

TERMS OF REFERENCE

End-Line Evaluation

Young Health Programme In Vietnam

Location: Hanoi

Duration: January to April 2022

1. Introduction

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. By June 2019, Plan International Vietnam has improved the lives of more than 1,300,000 children, their families and communities from over 131 communes in 10 provinces across the country. Our goal by 2021 is to reach 2 million girls from 1,875 ethnic communities in Vietnam so they can learn, lead, decide, and thrive.

2. Project Background and Objective

Non-communicable diseases (NCDs), mainly cancer, cardiovascular disease, chronic respiratory diseases, diabetes, and mental health, are a major challenge to health and development in the 21st century. They are the leading cause of death and disability worldwide, exacting a heavy and growing toll on the physical health and economic security of all countries, particularly low and middle-income countries (LMICs). NCDs perpetuate and entrench poverty within households and communities and increase inequalities within and between countries.

People under the age of 25 make up 43% of the world's population, rising to 60% in the least developed countries. Approximately 1.2 million deaths from NCDs occur each year in people under the age of 20 –over 13% of all NCD mortality. With the present cohort of young people worldwide being the largest it has ever been, this has even greater significance. The period of adolescence is pivotal in reducing NCDs and maximizing health across all stages of life. During this period, decisions are made, habits are formed, and paths chosen that can have life-long repercussions and impact across generations. Evidence shows that unhealthy behaviour patterns related to NCDs – including unhealthy diets, tobacco use and smoke exposure, physical inactivity, and harmful use of alcohol – are often initiated during childhood and adolescence. It is estimated that over half of all NCD deaths are associated with behaviors that began or were reinforced during adolescence. To accelerate the response to NCDs worldwide, greater attention and investment is needed in the early years of life, particularly during adolescence.

In Vietnam, young people aged 10-24 account for around a quarter of the country's population: In 2014, there were 25.1m young people representing 27.7% of the overall population, with 12.8m boys (50.9%) and 12.3 girls (49.1%). This is the highest youth population ever for Vietnam, providing the country with a unique socio-economic development opportunity.

The Vietnamese Ministry of Health (MoH) also recognises that NCDs are top causes of mortality. In 2012, MoH reports mentioned that of the 73% of deaths which were attributable to NCDs, 43% happened prior to the age of 70. Annually, there are 75,000 deaths of cancer and 125,000 newly diagnosed cases. The prevalence of high blood pressure is 25%, and 5.8% of people between the ages of 20 and 79 have diabetes.

2.1 Programme summary: Young Health Programme (YHP) in Vietnam

2.2 Programme implementation period: from 01/01/2019 to 30/6/2022

2.3 Vietnamese implementing partners: hosted by National Youth Center (NYC) and technical supported by the Hanoi Center of Disease Prevention and Control (HN-CDC).

2.4 Geographical coverage: Hai Ba Trung and Dong Anh districts of Hanoi.

2.5 Proposed number of direct beneficiaries: **46,358 people** including young people living in the selected YHP target areas plus parents, caregivers, teacher and healthcare professionals.

2.6 Proposed number of indirect beneficiaries: Approximately **100,000 individuals** including members of the community who will be targeted through wider YHP interventions such as community campaigns, celebration days, awareness raising session, activities to improve youth friendly health services and advocacy meetings.

2.7 Programme goal and objectives: The overall goal of the YHP in Vietnam is to contribute to improved health and well-being of young people between 10-24 years old in Hanoi. Specifically, it aims to ensure that young people in Hanoi have increased knowledge about risk behaviours and NCD prevention, which gives them greater capacity to make informed decisions about their health, in the context of improved health services, an enabling support system and policy environment.

- **Objective one:** Young people have increased knowledge and capacity to protect and promote their long-term health, including NCD risk prevention, SRHR, gender equality and mental health
- **Objective two:** Communities (teachers, families, local leaders, factory employers) are informed and mobilised to provide a safe and supportive environment that facilitates healthy behaviour among young people
- **Objective three:** Primary healthcare services have improved systems and capacity to support the health of young people, including access to and quality of youth friendly services
- **Objective four:** Laws and policies support NCD prevention and promote the broader health of young people.

3. Objectives of The End-line Evaluation

The objective of the end-line evaluation is to evaluate the project results after 3.5 years of intervention, capturing data on programme indicators from the YHP results framework. This exercise is to navigate a comparison between the baseline and end-line data to see the changes in the targeted groups of the project.

It also assesses the impact and changes achieved. The evaluation needs to answer the question on what extent has the project met the original objectives, where it hasn't and offer an explanation to why. The result would therefore document the results of the project and the lessons learned, which recommends any of the revisions needed for designing the new phase of the project, which applies the same objectives. These recommendations would also introduce a solution for sustain all the key impacts of the project in the longer term. The technical proposal and the end-line report will be closely aligned to these indicators.

The programme indicators are as follows

OBJECTIVE	OUTCOME	#	OUTCOME INDICATORS
1	1.1 Young people have correct knowledge on the five NCD risk factors, SRHR, gender equality and mental health	1.1.1	% of young people demonstrating correct knowledge on tobacco use
		1.1.2	% of young people demonstrating correct knowledge on harmful use of alcohol
		1.1.3	% of young people demonstrating correct knowledge on physical inactivity
		1.1.4	% of young people demonstrating correct knowledge on unhealthy diet
		1.1.5	% of young people demonstrating correct knowledge on air pollution
		1.1.6	% of young people demonstrating correct knowledge on SRHR
		1.1.7	% of young people demonstrating correct knowledge on gender equality
		1.1.8	% of young people demonstrating correct knowledge on mental health
	1.2 Young people have healthy attitudes relating to the five risk factors, SRHR, gender equality	1.2.1	% of young people reporting healthy attitude relating to tobacco use
		1.2.2	% of young people reporting healthy attitude relating to harmful use of alcohol
		1.2.3	% of young people reporting healthy attitude relating to physical inactivity
		1.2.4	% of young people reporting healthy attitude relating to unhealthy diet
		1.2.5	% of young people reporting healthy attitude relating to air pollution
		1.2.6	% of young people reporting healthy attitude relating to SRHR
		1.2.7	% of young people reporting healthy attitude relating to gender equality
	1.3 Young people demonstrate positive behaviour regarding the five risk factors and SRHR	1.3.1	% of young people reporting positive behaviour relating to tobacco use
		1.3.2	% of young people reporting positive behaviour relating to harmful use of alcohol
		1.3.3	% of young people reporting positive behaviour relating to physical inactivity
		1.3.4	% of young people reporting positive behaviour relating to unhealthy diet

		1.3.5	% of young people reporting positive behaviour relating to air pollution
		1.3.6	% of young people reporting positive behaviour relating to SRHR
	1.4 Peer educators are empowered and have increased capacity	1.4.1	Peer educators demonstrating empowerment and increased capacity to fulfil their role (public speaking, delivering trainings, engaging with stakeholders)
2	2.1 Young people feel supported by their communities to demonstrate healthy behaviour	2.1.1	% of young people reporting that they feel supported by their family to demonstrate healthy behaviour
		2.1.2	% of young people reporting that they feel supported by their school/university to demonstrate healthy behaviour
		2.1.3	% of young people reporting that they feel supported by their community leaders to demonstrate healthy behaviour
	2.2 Community members have increased knowledge of NCD risk behaviours, SRHR, gender equality and the health needs of young people	2.2.1	The extent to which families, schools/universities and community leaders create a safe and supportive environment
3	3.1 Health services are accessible to young people	3.1.1	% of young people who know where and how to access health services (including SRHR and mental health services)
		3.1.2	% of young people who have used health services in the last 12 months
	3.2 Health facilities provide quality youth friendly services	3.2.1	% of health facilities in the YHP project that fully implement government youth friendly health programme
		3.2.2	% of young people reporting satisfaction with the quality of services
4	4.1 Government institutions implement laws and policies around NCD prevention and young people's health	4.1.1	The extent to which laws and policies around NCD prevention and young people's health exist and are implemented
	4.2 Young people actively contribute to the existence and implementation of laws and policies around NCD prevention	4.2.1	The extent to which young people's voices are included in government decision making around NCD prevention and young people's health
		4.2.2	The extent to which young people's advocacy leads to development or implementation of laws and policies in relation to NCD prevention

4. Methodology

The selected consultants are expected to be responsible for describing the overall evaluation design, developing tools, 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 multiple 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
- Questionnaires
- Focus group discussions

The key assignment stages and deliverables are as follows:

Stage 1: Designing period:

- Proposal of the end-line evaluation;
- Review the baseline survey tools and develop the following tools:
 - Tool # 1: KAP survey to evaluate knowledge, attitude, practices of young people around NCD prevention behaviours and satisfaction of health care units in the schools (objective 1 and objective 2.1). This allows us to evaluate the changes in KAP in young people against the baseline survey.
 - Tool #2: FGD with young people and parents to get deeper understanding around the impact of the project to young people's life,
 - Tool #3: FGD with PE on their participatory in YHP, how they think about the project, the impact of the project to their lives and their friends' lives. It also cover their preference over the different types of communication methods within YHP activities.
 - Tool #4: KII for community leaders on NCD knowledge and practices to support youth to have healthy behaviours to prevent NCD
 - Tool # 5: KII to policy makers to assess the availability of current NCD policies, how to be implemented and the involvement of youth voices in these policies and laws and effectiveness of our advocacy work
(Tools to be in English and Vietnamese)
- Report outline
- Detailed timeline

Stage 2: Data collection period:

Sample

The consultants/ experts (team) 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. Both the sample size and revised tools will be discussed and agreed with PIV project team before the commencement.

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 young girls, young boys	
FGD	With young girls With young boys Local government staff	
KII with partners and stakeholders		
FGD with partners and stakeholders		

Some highlight sampling information is considered in the following fields:

- KAP survey with 300 young people in 10 schools, 3 universities and industrial zone inns
- FGD with young people at 5 settings: primary schools, secondary schools, high school, university and industrial zone inns
- FGD with community leaders (teachers, parents, community people)
- KII at least 3 policy makers on NCD who participated in YHP advocacy workshops during the whole project

Stage 3: Report writing period: Three versions of report in English:

- First draft report of the evaluation
- Receive comments from PIV and Plan International UK to develop the second comprehensive report
- Final report based on further comments from PIV and Plan International UK

5. Deliverables and Scope of The Work

Expected deliverables:

- Detailed technical and financial proposal
- A complete package of evaluation methodologies and tools (in Vietnamese and English)
- A final report in English and Vietnamese
- A database (applicable with the quantitative component)
- A complete indicator table including values for all programme indicators

Expected timelines: The end-line evaluation is tentatively initiated in January and completed in April 2022.

6. Ethics and Child Protection.

Plan International Vietnam 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.

7. Qualification and Experience of The Consultants/Team

Consultants preparing the final report should have:

- Advanced degree in public health, social sciences, development studies, gender studies or relevant fields.
- Significant experience working in gender, monitoring and evaluation (baseline study, social research, use of participatory techniques).
- Proven track record on conducting end-line evaluation/studies.
- Consultants are requested to submit one of their previous studies when applying for this position.
- Knowledge of gender equality.
- Knowledge of urban safety and inclusion for women and girls.
- Knowledge of child rights and experience in evaluating programmes with children.
- Excellent writing and speaking skills in both English and the local language.

8. Selection Criteria for Evaluators

The Evaluation has to be led by a high qualified research consultant with strong capacity in conducting NCDs prevention, SRHR, and Genders study. Consultant interested in submitting a proposal should have the following criteria:

- Possess equal composition of qualified academic background, knowledge, experience and capacity to manage the study.
- Have an extensive experience in managing studies in the context of Childs or human rights in area of NCDs.
- Strong knowledge of the study areas (Public Health, NCDs, SRHR, and Genders).
- Excellent in report writing, both in Vietnamese and English.
- Experience of working with participatory methodologies.
- Has strong experience in disseminating research findings.

9. Application Process

Interested consultant(s) should send technical proposal with the details as below:

a) Technical proposal:

- Show a thorough understanding of this terms of reference.
- Include a description of the preferred gender sensitive data gathering and sampling methods
- Demonstrate previous experience in conducting quantitative and qualitative study approaches.

- Demonstrate inclusivity gender equality and non-discrimination in the conduct of the study
- Demonstrate approaches that will be used to ensure child protection and ethics and principles will be applied throughout the design and data collection phases of the project, and how marginalized or vulnerable girls, boys, teachers (female and male) woman and man will be included.
- Outline of the study approach and methodology, work plan and proposed budget.
- CVs
- Samples of similar works done in the similar areas.

b) Financial quotation: An itemized budget which indicates the estimated persons to deliver all the required tasks, the total working days and consultancy rate. The fees will be negotiated and applied following Plan Vietnam regulation.

Applications are to be submitted to: VNM.Procurement@plan-international.org

The application should be submitted no later than 16h00 Friday 24/12/2021.

Only short-listed teams will be contacted for interview. **Interviews will be conducted at the Plan International office in Hanoi.** The selected consultant(s) will be requested to sign Plan International Global Safeguarding Children and Young People policy and Anti-fraud, anti-bribery and corruption policy. Before implementing data collection (Stage 2), the consultants must get Ethics Approval by a recognised university or a national ethics committee or PLAN-Ethics Review Team (Feedback from ERT will be provided within a 2 week timeframe from submission).