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## TERMS OF REFERENCE (TOR)

ASSIGNMENT:	Baseline Impact Evaluation Survey and Evaluation Report of the Social Inclusion Project
DUTY STATION:	Sofia/ Bulgaria
DURATION OF THE ASSIGNMENT:	July - November 2011

## BACKGROUND INFORMATION

1. While Bulgaria has made an impressive progress towards long-term stability, sustained growth and better living standard over the last ten years, serious challenges remain in addressing child poverty and intergenerational transmission of poverty. Poverty and exclusion are also associated with low levels of education. There are still remaining challenges in ensuring proper and inclusive education for children with disabilities and children with different ethnic background, especially Roma. The risk of receiving fewer years of schooling is higher for children from poor households as well as different ethnic background, thus creating the preconditions for their continued exclusion in later life. Low educational attainment and high drop-out rates are often linked to insufficient preparation at the time of entering primary school. Research shows that pre-school preparation fosters cognitive, language and behavioral skills, which are vital to exploit one's full potential in later school education.
2. While enrollment in the mandatory preschool year for children aged 6 is high in Bulgaria, there are indications that the poor make less use of kindergartens. Providing opportunities of social mobility to the excluded requires investments in early childhood development (ECD) interventions to counterbalance disadvantages created by family background. There is ample international evidence that investments in ECD interventions, including health and educational programs, have a substantial impact on subsequent education outcomes in primary and secondary schooling and yield greater returns than later investments.
3. Developing a school readiness program ties various elements of Bulgaria's strategic social inclusion agenda into an effective, comprehensive and long-term effort to tackle persistent and intergenerational poverty and exclusion. It builds on the Government agenda laid out in (i) the Joint Inclusion Memorandum 2005, (ii) the National Report on the Strategies for Social Protection and Social Inclusion of the Republic of Bulgaria 2008-2010, (iii) the National Program for the Development of School and Preschool Education and Preparation 2006-2015 and (iv) the Decade of Roma Inclusion Action Plans by ensuring equal access to services aiming at prevention of social exclusion and overcoming its consequences, social inclusion of the most vulnerable ethnic minorities, poverty reduction among children and equal labor market participation of the groups at risk of poverty and social exclusion".
4. The government of Bulgaria aims to promote intergenerational social inclusion by developing and rolling out nationally a school readiness program to equalize starting conditions of children entering primary school. In support of this policy agenda, the Social Inclusion Project (SIP) will invest in early childhood development interventions in

order to promote social inclusion through increasing the school readiness of children below the age of 7, targeting low-income and vulnerable families (including children with disabilities and other special needs). The SIP will contribute to the sustainability of the school readiness program by supporting the absorption of European Social Fund (ESF) financing.

#### SIP Objectives

5. **The SIP aims at promoting social inclusion through increasing the school readiness of children below the age of 7, targeting low-income and vulnerable families (including children with disabilities and other special needs).**
6. Accomplishment of the SIP Development Objective (Project Outcomes) will be sought for through achieving a set of specific **outcomes and outputs**. The main outcomes are as follows:
  - **Improvements in school readiness of children from low-income backgrounds and with disabilities below the age of 7 in the participating municipalities;**
  - **Improvements in child welfare in the participating municipalities;**
  - **Expansion of coverage of child care services for low-income children and children with disabilities below the age of 7 in the participating municipalities.**

#### SIP Description

The SIP falls into the following components:

##### **Component I: Integrated social and childcare services (EURO 37.39m)**

7. Component 1 consists of a menu of municipal subprojects including services and infrastructure investments from which the municipality can choose according to its needs. It covers provision of a set of integrated social and childcare services for parents and children from vulnerable groups and children with disabilities. Municipalities will subcontract third sector organizations with contracts involving performance targets and per capita based remuneration.

This service integration effort as well as greater availability of full-day child care is expected to contribute to an increase in employment among low-income parents.

Component I includes the following Subcomponents: *Subcomponent I.1 – Services for children aged 0-3 and their parents*: This subcomponent targets parents from the moment of conception, and includes provision of parent and family-focused social services by trained service providers sub-contracted by the municipality. They consist of an integrated parenting program with semi-formal orientations in small group settings, individualized counseling and mobile community outreach. *Subcomponent I.2 – Services for children aged from 3 to pre-school age and their parents*: This subcomponent covers a menu of options for municipalities to enhance access to formal kindergarten or childcare services for children from marginalized backgrounds and special needs. It also includes measures to support demand (low income parents to seek child care) and supply (municipalities to promote access of low income children to child care). Formal kindergarten and preschool services would be offered in existing kindergartens and schools, while alternative child

care services would be offered in private or municipal facilities. *Subcomponent I.3 – Infrastructure and material investments*: This sub-component allows participating municipalities to finance, (i) infrastructure rehabilitation in existing or transformed municipal kindergarten or childcare service buildings as well as educational materials, and (ii) to finance the construction of new childcare centers in underserved areas, based on a set of identification and targeting criteria. The content of the services provided at these centers will depend on the demands of the municipality and can comprise kindergartens and alternative services. The financing of infrastructure investments under the project will not exceed 50 percent of the overall loan volume, depending on the demand for such investments. *Subcomponent I.4 – Training for service providers and nurseries and kindergarten staff*: Training for service providers and nurseries and kindergarten staff is an essential precondition to effective social and childcare service provision. Separate for each category of trainees, training will be provided before services start.

## **Component II: Capacity Building (EURO 2.51m)**

8. Supporting the design and pilot launch of a national school readiness program, the Social Inclusion Project will also finance necessary capacity-building activities at the central and municipal level. This component also includes an allocation to support Project auditing and construction works inspection for municipal Sub-Projects. Component II includes the following Subcomponents: *Subcomponent II.1 – Local project management capacity building*: Municipal staff, social workers and professionals working at the municipal level will receive training and capacity building in three major areas: inter-agency work, more specifically cross-sectoral cooperation (education, health, social services as well as social assistance); sub-contracting of services to and cooperation with NGOs; ensuring sustainability of the services. *Subcomponent II.2 – Impact evaluation*: The SIP would support the development of a rigorous impact evaluation mechanism to inform program design and report on program effectiveness. *Subcomponent II.3 – Audit and implementation support*: an independent financial audits of the project and the subprojects at municipal level will be performed.
9. ***Monitoring and Impact Evaluation System***. The SIP will support the development of a rigorous monitoring and impact evaluation mechanisms to inform program design and report on program effectiveness. The monitoring mechanisms are designated to provide on line information of SIP progress in terms of covering projected baseline and targeted values. Based on a strictly followed Monitoring Plan, sets of project outcomes, intermediary outcomes and outputs indicators inclusive, the monitoring system will be in a capacity to track down deviations from preliminary targeted indicators' values and, eventually, trace them to relevant factors.
10. The immediate task of the project-specific impact evaluation mechanism will be evaluating the short-term effects of individual project components and so as to reveal the project's developmental impact prior to a full nationwide roll-out. Thus the overall purpose of elaborating monitoring and impact evaluation system in the long run would be developing and institutionalizing monitoring and impact evaluation capacity with the main SIP stakeholders. The activities of carrying out the monitoring and impact evaluation exercise within the SIP life would provide invaluable opportunities to build capacity in terms of M&E methodology and organization settings.

## **OBJECTIVES OF THE BASELINE STUDY**

11. The present baseline study has to be accepted as an integral part to the SIP Monitoring and Impact Evaluation System. Its immediate objectives boil down to:
  - Through collecting and organizing unbiased data provide relevant **baseline values** for SIP outcomes, intermediary outcomes and outputs indicators
  - Through collecting and organizing unbiased data provide relevant **targeted** values for Project outcomes, intermediary outcomes and outputs indicators within a 5-year horizon
  - Establishing relevant grounds for 1) elaboration of a comprehensive and methodologically sound M&E plan; 2) identifying key success/failure factors for conducting subsequent Intermediate and Final Impact Evaluation Surveys
  - Developing a standardized system (values inclusive) for measuring Early Child Development and child welfare
  
12. Its objectives in the long run are oriented toward:
  - Providing for the purposes of the M&E capacity building a relevant methodological framework for conducting monitoring of project child care and welfare activities in general
  - Helping increase understanding of the SIP goals and objectives and systematize its controlling mechanisms

### **Scope of the baseline study**

#### **Study Design Parameters**

13. The baseline study aims at providing qualitative and quantitative information that would be found relevant to help the Contractor coming up with reliable baseline and targeted values of Intermediate Output and Outcome, and Project Outcome Indicators.
  
14. Baseline and targeted values computation will be based on 1) tracking down sustainable trends of at least 3-year period (2006-2009); 2) collecting and summing up information from various official and expert sources; 3) putting into effect qualitative and quantitative methods of data collection; 4) projecting sustainable trends of indicator value formation in a 5-year horizon.
  
15. Baseline Study will be used both as 1) instrument of monitoring and, 2) methodological means for setting up the parameters of subsequent Impact Evaluation. In view of Impact Evaluation Baseline Study will be drawn on to provide for **reflexive controls** in impact. Baseline Study will be conducted in both Control and Treatment Group thus producing data for participants (both municipalities and individuals) before receiving SIP interventions.
  
16. Thus, Baseline Study will preset the methodological framework to subsequently roll out monitoring and evaluation procedures in terms of: 1) consistency of outcome and output

indicators to be covered; 2) consistency of M&E Plan to be elaborated and worked to; 3) constructing Treatment and Control Groups of participants and sample design, in particular; 4) comparing Treatment and Control Groups regarding primarily Early Child Development (ECD) and child welfare objectives, maintenance of child care infrastructure and institutional capacity building.

17. Up to the point comprehensive standardized national averages of ECD and child welfare, school preparedness inclusive, based on repetitive use of standardized instruments (tests and development policies patterns) are non existent in the country. The assignment is targeted to establishing such an **ECD standard setting framework**.
18. The baseline study will provide nationwide values of quantitatively measurable indicators and expert conceived information of qualitative indicators concerning child parental environment and ECD.

18.1 To that end, the Contractor will be provided with **nationwide typological samples** of municipalities and persons (children and parents) that will not be subject to SIP interventions. These samples will constitute **SIP Control Groups**. The typological samples will be set based on social, demographic and specific child development characteristics that relate to SIP objectives.

18.2 In parallel with setting control groups, the Contractor will be provided with **typological samples** of beneficiaries (municipalities and children and parents) that will be subject to SIP interventions. These samples will make up **Treatment Groups**. The treatment groups will be set based on the same social, demographic and specific child development characteristics of the control group.

19. Baseline Study will be conducted prior to SIP interventions roll out in both Control and Treatment Groups.

### **Elaboration of Baseline and Targeted Values of Project and Intermediate Outcomes and Outputs Indicators**

20. The Baseline Study will provide baseline and projected values of the following Output Indicators:

1. Number of parents having completing parenting skills sessions
2. Number of new child care places created through the SIP
3. Number of kindergarten and child care facilities staff having received training
4. Number of children newly placed into kindergarten or child care facilities through the project interventions (including children with disabilities)
5. Number of cases of prevention of child abandonment;
6. Number of consulted end beneficiaries

21. The Baseline Study will provide baseline and projected values of the following Intermediary Outcomes Indicators:

1. Rate of enrollment in mainstream preschool and kindergarten among children under age 7 from low income and vulnerable families

2. Rate of enrollment of children with disabilities in mainstream preschool, kindergarten and child care services in participating municipalities
  3. Parenting skills (as proxied by frequency and quality of parent-child interaction, such as reading, telling stories, drawing, creating child friendly home environment, etc.) and characteristics of home environment and the extent to which spending patterns are child-oriented (share of spending on child food items – for households with babies and toddlers, availability of children books and toys, etc.)
  4. Rate of inflow of children from poor and vulnerable families into institutional care
  5. Number of children having received full set of immunization and compulsory prophylactic examinations
  6. Number of parents of poor child care record
22. The Baseline Study will provide baseline and projected values of the following Project Outcomes Indicators:
1. Cognitive development and school readiness scores, including
    - (i) memory, verbal and visual-motor skills development; copying scores (age 3-5);
    - (ii) fluency in Bulgarian (age 5-6);
    - (iii) achievement test results, including reading tests (age 6-8);
  2. Social skills
    - (i) interaction with children of different background during school and after-school hours
    - (ii) responsibility and respect
    - (iii) approaches to learning
    - (iv) pro-social and helping behavior
  3. Physical health and well being (nutrition, anthropometric measures, access to health services etc.)
  4. School achievement
    - (i) dropout, failure and repetition rates
    - (ii) test results

### **Methodology**

23. Type of information to be processed:

- Quantitative
- Qualitative

24. Source of information:

- National statistics (National Statistical Institute). With this respect the Contractor is expected to soundly explore data available with NSI

- Stakeholders' statistical data base (Ministry of Health; Ministry of Education, Youth and Science, State Agency for Child Protection, Social Assistance Agency with MLSP and other relevant). With this respect the Contractor will soundly explore as well data base available with the Ministry of Education, Youth and Science's information system ADMIN.
- Autonomous typological and judgmental and field surveys organized by the Contractor

### Sample method

25. Sampling procedure falls into the following steps:

1. For the purposes of the first phase of SIP implementation a Pool of Pilot Municipalities has been set. The Pilot Pool comprises 109 municipalities (108 municipalities + Sofia City) ranked and scored based on Selection Criteria. The municipalities from each regional center have been subjected to a separate scoring so that the 27 regional centers form clusters comprising region-municipality itself plus three more local municipalities.
2. **Setting Treatment Sample from municipalities-regional centers and municipalities with population above 40 000.** All funded municipalities that constitute regional centers (17) and all other funded municipalities with population above 40 000 (6) will form **Treatment Group A. The final number of the municipalities in Treatment Group A will depend on the signed Funding Agreements.**
3. **Setting Treatment Sample from municipalities with population under 40 000.** The first highest scored municipalities with population under 40 000 from each regional cluster will form **Treatment Group B.** Its size will amount to 27 municipalities. **The municipalities in Treatment Group B will depend on the signed Funding Agreements. When there is no sufficient number of funded municipalities in each district/region second highest scored municipalities from the regions with highest population size will be included in Treatment Group B.**
4. **Setting Control Sample from municipalities which are not SIP beneficiaries.** A control sample named **Control Group C** will be set. Control Group C will be set based on typology approach from all the remaining municipalities in each regional cluster without being confined to the size of Pilot Pool. The latter stands for that Control Group C may be comprised of all the municipalities of a given region that do not make part of Treatment Group A and Treatment Group B. For increased comparability between Treatment and Control will be used the same Selection Criteria that have been used for constituting the Pilot Pool. Control Group C will amount to 27 municipalities. The sample of Control Group will be drawn in collaboration with the WBk SIP team.
5. **Setting Treatment Samples of end-beneficiaries (parents and children) who permanently reside in municipalities from Treatment Group A.** Samples named **Treatment Group A-p** and **Treatment Group A-ch** will be set following a typology approach based on demographic breakdown by

1. Name (parents and children)
2. Address of permanent residence (household)
3. Age (children and parents)
4. Marital status (household)
5. Income (household)
6. Occupation (household)
7. Housing conditions (household)
8. Disability (children)

Treatment Group A-p will comprise 400 parents; Treatment Group A-ch will comprise 400 children of 3-7 years age as both of them will be generated from at least 400 households.

6. Setting **Treatment Samples of end-beneficiaries (parents and children) who permanently reside in municipalities from Treatment Group B.** Samples named **Treatment Group B-p** and **Treatment Group B-ch** will be set following a typology approach based on the above demographic breakdown. **Treatment Group B-p** will comprise 500 parents; **Treatment Group B-ch** will comprise 500 children of 3-7 years age as both of them will be generated from at least 500 households.
7. Setting **Control Samples of parents and children.** These samples will comprise households that permanently reside in control municipalities, ie in **Control Group C.** The samples named **Control Group C-p** and **Control Group C-ch** will be generated based on the same demographic characteristics. **Control Group C-p** and **Control Group C-ch** will comprise 500 parents and 500 children of 3-7 years age, respectively, as both of them will be generated from at least 500 households.

26. The typology sampling method has been chosen in order to zero in on the immediate targets of SIP interventions that are infants and children and their parents from vulnerable social groups.

### **Data collection methods**

27. Quantitative and qualitative data collecting methods will be used. With indicators where quantitative information allowing for setting off relevant trends of accruing/decreasing value is available qualitative information will be used as check of quantitative data. Practically, attaining relevant baseline values of all the project outcomes and intermediary outcomes and outputs indicators associates with using quantitative field work (typological surveys). On the other hand, qualitative methods and techniques will be largely drawn on when appreciable lacking in data, quantitative trends and projections has been faced.
28. Qualitative data collection methods and techniques
  - In-depth interview
  - Focus group
  - Desk work (profound analysis of the statistical and analytical data sources)

29. Quantitative data collection methods and techniques
- Typological field survey based on Standardized Interview (questionnaire)
  - Desk work (processing statistical data based on standardized questionnaire)

30. Forecasting methods and techniques

Targeting output indicators values in a 5-year perspective will draw on using qualitative and quantitative forecasting techniques. As far as a comprehensive and centrally organized data base of the output indicators does not exist in the country using quantitative methods of forecasting (targeting values) will be rather limited. To that end the Client accepts that qualitative method of forecasting will be prevailingly used.

31. Quantitative methods and techniques

- Time series
- Trend analysis

32. Qualitative methods and techniques

- Experts' estimates
- Scenario development

33. The present assignment will be used as a probing vehicle of setting **national ECD standards** and laying down basic parameters of the Intermediary and Final SIP Impact Evaluation. To that end the Contractor 1) will generate and organize data base allowing for subsequent implementation of quantitative data collection and processing methods and techniques; 2) will organize and carry out in field ear-marked surveys testing children's a) cognitive skills; b) social skills; c) physical health and well being conditions; d) school achievement

34. After taking into consideration all the above mentioned ECD environment restraints the Client deems relevant for the Contractor to stick to the following balance of qualitative and quantitative methods of data collection as allocated to indicators:

**Intermediate Output Indicators – Baseline**

35. Quantitative methods:

- Survey of Treatment Group A, Treatment Group B and Control Group C based on standardized-questionnaire-organized Desk Work on available statistical data base at local (municipal and regional) level – 1) municipal administration; 2) individual school and kindergarten administrations; 3) local offices of Child Protection Agency; 4) local offices of Social Assistance Agency (RSAD, SAD); 5) local offices of MEYS (REI); 6) local offices of Ministry of Health (RHI)
- Field Survey of parents in Treatment Group A-p, Treatment Group B-p and Control Group C-p based on Standardized Interview. The purpose will be 1) complement and check desk work quantitative information; 2) covering indicators for which quantitative information proves lacking or unreliable or irrelevant. Such

an indicator is “*Parenting skills and characteristics of home environment and the extent to which spending patterns are child-oriented*”

36. Qualitative methods:

- Focus Group
- In-Depth Interview

37. The Contractor will set focus groups that take in informed representatives of all interested parties that are: 1) experts in ECD and child welfare at central and local (district and municipal) level; 2) parents of children that fall in SIP target strategy and match vulnerability criteria; 3) mayors/deputy mayors of municipalities, municipal experts and administrators that work in the respective field. The purpose of the focus group is to: 1) provide expert information that is not available in data bases; 2) supplement information that has been gathered through quantitative methods; 3) track down and trace ECD and child welfare trends.

38. The Contractor will select in-depth interviewees whose profile would fit best the purposes of tracking down and tracing relevant trends of ECD and child welfare in the past and projecting them in a 5-year perspective. The Client expects that these experts might be prevalingly used in qualitative forecasting techniques such as scenario development and expert’s estimate. From this viewpoint the experts chosen as in-depth interviewees should 1) command comprehensive knowledge in national education policy and school preparedness policy, in particular; 2) command comprehensive knowledge in ECD and child policies, best foreign practices and policies inclusive; 3) command comprehensive knowledge of education and early child development tendencies in the modern world; 4) take relevant position in the education/child welfare administration at central and local level; 5) be aware of techniques worldwide used to measure child development and welfare.

#### **Intermediate Output Indicators – Projected Values**

39. Quantitative methods:

- Trend analysis (where applicable)
- Time series (where applicable)

40. Qualitative methods of forecasting:

- Expert’s estimates
- Scenario development (where applicable)

#### **Intermediate Outcome Indicators - Baseline**

41. Quantitative methods:

- Survey of Treatment Group A, Treatment Group B and Control Group C based on standardized-questionnaire-organized Desk Work on available statistical data base at central and local (municipal) level – 1) municipal administration; 2) individual school and kindergarten administrations; 3) local offices of Child Protection Agency; 4) local offices of Social Assistance Agency (RSAD, SAD); 5) stakeholders’ central offices

- Field Survey of parents in Treatment Group A-p, Treatment Group B-p and Control Group C-p based on Standardized Interview. The purpose will be 1) complement and check desk work quantitative information; 2) covering indicators for which quantitative information proves lacking or unreliable or irrelevant.

42. Qualitative methods:

- Focus Group
- In-Depth Interviews

43. The purposes and requirements for focus group selection are identical as per para 39 supplementing them with a new one that is *medical experts specialized in ECD, physical development and nutrition, in particular*.

44. In-Depth Interview technique has the same designation as per para 40. The same criteria of in-depth interviewee selection will be applicable.

#### **Intermediate Outcome Indicators – Projected Values**

45. Quantitative methods:

- Trend analysis (where applicable)
- Time series (where applicable)

46. Qualitative methods of forecasting:

- Expert's estimates
- Scenario development (where applicable)

#### **Project Outcome Indicators – Baseline:**

47. Quantitative methods:

- Field Surveys in Treatment Group A-ch, Treatment Group B-ch and Control Group C-ch of ECD skills and achievements and physical development (cognitive skills, social skills, school achievement, and health condition) based on **standardized tests**:

- IQ tests (e.g. Wechsler Pre-school and Primary Scale of Intelligence - WPPSI)
- Age-appropriate tests of cognitive skills development (e.g. McCarthy scales of child ability for assessment of motor, verbal memory, ability)
- Age-appropriate tests of social skills
- Standard tests of physical health and well being (nutrition, anthropometric measures, access to health services etc.) being used in the country based on data base and referential frameworks maintained by the National Institute of Pediatrics and other relevant sources
- Tests of Internal and External School Assessment in the country

- Surveys in Treatment Group A-ch, Treatment Group B-ch and Control Group C-ch of ECD skills and achievements and physical development (cognitive skills, social skills, school achievement, and health condition) based on standardized-questionnaire-organized Desk Work on available test results at central and municipal level.

**48. Note: The Contractor will use test results data base available in the country for tracing relevant baseline values for the respective indicators. But, as long as such systematized data base are scarce or non existent in the country, specifically for measuring social skills, the Contractor is required to carry out their own testing. The above mentioned tests are indicative. The Contractor is expected to propose using other tests upon coordination with the SIP (MLSP) authorities.**

49. Qualitative methods:

- Focus Group
- In-Depth Interviews

50. The purposes and requirements for focus group selection are identical as per para 39.

51. In-Depth Interview technique has the same designation as per para 40. The same criteria of in-depth interviewee selection will be applicable.

#### **Project Outcome Indicators – Projected Values**

52. Quantitative methods:

- Trend analysis (where applicable)
- Time series (where applicable)

53. Qualitative methods of forecasting:

- Expert's estimates
- Scenario development (where applicable)

54. Data processing

The Contractor will be responsible for processing, cleaning, and clearly coding the data in English and Bulgarian. The Contractor will produce the final quantitative data file in both SPSS and ASCII data files with variables and values clearly labeled in English and Bulgarian. The Contractor will elaborate quantitative survey(s) codebook which clearly identifies the column location of each item and the meaning of all codes in each column.

The Contractor will produce the final qualitative data (focus group, in-depth interviews, and experts' judgments transcripts) file in MS Word files in English and Bulgarian.

#### **Environment and Project Constraints**

55. Carrying out a Baseline Study for the purposes of SIP Monitoring and Evaluation requires a detailed, nationally consistent and standardized and centrally managed data base. Such a data base would allow tracking down and tracing relevant trends of indicators' dynamics. But this type of data base is non existent in the country. The only existing instruments that

on balance could shed some light on ECD and child school preparedness are those of Internal and External School Preparedness Assessment.

56. The instruments of Internal School Assessment/Achievement (tests for check of school preparedness up to 10 years) lack consistency and compatibility regarding SIP M&E purposes because: 1) they are centered to cognitive skills only; 2) they are prepared at the discretion of individual schools and in this sense they do not provide an unified and standardized reference framework of ECD assessment.
57. Up to the point such a standardized and unified reference framework provide the External School Achievement Assessment instruments (school leaving exams that started from 2007 on in all the Bulgarian schools based on a standardized methodology). But they are centered on cognitive skills only.
58. Physical health as indicated by nutrition and anthropometric measures could be gauged against a comprehensive data base that the National Institute of Pediatrics maintains.

### **Scope of Work and Deliverables**

59. Methodologically consistent and relevant Baseline Study has been conceived as a sound launching pad of effective SIP monitoring and Intermediary and Final Impact Evaluation. To that end Baseline Study will be conducted under close methodological scrutiny by MLSP Social Inclusion Directorate (SID).

### **Contractor's Deliverables**

60. The Contractor will be requested to produce the following deliverables:
  - I. Prepare a detailed Baseline Study Implementation Plan containing:
    1. Questionnaire for Desk Work Surveys of Project Outcomes, Intermediary Outcomes and Outputs Indicators
    2. Questionnaire for Field Survey of Intermediate Outcomes and Outputs Indicators based on Standardized Interview
    3. **Standardized tests** of ECD skills and achievements and physical development (cognitive skills, social skills, school achievement, and health condition) based on. Standardized tests to be presented are:
      - cognitive skills test
      - social skills test
      - school achievement test
      - physical health test
    4. Questionnaire for Focus Group for Intermediate Outcomes and Outputs Indicators – baseline values
    5. Questionnaire for Focus Group for Intermediate Outcomes and Outputs Indicators – projected values

6. Questionnaire for In-Depth Interview for Intermediate Outcomes and Outputs Indicators – baseline values
7. Questionnaire for In-Depth Interview of Intermediate Outcomes and Outputs Indicators – projected values

## II. Desk and Field Work on Treatment Groups

1. Conduct Survey of Treatment Group A and Treatment Group B based on standardized-questionnaire-organized Desk Work on available statistical data base of Intermediate Output Indicators at central and municipal level.
2. Conduct Field Survey of Intermediate Outputs Indicators with parents in Treatment Group A-p and Treatment Group B-p based on Standardized Interview.
3. Conduct Survey of Treatment Group A and Treatment Group B based on standardized-questionnaire-organized Desk Work on available statistical data base of Intermediate Outcomes Indicators at central and municipal level.
4. Conduct Field Survey of Intermediate Outcomes Indicators with parents in Treatment Group A-p and Treatment Group B-p based on Standardized Interview.
5. Conduct **standardized tests** of ECD skills and achievements and physical development (cognitive skills, social skills, school achievement, and health condition) in Treatment Group A-ch and Treatment Group B-ch.
6. Conduct Survey in Treatment Group A and Treatment Group B of ECD skills and achievements and physical development (cognitive skills, social skills, school achievement, and health condition) based on standardized-questionnaire-organized Desk Work.

## III. Desk and Field Work on Control Groups

1. Conduct Survey of Control Group C based on standardized-questionnaire-organized Desk Work on available statistical data base of Intermediate Output Indicators at central and municipal level.
2. Conduct Field Survey of Intermediate Outputs Indicators with parents in Control Group C-p based on Standardized Interview.
3. Conduct Survey of Control Group C based on standardized-questionnaire-organized Desk Work on available statistical data base of Intermediate Outcomes Indicators at central and municipal level.
4. Conduct Field Survey of Intermediate Outcomes Indicators with parents in Control Group C-p based on Standardized Interview.

5. Conduct **standardized tests** of ECD skills and achievements and physical development (cognitive skills, social skills, school achievement, and health condition) in Control Group C-ch.
6. Conduct Survey in Control Group C of ECD skills and achievements and physical development (cognitive skills, social skills, school achievement, and health condition) based on standardized-questionnaire-organized Desk Work.

#### IV. Supplementary Field and Desk Work

1. Conduct no less than 10 Focus Groups in line with the above methodological criteria of selection of participants and complement/check results obtained at the desk work phase for cross checking:
  - Intermediate Output and Outcome Indicators baseline values
  - Intermediate Output and Outcome Indicators targeted values
2. Conduct no less than 6 Focus Groups in line with the above methodological criteria of selection of participants and complement/check results obtained at the desk work phase for:
  - Project Outcomes Indicators baseline values
  - Project Outcomes Indicators baseline values
3. Conduct no less than 10 In-Depth Interviews as a means of **scenario development** and **experts' estimates techniques** application with relevant experts to cross-check:
  - Intermediate Output and Outcome Indicators baseline values
  - Intermediate Output and Outcome Indicators targeted values in a 5-year perspective
4. Conduct no less than 5 In-Depth Interviews as a means of **scenario development** and **experts' estimates techniques** application with relevant experts to cross-check:
  - Project Outcomes Indicators baseline values
  - Project Outcomes Indicators targeted values in a 5-year perspective

#### V. Expected Results

1. Based on analyzing output and outcome indicators' dynamics, balancing quantitative data with experts judgments set up baseline indicators' values.

2. Based on forecasting techniques – experts’ estimates, scenario development, and time series, if applicable, conduct desk work to project output and outcome indicators’ targeted values in a 5-year perspective.
3. Prepare detailed 1) Desk Work Report on baseline and targeted values of Intermediate Outputs and Outcomes Indicators and Project Outcomes Indicators; 2) Field Surveys Report on baseline and targeted values of Intermediate Outputs and Outcomes Indicators and Project Outcomes Indicators; 3) Judgmental Survey Report on baseline and targeted values of Intermediate Outputs and Outcomes Indicators and Project Outcomes Indicators wherein specifying
  - objectives
  - methodology
  - results
  - conclusions
  - organizational settings
4. The offshoot of the Contractor’s work will result in filling out **Key Performance Indicators for Monitoring Results Table** (herewith attached) coupled with 1) detailed methodological explanations; 2) analysis of results obtained; 3) assumptions of risks and methodological reliability.

Project Outcome Indicators	Baseline	Data Collection Instruments	TargetYR1	TargetYR2	TargetYR3	TargetYR4	TargetYR5	Responsibility for Data Collection
1. Cognitive development and school readiness scores, including (i) memory, verbal and visual-motor skills development; copying scores (age 3-5); (ii) fluency in Bulgarian (age 5-6); (iii) achievement test results, including reading tests (age 6-8);								

<p>2. Social skills</p> <p>(i) interaction with children of different background during school and after-school hours</p> <p>(ii) responsibility and respect</p> <p>(iii) approaches to learning</p> <p>(iv) pro-social and helping behavior</p> <p>3. Physical health and well being (nutrition, anthropometric measures, access to health services etc.)</p> <p>4. School achievement</p> <p>(i) dropout, failure and repetition rates</p> <p>(ii) test results</p>								
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Intermediate Outcome Indicators	Baseline	Data Collection Instruments	Target YR1	Target YR2	Target YR3	Target YR4	Target YR5	Responsibility for Data Collection
1. Rate of enrollment in mainstream preschool and kindergarten among children under age 7 from low								

<p>income and vulnerable families</p> <p>2. Parenting skills (as proxied by frequency and quality of parent-child interaction, such as reading, telling stories, drawing, creating child friendly home environment, etc.) and characteristics of home environment and the extent to which spending patterns are child-oriented (share of spending on child food items – for households with babies and toddlers, availability of children books and toys, etc.)</p> <p>3. Rate of enrollment of children with disabilities in mainstream preschool, kindergarten and child care services in participating municipalities</p>								
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4. Rate of inflow of children from poor and vulnerable families into institutional care								
5. Number of children having received full set of immunization and compulsory prophylactic examinations								
6. Number of parents of poor child care record								

Intermediate Output Indicators	Baseline	Data Collection Instruments	Target YR1	Target YR2	Target YR3	Target YR4	Target YR5	Responsibility for Data Collection
1. Number of parents having completing parenting skills sessions								
2. Number of new child care places created through the project								
3. Number of kindergarten and child care facilities staff having received training								
4. Number of children newly placed into kindergarten or child care facilities through the project interventions (including								

children with disabilities)								
5. Number of cases of prevention of child abandonment								
6. Number of consulted end beneficiaries								

1. **Note. The deliverables as presented in para 66 have been delineated on a substantive basis. Having a clear methodology of approaching the issue of outcomes and outputs baseline and targeted values as reflected in sampling, questionnaires, data collection methods, data processing is of primary interest to the Client. From this viewpoint it is entirely on the Contractor’s discretion how to organize desk and field surveys (coalesce desk and field operations, set joint teams of experts and technical assistants etc.) in terms of logistics and cost efficiency.**
2. **Baseline Study must be conducted prior to rolling out effective SIP activities in general.**

### **Terms for Provision of the Services / Lines of Reporting**

The Contractor will appoint a responsible person (Team Leader). He/She on behalf of the Contractor will work in close consultation with the SIP Office that is the Social Inclusion Directorate with MLSP. The Team Leader with the Contractor will address all comments and recommendations provided by the Social Inclusion Directorate. He/she will report to the Head of the Social Inclusion Directorate and will liaise with SID experts. He/She primarily will be committed to coordinating with SIP (MLSP) representatives each main item of the Baseline Study Implementation Plan prior to its rolling out.

#### **KEY PERSONNEL**

Provided below are the key personnel requirements to perform the task. Curriculum Vitae shall be provided for experts proposed to perform the assignment under the contract as key personnel. No salary information shall be included in this section of the proposal.

##### **A. TEAM LEADER**

Minimum qualifications for a proposed Team Leader shall include:

- Masters’ degree in economics and/or statistics or equivalent.
- Demonstrated ability to manage a multidisciplinary team, to achieve specific and measurable results – a proven track record in management of at least 3 donor- funded projects;
- At least 7 years of experience managing projects with a focus on data collection, implementation of studies and surveys, and developing of monitoring indicators;

- Proven experience in social and economic and/or human development field, policy development, including field experience, strategic planning and evaluation;
- Experience in provision of policy advice and coordination of policy advisory processes with national government representatives.

B. KEY EXPERT I: Statistician with the following qualifications:

- Master in the field of statistics and/or equivalent;
- Minimum 5 years experience in data collection, surveys design and implementation;
- Proven experience in the field of trend analysis and regression modeling;
- Involvement in at least 2 projects similar to respective assignment;
- Knowledge in Bulgarian is an asset.

C. KEY EXPERT II: Monitoring Expert with the following qualifications:

- Master in economics, social science and/or equivalent;
- At least 5 years experience in development and management of social services;
- Knowledge and expertise on issues related to the project target groups;
- Experience in programme/project management and implementation of donor-funded projects;
- Proven experience in performing monitoring, evaluation and needs assessment;
- Proven experience in developing manuals for data and information sharing at cross-institution level;
- Knowledge in Bulgarian is an asset.

D. KEY EXPERT III: Sociologist with the following qualifications:

- Master in sociology, social science or equivalent;
- Minimum 5 years experience in implementing complementary studies in economics, social field or statistics;
- Proven experience in developing analytical studies, combined with knowledge in social policy field;
- Proven analytical experience in education, training and/or employment field and the respective social context;
- Experience in conducting quantitative and qualitative field and desk surveys;
- Knowledge in Bulgarian is an asset.

E. KEY EXPERT IV: Health care expert (Pediatrician) with the following qualifications:

- Master in medicine;
- Minimum 5 years of experience in public health services;
- Proven experience in the field of health services for children and children with disabilities;
- Knowledge in Bulgarian is an asset.

F. KEY EXPERT V: Early child development expert with the following qualifications:

- Master in medicine, education, social science and/or equivalent;
- Minimum 5 years experience in the field of services for early child development;
- Knowledge in Bulgarian is an asset.

**G. KEY EXPERT VI: Expert in education with the following qualifications:**

- Master in philology, economy, sociology, law, social science and/or equivalent;
- Minimum 5 years of experience in education;
- Proven experience in Educational system reform;
- Knowledge in Bulgarian is an asset.

**Other personnel**

The Consultant may propose other personnel to support the work of the Key personnel. These CVs will not be subject of evaluation, though their involvement into the project would require prior approval in case of contract award.

**Evidence of qualifications of the personnel:**

- Detailed CVs – as per the requested format;
- Copy of the diplomas obtained;
- Qualification certificates;
- References by previous employers.

**EQUIPMENT, FACILITIES AND BACKSTOPPING**

The Consultant shall ensure that all of its experts are adequately supported and equipped. The Consultant is responsible for meeting all contract objectives, delivery of outputs and results and must provide corresponding backstopping and oversight services on its account. Quality control of reports in terms of contents, (standardized) layout and quality of language is a key aspect of quality assurance.

The Consultant shall allow for all costs associated with the following expenses:

- Telecommunication, stationary, printing, office equipment consumables.
- Local transport required for the experts to effectively carry out their duties.
- Reproduction of the Consultant's reports and any special or ad-hoc reports requested by MLSP or WB.
- Accommodation in Sofia for permanent key personnel and for short term consultants on missions in country side.
- Air fares, travel expenses and other costs relating to the travel of employees, their dependents or consultants engaged by the Consultant shall be the responsibility of the Consultant.
- Any and all software licenses necessary for the Consultant to carry out their duties.
- Any other unspecified costs.

**DEADLINES AND REPORTING**

*Within 30 calendar days from contract signature:*

1. Develop Typological Survey samples (treatment and control groups; treatment and

control groups /i/) and questionnaires

2. Develop Focus Group typological panels
3. Develop In-Depth Interviewee panels
4. Systematize data sources available
5. Elaborate Baseline Study Implementation Plan

Within 35 calendar days from contract signature:

6. Baseline Study Implementation Plan approved

Within 120 calendar days from contract signature:

7. Focus Groups effected
8. In-Depth interviews effected
9. Field Surveys effected.
10. Main portion of desk work effected

Within 140 calendar days from contract signature:

11. Reports on Field Surveys in Control and Treatment Groups; Judgmental Survey; Desk Work results completed

Within 148 calendar days from contract signature:

12. Main results of desk work, field surveys verified and coordinated

Within 150 calendar days from contract signature:

13. Key Performance Indicators for Monitoring Results Table elaborated

