



TERMS OF REFERENCE TO CONDUCT BASELINE SURVEY

YOUNG HEALTH PROGRAMME IN VIETNAM

MAY – JUNE 2019

1. Background

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

Programme implementation period: from 01/01/2019 to 30/12/2021 (possibly extend to 2023)

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

Location: Hai Ba Trung and Dong Anh districts of Hanoi.

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

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.

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 baseline survey

The objective of the baseline survey is to assess the pre-project situation and capture baseline data on all programme indicators from the results framework developed by the YHP team, to enable progress to be monitored and changes to be measured over the course of the three-year intervention. The technical proposal and the baseline report of this exercise 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
	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		3.1.1	% of young people who know where and how to access health services (including SRHR and mental health services)

	3.1 Health services are accessible to young people	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. Deliverables and Scope of the work

The assignment will involve analysis of data collected from a range of sources, some collected by the consultant themselves and some by another organization. Hanoi Center for Disease Control (HCDC) will be providing data specifically through the KAP survey of young people and KAP survey of teachers, parents, school health units (objective 1 and 2).

This assignment will include reviewing the data and report from Hanoi CDC as secondary resources for the baseline. The selected consultant will design, develop tools, collect primary data for the objective 3 and 4. These data will be sources to develop the full baseline survey report. The Consultant will collect qualitative data from 10 communes in the two districts including 10 commune health stations and key policy makers in NCD, SRHR and Mental Health. A full breakdown of responsibilities is included below;

The key assignment stages and deliverables are as follows;

Stage 1: Designing period:

- Proposal of Baseline survey;
- Development of three tools:
 - Tool # 1 KII Guideline to staff in Commune Health Stations to assess the capacity of the commune health stations to provide full implement government youth friendly health programme
 - Tool #2 KII Guideline for community leaders on NCD knowledge and practices to support youth to have healthy behaviours to prevent NCD
 - Tool # 3 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

- Report outline
- Detailed timeline

Stage 2: Field work period: Minutes and records of the interviews staff in the following fields:

- KII 10 Commune Health Stations
- KII 10 community leaders around the selected schools, universities and industrial zone hostels
- KII at least 6 policy makers on NCD, SHRH and Mental Health

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

- First draft report of Baseline survey (objective 3 and 4)
- Receive the data and report from CDC (objective 1 and 2) to develop the first draft of comprehensive report
- Receive comments from PVI to develop the final comprehensive report

Expected deliverables:

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

Expected timelines: The baseline evaluation is expected to be completed by Middle of July 2019 with draft report and indicator table by last week in June 2019.

Ethical and Child protection statements:

The consultant/team must agree to abide by the Global Policy safeguarding children and young people, and evaluation standards of Plan and related requirements. The proposal should clearly and in detail 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. Also, the researcher should explain in the proposal how confidentiality and anonymity of participants will be guaranteed.

Qualification and experience of the consultant/team

Consultants preparing Baseline 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 baseline surveys/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.

5. Selection criteria for evaluators

The Baseline Study has to be led by a high qualified research consultant with strong capacity in conducting NCDs, 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.

6. 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: giang.tranthilinh@plan-international.org and hieu.gianghoang@plan-international.org Any inquiries, please contact Ms. Tran Thi Linh Giang, YHP Project Coordinator, email: giang.tranthilinh@plan-international.org

The application should be submitted no later than 17 h00 Friday May 17 2019

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.

Annex 1: PROPOSED BASELINE REPORT FORMAT

Title page

Acronyms and Abbreviations

Table of Contents

List of Tables and Charts

Acknowledgement

Executive summary (to gain familiarity prior to reading the report, or as a summary for those who will not read the entire report)

- Should not be more than 3-4 pages
- Clearly organized structure (Introduction, issue, need for the deep review, findings, conclusions and recommendations)
- What are the aims
- What are the key findings
- What are the strengths and weakness of the study

I. Introduction

II. Overview

- Covers the background information,
- Need for this deep review
- Objectives of the deep review

III. Scope of the deep review (Including accuracy and limitations)

- Clearly stating what the deep review is looking at
- Clear categorization

IV. Methodologies

V. Findings/ results:

VI. Conclusions and Recommendations

- Conclusions
- Recommendations
- Tools and methodologies should be considered to apply
- Process should be considered to apply
- Others

VII. References

VIII. Annexes: Indicator Tracking Table with baseline data inserted Assessment tools, questionnaires, Raw data and interview protocols collected etc