

**TERMS OF REFERENCE
BASELINE SURVEY OF PROJECT:**

Health and wellbeing for students (VN02-019)

1. Organisational context

ChildFund Vietnam is the representative office of ChildFund Australia – an independent international development organisation that works to reduce poverty for children in developing communities.

ChildFund Australia is a member of the ChildFund Alliance – a global network of 12 organisations which assists 23 million children and their families in over 70 countries. ChildFund Australia is a registered charity, a member of the Australian Council for International Development, and fully accredited by the Department of Foreign Affairs and Trade which manages the Australian Government’s overseas aid program.

ChildFund began working in Vietnam in 1995 and works in partnership to create community and systems change which enables vulnerable children and young people, in all their diversity, to assert and realise their rights.

Projects are implemented across the northern provinces of Bac Kan, Cao Bang and Hoa Binh, where most people are from ethnic minority groups, often the most vulnerable or marginalised sections of the population.

ChildFund Vietnam’s projects focus on child rights and child protection, education, health, and wellbeing for children. ChildFund Vietnam also prioritises building the resilience of young people, by giving children and youth the opportunity to take part in sports, life skills training, and supporting their participation in local decision-making processes.

2. Background

The project “**Health and wellbeing for students**” will be implemented from April 2023 to December 2025 in 06 project communes of Tan Lac district, Hoa Binh province, benefiting approximately 3,470 direct and 4,455 indirect beneficiaries including secondary school students with and without disability, teachers and school staff, commune health officers, and parents.

The Project goal: To improve sexual reproductive health (SRH) and social and emotional wellbeing of secondary school students through strengthened coordination mechanism between schools and health facilities.

Project expected outcomes and indicators:

Outcome	Indicator	Target
Outcome 1: Secondary school students have improved knowledge and skills on SRH, Social and emotional learning (SEL), health seeking behavior and changing practice.	Indicator 1.1. By the end of the project, % of secondary school students (all gender and with or without disabilities) know the name of five contraceptive methods.	70%
	Indicator 1.2. % Increase of secondary female school students (with or without disabilities) who know about menstrual hygiene management.	20%

Outcome	Indicator	Target
	Indicator 1.3. By the end of the project, % of secondary school students (all gender and with or without disabilities) reported that they can manage stress and emotions, establish and maintain positive relationships and deal with change.	70%
	Indicator 1.4. % increase of secondary school students (all gender and with or without disabilities) who report that they reached out to their parents/caregivers/schoolteachers/school health staff/other support services for any SRH issues, stressor anxiety problems or both in the past 6 months	20%
Outcome 2: Parents, schoolteachers and health staff (school, district and commune health staff) have improved knowledge and skills to support secondary school students on different SRH issues and provide psychological support at home and in school.	Indicator 2.2. % increase of schoolteachers and school health staff who can identify early signs of mental health issues (stress and anxiety) amongst students.	20%
	Indicator 2.3. % increase of secondary school students who report that their parents/caregivers supported them with SRH questions/issues most of the time in the past 6 months.	20%
Outcome 3: Schools and district health centers have established an effective coordination mechanism and referral system to provide quality SRH and psychological support service to school students.	Indicator 3.1. By the end of the project, % of the schools have a referral pathway for SRH and mental health issues of the students.	100%
	Indicator 3.2. By the end of the project, % of the project's schools have annual coordination plan between Health and Education department.	100%

Table 1. Project outcomes and indicators

3. Purpose

The purpose of the assignment is to carry out a study to establish a baseline for the project's outcome indicators as set in Table 1 above, which consists in determining:

- The current situation of knowledge and practice of secondary students in terms of SRH and social and emotional wellbeing.
- The current situation of knowledge and skills of parents, schoolteachers, and health staff in providing SRH and psychological support for secondary school students.
- The current situation of the coordination/referral mechanism between schools and the district health centre in the project locations to provide SRH and psychological support for students.

Based on the baseline results of the project outcome indicators, the study will provide recommendations to the project in terms of revising the project targets (if any) and suggestions for the project’s implementation and monitoring and evaluation.

4. Scope of study and methodologies

The baseline study will apply both qualitative and quantitative methods and will be conducted with a representative sample in 06 communes of Tan Lac district, from April – June 2023. The study should include the following aspects with data *disaggregated by commune, gender and disability status*.

1. KAP of secondary students regarding SRH and social and emotional wellbeing
2. KAP of parents, schoolteachers and health staff regarding SRH and social and emotional wellbeing of students and providing support to them in these areas
3. Updated information about the current coordination/referral mechanism between schools and district health center in providing SRH and psychological support to students, including any related policies and regulations and the current practice, and can be illustrated by a flow chart if possible.
4. Cross-cutting issue: The study should try to answer the following questions:
 - Any difference between boys, girls and other genders’ knowledge and behaviors in SRH and SEL?
 - Any difference between children with disability and children without disability in terms of knowledge and behaviors in SRH and SEL?
 - Any existing barriers for children with disability, boys and girls and other genders in practicing good health-seeking behaviors and/or accessing services?

5. Deliverables and indicative timetable

It is expected that the study will be carried out from April – June 2023, with the details as below:

Time	Outputs and activities
Week 4 April 2023	<ul style="list-style-type: none"> • Reviewing project documents and related policies
Week 1 & 2 May 2023	<ul style="list-style-type: none"> • Development and finalization of the evaluation plan, quantitative and qualitative tools (interview lists, questionnaires, and interview guides, etc.) • Development of field trip schedule
Week 3 & 4 May 2023	<ul style="list-style-type: none"> • Field trip in Tan Lac • Training data collectors about the questionnaires • Sharing key findings and validating data with local partners
Week 1 & 2 June 2023	<ul style="list-style-type: none"> • Data analysis • Write up report draft and report summary. Share with CFV for feedback
Week 3 June 2023	<ul style="list-style-type: none"> • Prepare the final report (in Vietnamese) and report summary (in English) integrating all feedback

The evaluation team is required to undertake the followings:

- Review relevant primary and secondary sources of information associated with the project such as proposal documents, related laws, policies and procedures.
- Develop an evaluation plan including methodologies, tools and implementation plan
- Establish the quantitative questionnaire using the appropriate tools. It is preferable to use KOBO to collect data on smartphones provided by ChildFund.
- Train data collectors about the survey and quantitative questionnaires.
- Design, lead and document Focus Group Discussions (FGDs) with the different stakeholder groups
- Share preliminary findings after the field trip with local partners to triangulate and validate the findings.
- Analyse available information and documents along with findings and recommendations.
- Produce a full final report in Vietnamese of, and a summary in English which should be no more than 8 pages, which can be used as an endorsement of the work done by ChildFund Vietnam.

The evaluation must be conducted in compliance with ChildFund Vietnam's guidelines and policies on child safeguarding and ethical standards.

Outputs/Deliverables

The following deliverables are expected from the evaluation team:

- Inception report (in Vietnamese) containing results of desk review, evaluation plan and methods, qualitative and quantitative tools including such as questionnaires and interview guides, data analysis methodology, work plan etc.
- Field trip and training workshop agenda
- Sharing preliminary findings in a workshop: The findings should be validated through workshop among key staff, partners and relevant target groups in the communities.
- A draft and then final report in Vietnamese (30 pages maximum excluding appendices), as well as a summary report in English (8 pages maximum).

A suggested final report outline can be found below:

- Title Page
- Table of contents
- Executive summary
- Introduction
- Methodologies and limitations
- Findings against outcome indicators
- Cross-cutting issues
- Conclusion and Recommendations
- Appendices (eg. additional charts or data, final data collection tools, interview notes and consent forms, full copies of data sets and statistical analysis, and any other relevant attachments).

6. Management and Reporting Arrangement

The Consultant will report to the CFV's MEL manager, Health Specialist, and work closely with Provincial Manager, and MEL officer and Health Officer. ChildFund Australia Health Advisor will provide support to review the inception report and final report. There should be one full report in Vietnamese as well as a summary in English.

7. Confidentiality

All discussions and documents relating to this ToR will be treated as confidential by the parties.

8. Child Safeguarding

The Consultant will undertake the Services to a high standard; use its best endeavors to promote the best interests of ChildFund; protect the reputation of ChildFund and work in a manner consistent with the mission, vision and policies of ChildFund (see Child Safeguarding Policy/Child Safeguarding Code of Conduct PSEAH policy and Employee Code of Conduct). ChildFund Australia has a zero-tolerance policy to abuse, exploitation and harassment in all its forms.

9. Counter-Terrorism and Anti-Money Laundering

ChildFund Australia acknowledges its obligation under the Australian laws relating to counter-terrorism and anti-money laundering. In order to meet its obligation, the consultant is obligated to provide information required for ChildFund to undertake counter terrorism screening before engagement. The consultant's name, date & place of birth and ID number will be checked against Department of Foreign Affairs and Trade (DFAT) consolidated list, National Security Australia list, World Banks listing and the Asian Development bank listing to ensure not engage with entities or individuals appearing on the lists.

10. Conflict of Interest

The Consultant must declare any financial, personal, family (or close intimate relationship) interest in matters of official business which may impact on the work of ChildFund

11. Fraud and Corruption prevention and awareness

ChildFund Australia has a zero approach to fraud and corruption act. The successful consultant will be required to comply with ChildFund Australia's fraud and corruption prevention and awareness Policy and act against any form of fraud or corruption and not offer, promise, give or accept any bribes.

12. Insurance

The successful applicant will be required to have in place insurance arrangements appropriate to provision of the requirement in this TOR including (without limitation) travel insurance.

13. Acknowledgment and Disclaimer

ChildFund, its Board and staff make no express or implied representation or warranty as to the currency, reliability or completeness of the information contained in this ToR. Nothing in this ToR should be construed to give rise to any contractual obligations or rights, expressed or implied, by the issue of this ToR or the submission of Expression of Interest in response to it. No contract would be created until a formal written contract is executed between ChildFund and a selected consultant.

Selection Criteria for Consultant

To carry out the assignment, a study team with one team leader and one team member will be required.

We are seeking a consultant team with the following qualities:

- Post-graduate degrees in social science. Experience in public health and psychology is preferred.
- At least 5 years' experience in managing development projects including formulating project documents, monitoring and evaluating the project implementation, and conducting a baseline/end-line survey for health programs/projects with national scale.
- Knowledge and experience of Vietnam's current socio-political situation.
- A very good understanding of Vietnam health care system.
- Proven experience in working with communities, and knowledge of relevant national policies and government positions.
- Excellent spoken and written communication skills in Vietnamese/ English
- Excellent analytical and report-writing skills, research experience is preferred.
- Proficiency in Microsoft Office Suite, data analysis software (SPSS, STATA, EPIDATA...)

Interested candidates should send a short Expression of Interest (3-8 pages) including:

- Understanding of the TOR, suggested methodologies.
- A budget including estimates of number of days and daily rate (including PIT) for consultants. The total consultancy cost for this assignment cannot exceed 100,000,000 VND, which does NOT include field costs such as per diem, travel and accommodation which will be paid according to ChildFund's cost norms.

They should also attach:

- CV(s) of consultant (or consultant team)
- Two samples of previous evaluation reports that are relevant to this consultancy.
- Contacts of 2 referees

Interested applicants should submit through this link: no later than 3 April 2023. Only short-listed applicants will be contacted.