**TERMS OF REFERENCE FOR INDIVIDUAL CONSULTANTS AND CONTRACTORS**

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| **For internal use only** | | | | | | | | | | |
| **Title:**  International Individual consultancy to support the Ministry of Education and Science to review and develop recommendations to strengthen the national framework for monitoring of quality of pre-primary education in Tajikistan | **Funding Source**  SC230648 | | | **Type of engagement**  Consultant (International)  Consultant (National)  Consultant (LVC- below 10K) | | | | **Duty Station:**  Dushanbe, Tajikistan | | |
| **Budget Year:** | **Requesting Section/Issuing Office:** | | | **Reasons why consultancy cannot be done by staff:** | | | | | | |
| 2024 | Education/Dushanbe | | | Considering the complexity of the assignment and limited local capacity to understand and provide technical expertise to the nature of the consultancy, there is a need to mobilize international expertise to align the national systems to internationally recognized standards. | | | | | | |
| **Child Safeguarding**  Is this project/assignment considered as “[Elevated Risk Role](https://unicef.sharepoint.com/sites/DHR-ChildSafeguarding/DocumentLibrary1/Guidance%20on%20Identifying%20Elevated%20Risk%20Roles_finalversion.pdf?CT=1590792470221&OR=ItemsView)” from a child safeguarding perspective?       YES       NO     If YES, check all that apply:      **Direct contact role** YES       NO   If yes, please indicate the number of hours/months of direct interpersonal contact with children, or work in their immediately physical proximity, with limited supervision by a more senior member of personnel:     |  | | --- | |  |     **Child data role** YES      NO   If yes, please indicate the number of hours/months of manipulating or transmitting personal-identifiable information of children (name, national ID, location data, photos):     |  | | --- | |  |   More information is available in the [Child Safeguarding SharePoint](https://unicef.sharepoint.com/sites/DHR-ChildSafeguarding/SitePages/Amendments-to-the-Recruitment-Guidance.aspx) and [Child Safeguarding FAQs and Updates](https://unicef.sharepoint.com/sites/DHR-ChildSafeguarding/DocumentLibrary1/Child%20Safeguarding%20FAQs%20and%20Updates%20Dec%202020.pdf) | | | | | | | | | | |
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| **Included in Recruitment Plan***:*  Yes  No, please justify: | | | | | | | | | | |
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| **Consultant selection method:**  Competitive Selection (Roster)  Competitive Selection (Advertisement/Desk Review/Interview)  Single source | | | | | **Request for:**  Individual Contract  Extension/ Amendment | | | | | |
| **If Extension, Justification for extension:** N/A | | | | | | | | | | |
| **Supervisor:**  *Supervisor:*Jamshed Kurbonov, Education Specialist | **Start Date:**  May 1st, 2024 | | | | | **End Date:**  October 30th , 2024  **Number of Days (working):** 100 working days | | | | |
| 1. **BACKGROUND (minimum of 300 and maximum of 600 words)**   Note: This section may include a concise contextual information about the country or region where the assignment is taking place including overview of the UNICEF program (CPD), summary of the issues, challenges, or opportunities that the assignment aims to address. Summary of relevant policies, strategies, or initiatives related to the focus area, key stakeholders involved and their roles and quick data, statistics, or research findings that provide a foundation for the assignment.  UNICEF in Tajikistan launched a 5-year project “Tajikistan Inclusive Pre-primary Education (PPE)”, through funding provided by USAID Tajikistan, aiming to significantly improve children’s access to, and participation in essential and inclusive pre-primary activities in Tajikistan.  The project will assist the central and local education authorities to expand access and strengthen quality of the existing pre-primary education services to improve learning outcomes and get children better prepared to start schooling. All children in the project will be exposed to a play-based, inclusive, child-centered, age-appropriate and country relevant pre-primary education services through a half-day, alternative model of PPE provision. . The approach will be inclusive of all children, including girls, children with disabilities and developmental delays, and/or are from communities, where children’s natal language is different from the language of instruction at PPE.  The project is aligned to the priorities of the National Education Development Strategy 2030 and UNICEF Country Programme Document until 2026, including the revised National Concept on Inclusive Education, which aim to increase enrolment of children in PPE services. It addresses the urgent need for strengthening national systems at central and local level to deliver quality, inclusive and affordable PPE services for all children open access to pre-primary play-based educational content with a focus on disability inclusion and ethnic minorities as one of the primary education equity measurements of the project.   1. **PURPOSE/OBJECTIVES of the ASSIGNMENT (minimum of 150 and maximum of 300 words)**   Note: Articulate specific goals and objectives of the assignment. This section should give an indication of what the consultant is expected to achieve during the assignment.  Tajikistan falls behind other Central Asian countries, as well as lower-middle income countries, in the enrolment of pre-primary education (PPE). Despite PPE enrollment has been improved from 12.3 % in 2015 to 15.6 % in 2023, the rates have stagnated at 15%, without significant change over the past 8 years (2018-2023), with 45 % of enrolled children being girls.  While 65% of PPE teachers hold a general secondary and vocational education background, many do not have the required qualifications to support young children’s development and learning, let alone to support the early learning of children with developmental delays and disabilities. The mandatory preschool curriculum developed in 2010, is not fully implemented in preschools, and needs to be updated to make it more inclusive, play-based and developmentally appropriate to the needs of young children.  Pre-literacy and pre-numeracy skills are particularly weak in Tajikistan, contributing to low educational outcomes in primary education and beyond. Early grade reading assessments (EGRA) being conducted in Tajikistan since 2014 reports that learners in grades 2 and 4 struggle to meet reading comprehension standards, likely in part due to the low pre-primary attendance rates. Lack of inclusive infrastructure, the poor quality of the existing pre-primary facilities and the fee-based PPE services cumulatively contribute to low enrolment in preschools.  Quality assurance of PPE service provision is the responsibility of the Ministry of Education and Science (MoES) and is implemented by the central and local education quality assurance mechanisms. However, it is assumed that the existing monitoring framework does not address the comprehensive provision of PPE, which includes having adequate physical infrastructure, quality teaching practices and stimulating interactions with young children, inclusive play-based curriculum, community-parental engagement. Additionally, the MoES framework does not specifically monitor and provide needed information about the inclusiveness of PPE – including participation in children with developmental delays and disabilities.  Given the policy context and the urgent need for improving learning outcomes of children, the moment has arrived for the country to initiate policy dialogue related to adoption of a comprehensive framework for systematic monitoring, measurement and improvement of the quality and inclusiveness of PPE provision (including teaching capacity - pedagogy competencies, quality of interactions between teachers and students, and classroom learning environments, along with accompanying feedback mechanisms).   1. **DESCRIPTION/SCOPE of the ASSIGNMENT (minimum of 500 and maximum of 1000 words)**   Note: The description/scope outlines the specific tasks, responsibilities, and outputs that the consultant is expected to undertake during their assignment. It provides a detailed description of the work they will be performing to support objectives of the assignment.  Given the very limited number of places in state-owned kindergartens (traditional model), Tajikistan has begun to design and expand diversified arrangements for pre-primary education, primarily school-based and community-based early learning centers and half-day preschools that are supported by Ministries of Education and Science, local authorities, development partners, NGOs or private sector. Given the diversification of the pre-primary education provision, it is critical that there is a common understanding, adoption and application of quality concepts, standards and criteria, to ensure a) resources invested will lead to quality outcomes supportive of young children’s learning and development, and b) all young children benefit from positive learning and development experiences. National quality framework for PPE provision should ensure quality across all settings and services (traditional and alternative, full-day and half-day). The country specific framework should provide the necessary basis/structure to review the quality assurance mechanisms, including standards, as well as a focus on the process and quality of the implementation of this framework, not just ensuring the quality of hard inputs (such as infrastructure standards) but also the soft component of the framework implementation – quality of teaching/learning etc.. Quality monitoring of PPE services is directly related to larger issues that countries face in the region such as ECE curriculum strengthening, scalability, certification, and impact assessment. It also has important implications for equity as it has the potential to identify variations in provision for different socio-economic population groups.  UNICEF in Tajikistan is seeking an international individual consultant to support the Ministry of Education and Science to revise and develop recommendations for adapting/strengthening/developing a comprehensive national framework for monitoring and improving quality of PPE services, with a particular focus on the quality assurance process and the existing quality assurance framework/system. The consultant is expected to review the current quality assurance system for PPE in the country, in particular:   1. Examine existing indicators and criteria within the quality assurance tools, and the extent to which the current quality assurance mechanisms focus on process quality, particularly the quality of interactions between teachers/caregivers and children in PPE settings, as well as issues pertaining to teachers’ pedagogical practices, etc. 2. Focus on the degree to which current quality assurance mechanisms include indicators related to inclusion of young children with disabilities and developmental delays, and relevant indicators pertaining the inclusivity of PPE learning environments (ethnicity, poor socio-economic background etc). 3. Focus on data flow and how data on PPE quality, flows through different parts of the education system. 4. Review needs to integrate a focus on inclusion, analyzing the extent to which the existing quality assurance system systematically collects data on children with disabilities and delays.   The comprehensive framework that addresses the quality of the early childhood education system in a country would necessarily include all these and more questions as relevant from UNICEF’s Build to Last Framework.    The tools, definitions and indicators provided in this framework will center around these seven priority components:   1. Physical learning environment 2. Teaching and learning processes 3. Teacher competencies 4. Curriculum 5. School readiness outcomes 6. Leadership 7. Parent and community involvement   These components were identified because they play a key role in improving the quality of PPE services in many different context.[[1]](#footnote-2) These seven components are not exhaustive; the core components can be adapted according to local priorities and contexts.  The consultant is advised to follow the guiding principles below:   1. Consultation process with relevant education stakeholders on strengths and gaps in existing quality framework and the extent to which it focuses on inclusion and different PPE services. 2. Strengthening the PPE quality framework in Tajikistan needs to be based on analytical and comparative research of country practices in providing PPE services. The consultant is expected to build knowledge among key PPE stakeholders around internationally recognized tools (Quality Assurance part of the ECE Accelerator Toolkit developed by UNICEF) to assure quality of service provision. 3. Conceptualization and contextualization of quality components and recommendations for indicators and targets at country level. 4. Awareness and focus on equity and inclusion. Capturing the equity dimension in the process of contextualization and implementation of a quality framework for PPE services at the country level is a key part of the proposed process. 5. Recommend relevant revisions for PPE regulations and licensing of PPE services in line with the National Preschool Education Standards. Having said this, if the aim is to comprehensively improve the quality of PPE services, it will be not enough to look at regulations and licensing. Regulations and licenses may certainly ensure safety and minimum functioning conditions of PPE centers in order to protect children from harmful services and practices, but it cannot help achieving the claimed high quality PPE. 6. Where relevant and possible, elect priority factors and define targets for quality PPE services. The issues affecting the quality of PPE services should be selected and prioritized on the basis of needs of a child in terms of accessibility to quality and inclusive services. 7. Support sections (Education, Social Policy, Child Protection, PME, SBC etc.) and MoES, affiliated agencies in developing/clarifying scope of work for scalable and sustainable ECD/ECE interventions planned in Year 1 and anticipated for Year 2 implementation.   **Work Assignment** | | | | | | | | | | |
| **Tasks/Milestone: (in line with the scope elaborated in section- III)** | | **Deliverables/Outputs:** | | | **Anticipated Timeline** | | | | **% of payment (maximum up to 5 payments)** | |
| **Inception Phase**  - Desk research and secondary review of existing framework and data that exist;  - Develop inception report with basic literature review, detailed approach/methodology, instruments. Adjustments of the existing Quality Assurance Framework approach to strengthen quality assurance procedures as per guidance and comments from UNICEF.  - Deliver one-day workshop to state and non-state partners on quality assurance diagnostic tool as part of a consultative discussion. | | Del #1. Report for the inception phase and assignment plan in English with detailed  implementation plan and description of the existing Quality Assurance Framework ( structure vs. process quality)  including but not  limited to: (i) list of knowledge products/studies/assessments to be analyzed; (ii)  mapping of stakeholders; (iii) implementation  plan, (iv) table of risks & assumptions and  mitigation strategies; (v) list of  contextualized tools and guidance for monitoring of quality of PPE.  Del #2. Workshop conducted to state and non-state partners on diagnostic tool for quality assurance. | | | May – June 2024 (15 days) including 1st in-country mission (10 days) | | | | 20% of payment upon submission of Deliverable # 1 and #2. | |
| **Implementation Phase**  - Technical consultation meetings and interviews (coordinated by UNICEF project team) are conducted with the MoES and affiliated agencies, development partners (USAID, World Bank, Aga Khan Foundation, etc), and with non-governmental organizations to understand country practices in providing PPE services and current quality assurance systems for PPE in the country.  - Comprehensive policy review is conducted, and report developed with in-depth examination of the policy, regulatory and operational environment factors that influence the country's implementation of PPE quality assurance (monitoring and improving the quality of services). | | Del #3. Report on the status of quality assurance in PPE implementation, which describes the strengths, challenges, issues and problems, and recommendations for the reform implementation based on:  - technical consultation meetings and interviews.  - desktop reviews  - policy review  - sector review | | | June – July 2024 (25 days) | | | | 40 % of payment upon submission of Del #3. | |
| **Analysis and Reporting**  - Produce a report with recommendations for revision of the national framework for monitoring and improving quality of PPE implementation status which describes the strengths, challenges, issues and problems, and recommendations for improvement of implementation.   1. - In consultation with Development Coordination Council (DCC/LEG) partners propose preliminary recommendations and capacity building plan for concerned governmental institutions with which quality assurance of PPE services to be implemented.   - Development of the draft report for UNICEF Tajikistan review providing recommendations.  - Support in development of the final report.  - Provide technical guidance and coaching to the project team to ensure quality and effectiveness of the project remains impactful, in particular on issues related to teacher training and PPE curriculum revision as well as revision of ECE supply (furniture and teaching learning materials). | | Del #4. Report on the preliminary revised quality assurance in PPE, including capacity building plan and recommendations on necessary interventions at policy and technical level.  Del #5. Revision report is developed in coordination with the international consultant, and presentation made to stakeholders.  Mission/assignment report submitted. | | | July - August 2024 (30 days) including 2nd in-country mission (10 days) | | | | 20% of payment upon submission of Del #4 and #5. | |
| **Overall Activity implementation support**  Together with national consultant, the international consultant will provide technical guidance and capacity building to the MoES, affiliated agencies in translating the UNICEF global visions, including the diversifying early learning to a flexible preschool system for every child in Tajikistan.  Together with national consultant support TCO and consultancy institutions involved in studies and assessments, including to conduct a review/analysis of the landscape of pre-primary education, including baseline of school readiness among children in ECE centres in 20 selected districts.  Together with national consultant support Tajikistan CO in fine-tuning the project activities planned in Year 1 and revise the timelines and interventions strategies accordingly.  Support sections (Education, Health, Social Policy, Child Protection, Planning Monitoring and Evaluation etc.) in developing/clarifying scalable and sustainable Activity Year 2 workplan. | | Del. #6 Contextualization of ECD/ECE best practices including the “Diversifying early learning in Europe and Central Asia Global Concept” into Tajik context, accompanied by the MoES and affiliated agencies capacity building plan developed  Del. #7 Compiled analysis, studies and assessments with final reports submitted to USAID and MoES  Del. 8 Finalized Year 1 report and Year 2 Workplan set, including revised M&E plan ready for approval by USAID | | | September – October 2024 (30 days) | | | | 20% of payment upon submission of Del #6, #7 and #8. | |
| **Total: 100 days 100%** | | | | | | | | | | |
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| **Minimum Qualifications required\*:**  Bachelors  Masters  PhD  Other  Advanced degree in education, health, economics, political science, business administration, monitoring and evaluationor other relevant field. | | | | | **Knowledge/Expertise/Skills required \*:**  At least 10 years of relevant experience in the development and implementation of quality frameworks and quality assurance procedures in early childhood education and care, including excellent expertise in quality framework for Early Childhood Education and Care (including inclusive aspects) and monitoring and evaluation of ECEC.  Proven experience on the development and implementation of scalable and sustainable annual workplans, M&E system and/or M&E in education, preferably in early childhood education and care.  experience in developing M&E and quality assurance systems for education, preferably for inclusive and quality early childhood education and care  experience in delivering trainings (development of relevant materials for conducting trainings, example: manuals, presentations, etc.) for different audiences (example: rural population, government workers, specialists, non-governmental organizations).  international experience in developing and implementing surveys (interviews) is an advantage.  Experience and ability to work and cooperate with government authorities.  Proficiency in English, knowledge of Tajik/Russian with good verbal and written skills is an advantage. | | | | | |
| **Evaluation Criteria (This will be used for the** [**Selection Report**](https://unicef.sharepoint.com/:x:/r/sites/DHR/_layouts/15/Doc.aspx?sourcedoc=%7B86E327DF-70C8-4D8F-AC97-D7616AC383E4%7D&file=Selection%20Report%20Template.xlsx&action=default&mobileredirect=true) **(for clarification see** [**Guidance)**](https://unicef.sharepoint.com/:w:/r/sites/DHR/_layouts/15/Doc.aspx?sourcedoc=%7BB3E3517A-8BBF-4368-90FE-7DBCD31544EA%7D&file=Guidance%20on%20Completing%20the%20Selection%20Matrix%20for%20Consultants%20and%20Individual%20Contractors.docx&action=default&mobileredirect=true)  A) Technical Evaluation (e.g. maximum 80 Points) B) Financial Proposal (e.g. maximum of 20 Points)   |  |  |  | | --- | --- | --- | | **Evaluation criteria** | Weight | Max. Point | | TECHNICAL QUALIFICATION (max. 85 points) | 80% | 80 | | **Educational Qualification (15).** The consultant should hold MA degree in a relevant field (education, health, economics, political science, business administration and other related to monitoring and evaluation). | 15% | 15 | | **Professional Experience (30).** At least 10 years of relevant experience in the development and implementation of quality frameworks and quality assurance procedures in early childhood education and care, including excellent expertise in quality framework for Early Childhood Education and Care (including inclusive aspects) and monitoring and evaluation of ECEC. | 25% | 25 | | **Methodological proficiency (15).** Proven experience on the development and implementation of scalable and sustainable annual workplans, M&E system and/or M&E in education, preferably in early childhood education and care. Experience and ability to work and cooperate with government authorities. Evidence of contextualizing global and regional best practices into countries context accompanied by a capacity development plan developed | 15% | 15 | | **Data Analysis and Interpretation (15).** Evidence of international experience in developing M&E and quality assurance systems for education, preferably for inclusive and quality early childhood education and care | 15% | 15 | | **Communication/Language/Writing Skills (10).** Fluency in English, knowledge of Tajik/Russian with good verbal and written skills is an advantage | 10% | 10 | | FINANCIAL PROPOSAL ( | 20% | 20 | | TOTAL SCORE (max. 100 points) |  | 100 |   **REQUIREMENTS:**  **Qualified candidates are requested to submit:**  1. CV/Cover letter  2. Completed EOI form (Annex 2)  3. Completed financial proposal (Annex 3)  4. Contact of three references  5. Similar completed assignments | | | | | | | | | | |
| **Administrative details:**  Visa assistance required:  Home Based  Office Based: | | | **If office based,** seating arrangement identified:  IT and Communication equipment required:  Internet access required: | | | | | | | |
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Costs indicated are estimated. Final rate shall follow the “best value for money” principle, i.e., achieving the desired outcome at the lowest possible fee. Consultants will be asked to stipulate all-inclusive fees, including lump sum travel and subsistence costs, as applicable.

Payment of professional fees will be based on submission of agreed deliverables. UNICEF reserves the right to withhold payment in case the deliverables submitted are not up to the required standard or in case of delays in submitting the deliverables on the part of the consultant

**Text to be added to all TORs:**

Individuals engaged under a consultancy or individual contract will not be considered “staff members” under the Staff Regulations and Rules of the United Nations and UNICEF’s policies and procedures and will not be entitled to benefits provided therein (such as leave entitlements and medical insurance coverage). Their conditions of service will be governed by their contract and the General Conditions of Contracts for the Services of Consultants and Individual Contractors. Consultants and individual contractors are responsible for determining their tax liabilities and for the payment of any taxes and/or duties, in accordance with local or other applicable laws.

The selected candidate is solely responsible to ensure that the visa (applicable) and health insurance required to perform the duties of the contract are valid for the entire period of the contract. Selected candidates are subject to confirmation of fully-vaccinated status against SARS-CoV-2 (Covid-19) with a World Health Organization (WHO)-endorsed vaccine, which must be met prior to taking up the assignment. It does not apply to consultants who will work remotely and are not expected to work on or visit UNICEF premises, programme delivery locations or directly interact with communities UNICEF works with, nor to travel to perform functions for UNICEF for the duration of their consultancy contracts.

UNICEF offers [reasonable accommodation](https://www.unicef.org/careers/unicef-provides-reasonable-accommodation-job-candidates-and-personnel-disabilities) for consultants with disabilities. This may include, for example, accessible software, travel assistance for missions or personal attendants. We encourage you to disclose your disability during your application in case you need reasonable accommodation during the selection process and afterwards in your assignment.

1. Framework and Toolbox for monitoring and improving quality (UNICEF, 2012) [↑](#footnote-ref-2)