

Terms of Reference for Formative Assessment of Mental Health Program for Children in Three Provinces of Viet Nam

Ha Noi, May 2024



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2. PROJECT SUMMARY

Type of study	Formative assessment on Mental Health Services for Children in Three Provinces of Viet Nam
Name of the project	Child-centred Community Development in Lao Cai Province
Project Start and End dates	2013 – 2028
Project duration	15 years
Project locations:	Vietnam, Lao Cai province, Bao Yen, Bao Thang, Bat Xat, Muong Khuong, Van Ban district
Thematic areas	Early Childhood Care and Development, Basic Education, School Health & Nutrition, Adolescent Development, Child Protection
Donor	Save the Children International
Estimated beneficiaries	Approximately 45,039 children aged 2 to 15 (23,887 girls, 21,152 boys) and 829,774 adults (421,525 women, 405,249 men) are indirectly benefited from the program
Overall objective of the project	Children most affected by inequality and discrimination in the impact area are healthy and educated to become nurturing caregivers and positive contributors to society

3. INTRODUCTION

Save the Children International (SCI) is one of the leading independent global organizations for children working in more than 100 countries. As of 2023, SCI has been demonstrated as one of the leading organizations working in 116 countries in field of health, education, and protection.

SCI starts working in Vietnam since 1990, through the implementation of a child nutrition project in Thanh Hoa Province. Since then, SCI has expanded programs to include 06 key program areas: Education, Health and Nutrition, Child Protection, Child Poverty and Climate Change Adaptation. In Viet Nam, SCI is known as Save the Children in Viet Nam (SCiV) now covers 22 of 64 provinces across the country with representative office in Hanoi. We have more than 120 staff with a wide range of technical expertise and program management qualification. In the implementation of our programs, we work in partnership with government agencies, civil society organizations, the private sector, academic and research institutions.

In education, SCI works to improve access to quality learning of most deprived children and youth with basic education and adolescent skills, we support for intergrate different digital transformation solutions to maximise learning opportunities for every child.

In child protection, SCI supports children and young people most affected by inequality and discrimination, protecting them from all forms of violence, exploitation and neglected. We aim to build a safe living environment for children through rights-based and child-led approaches,

advocating for the practice of Positive Discipline in caregivers, with close cooperation of relevant agencies and organizations. We also work with government agencies and civil society organizations to ensure children's rights are enforced by duty bearers and relevant stakeholders.

In health and nutrition thematic, SCI works closely with national and local partners to improve the health and nutrition of the most vulnerable children including adolescent sexual and reproductive health and mental health. Our interventions also aim to reduce child malnutrition rates in mountainous and highland areas, improve maternal and newborn health, and increase children's knowledge and skills about school health and nutrition.

In the area of child poverty reduction, SCI aims to reduce poverty for children and young people by supporting improved access to quality learning opportunities (including digital knowledge and skills) for young people who are the most affected by inequality and discrimination. We provide the knowledge and skills to help students make a successful transition from school to work and pursue career development opportunities in an equitable and sustainable way.

In the climate change adaptation area, SCI helps building resilience for children and families in areas most affected by climate change to address the negative impacts of climate change that affected to their lives. Our programs include safe schools, economic and lifestyle support programs, and promoting child-centered, community-based climate change adaptation.

Save the Children in Vietnam's 2022-2024 country strategy contains the goal of "**Improve the most vulnerable children's health and nutrition, including adolescent sexual and reproductive health, and mental health**". This document captures the strategic objectives and approaches to strengthen quality Mental Health & Psychosocial Support (MHPSS) programmes as a core and integration in our 2022-24 strategy, contributing to all goal of ensuring all children live free from violence, have a healthy start in life and safe access to quality education. The key objective of this assessment is to understand needs and barriers in accessing MHPSS services by children who belong to vulnerable groups in Sponsorship areas in Vietnam. Based on assessment outcomes, appropriate MHPSS interventions will be integrated into current programs and projects, and future projects as well.

Save the Children's Sponsorship program in Viet Nam is part of international program that operates in 20 countries worldwide, and integrate health, education, and protection to support the development of children from 0-18 years of age. Sponsorship programs are made possible by the generous donations of individuals in the United States, Italy, Korea, Australia, Hong Kong, and Mexico. The Sponsorship Program in Vietnam has been implemented in Lao Cai province since 2013 with the goal "All children in the impact area are healthy and educated to become nurturing caregivers and positive contributors to society." By 2022, the program in Vietnam has reached over 100,000 children and supported 183 schools with comprehensive interventions in education, school health & nutrition, adolescent development, child protection, and support for children with disabilities. Save the Children's Every Last Child report (2016) showed that continuing to focus on poverty alleviation would not be enough. To reach those left behind by the SDGs, we must grapple with inequality and discrimination and their root causes. Focusing on the children impacted acted by inequality and discrimination will be one of Save the Children's priorities.

These following groups of children has been considered as the most impacted by inequality and discrimination:

1. Ethnic minority children
2. Children living in rural and remote area.

3. Children living in poverty.
4. Children with disability
5. Children who are at risk of natural disasters

Regarding to mental health and psychosocial support (MHPSS) programming in Save the children Vietnam, we currently support selected partners in Lao cai and other SCiV supported provinces to set-up psychology consultation rooms at schools, provide awareness sessions on mental health, and provide training to teachers on Psychological First Aid (PFA). We also work with the Ministry of Education & Training (MoET) and the Ministry of Health (MoH) to uplift understanding and interest on mental health topics and training materials..

These vulnerable groups are facing unmet mental health needs. Recently, a national representative survey among adolescents (Vu Manh Loi et al, 2022) revealed that 21% adolescent reported at least one mental health symptom in the past twelve months. However, only 8.4% have ever accessed support services. Anxiety and depression are the most frequently reported problems, and 3.3% of adolescents reported depression and anxiety symptoms severity levels which met the diagnostic criteria as per the Diagnostic and Statistical Manual of Mental Disorders version 5 (DSM-5)¹. While this survey is an important source of national data covering 38 provinces, it does not cover Lao Cai – the most important site of the Sponsorship program. In addition, the national survey does not provide information for most vulnerable groups like ethnic minority, children with disability, and Lesbian, Gay, Bisexual, Transgender, and other sexual orientation (LGBT+) children. It also cannot provide information about existing mental health services in project areas.

The other study by UNICEF (2022)² presents a comprehensive review of existing policies, programs and factors associated with school students' mental health. It found that there is sufficient evidence regarding Vietnamese adolescent student mental health needs, limitations of the current systems of support, and promising programmes for improving students' mental health and well-being. Policy and programmatic planning should move forward. However, the study recommends that models of collaboration and programmes should be piloted within schools, districts, or provinces before scaling up to the national level. Research should evaluate these pilot programmes and guide subsequent expansion efforts. Research on both the efficacy and effectiveness of models and programmes must be included in the process. Studying (a) what programmes have a significant impact on student well-being, and (b) what implementation factors are associated with successful uptake and implementation will be necessary.

In additions, it recommends that research on the specific mental health needs of adolescent students from vulnerable groups is lacking. Studies of ethnic minority and LGBTQ+ students are needed to understand the problems these students more clearly, the barriers they face, and how schools and communities can best support their health and well-being.

In line with country strategic plan for 2022-2024, SCiV supports selected partners in Lao cai and other provinces to set-up psychology consultation rooms at schools, provide awareness sessions on mental health, and provide training to teachers on Psychological First Aid (PFA). We also work with the Ministry of Education & Training (MoET) and the Ministry of Health (MoH) to uplift understanding and interest on mental health topics and training materials.

¹ Institute of Sociology, University of Queensland, and Johns Hopkins Bloomberg School of Public Health. 2022. Viet Nam Adolescent Mental Health Survey: Report on Main Findings. Hanoi, Viet Nam: Institute of Sociology.

² UNICEF 2022. Comprehensive study on school-related factors impacting mental health and well-being of Adolescent boys and girls in Viet Nam.

In the upcoming years, SCiV intends to provide child-friendly mental health support to school children in Lao Cai and other tentative target areas, such as Ha Noi, Dong Thap and other provinces. To build sustainable, effective program we want to understand current gaps with service provision and best practices in providing MHPSS. The purpose of this TOR is to identify a consultant team/institution to conduct a formative assessment which will inform future MHPSS program/model for school and community children as integrated part of the Sponsorship Program and other thematic interventions in SCiV supported provinces in upcoming years.

4. SCOPE OF STUDY

4.1 Purpose, Objectives and Scope

The main purposes of this study are:

1. *Identify meaning of mental health wellbeing as well as enablers and disablers of mental wellbeing of the vulnerable children (i.e., ethnic minorities, migrant children, CWDs, LGBT+, children in and out of school).*
2. *Identify mental health difficulties and needs, unique and potential risk and protective factors related to their mental health and psychosocial wellbeing among different vulnerable groups (i.e., ethnic minorities, migrant children, CWDs, LGBT+ children, children in and out of school);*
3. *Identify existing mental health psychosocial support services, programs, including the referral system, and/or resources, and their gaps and barriers to access for different vulnerable groups (i.e., ethnic minorities, migrant children, CWDs, children in and out of school),*
4. *Assess teachers and school staff capacity in providing mental health and psychosocial support for children in school. Identify barriers, opportunities for building up and providing sustainable child-friendly mental health psychosocial support services for children in schools and out of schools in study locations.*

The study team will be required to undertake consultation with the SC study Project Manager and the study Working Group at the commencement of the project to refine the Study questions further.

Scope: This formative assessment will be conducted in three provinces, including (1) Lao Cai, (2) Thanh Hoa or Quang Binh, and (3) Ho Chi Minh or Dong Thap provinces. The study team will need to work closely with SCiV in final selection of provinces. The study team is expected to review all mental health programs/interventions that are being implemented or will be implemented within five years before and from now.

4.2 Intended Audience and Use of the Study

The primary intended audience of this formative assessment are project donors, the project team, Save the Children in Viet Nam (SCiV), Save the Children International (SCI), Ministry of Health in Viet Nam, implementing partners (Lao Cai, Thanh Hoa/Quang Binh, Ho Chi Minh, Dong Thap Department of Health, Lao Cai Department of Education and Training, and District's People's Committees (Bao Yen, Bao Thang, Bat Xat, Van Ban, Muong Khuong, mass organizations), and beneficiaries, including ethnic minority children, adults/caregivers, and teachers. The assessment methodology will be consulted with SC study managers to ensure that assessment methods and data collection tools are appropriate for the context. Moreover, the assessment findings will be shared with local government authorities and other relevant stakeholders in the provinces which are part of the assessment.

The findings of this assessment will be used to inform the SCiV MHPSS program beyond 2024; proposing solutions to enhance effectiveness and sustainability of upcoming MHPSS programming. Key findings will be shared in the program reflection workshop with partners, relevant government agencies, CSOs, NGOs, stakeholders, and beneficiaries. Highlights from the evaluation might be used in communication materials and advocacy activities of SCiV and SCI.

Stakeholder	Further information
Project donor	Global Sponsorship Office
Primary implementing organisation	Save the Children [Sponsorship team; Program Development, Quality Improvement team; Advocacy and Communications team]
Implementing partners	Lao Cai Department of Health, Lao Cai Department of Education and Training, and District's People's Committees (Bao Yen, Bao Thang, Bat Xat, Van Ban, Muong Khuong)
Government stakeholders	Ministry of Health, Ministry of Education and Training, Ministry of Labour, Invalid and Social Affair Departments of Health of Thanh Hoa/Quang Binh, Dong Thap/ Ho Chi Minh City, VNIES/MoET or other stakeholders (if needed)
Community groups	Parent's Association, Youth's Union
Beneficiaries	Children and adults/caregivers involved in the program/project/s and the study
International development/humanitarian research community	Other Non-governmental organizations, research institutes, universities

Moreover, the study team will be required to propose how the primary audience will be involved throughout the evaluation process and how evaluation findings will be shared with each of the different stakeholders in the table above, particularly outlining how reporting back to communities, beneficiaries, and children will be conducted in an accessible and child-friendly manner.

4.3 Key Study Questions

This study is to answer the following study questions:

1. Identify children perception towards mental health, its importance as well as enablers and disablers of well-being of the vulnerable groups. (i.e., ethnic minorities, migrant children, CWDs, LGBTQ+ children, children in and out of school).
2. Identify mental health difficulties and needs, unique and potential risk and protective factors related to their mental health and psychosocial wellbeing among different vulnerable groups (i.e., ethnic minorities, migrant children, CWDs, LGBTQ+ children , children in and out of school):
 - How did the program/project consider inclusion of vulnerable groups in the design and its implementation of activities? including people with different sexual orientations, ethnic minorities and children with disability?
 - What are known and unknown mental health difficulties in school and the community? How do people cope with mental health difficulties they have currently identified?
 - What are the risk and protective factors that elevate/reduce their mental health difficulties?

- How a person with mental health problems is perceived in the community?
- Will community stakeholders seek mental health services spontaneously if services and funds are available? Why?
- To what extent people are willing to seek help for themselves and their children for mental health support? What factors contributing to the mental health seeking behaviour?
- Are there differences in experiencing and coping with mental health problems among different population groups, namely male vs female, ethnic and religious minorities, and children of the migrants, children with disabilities?

3. What are existing mental health psychosocial support/ services and programs that are available to the most vulnerable children in school and in community.

- What is the overall situation of mental health and psychosocial support services and programs that available to Vietnamese adolescents?
- What are the services available to children in selected areas? Example includes community awareness raising, prevention, and referral, and stigma reduction, counselling and treatment services. Which program/services are successful and why? Which are struggling or failing and why?
- What are the pathway of seeking for mental health supports and its referral (and back-referral) system?
- How can the existing public mental health intervention/models be strengthened by mental health interventions carried out by Save the Children ?
- Do the existing program/project/models reach its intended target populations? Why/ why not? are the any groups that cannot access to the program?
- How is the current coverage of the existing mental health services/programs?
 - What is existing utilization level of provided mental health services?
 - Is there any discrepancy in access among different groups, including the most vulnerable?
 - What were the barriers and facilitators to beneficiaries accessing/ completing the program?

4. What are the barriers and opportunities for building up and providing child friendly & sustainable mental health psychosocial support/ services for most vulnerable children in and out of school

- What are national mental health program priorities and strategies? to what extent existing mental health programs align with national priorities?
- Is the mental health intervention consistent with the interventions of other actors in the same context, such as supporting complementarity, harmonization, and co-ordination with government and other relevant service providers?
- What are the child friendly MHPSS delivery points defined/recommended by those groups of children?
- What are enabling factors for successful child friendly MHPSS models/programs?
- Who SC should work with to build and scale up its MHPSS delivery models for adolescent, esp. among most impacted by stigma and discrimination? Is the existing

mental health program/project acceptable to the local community and stakeholders?
Will they be willing to participate and engage?

5. STUDY METHODOLOGY

5.1 Study Design

This study is mixed method with primary qualitative design, including but not limited to desk review, key informant interviews, and focus group. The successful candidates are encouraged to use methods that facilitate child participation.

It is expected that this study will involve:

- a comprehensive desk review of accessible project documents, published and unpublished reports/ documents.
- Qualitative methods
- Sampling methodology.

SCiV does not set specific methods for data collection. It's up to applicants to propose most efficient methods for this exercise.

5.2 Desk Review

For the desk review, consultants are required to develop literature searching strategy , including proposed keywords (PICO) and searching, screening strategy (eligibility criteria).

The existing Save the Children report can be included in the desk review. These include, but not limited to:

- Sponsorship plan and annual reports
- School Health and Nutrition and Protection program descriptions in Ho Chi Minh/ Dong Thap, Quang Binh/ Thanh Hóa and Lao Cai

5.3 Data Collection Methods, Sampling and Tools

Consultants also are required to state sampling strategy, sample size, and justification for sampling for both quantitative and qualitative methods of data collection as applicable. For quantitative survey, a school-based or population-based can be proposed. Children must be consulted in both quantitative and qualitative survey.

All primary data collected during the study must facilitate disaggregation by gender, age, disability, poverty status, location, or remoteness. Save the Children will provide guidance on tools and classification schemes for this minimum dataset.

Other technical documents will be provided during development of inception report. SCiV will not provide enumerators to assist with primary data collection. It will be a requirement of the study team to source additional external data sources to add value to the study, such as government administrative data. The team should also indicate how data triangulation will be realised.

A range of project documentation will be made available to the study team that provides information about Sponsorship Program in Lao Cai and other school health programs. Documents including 2022, 2023 annual reports.

The study team is required to adhere to the [Save the Children Child Safeguarding; Protection from Sexual Exploitation and Abuse; Anti-Harassment, Intimidation and Bullying](#); and Government of Viet Nam and SCiV Data Protection and Privacy.

5.4 Ethical Considerations

The study team will be required to obtain approval from a Human Research Ethics Committee (ERC). SCiV will provide administrative assistance with this process. However, the study team is fully responsible for preparing application package, including approved inception report attached with all relevant data collection tools and interview guides, plan for data management, and relevant informed consents **in English**, and address all comments from ERC that may arise during application process. SCiV will mediate the communication process between ERC and consultant team.

It is expected that this study 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 study must be guided by the following ethical considerations:
 - Safeguarding – demonstrating the highest standards of behaviour 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.³
 - 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.

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.

³ If any Consultancy Service Provider, Freelancer or Contingent worker will have direct contact with children and/or vulnerable adults and/or beneficiaries and/or have access to any sensitive data on safeguarding and/or children and/or beneficiaries, it is the responsibility of the person receiving the consulting service to contact the local HR team and child safeguarding focal point to ensure vetting checks and on-boarding are conducted in line with statutory requirements, local policies and best practices guidance.

- Informed consent will be used where possible.

6.EXPECTED DELIVERABLES

The study deliverables and tentative timeline (subject to the commencement date of the study) are outlined below. The study team lead and REALM Manager agree on final milestones and deadlines at the inception phase.

Deliverables and Tentative Timeline

Deliverable / Milestones	Timeline
The study Team is contracted and commences work	30-Jul-2024
The study Team will facilitate a series of consultation meetings with the relevant stakeholders at the commencement of the project to develop the inception report as needed.	03-Aug-2024
<p>The study Team will submit an inception report* in line with the provided template, including:</p> <ul style="list-style-type: none"> ▪ Study objectives, scope and key study questions ▪ description of the methodology, including design, data collection methods, sampling strategy, data sources, and study matrix against the key study questions ▪ data analysis and reporting plan ▪ caveats and limitations of study ▪ risks and mitigation plan ▪ ethical considerations including details on consent ▪ stakeholder and children communication and engagement plan ▪ key deliverables, responsibilities, and timelines ▪ resource requirements ▪ data collection tools (in line with the study matrix) <p>Once the report is finalised and accepted, the evaluator/researcher study team must submit a request for any change in strategy or approach to the study manager or the steering committee.</p>	20-Aug-2024
<p>Ethics submission and approval: Approval from a Human Research Ethics Committee is required, an ethics submission should include:</p> <ul style="list-style-type: none"> ▪ Approved inception report attached with study protocols (participant recruitment, data security and storage, consent and confidentiality etc.), data collection tools and forms. ▪ considerations for consulting with children and other vulnerable groups (if applicable) ▪ participant information statement and consent forms 	4-Sep-2024
<p>Final data collection tools (in the report language):</p> <ul style="list-style-type: none"> ▪ Survey instrument ▪ Data collection mechanism 	4-Sep-2024
<p>Complete clean and organized data sets and analyses including all encrypted raw data, databases with database description, and data analysis scripts/codebook and outputs.</p>	23-Oct-2024

<p>A Study Report* (Draft Version – template available if useful though external actors may want to use theirs) including the following elements:</p> <ul style="list-style-type: none"> ▪ Executive summary ▪ Background description of the Program and context relevant to the Study ▪ Scope and focus of the study ▪ Overview of the study methodology and data collection methods, including a Study matrix ▪ Findings aligned to each of the key Study questions ▪ Specific caveats or methodological limitations of the evaluation ▪ Conclusions outlining implications of the findings or learnings ▪ Recommendations ▪ Annexes (Project logframe, study ToR, Inception Report, Study schedule, List of people involved) <p>A consolidated set of feedback from key stakeholders will be provided by Save The Children within 1 weeks of the submission of the draft report.</p>	13-Nov-2024
<p>Final Package including final Study Report* incorporating feedback from consultation on the Draft Study Report, Executive summary, and PowerPoint presentation of Study findings</p>	5-Dec-2024

*All reports are to use the Save the Children [Final Study Report template](#). Please also refer to Save the Children technical writing guide.

All documents are to be produced in MS Word format and provided electronically by email to the SCiV Evaluation Project Manager. Copies of all PowerPoint presentations used to facilitate briefings for the project should also be provided to SCiV in editable digital format.

7. REPORTING AND GOVERNANCE

The study team lead is to provide reporting against the project plan. The following regular reporting and quality review processes will also be used:

- Verbal reporting each week to the REALM Manager or assigned MEAL Coordinator by outlining progress made over the past week.
- A written Progress Report (1-page) by email to the Save the Children study Project Manager every month, documenting progress, any emerging issues to be resolved and planned activities for the next month.

8. STUDY MANAGEMENT

Study Tentative Timeline, with key deliverables in bold. The final timeline and deliverables will be agreed upon the inception phase.

What	Who is responsible	By when	Who else is involved
Study tender submissions due	Study proponents	5-Jun-2024	
Tender review and selection of study team	SC tender review panel	18-Jun-2024	

Consultant contracts signed, and study team onboard	SCiV	30-Jul-2024	
Documentation review, desk research	Study team	13-Aug-2024	
Stakeholder Consultations	Study team	13-Aug-2024	Sponsorship Program Manager, Technical Experts,
Inception report drafting	Study team	13-Aug-2024	MEAL Coordinator
Review of inception report	MEAL Coordinator	20-Aug-2024	Project Manager, Technical advisor, Regional MEAL Managers, REALM Manager, R&E specialist
Development of Data collection tools	Study team	20-Aug-2024	Study Working Group, Technical advisor
Ethics approval	Study team	4-Sep-2024	MEAL Coordinator
Logistical arrangements	Study team	11-Sep-2024	SC Logistical support
Data collection	Study team	2-Oct-2024	MEAL Coordinator
Collected clean and organized data sets with analysis scripts and outputs, including cleaned fieldnotes coding, transcriptions, data cleaning, integration and analysis for qualitative data)	Study team	23-Oct-2024	MEAL Coordinator
First draft of the Final study report	Study team	30-Oct-2024	MEAL Coordinator
Review of first draft report Review of 2nd draft report	MEAL Coordinator	13-Nov-2024	SC Project Manager, Technical advisor, REALM Managers, R&E specialist Regional technical advisors

Meeting with evaluators and evaluation team to finalize the report	MEAL Coordinator	14-Nov-2024	Study Working Group
Dissemination workshop to validate study findings and recommendations	MEAL Coordinator	14-Nov-2024	SC MEAL staff, technical advisor, Project Manager
Final Package including final Study Report and submission of final, cleaned data sets and analyses, and Knowledge translation materials (Executive summary, ppt presentation, and 2-page briefing)	Study team	5-Dec-2024	MEAL Coordinator SC Project Manager

9. STUDY TEAM AND SELECTION CRITERIA

Either consulting firm or team of consultants (herewith names as team of consultants) can apply. Interested team of consultants will be required to submit an Expression of Interest in line with the provided template, which should demonstrate adherence to the following requirements:

It is **required** for the team lead to:

- Hold a master's degree in social sciences or relevant areas.
- Has at least 5 years of working experience in conducting social science studies for holders of PhD degree or 7 years' experience for master's degree.
- Supplier firm should have legitimate business/official premises, or they are registered for trading and tax as appropriate.

Team members to:

- Have at least 02 team members with master's degree in social science or relevant areas
- Have at least one member with medical doctor or formal degree in psychology sciences.
- Have at least 3 years relevant work experience in conducting social science studies.

It's **desirable** for the team of consultants to:

- Propose appropriate team composition to perform this TOR
- Demonstrate solid understanding of the requirements of this TOR and proposed relevant technical solutions to address the TOR requirements.
- Have sound and proven records in leading socio-economic research, evaluations or consultancy work in Viet Nam in at least one of the following: child rights, gender equality, ethnicity, and minority groups, and migrants.
- Have proven experience in designing and conducting formative assessments using mixed method design in studies involving children and children's participatory techniques.
- Have **substantial record of providing mental health services or conducting research in mental health programs.**

- Have a strong record of publications in English and Vietnamese (having at least 2 relevant research reports in English or international or peer-reviewed publications in English within the last 10 years, in which the team leader was among the first three authors in at least 1 reports)

Financial Proposal

Save the Children seeks value for money in its work. This does not necessarily mean "lowest cost", but quality of the service and reasonableness of the proposed costs. Proposals shall include personnel allocation (role / number of days / daily rates / taxes), as well as any other applicable costs.

The maximum total budget for this activity is approximately USD 20,000.00 excluding reimbursements for key informants, participants of focus groups.

10. SCHEDULE OF PAYMENT

The following payments will be made to the consultant using and agreed mode of payment

- Upon submission of completed ethical application package including approved inception report, data collection tools, data management and protection plan, and informed consents: [20%]
- Upon submission of 1st draft report and collected clean and organized data sets with analysis scripts and outputs, including cleaned fieldnotes coding, transcriptions, data cleaning, integration and analysis for qualitative data: [40%]
- Upon approval of Final Package including final Study Report, final cleaned data sets and analyses, and Knowledge translation materials (Executive summary, ppt presentation, and 2-page briefing): [40%]

11. HOW TO APPLY

The competitive offer package must be received no later than 17:00 on June 05, 2024. Failure to meet the closing time may result in the offer being void.

The package can be submitted via electronic email at Vietnam.Quotation@savethechildren.org.

Note – this is a sealed tender box which will not be opened until the package has closed. Therefore, do not send package-related questions to this email address as they will not be answered.

An Automatic reply message will be sent to you upon we receive your proposal via Vietnam.quotation@savethechildren.org In case you do not receive this message, please screenshot the submission evidence and contact us for support.

Technical proposal and commercial proposal should be submitted in 2 separate emails:

The subject of the email should be Email 1: "PR446915/Bidder Response – 'Supplier Name' - 'Date- Technical proposal,

and Email 2: "PR446915/Bidder Response – 'Supplier Name' - 'Date- Commercial proposal.

All attached documents should be clearly labelled so it is clear to understand what each file relates to.

Emails should not exceed 15mb – if the file sizes are large, please split the submission into two emails.

Do not copy other SCI email addresses into the email when you submit it as this will invalidate your bid.

Enclosure:

[Appendix 1: RFQ](#)

[Appendix 2: Selection Criteria](#)