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Formative evaluation of the Integrated Early Childhood Development (IECD) approach 2016-2018

Volume II: Annexes

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Formative evaluation of the Integrated Early Childhood Development (IECD) approach (2016 2018)

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The United Nations Children's Fund (UNICEF) in Cambodia produces and publishes evaluation reports to fulfil a corporate commitment to transparency. These reports are designed to stimulate the free exchange of ideas among those interested in the study topic and to assure those supporting UNICEF's work that it rigorously examines its strategies, results and overall effectiveness.

The Formative evaluation of the Integrated Early Childhood Development (IECD) approach (2016 2018) was prepared by Anaïs Loizillon, Chea Kosal, Seng Bunly, and Rowan Hamill McMahon. The evaluation was commissioned by UNICEF Cambodia on behalf of the Ministry of Education, Youth and Sport. It was managed by a team led by Erica Mattellone (Evaluation Specialist, UNICEF Cambodia) with support provided by UNICEF Cambodia colleagues, namely: Etienne Poirot (Chief of Child Survival and Development, Integrated Early Childhood Development), Dr. Rathmony Hong (Health Specialist), Katheryn Bennett (Chief of Education), Sophea Nhonh (Education Specialist), Davy Cheann (Early Childhood Development Officer), Santepheap Heng (WASH Specialist), Chivith Rottanak (Child Protection Specialist), Sovannary Keo (Social Policy Specialist), Savy Bou (Communication for Development Officer), Saky Lim (Monitoring and Evaluation Officer), Elizabeth Fisher (Research and Evaluation Associate) and Miguel Pugliese Garcia (Evaluation Intern).

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List of abbreviations

ARNEC	Asia–Pacific Regional Network for Early Childhood
ASEAN	Association of Southeast Asian Nations
CLTS	Community-Led Total Sanitation
CP	Country Programme
CPD	Country Programme Document
CPS	Community Pre-School
CWCCC	Commune Women and Children's Consultative Committee
DOE	District Office of Education
DWCCC	District Women and Children's Consultative Committee
ECCD	Early Childhood Care and Development
ECCE	Early Childhood Care and Education
ECD	Early Childhood Development
ECE	Early Childhood Education
ESP	Education Strategic Plan
FGD	Focus Group Discussion
HWTS	Household Water Treatment and Safe Storage
IDPoor	Identification of Poor Households
IECD	Integrated Early Childhood Development
KII	Key Informant Interview
M&E	Monitoring and Evaluation
MDG	Millennium Development Goal
MEF	Ministry of Economy and Finance
MIS	Management Information System
MOEYS	Ministry of Education, Youth and Sports
MOH	Ministry of Health
MOI	Ministry of Interior
MOWA	Ministry of Women's Affairs
MRD	Ministry of Rural Development
NAP	National Action Plan

NAP-ECCD	National Action Plan on Early Childhood Care and Development
NC-ECCD	National Committee for Early Childhood Care and Development
NGO	Non-Governmental Organization
NP-ECCD	National Policy on Early Childhood Care and Development
NSDP	National Strategic Development Plan
OECD–DAC	Organisation for Economic Cooperation and Development – Development Assistance Committee
OPM	Oxford Policy Management
PDRD	Provincial Department of Rural Development
POE	Provincial Office of Education
PWCCC	Provincial Women and Children's Consultative Committee
RAM	Results Assessment Module
RS	Rectangular Strategy
RWP	Rolling Workplan
RWSSH	Rural Water Supply, Sanitation and Hygiene
SAM	Nutrition-Specific Services
SDG	Sustainable Development Goal
SEL	Social Emotional Learning
TCC	Technical Coordinating Committee
TOC	Theory of Change
TOR	Terms of Reference
TWG-H	Technical Working Group for Health
TWG-RWSSH	Technical Working Group on Rural Water Supply and Sanitation
UNDP	United Nations Development Programme
UNEG	United Nations Evaluation Group
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation and Hygiene
WCCC	Women and Children's Consultative Committee

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Annex A. Terms of reference

Terms of Reference

Institutional Consultancy for Formative Evaluation of the Integrated Early Childhood Development (IECD) Approach in Cambodia (2016–2018)

1. INTRODUCTION

To promote accountability and enhance evidence-based learning and documentation, UNICEF Cambodia is commissioning a formative *Evaluation of the Integrated Early Childhood Development (IECD) Approac*h implemented in the period 2016 to 2018. These Terms of Reference (ToR) set out the purpose and objectives, methodological options and operational modalities for an institutional contract for a team of **three independent evaluation consultants** (two international and one national).[1] Findings and recommendations from this evaluation will inform the implementation of the 2019-2023 Country Programme to ensure that initiatives aimed at early childhood development are conceptually sound, cost effective, and contribute to learning and advocacy to achieve better outcomes for children in the northeast of Cambodia and among urban poor in Phnom Penh. The evaluation is expected to be conducted from January to June 2019 for a total duration of approximately 16 working weeks (80 days). It will be supervised by the UNICEF Evaluation Specialist in Cambodia, in collaboration with the IECD Task Force and in coordination with the UNICEF Regional Office for East Asia and the Pacific (EAPRO).

2. BACKGROUND AND DESCRIPTION OF OBJECT OF THE EVALUATION

Given that early childhood is a crucial period in a child's life in terms of brain development and future social, emotional, cognitive and physical abilities, UNICEF's IECD Programme is important for ensuring better outcomes for children in Cambodia. This evaluation will be focussing around UNICEF Cambodia Country Programme 2016-2018 Outcome 1 that, "*By 2018, infants, children under five and pregnant women have improved and more equitable use of integrated early childhood survival, care and development interventions and practices, particularly in target districts*." The IECD Programme supports the National Committee of Early Childhood Care and Development (ECCD) and sectoral ministries in implementing ECCD National Action Plan 2014-2018. UNICEF also supports capacity building of government ministries and service providers in line with the United Nations' global commitment to end preventable child deaths in 'A Promise Renewed'.[2]

The Programme also promotes community participation in planning and monitoring of social development and develops communication and parenting education resources to promote positive practices for child development in the target areas in the north-east and Phnom Penh. The approach has target-

1 Additional researchers/enumerators can be considered by the bidders to conduct the data collection.
2 https://www.unicef.org/health/index_childsurvival.html

ed the north-east provinces of Mondulkiri, Ratanakiri, Kratie, Stung Treng and Preah Vihear and the urban poor in Phnom Penh because these are the regions in the country with the lowest child development indicators as compared to the rest of the country.

In the commitment to achieving Outcome 1, the approach also has six dedicated outputs:[3]

1.1. By 2018, strengthened capacities of administrators in six target provinces in analyzing, planning, coordinating, implementing and monitoring actions that promote IECD.

1.2. By 2018, strengthened capacities of communities, caregivers and families to practice timely and appropriate birth registration, complementary feeding, hygiene, positive parenting and health seeking behavior for children under the age of five, especially in six target provinces.

1.3. By 2018, increased capacities of service providers to promote access to nutrition-specific services at all levels in an enabling environment, particularly in six target provinces.

1.4. By 2018, increased capacities of service providers to promote access by more newborns, children and women to quality primary health services, focusing one neonatal and maternal health, and immunization, especially in six target provinces.

1.5. By 2018, strengthened commitment and capacity of government to provide more children and their families, particularly in the six target provinces, with increased access to quality water, sanitation and hygiene (WASH) facilities and services.

1.6. By 2018, strengthened commitment and capacity of government to provide more children under five with increased access to inclusive quality early childhood education, particularly among children with disabilities, indigenous minority children, and those living in the six target provinces.

Further, within the IECD approach, primary rights holders are children and pregnant women, especially those in the target districts (north-eastern provinces and Phnom Penh). Main duty bearers are UNICEF Cambodia, the Ministry of Health (MoH), Ministry of Education, Youth and Sport (MoEYS) and Ministry of Rural Development (MRD). Other duty bearers include other agencies and international and national NGOs working in the fields of health, nutrition, WASH, and community development and empowerment. The main implementing and development partners of UNICEF's IECD approach are Swedish International Development Cooperation Agency (Sida), the European Union (EU), Korea International Cooperation Agency, Australian Department of Foreign Affairs and Trade, United States Agency for International development (USAID), Deutsche Gesellschaft für Internationale Zusammenarbeit/Bank aus Verantwortung (GiZ/KfW), UNFPA, WHO, FAO, WFP, International Movement of the Red Cross and Red Crescent, World Bank and Global Partnership for Education (GPE).

Cambodia has made notable progress in improving early childhood development (ECCD), but still faces major challenges, including[4]:

- Malnutrition among children is still prominent in Cambodia, with 32 per cent of children under five years stunted (when a child

3 For statistics on key performance indicators for the outputs of the IECD approach, see Annex 1.

4 Country programme document Cambodia 2016-2018, https://www.unicef.org/about/execboard/files/2015-PL21-Cambodia_CPD-ODS-EN.pdf

is too short for his or her age), 10 per cent wasted (with acute malnutrition) and 24 per cent underweight;[5]

- Malnutrition causes approximately 4,500 child deaths annually, which accounts for roughly one third of all child deaths in Cambodia;[6]
- Children born into impoverished families are almost three times more likely to be stunted in the first years of life than children born into wealthy families;[7]
- The quality of young children's diets remains a concern in Cambodia, where more than 60 per cent of children aged six to 24 months, and about 80 per cent of children aged six to eight months, do not consume the daily minimum acceptable diet;[8]
- Evidence has shown that improved capacity of community health workers has a significant impact on the lives of women and children;
- Almost 40 per cent of Cambodians living in rural areas do not have access to improved drinking water sources in the dry season and about 69 per cent do not have access to an improved toilet. About fifty per cent of people practice open defecation; and[9]
- Only about 35 per cent of children aged three to five years in Cambodia have access to pre-school education, with minor difference between boys and girls.[10]

Although Cambodia has made remarkable progress in the reduction of poverty,[11] the main factor contributing to poor early childhood development is poverty.[12] While child survival has improved in recent years, with the under-five mortality rate reducing from 124 in every 1,000 live births to 35 in every 1,000 live births between 2000 and 2014[13], challenges remain. Improving early childhood development can begin as early as during pregnancy by improving pre-natal care; however, not all women receive routine care or deliver in a health facility. Following birth, children need improved access to nutrition, health, and WASH facilities to allow for proper development and a bright future.

In the 2016-2018 Country Programme Document, a single outcome was developed for IECD converging Nutrition, Health, and WASH as well as ECE and Community Development and Empowerment for children under five and pregnant women in the target areas.This approach has been managed by one chief with an IECD Task Force. The upcoming 2019-2023 Country Programme has not maintained this integrated approach as such, but has entrenched it into its component sections in line with the National Strategic Plan.

Investing in early childhood development is one of the most cost-effective methods to improve the lives of children, especially the poorest and most vulnerable. If a child fails to receive adequate resources for proper development, it takes enormous effort and investment to help that child get back on track. As this approach has not been evaluated

5 Cambodia Demographic and Health Survey (CDHS) 2014.
6 Secondary analysis of CDHS 2014 conducted by the Council for Agricultural and Rural Development (CARD), UNICEF and Institut de recherche pour le développement (IRD).
7 Secondary analysis of CDHS 2014 by the Ministry of Health, UNICEF and IRD.
8 Ibid.
9 Ibid.
10 Early Childhood Education Department Annual Data 2014/15
11 World Bank estimates: in 2014, the poverty rate was 13.5 per cent compared to 47.8 per cent in 2007; the bank also estimates that about 90 per cent of the poor in Cambodia live in the countryside, and that around 4.5 million people are near-poor.
12 IECD Situation document, 2018.
13 Cambodia Demographic and Health Survey (CDHS) 2014

yet, it is important to generate evidence and lessons learned for future programming.

3. PURPOSE, OBJECTIVES AND SCOPE OF WORK

The primary purpose of this independent evaluation is formative in nature to foster learning and improvement within the IECD approach, specifically with a view to inform the Country Programme 2019-2023 Outcome 1 which aims to ensure that children under five and pregnant women have improved and more equitable use of early childhood survival, care and development interventions and practices particularly in target districts in north-eastern Cambodia and Phnom Penh. The evaluation will also include summative elements, but will not assess impact given that the approach was only implemented over three years.

The evaluation will aim to provide an overall view on the IECD approach being used in order to improve upon it for the upcoming 2019-2023 Country Programme. It will allow the identification of lessons learned, good practices and innovations for validating and scaling up support with government ministries and NGO and private partners.

The primary users of the evaluation are the UNICEF Cambodia sections involved in IECD, including Nutrition, Health, and WASH as well as ECE and Community Development and Empowerment. Also included are MoH, MoEYS, MRD, and Scaling Up Nutrition (SUN) as well as the UNICEF's Regional ECD Adviser for East Asia and the Pacific. Secondary users include Sida, the EU, Korea International Cooperation Agency, Australian Department of Foreign Affairs and Trade, USAID, GiZ/KfW, UNFPA, WHO, FAO, WFP, International Movement of the Red Cross and Red Crescent, World Bank and GPE.

The objectives of the evaluation include the following:

- To validate and reconstruct (where necessary) the ToC of the Integrated Early Childhood Development (IECD) approach;
- To provide an assessment of Outcome 1 for 2016-2018 that, "By 2018, infants, children under five and pregnant women have improved and more equitable use of integrated early childhood survival, care and development interventions and practices, particularly in target districts" and to assess the extent to which outputs have been achieved;
- To understand the gaps and bottlenecks in providing IECD support and services to the northeaster provinces and to the urban poor in Phnom Penh; and
- To document and provide recommendations regarding lessons learned, good practices and innovations that can be applied to other provinces to promote continuous learning and improvement.

The evaluation will cover the evolution of the IECD Programme and its approach from 2016 to 2018. Data collection will be conducted in the north-eastern provinces of Cambodia and Phnom Penh due to the fact that these regions have the lowest child development indicators.

4. EVALUATION FRAMEWORK AND QUESTIONS

Evaluation evidence will be assessed using the Organisation for Economic Co-operation and Development's Development As-

sistance Committee's (OECD/DAC) criteria[14] of relevance, effectiveness, efficiency, sustainability and cross-cutting considerations of gender, equity and human rights. The evaluation will not look at impact as mentioned before. These criteria will allow for a full assessment of the IECD 2016-2018.

Relevance: Extent to which the IECD Programme activities are suited to the priorities and policies of the target groups, national government and donors:

- How appropriate is the Programme approach to meet the overall needs of disadvantaged women and children in the north-eastern provinces and among the urban poor in Phnom Penh?
- Is the design of the approach conducive to realising the outcomes and outputs as defined in the Country Programme Document 2016-2018?
- How well aligned is the approach with the National Action Plan 2014-2018 in particular and with national priorities in general?

Effectiveness of the IECD Programme's approach, considering:

- To what extent were the different IECD programme areas' (Health, Nutrition, WASH, ECD, Community Development and Empowerment) objectives achieved?
  - Which areas saw greater achievements and why?
  - Which areas saw greater challenges and why?
- To what extent did the approach achieve the six outputs defined in the 2018-2018 Country Programme?
  - To what extent did the approach promote increased knowledge, skills and communication capacities to service providers?
  - How well did the approach provide women, new-borns and children under five with better quality primary and maternal health care and nutrition services, particularly in the target districts and in emergencies?
  - To what extent did the approach lead to increased enrolment of children under five in quality ECE programmes, particularly in target districts and in emergencies?
  - To what extent did the approach enable improved and equitable use of safe drinking water, adequate sanitation, and improved hygiene practices in communities, health centres and schools, particularly in target districts and in emergencies?
  - To what extent does the approach coordinate between and among other UNICEF initiatives as well as with implementing partners and other national and international NGOs that are key to improving outcomes related to IECD?

Efficiency in the use of the resources used to deliver the IECD Programme outputs, including:

- How well have funds been allocated and utilised at all levels to realise the approach's objectives?
- Were the least costly resources used to achieve the desired results?
- How effectively have resources been used to achieve outputs and were funds used in a way which was cost-effective? Are there any more efficient alternatives UNICEF should consider?
- How effective and efficient has coordination been across the approach in UNICEF and with Government and other partners?
- To what extent were objectives achieved on time?

14 http://www.oecd.org/dac/evaluation/daccriteriaforevaluatingdevelopmentassistance.htm

Sustainability of the initiatives and actions plans within the IECD approach and possible scalability, including:

- How well will the current approach sustain positive outcomes without financial and technical support from UNICEF or other development partners?
- To what extent the IECD approach can be scaled-up to other provinces in Cambodia?
- What are the gaps and bottlenecks to creating lasting systems and resources and to scale-up the approach?
- What were the major factors which influenced the achievement or non-achievement of sustainability of the programme between 2016 and 2018? Are there any other factors that are emerging that the programme should consider?

Cross-cutting considerations:

- How well does the IECD approach incorporate and encourage equity in its interventions, especially for those most disadvantaged?
- To what extent are age, gender, ethnicity, etc. disaggregated data collected and monitored? How can the current programme performance indicators and monitoring and evaluation framework be strengthened in terms of gender equality, equity and human rights?

5. EVALUATION APPROACH AND METHODOLOGY

Based on the objectives of the evaluation, this section indicates a possible approach, methods, and processes for the evaluation.[15] It is expected that this formative, non-experimental, evaluation will employ a theory-based (re-constructing the ToC), a participatory and a mixed-methods approach. It is essential for the evaluation to be participatory in nature and include views of all key stakeholders (incl. both right holders and duty bearers) and in particular, pregnant women and new mothers. Key background documents, together with a contact list of all relevant informants will be provided to the selected applicant once a contractual agreement has been made.

Methodological rigor will be given significant consideration in the assessment of the proposals. Hence applicants are invited to interrogate the approach and methodology proffered in the ToR and improve on it, or propose an approach they deem more appropriate. In their proposal, the applicants should refer to triangulation, sampling plan and methodological limitations and mitigation measures. The proposed approach and methods should be guided by the UNICEF's revised Evaluation Policy (2018)[16], the United Nations Evaluation Group (UNEG) Norms and Standards for Evaluation (2016)[17], UN SWAP Evaluation Performance Indicator, UNEG Guidance on Integrating Human Rights and Gender Equality in Evaluation (2014)[18], UNICEF Procedure for Ethical Standards and Research, Evaluation and Data Collection and Analysis (2015)[19] and UNICEF-Adapted UNEG Evaluation Report Standards (2017).[20]

At a minimum, the evaluation will draw on the following methods:

- **Desk review** of background documents and other relevant data, including strategy

15 The proposed methodology is just indicative, and based on internal experience in conducting similar evaluations.
16 UNICEF's revised Evaluation Policy: https://www.unicef.org/about/execboard/files/2018-14-Revised_Eval-ODS-EN.pdf
17 UNEG Norms and Standards for Evaluation: http://www.unevaluation.org/document/detail/1914
18 http://www.uneval.org/document/detail/1616
19 https://www.unicef.org/supply/files/ATTACHMENT_IV-UNICEF_Procedure_for_Ethical_Standards.PDF
20 https://www.unicef.org/evaldatabase/files/UNICEF_adapated_reporting_standards_updated_June_2017_FINAL(1).pdf

documents, monitoring reports, evaluation reports, management responses and other documents judged relevant;

- **Literature search and review** of material on the environment in which the programmes operate, (including for Health, Nutrition, WASH, ECD and Community Development and Empowerment), and recent development plans and strategies;
- **Key informant interviews** with relevant stakeholders at all levels, including the Government and development partners;
- **Focus group discussions** with parents and their children (beneficiaries and non-beneficiaries);
- **Case studies** of children and women in the target areas by geographical region (north-east provinces and urban poor in Cambodia) and output;
- **Cost-effectiveness analysis** of the interventions and overall approach; and
- **Structured surveys** of women and children who receive services provided by the Programme.

The data collected should be disaggregated by age, gender, ethnicity, disability, etc. where relevant. Sampling of key informant interviews and focus group discussions should be done in consultation with UNICEF.

The evaluation should include the following steps:

Step 1: Desk review of relevant background documents and literature search. The evaluation consulting firm will review key background documents to understand the Programme since 2016 to date and literature search of secondary data to understand the context in which the Programmes operate.

Step 2: Preparation of Inception Report that includes evaluation methodology and tools. The methodology should be prepared to cover all the intended objectives of the evaluation. The evaluation methodology design will be finalized in agreement with the Reference Group (see below) and the Inception Report should be prepared based on the UNEG Norms and Standards for Evaluation and submitted to the Evaluation manager for approval. This will include the reconstruction of the ToC.

Step 3: Data collection. The application of mixed-methods (qualitative and quantitative) is expected, which should be human rights based, including child rights based and equity and gender sensitive, as noted above.

Step 4: Data analysis. Collected data should be analysed by using relevant analysis methods that should be clearly described in the report.

Step 5: Sharing preliminary findings. The consulting institution will share preliminary findings with the Reference Group. While feedback will be taken into consideration and incorporated into the draft report, the consultants are encouraged to guard against validity threats, such as personal bias.

Step 6: Draft report. The consultant prepares a draft report, with conclusions, lessons learned and recommendations drawn from the data. The report structure should follow UNICEF-adapted UNEG Evaluation Reports.

Step 7: Presentation of evaluation conclusions and recommendations. The consultant will present the final draft evaluation conclusions and recommendations to the Reference Group and other key stakeholders in a multi-stakeholder workshop, using a PowerPoint presentation and other methodologies for presenting in a participatory manner.

Recommendation of the evaluation should also be presented and prioritised.

Step 8: Finalization of the evaluation report. The consultant will incorporate comments and feedback on the findings and recommendations from the Reference Group and other key stakeholders to finalise the report. The final evaluation report should be submitted to the Evaluation Specialist.

Good practices not covered therein are also to be followed. Any sensitive issues or concerns should be raised with the Evaluation Manager as soon as they are identified.

6. MANAGEMENT AND COORDINATION

The evaluation will be conducted by an independent evaluation firm who will be mainly responsible for the overall evaluation, including designing the evaluation methodology, developing tools, guiding national researchers/enumerators in data collection (as necessary), analysing data, drafting Inception Report and final reports with recommendations. The Evaluation Team will operate under the supervision of UNICEF's Evaluation Specialist, who will act as Evaluation Manager and therefore be responsible for the day-to-day oversight and management of the evaluation and for the management of the evaluation budget. The Evaluation Manager will assure the quality and independence of the evaluation and guarantee its alignment with UNEG Norms and Standards and Ethical Guidelines and other relevant procedures, provide quality assurance checking that the evaluation findings and conclusions are relevant and recommendations are implementable, and contribute to the dissemination of the evaluation findings and follow-up on the management response. The Evaluation Manager will work in collaboration with relevant partners/stakeholders, as well as UNICEF's IECD Task Force, including Nutrition, Health, WASH, ECE, and Community Development and Empowerment, who will facilitate access to relevant information and informants. Additional quality assurance will be provided by the Regional Evaluation Adviser, the Regional Adviser for ECD and other advisers of UNICEF Regional Office for East Asia and the Pacific (EAPRO) as appropriate. The final report will also be approved the Country Representative at UNICEF Cambodia.

A Reference Group will be established, bringing relevant partners/stakeholders and UNICEF's IECD Task Force, including Nutrition, Health, WASH, ECD, and Community Development and Empowerment, relevant government counterparts, development partners, the Regional Evaluation Adviser and others. The Reference Group will have the following role: contributing to the preparation and design of the evaluation (including providing feedback and comments on the inception report and on the technical quality of the work of the consultants); providing comments and substantive feedback to ensure the quality – from a technical point of view – of the draft and final evaluation reports; assisting in identifying internal and external stakeholders to be consulted during the evaluation process; participating in review meetings organized by the Evaluation Manager and IECD Task Force with the Evaluation Team, as required; playing a key role in learning and knowledge sharing from the evaluation results; and contributing to disseminating the findings of the evaluation and follow-up on the implementation of the management response.

7. EVALUATION DELIVERABLES AND TIMELINE

Evaluation products expected for this exercise are:

1. An **Inception Report** in English and a summary note in preparation for data collection (in both English and Khmer);
2. A report of the **preliminary evaluation findings** from primary data collection (in English);
3. A **draft and final report** (in English). The executive summary of the report should be translated in Khmer;
4. A **PowerPoint presentation** (in both English and Khmer)
5. A **four-page Evaluation Brief** (in both English and Khmer)

Other interim products are:

- *Minutes* of key meetings with the Evaluation Manager and the Reference Group;
- *Presentation materials* for the meetings with the Evaluation Manager and the Reference Group. These may include PowerPoint summaries of work progress and conclusions to that point;
- *Video and photo materials* to be collected during the evaluation to enrich presentations and the report; and
- *Bi-weekly reports* to the Evaluation Manager to track progress in the implementation of the evaluation.

Outlines and descriptions of each evaluation products are meant to be indicatives, and include:

- **Inception Report:** The Inception Report will be key in confirming a common understanding of what is to be evaluated, including additional insights into executing the evaluation. At this stage, the consulting firm will refine and confirm evaluation questions, confirm the scope of the evaluation, further improve on the methodology proposed in the ToR and their own evaluation proposal to improve its rigor, as well as develop and validate evaluation instruments. The report will include, among other elements: i) evaluation purpose and scope, confirmation of objectives and the main themes of the evaluation; ii) evaluation criteria and questions; iii) evaluation methodology (i.e., sampling criteria), a description of data collection methods (quantitative and qualitative) and data sources (incl. a rationale for their selection), draft data collection instruments, for example questionnaires, with a data collection toolkit as an annex, an evaluation matrix that identifies descriptive and normative questions and criteria for evaluating evidence, and a discussion on the limitations of the methodology and mitigation measures; iv) ethical protocols; v) quality control procedures; vi) training plan for national researchers/enumerators (if any); vii) field work plan including team composition, logistics, field monitoring, etc.; viii) plans for data analysis (quantitative and qualitative), including a discussion on how to enhance the reliability and validity of evaluation conclusions; ix) proposed structure of the final report; x) evaluation work plan and timeline, including a revised work and travel plan; xi) resources requirements (i.e., detailed budget allocations tied to evaluation activities, work plan deliverables); xii) annexes (i.e., organizing matrix for evaluation questions, data collection toolkit, data analysis framework, an evaluation summary note for external communication purposes in English and Khmer). The inception report will be 20 pages in length (excluding annexes), or approximately 8,000 words, and will be presented at a formal meeting of the Reference Group.

- **A report of preliminary evaluation findings:** This report will present the preliminary evaluation findings from primary data collection, comprising the desk-based document review and analysis of the scholarship programmes and literature search. The report developed prior to the first drafts of the final report should be 10 pages, or about 4,000 words in length (excluding annexes, if any), and should be accompanied by a PowerPoint presentation that can be used for validation with key stakeholders.
- **A draft and final Evaluation Report:** The report will not exceed 40 pages, or 16,000 words, including executive summary and excluding annexes;[21] Reports will be prepared according to the UNICEF Style Guide and UNICEF Brand Toolkit (to be shared with the winning applicant) and UNICEF-Adapted UNEG Evaluation Report Standards (2017) as per GEROS guidelines (refer to: footnote 13). All deliverables must be in professional level standard English and they must be proof-read by a native English speaker. The executive summary of the report should be translated in Khmer. The first draft of the final report will be received by the Evaluation Manager who will work with the Evaluation Team on necessary revisions before sending the report to the Reference Group for comments. The Evaluation Manager will consolidate all comments on a response matrix, and request the Evaluation Team to indicate actions taken against each comment in the production of the penultimate, and final draft.
- **PowerPoint presentation:** Initially prepared and used by the Team Leader in presentations to the Reference Group, a standalone PowerPoint will be submitted to the Evaluation Manager as part of the evaluation deliverables. The presentation will be used in dissemination with government and other stakeholders. The presentation must be shared in English and Khmer.
- **A four-page Evaluation Brief for external users,** that is distinct from the executive summary in the evaluation report, which is intended for a broader, non-technical and non-UNICEF audience, will be submitted to the Evaluation Manager (in English and Khmer) as part of the evaluation deliverables. Infographics should be developed as part of the Evaluation Brief.

Applicants are invited to reflect on each outline and affect the necessary modifications to enhance their coverage and clarity. Having said so, products are expected to conform to the stipulated number of pages where that applies.

The results of the evaluation will be disseminated per the Dissemination Plan, and be made available to a wider-public on UNICEF Cambodia web-site and unicef.org.

An estimated budget has been allocated for this evaluation. As reflected in Table 1, the evaluation has a timeline of six months from January to June 2019. Adequate effort should be allocated to the evaluation to ensure timely submission of all deliverables, approximately 16 weeks[22] on the part of the Evaluation Team.

21 UNICEF has instituted the Global Evaluation Report Oversight System (GEROS), a system where final evaluation reports are quality assessed by an external firm against UNICEF/UNEG Norms and Standards for evaluation reports. The Evaluation Team is expected to reflect on and conform to these standards as they write their report. The team may choose to share a self-assessment based on the GEROS with the evaluation manager.

22 Bidders should consider conducting at minimum three missions to Cambodia and spending about eight weeks in country (1-2 weeks for inception mission; 6 weeks for data collection and validation; 2-3 days for communication of results).

Table 1: Proposed Evaluation Timeline[23]

ACTIVITY	DELIVERABLE	TIME ESTIMATE	RESPONSIBLE PARTY
1. INCEPTION, EVALUABILITY, DOCUMENT REVIEW AND ANALYSIS		**6 weeks (Jan to Feb, 2019)**	
1. Inception meeting by Skype with the Evaluation Manager; IECD Task Force (UNICEF)	Meeting minutes	Week 1	Evaluation Team, Evaluation Manager
2. Inception visit (incl. initial data collection and desk review; stakeholder analysis)	Meeting minutes	Weeks 2-3	Evaluation Team
3. Present the evaluation approach and methodology to the Reference Group	PowerPoint presentation	Week 4	Evaluation Team, Evaluation Manager, Reference Group
4. Prepare Inception Report	Draft Inception Report	Week 5	Evaluation Team
5. Present draft Inception Report to the Reference Group	PowerPoint presentation	Week 6	Evaluation Team, Evaluation Manager, Reference Group
6. Revise Inception Report, confirm planning for field visit	Final Inception Report	Week 6	Evaluation Team, Evaluation Manager, Reference Group
2. DATA COLLECTION AND INITIAL ANALYSIS		**6 weeks (Mar to Apr, 2019)**	
1. Pilot data collection tools and conduct field-based data collection (incl. multiple rounds of data collection can be conducted over time)	-	Weeks 7-11	Evaluation Team
2. Prepare initial evaluation findings report and prepare presentation for validation workshop to validate data collection results	Initial evaluation findings report (incl. desk review), PowerPoint presentation, meeting minutes	Week 12	Evaluation Team, Evaluation Manager, Reference Group

23 Please note that the timing of the data collection may change depending on the possibility of carrying out key informant interviews and focus group discussions and other contextual factors.

3. ANALYSIS, REPORTING AND COMMUNICATION OF RESULTS		4 weeks (May to Jun, 2019)	
1. Prepare and submit first draft of Evaluation Report	Draft Evaluation Report	Week 13-14	Evaluation Team
2. Receive first draft and provide feedback to Evaluation Team	Evaluation commenting matrix	Week 15	Evaluation Manager
3. Prepare and submit second draft of Evaluation Report	Draft Evaluation Report	Week 15	Evaluation Team
4. Receive second draft and provide feedback to Evaluation Team	Evaluation commenting matrix	Weeks 16-17	Evaluation Manager, Reference Group
5. Prepare and submit penultimate draft of Evaluation Report	Draft Evaluation Report	Week 18	Evaluation Team
6. Present draft Evaluation Report to Reference Group and other stakeholders at a validation workshop for feedback and validation	Draft Evaluation Report	Week 18	Evaluation Team, Evaluation Manager, Reference Group
7. Submit final Evaluation Report to the Evaluation Specialist and prepare presentation and other materials	Final Evaluation Report, Evaluation Brief, PowerPoint presentation, meeting minutes	Week 18	Evaluation Team, Evaluation Manager

8. EVALUATION TEAM PROFILE

The evaluation will be conducted by engaging an evaluation consulting firm that should bring together one international senior-level evaluation consultant (Team Leader) to lead the evaluation that will be supported by at least one international early childhood development specialist (Team Member/Technical Expert), and one national consultant (Team Member/National Technical Expert). The consulting firm should identify a gender-balanced and culturally diverse team, to the extent possible.

The Team Leader should have the following competences:

- Holding an advanced university degree (Masters or higher) in public health, international development, public policy, development economics, monitoring and evaluation or similar, including knowledge of IECD (notably, health, nutrition and WASH);
- Having extensive evaluation experience (at least 10 years) with an excellent understanding of evaluation principles and methodologies, including capacity in an array of qualitative and quantitative evaluation methods, and UNEG Norms and Standards, including previous experience supporting summative

and/or formative programme evaluations;
- Having extensive experience in planning, implementing, managing or monitoring and evaluation, preferably in IECD;
- Bringing a strong commitment to delivering timely and high-quality results, i.e., credible evaluations that are used for improving strategic decisions;
- Having in-depth knowledge of the UN's human rights-based approach, gender equality and equity agendas;
- Having a good team leadership and management track record, as well as excellent interpersonal and communication skills to help ensure that the evaluation is understood and used;
- Specific evaluation experience of IECD is strongly desired, but is secondary to a strong mixed-method evaluation background;
- Previous experience of working in an East Asian context is desirable, together with understanding of the Cambodian context and cultural dynamics;
- The consultant must be committed and willing to work independently, with limited regular supervision; s/he must demonstrate adaptability and flexibility, client orientation, proven ethical practice, initiative, concern for accuracy and quality; and
- S/he must have the ability to concisely and clearly express ideas and concepts in written and oral form as well as the ability to communicate with various stakeholders in English.

The international ECD Team Member/Technical Specialist:
- Holding an advanced university degree (Masters-level) in international development, public policy, education, or similar;
- Provide technical input in relation to exploring ECD in the Cambodia development context;
- Provide advice on policy issues arising throughout the evaluation process relating to ECD and make recommendations on relevant strategies and management action/s to assist UNICEF and its partners to meet its programme goals and objectives;
- Identify and discuss programme design issues, inputs, and elements to strengthen the recommendations, as well as linkages and collaboration between MoEYS and other stakeholders;
- Support the team leader in progressing evaluation related processes including drafting/reviewing/revising/finalising relevant sections of the report and its associated annexes;
- Carry out research, as required, to inform data collection; and
- Given the writing responsibilities, this specialist will have excellent English proficiency with very good oral and written communications skills, including the ability to convey messages clearly and succinctly in complex environments. S/he will, preferably, have well-developed research and analytical skills with a practical focus and exhibits sound judgment, problem solving skills, initiative and a results orientation.

The national consultant (Team Member/Technical Expert):
- Holding an advanced university degree (Masters-level) in public health, education, international development, public policy or similar;
- This position is classified as local given the emphasis on first-hand local knowledge, understanding, and experiences of the social development issues and trends in Cambodia and/or the Mekong region, particularly in relation to the IECD sector. S/he will have adequate knowledge of Cambodia

government policy with understanding of related economic, political, social and cultural issues in social development;
- Hands-on experience in research and/or evaluation, collecting and analysing quantitative and qualitative data, ideally with some experience in the IECD sector;
- Strong expertise in equity, gender equality and human rights based approaches to evaluation and expertise in data presentation and visualisation;
- Be committed and willing to work in a complex environment and able to produce quality work under limited guidance and supervision;
- Have good communication, advocacy and people skills and the ability to communicate with various stakeholders and to express concisely and clearly ideas and concepts in written and oral form; and
- Excellent Khmer and English communication and report writing skills.

The consultants must remain in strict adherence with UNEG ethical guidelines and code of conduct, and UNICEF Procedure for Ethical Standards in Research, Evaluation and Data Collection and Analysis. The evaluation does not need to go through an ethical review board, however, the consultants 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.

9. ADMINISTRATIVE ISSUES

It is expected that the Evaluation Team will travel to Cambodia in the course of the inception phase (1-2 weeks, in Phnom Penh and north-east provinces), during the data collection and validation (6 weeks, in Phnom Penh and north-east provinces) and to report and validate the Evaluation Report's conclusions and recommendations (2-3 days, in Phnom Penh). It is essential to clarify that i) travel cost shall be calculated based on economy class travel, regardless of the length of travel and ii) costs for accommodation, meals and incidentals shall not exceed applicable daily subsistence allowance (DSA) rates, as promulgated by the International Civil Service Commission (ICSC).

In-country and international travel to complete the evaluation must be clearly identified and budgeted. Bidders shall be required to include the cost of in-country travel in the financial proposal. UNICEF will provide access to meeting rooms for contacting interviews and holding the reference group meetings and validation workshops.

10. PAYMENT SCHEDULE AND PENALITIES FOR UNDERPERFORMANCE

Unless the proposers propose an alternative payment schedule, payments will be as follows:
- Approved Inception Report: 20 per cent of the contractual amount;
- Approved preliminary evaluation findings report: 30 per cent of the contractual amount;
- Approved final Evaluation Report: 30 per cent; and
- Approved final presentation and other materials: 20 per cent.

11. APPLICATION PROCESS

Each proposal will be assessed first on its technical merits and subsequently on its price. In making the final decision, UNICEF

considers both **technical and financial proposals.** The assessors first review the technical proposals followed by review of the financial proposals of the technically compliant firms. The proposal obtaining the highest overall score after assessment using the Cumulative Analysis Method (see below for full details), will be recommended for award of the contract.

The technical proposal should include but not be limited to the following:

a) Presentation of the Institution, including:
   - Name of the institution;
   - Date and country of registration/incorporation;
   - Summary of corporate structure and business areas;
   - Corporate directions and experience;
   - Location of offices or agents relevant to this proposal; and
   - Number and type of employees.

b) Narrative Description of the Institution's Experience and Capacity in the following areas:
   - Summative and formative evaluation of interventions related to IECD, ideally implemented through government institutions;
   - Previous assignments in developing countries in general, and related to social inclusion programmes, preferably in East Asia; and
   - Previous and current assignments using UNEG Norms and Standards for evaluation.

c) Relevant References of the proposer (past and on-going assignments) in the past five years. UNICEF may contact references persons for feedback on services provided by the proposers.

d) Samples or Links to Samples of Previous Relevant Work listed as reference of the proposer (at least three), on which the proposed key personnel directly and actively contributed or authored.

e) Methodology: It should minimize repeating what is stated in the ToR. There is no minimum or maximum length. If in doubt, ensure sufficient detail.

f) Work Plan, which will include as a minimum requirement the following:
   - General work plan based on the one proposed in the ToR, with comments and proposed adjustments, if any; and
   - Detailed timetable by activity (it must be consistent with the general work plan and the financial proposal).

g) Evaluation Consulting Team:
   - Summary presentation of proposed experts;
   - Description of support staff (number and profile of research and administrative assistants etc.);
   - Level of effort and time commitment of proposed experts by activity (it must be consistent with the financial proposal); and
   - CV of each expert proposed to carry out the evaluation.

The technical proposal will be submitted in electronic (PDF) format.

Please note that the duration of the assignment will be from January to June 2019, and it is foreseen that the Evaluation Team will devote roughly half of their time to the evaluation. The presence of a conflict of interest of any kind (e.g., having worked for or partnered with UNICEF Cambodia on the design or implementation phase of the IECD

Programme will automatically disqualify prospective firms from consideration).

The financial proposal should include but not be limited to the following:

a) Resource Costs: Daily rate multiplied by number of days of the experts involved in the evaluation.
b) Conference or Workshop Costs (if any): Indicate nature and breakdown if possible.
c) Travel Costs: All travel costs should be included as a lump sum fixed cost. For all travel costs, UNICEF will pay as per the lump sum fixed costs provided in the proposal. A breakdown of the lump sum travel costs should be provided in the financial proposal.
d) Any Other Costs (if any): Indicate nature and breakdown.
e) Recent Financial Audit Report: Report should have been carried out in the past two years and be certified by a reputable audit organization.

Applicants are required to estimate travel costs in the financial proposal. Please note that: i) travel costs shall be calculated based on economy class fare regardless of the length of travel; and ii) costs for accommodation, meals and incidentals.

The financial proposal must be fully separated from the technical proposal. The financial proposal will be submitted in hard copy. Costs will be formulated in US$ and free of all taxes.

The proposals will be evaluated against the two elements: technical and financial. For evaluation and selection method, the Cumulative Analysis Method (weight combined score method) shall be used for this recruitment:

a) Technical evaluation proposal: Max. 100 points, weight (70 per cent)
   - Education and relevant working experience (20 points)
   - Quality of past work (20 points)
   - Relevance of the proposed methodology (40 points)
   - Accuracy of the work plan (20 points)

b) Financial proposal: max. 100 points weight (30 per cent)

Among firms with sufficient technical qualifications, the maximum number of points shall be allotted to the lowest financial proposal and compared among other technical qualified firms who have attained a minimum 65 points score in the technical evaluation. Other financial proposals will receive points in inverse proportion to the lowest price.

All proposals will be treated with strict confidentiality. UNICEF is an equal opportunity employer.

Annex B. IECD results framework

Programme Components and Outcomes (2016-2018)	Key Performance Indicators Indicator(s) *SMART Indicators will enable direct measurement of outcome*	Baseline value	2018 Target value
Programme Component 1: Integrated early childhood survival, care and development			
Outcome 1: By 2018, Infants, children 0 to 5 years old and pregnant women In target provinces have Improved 8i more equitable use of Integrated early childhood survival, care and development Interventions and practices. Including In emergencies.	1.1 Skilled attendance at birth	National: 89% (CDHS 2014) Mondul Kiri/ Ratana Kiri: 53.6% Kratie: 51.9%	National: 91% Mondul Kiri/ Ratana Kiri: 70% Kratie: 70%
	1.2 Percentage of children under-5 with birth certificates	National: - 63.9% (CDHS 2014) Mondul Kiri/ Ratana Kiri: 32.8% Kratie: 40.5% Rural: 62% Lowest Quintile: 52.5%	National: 70% Mondul Kiri/ Ratana Kiri: 50% Kratie: 50% Rural: 67% Lowest Quintile: 60%
	1.3 ECE enrolment of 5 year-olds	61.4%	TBD (update based on Education Strategic Plan (ESP) Mid Term Review Report)
	1.4.1 Percentage of children aged 0-59 months wasted treated for severe acute malnutrition	Mondul Kiri/Ratana Kiri: 2.0% Katie: 1.7%	Mondul Kiri/Ratana Kiri: 20% Katie: 10%
	1.4.2 Exclusive breastfeeding rate among children 0-5 months old	Urban: 38% Rural: 69%	Urban: 50% Rural: 70%

	1.5 Percentage of rural households in target provinces with access to improved sanitation facility	Kratie (2 target districts): 31.4% (CDB2014) Ratanak Kiri (3 target districts): 24.2 (CDB 2014)	Kratie (2 target districts): 34.4% Ratanak Kiri (3 target districts): 27.2%
	1.6 Percentage of households where place for washing hands was observed	Kratie: 87.9% (CDHS 2014) Mondul Kir & Ratanak Kiri: 41.9% (CDHS 2014)	Kratie: 88.73% Mondul Kir & Ratanak Kiri: 42.80%
	1.7 Percentage of primary schools with latrines/water	Kratie - water 52.5% (EMIS 2014-2015) Kratie - latrines: 72.0% (EMIS 2014-2015) Ratanak Kiri - water: 23.4%(EMIS 2014-2015) Ratanak Kiri - latrines: 52.2% (EMIS 2014-2015)	Kratie - water: 54.3% Kratie - latrines: 73.8% Ratanak Kiri - water: 25.2% Ratanak Kiri - latrines: 54.0%
1.1. By 2018, strengthened capacities of administrators in six target provinces in analyzing, planning, coordinating, implementing and monitoring actions that promote IECD.	1.1.1 Number of targeted provinces reporting annually on sub-national ECCD coordination and implementation to the National ECCD Committee	0	6
	1.1.2 National ECCD Committee reports annually on the National ECCD action Plan implementation progress	No	Yes
	1.1.3 Proportion of 3-5 years children attending commune funded preschool services in targeted communes (65)	5%	30%
	1.1.4 Percentage of children under 5 years registered in targeted (65) communes	TBD	80%

1.2. By 2018, strengthened capacities of communities, caregivers and families to practice timely and appropriate birth registration, complementary feeding, hygiene, positive parenting and health seeking behavior for children under the age of 5, especially in six target provinces.	1.2.1 Number of targeted (65) communes with communication and parenting education initiatives that promote resilience, care, survival, protection and development of infants and children	7	55
	1.2.2 Number of villages in target districts that are triggered with Community Led Total Sanitation	0	155
	1.2.3 Number of villages in target districts reached through household water treatment and safe storage education session	0	155
	1.2.4 Percentage of targeted (26) health facilities with infant and young child feeding counselling services.	23%	62%
1.3. By 2018, increased capacities of service providers to promote access to nutrition- specific services at all levels in an enabling environment, particularly in six target provinces.	1.3.1 Percentage of health facilities providing nutrition- specific services (SAM).	23% (6 out of 26)	62% (16 out of 26)
	1.3.2 Number of new policies in Nutrition adopted and implemented for SAM, MNP, fortification, budgeting.	0	3

1.4. By 2018, increased capacities of service providers to promote access by more newborns, children and women to quality primary health services, focussing on neonatal and maternal health and immunisation, especially in six target provinces.	1.4.1 Percentage of health centres in selected 1ECD districts conducting at least 80% of planned outreach	40%	90%
	1.4.2 Percentage of health centres in selected 1ECD districts with <5% out of stock of essential medicines/commodities	45%	90%
	1.4.3 Percentage of health facilities in selected IECD districts with at least 2 midwifes trained in ANC, delivery, PNC, and EENC	0%	90%
	1.4.4 Percentage of Operational Districts with at least two cold chain/ EPI officers trained on newly developed standard operation procedure.	0%	90%
	1.4.5 Percentage of health facilities in selected IECD districts with stock out of finger prick HIV test kit	40%	<5%
1.5. By 2018, strengthened commitment and capacity of government to provide more children and their families, particularly in the six target provinces, with increased access to quality WASH facilities/ services.	1.5.1 Number of established provincial RWSSH WG established meeting at least once per year	None	6 provincial RWSSH WG meeting at least once per year

	1.5.2 Percentage of pre¬schools in target areas implementing minimum WASH package	0	30%
	1.5.3 Percentage of households in target rural areas that have access to improved water supply	72.5% (COB 2014)	74.5%
	1.5.4 Percentage of health care facilities in the target areas implementing minimum WASH standards including waste management	0	90%
1.6. By 2018, strengthened commitment and capacity of government to provide more children under 5 with increased access to inclusive quality early childhood education, particularly amongst children with disabilities, indigenous minority children, and those living in the six target provinces.	1.6.1 Approved plan for decentralized preschool teacher training for state preschools and community preschools in place	Plan not in place	Endorsed plan is in place
	1.6.2 Percentage of preschools in districts implementing the Inclusive ECE Approach in six targeted districts for I-ECO and all target districts for Inclusive ECE (disaggregated by State Preschools and Community Preschools)	State Preschool: 2% Community Preschool: 13% Total: 6%	State Preschool: 33% Community Preschool: 32% Total: 32%
	1.6.3 Percentage increase in the number of children enrolled in multilingual preschools in the five target districts and more broadly in the five North-eastern Provinces	11.4% increase in enrolments in MLE preschools (455 enrolments in 2013/14,507 enrolments in 2014/15)	20% increase (608 enrolments in 2016-17).

Annex C. UNICEF theory of change for integrating nutrition

Theory of change Cambodia

Integrating and converging Nutrition interventions in Cambodia – 2015 and onwards

Council of Agriculture (CARD), UNICEF Cambodia and their partners (MOH, MRD, MOP, Malteser international, Samaritan's Purse, World Vision, World Bank, SNV, HKI, Save the Children, Water Aid and Plan International, WHO)

Developed: March 2016

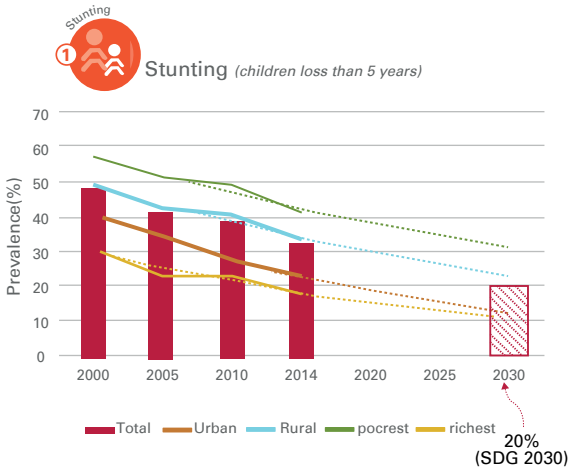
Keywords: *Cambodia, Nutrition, Water, Sanitation, Integration, Early Child development and survival*

1. Introduction

In Cambodia, children under five continue to suffer a high rate of death and disability from malnutrition. Annually, approximately 4,500 deaths can be attributed to malnutrition [1]. This is nearly one-third of the overall child mortality rate in Cambodia. The adverse impact of malnutrition constitutes an economic burden that costs Cambodia an estimated 145 to 266 million USD annually (0.9-1.7 per cent of GDP) [1]. The 2014 Cambodia Demographic and Health Survey (CDHS) shows that for nutrition indicators, Cambodia did not meet the 2015 Cambodia Millennium Development Goal (CMDG) targets. In 2014, 32.4 per cent of the children were stunted and 23.9 per cent were underweight in comparison to the respective CMDG targets of 24.5 per cent and 19.2 per cent [2]. Stunting alone, the most appropriate multi-sectorial indicator, as it is nutrition sensitive and specific relate, accounts for 45 per cent of projected economic losses [1].

Cambodia, has seen a significant decrease in the prevalence of stunting since 2000, yet, this was not accompanied by a narrowing of the equity gap for wealth status and living area. From 2010 to 2014, stunting among the poorest Cambodians decreased significantly by 7.4 per cent points but remains high with more than 40 per cent being stunted [3]. Statistically, a child born into an impoverished family is 2.6 times more likely to be stunted in its first years of life than a child born into a wealthy household [3]. Reducing malnutrition and more specifically stunting is core of the agenda of many stakeholders. In the latest global nutrition report of 2015 [4] ("actions and accountability to advance nutrition and sustainable development"), Dr Lawrence Haddad demonstrated that scaling up specific undernutrition interventions to 90 per cent coverage will generate a median benefit-cost ratio of 16:1. However, nutrition interventions are not sufficient to tackle the problem [5]. The disparities observed in Cambodia are mainly attributed to an inability in the former to obtain nutritious food, the high rates of infectious diseases, limited hygiene and sanitation practices and unsuitable feeding practices.

Undernutrition is both a major cause and an effect in the cycle of poverty triggered by inadequate WASH and feeding practices [5]. Access to safe drinking water (65 per cent to 83 per cent depending on the season) and sanitation (46 per cent), along with good hygiene practices such as hand washing (79.8 per cent), open defecation (44 per cent) and unsafe management of child stools (30 per cent) [2], are vital towards reducing preventable young child deaths - especially those associated with infectious diseases like pneumonia and diarrhea that contribute to most of the under 5 child deaths, in Cambodia [6]. Dietary diversity and consumption of animal proteins were shown to be protective factors for stunting in Cambodia. Despite the country's economic growth, the quality of young children's (6-24 months) diets remains a concern. Up to than 80per cent of children aged 6 to 8 months and more than 60per cent of children aged 12 to 23 months do not receive the minimum acceptable diet daily. The poorest children and children living in rural areas were respectively 4 and 2 times less likely to receive a minimum acceptable diet than were children from the wealthiest families or urban children [3]. In order to ensure that we are reducing stunting prevalence by 40per cent as described by the World Health Assembly by 2025-2030, we would increase our targeted intervention to the poorest and/or rural population (see image).



The following theory of change exercise aimed to develop and improve joint WASH and Nutrition Programming with defined goals and identification of actions with an accompanying pathway.

This pathway ambitions to:

*"**If** adequate national and sub-national resources and convergent and integrated strategies for WASH and Nutrition are available.*

***Then** all pregnant and lactating women and children under 2 in Cambodia live in a safe and hygienic environment, are healthy, well-nourished and cared for so that the children grow to their full potential.*

***Because** i) resources on efficient WASH and Nutrition interventions have been allocated at scale and targeting the same communities; ii) pregnant and lactating women and caregivers adopt optimal behaviors and practices for themselves and the young children in their care; more pregnant women and children have access to appropriate services; and iv) line ministries provide clear policies, strategies, funded action plans and guidelines; and v) private investors and business increase their corporate social responsibility and/or invest in efficient and affordable initiatives."*

2. Methods and Environment

UNICEF Cambodia and the Regional Office (EAPRO), in cooperation with the Cambodian Council for Agricultural and Rural Development (CARD), held a Theory of Change Workshop for Integrating WASH and Nutrition in Cambodia on 9-11 February 2016. The workshop was built on the work done to date via the Cambodia WASH and Nutrition Sub-Working Group to elaborate a common understanding of why and how actors in the field of WASH and Nutrition can strengthen the focus and effectiveness of their programming to have a greater impact on improving nutrition outcomes. Together, the participants clarified the overall vision and longer term goals that the WASH and nutrition sectors aim to achieve. With that clear vision in sight, they identified the changes that need to be made and mapped out how, collectively, stakeholders can contribute towards those changes.

During this workshop, the Government and the UN were represented by CARD, MOH, MOP, MRD, UNICEF and WHO and the Civil society by Malteser international, Samaritan's Purse, World Vision, World Bank, SNV, HKI, Save the Children, Water Aid and Plan International.

Joint programming in WASH and nutrition in Cambodia will be undertaken in a complex environment with numerous challenges and underlying factors that will need to be taken into consideration when planning actions.

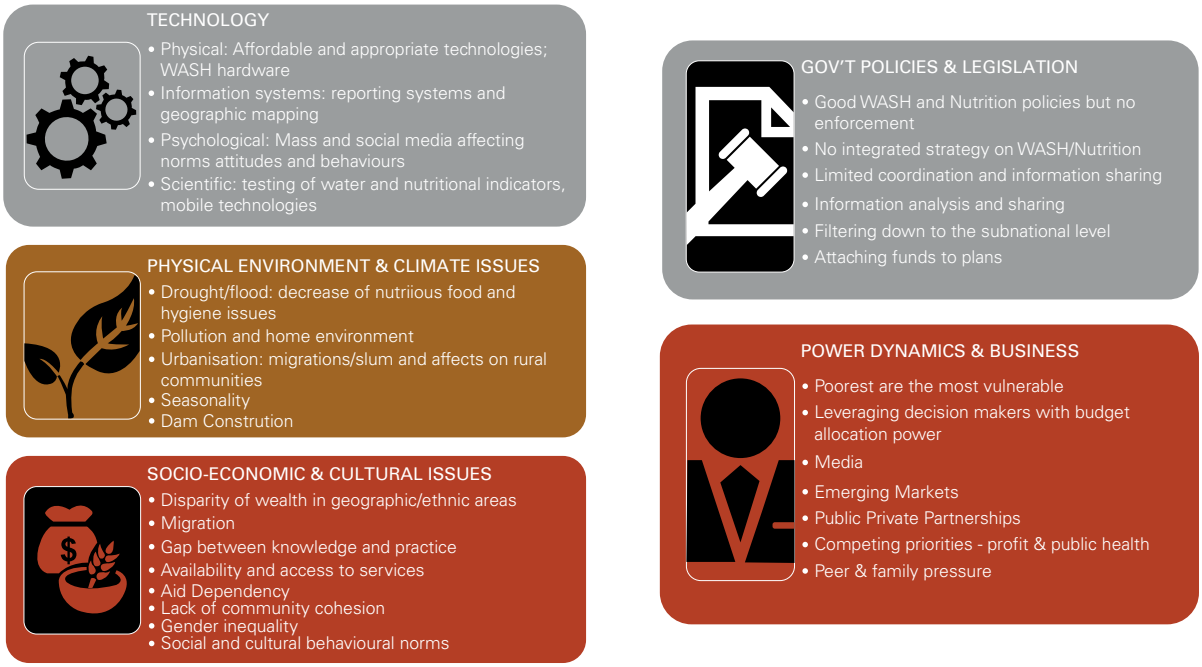


Figure 1: Key challenges

3. Results

As previously highlighted sensitive and specific interventions can positively impact on child nutritional status through multiple pathways and it is essential to show how multi-sectors can converge and integrate activities to ensure a synergy. These pathways and the strength of each, based on current evidence, are illustrated below.

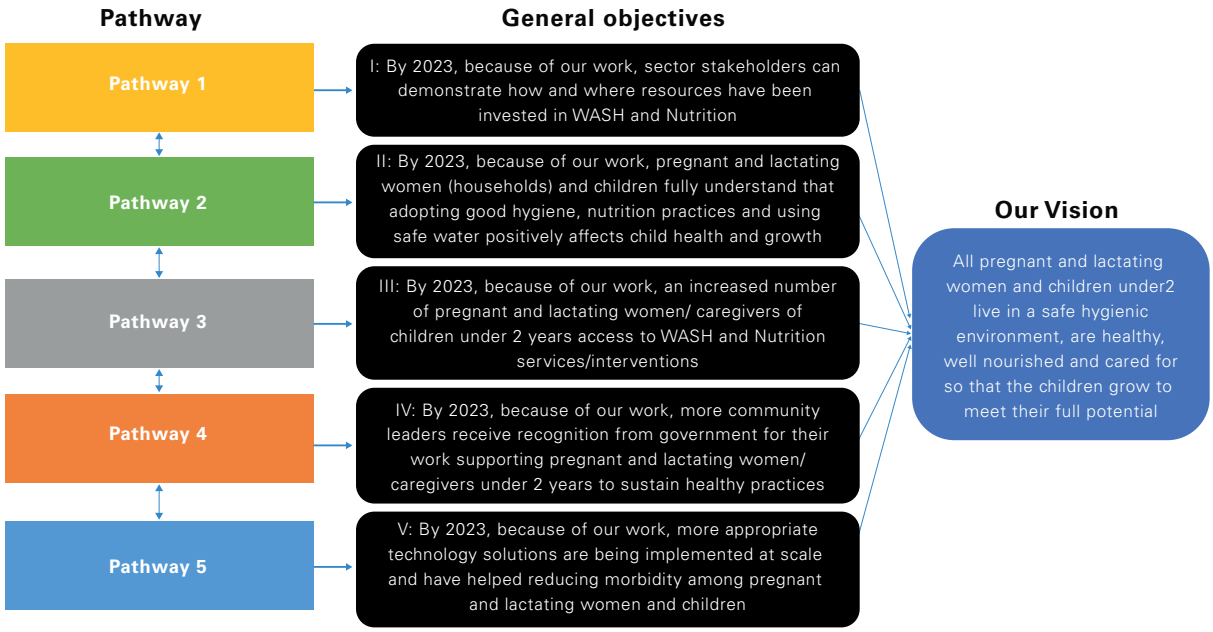


Figure 2: 5 different pathways and 2023 goals

The following five pathways present realistic changes, or goals, that stakeholders can achieve because of their joint work (through an integration or a convergence) by 2023:

Pathway 1: By 2023, because of our work, sector stakeholders can demonstrate how and where resources have been invested in WASH and Nutrition

A recent analysis ,"Estimating Health Expenditure in Cambodia – National Health Accounts Report" (2012 Data and published in October 2014), led by the Ministry of Health and partners (WHO and CHAI), showed that the government was spending 1.3per cent of the GDP on health in 2012 and nutrition specific interventions were representing 0.4per cent of the expenditure. After evaluating the economic burden of malnutrition in Cambodia with a loss between 200 and 300 million USD per year, it is essential for line ministries (MOH, MRD and MOP) to develop budgets and integrate their efforts to increase national expenditure and utilization for nutrition specific and sensitive interventions.

National level:

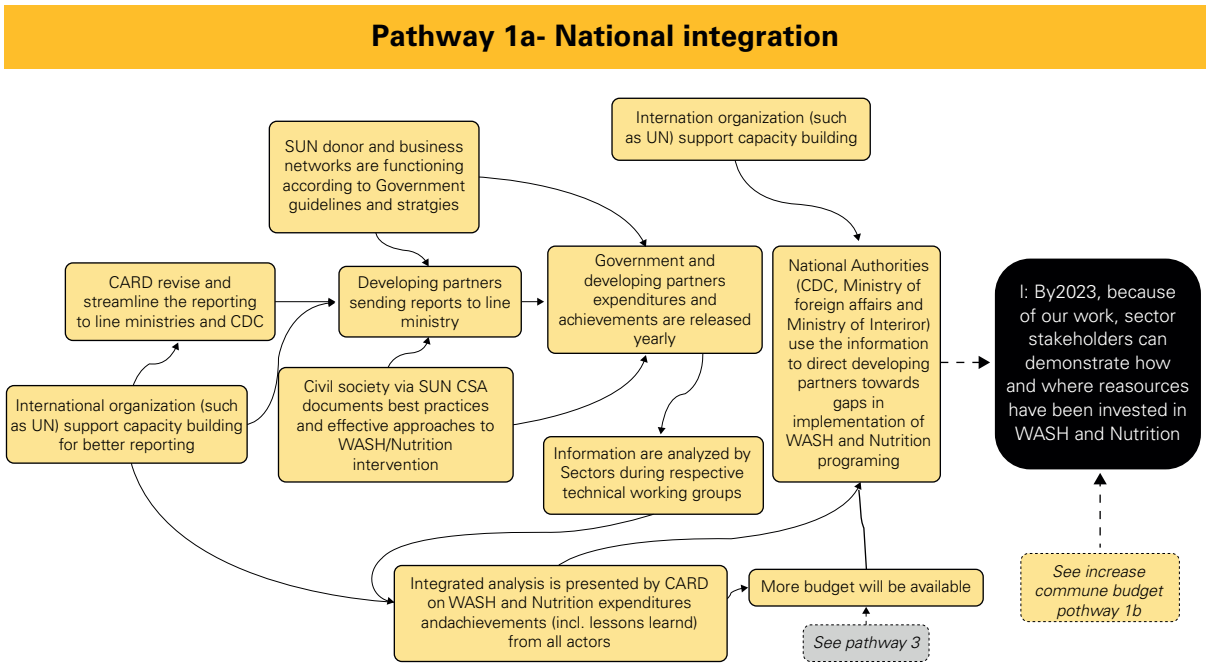


Figure 3: National integration for Pathway 1

Mobilizing and sustaining sufficient financing represents a significant bottleneck to scaling up effective nutrition sensitive and specific programs in Cambodia. Recognizing the importance of local government within a decentralizing governance environment, the theory of change recognizes a need for generating budget allocation and planning from commune on key interventions that could impact significantly on our vision.

Sub-national level:

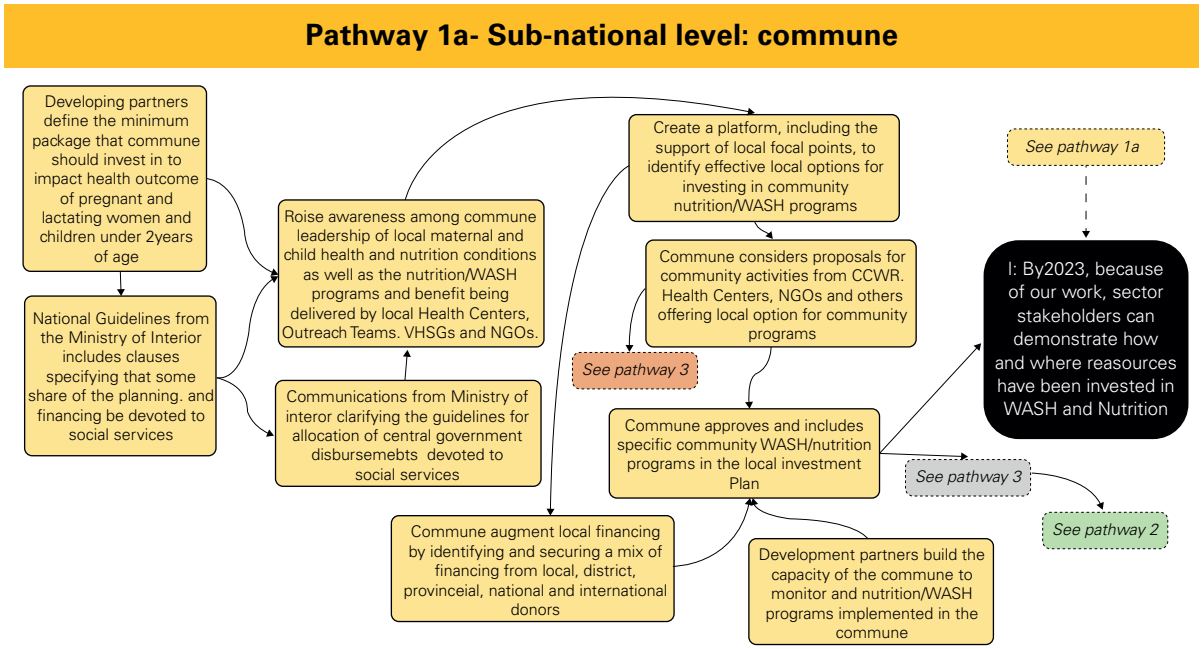


Figure 4: Sub-National integration for Pathway 1 (commune level)

If better monitoring of activities implemented in Cambodia is in place and communes are trained according to identified needs of the population, then national and sub national resources (budget and human resources) will be increased to deliver highly efficient WASH and Nutrition interventions.

Pathway 2: By 2023, because of our work, pregnant and lactating women (households) and children fully understand that adopting good hygiene, nutrition practices and using safe water positively affects child health and growth

A major barrier to the adoption of optimal practices and sustained demand for appropriate services is misunderstanding among family members about appropriate practices and ways to achieve them. People often receive incongruous or conflicting messages from the health system, family members, community, commercial companies and social marketing done by NGOs and/or Public Private Partnerships. This pathway seeks to address this barrier by creating synergies and integration between messages across sectors (MOH and MRD mainly) and by ensuring that social behavior change interventions are designed based on formative research and consumer insights, harmonized with demand creation for appropriate services.

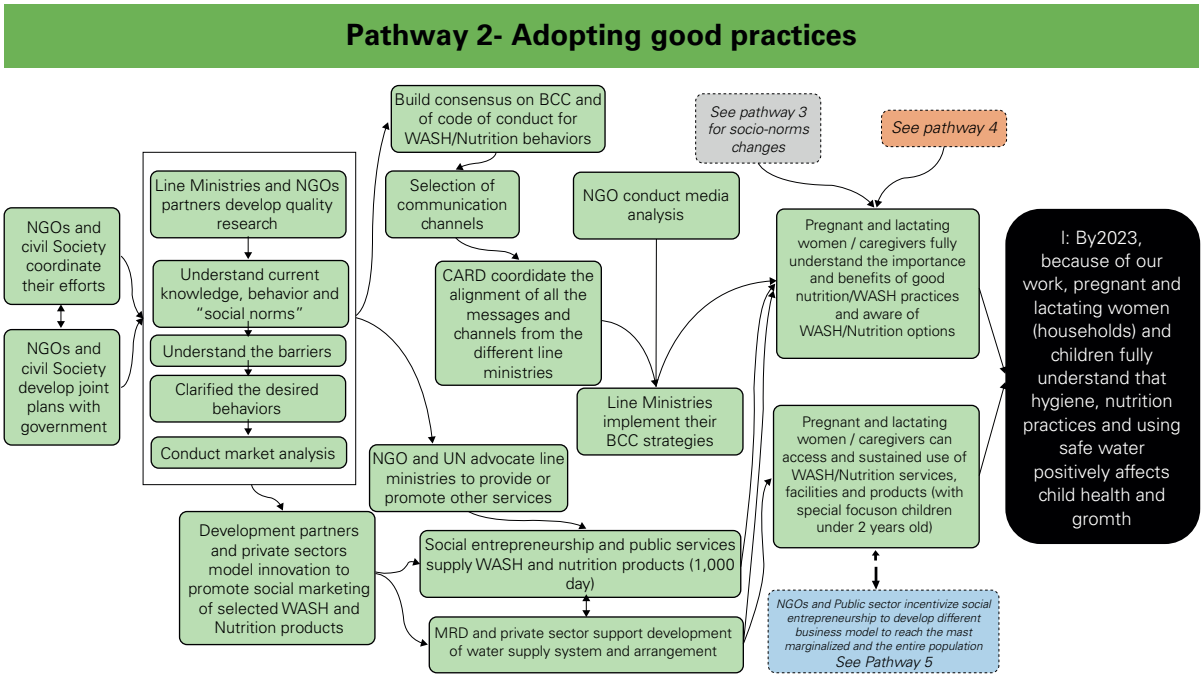


Figure 5: Pathway 2

If appropriate social behavior and actual practices are well known, alternative solutions are proposed and integrated strategies from line ministries (MRD and MOH) are being implemented, then our targeted group will adopt healthy practices which will positively affects child health and growth.

Pathway 3: By 2023, because of our work, an increased number of pregnant and lactating women / caregivers of children under 2 years will have access to WASH and Nutrition services/interventions

Delivering nutrition-specific and -sensitive interventions to entire populations requires that these various sectors come together at critical points and in meaningful ways to ensure delivery of key nutrition-related actions for communities and households. The following figure describes a possible pathway to enable convergence across sectors for action on malnutrition and especially on stunting.

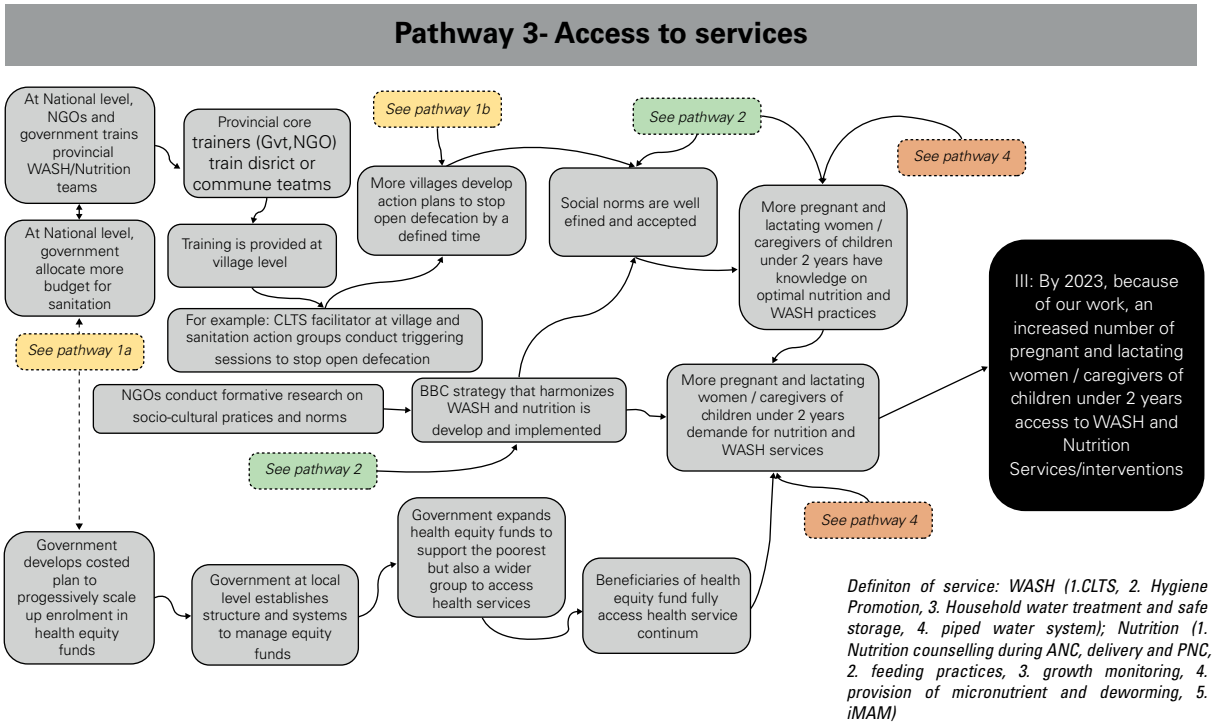


Figure 6: Pathway 3

Note: during this exercise, socio-norms which are limiting the access to service where: i) restricting diets during pregnancy and post-partum, ii) not using animal foods for complementary feeding, iii) open defecation is normal, iv) not washing hands is normal. It is essential to reverse those practices to ensure an increase demand for services.

If adequate training, formative research and social protection schemes are in place, then our targeted group will demand for more services.

Pathway 4: By 2023, because of our work, more community leaders receive recognition from the government for their work supporting pregnant and lactating women / caregivers under 2 years to sustain healthy practices

Local leaders and community members are essential to carry out sustainable interventions to improve resilience to malnutrition. Their involvements are often on a voluntary basis and therefore to sustain their participation, it is essential that they receive the appropriate recognition for their efforts.

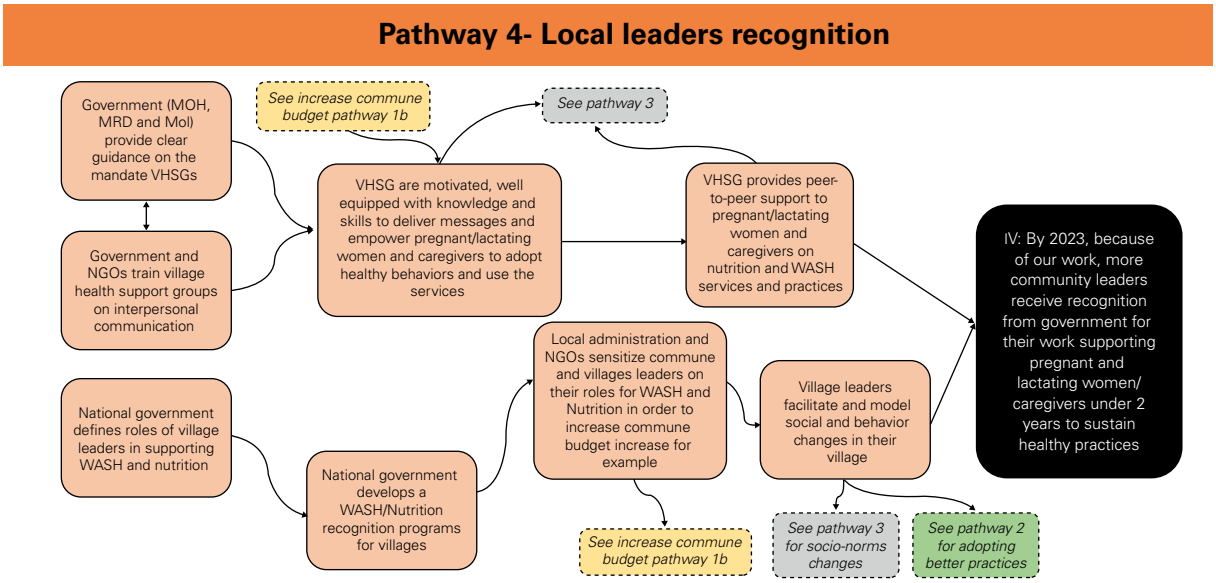


Figure 7: Pathway 4

If clear mandates are defined and appropriate training is supported for local leaders, then they will receive recognition what promotes long-term engagement to human investment supporting pregnant and lactating women / caregivers under 2 years towards sustained healthy practices.

Pathway 5: By 2023, because of our work, more appropriate technology solutions are being implemented at scale and have helped reduce morbidity among pregnant and lactating women and children

Market-based solutions are essential to prevent malnutrition in a sustainable way among children and pregnant/lactating women. Those solutions need to be harnessed to complement public delivery systems. The result of this pathway will be to break down the conventional barriers between public health strategies and more specifically, private sectors initiatives that influence child survival, growth and development: family planning and reproductive health; breastfeeding and complementary feeding; early childhood development; water sanitation and hygiene; and food security.

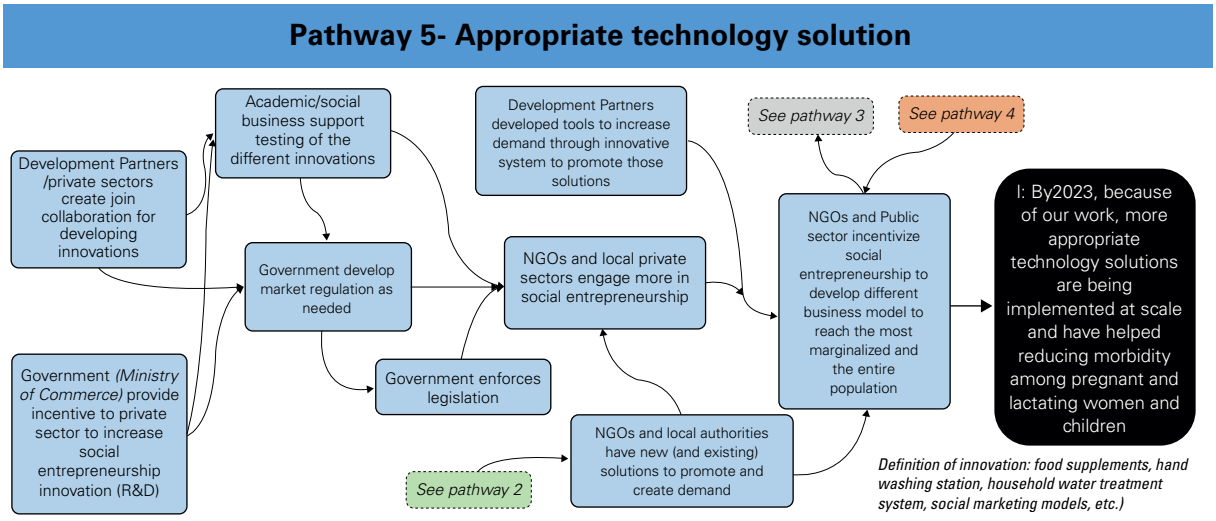


Figure 8: Pathway 5

If the government supports social entrepreneurship through incentives and regulation and developing actors and private sectors engage in testing new solutions, then targeted communities will have access to new innovative solutions which will help to reduce morbidity.

Several building blocks are required to improve nutritional status of children and women by converging and integrating nutrition specific and sensitive (WASH) interventions, over the next years.

4. Discussion of implementation mechanisms/institutional aspects

Scaling Up Nutrition (SUN) is a unique movement founded on the principle that all people have a right to food and good nutrition. It unites people—from Governments, Civil Society, the United Nations, Donors, Businesses and Researchers—in a joint effort to improve nutrition through nutrition specific and sensitive (WASH) interventions. During the theory of change, the work of three main players were discussed to evaluate their potential collaboration and the different tasks that we could foresee for each of the players: i) Government, ii) Civil society and iii) UN agencies such as UNICEF.

Government agencies: Government agencies work at the national level for policy and strategy development and coordination of implementation through technical working groups. Within Cambodia, the Council for Agriculture and Rural Development (CARD) has been chosen to coordinate SUN Networks. For WASH and Nutrition, there are many working groups among line ministries (MOH, MRD and MOP) and within CARD. The newly established sub-working group on WASH and nutrition is the only one trying to integrate both sectors.

Civil society: Civil society plays a key role to support the government to achieve its commitments made and holds the government to account. The civil society within SUN has developed the Civil Society Alliance (CSA). The CSA, with members of several NGOs has a strong voice and promotes sustainable improvement of nutritional status among Cambodian people by creating a strong, coordinated and vibrant Civil Society Alliance that supports further development and wider implementations of the nutrition agenda in this country.

UN agencies: UN agencies should work towards an agreed UN nutrition/WASH agenda to support a national multi-sectoral strategy on the integration and convergence of Nutrition and WASH. With a potential future change of economic status for Cambodia in the coming year from a "low income country "to a "middle income country", UN agencies will have to adapt their strategies.

All pregnant and lactating women and children under 2 live in a safe hygienic environment, are healthy, well nourished and cared for so that the children grow to meet their full potential

Figure 9: Cambodia Theory of change WASH and Nutrition

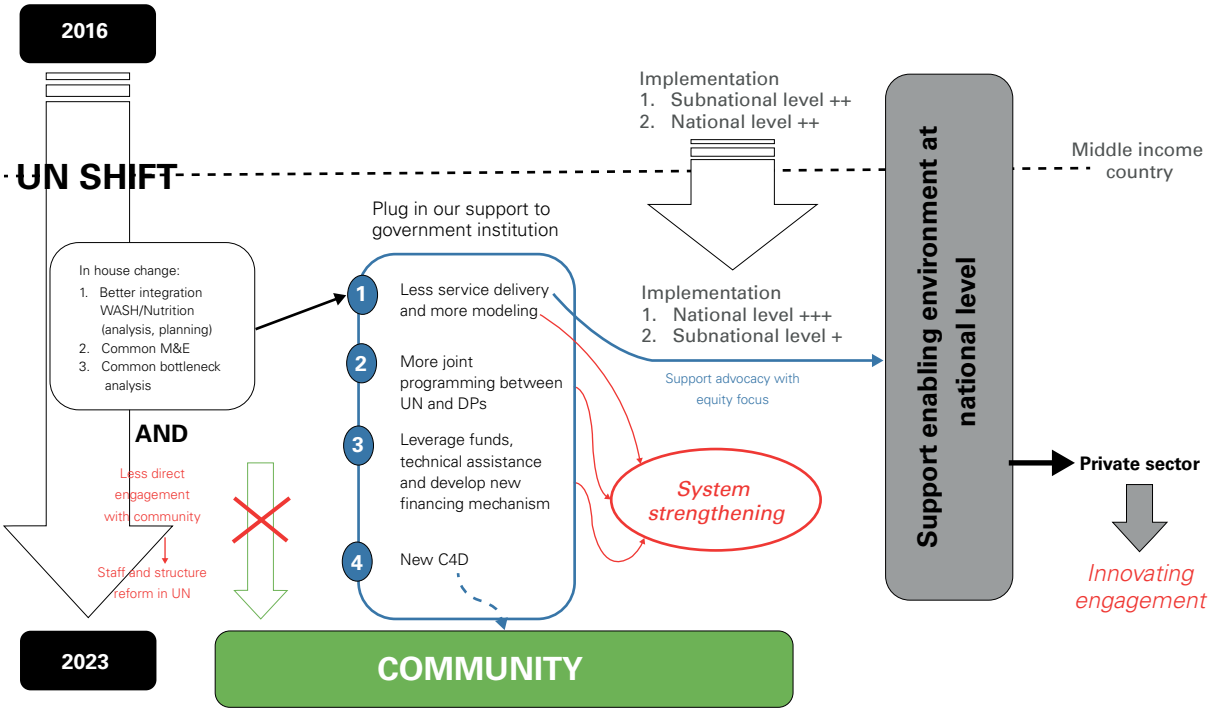


Figure 10: UN shift over the coming years

In conclusion, the changes needed within the UN community in Cambodia are: better integration of WASH and nutrition, analysis, planning, common M&E framework and bottleneck analysis (figure 11).

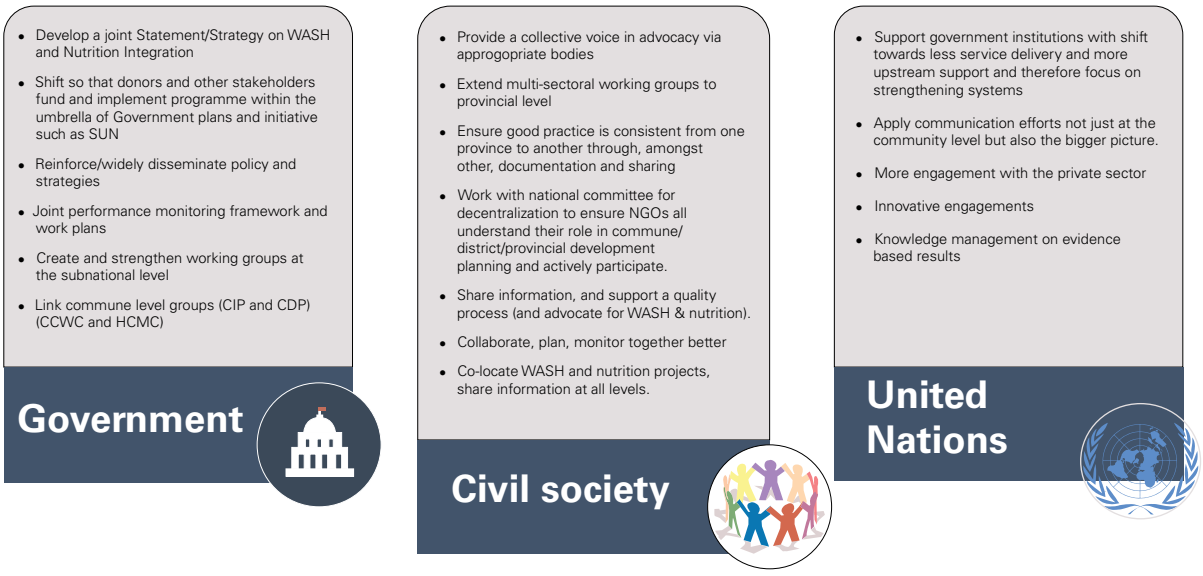


Figure 11: Analysis of Stakeholder Roles

Any initiative is only as sound as its assumptions. Key assumptions and corresponding risks and mitigation measures in relation to achieving the outcome are to be taken into account (see table 1).

Table 2: Assumption and mitigation by pathway (one example per pathway but not exhaustive)

Assumptions	Risks	Mitigation Measures
Pathway 1		
Policy commitment and budget allocations for scaling up nutrition continue to increase	Policy commitment and budget allocations for scaling up nutrition continue to increase	Policy commitment and budget allocations for scaling up nutrition continue to increase
Pathway 2		
Caregivers practice what they know and believe	Caregivers practice what they know and believe	Caregivers practice what they know and believe
Pathway 3		
Vulnerable populations have access to essential services and receive quality services when accessed	Vulnerable populations have access to essential services and receive quality services when accessed	Vulnerable populations have access to essential services and receive quality services when accessed
Pathway 4		
Local leaders are willing to invest their time to promote and support nutrition and WASH interventions	Local leaders are willing to invest their time to promote and support nutrition and WASH interventions	Local leaders are willing to invest their time to promote and support nutrition and WASH interventions
Pathway 5		
Newly designed innovations are sustainable	Newly designed innovations are sustainable	Newly designed innovations are sustainable

5. Conclusions

Undernutrition is determined not only by nutrient intake, but equally by nutrient loss. A vicious cycle exists between diarrhea and undernutrition: children with diarrhea eat less and are less able to absorb the nutrients from their food; malnourished children are more susceptible to diarrhea when exposed to fecal material from their environment. Inadequate access to clean water and unsafe sanitation and hygiene practices increase the risk of severe infectious diseases that can contribute to undernutrition. There is strong evidence that improved water and sanitation conditions are associated with a decrease in stunting.

For long-term changes to occur, the government of Cambodia has the ultimate responsibility and authority; therefore, the UN and NGO community needs to support the government to enable sustainable change. The stakeholders committed to integrating nutrition and WASH programming have chosen to collectively assist the government to develop systems and structures that will enable the implementation of programming that will make a difference for the nutritional outcomes of young children. The main points of intersection for WASH and nutrition programming within the Cambodia context is currently thought joint analysis, coordination, planning at national and sub-national level, implementation and monitoring. In addition, there needs to be an enabling environment of policy and strategies and effective advocacy as needed.

How to move forward:

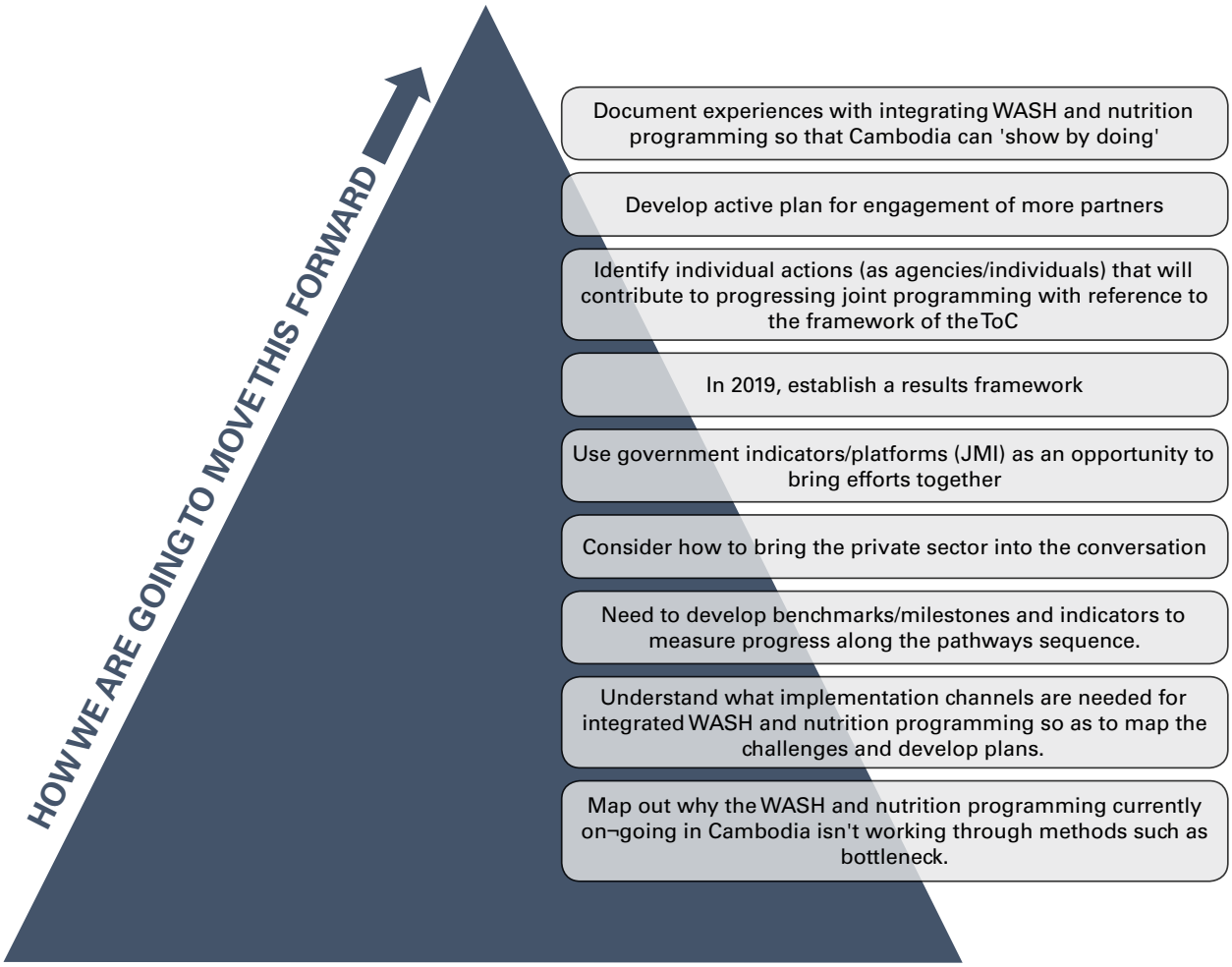


Figure 12: Next steps

Acknowledgments: We would like to acknowledge all the participants: H.E Mr. Chea Samnang, Mrs. Inna Sacci, Mr. Andrew Hill, Mr. Hou Kroeun, H.E. Mr. Sok Silo, Mrs. Prak Sophonneary, Mrs Petra Vermeulen, Mr. Chreay Pom, Mr Etienne Poirot, Mr Sam Treglown, Mr Arnaud Laillou, Mr Santepheap Heng, Ms Channa Sam Ol, Dr. Tharanga Diyunugala, Ms. Sophary Phan, Vannary HUN, Mr Say Ung, Mr. Virak Chan, Ms. Petra Rautavuoma, Mr Chim Chanaray, Mr. Mam Borath Santhyea, Ms. Natasha Patterson

Abbreviations

The following abbreviations are used in this manuscript:

USD: United State Dollar

GDP: Gross domestic product

CHDS: Cambodian Demographic Health Survey

CMDG: Cambodian Millennium Development Goal

WASH: Water, Sanitation and Hygiene

EAPRO: Regional Office for East Asia and the Pacific of UNICEF

CARD: Council for Agriculture and Rural Development

MOH: Ministry of Health

MOP: Ministry of Planning

MRD: Ministry of Rural Development

SNV: Netherlands Development Organization

HKI: Helen Keller International

UNICEF: United Nations Children's Fund

CHAI: Clinton Health Access Initiative

NGO: Non-Government Organization

SUN: Scaling Up Nutrition

CSA: Civil Society Alliance

UN: United Nation

M&E: Monitoring and Evaluation

CIP: Commune Investment Plan

CDP: Commune Development Plan

CCWC: Commune Committee for Women and Children

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HMIS 2015

Annex D. Evaluation matrix

Detailed evaluation matrix

OECD DAC criteria	Evaluation questions	Sub-questions	Data source / collection methods	Indicators & Benchmarks
Relevance	1. How appropriate is the Programme approach to meet the needs of disadvantaged pregnant women, carers and children in the north-eastern provinces and among the urban poor in Phnom Penh?		KIIs (Province, district, commune, village) FGDs Case studies Document review	Agreement of respondents with the given hypothesis that IECD approach is appropriate to meet needs of rights holders, with particular reference to equity Alignment of approach with stated needs of rights holders
	2. Is the design of the approach conducive to realising the outcomes and outputs as defined in the Country Programme Document 2016-2018?		KIIs (all levels) FGDs Case studies Document review	Agreement of respondents with the given hypothesis that the design is conductive to meeting outcomes and outputs in the CPD Alignment of approach with CPD
	3. How well aligned is the approach with the National Action Plan 2014-2018 in particular and with relevant national government priorities?		KIIs (national, province, district) Document review	Agreement of respondents with the given hypothesis that it is very well aligned Alignment of approach with National Action Plan

OECD DAC criteria	Evaluation questions	Sub-questions	Data source / collection methods	Indicators & Benchmarks
	4. How has the IECD approach affected policy change at the national level?	- Has the IECD acted as a catalyst for change at the national policy level? - What changes in new National Action Plan were influenced by IECD experiences?	KIIs (National, province, district) Document review	Agreement of respondents with the given hypothesis that policy change has occurred or been catalysed with IECD Change in national ECD policy since start of IECD programme
Effectiveness	1. What were the major achievements and challenges under the IECD programme, and why? How did these vary between IECD programme areas?	- How has access to services in multiple areas (or sectors) been implemented by that sector? - What specific services have been integrated in that sector's activities between 2016 and 2018?	KIIs (National, provincial, district, commune, village) FGDs Case studies Document review	Agreement of respondents with the given hypothesis of implementation change in specific sector Change in integration of services between 2016 and 2018
		- How has the capacity of sub-national administrators been increased or strengthened?	KIIs (National, provincial, district, commune, village) Document review	Perceived change in capacity of sub-national administrators

OECD DAC criteria	Evaluation questions	Sub-questions	Data source / collection methods	Indicators & Benchmarks
		- How has parental behaviour changed with regards to seeing links in protection, health, education, nutrition and sanitation? - Which links between sector objectives have been established for rights holders? - What do rights holders see as priority for their children's development?	KIIs (commune, village) FGDs Case studies Document review	Perceived change in parental behaviour, particularly for marginalized groups Rights holders' perceptions of links with sector objectives Rights holders' views of priorities for children's development, particularly for marginalized groups
	2. How did the IECD approach improve the effectiveness of activities under the six IECD programme outputs?	- Which divisions have been able to coordinate their activities aimed at achieving the six outputs? - How effective has coordination been across the approach in UNICEF and with Government and other partners?	KIIs (all levels) UNICEF Country programme documents Document review	Perceptions of coordination efficiency and effectiveness

OECD DAC criteria	Evaluation questions	Sub-questions	Data source / collection methods	Indicators & Benchmarks
Efficiency	1. How could the efficiency of the integrated approach be improved?	- What benefits in terms of budgetary and human resource allocation or other have been achieved with greater integration of service delivery? - Has coordination between sectors/sections been efficient? - How have implementation practices changed, if at all? - Have line level workers and beneficiaries noted changes? Which ones?	KIIs (Provincial, district, commune, village) FGDs Case studies Document review	Perceptions of efficiency and areas for improvement
Sustainability	1. How well will the current approach sustain positive outcomes without financial and technical support from UNICEF or other development partners?	- What are the cost implications of integration? - How has the IECD approached created changes in administrative management at the provincial, district and commune levels?	KIIs (all levels) FGDs Case studies Document review	Changes in ownership and financial/human resource commitment Changes in capacity building Development of technical guidelines

OECD DAC criteria	Evaluation questions	Sub-questions	Data source / collection methods	Indicators & Benchmarks
	2. What are the key enabling factors to consider in scaling up the IECD approach in other districts and provinces?	- What have been the main enabling factors in receiving/providing cross-sectoral services? - Which actors have been catalysts in providing integrated services?	KIIs (all levels) FGDs Case studies Document review	Perceptions of enabling factors for scaling up, by geography
	3. What are the gaps and bottlenecks to creating lasting systems and resources and to scale-up the approach in other districts and provinces?	- What have been the main challenges in receiving/providing cross-sectoral services? - Have any examples of problem resolution been applied again?	KIIs (all levels) FGDs Case studies Document review	Prevalence of similar bottlenecks across geography and experiences
	4. What were the major factors which influenced the achievement or non-achievement of sustainability of the programme between 2016 and 2018? Are there any other factors that are emerging that the programme should consider?		KIIs (International, national, provincial, district) FGDs Case studies Document review	Prevalence of similar factors across geography and experiences

OECD DAC criteria	Evaluation questions	Sub-questions	Data source / collection methods	Indicators & Benchmarks
Cross-cutting	1. How well does the IECD approach incorporate and encourage equity and gender dimensions in its interventions, especially for those most disadvantaged?	- What is the capacity of administrative units for identification of disadvantaged groups? - What tools are used to identify and measure disadvantage? - What groups are targeted as disadvantaged? What challenges exist in the provision of ECCD services to the most disadvantaged?	KIIs (all levels) FGDs Case studies Document review	Participation of and benefit for disadvantaged groups (disaggregated by group)
	2. To what extent are age, gender, ethnicity and other disaggregated data collected and monitored?	- How can the current programme performance indicators and evaluation framework be strengthened in terms of gender equality, equity and human rights? - How are data disaggregated and managed between sectors?	KIIs (all levels) FGDs Case studies Document review	Availability of disaggregated data

Changes to the evaluation questions in the TOR

Evaluation questions in the TOR		Proposed revised evaluation questions	Reason for change
Relevance	• How appropriate is the Programme approach to meet the needs of disadvantaged women and children in the north-eastern provinces and among the urban poor in Phnom Penh?	As before	
	• Is the design of the approach conducive to realising the outcomes and outputs as defined in the Country Programme Document 2016-2018?	As before	
	• How well aligned is the approach with the National Action Plan 2014-2018 in particular and with national priorities in general?	How well aligned is the approach with the National Action Plan 2014-2018 in particular and with relevant national government priorities?	"National priorities in general" open to a very wide range of interpretations
		4. How has the IECD approach affected policy change at the national level?	The relevance of IECD can be interpreted if it influences any national policy change since 2016-2018.
Effectiveness	• To what extent were the different IECD programme areas' (Health, Nutrition, WASH, ECD, Community Development & Empowerment) objectives achieved? Which areas saw greater achievements and why? Which areas saw greater challenges and why?	What were the major achievements and challenges under the IECD programme, and why? How did these vary between IECD programme areas?	Assessment of achievement of results against the six programme areas' objectives would consume significant resource. Agreed with UNICEF that identifying notable successes and challenges – and the causes for these – is of more value for this formative evaluation.

Evaluation questions in the TOR		Proposed revised evaluation questions	Reason for change
	• To what extent did the approach achieve the six outputs defined in the 2016-2018 Country Programme?	How did the IECD approach improve the effectiveness of activities under the six IECD programme outputs?	Direct achievement of the outputs would be difficult to measure with the lack of access to the longitudinal data. In its stead the effectiveness of IECD with regards to the outputs will be of more value for this formative evaluation.
Efficiency	• How well have funds been allocated and utilised at all levels to realise the approach's objectives? Were the least costly resources used to achieve the desired results?	Removed.	Agreed with UNICEF that budgetary allocation, utilisation and cost economy of lower priority than other questions. Also identified that available budget and expenditure data was insufficient to conduct a meaningful analysis.
	• How effectively have resources been used to achieve outputs and were funds used in a way which was cost-effective? Are there any more efficient alternatives UNICEF should consider?	How could the efficiency of the integrated approach be improved?	To create a single question with a formative focus that allows light-touch, high-level consideration of budget and human resource allocation, as well as coordination
	• To what extent were objectives achieved on time?	Removed.	This has not been identified as a priority by UNICEF and has been removed due to resource constraints.
Sustainability	• How well will the current approach sustain positive outcomes without financial and technical support from UNICEF or other development partners?	As before.	

Evaluation questions in the TOR		Proposed revised evaluation questions	Reason for change
	• To what extent can the IECD approach be scaled-up to other provinces in Cambodia?	What are the key enabling factors to consider in scaling up the IECD approach in other districts and provinces?	It is beyond the resources of the evaluation to conduct any serious assessment of the conditions for feasibility in other provinces; the question has been reworded to focus on what can be gained from the experience in 2016-18 IECD provinces
	• What are the gaps and bottlenecks to creating lasting systems and resources and to scale-up the approach?	As before.	
	• What were the major factors which influenced the achievement or non-achievement of sustainability of the programme between 2016 and 2018? Are there any other factors that are emerging that the programme should consider?	As before.	
Cross-cutting	• How well does the IECD approach incorporate and encourage equity in its interventions, especially for those most disadvantaged?	As before.	The prescriptive nature of the question will be examined in the findings, if appropriate
	• To what extent are age, gender, ethnicity, etc. disaggregated data collected and monitored? How can the current programme performance indicators and evaluation framework be strengthened in terms of gender equality, equity and human rights?	To what extent are age, gender, ethnicity and other disaggregated data collected and monitored?	

Annex E. Data collection instruments

Example: 08 Key Informant Interview: Health Centre Director

Introduction

Thank you for agreeing to take part in this interview. I'll start by briefly introducing myself and the study. My name is _____ and I am a field researcher with OPM/BN Consult. We are carrying out a study for UNICEF Cambodia to look at their support of the government and other partners' work with mothers and other carers of young children. Between 2016 and 2018, UNICEF adopted a new approach in your district to help government and partners work together for service delivery at the commune and village levels. In particular, we are looking to understand how you have received responses to your concerns with relation to your work with young children and carers of children. The results of this evaluation study will help build this or some version of this approach across all of Cambodia.

We would like to understand multiple experiences and viewpoints to help inform our work and have been interviewing individuals from national ministerial levels to village levels, including families and carers of young children.

We will ask multiple questions related to IECD and effectiveness and efficiency of service deliveries in your district. There is no right or wrong answer and we will be maintaining confidentiality; this means we won't be mentioning anyone's names in the report and nothing you say will be traced back to you. The interview should last around 60-80 minutes.

I will take notes as we speak. I would like to record this interview so that I can listen back to make sure my notes are complete. The audio recording and notes will be shared with my colleagues at BN Consult and Oxford Policy Management who are conducting the independent evaluation and will analyse the information from the 100 interviews. The recording will not be shared beyond these organisations. Would you agree to let us record the conversation?

Do you have any questions for me?

Am I ok to continue?

- Name of interviewer: _____
- Date: _____
- Starting time: _____
- Ending time: _____

Background questions

Name	
Age	
Gender	Male / Female
Education background	
Professional status	
Number of years in current position	
Residence location (Address, urban/rural)	
Any marked disadvantage (disability/ethnicity/language group)	
Telephone number for follow up	

Health service management

Section 1: Roles and Responsibilities

We want to know more about how clear you feel about the roles and responsibilities of the Health Centre, and how they relate to the other sectors working with pregnant women and children under age 5 years. **Specifically, we are interested in knowing how these roles and responsibilities have changed since 2016.**

1. **Could you briefly tell me about your role and the activities in your health centre?**

   1.1. What are your responsibilities?

   1.2. How long have you been working in this health centre? [If arrived after 2015, ask where the person was working before? What is his current role and position?]

   1.3. How do you choose the activities that the health centre undertakes for pregnant women and children under age 5?

   1.4. What are your main successes in providing services for that population?

   1.5. What are your main challenges in providing services for that population?

2. **Are you familiar with UNICEF'S IECD approach?**

The IECD approach aims to bring together social services for pregnant women and children under age 5 at the district and commune levels to improve the outcomes of early child development through health, nutrition, clean water and sanitation, care, education, and birth registration services, which has been implemented during 2016-2018.

[If no, probe and describe the IECD approach. For example, use other words such as "coordination" or "convergence" with other sectors. Do not use "inclusive".]

2.1. Do you work directly with UNICEF? Or with UNICEF partners? Describe your grounds of cooperation.
[Probe: technical, financial, informational, training]

2.2. Do you work with any other partner organisations? Which organization? Describe your grounds of cooperation.
[Probe: NGOs, religious groups, other government sectors]

2.3. Have you found any of these associations and partnerships (UNICEF, NGOs) helpful in your service delivery for the population of pregnant women and children under age 5? Challenging? [Probe asking for a description of a situation.]

2.4. How did your partnerships change during 2016-18? What are new activities/approach did you manage with these partners in 2016-18?
[If person identified IECD, ask next question. Otherwise skip to
2.4.1. Can you relate this to the IECD approach?

2.5. Did you receive any guidance or information on how to operationalise the IECD in the health centre? From whom?

[Probe if not in answer: For example, are there any new guidelines or protocols/instructions or training from OD/PHD or others in 2016-2018?]

3. How has your capacity as a health provider been changed since the IECD approach began in 2016?

   3.1. Does the IECD approach change your day-to-day operations in your service delivery for the population of pregnant women and children under age 5? How so?

   3.2. How have you addressed these changes with your staff? With Village Health Volunteers?

   3.3. Do you think the new activities/approach with IECD have changed effectiveness and efficiency of the health centre? Of the Village Health Volunteers? If yes, in what way?

   3.4. How does the IECD approach change your planning and budgeting? In what way?

   3.5. Do you participate in any inter-sectoral groups meeting around issues for women and children (e.g. DWCCC, commune council)? If yes, how often? If no, why not?

   3.6. Do you think that the meeting is helpful for advancing your work with women and young children? If yes, in what way?

   3.7. Do you monitor the impact of IECD on your work? How so?

Social service provision

Section 1: Health
We want to know more about what services you have delivered from this health centre between 2016 and 2018 (in the past three years, not counting this year) with regards to the health of children under age 5 and the pregnant mother. **Please consider the situation in 2016-2018 with regards to the situation before 2016.**

4. **Could you briefly tell me about the population visiting your health centre?**

4.1. Who are the main types of people coming into the health centre?
{probe: pregnant women, children under age 5]

4.2. What are the population characteristics (poverty level, migration status, distance living from health centre)?

4.3. Has this population changed over time? [Probe: more poverty, more migrants, etc.]

4.4. Do you do any outreach in villages to provide health services? How do you target the population to visit? (Probe: vaccination and other health services)

4.5. How does the Village Health Volunteer provide support or help?

5. **What happens when a child arrives to the health centre for non-emergency care?**

5.1. What happens during the visit for regular health care?
5.1.1. Are vaccination schedules checked?
5.1.2. Is the child always weighed?
5.1.3. Is the child always screened for malnutrition?

5.2. Did you provide any instructions with regards to the child's learning?
[Probe: Does the health centre staff explain how to talk to the child, how to play with the child, how to respond to the child when he/she cries?]

5.3. Have these protocols/instructions changed or improved during 2016-2018?

5.4. Any new guidelines or protocols/instructions or training during 2016-2018?
[Can we get copies of these documents?]

6. **What is different when a child arrives for emergency care?**

6.1. Once the emergency care has been administered, what other measures are taken? [Probe again vaccination, weight, malnutrition, learning]

6.2. Does the health centre attempt to understand why the emergency happened and how to prevent the situation from happening again?

6.3. What referrals, if any, do you provide to parents and child carers?

6.4. Have these protocols changed or improved during 2016-2018? Any new guideline or protocol/instruction or training? If yes, what? When it has been provided?

7. **Have you seen a change in health behaviour among pregnant women or families with children under age 5 during 2016-2018?**
[Probe: Are they more likely to come to the health provider when they or their child is with fever? With diarrhoea? Any other situations?]

7.1. Why do you think they have changed?

7.2. Have you seen any change in direct benefits to this population?

Section 2: Nutrition

We want to know more about what nutrition services the staff and health volunteers of the health centre has delivered between 2016 and 2018 (in the past three years, not counting this year) with regards to the health of children under age 5 and the pregnant mother. Please consider the situation in 2016-2018 with regards to the situation before 2016.

8. **Do you engage in any service provision with regards to nutrition for pregnant women and children under age 5?**
(Probe: pregnant women, women after delivery, children 6-12 months)

8.1. If yes, what services has your health centre provided?
[Probe: Do you/health centre provide deworm medicine to child and women regularly? Are mothers accompanied in breastfeeding? In complementary feeding practices?]

8.2. Do you provide any referrals with regards to nutrition concerns? To whom?

8.3. Have you received any new instructions or guidance material or training with regards to nutrition in 2016-2018? If yes, what? When was it provided?

Section 3: Sanitation and clean water

We want to know more about what sanitation and clean water services this health centre has delivered between 2016 and 2018 (in the past three years, not counting this year) with regards to the health of children under age 5 and the pregnant mother. Please consider the situation in 2016-2018 with regards to the situation before 2016.

9. **Do you provide any services with regards to sanitation and clean water for pregnant women and children under age 5?**

   9.1. If yes, what services has your health centre provided?

   9.2. Do you provide any referrals with regards to sanitation and water concerns? To whom?

   9.3. Have you received any new instructions or guidance material or training with regards to sanitation and clean water in 2016-18? If yes, what? When it has been provided?

Section 4: Parental education

We want to know more about what parental education services this health centre has delivered between 2016 and 2018 (in the past three years, not counting this year) with regards to the health of children under age 5 and the pregnant mother. Please consider the situation in 2016-2018 with regards to the situation before 2016.

10. **Do you provide any services with regards to parental education for pregnant women and children under age 5?**

   10.1. If yes, what services has your health centre provided?

      10.1.1. Do you provide any referrals with regards to parenting concerns? To whom?

   10.2. Have you received any new instructions or guidance material or training with regards to parental education in 2016-18? If yes, what? When it has been provided?

Section 5: Birth registration

We want to know more about what birth registration services, which this health centre has delivered between 2016 and 2018 (in the past three years, not counting this year) with regards to children under age 5. Please consider the situation in 2016-2018 with regards to the situation before 2016.

11. **Do you provide any services with regards to birth registration for children under age 5?**

11.1. If yes, what services has your health centre provided?

11.2. Do you provide any referrals with regards to birth registration concerns? To whom?

11.3. Have you received any new instructions or guidance material or training with regards to birth registration in 2016-18? If yes, what? When it has been provided?

Child development

12. **What do you see as the most important aspects (priority) of the child's development?**

12.1. How do you perceive your role and that of the health centre in taking care of those areas of the child's development beyond the health of the child?

12.2. Does your staff feel the same way?

12.3. Can you give an example?

General Feedback

13. **Do you have any other observations about how you improved the assistance and services provided for the care of the child under age 5 or the pregnant woman?** If you were to provide advice to health centre directors in other districts for improving service delivery to this population, what would you tell them?

Annex F. Ethical approval (NECHR)

ព្រះរាជាណាចក្រកម្ពុជា
KINGDOM OF CAMBODIA
ជាតិ សាសនា ព្រះមហាក្សត្រ
NATION RELIGION KING

ក្រសួងសុខាភិបាល
MINISTRY OF HEALTH
គណៈកម្មាធិការជាតិក្រមសីលធម៌
សំរាប់ការស្រាវជ្រាវសុខភាពដែលទាក់ទងនឹងមនុស្ស
National Ethics Committee for Health Research

ថ្ងៃ ច័ន្ទ ១០ កើត ខែ ចេត្រ ឆ្នាំ ភស ឯកស័ក ព.ស ២៥៦៣
Phnom Penh, April 29, 2019

№ 108 NECHR

Ms. Anaïs Loizillon

Project: Formative evaluation of the Integrated Early Childhood Development Approach in Cambodia. Version N° 01, dated 20th March 2019

Reference: 26th April 2019 NECHR meeting minute

Dear Ms. Anaïs Loizillon,

I am pleased to notify you that your study protocol entitled: "Formative evaluation of the Integrated Early Childhood Development Approach in Cambodia. Version N° 01, dated 20th March 2019" has been approved by National Ethics Committee for Health Research (NECHR) in the meeting 26th April 2019. This approval is valid for twelve months after the approval date.

The Principal Investigator of the project shall submit following document to the committee's secretariat at the National Institute of Public Health at #80 Samdach Penn Nouth Blvd, Sangkat Boeungkok2, Khan Tuol Kok, Phnom Penh. (Tel: 012-842-442, 012-528-789,012-203-382. Email: sarayvannat@gmail.com, nouthsarida@gmail.com):

- Annual progress report
- Final scientific report
- Patient/participant feedback (if any)
- Analyzing serious adverse events report (if applicable)

The Principal Investigator should be aware that there might be site monitoring visits at any time from NECHR team during the project implementation and should provide full cooperation to the team.

Regards,

Chairman

Prof. ENG HUOT

ស្ថិតនៅលេខ៨០,វិថីសាមួច ប៊ែន នុត (២៨៩) សង្កាត់បឹងកក់២ ខណ្ឌ ទួលគោក រាជធានីភ្នំពេញ, ទូរស័ព្ទ (៨៥៥-០១២) ៨៤២ ៤៤២, (៨៥៥-០១២) ៥២៨ ៧៨៩, (៨៥៥-០១២) ២០៣ ៣៨២
Lot #80, Samdach Penn Nouth Blvd (289), Sangkat Boeungkok2, Khan Tuol Kork, Phnom Penh, Cambodia. Tel: (855-012) 842 442,(855- 012) 528 789, (855-012) 203 382

Annex G. Primary data sources

Level	Respondents1	Tool	Planned	Conducted
International	UNICEF regional office staff	KII	2	2
	UNICEF Cambodia donors	KII	2	1
National	Government line ministries: MOEYS, MOI, MOH, MRD, MOWA, MEF*	KII	5	5
	UNICEF Cambodia Country Office staff^	KII	10	4
Province/ municipality	TWG Agriculture, Rural Development^	KII	9	2
	PWCCC^	KII	6	2
	Provincial Health Department	KII	3	2
	Provincial Education Department	KII	3	2
District	District Office of Education	KII	5	5
	Operational District (Health)	KII	5	3
	DWCCC (sectoral representation)	KII	5	4
Commune	Head of Commune	KII	5	1
	CWCCC (commune councillor)	KII	5	5
	Head of Health Centre	KII	5	5
	Formal preschool director	KII	6	6
	Formal preschool teacher	KII	0	6
	Operating NGO worker (ensuring sectoral variety across selection)	KII	5	2
Village	Village Chief	KII	5	5
	Village Health Volunteer	KII	5	6
	Core Parents (parental educators)	KII	5	4
	Community preschool teachers	KII	5	4

Level	Respondents1	Tool	Planned	Conducted
	Carers (including grandparents and pregnant women) of children 0-24 months	FGD	5	5
	Carers (including grandparents and pregnant women) of children 3-5 years	FGD	5	5
	Carers (including grandparents and pregnant women) of children 0-24 months	CS	2	2
	Carers (including grandparents and pregnant women) of children 3-5 years	CS	2	2
	Ethnic minority	CS	2	2
	Malnutrition case	CS	2	3
	WASH case	CS	2	2
	Young mother (child under age 1) or pregnant girl (under age 18)	CS	2	3
	Fathers (child 0-5 years)	CS	2	0
Total		**KII**	**95**	**76**
		FGD	**10**	**10**
		CS	**14**	**14**

** MEF was added after the inception report.*
^ Changes were made after the inception report to adapt to the field realities, while maintaining expectations for sectoral coverage. For example, UNICEF staff in the field office covered two provinces and so fewer interviews were needed than expected.

Annex H. Strength of evidence

Evaluation criterion	Evaluation question	Strength of evidence	Explanation
Relevance	R1: How appropriate is the Programme approach to meet the needs of disadvantaged pregnant women, carers and children in the north-eastern provinces and among the urban poor in Phnom Penh?	Sufficient	KIIs and secondary data validate all four criteria.
	R2: Is the design of the approach conducive to realising the outcomes and outputs as defined in the Country Programme Document 2016-2018?	Sufficient	Review of programme documentation, analysis of ToC and KII validated all four criteria
	R3: How well-aligned is the approach with the National Action Plan on ECCD 2014-2018 in particular?	Sufficient	Review of documentation allowed theoretical comparison of alignment; in complement with stakeholder perspectives, all 4 criteria satisfied
	R4: How has the IECD approach affected policy change at the national level?	Limited	Neutrality and attribution to IECD cannot be firmly established.
Effectiveness	E1: What were the major achievements and challenges under the IECD programme, and why? How did these vary between IECD programme areas?	Sufficient	Primary and secondary data sources established findings across all target areas (transferability) and all four criteria.
	E2: How did the IECD approach improve the effectiveness of activities under the six IECD programme outputs?	Sufficient	Primary and secondary data sources established findings across all target areas (transferability) and all four criteria.

Evaluation criterion	Evaluation question	Strength of evidence	Explanation
Efficiency	e1: How could the efficiency of the integrated approach, including human resourcing, be improved?	Limited	Evaluation did not receive access to sufficient relevant data on cost or human resourcing. As regards the findings provided, Evidence collected was limited, but strength available in truth, neutrality and consistency. Applicability in other settings is weaker.
Cross-Cutting	X1: How well does the IECD approach incorporate and encourage equity and gender dimensions in its interventions, especially for those most disadvantaged?	Moderate	More disaggregated evidence is needed on programme participation.
	X2: To what extent are age, gender ethnicity, disability and other disaggregated data collected and monitored?	Moderate	Evidence collected was limited and access to raw data was not available.
Sustainability	S1: How well will the current approach sustain positive outcomes without financial and technical support from UNICEF or other development partners?	Moderate	Evidence collected was limited, but strength available in truth, neutrality and consistency. Applicability in other settings is weaker.
	S2: What are the key enabling factors to consider in scaling up the IECD approach in other districts and provinces?	Moderate	Evidence collected was limited, but strength available in truth, neutrality and consistency. Applicability in other settings is weaker.
	S3: What are the gaps and bottlenecks to creating lasting systems and resources and to scale up the approach in other districts and provinces?	Moderate	Evidence collected was limited, but strength available in truth, neutrality and consistency. Applicability in other settings is weaker.
	S4: What were the major factors which influenced the achievement or non-achievement of sustainability of the programme between 2016 and 2018? Are there any other factors that are emerging that the programme should consider?	Moderate	Evidence collected was limited, but strength available in truth, neutrality and consistency. Applicability in other settings is weaker.

Key for evidence strength:

Sufficient evidence: Evidence has been sufficiently triangulated with various data points and sources and all four criteria are met.

Moderate evidence: Evidence has been sufficiently triangulated with various data points and sources, but is limited in quantity. Evidence receives sufficient strength in at least two or three criteria.

Limited evidence: Evidence responds to the evaluation question and is noteworthy (relevant), but requires further investigation, as all criteria are not met or triangulation was not possible.

These established categories are based on four criteria used to critically appraise findings from qualitative research (Hannes, 2011):

- **Truth value**
  Credibility evaluates whether the represented view fits the views of all participants studied, and whether the findings hold true.
- **Applicability**
  Transferability evaluates whether research findings are transferable to other specific settings or population groups.
- **Consistency**
  Dependability evaluates whether the process of research is logical, traceable and clearly documented, particularly on the methods chosen and the decisions made by the researchers.
- **Neutrality**
  Confirmability evaluates the extent to which findings are qualitatively confirmable through the analysis being grounded in the data and through examination of the audit trail.

Annex I. Village Health Volunteers and their scope of work

Reproductive, Maternal, Neonatal and Child Health (RMNCH) was one of the four priority areas in the Ministry of Health's Second Health Strategic Plan (2008-2015) and was included in one of the two broader strategic priorities in the Third Health Strategic Plan (2016-2020). The potential scope of work for Village Health Volunteers is adapted from the Community Participation Policy for Health (Ministry of Health, 2008), and encompasses a wide range of possibilities for community participation in health:

Health information systems: Disease surveillance/monitoring and case reporting to the health centre Keep a register of all children below 5 years of age in the village Assist the health centre in collecting registration statistics including notification of pregnancies, births and deaths Conduct verbal autopsies for deaths that occur in the village Collect information on health and health-related problems in the community, inform and report to the health centre
Provision and follow up of information and essential services: Facilitate the identification of the poor for fee exemption Provide health education, promote improved health practices and distribute health IEC materials including family planning, antenatal care, clean delivery, post-natal care, breastfeeding, complementary feeding, safe water, hygiene and sanitation, malaria and dengue control, HIV/AIDS/STIs, tuberculosis, immunizations, non-communicable and chronic diseases, mental health, tobacco and alcohol and gender-based and family violence Mobilise families and assist health centre staff during outreach activities and health campaigns Assist in the mobilisation of resources for sustainability of health centres Assist families with early identification of the danger signs for severe/serious illnesses Promote and strengthen the health centre referral system and assist in logistics such as transportation
Provision and follow-up of essential diagnosis and treatment services: Promote correct home care for illnesses Provide community-based first aid and rehabilitation Identify, refer and follow up children with acute malnutrition Provide home-based care
In remote and difficult to access communities: Provide early diagnosis and treatment for malaria Diagnosis and treat acute respiratory infections with antibiotics in children
Provision of essential commodities Distribute micronutrient and food supplementation Distribute mebendazol and oral re-hydration treatment with zinc Distribute condoms and family planning supplies Distribute long-lasting insecticide-treated mosquito bed nets and hammock nets

Source: (Ozano et al., 2018).

Annex J. Comparison of NAP 2014-18 and UNICEF's CP 2016-18

Table 10: Comparison of IECD and NAP-ECCD objectives

ECCD-NAP 2014-2018 goals and objectives	IECD Outcome and outputs
1. All women are provided with care, health education services and nutrition during pregnancy.	Outcome: By 2018, infants, children 0-5 years old and pregnant women in target provinces have improved and more equitable use of integrated early childhood survival, care and development interventions and practices, including in emergencies.
2. All children have their births registered, are provided with care, regular health check-ups, adequate immunization and nutrition, and early learning.	Output 1: By 2018, strengthened capacities of administrators in six target provinces in analyzing, planning, coordinating, implementing and monitoring actions that promote IECD. Output 2: By 2018, strengthened capacities of communities, caregivers and families to practice timely and appropriate birth registration, complementary feeding, hygiene and health seeking behaviors for children under the age of 5, especially in six target provinces.
3. All young children are ready to start grade one at age six.#	Output 6: By 2018, strengthened commitment and capacity of government to provide more children under 5 with increased access to inclusive quality early childhood education, particularly among children with disabilities, indigenous minority children, and those living in the six target provinces.
4. Technical staffs, caregivers, parents and guardians are provided appropriate knowledge on early childhood care and development.	Output 1: By 2018, strengthened capacities of administrators in six target provinces in analyzing, planning, coordinating, implementing and monitoring actions that promote IECD. Output 2: By 2018, strengthened capacities of communities, caregivers and families to practice timely and appropriate birth registration, complementary feeding, hygiene and health seeking behaviors for children under the age of 5, especially in six target provinces.

ECCD-NAP 2014-2018 goals and objectives	IECD Outcome and outputs
5. All relevant ministries and institutions work together closely to address and deal with the issues concerning early childhood care and development.	Output 1: By 2018, strengthened capacities of administrators in six target provinces in analyzing, planning, coordinating, implementing and monitoring actions that promote IECD. Output 6: By 2018, strengthened commitment and capacity of government to provide more children under 5 with increased access to inclusive quality ECEC, particularly among children with disabilities, indigenous minority children, and those living in the six target provinces.
6. All young children from birth to school age shall enjoy physical, cognitive, mental and emotional development at their own home and centers which provide quality and sustainable health services, nutrition and education.	All six outputs are contributed to the achievement of the objective number six of the NAP.

Note: # The definition of "ready to start Grade 1" is not provided in the NAP-ECCD.

Annex K. Validation workshop participants

The final findings and recommendations validation workshop was held in Phnom Penh on 12 September 2019. Below is the full list of participants:

Organization / Section	Position
Bureau of Provincial Women's Affairs, Ratanakiri	Bureau Chief
Cambodia National Council for Children	Deputy Secretary General
Communication for Development Officer	UNICEF
Department General of Education, MoEYS	Deputy Director General
Department of Early Childhood Education, MoEYS	Deputy Director of Department
Department of Early Childhood Education, MoEYS	Deputy Director of Department
Department of Early Childhood Education, MoEYS	Deputy Director
Department of Early Childhood Education, MoEYS	Bureau Chief
Department of Early Childhood Education, MoEYS	Assistant
UNICEF	Education Specialist
Health and Education	Bureau chief
Kratie Province	Deputy Governor
Kratie WCCC	Unknown
Ministry of Agriculture, Forestry and Fisheries	Gender Children Project Support Unit (GCPSU),
Ministry of Agriculture, Forestry and Fisheries	Under Secretary of State
Ministry of Environment	Under Secretary of State
Ministry of Environment	Assistant
Ministry of Health	Under Secretary of State
Ministry of Health	Deputy Director of Department
Ministry of Information	Advisor
Ministry of Interior	Official
Ministry of Labour and Vocational Training	Official
Ministry of Labour and Vocational Training	Vice Chief of Bureau
Ministry of Planning	Director
Ministry of Rural Development	Bureau Chief
MoEYS	Secretary of State

Organization / Section	Position
MoEYS	Deputy Director
MoEYS	Chief of Office
MoEYS	Bureau Chief
MoEYS	Bureau Chief
Oxford Policy Management	Team Leader
Oxford Policy Management	Project Manager
Oxford Policy Management	National Education Adviser
Phnom Penh Capital Office	Bureau Chief
Phnom Penh Capital Office	Vice Chief of Planning and Investment
Phnom Penh Education Office	Bureau chief
Plan International	WASH Specialist
Plan International	ECCD Specialist
Provincial Department of Rural Development	Deputy Director
Provincial Education Office, Kratie	Deputy Director
Provincial Education Office, Ratanakiri	Deputy Director
Provincial Governor's Office, Kratie	Bureau Chief,
Provincial Health Department, Ratanakiri	Vice Director for Technical
Rural Development, Ratanakiri	Director
Save the Children	Senior ECD Advisor
Social Policy Specialist	UNICEF
UNICEF	Intern
UNICEF	Intern
UNICEF	WASH Specialist
UNICEF	Monitoring and Evaluation Officer
UNICEF	Deputy Representative
UNICEF	Chief of Health and Nutrition
UNICEF	Chief of Education
Unknown	Vice Chief of Unit
WCCC, Phnom Penh	Chair
WCCC, Ratanakiri	Chair
Women's Affairs in Phnom Penh	Deputy Director
World Vision International	Technical Officer

Annex L. Evaluation team profiles

Team Leader, Anaïs Loizillon

Anaïs Loizillon is an ECD specialist with 12 years' experience supporting the planning, delivery, and evaluation of ECD and particularly quality education for children in developing countries. She has substantive experience focused on the EA-P region and a wealth of experience working with UNICEF; her other clients include UNESCO, World Bank, GPE, and other UN agencies. Anaïs has evaluated a number of ECD initiatives, including UNICEF Philippines' ECD programme, and authored 4 evidence papers on ECD for the International Initiative for Impact Evaluation. Anaïs is based in France.

National ECD Expert, CHEA Kosal

CHEA Kosal is a Cambodian education development specialist with more than 10 years' experience in formal and non-formal education and child protection. He brings substantial expertise in ECD and related sub-sectors. At UNICEF Cambodia (1997-2004), Kosal was involved in the early development of UNICEF Cambodia's ECD programme and at Plan International developed the long-term strategic plan for ECD. He has participated in numerous Southeast Asia regional conferences and workshops on ECD, including in Malaysia, Singapore and Vietnam.

Research Lead, SENG Bunly

SENG Bunly is an economist and the director of B.N. Consult. Following a career in government, Bunly has nearly 20 years' experience as a researcher and consultant on social sector issues in Cambodia. His clients include UNICEF, ADB and World Bank, and is currently engaged with OPM and UNICEF in the country-led evaluation of GoC scholarship programmes. Bunly's fields include economic and social policy, applied research and quantitative, and qualitative studies. He is familiar with ECD and has a background in health, having qualified as a medical doctor.

Project Manager, Rowan Hamill-McMahon

Rowan Hamill-McMahon is an education consultant and project manager with four years' experience managing international development projects worth up to $10m for clients including DFID, ADB and New Zealand MFAT. In the last year Rowan has managed two UNICEF studies and a mid-term evaluation for UNESCO. Rowan is a Consultant in OPM's education team and has a background in education as a certified teacher. He brings skills in research, analysis, reporting and communication. He lives in Myanmar and has three years' experience in the region. Rowan holds a BA and MSc from the University of Oxford.

Project Director, Ian MacAuslan

Ian MacAuslan leads OPM's global education portfolio and is a senior consultant in our social policy programme. He has led research and evaluation projects in South Asia, Central Asia, and sub-Saharan Africa and specialises in social sector research and evaluation. He lived in Cambodia in 2005 working on displacement and vulnerability, and returned to Cambodia in 2009 to work on statistical capacity strengthening. Ian is currently working with UNICEF Cambodia as Team Leader of the country-led evaluation of GoC scholarship programmes. Ian has conducted some 15 assignments with UNICEF and other UN agencies. Ian is based in OPM's Myanmar office.