

## TERMS OF REFERENCE

### RAPID ASSESSMENT TO ESTABLISH BASELINE INDICATORS AND IDENTIFY NEEDS FOR MATERNAL HEALTH INTERVENTIONS

#### I. BACKGROUND

Although Viet Nam has made significant progress in improving sexual and reproductive health (SRH) of the general population, disparities and inequalities remain in access to maternal health services among different ethnicities and regions. While the maternal mortality ratio (MMR) has declined to 46 maternal deaths per 100,000 live births at the national level, it still remains as high as 100-150 per 100,000 live births in mountainous and ethnic minority regions, particularly in Northern Midlands and Mountains, and Central Highlands<sup>1, 2</sup>. A study found that of reported maternal deaths in mountainous areas, the proportion is typically high for some ethnic groups, i.e. Hmong (60%) and Thai (17%). It is estimated that the risk of Hmong's mothers to die from pregnancy or childbirth is 4 times higher than Kinh, the majority Vietnamese ethnic group<sup>3</sup>. Additionally, a study conducted in 60 most disadvantaged communes in Northern Midlands and Mountains and Central Highlands revealed large inequalities across all ethnic minority groups in terms of various SRH services in comparison with the national figures, e.g. antenatal care services (at least four ANC visits) (16% vs. 74%) and births attended by skilled health personnel (49% vs. 94%)<sup>4</sup>.

The United Nations Population Fund (UNFPA) is the United Nations sexual and reproductive health agency with its mission that delivers a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled. During 2021-2024, with financial support from the Merck Sharp & Dohme (MSD), UNFPA in collaboration with the Ministry of Health (MOH) will implement a project entitled "Leave no one behind: innovative interventions to reduce maternal mortality in ethnic minority regions of Vietnam" in 60 most disadvantaged communes of 6 poor ethnic minority provinces, namely Lai Chau, Son La, Bac Kan (Northern Highland and Mountain region) and Kon Tum, Gia Lai and Dac Nong (Central Highland region). The project will deliver comprehensive maternal health interventions, paying close attention to special needs of the target population groups and taking into consideration unique culture and tradition of ethnic minorities in Viet Nam. In this context, UNFPA will conduct a rapid assessment to establish baseline indicators and needs of the local health services and communities. The assessment's findings will be used to support the Ministry of Health and sub-national partners to design interventions and monitor progress in target localities. A capable research institution will be engaged to conduct this assessment.

#### II. OBJECTIVES OF THE ASSIGNMENT

The overall objective of this assignment is to establish a set of baseline indicators and specify detailed needs for interventions in the six target provinces. The specific objectives include the following:

1. To document geographic, demographic, socio-economic, health facility, and maternal health information available at 60 selected communes using a semi-structured questionnaire;

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<sup>1</sup> Viet Nam Statistics Office (2019) National Census 2019 Hanoi Viet Nam

<sup>2</sup> Socialist Republic of Viet Nam (2015) Country Report: 15 years achieving the Viet Nam Millennium Development Goals. Hanoi Viet Nam

<sup>3</sup> Ministry of Health (2016) Report on survey on maternal mortality and neonatal mortality in seven northern upland provinces. Hanoi Viet Nam

<sup>4</sup> UNFPA (2017) Exploring barriers to accessing maternal health and family planning services in ethnic minority communities in Viet Nam. Hanoi Viet Nam

2. To conduct a rapid assessment on maternal health situation in 12 selected communes of 6 target provinces to establish required baseline indicators;
3. To identify needs for improving technical capacities of health providers at district and commune levels and for behavior change communication and community mobilization toward safe pregnancy and childbirth taking into account local culture and tradition; and
4. To provide recommendations on the design and delivery of interventions and activities in target areas.

### III. METHODS

#### 1. Ecological analysis

The ecological analysis aims to document relevant geographic, demographic, socio-economic, health facility, and maternal health information in the 60 target communes (See a list of the 60 communes in Annex 1). A semi-structured questionnaire will be sent to the heads of the target Commune Health Centres via the provincial CDCs to collect necessary information and data. Heads of the selected CHCs will complete the questionnaire and send it directly to the research team (or via the provincial CDCs). Key information for 2020 to be collected for each commune include:

- *Geographical characteristics:*
  - o Distance from CHC to the main roads, distance from the most remote village to the CHC, distance from the CHC to the nearest district hospital, travel time from villages to the CHC, and from the CHC to the nearest district hospital,
  - o Any natural disasters or events impacted by climate changes in the past 5 years.
- *Demographic characteristics:* Total population, age and gender structure, ethnicity, religion.
- *Socioeconomic characteristics:*
  - o Average household income, education, occupational structure, percentage of poor households, illiteracy rate, main modes of transport (this data can be provided by authorities at Commune People Committee)
  - o Access to information technologies (including internet, smart phone, etc.).
- *Maternal health indicators:* percentage of married couples currently applying a modern FP method, percentage of delivery at health facilities, percentage of women receiving antenatal (at least 4 visits) and postnatal care services, number complication cases with early detection and referrals to tertiary hospitals.
- *Primary health care facilities, human resources, and infrastructure:*
  - o Number of doctors, midwives/assistant doctors, population collaborators, village based birth attendants,
  - o Any SRH in-service training attended by health staff in the past 5 years
  - o Any family planning and maternal services provided at the CHC.
  - o Average number of clients per month

It should be noted that the semi-structured questionnaire will collect available information and data at selected communes in 2020. The research team is recommended to use the research tool and data analysis method applied in a previous study conducted by UNFPA in these provinces in 2016 (See details in Annex 2).

#### 2. Rapid assessment on maternal health and family planning indicators

A rapid assessment will be conducted in 12 of the 60 selected communes. A sample of 12 communes is randomly selected from the list of selected communes by responsible staff of the MCH/MOH and UNFPA using the Excel sampling function. See detailed information of 12 communes for the survey and 60 communes for maternal health interventions in Annex 1. In each selected commune, a sample of 60 women aged 15-49 who gave births in the past two

years will be randomly selected (estimated 750 ethnic minority women will be selected for the assessment). Interviews will be administered by trained interviewers using a standardized questionnaire to collect demographic information as well as women's reproductive health history, maternal health service utilisation, and family planning methods used over the past 2 years. Key information and indicators to be measured include:

- Demographic variables (age, occupation, ethnicity, and religion)
- Socio-economic variables (health insurance, residence/migrant status, access to mobile phone and internet, etc.)
- Percentage of pregnant women visiting at least one and four antenatal care visits
- Percentage of births attended by trained health workers/ or at a health facility
- Percentage of women having postnatal care visits
- Percentage of modern contraceptive usage
- Unmet need for modern contraceptives
- Key variables will be analyzed by commune, ethnicity, education, occupation and age groups.

The research team is recommended to use research tools and its data collection protocol used in the recent studies conducted by UNICEF and UNFPA “2020 SDGs Survey on Children and Women” (see Annex 2 for the links to validated research instruments and data analysis methods used in the previous similar studies).

### **3. Training needs for health providers and community based activities**

Key informant interviews (one health worker and one ethnic minority woman/women activist) will be conducted in each of 6 communes (one commune for each province) to identify training needs of health providers and community based behaviour change communication activities in the community toward further improving access to and utilization of maternal health services. In addition, two provincial health managers at CDC and two health providers at district hospitals (taken from six surveyed provinces) will be also interviewed on the needs on refresher training and technical assistance and supportive supervision for health providers.

## **IV. SCOPE OF WORK**

### **1. Develop a detailed research proposal.**

The research proposal should provide:

- A brief background including a literature review of published and unpublished reports on the barriers in accessing maternal and FP services in ethnic minority and remote communes in Vietnam
- Clear, realistic and specific research objectives
- Clearly formulated and answerable research questions, and hypotheses (if any)
- Detailed research methods, providing:
  - o A conceptual framework that guides the study design, data collection, and analytical strategies
  - o Study design(s)
  - o Study population, study sites, sample size, sampling methods, and participant recruitment
  - o Key variables and measurements
  - o Ideas for developing data collection tools (ecological questionnaire, assessment questionnaire, and key informant interviews).
  - o Plan to develop and pre-test data collection tools
  - o Data management and data analysis plan

See Annex 5 for the suggested outline of the technical proposal to be submitted by the institution/firm (as part of the bidding process executed by UNFPA).

### **2. Develop the implementation plan.**

Based on the approved proposal, the plan should provide following details:

- Specific timelines with a detailed travel plan for field work and data collection
- Plan for a pretest and revision (if required) of the data collection tools, and data collector training manual
- A quality control procedure to closely monitor the data collection process
- Plan to provide training for data collectors and field supervisors on the data collection tools and procedures to ensure that they are equipped with essential skills and knowledge to conduct the study.
- A risk management plan that presents a clear strategy to cope with possible challenges including identifying and interviewing respondents among others
- A detailed data collection plan together with the revised data collection tools will be submitted to UNFPA for approval before the commencement of field work and data collection

**3. Present an inception report** at a consultation meeting with UNFPA and MCH/MOH, and other relevant stakeholders for comments and inputs (this requirement will be fulfilled after the contract is signed, see requirements in Annex 6). The final inception report shall be approved by UNFPA and MOH.

#### **4. Conduct field work and data collection**

The research team will conduct field work in the selected communes, based on the approved research protocol, data collection tools, and implementation plan. The research team will provide necessary training for data collectors and field supervisors. The training should cover the following areas: sampling methods, participant recruitment, consent procedure, and guidelines to collect data. The research team may need further consultation with concerned staff at UNFPA and MOH during the implementation of field work and data collection. The conduct of field work and data collection, and the entire study must strictly comply with the Ethical Codes of Conduct for UNEG/UNFPA (Annex 3).

#### **5. Conduct data analysis based on methods developed in the proposal**

Data analysis should be undertaken in 3 sequential steps: exploratory analysis, descriptive analysis, and inferential analysis. The researcher team is recommended to apply the data analysis methods used in the previous studies (see Annex 2 for the links to similar studies).

#### **6. Present key findings and produce a research report**

The research team will prepare and deliver a presentation on key findings and prepare a draft report for comments and inputs from UNFPA, MOH, and other relevant stakeholders. Subsequently, a full report (see the outlines in Annex 4) will be finalised and submitted to UNFPA and MOH.

### **V. EXPECTED OUTPUTS/PRODUCTS**

The selected research institution is required to submit the following outputs/products:

- Presentations of key evaluation findings, implications, and recommendations in both Vietnamese and English at consultative and dissemination meetings/workshops;
  - A clear and concise (maximum 30-pages, 1.5 spaced) full report in both English and Vietnamese (both hardcopy and electronic files are required) with an executive summary of the key findings and recommendations (excluding Appendices);
  - Electronic copy of cleaned data collected for this study; and
- The main deliverable outputs and tentative timelines for this constancy service are given below<sup>5</sup>:

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<sup>5</sup> Timelines for this consultancy is subject to be discussed and agreed with the MOH and UNFPA.

	<b>Tasks</b>	<b>Timelines</b>
1	Submit a technical proposal detailing the sample size and sampling procedures, the study protocol, and a concrete field work plan and an estimated budget	12 August 2021
2	Review the proposal and select an institution	August 2021
3	Develop an inception report and present it to UNFPA and MOH for comments and feedbacks	September 2021
4	Develop data collection tools and data collection plan	September- October 2021
5	Conduct field work and data collection	October, 2021
6	Present key findings and submit a draft report in English	November, 2021
7	Submit the final report in both Vietnamese and English	December, 2021

## **VI. INTENDED USES AND USERS**

Findings and recommendations from this study will be used by UNFPA, national partners, including MOH, NGOs, Provincial Departments of Health and CDCs, service providers, and minority ethnic and remote communities for the development of appropriate policies and programmes to improve the utilisation of maternal and FP services in ethnic minority and remote communes.

## **VII. REQUIREMENTS FOR THE RESEARCH INSTITUTION AND RESEARCH TEAM**

### **1. Requirements for the research institution**

- Clear governing bodies including organisation chart – staff size for undertaking the consultancy work;
- Appropriate and sufficient project management capacity including financial management system;
- Solid staff skills and expertise in conducting large scale and high quality scientific and ethnographic research in developing countries, preferably in Vietnam;
- Prior experience in conducting research to generate evidence for policy development in developing countries, preferably in Vietnam, particularly in the field of maternal health and family planning;
- Demonstrated experience in disseminating research findings to policy and decision makers in developing countries, preferably in Vietnam;
- A strong and established network with local research institutions in Vietnam (for international institutions); and
- Extensive experience in working with UN agencies and/or other international development agencies. Prior work experience with UN agencies in Vietnam is an advantage, but not necessary.

### **2. Requirements for the research team**

The research institution should nominate a research team consisting of one team leader, at least 1 senior researcher as team member, and a team of data collectors and field supervisors.

**Research team leader** should have the following qualifications and experiences:

- A PhD degree in population and health, sexual and reproductive health, epidemiology, or social sciences, with advanced training in health research methods;
- At least 10 years of work experience in research for sexual and reproductive health;
- Advanced quantitative and qualitative data analysis skills, and demonstrated experience in applying multiple analytical techniques;
- Advanced statistical skills and experience in working with large nationally representative datasets;

- Demonstrated knowledge on sexual and reproductive health, especially among ethnic minority groups in Vietnam;
- Demonstrated excellent writing skills in English, evidenced in being the first author of peer-reviewed publications in international journals and technical reports; and
- Excellent communication skills in English.

**Research team members** should have the following qualifications and experiences:

- A postgraduate degree in population health, epidemiology, or social sciences;
- At least 5 years of work experience in research in sexual and reproductive health, including experience in participating in a large community-based study;
- Demonstrated experience in collection, collation, and quality assessment of available data sources and multiple data files;
- Advanced statistical skills and experience in working with large nationally representative datasets;
- Demonstrated knowledge on sexual and reproductive health, particularly among ethnic minority groups in Vietnam;
- Excellent skills in written and spoken English and Vietnamese; and
- A track record of publications in international peer-reviewed journals and technical reports.

**Research data collectors/field supervisors** should have the following qualifications and experiences:

- At least an undergraduate degree in anthropology, population health, reproductive health, or social sciences;
- Demonstrated good communication and facilitation skills;
- Experience in working with ethnic minority groups;
- Demonstrated knowledge on maternal health and family planning issues in Vietnam, particularly among ethnic minority groups; and
- Fluency in written and spoken Vietnamese with knowledge on ethnic minority languages being an asset.

## **VIII. ADMINISTRATION AND LOGISTICS SUPPORT**

To carry out these tasks, the selected research team will work closely with responsible staff from UNFPA, MCH/MOH and provincial CDCs to ensure that the quality of data collected and the report will meet the requirements of UNFPA and MOH.

UNFPA: To assist the research team in conducting the field work and data collection, UNFPA will:

- Assign a programme officer to act as focal point to work with the selected research institution;
- Support the research institution to work with MOH and other government partners;
- Monitor the study to ensure the progress and the quality of the consultancy service and provide technical inputs/comments in an appropriate manner; and
- Provide the selected research institution with relevant background documents, templates for research proposal, technical report and other related materials.

MCH/MOH: To assist the research team in conducting the field work and data collection, MCH/MOH will:

- Assign a programme officer to act as focal point to work with the selected research institution;
- Support the research institution to work with MOH and other provincial DOHs and CDCs;

- Monitor the study to ensure the progress and the quality of the consultancy service and provide technical inputs/comments in an appropriate manner; and
- Provide the selected research institution with relevant background documents and other related materials.

Provincial CDCs: To assist the research team in conducting the field work and data collection, provincial CDCs in each selected province will:

- Assign a staff to act as focal point to work with the selected research institution;
- Facilitate data collection in the selected communes, particularly commune's and women questionnaires and key informant interviews; and
- Provide technical inputs/comments in an appropriate manner.

## **IX. PAYMENT TERMS**

A service contract will be signed between UNFPA Viet Nam and the selected research institution. Payment will be made based on the amount proposed by the selected institution and approved by UNFPA. Payment will be made in three installments as below:

- **The first installment:** maximum of 20% of the contract value will be transferred to the contractor upon submission of the final inception report.
- **The second installment:** 30% of the contract value will be transferred to the contractor after receiving the report on training of data collectors.
- **The final installment:** The remaining 50% of the contract value will be disbursed after all final products are delivered by the research institution and accepted by UNFPA and MOH.

## ANNEXES

### **ANNEX 1: LIST OF 60 SELECTED COMMUNES FOR MATERNAL HEALTH INTERVENTIONS**

#### **Son La Province (12 communes)**

<b>District</b>	<b>Commune</b>	<b>Distance to district hospital (km)</b>	<b>Percentage of ethnic minorities (%)</b>	<b>Rate of home deliveries (%)</b>	<b>Number of households</b>
Bắc Yên	Hang Chú	58	100	85	689
	Xím Vàng	40	100	90	506
	Háng Đông	36	100	90	473
Phù Yên	Kim Bon	36	100	83	1.070
	Suối Bau	38	100	72	664
Mộc Châu	Chiềng Khừa	30	95	94	802
	Tân Hợp	40	95	62	1319
Sông Mã	Mường Cai	30	90	97	1151
	Chiềng En	38	90	96	1270
	Đứa Mòn	45	90	92	1627
Vân Hồ	Suối Bàng	52	85	64	847
	Chiềng Xuân	40	94	81	630

#### **Lai Chau (19 communes)**

<b>District</b>	<b>Commune</b>	<b>Distance to district hospital (km)</b>	<b>Percentage of ethnic minorities (%)</b>	<b>Rate of home deliveries (%)</b>	<b>Number of households</b>
Phong Tho	Sì Lò Lầu	83	98	67.9	1148
	VàngMa Chải	67	96	60.9	655
	Mù Sang	38	99,7	84	556

	Tung Qua Lìn	43	99,2	62.3	381
Sin Hồ	Tủa Sin Chải	33	98	95	915
	Pu Sam Cáp	73	100	74.5	287
	Hồng Thu	15	98	65	857
	Làng Mô	24	98	66	746
	Tả Ngảo	18	94.47	78	875
Mường Tè	Tà Tổng	47	96,84	89.78	1,193
	Tá Bạ	69	99,0	78.26	392
	Pa Ủ	61	97,0	67	440
	Pha Mu	47	100	61.53	192
Nậm Nhùn	Nậm Manh	12	100	66.7	472
	Pú Đao	35	100	90	236
	Nậm Pi	54	98.8	76.1	574
	Nậm Chà	57	100	87.5	652
	Trung Chải	85	100	75	294
	Nậm Ban	85	90	88.2	372

**Gia Lai (14 communes)**

District	Commune	Distance to district hospital (km)	Percentage of ethnic minorities (%)	Rate of home deliveries (%)	Number of households
Mang Yang	Kon Chiêng	36	83,7	77.2	1397
	Đăk Trôi	45	95	83.3	641
	Đê Ar	38	91,7	86.3	920
	Hra	25	69	73	1891
	Ayun	15	64	52	1946

Chư Sê	A Yun	21	98	60	866
	Bngoong	20	70	50	
	Iako	20	70	50	
	H Hbông	18	70	50	
	Albá	12	70	50	
	Kông Htok	12	75	50	
	Chư Krey	24	90	50.72	542
	Đăk PôPho	16	79,87	55.31	482
Chư Păh	Đăk Tô Ver	26	98	60	511

#### Kon Tum (6 communes)

District	Commune	Distance to district hospital (km)	Percentage of ethnic minorities (%)	Rate of home deliveries (%)	Number of households
Đăk Glei	Mường Hoong	52	100	66.2	835
	Ngọc Linh	54	100	50	694
Kon Plông	Măng Bút	40	99	38	1.104
	Đăk Ring	53	98	61.7	514
	Đăk Nền	64	99	72	550
	Bờ Ê	40	98	59.8	509

#### Dac Nong province (4 communes)

District	Commune	Distance to district hospital (km)	Percentage of ethnic minorities (%)	Rate of home deliveries (%)	Number of households
Tuy Đức	Đăk Ngo	73	66,8	15.2	2.314
	Quảng Hòa	120	90	35	1.416

<b>Đăk Glong</b>	Quảng Sơn	70	64	19.8	4.925
	Đăk Nang	35	44,2	15.3	1.024

**Bac Kan province (5 communes)**

District	Commune	Distance to district hospital (km)	Percentage of ethnic minorities (%)	Rate of home deliveries (%)	Number of households
Pac Nam	An Thắng	35	100	33.3	276
	Cổ Linh	20	100	17.5	917
Chợ Đồn	Bình Trung	30	98	18	800
	Tân Lập	24	99	18	344
	Xuân Lạc	37	65	38	859

**LIST OF 12 SELECTED COMMUNES FOR THE RAPID ASSESSMENT**

Districts	Communes	Distance to district hospital (km)	Percentage of ethnic minorities (%)	Rate of home deliveries (%)	Number of households
<b>Son La Province</b>					
Bắc Yên	Háng Đông	36	100	90	473
Mộc Châu	Chiềng Khừa	30	95	94	802
Sông Mã	Mường Cai	30	90	97	1,151
<b>Lai chau province</b>					
Phong Thổ	Mù Sang	38	99,7	84	556
Sìn Hồ	Tả Ngáo	18	94.47	78	875
Mường Tè	Tả Tông	47	96.84	89.78	1,193
<b>Gia Lai Province</b>					
Mang Ang	Đăk Trôi	45	95	83.3	641
	Đê Ar	38	91.7	86.3	920
Chư Sê	AYun	21	98	60	866
<b>Kon Tum</b>					
Kon Plông	Đăk Nên	64	99	72	550
<b>Dac Nong province</b>					
Đăk Glong	Quảng Hòa	120	90	35	1,416
<b>Bac Kan province</b>					
Chợ Đồn	Xuân Lạc	37	65	38	859

## **ANNEX 2: LIST OF RECENT STUDIES**

1. UNFPA (2017) Exploring barriers to accessing maternal health and family planning services in ethnic minority communities in Viet Nam. Hanoi Viet Nam

Link: [https://vietnam.unfpa.org/sites/default/files/pub-pdf/Web\\_Barriers%20to%20accessing%20maternal%20health%20and%20FP%20services%20in%20ethnic%20minority%20communities%20in%20VN.pdf](https://vietnam.unfpa.org/sites/default/files/pub-pdf/Web_Barriers%20to%20accessing%20maternal%20health%20and%20FP%20services%20in%20ethnic%20minority%20communities%20in%20VN.pdf)

11:33 AM

2. UNFPA (2013) Unmet Need for Reproductive Health and HIV/AIDS Services: Evidence based on the analysis of 2011 MICS data. Hanoi Viet Nam

Link: <https://drive.google.com/file/d/0B1WJA-isKEDPcHIBNjhOQ3ZhOGM/view?ts=60c97e84&resourcekey=0-6XMy1hK6cUMnKH0tvxKuCA>

3. UNICEF (2015) Multiple Indicator Cluster (MISC) Surveys (selected modules including child birth history, contraception and unmet needs on modern contraceptives)

Link: Multiple Indicator Cluster Surveys:

[https://microdata.worldbank.org/index.php/catalog/2524#metadata-metadata\\_production](https://microdata.worldbank.org/index.php/catalog/2524#metadata-metadata_production)

4. 2020 SDGs Survey on Children and Women (the report is still in progress, updated questionnaire will be shared by request)

### **ANNEX 3: ETHICAL CODE OF CONDUCT FOR STUDY/RESEARCH**

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

Study/research team:

1. To avoid conflict of interest and undue pressure, researchers need to be independent, implying that members of a study/research team must not have been directly responsible for the policy-setting/programming, design, or overall management of the subject of study/research, nor expect to be in the near future. Researchers must have no vested interests and have the full freedom to conduct impartially their study/research 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. Researchers must respect people's right to provide information in confidence, and must ensure that sensitive information cannot be traced to its source. Researchers are not expected to evaluate individuals, and must balance an evaluation of management functions with this general principle.
3. Studies/researches sometimes uncover evidence of wrong doing. 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, researchers 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 with in the course of the study/research. Knowing that study/research may negatively affect the interests of some stakeholders, researchers should conduct the study/research 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 study limitations, evidence based findings, conclusions and recommendations.

## **ANNEX 4. SUGGESTED OUTLINE OF THE RESEARCH REPORT**

Title page

Table of Contents

Acknowledgements

List of acronyms

Executive summary: maximum 2 pages

Introduction

Methods

Findings

Discussion

Recommendations

Annexes (if any)

## **ANNEX 5: SUGGESTED OUTLINE OF THE TECHNICAL BID TO BE SUBMITTED BY THE INSTITUTION/FIRM**

### **1. Overview/introduction**

An overview of what and how to conduct the study/research by the institution.

### **2. Objectives and key questions of study/research**

Overall objective.

Specific objectives.

Key study questions/indicators.

### **3. Design and methodology**

Scope and focus.

Study/research design (explanation of methodological choice, including the constraints and limitations), study sites, and sampling design.

Techniques and tools for data collection and data analysis.

Participatory stakeholders' consultation process.

Ethical issues.

### **4. Organization and implementation of study/research**

Detailed workplan.

How to organize/implement and manage this study/research.

Quality control.

Accountabilities of study/research team/consultants.

### **5. Study/research team**

Specify the composition of the study/research team (e.g., number of team members, team leader with key tasks in conducting this study/research). For the individual members' profile, the table format 2 can be used for the summary of each consultant/CV in each position in this study/research.

### **6. Final Products**

List of final products/Results with the deadlines

Report outline (in annex)

## **ANNEX 6: SUGGESTED OUTLINE OF THE INCEPTION REPORT**

### **1. Overview/introduction**

An overview of what and how to conduct the study/research by the institution.

### **2. Objectives and key questions of study/research**

Overall objective.

Specific objectives.

Key study questions/indicators.

### **3. Design and methodology**

Scope and focus.

Study/research design (explanation of methodological choice, including the constraints and limitations), study sites, and sampling design.

Techniques and tools for data collection and data analysis.

Participatory stakeholders' consultation process.

Ethical issues.

### **4. Data analysis and report preparation**

Proposed data analysis methods and indicators/variables presentation following the requirement outlined in the TOR

Data reporting plan including the realistic timeline and the final product to be submitted to MOH and UNFPA.

### **5. Organization and implementation of study/research**

Detailed workplan for training data collectors, planned data collection, data analysis, and report preparation.

How to organize/implement and manage this study/research.

Quality control.

Accountabilities of study/research team/consultants.

### **6. Study/research team**

Present the composition of the study/research team (e.g., number of team members, team leader with key tasks in conducting this study/research).