

**Terms of Reference for
Endline Evaluation**
“Adolescent Sexual and Reproductive Health
in Mu Cang Chai and Van Chan district,
Yen Bai province” project

Save the Children
Sept 2024

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1. PROJECT SUMMARY

Type of study	Endline evaluation
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)
Overall objective of the project	Ethnic minority adolescents (aged between 15 – 19) in remote areas in Vietnam have improved sexual & reproductive health

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 funded by Daiichi Sankyo Co., Ltd, SC are implementing the project "Improving Adolescent Sexual & Reproductive Healthcare (ASRH) in Yen Bai province" in three years from January 2023 to March 2025. The project aims that Ethnic minority adolescents (aged between 15 – 19) in remote areas in Vietnam have improved sexual & reproductive health.

Project outcomes:

- Outcome 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.
- Outcome 2: Local healthcare facilities and community healthcare plans in Yen Bai province are improved to better deliver ASRH care services and supports for adolescents.
- Outcome 3: National government, mass organizations (Vietnam Women's Union, Vietnam Youth's Union), 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.

Target population:

- 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 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.

Project partners: Yen Bai Department of Health and Yen Bai Paediatrics and Obstetric hospital

Key interventions of project:

- 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.
- 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.
- Document and share successful models and experience in this project to Ministry of Health, Ministry of Education and Training and the Ministry of Labour, Invalids and Social Affairs (MOLISA), Vietnam Women Union, Vietnam Youth Union and private healthcare service providers to facilitate adoption and replication in other ethnic minority areas.

The project is now in its third year of implementation. In order to evaluate the overall performance of the project over the 27 months period, we plan to conduct an endline evaluation in quarter 4 of 2024 and quarter 1 of 2025. We expect to recruit a consultant (also called the evaluation team) to conduct this endline evaluation.

3. SCOPE OF STUDY

3.1 Purpose, Objectives and Scope

This study is being conducted at the end of the project in quarter 4 of 2024 and quarter 1 of 2025. It will build upon the baseline survey conducted at the beginning of the project (Q2.2023).

The primary purpose of the endline evaluation is to assess the results of the project and to see how intended outcomes have been achieved. It also aims to identify challenges, good practices and lessons learnt, informing future programming of similar projects.

The evaluation main objectives are:

- To evaluate whether the project achieved its expected project objectives, outcomes, and outputs through a set of project indicators and targets.
- To evaluate the overall performance of the project in terms of its relevance, efficiency, effectiveness, impact, sustainability and cross-cutting issues.
- To understand how the projects made changes and the factors positively and negatively affecting the project implementation and achievements of its objectives
- To document good practices and lessons learnt and to provide recommendations for future programming.

Please see Annex 1 for Logframe indicators of the project. The evaluation team will be required to undertake consultation with SC staff at the commencement of the evaluation in order to further refine the research questions based on the above objectives.

Scope: The evaluation team will assess the overall project performance from Jan 2023 to Dec 2024. Primary data collection will be conducted in 4 schools of Van Chan and Mu Cang Chai district. This evaluation will involve direct beneficiaries (adolescents of high schools), their parents, teachers, health staff, women union and youth unions staff, the project's partners, and stakeholders at different levels who have been involved in the project.

3.2 Intended Audience and Use of the Study

Primary intended audience of this endline evaluation are project donors, project team and Save the Children, implementing partners and direct beneficiaries, including adolescents. Moreover, the evaluation findings will be shared with local government authorities and other relevant stakeholders in Van Chan and Mu Cang Chai district and Yen Bai province.

The findings of this endline evaluation will be used to demonstrate to the beneficiaries, donors and other stakeholders what has been done and accomplished with the available resources. The endline evaluation will also gather good practices and lessons learnt which will inform future programming and possible replication of project interventions. Key findings will be shared in the project final reflection workshop with key partners, relevant government offices, NGOs, stakeholders and beneficiaries. Highlights from the evaluation might be used in communication materials and advocacy activities of SC and its implementing partners.

3.3 Key Study Questions

The following table lays out the key research questions by evaluation criteria that need to be addressed in the endline evaluation:

Criteria	Key Study Questions
Relevance	<ul style="list-style-type: none"> ▪ Did the project respond to clearly identified needs and priorities of the project participants? ▪ To what extent did the project aligned with the local authorities' requirements and priorities? ▪ Was the intervention appropriately adapted to the local context and needs of adolescents during its implementation?
Effectiveness	<ul style="list-style-type: none"> ▪ To what extent did the project achieve its intended outcomes and targets (compared to baseline data and project's targets)? ▪ Were there any differences in outcomes achieved by different groups (remote and urban areas) of beneficiaries? Were there any unintended outcomes? ▪ What were the major factors and challenges that influenced the project implementation and achievement of its objectives? ▪ Have MEAL activities been implemented as planned? Were they relevant and appropriate? How could they be improved?
Efficiency	<ul style="list-style-type: none"> ▪ Were the project outcomes achieved on time and within the planned budget? ▪ Were project activities cost-efficient? (while not compromising quality)?
Impact	<ul style="list-style-type: none"> ▪ What is the impact or effect of the project in proportion to the overall situation of the target group or those effected? ▪ What are the intended or unintended effects of the project, either positive or negative, direct or indirect?
Sustainability	<ul style="list-style-type: none"> ▪ To what extent will positive effects of the project be sustainable beyond the life of the project? ▪ What are the possible risks that might affect the project sustainability? ▪ Are there any good practices, lessons learnt and recommendations for future programming?
Cross – cutting issues	<ul style="list-style-type: none"> ▪ Safe programming: How project activities have been implemented taking into account safe programming and safeguarding? ▪ Accountability: How well did the project ensure accountability to children and the wider community in terms of information sharing, participation and feedback and reporting mechanism (FRM)? ▪ Gender equality: How did the project consider gender equality both in the design and its implementation of activities? What were the gender gaps that the project addressed and what remaining aspects need to be considered further? ▪ Inclusion: How did the project consider inclusion of vulnerable groups in the design and its implementation of activities?

4. STUDY METHODOLOGY

4.1 Study Design

This endline evaluation will use cross-sectional design, with a matched design component to ensure comparability with the baseline survey. The evaluation team is expected to propose a detailed evaluation design in order to answer the above-mentioned research questions. However, we generally expect that the evaluation team would deploy mixed methods, including both quantitative and qualitative components. The quantitative component should include self-administered surveys conducted among adolescents, their parents, teachers, health staff, women union and youth union staff. The team should also consider carefully the study methodology used in the baseline survey to ensure consistency and comparability of indicator results.

This evaluation findings should be triangulated internally by considering data from different groups of respondents and data collection methods. It is recommended that the evaluation team should also supplement their findings with data from recently published reports and other external sources (where possible) through desk reviews.

4.2 Sampling

The sampling method of this endline evaluation, especially for quantitative data, should be consistent with the baseline survey to ensure comparability of indicator results.

In baseline survey, students from all target schools in Mu Cang Chai and Van Chan districts were surveyed as the intervention group. For the control group, data was collected from two schools in Van Chan district. These intervention and control groups will be sampled in the endline survey as well.

The sample size for students was calculated using a two-sided hypothesis test for two population proportions, with a 5% significance level, 90% power, and 20% of refusing. The baseline results showed that 32.2% of adolescents had knowledge of basic ASRH care, and 69.6% had knowledge of gender equality, with a target of 80% reporting improved knowledge. Adolescent samples should be selected systematically and randomly from the full list of students in grades 10-12 provided by each school.

For the group of teachers, 31 teachers from 4 schools were randomly selected (using the smallest number for analysis). For the group of health staff at health stations, the women's union staff and youth's union staff selected the whole sampling method in the intervention areas. For the parents' group, pre-test results from 40 parents' clubs in 40 villages were used as the baseline results.

For qualitative data, key stakeholders of the project were be selected purposively to participate in in-depth interviews and focus group discussions (criteria for selecting participants include district, gender and grade).

4.3 Data Sources and Data Collection Methods / Tools

The evaluation team is responsible for developing all data collection tools for this endline evaluation. The quantitative tools should be tailored (where necessary) from the tools used in baseline assessment and midterm review to ensure that accurate comparison can be made. All quantitative data should be disaggregated by gender, type of group (intervention and control groups), location and ethnicity. Qualitative tools should include topic guides for in-depth interviews and focus group discussion. Participatory methods should be used to interactively collect ideas and opinions from respondents rather simply asking questions and seeking answers.

The team should specify which data collection methods and their corresponding tools will help answer which research questions in the format of an evaluation matrix. Data can be collected flexibly either in-person or remotely, especially for in-depth interviews and focus group discussions. It should be noted that quantitative data should ideally be collected by a single modality to avoid inconsistency and

biases. The team is expected to propose the most suitable modalities while ensuring practicality and data quality. Quality control measures and data protection plan should be in place to ensure that collected data is of expected quality and is treated confidentially.

Relevant project documents (including project proposal, logical framework, bi-annual reports, baseline report) will be shared with the evaluation team for reference.

Save the Children 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 evaluation team should ensure that all enumerators are adequately trained and that protocols are in place to maintain the quality and consistency of data collection. The team should also indicate how data triangulation will be realised.

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 [Data Protection and Privacy](#) policies throughout all project activities.

4.4 Ethical Considerations

All studies funded by SC should obtain Ethical approval either from an international recognized local ethical committee or from SCI Ethical Review Committee (ERC). In case of seeking ethical approval from SCI ERC, Consultant will be responsible for preparing Ethical application package, including: (1) approved inception report, (2) all data collection tools, (3) informed consent forms, and (4) data protection and management plan. **All documents are in English.** SC will support Human Research Ethics Committee submission. The approval process will take 10 working days. For other case, consultants are solely responsible for seeking local ethical approval.

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.¹
 - Public access - to the results when there are not special considerations against this

¹ 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 onboarding are conducted in line with statutory requirements, local policies and best practices guidance.



- 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.
- Informed consent will be used where possible.

5. EXPECTED DELIVERABLES

The evaluation deliverables and tentative timeline are outlined below. The consultant team and SC Project Manager will agree on final milestones and deadlines at the inception phase.

Deliverables and Tentative Timeline:

Deliverable No.	Deliverable / Milestones	Format/style	Timeline
1.	<p>An approved inception report (using SC's standard template) and data collection tools.</p> <p>The inception report should cover the followings:</p> <ul style="list-style-type: none"> ▪ Evaluation objectives, scope and key evaluation questions ▪ Description of the methodology, including design, data collection methods, sampling strategy, data sources, and evaluation matrix against the key evaluation questions ▪ Data collection, data quality assurance and data analysis plan ▪ Reporting plan ▪ Caveats and limitations of study ▪ Risks and mitigation plan ▪ Ethical considerations including details on consent and data protection. ▪ Stakeholder and children communication and engagement plan ▪ Key deliverables, responsibilities, and timelines ▪ Resource requirements <p>Data collection tools should be in line with the evaluation matrix, including questionnaires, guidelines for group discussions, in-depth interviews, observation checklist.</p> <p>Once the inception report is finalised and accepted, the evaluation team must submit a request for any change in strategy or approach to the SC Project manager.</p>	<p>Electronic file (word file) of:</p> <ul style="list-style-type: none"> ▪ inception report in English ▪ Data collection tools in Vietnamese and English 	14 Nov 2024

2.	<p>Ethical application package is submitted: Submit a comprehensive package of documentations to SC for further submission to get ethical approval from SC Ethical Committee. An ethics submission should include:</p> <ul style="list-style-type: none"> ▪ Approved Inception report ▪ the qualitative, quantitative and observation tools, considerations for consulting with children and other vulnerable groups (if applicable) ▪ consent forms (adult consent form, caregiver consent forms/child assent forms) ▪ Data Protection and Management Plan 	Electronic files (Word file) in English	15 Nov 2024
3.	<p>Cleaned and Organized Data and analyses package including all encrypted raw data, databases, code book with variables description and data analysis scripts and outputs. Cleaned and Analysed dataset including: + <i>Raw organized and cleaned data sets</i>:</p> <ul style="list-style-type: none"> ▪ All encrypted raw data including in-depth and focus group interview transcripts; ▪ Audio file; ▪ Quantitative survey and observation data file (Excel file for raw data and SPSS/STATA/R file that coded for cleaned data). <p>+ <i>Analysis results</i>:</p> <ul style="list-style-type: none"> ▪ Analysis framework of qualitative data; ▪ Analysis outputs and Syntax files for quantitative data. 	Electronic files (Word file) in Vietnamese: <ul style="list-style-type: none"> • Excel/ Word files; • Audio files; SPSS/ STATA/ R files.	24 Dec 2024
4.	<p>Final Evaluation Report* including the following elements:</p> <ul style="list-style-type: none"> ▪ Executive summary ▪ Background description of the Program and context relevant to the Evaluation ▪ Scope and focus of the Evaluation. ▪ Overview of the Evaluation methodology and data collection methods, including an Evaluation matrix ▪ Findings aligned to each of the key Evaluation questions. ▪ Specific caveats or methodological limitations of the evaluation ▪ Conclusions outlining implications of the findings or learnings. ▪ Recommendations ▪ Annexes (Project logframe, ToR, Inception Report, Evaluation schedule, List of people involved) <p>A consolidated set of feedback from key stakeholders will be provided by Save the Children within 5 days of the submission of the draft report.</p> <p>Final Evaluation Report* incorporating feedback from consultation on the Draft Evaluation Report</p>	<ul style="list-style-type: none"> • Electronic files (Word file) in English for draft report. • Electronic files (Word file) in Vietnamese and English for final report. 	20 Jan 2025
5.	<p>Knowledge translation materials:</p> <ul style="list-style-type: none"> ▪ PowerPoint presentation of key findings ▪ Evaluation Brief** 	<ul style="list-style-type: none"> • Electronic files (Power Point file) in English • Electronic files (Word file) in English 	25 Jan 2025

*All reports are to use the Save the Children [Final Study Report template](#).

** The Evaluation Brief is a 2-4 pages summary of the full report and will be created using the Save the Children [template](#).

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

6. STUDY MANAGEMENT

The final timeline will be agreed upon the inception phase.

#	What	Who is responsible	By when	Working days (tentative)	Who else is involved
1.	Desk review	Consultant	W3 Oct	2	
2.	Develop Inception report and data collection tools	Consultant	W3 Oct	3	
3.	Revise and finalize inception report and data collection tools	Consultant	W4 Oct - W2 Nov 2024	5	Project team, REALM team, TA, SCJ
4.	Prepare Ethical application package	Consultant	W2 Nov 2024	1	REALM team
5.	Meeting with project staff and partners to prepare the field data collection plan, including support needed in in terms of logistic arrangements.	Consultant	W4 Nov 2024	0.5	Project team
6.	The evaluation team trained enumerators (if needed)	Consultant	W4 Nov 2024	0.5	
7.	Data collection (both quantitative and qualitative survey)	Consultant	W1 Dec 2024	5	
8.	Data management and analysis (coding, transcriptions, data cleaning, integration, and analysis)	Consultant	W2 - W3 Dec 2024	6	
9.	First draft of the Final report and send to SC	Consultant	W4 Dec 2024	5	
10.	Revise and finalize Final report and submission of data and analyses	Consultant	W1 - W4 Jan 2025	5	Project team, REALM team, TA, SCJ
11.	Knowledge translation materials	Consultant	W4 Jan 2025	1	

Total working days of consultant is **34 days**.

7. STUDY TEAM AND SELECTION CRITERIA

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

Understanding of Requirements and Experience

To be considered, the study team members together must have demonstrated skills, expertise and experience in:

- Designing and conducting evaluations using mix-methods design
- Conducting studies in the field of Health and Nutrition, particularly in relation to Adolescent Sexual & Reproductive Health
- Conduct sensitive studies in the local context and culture, particularly gender equality, ethnicity, minority groups, sexual & reproductive health
- Conducting ethical and inclusive studies involving children and child participatory techniques
- Conducting ethical and inclusive studies involving marginalised, deprived and/or vulnerable groups in culturally appropriate and sensitive ways
- Sound and proven experience in conducting evaluations based on OECD-DAC evaluation criteria, particularly utilisation and learning focused evaluations
- Strong written and verbal skills in communicating technical and/ or complex findings to non-specialist audiences (especially report writing and presentation skills)
- A track record of open, collaborative working with clients

There is a high expectation that:

- A team leader will be appointed who has the seniority and experience in leading complex study projects, and who has the ability and standing to lead a team toward a common goal.
- The team has the ability to commit to the terms of the project and have adequate and available skilled resources to dedicate to this study over the period.
- The team has a strong track record of working flexibly to accommodate changes as the project is implemented.

Technical Proposal

- Demonstrate solid understanding of the requirements of this TOR and proposed relevant technical solutions to address the TOR requirements.
- Proven experience in designing and conducting outcome evaluations using mixed method design in studies involving children and children's participatory techniques.

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 Fees are inclusive of all costs, overheads, and expenses, including quantitative survey enumerators, travel, subsistence and accommodation and other related costs.

8. SCHEDULE OF PAYMENT

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

- Upon approval of inception report and tools: 40%
- Upon approval of final study report: 60%

9. HOW TO APPLY

If interested in applying for this study, please submit a submission package including CV of evaluation team leader and team members, technical proposal and financial proposal through email address: Nguyenthidieu.Quynh@savethechildren.org.

The deadline for responses is 27 Sep 2024 (5pm)

10. ANNEXES

Annex 1: Project Logframe

Logframe	Indicators	Baseline	Targets	Source of data
Project indicators				
Overall Impact Result: Ethnic minority adolescents (aged between 15 – 19) in remote areas in Vietnam have improved sexual & reproductive health right.				
Outcome 1: Ethnic minority adolescents and their parents, teachers, health workers and surrounding communities in Yen Bai province have improved knowledge, behaviors and good practices on ASRH care	1.1. Proportion of adolescents (female and male) in project locations in Mu Cang Chai and Van Chan districts report improved knowledge on basic ASRH care	32.2%	80%	Baseline and end-line survey
	1.2. Proportion of adolescents (female and male) in project locations in Mu Cang Chai and Van Chan districts report improved knowledge on gender equality	69.6%		Baseline and endline survey
	1.3. Proportion of adolescents (female and male) with intent to use modern contraception (future use of contraception, District Health Services)	62.6%	80%	Baseline and endline survey
	1.4. Proportion of parents having basic knowledge on ASRH care		70%	Baseline and endline survey
	1.5. Proportion of parents having basic knowledge on gender equality			Baseline and endline survey
	1.6. Proportion of teachers, health staff, members of Women's Union and Youth Union having good knowledge on ASRH care	24.1%	80%	Baseline and endline survey
	1.7. Proportion of teachers, health staff, members of Women's Union and Youth Union having good knowledge on gender equality	47.5%		Baseline and endline survey

Output 1.1: Education on ASRH care with gender sensitivity and ethnic minority culture sensitivity is strengthened in schools, local communities and social media targeting local adolescent and their surrounding people in Mu Cang Chai and Van Chan district	1.1.1. Number of technical guidelines on ASRH and Information Education Communication (IEC) materials on ASRH, HIV/STI prevention and gender equality developed	0	1	Activity report
	1.1.2. Number of teachers, school health staff, health staff from commune health center, members of Women's Union and Youth Union completing capacity building training on ASRH and gender equality	0	-	Activity report
	1.1.3. Number of community members participating Social Behaviour Change Communication (SBCC) events on ASRH and gender equality	0	3,000	Activity report
	1.1.4. Number of adolescents (male and female) attending ASRH peer clubs in local high schools	0	3,000 (Male: 1,590; Female: 1,410)	School report
Output 1.2: Schools, communities and health facilities in Mu Cang Chai and Van Chan districts increase collaboration in promoting ASRH care	1.2.1. Number of parents clubs at village level on ASRH established and operated	0	60	Partners' reports
	1.2.2. Number of schools, health facilities are mobilized to participate in promoting ASRH care and gender equality	0	14	Partners' reports
	1.2.3. Number of school health officer/focal person and service providers (male and female) receive capacity training from local health staff	0	4	Partners' reports
	1.2.4. Numbers of adolescents (male and female) attending monthly ARSH counselling sessions organized by schools	0	1600 (Male: 848; Female: 752)	Schools' reports
Output 1.3: Good practices and successful models of ASRH education and cares are promoted to secondary schools and communities in other districts in Yen Bai province to facilitate adaptation and replication	1.3.1. Number of provincial workshop organized to promote good practices and successful models of ASRH and gender equality education	0	1	Activity report
	1.3.2. Number of reportages/articles publicized to promote the project's good practices on social media channels	0	3	Activity report
Outcome 2: Local healthcare facilities and community healthcare plans in Yen Bai province are improved to better deliver ASRH care services and supports for adolescents	2.1. Proportion of service delivery points meeting minimum quality standards for Sexual and Reproductive Health services for adolescents, including both facility and community-based service delivery points	0	100%	Baseline and endline survey
	2.2. Proportion of adolescents (male and female) in project locations recognize having increased access to ASRH care services at local public health facilities	23.5%	70%	Endline survey
	2.3. Number of project communes (out of 6 project communes) mainstreaming ASRH into their socio-economic development plan	NA	4	Partner's report

Output 2.1: ASRH services in public health facilities in Mu Cang Chai and Van Chan districts are improved to be more user-friendly and supportive to adolescents, both male and female	2.1.1. Number of public health facilities and schools (out of 2 pilot health facilities and schools) that are improved to be more user-friendly and supportive to both male and female adolescents in terms of facilities, trained health workforce who meet minimum established guidelines for Adolescent Sexual Reproductive Health and Rights service provision with SC support	0	0	Activity report
	2.1.2. Proportion of adolescents (male and female) report that they find the services more user-friendly and supportive	0	70%	Baseline and endline survey
Output 2.2: ASRH care has priority in primary health care and is mainstreamed into district and commune socio-economic development plan in Yen Bai province	2.2.1 Number of documentations on good practices and successful models on ASRH and gender equality developed and shared and advocated for increasing resources for ASRH care and gender equality in socio-economic development plans at community and district levels in Yen Bai province	0	1	Activity report
	2.2.2. Number of meetings with local authorities at community, district and provincial levels to share good practices and successful models on ASRH and discuss about increasing resources for ASRH care in local & district healthcare plans	0	9	Activity report
Outcome 3: National government, Women's Union, Youth Union, 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	3.1. Proportion of representatives at district and provincial authorities participating in the forum voicing up to support ASRH care and gender equality		80%	Activity report
Output 3.1: Best practices on improving ASRH care in schools and in poor areas are promoted to national government, Vietnam Women Union, Vietnam Youth Union, authorities in other provinces, and private healthcare service providers for adoption	3.1.1 Number of provincial forums to discuss on how to strengthen the collaboration of different stakeholders in improving availability and quality of friendly ARSH services, including government bodies, mass organizations, private sector as well as communities	0	1	Activity report
	3.1.2. Number of dissemination workshop to share and promote the project's successful models and achievements to facilitate adaptation and replication	0	1	Activity report
	3.1.3. The good practice and successful model on ASRH are promoted on SC's website, Facebook fanpage and YouTube	0	1	Activity report
Country strategic indicators				
Child protection	% of caregivers who report positive caregiver-child relationships			Endline survey
Equality & Gender Justice	% of project participants who report positive change in attitudes towards equitable gender norms or roles			Endline survey