

## Terms of Reference for Data Collection Consultant Service for Final Evaluation of the Young Health Programme in Thailand Plan International Thailand

Location	Thailand: Bangkok and Metropolitan Area
Application Deadline	30 October 2024
Contract Type	Consultancy
Working Language	English and Thai
Expected Start Date	1 November 2024
Contract Period	4 months

### 1. Introduction

Plan International is an independent global child rights organisation committed to supporting vulnerable and marginalised children and their communities to be free from poverty. By actively connecting committed people with powerful ideas, we work together to make positive, deep rooted and lasting changes in children and young people's lives. We place specific focus on girls and young people's lives. For over 80 years, we have supported girls and boys and their communities around the world to gain the skills, knowledge and confidence they need to claim their rights, free themselves from poverty and live positive fulfilling lives. Plan International has been operating in Thailand since 1981 and continues to work in the greater Bangkok and municipal areas, the northern provinces such as Chiang Rai, Chiang Mai, Mae Sot, and the southeastern part of Thailand.

### 2. Background

Non-communicable diseases (NCDs) account for 71% of all deaths, including 15 million premature deaths (between 30-70 years old)<sup>1</sup>. In Thailand, NCDs are estimated to account for 74% of all deaths<sup>2</sup>. The five most common NCDs are cancer, cardiovascular diseases, chronic respiratory diseases, diabetes, and mental and neurological conditions. The five main contributing risk factors are tobacco use, harmful use of alcohol, unhealthy diet, physical inactivity and air pollution.

Young people aged 10-24 make up 24% of the world's population<sup>3</sup>. In Thailand, young people (10 – 24) represent 18.7% of the population<sup>4</sup>. NCDs are especially important for young people. The World Health Organisation estimates that two thirds of premature deaths in adults are associated with childhood conditions and behaviours, and behaviour associated with NCD risk factors is common in young people: over 150 million young people smoke; 81% adolescents don't get enough physical activity; 11.7% of adolescents engage in heavy episodic drinking, and 41 million children under 5 are overweight or obese<sup>5</sup>. An estimated 35% of the global burden of disease has its origin in adolescence, and more than 3,000 adolescents die every day, mostly from NCDs, intentional and unintentional injuries and other preventable causes<sup>6</sup>. An investment in adolescent health and well-being brings benefits today, for decades to come, and for the next generation<sup>7</sup>.

<sup>1</sup> World Health Organization, 2018. Noncommunicable diseases: country profiles 2018

<sup>2</sup> <https://www.who.int/thailand/activities/catalyzing-multisectoral-actions-to-reduce-ncds-risk-factors>

<sup>3</sup> United Nations Population Fund, 2019. World Population Dashboard <https://www.unfpa.org/data/world-population-dashboard>

<sup>4</sup> <https://www.unfpa.org/data/world-population-dashboard>

<sup>5</sup> <https://www.who.int/global-coordination-mechanism/ncd-themes/ncd-and-youth/en/>

<sup>6</sup> <https://ncdalliance.org/news-events/news/ncds'-impact-on-adolescents-overlooked-to-date>

<sup>7</sup> [https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(16\)00579-1.pdf](https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(16)00579-1.pdf)

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

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

### 3. Overview of the Young Health Programme (YHP)

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

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

In Thailand, the YHP is implemented by Plan International Thailand in partnership with The Education for Development Foundation (EDF). The programme has been running for a period of 5 years from 2019 to 2024. The **overall goal** of the YHP in Thailand is to contribute to improved health and well-being of young people between 10-24 years old in Thailand. **Specifically**, it aims to ensure that young people in Thailand have increased knowledge about NCD prevention and NCD risk factors and an increased capacity to make informed decisions about their health.

The programme has the following four objectives:

1. Young people have increased knowledge and capacity to protect and promote their long-term health, including NCD prevention, SRHR, gender equality and mental health
2. Communities (teachers, families, and local leaders) are informed and mobilised to provide a safe and supportive environment that facilitates healthy behaviour among young people
3. Health services have the capacity to support the health of young people, including accessible and quality youth-friendly services
4. Laws and policies support NCD prevention and promote the broader health of young people

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<sup>8</sup> World Health Organization, 2018. Noncommunicable diseases: country profiles 2018

<sup>9</sup> <https://www.who.int/bulletin/volumes/94/7/16-179382/en/>

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

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

#### 4. The Consultancy Objective

The objective of this consultancy is to collect data for a final evaluation study of the YHP in Thailand. The data from this study and the recommendations will inform the outcome targets and strategies of the YHP in Thailand for project phasing-out. The data of the final evaluation will be compared with the baseline and mid-term data collected at the beginning and the middle of the YHP to assess whether the YHP indicators are on track. The data of the final evaluation will also provide the YHP team with benchmarks against which the YHP objectives and outcomes will be measured.

#### 5. Scope of Work

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

Objectives	Outcome	#	Outcome Indicator	Method of measurement	Tools to be used
<b>Objective 1:</b> Young people have increased knowledge and capacity to protect and promote their long-term health, including NCD prevention, SRHR, gender equality and mental health	<b>1.1</b> Young people have correct <b>knowledge</b> on the <b>five NCD risk factors</b> and <b>SRHR</b>	1.1.1	% of young people demonstrating correct knowledge on tobacco use	Quantitative	Survey
		1.1.2	% of young people demonstrating correct knowledge on harmful use of alcohol	Quantitative	Survey
		1.1.3	% of young people demonstrating correct knowledge on physical inactivity	Quantitative	Survey
		1.1.4	% of young people demonstrating correct knowledge on unhealthy diet	Quantitative	Survey
		1.1.5	% of young people demonstrating correct knowledge on air pollution	Quantitative	Survey
		1.1.6	% of young people demonstrating correct knowledge on SRHR	Quantitative	Survey
	<b>1.2</b> Young people have	1.2.1	% of young people reporting healthy	Quantitative	Survey

	healthy attitudes relating to the five NCD risk factors, SRHR and gender		attitude relating to tobacco use		
		1.2.2	% of young people reporting healthy attitude relating to harmful use of alcohol	Quantitative	Survey
		1.2.3	% of young people reporting healthy attitude relating to physical inactivity	Quantitative	Survey
		1.2.4	% of young people reporting healthy attitude relating to unhealthy diet	Quantitative	Survey
		1.2.5	% of young people reporting healthy attitude relating to air pollution	Quantitative	Survey
		1.2.6	% of young people reporting healthy attitude relating to SRHR	Quantitative	Survey
		1.2.7	% of young people reporting healthy attitude relating to gender	Quantitative	Survey
	1.3 Young people demonstrate positive behaviour regarding the five NCD risk factors, SRHR and emotional wellbeing	1.3.1	% of young people reporting positive behaviour relating to tobacco use	Quantitative	Survey
		1.3.2	% of young people reporting positive behaviour relating to harmful use of alcohol	Quantitative	Survey
		1.3.3	% of young people reporting positive behaviour relating to physical inactivity	Quantitative	Survey
		1.3.4	% of young people reporting positive behaviour relating to unhealthy diet	Quantitative	Survey
		1.3.5	% of young people reporting positive behaviour relating to air pollution	Quantitative	Survey
		1.3.6	% of young people reporting positive behaviour relating to SRHR	Quantitative	Survey
		1.3.7	% of young people reporting positive behaviour relating to emotional-well-being	Quantitative	Survey
	1.4 Peer educators are empowered and have	1.4.1	Peer educators demonstrating empowerment and increased capacity to fulfil their role (public	Quantitative and qualitative	Survey and Focus Group Discussions

	increased capacity		speaking, delivering trainings, engaging with stakeholders)		
<b>Objective 2:</b> Communities (teachers, families, local leaders) are informed and mobilised to provide a safe and supportive environment that facilitates healthy behaviour among young people	<b>2.1</b> Young people feel supported by their communities to demonstrate healthy behaviour	2.1.1	% of young people reporting that they feel supported by their family to demonstrate healthy behaviour	Quantitative	Survey
		2.1.2	% of young people reporting that they feel supported by their school/university to demonstrate healthy behaviour	Quantitative	Survey
		2.1.3	% of young people reporting that they feel supported by their community leaders to demonstrate healthy behaviour	Quantitative	Survey
	<b>2.2</b> Community members have increased knowledge of NCD risk behaviours, SRHR, gender equality and the health needs of young people	2.2.1	The extent to which families, schools/universities and community leaders create a safe and supportive environment	Qualitative	Focus Group Discussions
	<b>Objective 3:</b> Health services have the capacity to support the health of young people, including accessible and quality youth friendly services	<b>3.1</b> Health services are accessible to young people	3.1.1	% of young people who know where and how to access health services (including SRHR and mental health services)	Quantitative
3.1.2			% of young people who have used health services in the last 12 months	Quantitative	Survey
<b>3.2</b> Health facilities provide quality youth friendly services		3.2.1	The extent to which health facilities in YHP areas implement youth friendly health services	Qualitative	Key Informant Interviews and score-carding reports
		3.2.2	% of young people reporting satisfaction with the quality of services	Quantitative	Survey and score-carding reports
<b>Objective 4:</b> Laws and policies support NCD prevention and promote the broader health of	<b>4.1</b> Government institutions implement laws and policies around NCD prevention and	4.1.1	The extent to which laws and policies around NCD prevention and young people's health exist and are implemented	Qualitative	<b>Baseline:</b> done during the policy review in activity 4.1 (this includes Key Informant

young people	young people's health				<b>Interviews</b> with govt stakeholders /policy makers). <b>Midterm and final evaluation:</b> follow up <b>Key Informant Interviews</b> with govt stakeholders /policy makers
	4.2 Youth Ambassador actively contribute to the existence and implementation of laws and policies around NCD prevention	4.2.1	The extent to which young people's voices are included in government decision making around NCD prevention and young people's health	Qualitative	<b>Focus Group Discussions</b>
		4.2.2	The extent to which young people's advocacy leads to development or implementation of laws and policies in relation to NCD prevention	Qualitative	<b>Focus Group Discussions</b>

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

The data collection for the final evaluation will help measure the extent to which the YHP objectives and outcomes are achieved.

## 6. Methodology

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

There are 4 YHP data collection tools that the consultant will administer for this data collection for final evaluation per the global YHP methodology:

1. **Survey** assessing knowledge, attitudes and practices, and other elements relating to NCD risk factors among young people (quantitative)
  - o **Sample: 400 young people** (aged 10-24) randomly selected with some stratification of the sample (for gender - 50% boys & 50% girls if applicable,

age group, and provinces within Bangkok and Metropolitan) - The YHP global survey is a 200-question survey, the consultant should design data collection process for both online & offline along with data entry (80% of survey respondents should be collected from onsite and targeted schools)

2. **Focus Group Discussions** (FGDs) involving young people and other YHP cohorts (qualitative)
  - **Sample: 8 FGDs minimum** in total; 2 FGDs each with a) young people (peer educators/Youth Ambassadors); b) parents/caregivers; c) teachers; d) community stakeholders/leaders
3. **Key Informant Interviews** with health professionals, government policymakers, civil society organisations, alliances, networks and other non-governmental stakeholders (qualitative)
  - **Sample: 10 KIIs minimum** in total with a selection of 1) health professionals; 2) government stakeholders; 3) civil society stakeholders; 4) other stakeholders or beneficiaries of particular interest
4. **Process Assessment Tool** assessing how the programme was implemented (qualitative). The same tool will be used during the final evaluation.
  - **Sample: 3 Process Assessment Interview** with the selection of Plan International Country Office and key stakeholders

## 7. Deliverables

The consultant will deliver the following:

1. **Inception report** which should include a detailed sampling and data collection methodology, proposed key informants, proposed data collection software, timeline and execution plan
2. **Data collected and inserted/transcribed**
  - Qualitative: Full transcripts of the qualitative data should be submitted in Word format both in the original language and translated into English. Specific guidance on how the Word documents should be labelled and formatted will be provided.
  - Quantitative: Consultants will use the electronic data collection software of their choice (recommended: KoboCollect / KoboToolbox) to enter the data that is collected in such a way that it can be submitted as an Excel \*.csv file where rows correspond to observations; columns correspond to survey items), cleaned, and with the specific column headers and coding requested by the UK Consultant.
3. **Remain available for questions on data after initial submission**

## 8. Qualification of the Consultant

The required skills and competencies for the consultant are:

- Advanced degree in Public Health, Population Research, Development Studies, Gender, Population Studies, Monitoring and Evaluation or any other relevant degrees
- Knowledge and expertise in young people's health or NCD risk factors is an advantage
- At least 3 years' experience with baseline, midline and final evaluations
- In-depth knowledge and understanding of Thailand's health system and policy environment
- Does not affiliate with any government bodies

- Research experience in the health sector and preferably proven experience in quantitative and qualitative data collection
- Experience in research involving marginalized or vulnerable children, young people and communities (desirable)
- Demonstrated understanding of and commitment to children’s rights, gender equality and development issues
- Experience in working across multiple sectors including with INGOs. Knowledge of Plan International and its work locally (desirable)
- Fluent in the local language and proficient in the use of English

## 9. Management of the Consultancy

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

## 10. Plan International’s Child and Youth Safeguarding Policy and Code of Conduct

The consultant undertaking this assignment must demonstrate commitment to strictly adhere to Plan’s Child and Youth Safeguarding Policy and Plan’s Code of Conduct. It is the responsibility of Plan International Thailand to ensure that all persons hired, used or otherwise consulted for this exercise, are made familiar with the policies and are in agreement to also abide by them before their services are agreed to.

## 11. Timeframe

**Timeframe: 1 November 2024 – 31 March 2025**

Item No.	Details	Due date
Inception Report	1) Inception Meeting with Plan International Thailand Staff, including the YHP Project team to <ul style="list-style-type: none"> <li>- discuss the execution plan and implementation schedule</li> <li>- clarify terminologies, methodologies, target population, sampling sizes, location, etc.</li> <li>- discuss questions for FGD, KII, and survey questionnaire</li> <li>- other related issues</li> </ul>	After signing the contract
	2) Develop and propose an inception report that includes a detailed execution plan for review/ feedback, and approval	Within 15 working days after contract signing
Data Collection and Data Entry/Insert	1) Preparation for Data Collection <ul style="list-style-type: none"> <li>(a) Testing of data collection tools (If appreciated)</li> <li>(b) Finalization of Tools (online and paper-based)</li> <li>(c) Enumerator training</li> </ul>	November 2024
	2) Fieldwork to collect data/information with consult and support of the YHP team	November 2024 - March 2025

Item No.	Details	Due date
Inception Report	1) Inception Meeting with Plan International Thailand Staff, including the YHP Project team to <ul style="list-style-type: none"> <li>- discuss the execution plan and implementation schedule</li> <li>- clarify terminologies, methodologies, target population, sampling sizes, location, etc.</li> <li>- discuss questions for FGD, KII, and survey questionnaire</li> <li>- other related issues</li> </ul>	After signing the contract
	2) Develop and propose an inception report that includes a detailed execution plan for review/ feedback, and approval	Within 15 working days after contract signing
	(a) Fieldwork at the targeted education institutions (b) Online survey dissemination (c) Fieldwork for FGD & KII (or align with YHP activities) (d) Process Assessment Interview	
Data Cleaning, Transcribe and Submission	1) Complete all deliverables <ul style="list-style-type: none"> <li>(a) Finalizing data entry/insertion</li> <li>(b) Cleaning of Data, including labelling in the desired format</li> <li>(c) Transcribe data for desirable format</li> <li>(d) Submission of all raw data to YHP staff (final approval by YHP Global)</li> </ul>	Within 31 <sup>st</sup> March 2025

## 12. Respondents are asked to provide

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

1. A letter of intent expressing the consultant's or firm's capabilities and qualifications
2. Consultant or agency profile outlining areas of expertise with samples of select works
3. Current list of recent and relevant clients
4. Any direct or relevant past experience of undertaking similar assignments
5. Names and CVs of the professionals who will be the lead and associated with the assignment and how the assignment will be managed
6. Detailed technical proposal on the understanding of the TOR and the scope of the work, outlining the approach and plan to accomplish the assignment
7. A proposed timeline indicating activities/sub-activities to be undertaken and the corresponding outputs, including gender and safeguarding considerations
8. A financial proposal containing itemized all-inclusive budget. Plan International will not meet any other costs related to the assignment
9. Evidence of acceptance to payment schedule of 30% being payment upon signing the contract 40% being payment upon submission of acceptable draft inception report and 30% upon submission of the acceptable complete final report

All applications received by the submission date will be reviewed by a selection committee, in consultation with Plan International UK, based on predetermined objective criteria. Upon

selection, the consultant/agency will be invited for a discussion and requested to submit a detailed inception report (described in section 7 of this TOR) prior to the start of the assignment.

### **How to apply?**

The application can be sent electronically through the email: [Thailand.procurement@plan-international.org](mailto:Thailand.procurement@plan-international.org) referencing-consultants “**Data Collection Consultant for YHP Final Evaluation**” by **30 October 2024**

Early application is encouraged as we will review applications throughout the advertising period and reserve the right to close the advert early. We reserve the right to extend the closing date at any time. Only applicants with complete documents including sample of the previous work will go through the selection process.