**ANNEX B - TERMS OF REFERENCE**

# Situation Analysis on Early Childhood Intervention in Croatia

## 1. Background and context

One of the key priorities of the UNICEF Croatia Country Programme Document CP for the period from 2017 to 2021 and the Bi-annual Work Plan 2018-2019 aimed at improving Early Childhood Development (ECD) is to strengthen the health, education and social protection systems for developing an integrated system of Early Childhood Intervention (ECI) services. Despite improvements in the provision of support to young children with developmental delays and/or disabilities and to their families in Croatia during the past decade, there is a need for a thorough assessment of current policy, practices and services in Croatia to meet the needs of young children (0 –7) and their families in need of that support. The aim is to obtain the latest evidence of the state of play in the ECI field in Croatia that would serve as a reliable base of information and guidance for establishing and supporting the integrated ECI system and for enabling evidence-based policy-making (EBPM). By drawing upon the best available evidence from research, the situation analysis will help policy makers and service providers make effective decisions and achieve better programme outcomes.

A growing body of scientific research clearly indicates that the early years are critical for a child and a family. The 2017 Lancet series on early childhood development[1] and a framework for helping children survive and thrive to transform health and human potential[2] highlight the importance of nurturing care for the healthy development of young children. To develop to their potential, all young children need to receive nurturing care during the first three years of their lives – a set of conditions that provide for children's health, nutrition, security and safety, responsive caregiving and opportunities for early learning.

Early childhood is an important period for children with developmental delays or disabilities. Adequate support during the first years of life, when brain development is very intensive, can help children improve levels of development and achieve their innate potential. It can also support the realisation of the rights of children, as provided in the UN Convention on the Rights of the Child (CRC) and the Convention on the Rights of Persons with Disabilities (CRPD). According to the CRC, a child with disability should "enjoy a full and decent life, in conditions which ensure dignity, promote self-reliance and facilitate the child's active participation in the community" (Article 23(1)).

The CRPD calls for the enjoyment of all human rights and fundamental freedoms by children and adults with disabilities. It also introduces a legal definition of disability which draws on the social model: disability is viewed as a condition that is reached when physical, mental, sensory or intellectual difficulties meet barriers and obstacles – physical, societal or attitudinal – to social participation in the environment. CRPD General Comment 4 articulates the need to intervene early to enable children with disabilities to develop to their full potential: "If identified and supported early, young children with disabilities are more likely to transit smoothly into pre-primary and primary Inclusive Education settings".

[1] Advancing Early Childhood Development: From Science to Scale, Lancet, vol. 389 (2016) https://www.thelancet.com/series/ECD2016.

[2] Nurturing care for early childhood development: Linking survive and thrive to transform health and human potential, WHO-UNICEF, 2018, http://www.who.int/maternal_child_adolescent/child/nurturing-care-framework/en/

For a child, later development is based on critically important learning patterns laid down during this period, while for a family this is the time to learn how to support and nurture their child, how to meet their child's needs, and how to adapt positively to having a child with a disability or a developmental delay. To achieve these goals, families need the support of Early Childhood Intervention Services. Early Childhood Intervention is an intersectoral, interdisciplinary, and integrated national system of specialised support and services for infants and young children (from birth to school entry) with developmental delays and/or disabilities, atypical behaviours, social and emotional difficulties, fragile birth status, or young children who are very likely to develop a delay due to malnutrition, chronic illness or other biological or environmental factors. ECI services are evidence based. Different studies have demonstrated that ECI services are highly effective in improving child development, preventing the occurrence of developmental delays, and improving parenting skills and knowledge.[3] Overall, they greatly improve the quality of life for children and families. ECI services include developmental screenings, comprehensive developmental and family assessments, individualised family service plans, home visits with therapies, child development, nutrition, and health education, family counselling as needed, inter-agency service planning, referrals and coordination, family assistance and support for effective transitions to inclusive child care, kindergarten and primary schooling. They are interdisciplinary and they typically include health, nutrition, education and protection professionals as well as psychologists and social workers.

Services are tailored to meet the individual needs of the child and family and are focused on supporting the child in his or her natural environments and in their everyday experiences and activities.[4] Research has shown that routines-based approaches in the natural environment of the child are the most effective way to deliver support and services to families during these early years.[5] The overall aim of these services is to provide parents and families with the knowledge, skills and support they require to meet the needs of their child and to optimise the child's development and ability to participate in family and community life. Services are provided using a family-centred approach, recognising the importance of working in partnership with the family.

Families in Croatia have access to many preventative and other support services during a child's early years (prenatal care, home-visit nurse services, paediatric care, preschools, etc.). However, other components of ECI, such as early identification, developmental screenings, comprehensive developmental assessments and interventions are not developed equally and distributed evenly. This situation has resulted in unequal access to services and rights in several regions. The causes of inequalities are complex. To reduce inequalities, intersectoral collaboration among the public health sector and both the social policy sector and the education sector is essential.

The prevalence of developmental delay in Croatia is largely unknown, but according to data from the World Health Organization (WHO) and some research studies, at least 10% of newborns are at risk of becoming developmentally delayed, which would be roughly 3,750 children in Croatia in 2016. Premature births amounted to 5.2% in 2016, and most of these newborns will also require ECI services. The incidence of young children with disabilities from 0 to 36 months may be in the range of 5% to 8%.

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[3] Karoly, L.A., Kilburn, M.R., & Cannon J.S. (2005). Early childhood interventions: Proven results, future promise. RAND Cooperation.

[4] The use of the child's natural environments includes the home and other places the child regularly visits, such as a child care centre, an inclusive preschool or another setting. Parents and caregivers are able to support their child's development best by conducting activities using regular routines of the child, such as dressing, feeding, playing, bathing and going to bed. Children will learn more, and the quality of families' lives will be improved, when their own routines with their child are used to conduct positive developmental activities throughout the day.

[5] Raab, M. & Dunst, C. (2004). Early intervention, practitioner approaches to natural environment, interventions. Journal of Early Intervention, 27, 15-26.

Jung, L.A. (2007). Writing individualized family service plan strategies that fit into the ROUTINE. Young Exceptional Children, 10 (3), 21-27.

There are limited reliable data regarding the availability of ECI services for children with developmental delays and/or disabilities. Even though a key step was taken by including early childhood intervention as a national service in the Social Welfare Act in 2011, the State has yet to create conditions for the full implementation of this provision. The lack of a legal basis (a strategic plan or a law) for ECI services, and the absence of clear referral pathways and coordination, is of concern. In addition, Croatia lacks essential ECI programme guidelines and procedures, as well as service and personnel standards to ensure equity, programme quality and monitoring and evaluation. In addition, a database of ECI service providers and the children served is needed. At present, a good start has been made in improving training; however, there is insufficient pre- and in-service training for early intervention specialists in ECI core concepts and principles, contents, methods and procedures. In addition, the following weaknesses exist: the lack of a national universal developmental screening and monitoring system; the absence of workforce planning and guidelines; inadequate services in some rural and island areas; and many other structural challenges remain.

The CRPD concluding observations to Croatia (2015) mention the "high rate of child abandonment and subsequent institutionalization of children with disabilities in Croatia, particularly owing to the lack of attention and care they receive in the areas of education, health and habilitation, their vulnerability to violence and abuse, and the limited scope of specific measures for them in rural areas".[6] The development and scaling up of effective ECI services, focusing on supporting families with children at risk and with developmental delays and disabilities, will help prevent childhood abandonment and will support the national deinstitutionalisation process.

According to the data from the MDFYSP, only 503 children were able to access ECI services in 2017. Early childhood interventions are provided through a small number of facilities located in or around the capital. Several of them require additional out-of-pocket costs for parents. Furthermore, contemporary ECI concepts are not recognised yet by the health and education sectors. As a result, the Government is committed, based on several strategies, to develop an intersectoral ECD/ECI system. The *National Strategy for the Rights of Children in the Republic of Croatia 2014-2020* includes measures for enhancing the ECD system and for providing support to parents at the level of local communities. For example, it is stated in section G.1:
"Develop timely, comprehensive and available early intervention services for children with developmental risks and children with disabilities, including services for strengthening family resources for caring for the child disabilities in the local community."

In addition, one of the goals of the *National Strategy of Equalization of Possibilities for Persons with Disabilities (2017-2020)* is the establishment of the ECI national framework.

However, there are also significant strengths across various sectors; (i) the national health system is fully developed and strong, with a high level of well-child and immunisation services; (ii) the education sector is dedicated to achieving a fully inclusive educational system, from initial and preschool education onward. In addition, Croatia has many ECI programmes supported by the European Social Fund, has an excellent university faculty that trains ECI specialists, and an array of specialists trained in professions who are needed to participate in transdisciplinary ECI teams.

Based on the lessons learned and the main findings of UNICEF's analysis,[7] there are four priorities within this area: (i) the need to reach all children and families in need of ECI as early as possible; (ii) the need to have a clearly defined and fully resourced cross-sectoral ECI Strategic Plan and its associated Action Plan, including quality standards for ECI services and provision; (iii) the need to create a rights-based, family-focused and responsive ECI workforce and services; and (iv) the need to increase public spending and investment in ECI. A more systematic approach, which integrates health, education and social services in one administrative system is required. To that end, in 2017 the Ministry of Science and Education, the Ministry of Health, and

[6] https://documents-dds-ny.un.org/doc/UNDOC/GEN/G15/098/80/PDF/G1509880.pdf?OpenElement

[7] *Nevidljiva djeca – od prepoznavanja do inkluzije, UNICEF, 2014; Kako roditelji i zajednice brinu o djeci najmlađe dobi u Hrvatskoj, Zagreb: UNICEF, 2013; Analiza stanja prava djece u Hrvatskoj, UNICEF, 2013.*

the Ministry for Demographics, Family, Youth and Social Policy expressed their commitment to initiate the development of an inter-sectoral ECI Strategic Plan and Action Plan to lay the foundation for the establishment of an ECI system. For these reasons, a comprehensive ECI Situation Analysis is needed to examine the state of play and key areas of relevance for the development of a national ECI system within Croatia.

## 2. Purpose and objectives of assignment

The purpose of this situation analysis is to provide a comprehensive analysis of:

- the status and needs of young children (birth to 72 months) with developmental delays and/or disabilities and their families who will require ECI services, including those in residential institutions;
- existing policy and legislative frameworks that provide the legal basis for an ECI system, as well as current gaps in existing strategic planning and legislation;
- requirements for service delivery (procedures and mechanisms), programme quality and coverage, pre- and in-service training, supervision, accountability and financial support;
- examples of positive existing and emerging ECI practices; including examples of psychological, financial and social service support to families and multi-sectoral approaches to ECI;
- the provision of recommendations (for different stakeholder groups, including UNICEF), based on the assessment and mapping of existing opportunities and capacities of services, for the development of the ECI system.

The findings and recommendations of the situation analysis, along with the technical support provided by UNICEF Croatia, will enable the Ministry for Demographics, Family, Youth and Social Policy, the Ministry of Health, and the Ministry of Education to develop a fully resourced and cross-sectoral ECI Strategic Plan and its Action Plan. The ECI Strategic Plan and its Action Plan will be developed using a fully participatory approach, including an array of different ECI stakeholders (e.g. academia, parents, ECI service providers, central, regional and local authorities, etc.). The High-level ECI Steering Committee will oversee the planning process.

The key topics and some pertinent questions to be addressed in the ECI Situation Analysis are as follows.

The specific goals of the situation analysis are to **identify and understand**:

1. **Current national policies, strategic plans, laws, regulations, guidelines and standards** in relevant sectors, such as health, social protection and education, related to the existing ECI system.

- To what extent does the government have a multi-sectoral ECI strategic plan and/or legislative framework with an allocated budget and governance mechanisms?
- Are standards for ECI services in place and adequately monitored across sectors?

2. **Status of Children. Parents and Caregivers** (by income quintile, gender, geographical areas, etc.) **to be served by the National ECI system**

- What might be the population base of children with at-risk situations, developmental delays, disabilities and behavioural and mental health needs from birth to 72 months (0 to 36 months; 37 to 60 months; 61 to 72 months)?
- What data exist regarding child development, developmental delays, disabilities, newborn, nutritional and health status (birth to 72 months)?
- What validated instruments, if any, are used to monitor/assess children's developmental status?
- Where are the most vulnerable groups of young children (birth to 72 months) who are at risk for not achieving their development potential? Note all types of vulnerable young children, and if available, their numbers.
- Who are the majority of parents and caregivers living in poverty and in charge of vulnerable young children? Where are they living (regions, communities, ethnic groups)?

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- Do parents and families of children with developmental challenges/disabilities receive social benefits? Are these sufficient?
- What are the specific barriers they face to access the support they require and which they should receive from the health, social welfare and education sectors?

3. **ECI service provision, quality, coverage and capacity**. To have a clear picture of existing ECI service coverage, the capacity, gaps and service reach in Croatia will be assessed, especially in rural and remote communities.

- How many ECI services exist in each region and community? (Provide a complete list. Disaggregate by public/private sector and urban/rural area, if possible.)
- Do ECI professionals, decision makers and parents/caregivers have a clear understanding of the contemporary ECI principles and practices?
- What core ECI services does each of them provide to young vulnerable children and their families? Are they tailor-made?
- Are existent ECI services evidence-based and do they have a quality assurance in place?
- Categorise the ECI services. Is each ECI service entirely home-based, combined home and centre-based, or mainly centre-based?
- How many home visits are provided by each home visitor per week to families with young children who have (or are at risk of) developmental challenges/disabilities?
- What is the caseload of children of each home visitor or centre-based staff member?
- What is the age range of the children served by each Centre? (List by years of age)
- Using a list of usual ECI services (to be provided), to what extent is each ECI service appropriately equipped for delivering quality services to caregivers and their children?
- With regard to personnel currently providing services in ECI programmes, what is their level of training?
- In what fields are they trained?
- How many years have they worked in ECI services?
- What in-service training is provided and what is required to ensure the provision of continuous, regular in-service training?
- What gaps exist in pre-service training?

4. **Financial resources for ECI that currently exist in the country** (institutional, human, pre- and in-service)

- What types and amounts of financial support exist for ECI services (government at central, regional and municipal levels? Nongovernmental organisations? EU Structural Funds? Fundraising? What else?
- What is the budget for ECI services in the ministries of Health, Social Welfare and Education?
- What types of funding do they provide? (contracts or grants, personnel salaries, insurance, other?)
- With regard to the types of existing funding instruments for the delivery of ECI services, how adequate are they, and are there gaps and shortcomings, and possible duplication?
- Which entities fund pre- and in-service training?
- What are the costs per child served in four or five ECI service centres?
- Are there out-of-pocket expenses for families who wish to avail themselves of services for their young children?
- What areas do ECI services believe are underfunded?
- What suggestions do they have to ensure each ECI centre will have diversified funding?

5. **Service networks**.

- What are the existing ECI service networks and collaborative relationships that are currently available?
- Do they help provide ECI services for rural and remote communities?
- Are they linked to mainstream services?
- What is the effectiveness of institutions and inter-sectoral coordination in providing ECI services and their links to mainstream services?

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- What are the barriers to effective inter-sectoral coordination?

6. **Good practice**. Identify the level and examples of good/emerging practices in ECI, including wrap-around disability and community services.
- Are there some good examples that should be considered for expansion in the future?
- Are innovative methods and technologies being used in the ECI sector (for children; for families; for management information systems; etc)? To what extent?

7. **Opportunities for the development of ECI services.** Identify opportunities for the further development and diversification of ECI services, including services for rural and remote communities, and links to mainstream services.

8. **Opportunities for inter-sectoral coordination.** Identify opportunities for improved coordination across the ECI sector in Croatia and especially opportunities for mainstream and wrap-around services.

9. **Key findings and recommendations** for a phased approach to developing and strengthening the ECI system in Croatia

- Provide policy and programmatic recommendations to address the shortfalls and disparities, with particular reference to access to multi-sectoral and systemic approaches to ECI services, and to accelerate progress towards achieving results.

These actions should be conceptualised and carried out taking into account the following main principles:
- **Human rights approach:** the provisions of CRC and the CRPD will guide the development, implementation and analysis of the study.
- **Equity focus:** According to UNICEF's 'equity-focused' approach, studies use qualitative methods to gain insights into the complex range of political, economic and socio-cultural factors that impede the realisation of rights for the most vulnerable and difficult-to-reach children. For children with disabilities, equity refers to having an opportunity to survive, develop and reach their full potential without discrimination, bias or favouritism of the population or a subgroup of it. Therefore, it is critical for the present study to examine not only the specific vulnerabilities associated with disability in general but also to explore the situation of different subgroups of children with disabilities and developmental difficulties (based on type of disability, ethnicity, residence, setting – institutional/family, etc.) and assess the main factors that contribute to the denial of rights and exclusion.
- **Social model approach to disability:** The analysis should be informed by the social model of disability, which focuses on identifying barriers to participation and to the realisation of the rights of children created by society or the physical environment. The WHO International Classification of Functioning, Disability and Health provides an overarching framework for the study, including for identifying and understanding the barriers posed by social systems, structures and norms for the realisation of the rights of children.
- **Integrated, cross-sectoral and family-focused approach** that takes a holistic view of the child in the context of the family or other proximal areas of development.

## 3. Methodology

A mixed-method approach is required for this in-depth situation analysis including the systematic use of qualitative (e.g. structured interviews and focus groups) and quantitative (e.g. surveys, panel survey, existing data) methods. The mixed methods approach will allow for the triangulation of data and the increased validity of findings.

To perform the above-described assignment, the contractor(s) are expected to conduct:



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1. *A desk review* of the key documents and data (including relevant laws, policies, programmes, studies, etc.) to establish a clear understanding of the relevant programmes, policies and the strategic direction supporting the development of the ECI system, as well as the range and type of relevant ECI services currently provided.

2. *A web-based search* of existing services. An online search should be made of ECI service providers in Croatia and publicly available materials relevant to the service mapping.

3. *In-depth interviews* and consultation with key stakeholders (government officials from ECI-related ministries, academia, CSOs, parents and caregivers of children with disabilities and key professionals, etc.) – at least 10 interviews.

4. *Focus group discussions* with: (i) caregivers (parents, foster parents, extended family members) of children with developmental delays and disabilities aged 0-6 years; (ii) different professionals – from health care and the social and education sectors; and (ii) other relevant ECI stakeholders. The focus groups should also include caregivers from disadvantaged groups (rural, segregated communities, others), as well as professionals from different regions and across disciplines – at least 15 focus groups.

5. *Field visits* to observe service provision and to interview different ECI stakeholders (CSOs, national and local institutions, etc).

6. A *quantitative study* among relevant ECI stakeholders and beneficiaries, including central, regional and local authorities; ECI services providers from the health, social and educational sectors; parents and caregivers of children 0-72 months; academia; CSOs; etc. to gather data. The bidder(s) should recommend the appropriate sample design, which involves developing the sampling methodology (sampling stages, strata, etc.), the sample frames, the system for selecting the sampling units, sampling weights and sample size. The bidder(s) should determine an adequate size of the sample within the financial limitations of the ToR and to meet the objectives of the survey. On-line administration of the survey should be considered.

7. The analysis of the data and information should be disaggregated as far as possible. Findings should be broken down by age, gender, ethnicity, geographic area, rural/urban, and other standard socio-economic characteristics. Gender and equity should be mainstreamed.

An initial proposal for a more detailed methodology is to be submitted by the bidder(s) at the time of submission of the technical proposal, which will be used as a basis for proposal assessment by UNICEF. As a part of the tender, the bidder(s) might be invited to talk about the assignment and their proposed approach and methodology.

Technical proposals are expected to explain in detail the methodology to be utilised to perform the work, and should contain brief information on (including but not limited to) the following:

- Main objectives
- General methodology, in line with the methodology outlined in this TOR
- Timetable and logistical requirements
- Risks and assumptions
- CVs of proposed experts
- Experience in fulfilling similar tasks and the outcome of at least of one task presented as an attachment

Subsequently, the contractor(s) will be requested to develop an inception report that outlines the methodology proposed for performing the assignment. The approved inception report should lead to the development of appropriate tools.

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UNICEF staff members, consultants, contractors and partners must follow the UNICEF Guidance on External Academic Publishing (January 2017) when engaging in external academic publishing, whether in print or digital form, of the final Research Report. Communication and dissemination of the research findings will be undertaken in close collaboration with the ECD Officer, Melani Markovic, and the Head of Communications, Gorana Banda.

The involvement of appropriate national stakeholders, including central, regional and local authorities, civil society ECI service providers, academia and caregivers is considered a critical condition for the development of the situation analysis and in ensuring stakeholder ownership of the situation analysis and its subsequent use in decision-making and action-taking. The overall process will go through adequate and appropriate stakeholder consultations. The analysis will be developed in cooperation with the Government and other relevant stakeholders, through a participatory process that will provide space for inputs from key stakeholders. In order to ensure full participation of the Government in the development of the ECI Situation Analysis and ownership over the final findings and recommendations, a High-level Steering Committee with an appropriate Technical Working Group will be established. Other key stakeholders in the process will be consulted as well (e.g. agencies at national and sub-national levels, civil society organisations, professional associations, etc.).

## 4. Limitations

There are several limitations to the ECI Situation Analysis which can hinder the process, notably: (i) disaggregated data may not be available, or the quality of available data may not be satisfactory; (ii) interviewing key stakeholders may depend on their availability; (iii) the reliability of self-report data; and (iii) sample size. The bidder(s) should discuss the above or other potential limitations in their proposal.

## 5. Ethical considerations

Special measures should be taken to ensure that the ECI Situation Analysis process is ethical and participatory and that participants in the process can openly express their opinions. The sources of information should be protected and the contractor(s) should ensure that participation in the process is voluntary. The contractor is required to clearly identify any potential ethical issue, as well as the processes for ethical review and oversight of the research/data collection process in their proposal. UNICEF Procedures for Ethical Standards in Research, Evaluation, Data Collection and Analysis can be found at: https://www.unicef.org/supply/files/ATTACHMENT_IV-UNICEF_Procedure_for_Ethical_Standards.PDF and should be consistently applied throughout the research process.

It is the responsibility of the research team to store all collected data appropriately. The researchers need to set up secure systems (a) to ensure that other staff within their institutions cannot access the data via shared staff drives, and (b) to ensure secure data transfer between institutions. Cloud-based storage with limited sharing rights might be considered in this instance. Different personal data files need to be linkable, but they need to be held separately so that they can only be linked purposely by researchers who are authorised to do so. There is also a need to ensure that data cannot be removed from secure systems in ways that might compromise data security. Additional information on data handling will be provided by UNICEF Croatia. Protected coded files and aggregated data will be submitted to UNICEF as deliverables. Release and access to data by third parties will be done in accordance with a procedure agreed with UNICEF and following permission from UNICEF.

## 6. Task, deliverables and timeframe

The assignment is for approximately a total of 68 working days over a period of 5 months, from October 2018 to February 2019.

The bidder(s) should provide a detailed timetable in their technical proposal, specifying the distribution of tasks and duration to complete each task. The proposed sequencing in the table below is an indicative proposal, which could be improved in the technical offer. The column on the right indicates the estimated duration of the activity.

The consultancy is complex and the **UNICEF Office will accept only comprehensive proposals** for the development of the whole report.

The team of consultants are expected to be coordinated by a Team Leader, under the supervision of UNICEF Croatia. The total number of the Team of Consultants, including the Team Leader, should not exceed 5 members (at least 2 members should be national consultants).

All key deliverables must be shared for feedback with UNICEF Croatia. A minimum of 2 rounds of comments on the report is anticipated.

| № | Activities | Responsible person(s) | Deliverable | Anticipated total number of consultancy days |
|---|---|---|---|---|
| **Inception phase** | | | | |
| 1 | Briefing meetings and consultations with the partners (the Ministry for Demographics, Family, Youth and Social Policy; the Ministry of Health and the Ministry of Education, etc.) and UNICEF.<br>Activities will specifically include:<br>- Agreeing on the concept and methodology<br>- Developing a work schedule with timelines | Team Leader and Team of Consultants, UNICEF team and relevant partners | Meeting minutes | 2 days, October 2018 |
| 2 | Reviewing and analysing relevant documents, materials etc. | Team Leader and Team of Consultants | | 15 days, October 2018 |
| 3 | Development of the Inception Report that includes:<br>- A comprehensive set of information about the planned research and how it will be conducted<br>- Detailed information on methodology with described approach, sampling strategy, tools, data source, data analysis methods, methodology limitations, participation criteria, key limitations, instruments, etc.<br>- Ethics considerations explained | Team Leader and Team of Consultants | Draft Inception Report | 6 days, October/November 2018 |
| 4 | Reviewing and approving Inception Report | UNICEF, key stakeholders, external quality assurance | | October/November 2018 |
| 5 | Agenda for the field visits/data collection fully developed and agreed | Team Leader, UNICEF, key stakeholders | Field trip programme | 1 day, November 2018 |
| 6 | Tested tools in Croatian submitted for approval and final consultations about the visit logistics | Team Leader, UNICEF | Situation analysis tools | 2 days, November 2018 |
| **Research – implementation** | | | | |
| 7 | Visit facilitation and data/information collection | Team Leader and Team of Consultants | | 10 days, November 2018 |
| 8 | Providing daily coordination between the consultants and counterparts, ensuring that concerns are effectively communicated | Field Research Coordinator | | 10 days, November 2018 |

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| | between parties. Monitoring and leading the entire data collection process and overseeing the logistics and control of field operations related to the assessment | | | |
| 9 | Debriefing session for relevant stakeholders involved in the research before departure | UNICEF, key stakeholders | | Included in the above allocation |
| 10 | Outline of the report fully developed and agreed | Team Leader and Team of Consultants, UNICEF | Report Outline | 1 day, November 2018 |
| **Research – reporting** | | | | |
| 11 | Processing and analysis of the collected data, and drafting of the first Interim Report for review | Team Leader and Team of Consultants | First draft of the Interim Report | 10 days, December 2018 |
| 12 | Feedback provided by all relevant stakeholders | UNICEF, key stakeholders, external quality assurance | | January 2019 |
| 13 | Second draft of the Interim Report, which reflects the feedback and agreed objectives of the assignment submitted for final comments | Team Leader and Team of Consultants | Second draft of the Interim Report | 5 days; January 2019 |
| 14 | Second round of comments by all relevant stakeholders | UNICEF, key stakeholders, external quality assurance | | February 2019 |
| 15 | Final Report submitted (no later than two weeks following the draft version) | Team Leader and Team of Consultants | Final Report | 5 days, February 2019 |
| 16 | Presentation of key findings to UNICEF Croatia team, major stakeholders and partners | Team Leader and Team of Consultants | PowerPoint presentation | 1 day, no later than 28 February 2019 |

The Final Report should be submitted to the country office in British English and Croatian not exceeding 100 pages (excluding the annexes) and include at least the following:

- Glossary/Acronyms
- Introduction
- Executive Summary
- Objectives, methodology and challenges / limitations of the analysis
- Findings (Findings should be broken down by age, gender, ethnicity, geographic area, rural/urban, and other standard socio-economic characteristics)
- Conclusion and recommendations
- Annexes including a list of data with maximum disaggregation

## 7. Management and supervision

The selected contractor(s) will work under the direct supervision of Djurdjica Ivkovic, Deputy Head of Office and Melani Markovic, ECD Officer, in consultation with the Monitoring & Evaluation Officer, Marijana Salinovic, and with technical and logistical support provided by Vanja Nikolic, ECD Programme Associate. The UNICEF Europe and Central Asia Regional Office (ECARO), particularly the ECARO Regional Adviser ECD, will provide oversight and technical support.

The Team Leader will lead the process during all stages and coordinate with UNICEF and the other stakeholders involved. The Team Leader will make sure that all team members adequately contribute to the process and produce the requested deliverables. The Team Leader will be accountable for the ethical conduct of all components of the research , to a high research standard, and in a timely fashion, including the development of the methodology and quality assurance during the data analysis and report writing.

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UNICEF staff will review and approve the deliverables. Additional quality assurance mechanisms will be applied through the external experts' reviews of the Draft Inception and final Draft Report. Criteria for performance are the quality of the process and the delivered products (instruments, reports, etc.), timeliness, accuracy, initiative, responsibility, competence and communication.

## 8. Estimated Cost and Payment

The bidder(s) shall present a detailed financial proposal, with a detailed cost breakdown: (i) Professional fees (daily consultancy rate, number and level of professionals on proposed team included in the quotation); (ii) Travel-related expenses (including international and local travel: travel costs must be the most economical, using the most direct route, economy class air tickets only); (iii) Translation; and (iv) Accommodation costs arising from planned visits, as well as other costs related to administrative tools, translations, communications, etc. Please provide an all-inclusive price to deliver professional services in accordance with the Terms of Reference. The price must include all costs to be borne by the bidder(s) for undertaking the specific assignment.

The percentage of total remuneration for key deliverables.

| **Activities** | **Payment** |
|---|---|
| Submission of the Inception Report | 20% |
| Submission of the Interim Report | 30 % |
| Submission of the Final Assessment Report with database of collected data | 50 % |

Reservations: UNICEF reserves the right to terminate the contract and/or withhold all or a portion of the payment if the rules and the regulations regarding confidentiality, ethics and the procedures of UNICEF and partners are not followed, or if the performance is unsatisfactory.

## 9. Qualifications and experience required

**The total number of the Team of Consultants, including the Team Leader, should not exceed 5 members, and at least 2 members should be national consultants.**

**Team Leader – Coordination and writing the report**

Qualifications and experience required

- Experience in a field related to ECI and ECD, with special focus on children with disabilities, including vulnerable and marginalised children, with academic qualifications (at least a Master's degree) in Social Work, Psychology or Social Policy, Public Administration, or other related technical field
- Credible international expertise with at least 7 years of professional experience in planning, implementation, management, monitoring and assessment of integrated ECI/ECD programmes
- Excellent knowledge and expertise in designing and conducting both qualitative and quantitative studies, incl. through the use of participatory approaches and methods
- Ability to work independently
- Strong analytical and writing skills, capacity to synthesise, structure and clarify complex issues
- Critical and nuanced thinking would be an asset
- Proven team-leading skills and team spirit
- Good communication and report writing skills in English and/or Croatian
- Commitment to deliver the final products in line with the set TOR within the agreed timeline
- Knowledge of Croatia or the region and practical work experience in the country is a strong asset

**Team of Consultants -**Qualifications and experience required

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Consultants - desk review and analysis

- Experience in a field related to ECI and ECD, with special focus on children with disabilities, including vulnerable and marginalised children, with academic qualifications (at least a Master's degree) in Social Work, Psychology or Social Policy, Public Administration, or other related technical field
- Experience in conducting both qualitative and quantitative studies, incl. through the use of participatory approaches and methods
- Analytical thinking and proven track report in writing analytical reports.
- Familiarity with rights-based approaches
- Good analytical and writing skills in English and/or Croatian
- Commitment to deliver the final products in line with the set TOR within the agreed timeline
- Ability to integrate comments of the Team Leader and to revise draft reports accordingly

National Field Research Coordinator

- Bachelor (or higher level) degree in a relevant field (political science, applied economics, statistics, econometrics)
- Project management/coordination skills
- Ability to work in multicultural teams on complex projects
- Experience with administering surveys, organising focus groups, etc.
- Excellent communication skills (verbal and written)
- Fluency or advanced command of English and/or Croatian

## 10. Condition of Work

The international consultant(s) will be provided with a work desk in the UNICEF office while in Croatia. The consultant will use his/her own laptop for the assignment. National consultants will facilitate the arrangement of meetings and workshops with partners as required and will provide logistical support as necessary. The consultant is expected to undertake field trips to the selected location under private arrangement, with support from the UNICEF office.

## 11. Key readings


- UNICEF (2014) Nevidljiva djeca – od prepoznavanja do inkluzije. https://www.unicef.hr/wp-content/uploads/2015/09/Nevidljiva_djeca_publikacija.pdf

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- Analiza stanja prava djece u Hrvatskoj, UNICEF, 2014; https://www.unicef.hr/wp-content/uploads/2015/09/Sitan-Prava-djece-10_14-FIN-1.pdf

- The Lancet (2016) Advancing early childhood development: From science to scale. The Lancet, vol. 389. https://www.thelancet.com/series/ECD2016

- WHO-UNICEF (2018) Nurturing care for early childhood development: Linking survive and thrive to transform health and human potential. http://www.who.int/maternal_child_adolescent/child/nurturing-care-framework/en/

- Guralnick, M.J. (2011) Why early intervention works: A systems perspective. Infants and Young Children. 24, 6–28.


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- Guralnick, M. J. (2015) Merging policy initiatives and developmental perspectives in early intervention. Escritos de Psicología [Psychological Writings], 8, 6-13. doi: 10.5231/psy.writ.2015.1004

- Guralnick, M.J. (2017). Early intervention for young children with developmental delays: Contributions of the developmental systems approach. In H. Sukkar, C.J. Dunst, & J. Kirkby (Eds.), Early childhood intervention: Working with families of young children (pp. 17-35). Oxon, UK: Routledge.

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- Guralnick, M. J. (in press). Effective early intervention: The developmental systems approach. Baltimore, MD: Brookes Publishing.

- Karoly, L.A., Kilburn, M.R., and Cannon, J.S. (2005) Early childhood interventions: Proven results, future promise. RAND

- Cannon, J.S., Kilburn, M.R., Karoly, L.A., Mattox, T., Muchow, A.N., Buenaventura, M. (2018) Investing early: Taking stock of outcomes and economic returns from early childhood programs. RAND

- Carpenter, B., Schloesser, J., and Egerton, J. (2009) European developments in early childhood intervention. Eurlyaid

- Zakon o socijalnoj skrbi, Narodne novine 157/13

- Ljubešić, M. (2013) Early childhood intervention: Can we cooperate better? Izlaganje na skupu Humboldt-Kolleg, Resources of Danubian region: The possibility of cooperation and utilization, Beograd, Srbija, 12.-15.6.2013

- Milić Babić, M., Franc, I. and Leutar, Z. (2013), Iskustva s ranom intervencijom roditelja djece s teškoćama u razvoju, Ljetopis socijalnog rada, 20(3): 453-480 [317]

- Košiček, T. et al. (2009) Istraživanje nekih aspekata rane intervencije u djetinjstvu, Hrvatska revija za rehabilitacijska istraživanja, 1,1-14

- Ljubešić, M. (2004.), Suvremeni koncept rane intervencije za neurorizičnu djecu, Gynaecologia et perinatologia: Journal for Gynaecology, Perinatology, Reproductive Medicine and Ultrasonic Diagnostics, 13(2), 57-60

- Concluding observations on the combined third and fourth periodic reports of Croatia (2014); http://docstore.ohchr.org/SelfServices/FilesHandler.ashx?enc=6QkG1d%2FPPRiCAqhKb7yhsp7zGar7lD0FuXla4BEx9U7ftQDq0TPw1CFHNLPEe8G%2FfFTZ010rcpvYIzR2qbB51Nlb19f1Z1nUbN1ZkNCIN89jPGKrfbBi%2BAXB7aQiE313

- Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health on his visit to Croatia (2017), https://documents-dds-ny.un.org/doc/UNDOC/GEN/G17/107/70/PDF/G1710770.pdf?OpenElement


Zagreb, 27 July 2018

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