



**Mekong Development
Research Institute**
Power of Knowledge

Add: 8th Floor, Machinco Building,
444 Hoang Hoa Tham, Hanoi
Tel: +84 24 3247 4668

Email: info@mdri.org.vn
Fax: +84 24 3247 4596
Website: mdri.org.vn

INCEPTION REPORT

Survey and Formative Evaluation of the Integrated Early Childhood Development Programme



Prepare for: UNICEF Viet Nam

INCEPTION REPORT

Survey and Formative Evaluation of the Integrated Early Childhood Development Programme

UNICEF Viet Nam

Hanoi, April 2021

CONTENTS

A. INTRODUCTION	5
1. Introduction	5
2. Objectives of Survey and Formative Evaluation	5
B. METHODOLOGY OF ENDLINE ASSESSMENT	6
1. End-line Approach	6
1.1. Design	6
1.2. End-line Methodology	6
2. Desk Review	7
3. Qualitative Research.....	8
3.1. Purpose	8
3.2. Key Informant Interview	9
3.3. Focus Group Discussion	10
3.4. Sampling.....	11
4. Quantitative Research.....	12
4.1. Purpose	12
4.2. Sampling.....	13
4.3. Survey Design.....	14
4.4. Questionnaire Pre-testing and Pilot.....	15
4.5. Data Collection Tool (CAPI)	16
4.6. Enumerator and Supervision Recruitment & Training.....	16
4.7. Fieldwork Organization	19
4.8. Quality Control	20
4.9. Data Management	23
5. Methodological Limitations and Mitigation Measures.....	24
6. Ethical Consideration	24
7. Data Analysis and Assessment Reports.....	26
7.1. Data Analysis.....	26
7.2. Assessment Reports.....	26
8. Dissemination of Findings	27
C. HUMAN RESOURCES AND WORKPLAN	28
1. Human Resources	28
2. Workplan.....	29

D. REFERENCES..... 30
ANNEX..... 31
Annex 1. Focus Group Discussion activities with parents/ caregivers31

A. INTRODUCTION

1. Introduction

In any country in the world, children are central to sustainable development and early childhood development plays an integral part in child rights' agenda. Researchers have found increasing and consistent evidence to show rapid brain development during early years of life and that early interventions can improve children's later performance in school and employment. Altogether, it has been proven that efforts to improve early child development is an investment with recognized short-term and long-term impacts.

In many developing countries including Viet Nam, many children are deprived of their right to reach their full human potential because of their 'families' income status, geographic location, ethnicity, disability, religion, or sexual orientation. They do not receive adequate nutrition, care, and opportunities to develop. The problem of inadequate provision of early childhood development also comes from a lack of an integrated approach. While there are vertical interventions in health, nutrition, reproductive health, and education, little has been done to horizontally integrate services for early childhood development, especially for children from 0 to 3 years old, and particularly at the household level¹. Even within ministries, there is fragmentation between agencies with low incentives for integration.

Therefore, an integrated approach to early childhood development (IECD) is not only a global but a national priority in Viet Nam as set forth in the Law on Children 2016. UNICEF Viet Nam's country program 2017-2021 is designed to, among others, strengthen the enabling legal and policy environment for IECD at the national level and strengthen the local capacities to develop an IECD model to be implemented in selected districts and communes of three provinces, namely Gia Lai, Kon Tum and Dien Bien. A comprehensive list of essential ECD services that includes health, nutrition, WASH, education and child protection interventions, have been holistically delivered to the targeted parents/caregivers in all project locations using the 4 main platforms: i) commune health centres; (ii) local preschools; (iii) community-based IECD clubs; and individual households.

The long-term objective of the program is that *“By 2021, all targeted children (0-8 years old) and their family members, especially those of the most vulnerable groups in the target communes, utilize inclusive and quality IECD services to fulfil children's rights to survival, development, education and protection.”* The IECD model is expected to generate further evidence and policy options to scale-up IECD nationally.

2. Objectives of Survey and Formative Evaluation

At the end of the program cycle, a survey and evaluation is required to:

- Capture the status of the IECD program indicators in a quantitative manner which will also capture effects of COVID-19 pandemic in project provinces
- Evaluate the program effectiveness, efficiency, scalability and sustainability
- Provide the lessons learnt for the central and local governments in replication and scale-up of the model at a national scale

This inception report provides the methodology and workplan to implement the qualitative and quantitative research tools, therefore achieving the input for the end-line assessment.

¹ General Statistics Office. 2014. Viet Nam Multiple Indicator Cluster Survey

B. METHODOLOGY OF ENDLINE ASSESSMENT

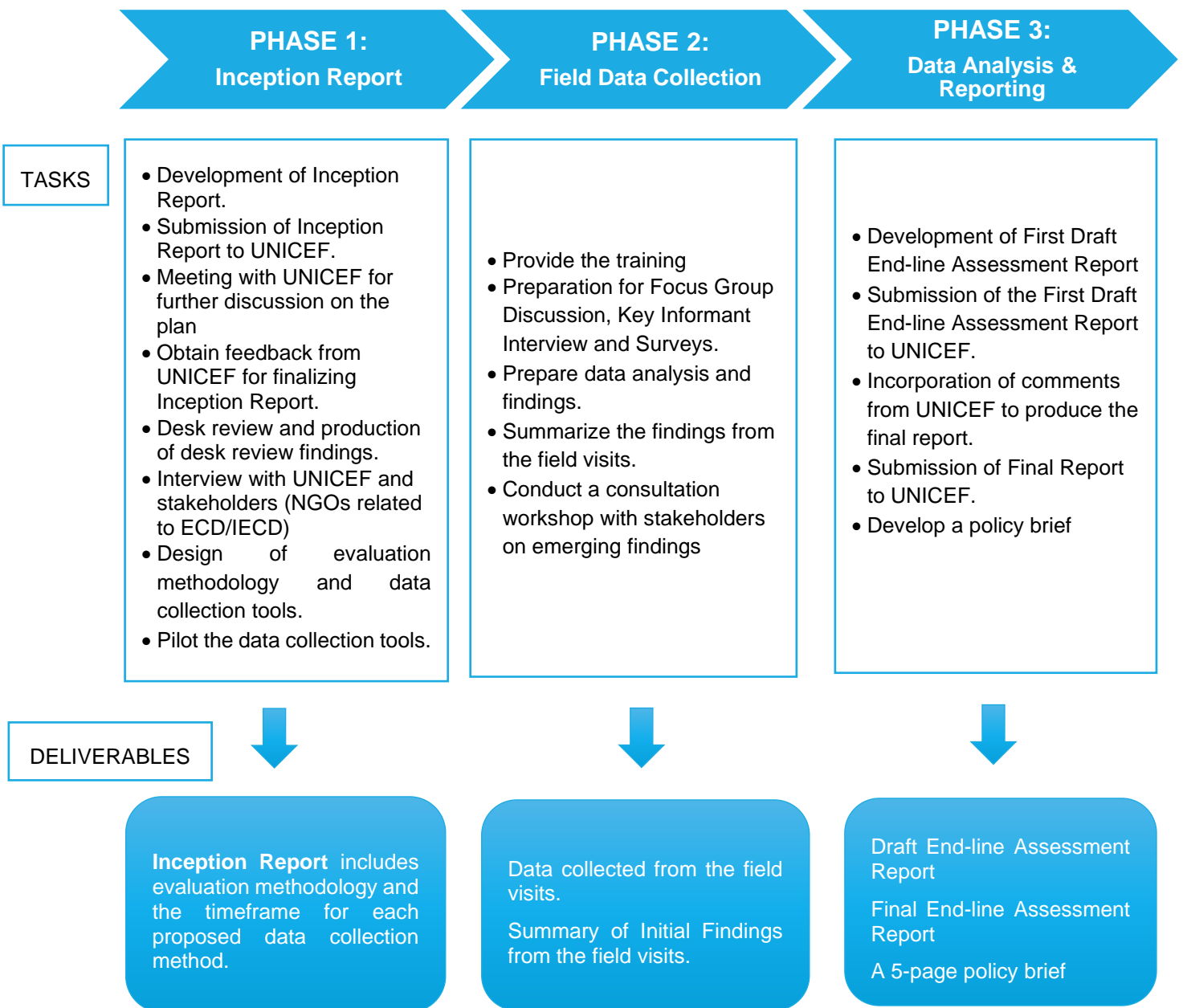
1. End-line Approach

1.1. Design

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

The assessment will be implemented into three main phases as below.

Figure 1. Phases of the End-line Design



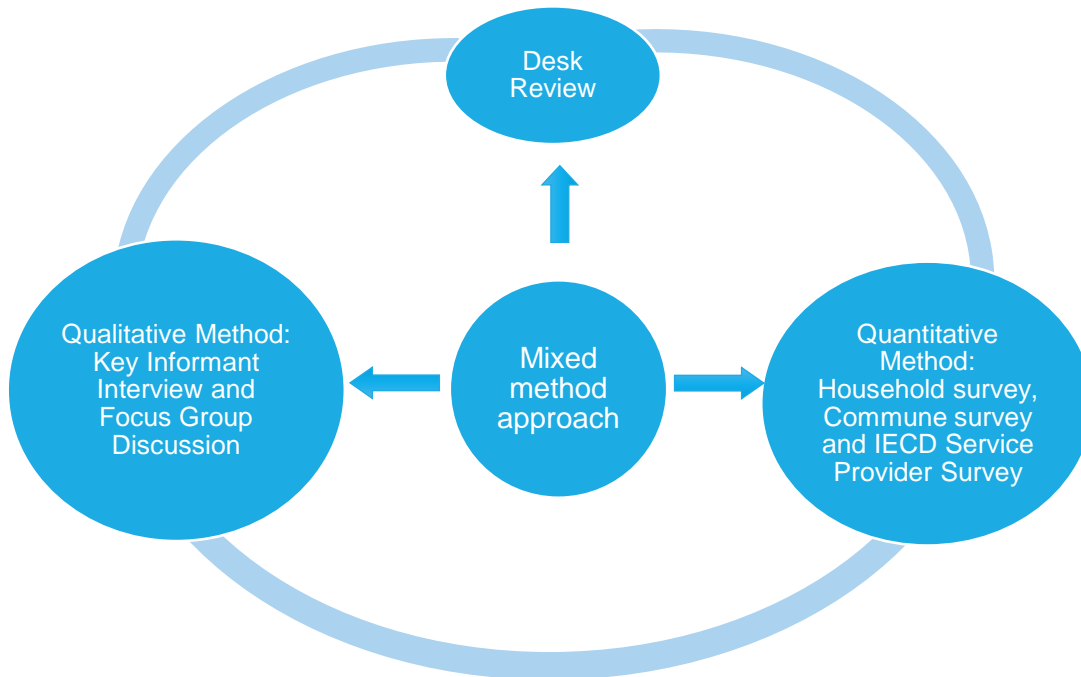
1.2. End-line Methodology

As stated in the Terms of Reference, the assignment aims to measure progress against the indicators and undertake an evaluation on the program effectiveness, efficiency, scalability and

sustainability. Therefore, a mixed-method approach, including desk review, quantitative and qualitative methods will be applied in this assignment. In particular, the participatory approach is employed in this mixed-method, which engages all relevant stakeholders and beneficiaries in the process of identifying key findings, conclusions and recommendations that inform future programming.

In order to implement the mixed-method approach, the following data collection methods are used: (i) Desk Review; (ii) Quantitative Methods: Household Survey, Commune Survey and IECD Service Provider Survey and (iii) Qualitative Methods: Key Informant Interview and Focus Group Discussion.

Figure 2. Mixed-Method Approach



2. Desk Review

Desk review will focus on two major components: IECD program design & implementation status and impacts of COVID-19 pandemic on program implementation in pilot locations. The review will also explore the existence of certain number of IECD supportive policies and coordination/integration between sectors to assess the current situation of ECD in Viet Nam and help form qualitative inquiry areas which focus on assessing the program effectiveness, efficiency, scalability and sustainability.

The research team will consult with and obtain necessary documents from UNICEF Viet Nam and key stakeholders e.g., other UN staff, key national and sub-national government agencies, and other relevant partners such as civil society organizations/ NGOs. The necessary documents may include, but not limited to:

- Recent evaluations, reviews, researches, studies, progress reports, situation reports, national datasets and surveys;
- Existing policy documents issued by MOLISA, MOH, MOET and others.

During the consultation process, the research team will communicate with key stakeholders in case of having further questions or needing additional documents.

3. Qualitative Research

3.1. Purpose

The qualitative portion of the evaluation will gather in-depth information from key stakeholders to assess the program effectiveness, efficiency, scalability and sustainability. To be specific, it will collect the following information:

- IECD program implementation status and Impact of COVID-19 pandemic on the service delivery
- IECD program’s flexibility in adapting to any change in environment in terms of political, legal and socio-economic aspects
- The governance structure of the program and how effective this structure was for service delivery, coordination and collaboration
- Existence of coordination mechanisms and monitoring systems in ECD
- The amount of communal/ district/ provincial budget and percentage of it out of total to ECD services
- Intervention costs of key sector interventions as well as financing capacity/ possibility of the governments for those costs under current context of the country
- Prospects for further development of related interventions after the end of the program
- Capability of local governments in coordinating different IECD components in service delivery and maintaining the IECD operationalization model
- Impact of capacity building activities within the IECD program on sustainability
- Recommendations for program improvement

Also, the qualitative component will complement and justify knowledge and information collected from the quantitative component (the survey), hence providing further details about the performance indicators. Findings from the qualitative study will be useful for creating significant case studies and related stories and highlight the changes brought by the IECD program in the project areas. Such findings will be presented in boxes that appear throughout the final assessment report.

In the qualitative research, we will use semi-structured, open-ended questions to allow informants to elaborate their perspectives and understanding in their own language, without being forced to adopt certain point of view or framed in a certain direction. As suggested in the TOR, we propose to use two major methods: key informant interview (KII) and focus group discussion (FGD).

Table 1. Number of KIIs and FGDs in 3 provinces (Dien Bien, Gia Lai & Kon Tum)

Informant	KII	FGD	Total of 3 provinces
Provincial IECD Project Management Unit (PMU)	2	0	6 Interviews
District IECD Project Management Unit (Department of Health, Education & Child Protection)	0	1 (3 people /group)	3 FGDs
Commune IECD Project Management Unit Leader	1	0	3 Interviews
Commune-level Pre-School Principal	1	0	3 Interviews
Commune-level Health Clinic Manager	1	0	3 Interviews
Local Parent/ Caregiver	0	2 FGDs (6-8 people/group)	6 FGDs (male and female)

3.2. Key Informant Interview

For KIIs, we will conduct face-to-face/online in-depth interview with representatives of PMU at provincial/ commune-level and local service providers (preschool and health clinic).

Project Management Unit (PMU) Interview: At the outset of UNICEF's IECD Program, a Project Management Unit was established at the provincial level to manage the implementation of the program, activities and funding during the period 2017-2021. Then in district and commune level, local governments also established PMUs for IECD. We will conduct in-depth interview with the leaders of provincial and commune-level PMUs in order to develop a holistic understanding of each location and their implementation status.

Each PMU interview will take 45 minutes to 1 hour, with a total of 9 interviews. Primary interview topics include:

- IECD program implementation status and Impact of COVID-19 pandemic on the service delivery
- IECD program's flexibility in adapting to any change in environment in terms of political, legal and socio-economic aspects
- The governance structure of the program and how effective this structure was for service delivery, coordination and collaboration
- Existence of coordination mechanisms and monitoring systems in ECD
- The amount of provincial/ communal budget and percentage of it out of total to ECD services
- Intervention costs of key sector interventions as well as financing capacity/ possibility of the governments for those costs under current context of the country
- Prospects for further development of related interventions after the end of the program
- Capability of local governments in coordinating different IECD components in service delivery and maintaining the IECD operationalization model
- Impact of capacity building activities within the IECD program on sustainability
- Recommendations for program improvement

Service Provider Interview: Health clinics and pre-schools are the major service providers for parents and children in their early ages. We propose to conduct in-depth interview with representatives, preferably at the managerial position, of a health clinic and preschool that participated in the baseline assessment. The purpose of these interviews is to identify existing services offered at each location, the level of utilization as well as the level of coordination among service providers.

Similar to PMU interview, service provider interview takes approximately 45 minutes to 1 hour, with a total of 6 interviews. Primary interview topics include:

- IECD program implementation status and Impact of COVID-19 pandemic on the service delivery
- Types, scope and capacity of delivering ECD services to children and families in the commune
- ECD services most commonly sought by local families
- Targeted services and efforts to make services accessible for the most vulnerable children in the commune
- Coordination among health clinics, preschools and other agencies to provide ECD services
- Perceived development of local children in four domains: literacy and numeracy, physical, socio-emotional and learning

- The prevalence of violent discipline and frequency of injuries in the commune
- Capability of local service providers in collaborating with each other and maintaining the IECD operationalization model after the end of the program
- Impact of capacity building activities within the IECD program on sustainability
- Recommendations for program improvement

3.3. Focus Group Discussion

FGD is a meaningful way to collect information that is mutually agreed upon in a group context. This qualitative method allows participants to share and discuss thoughts collectively while also elaborating their ideas inspired by others' thoughts. Through FGD, researchers may be able to explore traditional customs, cultural beliefs, personal perspectives as well as actual practices during the project implementation that influence ECD.

We plan to conduct FGDs with two main groups of participants as below:

- Group 1: District IECD Project Management Unit (Department of Health, Education & Child Protection)
- Group 2: Local Parent/ Caregiver

FGD with District IECD Project Management Unit

In each district of the 3 provinces that participated in the baseline assessment, the research team will organize 1 FGD with the members of the district-level IECD PMU representing three important ECD services, namely health, education and child protection.

Each FGD may involve at least 3 participants and take approximately 45 minutes to 1 hour. Primary discussion topics include:

- IECD program implementation status and Impact of COVID-19 pandemic on the service delivery
- IECD program's flexibility in adapting to any change in environment in terms of political, legal and socio-economic aspects
- The governance structure of the program and how effective this structure was for service delivery, coordination and collaboration
- Existence of coordination mechanisms and monitoring systems in ECD
- The amount of district budget and percentage of it out of total to ECD services
- Intervention costs of key sector interventions as well as financing capacity/ possibility of the governments for those costs under current context of the country
- Prospects for further development of related interventions after the end of the program
- Capability of local governments in coordinating different IECD components in service delivery and maintaining the IECD operationalization model
- Impact of capacity building activities within the IECD program on sustainability
- Recommendations for program improvement

Note: An activity which demonstrates one of the six steps in the so-called "*outcome harvesting*" methodology will be implemented, showing participants an in-depth picture of what change has occurred throughout the program, how, and why.

Outcome harvesting is a monitoring and evaluation methodology used to identify, describe, verify and analyse the changes brought about by the development intervention. It is designed to collect evidence of change, and then work backwards to assess contribution to that change. According to

Wilson-Grau and Britt (2013)², the changes explored by this methodology refer to “a change in the behaviour, relationships, actions, activities, policies, or practices of an individual, group, community, organization, or institution”. In the context of the IECD Program, the changes are confined to changes in parents’ or caregivers’ ECD practices, changes in development of children in certain domains and changes in local governments’ coordination of ECD service delivery.

FGD with Local Parents/ Caregivers

In each commune of the 3 provinces that participated in the baseline assessment, the research team will organize 2 FGDs with the male and female parents/ caregivers of children aged 0-8. The selection criteria is both male and female representatives from the rich, poor or near-poor households and from different ethnic groups (Kinh and other ethnic minority groups). They are purposively selected from the list of households provided by village head and invited to the FGD.

Each FGD may involve 6-8 participants and take approximately 1 to 1.5 hours using Participatory Rural Appraisal (PRA) tools. Primary discussion topics include:

- Available ECD services in the commune & Impact of COVID-19 pandemic on ECD service delivery
- Children’s participation in local ECD centers/ programs
- How parents or caregivers gather/share knowledge about post-natal care, early childhood diet, sanitation, early childhood education, and practices of parenting
- Definition of effective parenting in early childhood and barriers to effective parenting
- Barriers to and challenges of early childhood care
- Where parents seek help when taking care of children under 8
- How are existing ECD services contributing to relations between individuals/groups and their authorities/governing institutions (vertical social cohesion)

As defined in Chambers (1995 & 1997)³, PRA is a combination of approaches and methods that enable rural people to share, enhance and analyze their knowledge of life and conditions, to plan and act and to monitor and evaluate. PRA is considered matching with the context of this research for two main reasons. First, as the target groups are both Kinh and ethnic minority people and some of them are not fluent in Viet Nameese, PRA tools help to mitigate the language barrier and to allow local people to express their concerns rather than merely responding to what the interviewer asks. Second, as the local people are the main beneficiaries of the IECD program, they are supposed to play a greater and more active role in the information gathering process.

Please refer to **Annex 1** for examples of FGD activities with parents & caregivers.

3.4. Sampling

The sampling strategy for qualitative study is purposive sampling, particularly at the district and commune-level. The research team plan to go to the same districts and communes that participated in the baseline assessment for comparison study and data triangulation.

² Wilson-Grau, R and Britt, H (2013). Outcome Harvesting. Ford Foundation, November 2013

³ Chambers, R. (1995) 'Paradigm shifts and the practice of participatory research and development' in N. Nelson and S. Wright (eds) *Power and Participatory Development: Theory and Practice*, London: Intermediate Technology Publications, pp. 30–42.

Chambers, R. (1997). *Whose Reality Counts?* Putting the first last. Intermediate Technology Publications, London.

Table 2. Sampling strategy for KII and FGD participants (qualitative study)

Qualitative tool	Participant	Strategy
Key Informant Interview	Provincial IECD PMU	Two members of the provincial IECD PMU are selected for interview, including one working in the leading department and one working in the member department. For example, in Dien Bien province where the PMU leading department is Department of Health, the research team will invite the Head of Department of Health and the Head of Department of Education or Department of Labor, Invalids and Social Affairs.
	Commune IECD PMU Leader	The leader of the commune PMU, the preschool principal and the health clinic manager working in the communes which participated in the baseline assessment will be invited for interview.
	Commune-level Pre-School Principal	
Commune-level Health Clinic Manager		
Focus Group Discussion	District IECD PMU (Department of Health, Education & Child Protection)	Three members of the district PMU representing three ECD sectors (namely health, education and child protection) and working in the districts which participated in the baseline assessment will be invited for discussion.
	Local Parent/ Caregiver	Male and female parents/ caregivers of children aged 0-8 from rich, poor or near-poor households and from different ethnic groups (Kinh and other ethnic minority groups) living in the communes which participated in the baseline assessment will be invited for discussion.

4. Quantitative Research

4.1. Purpose

The quantitative portion of the study (survey) serves as the key part to measure the intervention results of the IECD program. Particularly, it will capture the status of IECD program indicators as stated in Terms of Reference. Quantitative surveys will gather the information from households, local service providers and communities where IECD services is available. Also, in the context of Covid-19 outbreak, the impact of those extreme event on the outcomes of IECD program in project provinces will be quantified, to possible extent. The gathered data will be used to estimate required statistics to evaluate the program effectiveness, efficiency, scalability and sustainability as well as provide the lessons and recommendations for improvement in replication and scale-up of the model at national scale.

As specified in the TOR (page 15), the indicator list to be collected during the endline assessment will include information on children aged 0 to 8 years old, parents/care-givers, as well as community and local service providers information. Therefore, same as baseline survey, we propose to implement the following questionnaires to gather sufficient indicators of interest:

- A household survey with those having children age 0-8;

- A local service provider survey with pre-schools/nurseries, IECD centres, commune healthcare centres;
- A commune survey to gather information at commune level of ODF certification, m-IECD module covered communes, availability of IECD services.

4.2. Sampling

Household Survey

It is essential to re-survey the intervention group in this endline survey. MDRI team proposes to conduct the household survey with the same size and as many repeated households as possible (1080 households in 27 communes). In case, children in any household of the 1080 grow out of 0-8 age range or they move out of the community, then those households will be no longer qualified for this endline survey and replaced with a new household that has children aged 0-8 living in the same community.

a) Selecting households in each selected EA

Step 1: Updating and verifying the list of eligible households

MDRI team will contact the project communes' official (and/or 2 baseline-surveyed village leaders in each commune) in advance to review and update the list of eligible households. With this approach, we can ensure having the most updated list of all households that still have children aged 0 to 8 years and live in the villages (enumeration area – EA) and serve as the sample frame in each EA for the final sampling selection stage.

Step 2: Selecting the households

MDRI team will invite as many as possible the qualified baseline-surveyed households to interview (official households). We will randomly select other eligible households each EA to serve as the reverse list in case of impossible interviewing any repeated households. The total number of households in each EA will be ensured as of 20 (or 40 for each project commune) and the total sample size will be 1080 households in 27 communes as in baseline survey.

b) Adjusting the sample selection using weight

Same as in baseline assessment, the allocation of sample to each commune, district and province is equal and the number of selected respondents in each EA is fixed (20) while the total number of households in each EA, commune, district, and province vary. Therefore, we will have to calculate weight to adjust our oversampling selection as the probability of being selected in our sample is not equal for every selected household. The detail formula to calculate weight will be developed based on the most updated data from the General Statistics Office (GSO) 2019 population census and the above-described sampling selection procedure.

Service Provider Survey

As described in the baseline assessment, the number pre-schools, nurseries, IECD centres and health care centres are quite modest (31 pre-schools/nurseries and 27 health care centres). After the IECD program intervention, we expect that there will be more service providers, especially in the form of IECD centres and family-based child-care groups in the project locations. As the information on family-based child-care groups is important to estimate the indicator No.30 (*percentage of ECE centres, including family-based child-care groups in project locations which have minimum IECD equipment and early learning/stimulation services for young children*), we propose to survey this

group in the project communes in this endline assessment. The total number of sample size for the service provider survey therefore will be larger than those in baseline survey. MDRI team will conduct reviews with commune officials to identify the sample frame for service provider survey and propose to sample at most of 54 pre-schools/nurseries/IECD centres/ family-based child-care groups (one each village - EA) and 27 health centres. In case, there are not enough 54 pre-schools/nurseries/IECD centres/ family-based child-care groups, we will survey all of these service providers.

Commune Survey

The questionnaire for commune will be filled up by one respondent who is knowledgeable of the project at the commune level as identified from the qualitative study. All communes in the program will be surveyed. The total number of respondents is 27.

4.3. Survey Design

Questionnaire design and the consistency in concepts and calculating methods (such as applied weights) are crucial to the success of the endline survey, ensure the valid comparison with its of baseline values as well as the success of impact evaluation process. It also relates directly to the cost of the survey. In this endline assessment, we propose to inherit the three questionnaires of the baseline assessment and include questions to cover all additional indicators.

The household questionnaire will capture the after-intervention status of the household’s socio-economic characteristics; profile of children aged 0 to 8 broken down into 5 sub-groups with different indicators measured for each targeted group⁴; KAP questions regarding IECD services, parenting practices; etc. The service-provider questionnaire (separately designed for pre-schools and health care centres) will survey information regarding availability of ECD services at endline period, capacity/facilities of service provider and its personnel, etc. The commune questionnaire is supposed to cover all information that cannot be collected at household level such as ODF certification, m-IECD modules, WASH services, etc.

The table below summarizes key information to be collected for each type of questionnaire.

Table 3. Summary of the indicators⁵ to be collect for each questionnaire

No	Questionnaire	Indicator
1	Household questionnaire	1, 2, 3, 4, 6, 11, 12, 14, 17, 19, 20-26, 29
2	Service provider questionnaire	6, 8, 10, 13, 15-17, 20, 21, 27, 28, 30, 31, 34,
3	Community questionnaire	5, 7, 9, 12, 18, 33, 35, 37

We attach the draft version of the questionnaires and a table of indicator-question mapping in the following google drive link: <https://drive.google.com/drive/folders/1Dny9R-yJDtRO0BfuuUR-6--21gWiSBR1>.

⁴ 0 – 6 months; 6 - 23 months; 24 – 35 months; 36 – 59 months; 5-8 years. Three first groups then can be aggregated to analyze for the group of the first 1000 days.

⁵ Indicators 32, 36 will be covered through qualitative portion of the assessment.

After UNICEF’s review and recommendations, they will go through the field pilot step, which will be described in the next section. Please be advised that we notice three pairs of indicators which seem to be similar meaning to us. They are summarized in the following Table.

Table 4. Pairs of indicators having similar meaning

	Indicator	Similar to indicator
1	11. Percentage of parents/child-care givers and commune people in the project locations having Positive feedback/ comments to on IECD services	29. Percentage of parents/child caregivers who have positive feedback/comments on IECD services.
2	12. Existence of at least one m-IECD module (Child Protection-Nutrition-Education-WASH) applied mobile technology to fast track the progress of respective IECD interventions in the project locations	33. Percentage of communes in the project location covered by m-IECD module (including CP, Nutrition, Education contents) to fast-track progress of respective IECD interventions.
3	15. Number of child protection workers in UNICEF-supported communes who provide case management in line with national standards	28. Number of child protection workers at commune level who could provide case management in line with national standards.

4.4. Questionnaire Pre-testing and Pilot

In survey, the questionnaire plays a vital role and decides most of the data collection’s success. In order to attain a great functional questionnaire. The draft questionnaire will be further tested in the field once before finalization to carefully check the respondents’ understanding. This process will go through 2 steps including (i) questionnaire pre-testing and (ii) pilot field testing.

Pre-testing

This step aims to evaluate whether respondents interpret questions in an appropriate manner, as expected by the research team and to judge the appropriateness of each included question. The draft questionnaire has been circulated in the research team to evaluate each question. In addition, we have exchanged recommendations to UNICEF Viet Nam whether to accept the original question and meaning, to keep the meaning but change the question wording, to eliminate the question or to write a completely new question.

Pilot Field Testing

After the pre-testing step, the revised questionnaire will be further tested in a pilot phase. Any problems in understanding the questionnaire and respondents’ recommendation for revision will be reported to the UNICEF. The pilot test is not only helpful for the questionnaire design but also contributes to the later enumerator training as we will have hands on practical case studies to share with the enumerators.

Table 5. Field pilot detail

No	Questionnaire	Number of questionnaires piloted	Estimated length of interview	Note
1	Household questionnaire	08-10	1.5-2 hours	Pilot households will be selected from the sampling frame to ensure comparability of characteristics of the households with those of the actual baseline.

2	Service provider questionnaire	03	30-45 minutes	1 with pre-schools, 1 with family-based child-care groups, and 1 with commune health centre
3	Commune questionnaire	01	30-45 minutes	1 commune

The questionnaires will be tested with 08-10 households, 03 service providers, and 01 commune people committee representative in Dien Bien province. This commune is considered to have similar economic and social conditions with a project commune in Dien Bien. Two researchers will be working for 3 consecutive days in the province for pilot. During the pilot, the researchers will be at the fieldwork to test the questionnaires, also discuss and resolve encountered issues.

4.5. Data Collection Tool (CAPI)

The research team utilizes the most advanced Computer Assisted Personal Interview (CAPI) technology, using the tablet PCs in large scale surveys. The technology incorporates survey software applications (ODK Collect, Survey CTO, etc.), GPS, Internet and data transmission. This is a time, cost-saving and environment protection technology, ensuring a transparency in all survey process, greater statistical accuracy and minimizing non-sampling error, enabling data compiling immediately and data management on a daily basis. Additional benefits of using tablet PCs include that ***the data in the server can be displayed for authorized expert staff (with an active account and internet access), which strengthens the data collection transparency and ease of management.***

4.6. Enumerator and Supervision Recruitment & Training

Enumerator Recruitment

The quality of enumerators largely determines the data quality. Therefore, along with the good knowledge of the questionnaire and communication skills, the enumerators must be experienced in conducting surveys using advanced technology like CAPI, in order to ensure that the data collection and transmission to the server will be timely and properly. The evaluation process of enumerators will follow UNEG ethical Guidelines for evaluation and UNICEF Procedure for Ethical Standards in Research, Evaluation and Data collection and Analysis. The research team makes efforts to ensure that the recruitment and evaluation process at MDRI is operated in an impartial and unbiased manner at all stages of the evaluation. With various applicants for enumerators, the research team respects differences in culture, religious beliefs, gender roles, age and ethnicity, etc.

Thus, the targeting enumerator group contains the following characteristics:

- Experience in doing household surveys, especially in the IECD program baseline survey. Preferences are given to those coming from provinces covered by the survey.
- Ability to communicate in local languages is an advantage, but not a must. We prefer skilled enumerators to those who speak dialect but do not fare that well in other skills.
- Female, as the questionnaire covers sensitive issues such as violence against children
- Have experienced working with MDRI for at least 3 surveys to secure their commitment working for the entire length of the survey.

As a professional survey organizer, MDRI is proud of its enumerator network, spreading all over the country. The age of the enumerators is between 25-40 years. Their academic background is

graduate or post-graduate. They are very experienced being involved in various kinds of field surveys such as baseline surveys, monitoring and evaluation surveys, end line surveys, etc.

In order to become an official enumerator for MDRI, each applicant has to pass three rounds of selection:

- **Round 1:** Screening CV/profile. Selected candidates must prove their enthusiasm and experience in doing household survey work.
- **Round 2:** Testing interviewing skill using some parts of the questionnaire. Additionally, all shortlisted candidates also have their problem-solving skill challenged by proposing solutions for some real survey issues which might occur, such as dealing with sensitive questions, strategies to get information when respondents are not willing to response, etc. Applicants passing the second round will be invited to the training course.
- **Round 3:** Assessing applicant's hands-on performance through their participation in the training course and field practice. The formal assessment includes a test of questionnaire understandings and Tablet PC skill at the end of the training course. We will also observe enumerators' behaviours and performance throughout the course and in the field practice day as one source of reference to make the final decision of the qualified enumerators.

The total number of candidates expected to participate in the training course will be 10% more than the number of official enumerators needed. Among them, we will keep at least 3 qualified enumerators in the reserve list in case any of the official enumerators cannot continue with the survey for unforeseen circumstances (e.g. accidents, urgent family matters) or fail our quality control assessment at any point of the survey.

Supervisor Recruitment

Supervision is critical to ensure enumerators' performance over the duration of the survey, particularly on the first few days of the fieldwork when the enumerators are not yet familiar with the field and questioning the most. Our supervisors are those who have rich experience in supervision, have worked with us in multiple projects, and gained our trust on their performance and reputation. Five experienced supervisors will be selected out of our supervision network of 30 people and employed for the supervision work in 3 provinces.

Training for Enumerators

Developing Enumerator Manual

Based on the questionnaire approved by the IE team, we will develop training curriculum and fieldwork manuals for the enumerator training course. The enumerator manual covers the following contents:

- Background information of the survey and survey objectives,
- Confidentiality and collecting sensitive data;
- Types of questionnaire, questionnaire contents and explanation for each particular question;
- Specific tasks for each team survey members;
- Fieldwork procedure before, during and after the interview with detail daily work plan;
- Instruction on difficult situations;
- Tablet PC and software application instruction;

- Contact list and hotline of the survey management board for specific issues (fieldwork plan, sampling list, tablet PC usage, data transmission, logistic arrangement, etc.);
- Data quality control procedure.

The manual and other training materials will also take into account interesting and practical case studies encountered during two phases of field pilot.

Training of Enumerators and Supervisors

We will give the direct training to the supervisors and enumerators. Supervisors are required to take part in the same training as enumerators. At MDRI, we believe that training method has a substantial influence on the data quality. During the training, the research team puts special emphasis to explain the UNEG/UNICEF guided standards, norms and field protocols to ensure all ethical guidelines are completely understood for proper application during field data collection especially while interacting with communities and children.

The training courses cover following main contents:

- Background information of the survey;
- Confidentiality and collecting sensitive data;
- Terms and definition of the questionnaires;
- Fieldwork principle and protocol;
- Detailed contents of the questionnaire set;
- Interview skills, problem solving skill;
- Using Tablet PC and data entry software;
- Practicing, demonstration and Q&A;
- Test for enumerator selection;
- Fieldwork plan and teamwork arrangement;
- Logistics and financial issues.

We propose two 5-day training sessions, one in Hanoi for enumerators working in Dien Bien province and one in Gia Lai province for enumerators working in Gia Lai and Kon Tum:

- *0.5 day for the overview of study design, types of questionnaire.* At the beginning of training course, enumerators are introduced to the project, study design, confidentiality safeguard and how to deal with sensitive questions in general.
- *2.5 days for lectures on questionnaire* (including 1.5 days on household questionnaire and 1 day for commune and service provider questionnaire). In each section, after the completion of lecture, a demonstration interview will be conducted and by turn, each pair of enumerators will interview each other and give crossed-assessment and recommendations for improvement.
- *1 days for classroom practice with mock-up interviews and tablet practicing.* In this session, enumerators will conduct mock-up interview in pairs in front of the whole class. Other training participants are asked to give comments on the performance of the mock-up interviews and recommendations for improvement. Lecturers will also give comments for improvisation after each pair finished the interview. We expect to do at least 2 female mock-interviews and 2 male mock-interviews. Additionally, enumerators are trained with data entry application on Tablet to become proficient users.
- *0.5 day for field practice and test for enumerator selection.* Survey pilot in the training course with the participation of a large number of enumerators plays an important role in designing a comprehensive and reliable set of survey instruments and test the data flow

plan. Careful and organized pilot study helps to detect errors and to identify incompatible questions, additional error of the data entry program, data flow protocol and issues of logistic arrangement. The field practice should take place in a rural area of Gia Lai to enable a comparable household characteristics. Each training participant will interview one household. Since service providers and community questionnaire are hard to practice at the field due to logistic difficulties, we will not organize field practice for these questionnaires. The test for enumerator selection will take place at the end of field practice.

- *0.5 day for wrapping up and logistic arrangement.* The official list of enumerators is announced. Evaluation results are based on direct observation during the entire training course and the test results. Official enumerators are introduced to the field procedure plan and logistic arrangements. They will be given of official documents for fieldwork including: detailed fieldwork plan, sampling list, local contact list, etc.

The training courses will require four main lecturers, two for the questionnaire contents, one for the device and software using tablet PC and one for the survey procedure.

Aside from the 5-day training, supervisors is required to attend training for half a day on supervision protocol.

4.7. Fieldwork Organization

Logistic Arrangement

Since the research covers sensitive issues such as violence, it should be handled with a great amount of caution and thoughtfulness both prior to and during the fieldwork. The research team also applies UNICEF Procedure for Ethical Standards in Research, Evaluation and Data collection and Analysis into the fieldwork arrangement procedure. Experience from our previous surveys emphasizes the importance of national and local authorities' role in ensuring successful fieldwork execution, refusal rate reduction and high-quality database. The research team will ensure that any issues or concerns that relate to the credibility of the study are discussed and communicated clearly to the appropriate authority before the fieldwork is conducted. Specifically, we will work closely with the PMU of the project at different levels for logistic arrangement to:

- Acquire all necessary permissions for implementing the data collection activities.
- Update the sample household list of those having children aged 0 to 8 and service provider list of 27 selected communes.
- Contact households and arrange appointments with households before fieldwork.

Before fieldwork starts, detailed workplan for data collection of each enumerated area should be sent one week in advance of the fieldwork to ensure that the village/commune leaders are well prepared for updating households list and contacting respondents.

Fieldwork Plan

We estimate that 18 enumerators can fill up the workload in 3 provinces (9 districts) in 18 working days. Enumerators will be divided in 9 teams. Each team consists of 2 enumerators and will be in charge of 1 district. The workload in each commune can be finished within 6 working days. The workload allocation is summed up in the following table.

Table 6. Enumerator workload allocation

Type of questionnaire	Number of questionnaires per district	Duration (hours) per questionnaire	Number of working hours per district	Number of person days per district
Households	120	2	240	34.3
Service providers	9	1	9	1.3
Communes	3	1	3	0.4
Number of person days per district				36.0
Number of working days per district (1 team of 2 enumerators per district)				18.0
Number of teams				9
Number of enumerators				18

For each team in the quantitative survey, there will be one team leader who, besides working as an enumerator, will be in charge of contacting local authorities to inform them about their working schedule and arrange local guide to support the team at each village. Each team will work based on a planned field schedule and pre-identified sites. This fieldwork plan is built with a view to ensuring the most convenient travelling route of inter-hamlet, inter-village for the survey team.

Regarding the qualitative workload, it is anticipated that each team consists of 2 MDRI researchers will conduct FGDs and KIIs in each province for 3 person days. In which, the first day will be spent on interviewing key informants from province and district levels. During the other two days, the team will implement KIIs at commune levels and facilitates FGDs.

Travel and Accommodation

Travelling for the teams will be arranged by the team themselves, enabling each team to take initiative and be flexible in the field. Communication supports (telephone simcard) will be provided for the interviewers to facilitate the interaction between the field and the center in case 3G/4G signal is not available for communication via smart phone applications (Skype, Whatsapp, Viber) on Tablet PC. Health and accidental insurances will be given to all interviewers and supervisors, which will cover major risks, occurred during the time of fieldwork.

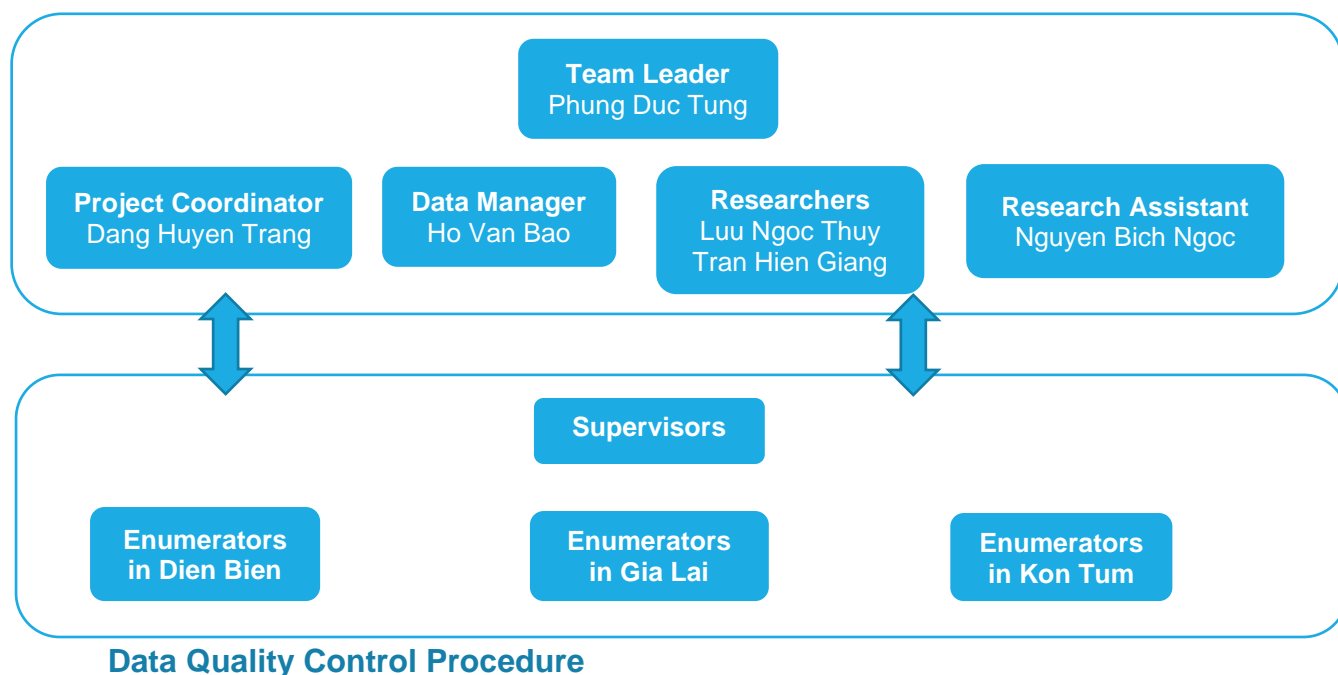
4.8. Quality Control

Survey Management Board

All issues arising at the field that survey teams encounter will be solved immediately with survey management board supports to ensure the investigation progress. The board is divided into specific issues for quick and professional reaction as follows:

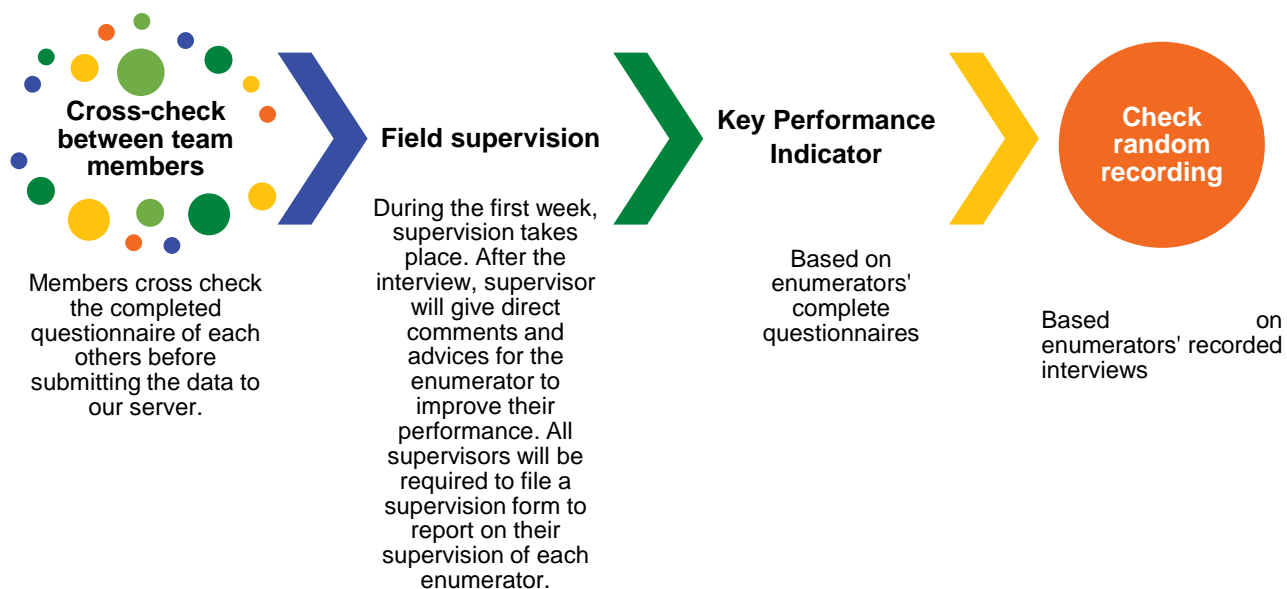
- Technical issues related to questionnaire contents, the samples.
- Tablet PC related issues: software, data saving and uploading, etc.
- Fieldwork plan, local communication related issues.
- Team survey's human resource related issues.
- Financial related issues: financial document form, cost incurred, etc.

Figure 3. Survey Management Board



Our data quality control process will be executed through 3 main steps and stakeholders: (i) Cross-check between team members, (ii) Fieldwork quality control by field supervisors, (iii) Random Recordings; and (iv) Key performance indicator (KPI) evaluation by data management team.

Figure 4. Suggested data quality control process



As our normal practice to control for the highest quality of the data collected, we will perform five types of supervisions through out of the fieldwork. Each of the methods has its own advantages and supplement for the others. We summary the quality control methods in the table below and explain in detail each of these methods in the next sections.

Table 7: Summary of the Survey Quality Control Methods

No	Quality Control Method	% of the completed surveys	Timeline	Note
1	Cross-check between team members	100%	Throughout fieldwork	
2	Field supervision	6%	First week	Supervisors attend at least one interview per each enumerator. Second sit-in is required for those that do not perform well in the first supervision.
3	Key Performance Indicator	10%	Throughout fieldwork	KPI to be calculated for every 10 completed questionnaires of each enumerator
4	Check random recording	5%	Throughout fieldwork	Randomly throughout the fieldwork

Cross-check between Team Member

As enumerators will work in a team of three, end of each survey day, they will be required to cross check the completed questionnaire of each other's before submitting the data to our server. Cross checking daily gives each team a chance to highlight any errors or mistakes of each other's so that they could come back to reconfirm the information with the respondents, if necessary.

Field Supervision

Field supervision will be carried out in the first week of data collection. In our experience, it is in the first week that enumerators face the most difficulties in asking questions and familiarity with the survey procedure. Therefore, the attendance of supervisors right at the field during this time is crucial. We will allocate 3 supervisors in 3 provinces working in one week to supervise all enumerators. Supervisors will attend at least one interview with each enumerator. During the interview, supervisor will evaluate and note down the performance of the enumerator in all aspects such as whether the enumerators follow exactly steps that MDRI have instructed, whether enumerator try their best to collect data and minimize non-sampling errors, etc. After the interview, supervisor will give direct comments and advices for the enumerator to improve their performance. If the supervisor finds the first attendance with one enumerator is not enough to secure good and stable performance, he/she will then attend the second one. All supervisors will be required to file a supervision form to report on their supervision of each enumerator.

Interviewer's Key Performance Indicators (KPI)

For every ten completed survey, we will evaluate data quality of each interviewer based on a set of quantitative evaluation (for example, number of missing values, number of responses "don't know" in a specific question, etc.). This evaluation allows us to compare among enumerators and identify good/bad enumerators when the number of responses is large enough. It is customized for each survey questionnaire and is subject to approval of our board of management and client. Any enumerator that does not pass our standard will be replaced.

Random Recording

CAPI technology allows us to have add-in applications to randomly record the interview (without the interviewer's notice) and send the recording automatically to our server. Thus, our data management

team will be able to randomly check at least one interview of each enumerator per day to make sure there is no cheating of the data. In addition, our team can also give suggestions/corrections to enumerators if they find any problem during the interview. For this survey, we suggest to randomly record sections and questions that are most difficult to ask such as on agriculture production and gender-based violence. Recording will be checked randomly from the first day of fieldwork till the last day.

4.9. Data Management

Data Transmission

By using the Samsung Galaxy Tablet built-in 3G/4G, the data of all completed interviews will automatically be sent to our server and any email addresses. In case of no 3G services in some enumeration areas, the data will be saved and sent when the team is in district central where mobile phone signal is available.

We will develop a data cleaning program that contains logic checking and outlier checking. The data management team will download data from our server, run the data cleaning program to find any doubtful information or inconsistent information among the sections and questions. The data management team will then give feedback to the survey teams for revisions or confirmation via direct meetings, phone call, Viber, or Skype. To avoid any possible loss of data, we plan to provide each enumerator with a memory stick and require that enumerators make a copy of each completed questionnaire from their tablet every day. In addition, we will only install the software for implementing the interview onto the tablets. We do not allow the interviewers to install any entertainment or other programs, nor do we allow interviewers to access any website in order to minimize the risk of losing data or catching a virus. In addition, we will make daily transfers of the data into STATA format.

For any significant changes in the plans or for any issues that may occur that affect the survey, the survey coordinator will closely consult with the UNICEF Viet Nam to figure out a solution and approval.

Data Cleaning

Data cleaning will be implemented in two stages: (i) during the survey and (ii) after the survey.

During the survey



Data cleaning will begin immediately upon the arrival of any data in our server

Check all logic, missing information, redundant information, outliers, wrong skips, coding inconsistencies, and mismatched codes

This procedure will minimize the non-sampling errors that occur during the survey.

After the survey



Check missing values

Check wrong coding system

Check outliers

Check value types

Data Formatting and Dictionary

After the completion of the data cleaning process, we will transfer the data into STATA software. The data sets will include labels for each variable so users can easily find the variable that corresponds to each question. We will also develop the data dictionary that describes in detail each file of the data set and each variable in the data set. The final dataset will be user-friendly.

5. Methodological Limitations and Mitigation Measures

Despite the thorough preparation for the assignment, there could be some limitations. The research team will be aware of potential risks and limitations to derail an evaluation and make efforts to anticipate and account for external dangers.

No.	Risks/Challenges	Mitigation Measures
1	Absence of a comparison group, which is faced by both the baseline assessment and this survey & formative assessment	The research team proposes to have a longitudinal study design and make a before-after intervention comparison in the same group. Therefore, the team plan to go the same districts and communes that were studied in the baseline assessment. Also, the characteristics of the intervention group observed in the baseline survey can be controlled in the endline survey for the analysis of changes in the outcomes.
2	Beneficiaries including parents/ caregivers and children may benefit from program for different time periods, due to the rolling nature of the program. Children growing out of 0-8 age group no longer benefit from the program; and a 1-year-old child has shorter program experience than a 5-year-old child.	The research team proposes to aim for a balance in age groups in the sampling design and indicator calculation. Also, the research will make comparison within the same age group where relevant during data analysis.
3	Insufficient number of repeated households for the household survey Repeated households may be ineligible for the household survey for the following reasons: <ul style="list-style-type: none">- The household has left the commune and relocated to another commune for living- The children of the household have grown out of 0-8 age group and no longer benefit from the IECD program	The research team understands that this risk is unavoidable. So the team will try to interview all the eligible repeated households to the best of our ability, for example by making careful logistic preparation, contacting the local village leader in advance to schedule an appointment with the household and persuading the household to participate in the survey.

6. Ethical Consideration

Research Ethics Review Board (ERB) Approval

Since the research targets children aged 0-8 and ethnic households, it should be handled with a great amount of caution and thoughtfulness both prior to and during the fieldwork. In advance of the evaluation, the research protocol including the draft quantitative and qualitative tools and consent forms for all survey participants was submitted to the Ethics Review Committee and received approval. The enumerators, who involved directly in primary data collection, also were provided basic ethics training based on SC related procedure. Therefore, prior to the fieldwork, the research team ensured that enumerators were well-prepared, competent and skilled enough to implement

the data collection, simultaneously maintain the privacy and the safety of participants as well as comply with other major principles and core procedures related to ethical issues.

Below is our plan to ensure that the research meet all applicable requirements and to protect the respondents from any risk which may arise during the fieldwork.

Informed consent

The research team ensured that there is no explicit or implicit so that potential respondents can make an informed and free decision on their possible participation in the study. The survey team will inform potential participants to read and sign a consent form, which informs about the purpose of the evaluation and final outcome. In addition, the respondents will be also informed and ensured about the confidentiality of the data information and allow them to retain from answering the questions in case they feel uncomfortable to respond. In case of interviewing children, the permission will be sought from both the primary caregiver as well children themselves. It will be operationalized by the provision of a written consent form to be signed by representatives or heads of households or primary caregivers.

Anonymity

For the KIIs, they are conducted in face-to-face mode. Prior to the interviews, they will be informed that their answers are for research purpose to UNICEF without revealing their identities to external parties. When the participants share considerable amounts of personal information, the research team will be responsible for the confidentiality. Specifically, the researchers will keep all interview data on password protected computers and servers during the process of cleaning and preparing the data for UNICEF Viet Nam. Study data will be encrypted for protection confidentiality. This means that the names and other identifying information of study participants will not be disclosed to the general public.

Privacy

The research team will take necessary measures, particularly in sensitive contexts in order to ensure participants' privacy during the data collection process without being vulnerable or controlled by other individuals. For the FGD, the grouping will be implemented without the presence of their superiors or leaders in the village or commune, which could encourage open discussion around the evaluation questions about IECD programmes. The FGDs will be held separately for each gender group, in order to avoid the dominance of males to females in ethnic minority culture.

Harms and/or benefits realized

The study has minimal risks. The questions the research team will ask relate to IECD/ECD programmes, their usual practice of parenting, caring children, service providers of education and health in the community... The research team ask the participants answer as best they can and if they do not want to answer one or more of the questions, they can choose not to answer them. Besides, the research team will ensure that the environment in which the study is conducted is physically safe for participants. Moreover, the research team will try to minimize any potential risks and to ensure that none of researchers or enumerators in the fieldwork are exposed to unacceptable lives of risk. Prior to the fieldwork, the research team prepares the insurance for all staff and enumerators to deal with the potential risks associated with travel and work in the fieldwork. Regarding the benefits, there are no direct benefits to the respondents as a research subject other than compensation for their time. However, the results obtained from this study may be useful for UNICEF Viet Nam in understanding the context of project provinces as well as prepare other stages of their programme in the future.

Compensation

The respondents will receive a reasonable compensation for their time to participate in the study, based on the research team's previous experience in other similar projects and local consultation about payment. Additionally, the research team's compensation will not distort potential participants' decision to take part in the study or their responses given. Therefore, the compensation will be provided after the interview or FGD is completed.

7. Data Analysis and Assessment Reports

7.1. Data Analysis

All required indicators will be analysed both qualitatively and quantitatively. The situation picture of the target groups will be fully described and in a comparison with its of baseline values. Especially, graphical and descriptive statistics will be used to analyse profile of children aged 0 to 8, parenting practices, availability of ECD services in the sampled with focus on:

- The situation of children, those in the three provinces and the most vulnerable ones, and their access to early childhood development services;
- The existence of ECD services by life-cycle approach (first 1000 days; 36 – 59 months and 5 – 8 years);
- The degree of integrating ECD services integrated;
- The capacity and knowledge of families in delivering nurturing care;
- The capacity of service providers in providing ECD services that are integrated to children;
- The attendance rate of children aged 36-59 months in the early childhood education schools/programmes;
- The discipline styles of parents/caregivers and level of violence in the households with children the ages of 0-8 years;
- Existence of child protection services and their approach in protecting children from violence and case management procedures;
- Level of literacy, social, emotional and physical learning of children aged 36-59 months;
- Availability of budget, presence and functioning level of national coordination mechanisms and monitoring systems in ECD.

All the variables on which there are available data on will be computed for households and individuals in three provinces and will be disaggregated by gender, location, ethnicity, income, language and ages of respondents (if applicable). In addition, the mean and standard deviation of all the variables in the survey will be estimated for the full sample as well as for each province. These variables can be tabulated by different characteristics of households and individuals such as demographic and geographic variables, education and welfare levels.

The standard error of estimates can be estimated easily using the statistical software such as Stata. The estimation of standard errors must take into account the sampling design of the survey. There will be sampling weights of households and individuals and the multi-level cluster correlations. In Stata, we will use the svy codes to estimate the standard errors in the multiple-stage sampling survey.

7.2. Assessment Reports

MDRI team proposes the outline of the assessment report as follows. The report will be no longer than 70 pages as recommended in the TOR.

Table of Contents

Abbreviations

Endline vs Baseline Picture

Summary

Chapter 1: Introduction

- 1.1. Objectives and Location of the IECD Program
- 1.2. Objectives of the Endline Assessment
- 1.3. Timetable and Assessment Team
- 1.4. Structure of the Report

Chapter 2: IECD Program Implementation and Interventions

- 2.1. IECD Program Implementation at national level
- 2.2. IECD Program Intervention at project provinces and districts

Chapter 3. Methodology

Chapter 4. Findings

Chapter 5. Gender and Human Rights, Child Rights Issues

Chapter 6. Ethical Considerations

Chapter 7. Limitations

Chapter 8. Conclusions and Recommendations

References

Appendix

8. Dissemination of Findings

As specified in the TOR, MDRI research team will be responsible for compiling survey report, assessment report and a policy brief. The research team will conduct a consultation with stakeholders on the findings and tentative conclusions and recommendations to finalize the assessment report. To disseminate key findings of the assessment report and invite discussion for the improvement in replication and scale-up of the model at national scale, we propose to conduct a half-day workshop at UNICEF Viet Nam office. The first half of the workshop is for key findings presentation and the second half is for a panel discussion. The research team will consult with UNICEF CSD staff to revise the dissemination plan ensuring effectiveness and efficiency.

C. HUMAN RESOURCES AND WORKPLAN

1. Human Resources

A core team is developed with a combination of specialization in project coordination, sampling management, survey management, data analysis, and impact evaluation with relevant experience in conducting surveys. All of the proposed key personnel obtained advanced University Degree (Master and PhD) in Development Economics, Economic Policy, Statistics, and Information & Technology. The composition, roles and responsibilities of the research team members are described as below:

Table 8. Research Team Composition and Responsibilities

Position	Name	Responsibilities
Team Leader & Sampling Specialist and Survey Design Expert	Phung Duc Tung, PhD	The team leader is responsible for overall design, planning and implementation, providing training to enumerators for the fieldwork. He takes lead in formulation of methods and tools as well as the format of the final deliverables, performs desk review and produces required inputs for the end-line assessment report and the policy brief.
Data Manager	Ho Van Bao, MSc.	As a Data Manager in the research team, he takes responsibility on the overall survey instrument preparation and data management, including codebook and data dictionary development. He will deliver training session on Tablet usage and data entry application.
Project Coordinator	Dang Huyen Trang, MSc.	Joining the research team, she will be responsible for overseeing logistic arrangement of the survey and liaising with stakeholders. Besides, she will be responsible for pilot plan and pilot questionnaire. In addition, she will in charge of preparing qualitative data collection tools, analysing the data and producing required inputs for the end-line assessment report.
Researcher	Luu Ngoc Thuy, PhD candidate	As a senior researcher, she will contribute to desk review, qualitative and quantitative data collection tools. In addition, she will participate the pilot phase of quantitative questionnaire. Later, she will deliver data analysis and produce required inputs for the end-line assessment report.
Researcher	Tran Hien Giang MSc.	In this assignment, she will be responsible for the literature review of UNICEF documents and base-line report to compose inception report. Giang is also responsible for developing guideline and assessment tools which include KIIs and FGDs for relevant stakeholders. She will contribute to the assessment and data analysis and the preparation of the assessment report.
Research Assistant	Nguyen Bich Ngoc, BA.	She will be assigned to prepare the ethical approval application. Besides, she will recruit enumerators and support the training. Further, she will assist the qualitative fieldwork.

2. Workplan

No.	Tasks	Proposed Due Date	Deliverables
I Inception Phase			
1	Kick-off meeting	12/04/2021 or 13/04/2021	Brief information about IECD in the end-line
a	Develop a research plan		
b	Finalize the list of indicators		
1.2	Desk review of relevant documents	19/04/2021	Literature review about IECD/ECD-related documents from UNICEF Viet Nam
1.3	Develop interview tools (to interview UNICEF and stakeholders)	19/04/2021	Interview tools to collect information for qualitative analysis
1.4	Interview UNICEF and stakeholders	03/05/2021	Diverse information about IECD development in Viet Nam
1.5	Develop the data collection method and tools.	14/05/2021	First submission off Qualitative and Quantitative Tools for UNICEF Viet Nam's review
1.6	UNICEF gives the feedback about the data collection tools	21/05/2021	UNICEF's comments on the tools
1.7	Submit the revised data collection methodology and tools	27/05/2021	Revised questionnaires
1.8	Pilot the questionnaire	01/06- 04/06/2021	Field Test Report and proposed revised tools
1.9	Submit the inception report	02/04/2021	Draft Inception Report
1.10	Revise and finalise the inception report (based on audit trail)	18/06/2021	Final Inception Report
II Data Collection and Analysis			
2.1	Conduct Key informant interviews (KII) & Focus group discussion (FGD) in Dien Bien	01/06- 04/06/2021	KII and FGD in Dien Bien province
2.2	Prepare the logistics for the qualitative interviews and quantitative data collection	21/06- 02/07/2021	Contact the focal points in 3 provinces
2.3	Develop manual for enumerators	12/07/2021	
2.4	Organise training sessions	02/08- 06/08/2021	
2.5	Conduct quantitative data collection	08/08- 20/08/2021	
2.6	Conduct qualitative assessment in Gia Lai and Kon Tum	11/08- 14/08/2021	
2.7	Submit a summary of the field visits	30/09/2021	Brief findings
2.8	Conduct field visit debrief meeting	08/10/2021	Presentation at UNICEF Viet Nam office
III Report Writing & Presentation			
3.1	Produce a survey report, and a formative evaluation report	11/11/2021	First draft of EA report (in English)
3.2	Conduct a consultation with stakeholders on the finding and tentative conclusions and recommendations	26/11/2021	Presentations at UNICEF Viet Nam office
3.3	Draft final report and revised dissemination plan	10/12/2021	Final draft of EA report (in English and Vietnamese)
3.4	Develop and present key finding presentation to relevant stakeholders. Develop a policy brief	17/12/2021	Presentation, Policy Brief (<5 pages) (in English and Vietnamese)

D. REFERENCES

Chambers, R. (1995) 'Paradigm shifts and the practice of participatory research and development' in N. Nelson and S. Wright (eds) *Power and Participatory Development: Theory and Practice*, London: Intermediate Technology Publications, pp. 30–42.

Chambers, R. (1997). *Whose Reality Counts? Putting the first last*. Intermediate Technology Publications, London.

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

Wilson-Grau, R and Britt, H (2013). *Outcome Harvesting*. Ford Foundation, November 2013

ANNEX

Annex 1. Focus Group Discussion activities with parents/caregivers

Activity 1: Village Social & Resource Map

Description: The Village Resource & Social Map is a good tool to start with as it helps to initiate a conversation among participants and between the participants and the research team. Particularly it helps the research team to learn about the community and its resource base and social services. The primary concern is not to develop an accurate map but to get useful information about local perceptions of resources and social services (see Figure 1 for an example of a village resource map). The participants should develop the content of the map according to what is important to them.

Purpose: Using the village resource and social map, the research team would like to identify available resources, social services and institutions in the community focusing on early childhood care and development, including health services (traditional healers, clinics, health centers), pre-school education (crèche, nursery, kindergarten), water resources, food resources, etc. Then, we would like to learn the villagers' perception, how they use these resources including social services. We would like to do this map with separate groups of men and women in the village as women and men may have different approaches to the resources.

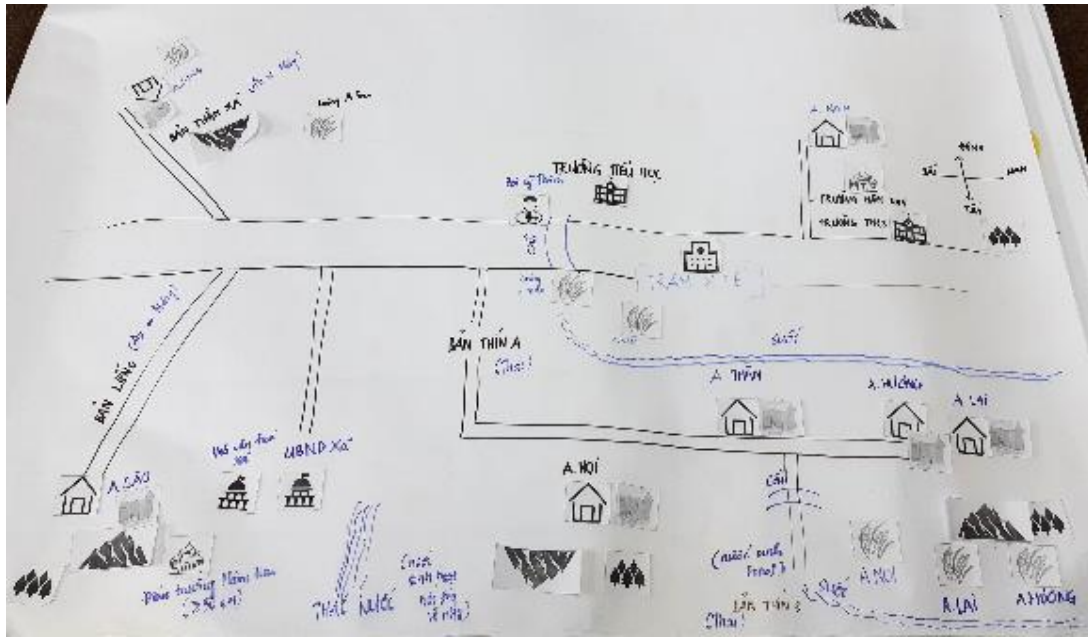
Estimated duration: 10-15 minutes

Facilitation: The research team prepares some A0 papers for each group discussion. Then, participants in the group will discuss with others about the resources and services in their community, focusing on the main ones. Participants are advised to put icons/stickers prepared by the team on the A0 paper to represent the resources and services in their village and draw connecting roads between them from their knowledge.

Key discussion questions:

- Where are we sitting?
- What are social services found/delivered in the village, for example, schools, health services, traditional healers, commune committee, village leader's house, kindergarten, water point, etc.? Where are these buildings and places located on the map?
- With which resources/services do you have the most problem?
- What ethnic groups are identified in the village? Where are the different ethnic groups living in the village?
- Are female-headed households in the village? If YES, where are they are located?
- Impacts of COVID-19 pandemic on household income activity and childcare practices

Figure 5. Example of village resource map drawn in Baseline Assessment



Source: Development Management Institute (2018)

Activity 2: Time-use Diaries

Description: As the name may suggest, time-use diaries is a tool to keep record of activities and time duration spent on each activity by participants within a day of interest. This will vary between participant and its reliability depends on participants' ability to recall their memory.

Purpose: The research team would like to explore time-use of participants without revealing the purpose of conducting time-use survey, and therefore, yields unbiased data. This will help researchers understand men and women's participation in ECD and sharing ECD work among household members.

Estimated duration: 10-15 minutes

Facilitation: Participants are provided with a comprehensive set of stickers to represent their daily activities. They need to recall what they did on a day of interest and put stickers according to the actual order. Researchers would ask participants if they did any of the ECD activities by themselves or with other household members' help. From that, researchers may ask probing questions to explore the sharing of ECD work among household members.

Figure 6. Example of time-use diary used in the “Baseline Survey for Scaling up Rural Water Supply and Sanitation in Viet Nam”



Source: Mekong Development Research Institute (2017)

Researchers will consult the UNICEF team on the detailed design of stickers used for diaries, in particular: (i) How many activities should be included in the sticker set; (ii) How many stickers should be given for each activity as respondents may undertake the same activity at different times; (iii) How detailed should time-use be recorded, e.g. every 15 minutes, every 30 minutes; (iv) Implementation protocol.

Activity 3: Local Perceptions about IECD services

Description: Once the village mapping is over and participants had in front of them the location and relations among available resources, they now feel comfortable expressing their perceptions on the availability and quality of the social services, which in our research include ECD services.

Purpose: This phase helps to understand the local perceptions of IECD and identifying what type of ECD services are sufficient and insufficient in the community.

Estimated duration: 15-20 minutes

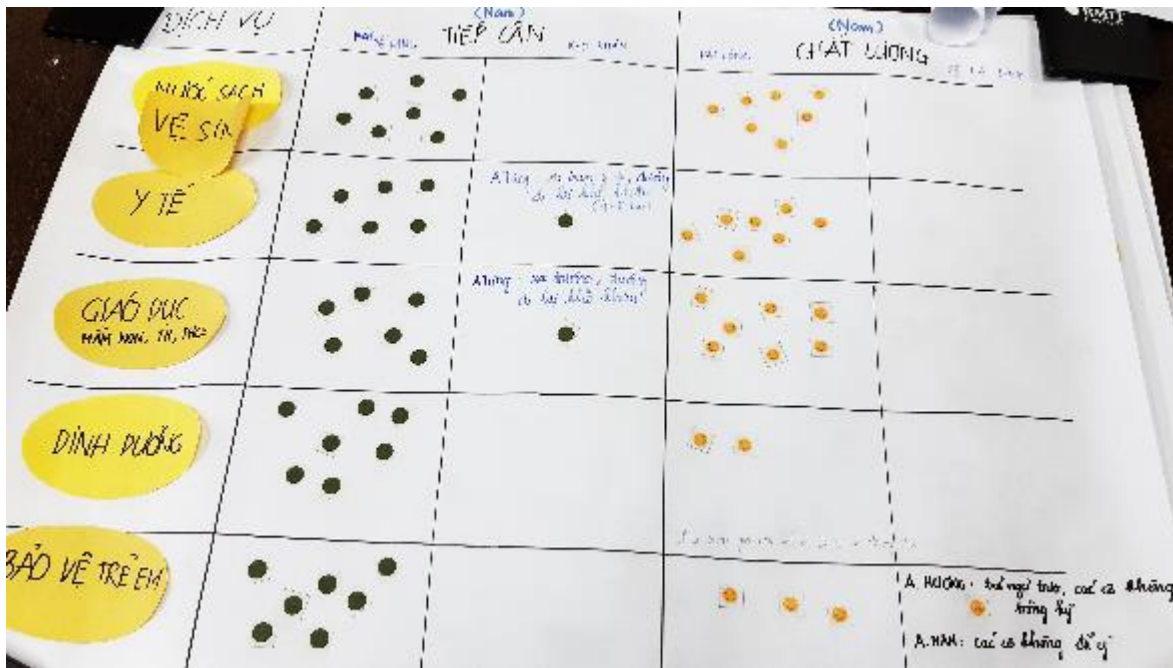
Facilitation: The proposed methods in use include asking open-ended questions and ranking.

Key discussion questions:

- What are the common ECD services you seek for your children: healthcare, nutrition, education or protection?
- For each component of ECD services (healthcare, nutrition, education and child protection), could you kindly rank these services based on their availability/ accessibility and based on their quality?
- Please explain why you come up with that ranking.
- For each service ranked the low place, in which any particular room for improvement do you expect.
- Are some particular groups or kinds of children excluded from receiving such ECD services?

ECD service	Availability	Quality	Reason	Suggestion	
Type 1	😊 ○○○○ ○	☹️ ○○○ ○○	😊 ○○○○	☹️ ○○○ ○○○	
Type 2					
....					

Figure 7. Example of ranking table drawn in Baseline Assessment



Source: Development Management Institute (2018)

Activity 4: Local Perceptions about Social Cohesion

Description: The participants have an opportunity to look at the current state of social cohesion within the community and discover the possible impacts of ECD services on building up vertical social cohesion (relations between individuals/ groups and their authorities/ governing institutions)

Purpose: Even though there has not been much research studying the impacts of ECD services on improving community cohesion, enhanced social cohesion is one of the key outputs of IECD programs. We expect the sufficient and effective provision of IECD services will engage the relationship between villagers and government agencies in the joint work of early child care and development.

Estimated duration: 10-15 minutes

Facilitation: The proposed method in use is asking open-ended questions.

Key discussion questions:

- Do you feel confident to have your kids cared for and educated in kindergartens? Do you think that you always get needed information about your child from kindergartens?
- How often do you ask question(s)/make suggestions regarding your children' care and education to your community, local leaders, and kindergarten? How many times during the past 12 months? What were your question(s)/ suggestions about?
- Do you get updates from government/ local authority about the existing ECD services? If yes, please specify by what means.



**Mekong Development
Research Institute**
Power of Knowledge

Add: 8th Floor, Machinco Building,
444 Hoang Hoa Tham, Hanoi

Tel: +84 24 3247 4668

Email: info@mdri.org.vn

Fax: +84 24 3247 4596

Website: mdri.org.vn