

## ANNEX I - TERMS OF REFERENCE

### **RAPID ENDLINE ASSESSMENT TO EVALUATE THE MATERNAL HEALTH PROJECT'S IMPLEMENTATION, CHANGES AND IMPACTS AND PROVIDE RECOMMENDATIONS, LESSONS LEARNED FOR FUTURE PROGRAMMING**

#### **I. BACKGROUND**

Although Vietnam has made significant progress in improving sexual and reproductive health (SRH) of the general population, disparities and inequalities remain in access to maternal health services among different ethnicities and regions. While the maternal mortality ratio (MMR) has declined to 46 maternal deaths per 100,000 live births at the national level, it still remains as high as 100-150 per 100,000 live births in mountainous and ethnic minority regions, particularly in the Northern Midlands and Mountains, and Central Highlands<sup>1, 2</sup>. A study found that of reported maternal deaths in mountainous areas, the proportion is notably high for specific ethnic groups: Hmong (60%) and Thai (17%). It is estimated that the risk of maternal death for Hmong mothers is 4 times higher than for Kinh mothers, the majority Vietnamese ethnic group<sup>3</sup>. Additionally, a study conducted in 60 of the most disadvantaged communes in the Northern Midlands and Mountains and Central Highlands revealed significant inequalities across all ethnic minority groups in terms of various SRH services when compared to national figures. For example, antenatal care (ANC) services (at least four ANC visits) were accessed by only 16% of ethnic minority women compared to 74% nationally, and births attended by skilled health personnel were 49% versus 94% nationally<sup>4</sup>.

The UNFPA, the United Nations Population Fund, is the United Nations sexual and reproductive health agency with a mission to deliver a world where every pregnancy is wanted, every childbirth is safe, and every young person's potential is fulfilled. During 2021-2025, with financial support from Merck Sharp & Dohme (MSD), UNFPA, in collaboration with the Ministry of Health (MOH), is implementing a project entitled "Leave no one behind: innovative interventions to reduce maternal mortality in ethnic minority regions of Vietnam" in 60 of the most disadvantaged communes of 6 poor ethnic minority provinces, namely Lai Chau, Son La, Bac Kan (Northern Highland and Mountain region) and Kon Tum, Gia Lai, and Dac Nong (Central Highland region). The project will deliver comprehensive maternal health interventions, paying close attention to the special needs of the target population groups and taking into consideration the unique culture and tradition of ethnic minorities in Vietnam.

To establish a robust foundation for project implementation, a rapid baseline assessment was conducted in 12 randomly selected communes by Hanoi University of Public Health (HUPH) in 2021 to identify key indicators and needs within local health services and communities. This data has been instrumental in supporting the Ministry of Health and sub-national partners in designing targeted interventions and monitoring progress across the project's target localities.

With the project's scheduled conclusion on September 30, 2025, a comprehensive endline assessment will be commissioned to evaluate the project's results against its established goals and objectives. This evaluation will serve to document lessons learned and formulate actionable recommendations for future maternal health interventions, especially in ethnic minority regions. To ensure a rigorous and credible assessment, a qualified research institution will be engaged.

1 Viet Nam Statistics Office (2019) National Census 2019 Hanoi Viet Nam

2 Socialist Republic of Viet Nam (2015) Country Report: 15 years achieving the Viet Nam Millennium Development Goals. Hanoi Viet Nam

3 Ministry of Health (2016) Report on survey on maternal mortality and neonatal mortality in seven northern upland provinces. Hanoi Viet Nam

4 UNFPA (2017) Exploring barriers to accessing maternal health and family planning services in ethnic minority communities in Viet Nam. Hanoi Viet Nam

## II. OBJECTIVES OF THE ASSIGNMENT

This endline evaluation aims to measure the expected results of the project. The specific objectives include the following:

1. Conduct a rapid endline assessment of key maternal health indicators in the target localities with special focuses on 12 selected baseline communes to measure any changes in maternal health and family planning indicators compared to those at the baseline
2. Identify and analyze the key factors that contributed to or hindered project success, including implementation strategies, community participation, partnerships, and contextual factors.
3. Provide practical and prioritized recommendations for future maternal health interventions and programs in ethnic minority regions, focusing on replication, scalability, sustainability, and addressing identified challenges.

## III. METHODS

### 1. Secondary data analysis

Key demographic, socio-economic, and maternal health information will be collected and analyzed for the 60 target communes. A standardized, semi-structured questionnaire will be distributed to the heads of the target Commune Health Centers (CHCs) via the provincial Centers for Disease Control (CDCs). Heads of the selected CHCs will complete the questionnaire and return it directly to the research team or via the provincial CDCs. (A list of the 60 communes is provided in Annex 1). Key information for the year 2024 to be collected for each commune includes:

- *Demographic characteristics*: Total population, age and gender structure, ethnicity, religion.
- *Socioeconomic characteristics*:
  - + Average household income, education levels, occupational structure, percentage of households living below the poverty line, illiteracy rate, main modes of transport (data to be sourced from Commune People's Committees)
  - + Access to information technologies (including internet, smart phone, etc.).
- *Maternal health indicators*: Percentage of married couples currently using a modern family planning method, Percentage of births occurring at health facilities, Percentage of women receiving antenatal care (at least 4 visits), Percentage of women receiving postnatal care services, Number of complication cases with early detection and referrals to tertiary hospitals.

- *Primary health care facilities, human resources, and infrastructure:*
  - + Number of doctors, midwives, assistant doctors, population collaborators, and village-based birth attendants
  - + Any SRH in-service training attended by health staff in the past 5 years
  - + Family planning and maternal services provided at the CHC
- Average number of clients served per month

It is important to note that the semi-structured questionnaire will collect available information and data from the selected communes for the year 2024. The research team is recommended to utilize the research tools and data analysis methods employed in the baseline survey. (See details in Annex 2).

## **2. Rapid endline assessment on maternal health and family planning indicators**

A rapid endline assessment will be conducted in the 12 communes originally selected for the baseline survey. (Detailed information on these 12 communes is provided in Annex 1). Within each selected commune, a target sample of 60 women aged 15-49 who have given birth in the past two years will be randomly selected. This will result in an estimated total sample of 750 women. Interviews will be conducted by trained interviewers using a standardized endline questionnaire to gather demographic information, reproductive health history, maternal health service utilization, and family planning methods used over the past two years. Key information and indicators to be measured include:

- Demographic variables: Age, occupation, ethnicity, religion
- Socio-economic variables: Health insurance status, residence/migrant status, access to mobile phones and the internet
- Percentage of pregnant women attending at least one antenatal care (ANC) visit
- Percentage of pregnant women attending at least four ANC visits
- Percentage of births attended by trained health workers or occurring at a health facility
- Percentage of women receiving postnatal care visits
- Percentage of modern contraceptive usage
- Unmet need for modern contraceptives
- Key variables will be analyzed by commune, ethnicity, education level, occupation, and age groups.

The research team is recommended to utilize the research tools and data collection protocol employed in the 2021 baseline assessment, with minor modifications permitted if necessary (subject to endorsement by the UNFPA Vietnam Country Office). (See Annex 2 for links to the research tools and data collection protocol).

## **3. In-depth Interviews with Key Informants on Project Experiences and Lessons Learned**

In-depth interviews will be conducted with key stakeholders to gather insights on opportunities, challenges, and lessons learned from the project's design and implementation. The interviewees will include representatives from: Ministry of Health (MOH) (1), Provincial Centers for Disease

Control (CDCs) (2), Commune-level health workers (2), Merck Sharp & Dohme (MSD) (1), UNFPA (1) and ethnic minority mothers in target communes (2).

#### **IV. SCOPE OF WORK.**

##### **1. Development of a Technical Bidding Proposal.**

As part of the bidding process mandated by UNFPA, interested institutions are required to submit a comprehensive technical and financial proposal. (Please refer to Annex 5 for the suggested outline of the technical proposal)

##### **2. Prepare and present an inception report for comments and feedback**

Upon contract award by UNFPA, the selected institution will develop an inception report using the template provided in Annex 6. This report will detail the implementation plan, including

- Specific timelines and a detailed travel plan for fieldwork and data collection.
- Plan for pretesting and revising (if necessary) data collection tools and the data collector training manual.
- A quality control procedure for close monitoring of the data collection process.
- Plan for training data collectors and field supervisors on data collection tools and procedures, ensuring they possess the necessary skills and knowledge.
- A risk management plan outlining strategies to address potential challenges, including respondent identification and interviewing.
- A comprehensive data collection plan with revised data collection tools, to be submitted to UNFPA for approval prior to fieldwork and data collection

The research institution will present the inception report at a consultation meeting with UNFPA, the Maternal and Child Health Department of the Ministry of Health (MCH/MOH), and other relevant stakeholders for feedback and input. The final inception report must be approved by UNFPA and MOH before the commencement of data collection.

#### **V. CONDUCT FIELD WORK AND DATA COLLECTION**

The research team will conduct data collection as required in the Objectives section based on the approved research protocol, data collection tools, and implementation plan. The research team will provide comprehensive training for data collectors and field supervisors, covering essential areas such as sampling methods, participant recruitment, informed consent procedures, and data collection guidelines. The research team may consult with relevant staff at UNFPA and MOH during the data collection process as needed. The conduct of fieldwork, data collection, and the entire study must strictly comply with the Ethical Codes of Conduct for UNEG/UNFPA (Annex 3).

#### **VI. CONDUCT DATA ANALYSIS**

Data analysis will be conducted in three sequential steps: exploratory analysis, descriptive analysis, and inferential analysis. The research team is recommended to apply the same data analysis methods used in the baseline assessment. A comparative analysis of key expected results and indicators between the baseline and endline assessments will be performed and interpreted.

## VII. PRESENT KEY FINDINGS AND PRODUCE A RESEARCH REPORT

The research team will present key findings and prepare a draft report for review and feedback from UNFPA, MOH, and relevant stakeholders. Following this, a comprehensive final report (see the outline in Annex 4) will be completed and submitted to UNFPA and MOH.

## VIII. EXPECTED OUTPUTS/PRODUCTS

The selected research institution will submit the following outputs:

- Approved inception report, including data collection tools and implementation plan.
- Draft report, presenting key evaluation findings, implications, and recommendations, in both Vietnamese and English, for presentation at consultative meetings.
- Final, clear, and concise full report (maximum 30 pages, 1.5 line spacing) in both English and Vietnamese (hardcopy and electronic files required), including an executive summary of key findings and recommendations (excluding appendices).
- Electronic copy of cleaned data collected for the study.

The main deliverables and tentative timelines for this consultancy service are outlined below<sup>5</sup>:

	Tasks	Timelines
1	Submission of technical and financial proposals as required for bidding	9 June 2025
2	Review and selection of a research institution based on technical and financial proposals	16 June 2025
3	Development and presentation of an inception report to UNFPA and MOH for feedback.	30 June 2025
4	Refinement of the inception report, including data collection tools and the data collection plan	15 July 2025
5	Conduct of qualitative and quantitative data collection	July-Aug 2025
6	Presentation of key findings and submission of a draft report in English	15 Aug 2025
7	Submission of the final report in both Vietnamese and English	15 September 2025

## IX. INTENDED USES AND USERS.

Findings and recommendations from this study will be utilized by UNFPA, MSD for Mothers, national partners including MOH, NGOs, Provincial Departments of Health and CDCs, service providers, and minority ethnic and remote communities. These insights will inform the development of appropriate policies and programs aimed at improving the utilization of maternal and family planning (FP) services in ethnic minority and remote communes.

<sup>5</sup> Timelines for this consultancy is subject to be discussed and agreed with the MOH and UNFPA.

## **X. REQUIREMENTS FOR THE RESEARCH INSTITUTION AND RESEARCH TEAM**

### **1. Requirements for the research institution**

- Clearly defined governance structure, including an organizational chart and sufficient staff capacity to undertake the consultancy.
- Demonstrated project management capacity, including a sound financial management system.
- Proven staff skills and expertise in conducting large-scale, high-quality scientific and ethnographic research in developing countries, preferably in Vietnam.
- Prior experience in conducting research to inform policy development in developing countries, preferably in Vietnam, particularly in maternal health and family planning.
- Demonstrated experience in disseminating research findings to policymakers and decision-makers in developing countries, preferably in Vietnam.
- A strong and established network with local research institutions in Vietnam (for international institutions).
- Extensive experience working with UN agencies and/or other international development agencies. Prior work experience with UN agencies in Vietnam is an advantage.

### **2. Requirements for the research team**

The research institution will nominate a research team comprising a team leader, at least one senior researcher, and a team of data collectors and field supervisors.

**The research team leader** should possess the following qualifications and experience:

- A PhD in population and health, sexual and reproductive health, epidemiology, or social sciences, with advanced training in health research methods.
- A minimum of 10 years of professional experience in sexual and reproductive health research, including team leader of evaluation and assessment.
- Advanced quantitative and qualitative data analysis skills, with demonstrated experience in applying multiple analytical techniques.
- Advanced statistical skills and experience working with large, nationally representative datasets.
- Demonstrated knowledge of sexual and reproductive health, particularly among ethnic minority groups in Vietnam.
- Demonstrated excellent English writing skills, evidenced by first authorship of peerreviewed publications in international journals and technical reports.
- Excellent English communication skills.

**Research team members** should possess the following qualifications and experience:

- A postgraduate degree in population health, epidemiology, or social sciences.
- At least 5 years of professional experience in sexual and reproductive health research, including participation in large community-based studies.
- Demonstrated experience in the collection, collation, and quality assessment of available data sources and multiple data files.

- Advanced statistical skills and experience working with large, nationally representative datasets.
- Demonstrated knowledge of sexual and reproductive health, particularly among ethnic minority groups in Vietnam.
- Excellent written and spoken English and Vietnamese language skills.
- A publication record in international peer-reviewed journals and technical reports

**Research data collectors/field supervisors** should possess the following qualifications and experience:

- At least an undergraduate degree in anthropology, population health, reproductive health, or social sciences.
- Demonstrated strong communication and facilitation skills.
- Experience working with ethnic minority groups.
- Demonstrated knowledge of maternal health and family planning issues in Vietnam, particularly among ethnic minority groups.
- Fluency in written and spoken Vietnamese, with knowledge of ethnic minority languages being an asset.

## **XI. ADMINISTRATION AND LOGISTICS SUPPORT**

To facilitate the execution of these tasks, the selected research team will collaborate closely with designated staff from UNFPA, MCH/MOH, and provincial CDCs, ensuring administrative/logistic support, the quality of data collection and reporting aligns with the requirements of UNFPA and MOH.

**UNFPA:** To support the research team in conducting fieldwork and data collection, UNFPA will:

- Assign a program officer to serve as the focal point for collaboration with the selected research institution.
- Facilitate collaboration between the research institution and MOH, as well as other government partners.
- Monitor the study's progress and quality, providing technical inputs and feedback as necessary.
- Provide the selected research institution with relevant background documents, research proposal templates, technical report templates, and other related materials.

**MCH/MOH:** To support the research team in conducting fieldwork and data collection, MCH/MOH will:

- Assign a program officer to serve as the focal point for collaboration with the selected research institution.
- Facilitate collaboration between the research institution and MOH, as well as other provincial Departments of Health (DOHs) and CDCs.
- Monitor the study's progress and quality, providing technical inputs and feedback as necessary.

- Provide the selected research institution with relevant background documents and other related materials.

**Provincial CDCs:** To support the research team in conducting fieldwork and data collection, provincial CDCs in each selected province will:

- Assign a staff member to serve as the focal point for collaboration with the selected research institution.
- Facilitate data collection in the selected communes, particularly the administration of commune and women questionnaires, and the conduct of key informant interviews.
- Provide technical inputs and feedback as necessary.

## **XII. ESTIMATED BUDGET**

The maximum budget for this endline study is **USD40,000**. This amount covers all costs associated with the study as defined in this Terms of Reference.

## **XIII. PAYMENT TERMS**

A service contract will be established between UNFPA Vietnam and the selected research institution. Payments will be made based on the institution's proposed amount, as approved by UNFPA. Payments will be disbursed in three installments as follows:

- **First Installment:** A maximum of 20% of the total contract value will be transferred upon submission and approval of the final inception report.
- **Second Installment:** 30% of the total contract value will be transferred upon receipt of the report of the completion of fieldwork and data collection.
- **Final Installment:** The remaining 50% of the total contract value will be disbursed upon the delivery and acceptance of all final products by both UNFPA and MOH.



**XIV. ANNEXES****ANNEX 1: LIST OF 60 SELECTED COMMUNES FOR MATERNAL HEALTH INTERVENTIONS****1. Son La Province (12 communes)**

<b>District</b>	<b>Commune</b>	<b>Distance to district hospital (km)</b>	<b>Percentage of ethnic minorities (%)</b>	<b>Rate of home deliveries (%)</b>	<b>Number of households</b>
Bắc Yên	Hang Chú	58	100	85	689
	Xím Vàng	40	100	90	506
	Háng Đồng	36	100	90	473
Phù Yên	Kim Bon	36	100	83	1.070
	Suối Bau	38	100	72	664
Mộc Châu	Chiềng Khừa	30	95	94	802
	Tân Hợp	40	95	62	1319
Sông Mã	Mường Cai	30	90	97	1151
	Chiềng En	38	90	96	1270
	Đứa Mòn	45	90	92	1627
Vân Hồ	Suối Bàng	52	85	64	847
	Chiềng Xuân	40	94	81	630

**2. Lai Chau (19 communes)**

<b>District</b>	<b>Commune</b>	<b>Distance to district hospital (km)</b>	<b>Percentage of ethnic minorities (%)</b>	<b>Rate of home deliveries (%)</b>	<b>Number of households</b>
Phong Tho	Sì Lở Lầu	83	98	67.9	1148
	Vàng Ma Chải	67	96	60.9	655
	Mù Sang	38	99,7	84	556

District	Commune	Distance to district hospital (km)	Percentage of ethnic minorities (%)	Rate of home deliveries (%)	Number of households
	Tung Qua Lìn	43	99,2	62.3	381
Sìn Hồ	Tủa Sín Chải	33	98	95	915
	Pu Sam Cáp	73	100	74.5	287
	Hồng Thu	15	98	65	857
	Làng Mô	24	98	66	746
	Tả Ngảo	18	94.47	78	875
Mường Tè	Tà Tổng	47	96,84	89.78	1,193
	Tả Bạ	69	99,0	78.26	392
	Pa Ủ	61	97,0	67	440
	Pa Vệ Sủ	47	100	61.53	192
Nậm Nhùn	Nậm Mạnh	12	100	66.7	472
	Pú Dao	35	100	90	236
	Nậm Pì	54	98.8	76.1	574
	Nậm Chà	57	100	87.5	652
	Trung Chải	85	100	75	294
	Nậm Ban	85	90	88.2	372

### 3. Gia Lai (14 communes)

District	Commune	Distance to district hospital (km)	Percentage of ethnic minorities (%)	Rate of home deliveries (%)	Number of households
Mang Yang	Kon Chiêng	36	83,7	77.2	1397
	Đắk Trôi	45	95	83.3	641
	Đê Ar	38	91,7	86.3	920

District	Commune	Distance to district hospital (km)	Percentage of ethnic minorities (%)	Rate of home deliveries (%)	Number of households
	Hra	25	69	73	1891
	Ayun	15	64	52	1946
Chư Sê	Ayun	21	98	60	866
	Bờ Ngoong	20	70	50	
	Ia Ko	20	70	50	
	H Bông	18	70	50	
	Al Bá	12	70	50	
	Kông HTok	12	75	50	
	Chư Krey	24	90	50.72	542
	Đăk Pơ Pho	16	79,87	55.31	482
Chư Păh	Đăk Tơ Ver	26	98	60	511

#### 4. Kon Tum (6 communes)

District	Commune	Distance to district hospital (km)	Percentage of ethnic minorities (%)	Rate of home deliveries (%)	Number of households
Đăk Glei	Mường Hoang	52	100	66.2	835
	Ngọc Linh	54	100	50	694
Kon Plông	Măng Bút	40	99	38	1.104
	Đăk Rìng	53	98	61.7	514
	Đăk Nê	64	99	72	550
	Pờ Ê	40	98	59.8	509

**5. Dac Nong province (4 communes)**

<b>District</b>	<b>Commune</b>	<b>Distance to district hospital (km)</b>	<b>Percentage of ethnic minorities (%)</b>	<b>Rate of home deliveries (%)</b>	<b>Number of households</b>
<b>Tuy Đức</b>	Đắk Ngo	73	66,8	15.2	2.314
	Đắk R'tih				
<b>Đắk Glong</b>	Quảng Hòa	120	90	35	1.416
	Quảng Sơn	70	64	19.8	4.925

**6. Bac Kan province (5 communes)**

<b>District</b>	<b>Commune</b>	<b>Distance to district hospital (km)</b>	<b>Percentage of ethnic minorities (%)</b>	<b>Rate of home deliveries (%)</b>	<b>Number of households</b>
<b>Pác Nặm</b>	An Thắng	35	100	33.3	276
	Cổ Linh	20	100	17.5	917
<b>Chợ Đồn</b>	Bình Trung	30	98	18	800
	Tân Lập	24	99	18	344
	Xuân Lạc	37	65	38	859

## LIST OF 12 SELECTED COMMUNES FOR THE ENDLINEASSESSMENT

Districts	Communes	Distance to district hospital (km)	Percentage of ethnic minorities (%)	Rate of home deliveries (%)	Number of households
<b>Son La Province</b>					
Bắc Yên	Háng Đồng	36	100	90	473
Mộc Châu	Chiềng Khừa	30	95	94	802
Sông Mã	Mường Cai	30	90	97	1,151
<b>Lai chau province</b>					
Phong Thổ	Mù Sang	38	99,7	84	556
Sìn Hồ	Tả Ngảo	18	94.47	78	875
Mường Tè	Tả Tổng	47	96.84	89.78	1,193
<b>Gia Lai Province</b>					
Mang Yang	Đăk Trôi	45	95	83.3	641
	Đê Ar	38	91.7	86.3	920
Chư Sê	Ayun	21	98	60	866
<b>Kon Tum</b>					
Kon Plông	Đăk Nền	64	99	72	550
<b>Dak Nong province</b>					
Đăk Glong	Quảng Hòa	120	90	35	1,416
<b>Bac Kan province</b>					
Chợ Đồn	Xuân Lạc	37	65	38	859

## ANNEX 2: LIST OF RECENT STUDIES

1. UNFPA (2017) Exploring barriers to accessing maternal health and family planning services in ethnic minority communities in Viet Nam. Hanoi Viet Nam.

Link:

[https://vietnam.unfpa.org/sites/default/files/pubpdf/Web\\_Barriers%20to%20accessing%20maternal%20health%20and%20FP%20services%20in%20ethnic%20minority%20communities%20in%20VN.pdf](https://vietnam.unfpa.org/sites/default/files/pubpdf/Web_Barriers%20to%20accessing%20maternal%20health%20and%20FP%20services%20in%20ethnic%20minority%20communities%20in%20VN.pdf)

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2. Baseline Assessment Tools: Assessment to establish baseline indicators and identify needs for maternal health interventions for women of ethnic minority groups living in 6 northern mountains and central Highland provinces (UNFPA, HUPH, 2021):  
<https://drive.google.com/drive/folders/1vl6epMHmNv0HnFB5ZKlzfxi8n1r7cAbn>
3. Baseline Assessment Report: Assessment to establish baseline indicators and identify needs for maternal health interventions for women of ethnic minority groups living in 6 northern mountains and central Highland provinces, Baseline Assessment, (UNFPA, HUPH, 2021):  
<https://drive.google.com/drive/folders/1h0IpoJB6eZRx8ZmCG5vE6MVJEXWSKSuf?usp=sharing>
4. UNFPA (2013) Unmet Need for Reproductive Health and HIV/AIDS Services: Evidence based on the analysis of 2011 MICS data. Hanoi Viet Nam  
Link:  
<https://drive.google.com/file/d/0B1WJAisKEDPcHIBNjhOQ3ZhOGM/view?ts=60c97e84&resourcekey=0-6XMy1hK6cUMnKH0tvxKuCA>
5. UNICEF (2015) Multiple Indicator Cluster (MISC) Surveys (selected modules including childbirth history, contraception and unmet needs on modern contraceptives)
6. Link: Multiple Indicator Cluster Surveys:  
[https://microdata.worldbank.org/index.php/catalog/2524#metadata-metadata\\_production](https://microdata.worldbank.org/index.php/catalog/2524#metadata-metadata_production)

### **ANNEX 3: ETHICAL CODE OF CONDUCT FOR STUDY/RESEARCH**

Study/Research of UNFPA-supported activities need to be independent, impartial and rigorous. Each study/research should clearly contribute to learning and accountability. Hence researchers/evaluators must have personal and professional integrity and be guided by propriety in the conduct of their business.

Study/research team:

1. To avoid conflict of interest and undue pressure, researchers need to be independent, implying that members of a study/research team must not have been directly responsible for the policysetting/programming, design, or overall management of the subject of study/research, nor expect to be in the near future. Researchers must have no vested interests and have the full freedom to conduct impartially their study/research work, without potential negative effects on their career development. They must be able to express their opinion in a free manner.
2. Should protect the anonymity and confidentiality of individual informants. They should provide maximum notice, minimize demands on time and respect people's right not to engage. Researchers must respect people's right to provide information in confidence, and must ensure that sensitive information cannot be traced to its source. Researchers are not expected to evaluate individuals, and must balance an evaluation of management functions with this general principle.
3. Studies/researches sometimes uncover evidence of wrong doing. Such cases must be reported discreetly to the appropriate investigative body.
4. Should be sensitive to beliefs, manners and customs and act with integrity and honesty in their relations with all stakeholders. In line with the UN Universal Declaration of Human Rights, researchers must be sensitive to and address issues of discrimination and gender equality. They should avoid offending the dignity and self-respect of those persons with whom they come in contact within the course of the study/research. Knowing that study/research may negatively affect the interests of some stakeholders, researchers should conduct the study/research and communicate its purpose and results in a way that clearly respects the stakeholders' dignity and self-worth.
5. Are responsible for the clear, accurate and fair written and/or oral presentation of study limitations, evidence-based findings, conclusions and recommendations.

## **ANNEX 4. SUGGESTED OUTLINE OF THE RESEARCH REPORT**

Title page

Table of Contents

Acknowledgements

List of acronyms

Executive summary: maximum 2 pages

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Methods

Findings

Discussion

Recommendations

Annexes (if any)



## **ANNEX 5: SUGGESTED OUTLINE OF THE TECHNICAL BID TO BE SUBMITTED BY THE INSTITUTION/FIRM**

### **A. Introduction of research organization (maximum 4 pages)**

- Historical development including organizational mission
- Staff structure
- Technical capacity
- Financial capacity
- Relevant previous research experiences relevant to the consultancy
- List of key publications in the recent 10 years
- Any other relevant information can be added in the Appendix section of the technical proposal

### **B. Technical proposal: (maximum 10 pages)**

Please respond to the following requirements:

#### **1. Overview/introduction**

A brief background including a literature review of published and unpublished reports on the barriers in accessing maternal and FP services in ethnic minority and remote communes in Vietnam.

An overview of what and how to conduct the study/research by the institution.

#### **2. Objectives and key questions of study/research**

Overall objective.

Specific objectives.

Key study questions/indicators.

Note: Clear, realistic and specific research objectives, formulated and answerable research questions, and hypotheses (if any)

#### **3. Design and methodology**

Scope and focus.

A conceptual framework that guides the study design, data collection, and analytical strategies

Study population, study sites, sample size, sampling methods, and participant recruitment

Key variables and measurements

Ideas for developing data collection tools (secondary data checklist/form, assessment questionnaire, and key informant interviews).

Plan to develop and pre-test data collection tools

Data management and data analysis plan

Techniques and tools for data collection and data analysis.

Participatory stakeholders' consultation process.

Ethical issues.

#### **4. Data analysis and report preparation**

Proposed data analysis methods and indicators/variables presentation following the requirement outlined in the TOR, particularly comparison between baseline and endline data

Data reporting plan including the realistic timeline and the final product to be submitted to MOH and UNFPA.

#### **5. Organization and implementation of study/research**

Detailed workplan for training data collectors, planned data collection, data analysis, and report preparation.

How to organize/implement and manage this study/research.

Quality control.

Accountabilities of study/research team/consultants.

#### **6. Study/research team**

Present the composition of the study/research team (e.g., number of team members, team leader with key tasks in conducting this study/research).

Brief CVs of research team members are included in Annexes

#### **7. References:** Using author-date format

## ANNEX 6: SUGGESTED OUTLINE OF THE INCEPTION REPORT

### 1. Overview/introduction

An overview of what and how to conduct the study/research by the institution.

### 2. Objectives and key questions of study/research

Overall objective.

Specific objectives.

Key study questions/indicators.

### 3. Design and methodology

Scope and focus.  
Study/research design (explanation of methodological choice, including the constraints and limitations), study sites, and sampling design.

Techniques and tools for data collection and data analysis.

Participatory stakeholders' consultation process.

Ethical issues.

### 4. Data analysis and report preparation

Proposed data analysis methods and indicators/variables presentation following the requirement outlined in the TOR

Data reporting plan including the realistic timeline and the final product to be submitted to MOH and UNFPA.

### 5. Organization and implementation of study/research

Specific timelines with a detailed travel plan for field work and data collection, data analysis, and report preparation.

Plan for a pretest and revision (if required) of the data collection tools, and data collector training manual

A quality control procedure to closely monitor the data collection process

Plan to provide training for data collectors and field supervisors on the data collection tools and procedures to ensure that they are equipped with essential skills and knowledge to conduct the study.

A risk management plan that presents a clear strategy to cope with possible challenges including identifying and interviewing respondents among others

A detailed data collection plan together with the revised data collection tools will be submitted to UNFPA for approval before the commencement of field work and data collection

### 6. Study/research team

Present the composition of the study/research team (e.g., number of team members, team leader with key tasks in conducting this study/research).

Accountabilities of study/research team/consultants.