

TERM OF REFERENCE

BASELINE SURVEY FOR THE YOUNG HEALTH PROGRAMME (YHP) VIETNAM – PHASE III (2026–2029)

Location	Hanoi & Can Tho
Application deadline	10/11/2026
Type of contract	Short term contract
Language	English and Vietnamese
Expected start date	November 2026
Contract duration	Can Tho: Nov-Dec 2026 Hanoi: TBD

1. Introduction

Plan International is an independent global children's rights organization committed to helping vulnerable and marginalized children and their communities break the cycle of poverty. By actively connecting dedicated people with powerful ideas, we work together to create positive, profound, and lasting change in the lives of children and young people. We focus specifically on the lives of girls and young people. For over 80 years, we have supported boys and girls—and their communities—around the world in gaining the skills, knowledge, and confidence needed to claim their rights, escape poverty, and lead positive, fulfilling lives. Plan International has been operating in Vietnam since 1993 and continues to work in Hanoi, Can Tho, Da Nang, Quang Tri, Tuyen Quang.

2. Programme background

NCDs continue to represent a major global health challenge, responsible for approximately 43 million deaths in 2021—equivalent to 75% of all global deaths not related to the COVID-19 10 pandemic. Of these, an estimated 18 million were premature deaths (before age 70), with 82% occurring in low- and middle-income countries¹. These diseases—primarily cardiovascular diseases, cancers, chronic respiratory conditions, diabetes, and mental and neurological disorders—are increasingly impacting low- and middle-income countries (LMICs), where over three-quarters of NCD deaths now occur. Vietnam is no exception. The growing prevalence of NCDs among the population, particularly among adolescents and young adults, reflects a worrying trend that poses both immediate and long-term implications for health systems, the economy, and national development.

In Vietnam, rapid economic development, urbanization, and demographic shifts have contributed to profound changes in health risk profiles. Young people are now exposed to multiple modifiable risk factors from an early age, including tobacco use (active and passive), unhealthy diets rich in processed and sugary foods, physical inactivity due to sedentary lifestyles, harmful use of alcohol, and pervasive exposure to air pollution—especially fine particulate matter (PM2.5) that far exceeds WHO-recommended thresholds in major cities such as Ha Noi and Ho Chi Minh City². Compounding these risks is a growing burden of mental health³ conditions, including anxiety and depression, which are often undiagnosed or

¹ World Health Organization [WHO], 2022

² Socialist Republic of Vietnam. (2020, November 17). Law No. 72/2020/QH14 on Environmental Protection. Ministry of Natural Resources and Environment

³ Mental health is a key government priority in Vietnam in the context of adolescent health hence with the YHP Vietnam working very closely with government entities as their implementing partners and key stakeholders, well-being will continue to be integrated across selected project activities to ensure alignment strategically with the government

untreated due to stigma and limited access to services. Urbanization further complicates this dynamic. As more young people move to cities for education and employment, they are increasingly exposed to the urban "obesogenic" environment—characterized by fast food outlets, limited green spaces, air pollution, and social isolation. These conditions promote unhealthy behaviours and reduce opportunities for physical activity, all of which contribute to early onset of NCDs.

3. Overview of the Youth Health Program (YHP)

AstraZeneca's Young Health Programme (YHP) is a 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. Combining community programmes, youth leadership, research and advocacy, the YHP works with young people (aged 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. Additionally, the programme tackles the climate-health intersection with a focus on addressing climate-driven health inequities and NCD-related climate hazards through youth-led climate action at the local, national and global levels.

Since the start of the partnership between AstraZeneca and Plan International in 2010 the programme has been implemented in Brazil, Colombia, Egypt, India, Indonesia, Kenya, Myanmar, Thailand, the United Kingdom, Vietnam and Zambia at varying timescale. Building on the valuable experience and lessons learned from Plan International's wider experience of implementing the YHP, Plan International is implementing a new three-year programme (2026-2029) in Ha Noi and Can Tho cities, Vietnam where NCDs pose a significant health threat. In Can Tho, the project will engage six secondary/high schools and one university, while in Hanoi it will be implemented across eight schools. The new phase of the YHP will have an increased focus on health equity, health system resilience, and the climate-health connection to prevent NCDs among adolescents. Focusing on health equity will ensure that the YHP will play a role in tackling global systemic health inequalities and creating impactful long-term change. In addition, focusing on health equity is in line with AstraZeneca's Global Health Equity Strategy⁴ and Sustainability Impact Report (2025) and Plan International's approach to gendertransformative health programming.

The overall goal of the YHP in Vietnam is to contribute to improved long-term health, well-being and health equity for young people between 15-24 years old and communities in Vietnam, through strengthened knowledge and agency, enhanced access to climate resilient and inclusive and youth-friendly health services. Specifically, it aims to ensure that young people in Ha Noi and Can Tho have increased knowledge about NCD prevention and NCD risk factors, climate change and health and increased capacity to make informed decisions about their health including their health seeking behaviours.

The programme has three objectives:

1. Young people in Ha Noi and Can Tho, and their communities, demonstrate improved knowledge, attitudes, and practices on NCD prevention and intersections with climate-health, SRHR, and gender equality and feel empowered and supported to take action to promote their health and wellbeing
2. Local health facilities have strengthened capacity and processes to deliver accessible, quality, inclusive, climate resilient and youth-friendly services to improve health equity as well as promote NCD prevention, and well-being of young people

⁴ AstraZeneca's Global Health Equity Strategy: <https://www.astrazeneca.com/sustainability/health-equity.html>

3. Youth advocate for an enabling policy environment (including Laws, policies, national guidelines, and strategies) that embeds youth recommendations on NCD prevention and climate-health and promotes the broader well-being of young people

The detailed proposal, the M&E Framework and the approved KAP survey will be shared with the selected consultant; bidders may request an extract to prepare their applications.

4. Purpose of consultancy

The objective of this consultancy assignment is to collect data for the YHP programme's baseline survey in Vietnam. The survey data and resulting recommendations will inform YHP's outputs and strategies in Vietnam at the programme's inception. Furthermore, the baseline data will provide the YHP team with benchmarks against which the programme's objectives and outcomes can be measured during the mid-term and final evaluations.

5. Scope of work

The baseline indicators and survey tools for the YHP are standardized across all YHP programs worldwide. These tools comprise a combination of qualitative and quantitative survey instruments and will be provided to the consultant by Plan International Vietnam. The consultant will use these tools to collect baseline data on the indicators outlined in the YHP M&E framework below.:

Objective	Intermediate Outcomes	#	Output Indicator	Measurement method	Baseline measure and tool
Objective 1: Young people, and their communities, demonstrate positive knowledge, attitudes, and practices on NCD prevention, climate-health intersection, and gender equality and feel empowered and supported to take action to promote health equity, health, well-being	1.1 Young people demonstrate positive KAP (knowledge, attitudes, practices) on NCD prevention, climate-health intersection, healthy equity, and gender equality	1.1.1	% and # of young people who report positive knowledge on NCD prevention, climate-health intersection, and gender equality	Quantitative	Young People (KAP) survey
		1.1.2	% and # of young people who report positive attitudes on NCD prevention, climate-health intersection, and gender equity	Quantitative	
		1.1.3	% and # of young people who report positive practices on NCD prevention, climate-health intersection, and gender equality	Quantitative	
	1.2 Community members foster supportive	1.2.1	% and # of young people reporting that they feel	Quantitative	Young People (KAP) survey

	environment and promote NCD prevention, climate-health intersection, enabling young people to make healthier choices		supported by their community (family, school, community) to demonstrate healthy behaviors		
		1.2.2	The extent to which teachers, caregivers/parents, and community leaders support and enable young people to promote their health and well-being	Qualitative	- Focus group discussions (Potential for case studies/stories of change)
	1.3 Young people demonstrate empowerment as well as increased self-confidence and decision-making power	1.3.1	% and # of young people (peer educators) who demonstrate empowerment as well as increased self-confidence and decision-making power	Quantitative & Qualitative	- Focus group discussions
Objective 2: Local health facilities have strengthened capacity and work with young people to improve accessibility, quality, and responsiveness of health services related to young people	2.1. Young people can access health services and are satisfied with them	2.1.1	% of young people who know where and how to access health services	Quantitative & Qualitative	- Young People (KAP) survey - Focus group discussions
		2.1.2	% of young people who have used health services in the last 12 months	Quantitative	Young People (KAP) survey
	2.2 Health facilities provide youth-friendly resilient services by responding to young people's needs and accommodate their feedback	2.2.1	% of young people reporting satisfaction with the quality of services	Quantitative	Young People (KAP) survey Scorecarding results
		2.2.2	the extent to which health professionals demonstrate an understanding of young people's needs and implement youth friendly health services	Qualitative	- Key Informant Interviews - Scorecarding reports (as well as other tools)

Objective 3: Youth advocate for an enabling policy environment that embeds youth-led recommendations on NCD prevention, climate-health intersection, and well-being of young people	3.1. Policy makers at all levels meaningfully engage young people in public processes related to their asks around NCD prevention, the climate-health intersection, and other interconnected priorities relevant to their health and wellbeing.	3.1.1	% of consultation processes in which young people report being meaningfully engaged	Quantitative & Qualitative	-Survey Interviews Review -Programme Documentation
	3.2 Young people submit recommendations to propose changes to existing laws and policies around NCD prevention and climate-health intersection	3.2.1	The extent to which young people's recommendations prioritize NCD prevention and advocate for structural (policy or legal) changes within the climate-health intersection.	Qualitative	Kills with young people and stakeholders (Potential for Case studies)

The scope of work for this consultancy involves collecting baseline data (using previously developed quantitative and qualitative tools), entering quantitative data into an agreed-upon software program, and transcribing qualitative data. Plan International will then forward the collected raw baseline data to a UK-based consultant responsible for data analysis and report writing; consequently, data analysis and report writing fall outside the scope of this consultancy.

The findings and recommendations from the baseline assessment will inform YHP strategies and outcome targets at the onset of implementation. This data will also serve as the basis for measuring the achievement of YHP objectives and outcomes during the mid-term and final evaluations.

6. Programme Scope

The programme aims to work with about 300 peer educators (around 20 per institution) in 15 education institutions and aims to reach 49,200 young people in Hanoi and Can Tho city. School lists with enrolment by grade and sex will be provided by PIV at contracting.

Location	Secondary Schools	High Schools	Universities	Number of Pes		
				Girls	Boys	Total

Hanoi	5	3		90	70	160
Can Tho	4	2	1	80	60	140

7. Methodology

The consultant will be responsible for utilizing YHP's global data collection tools and methodologies; while country-specific contextualization of the tools is permitted, alignment with Plan International UK's standards must be maintained. The consultant will propose a country-specific sampling strategy and, in collaboration with the Plan International country office, finalize the list of key informants (representing government, civil society organizations, and health facilities) to be interviewed.

There are **five** YHP data collection tools that the consultant will manage to collect baseline data following the global YHP methodology:

i. Survey (KAP) assessing young people's knowledge, attitudes and practices on NCD risk factors, the climate–health intersection and gender equality, community support, and access to health services. Interviewer-administered, face-to-face, in a private space at school (about 30–45 minutes), programmed in KoboToolbox.

Sampling: about 400 students aged 10–24 enrolled in the 6 institutions – three schools in Hanoi and three schools in Can Tho (the programme's 'potential participants'), selected randomly in stages from class lists (not nominated by schools), stratified by city, school level and sex, with age-group disaggregation and a flag for Phase II schools.

ii. Focus group discussions (FGDs) with young people, PEs, parents/caregivers, teachers/school staff and community stakeholders.

Sampling: a total of at least 12 FGDs: a) 6 FGDs with parents/caregivers, teachers/school staff; b) 6 FGDs with students (6 schools in Hanoi & Can Tho, separated by sex and/or age band). Ensure diversity without singling anyone out.

iii. Key informant interviews (KIIs) with school leader board, health professionals, policy-makers, young advocates

Sampling: a total of at least 15 KIIs: a) at least 6 with health professionals/managers of the school health units (census of all 6 units, each scored with the scorecard); b) at least 6 with school leader board (at least 2 stations per city), 03 KIIs with Hanoi & Can Tho DOET, MOET. Data collection in Can Tho city will be taken place in November 2026, tentatively. Data collection in Hanoi will be determined upon the approval process.

Location	School level	Participant group	No of FGDs	Participants per FGDs	Total participants in FGDs	Gender	Age / grade
Can Tho	Secondary school	Students	1	6	6	3 boys, 3 girls	About 10–15 yrs; grades 6–9 (2-2-1-1)
	High school	Students	1	6	6	3 boys, 3 girls	About 15–18 yrs; grades 10–12 (2 per grade)

	University	Students	1	6	6	3 male, 3 female	About 18–24 yrs; years 1–4 (2-2-1-1)
	Secondary & High school	Parents/car egivers	3	6	12	Mixed; at least 2 male per group (proposed)	Adults; parents of students across all grades
	All three levels	Teachers	3	6	18	Mixed; at least 2 male per group (proposed)	Adults; teachers across all grades
Hanoi	Secondary school	Students	2	6	12	3 boys, 3 girls	About 10–15 yrs; grades 6–9 (2-2-1-1)
	High school	Students	1	6	6	3 boys, 3 girls	About 15–18 yrs; grades 10–12 (2 per grade)
	Secondary & High school	Parents/car egivers	3	6	24	Mixed; at least 2 male per group (proposed)	Adults; parents of students across all grades
	Secondary & High school	Teachers	3	6	18	Mixed; at least 2 male per group (proposed)	Adults; teachers across all grades

8. Ethics and Child Protection

Plan International is committed to ensuring that the rights of those participating in data collection or analysis are respected and protected, in accordance with Framework for Ethical MERL 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.

9. Deliverables

The consultant(s) needs to deliver the following products.:

Deliverable	Format	Detail
1. Participate in the kick-off call	Online meeting	A meeting with UKNO and YHP VN to introduce, discuss, and reach an agreement on the development of the concept and design for the baseline survey, as well as the localisation of the survey toolkit.
2. Inception Report	Word/PDF, English (Vietnamese summary) • Quantitative: The consultant will use their chosen electronic data collection software (recommended: KoboCollect/KoboToolbox) to input collected data in a format exportable as an Excel *.csv file (where rows correspond to observations and columns to survey items), ensuring the data is cleaned and uses specific column headers and coding as required by the UK Consultant.	Detailed methodology and workplan; sampling frame, sample size and allocation; draft tools; data collection software; proposed key informants; quality assurance, safeguarding and ethics plan; consent/assent forms; Can Tho contingency; approach to clarifying indicators
3. Indicator Reference Sheet	Excel + Word	The reference sheet includes results of each indicator so that the project can compare between baseline/endline of the project. For all 12 indicators: scoring, thresholds, definition of “improved”, minimum meaningful change, numerator/denominator, disaggregation, proposed targets: Approved by PIV and Plan UK before data collection
4. Ethics and access package ready survey on Kobo	PDF + Kobo survey	Ethics Review Team (ERT) submission, permissions, safeguarding and distress-referral protocol, signed commitments, judicial record certificates. Kobo data link (localize in Vietnamese)

Deliverable	Format	Detail
5. Cleaned data is collected and inserted/copied	1. Qualitative component: A complete record of qualitative data must be submitted in Word format, in both the original language and the English translation. Specific instructions regarding the labeling and formatting of the Word documents will be provided. 2. Quantitative component: The consultant will use electronic data collection software of their choice (KoboCollect/KoboToolbox is recommended) to enter the collected data. The data must be submitted as an Excel *.csv file—where rows correspond to observations and columns to survey items—and must be cleaned, with specific column headers and coding as required by the UK-based consultant.	De-identified datasets, codebook, weights, analysis syntax per indicator, cleaning log, fieldwork and response-rate report. Available to answer queries after submission.
6. Completed consent forms	Secure scans or Kobo records	Assent of children, parental/caregiver and adult consent records, stored per Plan data policy
7. Data follow-up	Email Online meeting	Ready to answer questions after submitting data.

10. Consultant requirement

The required skills and competencies for the consultant are:

- A PhD or Master's degree in Public Health, Population Studies, Monitoring and Evaluation, or a related field
- Knowledge and expertise regarding adolescent health or risk factors for non-communicable diseases (NCDs), climate change and health equity is an advantage
- At least 5 years of experience conducting baseline, mid-term, and end-line evaluations
- In-depth knowledge and understanding of Vietnam's health system and policy environment regarding non-communicable diseases
- No affiliation with any government agency
- Research experience in the health sector, particularly demonstrated experience in quantitative and qualitative data collection
- Experience in research involving children, youth, and marginalized or vulnerable communities is an advantage
- Demonstrated understanding of and commitment to children's rights, gender equality, and development issues
- Experience working across various sectors, including with international non-governmental organizations (INGOs); knowledge of Plan International and its local operations is an advantage
- Proficiency in English and Vietnamese

11. Consultant Management

Plan International Vietnam, in collaboration with Plan International UK, is the lead partner for the Youth Health Programme (YHP) and holds overall responsibility for managing the consultancy assignment. The consultant will report to the YHP Programme Manager in Vietnam and receive necessary support from the YHP team and partners. The YHP team will provide the consultancy team with all relevant YHP programme documents, as required..

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

The consultant(s) undertaking this assignment must demonstrate a commitment to strictly adhering to Plan's Child and Youth Safeguarding Policy and Code of Conduct. Plan International Vietnam is responsible for ensuring that all recruited consultants familiarize themselves with these policies and agree to comply with them. Plan International will conduct a safeguarding risk assessment for this programme, and the consultant(s) will be required to follow the identified risk mitigation measures.

The evaluation team must outline their approach to safeguarding and ethical data collection in their proposal, covering informed consent, data confidentiality, gender sensitivity, and the establishment of a data collection team capable of handling disclosures.

13. Duration of work execution

The consultant is expected to propose a detailed implementation plan with a reasonable and realistic timeframe, not exceeding 15 working days.

Key stages/activities	Tentative Time frame	Estimated Days of work for Consultant(s)	Responsible
Advertisement and Consultant selection	28.10.2026-11.11.2026	N/A	Selection board (HoP, PM, PC, PO, FO) MEL Manager
Revise proposal and sign contract.	11.11.2026-15.11.2026	N/A	Consultant(s), PC, PO, MEL Manager
Desk review, Ethical Approval Application (if necessary) and submission of Inception Report template, including methods, data collection tools, timeline, etc. as above.	26.10.2026-04.11.2026		UKNO

Key stages/activities	Tentative Time frame	Estimated Days of work for Consultant(s)	Responsible
Adopt protocol, data collection tools – Kick-off Call	16.11.2026-20.11.2026	2 days*02 Consultants=4 days	Consultant(s), UKNO, YHP VN
Data Collection – quantitative and qualitative data collection in Can Tho	20.11.2025 - 30.11.2026	4 days*02 Consultants=8 days	Consultants, Collection data teams, YHP VN
Data Collection – quantitative and qualitative data collection in Hanoi	March 2027 (TBD)	4 days*02 Consultants=8 days	Consultants, Collection data teams, YHP VN
Data Cleaning and putting raw data in the inception report according to the agreed template – Brief Analysis _preliminary data set)	Can Tho: before 10.12.2026 Hanoi: TBD	3days*02 Consultants=6 days	Consultant(s)
Correspondence and feedback with the UK consultant on the data collection survey report.	Can Tho: before 18.12.2026 Hanoi: TBD	2 days* 2 Consultants=4 days	Consultant(s), UKNO
Totals		30 days (for 02 Consultants)	

14. Data quality assurance

The consultancy(s) will be required to demonstrate how data quality is ensured throughout the entire process, from inception to analysis and final reporting. The team must submit a quality assurance plan outlining the systems and procedures for ensuring quality across the research and evaluation process—as well as for all deliverables—from start to finish. Plan International can provide a template for the data quality assurance plan..

15. Requirements for submission of application documents

- 1) Consultants and/or interested agencies are required to provide the following information:

- 2) An expression of interest demonstrating the consultant's or firm's capabilities and qualifications
- 3) A profile of the consultant or agency outlining areas of expertise relevant to the assignment
- 4) A current list of recent and relevant clients
- 5) Details of any past direct or relevant experience in carrying out similar assignments
- 6) Names and profiles of the team leader and proposed team structure
- 7) A detailed technical proposal demonstrating an understanding of the Terms of Reference (TOR) and scope of work, outlining the approach and plan for completing the assignment
- 8) A proposed timeline detailing activities/sub-activities and corresponding deliverables, including considerations for gender and safety
- 9) A financial proposal comprising an itemized, all-inclusive budget; Plan International will not cover any additional costs associated with the assignment
- 10) Agreement to a payment schedule of 50% upon approval of the initial draft report and the remaining 50% upon approval of the final report.

Please submit your application via email to: Huyen.DoanThi@plan-international.org.

Only candidates who provide a complete set of documents—including samples of previous work—will be eligible to participate in the selection process.