

Terms of Reference for Baseline survey

***“School Health and Nutrition Project” (All Children Shine)
February, 2023***

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I. PROJECT SUMMARY

Type of study	Baseline survey
Name of the project	“School Health and Nutrition Project” (All children shine)
Project Start and End dates	January 2023 to June 2024
Project duration	18 months
Project locations:	Dak Lak, Vietnam
Thematic areas	Health and Nutrition (Safe School)
Donor	Cargill, Incorporated
Estimated beneficiaries	Students, teachers, health workers and parents in Krong Bong and Buon Ho district, Dak Lak
Overall objective of the project	<p>Overall Impact Result: Contribute to the improved health and nutrition status of kindergarten and primary school students in project schools</p> <p>Outcome 1: Enhance knowledge and practice on school hygiene and nutrition for students and other relative target groups</p> <p>Outcome 2: Ensure the supportive and safe learning environment to promote good school health and nutrition practice</p>



2. BACKGROUND AND CONTEXT

Save the Children is the leading global independent organization 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.

With support from Cargill, Save the Children International in Vietnam (SCI Vietnam) will be in partnership with Dak Lak Department of Education and Training (DOET) to implement a project on school health and nutrition at 10 primary schools and 5 kindergartens in Krong Bong and Buon Ho district. The project will contribute to the improved health and nutrition status of kindergarten and primary school students in project schools. It aims at reducing the rate of underweight children 3 to 11 years old in Krong Bong and Buon Ho, Dak Lak by 1.5% compared with the baseline and increasing the rate of children 3 to 11 years old with proper handwashing practices in project schools in Krong Bong and Buon Ho, Dak Lak by 20% compared with Baseline. The project has two main outcomes: (1) Outcome 1: Enhance knowledge and practice on school hygiene and nutrition for students and other relative target groups, and (2) Outcome 2: Ensure the supportive and safe learning environment to promote good school health and nutrition practice. The project will benefit 1,522 kindergarten children (3-5 years old), including 763 females and 759 males, 4,528 primary school students (6-11 years old), including 2,231 females and 2,297 males, 412 teachers and health workers in schools, 60 health workers at 10 Commune Health Centers and Krong Bong and Buon Ho District Health Center and 200 parents.

3. OBJECTIVES AND SCOPE OF STUDY

The purpose of the survey is to assess the current situation of School Health and Nutrition (SHN) knowledge, practices and skills of students, teachers, parents in the target districts. It also aims to identify current status and demand, giving recommendation and contributing to better implementation during project life.

This research aims at answering the following questions for the two project objectives

RQ1: What is the current status of knowledge and practices in School Health and Nutrition (nutritious foods, oral health, handwashing and personal hygiene) of students, teachers and parents in target sites?

RQ2: What is nutritious status of school children and students and the status of management students' health and nutrition status via collaboration between education and health sectors in target districts?

RQ3: What is the current supportive and safe learning environment status to promote good school hygiene and nutrition practices (WASH and/or hygiene kitchens) and the current status of dietary diversity of project schools in target districts (accessibility of students to safe drinking water, sanitation, and hygiene; schools with relevant safe school action plan)?

Please see Annex 1 for Log-frame indicators of the project

The study team will be required to undertake consultation with SC staff at the commencement of the study in order to further refine the Study questions.

Scope: The baseline survey will be conducted mainly in project sites of Krong Bong and Buon Ho district, Dak Lak. The study will involve the project's partners, their networks, and stakeholders at different levels who will be involved in the project. Specifically, interviews will be made with the following:

- Leader of Dak Lak Department of Education and Training
- Leader of Krong Bong and Buon Ho District Bureau of Education and Training
- Leader of Krong Bong and Buon Ho District Bureau of Health
- Beneficiaries (students, parents, teachers, school staff/school nutrition officer, health workers)

The findings of the Baseline survey will be shared in a project Launching workshop with key partners, stakeholders and beneficiaries.

4. STUDY METHODOLOGY

4.1 Study Design

It is expected that this study will involve:

- Mixed qualitative and quantitative method
- Random sampling

4.2 Sampling

The study team will be required to undertake consultation with SC staff at the commencement of the baseline in order to further refine the sampling methodology.

4.3 Data Sources and Data Collection Methods / Tools

All primary data collected during the survey must be disaggregated by gender, location, and ability. Save the Children will provide some tools (KAP students, parents, teachers) that are required by donor and member (SCUS).

The consultant will develop tools for qualitative study and additional tools (if necessary). This survey will use Participatory assessment methods with children. 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.

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.

4.4 Ethical Considerations

It is expected that this study will be:

- **Ethical:** The study must be guided by the following ethical considerations:
 - Safeguarding - demonstrating the highest standards of behavior towards children and adults.
 - Sensitive - to child rights, gender, inclusion and cultural contexts.
 - Openness - of information given, to the highest possible degree to all involved parties.

- 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.
- Public access - to the results when there are not special considerations against this
- Broad participation - the relevant parties should be involved where possible.
- Reliability and independence - the study should be conducted so that findings and conclusions are correct and trustworthy.
- Need Ethics Review Committee (ERC) approval. Note the consultant will need to prepare a study protocol with tools that will be submitted by the SC team to the ERC as a part of this study prior to the study.

It is expected that:

- Data collection methods will be age and gender appropriate.
- Study 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.

The study team will be required to obtain approval from a Human Research Ethics Committee (Save the Children's Ethics Review Committee portal). SC project team with SCUS Technical Advisor will be responsible for prepare and submit study protocol to ERC.

5. SERVICES THE SUPPLIER WILL PROVIDE

- Review project documents (project description, project proposal, MEAL Plan, Log-frame).
- Collect the qualitative data.
- Process and analyze 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 baseline. 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.
- Write the first draft and the final version of the baseline report. The final version must include any modifications needed based on the comments given by key partners, SC and Technical Advisors during the presentation of the first draft. The first draft baseline report must be written in English; and final version of the study report must be written both in English and Vietnamese. The final baseline report will be also shared with the donor, partners.
- Prepare key findings in presentation format

No	Activity	Working days (Tentative)	Expected outcomes	Timeline (Tentative)
1.	Review project documents	1 day	Project documents is studied	6 March 2023
2.	Develop protocol and data collection tools	2 days	Protocol and tools (in English)	7-8 March 2023
3.	Revise and finalize protocol, data collection tools following Country Office's (CO) and TA's comments	2 days	Final protocol (in English) and tools (in English and Vietnamese)	13-14 March 2023
4.	Submit ERC and finalize according to ERC's comments (SC will be in charge)		Approval of ERC	15 April 2023
5.	Conduct online training on data collection tools	1 day	Data collectors and supervisors are trained	16 April 2023
6.	Collecting data (qualitative data by consultant, quantitative data by SC)	3 days	Data are collected in project provinces	21-23 April 2023
7.	Transcribe qualitative records	2 days	Records are transcribed	25-27 April 2023
8.	Qualitative and quantitative data analysis	2 days	Data are analysed	28-30 April 2023
9.	Summarize key findings in presentation format	1 day	Presentation (in English and Vietnamese)	3 May 2023
10.	Prepare the first draft of the research report	3 days	Draft report (in English)	4-6 May 2023
11.	Revise and finalize the report based on comments from partners, CO's and TA's	3 days	Final report (in English and Vietnamese)	12-14 May 2023
	Total	20 days		



6. EXPECTED DELIVERABLES

The study deliverables and tentative timeline (subject to the commencement date of the study) are outlined below. The individual consultant and Project Manager will agree on final milestones and deadlines at the inception phase.

Deliverable number	Deliverable title	Description	Format and style
1.	Inception report of the baseline survey (SC template)	Draft and final versions of the protocol with detailed information of the survey	Electronic file (English)
2.	Data collection tools	Draft and final versions of questionnaire, guidelines for group discussions and/or in-depth interviews, etc.	Electronic file (Vietnamese, English)
3.	Raw quantitative, qualitative data records	The records with detailed information of collected data	Electronic file (Vietnamese)
4.	Analysis results of qualitative and quantitative data	Detailed results of qualitative and quantitative analysis	Electronic file (Vietnamese)
5.	Presentation on the baseline's findings	Draft and final versions of a PowerPoint presentation with key information/findings of the study.	Electronic file (English and Vietnamese)
6.	Baseline report *All reports are to use the Save the Children final study SC report template Please also refer to Save the Children technical writing guide.	The draft and final versions of the report with detailed information about the results/findings of the study.	Electronic file (English and Vietnamese)

General assumptions and dependencies

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

7. TIMELINE

The tentative duration for the study from 6 March to 14 May 2023. The detail of timeline for each activity will be developed between SC and the consultant.

The consultant will be required for an input as follows:

Estimated commencement date: 6 March 2023

Estimated end date: 14 May 2024

Deliverable number	Deliverable title	Submit to	Delivery date
1	Protocol of the baseline survey	Project Manager	Draft version: 8 March 2023 Final version: 14 March 2023
2	Data collection tools	Project	Draft version: 8 March 2023

		Manager	Final version: 14 March 2023
3	Quantitative and qualitative data entry records	Project Manager	27 April 2023
4	Analysis results of qualitative and quantitative data	Project Manager	30 April 2023
5	Key findings in presentation format	Project Manager	3 May 2023
6	Baseline report	Project Manager	Draft version: 6 May 2023 Final version: 14 May 2023

Status updates/reporting

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

- Weekly progress update with project team through email

Acceptance

- Deliverables 1, 2, 3 (Inception report, Data collection tools, Draw quantitative & qualitative data) – to be accepted by MEAL Manager and TA within 5 working days of delivery date.
- Deliverables 4, 5, 6 (Analysis results of qualitative and quantitative data, Presentation on the baseline survey's findings and Baseline report) – to be accepted by MEAL Manager and TA within 5 days of delivery date.

8. SELECTION CRITERIA

Interested individual consultants will be required to submit an Expression of Interest in line with the provided template, which should demonstrate adherence to the following requirements.

- Postgraduate degree in Medicine, Public Health or Social Science. Experience in School Health and Nutrition is preferred.
- At least 5 years of experience in conducting studies in health projects.
- At least 5 years of experience and use of qualitative and quantitative study methods (collection and analysis).
- Understanding of political, cultural, education and social context in Vietnam
- Strong written and verbal skills in communicating technical and/ or complex findings to non-specialist audiences (especially report writing and presentation skills)
- High English proficiency in writing.
- Proficiency in Microsoft Office Suite, quantitative & qualitative data analysis software (SPSS, STATA, EPIDATA, NVivo, ATLAS.ti, etc.).

9. SCHEDULE OF PAYMENT

- 40% of the total cost payable within 10 days of satisfactory completion of deliverables from 1-2-3
- 60% of the total cost payable within 10 days of satisfactory completion of deliverables from 4-5-6
- The Proposed Fees are inclusive of all costs, overheads and expenses, including travel, subsistence and accommodation and other related costs.

10. HOW TO APPLY

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

The deadline for responses is: **17h00 24 February 2023**

ANNEXES

Annex I: Project Log-frame

Hierarchy of objectives /Description	Indicator
Overall Impact Result: Contribute to the improved health and nutrition status of kindergarten and primary school students in project schools	1) % of underweight children in project kindergarten and primary schools (3 to 11 years old) in Krong Bong and Buon Ho, Dak Lak 2) % of children with proper handwashing practices in project schools in Krong Bong and Buon Ho, Dak Lak
Outcome 1: Enhance knowledge and practice on school hygiene and nutrition for students and other relative target groups	3) # of people (students, teachers/school staff, health staff, and parents) who will indicate increased knowledge on hygiene and nutrition
Output 1.1: Enhance the quality of H&N/ DRR education	4) # of people who will have participated in nutrition education programming due to this funding 5) # of people who will be exposed to nutrition information due to this funding 6) # of people who will participate in food safety programming due to this funding 7) # of people educated on safe drinking water, sanitation, and hygiene practices due to this funding
Output 1.2: Enhance the children's health and nutrition status management via collaboration between education and health sector	8) # of SC supported schools organized health check-up and managed students' health and nutrition status via collaboration between education and health sectors 9) # children of SC-supported schools reached health and nutrition status management
Outcome 2: Ensure the supportive and safe learning environment to promote good school health and nutrition practice	10) % of schools having supportive and safe learning environment to promote good school hygiene and nutrition practices (WASH and/or hygiene kitchens) 11) # of participants/direct beneficiaries with increased dietary diversity due to this funding 12) # of people who will confirm regular use of newly learned food safety practices due to this funding
Output 2.1: Improve the quality of facilities and equipment for SHN	13) # of beneficiaries with improved access to safe drinking water, sanitation, and hygiene due to this funding 14) # of meals served due to this funding 15) # of people with increased access to foods due to this funding
Output 2.2: Promote Equitable School Health Action Plan	16) % of SC-supported schools with a relevant safe school action plan

Annex 2: List of Project Key activities by implementing partners

No.	Activities
I	Outcome 1: Enhance knowledge and practice on school hygiene and nutrition for students and other relative target groups
I.1	Output 1.1: Enhance the quality of H&N/ DRR education
I.1.1	Conduct training for teachers and health officers on SHN & safe school framework
I.1.2	Printing and distributing SHN manuals, SHN education toolkits, IEC materials, and other materials. Using an updated SHN manual
I.1.3	Conduct integrated classes (30 sessions/school in Year 1 & 35 sessions/school in Year 2)
I.1.4	Conduct contest and events on SHN/DRR/CCA for students in 15 schools
I.1.5	Develop organic nutrition garden at school
I.1.6	Conduct parent clubs/ events on H&N and DRR at school (10 clubs x 6 sessions/club in Year 1 & 15 clubs x 6 sessions/club in Year 2)
I.2	Output 1.2: Enhance the children's health and nutrition status management via collaboration between education and health sector
I.2.1	Conduct ToT training for district and commune health workers on annual health check for students
I.2.2	Promote local BOH and BOET to implement annual health check for students _ Around 1,000 students (Total: 2,000 kinders and 5,500 students children 6-11 years old)
I.2.3	Monitor and consult health and nutrition status at kindergarten
II	Outcome 2: Ensure the supportive and safe learning environment to promote good school health and nutrition practice
2.1	Output 2.1: Improve the quality of facilities and equipment for SHN
2.1.1	Support safe and reliable water, sanitation, and hygiene (WASH) infrastructure
2.1.2	Support safe and hygienic kitchen environment supporting safe and nutritious meal preparation
2.2	Output 2.2: Promote Equitable School Health Action Plan
2.2.1	Support to develop/ adapt a relevant safe school action plan (WASH, nutrition, DRR, etc.)

Annex 3: Inception report template



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Annex 4: Final report template



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