

ANNEX II - TERMS OF REFERENCE

CONSULTANCY SERVICE FOR CONDUCTING AN END-LINE STUDY OF THE PROJECT ON SON PREFERENCE AND GENDER BIASED SEX SELECTION (GBSS)

1. INTRODUCTION

Gender-biased sex selection (GBSS) and son preference is a manifestation of gender inequality manifesting in pre-natal sex selection and discrimination against daughters. It is a symptom of pervasive cultural, social, political and economic discrimination against girls and women with demographic, family and individual consequences. Demographic consequences of pre natal sex selection are often measured by the sex ratio at birth. Sex ratio at birth is a statistical indicator computed as the number of boys born alive per 100 girls born alive. A normal SRB ratio lies between 102-106 boys for every 100 girls and remains quite stable over time. In Viet Nam, the SRB was at natural level before 2004, then has increased rapidly and was 110.6 boys per 100 girls in 2009, reached 112.2 in 2014 and was 112.1 in 2020. The SRB varies between socio-economics regions and population groups and is highest in the Red River Delta region (115.3) and lowest in the Mekong River Delta (106.9). However, evidence from the 2019 Census showed GBSS has been diffusing in most of socio-economic regions in Viet Nam¹. Nevertheless, unlike in most other countries, the SRB in Viet Nam is already skewed in the first births and kept rising in 2nd and 3rd births if the previous children were daughters². It must also be noted that this is a measure of pre-natal sex selection alone and that post-natal sex selection and discrimination against daughters can be understood through by fatal and non-fatal indicators including under 5 mortality rates, birth registration or vaccine uptake.

International literature reviews and research in Viet Nam have confirmed that there are a range of contributing factors supporting the practice of GBSS including the following:

- Social and gendered norms which permeate individual, family, institutional and society beliefs and practices which discriminate against daughter girls;
- Security: Son preference makes it desirable: in the countries where societal patterns are strongly patriarchal and mostly patrilocal as son is considered a major source of security for ageing parents; preservation of the family or the clan, etc.
- *Smaller family size and fertility decline*: In some countries where fertility declines rapidly while patriarchal socio-cultural norms and structures still exist, families who intend to have only a limited number of children may be more likely to resort to GBSS to assure that they have at least one son.
- *New technologies makes it possible*: Sex selection can take place before a pregnancy, for instance, through sperm sorting, during pregnancy through prenatal sex detection and selective abortion, or following birth through infanticide or child neglect.³

If not addressed, GBSS will have a lasting impact on population dynamics with significant socio-economic consequences. The skewed SRB will lead to changes in the population sex structure with lack of women in the future as well as put women at more risk of violence and sexual exploitation. Projections also show that men will vastly outnumber women of marriageable age for over two generations resulting in a so-called “marriage squeeze”. This “marriage squeeze” is likely to have a range of problematic demographic and social consequences, including force marriages, trafficking and all forms of violence against women and girls.

This project is part of the Global Programme to End Son Preference and GBSS led by the Technical Division of UNFPA HQ which is supported by NORAD and the EU and implemented in six countries globally, three of which are supported by NORAD in the Asia region, namely (Bangladesh, Nepal, and Viet Nam),. This programme across Asia has been supported for three years from 2020. China and India, countries that are also part of the Global Programme but supported bilaterally have a long history of addressing son preference and GBSS. As a result, they have a wealth of research and knowledge to contribute across the programme areas.

¹ GSO (2019) The results of the 2019 Population and Housing Census

² GSO and UNFPA (2016) Sex Imbalances at Birth in Viet Nam 2015: Recent trends, factors and variations

³ WHO (2011). Preventing gender-biased sex selection: an interagency statement OHCHR, UNFPA, UNICEF, UN Women and WHO.

At the center of the global programme are women and girls. Interventions for girls and women are put in place to enable them to make their own choices and exert agency, including measures to address gender inequalities and discrimination; GBV and other harmful practices; measures to ensure improved access to information, health care services, nutrition and education; measures to improve their security; and, measures such as the provision of incentives to families with daughters. For more details of information, please see the project proposal. The intended results are (a) Knowledge base on sex ratio imbalance expanded through demographic, socio-cultural, operational and policy research and media advocacy at sub-national, national, cross border and regional levels; (b) In-country capacities enhanced to recognize and address causes and consequences of GBSS and respond to underlying drivers; (c) Evidence-based policies and strategies to enhance the value of girls and to improve the sex ratio strengthened; (d) Data-informed advocacy and communications undertaken to address son preference and promote the value of girls; (e) Evidence base for intervention design and programming improved through impact evaluation and assessments

In Viet Nam, since 2006 UNFPA has provided evidence on skewed SRB in Viet Nam through data analysis of annual population based change surveys and health administrative data. The UNFPA has been playing an active role in supporting Viet Nam to address Son Preference and Gender-biased sex selection (GBSS) through UNFPA supported projects to key line relevant ministries, agencies and selected provinces in addressing GBSS at both national and subnational level since 2012. Based on the promising success of these interventions, UNFPA in partnership with the Government of Norway to support the Government of Viet Nam with the programme “Addressing Gender Biased Sex Selection and Related Harmful Practices in Asia” period 2020-2022. The programme has been implemented in collaboration with the Ministry of Labour, Invalids and Social Affairs (MOLISA), General Department of Population and Family Planning (GOPFP) under the Ministry of Health (MOH), Viet Nam Farmers’ Union (VFU) and the Center for Studies and Applied Sciences in Gender – Family – Women and Adolescents (CSAGA) in Bac Giang and Ba Ria – Vung Tau provinces. As a crucial component of programme implementation, UNFPA Viet Nam will conduct the end-line study to determine intervention effectiveness and lessons learned for future programme design and implementation.

In 2020, UNFPA conducted the baseline survey in two project provinces (interventions), namely, (Bac Giang and Ba Ria-Vung Tau) to recommend detailed interventions and to set up a baseline data for intervention monitoring and evaluation. Besides the two project provinces, two control provinces (namely, Hoa Binh and Binh Phuoc) were also selected for the baseline data collection within the baseline survey. The project is implemented by the national implementing partners with the technical assistance of UNFPA from 2020 to 2022. The project was designed to support the Government’s efforts to fully implement the approved legal and policy frameworks to address GBSS. They included: (i) carrying out communication campaigns through innovative approaches to change social norms and practices which reinforce son preference and the undervaluing of girls at national and provincial level; (ii) strengthening of the capacities of the media in addressing GBSS at nation-wide; (iii) implementation of the fatherhood programme in Bac Giang and Ba Ria – Vung Tau province; (iv) streamlining of the country’s coordination mechanisms for GBSS at national and provincial level; and (v) providing new evidence on GBSS and Skewed SRB in Viet Nam.

As the project will be coming to a close by 31 December 2022 an end-line study of the project will be conducted. The end-line study will utilize innovative methodological approaches to measuring the extent of gender and social norm change which drive GBSS and son preference as well as the impact of project interventions, in particular on the impact of evidence-based advocacy in Viet Nam. The final project evaluation will include the end-line data collection through the end-line survey that will be conducted in above provinces (intervention and non-intervention). The purpose of the end-line study is intended to provide an independent assessment of the relevance, effectiveness, efficiency, sustainability and early impact of this project (2020 – 2022). The end-line study will also serve to provide evidence-based recommendations for improved programme design to reduce GBSS and Son preference.

2. CONTEXT

In Viet Nam, the imbalance of SRB was acknowledged by the Government in recent years. Addressing GBSS has been mentioned in related laws and legal documents. Since 2003, GBSS has been outlawed in the Population Ordinance. In 2006, the government also raised the issue in the Law on Gender Equality and since 2009, the Government started with interventions to eliminate GBSS in provinces with high SRB. Recently the Government approved the National Scheme on SRB prevention and control for the period of 2016-2025. The National Scheme includes a number of interventions and communications at national and sub-national levels. However, the SRB is still highly skewed and greater investments efforts are needed to bring it to a natural levels. The current SRB is at 112.1 boys born alive per 100 girls born alive (GSO, 2020). According to the State of the World Population Report 2020, the country is facing unbalanced SRB with about 45,900 female births estimated to be missing every year, and about 1.5 million men may experience a “marriage squeeze” by 2034. The practice of sex selection is evident (most women want to know the sex of foetus early) and linked with strong patrilocal and patrilineal family structures, and with strong and persistent son preference. In Viet Nam, key policies and laws on issues of gender are in place. The new national programme on prevention and response to GBV, for instance, has been approved, and revision is of the Domestic Violence Prevention and Control Law is currently being revised to ensure consistency with international standards and the survivor-centred approach. However, there are several challenges to the implementation of those initiatives, resulting in poor effectiveness.

Over the past ten years, the General Department of Population and Family Planning (GOPFP) – Ministry of Health (MOH), and Gender Equality Department, Ministry of Labour, Invalids and Social Affairs (MOLISA) have been the main government institutions mandated to address GBSS. GOPFP has been implementing programmes to address SRB imbalances, including the Sex Ratio at Birth (SRB) Imbalance Control Scheme during the period 2016 – 2025. The Gender Equality Department (GED) is in charge of state management of gender equality and GBV initiatives, especially under the National Strategy on Gender Equality 2011-2020, of which addressing SRB imbalance is one of key objectives. Their macro and micro organizational capacity was assessed using the UN HACT Assessment Framework and IP Capacity Assessment Tool in previous and current programs where they have collaborated with UNFPA.

COVID-19 has had major impact in the implementation of programmes, including the UNFPA-funded GBSS programme. COVID-19 outbreaks were observed throughout the country. Bac Giang province was heavily affected by the fourth wave and many of its districts went into complete lockdown. Therefore, some activities were delayed and adapted to online or hybrid activities. This affected project implementation, especially in Bac Giang and Ba Ria–Vung Tau provinces, due to the prohibition of public gatherings by national or local authorities. In addition, various provinces were in complete lockdown in May and from June to September 2021. For that reason, a number of communication events were delayed, and flexibility was needed in organizing virtual meetings, training sessions and communication events, as mentioned in the following sections.

It is important to note that the year 2022 is the first year of the new country programme (CP10) of UNFPA support Viet Nam, for the period from 2022 to 2026. Two of the six country programme outputs are focussed on gender-based violence and harmful practices, which is one of three global transformative results under the UNFPA Strategic Plan 2022-26. The outputs are (1) Harmful attitudes that accept violence and perpetuate gender inequality, especially those of young people, are transformed to reduce GBV and other harmful practices, including in the humanitarian-development nexus; (2) A multisectoral response is strengthened to address gender-based violence and other harmful practices at national and subnational levels. The results of this project will contribute to providing input for designing effective interventions under CP10.

3. OBJECTIVES AND SCOPE

To design and conduct an end-line study in Bac Giang and Ba Ria - Vung Tau provinces using mixed methods (qualitative and quantitative), to measure the impact of the programme interventions to address GBSS, implemented throughout the past 3 years and provide relevant stakeholders with lessons learnt, good

practices and recommendations for improving programme interventions on ending GBSS.

3.1 Specific objective are envisaged as follows:

- a) To provide an end-line study of the level of knowledge and attitudes of local authorities, mass organizations, media, service providers, community leaders and religious leaders on:
- ✓ Policies, programmes and legal frameworks (at local levels) to address GBSS;
 - ✓ Roles, functions, responsibilities, interventions including communication and services of local agencies, particularly their coordination mechanism in addressing GBSS;
 - ✓ Local contexts, including socio-cultural norms, relating to GBSS, including son preference, the social status of women in relation to men in family, community and at work from the lens of gender equality, etc.
 - ✓ Identify the hinder and support factors toward the reinforcement of son preference and assessment of reproductive technologies in different local contexts including the social and gendered norms perpetuated by authorities as well as families and individuals.
- b) To provide an independent end-line study of knowledge, attitude and behavior (KAP) of community women and men, married and unmarried, and their family's members on:
- ✓ Current policies/local interventions and legal frameworks to address GBSS;
 - ✓ Gender and social norms which dictate roles and status of men/sons and women/daughters in family (including the division of labor in child care and older person care among the family's members, etc.), community and at work, including but not limited to pressures for male heirs to carry on family name, worship, social relationship in extended families and communities, property inheritance among sons and daughters;
 - ✓ The differences in upbringing of sons and daughters (food allocation, education, health care, etc.);
 - ✓ Gender equality and equity, and son preference;
 - ✓ Prenatal sex determination and pre-natal sex selection methods;
 - ✓ Consequences of son preference and GBSS;
 - ✓ The participation of men (young fathers) in prevention and addressing GBSS.
- c) To provide an independent recommendation on the basis of the effectiveness of the programme objectives and activities as per the programme document in achieving the desired programme outcomes such as Media training, Advocacy campaigns, Fatherhood Programme, Coordination mechanism and Civil society engagement;
- d) To draw key lessons from past and current cooperation and provide a set of clear, strategic, actionable and forward-looking recommendations for the next programming cycle;
- e) To draw key lessons from the project implementation and recommendations for scaling-up at provincial and nationwide application;
- f) Document four stories of change (two stories for each province);

3.2 Scope of the end-line study

The end-line study will cover all activities planned and/or implemented in all areas of the GBSS Project during the period under evaluation (Jan 2020 – December 2022) including soft aid activities and joint intervention (with other related UNFPA's projects in CP9 and CP10, especially on CP outputs on gender) in Viet Nam. The end-line study will assess the workplans and Project reports for more details.

The end study also aims at identifying potential unintended effects.

As regards to the geographical scope, the end-line study will cover the GBSS project support at national and sub-national levels. The end-line study will cover interventions financed from the same period of the GBSS Project that implemented in Viet Nam, from 2020 to 2022.

The field data collection will be conducted in Bac Giang and Ba Ria Vung Tau and two control provinces, namely, Hoa Binh and Binh Phuoc (These provinces will be discussed for more detail in the design phase of this Project evaluation) and the quantitative interview with the relevant agencies and stakeholders at national level.

4. END-LINE STUDY CRITERIA AND GENERAL QUESTIONS

The end-line study based on (1) the indicators of baseline survey conducted (annex A – Table 3) and (2) document the stories of changes of this project and (3) the qualitative interview with representatives of relevant agencies and stakeholders on the project's achievements, challenges and opportunities and lessons.

In addition to the questions used in the base-line, a core set of end-line study criteria below will be applied in assessing the results for the GBSS project in Viet Nam. Under each criterion, questions are only indicative; the final set of questions and guidance for qualitative interviews will be determined during the design phase, after a discussion with the end-line study reference group.

Relevance: The extent to which the objectives (outputs) of the GBSS project correspond to addressing GBSS and related harmful practice (needs) at country level (Viet Nam) and were aligned throughout the project period with government priorities and with strategies of UNFPA.

Relevance also includes an assessment of the responsiveness (dynamic relevance) in light of changes and/or additional requests from national counterparts, and shifts caused by external factors in an evolving country context (examples of visible changes: change of governmental orientation, humanitarian crisis).

Study question (SQ):

SQ 1. To what extent has the project support been adapted to addressing GBSS and related harmful practice (needs); and was it in line with the priorities set by the national policy frameworks?

SQ 2. To what extent has the country office been able to respond to changes in the national context, such as the Covid-19 pandemic situation, during the project implementation?

SQ 3. To what extent does the project fully reflect the priorities and mandate in the UNFPA's country strategic plan?

Effectiveness: The extent to which the project outputs have been achieved in Viet Nam, and the extent to which these outputs have contributed to the achievement of the GBSS project outcome/goal (contribution to the elimination of harmful practices in line with SDG 5.3).

Assessing the effectiveness of the project requires a comparison of the intended goals, outcomes and outputs with the actual achievements in terms of results. For this purpose, the consultants draw on their understanding of the intervention logic of the project or the reconstructed intervention logic. In line with the logic of the theory of change of the project, evaluators need to assess: (a) the extent to which the project outputs have been achieved; and (b) the extent to which these outputs have contributed to the achievement of the outcomes and goal.

Study question (SQ):

SQ4. To what extent did the knowledge, attitude and behavior (KAP) of community women and men, married and unmarried, and their family's members on son preference and gender biased sex selection have been change?

SQ 5. To what extent did the intervention mechanisms foster the achievement of the project outputs including stop son preference and value the girls; promote the gender equality?

SQ 6. To what extent has the project support strengthened policy and accountability framework in addressing GBSS?

SQ 7. To what extent has the project support helped to engage the participation of men and boys in promoting gender equality and stopping son preferences?

SQ 8. To what extent has the project been able to support implementing partners and beneficiaries in developing capacity and establishing mechanisms to ensure the ownership and durability of effects?

SQ 9. To what extent has the project partnered through different types of partnerships with civil society, including local NGOs to ensure that project make use of its strengths in the achievement of project's outputs?

SQ 10. To what extent the project supported south-south cooperation to facilitate the exchange knowledge to build national capacity in GBSS project?

Efficiency: The extent to which project outputs have been achieved with the appropriate amount of resources (funds, expertise, time, administrative costs, etc.).

SQ 11. To what extent were the resources (financing instruments, administrative regulatory framework, staff, timing and procedures) used efficiently to achieve the expected project results?

SQ 12. What were the constraining and facilitating factors on the achievement of project results?

Sustainability: The continuation of benefits from a project-financed intervention after its termination, linked, in particular, to their continued resilience to risks. Evaluators need to consider: (a) the actual flow of benefits after the interventions have ended; and (b) the overall resilience of benefits to risks that could affect their continuation.

SQ 13. How sustainable are the gains made under this project in terms of partnerships established, capacities developed, integration of project activities into the regular country and counterparts' programming on GBSS (MOH/GOPFP, MOLISA, VFU, and provinces)?

Added Value (The extent to which the GBSS project adds benefits to the results from other development actors' interventions)

SQ 14. What have been the main comparative strengths of UNFPA in Viet Nam - particularly in comparison to other UN agencies in the support of GBSS programme areas?

SQ 15. What have seen the early impact of this project from analysis of effectiveness and sustainability

5. METHODOLOGY AND APPROACH

5.1 Approach:

The end-line study will be transparent, inclusive, participatory, as well as gender and human rights responsive. The end-line study will use the mixed methods, including the quantitative and qualitative data. These complementary approaches will be deployed to ensure that the end-line study : (a) responds to the needs of users and their intended use of the end-line study results; (b) integrates gender and human rights principles throughout the end-line study process, including participation and consultation of key stakeholders (rights holders and duty-bearers) to the extent possible; (c) uses both quantitative and qualitative data collection and analysis methods that can provide credible information about the extent of results and benefits of support for particular groups of stakeholders (MOH, MOLISA, Women and Men). Data will be disaggregated by relevant criteria (wherever possible): age, gender, marginalized and vulnerable groups, etc.

Stakeholder participation

The end-line study will adopt an inclusive approach, involving a broad range of partners and stakeholders. The end-line study will finalize the stakeholder mapping exercise in order to identify both UNFPA's direct partners (e.g. MOH/GOPFP, MOLISA/GED, VFU, Bac Giang and Ba Ria Vung Tau provinces) as well as stakeholders who do not work directly with UNFPA, yet play a key role in relevant Son Preference and GBSS project outputs or thematic area (e.g. UN Gender Group). These stakeholders may include representatives from the governments, line ministries, provincial people's committees, national implementing partners, NGOs, civil-society organizations (CSOs), the private-sector, other UN organizations, other multilateral organizations, bilateral donors, and most importantly, the beneficiaries of the GBSS Project in two project provinces. The data collection will be from interviews of the Donor(s), UNFPA/HQ/TD, UNFPA/APRO and CO Viet Nam Office.

5.2 Methodology:

A detailed methodology will have to be included in the technical proposal submitted by the interested institution. Below are suggestions for the methodology used for the end-line study:

Methods for data collection

The end-line study will use the multiple-method approach including document review, group and individual interviews, focus group discussions, and household survey (end-line survey) in the fields. Since each method has its unique strengths and weaknesses, the study team needs to combine them in a way that uses the comparative strengths of one approach to correct for the relative weaknesses of the others. Data collection methods must be linked to the end-line study criteria and questions that are included within the scope of the end-line study. The use of an end-line study matrix is recommended in linking these elements together.

Sampling of stakeholders and project locations

Considering the large geographic coverage and the wide range of stakeholders, the end-line study team will have to select a sample of stakeholders for data collection using specific selection criteria. The sample of stakeholders should reflect the variety of interventions in terms of subject matter and provinces. Data collection methods and process should consider gender sensitivity and data should be systematically disaggregated by sex and age and to the extent possible, and other contextually-relevant markers of equity.

It is suggested that the case studies on the awareness of people will be conducted in Bac Giang and Ba Ria-Vung Tau provinces (the project areas) and Hoa Binh and Binh Phuoc provinces (the control Project areas) on addressing GBSS before and after project implementation. The barriers and attributing factors for raising public awareness on addressing GBSS and stopping son references will also be identified to provide recommendations for better replication of the project activities.

All end-line study subjects should participate on a voluntary basis. Information from interviews will be analyzed and disseminated ensuring confidentiality and protection of individual identity.

A risk management plan including prevention and safety plan in the field in case of transmission of COVID 19 or disasters should be proposed in the technical proposal.

Methods for data analysis

The technical proposal should provide details on the tools will be used for quantitative and qualitative data analysis, and contents of analysis. The focus of the data analysis process in the baseline study is the identification of evidence. The study team will use a variety of methods to ensure that the results of the data analysis are credible and evidence-based. Triangulation techniques should be systematically applied throughout the survey process, which means the researchers must double or triple check the results of the data analysis by way of comparing the information obtained via each data collection method and through different data sources (e.g. compare results obtained through interviews with government staff with those obtained from beneficiaries or from statistical data).

The end-line study will use a variety of validation mechanisms to ensure the quality of data and information used for analysis including internal team-based reviews, regular exchanges with the UNFPA Programme Office on Gender and the reference group, and focus groups with a relevant audience.

The study team will identify limitations of the end-line study and ways to mitigate them.

6. END-LINE STUDY PROCESS

The end-line study will be rolled-out following the steps below:

Step 1: Preparation phase

- Select the potential institution
- Assembly of a reference group for the end-line study
- Compilation of initial document list
- Stakeholder mapping and compilation of list of activities

Step 2: Design phase

- Selection of methodology framework; study criteria, questions, selection of methods and tools
- Development of detailed end-line study plan
- Drafting the design report, which should include, but not be limited to the elements:
 - ✓ Chapter 1: Purpose and objective of end-line study
 - ✓ Chapter 2: Country context.
 - ✓ Chapter 3: UNFPA strategic response; Description of project and intervention logic; Effects diagram (not compulsory).
 - ✓ Chapter 4: End-line study questions and indicators; Methodology and methods for data collection and analysis; qualitative analysis, limitations and risks.
 - ✓ Quality assurance on the design report by evaluation manager of UNFPA Viet Nam office in consultation with APRO and/or HQ/TD
 - ✓ Approval of the design report (technical proposal) by the M&E manager of UNFPA Viet Nam office.

Step 3: Field phase

- A three-to four-week mission for data collection and analysis.
- Debriefing meeting on the preliminary findings, testing of elements of conclusions and tentative recommendations with a view to obtaining comments from UNFPA and key partners.

Step 4 Reporting phase

- Production of the draft final report;
- Technical team from UNFPA performs the Evaluation Quality Assessment (EQA) of the draft final report;
- Review the draft final report based on the consolidated comments from UNFPA/APRO, UNFPA/HQ/TD, and M&E officer of CO Viet Nam;

- Study team in consultation with APRO, HQ/TD and M&E of CO Viet Nam for ensuring the quality of the final report;
- Study team to finalise the end-line study report.

Step 5: Facilitation of use and Dissemination phase

- Communication plan for sharing the end-line study results;
- The end-line study distributed to stake holders.

7. EXPECTED OUTPUTS

The institution is required to provide the following expected outputs:

- A final technical proposal for the end-line study (which include methodology, workplan, report outline);
- A set of end-line data on public awareness and behavior change on GBSS in Bac Giang and Ba Ria – Vung Tau provinces and two control provinces namely Hoa Binh and Binh Phuoc;
- The stories of changes on GBSS interventions at both provincial and national level;
- The end-line study report in both Vietnamese and English;
- In addition, the selected institution is required to provide the following deliverables during the implementation of the assignment:
 - A finally agreed detailed workplan, a report outline, survey tools including questionnaires and interview guidance that addresses all requirements of this TOR.
 - Final project evaluation tools including questionnaires, interview guidance, sampling frame etc.,
 - Training documents for data collection including the survey methodologies, questionnaires, interview guidance, monitoring and supervision for data collection, and data entry/quality assurance;
 - Clean data set and transcripts of interviews ready for analysis (the collected data will be submitted for storage and potential other usages by the UNFPA);
 - A list of end-line indicators to compare with the baseline data;
 - A PowerPoint presentation on the preliminary findings of the end-line study;
 - At least 04 stories of most significant changes documented; and
 - Final end-line study report;

All of the above deliverables will be submitted in both English and Vietnamese.

Note: During the development of the end-line study report, second or third drafts of the report may be required, based on the quality of the draft report

8. WORKPLAN

The work-plan will be indicated according to the following tentative schedule which will be finalized at contracting stage:

No	Activity	Key responsible	Deadline
1	Sign contract	UNFPA and consultancy institution	30 Sept 2022
2	Desk review and prepare technical proposal (design report) that addresses all of the requirements of this TOR, with a financial proposal	Consultancy institution	4 Oct 2022
3	Review technical proposal and meet UNFPA for clarification, if any	UNFPA and consultancy institution	8 Oct 2022
4	Revise technical proposal and develop detailed technical plan including detailed survey design, methodologies and survey tools, sampling frame and implementation process	Consultancy institution	10 Oct 2022
6	The detailed technical plan and end-lines study tools	Consultancy institution	13 Oct 2022
7	Pretest the survey tools (the end-line survey)	Consultancy institution	17 Oct 2022
8	Prepare pre-test report, finalise survey tools and develop study manuals, training materials and conduct training	Consultancy institution	20 Oct 2022
9	Conduct field trips for data collection	Consultancy institution	5 Nov 2022
10	Data entry, data analysis for preliminary results	Consultancy institution	15 Nov 2022
11	Present preliminary results to UNFPA and revise upon comments provided	Consultancy institution	20 Nov 2022
12	Draft report (Draft 1)	Consultancy institution	5 Dec 2022
13	Present key findings at consultation workshop or meeting(s)	Consultancy institution	10 Dec 2022
14	Finalise report of the final end-line study	Consultancy institution	20 Dec 2022
15	Present final report with key finding at dissemination workshop	Consultancy institution	21 Dec 2022

9. COMPOSITION OF END-LINE STUDY TEAM

The end-line study will preferably be conducted by an independent consultancy firm or, alternatively, by a team of independent researchers if for any reason a firm cannot be identified. The selected firm should be legally registered, have past experience with carrying out similar end-line study, and have stable financial records for the last three years. The team should be gender balanced. The study team will undertake the

end-line study under the overall supervision of the project manager and monitoring and evaluation manager at the UNFPA Viet Nam office, in consultation with the reference group (including MOH/GOPFP, MOLISA, UNFPA/HQ/TD, UNFPA/APRO).

The external study team is composed of one independent team leader and two national team members who are knowledgeable and experienced in the baseline and end-line study. All team members should have in-depth knowledge of GBSS Project areas/ issues and challenges in the country. All must be committed to respecting deadlines of delivery outputs with the agreed time-frame. Must be able to work with a multidisciplinary team and in a multicultural environment. All should be knowledgeable of issues pertaining to gender equality.

10.1. Requirements for Institution:

- An established firm with at least seven years of practical experience in providing consultancy services in relevant areas in Viet Nam;
- Proven experience in designing and implementation of quantitative and qualitative studies/surveys on gender and development, and social science;
- Organizational capability (having clear governing bodies including organisation chart – staff size for undertaking the consultancy work), coordination and financial management (having appropriate project management capacity including financial management system);
- Experience working with multi-, bilateral programmes/projects, UN agencies, particularly UNFPA and/or other development partners.

10.2. Requirements for key consultants (one team leader and no more than 3 senior consultants, at least one member of the team has strong background and working experiences on implementation and evaluation of gender projects/programmes):

Team leader:

- Advanced PhD degree in demography, statistics or social sciences;
- At least 8 years of working experience in designing and conducting research/survey and evaluation of the relevant field;
- Experiences in management and leading mixed method (quantitative & qualitative) survey;
- Understanding cultural, economic and political context related to gender, GBSS and SRB of Viet Nam;
- Very good training, facilitation and presentation skills;
- Excellent English writing skills; and
- Excellent IT skills.

Team members:

- At least master degree, preferably in the field of gender and development and/or social sciences; in depth studies of research methods are an advantage;
- At least 5-years of working experience in qualitative analysis methodology, and/or monitoring and evaluation on gender, GBSS and GBV projects/programmes;
- Understanding cultural, economic and political context related to gender and GBSS of Viet Nam;
- Experiences in training, coordination and management of data collection at the field;
- Very good training, facilitation and presentation skills;
- Excellent English and Vietnamese writing skills; and
- Excellent IT skills.

The institution should clearly indicate the roles and responsibilities as well as activities and deliverables for each member of the assigned team.

10. END-LINE STUDY AUDIENCE

10.1 Intended uses:

The reports of the end-line survey data will be for (i) knowing changes in knowledge and behavior changes of son preference and the low value of girls, strengthening of the capacities of the media, implementation of the fatherhood programme, streamlining of the country's coordination mechanisms for GBSS after project implementation (2020- 2022), (ii) provide an independent assessment of the relevance, effectiveness, efficiency, sustainability (iii) lessons learnt and recommendation for sharing with relevant stakeholder for future interventions on GBSS in Viet Nam as well as for South- South exchange on the issue.

10.2 Intended users:

Primary users: MOH, MOLISA, CSAGA, VFU, Bac Giang and Ba Ria - Vung Tau province, NORAD and UNFPA;

Secondary users: Programmers, policy-makers, professionals, researchers, managers and others from relevant ministries and government agencies, mass media; NGOs, donors and interested bodies, who are concerned about the situation of SRB, GBSS would also find information and evidence useful in their specific work.

11. MANAGEMENT OF THE PROJECT EVALUATION

Project Coordinator and Monitoring and Evaluation Manager:

The Project Coordinator of UNFPA Viet Nam office with the technical support from RBM/M&E officer will be the manager of this end-line study. The manager of the end-line study will draft TOR for approval; set up and coordinate the reference group, prepare the preliminary mapping of key stakeholders as well as the list of initial documentation including a Project reports; manage the relationship with the study team, set a preliminary agenda for the field phase; ensure the quality of the entire end-line study process, in consultation with RBM/M&E officer of the UNFPA country office to conduct the evaluation quality assessment.

The reference group:

This group will be established during the preparatory phase to be consulted during the end-line study. The members of this group will include UNFPA CO, AR, Team leader of Gender team, RBM/M&E officer, UNFPA CO managers, UNFPA/HQ/TD, UNFPA/APRO, representatives of MOH/GOPFP, MOLISA/GED, other partners. The main functions of the reference group will be to: (a) provide inputs for the terms of reference (TOR) drawn up by CO and the selection of team of evaluators; (b) provide the study team with relevant information and documentation on the Project/programme; facilitate the access of the study team to key informants during the field phase to support data collection; (c) provide overall comments to the reports produced by the study team, advise on the quality of the work done by the study team; (d) assist in feedback of the findings, conclusions and recommendations from the study team.

12. BIBLIOGRAPHY AND RESOURCES

The following documents will be provided to the selected institution:

- The background information on the GBSS programme such as Country program document (2017-2021 & 2022-2026), Project Investment Proposals of MOLISA and CSOs;
- Country profile, factsheet, and related research reports on GBSS including baseline survey report, and other relevant documents and materials; list of national and global indicators to monitor and evaluate GBSS;
- Project Investment Proposals (PIPs)/Project Documents between UNFPA and its partners
- UNFPA's strategic direction paper and other relevant documents and materials; (AWPs, Project reports, field monitoring reports, spot check reports,...)
- GBSS baseline survey
- Annual reports to Head Quarter/NORAD; and
- Available documents including materials, reports on the GBSS project activities implementation.

13. REVIEW TIME REQUIRED AND PAYMENT TERM

The contract will be awarded to the institution who will provide UNFPA with the most competitive technical and financial proposals.

A contract for professional services will be signed between UNFPA Viet Nam and the selected research institution for the performance of the contract during the period of August to December 2022. The payment procedure should follow the Contract of UNFPA General Terms and Conditions for contracts.

Payment will be made in three instalments as follows:

- **The first instalment:** maximum of 20% of the estimated contract value will be transferred to the contractor upon receipt of the final version of survey tools including questionnaires, guidelines for interviews, survey and training materials.
- **The second instalment:** maximum of 40% of the estimated contract value will be transferred to the contractor after completion of the field work.
- **The third instalment:** the remaining of 40% of the estimated contract value will be disbursed after all final products are delivered by the contractor and accepted by UNFPA.
- Payments will be reduced by 10% if the submission of the report of expected outputs is delayed more than 20 days without proper notice to and acceptance by UNFPA;
- If the draft report or products do not meet the quality requirements and need major revision, the contract might be terminated and consultancy firm will only receive 50% of the total remuneration.

14. ESTIMATED BUDGET:

The budget range for the overall cost of this end-line survey is USD40,000 – USD45,000 (excluding VAT). The costs of the final Project evaluation include all costs as defined in this Terms of Reference; and the costs of translation of dissemination products; the travel costs for participation in the related meetings, as well as to the analysis and stakeholder consultation workshop(s), and all field missions of the selected research institution.

ANNEXES

ANNEX A: Key indicators for end-line study

The following key indicators will be used for measuring the outcome and outputs of the project. Therefore, the questionnaire and interview tools should include information to measure these indicators:

Table 1. Specific targets and indicators in the current documents and the baseline data

No.	Target	2020	2025	2030	Document	Baseline surveyed data
1	Sex ratio at birth (Number of boys per 100 girls)	n/a	111	109	Vietnam Population Strategy to 2030 (Decision 1679 / QD-TTg)	BG: 126,3 HB: 121,8 BRVT: 121,1 BP: 112,7
2	Reduce the increase of the SRB to below 0.46 percentage points / year	Under 115	n/a	n/a	Project on Control of SRB imbalance for the period 2016-2020 (Decision 468 / QD-TTg dated 23 March 2016)	n/a
3	Reduce the increase of the SRB	n/a	107 (after 2025)	n/a		n/a
4	Couples, men and women of reproductive age, grandparents and parents are provided with information about the situation, causes and consequences of the SRB imbalance.	n/a	85%	95%	Population Communication Program to 2030 (QD 537 / QD-TTg dated April 17, 2020) Action plan to implement the Population Communication Program to 2030 (Decision 2235 / QD-BYT dated May 29, 2020)	Proportion of people who are aware of the consequences of SRB imbalance: TDA: 77.6% NDA: 70.8%
5	Premarital adolescents, young people, men and women are provided with full knowledge about violations of the law on sex selection of fetuses	n/a	90%	95%	Population Communication Program to 2030 (QD 537 / QD-TTg dated April 17, 2020) Action plan to implement the Population Communication Program to 2030 (Decision 2235 / QD-BYT dated May 29, 2020)	n/a
6	Premarital adolescents, young people, men and women, after being fully provided with knowledge about violations of the law on sex selection of fetuses, have full understanding of illegal behaviors towards the sex selection of fetuses	n/a	85%	90%	Action plan to implement the Population Communication Program to 2030 (Decision 2235 / QD-BYT dated May 29, 2020)	Proportion of unmarried people knowing 3 violations of the law on sex selection at birth TDA: 15.87% NDA: 10.53%
7	Central and local mass media regularly communicate the value of girls, the position of women and gender equality.	n/a	95%	100%	Population Communication Program to 2030 (QD 537 / QD-TTg dated April 17, 2020) Action plan to implement the Population Communication Program to 2030 (Decision 2235 / QD-BYT dated May 29, 2020)	All of the surveyed localities reported regularly communicating on gender equality.
8	Couples commit not to select the sex of the fetus	n/a	80%	90%	Action plan to implement the Population Communication	n/a

No.	Target	2020	2025	2030	Document	Baseline surveyed data
9	Medical officers and staff, health facilities providing services related to fetal sex selection understand and comply with the provisions of the law on prohibiting sex selection of fetuses	n/a	95%	100%	Program to 2030 (Decision 2235 / QD-BYT dated May 29, 2020)	The qualitative opinion reported that there were still violations in health facilities (especially private ones) but it was difficult to detect and there was no evidence.
10	Educational institutions in the national education system continue to educate students on gender, gender equality, and control of ISRB through the integration of these contents into subjects and educational activities in the general curriculum	n/a	95%	100%		n/a

Table 2. Indicators in the M&E Framework of the Scheme on Control of SRB imbalance

No	Indicator	Baseline data/Information		Note
		TDA	NDA	
1	Proportion of villages and population groups that put propaganda contents related to control of ISRB into village regulations and conventions	5.3%	6.3%	Baseline survey
2	Proportion of communes/wards annually organizing communication activities on control of ISRB	16%	14%	Baseline survey
3	Proportion of health facilities providing services related to obstetrics and gynecology with posters and communication materials on control of ISRB	Recorded that 01 commune health station had a poster about ISRB	N/A	
4	Proportion of province/city under Central building and broadcasting at least 4 programs on television each year; 6 radio programs; 12 topics in the newspaper	Na	Na	
5	Proportion of communes provided with brochures and leaflets on control of ISRB every year which are compiled by the central government	Na	Na	
6	Proportion of couples of reproductive age and unmarried youth who are aware of legal provisions and consequences of fetal sex selection	77.6%	70.8%	Baseline survey
7	Proportion of communicators at all levels, population and health collaborators trained to communicate on control of ISRB, fetal sex selection, gender and gender equality in the family	Na	Na	
8	Proportion of provinces/cities under central organizing activities to encourage and support	Na	Na	

No	Indicator	Baseline data/Information		Note
		TDA	NDA	
	couples having only daughters in relation to control of ISRB			
9	Proportion of couples having only daughters, who receive priority support related to control of ISRB	Na	Na	

Table 3. Indicators of skewed SRB in the baseline survey

No.	KAP	Indicators	Treatment	Control	Source
I					
Gender bias					
1.1	A	Percentage of respondents agree that men are the ones responsible for earning money of the families	51.04%	58.15%	C8_1
1.2	A	Percentage of respondents agree that men should be the heads of the families	83.05%	84.27%	C8_3
1.3	A	Percentage of respondents agree that most important role of women is take care of her family	88.93%	93.00%	C8_2
1.4	P	Female-Male is the main person responsible for housework	63.7%-28.4%	64.1%-27.0%	B6
1.5	P	Female-Male is main person responsible for taking care of children and elderly	67.5%-15.8%	68.7%-16.4%	B5
1.6	P	Female-Male is the main person responsible for social activities	28.4%-52.8%	31.1%-50.8%	B10
1.7	P	Wife-Husband is the decision maker in the family	20.1% -27.6%	18.1%-30.5%	B11
1.8	P	Female-Male respondents agree that women should stay at home to take care of their families	43.51%-43.33%	48.94%-50%	B8_3
1.9	P	Wife is the most hard working in family	35.50%	34.80%	B3
1.10	P	Percentage of respondents witnessed women and daughters were violated in the family	14.06%	13.94%	C9_1, C9_3, C9_5
1.11	P	Percentage of respondents witnessed sons were violated in the family	11.59%	11.61%	C9_2, C9_4, C9_6
II					
Son Preference					
2.1 Stated son preference					
2.1.1	A	Percentage of respondents agree with statement "each family must have at least one son"	33.20%	36.30%	C10_1 and C10_2
2.1.2		Percentage of respondents agree with that it is necessary to have a son to take care of the perpetuation of the family line	35.97%	40.16%	C8_9
2.1.3	A	Percentage of respondents stating in their locality, most families prefer boy (son)	62.40%	58.00%	C11_1
2.1.4	A	Percentage of respondents agree that having a son proves to be a real man	15.94%	22.00%	C8_6
2.1.5	A	Percentage of respondents agree that the most important task of a wife is to have a son for her husband's family	17.87%	26.34%	C8_7
2.1.6	A	Percentage of respondents agree that sons should have higher education than daughters	11.33%	18.21%	C8_4
2.1.7	A	Percentage of respondents agree that sons should be more favored by parent than daughters	4.48%	7.41%	C8_8
2.1.8	A	Percentage of respondents agree that only son can get entire bequest from parents	14.08%	23.73%	C8_10

No.	KAP	Indicators	Treatment	Control	Source
2.1.9	A	Percentage of respondents agree that the man is responsible for the sex of the child (not the woman)	42.33%	39.10%	C8_5
2.1.10	A&P	Percentage of respondents witnessed sonless families being ridiculed by people around for not capable to give birth	28.99%	25.74%	C13_1
2.1.11	A&P	Percentage of respondents witnessed sonless families being ridiculed by people around for being mistreated by the husband's family, or possibly losing her husband to another woman	23.79%	23.35%	C13_2
2.1.12	A&P	Percentage of respondents witnessed sonless families being ridiculed by people around as unsuccessful in life	9.59%	14.19%	C13_3
2.1.13	A&P	Percentage of respondents witnessed sonless families being ridiculed by people around for having property fell into the hands of others	20.32%	18.27%	C13_4
2.1.14	A&P	Percentage of respondents witnessed sonless families being ridiculed by people around that they would eat at lower tray in a party	21.83%	20.65%	C13_5
2.1.15	A&P	Percentage of respondents witnessed sonless families being ridiculed by people around for living with the wife's family	19.26%	16.27%	C13_6
2.2		<i>Revealed son preference</i>			
2.2.1	P	Proportion of sonless respondents with n children who go on to have n+1 children	75.10%	72.40%	C3
2.2.2	P	Proportion of daughter less respondents with n children who go on to have n+1 children	55.10%	67.90%	C3
2.2.3	P	SRB in the 3th birth - before without a son	148.40%		Nationwide mid-term survey, 2014
2.2.4	P	SRB in the 3th birth - before have son	106.70%		
2.2.5	P	Percentage of respondents observed in their communities that after the parents pass away, the inheritance of the property will belong to the sons only or sons get more	27.40%	38.10%	D10_1 and D10_4
2.2.6	P	Male respondents learn sex selection methods	5.70%	4.20%	C6
2.2.7	P	Female respondents learn sex selection methods	4.70%	3.80%	C6
2.2.8	P	Male (married) respondents implement sex selection methods	5.04%	2.57%	C6a
2.2.9	P	Female (married) respondents implement sex selection methods	4.03%	2.15%	C6a
2.2.10	P	Male (married) respondents experience alluding, mocking and beating when not able to give birth to a son	1.55%	0.74%	C14b
2.2.11	P	Female (married) respondents experience alluding, mocking and beating when not able to give birth to a son	1.34%	0.86%	C14b
2.2.12	P	Son is the most favorited one in the family	27.00%	28.30%	B4_7
III		Fertility Preferences			
3.1		<i>Stated Fertility Preferences</i>			
3.1.1	A	Ideal family size (or Desired TFR)	2.40	2.41	C2&C3a
3.2		<i>Fertility Levels</i>			
3.2.1	P	Total fertility rates (TFR)	2.24	2.23	C1

No.	KAP	Indicators	Treatment	Control	Source
3.2.2	P	Bac Giang (TFR)	2.31		2019 Population census
	P	Bà Rịa Vũng Tàu (TFR)	1.87		
	P	Hòa Bình (TFR)		2.34	
	P	Bình Phước (TFR)		2.27	
IV		Technology			
4.1		Ultrasound testing			
4.1.1	P	Percentage of women who had at least one ultrasound scan during the last pregnancy	94.20%	96.00%	C4b
4.2		Prenatal knowledge of the sex of the child			
4.2.1	P	Percentage of women who knew the sex of their child before delivery	97.40%	97.70%	C4c
4.3		Abortion ratio			
4.3.1	P	Abortion ratio of surveyed female	18.90%	13.30%	C5
V		Communication			
5.1		GBSS prevention campaigns			
5.1.1	K, P	Communication activities in the locality	16.00%	14.20%	D6
5.1.2	K, P	brochures and leaflets on surveys on the imbalanced SRB	39.02%	30.91%	D7_7
5.1.3	K, P	Integrate propaganda content related to surveys on the imbalanced SRB into village/group conventions and regulations	5.30%	6.30%	D9a1
5.2		Media coverage on GBSS			
	K, P	Communication activities people receive from television; Radio station about the imbalanced SRB	73.13%	60.00%	D7_1
5.3		IEC			
5.3.1		Awareness of SRB imbalances			
5.3.1.1	K	Proportion of people aware of the presence of sex selection in the country	70.05%	64.77%	D3
5.3.1.2		Proportion of people aware of the presence of sex selection in the province	51.17%	46.06%	D4
5.3.2		GBSS consequences			
5.3.2.1	K	Proportion of people who think that missing girls and access boys will have bad societal consequences in the future	77.60%	84.00%	D5
5.3.3		Awareness of legislation			
5.3.3.1	K	Knowledge about inheritance according to the law	21.90%	19.00%	D11_6
5.3.3.2	K	Aware that informing fetus sex after a pregnancy ultrasound scan is illegal	42.80%	38.88%	D1_a
5.3.3.3	K	Aware that propagating and spreading methods of giving birth to a son is illegal	41.08%	38.40%	D1_b
5.3.3.4	K	Aware that abortion of female fetus due to sex selection is illegal	85.32%	82.73%	D1_c

ANNEX B: Ethical Code of Conduct for UNEG/UNFPA Evaluations

Evaluations of UNFPA-supported activities need to be independent, impartial and rigorous. Each evaluation should clearly contribute to learning and accountability. Hence evaluators must have personal and professional integrity and be guided by propriety in the conduct of their business.

Evaluation team /Evaluators:

1. To avoid **conflict of interest** and undue pressure, evaluators need to be **independent**, implying that members of an evaluation team must not have been directly responsible for the policy-setting/programming, design, or overall management of the subject of evaluation, nor expect to be in the near future.

Evaluators must have no vested interests and have the full freedom to conduct impartially their evaluative work, without potential negative effects on their career development. They must be able to express their opinion in a free manner.

2. Should protect the anonymity and **confidentiality of individual informants**. They should provide maximum notice, minimize demands on time, and respect people's right not to engage. Evaluators must respect people's right to provide information in confidence, and must ensure that sensitive information cannot be traced to its source. Evaluators are **not expected to evaluate individuals**, and must balance an evaluation of management functions with this general principle.

3. Evaluations sometimes uncover evidence of wrongdoing. Such cases must be reported discreetly to the appropriate investigative body.

4. Should be **sensitive to beliefs, manners and customs** and act with integrity and honesty in their relations with all stakeholders. In line with the UN Universal Declaration of Human Rights, evaluators must be sensitive to and **address issues of discrimination and gender equality**. They should avoid offending the dignity and self-respect of those persons with whom they come in contact in the course of the evaluation. Knowing that evaluation might negatively affect the interests of some stakeholders, evaluators should conduct the evaluation and communicate its purpose and results in a way that clearly respects the stakeholders' dignity and self-worth.

5. Are responsible for the clear, accurate and fair written and/or oral presentation of survey limitations, evidence based findings, conclusions and recommendations.

For details on the ethics and independence in evaluation, please see UNEG Ethical Guidelines and Norms for Evaluation in the UN System

http://www.unevaluation.org/papersandpubs/documentdetail.jsp?doc_id=21