

Evaluation of the project Space for Kids to be Kids in Maharashtra and Rajasthan

October 14, 2019

- Study (an initiative to establish current knowledge around a specific topic through the descriptive summarization, interpretation or assessment of information and data)
- Research (systematic process of the collection and analysis of data and information, in order to generate new knowledge, to answer a specific question or to test a hypothesis)
- Evaluation (rigorous, systematic and objective process in the design, analysis and interpretation of information to answer specific questions)

IR# 2040/A0/06/200/201/002 Support National and state governments design and implement strategies to improve infant and young child feeding

2040/A0/06/500/502/501 Support capacity development, review and development of curricula, training and learning materials, and monitoring

1. Background

The first six years of a child's life, a period of rapid brain development and learning, are particularly critical. Early childhood research and programmes have consistently demonstrated that provision of services to support early childhood survival, growth and development along with parenting care and safety are pre-requisites for early childhood development. Young children's healthy development depends on nurturing care—defined as care which ensures health, nutrition, responsive caregiving, safety and security, and early learning.

Positive parenting is essential for building a secure relationship for healthy development of the child, both boys and girls. It builds resilience, promotes brain development and is essential for the child to function well as an adult. Caregiving that is responsive, gender neutral and disciplinary practices influence behaviours in early childhood and are also a predictor of adult behaviour. Furthermore, parental support and involvement is important once children go to preschool as well, as children who have learning support at home have better school readiness and learning outcomes in the early primary grades.

In keeping with the spirit of the Convention on the Rights of the Child, family and parenting support is increasingly recognized as an important part of national social policies and social investment packages aimed at reducing poverty, decreasing inequality and promoting positive parental and child well-being.

Focus on the young child in India

The Integrated Child Development Services Programme of Ministry of Women and Child Development is a multi-sectoral endeavour which aims at integrated delivery of a package of services for children of 0–6 years of age, pregnant and lactating mothers and adolescent girls from disadvantaged sections belonging to poorest of the poor families. Anganwadi centres, established under the Integrated Child Development Services (ICDS) programme for the delivery of early child development services, have service provisions which includes nutrition, health, play-based pre-school education. A fixed day approach namely the Village Health Sanitation and Nutrition Day (VHSND) organized at the anganwadi centre is a key platform to deliver the integrated package of services for health and nutrition. The fixed monthly Early Childhood Care and Education (ECCE) Day is a platform for interface between the Anganwadi worker (AWW) and the parents/community on care and education with a specific focus on children in the pre-school programme. The VHSND and the ECCE day are complemented with other activities such as mothers' meeting and preschool activities organized at the anganwadi centres and home visits undertaken by the AWW and the Accredited Social Health Activist (ASHA), who is a community health worker instituted by the government of India's Ministry of Health and Family Welfare (MoHFW) as a part of the National Rural Health Mission (NRHM).

Early Childhood Development and Gender

Gender inequality in India often manifests itself early, children are subjected to gendered nurture and care. Data indicates that median duration of exclusive breastfeeding and any breastfeeding is longer for boys as compared to girls (NFHS-4). In India under-five mortality rate is higher among girls as compared to boys. Gender discrimination together with son preference results in young girls receiving less nutrition, health-care, opportunities to play and access early learning. Also, it is during the early years that girls and boys learn gendered attitudes and expectations - from parents, caregivers, other family members and teachers. Right from the earliest age boys are prepared for their future role as provider and protector, and girls as mothers and caregivers. Learning these rules and expectations can be limiting for all children –particularly limiting for girls. Programming that supports young girls and boys to develop to their fullest potential while also working to transform unequal gendered power relations, and challenge “traditional” gender socialisation processes offers a key opportunity to break the inter-generational cycle of gender discrimination, and to advance rights of girl children.

IKEA Project

The current intervention “Spaces for kids to be kids” is a multi-country IKEA Foundation (Stitching IKEA Foundation) supported project to improve early development. The intervention in India adopts a system-based approach and utilizes the platforms available within the Anganwadi services to reach caregivers. Strategic thrust is on building the capacity of the frontline workers primarily the AWW and the ASHAs to effectively support parents/caregivers in improving care of children at household level and in providing

opportunities to support early learning in homes. The strategic components of the intervention include development of training materials, communication packages on parental care; building capacity of the frontline functionaries (AWWs and ASHAs), which includes training and on the job support to enhance their knowledge, attitude and perceptions on parenting care; and use of such learning through various platforms for quality counselling and interaction with the parents/caregivers.

The IKEA funded project with its gender dimension aims that both male and female children have equal access to services for early childhood care and education which will contribute towards ensuring all girls and boys survive, thrive and develop to their fullest potential. The project interventions are designed to emphasise that child care is not only the responsibility of mothers but also needs the involvement of fathers. The capacity building of frontline functionaries included how to use communication materials/tools in communicating with fathers as well.

In the context of the present intervention, parenting can be understood as the interactions, behaviours, emotions, knowledge beliefs, attitudes, and practices associated with the provision of nurturing care which is defined as care which ensures health, nutrition, responsive caregiving, safety and security, social emotional well-being and early learning¹. The term parenting is not limited to biological parents but extends to any guardian or caregiver providing consistent care to the child.

To know more about current practices around parenting for early childhood development please refer to Annex 1.

Project implementation

The intervention has been designed based on UNICEF's approach to ensuring sustainable development adopting pilot to policy to results-at-scale. The project in India aimed to improve service provision and utilization and improve the coverage and quality of counselling and communication support to parents/caregivers to provide nurturing care and early learning opportunities to their children. The intervention covers select districts in the states of Maharashtra and Rajasthan. This project is an innovation in India since promoting parental involvement for quality early childhood development (ECD), both in terms of improving their awareness with regards to care and development of their children and increasing demand for quality services, had not been implemented in India.

¹ Nurturing Care Framework - a framework for helping children survive and thrive to transform health and human potential was created in response to strong evidence and growing recognition that the early years are critical for human development. https://www.who.int/maternal_child_adolescent/documents/nurturing-care-early-childhood-development/en/

For sustainability and to ensure scale up, interventions were designed within the overall governments' capacity development strategy linked to ongoing programmes e.g. Poshan Abhiyaan, Rashtriya Bal Swasthya Karyakram (RBSK), Home Based Young Child Care (HBYC) and strengthening early childhood education under the umbrella of the ICDS programme. In both states, the implementation of activities has been through existing government structures: for capacity building of frontline workers (AWW and ASHA); as well as the delivery of quality services including counselling of parents through existing platforms of ICDS.

The project was initiated in August 2017, in a partnership with the Department of Women and Child Development in the states of Maharashtra and Rajasthan. Select districts² in each state were identified for implementation of the project activities. In each of the selected districts, specific blocks were identified for implementation of the project activities. Districts have been selected targeting marginalized populations of children (children from tribal groups, children living in urban slums, and children living in rural areas. In each state, blocks within the district were selected based on certain parameters. In Maharashtra, blocks were selected in consultation with government on the basis of the least number of staff vacancies in ICDS. In Rajasthan, the blocks selected were those with ongoing programme on nutrition/education. UNICEF was responsible for developing the project design and providing technical support to partners for the implementation of the project. Civil Society Organisations (CSO)³ partners were selected to provide technical and monitoring support to the project and were responsible for developing the training material and communication toolkit for parents of children (0-6 years) and imparting training to front line workers (FLW). The target for each state was to build the capacity of 2,500 frontline workers across the selected geographies.

Each state has adopted a capacity building strategy to suit the programming context as well as the platforms available for communicating with parents e.g. in Maharashtra an Incremental Learning Approach (ILA) was adopted for training. ILA builds learning incrementally to enable the frontline workers to internalize the learning, develop skills and take necessary actions. Training used games, activities and demonstrations on how to conduct a mothers' meetings and home visits. In Rajasthan, the capacity building of frontline workers was implemented during the monthly sector meetings organised by the field supervisors. A team of field supervisors was trained to equip them with skills and knowledge on training AWW on positive parenting with special reference to responsive parenting including early stimulation and creating a learning environment at home. The implementation approach in each state was different. The brief notes on the implementation strategy adopted by each state is attached in Annex 6.

² Aurangabad, Palghar, Pune and Yavatmal districts in Maharashtra; Dungarpur and Udaipur districts in Rajasthan

³ Mahatma Gandhi Institute of Medical Sciences Sewagram, Gram Mangal and Save the Children in Maharashtra and Unnati and Prarambh in Rajasthan.

Training of FLWs followed a cascade training model. The training programme content covered various aspects of early childhood development as outlined in the nurturing care framework along with an understanding of early childhood education (ECE) focussing on all domains of development and linked to the ECE curriculum. The training programmes also focussed on building skills on effectively communicating key messages using the communication tools, for counselling parents during, meetings and home visits. CSO partners in each state imparted training to the master trainers including ICDS field supervisors and ASHA facilitators and also provided oversight to trainings for quality assurance. In case of Rajasthan a mix of ICDS officials and resource persons from CSOs were part of the master trainers' group. The master trainers in turn imparted training to the FLWs on responsive parenting, and on creation of a learning environment at home for child development etc.

In Rajasthan, the trained FLWs reached out to parents/caregivers through the existing platform of mothers' meeting, community meetings, Parent Anganwadi Meeting (PAM)⁴ with parents/caregivers, home visits and community-based events, maternal and child health and nutrition sessions. The intervention prioritized the effective use of communication tools (MAA tool kit for promoting infant and young child feeding, POSHAN Abhiyaan key takeaways, Mother Child Protection card and communication cards (*Sabrang*) developed focussing on promoting learning at home for children age 3-6-years-old) and improving the coverage and quality of these events. Parenting communication toolkit *Sab Rang* in Rajasthan focused on key messages for counselling parents to promote learning at home for children 3-6-year-old. These messages were aligned to the developmental milestones laid down in the Early Learning Development Standards (ELDS) developed and standardized for children in India.

In Maharashtra, parents' meetings, VHND, growth monitoring week, community-based events, home visits and family fairs (*palakmelas*), were strengthened for the delivery of parenting messages. The focus of messages for children in the 0-3 age group was on exclusive breastfeeding, complimentary feeding, responsive feeding, feeding during illness, care of a new-born baby, growth monitoring and promotion, and play and communication.

The *Samvedansheel Palakatv* (Responsive Parenting) flip-charts were developed for communicating messages for responsive parenting focussing on children in the 3-6 age group. The key messages have been aligned to the state ECE curriculum *Aakar*. Learning was further reinforced through supportive supervision by Field Supervisors and ASHA (Accredited Social Health Activist) mentors or the CSO partners.

The project envisaged a number of immediate outcome and two intermediate outcomes from the intervention. The immediate outcome of the project intervention is increase in knowledge, attitude and practices of FLWS, who received the training from Master trainers. The two intermediate outcomes are: change perceived by parents/caregivers on improved

⁴ In Rajasthan the monthly ECCE day is referred to as Parent Anganwadi Meeting (PAM)

services in terms of improvement in the quality of counselling and interaction with the community; and new information on parenting received by parents/caregivers. Hence, the evaluation will not only assess all the project activities including capacity building of frontline workers to communicate parenting messages but also to what extent the FLWs transferred these learnings to the parents/caregivers through various platforms such as Mothers meeting, Parent Anganwadi Meeting (PAM)/Monthly ECCE day, home visits and community meetings.

A baseline study⁵ was commissioned and the study covered the six intervention districts and assessed the knowledge, attitude and practices of the frontline workers (both AWW and ASHA workers). The baseline was done as part of a formative study on parenting that examined how raising children (both girls and boys) is understood among different stakeholders and what sources of parenting support exist for parents and caregivers. The study used mixed method approach with quantitative survey and Dyads (anganwadi worker and ASHA interviewed together) with the frontline workers. Computer assisted individual interviews were conducted with 600 AWWs and; 14 dyads were also conducted to explore their current level of involvement, expertise and training on ECD.

2. Rationale & Objectives

Rationale

The evaluation of the 'Space for Kids to be Kids' project is necessary at this stage for several reasons. First, it is important to ascertain whether the positive parenting intervention actually worked as intended, and to determine its strengths as well as areas for improvement (and this is also why an evaluation is required by the donor). Second, there is not much evidence on positive parenting currently available in India, and this evaluation will generate important evidence for early child development in India, where this is still a relatively new area. Third, this evaluation has the opportunity to influence policy decisions, in both Maharashtra and Rajasthan, as well as nationally, using the evaluation findings to support scale-up. Specifically, the findings will generate learnings for the government on the sustainability and scalability of such a systems approach in which interventions for early childhood development were designed within the overall governments' capacity development strategy linked to various ongoing programmes. Aside from the donor requirement, due in early 2020, the timing of the evaluation is apt as there is strong appetite from the concerned state governments to learn from the evaluation findings before strategizing on scaling up in other districts.

Objectives:

The main objectives of this evaluation are to:

- 1.** Assess the relevance of the project, specifically the role of parental support and involvement to support early childhood development including the support of early learning in the home.

⁵ Formative Study on Parenting, UNICEF 2017

2. Assess the effectiveness of the programme in the select districts in Maharashtra and Rajasthan, specifically in terms of whether it has achieved its intended immediate and intermediate outcomes or not
3. Assess the programme effectiveness from gender and equity perspective; specifically to what extent the programme was able to achieve its gender and equity focus e.g. reach out to vulnerable communities as well as fathers.
4. Assess the efficiency of the programme in terms of utilisation of available resources and timely implementation, and understand where processes can be improved for better programme delivery
5. Capture immediate results of the interventions if any that support pathways to programme impact
6. Determine the readiness for the programme to be scaled up to other districts
7. Assess the sustainability of the programme in terms of ownership of the government
8. Capture good practices and lessons learned

9. Use of Findings

As described, the findings from the evaluation will be used to inform the national and state level policy makers and programme planners about improving the quality of ECD services with a specific focus on promoting responsive parenting for children in 0-6-years age-group. For the states of Maharashtra and Rajasthan, the findings will be of great importance as the intervention has been implemented in selected districts through the existing structures and platform of ICDS. As the two state governments are planning for scaling up of this intervention across all anganwadi centres, the learnings and recommendations of this evaluation will be of great value.

From UNICEF programming perspective, the conclusions and recommendations from this evaluation will inform UNICEFs support to government, for improving the quality of ECD programmes, with a specific focus on promoting positive parenting for children below the age of 6 years. The dissemination of the findings from the evaluation will enable UNICEF to reach out to parents, caregivers, professionals and the larger community and create awareness regarding ECD services with a specific focus on promoting parental involvement in providing nurturing care for their children.

The findings from the evaluation will contribute to evidence building in India on improving the quality of ECD services with a specific focus on promoting parental involvement. The findings will also inform other key stakeholders who are part of the ecosystem, including CSOs, academic institutions who work closely with state governments in improving the quality of ECD services.

10. Publication Plan

The findings will be made publicly available, as per UNICEF's Evaluation Policy, and published on UNICEF's website. At this stage there is no intention to publish the results academically since the results are meant primarily for programmatic purposes. However, a final decision around this will be taken during the Inception phase of the evaluation. The findings will be

disseminated internally by UNICEF through various programme network meetings. The findings of the study will also be disseminated at the national and state level, to the officials of the relevant ministries and their departments in the implementing states to inform scale-up of the programme.

Any publication will follow UNICEF's guidelines. For academic publishing, [UNICEF's Guidance on External Publishing](#) should be followed.

11. Scope of the Evaluation

Evaluation criteria and questions

The evaluation will cover the OECD/DAC [evaluation criteria](#) of relevance, efficiency, effectiveness and sustainability. The evaluation of impact is beyond the scope of this TOR, and is anticipated to take place at a later stage, once the intervention has been running for sufficient time to be able to affect behaviour and practices of parents/caregivers regarding positive parenting.

The evaluation should focus on two broad aspects of the cascade training method: (i) the training causal chain, such as quality of the training of the master trainers, supervision of the trainers, testing of FLWs, replacement of trainers, training of new FLWs as old ones leave, etc); (ii) the organizational causal chain, specifically UNICEF working with CSOs to train government workers at level middle to train front line workers at level bottom.

The draft evaluation framework matrix including the evaluation questions is given in Annex 2. The matrix will be revised by the evaluation team, in consultation with UNICEF, during the inception phase. Based on their understanding, bidders are encouraged to add additional gender and equity specific questions and sub-questions in each evaluation criteria.

Geographic focus and scope

The evaluation will be conducted in four districts of Maharashtra and two districts of Rajasthan, where the 'Space for Kids to be Kids' project has been implemented, between August 2017- till the date of commencement of the study. It is pertinent to mention here that State-specific training packages and communication tools, including parenting communication toolkit, were developed to suit the programme context in both the states. Hence, the evaluation design and approach should factor in the state level specificities.

Time Period

The evaluation will cover activities implemented between August 2017 till the commencement of the study. In order to assess the extent to which the FLWs used their learnings to communicate with parents/caregivers, through various platforms, those FLWs will be chosen for data collection where the parenting intervention should be at least of one-year duration after the training.

12. Methodology

In order to meet the objectives, it is expected that this formative evaluation will use a cross-sectional mixed-methods design, involving both quantitative and qualitative data collection and analysis of both primary and secondary data sources. A quantitative survey will predominantly be used to assess to see changes in knowledge, attitude and practices of frontline functionaries regarding ECD, while qualitative methods such as key informant interviews, focus groups and case studies will be used to determine some of the more descriptive results. It is further suggested that observation is used, especially to measure the actual behaviour and practices of FLWs when they are interacting with parents/caregivers. The quantitative survey will need to adopt a similar methodology as the baseline study, to allow for a pre- post- comparison on the knowledge and attitudes of front line workers.

In addition to interacting with FLWs, the evaluation will need to capture the views and opinions of various stakeholders involved in the project implementation including government functionaries from the relevant departments at state and district levels, CSO partners, Master trainers and the UNICEF staff. Furthermore, it is expected that there will be data collection with parents/primary caregivers, to understand the change perceived by parents/caregivers on improved services in terms of improvement in the quality of counselling and interaction with the community, and to assess whether parents/caregivers received new information on parenting.

The proposed methodology, as set out in more detail below, is based on experience of designing similar evaluations but should be enhanced based on the bidders' understanding of the project, and objectives and scope of the evaluation. Therefore, the agency could either utilise a similar methodological approach to what is being proposed below or further suggest improvements/modifications to the proposed methodology in their technical proposals. The design, analytical methods and tools will be agreed between the selected agency and UNICEF during the inception phase.

Importantly, bidders need to outline in sufficient detail in their proposals how they will be able to conclude attribution and contribution of outputs and outcomes to the programme.

Given the way in which the project was implemented, it is not feasible to identify a control area to conclude. In an intervention district, certain blocks were selected for the project intervention and currently the process of scaling up is going on in other blocks of the district. Hence, it is difficult to select a control block for comparison.

In order to help the bidder to develop a robust evaluation design and to understand the pathways of change, a broad Theory of Change (ToC) of ECD is given in Annex 5. The bidder will develop a ToC of the project intervention reconstructively based on their understanding of the broad ToC and review of other project documents. The draft ToC will be shared during the inception report stage and this ToC will be finalized in consultation with UNICEF programme team.

a) Desk review of documents

This will entail review of all key documents of the ‘Space for Kids to be Kids’ project, including training modules, communication packages developed with key messages for different age groups of children focusing on health, responsive care, nutrition, safety and protection and early learning along with training materials developed for capacity building of FLWs. The review will aim to assess whether the content was relevant for FLWs and parents/caregivers and whether they were of good quality, as well as evaluate gender and equity issues: e.g. whether messaging in the communication package is gender neutral; whether messaging is customized to vulnerable groups etc. In addition, the existing programme documents, baseline report and partner reports will be reviewed. These will be useful in developing the study tools, and especially the baseline report will be an important source to help design the quantitative survey, as mentioned above.

The desk review will also entail reading of important guidelines and policy papers such as

- National Early Childhood Care and Education Policy (https://wcd.nic.in/sites/default/files/ecce_gazatte_notification_policy_comp.pdf)
- India Early Childhood Education Impact Study and Policy brief (<http://img.asecentre.org/docs/Research%20and%20Assessments/Current/Education/Research%20Projects/IECEIStudyReport2017.pdf>),
- National Guidelines for ECCE day (<https://wcd.nic.in/sites/default/files/eccedaydtd05082013.pdf>),
- Home Based Young Child Care Guidelines (<http://nhsrcindia.org/sites/default/files/Handbook%20for%20ASHA%20on%20Home%20Based%20Care%20for%20Young%20Child-English.pdf>) etc.

Apart from these guidelines and policy papers, important reports and studies on other parenting programme will be reviewed. This will generate good understanding of the role of parenting especially the best practices in other regions.

b) Primary data collection

It is anticipated that primary data collection will be conducted through field visits at state, district, and AWC-level, involving four key components: (i) quantitative survey with sampled frontline workers; (ii) qualitative key informant interviews and FGDs with representatives from relevant government departments at state and district level, representatives of CSO implementing partners, UNICEF staff members at state level, master trainers and parents/caregivers; (iii) observation of FLWs when interacting with parents through various platforms on parenting; and (iv) qualitative interviews for in-depth case studies to provide additional insights into strategies/innovations adopted, key challenges, best practices and lessons learned. All primary data collection should include gender/equity dimensions throughout to the extent possible.

Quantitative survey

The quantitative survey will aim to measure the knowledge, attitude and practices of frontline functionaries with respect to early childhood development and positive parenting, as should be based on the methods and tools used in the Baseline study. The Final report of the Baseline study can be accessed at https://unicef-my.sharepoint.com/:b/g/personal/sahuja_unicef_org/EauJOuMMdgFAor7Za5qOvcQBdoysA-ye-uHWGqttA-Zg9Q?e=VDdUOy. It is pertinent to mention here that the baseline study covered selected indicators. Apart from these indicators, the quantitative survey under this evaluation will capture data and information on additional indicators. Some of the additional areas of inquiry include: quality of training received by FLWs; utilization of existing contact points (no. of meetings organized, participation in meetings etc); ability of the FLWs to use the communication tools to communicate with family; confidence of FLWs to interact with fathers etc. The bidders in their proposal should include other indicators/areas of inquiry to be covered in the survey. The survey should be administered through CAPI (Computer Assisted Personal Interview), which improves the efficiency and quality of the data collection.

Selection of frontline workers – The sample will be selected from the intervention centres based on a stratified random sampling technique. The stratification will reflect the geographic typology (rural/urban/tribal), duration of the intervention period and the intensity of the intervention (this being especially applicable for Rajasthan)

The project was implemented in selected blocks of four districts of Maharashtra and two districts of Rajasthan. The total number of sample frontline workers in a state will be proportionally divided among the intervention districts. Selection of a frontline worker will be done randomly from the list of AWWs of the select blocks. However, the selection should be done in such a way that the sample will cover all the blocks of an intervention district. As mentioned in the scope of Evaluation section, FLWs will be chosen from areas where the parenting intervention covering children 0-6 years has been implemented for at least one year.

Sample size calculations - The sampling universe for each state is 2500 frontline workers across the selected districts. The estimation of a representative sample size at state level will provide a robust sample for undertaking the analysis on variables of interest. A two-stage cluster sampling is adopted to estimate the sample size at state level, i.e. clustering at district level and block level. The sample size estimation is based on a 95% confidence level and a confidence interval (margin of error) of 5%. The estimated sample size is 384. Applying a non-response rate of 5%, the required sample size is estimated to be 400. To adjust the sampling error due to Cluster level sampling a design effect⁶ will be considered for providing the required power to the sample size. Taking into account a design effect of 1.5, the total sample

⁶ Design Effect- "The *design effect*, often called just *deff*, quantifies the extent to which the expected sampling error in a survey departs from the sampling error that can be expected under simple random sampling." https://docs.displayr.com/wiki/Design_Effects_and_Effective_Sample_Size

for each state will be 600 (400*1.5). Thus, for two states the total sample size will be 1200. The sample of 600 will have proportional representation of AWWs and ASHA.

The agency is encouraged to provide any other sample design with a strong justification behind the same and this will be scored accordingly in the technical evaluation.

Key Informant Interviews and Focus Group Discussions

Qualitative information from stakeholders will be obtained through KIIs and FGDs. Key informant interviews will be conducted with representatives from relevant government departments at state and district level, members of CSO implementing partners, UNICEF staff members at district and state level, and master trainers. The purpose of the KIIs is to understand the implementation of the positive parenting intervention, as well as assess what has worked and not in terms of achieving intended outputs and outcomes. The KIIs will also be able to generate evidence in terms of efficiency of the programme and what bottlenecks were encountered. Focus group discussion will be held with the parents/caregivers to understand the change they have noted in the quality of services delivered with respect to counselling parents, whether the messages are relevant for them, whether this has influenced their parenting practices, whether the FLWs contact has increased with the families, etc. It should be noted that the project envisaged to engage fathers in the Parent meetings conducted by FLW. Hence, some of the FGDs should be conducted among fathers to bring insights into positive parenting issue.

A suggested number of KIIs and FGDs to be conducted against each respondent group at various levels has been given in the below matrix. The selected agency is encouraged to review and validate this indicative number, and suggest any other participatory tools of qualitative data collection to meet the objectives of the evaluation.

Respondent group	No. at dist level	No. for 2 states (6 districts)	Total
KIIs with officials of government department (ICDS, Health)	2	2*6 =12	12
KIIs with Members of CSO implementing partners		4	4
KIIs with UNICEF staff members	1	1*6 =6	6
KIIs with UNICEF staff members at state		2	2
KIIs with Master trainers	4	4*6=24	24
FGDs with Parents/caregivers	2	2*6=12	12

Observation

Instances of interaction of FLWs with parents/caregivers should be observed in order to ascertain whether FLWs are implementing what they were taught, and specifically how they are interacting with parents/caregivers. It is suggested that in each intervention district three observations will be conducted. A total of 18 observations will be held in 6 districts across the two states. Of the three observations in each district, one will be on AWC based parenting session focussing on children under 3; one will be on AWC based parenting session focussing on children 3-6-year old, and one is on home visit by ASHA for counselling parents. The bidder in the proposal should clearly identify the risks associated with observer bias in such a methodology and will identify risk mitigation strategies.

Case Studies

Eight case studies should be developed, four each in Rajasthan and Maharashtra, focusing specifically on key innovations/achievements and challenges of the project. It is expected that the identification of potential cases will be done during the KIIs and FGDs. For each state, the specific areas suggested for the case study include: the achievement of a FLW (ASHA/AWW) from the project; a supervisor highlighting her role in building capacity of frontline worker (Field Supervisor/ASHA mentor); feedback of a family/parents; and engagement of men especially fathers. Any other ideas from the bidder on the topics of case study is welcome in the proposal. A case study template will need to be submitted as part of the inception report.

c) Quality Assurance

The evaluation agency should ensure that data collected is of the highest possible quality, including operational checks in the data collection process, as well as dealing appropriately with possible biases. For primary data collection, this entails sufficient oversight and management of the quantitative survey, KIIs and FGDs. Bidders are required to outline in their proposals what **quality assurance mechanisms** they will put in place. At a minimum however, the expectation is that surveyors and interviewers will be sufficiently trained, that tools and protocols are piloted, and that a management structure exists where field managers will conduct spot checks and data checks. Furthermore, it is expected that where possible, data from different sources will be used to triangulate the findings. Any potential bias either in the design or implementation of this evaluation should be appropriately mitigated, and agencies are requested to outline in their proposals what risks and risk mitigation strategies they will employ to ensure quality of the evaluation.

d) Data Analysis

Standard analytical software needs to be used for both the quantitative and qualitative analysis to allow for comparison of results with the baseline. The quantitative analysis may be done using SPSS, STATA, or another standard package. For the qualitative analysis, analytical software such as NVivo is recommended. Agencies are asked to specify which software they plan to use and their level of experience with using it.

Bidders are expected to propose an **appropriate analysis framework and analysis plan** to undertake comparison with the baseline on selected variables while undertaking analysis of additional variables in this evaluation. In addition, given that the programme that was implemented in Maharashtra and Rajasthan are slightly different, it is expected that a comparative analysis will be conducted between the two States, as well as a unified analysis for the programme as a whole. The analysis framework and analysis plan will be further refined and validated during the inception phase, and agreed upon by UNICEF. Data emerging from the evaluation will need to be disaggregated by sex, age, social group, etc, to the extent possible.

13. Ethical Considerations

The evaluation agency is expected to follow the ethical principles and considerations outlined in the [United Nations Evaluation Group \(UNEG\) Ethical Guidelines for Evaluation](#) and the [UNICEF Procedure for Ethical Standards in Research, Evaluation and Data Collection and Analysis](#). In addition, the UNEG [norms](#) and [standards](#) will be observed. Data collectors must undertake appropriate ethics training as per the UNICEF Procedure. Any primary data collection conducted with stakeholders must only be carried out with informed consent. Data collectors will emphasise the voluntary nature of participation in the evaluation activities. In addition, participants who wish to withdraw from the study after providing consent will be free to do so. All results will be reported at aggregate level and no identifying information will be disclosed. The agency bidding for the study should detail their ethical protocols in their proposal, along with their data protection and data storing protocols.

The evaluation agency is strongly encouraged to seek IRB approval for this evaluation; while this evaluation does not involve interacting with children, when speaking to FLWs and parents there could be sensitive issues around parenting that may come up, such as examples of corporal punishment or violence. Bidders should clearly identify any potential ethical issues and approaches, as well as the processes for ethical review and oversight of the evaluation process in their proposal.

14. Risks and Limitations

There are a number of anticipated risks and limitations of this evaluation. Bidders are required to outline risks and appropriate mitigation strategies in their proposals, for the approach and methodology they have chosen.

- Key respondents for KIIs may not be available, especially given the short-time frame available for primary data collection
- There are multiple risks involved while collecting qualitative data. Some of these include, social desirability bias, interviewer or experimenter effect, issues of recall, etc.
- While collecting data from 'implementers', i.e. the key informants, there is a risk of confirmation bias. The agency is encouraged to 1. triangulate findings and 2. Come up with a strategy of identifying what is 'true' if two stakeholders have conflicting statements

- Data loss due to poor handling of data. Leakage of information is a possibility as data is entered at multiple levels, travels from field to the evaluation team and changes various formats. It is required of the agency to put in place transparency measures, such as the Progress Reporting Template with live activity logs to ensure all details are logged and reported in real time.
- Data manipulation- UNICEF teams will conduct on-field audits to ensure all practices stated by the agency in the study design and work plans are followed. In addition, the agency must ensure that the data is collected in the local language/dialect and must minimise information loss during translations.
- Weather and climatic conditions (such as a heatwave, monsoon or natural disasters) may disrupt the evaluation and/or cause delays, and inhibit movement of data collectors, key informants, and the community at large.
- This evaluation does not seek to evaluate the impact of the 'Space for Kids to be Kids' project, only the inputs and outputs, and immediate outcomes. Therefore, cannot conclude whether the scheme had an impact. In addition, it is anticipated that concluding true contribution in terms of immediate outcomes might not be possible, and this should be addressed appropriately in the findings.

15. Schedule of Tasks & Timeline

Below is the expected schedule of tasks and timeline:

1. **Kick-off** -Kick-off meeting with UNICEF Social Policy team and Research & Evaluation Specialist -**1 day**
2. **Desk Review and draft inception report** -Reviewing of project documents, baseline report & partner reports; Review of training modules, communication and training materials; Developing Evaluation framework, study design, sampling design and selection, data analysis framework, and work plan; Developing draft data collection tools; Drafting inception report - **3 weeks**
3. **Report review** - Review of draft inception report by UNICEF, external agency and ERG members – **2 weeks**
4. **Finalization of inception report** - Incorporating feedback and finalization of inception report - **1 week**
5. **Finalization of data collection tools** - Piloting and finalizing data collection tools; Translation of tools in local language; Developing data collection implementation plan - **1 week**
6. **Data Collection** - Training of data collection team; Primary data collection in sampled districts in two states – **8 weeks**
7. **Data Analysis** - Entry and cleaning of data; Analysis of qualitative data; Analysis of quantitative data; (*note: it is expected some entry of data will occur concurrent to data collection*) - **2 weeks**

8. **Report writing** - Drafting final report (*note: it is expected some drafting will occur concurrent to data entry & analysis*) - **2 weeks**
9. **Draft Final Report review**- Review of draft report by UNICEF, external agency and ERG members - **2 weeks**
10. **Finalization of Final Report** - Finalizing report and submitting to UNICEF - **2 weeks**

16. Estimated duration of contract

Total Number of Months: 6 (January 2020 – June 2020)

17. Deliverables

The evaluation will include the following key deliverables. The length, structure and content of the final report will be as per [UNICEF Evaluation Report Standards \(GEROS\)](#). This will be finalized in consultation with UNICEF.

1. Inception report with evaluation design, detailed methodology and analysis plan, ToC of project intervention, data collection tools (30 pages including executive summary, excluding annexes, *see Annex 3 for structure of the inception report*) – Within 6 weeks after the signing the contract
2. Report of the completion of field work – End of week 15
3. Draft final report and power point presentation – End of week 19
4. Accepted final report and final power point presentation (60 pages including executive summary, excluding annexes- *see Annex 4 for structure of the report*)- End of week 23

18. Qualifications & Experience required

For this evaluation, we are seeking a qualified evaluation agency or research organisation (minimum 5 years' experience) which is able to leverage the necessary expertise in ECD, covering all domains of nurturing care framework and early childhood education. The organisation should have performed evaluations of similar scale and scope, have a track record of producing reliable data, and evaluation reports. The organisation should be able to have or organise field presence in the two intervention states. The data collection/field team should have knowledge of the local language (Hindi and Marathi). The composition of the evaluation team should ensure gender balance.

The bidding agency should identify an evaluation team leader who should be available to work on the evaluation throughout the evaluation process. Change of the evaluation leader or members will not be accepted without prior approval of UNICEF.

It is for the bidding agency to pre-empt and explicitly mention any possible or potential conflicts of interest while submitting their proposal. This may include details on their

involvement with the government and UNICEF, past or ongoing work, individual team member involvement etc.

The evaluation team leader should have the following:

- A post-graduate degree in social sciences, health, child development or a related field; a PhD is preferred
- At least 10 to 15 years of extensive experience in designing, planning, organising, and conducting mixed method evaluations. Experience in the two states being evaluated would be advantageous.
- Proven experience of leading a team of evaluators for an evaluation in the last three years.
- Demonstrated ability to produce high quality evaluation reports; a solid publication record in peer-reviewed journals is strongly preferred
- Experience in ECD is preferred.

The teams must show the mix of skills adequate to meet the requirements set out below. The number of team members should be decided by the bidding organisation taking into account the volume of work, scope of evaluation and time duration to complete the evaluation.

While individual members of the team may possess several of the required competencies, the team as a whole must possess the following:

- Expertise in ECD, healthcare, gender and child rights programming and assessment of training programmes.
- Expertise in programme evaluation, research, sampling, data collection, instrument development, and data analysis.
- Expertise with both qualitative and quantitative research tools will be required, especially with collection, management and analysis of qualitative data.
- Proficiency in English-language writing and presentation.
- Ability to collect data on field (directly, or by sub-contracting).
- Professional level skill in the working languages of the two intervention states (should be able to read documents in Marathi and Hindi, all field level interviews in Maharashtra will have to be in Marathi).

In particular, there should be 2 senior team members who possess the required experience and expertise in ECD, including early childhood education for children 3-6 years of age. These senior experts should have:

- A post-graduate degree in social sciences, education, health or a related field
- At least 8-10 years' experience working in ECD - one member should have expertise related to programmes for children below age 3-years and one member should have expertise in early childhood education for children 3-6 years
- Experience with ECD in India is strongly preferred
- Experience conducting research and evaluations is preferred
- Proficiency in English-language writing and presentation

Note: If required, two or more agencies may join to make a consortium bid. However, the consortium will need to nominate one agency and individual as the clear point of contact with UNICEF.

19. Duty Station

Data collectors from the evaluating agency will need to be present in the two states (Rajasthan, Maharashtra), where the evaluation is to be conducted.

20. Management and Supervision

Evaluation Management: Research & Evaluation Specialist, SPME (UNICEF)

Technical Support: Sunisha Ahuja, Education Specialist (ECE), and Gayatri Singh, Child Development Specialist, UNICEF.

UNICEF Responsibility: UNICEF India's Child Development section and Education section will be responsible for providing the evaluation team with the necessary background information to carry out the evaluation as well as technical inputs throughout. UNICEF India will also keep the evaluation team updated on any changes or development that may affect the evaluation.

For local logistics, the UNICEF State offices will provide necessary support to the evaluation team, such as making introductions to key informants and stakeholders. However, the agency will ensure 'independent selection' of respondents in order to ensure that the responses received are not biased toward or against UNICEF.

The Supply and Procurement Section will remain the focal point for all administrative, financial, and commercial queries and correspondence, including contract amendment.

Evaluation Reference Group: An Evaluation Reference Group will be formed to oversee the evaluation process and ensure compliance to United Nations Evaluation Group (UNEG) Norms and Standards. It is an independent group of UNICEF and non-UNICEF experts (consisting of technical experts, government representatives) constituted for a specific evaluation by UNICEF India. From the government, UNICEF envisions the empanelment of various officials. In addition, state Child Development Specialists from relevant states will be a part of the Evaluation Reference Group. This group will serve as an advisory body which will support the evaluation by 1. providing strategic direction and technical inputs, 2. monitoring progress and quality, and 3. bringing critical issues to the notice of the Monitoring and Evaluation Specialist.

Responsibility of the Evaluating Agency: The evaluation agency will be required to satisfactorily complete all the tasks mentioned in section 13 and all deliverables mentioned in section 15. The "satisfactory completion" of each of these tasks, is subject to review by Evaluation Reference Group and UNICEF internal and external review.

21. Official travel involved

The evaluation team will be required to travel to the states of Maharashtra and Rajasthan for data collection and interactions with all stakeholders. These visits will be to the districts of Aurangabad, Palghar, Pune and Yavatmal in Maharashtra and Dungarpur and Udaipur district in Rajasthan.

In addition, core team members from the selected agency will need to travel to UNICEF ICO for a kick-off meeting during the inception phase.

It is assumed that, if the need be, on-field data collectors will be locally recruited by the agency. Therefore, their training will be conducted by the agency, individually in each state. It must be clarified that travel cost shall be calculated based on economy class travel, regardless of the length of travel.

22. Estimated cost

\$70,000

23. Payment Schedule

Payments will be made against the submission and acceptance of each of the below mentioned milestones and deliverables. It must be noted that the completion of each of these tasks is subject to the Evaluation Reference Group's approval.

Milestone/Deliverable	Payment (%)
Submission of Approved Inception Report (with Methodology and Study Design, Workplan, Study Tools)	20%
Report of the completion of field work (Implementation Report)	30%
Submission of Draft report	20%
Submission of Approved Final Evaluation Report	30%

24. Technical Evaluation Criteria

CATEGORY	MAX. POINTS	MIN. POINTS
1. SPECIFIC EXPERIENCE OF THE FIRM RELEVANT TO THE ASSIGNMENT <ul style="list-style-type: none"> ▪ Professional expertise, knowledge and experience with similar projects, contracts, clients and assignments (10) 	10	
2. METHODOLOGY <ul style="list-style-type: none"> ▪ How effective is the proposed approach and methodology; is it sufficiently detailed/elaborated to 	20	

CATEGORY	MAX. POINTS	MIN. POINTS
<p>meet the objectives of the Evaluation; any innovative techniques; analysis framework and analysis plan (7)</p> <ul style="list-style-type: none"> ▪ How is the quality of proposed implementation plan, i.e. how the bidder will undertake each task, is/are person/s assigned for each task and is the team composition balanced with appropriate skills mix and appropriate number of input days, quality assurance mechanisms for the assignment, and time-schedules for implementation (8); ▪ Risk assessment and mitigation measures- recognition of the risks/peripheral problems and methods to prevent and manage risks/peripheral problems. (5) 		
<p>3. PROPOSED TEAM</p> <ul style="list-style-type: none"> ▪ Team leader: Qualifications, relevant experience, skills (10) ▪ Team members – Qualifications, relevant experience, skills, language (8) ▪ Retention of key staff and procedures for handling unavoidable team changes (4) ▪ Gender balance of the team (3) 	25	
Sub Total	55	44
4. Presentation by shortlisted agencies	15	
TOTAL MARKS FOR TECHNICAL COMPONENT	70⁷	56
<p>FINANCIAL PROPOSAL – PRICE</p> <ul style="list-style-type: none"> ▪ 30 points is allocated to the lowest priced proposal. The financial scores of the other proposals will be in inverse proportion to the lowest price. 	30⁸	
	100	

25. [FOR INTERNAL USE] Amount budgeted in RWP for this activity (US \$)

- Estimate the cost of the activity: USD 70,000
- Grant Ref: SC180772
- Expiry date of the grant: 31.01.2020

26. [FOR INTERNAL USE] PIDB code

- Please select one of the following Generic Intervention Codes:
 - 60: Analysis, research, and studies
 - 61: Data, databases, surveys and statistics
 - 63: Evaluations

⁷For this RFP, the **Technical Proposal** has a total weightage of **70**. Bidders must score minimum 52 points in criteria 1 to 3 to be shortlisted for the presentation. Bidders must score minimum 52 points to be considered technically compliant and in order for the Financial Proposal to be opened.

⁸ For this RFP, the **Financial Proposal** has a total weightage of **30**.

27. [FOR INTERNAL USE] IDENTIFICATION OF RISKS FOR THE CONSULTANCY AND PLAN FOR MITIGATION

The main risks for this consultancy are:

- **Timeline** – The timeline for conducting this evaluation is relatively tight, especially the primary data collection. However, completion of primary data collection in 6-8 weeks is achievable by undertaking the data collection work simultaneously in both the states through deployment of separate data collection teams. In addition, there will be concentrated effort to ensure that the primary data collection plan and tools are well-designed and efficient in order to meet the deadlines.
- **Involvement of state teams** –Respective state teams might be busy with their on-going work and spending very less time for technical guidance needed by the firm. A point person can be entrusted in each state to provide necessary support to the evaluation team, such as making introductions to key informants and stakeholders.

28. [FOR INTERNAL USE] PERFORMANCE REVIEWS:

Feedback on the quality of deliverables will be provided to the supplier at each milestone, and any immediate concerns around performance will be flagged to both the Supply & Procurement team as well as the supplier at that time.

A formal performance review of the supplier will be conducted by the Evaluation Manager at the end of the contract, and an informal review will be conducted whenever a contract extension is sought.

29. [FOR INTERNAL USE] Submitted to External QA review by:

a. Name of P.O.: _____

Signature of PO: _____

Date _____

b. Signature of R&E Specialist: _____

Date _____

c. Signature of the Section Chief: _____

Date _____

Once clearance from CFO and Section Chief is granted, and the Research and Evaluation Specialist has been consulted, submit the ToR for external QA review (this is done via the Research and Evaluation Specialist). Once you have received the external review comments, please take the following steps:

- If your TOR received **60-100%, i.e. satisfactory or highly satisfactory rating** → Finalise ToR with any possible changes, attach the external review sheet to the TOR and submit to Deputy Representative-Programmes for approval.
- If your TOR **received 40-59% it indicates the need for substantial changes** → Make the changes, fill out the subsequent section (confirmation of amendments), attach the original TOR, revised TOR and external review sheet, and submit to Deputy Representative-Programmes for approval.
- If your TOR **received 0-39%, i.e. unsatisfactory, the TOR is not mature enough** → Revise the entire TOR and resubmit for external quality assurance review.

A. [FOR INTERNAL USE] Confirmation of amendments:

Undersigned confirm that external review comments have been incorporated in the TOR.

Name of P.O.: _____

Signature of PO: _____ Date _____

Signature of R&E Specialist: _____ Date _____

Signature of the CFO (if applicable): _____ Date _____

Signature of the Section Chief: _____ Date _____

B. [FOR INTERNAL USE] TOR cleared by:

Name of S&P specialist: _____

Signature of S&P specialist: _____ Date _____

C. [FOR INTERNAL USE] TOR approved by:

Deputy Representative, Programmes

Annex 1

Learnings from current practices around parenting for early childhood development

A review of 105 of parenting programmes in low and middle-income countries⁹ aimed at improving parenting interactions, behaviours, knowledge, beliefs, attitudes and practices for children aged 0-8 years, identified the following key programmatic areas for existing Early Childhood Development (ECD) parenting programmes:

Timing of the programme: Parenting programmes need to be designed around the sensitive and critical windows of opportunity e.g. breastfeeding programmes must commence from the very first moments of a child's life, psycho-social programmes range from when children are a few months old to 6-year-olds.

Programme dose (duration, frequency and intensity): The review suggests that to improve a child's physical health, cognitive development and social - emotional development; parenting programmes should be for a minimum duration of 12 months; programmes that lasted over 2 years had a more consistent impact, particularly amongst the vulnerable and disadvantaged population.

Higher frequency parenting programmes were more effective in improving parent and child outcomes. This frequency is relevant for both programme delivery and families applying the lessons learnt. Also, data suggest that intensive approaches such as those that include direct interaction with child, are needed to improve both parenting level outcomes and child level outcomes.

Programme modality (manner in which the parenting programme was conducted): The review pointed out that child cognitive outcomes significantly improved across both home based and centre-based modalities that used group settings. However, active engagement between the caregiver and the child was key to improving cognitive development. Programmes using more than one modality achieved better results.

Service provision: A primary quality feature of programme quality was the identity of the service provider and their ability to deliver the programme effectively. Apart from authority figures like doctors, nurses, and educators, trained local female coordinators with a relatively high level of education were effective in delivering the programme across home and in group settings. In addition, local leaders, such as religious leaders, were a viable alternative strategy.

⁹ R. Britto, Pia & Angelica Ponguta, L & Reyes, Chin & Karnati, Romilla. (2015). A Systematic Review of Parenting Programmes for Young Children in Low- and Middle-Income Countries.

Annex 2: Evaluation Framework and Questions

Criteria and Evaluation Questions	Suggested sub-questions	Suggested data collection methods
Relevance		
1. To what extent is the parenting programme delivered by FLWs in the community (hereafter 'the intervention') relevant to the caregivers in selected districts of Maharashtra and Rajasthan?	<p>What capacity or needs of parents/caregivers is the intervention addressing?</p> <p>To what extent does the intervention factor in gender aspects?</p> <p>To what extent does the intervention factor in equity aspects?</p>	<p>-Review of communication packages, training materials</p> <p>-KIIs with officials of government dept, UNICEF staff</p> <p>- FGDs with Parents/caregivers</p>
2. To what extent is the training that FLWs receive to deliver the intervention relevant and adequate for the target population?	<p>Did the training address ways to change cultural beliefs and attitudes around parenting?</p> <p>Did the training address the gender and equity-based challenges the frontline worker experiences?</p>	<p>-Review of communication packages, training materials</p> <p>- KIIs with Master trainers & implementing partners</p> <p>-Quantitative survey with FLWs</p>
3. To what extent is the intervention aligned to the broader objectives of the project?	<p>How relevant is the strategy (promoting parental involvement) for ensuring quality early childhood development?</p> <p>How do the the envisaged activities and outputs improve quality of counselling and communication support to parents/caregivers?</p>	<p>-Review of project documents</p> <p>- KIIs with officials of government dept, UNICEF staff & implementing partners</p>

<p>4. To what extent is the intervention aligned to the priorities of the government and other partners, specifically the Early Childhood Development strategies and plans?</p>	<p>To what extent the intervention is aligned to the state ECE curriculum? What are the existing activities that are being planned or carried out by the government and other partners under ECD in the two States?</p> <p>How is the intervention aligned with these activities? What are aspects of similarity/overlap? What are aspects of difference/divergence?</p> <p>Any collaborative efforts and coordination with other partners for convergence?</p>	<p>-Desk review -- KIIs with CSO implementing partners --KIIs with officials of government dept, UNICEF staff</p>
<p>Effectiveness</p>		
<p>1. To what extent were the inputs or activities of the intervention delivered as planned, specifically: development of communication materials, training materials, training of FLWs?</p>	<p>Were all FLWs trained as planned and within set time-frame? If not, what are the factors that led to delays?</p> <p>Were the tools and standards developed to gauge programme quality and child development and learning useful?</p> <p>To what extent were the FLWs able to use the communication materials/tools in communicating with parents at the various platforms?</p> <p>What were the bottlenecks in terms of implementation, and why?</p>	<p>-Review of progress reports of project</p> <p>--- KIIs with CSO implementing partners --KIIs with officials of government dept, UNICEF staff --Quantitative survey with FLWs</p> <p>-Case studies</p>

	Was timely corrective action taken, when issues emerged?	
2. What was the quality of the training to FLWs, in terms of content, structure and delivery medium?	<p>What did FLWs like about the training (all training programmes), what did they find useful?</p> <p>What did FLWs dislike about the training, what did they not find so useful and why?</p> <p>What suggestions do FLWs have for improvements?</p> <p>Whether messaging in the communication package customized to gender and vulnerable groups?</p>	<p>-Review of communication materials, training materials</p> <p>---Quantitative survey with FLWs</p>
3. To what extent was the training able to build the skills and capacity of FLWs to counsel and support parents/caregivers on parenting care?	<p>To what extent there was change in knowledge, attitude and perceptions of FLWs on role of parenting on ECD?</p> <p>Did the training lead to intended changes in communication style and behaviour of FLWs when engaging with parents/caregivers?</p> <p>Did the training build the skills of FLWs to counsel the fathers of children?</p> <p>What factors influenced in building the skills and capacities of FLWs?</p> <ul style="list-style-type: none"> - Factors around: implementation modality, quality of master trainers, gender of master trainers, socio-demographic characteristics of FLWs etc. 	<p>---Quantitative survey with FLWs</p> <p>----- KIIs with CSO implementing partners</p> <p>-KIIs with block and district officials of ICDS</p> <p>-Case studies</p>

<p>4. To what extent did FLWs effectively transfer their learnings to the parents/caregivers on parenting care and creating learning environment at home?</p>	<p>To what extent FLWs used the learnings for interaction with community?</p> <p>Were specific strategies adopted to reach out to parents/caregivers across gender and various vulnerable groups?</p> <p>What were the barriers and challenges faced by FLWs in the effective transfer of knowledge to parents/caregivers?</p> <p>Improvement in the quality of counselling delivered by FLWs on parenting care as perceived by parents/caregivers</p>	<p>---Quantitative survey with FLWs</p> <p>----- KIIs with CSO implementing partners</p> <p>-FGD with parents/caregivers</p> <p>--KIIs with officials of government dept, UNICEF staff</p> <p>-Case studies</p>
<p>5. To what extent were existing platforms to reach caregivers for counselling used effectively? (e.g. anganwadi centres and home visits)</p>	<p>To what extent FLWs optimally utilized the contacts points (Mothers meeting, PAM, community meetings, home visits) that they have with parents/caregivers for delivering quality of ECD services?</p> <p>Did the FLWs reach out to Fathers? What were the challenges faced? What are their suggestions for reaching out to fathers and other caregivers?</p> <p>What problems and challenges hindered FLWs for not utilizing the contact points effectively?</p>	<p>---Quantitative survey with FLWs</p> <p>----- KIIs with CSO implementing partners</p> <p>--KIIs with officials of government dept, UNICEF staff</p>

Efficiency		
<p>1. To what extent was the intervention efficient in making the best possible use of available resources to achieve its outcomes?</p>	<p>Did the intervention use mechanisms to prevent leakage and inefficiency to achieve its objectives?</p> <p>Did the intervention have sufficient and appropriate staffing resources? If not then how were staffing challenges in the system addressed?</p> <p>To what extent effective coordination and collaboration with existing govt. programmes and interventions were made during the implementation?</p>	<p>--KIIs with officials of government dept.</p> <p>-KIIs with CSO implementing partners</p> <p>-KIIs with UNICEF staff members</p>
<p>2. How the existing government platforms for continuing education and training has been used to bring efficiency?</p>	<p>To what extent the sector meeting and ICDS supervisor visits has been leveraged for programme efficiency?</p>	<p>--KIIs with officials of government dept.</p> <p>-KIIs with CSO implementing partners</p> <p>-KIIs with UNICEF staff members</p>
Sustainability		
<p>1. Is the intervention and implementation modality scalable to other areas of the state?</p>	<p>To what extent the models for promoting parental involvement (communication package, training modules, capacity building and monitoring) adopted in the project, scalable to other districts?</p>	<p>--KIIs with officials of government dept.</p> <p>-KIIs with CSO implementing partners</p>

	<p>What are the issues and challenges in design or implementation if any, that need to be addressed before scaling up the interventions?</p> <p>To what extent the gender and equity strategies adopted in the project can be replicated in other areas?</p>	<p>-KIIs with UNICEF staff members</p> <p>-Case studies</p>
<p>2. Are any of the positive results of the intervention likely to be sustained?</p>	<p>What are the positive results and which of these results are likely to be sustained? Why?</p> <p>Are any areas of the intervention clearly unsustainable? What lessons can be learned from such areas?</p> <p>What are the major factors that influenced the achievement or non-achievement of sustainability of the intervention?</p>	<p>--KIIs with officials of government dept.</p> <p>-KIIs with CSO implementing partners</p> <p>-KIIs with UNICEF staff members</p> <p>--FGD with parents/caregivers</p> <p>-Case studies</p>

<p>3. To what extent there is government ownership to sustain the focus on parenting care for improved ECD services?</p>	<p>What are the specific components in which the state government would continue the focus on parenting care for improved ECD services?</p> <p>To what extent the sub-district, district and state level officials of ICDS and Health have been involved in the programme intervention?</p>	<p>--KIIs with officials of government dept.</p> <p>-KIIs with CSO implementing partners</p> <p>-KIIs with UNICEF staff members</p>
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Annex 3

Sample Table of Contents for an Inception Report (no more than 30 pages, plus annexes)

CONTENTS

- Title page
- Table of contents
- Acronyms
- List of tables and figures
- Executive summary

1. INTRODUCTION*

- 1.1. Objective of the evaluation
- 1.2. Background and context
- 1.3. Scope of the evaluation

2. METHODOLOGY*

- 2.1. Evaluation criteria and questions
- 2.2. Conceptual framework
- 2.3. Evaluability
- 2.4 Sampling
- 2.5. Data collection methods
- 2.6. Analytical approaches
- 2.7. Risks and potential limitations
- 2.8. Ethics and UNEG Standards

3. PROGRAMME OF WORK*

- 3.1. Phases of work
- 3.2. Team composition and responsibilities
- 3.3. Management and logistic support
- 3.4. Calendar of work

ANNEXES

1. Terms of reference of the evaluation*
2. Evaluation matrix*
3. Stakeholder map*
4. Tentative outline of the main report*
5. Interview checklists/protocols*
6. Draft Study Tools*
7. Theory of change / outcome model*
8. Detailed work plan*
9. Detailed responsibilities of evaluation team members
10. Reference documents
11. Document map
12. Project list
13. Project mapping

*The structure of inception reports may be adjusted depending on the scope of the evaluation. Chapters and sections with an asterisk should be included by default.

Annex 4

Sample Table of Contents for an Evaluation Report (not more than 60 pages, plus annexes)

CONTENTS

- Title page
- Table of contents
- Acronyms
- List of tables and figures
- Executive summary (with the purpose of the evaluation, brief methodology, key findings, conclusions and recommendations in priority order)

1. INTRODUCTION*

- 1.1. Background and context of intervention
- 1.2. Literature review
- 1.3. Objective of the evaluation
- 1.4. Scope of the evaluation

2. METHODOLOGY*

- 2.1. Evaluation criteria and questions
- 2.2. Conceptual framework: Theory of change
- 2.3. Evaluation design
- 2.4. Sampling design
- 2.5. Data collection methods
- 2.6. Analytical approaches
- 2.7. Risks and potential limitations
- 2.8. Ethics and UNEG Standards

3. FINDINGS*

- 3.1. Findings by criteria
- 3.2. Mixed method analysis (quantitative & qualitative)

4. POLICY IMPLICATIONS & RECOMMENDATIONS*

- 4.1. Recommendations, it will be explicitly linked to the findings and with the target audience identified
- 4.2. Lessons learned

ANNEXES

1. Terms of reference of the evaluation*
2. List of meetings attended*
3. List of persons interviewed*
4. List of documents reviewed*
5. Interview checklists/protocols
6. Study Tools
7. Any other relevant materials

*The structure of evaluation reports may be adjusted depending on the scope of the evaluation. Chapters and sections with an asterisk should be included by default.

Annex 5:

Broad ToC of ECD



Annex 6: Brief notes on the implementation strategy adopted by each state (Two pdf documents should be inserted here)

DRAFT