



Terms of Reference for Endline analysis and report (including qualitative data collection)

Anakhot Khong Koi (My Future Phase 2) Project

1. Introduction

Plan Laos seeks a consultant (firm) to conduct design and analyse data collection for the endline assessment of My Body. My Future. Second phase (MBMF2) funded by the Ministry for Foreign Affairs (MFA) of Finland, the project starting in January 2022 and ending in December 2025, and project implementation in Paktha district Bokeo province and Houn, Pakbeng district in Oudoxay province.

2. About Plan International and Plan International Laos

Plan International strives to advance children's rights and equality for girls all over the world. As an independent development and humanitarian organisation, we work alongside children, young people, our supporters, and partners to tackle the root causes of the challenges facing girls and all vulnerable children. We support children's rights from birth until they reach adulthood and enable children to prepare for and respond to crises and adversity. We drive changes in practice and policy at local, national, and global levels using our reach, experience and knowledge. For over 80 years we have been building powerful partnerships for children, and we are active in over 75 countries.

Plan began operations in Lao PDR in 2006, and currently maintains a country office in Vientiane and program offices in Bokeo, Oudomxay, and Saravan Provinces. Our organization implements activities in early childhood education (ECE); basic education; water, sanitation and hygiene or WASH; maternal, newborn and child health and nutrition and child protection. We work in close collaboration with government counterparts from the local to the national level to support the country's development goals. In 2018 Plan Laos launched an Adolescent Development and Participation Programme, implementing projects to promote adolescent development with a focus on sexual and reproductive health and rights, girls' leadership and youth engagement. The programme currently covers Two districts in Oudomxay and Bokeo Provinces: Houn, Pakbeng and Paktha.

3. Project Background

3.1 Program description

Children, adolescents, and youth (CAY) are an overlooked and under-served population group, particularly in terms of Sexual and Reproductive Health and Rights (SRHR). Among them, girls represent one of the largest excluded groups in the world today and face significant barriers to realizing their rights just because they are young and female. This has dramatic consequences: pregnancy and childbirth continue to be one of the leading causes of death for adolescent girls aged 15-19 worldwide. Girls are too often denied the choices, opportunities and means to protect themselves against early or unintended pregnancy, violence, and sexually transmitted infections. As child mothers often drop out of school, they risk continuing the cycle of poverty for the next generation. Social norms and perceptions about girls' sexuality lie at the heart of harmful practices such as child, early and forced marriage (CEFM).

As Plan International, we seek to tackle the root causes of gender inequality at family, community, and state levels. We focus on shifting norms, attitudes, and behaviours; addressing how social and

economic resources are distributed; improving access to youth-friendly services; and influencing policy frameworks and budgets. This way, we strive to improve the daily condition of girls while also advancing their position and value in society.

To address these issues, Plan Finland is implementing the 4-years SRHR program My Body. My Future. Second phase (MBMF2) funded by the Ministry for Foreign Affairs (MFA) of Finland with a total budget of approximately 27 M€, starting in January 2022 and ending in December 2025.

Besides its domestic component aiming at strengthening the Global citizenship in Finland, the program comprises six SRHR-themed projects implemented by Plan International Country Offices in Ethiopia, Uganda, Mozambique, Zimbabwe, Laos, and Myanmar. They all contribute to the overarching objective of the program which is that children, adolescents, and youth in all their diversity have control over their bodies and futures in a healthy, safe, and supportive environment.

These projects are built on four components, similar in each country. Each component is focused on one target group: 1) CAY 2) health facilities' services providers, 3) community members and leaders, 4) Civil Society Organizations (CSOs) and decision makers. Following this logic, the program has 4 expected outcomes, which state that CAY in all their diversity:

- 1) have the support and the confidence to make informed, responsible, positive, and healthy choices about their SRHR and future
- 2) have improved access to quality, inclusive, gender-responsive and adolescent- and youth-friendly SRHR services
- 3) live in safe and supportive communities that transform gender roles and challenge harmful social and gender norms and stigma around SRHR
- 4) participate and benefit from a vibrant civil society that advocates for increased public investment and improved SRHR policy and promotes equality for and agency of girls.

The program builds on multiple partnerships. Beyond direct implementation by Plan International Country Offices and its Program Area offices, the projects involve altogether several partners with different roles.

3.2 Program M&E system

The program results framework is closely linked to the Theory of Change of the program. Aligned with the Results Based Management approach, it contains a series of impacts, outcomes and outputs indicators that express the results/changes we are expecting to happen at each level of intervention to contribute to the overall objective of the program.

To harmonize the measurement of the indicators and make possible the aggregation of the values , Plan International Laos used a set of tools including Knowledge, Attitudes and Practices (KAP) surveys conducted with the different target groups: children (10-14) and adolescents and youth (15-24), adult community members (including caregivers and leaders), teachers and SRH services providers. To ensure a homogenized calculation of the indicators and the reporting periods, the surveys' databases were processed through Power Bi, where the indicators values are calculated through predefined calculation formulas and can afterward be consulted through charts and graphics in the program free-access dashboards in Power Bi. The other tools in the M&E package a life skills survey for adolescents and youths from vocational trainings, a survey for leaders, a CSO capacity assessment and HF monitoring system being used from the WHO package.

All indicators weremeasured annually.

1.1 3.3 Project description:

In Laos, the *Anakhot Khong Koi (My Future)* 2 project, which is part of the global My Body My Future programme, was implemented in Pakhta district in Bokeo and in Houn and Pakbeng districts in Oudomxay, in coordination with Ministry of Education and Sports and in collaboration with other line ministries.

The main activities developed were: Comprehensive Sexuality Education (CSE) for secondary school students and out of school young men and women in selected villages. In addition, the project supported strengthening adolescent friendly health services (AFHS) at the health centres in the selected district, widening access to contraception for married and unmarried adolescent girls and boys. It also worked with parents and village leaders to create an enabling environment in the communities for adolescents to access CSE and AFHS.

The project was implemented in:

- 7 secondary schools, 6 health centres and 15 selected villages in Pakhta, Bokeo
- 15 secondary schools, 10 health centres and 15 selected villages in Houn, Oudomxay
- 10 secondary schools, 6 health centres and 15 selected villages in Pakbeng, Oudomxay

Plan International Laos worked in partnership with local civil society organizations focusing on gender, SRHR, Rights of LGBTIQ+ youth, organizations of persons with disabilities, youth groups and UNFPA among others to achieve project results.

Under each outcome presented above, the indicators measured in the Results Framework and to be analyzed as part of the Endline:

Table1: Project indicator

Endline indicators' table		
Result statement	Indicators to be measured by the consultant in the Endline	Means of verification
Impact: Children, adolescent and youth in all their diversity have control over their bodies and futures in a healthy, safe and supportive environment	1a Adolescent birth rate per 1,000 women in the age groups of 10-14 years and 15-19 years	Secondary data: National statistics
	1b % of women aged 20-24 years who were married or in a union before the age 15, and before the age of 18	Secondary data: National statistics
	1e % of sexually active young women aged 15-24 who are currently using a modern method of contraception	Primary data: Adolescents and youth KAP survey
Outcome 1: Children adolescents and youth have improved skills and knowledge on SRHR, healthy and positive sexuality, intimate relationships, and gender roles	1a. % of CAY who feel able to make informed decisions about their sexual and reproductive health	Primary data: Children KAP survey, Adolescents and Youth KAP survey
	1b. % of CAY with increased awareness and desire/ability to challenge gender stereotypes linked to SRHR	Primary data: Children KAP survey, Adolescents and Youth KAP survey
	1c % of young people who started a business, became employed or resumed education	Primary data: SOYEE monitoring data base
Output 1.1 Children, adolescent and youth in all their diversity have the support and the confidence to make informed, responsible, positive and healthy choices about their SRHR and future	1.1b Degree to which CAY can identify how their (SRH) rights are affected during and after a shock or a stress	Children FGD guidance, AY FGD guidance
	1.1c. % of CAY with correct knowledge about SRHR core topics	Primary data: Children KAP survey, Adolescents and Youth KAP survey
Output 1.2 Children adolescents and youth have improved skills and knowledge on SRHR, healthy and positive sexuality, intimate relationships and gender roles	1.2b. % of teachers with adequate knowledge and skills to provide inclusive and quality CSE	Primary data: Teacher's KAP survey
Output 1.3 Adolescents and young people most at risk have skills and increased links to pursue vocational education and economic opportunities	1.3b % of young people who report at the end of the training feeling confident about their life skills	Primary data: Life skills survey

Outcome 2 Children, adolescents and young people understand what climate change is and how it affects them	2a. % of adolescents and young people who consider services to be adolescent- and gender-responsive, at the time asked	Primary data; Adolescents and Youth KAP survey
	2b % of CAY who have used an SRH service in the past 12 months	Primary data; Adolescents and Youth KAP survey
Output 2.1 Service providers (including supporting staff) have enhanced capacities to provide adolescent-friendly, gender-responsive and disability inclusive SRH services	2.1b. % of trained healthcare service providers with adequate attitudes and skills on adolescent and gender responsive Inclusive SRH service provision	Primary data: Services providers' KAP survey
Output 2.2 Children, adolescents and young people have access to AYFS, enhanced referrals mechanisms and helplines	2.2a % of CAY including those with disabilities who know where and how to access SRHR services	Primary data: Children KAP survey, Adolescents and Youth KAP survey
Outcome 3 Children, adolescents and youth in all their diversity live in safe and supportive communities that transform gender roles and challenge harmful social and gender norms and stigma around SRHR	3a. % of CAY who feel that community leaders speak out and support their SRHR	Primary data: Children KAP survey, Adolescents and Youth KAP survey
	3b. % of community members who believe that adolescent girls and boys with disabilities should have equitable SRHR services	Primary data: Community members KAP survey
	3c % of adults who think most people in their community would react negatively if a girl is not married by age 18	Primary data: Community members KAP survey
	3d % of parents, caregivers and family members who have positive attitudes toward young people's sexual and reproductive health and rights	Primary data: Community members KAP survey
Output 3.1 Parents, community members and leaders know how to create an enabling environment, how to challenge stigma and harmful norms and support adolescents' access to SRHR services	3.1b % of community members and community leaders with knowledge about SRHR core topics	Primary data: Community members KAP survey
	3.1d Degree to which parents, caregivers and community members understand how SRHR can be impacted by climate change and can identify positive coping mechanisms to overcome shocks and stresses	FGD guidance for community member
Outcome 4 Children, adolescents, and youth in all their diversity participate and benefit from a vibrant civil society that advocates for increased public investment and improved SRHR policy and promotes equality for and agency of girls	4a. % of CSOs which provide relevant support and collaboration opportunities to young people's organizations	Primary data: CSO assessment tool
	4b. Levels of readiness among CSO staff on the importance of SRHR, and the rationale for investing in and supporting SRHR programs and policies for CAY	Primary data: CSO assessment tool
Output 4.1 Children, adolescents, and youth in all their diversity participate and benefit from a vibrant civil society that advocates for increased public investment and improved SRHR policy and promotes equality for and agency of girls	4.1a. # (and %) of CSOs with improved capacity to influence ASRHR and gender equality	Primary data: CSO assessment tool

4. Purpose of the Endline

The overall an objective of the endline assessment is to identify endline levels of the indicators (both quantitative and qualitative) identified in the Project results framework for the project to be able to measure against for determining Program/project outcomes and output indicators. The qualitative parts of the survey also seek to gather information about the current knowledge, attitudes and practices (KAP) for Sexual Reproductive Health and Right (SRHR), gender, disability to gain a better nuanced understanding of power dynamics and social norms within the project area, particularly with relation to those the project are seeking to contribute to shifting. Additionally, the assessment also seeking to explore a good interventions to contribution project result and accessing to Plan social media.

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2. Users of the Endline

Plan International Laos and Plan International Finland teams: The teams will use the Endline values and their analyses to clearly understand the achievements of the project after its implementation, through its different strategies. It is particularly of Plan International's interest to understand these dynamics considering the factors of sex, age and disability.

Ministry of Foreign Affairs of Finland (MFA): The Endline report is a donor requirement and must meet quality criteria in terms of quantitative and qualitative analysis to set the Endline values.

Ministry of Education and Sports: The Endline report will support MoES to understand the progress made in delivering quality CSE in classrooms and other indicators-related dynamics in the targeted populations in the coming years.

CSO partners: to give feedback to the project's partners and assess the strengths and weakness of their involvement in the project

Target schools and communities: show how they participated and to give feedback to improve Plan's approaches in the future

Programme evaluation team: The Endline report will be a key input to be delivered to the Programme evaluation team, who will conduct the evaluation at the programme level.

5. Design methodology

5.1 Scope of the Consultancy

For information, **tasks of the local consultant/s** are shown in the following list for information

- a. Briefing discussion and background reading (documents provided by Plan Laos).
- b. Review methodology design of endline survey
- c. Revise qualitative data collection tools^[4] and develop/revise as needed –
- d. Conduct qualitative data collection for all stakeholders
- e. Analysis or process qualitative data and documenting key findings and analysis points
- f. Write up full assessment report
- g. Debrief endline result
- h. Endline report (comparison baseline to endline data in narrative, PowerPoint presentation, and all data set)

As presented in the Endline indicators' table above, Plan International laos will use the following tools to collect the quantitative data measure the indicators:

- KAP survey with children aged 10-14
- KAP survey with adolescents and youth aged 15-24
- KAP survey with teachers
- KAP survey with health facilities' services providers
- KAP survey with community members (including caregivers and leaders)
- Leaders survey
- Lifeskills survey
- CSO assessment tool

These tools are almost all digitally set (except for the SRH services' clients survey).

Meanwhile, consultants will collect qualitative data with different target groups through FGDs, KIIs and other methods to be defined if necessary. Plan International Laos will provide guidance for the FGDs and KII, to be then reviewed and adjusted by consultant, in coordination with Plan International Laos. The objective is to understand better the results of the project and experiences by the different target groups. Throughout the qualitative data collection process consultants will ensure that all activities adhere to ethical standards and prioritize the needs and well-being of the respondents involved.

Consultants are then expected to produce the analysis of the endline report. triangulating the information from the qualitative data with the quantitative data (collected by Plan International Laos) to write the Endline analysis and report providing contextualized insights related to SRHR. In terms of analysis, it is expected that the consultant will provide, beyond the setting of the Endline values, a descriptive and inferential statistics analysis of the surveys' databases to better understand the dynamics of the targeted groups (aligned with the indicators and considering the disaggregation variables,) and will triangulate the quantitative data with the qualitative data also collected.

All the data in the analysis needs to be disaggregated at least by sex, age, and disability.

Note: it is expected that the consultant will develop a detailed methodology for qualitative data collection, data management and analysis in their proposal. This methodology should be in direct response to the project indicators. This methodology will be further unpacked in the Inception Report by the consultant once they are selected.

5.1 Sample

The sampling strategy aims to be statistically valid and cost-effective. Plan staff are responsible for developing and implementing a random sampling strategy, which will include a description of the following elements:

- Sample size per target group
- Necessary respondent disaggregation (sex, age, disability, location)
- Number and type of locations
- Sampling approach

Plan staff are expected to detail and justify the chosen sampling approach, such as Simple Random Sampling, Stratified Random Sampling, Cluster Sampling, or Multi-stage Random Sampling. This approach should be based on the project populations, with each target group outlined for quantitative sampling as shown in the table below:

Table2: Target population and sample size Target Group	Total Population	Total target sampling	Distribution of the sample	Details	Data collection by
Children	9729	370	Houn: 64 (32 males, 32 females) Pakbeng: 64 (32 males, 32 females) Paktha: 64 (32 males, 32 females)	Lower secondary school At least 2 schools per district	Plan staffs
Adolescents			Houn: 60 (30 males, 30 females) Pakbeng: 60 (30 males, 30 females) Paktha: 60 (30 males, 30 females)	Upper secondary school At least 2 schools per district	Plan staffs
Youths	968	276	Houn: 92 (46 males, 46 females) Pakbeng: 92 (46 males, 46 females) Paktha: 92 (46 males, 46 females)	Out of schools At least 8 villages per district	GDA
Community members	1754	316	Houn: 105 (52 males, 53 females) Pakbeng: 105 (52 males, 53 females) Paktha: 105 (52 males, 53 females)	Out of schools At least 8 villages per district	GDA
Community Leaders	90	75	Houn: 25 (12 males, 13 females) Pakbeng: 25 (12 males, 13 females) Paktha: 25 (12 males, 13 females)	Out of schools At least 12 villages per district	GDA
services providers	44	40	Houn: 14 Pakbeng: 13 Paktha: 13	Health center At 7 health center per district	PHFA
teachers	64	55	Houn: 19 Pakbeng: 18 Paktha: 18	In school At least 4 schools per district	Plan staffs
HF	44	40	Houn: 14 Pakbeng: 13 Paktha: 13	Health center At 7 health center per district	PHFA
Life skill survey	22	22	22	WWDA	Plan staffs

For the qualitative data, the consultant is expected to describe the respondent participants, per type of data collection method. The Endline should cover the following target groups:

- Children 10-14 years
- Adolescent 15-19 years
- Youth 20-24 years
- Parents/caregivers
- Community/village leaders
- Teachers
- Service providers/health workers

Target Group	Houn district	Pakbeng district	Paktha district	Data collection, data analysis by
Children	2 groups: 5 females and 5 males	2 groups: 5 females and 5 males	2 groups: 5 females and 5 males	Consultant (One lower secondary school per district)
Adolescents	2 groups: 5 females and 5 males	2 groups: 5 females and 5 males	2 groups: 5 females and 5 males	Consultant (One upper secondary school per district)
Youths	2 groups: 5 females and 5 males	2 groups: 5 females and 5 males	2 groups: 5 females and 5 males	Consultant (One village per district)
Community members	2 groups: 5 females and 5 males	2 groups: 5 females and 5 males	2 groups: 5 females and 5 males	Consultant (One village per district)
Services providers	1 group: 2 in one health center	1 group: 2 in one health center	1 group: 2 in one health center	Consultant (One Health center per district)
teachers	1 group: 5 teachers	1 group: 5 teachers	1 group: 5 teachers	Consultant (One school per district)
Total:	10 groups	10 groups	10 groups	

5.2 Participant Selection and Recruitment

As a minimum requirement, representatives from key specific stakeholders among the target groups must be given the opportunity to provide information on the current situation in the project location to the consultant(s).

The endline should cover all the project locations detailed in section 2.3. We expect to include married, unmarried, in and out of school adolescents as well as adolescents with disability and adolescent from different ethnic groups residing in the project locations. Similarly, we expect the endline to collect data from parents/caregivers of adolescents in all their diversities.

3. Ethics and Child Protection

Plan International is committed to ensuring that the rights of those participating in data collection or analysis are respected and protected, in accordance with Framework for Ethical MERL and our Global Policy on Safeguarding Children and Young People. All applicants should include details in their proposal on how they will ensure ethics and child protection in the data collection process. Specifically, the consultant(s) shall explain how appropriate, safe, non-discriminatory participation of all stakeholders will be ensured and how special attention will be paid to the needs of children and other vulnerable

groups. The consultant(s) shall also explain how confidentiality and anonymity of participants will be guaranteed.

All staff working with children throughout the Endline should, where possible, provide an expanded police certificate of good conduct and that no work will start without signature of Plan International's Child and Safeguarding Policy by the consultant(s).

A safeguarding risks assessment for the Endline will also be conducted internally by Plan International and the consultant shall read and sign it. Ethical approval will be determined through an Ethics Review process undertaken by Plan International. This process will comply with expectations and requirements outlined under Plan International Research standards.

6. Key Deliverables

Table3: of deliverables

Deliverable	Format	Length	Due	Detail
Inception report including 1. an updated timeline; 2. detailed methodology, including draft sampling methodology and size; 3. ethical considerations; 4. consent forms for any primary data collection; 5. (draft) methods for data analysis and management; 6 brief justification of the methods and techniques used (including relevant underlying values and assumptions/theories) with a justification of the selections made (e.g. of persons selected for FGDs)	Word	Max 15 p.	Draft version: 4 March 2025, Final version: 20 March 2025	In English At least one round of feedback and revision with Plan International to ensure high quality and adherence to these TOR and Plan's MERL policy and standards.
Draft Endline Report With the Endline values and descriptive statistics and qualitative analysis for each indicator of the Endline indicators' table. Including an Indicator Tracking Table with Endline data inserted.	Word	Max 80 p.	22 August 2025	In English
Final Endline Report and PPT with main conclusions (including Executive Summary)	Word, PDF	Max 80 p.	10 September 2025	In English

4. Table4: Timeline

Activity	Time	Days work of	Responsible
Design Phase			
Tendering	18-28 February 2025	10	Plan International Laos
Background checks and contracting	04-07 March 2025	4	Plan International Laos
Inception Call	10-11 March 2025	2	Plan International Laos

Submission of draft Inception Report	12-20 March 2025	8	Consultant
Feedbacks to the inception report	21-25 March 2025	5	Plan International Laos
Submission of final inception report	28 March 2025	3	Consultant
Validation of final version of the inception report	31 March 2025	1	Plan International Laos
Planning Phase			
Safeguarding orientation for consultant	2 April 2025	1	Plan International Laos
Develop or update quantitative data collection tools	25 March 2025	1	Plan International Laos
Master training quantitative data collection for Program manager and team leaders	27-28 March 2025	2	Plan International Laos
Enumerator training in each district	3-4 April 2025	2	Plan International Laos
Implementation Phase			
Quantitative Data collection	22 April to 2 May 2025	11	Plan International Laos
<i>(Noted data collection in school only April 2025 and out of school can be on July to August 2025)</i>	29 July to 8 August 2025	11	Plan International Laos
Qualitative data collection	xxx April 2025		Consultant
<i>(Noted data collection in school only April 2025 and out of school can be on July to August 2025)</i>	xxx July 2025		
Processing quantitative data	4-8 August 2025	5	Plan International Laos
Processing qualitative data /transcript data and analysis	4-8 August 2025	5	Consultant
Used Phase			
Draft the full report both quantitative and qualitative data (English)	8-22 August 2025	13	Consultant
Feedback on the draft report	25-29 August 2025	7	Plan International Laos and Plan Finland
Adjustment and submission of Final Report	4 September 2025	6	Consultant
Submission of PPT with main conclusions	10 September 2025	3	Consultant

Note: Quantitative data collection (including the CAY, teacher, health service provider, leader, and community KAP surveys) will be carried out by project staff. Data cleaning and generation will also be handled by the plan staff.

For qualitative data collection, focus group discussions with CAY, teachers, health service providers, and community members will be conducted by a consultant (with tools developed by FLNO). The transcription and analysis of the data will also be managed by the consultant.

Additionally, the consultant will draft the report, incorporating both qualitative and quantitative findings.

5. Budget

The Consultant shall propose a required budget to cover all the expenses of the Endline.

Outline the total budget for the Endline, or a budget range.

If it is not possible to share the actual budget due to procurement regulations, include as much detail as possible in the timeline and deliverables – where possible including the estimated number of days. At this point you should also outline additional details for:

- All costs relevant to government (VAT, Tax...),
- Accommodations and travel costs for consultant team
- Expenses/daily allowances
- Translation costs

The payment schedule will be as follows:

- **1st payment:** 20% of total payment will be paid after the submission of the final inception report, which will include a plan for surveying the sample population, training process, work plan, and finalized data collection protocols and procedures. The inception report will not be considered final until feedback from Plan International on the draft version is adequately reflected.
- **2nd payment:** 30% of total payment upon completion of all data collection and entry, and the submission of a sample of the finalized raw dataset and clean data in STATA/SPSS (or other agreed upon software), as well as corrective actions as necessary.
- **4th/final payment:** Upon the successful submission of the final Endline report, incorporating all feedback from Plan International, the remaining 50% of the total payment will be paid.

Unsatisfactory deliverables if not rectified or without strong and clear rationale at any time of the consultancy can lead to termination, as will be specified in the contract.

10. Risk and risk management

It is important that the Consultant take all reasonable measures to mitigate any potential risk to the delivery of the required outputs of this consultancy on time and meeting the expected quality. As such, bidders should submit a risk management plan that covers (at minimum):

- Key risks for the successful completion of the Endline study (including specific safeguarding risks and risks of not meeting the required sample sizes for each group) categorized into levels of risk
- Contingency plans to mitigate the identified risks.

10. Expected Qualifications

- Postgraduate degree in development studies, social and/ or political sciences, or equivalent professional experience
- Proven experience in carrying out development research, including Endline studies
- Proficiency in qualitative methods of data collection
- Proficiency in quantitative methods of data collection
- Proven experience with data analysis
- Proficiency in statistics
- Thematic expertise in SRHR
- Experiences on Plan's cross-cutting issues such as gender, inclusion as well as awareness on child protection and child rights issues
- Fluency in English and Lao
- Experience with working with local communities in relevant local languages

11. Contact

Please contact Sounisa.Ounalom@plan-international.org for further information on the ToR.

12. Applications

Applications for the consultancy must include the following components, to a total of no more than 15 pages (not including appendices, CVs, etc.):

1. A technical proposal

- Detailed response to the TOR
- Proposed methodology
- Risks management plan
- Ethics and child safeguarding approaches, including any identified risks and associated mitigation strategies
- Proposed timelines
- Expected daily fee

2. A **financial proposal** with a detailed budget, including daily fee rates, expenses, taxes etc.

3. Support documents about the consultant's experience

- CVs
- Example of previous work of a similar nature undertaken
 - if you are applying as a Consultant Team or Company, please include all CVs and describe the role of each person in the covering letter, and list an average daily rate for the consultancy.

The proposal will be scored on the three aspects: 50% technical, 30% financial and 20% experience. Only shortlisted applicants will be contacted.

Please submit your application via email to Laos.procurement@plan-international.org with cc: Maniphone.Phoutphong@plan-international.org no later than **11 March 2025. Include the text 'My Future Project II Endline' in the subject line.**

We strongly encourage equally qualified female candidates to apply!

All applications received after the time of the deadline will not be accepted without exception and only shortlisted applicants will be contacted. Shortlisted applicants may be requested to participate in an in-person or online interview process.

13. Disclosure and ownership of information

It is understood and agreed that the consultant shall, during and after the effective period of the contract, treat as confidential and not divulge, unless authorized in writing by Plan International Laos, any information obtained in the course of the performance of the Contract. Information will be made available for the consultants on a need-to-know basis. All required field visits will be facilitated by Plan International Laos staff.