

TERMS OF REFERENCE (TOR)

To recruit a consultant to conduct the survey on Adolescent Sexual and Reproductive Health in Mu Cang Chai and Van Chan district, Yen Bai province for the DAICHU project

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1. Project summary

Type of study	Baseline Survey
Name of the project	Improving Adolescent Sexual & Reproductive Healthcare in Yen Bai province
Project Start and End dates	1 January 2023 to 31 March 2025
Project duration	27 months
Project locations:	Van Chan and Mu Cang Chai Districts of Yen Bai Province;
Thematic areas	Health and Nutrition
Sub-themes	Adolescent sexual reproductive health and rights
Donor	Daiichi Sankyo Co., Ltd
Estimated beneficiaries	3,000 adolescents, aged between 15 – 19 (both male and female)
The overall objective of the project	Ethnic minority adolescents (aged between 15 – 19) in remote areas in Vietnam have improved sexual & reproductive health (SRH)

2. Introduction

Save the Children (SC) is the leading global independent organisation for children. Save the Children believes every child deserves a future. Around the world, we work every day to give children a healthy start in life, the opportunity to learn and protection from harm. When crisis strikes, and children are most vulnerable, we are always among the first to respond and the last to leave. We ensure children’s unique needs are met and their voices are heard. We deliver lasting results for millions of children, including those hardest to reach.

We do whatever it takes for children – every day and in times of crisis – transforming their lives and the future we share.

Our vision: A world in which every child attains the right to survival, protection, development and participation.

Our mission: To inspire breakthroughs in the way the world treats children, and to achieve immediate and lasting change in their lives.

Our values: Accountability, ambition, collaboration, creativity and integrity.

We are committed to ensuring our resources are used as efficiently as possible, in order to focus them on achieving maximum impact for children.

SC will implement the project “Improving Adolescent Sexual & Reproductive Healthcare in Yen Bai province” in the next three years (January 2023 to March 2025). The project is funded by Daiichi Sankyo Co., Ltd aiming to bring direct benefits to about 3,000 adolescents, aged between 15 – 19 (both male and female). The indirect beneficiaries including: 3,000 Adolescents’ parents, 46 Health workers and education staff at district and commune levels (including Government Health System and Health Private Healthcare Facilities), 28 Teachers ToR for Consultancy Service Providers and Freelancers – version February 2019

and health staff in high schools, 30 Commune staff including People Committee, Women Union and Youth Union staff; and 180 Village staff including Village Header, Village Health Worker and Women Union staff.

To identify the current situation of adolescents sexual & reproductive health (ASRH) knowledge, awareness, practices and skills of adolescents and youth, parents/ caregivers, service providers and local people as well as available resources for providing quality ASRH care for ethnic minorities adolescents, aged between 15 – 19 (both male and female), their parents, service providers and local people in the target provinces, a baseline survey needs to be implemented. The baseline survey will be conducted in two project districts which are Mu Cang Chai and Van Chan and in an additional district (Tram Tau) of Yen Bai Province which is expected to serve as a control group in the first quarter of 2023. This baseline survey will deploy quasi-experimental design in order to support better evidence generation. An external consultant or a consulting firm will be recruited to conduct this assignment.

3. Background and context

The overall goal of the project is that ethnic minority adolescents (aged between 15 – 19) in remote areas in Vietnam have improved sexual & reproductive health rights. In order to contribute to this goal, SC will partner with Yen Bai Department of Health (DOH) and Yen Bai Paediatrics and Obstetric hospital to deliver three outcomes:

1. Ethnic minority adolescents and their parents, teachers, health workers and surrounding communities in Yen Bai province have improved knowledge, behaviours and good practices on ASRH care;
2. Local healthcare facilities and community healthcare plans in Yen Bai province are improved to better deliver ASRH care services and supports for adolescents;
3. National government, mass organizations (VWU, VYU), authorities in other provinces, and private healthcare service providers are informed and inspired to strengthen ASRH care particularly in poor, remote and ethnic minority areas.

SC proposes to work on improving ASRH care in the northern mountainous province of Yen Bai where the poverty rate is 18% and ethnic minorities groups account for 57% of the population. Local ethnic minorities (Tay, Thai, Mong, Dao, Muong) still maintain many traditions of child marriage (under 18), early motherhood (under 22) and poor care practices for pregnant women, new-borns and mother such as no regular health check for pregnant women, birth delivery at home without the presence of skilled health workers, poor meal for mother with only rice, salt and chili, and early work after birth delivery. This project will focus direct interventions in two difficult districts in Yen Bai province, including Mu Cang Chai and Van Chan districts. The two districts' combined population is 191,184 people. Up to 90% are ethnic minorities. Youth and adolescent account for 8.5% of the population (16,320 people). According to Yen Bai Department of Health, the pregnancy rate among women aged 15-19 years old in Mu Cang Chai district is 15.5% and Van Chan district is 9.6% by 2021. Home delivery practice (without trained health workers) is still very high, with 63.1% in Mu Cang Chai district and Van Chan district 13.5% in 2021. Results from the 2017 survey conducted by SC in Mu Cang Chai and Tram Tau districts also recorded many cases of early marriage, even before the age of 15. Teenage abortion is relatively common. However, the data cannot be compiled because women who go for abortion do not want to publicize, hence they often choose private facilities, or service in other localities.

This project proposes a set of comprehensive interventions to address the root causes and improve ASRH care in Yen Bai province. We will strengthen education on ASRH care among adolescents in schools, raise awareness and build capacity among parents, teachers, health workers to instruct, assist and advise adolescents, and improve ASRH services in local public health facilities to make them more effective and friendlier to adolescents. So that, local

adolescents in Mu Cang Chai and Van Chan districts will have increased knowledge, assistance and access to quality service to improve their ASRH. SC will also promote ASRH education to be adopted in other districts in Yen Bai province and advocate for ASRH care to be included in local state budget for healthcare. So that key interventions in this project will be mainstreamed and sustained in local education and health systems. SC will also document and share successful models and experience in this project to MOH, MOET and the Ministry of Labour, Invalids and Social Affairs (MOLISA), Vietnam Women Union (VWU), Vietnam Youth Union (VYU) and private healthcare service providers to facilitate adoption and replication in other ethnic minority areas.

4. Scope of study

4.1. Purpose, Objectives and Scope

The objective of this assignment is to conduct a Baseline survey in Mu Cang Chai, Van Chan district, Yen Bai province as intervention districts and Tram Tau district, Yen Bai province as a prospective control district. Findings from this survey will help to determine baseline values and refine targets for outcome-level indicators, as well as inform future project implementation. The results of the survey will be presented in the detailed implementation planning workshop and will be shared with the surveyed health facilities, high schools with the desire to help these facilities improve the quality of ASRH care based on the survey's findings. The survey report will also be used for the monitoring and evaluation of the project.

4.2. Stakeholders / Audience

This survey has been designed by the staff from Save the Children (SC) with technical support from SCJ. Findings from this baseline survey will help to determine baseline values and refine targets for outcome-level indicators, as well as inform future project implementation. The results of the survey will be presented in the detailed implementation planning workshop and will be shared with the surveyed health facilities, high schools with the desire to help these facilities improve the quality of ASRH care based on the survey's findings. The survey report will also be used for the monitoring and evaluation of the project.

4.3. Key study questions

The main purpose of baseline survey is to capture current statuses of indicators which are designed to measure key outcomes of the project, and to answer additional following research questions (RQ) for the three project objectives about the current situation of ASRH knowledge, practices, and skills in the target areas:

- RQ1. What is the current awareness, attitude and practice, as well as intension, subjective norm and perceived control of ethnic minority adolescents and their parents in target district on ASRH, and compare this rate with group of adolescents and parents in other districts of Yen Bai province with similar geographical and socio-economic conditions?
- RQ2. What is the current use practice and demand for ASRH services among ethnic minority adolescents?
- RQ3. What are gender, cultural, socio-economic factors and policy/ socio-economic development plan of local authorities that influence the adoption of healthy SRH practices of ethnic minority adolescents and their parents, teachers, health workers and surrounding communities in target districts?
- RQ4. What is the current status of knowledge and skills in ASRH of health staff, education staff and surrounding communities in target districts?
- RQ5. Which resources do health facilities, high school and community of target districts have available to provide ASRH care for ethnic minority adolescents, following

guidelines and standards of the Ministry of Health (MOH) and Ministry of Education and Training (MOET)?

- RQ6. What is the current status of health facilities, high school and community of target districts on ASRH care for ethnic minority adolescents?

5. Survey methodology expected

5.1. Survey design

This survey will be expected deploy quasi-experimental design. Data will be collected using mixed methods in two project districts and one control district, including desk review, quantitative and qualitative components. Both of the two project districts (Mu Cang Chai and Van Chan) will be selected as an intervention group. Tram Tau district, Yen Bai province will be expected select as a control group given its similarities in terms of geographical and socio-economic conditions with the two project districts. Collecting additional data from a control group is part of project team's effort to strengthen evidence generation.

Key data collection methods expected use in this survey are: (1) KAP survey among adolescents, parents with children aged 15-19, school teachers, health staff and members of local mass organizations, (2) In-depth interviews, (3) Focus group discussions, (4) Health Facility Assessment (HFA) and (5) Observation and (6) Desk review.

5.2. Sampling

Random sampling. The individual consultant/consulting firm is required to propose appropriate sample size and sampling methodologies, based on the information on the project beneficiaries in the following table:

No	Beneficiary	Number
1.	Adolescent (aged 15-19) in 2 target districts	3,000
2.	Parents having adolescent in 2 target districts	3,000
3.	Health workers (including Government Health System and Health Private Healthcare Facilities) in 2 target districts	46
4.	Teachers and school health staff in 4 high schools in 2 target districts	28
5.	Commune staff including People Committee, Women Union and Youth Union staff of 6 commune in 2 target districts	30
6.	Village staff including Village Header, Village Health Worker and Women Union staff in 6 communes	180

5.3. Data Sources and Data Collection Methods / Tools

All primary data collected during the survey must be disaggregated by gender, location, and ability.

The consultant will develop tools for quantitative and qualitative study and additional tools (if necessary). Save the Children will provide enumerators to assist with primary data collection.

A range of project documentation will be made available to the study team that provides information about the design, implementation and operation of the project. Documents include: Log-frame, MEAL framework, project proposal, JSDF's endline survey report, ASRH survey report.

The Study Team is required to adhere to the Code of Conduct Policy, Save the Children Child Safeguarding Policy; Fraud, Bribery and Corruption Policy, Global Anti-Harassment Policy; Modern Slavery & Human Trafficking Policy; Data Protection policies; Protection from Sexual Exploitation and Abuse Policy throughout all project activities.

5.4. Ethical Considerations

In addition, consultants have to adhere to SC's safeguarding and data protection policies. It is expected that this survey will be:

Child participatory. Where appropriate and safe, children should be supported to participate in the evaluation process beyond simply being respondents. Opportunities for collaborative participation could include involving children in determining success criteria against which the project could be evaluated, supporting children to collect some of the data required for the evaluation themselves, or involving children in the validation of findings. Any child participation, whether consultative, collaborative or child-led, must abide by the 9 Basic Requirements for meaningful and ethical child participation.

Inclusive. Ensure that children from different ethnic, social and religious backgrounds have the chance to participate, as well as children with disabilities and children who may be excluded or discriminated against in their community.

Ethical: The research must be guided by the following ethical considerations:

- o Safeguarding - demonstrating the highest standards of behaviour towards children and adults.
- o Sensitive - to child rights, gender, inclusion and cultural contexts.
- o Openness - of information given, to the highest possible degree to all involved parties.
- o Confidentiality and data protection - measures will be put in place to protect the identity of all participants and any other information that may put them or others at risk.
- o Public access - to the results when there are not special considerations against this
- o Broad participation - the relevant parties should be involved where possible.
- o Reliability and independence - the research should be conducted so that findings and conclusions are correct and trustworthy.

It is expected that:

- Data collection methods will be gender, age groups, ethnicity, and other relevant factors as needed.
- Survey activities will provide a safe, creative space where children feel that their thoughts and ideas are important.
- A risk assessment will be conducted that includes any risks related to children, young people's, or adult's participation.
- A referral mechanism will be in place in case any child safeguarding or protection issues arise.
- Informed consent and assent are required and must be obtained

6. Expected Deliverables/outputs

The selected consultant will be required to deliver the following deliverables to SC:

Deliverable number	Deliverable title	Description	Format and style
1	Protocol of the baseline research	Draft and final versions of the protocol with detailed information of the research	Electronic file in English and Vietnamese
2	Data collection tools	Draft and final versions of questionnaire, guidelines for group discussions and/or in-depth interviews, etc.	Electronic file in English and Vietnamese
3	Raw, coding and analysed data. Quantitative and qualitative data entry records	The records with detailed information of collected data.	Electronic files with raw and cleaned, qualitative and quantitative data sets
4	Presentation on the research findings	Draft and final versions of a PowerPoint presentation with key information/findings of the research	Electronic file in English and Vietnamese
5	Research report	The draft and final versions of the report with detailed information about the results/findings of the research	Electronic file in English and Vietnamese

7. Consultant responsibilities:

The consultant will provide 31 working-days services as tentative timeline from 2nd week of March to 4th week of May, 2023, including 02 days for conducting training on data collection tools and 06 days for data collection in Mu Cang Chai, Tram Tau and Van Chan district, Yen Bai provinces and 01 day for presentation of the research findings in the project launching workshop in Yen Bai. Consultants need to complete the following specific tasks:

- 1) Review all related documents, including ASRH research report conducted by SC in 2022;
- 2) Consider and review the geographical, economic, social, demographic, medical and other issues related to the adolescent group aged 15-19 of Tram Tau district to see if it is appropriate to be selected as a control group of the study or not, from which to choose the appropriate control district.
- 3) Revise and finalize research proposal developed by SC and develop data collection tools including the following points;
 - Develop data collection tools based on existing behaviour change models and selecting appropriate ones to measure adolescents' SRHR-related behaviours.
 - Finalize the protocol and data collection tools through consulting SC staff and considering inputs by Save the Children Japan.
 - Prepare necessary documents and guide processes to obtain an appropriate ethical review.

- 4) Implement the various data collection activities specified in the research design. This includes the following activities:
 - Apply KOBO toolbox application and organize training for data collectors and supervisors to collect quantitative data.
 - Directly collect data and information for qualitative research.
 - Monitor and ensure the quality of quantitative data survey results.
- 5) Process and analyse data gathered from the various data collection activities. This includes the following:
 - Creation of an electronic database for each type of data collected for the research. A copy of each electronic database created must be submitted to SC at the end of the assignment.
 - Cleaning and validation of the data collected including the application of range and consistency checks.
 - Generation of results like the computation of indicators and the construction of statistical tables and graphs.
- 6) The consultant will present the research findings in the launching workshop attended by relevant stakeholders in May, 2023.
- 7) Write the first draft and the final version of the research report. The final version must include any modifications needed based on the comments given by SC. The final version of the research report must be written both in English and Vietnamese.

Estimated number of working days for consultants is 31 days.

No	Activity	Working days (Tentative)	Expected outcomes	Timeline (Tentative)
1.	Review project documents	2	Project documents is studied	W2 Mar
2.	Develop protocol and data collection tools	3	Protocol and tools (in English)	W2 Mar
3.	Revise and finalize protocol, data collection tools following Country Office's (CO) and TA's comments	3	Final protocol (in English) and tools (in English and Vietnamese)	W3 Mar
4.	Conduct training on data collection tools	2	Data collectors and supervisors are trained	W1 April
5.	Collecting data	6	Data are collected in project provinces	W2 April
6.	Transcribe qualitative records	2	Records are transcribed	W3 April

7.	Qualitative and quantitative data analysis	3	Data are analysed	W3-W4 April
8.	Summarize key findings in presentation format	2	Presentation (in English and Vietnamese)	W4 April
9.	Present key findings in the Launching workshop	1		
10.	Prepare the first draft of the research report	3	Draft report (in English)	W4 April-W1 May
11.	Revise and finalize the report based on comments from partners, CO's and TA's	4	Final report (in English and Vietnamese)	W2-W3 May
	Total	31 days		

8. Timeline

The tentative duration for the research from **2nd week of March to 4th week of May, 2023**. The detailed timeline for each activity will be developed between SC and the consultant.

Estimated commencement date: 20 March, 2023

Estimated end date: 31 May, 2023

Deliverable number	Deliverable title	Submit to	Delivery date
1	Protocol of the baseline survey	Project Manager	Draft version: W2 Mar, 2023 Final version: W3 Mar – W1 Apr, 2023
2	Data collection tools	Project Manager	Draft version: W2 Mar, 2023 Final version: W3 Mar – W1 Apr, 2023
3	Quantitative and qualitative data entry records	Project Manager	W2 Apr, 2023
4	Analysis results of qualitative and quantitative data	Project Manager	W2 Apr, 2023
5	Key findings in presentation format (in English and Vietnamese)	Project Manager	W4 Apr, 2023

6	Final report (in English and Vietnamese)	Project Manager	Draft version: 4 May 2023 Final version: 30 May 2023
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Reporting line <Commissioning Manager>: Program Manager

9. Experience and skill set required of consultant/team leader

- Postgraduate degree in Medicine, Public Health or Social Science.
- Experience in ASRHR and ethnic minority adolescents is preferred;
- At least 05 years of experience in conducting studies in health care sector;
- At least 05 years of experience and use of qualitative and quantitative research methods (collection and analysis);
- High English proficiency;
- Proficiency in Microsoft Office Suite, quantitative & qualitative data analysis software (One or more of the following software: SPSS, STATA, EPIDATA, NVivo, ATLAS.ti, etc.).

10. Status updates/reporting

The consultant shall provide the below status updates for the duration of the services:

- Weekly progress update with project team through email.

11. Acceptance

- Deliverables 1- 3 (Proposal/protocol, data collection tools) – to be accepted by MEAL Manager and TA within 5 working days of delivery date.
- Deliverables 4 - 5 (Data entry records, research report and presentation) – to be accepted by MEAL Manager and TA within 5 working days of delivery date.

12. General assumptions and dependencies

- SC will identify the key stakeholders to be engaged as part of the project

13. Payment information

- 1st payment (equal to 40% of the total contract value) upon satisfactory deliverables 1, 2, 3 as described in this ToR);
- 2nd payment (equal to 60% of the total contract value) upon satisfactory deliverables 4, 5 as described in this ToR)

Travel policy: Applied as current SC's Travel Policy.

14. Budget

- The proposed fees/costs consultant must include all necessary fees to complete required scope of work: consultant fee, per diem, accommodation and PIT/VAT.

How to apply for the services

The candidate should submit a technical proposal, fee proposal and CVs through email address: vietnam.consultancy@savethechildren.org

Submission Deadline: 17h00 27th Feb 2023

ANNEX

Annex 1: MEAL Plan

Click here: [Link MEAL Plan](#)

[Annex 2: Inception report template](#)

Click here: [Link inception report template](#)

Annex 3: Final report template

Click here: [Link Final report template](#)