

Terms of Reference

End-of-project evaluation for VN02-019

Health and wellbeing for students

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 11 organisations that assists almost 23 million children and their families in 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 children and young people in vulnerable situations, to assert and realise their rights.

Projects are mainly implemented in the northern provinces of former Bac Kan, Cao Bang, and Hoa Binh, where most people are from ethnic minority groups; often the most vulnerable and marginalised sections of the population. ChildFund Vietnam also implements nationwide projects that provide support to both formal and informal systems at national and provincial levels.

ChildFund Vietnam's projects focus on child rights and child protection, education, health, and well-being for children. ChildFund Vietnam prioritises building the resilience of young people, by giving them the opportunity to take part in suitable activities, life skills learning, and supporting their participation in local decision-making processes.

2. Background

Poor reproductive and sexual health and mental health outcomes of adolescent school students in Tan Lac district of Hoa Binh province remain a challenge that needs to be addressed through appropriate intervention and requires support from parents, schools, communities as well as provincial and district level health and education departments.

ChildFund Vietnam's findings related to the sexual and reproductive health of school students in Hoa Binh province revealed that there were some unintended pregnancies in students in the last two years. Both male and female students do not dare to share reproductive health problems with parents and teachers because these are sensitive issues to share, and female students normally face more difficulties than male students. Communication information on reproductive health is not available and children lack information about safe supporting services. Furthermore, girl students are afraid of objections and social stigma including criticism from parents and teachers, objections when sharing sensitive things, curiosity not being appreciated etc., so they often go to underground/ unqualified abortion clinics or go to private health facilities for checks or abortions, as a result the health sector does not have enough information and statistics. Effects of accessing inappropriate content using phones and televisions: when school children face stressful educational environment in schools, they tend to drop out of school, and as a result they have more time to be busy with phones and televisions, play games and access inappropriate content and misleading information on the internet.

This project addresses the issues by building capacity of the school teachers, health staffs and parents to support secondary school students in having improved social and emotional wellbeing; improved knowledge, skills and help-seeking behaviour when it comes to their sexual, reproductive and mental health. It establishes core students groups and building their capacity (knowledge and skills) on social

and emotional skills, SRH and mental health topics. In addition, the project strengthen the coordination mechanism between schools and health facilities to provide advanced support to the secondary school students.

Project locations: The project has been being implemented across Tan Lac, Muong Bi, Muong Hoa and Van Son communes in Phu Tho Province. They used to be Ngoc My, Phu Cuong, Phu Vinh, Suoi Hoa, Ngo Luong, and Quyet Chien in Tan Lac district, Hoa Binh province before the national merge.

Project goal: to improve sexual reproductive health and social and emotional wellbeing of secondary school students through strengthened coordination mechanism between schools and health facilities.

The project has three expected outcomes and outcome indicators as below:

TT	Outcomes	Outcome indicators	Target
1.	Outcome 1. Secondary school students have improved knowledge and skills on SRH, SEL, and health seeking behaviors and changing practice	O1.1. % of secondary school students (all gender and with or without disabilities) know the name of five contraceptive methods.	70%
		O1.2. % increase of secondary female school students (with or without disabilities) who know about menstrual hygiene management.	20%
		O1.3. % 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%
		O1.4. % increase of secondary school students (all gender and with or without disabilities) who report that they reached out to their parents/caregivers/school teachers/school health staff/other support services for any SRH issues, stressor anxiety problems or both in the past 6 months.	20%
2.	Outcome 2. Parents, school teachers and health staffs (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	O2.1. % of the trained school teachers and health staff have improved knowledge on SRH topics.	90%
		O2.2. % increase of school teachers and school health staff who can identify early signs of mental health issues (stress and anxiety) amongst students	20%
		O2.3. % 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%
3.	Outcome 3. Schools and the district health center have established an	O3.1. % of the schools have a referral pathway for SRH and mental health issues of the students by the end of the project.	100%

	effective coordination mechanism and referral system to provide quality SRH/SH services and psychological support to students	O3.2. % of the project's schools have annual coordination plan between Health and Education department by the end of the project.	100%
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3. Purpose

The purpose of this evaluation is to measure the extent to which the project goal and outcomes have been achieved and provide recommendations for how technical approaches and project implementation could be improved for new project design in the future. The results of evaluation and reports may also be shared back with project stakeholders and government in the interests of learning and accountability.

The evaluation should consider below criteria:

- **Project management:** This evaluation will identify areas of improvement in all aspects of project management.
- **Relevance:** is the intervention doing the right things?
- **Effectiveness:** is the intervention achieving its objectives?
- **Efficiency:** how well are resources being used?
- **Impact:** what difference does the intervention make?
- **Sustainability:** will the benefits last?
- **Cross-cutting issues:** has the program/project considered inclusion of vulnerable groups, gender sensitivity, and child safety integration?

4. Scope of Evaluation

- The consultants' work will include field trips in project locations in Phu Tho province (former Hoa Binh province) and participate in meeting with key stakeholders
- It is expected that the selected consultant team will follow the deliverables and time frame as mentioned in item **#6. Timeline and Deliverables**

5. Methodology

The consultant team is expected to apply qualitative and quantitative methods for the evaluation.

This consultancy will include the following steps:

- Review all available documentation and relevant primary and secondary resources information relating to the projects (provided by ChildFund Vietnam and other sources)
- Design an inception report including a plan, methodology, and tools, and prepare a schedule for the survey by consulting with Program Manager, Monitoring, Evaluation, and Learning Officer (MELO), Technical Specialist, Project Coordination Officer and relevant staff of ChildFund Vietnam.
- Design and lead data collection (both quantitative and qualitative) in the project field and document Focus Group Discussions (FGDs), key Informant Interviews (KIIs), and Most Significant Change with the different stakeholder groups as stated in the project proposal.

- Train local enumerators on quantitative data collection using the KOBO toolbox, or any appropriate data collection platform as suggested.
- All quantitative and qualitative data collected must be classified by location (commune), age, and sex. There should be individual consideration for girls and boys, men, women, youth, and people with disability.
- Analyze available information, data, and relevant documents, along with findings and recommendations.
- Present findings to the ChildFund Vietnam team for discussion and feedback.
- Finalize 01 evaluation reports in both Vietnamese and English
- High-resolution JPG photos with relevant consensus, data collection tools, and collected data (both quantitative and qualitative) will also be included and shared with ChildFund as part of the final report.
- (Desirable) At least 02 case studies highlighting examples of project impact (including quotes and quality photos of the subject/s).
- Present the findings at the Project Closing Workshop

6. Timeline and Deliverables

Time	Outputs and Activities	Deliverables
Week 3 of October	<ul style="list-style-type: none"> • Reviewing project documents and related database. 	
Week 3 - 4 of October	<ul style="list-style-type: none"> • Development of survey tools (questionnaires, interview guides, survey methodology data analysis methods, etc.), and field trip plan. 	
Week 1 of November	<ul style="list-style-type: none"> • Finalising the survey tools, designing questionnaires on the KOBO toolbox (or any appropriate data collection platform as suggested), and training local enumerators. 	Survey tools available in both offline and online format, ready to use.
Week 1-2 of November	<ul style="list-style-type: none"> • Field trips in Hoa Binh (Phu Tho now), including meetings with key stakeholders 	Field trips and meetings conducted. Project's field information collected. Relevant photos taken.
Week 2-3 of November	<ul style="list-style-type: none"> • Validating and analysing data. 	Data cleaned and validated for analysis.
Week 3 of November	<ul style="list-style-type: none"> • Preparing draft reports in Vietnamese and 	01 draft reports for project location produced and commented.

Time	Outputs and Activities	Deliverables
	<ul style="list-style-type: none"> Presenting the findings and discussing with ChildFund team. 	02 draft case studies produced and commented to showcase project impact. PPT Presentation
Week 4 of November	<ul style="list-style-type: none"> Finalising reports in Vietnamese and English. 	01 complete project evaluation reports in Vietnamese and English. 02 case studies to showcase project impact. Collected database including consented photos package and collected data package.

End of Project Evaluation Report Structure

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Acknowledgment

Abbreviations

Executive Summary

1. Introduction

- Background
- Project Objectives, Outcomes, Outputs (and Activities)
- Objectives and Scope of the End of Project Evaluation

2. Methodology and Limitations

- End of Project Evaluation Design
- Sampling Method
- Data Collection
- Data Analysis
- Ethical Considerations
- Limitations and Mitigations

3. Findings and Discussions

- Results/Status of Project Outcomes and Outputs.
- Constraints and challenges faced by target participants, and their current state of needs.
- Cross-cutting Issues (child protection, gender, disability and social inclusion).

4. Conclusion

5. Lesson learned and Recommendations

6. References

Annexes

- TOR
- Field trip plan
- Evaluation tools
- Raw data
- Others

7. Management and Reporting Arrangement

The consulting work is done under the general management of Program Manager. The consultant will work closely with MEL Officer, Specialist, and project coordination officers.

8. Confidentiality

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

9. Child Safeguarding

The successful applicant will be required to comply with ChildFund Australia's Child Safeguarding Policy and Procedures and to sign the Code of Conduct. If the consultant will be having direct, contact with children or having access to children's personal information, a Criminal Background Check must also be carried out.

10. Counter-Terrorism and Anti-Money Laundering

ChildFund Australia acknowledges its obligation under the Australian laws relating to counter-terrorism. In order to meet its obligation, the consultant's name will be reviewed against Department of Foreign Affairs and Trade (DFAT) and National Security Australia lists at the onset of the financial relationship.

11. Selection Criteria for Consultant

To carry out the assignment, the consultant team (or consultant) should meet the criteria as follows:

Team leader

- Relevant qualifications associated with psychology/social and emotional learning or social science, social work or education.
- Knowledge and experience of Vietnam's current child protection and education situations.
- Proven experience in working with communities, and knowledge of relevant national policies and government positions.
- Excellent spoken and written communication skills in English and Vietnamese.
- Excellent analytical and report-writing skills.
- Psychology/social and emotional learning, child-friendly communication and research experience are preferred.
- Experience and skill in working with ethnic minority people

Team member:

- Relevant qualifications associated with psychology/social and emotional learning, obstetrics and reproductive health or social science, social work or education.
- Knowledge and experience of Vietnam's current child protection and education situations.
- Proven experience in working with communities, especially ethnic minority people.
- Excellent spoken and written communication skills in Vietnamese.
- Psychology/social and emotional learning, obstetrics and reproductive health and research experience are preferred

12. How to apply

Send a short Expression of Interest (less than 10 pages) including:

- Technical proposal for the end-line evaluation;
- Chart allocation of days (note details above under 'Timeframe');
- Proposed total budget including daily rate (in Vietnamese and includes PIT) for consultants. The per-diem, travel and accommodation costs are not included in the proposed budget. It will be paid according to the current policy of ChildFund Vietnam.

And attached the following documents:

- CV of consultant (or consultant team);
- Contact details of at least two referees;
- Two samples of previous reports that are relevant to this consultancy.

Interested applicants should submit their Expression of Interest and complete the online application form through this link: <https://childfund.org.vn/work-with-us/> no later than 5.00 pm on 20th October 2025.