



TERM OF REFERENCE (TOR)
FOR MID TERM REVIEW (MTR) CONSULTANCY

Name of the organization	Research Center for Inclusion (RCI)
Name of the project	Body Talk
Tasks required	To conduct Mid-term Review for project on Sexual and Reproductive Health and Rights (SRHR) for Youngsters with disability (YwD) in Dak Lak, Quang Tri and Hue city, Viet Nam
TOR Supervisor	RCI Project Manager

1. Introduction

The Research Center for Inclusion (RCI) is legally registered in 2018 with Ministry of Science and Technology in Vietnam and under coordination and management of the government focal point of Southeast Asian Research Association of Vietnam (SEARAV).

RCI is constituted as a result of the localization of the Netherlands Leprosy Relief (NLR) Mekong that operated in Vietnam and managed programs on leprosy disease control, disability and inclusion of persons with disability in Cambodia, Myanmar, Vietnam, China, Laos and Thailand. RCI continues NLR Mekong’s expertise, experience and network established throughout 35 years in Vietnam and Mekong region.

RCI envisions a world in which people with disability, including children and persons affected by leprosy enjoy equal rights and full inclusion in society. The organization works on five priority areas: 1) Inclusive education, 2) Social inclusion, 3) Inclusive Health and Community-Based Rehabilitation (CBR), 4) Sexual and Reproductive Health and Rights and 5) Research. For further information please visit our website: <https://rci-nlr.org/>

2. Project information:

In 2021, Liliane Fonds and Rutgers joined forces in the implementation of the Body Talk program (April 2021 – March 2024). The aim of the Body Talk program is that ‘more than 8,000 young people with a disability are in charge of their bodies and lives, and are standing up for their rights, wishes and limits’. The program is implemented in three countries: Indonesia, the Philippines and Vietnam, where we closely collaborate with partner organizations Yayasan NLR Indonesia, Research Centre for Inclusion and NORFIL Foundation. These partners work closely with young people with disabilities and also have an extensive network, ranging from interest groups of people

with disabilities to young advocates for equal rights to local authorities. In the “Body Talk” alliance, the Liliane Foundation and Rutgers combine their expertise in the field of young people with disabilities and sexual and relational training, to share and discuss these sensitive topics. With our complementary expertise, we develop a "guideline for comprehensive sexuality education" and supporting resources and tools for parents and educators. By doing so, we aim to build a strong team of local trainers and advisors, with the partner organizations of the Liliane Foundation as the core, to guide young people and share their knowledge with anyone who can benefit.

Together we strive for our ultimate goal: that young people with disabilities between the ages of 12 and 25 can access their own body and life.

In Viet Nam, “BodyTalk” project is implementing in Quang Tri, Dak Lak province and 4 special schools/centers in Hue city under the management of Quang Tri. Our target beneficiaries are 600 children and youth with disabilities (YwD) - prioritizing to blind/visual impairment, deaf/hearing impairment and intellectual disability. The project's specific objectives are described as follows:

- Objective 1: Capacity building for children and YwD on SRHR
- Objective 2: Capacity building for parents/caregivers and service providers (including teacher and health staff) on SRHR to support children and YwD to access health service and make informed decisions about their SRHR
- Objective 3: Strengthen comprehensive sexuality education (CSE) for children and YwD, especially at school.

Implementation Model

Through the project, master trainers are trained and will be tasked to lead the implementation of trainings. At the organizational level, technical support and dissemination activities are targeted at teachers and health workers. At the interpersonal level, parents, caregivers, and other community members are targeted for trainings on sexual and reproductive health and rights and learn how to support SRHR of young people with disabilities. Moreover, advocacy and dissemination materials are developed to raise awareness and share knowledge on sexual and reproductive health and rights for young people with a disability. Policy advocacy initiatives will also be conducted to push for policy support on SRHR of children with disabilities.

Where are we at?

The program officially started its implementation in April 2021. However, due to the Covid-Pandemic not all activities could be implemented as planned. The following activities have been implemented

- SRHR value clarification workshops for the three local partner organizations were organized (online)
- A baseline was conducted in each of the countries in (April-May) 2022 to
 - Explore the Knowledge, Attitudes, and Practices of parents, caregivers, and CYWDs on sexual and reproductive health

- Identify sexual and reproductive health needs of parents and CYWDs
 - Determine policies, programs, and existing services on sexual reproductive health and rights for CYWDs
- Training of master trainers/advisers on sexual development and education implemented
 - Guideline with accompanying tools for sexual education developed
 - Training of parents/guardians and teachers, health care providers by Master Trainers.

Details of achievements in Vietnam, please find in the **Annex 1**

3. Purpose / Objectives / Rationale

The purpose of the MTR will be for **internal learnings** regarding better implementation of the program. With the results of this Mid-Term Review, we can identify whether we have to add, eliminate or change certain activities or approaches / methodologies, we can review priorities and make decisions about the next steps that are needed to reach the overall program objectives.

If feasible, elements of the MTR will be used for lobby and advocacy or used for upscale of the program. We will not set this as the purpose of the MTR.

4. Intended user(s) and use(s)

The primary users will be the organization that are currently implementing the project. These are Liliane Foundation, Rutgers, Yayasan NLR Indonesia, Research Centre for Inclusion and NORFIL Foundation.

There might be sections of the report that will be used for external usage, or for the purpose of lobby and advocacy, but that will not be the primary purpose and or users of the MTR.

5. Methodology

The methodology (tools) used during the MTR will be designed based on the final MTR questions. Since the MTR will be implemented in different context some alignment on data collection tools will need to done across the different context. We aim to make use of already existing tools that were used during for example the baselines implemented. This process of alignment will be coordinated by the Liliane Foundation.

5.1 Key Evaluation questions

The MTR should be guided by key evaluation questions. These evaluation questions focus on the implementation of the program and how the program has been implemented in the different context. It will focus on the quality of the activities delivered and especially get a good understanding of the training model that is being implemented. Some attention will be given to the result of the Master Trainers that have been trained. And where feasible we will look at increase of knowledge and understanding of those trained by the master trainers.

The set of preliminary specific MTR questions can be found below. The questions, including sub-questions, will be finalized during the inception phase by the consultants. If there is opportunity,

within the limits of this MTR, specific questions relevant for (a sample of) the implementation contexts may be developed.

1. Is the program being implemented correctly?

- What are the differences in how the program is implemented per context, and how does this affect the implementation?
- To what extent did we address our assumptions and mitigate risks?
- Do we need to revise any of our objectives/indicators based on the current implementation?

2. What is the quality of the training model implemented and how can it be improved?

- What are the differences per context, and how do they affect implementation and results to come?
- What is the quality of the Training Manual used in the program?
- How has the training given by the Master Trainers been perceived by the recipients?
- What is the added value of the value clarifications that have been done in the various contexts at the various levels?

3. Did this intervention produce the intended results in the short term? If so, for whom, to what extent, and in what circumstances?

- To what extent have those trained applied their acquired skill in their work? (specific selection of participants per context)
- To what extent has the knowledge and understanding of those trained improved? (specific selection of participants per context)
- What are the experiences of the master trainers?
- What is the experience of those trained by the master trainers (for example health staff, teachers, caregivers, youth with disability)?

5.2 Design

We expect the final design of the MTR to be in line with the above-mentioned MTR questions. The questions are related to the teams implementing the program and partially to those benefiting from the program. Documents (plans/reports/baseline/training materials) will need to be reviewed and both staff, and the direct target group will be consulted. Also, if relevant, documents from outside the program (policy/official statistics/CSE etc) will be reviewed.

5.3 Sources of data and data collection methods

The data will be collected from plans, reports, baselines and any other available reports. Also reports from trainings as well as the training manuals will be very important. Data will also be collected from groups and/or individuals either through interviews, surveys or through (focus) group discussions. We expect the tools developed to be in line with the final MTR questions. We encourage innovative ideas. For all data collection, context specific ethical procedures and where relevant consent will be required. Given the nature of the MTR, cultural sensitivity should be incorporated in the methodology of the MTR.

6. Responsibilities

Consultant will be directly responsible for the overall quality and consistency of the report (in English) with **deliverables** as follow:

- Provide a (technical) proposal, including the proposed (participatory) methodologies, tools, budget and timeframe for approval. As we need to align methodologies across these can be presented at a high level and very brief.
- An inception report
- Feedback workshop
- Draft Report and a Final report (integrated feedback)
 - o Including recommendations
 - o Clear and concise English.
 - o Adhere to page limits (appropriate 30 pages, not include annex)
- Raw data (if requested)

7. Time frame

Description	Time frame
Submission of proposals	1 st May
Selection of proposals	
Contracting of consultant	15 th May
Finalise MTR design and planning MTR	
Phase 1: Desk study, initial data collection	
Phase 2: MTR, analysis, validation and exchange	
Report writing and feedback	
Feedback workshop	
Final report	1 st July

8. How to apply

We expect the consultant (or team) to have the following qualifications

- Experience in the context and in the field of SRHR
- Experience in doing similar assignments
- Experience in developing trainings/modules is an added value
- Affinity with working with youth and youth with a disability
- Affinity with participatory methods for data collection
- Ability to write/speak English

The application to the MTR should include:

- The proposed methodology and suggestions for tools
- Clear time frame and detailed budget

- Curriculum Vitae(s) or portfolio clearly presenting experience in conducting evaluations (if available a comparable report to share)
- References of two or three previous clients (optional)

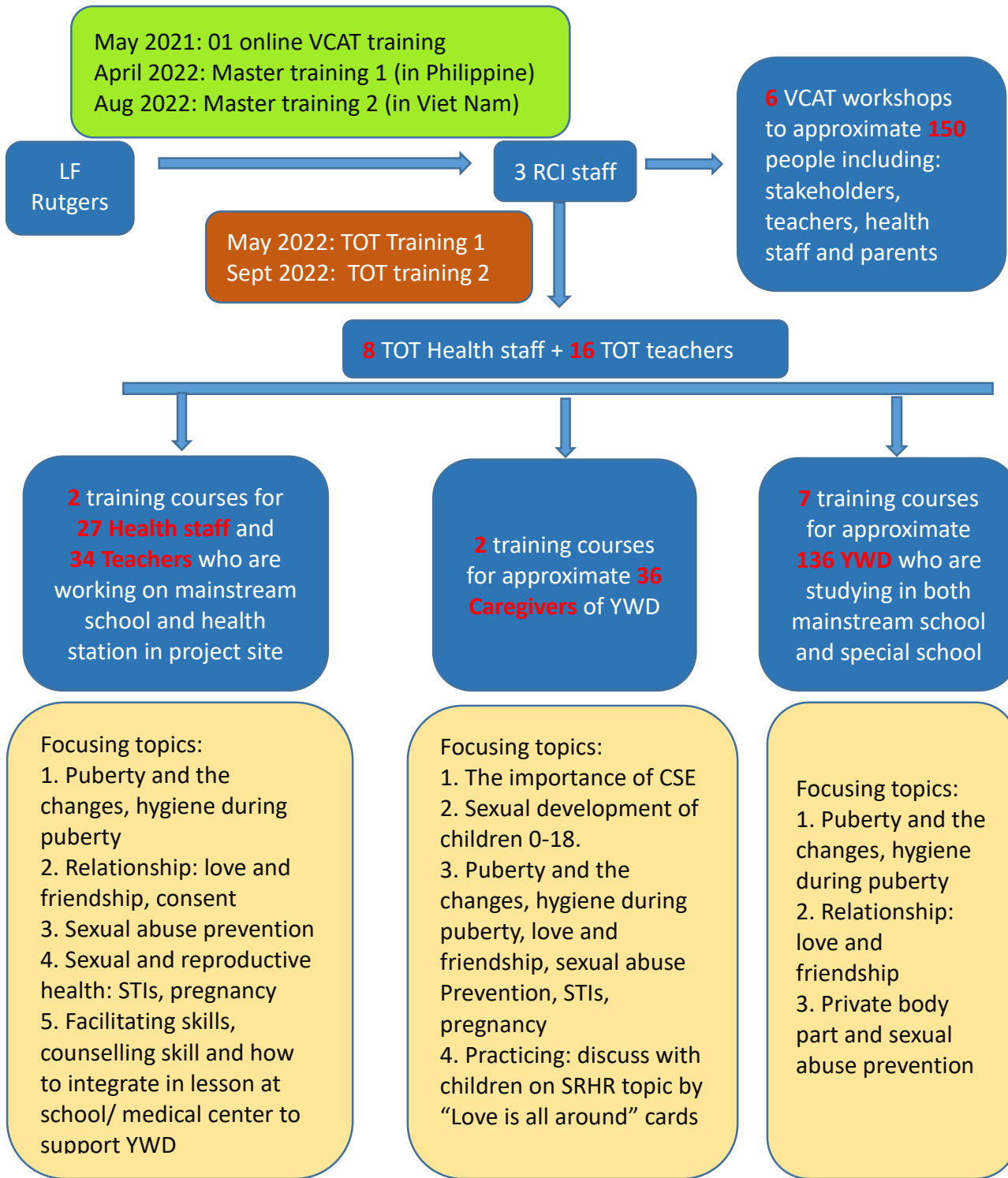
The application should be submitted to both the contact person of RCI and the staff from Liliane Foundation. See the table for details above.

Organization	Country	Name/position	Contact details
RCI	Vietnam	Le Thi Ha / Project Officer Body Talk	ha.le@nlrmekong.org
Liliane Foundation	Overall	Laura Honders/ SRHR Advisor and Project lead	lhonders@lilianefonds.nl
Liliane Foundation	Overall	Anneke Hofs/ MEL advisor	ahofs@lilianefonds.nl
Liliane Foundation	Overall	Marja Rijerse/ MEL advisor	mrijerse@lilianefonds.nl

Based on the proposals received selections are made per country with each respective implementing organization. We will come to a selection of max 3 best proposals per country. Through further interviews (telephone/Skype/Zoom/Teams/etc.) the final consultant will be selected. The selection criteria will be based on the presented methodology, affinity of the consultant with the type of evaluation and target group, available budget and fees charged by the consultant.

Please submit no later than **1st of May 2023**

ANNEX 1



Project sites:

- Dak Lak province (4 districts: 15 mainstream schools and 1 supporting center for Children with Disability)
- Quang Tri province (4 districts: 14 mainstream schools and 1 special school for children with disability)
- Hue city (3 special schools/centers for YWD)

Brief of delay

Body Talk was approved in late November 2021 by the Ministry of Home Affairs (MoHA). The approval took a few months due to the new regulation (Decree 80/2020) on NGO management.

The partnership agreement with Quang Tri Provincial Department of Education and Training (DOET) was signed almost immediately in Dec 2021 and followed by a kick-off meeting in Jan 2022.

However, the administrative procedures in Dak Lak province were quite complicated and required more time and paperwork. In late March 2022, RCI signed the partnership agreement with the Dak Lak DOET.

Overall, project activities have just onset officially in April 2022, after partnership agreements were signed and the 1st master training in Philippines was conducted

Additionally

- 2 training course on **Youth – lead Action research (YAR)** were provided to 26 YWD and then YWD did their own 2 research on SRHR
- 1 training course to equip communication skills for 9 project’s ambassadors and then they provided 1 raising awareness session for other YWD on sexual abuse prevention