

ASIAN DEVELOPMENT BANK

TAR:VIE 37099

TECHNICAL ASSISTANCE

(Financed by the Poverty Reduction Cooperation Fund)

TO THE

SOCIALIST REPUBLIC OF VIET NAM

FOR

EARLY CHILDHOOD DEVELOPMENT FOR THE POOR

October 2003

CURRENCY EQUIVALENTS

(as of 14 September 2003)

Currency Unit	–	dong (D)
D1.00	=	\$.000064
\$1.00	=	D15,530

ABBREVIATIONS

ADB	–	Asian Development Bank
EA	–	executing agency
ECD	–	early childhood development
NGO	–	nongovernment organization
TA	–	technical assistance
VCPFC	–	Viet Nam Commission for Population, Family, and Children

NOTE

In this report, "\$" refers to US dollars.

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I. INTRODUCTION

1. The Viet Nam Country Strategy and Program of the Asian Development Bank (ADB) and the partnership agreement between the Government of Viet Nam and ADB identify inclusive social development as a major focus. In August 2002, the Government, through the Viet Nam Commission for Population, Family, and Children (VCPFC), which is the national focal point for policy on children, formally requested that the ADB provide support for early childhood development (ECD), which is an important part of social development.¹

2. A Reconnaissance Mission visited Viet Nam from 11 to 22 January 2003 and agreed with VCPFC to develop advisory technical assistance (TA) to increase understanding of the needs of poor children in Viet Nam and to promote ECD for the poor. The Poverty Reduction Cooperation Fund gave concept clearance in February 2003. An ADB Fact-Finding Mission was in Viet Nam 22–27 June to finalize the Project. The TA is listed in the 2003 Country Strategy and Program Update for Viet Nam. The TA framework is in Appendix 1.

II. ISSUES

3. Viet Nam has seen remarkable development during the past decade, with strong economic growth, significant poverty reduction, and noticeable improvements in the human capital of the population. Viet Nam has made substantial progress in meeting the Millennium Development Goals: reducing poverty from 58% to 29% between 1993 and 2001 reaching near universal primary enrollment and substantially increasing access to health care. Viet Nam has reduced infant and child mortality substantially, with infant mortality dropping from 44 per 1,000 in 1992 to around 30 in 2001.

4. Despite these overall gains there are concerns about the quality of human capital, and growing income and human capital inequality. Although mortality has declined, levels of malnutrition remain high. During the 1990s, the level of child malnutrition (measured by the height for age) remained stable, with about a third of children stunted. There is significant and growing regional inequality and many communes have not fully benefited from the development seen in the past decade. Evidence shows that the living standards of the poorest 30% of the population did not increase substantially during the 1990s and that children from poor households did not receive the same level of investment as their peers.² Critical prenatal care, facilities for attended births, and health care for infants are often limited or inaccessible to poor women particularly in mountainous, remote, and difficult areas. Children from poor and vulnerable households often have little access to day care, preschool, and kindergarten, and thus are disadvantaged compared with other children when they enter primary school.

5. Continued progress in poverty reduction requires more targeted and focused interventions aimed at improving the welfare of groups that have not benefited from economic growth and social development. Numerous studies have shown the long-term negative effect of low investment in the early years of children: reduced capacity to work, lower intellectual development, and limited motor and social skills. In essence, children face the risk of being trapped in a vicious circle of poverty, as their parents cannot afford the necessary investment in human capital that they will need as adults to escape from poverty.³

¹ The TA first appeared in *ADB Business Opportunities* (Internet edition) in February 2003.

² Bhushan, I., E. Bloom, N.H. Huu, and N.M. Thang. 2001. *Human Capital of the Poor*. Manila: ADB.

³ Dasgupta, P. 1993. *An Inquiry into Well-Being and Destitution*. Oxford: Oxford University Press.

6. Low investment in childhood development in the first few years of life leads to lower cognitive development and reduced school performance, which have a lasting effect on health and the ability to work as an adult. Since malnutrition is increasingly concentrated among the poor, the vicious circle of poverty may be perpetuated with poor children becoming malnourished as adults and unable to work to capacity.

7. Government investment in ECD has been low, but is increasing. ECD crosses the traditional sectoral boundaries and the Government has developed a number of strategies and policies to promote ECD, particularly focusing on households in poor and remote regions and in difficult circumstances. The Program for Action for Children, 2001–2010, is an omnibus program that establishes quantitative targets and goals for children, covering both health and education. In addition, the Population Strategy of Viet Nam, 2001–2010; National Strategy for Reproductive Health Care, 2001–2010; Education Strategy, 2001–2010; and National Strategy for Nutrition, 2001–2010 all specifically promote ECD as key to sustainable and long-term poverty reduction. VCPFC is the lead coordinating body for ECD activities in Viet Nam. It is responsible both for coordinating the activities of line ministries at the national and provincial levels and for applied policy research on issues related to children.

8. A variety of providers including both private and public preschools and kindergartens offer child care and pre-school education. Parents, grandparents, and other relatives play an important role in child care, especially for poor households. In an effort to increase investment in preschool, the Government recently approved Decision 161 of 2002, which mandates an increase in access to and quality of preschool education. Despite the importance of preschool education for the transition of children (particularly children from poor and vulnerable households) to primary school, there has been little external support.

9. Viet Nam has maintained a strong record of child immunization. Although the health services offer access to prenatal care and attended deliveries, access is often a major issue. Research suggests that poor and ethnic minority women are significantly less likely to avail of such services due to both issues of access (cost and distance of services) and cultural barriers. Government and external support for nutrition programs providing nutritional supplements and removing parasites and worms has been limited.

10. ADB has been active in promoting human development in Viet Nam, with projects in health, nutrition, population, and education. The Poverty Partnership Agreement signed by the Government and ADB identifies inclusive social development as an important area for continued cooperation in achieving the joint agenda of poverty reduction. ADB support for ECD is a logical and supportive extension of these activities and is an important avenue for focusing ADB's support for poverty reduction on children.

III. THE TECHNICAL ASSISTANCE

A. Purpose and Output

11. The long-term goal of the TA is to support Viet Nam in developing a safe and healthy environment for children from poor and vulnerable households that will provide them with greater opportunity to reach their full human potential. To achieve this goal, the TA has several objectives: (i) understand the current status and availability of ECD programs, particularly in poor and remote areas; (ii) develop appropriate qualitative and quantitative survey instruments

for the TA and for research and policy work in ECD; and (iii) increase stakeholders' awareness and support for ECD as a key instrument to break the vicious circle of poverty.

12. The main outputs of the TA will be (i) quantitative and qualitative surveys of children, households, and ECD providers, focusing on eight poor and remote provinces; (ii) a detailed assessment of ECD needs, including child health, nutrition, child care, and preschool education; and (iii) an integrated investment strategy to advocate and promote ECD, including identifying the financing gap and financing sources. A draft outline of the final reports is in Appendix 2.

13. The TA is divided into five interrelated components: (i) surveys and participatory assessment (component A), (ii) analysis and assessment of child care and preschool education (component B), (iii) analysis and assessment of child health and nutrition (component C), (iv) development of strategies to support ECD (component D), and (v) advocacy and dissemination (component E). The components will be developed together, but each will have its own milestones and schedule.

B. Methodology and Key Activities

14. The TA will improve understanding of the health, nutrition, child care, and education needs of children from poor and vulnerable households. The definition of the age group of ECD varies. The TA will focus on children between the ages of 0 and 6 and will include safe motherhood. The TA will cover supply-side, institutional, and demand-side issues.

15. **Surveys and Participatory Assessments (Component A).** The first step in developing a sector strategy and investment plan for ECD is to develop a deeper understanding of the ECD needs of poor and vulnerable households. Institutional and household perspectives are required. Building on existing surveys (including both general household surveys and more specialized surveys focusing on health and population), the TA will develop a knowledge, attitude, and practices survey of ECD.

16. The survey will be designed following standard survey practices in Viet Nam and will update existing knowledge in eight selected poor provinces. It will cover both Kinh and ethnic minority populations including ethnic minority survey clusters. The survey can also serve as a baseline for future ECD activities in the eight provinces. There will be modules on child health and nutrition, preschool education, childhood disability and chronic conditions, household situation, and maternal health and knowledge of good practices. The survey will also have modules on community development, and access to ECD services, and a survey of ECD providers.

17. **Analysis and Assessment of Child Care and Preschool Education (Component B).** The component will analyze current practices in child care and preschool education and identify major gaps in coverage of these services, focusing specifically on children from poor and vulnerable households. The component will identify the budget and human resources needed to implement Decision 161 of 2002 and to ensure that children from poor and vulnerable households benefit from the additional resources made available as part of Decision 161.

18. **Analysis and Assessment of Child Health and Nutrition (Component C).** Building on existing data and on literature review, including previous ADB-funded needs assessments in health and nutrition, this component will focus on quantifying the unmet need of poor mothers and children in health and nutrition and the resource requirements to implement the Government's child health and nutrition strategies.

19. Both components B and C will have supply-side and demand-side analyses—an assessment of the distribution of services throughout the country, the benefit incidence of public spending, and an analysis of the appropriateness of public policy, including the training of ECD providers. There will also be an assessment of the willingness and ability to pay for ECD services, and the poor's preferences and beliefs regarding ECD.

20. **Development of Strategies (Component D).** The TA will support ongoing efforts to develop and implement ECD strategies and will complement the efforts of other stakeholders, including the Government and development partners. Specifically, the TA will develop an integrated investment strategy for ECD that identifies the infrastructure and training needs for ECD development, and the gaps in policy to support the greater private provision of ECD, and quantifies the financial gap needed for investment.

21. **Dissemination and Advocacy (Component E).** The TA aims to inform stakeholders of the importance of ECD for poverty reduction and to provide options for future investment in ECD. The TA findings will be disseminated and promoted to encourage greater coordination and increased investment in ECD. The target will be a number of stakeholders, including national and local policymakers, private and nongovernment organizations, and development partners.

22. In Viet Nam, local governments have the authority to allocate their resources among alternate investments. One key activity of the TA will be to work with local authorities and other local organizations to sharpen their focus on children through increased investment in ECD. The TA will design tool kits to advocate ECD at the local level and to help local decision makers and service providers design and implement ECD strategies at their level.

C. Cost and Financing

23. The total cost of the TA is estimated to be \$563,000 equivalent, comprising \$233,200 in foreign exchange and \$329,800 equivalent in local currency costs. The TA will be financed on a grant basis from the Poverty Reduction Cooperation Fund, including all the foreign currency costs and \$216,800 equivalent of the local currency costs. ADB financing will cover consulting services; production of reports; organization of workshops and studies; quantitative and qualitative surveys; and translation, administrative, and support services. The Government will finance the balance of the local currency costs, equivalent to \$113,000, through the provision of counterpart staff, office accommodation, office support and translation services, and availability of meeting rooms. See cost estimates and financing plan in Appendix 3.

D. Implementation Arrangements

24. VCPFC will be the Executing Agency (EA) for the TA. A team of three international (9 person-months) and three domestic consultants (21.0 person-months) will be recruited to provide specialist services totaling 30 person-months. International consultants will provide services in these areas: (i) early childhood development (5.0 person-months), (ii) early childhood development economics and financing (2.0 person-months), and (iii) surveys (2.0 person-months). The domestic consultants will be specialists in (i) early childhood health and nutrition needs (7.0 person-months), (ii) early childhood education needs (7.0 person-months), and (iii) social development (7.0 person-months).

25. All the consultants will be engaged as individuals in accordance with ADB's *Guidelines on the Use of Consultants* and other arrangements for recruiting domestic consultants satisfactory to ADB. Outline terms of reference for the consultants are in Appendix 4.

26. An interministerial steering committee, chaired by VCPFC, will be established to provide overall technical guidance to the TA and to ensure coordination with other concerned ministries. The committee will include representatives from the Ministry of Health; Ministry of Education and Training; Ministry of Culture and Information; and Ministry of Labor, Invalids, and Social Affairs. The steering committee will provide overall strategic guidance and will consult closely with representatives from other government agencies to ensure that there is wide Government consensus in support of the TA recommendations. The Government is developing a plan clarifying the roles and responsibilities of each participating stakeholder agency.

27. As EA, VCPFC, has a strong record in administering projects and in providing technical leadership in ECD. It will integrate the TA into its ongoing policy research agenda and, in coordination with ADB, provide administrative and technical guidance to the TA team. A project management unit (PMU) under the leadership of VCPFC will be established to administer the project. The PMU will have five members: the project director, the deputy project director, and three administrative staff. The staff will work full-time for the project duration. VCPFC will ensure that the PMU is adequately staffed.

28. The TA will organize a number of consultative workshops. A national inception workshop in the first month will discuss the TA activities and finalize the design of the survey. Additional workshops will discuss the results of components A, B, and C. The TA will also sponsor several workshops for local policymakers in the eight selected provinces, both to disseminate the results and to obtain their views. The final workshop will finalize the project and discuss the results. In addition to the workshops, regular consultations will involve ADB, the consulting team, and other international agencies. The TA will be implemented over 12 months from October 2003 to October 2004. The TA team leader will submit a draft inception report to ADB and VCPFC within 2 weeks from the start of the TA, an interim report 1 month after the first national workshop, and a final draft report by October 2004.

IV. THE PRESIDENT'S DECISION

29. The President, acting under the authority delegated by the Board, has approved ADB administering technical assistance not exceeding the equivalent of \$450,000 to the Government of Viet Nam to be financed on a grant basis by the Poverty Reduction Cooperation Fund for Early Childhood Development for the Poor, and hereby reports this action to the Board.

TECHNICAL ASSISTANCE FRAMEWORK

Design Summary	Performance Indicators/Targets	Monitoring Mechanisms	Assumptions and Risks
<p>Goal</p> <p>A safe and healthy environment for children from poor and vulnerable households allowing them to reach their full human potential</p>	<p>Increased investment in well-designed early childhood development (ECD) by government and development partners</p>	<p>Budget and planning documents</p> <p>Country strategies and programs</p> <p>Project documents</p>	<p>Contributor has interest in long-term investment in ECD</p> <p>Government continues to support the Program of Action for Children</p>
<p>Objectives</p> <p>(i) Understand the current status and availability of ECD programs in poor and remote areas</p> <p>(ii) Develop appropriate qualitative and quantitative survey instruments to provide necessary inputs for the TA and for research and policy work in ECD</p> <p>(iii) Increase stakeholder knowledge and support of the importance of ECD</p>	<p>Use the results of the TA in the project design and policy dialogue</p> <p>Have future project designs with better mix of supply- and demand-side components</p> <p>Use of the survey by the project and by others projects</p> <p>Greater discussion in the media and public forums of the importance of ECD</p>	<p>Citations of the final report</p> <p>Consultation with stakeholders</p> <p>Citations of the final report</p> <p>Consultations with stakeholders</p> <p>References to the technical assistance (TA) in the media</p> <p>Policy dialogue between Government and development partners</p>	<p>New information is available.</p> <p>Proposed survey provides useful information.</p> <p>Survey has a realistic design, given its budget.</p> <p>Greater public and political support for ECD exists.</p> <p>There is initial interest on the part of Government and development partners.</p>
<p>Outputs</p> <p>(i) Surveys</p> <p>(ii) Needs assessment</p> <p>(iii) Investment strategy</p>	<p>Survey carried out in eight poor provinces in a timely fashion</p> <p>Publication of needs assessment</p> <p>Development of a needs assessment for children from poor and vulnerable households</p>	<p>Monitoring missions</p> <p>Consultant and Government reports</p> <p>Feedback from stakeholders</p>	<p>Difference agencies in the Government support the TA.</p> <p>Resources are available for undertaking studies.</p> <p>Consultants and Government staff are available.</p>
<p>Inputs</p>	<p>Consultants and Government staff</p> <p>Existing literature</p> <p>Existing and new household surveys</p>		

OUTLINE OF THE FINAL REPORTS

A. Main Report

1. Introduction
 - 1.1 Importance of early childhood development (ECD) for Viet Nam
 - 1.2 Overview of current status of ECD for children of poor families
 2. Assessment of the health and nutrition status and needs of poor children, based on the project survey, other surveys, existing available data, and literature review
 3. Assessment of the early childhood education needs of poor children, based on the project survey, other surveys, existing available data, and literature review
 4. Assessment of the supply of publicly and privately provided ECD services available to poor households
 5. Recommendations for improving access to and the quality of ECD for the poor in Viet Nam
- Appendix 1: Investment plans for ECD in Viet Nam

B. Report on the Household Surveys

1. Introduction
2. Summary of quantitative household survey
3. Summary of quantitative community and facilities survey
4. Summary of qualitative focus group surveys
5. Conclusions and recommendations

COST ESTIMATES AND FINANCING PLAN
(\$'000)

Item	Foreign Exchange	Local Currency	Total Cost
A. Poverty Reduction Cooperation Fund Financing			
1. Consultants			
a. Remuneration and Per Diem			
i. International Consultants	175.5	0.0	175.5
ii. Domestic Consultants	0.0	63.0	63.0
b. International and Local Travel	27.0	4.0	31.0
c. Reports and Communications	2.0	10.0	12.0
2. Equipment	7.5	1.0	8.5
3. Training, Seminars, and Conferences	0.0	26.6	26.6
4. Surveys	0.0	87.0	87.0
5. Miscellaneous Administration and Support Costs	0.0	5.5	5.5
6. Contingencies	21.2	19.7	40.9
Subtotal (A)	233.2	216.8	450.0
B. Government Financing			
1. Office Accommodation and Transport	0.0	51.0	51.0
2. Remuneration and Per Diem of Counterpart Staff	0.0	50.0	50.0
3. Others	0.0	12.0	12.0
Subtotal (B)	0.0	113.0	113.0
Total	233.2	329.8	563.0

Source: Asian Development Bank estimates.

OUTLINE TERMS OF REFERENCE FOR CONSULTANTS

1. The consulting team will work closely with the technical staff from the Viet Nam Commission of Population, Family, and Children (VCPFC) and from other collaborating agencies both to help build local capacity and to prepare the technical output. The consulting team will ensure that the technical outputs of the technical assistance project (TA) are of high quality and are delivered in a timely fashion. The consulting team will also support VCPFC in disseminating the TA's results and carrying out administrative tasks for the TA.

A. Early Childhood Development Specialist/Team Leader (International, 5.0 person-months)

2. The consultant will have a background in early childhood development (ECD), including child and reproductive health, nutrition, preschool education, and cognitive education; and experience in ECD issues in developing countries, preferably in Asia. The consultant will have experience leading international teams of professionals. The team leader will have the following responsibilities:

1. Overall Leadership

- (i) Organize and supervise the collective work of the consultant team.
- (ii) Assist the consulting team and the technical staff from VCPFC and other government agencies to conceptualize the overall project framework, prepare detailed overall plans for implementing the project, and organize the required data and literature.
- (iii) Assist VCPFC in preparing participatory consultations, workshops, and seminars.
- (iv) Work with nongovernment organizations (NGOs) and international development partners to get feedback and input on project design and implementation.
- (v) Ensure that the project is implemented according to the terms of reference and any subsequent instructions and guidance from VCPFC and the Asian Development Bank (ADB).
- (vi) Ensure that the project has a strong pro-poor bias and that work in each component is focused primarily on the needs of poor children and children with special needs.

2. Technical Responsibilities

- (i) Prepare the overall project framework and identify and develop all project components.
- (ii) Identify and develop policy recommendations to be proposed in the project.

- (iii) Working with technical staff from VCPFC and other government agencies, the survey specialist, and the social development specialist, develop component A (qualitative and quantitative surveys).
- (iv) Working with technical staff from VCPFC and other government agencies, and the consultant team, develop a needs assessment for components B and C (early childhood health and nutrition and early childhood education).
- (v) Working with the economist, other members of the consulting team, and staff from government agencies, develop a detailed matrix by province on needs, the cost of meeting those needs for possible financing by the Government, ADB, and other development partners; and strategies to implement the recommendations as specified in component D.
- (vi) Working with the domestic consultants, prepare a stakeholder analysis that identifies the roles, responsibilities, and resources of different levels of government (national, provincial, district, and commune) in providing ECD for the poor. Identify the role and responsibilities of other actors, including households, NGOs, mass organizations, the private sector, and others in ECD.
- (vii) Working with the survey consultant, ensure that the survey can provide benchmark data for future ECD investment projects.
- (viii) Provide leadership in disseminating and promoting the recommendations of the project, meeting with national and international stakeholders as required.

B. Early Childhood Development Economist and Financing Specialist (International, 2.0 person-months)

3. The consultant will have a background in economics and financing ECD projects, and experience in undertaking cost-effectiveness and poverty impact analysis for ECD projects in developing countries, particularly in Asia. The consultant will develop and explain the economic rationale for increased investment in ECD and will show the potential long-term poverty impact of such investment. In particular, the consultant will undertake the following tasks:

- (i) Provide and explain the economic and financial justification for investment in ECD targeting specifically the poor.
- (ii) Prepare a framework to study the financial sustainability of investment in ECD for the poor, taking into account the Government's budget, community contributions, and household willingness to pay for quality services.
- (iii) Show the poverty impact and long-term effects of investing in ECD.
- (iv) Working with team leader and other members of the consulting team, develop cost estimates of meeting the gaps that have been identified and make recommendations on how these gaps can be financed.

- (v) Ensure that the project is implemented according to the terms of reference and any subsequent instructions and guidance from VCPFC and ADB.

C. Early Childhood Development Survey Specialist (International, 2.0 person-months)

4. The consultant will have a background in survey design, implementation, and analysis, particularly for surveys—qualitative and quantitative—focusing on health, education, and children. The consultant should have experience working in developing countries, particularly in Asia. The specific tasks are as follows:

- (i) Work with the consultant team and staff from VCPFC and other government agencies to identify areas that should be included in the surveys, focusing particularly on gaps that exist in other surveys and administrative data and on measurable outcomes that can be used as baseline indicators.
- (ii) Develop a sample framework that is appropriate for the objectives of the project, and feasible, given the project budget.
- (iii) Develop and pilot test the survey instrument, train local survey takers, and provide general supervision, working with VCPFC and other Government agencies.
- (iv) Develop a framework for the initial analysis and dissemination of the survey.
- (v) Work with the social development specialist on the framework for the qualitative survey.
- (vi) Ensure that the survey adequately defines ethnicity, poverty, and vulnerability and that the survey data are disaggregated by gender, age group, ethnicity, and income status.

D. Early Childhood Education Specialist (Domestic, 7.0 person-months)

5. The consultant will have a background in educational psychology, preschool education, and cognitive development; and experience in designing and evaluating preschool programs, particularly for the poor. The consultant will provide technical guidance in the analysis of the education needs of children. Specifically, the consultant will undertake these tasks:

- (i) Working with the consultant team, develop an overall assessment and situation analysis of early childhood education, based on existing data and literature.
- (ii) Identify the unfilled needs in coverage and quality of existing early childhood education services.
- (iii) Serve as a resource person for early childhood education and work with the consultant team in analyzing and evaluating current curriculum and preschool education.
- (iv) Develop policy recommendations to improve the quality of and access to early childhood education for the poor.

- (v) Identify the key stakeholders at all levels in early childhood education.
- (vi) Serve as the focal point for disseminating information (seminars, workshops, etc.) in the area of early childhood education.
- (vii) Working with the consultant team, staff from VCPFC and other government agencies, prepare the report on early childhood education.

E. Early Childhood Health Specialist (Domestic, 7.0 person-months)

6. The consultant will have a background in public health and child nutrition, particularly of poor and vulnerable populations; and experience in evaluating the impact of programs on child health. The consultant will be responsible for overall technical guidance in the analysis of the health and nutrition needs of children. Specifically the consultant will undertake these tasks:

- (i) Working with the consultant team, develop an overall assessment and analysis of child health and nutrition, based on existing data and literature.
- (ii) Identify the unfilled needs in coverage and quality of existing early childhood health and nutrition programs.
- (iii) Serve as a resource person for child health and nutrition and work with the consultant team in analyzing and evaluating existing child health and nutrition programs, including training of health workers.
- (iv) Develop policy recommendations to improve the quality of and access to child health and nutrition for the poor.
- (v) Serve as the focal point for disseminating information (seminars, workshops, etc.) in the area of child health and nutrition.
- (vi) Identify the key stakeholders at all levels in child health and nutrition.
- (vii) Work with the consultant team, and staff from VCPFC and other government agencies to prepare the report on child health and nutrition.
- (viii) Work with the survey specialist, and staff from VCPFC and other government agencies to prepare and analyze the survey on child health and nutrition.

F. Social Development Specialist/Deputy Team Leader (Domestic, 7.0 person- months)

7. The consultant will be a social development specialist, sociologist, or anthropologist with a background in survey design and development; and have experience in working with ethnic minorities and vulnerable population, participatory development, and gender and development. The consultant will ensure that the needs of vulnerable populations are adequately taken into account in the project. Specifically, the consultant will be responsible for the following tasks:

- (i) Work with the survey specialist, the consultant team, and staff from VCPFC and other government agencies to develop, pilot-test, implement, and analyze the qualitative survey.
- (ii) Work with the consultant team to ensure that the needs of ethnic minorities and vulnerable groups are properly addressed in each project components.
- (iii) Work with the consultant team to ensure that recommendations are designed in consultation with beneficiary households and that supply-side and demand-side considerations are adequately taken into account.
- (iv) Ensure that the qualitative and quantitative surveys identify the intrahousehold provision of ECD service.
- (v) Develop a framework to identify the total cost (opportunity cost, out-of-pocket expenses, etc.) of ECD and the willingness to pay for additional services.
- (vi) Ensure that the TA takes into account both in the design of the survey and in the analysis issues related to gender, ethnicity, age, and income.
- (vii) Develop a framework for the initial analysis and dissemination of the survey.