TERM OF REFERENCE
Endline Evaluation of MEKAR Project

Name of Activity	Endline Evaluation of MEKAR (Mari Bersama Tingkatkan Edukasi Kesehatan & Parenting) Project
Program	Program Implementation
Location	DKI Jakarta
Duration	5 months
Starting Date	September 2026
End Date	January 2027
Language	English
Contract Type	Consultant
Staff in Charge	Staff YPII
Reporting to	Project Manager

1. Background

Quality Early Childhood Development (ECD) is widely recognized as a critical foundation for children's lifelong learning, health, well-being, and future productivity. In Indonesia, the Government has demonstrated its commitment to advancing ECD through Presidential Regulation No. 60 of 2013 on Holistic Integrative Early Childhood Development (HI-ECD), which promotes a multisectoral approach encompassing education, health, nutrition, parenting, child protection, and social welfare. The policy underscores the importance of ensuring that every child receives holistic support during the early years, recognizing that investments in early childhood generate lasting benefits for individuals, families, and society.

Despite this commitment, significant challenges remain in ensuring equitable access to quality ECD services. Access to early childhood education is often influenced by socioeconomic status, service availability, quality of provision, and parental capacity to support children's development. Many ECD centers continue to face limitations in educational facilities, learning materials, and qualified personnel, while parents and caregivers may not always have adequate knowledge or opportunities to practice positive parenting and early stimulation.

The urban context of Rawa Badak Selatan (RBS) sub-district in North Jakarta presents additional complexities for supporting young children's development. High population density, limited living space, inadequate access to safe play environments, environmental risks, and socioeconomic pressures can constrain children's opportunities for learning and development. At the household level, caregivers often balance childcare responsibilities with economic demands, creating challenges in providing consistent nurturing care, responsive parenting, and early learning stimulation. At the community level, limited access to quality child-friendly spaces and development opportunities can further affect children's developmental outcomes.

In response to these challenges, Plan International Indonesia implemented the MEKAR Project to enhance positive and holistic integrative parenting behavior and early childhood development in Rawa Badak Selatan, North Jakarta. The project's Theory of Change assumes that improved parenting knowledge and skills, combined with strengthened ECD facilities and expanded opportunities for play-based learning, will contribute to improved developmental outcomes for young children. To achieve this, the project pursued two interrelated outcomes:

- **Outcome 1**: Parents and caregivers enhance their knowledge and skills to effectively support children's growth and development through positive parenting, responsive caregiving, and age-appropriate stimulation.

- **Outcome 2**: ECD Centers and RPTRA (Child-Friendly Integrated Public Spaces) are strengthened with adequate facilities, educational materials, and trained administrators to provide quality early childhood learning environments.

As the MEKAR Project reaches the end of its implementation period, an endline evaluation is required to assess the extent to which the project has achieved its intended outcomes and contributed to positive changes for children, caregivers, and the wider community. The evaluation will measure progress against baseline findings and project indicators while generating evidence on the effectiveness of the project's intervention model and overall contribution to early childhood development outcomes.

The findings of the endline evaluation will provide accountability to project stakeholders and generate evidence on the project's achievements, challenges, lessons learned, and promising practices. The evaluation will inform future programming by Plan International Indonesia and its partners, while contributing to broader learning on effective approaches for promoting positive parenting and holistic early childhood development in urban communities.

Endline Evaluation Purpose

The purpose of the Endline Evaluation is to assess the overall performance and results of the MEKAR Project in achieving its goal of enhancing positive and holistic integrative parenting behavior and early childhood development for children aged 0-6 years in Rawa Badak Selatan, North Jakarta. The evaluation will measure progress against the baseline study, project indicators, and intended outcomes, and assess the extent to which the project has contributed to positive changes among children, parents, caregivers, ECD centers, RPTRA, and the broader community. Specifically, the evaluation will assess:

1. **Relevance:** The extent to which the project design and interventions responded to the needs and priorities of children, caregivers, ECD centers, RPTRA administrators, and community stakeholders in Rawa Badak Selatan.
2. **Coherence:** The extent to which project interventions complemented national HI-ECD policies, local government priorities, existing ECD centers, and community-based child development initiatives.
3. **Effectiveness:** The degree to which the project achieved its intended objectives, including improvements in parenting knowledge and practices, strengthened ECD and RPTRA capacities, and increased access to play-based learning opportunities.
4. **Efficiency:** The extent to which available resources, partnerships, and implementation mechanisms were utilized in a timely and cost-effective manner to achieve project results.
5. **Impact:** The broader changes resulting from the project, including contributions to positive parenting behaviors, improved child development outcomes, strengthened community support systems, and increased recognition of the importance of early childhood development.
6. **Sustainability:** The likelihood that improvements in parenting practices, strengthened institutional capacities, learning facilities, and community-based play and learning mechanisms will continue beyond the project period.
7. Identify key **enabling factors, challenges, lessons learned, and good practices** that influenced project implementation and results, and generate evidence-based recommendations for future programming, policy engagement, and potential scale-up of similar interventions.
8. Provide **accountability** to Plan International Indonesia, project participants, local government partners, communities, and donors by documenting the project's achievements, limitations, and overall value in improving early childhood development outcomes.

2. Endline Evaluation Questions

This endline evaluation will assess the extent of the final situation of the Outcomes indicators covering knowledge, attitude, and practice below:

A. Relevance

1. To what extent did the project address the priority needs and challenges faced by children aged 0-6 years, parents, caregivers, ECD centers, and RPTRA in Rawa Badak Selatan?
2. How relevant were the project objectives and intervention strategies to the local context and the developmental needs of young children?
3. To what extent did the project design adequately consider barriers related to parenting practices, access to quality ECD services, child-friendly spaces, and play opportunities?
4. How responsive was the project to the needs of vulnerable and underserved groups within the target community?

B. Coherence

1. To what extent were project interventions aligned with national and local policies and priorities related to Holistic Integrative Early Childhood Development (HI-ECD)?
2. How well did the project complement and strengthen existing ECD services, RPTRA initiatives, community structures, and local government programs?
3. To what extent was coordination established between caregivers, ECD centers, RPTRA management, community leaders, and government stakeholders?

C. Effectiveness

Outcome 1:

1. Parents and caregivers enhanced knowledge and skills to effectively support their children's development
2. To what extent did parents and caregivers improve their knowledge of child development, positive parenting, nurturing care, and early stimulation?
3. To what extent have parents and caregivers adopted positive parenting practices and child development activities at home?
4. What changes, if any, have occurred in parent-child interactions, communication, play, and caregiving practices as a result of the project?
5. What factors facilitated or hindered the achievement of results related to parenting knowledge and practices?

Outcome 2:

1. ECD centers and RPTRA enhanced with necessary facilities, educational tools, and trained administrators
2. To what extent has the project strengthened the capacity of ECD centers and RPTRA to provide quality learning and child-friendly environments?
3. To what extent are educational materials, facilities, and learning resources being utilized effectively by ECD centers and RPTRA?
4. What changes have occurred in the knowledge, skills, and practices of ECD teachers, administrators, and RPTRA staff following project support?
5. How have improvements in ECD centers and RPTRA contributed to children's learning and development opportunities?

Play-based learning at RPTRA can be conducted regularly:

1. To what extent has the project increased access to and participation in play-based learning activities at RPTRA?

2. How regularly are play-based learning activities being conducted and attended by children and caregivers?
3. How do caregivers, children, and RPTRA managers perceive the value and usefulness of these activities?
4. What factors support or constrain the continuation of play-based learning activities?

Goal/Outcome Level

1. To what extent has the project contributed to enhancing positive and holistic parenting behaviors among caregivers?
2. To what extent has the project contributed to creating a more enabling environment for early childhood development in the community?
3. What evidence exists of improvements in children's developmental outcomes, learning opportunities, social interaction, or well-being attributable to the project?

D. Efficiency

1. To what extent were project resources (financial, human, technical, and material) utilized efficiently to achieve intended results?
2. How effective were the project implementation arrangements, partnerships, coordination mechanisms, and community engagement approaches?
3. Were project activities implemented in a timely manner and according to planned schedules?
4. What implementation approaches generated the greatest results relative to the resources invested?

E. Impact

1. What significant positive changes have occurred among children, caregivers, ECD centers, RPTRA, and communities as a result of the project?
2. To what extent has the project contributed to stronger parenting practices, improved nurturing care environments, and increased awareness of child development needs?
3. Have there been any unintended positive or negative outcomes resulting from the project interventions?
4. What evidence suggests that the project has contributed to longer-term improvements in child development and family well-being?
5. To what extent did the project engage fathers and other caregivers in positive parenting practices?
6. Were project benefits experienced equally by women, men, children with disabilities, and other vulnerable groups?

F. Sustainability

1. To what extent are parents and caregivers likely to continue applying the knowledge and practices gained through the project?
2. To what extent are ECD centers and RPTRA able and willing to maintain facilities, educational resources, and improved practices after project completion?
3. How likely are play-based learning activities to continue beyond the project period?
4. What mechanisms, partnerships, community ownership, or local government support have been established to sustain project outcomes?
5. What are the key risks and opportunities affecting the long-term sustainability of project results?

G. Learning and Recommendations

1. What were the most successful strategies, changes, and good practices implemented under the MEKAR Project?
2. What challenges or limitations affected project implementation and results?
3. What lessons learned should inform future parenting, ECD, and community-based child development programs?
4. Which intervention components generated the strongest outcomes relative to investment and demonstrate potential for scaling or replication?
5. What recommendations should be considered by Plan International Indonesia, local government, ECD centers, RPTRA, and other stakeholders to strengthen future interventions?

3. End user of Endline Evaluation

The endline evaluation will be used by **Plan Indonesia and project donors** as a foundation for evaluating project implementation, inform organizational learning, accountability reporting, future program design, scaling and replication opportunities. **The primary users** of the evaluation findings will include Plan Indonesia, project donors, government stakeholders, ECD centers and RPTRA management, parents and caregivers involved in the project.

4. Expected Result

The Endline Evaluation is expected to provide:

a. A comprehensive assessment of the MEKAR Project's achievements against its goal, objectives, indicators, and baseline and midline findings.
b. Evidence of changes in parenting knowledge, attitudes, and practices, as well as improvements in early childhood development support systems within households, ECD centers, and RPTRA.
c. An assessment of the relevance, coherence, effectiveness, efficiency, impact, and sustainability of project interventions based on the OECD-DAC evaluation criteria.
d. Identification of key achievements, challenges, lessons learned, good practices, and factors influencing project performance.
e. Actionable recommendations to strengthen future programming, support sustainability of project outcomes, and inform potential replication or scale-up of successful approaches.

5. Methodology

5.1 Evaluation Approach

The endline evaluation will adopt a mixed-methods approach, combining quantitative and qualitative data collection and analysis to assess the performance, achievements, and sustainability of the MEKAR Project. The evaluation will be guided by the OECD-DAC evaluation criteria of relevance, coherence, effectiveness, efficiency, impact, and sustainability.

In addition, the evaluation will apply a **Causal Pathway Analysis** (CPA) approach to test and validate the project's Theory of Change (ToC). The causal pathway approach will examine whether and how project interventions contributed to the intended changes by assessing the sequence of outcomes expected under the project's theory of change. Rather than focusing solely on whether results were achieved, the evaluation will explore the causal links between project activities, and outcomes, while identifying key enabling and constraining factors that influenced change.

5.2 Theory-Based Evaluation and Causal Pathway Analysis

The evaluation will assess the validity of the MEKAR Project Theory of Change, which assumes that:

- Parents and caregivers who receive knowledge and skills enhancement are more likely to adopt positive parenting practices and provide nurturing care.
- Improved ECD Centers and RPTRA facilities, learning materials, and administrative capacities create a more supportive environment for children's development.
- Regular play-based learning opportunities increase children's access to stimulating, age-appropriate learning experiences and strengthen caregiver-child interaction.
- The combination of these interventions contributes to improved parenting behaviors and enhanced early childhood development outcomes.

The evaluation will therefore examine:

Causal Pathway	Key Evaluation Focus
Project activities → Improved parenting knowledge and skills	Did parents and caregivers gain the intended knowledge and competencies?
Improved knowledge → Changes in parenting practices	Are parents applying lessons learned in everyday caregiving and child stimulation?
Strengthened ECD Centers and RPTRA → Improved learning environment	Have facilities, tools, and management capacities improved service quality?
Play-based learning opportunities → Increased child and caregiver engagement	Are activities regularly implemented and utilized by community members?
Intermediate changes → Outcome-level improvements	How have these changes contributed to positive parenting and child development outcomes?

Particular attention will be given to assessing the assumptions underlying each outcome and identifying contextual factors that facilitated or hindered the achievement of results.

5.3 Sampling and Respondent

5.3.1 Desk Review

The desk review will provide contextual understanding and support the assessment of progress against planned results. A review of relevant project documents will be conducted, including:

a. Project proposal;
b. Baseline assessment report;
c. Midline evaluation report;
d. Quarterly management report;
e. Training materials and implementation records;
f. RPTRA and ECD-related documentation;
g. Relevant government policies and strategic documents.

5.3.2 Quantitative Survey

Minimum sample size for the survey with 95% confidence interval, 5% margin of error, with 10% additional to accommodate any losses during data collection. The composition of respondent will consist 5% of respondents are people with disability. The population consists of target participants as follows:

a. 800 parents
b. 150 cadres/BKB HI facilitators
c. 75 ECDs and RPTRA Staffs

5.3.3 Qualitative Survey

Semi-structured key informant interviews and focus group discussions need to be conducted with different key stakeholders/representatives. These groups will help assess current knowledge, challenges, and opportunities to enhance parenting and early childhood development.

1. Parents & Caregivers – Mothers, fathers, and caregivers of children aged 0-6 years in targeted areas.
2. Cadres/BKB- HI Facilitator - Community-based educators supporting parenting and early childhood development in targeted area.
3. ECD Center Staff – Teachers and administrators responsible for early childhood education.
4. RPTRA Committee & Facilitators – Those managing and conducting activities at RPTRA.
5. Community Health Workers – *Posyandu/Puskesmas* health workers supporting child health and parenting.
6. Local Government Officials – Health, education, and social service representatives in targeted areas.
7. Community Leaders & Stakeholders – Influential figures in parenting and child protection.

5.3.4 Observation

Observation will be conducted to supplement the information gain in the qualitative or quantitative survey to measure the implementation of RPTRA and ECD centers play-based learning. The observation covers learning environment, safety, child participation, availability of educational toolkit, etc. The subject of this observation will be:

a. ECD Centers
b. RPTRA

6. Ethics and Child and Program Participant Safeguarding –PSHEA

The ethic process during assessment will ensure compliance with:

- The requirements of Plan International safeguarding-PSHEA policy and standards;
- Plan's research policy and standards in relation to:
  - Recruitment & training: Structured selection, training, and capacity building for enumerators.
  - Campaign development: Designing inclusive campaigns, tools, and feedback/reporting mechanisms.
  - Informed consent & voluntary participation: Participants can withdraw anytime if unsafe or uncomfortable.
  - Confidentiality & data protection: Ensuring anonymity and responsible data management.
  - Risk Mitigation & support: Steps to minimize harm, provide interventions, and offer psychosocial support.
  - Ethical feedback & community engagement: Transparent sharing of study findings.
  - Safe participation: Protective measures for children, vulnerable groups, and researchers.
  - Chaperon support: Trained chaperons to assist participants, with safeguarding briefings.
- Data storage and destruction of participant data when it is no longer needed.

7. Consultant's Responsibilities and Key Deliverables

Below are the consultant's responsibilities and the expected result of this consultancy. The selected consultant will be responsible to:

a. Develop research design and work plan following Plan Indonesia' format, including research background, sample size, purpose and questions, methodology, analytical framework, sampling and respondents, data quality assurance, team composition, logistic, deliverables, and schedule.
b. Develop respondent selection criteria with Plan Indonesia.
c. Develop Risk Assessment and Mitigation (RAM) according to Plan Indonesia's standards.
d. Develop research instruments as well as test the instrument before data collection.
e. Recruit and train enumerators in collaboration with Plan Indonesia.
f. Collect primary and secondary data using the final instruments.
g. Develop and implement a Data Quality Assurance Plan.
h. Conduct data cleaning, quantification, interpretation, and analysis.
i. Develop minimal three Most Significant Change (MSC) /good practices in the project
j. Develop a draft and final research report that refers to Plan Indonesia's format using English and Indonesian.
k. Submit final consultancy report based on YPII standards, including result presentation, row data (raw and clean data), transcript, analysis result, MSC/good practices, infographics, and risk mitigation report.
l. Ensure that all team members, including enumerators, understand and agree on Plan Indonesia's safeguarding PSHEA guidelines
m. Provide reporting and feedback mechanism channel.
n. Collaborate closely with Safeguarding-PSHEA focal points.

No	Activities	Objectives	Deliverables	Estimated Level of effort
1	Develop research design and workplan	Research design and work plan are available	Research design and workplan, in English (Max 20 pages + annexes), including, • An update timeline and a research matrix • Detailed methodology, including draft sampling methodology and size • Draft data collection tools • Ethical considerations • Consent form for any primary data collection • (draft) methods for data analysis • A brief justification of the methods and techniques used (including relevant underlying values for assumptions/theories) with a rationale for the selections made	10 days
2	Data collection instrument available and tested	Data collection instrument available and tested	Instrument trial report and final data collection instrument	5 days
3	Selecting and training enumerators	Enumerators selected and trained	Selected and trained enumerators with research design, instruments and safeguarding	3 days
4	Data Collection to the selected respondent and secondary data	Relevant data collected	Information is documented and cleaned • Field data collection result of qualitative (audio record, qualitative excerpt) and quantitative data output	10 days
5	Data analysis	Collected data has been analysed	Study result (Desk review summary and analysis output)	10 days
6	Result presentation	The findings are validated	Validated and confirmed data and findings	3 days
7	Report writing	First draft of consultancy report developed	First draft of research report	10 days
8	Workshop on design, findings, and report	Feedback on findings and report is available	Agreement on design: confirmation on findings and feedback on report	1 days
9	Revising and finalising report	Consultancy report finalized	Final consultancy report, management brief report (achievements, key findings, strategic recommendations, and scaling-up opportunities), result presentation, data set and infographics	8 days
Total				**60 days**

8. Timeline Activity

Activities/deliverables	Timeline																	
	Sept 26		Oct 26				Nov 26				Dec 26				Jan 27			
	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
Develop TOR, review, finalize an d procurement																		
Consultant selection process and result (safeguarding – PSHEA should include in all process)																		
Research design and workplan submission (updated analysis plan, sampling, plans, questionnaire and logistics)																		
Feedback from YPII & BioMerieux																		
Revision																		
Research design and workplan finalization, including the researc h tools and submission to YPII																		
Enumerator training																		
Data collection																		
Data analysis																		
Draft report writing and submission																		
Feedback and revision																		
Final report submission																		

9. Budget and Term of Payment

Budget for endline evaluation will be charged to WBS **YP00275-YPI1-038-2104-04**

No	Description	Volume	Unit	Quantity	Unit	Unit Cost	Total Cost	Ket
Consultant								
1	Consultant fee	1	person	2	month			
Subtotal								
Enumerator Training								
1	Paket meeting	27	person	1	time			
2	Transport peserta	21	person	1	day			
3	ATK	1	package	1	time			
4	Daily Worker/Notulen	1	person	1	time			
Subtotal								
FGD Offline								

1	Notulen group	1	person	7	time			
2	Snack	56	package	1	time			
3	Transport	56	package	1	time			
Subtotal								
1	Fee for enumerator per survey respondent	400	person	1	time			
2	JBI	2	person	1	time			
Subtotal								
TOTAL								

10. Closing

This term of reference will be used as a reference to conduct endline evaluation.