainings to ECD workers and CFS workers (Activities 1.4 and 1.5) to strengthen their awareness and share relevant IEC materials and videos. SC China will discuss with the CFS workers and ECD workers to jointly identify children at risk through group activities and home visits.

In order to ensure the objectives of project activities, children are guaranteed access to ECD services. We will also support the implementation of best practices to ensure that ECD has a sustainable, large-scale impact. We will do two parts of the outreach. First, at the county level, we will develop a CFS operations manual to support CFS workers. Establish a coordination committee, including all government partners, to discuss work plans and milestones through annual stakeholder coordination meetings. To make policy recommendations to Cangyuan County government. Project sharing meetings were held with non-project villages in Cangyuan County to promote standardized CFS service packages for children aged 0-3 years and to provide information for changes in county policies and guidelines. Second, in the publicity above the provincial level, SC China will invite professors from Kunming University and/or Yunnan University to further analyze the project and submit a policy brief to Yunnan Provincial Civil Affairs Department and Yunnan Provincial Health Commission. Based on their feedback, SC China will revise and submit to the Ministry of Civil Affairs.Engage officials from provincial civil affairs department and provincial health commission to visit project sites and attend project meetings. Inviting project representatives to present at 2 national meetings/seminars organized by the National Health Commission and/or the Ministry of Civil Affairs.Inviting project representatives to present at 2 national meetings/seminars organized by the National Health Commission and/or the Ministry of Civil Affairs.

SC China has a wealth of experience and resources in Yunnan. Since 2017, it has cooperated with various government departments (health, civil affairs, women's Federation, etc.) in various projects. Based on these projects, SC China has established a team of professional trainers specializing in different ECD topics in Cangyuan County and other counties in Yunnan Province. SC China has developed various IEC materials and tools, such as child growth monitoring charts, Infant and Young Child Feeding (IYCF) manuals, home visit manuals, family group meeting manuals, Parents Without Violence (PwV) courses, child PwV and ECD videos. The materials and tools will be used in a new project in Cangyuan County.

The program is in line with national policy guidelines. Since 2019, the Chinese government has provided guidance on the provision of comprehensive services for children aged 0-3, including healthy nutrition, early learning and safety. In the Action for Healthy Children (2021-2025) issued by the National Health Commission in 2021, guidance on the establishment of developmental services for children aged 0-3 years is strengthened. This includes the establishment of community-owned and operated child-friendly Spaces (CFS) that provide a safe place for children to play, learn and develop in the community. In this project, SC China will support community members to jointly prepare CFS to provide services for children aged 0-3 years.

# Scope of Study

## Purpose, Objectives and Scope

The study was conducted at the beginning of the project " Nurturing Care: Promoting Early Childhood Development (ECD) for children aged 0-3 in Cangyuan County, Yunnan Province " in Cangyuan County, Yunnan Province. It will serve as a baseline..

As one of the poorest provinces in Yunnan Province, Cangyuan County faces severe challenges in improving the access and quality of ECD. Compared with other projects, the project leverages and strengthens the CFS function in the communities. CFS are part of government system and Cangyuan County Civil Affair is responsible for its operation. We expect the project model and results can encourage and convince Cangyuan County Civil Affair, other local government departments and the communities to invest more human and financial resources towards ECD to benefit more children aged 0-3.

The primary purpose of the study is: to establish baseline value for early childhood indicators and constitute the basis to measure project performance for the endline report. The study will also help to find out determinants for child development outcomes that will help to set the target for project indicators and facilitate evidence-based decision-making in regards to the implementation of the project.

The study main objectives are as follows:

1. Measure child development impact using Ages & Stages Questionnaires (ASQ) tool to assess Communication, Gross Motor, Fine Motor, Problem Solving, Personal-Social and Social-Emotional Development between children aged 0-3 in project sites.

2. Measure child nutritional status including stunting, anaemia, exclusively breast feeding, minimum acceptable diet etc.

3. Measure current knowledge, attitude, and practices of caregivers regarding responsive care and early stimulation of their 0 to 3-year-old children.

4. Understand the current situation and policy support in project communities that influence child development outcomes.

The following indicator baseline value will be collected during baseline:

|  |  |
| --- | --- |
| **Indicator** | **Means of verification** |
| 1.a Policy and funding investment on ECD services from Cangyuan County government and communities are improved | 1. ECD related policies issued during the project years by Cangyuan County government will be compared with existing ones  2. Funding investment from Cangyuan County government on ECD across the project years will be collected |
| 1.4.b Percentage of CFS workers demonstrate improved CFS management skills, and capacity to support caregivers and children | 1. Comparison of baseline and endline data of CFS workers' CFS management skills  2. Comparison of pre-training and post-training data of CFS workers' capacity to support caregivers and children |
| 2.a Prevalence of stunting (height for age <2 standard deviations from the median of the WHO Child Growth Standards) among children under 24 months old. | Baseline and endline data of measuring stunting among children under 24 months old based on WHO Child Growth Standards will be collected and analyzed |
| 2.b Prevalence of anaemia in children aged 6 to 23 months. | Baseline and endline data of measuring anaemia rate in children aged 6 to 23 months will be collected and analyzed |
| 2.c Percentage of boys and girls aged 6 to 36 months who are developmentally on track in the following four domains: a) communication, b) cognition, c) socio-emotional skills, and d) motor skills. | Children's development data of these four domains will be collected and analyzed annually using Ages & Stages Questionnaires (ASQ). |
| 2.3.b Percentage of infants aged 0 to 5 months who were fed exclusively with breast milk during the previous day | Comparison of baseline and endline data of exclusive breastfeeding rate in infants aged 0 to 5 months |
| 2.3.c Percentage of children aged 6 to 23 months who receive an iron-rich food in the past 24 hours | Comparison of baseline and endline data of children aged 6 to 23 months who received an iron-rich food in the past 24 hours |
| 2.3.d Percentage of children aged 6 to 23 months who consumed a minimum acceptable diet during the previous day. | Comparison of baseline and endline data of children aged 6 to 23 months who consumed a minimum acceptable diet during the previous day |
| 3.a Percentage of caregivers demonstrate improved KAP of responsive parenting and early stimulation | Comparison of baseline and endline data of caregivers' KAP scores of responsive parenting and early stimulation |
| 3.b Percentage of caregivers who report having practiced at least one early learning activity (e.g. reading, singing, telling stories, etc.) with their children in the past three days | Comparison of baseline and endline data of caregivers who report having practiced at least one early learning activity (e.g. reading, singing, telling stories, etc.) will be collected and analyzed. |

We expect the external evaluator can also make the comparison between project communities’ ASQ score with China average score. The study team will be required to undertake consultation with the SC Project Manager, MEAL Senior Project officer and the Study Working Group at the commencement of the project in order to further refine the Study questions.

**Scope:** The study will be conducted in a total of eight communities in the target townships in Cangyuan County, Yunnan Province . The primary target of the baseline study was Save the Children Hong Kong (SCHK). The findings will also be shared with relevant stakeholders and partners.

## Intended Audience and Use of the Study

Primary intended audience of the study are:

|  |  |
| --- | --- |
| **Stakeholder** | **Further information** |
| Project donor | Save the Children Hong Kong; The Kadoorie Charitable Foundation(KCF) |
| Primary implementing organisation | Save the Children China 0~6 program team |
| Implementing partners | To be decide |
| Government stakeholders | Civil Affairs Bureau,Women’s Federation |
| Community groups | ECD workers, CFS workers and Community champions(100% selected from villagers) |
| Beneficiaries | Children and adults involved in the program/project/s and the study |
| International development/humanitarian research community | N/A |

The study team will be required to propose how the primary audience will be involved throughout the evaluation process and how evaluation findings will be shared with each of the different stakeholders in the table above, particularly outlining how reporting back to communities, beneficiaries and children will be conducted in an accessible and child friendly manner.

## Key Study Questions

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Criteria** | **Key Study Questions** | **Formative** | **Process** | **Outcome** | **Impact** | **Economic** |
| Acceptability and appropriateness | * Is the intended program/ project acceptable to the local community and stakeholders? Will they be willing to participate and engage? | **X** |  |  |  |  |
| Safe programming | * How has child safety been integrated into the program/ project design and implementation of activities? What aspects of the program/project make children feel safe? * How has the program/ project assessed the risks for children and do these risks still exist to date? Have they been reduced, controlled and managed by the minimising actions? Are there new risks? What further measures do we need to implement to reduce, remove and control these new emerging risks? | **X** |  |  |  |  |
| Equity and equality | * Did/does the intervention have an impact on inequality or marginalization? * Is there evidence that the intervention reduces inequality and marginalization for specific groups? * What mechanisms/ factors contributed to this result? | **X** |  |  |  |  |
| Inclusion | * How did the program/ project consider inclusion of vulnerable groups in the design and its implementation of activities? | **X** |  |  |  |  |
| Gender sensitivity | * How has the program/ project considered gender sensitivity both in the design and its implementation of activities? * Has the program/ project incorporated different needs and accessibility of boys and girls, men and women, and non-binary individuals? * What are the gender gaps that the program/ project addressed and what remaining aspects need to be considered further? | **X** |  |  |  |  |

\*[OECD DAC Criteria](https://www.oecd.org/dac/evaluation/daccriteriaforevaluatingdevelopmentassistance.htm)

# Study Methodology

## Study Design

It is expected that this study will involve:

* a comprehensive longitudinal design with baseline and endline
* focus group discussions
* in-depth interview with key informants
* quantitative survey

For the panel design, the same caregivers and children who had been assessed by ASQ and interviewed during the baseline study will be assessed again in the following rounds of the endline study. Quantitative data will be gathered via surveys distributed to children’s caregivers. Qualitative data will be obtained from interviews with service providers such as health workers, social workers or volunteers, government officials, and other stakeholders. Analysis design, instruments and tools will be developed by External Evaluation team. The analysis should include an assessment against specified project indicators.

## Sampling

A list of caregivers and community partners from the target group will be provided to external evaluator used for sampling frames before baseline survey.

The sampling method to be used for survey/focus groups will be following:

Children and their caregivers: Around 400(Exact number will be provide after situation analysis) systematic/in-depth intervention children aged 0-3 in 8 target communities as sampling frame by simple random sampling methodology. Recommend simple random sampling. If margin of error is 5%, Confidence level 95%, population size is 400, and response distribution is 50%, minimum sample size is 197 bases on following equation:

x=Z(c/100)2r(100-r)n=N x/((N-1)E2 + x)E=Sqrt[(N - n)x/n(N-1)]

IDI (In-depth interview): Government stakeholders

FGD (Focus Group Discussion):To be decide after situation analysis

**5.3 Data Sources and Data Collection Methods / Tools**

All primary data collected during the study must facilitate disaggregation by gender, age, disability, location or remoteness and vulnerability status. Save the Children will provide guidance on tools and classification schemes for this minimum dataset.

Save the Children recommends existing data collection tools that can be drawn on in the study. These include: Ages & Stages Questionnaires (ASQ) tool

Save the Children will provide enumerators to assist with primary data collection. It will be a requirement of the study team to source additional external data sources to add value to the study, such as government administrative data. The team should also indicate how data triangulation will be realised.

A range of project documentation will be made available to the study team that provides information about the design, implementation and operation of the Program. Documents include: [Project Proposal, Logframe]

The study team is required to adhere to the [Save the Children Child Safeguarding; Protection from Sexual Exploitation and Abuse; Anti-Harassment, Intimidation and Bullying](mailto:https://www.savethechildren.net/about-us/our-commitment-safeguarding); and Data Protection and Privacy [include it as an annex] policies throughout all project activities.

## Ethical Considerations

It is expected that this study will be:

* **Child participatory**. Where appropriate and safe, children should be supported to participate in the evaluation process beyond simply being respondents. Opportunities for collaborative participation could include involving children in determining success criteria against which the project could be evaluated, supporting children to collect some of the data required for the evaluation themselves, or involving children in the validation of findings. Any child participation, whether consultative, collaborative or child-led, must abide by the [9 Basic Requirements for meaningful and ethical child participation](https://resourcecentre.savethechildren.net/library/applying-9-basic-requirements-meaningful-and-ethical-child-participation-during-covid-19).
* **Inclusive**. Ensure that children from different ethnic, social and religious backgrounds have the chance to participate, as well as children with disabilities and children who may be excluded or discriminated against in their community.
* **Ethical**: The study must be guided by the following ethical considerations:
  + Safeguarding – demonstrating the highest standards of behaviour towards children and adults.
  + Sensitive – to child rights, gender, inclusion and cultural contexts.
  + Openness - of information given, to the highest possible degree to all involved parties.
  + Confidentiality and data protection - measures will be put in place to protect the identity of all participants and any other information that may put them or others at risk.[[1]](#footnote-1)
  + Public access - to the results when there are not special considerations against this
  + Broad participation - the relevant parties should be involved where possible.
  + Reliability and independence - the study should be conducted so that findings and conclusions are correct and trustworthy.

It is expected that:

* Data collection methods will be age and gender appropriate.
* Study activities will provide a safe, creative space where children feel that their thoughts and ideas are important.
* A risk assessment will be conducted that includes any risks related to children, young people’s, or adult’s participation.
* A referral mechanism will be in place in case any child safeguarding or protection issues arise.
* Informed consent will be used where possible.

The study team will not be required to obtain approval from a Human Research Ethics Committee.

# Expected Deliverables

The study deliverables and tentative timeline (subject to the commencement date of the study) are outlined below. The external evaluator team lead and SC Project Manager will agree on final milestones and deadlines at the inception phase.

**Deliverables and Tentative Timeline**

|  |  |
| --- | --- |
| **Deliverable / Milestones** | **Timeline** |
| The study Team is contracted and commences work | 2023.4.7 |
| The study Team will facilitate a **workshop** with the relevant stakeholders at the commencement of the project to develop the inception report. | 2023.4.7 |
| The study Team will submit an **inception report\*** in line with the [provided template](https://savethechildren1.sharepoint.com/:f:/g/what/me/EvtNzatd2hlFgFZvAblFe98BeYqbxHcXg_CrZTLdP7Gp8Q?e=4dDyJ6), including:   * Study objectives, scope and key study questions * description of the methodology, including design, data collection methods, sampling strategy, data sources, and study matrix against the key study questions * data analysis and reporting plan * caveats and limitations of study * risks and mitigation plan * ethical considerations including details on consent * stakeholder and children communication and engagement plan * key deliverables, responsibilities, and timelines * resource requirements * data collection tools (in line with the study matrix)   Once the report is finalised and accepted, the evaluator/researcher study team must submit a request for any change in strategy or approach to the study manager or the steering committee. | 2023.4.30 |
| **Ethics submission (*if applicable*):**  Should approval from a Human Research Ethics Committee be required, an ethics submission should include:   * study protocols (participant recruitment, data security and storage, consent and confidentiality etc.) * considerations for consulting with children and other vulnerable groups (if applicable) * participant information statement and consent forms | N/A |
| **Final data collection tools (in the report language)**:   * Survey instrument * Data collection mechanism | 2023.4.30 |
| A Study **Report\*** (Draft Version – [template available](https://savethechildren1.sharepoint.com/:f:/g/what/me/EvtNzatd2hlFgFZvAblFe98BeYqbxHcXg_CrZTLdP7Gp8Q?e=4dDyJ6) if useful though external actors may want to use theirs) including the following elements:   * Executive summary * Background description of the Program and context relevant to the Study * Scope and focus of the study * Overview of the study methodology and data collection methods, including a Study matrix * Findings aligned to each of the key Study questions * Specific caveats or methodological limitations of the evaluation * Conclusions outlining implications of the findings or learnings * Recommendations * Annexes (Project Logframe, Study ToR, Inception Report, Study schedule, List of people involved)   A consolidated set of feedback from key stakeholders will be provided by Save The Children within [2] weeks of the submission of the draft report. | 2023.6.30 |
| **Data and analyses** including all encrypted raw data, databases and analysis outputs | 2023.6.30 |
| **Final Study Report\*** incorporating feedback from consultation on the Draft Study Report | 2023.7.30 |
| **Knowledge translation materials:**   * PowerPoint presentation of Study findings * Evidence to Action Brief\*\* | 2023.8.30 |

\*All reports are to use the Save the Children [Final Study Report template.](https://savethechildren1.sharepoint.com/:f:/g/what/me/EvtNzatd2hlFgFZvAblFe98BeYqbxHcXg_CrZTLdP7Gp8Q?e=4dDyJ6) Please also refer to Save the Children technical writing guide.

All documents are to be produced in MS Word format and provided electronically by email to the SC Evaluation Project Manager. Copies of all PowerPoint presentations used to facilitate briefings for the project should also be provided to Save the Children in editable digital format.

# Reporting and Governance

The study team lead is to provide reporting against the project plan. The following regular reporting and quality review processes will also be used:

* Verbal reporting each month to the Save the children Project Manager/MEAL Senior Project Officer by outlining progress made over the past month.
* An bi-annually ASQ progress analysis Report by email to the Save the Children study Project Manager bi-annually, documenting progress, any emerging issues to be resolved and planned activities for the next month.

The study team will also attend a regular Study Working Group (EWG) meeting. The EWG will meet every quarter.

# Study Management

**Study Tentative Timeline, with key deliverables in bold. The final timeline and deliverables will be agreed upon the inception phase.**

|  |  |  |  |
| --- | --- | --- | --- |
| What | Who is responsible | By when | Who else is involved |
| Study tender submissions due | [Study proponents] | 2023.3.31 |  |
| Tender review and selection of study team | [SC tender review panel] | 2023.4.7 | Project Manager, MEAL, Admin |
| Documentation review, desk research | [Study team] | 2023.4.15 | Project Manager, MEAL |
| Consultation | [Study team] | 2023.4.15 | Project Manager, MEAL |
| Inception report | [Study team] | 2023.4.30 | Project Manager, MEAL |
| Review of inception report | [SC Study Project Manager] | 2023.5.12 | SCHK |
| Development of Data collection tools | [Study team] | 2023.4.30 | [Study Working Group,  Technical advisor] |
| Ethics submission | [Study team] |  | N/A |
| Data collection | [Study team] | 2023.5.9 | [SC enumerators] |
| Data management and analysis (coding, transcriptions, data cleaning, integration and analysis) | [Study team] | 2023.6.30 |  |
| First draft of the Final study report | [Study team] | 2023.6.30 |  |
| Review of first draft report | [SC study Project Manager] | 2023.7.10 | [Project Manager, MEAL, TL] |
| Meeting with evaluators and evaluation team to finalize the report | [SC study Project Manager] | 2023.7.30 | [Project Manager, MEAL] |
| Validation of study findings and recommendations | [SC study Project Manager] | 2023.8.01 | [SC MEAL staff, Technical advisor] |
| Final study report and submission of data and analyses | [Study team] | 2023.8.30 | [Project Manager, MEAL,SCHK] |
| Knowledge translation materials | [Study team] | 2023.8.30 |  |
| Project team meeting to develop Study Response Plan | [SC Study Project Manager] | 2023.8.30 | [SC Project Manager, Technical advisor] |
| Study final report (together with response plan) posted on OneNet and reviewed (see page 1 above for platform links) | [SC Study Project Manager] | 2023.9.30 | [SC Peer reviewers] |

# Study Team and Selection Criteria

Interested consultants will be required to submit an Expression of Interest in line with the provided template, which should demonstrate adherence to the following requirements.

### Understanding of Requirements and Experience

To be considered, the study team members together must have demonstrated skills, expertise and experience in:

* Designing and conducting baseline evaluations using a comprehensive longitudinal design
* Conducting studies in the field of Early Childhood Education, particularly in relation to Early Childhood Development assessment
* Leading socio-economic research, evaluations or consultancy work in China that is sensitive to the local context and culture, particularly gender equality, ethnicity, religion, minority groups and/or other factors
* Conducting ethical and inclusive studies involving children and child participatory techniques
* Conducting ethical and inclusive studies involving marginalised, deprived and/or vulnerable groups in culturally appropriate and sensitive ways
* Managing and coordinating a range of government, non-government, community groups and academic stakeholders
* Experience conducting study in humanitarian contexts
* Sound and proven experience in conducting evaluations based on OECD-DAC evaluation criteria, particularly utilisation and learning focused evaluations
* Extensive experience in theories of change and how they can be used to carry out evaluations
* Strong written and verbal skills in communicating technical and/ or complex findings to non-specialist audiences (especially report writing and presentation skills)
* A track record of open, collaborative working with clients

There is a high expectation that:

* Members (or a proportion) of the study team have a track record of previously working together.
* A team leader will be appointed who has the seniority and experience in leading complex study projects, and who has the ability and standing to lead a team toward a common goal.
* The team has the ability to commit to the terms of the project and have adequate and available skilled resources to dedicate to this study over the period.
* The team has a strong track record of working flexibly to accommodate changes as the project is implemented.

### Financial Proposal

Save the Children seeks value for money in its work. This does not necessarily mean "lowest cost", but quality of the service and reasonableness of the proposed costs. Proposals shall include personnel allocation (role/ number of days/ daily rates/ taxes), as well as any other applicable costs.

# Schedule of Payment

The following payments will be made to the consultant used and agreed mode of payment

* Upon approval of inception report and tools: [50%]
* Upon approval of final study report: [50%]

# HOW TO APPLY

If interested in applying for this study, please refer to the [Consultant EOI Form](https://savethechildren1.sharepoint.com/:f:/g/what/me/EvtNzatd2hlFgFZvAblFe98BeYqbxHcXg_CrZTLdP7Gp8Q?e=4dDyJ6). Contact person for this study is jian.gu@savethechildren.org

# Annexes

**Annex 1: Project Logframe**



**Annex 2: List of project documents to be consulted**

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**Annex 4: SCI Evaluation Scoring for perspective consultants**

|  |  |
| --- | --- |
| **Category** | **Evaluation Quality Criteria** (used for internal scoring after completion) |
| **Purpose, Design and Methods** | 1. Does the evaluation report clearly identify the evaluation's purpose (including its key objectives, questions and criteria) as set out in the evaluation's Terms of Reference (ToR)? |
| 2. Are the data collection and analysis methods a clearly justified approach to addressing the evaluation's purpose and questions? (Do they provide valid, reliable and ethical data?) |
| 3. Is the methodology suitably tailored to the context and population groups to which the evaluation questions relate (e.g. re gender, disability, socio-economic status, geographic location, cultural context, ethnicity)? |
| 4. Is the size and composition of the sample in proportion to the conclusions sought by the evaluation? |
| 5. Does the evaluation build on what is already known, for example existing tried and tested frameworks and tools, existing data/evidence, and previous lessons learned? |
| 6. Are the methods used to collect and analyse data and any limitations of the quality of the data and collection methodology explained and justified? |
| 7. Has any personal and professional influence or potential bias among those collecting or analysing data been recorded and addressed or mitigated ethically? |
| **Analysis and Findings** | 8. If evaluating impact, is a point of comparison used to show that change has happened (eg. a baseline, a counterfactual, comparison with a similar group)? |
| 9. Is the explanation of how (e.g. theory of change, logframe, activities) the intervention contributes to change explored? |
| 10. Is the data well triangulated, such as by using different data collection methods, types of data and stakeholder perspectives? |
| 11. Are alternative factors (eg. the contribution of other actors) considered to explain the observed result alongside an intervention’s contribution? |
| 12. Are unintended and unexpected changes (positive or negative) identified and explained? |
| 13. Are the perspectives of children & communities included in the evidence, including the most deprived and marginalised? Note: For evaluations focused on young children, caregiver perspectives are adequate instead. |
| 14. Are the findings disaggregated according to sex, disability and other relevant social differences? |
| 15. Is there a clear logical link between the data that was collected and analysed, and the conclusions and recommendations presented? |
| 16. Are conflicting findings and divergent perspectives presented and explained in the analysis and conclusions? |
| 17. Are the findings and conclusions of the assessment shared with and validated by a range of key stakeholders (eg. communities, partners, Save the Children staff)? |
| **Communication and Use** | 18. Is the analysis and interpretation of the data well communicated through accessible language and helpful visuals (diagrams, graphs, tables as needed)? |
| 19. Are references, annexes and links included that provide additional relevant data, analysis or references (including key documents and which individuals/stakeholders were involved)? |
| 20. Is there a clear plan for how to use the results, including recommendations that are 'SMART' (Specific, Measurable, Achievable, Relevant, Timebound) and directed toward the appropriate 'end users', a dissemination plan, and specific actions for implementing these recommendations? |

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| ToR prepared by: | Zeng Wen, Project Team |
| ToR approved by: |  |
| Date of sign off: |  |

1. If any Consultancy Service Provider, Freelancer or Contingent worker will have direct contact with children and/or vulnerable adults and/or beneficiaries and/or have access to any sensitive data on safeguarding and/or children and/or beneficiaries, it is the responsibility of the person receiving the consulting service to contact the local HR team and child safeguarding focal point to ensure vetting checks and on-boarding are conducted in line with statutory requirements, local policies and best practices guidance. [↑](#footnote-ref-1)