

TERMS OF REFERENCE Baseline Evaluation

Project “Community-based Online CSEA Survivor Support Model (CBOCSS)”

Location: Quang Binh and Kon Tum

Duration: March to May in 2023

1. About Plan International Vietnam

Founded in 1937, Plan International is a development and humanitarian organisation that advances children’s rights and equality for girls. We strive to advance children’s rights and equality for girls all over the world. As an independent development and humanitarian organisation, we work alongside children, young people, our supporters and partners to tackle the root causes of the challenges facing girls and all vulnerable children. We support children’s rights from birth until they reach adulthood and enable children to prepare for and respond to crises and adversity. We drive changes in practice and policy at local, national and global levels using our reach, experience and knowledge. For over 80 years we have been building powerful partnerships for children, and we are active in over 75 countries.

Plan International has been working in Vietnam since 1993. Our work supports marginalized children and youth, especially adolescent girls and young women, to start life and grow up physically and mentally healthy and lead the way to shape their own future. We believe girls have the power to change the world. Our ambition is to work alongside them and together act so that 2 million girls in Vietnam can learn, lead, decide and thrive.

2. Project Background and Objectives

Building on an ongoing Plan International Vietnam (PIV) led project with DOLISA to prevent online violence against children in ethnic minority communities of Quang Binh and Kon Tum provinces, this project focuses on addressing the identified gaps in the child protection system to respond to Online child sexual exploitation and abuse (Online CSEA). By working with adolescents, schools, parents and service providers, the project will set up an innovative community-based survivor support model that will facilitate and increase the reporting of OCSEA and strengthen the quality of services for survivors.

Overall objective: Adolescents aged 10-18 years, particularly girls and adolescents from ethnic minorities, access age and gender responsive, survivor-centred cross-sectoral support for OCSEA through a community-based pilot model.

- **Outcome 1:** Adolescents, particularly survivors of OCSEA, girls and adolescents from ethnic minorities, have enhanced skills and agency to report and access support.
- **Outcome 2:** The community-based OCSEA survivor support model is established and strengthened to support survivors with active engagement among families, schools and local government.
- **Outcome 3:** Knowledge on the community-based OCSEA survivor support model's transferable innovative best practices are identified and disseminated.

Location of implementation: Quang Binh province (3 communes in Minh Hoa, Quang Ninh and Le Thuy districts), Kon Tum province (3 communes of Kon Rẫy District).

Implementing partners: DOLISA Quang Binh and Kon Tum.

3. Purpose of the Baseline

3.1 Purpose:

The purpose of the assignment is **twofold**:

The consultant(s) will carry out a study to establish baseline against each indicator given in Appendix 1. The information on the indicators will later be used to measure and monitor the project progress against the set indicators over the course of the project implementation.

In addition, the consultant(s) will address the following questions:

1. What is/are the existing service model(s) for survivors of OCSEA in the targeted area of the project?
2. What is the satisfaction of general adolescents with the accessibility, responsiveness and quality of existing OCSEA survivor support model(s)?
3. What are the challenges that parents/caregivers and adolescents are facing with while seeking support services and report an Online CSEA case to a reporting structure?
4. How to ensure Availability, Accessibility, Acceptability, Quality of essential support services for children affected by Online CSEA?
5. What are the determinants influencing the engagement of governmental agencies from community to province level in responding to the issue (of OCSEA)?

3.2 Scope of work:

The study will cover specific areas, as follows:

- Knowledge, behaviour and skills of adolescents and parents/caregivers regarding identification and reporting of a case of Online CSEA and the preferred methods of learning about OCSEA for children
- Challenge(s) of parents/caregivers and of adolescents when they seek support services and report an Online CSEA case to a reporting structure
- Knowledge, behaviours and skills of core teachers and service providers related to the support of a OCSEA case
- The current situation of child protection system (support services to OCSEA survivors in particular) in community (Availability, Accessibility, Acceptability, Quality of support services on online CSEA, as well as reporting mechanism of online CSEA among children/parents in communities, at province)
- Conduct a mapping of services to establish referral pathways for survivors of online CSEA (in Quang Binh, Kon Tum and services at National Level)
- How is the legal and institutional framework currently aiming to develop a community-based survivor support model?
- What are the Challenges and Opportunities for the community and public service providers to set up effectively community-based survivor support model?

- What are the Specific needs and priorities of relevant stakeholders related to expected outcomes of this project?

3.3 Geographical coverage

The baseline survey will be conducted in Quang Binh province, Kon Tum province

3.4 Target groups to be covered

This baseline survey will cover representations of project stakeholders, government authorities, social service workers, community members, women and men, children and young people in Quang Binh and Kon Tum provinces, including:

- Adolescents aged 10-18, particularly girls and vulnerable groups (representation of different ethnic minority groups, people with disabilities...), and/or potential survivors or adolescents experiencing OCSEA. If they are not survivors of or experiencing OCSEA, it might be interesting to explore their KAP as friends, siblings, peers... of survivors of OSCEA.
- Parents/ caregivers who are both project participants in their role as duty bearers as in other existing projects of PIV and/or who have children who are potential survivors or experiencing/have experienced OCSEA
- Core teachers/facilitators will work as the primary duty bearers as they work as school counselors and providing first support for children;
- Child protection stakeholders at provincial, district and community level, and public services providers (Police, Health Care, Legal Aids, social protection Center...) effectively participate to the model and referral system as per their mandate

4. Users of the Baseline

The intended users of this data are the Donor, Plan International Belgium, Plan International Viet Nam, project stakeholders, and relevant partners.

Dissemination of findings:

Findings of the baseline survey will be disseminated to the donor, project stakeholders and beneficiaries in order to get their feedback/comments. Dissemination activities will be logistically organized by PIV through project's workshop among project partners, stakeholders and beneficiaries. The consultants will be invited to participate and do presentations.

5. Methodology

5.1 Methods for Data Collection and Analysis

The consultants/ experts are expected to be responsible for describing the overall baseline evaluation design, data sources to be used (including sampling), methodology and data collection tools that are best suited to the assignment and local context. The consultants/ experts are recommended to use different data collecting methods, such as:

- Desk review (external literature, key project documents): review the relevant documents, including the project proposal, resources and results framework, documentation, reports, and other relevant research.
- Direct observation
- Key informant interviews (KII)
- Questionnaires
- Focus group discussions (FGD)

The survey design and methodology will be discussed and agreed with PIV project team and with the implementing partners at the beginning of the consultancy. The consultants/ experts are also expected to provide friendly and simple methods so that youth and adolescents, vulnerable people can participate. Child participation methods are required to guide and support youth and adolescents to implement child-led survey.

5.2 Sample

The consultants/ experts will be expected to propose an appropriate sampling methodology and size that is statistically valid and cost-effective, based on information provided by the project team to ensure that necessary information can be collected. All data, qualitative and quantitative collected through the study must be disaggregated by sex and age groups (under 16 and 16-18), and vulnerable groups (such as representation of different ethnic minority groups, people with disabilities, children living in domestic violence, parents have to go away to work ...). Both the sample size and revised tools will be discussed and agreed with PIV project team before the beginning.

The consultants/ experts are expected to develop and suggest a sampling strategy including a description of:

- Sample size (or expectations of the consultant(s) in calculating it).
- Necessary respondents' disaggregation
- Number and type of locations
- Sampling approach

* Sample size submitted to PIV should follow table format below:

Data collection methods	Sample	Total
Questionnaires	With men, women With adolescent girls and boys, other sex With people with disabilities (if applicable)	
FGDs	With adolescent girls With adolescent boys With people with disabilities (if applicable) Local government staff, service providers from communes, district and province	
KII with partners and stakeholders	Leaders of project partners and representative of key services providers	
Case study		

6. Ethics and Child Protection

PIV is committed to ensuring that the rights of those participating in data collection or analysis are respected and protected, in accordance with Ethical MERL Framework and our Global Policy on Safeguarding Children and Young People. All applicants should include details in their proposal on how they will ensure ethics and child protection in the data collection process. Specifically, the consultant(s) shall explain how appropriate, safe, non-discriminatory participation of all stakeholders will be ensured and how special attention will be paid to the needs of children and other vulnerable groups. The consultant(s) shall also explain how confidentiality and anonymity of participants will be guaranteed.

A risk assessment will be conducted by the safeguarding focal points and the consultant team before implementing the baseline survey to mitigate foreseen risks for children, youths and participants in the survey.

Level of Contact with Children:

High level: *Interaction with children in consultations is required. The consultants must comply with Plan's child protection policy and standards throughout the research process*

Note: Before implementing data collection, the consultants must get Ethics Approval by a recognized university or a national ethics committee or PLAN-Ethics Review Team (Feedback from ERT will be provided within 2-3 weeks' timeframe from submission. For sensitive applications initial feedback may take longer, and there may be multiple rounds of feedback (with adequate time needed to action and review feedback/ revisions)).

7. Key Deliverables

The consultants/ experts are expected to provide the following key deliverables:

a. Inception report (in English)

The consultants shall submit an inception report after signing of the agreement detailing the survey methods, tools and work plan. It should include:

- an updated timeline;
- detailed methodology, including draft sampling methodology and size;
- draft data collection tools;
- ethical considerations;
- consent forms for any primary data collection;
- (draft) methods for data analysis;
- brief justification of the methods and techniques used (including relevant underlying values and assumptions/ theories) with a justification of the selections made (e.g. of persons interviewed).

b. Draft Baseline Report including an Indicator Tracking Table with baseline data inserted

c. Final Baseline Report (including Executive Summary) in English and Vietnamese

d. Final Sampling methodology (including unit of sampling and sampling frame) and size

e. Final Data Collection Tools

- f. Cleaned Data (including data files (e.g. Excel, SPSS), transcripts of qualitative data, syntax/ code books etc.)
- g. Completed Consent Forms (including for children and their caregivers and adults)
- h. Other Communication Products for Dissemination

8. Timeline and Estimated Working Days

The consultancy is estimated to be undertaken within 34 days beginning March 2023 and to be completed by the end of May 2023.

A detailed timeline will be worked out jointly with the consultants after recruitment but a preliminary timeline for the key deliverables is:

Task/ Deliverable	Deadline	Estimated No. of working days
Briefing by PIV on PI policies, standards, tools, etc.	14/3/2023	0.5
Safeguarding training (online or in person)	14/3/2023	0.5
<ul style="list-style-type: none"> - Inception report as article a of Key Deliverables - Conduct a mapping of services to establish referral pathways for survivors of online CSEA (in Quang Binh, Kon Tum and services at National Level) 	15-24/3/23	08 days
Prepare schedule for field work	27-28/3/2023	02 days
Get ethical approval	30/3-20/4/2023	N/A
Field work	24-27/4/2023 3-6/5/2023	08 days
Data entry, cleaning, and analysis	8-12/5/2023	05 days
Prepare draft report	15-19/5/2023	04 days
Presentation of the findings	23/05/2023	01 day
Consultation, feedback collection, refine report, incorporating in the report	24-29/05/2023	05 days
Submission of final report to PIV	10/06/3023	N/A
Dissemination	30/7/2023	N/A

9. Budget

The consultants are required to propose a detailed budget for this consultancy together with the technical proposal, and submit to PIV for review and approval. The budget should include the number of working days and daily rate for the lead consultant(s) and in-country team members. The consultancy fee does not include traveling, field work and logistic costs that will be paid for directly by PIV.

10. Management

Consultant(s) will conduct the baseline evaluation based on the workplan and methodology agreed with PIV.

Project Coordinator in PIV Country Office will be the focal person to coordinate the consultant hire, work plan, methodology and review reports to ensure the report meets criteria.

Provincial Partnership Managers (PPMs) at Quang Binh and Kon Tum Program Units are focal persons and responsible to coordinate and arrange the field work, meetings, invite key relevant stakeholders for interviews, FGDs ... during field data collection as well as input comment during finalization of the reports.

11. Qualifications and Experience of the Consultants

PIV is looking for a consultant/expert (or a group of experts) with strong records in conducting evaluation related to community development and empowerment, participatory development and methodologies, asset-based community development, gender-based violence (online sexual violence, exploitation, abuse against children), youth activism, particularly in Vietnamese and mountainous, ethnic minority community's context. The consultants/ experts will need respect and credibility within the field, excellent knowledge of monitoring and evaluation in theory and practice, and a good understanding of policy work.

Required Competencies:

- Demonstrable expertise (5 to 10 years) on community participatory development and empowerment, asset-based community development, community engagement and policy advocacy, GBV with gender sensitizing.
- Demonstrable experience (5 to 10 years) in designing and conducting quantitative and qualitative research/evaluation of complex programs and ability to conduct high quality research, meet deadlines and respond to requests and feedback provided timely and appropriately;
- Strong analytical skills and previous experience in data entry using statistical analysis software;
- Experience in undertaking participatory research and consultations
- Knowledge of Vietnam governance and cultural context.
- Knowledge of women's and children's rights: previous experience conducting research with children and vulnerable groups would be considered an asset;
- Excellent and demonstrated understanding of Child Protection and ethical issues in research.
- Excellent written and verbal communication and reporting skills in English.
- Mixed-gender team of female and male research assistants (as female respondents should be interviewed by a female enumerator).

12. Contact

Consultants/ experts who are interested in taking this consultancy, please submit the proposal package in English via email to: cham.dothianh@plan-international.org and VNM.Procurement3@plan-international.org

13. Applications

Interested applicants provide a proposal covering the following aspects:

- Detailed response to the TOR
- Proposed methodology

- Ethics and child safeguarding approaches, including any identified risks and associated mitigation strategies
- Proposed timelines
- CVs
- Example of previous work
- Detailed budget, including daily fee rates, expenses, taxes, etc.

The deadline for submitting the proposal package will be **no later than 24:00 PM on 6th Mars 2023**. Only short-listed consultant groups will be contacted for interview.

APPENDIX 1:

Result Level	Result Description	Project Indicator
Overall objective	Adolescents aged 10-18 years, particularly girls and adolescents from ethnic minorities, access age and gender responsive, survivor-centered cross-sectoral support for OCSEA through a community-based pilot model	(IND0) % of survivors of online CSEA that report being satisfied with the responsiveness and quality of community-based online CSEA survivor support model
Outcome 1	Adolescents, particularly survivors of online CSEA, girls and adolescents from ethnic minorities, have enhanced skills and agency to report OCSEA and access support	(IND1) % of adolescent girls and boys who report that they are confident to report online CSEA to a reporting structure
Outcome 2	The community-based OCSEA survivor support model is established and strengthened to support survivors with active engagement among families, schools and local government	(IND2) % of parents and caregivers who report that they are confident to report an Online CSEA case to a reporting structure
Outcome 3	Knowledge on the community-based online CSEA survivor support model's transferable innovative best practices are identified and disseminated	Extent to which project stakeholders are satisfied with the knowledge documents produced by the project
Output 1.1	Survivors of OCSEA, particularly adolescent girls from ethnic minorities, have strengthened their knowledge and skills about OCSEA and referral pathways to report cases	(IND1.1b) % of adolescent boys and girls who demonstrate knowledge of online child protection risks and behaviors
Output 1.2	Survivors of OCSEA, particularly adolescent girls from ethnic minorities, are empowered to report OCSEA through peer support networks for early identification and timely report	(IND1.2) % of adolescent boys and girls accessing information on service providers and reporting mechanisms through peer support networks
Output 2.3	Survivors of OCSEA, particularly adolescent girls from ethnic minorities, access quality and timely services from the community-based support model	(IND2.3) # and % survivors accessing support services and reporting mechanism

Remark(*):

- The percentage indicators: Report both count and percentage (numerator and denominator must be estimated).