TERMS OF REFERENCE FOR ENDLINE DATA COLLECTION FOR THE YOUNG HEALTH PROGRAMME IN VIET NAM

Location	Ha Noi, Viet Nam
Application Deadline	30.03.2026
Contract Type	Short-time contract
Working Language	Vietnamese, English
Expected Start Date	01.04.2026
Contract Period	01.04.2026-16.06.2026

1. Introduction

Plan International is an independent global child rights organisation committed to supporting vulnerable and marginalised children and their communities to be free from poverty. By actively connecting committed people with powerful ideas, we work together to make positive, deep rooted and lasting changes in children and young people's lives. We place specific focus on girls and young people's lives. For over 80 years, we have supported girls and boys and their communities around the world to gain the skills, knowledge and confidence they need to claim their rights, free themselves from poverty and live positive fulfilling lives. Plan International has been operating in Vietnam since 1993 and continues to work in Ha Noi, Quang Tri, Lai Chau, Da Nang, Can Tho and Quang Ngai.

2. Background

Non-communicable diseases (NCDs) account for 71% of all deaths, including 15 million premature deaths (between 30-70 years old)[1]. In 2018, NCDs are estimated to account for 17% (23% men, 11% women) in Vietnam of all deaths[2]. The five most common NCDs are cancer, cardiovascular diseases, chronic respiratory diseases, diabetes, and mental and neurological conditions. The five main contributing risk factors are tobacco use, harmful use of alcohol, unhealthy diet, physical inactivity and air pollution.

Young people aged 10-24 make up 24% of the world's population[3]. In Vietnam, young people (10 – 24) represent about 21% of the population[4]. NCDs are especially important for young people. The World Health Organisation estimates that two thirds of premature deaths in adults are associated with childhood conditions and behaviours, and behaviour associated with NCD risk factors is common in young people: over 150 million young people smoke; 81% adolescents don't get enough physical activity; 11.7% of adolescents engage in heavy episodic drinking, and 41 million children under 5 are overweight or obese[5]. An estimated 35% of the global burden of disease has its origin in adolescence, and more than 3,000 adolescents die every day, mostly from NCDs, intentional and unintentional injuries and other preventable causes[6]. An investment in adolescent health and well-being brings benefits today, for decades to come, and for the next generation[7].

The WHO estimates that by 2025 almost 10 million premature deaths from NCDs can be prevented through decisive government action[8]. During the third High-Level Meeting of the United Nations General Assembly on NCDs in September 2018, leaders acknowledged the scale of the challenge and their responsibility – committing to provide strategic leadership from the top of government.

[1] World Health Organization, 2018. Noncommunicable diseases: country profiles 2018
[2] WHO: NCD Country Profile, 2018 https://www.who.int/nmh/countries/vnm_en.pdf?ua=1
[3] United Nations Population Fund, 2022. World Population Dashboard https://www.unfpa.org/data/world-population-dashboard
[4] https://www.unfpa.org/data/world-population-dashboard
[5] https://www.who.int/global-coordination-mechanism/ncd-themes/ncd-and-youth/en/
[6] https://ncdalliance.org/news-events/news/ncds'-impact-on-adolescents-overlooked-to-date
[7] https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(16)00579-1.pdf
[8] World Health Organization, 2018. Noncommunicable diseases: country profiles 2018

Emphasizing the role of young people, the WHO notes that young people can also advocate for policies and practices that aim to improve NCD prevention and care[9]. Young people have the capacity to add value to solutions for NCDs; they are more empowered and enthused to participate in shaping their everyday lives, including health, than generations before. The voices of young people may offer new perspectives, media channels and solutions to NCDs. Young people have a right to the highest attainable standard of health and wellbeing. However, too few have access to relevant and reliable health information and to high-quality and youth-friendly health services without facing discrimination or other obstacles, with many governments still not keen to meaningfully engage young people when making policy decisions.

3. Overview of the Young Health Programme (YHP)

The Young Health Programme (YHP) is AstraZeneca's global community investment initiative. It has a unique focus on young people and primary prevention of the most common non-communicable diseases (NCDs), such as type 2 diabetes, cancer, heart and respiratory disease, and mental and neurological health conditions.

Working with other expert organisations and combining on-the-ground programmes, research and advocacy, the YHP works with young people (10-24) to target risk factors such as tobacco use, harmful use of alcohol, physical inactivity, unhealthy diet and air pollution that can lead to these diseases in adulthood. Since 2010 Plan International has implemented the YHP in Zambia, Brazil, India, Kenya, Indonesia, Vietnam, Myanmar, Thailand, Egypt, Colombia and in the United Kingdom.

In Vietnam, the YHP is implemented by Plan International Vietnam in partnership with Vietnam Ministry of Education and Training (MOET). The programme has been running for a period of 3 years from 2023 to 2026. 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 Vietnam. **Specifically**, it aims to ensure that young people in Vietnam have increased knowledge about NCD prevention and NCD risk factors and increased greater capacity to make informed decisions about their health.

The programme has the following four objectives:

1. Young people have increased knowledge and capacity on NCD prevention to protect and promote their long-term health
2. Communities are informed and mobilized to provide a safe and supportive environment that facilitates healthy behavior among young people
3. Health services have the capacity to support the health of young people, including accessible and quality youth friendly services
4. Laws and policies support NCD prevention and promote the broader health of young people

The YHP takes a holistic approach to address NCD prevention and promote long-term health for young people. This means that in addition to targeting NCD risk factors, the programme addresses the sexual and reproductive health and rights (SRHR) and the emotional well-being of young people, and it uses a gendered approach to NCD prevention. In this way, the programme addresses the impact of underlying social, economic, cultural and psychological factors which influences health choices, and creates an environment in which young people have access to the support, information and services they need.

A detailed YHP proposal and M&E framework, among other relevant programme documents, will be shared with the selected consultant(s) for their review prior to starting the study.

[9] https://www.who.int/bulletin/volumes/94/7/16-179382/en/

4. The Consultancy Objective

The objective of this consultancy is to collect data for an end-line study of the YHP in Vietnam. The end-line data from this study and the recommendations will inform the outcome targets and strategies of the YHP in Vietnam at the end of implementation. The data will be compared with the baseline and midline data collected at the earlier in the YHP to assess whether the YHP indicators are achieved.

5. Scope of Work

The indicators and tools for the YHP are standardized across all YHPs around the world. The tools are a combination of qualitative and quantitative tools and will be provided to the consultant by Plan International Vietnam. The consultant will use these tools to collect data on the indicators set out in the YHP M&E framework below:

Objectives	Outcome	#	Outcome Indicator	Method of measurement	Tools to be used
Objective 1: Young people have increased knowledge and capacity to protect and promote their long term health, including NCD prevention, SRHR, gender and emotional wellbeing	**1.1** Young people have correct **knowledge** on the **five NCD risk factors and SRHR**	1.1.1	% of young people demonstrating correct knowledge on tobacco use	Quantitative	**Survey**
		1.1.2	% of young people demonstrating correct knowledge on harmful use of alcohol	Quantitative	**Survey**
		1.1.3	% of young people demonstrating correct knowledge on physical inactivity	Quantitative	**Survey**
		1.1.4	% of young people demonstrating correct knowledge on unhealthy diet	Quantitative	**Survey**
		1.1.5	% of young people demonstrating correct knowledge on air pollution	Quantitative	**Survey**
		1.1.6	% of young people demonstrating correct knowledge on SRHR	Quantitative	**Survey**
	1.2 Young people have healthy **attitudes** relating to the **five NCD risk factors, SRHR and gender**	1.2.1	% of young people reporting healthy attitude relating to tobacco use	Quantitative	**Survey**
		1.2.2	% of young people reporting healthy attitude relating to harmful use of alcohol	Quantitative	**Survey**
		1.2.3	% of young people reporting healthy attitude relating to physical inactivity	Quantitative	**Survey**
		1.2.4	% of young people reporting healthy attitude relating to unhealthy diet	Quantitative	**Survey**
		1.2.5	% of young people reporting healthy attitude relating to air pollution	Quantitative	**Survey**

Objectives	Outcome	#	Outcome Indicator	Method of measurement	Tools to be used
		1.2.6	% of young people reporting healthy attitude relating to SRHR	Quantitative	**Survey**
		1.2.7	% of young people reporting healthy attitude relating to gender	Quantitative	**Survey**
	1.3 Young people demonstrate positive **behaviour** regarding the **five NCD risk factors, SRHR and emotional wellbeing**	1.3.1	% of young people reporting positive behaviour relating to tobacco use	Quantitative	**Survey**
		1.3.2	% of young people reporting positive behaviour relating to harmful use of alcohol	Quantitative	**Survey**
		1.3.3	% of young people reporting positive behaviour relating to physical inactivity	Quantitative	**Survey**
		1.3.4	% of young people reporting positive behaviour relating to unhealthy diet	Quantitative	**Survey**
		1.3.5	% of young people reporting positive behaviour relating to air pollution	Quantitative	**Survey**
		1.3.6	% of young people reporting positive behaviour relating to SRHR	Quantitative	**Survey**
		1.3.7	% of young people reporting positive behaviour relating to emotional-well-being	Quantitative	**Survey**
	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)	Quantitative and qualitative	**Peer education assessment** and **Focus Group Discussions**
Objective 2: Communities are informed and mobilised to provide a safe and supportive environment which facilitates healthy behaviour among young people	**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	Quantitative	**Survey**
		2.1.2	% of young people reporting that they feel supported by their school/university to demonstrate healthy behaviour	Quantitative	**Survey**
		2.1.3	% of young people reporting that they feel supported by their community leaders to	Quantitative	**Survey**

Objectives	Outcome	#	Outcome Indicator	Method of measurement	Tools to be used
			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	Qualitative	**Focus Group Discussions**
Objective 3: Health services have the capacity to support the health of young people, including accessible and quality youth friendly services	**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)	Quantitative	**Survey**
		3.1.2	% of young people who have used health services in the last 12 months	Quantitative	**Survey**
	3.2 Health facilities provide quality youth friendly services	3.2.1	The extent to which health facilities in YHP areas implement youth friendly health services	Qualitative	**Key Informant Interviews** and score-carding reports
		3.2.2	% of young people reporting satisfaction with the quality of services	Quantitative	**Survey** and score-carding reports
Objective 4: Laws and policies support NCD prevention and promote the broader health of young people	**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	Qualitative	**Baseline**: done during the policy review in activity 4.1 (this includes **Key Informant Interviews** with govt stakeholders /policy makers). **Midterm** and **final evaluation**: follow up **Key Informant Interviews** with govt stakeholders /policy makers
	4.2 Young people actively contribute to the existence and	4.2.1	The extent to which young people's voices are included in government decision	Qualitative	**Focus Group Discussions**

Objectives	Outcome	#	Outcome Indicator	Method of measurement	Tools to be used
	implementation of laws and policies around NCD prevention		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	Qualitative	**Focus Group Discussions**
Programmatic assessment of against OECD DAC criteria.					**Process Assessment applied to project staff.**

The scope of work of this consultancy is to collect endline data (using the same quantitative and qualitative tools used during baseline and midline), to insert the quantitative data into an agreed software programme and to transcribe the qualitative data in high quality, professional standard English. Plan International will then send the collected raw data to a consultant in the UK, who will analyse the data and write the report. So, data analysis and report writing *is not part of this consultancy*.

5.1 Project size

This project currently working with 450 peer educators (50% girls,50% boys), who are reaching 61.002 young people (51% boys, 49 % girls). The YHP is being delivered in 29 schools in Ha Noi.

6. Methodology

The consultant will be responsible for using the YHP global methodology and data collection tools; country-specific contextualisation on the tools is possible but always in agreement with Plan International UK. The consultant will propose the country-specific sampling strategy, and with the Plan International country office agree on a list of key informants (from government, civil society organisations and health facilities) to be interviewed.

There are 5 YHP data collection tools that the consultant will administer for this end-line data collection per the global YHP methodology:

1. **Survey** assessing knowledge, attitudes and practices, and other elements relating to NCD risk factors among young people (quantitative)
    - **Sample:** Approx 350 young people who have interacted with the project, including both peer educators and recipients of peer educator-delivered sessions (aged 10-24) randomly selected with 50% girls and 50% boys from all ethnic groups (if applicable)
    - The total sample of approx. 350 young people should roughly be a representation of actual beneficiaries reached in the programme, considering age and gender**. Survey will be** conducted at 07 schools where the baseline survey was previously implemented, with the following age and gender (50 % boys, 50 % girls) follow the breakdown:

School level	Total number of selected participants	School name						
		Kim chung secondary school	Gia Thuy Secondary school	Nghia Tan Secondary school	Nguyen Gia Thieu High school	Bac Thang Long Highschool	Cau Giay High schol	Open University
Secondary school	165	55	55	55				
High school	75				25	25	25	
University	110							110
Total Sample size	350	07 schools/university						

2. **Focus Group Discussions** (FGDs) involving young people reached directly through YHP activities and other YHP cohorts, considering location, age and gender(qualitative)
    - **Sample:** 21 FGDs minimum in total; 3 FGDs each school with a) peer educators (including one or two who have engaged in advocacy); b) parents/caregivers; c) teachers; (50 % boys, 50% girls)

3. **Key Informant Interviews** with health professionals, government policymakers, civil society organizations, alliances, networks and other non-governmental stakeholders (qualitative)
    - **Sample:** 10 KIIs minimum in total with a selection of 1) health professionals; 2) government stakeholders; 3) civil society stakeholders; 4) other stakeholders or beneficiaries of particular interest

4. **Process Assessment Tool** assessing how the programme was implemented (qualitative).
    - **Sample:** Input for this tool comes from the Plan International Vietnam Country Office YHP programme implementation team and potential YHP partners

5. **Peer Education Assessment Tool** – a short survey assessing peer educator's confidence levels of a variety of relevant topics. The same tool will be used at final evaluation.
    - Sample: about 500-550 PEs (including 450 current PEs at 29 schools and 50-100 ex- PEs who has graduated from these schools or who are still studying in the last year of these schools and not active at YHP anymore).

7. Deliverables

The consultant will deliver the following:

1. **Inception report** which should include a detailed sampling and data collection methodology include training the data collection, proposed key informants, proposed data collection software,data collection tools will be tested with a pilot study, timeline and execution plan, data quality assurance plan (as explained under 11) and safeguarding and ethics plan. This would also include contextualising/adapting the evaluation tools to fit the CO context (in agreement with Plan International UK).

2. **Sample and/or pilot data** Example data from all tools, following the specifications outlined in 7.3 below, should be submitted for review and sign off by Plan International. Full data collection should not commence until this has been signed off.

3. **Data collected and inserted/transcribed**

- Qualitative: Full transcripts of the qualitative data (include the completed consent forms) should be submitted in Word format both in the original language and translated into English. Specific guidance on how the Word documents should be labelled and formatted will be provided.

- Quantitative: Consultants will be requested to use a pre-programmed Kobo Toolbox survey that will be provided to collect quantitative data. The data should be submitted in as an Excel *.csv file where rows correspond to observations; columns correspond to survey items), cleaned, and with the specific column headers and coding requested by the UK Consultant.

4. **Preparing and Contextualising data** Working with the global consultant to prepare the data for data analysis and provide clarification on nuances and context as needed.

5. **Remain available for questions on data after initial submission**

8. Qualification of the consultant

The required skills and competences for the consultant are:

- Advanced degree in Public Health, Population Research, Development Studies, Gender, Population Studies, Monitoring and Evaluation or any other relevant degrees
- Knowledge and expertise in young people's health or NCD risk factors is an advantage
- At least 3 years' experience with baseline, midline and final evaluations
- In-depth knowledge and understanding of Vietnam health system and policy environment
- Does not affiliate with any government bodies
- Research experience in the health sector and preferably proven experience in quantitative and qualitative data collection
- Experience in research involving marginalized or vulnerable children, young people and communities (desirable)
- Demonstrated understanding of and commitment to children's rights, gender equality and development issues
- Experience in working across multiple sectors including with INGOs. Knowledge of Plan International and its work locally (desirable)
- Fluent in Vietnamese and proficient in the use of English

9. Management of the Consultancy

Plan International Vietnam, in collaboration with Plan International UK, is the lead partner in the Young Health Programme and is responsible for the overall management of the consultancy. The consultant will be reporting to the YHP Programme Manager in country and will receive necessary support from the YHP team and partners (where applicable). The YHP team will avail to the consultant any relevant YHP documents or resources, if needed.

10. Plan's Child and Youth Safeguarding Policy and Code of Conduct

Plan International 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.

The consultant undertaking this assignment must demonstrate commitment to strictly adhere to Plan's Child and Youth Safeguarding Policy and Plan's Code of Conduct. It is the responsibility of Plan International Vietnam to ensure that all persons hired, used or otherwise consulted for this exercise, are made familiar with the policies and agree to also abide by them before their services are agreed to. Plan International will undertake a safeguarding risk assessment for this project, and the consultant will be required the adhere to the mitigation methods for identified risks.

The evaluation team will be expected to outline their approach to safeguarding and ethical data collection in their application, including informed consent, data security, gender sensitivity and make of the data collection team, and dealing with safeguarding disclosures.

11. Data quality assurance

The Evaluation Team will be expected to demonstrate how they intend to incorporate data quality assurance throughout the process, from inception to analysis and final reporting. The bidder is required to submit a quality assurance plan that sets out the systems and processes for quality assuring the evaluation and research process and deliverables of the project, from start to finish. Plan International has a data quality assurance plan template that can be provided.

12. Timeframe

The evaluation team is expected to submit a detailed execution plan with reasonable and realistic number of days which will not be more than 17,5 working days for 1 consultant.

Key stages/activities	**Tentative Time frame**	**Estimated Days of work for** Consultant(s)	**Responsible**	**Individuals Involved**
Advertisement and Consultant selection	11.03.2026-30.03.2026	N/A	Selection board (HoP, PM, PC, PO, PA, FO)	MOET
Revise proposal and sign contract.	30.3.2026-05.04.2026	N/A	Consultant(s),PC, PO,PA	

Key stages/activities	**Tentative Time frame**	**Estimated Days of work for** Consultant(s)	**Responsible**	**Individuals Involved**
Online meeting with UKNO consultant to get agreement on Inception report template, tools and plan forward	05.4.2026-10.04.2026	0,5 days* 2 consultants = 01 day	Consultant(s), PC, PO, PA	UKNO
Desk review, Ethical Approval Application (if necessary) and submission of Inception Report template, including methods, data collection tools, timeline, etc. as above.	10.04.2026-14.04.2026	1 days*02 Consultants= 02 days	Consultant(s)	PC, PO, PA, UKNO
Adopt protocol, data collection tools	14.04.2026-15.04.2026	1days*01 Consultants=1 days	Consultant(s)	PC, PO, PA, UKNO
Pilot tools	15.04.2026-16.04.2026	0,5 days*02 consultants = 1 day	Consultant(s),	PC, PO, PA, UKNO, MOET
Data Collection – quantitative and qualitative data collection. (Support teacher from 07 schools collect data through Kobo toolbox)	17.04.2025 -30.04.2026	8 days*02 Consultants=16 days	Consultants, Collection data teams	PC, PO, PA, UKNO, MOET
Data Entry and Cleaning and putting raw data in the inception report according to the agreed template	30.04.2026-10.05.2026	4days*02 Consultants=8 days	Consultant(s)	PC, PO, PA, UKNO, MOET

Key stages/activities	**Tentative Time frame**	**Estimated Days of work for** Consultant(s)	**Responsible**	**Individuals Involved**
Correspondence and feedback with the UK consultant on the endline survey report.	10.5.2026-25.05.2026	2 days* 2 Consultants=4 days	Consultant(s), UKNO	PC, PO, PA, MOET
Prepare the key findings summary report to present at the closing workshop	26.5.2026	1 days* 1 consultant = 1 day	Consultant	PC, PO, PA
The consultant(s) presents the independent assessment of the endline results at the closing workshop	June.2026	1 days*1 consultant =1 day	Consultant(s)	PC, PO, PA, UKNO, MOET
Totals		35 days (for 02 Consultants)		

The budget for activities to be charged to budget line **WBS VN10590-VNM1-049-2711-25 – funded programme VNM100513-II.5.5**

13. Respondents are asked to provide

Interested consultant(s) and/or agencies should provide the following information:

1. A letter of intent expressing the consultant's or firm's capabilities and qualifications
2. Consultant or agency profile outlining areas of expertise with samples of select works
3. Current list of recent and relevant clients
4. Any direct or relevant past experience of undertaking similar assignments
5. Names and CVs of the professionals who will be the lead and associated with the assignment and how the assignment will be managed
6. Detailed technical proposal on the understanding of the TOR and the scope of the work, outlining the approach and plan to accomplish the assignment
7. A proposed timeline indicating activities/sub-activities to be undertaken and the corresponding outputs, including gender and safeguarding considerations
8. A financial proposal containing itemized all-inclusive budget. Plan International will not meet any other costs related to the assignment
9. Evidence of acceptance to payment schedule of 30% being payment upon submission of acceptable draft inception report and 70% upon submission of acceptable complete final report.

All applications received by the submission date will be reviewed by a selection committee, in consultation with Plan International UK, based on predetermined objective criteria. Upon selection, the consultant/agency will be invited for a discussion and requested to submit a detailed inception report (described in section 7 of this TOR) prior to start of the assignment.

The application can be sent electronically through the email: **Van.PhamThiHong@plan-international.org**
Only applicants with complete documents including sample of the previous work will go through the selection process.