

Request for Tender (RFT) for:

**The Design and Delivery of VicHealth's Impact Framework and
Evaluation of VicHealth's Major Programs**

Reference number: 2021-PRG 00749

Issue Date: 29th October 2021

Place for lodgement: Tenders Vic

Tenderers are advised to register at the tenders page of Buying for Victoria Tenders Website www.tenders.vic.gov.au in order to receive any further information (including amendments, addenda and any further conditions) that may be applied to this RFT.

The Tenderer's response (RFT PART D) must be completed in the format specified and completed electronically in VicHealth's Stakeholder Portal - <https://vichealth.force.com/s/login/>

INTRODUCTION

The Opportunity

The Victorian Health Promotion Foundation (VicHealth) is a pioneer in health promotion – the process of enabling people to increase control over and improve their health. Our primary focus is promoting good health and preventing chronic disease.

We create and fund world-class interventions. We conduct vital research to advance Victoria’s population health. We produce and support public campaigns to promote a healthier Victoria. We provide transformational expertise and insights to government.

Above all, we seek to make health gains among Victorians by pre-empting and targeting improvements in health across our population, fostered within the day-to-day spaces where people spend their time, and with benefits to be enjoyed by all.

There are approximately 70 staff at VicHealth working on research projects, health promotion programs and campaigns in collaboration with government departments, universities, schools, local councils and the health promotion sector. VicHealth focuses on five key areas: increasing physical activity, reducing alcohol and tobacco use, improving mental wellbeing and encouraging healthy eating.

VicHealth is seeking responses to this Request for Tender (RFT) 2021-PRG 00749 for the provision of the **design and delivery of VicHealth’s Impact Framework and evaluation of VicHealth’s major programs**.

VicHealth is seeking to appoint a Victorian academic provider to provide the Services. In performing the Services, the successful Tenderer will lead a consortium of approved academic providers to deliver the **design and delivery of VicHealth’s Impact Framework and evaluation of VicHealth’s major programs**.

The initial term of the new contract arrangement is for 3 years with the potential to extend the term for an additional 2 years. It is intended that the new contract arrangement will commence on or around late February 2022.

Structure of RFT

This RFT comprises the following sections–

- **Introduction** – contains an overview of the opportunity presented in, and the objectives of, this RFT.
- **RFT Part A – Conditions of Tendering** sets out the rules applying to the RFT documents and to the Tendering Process. These rules are deemed to be accepted by all Tenderers and by all persons having received or obtained the RFT.
- **RFT Part B – Specification** describes the Services in respect of which VicHealth invites Tenders from interested academic consortia.
- **RFT Part C – Proposed Contract** contains the terms and conditions in compliance with which VicHealth desires the Services set out in RFT Part B to be provided.

- **RFT Part D – Tenderer’s Response** specifies the information to be provided in a Tender and may also specify any information to be provided by a Tenderer by other means. RFT Part D may include templates to be completed and included in a Tender.
- **Appendix A – Program Logics** are provided for two major children and young people’s programs as supplementary information to Part B Section 1 Background.
- **Appendix B – Supplier Code of Conduct Commitment** VicHealth is committed to ethical, sustainable, and socially responsible procurement and we expect the same high standards of our Suppliers. Please complete Appendix B (mandatory)
- **Appendix C – Pricing Spreadsheet** Pricing is to be itemised according to Tender deliverables listed in RFT Part B Section 3 Project Deliverables. Please complete Appendix C (mandatory)

RFT Objectives

VicHealth invites you to respond to this RFT for the design and delivery of VicHealth’s Impact Framework and evaluation of VicHealth’s Major Programs. The objectives of this RFT are to strengthen VicHealth’s approach to program design, implementation, monitoring, evaluation and reporting, and to evaluate VicHealth’s major programs. Specifically, this will include:

1. Design and delivery of an Impact Framework that will guide the design, implementation, monitoring, evaluation and reporting of health promotion programs and their projects,
2. Design and delivery of a comprehensive evaluation of VicHealth’s children and young people (CYP) programs,
3. Extending the application of the Impact Framework and CYP Evaluation methods to other VicHealth major programs and the next VicHealth strategic plan commencing in 2023

VicHealth’s specific requirements in relation to the Services are set out in RFT Part B of this RFT (Specification).

In issuing this RFT, VicHealth seeks to engage a Victorian academic provider to provide the Services. In performing the Services, the successful Tenderer will lead a consortium of approved academic providers who are:

- (a) able to provide the Services required by VicHealth in the manner set out in the Specification;
- (b) able to demonstrate a commitment and ability to working in collaboration with VicHealth over the term of any agreed contractual period to continuously seek improvements in value, efficiency and productivity in connection with the provision of the Services; and
- (c) prepared to work with VicHealth to continue to identify opportunities for improvement in the quality and level of service provided to VicHealth, for the mutual benefit of both VicHealth and the Tenderer.

All Victorian departments are committed to improving environmental outcomes through the consideration of environmental factors when determining overall value for money in the

procurement of services. Consideration of environmental factors is reflected in the requirements of this RFT.

RFT PART A – CONDITIONS OF TENDERING

Reference Schedule

The information contained in this Reference Schedule must be read in conjunction with the remainder of this RFT Part A.

Capitalised terms used in this RFT have defined meanings which are explained in clause 17.1 (Interpretation) of this RFT Part A. Capitalised terms defined elsewhere in this RFT but not referred to in clause 17.1 have the same meaning wherever used throughout this RFT.

Note to Tenderers:

Tenderers are advised to register their organisation at: www.tenders.vic.gov.au in order to receive any further information (i.e. including amendments, addendum, and further conditions that may apply to this RFT).

The Tenderer's Response (RFT Part D) must be prepared in accordance with clause 6 (Tender Documents) and submitted in accordance with clause 5 (Submission of Tenders) of this RFT Part A.

1. Details schedule

1.1 Tender Reference Number

2021-PRG 00749

1.2 Project Manager and Contracts & Procurement Coordinator

VicHealth Contact/ Project Manager	
Name and title	Annemarie Wright Principal Research Advisor
Email Address	tenders@vichealth.vic.gov.au
Contracts & Procurement Coordinator	
Name and title	Karen D'Souza Contracts, Procurement & Risk Advisor
Email Address	tenders@vichealth.vic.gov.au

1.3 Indicative timetable*

Activity	Date
RFT issued	29 th October 2021
Tender Briefing	10 th November 2021

End of period for questions or requests for information (see clause 4.2 (Requests for clarification or further information))	30 th November 2021
Closing Time (See clause 5.2 (Late tenders))	2.00 pm Australian Eastern Standard Time, Monday 13 th December 2021
Intended completion of shortlisting process	21 st January 2022
Intended interviews with shortlisted Tenderers	28 th January 2022
Intended completion of assessment of Tenders	4 th February 2022
Negotiations with Tenderer(s) (if applicable)	8 th February 2022
Intended formal notification of successful Tenderer(s)	10 th February 2022
Intended execution of Proposed Contract(s)	Late February 2022
Intended commencement date	Early March 2022

** Note to Tenderers: This timetable is provided to give Tenderers an indication of the timing of the Tendering Process. The timetable is indicative only and may be changed by VicHealth in accordance with the Conditions of Tendering set out in RFT Part A of this RFT.*

A debrief for unsuccessful Tenderers will be provided after the conclusion of the Tender process if requested.

1.4 Additional materials

Item	Description
Appendix A	Program Logics
Appendix B	Supplier Code of Conduct Commitment
Appendix C	Pricing Spreadsheet

1.5 Lodgement of Tenders

Website address	VicHealth's Stakeholder Portal - https://vichealth.force.com/s/login/
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2. Rules governing this Request for Tender and the Tendering Process

2.1 Application of these Rules

- 2.1.1 Participation in the Tendering Process is subject to compliance with the rules contained in this RFT Part A.
- 2.1.2 All persons (whether or not they submit a Tender) having obtained or received this RFT may only use it, and the information contained in it, in compliance with the rules contained in this RFT Part A.
- 2.1.3 All Tenderers are deemed to accept the rules contained in this RFT Part A.
- 2.1.4 The rules contained in this RFT Part A apply to:
 - (a) the RFT and any other information given, received or made available in connection with the RFT, including any additional materials specified in item 1.6 (Additional Materials) of RFT Part A and any revisions or addenda;
 - (b) the Tendering Process; and
 - (c) any communications (including any Tender Briefings, presentations, meetings or negotiations) relating to the RFT or the Tendering Process.

3. Request for Tender

3.1 Status of Request for Tender

- 3.1.1 This RFT is an invitation for persons to submit a proposal for the provision of the Services set out in the Specification contained in Part B of this RFT. Accordingly, this RFT must not be construed, interpreted, or relied upon, whether expressly or impliedly, as an offer capable of acceptance by any person, or as creating any form of contractual, promissory or restitutionary rights.
- 3.1.2 No binding contract (including a process contract) or other understanding (including any form of contractual, promissory, restitutionary or other rights) for the supply of the Services will exist between VicHealth and any Tenderer unless and until VicHealth has signed a formal written contract as contemplated in clause 10.1 (No Legally Binding Contract) of this RFT Part A.

3.2 Accuracy of Request for Tender

- 3.2.1 While all due care has been taken in connection with the preparation of this RFT, VicHealth makes no representations or warranties that the content in this RFT or any information communicated to or provided to Tenderers during the Tendering Process is, or will be, accurate, current or complete. VicHealth and its officers, employees and advisors will not be liable with respect to any information communicated or provided which is not accurate, current or complete.
- 3.2.2 If a Tenderer finds or reasonably believes it has found any discrepancy, ambiguity, error or inconsistency in the RFT or any other information provided by VicHealth (other than minor clerical matters), the Tenderer must promptly notify VicHealth in writing of such discrepancy, ambiguity, error or inconsistency to give VicHealth an opportunity to consider what corrective action is necessary (if any).
- 3.2.3 Any actual discrepancy, ambiguity, error or inconsistency in the RFT or any other information provided by VicHealth will, if possible, be corrected by VicHealth and

provided (or the proper information made available) to all Tenderers without attribution to the Tenderer that provided the notice.

3.3 Additions and amendments to Request for Tender

- 3.3.1 VicHealth reserves the right to change any information in, or to issue addenda to, this RFT before the Closing Time. VicHealth and its officers, employees and advisors will not be liable in connection with either the exercise of, or failure to exercise, this right.
- 3.3.2 If VicHealth exercises its right to change information under clause 3.3.1, it may seek amended Tenders from all Tenderers.
- 3.3.3 VicHealth reserves the right to accept whole or part of your Proposal.
- 3.3.4 VicHealth is not obligated to appoint a successful Respondent into a contract, including where it is unable to identify a Proposal that complies with all of VicHealth's requirements, or to do so would, be otherwise, not in the public interest. Irrespective of whether VicHealth decides to enter into a contract, VicHealth is free to proceed via any alternative process.

3.4 Representations

- 3.4.1 No representation made by or on behalf of VicHealth in relation to this RFT (or its subject matter) will be binding on VicHealth unless that representation is expressly incorporated into the contract(s) ultimately entered into between VicHealth and a Tenderer.

3.5 Confidentiality

- 3.5.1 VicHealth may require persons and organisations wishing to access or obtain a copy of this RFT or certain parts of it, or any additional materials (as referred to below in clause 3.7 (Availability of Additional Materials) of this RFT Part A) to execute a deed of confidentiality (in a form required by, or satisfactory to, VicHealth) before or after access is granted.
- 3.5.2 Whether or not execution of a deed of confidentiality under clause 3.5.1 is required by VicHealth, all persons (including Tenderers) obtaining or receiving this RFT and any other information in connection with the RFT or the Tendering Process must:
- (a) keep the contents of the RFT and such other information confidential; and
 - (b) not disclose or use that information except as required for the purpose of developing a Tender in response to this RFT.

3.6 Licence to use Intellectual Property Rights

- 3.6.1 Persons obtaining or receiving this RFT and any other documents issued in relation to the Tendering Process may use the RFT and such documents only for the purpose of preparing a Tender.
- 3.6.2 Such Intellectual Property Rights as may exist in the RFT and any other documents provided to Tenderers by or on behalf of VicHealth in connection with the Tendering Process are owned by (and will remain the property of) VicHealth except to the extent expressly provided otherwise.

3.7 Availability of additional materials

- 3.7.1 Additional materials (if any) may be accessed in the manner set out in item 1.6 of the Details. Tenderers should familiarise themselves with these additional materials.

4. Communications during the Tendering Process

4.1 Project manager

4.1.1 All communications relating to the RFT and the Tendering Process must be directed to the Project Manager.

4.2 Requests for clarification or further information

4.2.1 Any questions or requests for further information or clarification of the RFT (or any other document issued in connection with the Tendering Process) must be submitted to the Project Manager in writing, preferably by VicTenders web forum or via email.

4.2.2 Any communication by a Tenderer to VicHealth will be effective upon receipt by the Project Manager (provided such communication is in the required format).

4.2.3 VicHealth may restrict the period during which it will accept questions or requests for further information or for clarification and reserves the right not to respond to any question or request, irrespective of when such question or request is received.

4.2.4 Except where VicHealth is of the opinion that issues raised apply only to an individual Tenderer, questions submitted and answers provided will be made available on the Tenders Website to all Tenderers without identifying the person or organisation having submitted the question. In all other cases, VicHealth may deliver any written notification or response to a Tenderer by leaving or delivering it to the address of the Tenderer (as notified to the Project Manager).

4.2.5 A Tenderer may, by notifying the Project Manager in writing, withdraw a question submitted in accordance with this clause 4.2 (Requests for Clarification or Further Information) in circumstances where the Tenderer does not wish VicHealth to publish its response to the question on the Tenders Website.

4.3 Unauthorised communications

4.3.1 Communications (including promotional or advertising activities) with staff of VicHealth or consultants assisting VicHealth with the Tendering Process are not permitted during the Tendering Process except as provided in clause 4.2 (Requests for Clarification or Further Information) above, or otherwise with the prior written consent of the Project Manager. Nothing in this clause 4.3 (Unauthorised Communications) is intended to prevent communications with staff of, or consultants to, VicHealth to the extent that such communications do not relate to this RFT or the Tendering Process.

4.3.2 Tenderers must not otherwise engage in any activities that may be perceived as, or that may have the effect of, influencing the outcomes of the Tendering Process in any way.

4.3.3 Unauthorised communications with such persons may, in the absolute discretion of VicHealth, lead to disqualification of a Tenderer.

4.4 Improper assistance

4.4.1 Tenderers must not seek or obtain the assistance of employees, agents or contractors of VicHealth or the State in the preparation of their Tenders. In addition to any other remedies available to it under law or contract, VicHealth may, in its absolute discretion, immediately disqualify a Tenderer that it believes has sought or obtained such assistance.

4.5 Anti-competitive conduct

4.5.1 Tenderers and their respective officers, employees, agents and advisers must not engage in any collusion, anti-competitive conduct or any other similar conduct with any other Tenderer or any other person in relation to:

- (a) the preparation or lodgement of their Tender;
- (b) the assessment and clarification of their Tender; and
- (c) the conduct of negotiations with VicHealth,

in respect of this Tendering Process.

4.5.2 For the purposes of clause 4.5.1, collusion, anti-competitive conduct or any other similar conduct may include disclosure, exchange and clarification of information whether or not such information is confidential to VicHealth or any other Tenderer or any person or organisation.

4.5.3 In addition to any other remedies available to it under law or contract, VicHealth may, in its absolute discretion, immediately disqualify a Tenderer that it believes has engaged in any collusive, anti-competitive conduct or any other similar conduct in respect of this Tendering Process.

4.6 Complaints about Tendering Process

4.6.1 Any complaint about the RFT or the Tendering Process must be submitted to the Project Manager or VicHealth Contracts & Procurement Coordinator in writing immediately upon the cause of the complaint arising or becoming known to the Tenderer. The written complaint must set out:

- (a) the basis for the complaint (specifying the issues involved);
- (b) how the subject of the complaint (and the specific issues) affect the person or organisation making the complaint;
- (c) any relevant background information; and
- (d) the outcome desired by the person or organisation making the complaint.

4.6.2 If the matter relates to the conduct of a department official, the complaint should also be brought to the attention of the Contracts & Procurement Coordinator.

4.7 Harmful Industry Relationships

When you respond to a Request for Tender, you are required to declare relationships with harmful industries.

In ensuring that suppliers of services maintain alignment to these objectives and statutory obligations VicHealth has established a Harmful Industry Relationship Funding and Procurement Policy. Information about VicHealth's Harmful Industry Relationship Funding and Procurement Policy is available [here](#).

Respondents are required to provide details of any past, present or planned relationships between your organisation and a harmful industry for VicHealth to assess as part of this procurement process.

If your organisation has had a relationship with the tobacco industry within the past five years - you are ineligible to submit a response to this Request for Tender.

If your organisation has had a relationship with the gambling, alcohol, food or sugary drink industry within the past 12 months, you must declare this in your application form.

Note to Tenderers: Only Tenderers capable of providing all of the *Services and complying in full with the conditions set out in this RFT should submit a Tenderer's Response.*

4.8 Individual Conflict of Interest

- 4.7.1 A Tenderer must not, and must ensure that its officers, employees, agents and advisers do not place themselves in a position that may or does give rise to actual, potential or perceived conflict of interest between the interests of the State and the Tenderer's interests during the Tendering Process. Note: This does not pertain to relationships with harmful industries which are covered within the application form.
- 4.7.2 The Tenderer's Response in RFT Part D requires Tenderers to provide details of any interests, relationships or clients which may or do give rise to a conflict of interest in relation to the supply of Services under any contract that may result from this RFT.
- 4.7.3 If the Tenderer submits its Tender and a conflict of interest arises, or is likely to arise, which was not disclosed in the Tender, the Tenderer must notify VicHealth immediately in writing of that conflict.
- 4.7.4 VicHealth may disqualify a Tenderer from the Tendering Process if the Tenderer fails to notify VicHealth of the conflict as required.

5. Submission of Tenders

5.1 Lodgement

- 5.1.1 Tenders must be lodged only by the means set out in item 1.5 of the Lodgement Details of RFT Part A.
- 5.1.2 Where the Reference Schedule requires or permits Tenders to be lodged via the Internet through the website nominated in clause 1.5 of RFT Part A, Tenderers are deemed to accept the online user agreement applying to that website and must comply with the requirements set out on that website.

5.2 Late tenders

- 5.2.1 Tenders must be lodged by the Closing Time. The Closing Time may be extended by VicHealth in its absolute discretion by providing written notice to Tenderers.
- 5.2.2 Tenders lodged after the Closing Time or lodged at a location or in a manner that is contrary to that specified in this RFT will be disqualified from the Tendering Process and will be ineligible for consideration. However, a late Tender may be accepted where the Tenderer can clearly demonstrate (to the satisfaction of VicHealth) that late lodgement of the Tender was caused by a system interruption in case of the eTender system or that access was denied or hindered in relation to the physical tender box or that a major/critical incident hindered the delivery of their tender documents and, in either case, that the integrity of the Tendering Process will not be compromised by accepting a Tender after the Closing Time.
- 5.2.3 The determination of VicHealth as to the actual time that a Tender is lodged is final. Subject to clause 5.2.2, all Tenders lodged after the Closing Time will be recorded by VicHealth and will only be opened for the purposes of identifying a business name

and address of the Tenderer. VicHealth will inform a Tenderer whose Tender was lodged after the Closing Time of its ineligibility for consideration. The general operating practice is for the late tender to be returned within 5 working days of receipt / within 5 working days after determination not to accept a late tender.

6. Tender Documents

6.1 Tenderers' Responsibilities

6.1.1 Tenderers are responsible for:

- (a) examining this RFT and any documents referenced or attached to this RFT and any other information made available by VicHealth to Tenderers in connection with this RFT;
- (b) fully informing themselves in relation to all matters arising from this RFT, including all matters regarding VicHealth's requirements for the provision of the Services;
- (c) ensuring that their Tenders are accurate and complete;
- (d) making their own enquiries and assessing all risks regarding the RFT, and fully incorporating the impact of any known and unknown risks into their Tender; and
- (e) ensuring that they comply with all applicable laws in regards to the Tendering Process (including Part 2 of the *Fair Trading Act 1999*).

6.2 Preparation of Tenders

6.2.1 Tenderers must ensure that:

- (a) their Tender is presented in the required format as set out in RFT Part D; and
- (b) all the information fields in RFT Part D are completed and contain the information requested.

Note to Tenderers: VicHealth may in its absolute discretion reject a Tender that does not include the information requested or is not in the format required.

6.2.2 If VicHealth elects to shortlist any Tenderers, those shortlisted Tenderers may be required to provide the information requested in Parts E and F of this RFT. Tenderers may wish to prepare Parts E and F in order to ensure that they can respond to a request by VicHealth within the applicable timeframes, but should not submit those Parts unless and until required to do so by VicHealth.

6.2.3 Unnecessarily elaborate responses or other presentations beyond what is sufficient to present a complete and effective proposal are not desired or required. Elaborate artwork and expensive visual and other presentation aids are not necessary.

6.3 Illegible content, alteration and erasures

6.3.1 Incomplete Tenders may be disqualified or assessed solely on the information contained in the Tender.

6.3.2 VicHealth may disregard any content in a Tender that is illegible and will be under no obligation whatsoever to seek clarification from the Tenderer.

6.3.3 VicHealth may permit a Tenderer to correct an unintentional error in their Tender where that error becomes known or apparent after the Closing Time, but in no event

will any correction be permitted if VicHealth reasonably considers that the correction would materially alter the substance of the Tenderer's Response.

6.4 Obligation to notify errors

6.4.1 If, after a Tenderer's Response has been submitted, the Tenderer becomes aware of an error in the Tenderer's Response (including an error in pricing, but excluding clerical errors which would have no bearing on the assessment of the Tender), the Tenderer must promptly notify VicHealth of such error.

6.5 Responsibility for Tendering Costs

6.5.1 The Tenderer's participation or involvement in any stage of the Tendering Process is at the Tenderer's sole risk, cost and expense. VicHealth will not be responsible for, nor pay for, any expense or loss that may be incurred by Tenderers in relation to the preparation or lodgement of their Tenders.

6.5.2 In addition to clauses 3.1.1 and 3.1.2, VicHealth is not liable to the Tenderer for any costs on the basis of any contractual, promissory or restitutionary grounds whatsoever as a consequence of any matter relating to the Tenderer's participation in the Tendering Process, including without limitation, instances where:

- (a) the Tenderer is not engaged to perform under any contract; or
- (b) VicHealth exercises any right under this RFT or at law.

6.6 Disclosure of Tender contents and Tender information

6.6.1 Tenders will be treated as confidential by VicHealth. The State will not disclose Tender contents and Tender information, except:

- (a) as required by law (including, for the avoidance of doubt, as required under the *Freedom of Information Act 1982* (Vic) (FOI Act));
- (b) for the purpose of investigations by the Australian Competition and Consumer Commission or other government authorities having relevant jurisdiction;
- (c) to external consultants and advisers of VicHealth engaged to assist with the Tendering Process; or
- (d) general information from Tenderers required to be disclosed by government policy.

6.7 Use of Tenders

6.7.1 Upon submission in accordance with the requirements of clause 5 (Submission of Tenders) of RFT Part A and clause 1.7 of the Establishment Details of RFT Part A, all Tenders become the property of VicHealth. Tenderers will retain all ownership rights in any intellectual property contained in the Tender. The submission of a Tender does not transfer to VicHealth any ownership interest in the Tenderer's intellectual property rights, or give VicHealth any rights in relation to the Tender, except as expressly set out below.

6.7.2 Each Tenderer, by submission of their Tender, is deemed to have licensed VicHealth to reproduce the whole, or any portion, of their Tender for the purposes of enabling VicHealth to assess the Tender.

6.7.3 Further, in submitting a Tender, the Tenderer accepts that VicHealth may, in accordance with the requirements of applicable Victorian Government policy, publish (on the internet or otherwise):

- (a) the name of the successful or recommended Tenderer(s);
- (b) the value of the successful Tender; and
- (c) the Tenderer's name together with the provisions of the contract generally.

6.8 Period of validity

6.8.1 All Tenders must remain valid and open for acceptance for a minimum of 120 days from the Closing Time. This period may be extended by mutual agreement between VicHealth and the Tenderer.

6.9 Status of Tender

6.9.1 Each Tender constitutes an irrevocable offer by the Tenderer to VicHealth to provide the Services required under, and otherwise to satisfy the requirements of, the Specification (RFT Part B of this RFT) on the terms and conditions of the Proposed Contract (subject to the Statement of Compliance contained in RFT Part D of this RFT).

6.9.2 A Tender must not be conditional on:

- (i) board approval of the Tenderer or any related body corporate of the Tenderer being obtained;
- (ii) the Tenderer conducting due diligence or any other form of enquiry or investigation;
- (iii) the Tenderer (or any other party) obtaining any regulatory approval or consent;
- (iv) the Tenderer obtaining the consent or approval of any third party; or
- (v) the Tenderer stating that it wishes to discuss or negotiate any commercial terms of the contract.

6.9.3 VicHealth may, in its absolute discretion, disregard any Tender that is, or is stated to be, subject to any one or more of the conditions detailed above (or any other conditions).

6.9.4 VicHealth reserves the right to accept a Tender in part or in whole or to negotiate with a Tenderer in accordance with clause 8.3 (Unreasonable disadvantage) of RFT Part A.

7. Compliance with Specification and Proposed Contract

7.1 Compliance with Specification

7.1.1 Under RFT Part D of this RFT, a Tenderer must submit a tabulated statement showing, in order of the relevant clauses, its level of compliance with the Specification contained in RFT Part B of this RFT.

7.1.2 In particular, Tenderers must state if they will not comply with the Specification, or will only comply with the Specification subject to conditions. Full details of the non-compliance (including the nature and extent of the non-compliance and any reasons for such non-compliance) must be stated in the space provided in the tabulated statement contained in section 3 (Compliance with the Specification) of RFT Part D. No response is required in respect of a particular section of the Specification where Tenderers will comply with the Specification. Only sections that Tenderers will not comply with, or will only comply with subject to conditions, should be noted in the tabulated statement.

- 7.1.3 VicHealth is prepared to contemplate minor variations or departures from the Specifications proposed by Tenderers. However, Tenderers should note that significant or substantive variations or departures from the Specifications will not be viewed favourably unless the Tenderer is able to demonstrate to the satisfaction of VicHealth the necessity for such variations or departures.

Note to Tenderers: VicHealth will assume that a Tenderer's Response complies in all relevant respects with the Specification unless the Tenderer states otherwise. Failure to notify VicHealth of any non-compliance may result in a Tenderer's Response being disregarded.

- 7.1.4 For the purposes of this clause 7.1:

- (a) **Complies** means that in all respects the Tenderer's Response meets or otherwise satisfies all specified outputs, characteristics or standards.
- (b) **Will comply subject to conditions** means that the specified outputs, characteristic or performance standard can only be met by the Tenderer subject to certain conditions.
- (c) **Will not comply** means that the specified outputs, characteristic or performance standard is not met by the Tenderer's Response.

7.2 Compliance with the proposed contract

- 7.2.1 Under RFT Part D of this RFT, a Tenderer must also submit a tabulated statement, with numbering corresponding to the relevant clauses, detailing its level of compliance with the Proposed Contract contained in RFT Part C of this RFT.

- 7.2.2 In particular, Tenderers must state if they will not comply with the Proposed Contract, or will only comply with the Proposed Contract subject to conditions. Full details of the non-compliance (including the nature and extent of the non-compliance and any reasons for such non-compliance) must be stated in the space provided in the tabulated statement contained in section 10 (Risk and insurance) of RFT Part D, together with any proposed amendments that would render the contractual provision acceptable to the Tenderer. No response is required in respect of a particular clause of the Proposed Contract where Tenderers will comply with the Proposed Contract. Only clauses that Tenderers will not comply with, or will only comply with subject to conditions should be noted in the tabulated statement.

- 7.2.3 VicHealth is prepared to contemplate minor variations or departures from the Proposed Contract proposed by Tenderers. However, Tenderers should note that significant or substantive variations or departures will not be viewed favourably unless the Tenderer is able to demonstrate the necessity for such variations or departures.

Note to Tenderers: VicHealth will assume that a Tenderer is able to and will in fact comply in all relevant respects with the Proposed Contract unless the Tenderer expressly states otherwise. Failure to notify VicHealth of any non-compliance may result in a Tenderer's Response being disregarded.

- 7.2.4 For the purposes of this clause 7.2:

- (a) **Complies** means that the Tenderer accepts the contractual provision in every respect (including the wording of the provision).
- (b) **Will comply subject to conditions** means that the Tenderer will comply with the relevant contractual provision subject to certain specified conditions.

- (c) **Will not comply** means that the Tenderer does not accept the contractual provision.

7.3 General

7.3.1 Indefinite responses such as “noted”, “to be discussed” or “to be negotiated” are not acceptable.

7.3.2 Where the Tenderer is unwilling to accept a specified condition, the non-acceptance must be clearly and expressly stated. Prominence must be given to the statement detailing the non-acceptance. It is not sufficient that the statement appear only as part of an attachment to the Tender, or be included in a general statement of the Tenderer’s usual operating conditions.

7.3.3 An incomplete Tender may be disqualified or assessed solely on the information received with the Tender.

7.4 Alternative Tender

7.4.1 A Tenderer may submit an alternative proposal. An alternative proposal will only be accepted if:

- (a) the Tenderer also provides a conforming Tenderer’s Response; and
- (b) the alternative proposal is clearly identified as an “Alternative Tender”.

7.4.2 An Alternative Tender may:

- (a) not comply with the Specifications for the relevant Services due to inherent design or capability in the operation of the Services; or
- (b) provide the Services in a manner different to that specified in RFT Part B of the RFT.

7.4.3 Tenderers are encouraged to offer options or solutions which may, in an innovative way, contribute to VicHealth’s ability to carry out its business in a more cost-effective manner. These may be related to:

- (a) the outputs, functional, performance and technical aspects of the requirement; or
- (b) minimisation of environmental impact;
- (c) opportunities for more advantageous commercial arrangements.

7.4.4 Any such options or solutions will be considered by VicHealth on a “commercial in confidence” basis if so requested by the Tenderer.

7.4.5 Where a Tenderer submits an offer which meets the requirements of the RFT in an alternative and practical manner, the Tender must also include any supplementary material (including such pricing and costing details as may be necessary to enable VicHealth to fully assess the financial impact of the alternative proposal), which demonstrates in detail that such an alternative will fully achieve and/or exceed all the specified requirements, together with references as to why the additional features may be advantageous.

7.4.6 VicHealth reserves the right to consider such offers on their merits or not to consider them at all.

8. Contract Disclosure Requirements

8.1 Freedom of Information

- 8.1.1 The Government has a strong presumption in favour of disclosing contracts and, in determining whether any clauses should be confidential, specific freedom of information principles (including a public interest test) will apply. However, if by agreement certain clauses are excised from public contracts, the Government cannot pre-empt the workings of the FOI Act or constrain the Auditor General's powers to secure and publish documents as he or she sees fit.
- 8.1.2 The Conditions of Tendering include a provision for the disclosure of contract information (refer clause 6.7 (Use of Tender) in RFT Part A dealing with "Use of Tenders").
- 8.1.3 The provisions of the Proposed Contract in regard to confidentiality and disclosure should also be noted.
- 8.1.4 This provision is consistent with the Government's presumption of the full disclosure of contracts. Any non-disclosure of contract provisions must be justified by the successful Tenderer by applying the principles for exemption under the provisions of the FOI Act. Section 34(1) of the FOI Act provides that information acquired by an agency or a Minister from a business, commercial or financial undertaking is exempt under the FOI Act if the information relates to trade secrets or other matters of a business, commercial or financial nature and the disclosure would be likely to expose the undertaking unreasonably to disadvantage.
- 8.1.5 If a Tenderer wishes to withhold the disclosure of specific contract information, the Tenderer must clearly outline how the release of this information will expose trade secrets or expose the business unreasonably to disadvantage.

8.2 Environmental claims

VicHealth wishes to be informed of any claims made by Tenderers about the benefit, including environment benefits, of the Services that are offered by them.

8.3 Trade secrets

- 8.3.1 In considering whether specific information should be categorised as a trade secret, Tenderers should assess:
- (a) the extent to which it is known outside of the Tenderer's business;
 - (b) the extent to which it is known by the persons engaged in the Tenderer's business;
 - (c) any measures taken to guard its secrecy;
 - (d) its value to the Tenderer's business and to any competitors;
 - (e) the amount of money and effort invested in developing the information; and
 - (f) the ease or difficulty with which others may acquire or develop this information.

8.4 Unreasonable disadvantage

8.4.1 In determining whether disclosure of specific information will expose a Tenderer's business unreasonably to disadvantage, you should consider section 34(2) of the FOI Act. Broadly, you should consider:

- (a) whether the information is generally available to competitors; and
- (b) whether it could be disclosed without causing substantial harm to the competitive position of the business.

8.4.2 VicHealth will consider these applications in the Tender assessment and negotiations with Tenderers.

9. Assessment of Tenders

9.1 Assessment process

9.1.1 Following the Closing Time, VicHealth intends to assess the Tenders received. Tenders will be assessed against the Assessment Criteria specified in clause 9.2 (Assessment Criteria Format) of RFT Part A.

9.1.2 Without limiting VicHealth's rights in the RFT, VicHealth may at any time during the Tendering Process choose to:

- (a) shortlist one or more Tenderers;
- (b) commence or continue discussions with all or some Tenderers without shortlisting any Tenderers; or
- (c) accept one or more of the Tenders.

9.1.3 Unless the Assessment Criteria explicitly require, VicHealth may, but is not in any way bound to, shortlist, to select as successful, or to accept the Tender offering the lowest price.

9.1.4 Should VicHealth choose to include a shortlisting stage in its assessment process, VicHealth is not, at any time, required to notify Tenderers or any other person or organisation interested in submitting a Tender.

9.1.5 A Tenderer's Response will not be deemed to be unsuccessful until such time as the Tenderer is formally notified of that fact by VicHealth. The commencement of negotiations by VicHealth with one or more other Tenderers is not to be taken as an indication that any particular Tenderer's Response has not been successful.

9.2 Assessment criteria format

9.2.1 The assessment criteria can be weighted to reflect the importance of project requirements noted in RFT Part B of the Specifications.

9.2.2 In assessing Tenderer's Responses, VicHealth will have regard to:

- (a) specific assessment criteria identified in the list below;
- (b) the overall value for money proposition presented in the Tenderer's Response; and
- (c) particular weighting assigned to any or all of the criteria specified in the table below (noting that any criteria for which a weighting has not been assigned should be assumed to have equal weighting).

9.2.3 For the purposes of clause 9.2.2, “value for money” is a measurement of financial and non financial factors, including:

- (a) quality levels;
- (b) performance standards; and
- (c) environmental benefits/impacts.

9.2.4 Value for money will be assessed on a ‘whole of life’ basis (including the transitioning-in, the contract term and the transitioning-out phases of the relationship between VicHealth and a Tenderer), with a view to long-term sustainability of the value for money proposition and with a focus on ensuring that value for money outcomes are promoted and protected following the conclusion of any contract that may result from this RFT.

Assessment criteria:	Assessment approach
<i>Functional Specifications (see Part D)</i>	<i>Weighting and Scores</i>
1. Executive Summary	-
2. Capacity to deliver	15%
3. Capability	35%
4. Past Performance and current work	20%
5. Quality Systems for deliverables	10%
6. Customer Service	5%
7. Strategic	2.5%
8. Innovation	10%
9. Social Procurement	-
10. Sustainability	2.5%
11a. Harmful Industry Relationships with alcohol, unhealthy food, sugary drink and gambling industries 11b. Child safety requirements	To be completed by tenderers in VicHealth’s Stakeholder Portal - https://vichealth.force.com/s/login/
Mandatory Assessment Criteria	Pass/ Fail
1. Contractual Compliance 2. <i>Financial viability</i> 3. <i>Risk and Insurance</i> 4. <i>Individual Conflict of Interest</i> 5. <i>Supplier Code of Conduct</i> 6. <i>Any other matters</i>	
Financial	Ranked 1st, 2nd, 3rd etc
1. Costings	

9.3 Clarification of Tender

9.3.1 VicHealth may seek clarification from and enter into discussions with any or all of the Tenderers in relation to their Tender. VicHealth may use such information in interpreting the Tender and assessing the cost and risk to the Lead Departing of accepting the Tender. Failure to supply clarification to the satisfaction of VicHealth may render the Tender liable to disqualification.

9.3.2 VicHealth is under no obligation to seek clarification of anything in a Tender and VicHealth reserves the right to disregard any clarification that VicHealth considers to

be unsolicited or otherwise impermissible in accordance with the rules set out in this RFT Part A.

9.4 Discussion with Tenderers

9.4.1 VicHealth may elect to engage in detailed discussions with any one or more Tenderers, with a view to maximising the benefits of the RFT as measured against the assessment criteria set out in clause 9.2 and fully understanding a Tenderer's offer, including risk allocation.

9.4.2 As part of this process, VicHealth may request such Tenderer(s) to improve one or more aspects of their Tender, including any technical, financial, corporate or legal components.

9.4.3 In its absolute discretion, VicHealth may invite some or all Tenderers to give a presentation to VicHealth in relation to their submissions, including (where the RFT relates in whole or in part to Services), a demonstration of the Services.

9.4.4 VicHealth is under no obligation to undertake discussions with, or to invite any presentations from, Tenderers.

9.4.5 In addition to presentations and discussions, VicHealth may request some or all Tenderers to:

- (a) conduct a site visit;
- (b) provide references or additional information; and/or
- (c) make themselves available for panel interviews.

9.5 Best and final offers

9.5.1 Tenderers or, where the Tendering Process involves a shortlisting process, shortlisted Tenderers, may be invited by VicHealth to submit a best and final offer in relation to all or certain aspects of their respective Tenders.

9.5.2 VicHealth is under no obligation to give Tenderers the opportunity to submit a best and final offer. If VicHealth chooses to give Tenderers the opportunity to submit a best and final offer, it is under no obligation to give notification before the Closing Time that such opportunity will be given.

9.5.3 Notwithstanding the possibility that VicHealth may give Tenderers the opportunity to submit a best and final offer, Tenderers should be aware that VicHealth will, in conducting its assessment of Tenders, rely on all information (including all representations) contained in such Tenders. Tenderers are therefore encouraged to submit their best and final offers in the first instance.

9.5.4 Any one or more Tenderers may be required to submit an executed contract based on the Tender as part of their best and final offer. Unless and until VicHealth executes such contract, submission of a contract capable of acceptance by VicHealth does not and will not be taken to give rise to a binding contract (express or implied) between a Tenderer and VicHealth.

10. Successful Tenders

10.1 No legally binding contract

10.1.1 Selection as a successful Tenderer does not give rise to a contract (express or implied) between the successful Tenderer and VicHealth for the supply of the Services. No legal relationship will exist between VicHealth and a successful

Tenderer for the supply of the Services until such time as a binding contract is executed by them.

10.2 Pre-contractual negotiations

10.2.1 VicHealth may, in its absolute discretion, decide not to enter into pre-contractual negotiations with a successful Tenderer.

10.2.2 A Tenderer is bound by its Tender (including the Statement of Compliance to the Proposed Contract forming part of the Tenderer's Response) and, if selected as a successful Tenderer, must enter into a contract on the basis of the Tender without negotiation.

10.3 No Obligation to enter into contract

10.3.1 VicHealth is under no obligation to appoint a successful Tenderer or Tenderers (as the case may be), or to enter into a contract with a successful Tenderer or any other person, if it is unable to identify a Tender that complies in all relevant respects with the requirements of VicHealth, or if to do so would otherwise not be in the public interest. For the avoidance of any doubt, in these circumstances VicHealth will be free to proceed via any alternative process.

10.3.2 VicHealth may conduct a debriefing session for all Tenderers (successful and unsuccessful). Attendance at such debriefing session is optional.

11. Supplier Code of Conduct

11.1.1 VicHealth as a statutory body under the Victorian State Government, is committed to ethical, sustainable and socially responsible procurement. In ensuring that our suppliers maintain the same values as the Government, the State has established a [Supplier Code of Conduct](#) (the Code). Please complete the Supplier Code of Conduct Commitment in Appendix B.

12. Additional Rules

13.1.1 Any rules governing the RFT or the Tendering Process in addition to those set out in this RFT Part A, are set out in clause 1.7 Additional Rules of RFT Part A.

13. Tenderer Warranties

14.1.1 By submitting a Tender, a Tenderer warrants that:

- (a) in lodging its Tender it did not rely on any express or implied statement, warranty or representation, whether oral, written, or otherwise made by or on behalf of VicHealth, its officers, employees, agents or advisers other than any statement, warranty or representation expressly contained in the RFT;
- (b) it did not use the improper assistance of VicHealth employees or information unlawfully obtained from VicHealth in compiling its Tender;
- (c) it is responsible for all costs and expenses related to the preparation and lodgement of its Tender, any subsequent negotiation, and any future process connected with or relating to the Tendering Process;
- (d) it otherwise accepts and will comply with the rules set out in this RFT Part A of the RFT; and

- (e) it will provide additional information in a timely manner as requested by VicHealth to clarify any matters contained in the Tender.

14. VicHealth's Rights

15.1.1 Notwithstanding anything else in this RFT, and without limiting its rights at law or otherwise, VicHealth reserves the right, in its absolute discretion at any time, to:

- (a) cease to proceed with, or suspend the Tendering Process prior to the execution of a formal written contract;
- (b) alter the structure and/or the timing of the RFT or the Tendering Process;
- (c) vary or extend any time or date specified in this RFT for all or any Tenderers or other persons;
- (d) terminate the participation of any Tenderer or any other person in the Tendering Process;
- (e) require additional information or clarification from any Tenderer or any other person or provide additional information or clarification;
- (f) negotiate with any one or more Tenderers and allow any Tenderer to alter its Tender;
- (g) call for new Tenders;
- (h) reject any Tender received after the Closing Time;
- (i) reject any Tender that does not comply with the requirements of this RFT;
or
- (j) consider and accept or reject any alternative tender.

15. Governing Law

16.1.1 This RFT and the Tendering Process is governed by the laws applying in the State of Victoria.

16.1.2 Each Tenderer must comply with all relevant laws in preparing and lodging its Tender and in taking part in the Tendering Process.

16. Interpretation

16.1 Definitions

17.1.1 In this Request for Tender, unless a contrary intention is apparent:

Assessment Criteria means the criteria set out in clause 9.2 (Assessment Criteria Format) of RFT Part A.

Business Day means a day which is not a Saturday, Sunday or public holiday (being a public holiday appointed as such under the *Public Holidays Act 1993 (Vic)*) in Melbourne.

Closing Time means the time specified as such in clause 1.4 (Indicative Timetable) of RFT Part A by which Tenders must be received.

Contracts & Procurement Coordinator means the person so designated in clause 1.2 (Project Manager and Contracts & Procurement Coordinator) of RFT Part A.

Goods means the goods or other products required by VicHealth, as specified in RFT Part B of this RFT.

Harmful Industry Relationships includes brands, companies or organisations who profit from products that are harmful to health and wellbeing including tobacco, gambling, alcohol, unhealthy food and sugary drinks.

Intellectual Property Rights includes copyright and neighbouring rights, and all proprietary rights in relation to inventions (including patents) registered and unregistered trademarks (including service marks), registered designs, confidential information (including trade secrets and know how) and circuit layouts, and all other proprietary rights resulting from intellectual activity in the industrial, scientific, literary or artistic fields.

Project Manager means the person so designated in clause 1.2 (Project Manager and Contracts & Procurement Coordinator) of RFT Part A.

Proposed Contract means the agreement and any other terms and conditions contained in or referred to in RFT Part C of this RFT.

Reference Schedule means the schedule so designated forming part of RFT Part A of this RFT.

Request For Tender or **RFT** means this document (comprising each of the parts identified in clause 2 Rules Governing this RFT and the Tendering Process of this RFT Part A) and any other documents so designated by VicHealth.

Services means the services required by VicHealth, as specified in RFT Part B of this RFT.

Specification means any specification or description of VicHealth's requirements contained in RFT Part B of this RFT.

State means the Crown in right of the State of Victoria.

Statement of Compliance means the statement forming part of a Tender indicating the Tenderer's compliance with the Specification and the Proposed Contract.

Tender means a document lodged by a Tenderer in response to this RFT containing an offer to provide Services in accordance with the Specification.

Tenderer means a person or organisation that submits a Tender.

Tendering Process means the process commenced by the issuing of this Request for Tender and concluding upon formal announcement by VicHealth of the selection of a successful Tenderer(s) or upon the earlier termination of the process.

Tenders Website means the website administered by the Victorian Department of Treasury and Finance located at universal resource locator www.tenders.vic.gov.au.

VicHealth means the government department or agency (as specified in clause 1.1 (VicHealth) of RFT Part A) responsible for the Tendering Process.

16.2 Interpretation

17.2.1 In this RFT, unless expressly provided otherwise:

- (a) a reference to:
 - i) "includes" or "including" means includes or including without limitation; and
 - ii) "\$" or "dollars" is a reference to the lawful currency of the Commonwealth of Australia; and
- (b) if a word or phrase is defined its other grammatical forms have corresponding meanings.

16.3 Inconsistency

17.3.1 If there is any inconsistency between any part of this RFT, a descending order of precedence must be accorded to:

- (a) the conditions of tendering in Part A of this RFT and any annexes or attachments;
- (b) the Tenderer's response in Part D of this RFT;
- (c) the Proposed Contract in Part C of this RFT;
- (d) any other part of this RFT,

RFT PART B – SPECIFICATION

Request for Tender (RFT)

for

The Design and Delivery of VicHealth’s Impact Framework and Evaluation of VicHealth’s Major Programs

VicHealth is seeking to appoint a suitable Victorian academic provider to provide the Impact Framework Evaluation Services. In performing the Services, the successful Tenderer will lead a consortium of approved academic providers to address the following over a 3-year time frame:

1. Design and deliver an Impact Framework that will guide the design, implementation, monitoring, evaluation and reporting of health promotion programs and their projects,
2. Design and deliver a comprehensive evaluation of VicHealth's children and young people (CYP) programs,
3. Extend the application of the Impact Framework and CYP evaluation methods to other VicHealth major programs and the next VicHealth strategic plan commencing in 2023

The initial focus of the Impact Framework and Major Program Evaluation will be on our Children and Young People Programs. The application of the Impact Framework and Evaluation will then be extended to all VicHealth programs and embedded into our next Strategic Plan commencing in 2023. The anticipated timing of the Tender components is as follows:

- Year One of the Tender will focus on the establishment and implementation of the Impact Framework and CYP Evaluation, capture of baseline data for the evaluation will be a priority
- Year Two will focus on extending the application of the Impact Framework and CYP Evaluation approach to other programs and the VicHealth Strategic Plan whilst continuing the CYP Evaluation, and
- Year Three will focus on continuing the Program Evaluations and ensuring that the Impact Framework and Program Evaluation approaches are embedded into the work of VicHealth in a sustainable way.

The current Tender is for three years with an opportunity to extend for a further two years to allow for ongoing consultancy related to embedding the Impact Framework into VicHealth’s operations and designing and delivering the evaluation of Major Programs.

Please note that the RFT Specifications outlined here will be supplemented by a webinar presentation by VicHealth staff one week after the Tender opens. This will include an overview of the main components described in the Background and Scope sections, a live demonstration of our Phoenix records management system, and an opportunity for Tenderers to ask specific questions of VicHealth staff related to the background, scope and assessment of the RFT.

1. Background

VicHealth seeks to improve the health of all Victorians by pre-empting and targeting improvements in health across our population, fostered within the day-to-day spaces where people spend their time, and with benefits to be enjoyed by all.

VicHealth works in partnership with organisations, communities, and individuals to make health a central part of our daily lives. The focus of our work is on promoting good health and preventing ill-health.

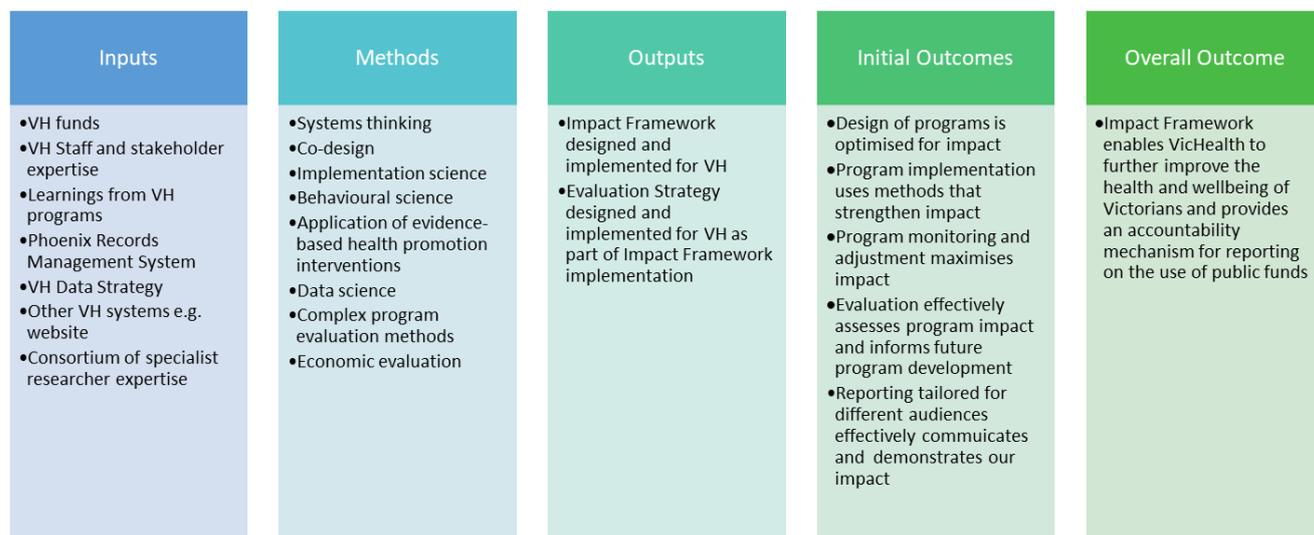
Collective health and wellbeing has never been more important to Victorians as we emerge from 2020-21 and the challenges of coronavirus, and a rapidly changing world. As communities start to create their new normal, we see opportunity. We have a chance to make a big difference. A chance to build back better and fairer.

We are investing in an Impact Framework which underpins our vision of creating a healthier future for Victorians through high impact, community-driven interventions across the state. The framework will guide the logic through which we design and deliver our interventions, delivering an innovative, integrated evaluation and outcomes assessment platform powered by novel and traditional data sources in order to report on impact and guide future investment.

The initial design of the Impact Framework is the first component of this Tender. It will identify the specific outcomes of interest to VicHealth in relation to children and young people's health and wellbeing, and link to data sources which will track our progress in delivering change required to deliver these outcomes and the actions we are driving to make these changes.

The Impact Framework will enable us to report on the outcomes delivered through VicHealth's work, and more clearly demonstrate our value to key stakeholders and ultimately the Victorian community (see Figure 1).

Figure 1: VicHealth (VH) Impact Framework Development Overview



The purpose of the Impact Framework is to provide a system that guides decision making, planning and action, and optimises consideration and use of VicHealth's impact creating initiatives to achieve the following:

- Design for impact
- Implement using methods to strengthen impact
- Monitoring and response to maximise impact
- Evaluate to assess impact
- Report to demonstrate impact

The evaluation of the CYP Programs, the second component of this Tender, requires the design and delivery of an evaluation of these programs guided by the Impact Framework. The CYP Programs are led by our new flagship initiatives Future Healthy and the VicHealth Local Government Partnership (VLGP). They focus on young Victorians 0-25 years, especially those who face greater barriers to health and wellbeing. These initiatives will be informed by [systems thinking](#) which helps make sense of the complex system that shapes health and wellbeing by exploring the relationships, boundaries and perspectives in the system. VicHealth's Research Grant and Research Fellowship Programs will support Future Healthy, VLGP and other Victorian policy and practice initiatives by providing new evidence and insights to further improve the health and wellbeing of children, young people and the wider community.

Following the successful design and development of the Impact Framework and CYP Evaluation, the third component of this tender focuses on the expansion of the Impact Framework and CYP Evaluation approach to VicHealth's other major programs and embedding them within VicHealth's new Strategic Plan due to commence in 2023.

The design and delivery of this work is relevant to all four main work units of VicHealth which include the Policy and Research Group, the Future Healthy Group, the Social Marketing and Communications Group and the Corporate Services Group.

The following Background sub-sections provide information regarding recent VicHealth initiatives that will optimise the development of the Impact Framework, details about the CYP Programs and other Major Programs, and an overview of the foundations for VicHealth's next Strategic Plan.

The design and delivery of this work is relevant to all four main work units of VicHealth which include the Policy and Research Group, the Future Health Group, the Social Marketing and Communications Group and the Corporate Services Group.

1.1 VicHealth's Whole of Organisation Impact Creating Initiatives

VicHealth has been going through a 12-month process of strengthening and aligning our investments to ensure strongest impact and value for Victoria's communities. Following is an outline of the key features of this redevelopment that will shape the design of the Impact Framework and Major Programs evaluation.

- Based on findings from the **VicHealth Coronavirus Victorian Wellbeing Impact Studies** available at https://www.vichealth.vic.gov.au/-/media/ResearchandEvidence/20201208_VicHealth-Coronavirus-Wellbeing-Impact-

[Study Survey.pdf?la=en&hash=2DBCCB47862FA5E07109C20611A06140496E727E](#)

conducted in 2020, we are concentrating our efforts on children and young people, aged 0-25 years, and their parents and carers, and focusing on three health promotion domains - physical activity, social connection and healthy food systems. Whilst our programs will focus on young people, it is expected that they will also deliver benefits for the wider Victorian community and build the capacity of our policy and practice partners.

- Innovation and agile leadership are central to VicHealth's way of working. As a statutory authority VicHealth can work in ways that government often cannot. This has been critical as we pivot our investments to address the priorities of Victorians during and following the Coronavirus pandemic. Our responses, such as Future Healthy, are about identifying new and bold ways to anticipate and address health promotion needs. This requires development of innovations in our field, not just reinventing what others already do. We trial new approaches and turn over new ground that others might then follow or learn from.
- Equity will continue to be at the heart of our approach. VicHealth is committed to health equity and enabling all Victorians to have the means to a good and healthy life, regardless of cultural background, gender, sexual orientation, disability, income, educational attainment, occupation or location. This includes the structural, cultural, commercial, economic and social determinants of health, and related barriers to good health. VicHealth prioritises these factors as they relate to maximising the health and wellbeing of Victorian's children and young people, and their parents or carers. Consideration of equity is central to the design and delivery of our programs, as well as their evaluation through the assessment of differential impact.
- The delivery of our children and young people (CYP) programs is occurring through two flagship initiatives: Future Healthy <https://www.vichealth.vic.gov.au/programs-and-projects/vichealth-future-healthy> and the VicHealth Local Government Partnership <https://www.vichealth.vic.gov.au/our-work/local-government-partnership> . Program logic design is the backbone of these programs ensuring that their design is supported by a strong evidence base in relation to community lived experience and need, stakeholder capacity, system context, effective interventions and agile evaluation approaches.
- Systems thinking will be embedded into the way we design and deliver these initiatives providing a common strategic method for designing, implementing and evaluating our projects. Other strategic methods that align with systems thinking will also be used. For example, co-design with policy makers, practitioners, community members and end-users (children, young people, parents/carers) is being embedded into program development.
- Central to the effectiveness of the Impact Framework is VicHealth's new organisational records management system '**Phoenix**' which is comprised of three main software platforms – **Salesforce, SharePoint and Tableau**. **VicHealth's Phoenix** provides a mechanism to systematise and create efficiencies through its capacity to enable grant application and contracting, project monitoring via project progress reporting, data extraction and data synthesis. Its capacity is akin to record management software systems used to support extensive performance and reporting frameworks in other contexts such the hospital system and private industry.

- **VicHealth’s Data Strategy** will ensure we have the best mechanisms for data capture and reporting to support program design, monitoring and reporting. In the near future we plan to connect business data, evaluation data, population health surveillance and secondary data (including novel data sources such as google data and social media data) to inform our work. Data currently captured by VicHealth includes:
 - Website data - visits, return visits, new visits, time on page, journey
 - Email lists - subscribers, opens, clicks
 - Events - attendees, engagement
 - Social media - reach, engagement, tags
 - Paid media results - reach, engagement, views, clicks, costs
 - Earned media coverage - coverage, reach, themes
 - VicHealth community brand tracker - awareness, perceptions, audience
 - Future Healthy community listening - reach, engagement, content captured, qual feedback
 - Future Healthy stories and submissions - reach, engagement, content, themes
 - Participation and engagement data from medium and large grants and programs
 - VicHealth population surveys such as the VicHealth Coronavirus Victorian Wellbeing Impact Study https://www.vichealth.vic.gov.au/-/media/ResearchandEvidence/20201208_VicHealth-Coronavirus-Wellbeing-Impact-Study_Survey.pdf?la=en&hash=2DBCCB47862FA5E07109C20611A06140496E72
 - Corporate data from grant making and funding including funding applications, assessments, contracts, milestones, baseline data (large projects only), progress reports and final reports
 - Stakeholder engagement activities
 - Portfolio and Program Management Data - tasks, resources, financials, risks, stakeholder plans, and the ability to map and track progress and outcomes.

1.2 VicHealth’s Children and Young People programs

1.2.1 Future Healthy

Future Healthy is a new initiative of VicHealth which is inspired by, shaped by and shared by the people of Victoria. We have a vision for Victoria where no young person (defined as ages 0-25) is denied a future that is healthy, regardless of their postcode, bank balance or background. We see a future with vibrant communities, where people are connected, active, enjoy wholesome food and feel great.

Objectives

Future Healthy will adopt a systems-based approach to address the systemic barriers and maximizing the opportunities within and across the systems that directly and indirectly influence the health and wellbeing of young people.

To do this, VicHealth will:

- Develop deep insights to understand the factors that influence the health and wellbeing of young people where they live, learn, play, connect and work and use these insights to affect change.

- Engage with young people and their parents/carers every step of the way so they can share their lived experiences, and help to inform and shape solutions
- Bring organisations and sectors together to address the factors that influence the health and wellbeing of young people to create sustained and systemic change to create:
 - healthy and sustainable food systems
 - more opportunities for physical activity
 - more opportunities for social connection

The following objectives reflects this approach:

- a) Increased understanding of the systemic factors that directly and indirectly influence the health and wellbeing of young people
- b) Increase the **capability** (knowledge and skills) and **capacity** (time allocation, funding, staffing) of staff in policy and practice settings to address the systemic barriers and maximize the opportunities within and across the systems to create healthy and sustainable food systems, create more opportunities for physical activity, and create more opportunities for social connection.

Approach

VicHealth is investing \$45 million over 3 years in locally led solutions right across the state of Victoria and will elevate the voices of young Victorians to inspire these investments.

Future Healthy will:

- Create neighbourhoods and spaces where people feel safe, welcome and confident to be active
- Improve access to healthy, delicious, affordable and culturally appropriate food
- Build meaningful social connections and inclusive environments.

As noted earlier, Future Healthy will utilise systems thinking to deliver initiatives to improve the health and wellbeing of young Victorians. In line with this approach, throughout the development and delivery of Future Healthy, VicHealth recognises that the problems young people face around healthy eating, physical activity and meaningful social connection are complex; and there is no single solution to these problems which are made up of connected and inter-related components. Using systems thinking approach, VicHealth will:

1. Synergise strategies across the VicHealth domain areas (outlined below) and teams
2. Bring multiple health promotion organisations and sectors together to maximise impact; and
3. Influence the broader economic, environment, political and social ecosystems that indirectly impact health.

Future Healthy will focus on three target areas known as the Future Healthy Domains:

- active communities and sport
- social connection and mental wellbeing
- healthy and sustainable food systems.

It will include a series of small grants of \$3-\$25K, larger grants of \$100-\$250k and major initiatives of up to \$250K. These will enable policy and program stakeholders to tailor their physical activity, social connection and food systems programs and policies to better meet

the articulated needs of Victorian young people as identified through the community engagement and listening campaign initiative. This may include engaging with different project partners, exploring new ways of working, or implementing successful approaches developed elsewhere in Victoria. VicHealth will support grantees to deliver these programs through initiatives to enhance their knowledge and skills and seek commitment from the grantees' organisations to ensure there is adequate capacity to resource them.

An integral element that contributes to the achievement of the Future Healthy objectives is well targeted **health promotion campaign** activity. Multi-media strategies will ensure strong engagement to support young people to play an active role in their health and wellbeing and that of their community. Launched in July 2021 as a multi-year effort, these media strategies are being implemented in phases:

1. Gather the voices, lived experiences, stories and ideas of young Victorians
2. Amplify these stories to inspire change and motivate conversations
3. Invite grant applications and ideas
4. Promote participation in programs funded as part of Future Healthy.

In addition to the 4 phases outlined above, strategic use of a variety of media channels will ensure more Victorians are reached with effective, clear health messages on specific topics including unhealthy marketing to children via 'micro-campaigns'.

The target audience has been segmented into two main cohorts:

- Young people aged 18-25
- Parents and carers of children aged 0-17

The health promotion campaign activity will support the objectives of Future Healthy.

A range of other marketing, communications and engagement activity will take place throughout the life of Future Healthy to support the achievement of the initiative objectives. This includes ongoing media relations, community champions, social media, promotional partnerships, community engagement sessions, events, content creation and dissemination and digital assets and platforms. Direct engagement with and input from young people underpins and shapes all Future Healthy marketing and communications activity. Additional information can be found on our Future Healthy website page:

<https://www.vichealth.vic.gov.au/programs-and-projects/vichealth-future-healthy> .

The **program logic** for Future Healthy can be found in Appendix A.

1.2.2 VicHealth Local Government Partnership (VLGP)

The '**VicHealth Local Government Partnership (VLGP)**' is an initiative undertaken with Victorian councils to set our kids up for their best possible future by creating communities where children and young people grow up active, socially connected and healthy. We're working with these councils through their Municipal Public Health and Wellbeing Plans 2021-25 to create sustained policy and practice change.

Objectives

- a. Increase the skills and confidence of Council workforce and their community partners in the application of systems thinking, co-design, and related evaluation

- b. Develop and strengthen networks within and between local councils and health promotion partners with expertise in designing and delivering effective approaches to improving children and young people's health
- c. Deliver evidence informed health promotion modules which outline how to improve access to healthy food, physical activity and social connection opportunities for children and young people at a local level
- d. Provide evidence-informed support to address other priority issues through council business (including reducing tobacco and alcohol harm and embedding everyday creativity in council operations and spaces)

Approach

To date VicHealth has established the Local Government Partnership with 16 fast-track councils to address local factors that directly affect the daily lives of children and young people and their opportunities for health and wellbeing. We expect to expand the program into new communities in late 2021. The initial group of 16 fast-track councils represent a range of rural, regional and outer-metropolitan localities.

The VLGP model has a strong emphasis on building capacity within councils to authentically engage with children and young people and use systems thinking to guide the development, prioritisation and implementation of locally relevant actions.

Fast-track councils are receiving enhanced support to develop and deliver action on children and young people's health and wellbeing through their Municipal Public Health and Wellbeing Plans for 2021–2025. Support is provided in four key areas, which councils identified were key in achieving sustained change and in improving the health and wellbeing of children and young people in their communities:

- funding and capacity building to strengthen local workforce
- best-practice health promotion modules to inform local government action
- collaboration with expert partners via a coordinated and localised approach
- data and monitoring support and assistance to capture data for evaluation of their Municipal Public Health and Wellbeing Plans

Further information about the VicHealth Local Government Partnership can be accessed at <https://www.vichealth.vic.gov.au/programs-and-projects/local-government-partnership>
The **program logic** for Future Healthy can be found in Appendix A.

1.2.3 Children and Young People (CYP) Research Projects

VicHealth's **Research Grant and Research Fellowship Programs** will support Future Healthy, VLGP and other Victorian policy and practice initiatives by providing new evidence and insights to further improve the health and wellbeing of children, young people and the wider community.

Objective

Generate new and relevant evidence that will have a direct influence on health promotion policy and/or practice to ultimately improve the health and wellbeing outcomes of the Victorian community.

Approach

Recently funded research projects will trial new approaches for improving physical activity, social connection and improved food systems for children, young people and the wider community. The insights and scaling of these projects will be an important contributor to the impact of VicHealth’s CYP Programs. More projects will be funded annually as our research funding rounds continue over the coming 3 years. Following is a list of recently funded projects.

VicHealth Impact Research Grants – 1 to 2 year funding

- Healthy and sustainable cities: tool for assessing local government food policy
- Increasing physical activity among young adults with disability
- Enhancing Digital Participation amongst Refugee & Migrant Background Youth
- Co-designed adapted postnatal mental health promotion program for culturally and linguistically diverse families

Early Career Postdoctoral Research Fellowships - 2 to 3 year funding

- An examination of how local governments can effectively engage young people in public health advocacy strategies
- Identification of food policy options that reflect the voices and values of those experiencing health inequities
- Monitoring the activities of harmful industries (unhealthy food, sugary drinks, alcohol, tobacco and gambling)

1.2.4 CYP Program indicative timelines of community activation

CYP Programs		2021		2022				2023				2024			
Future Healthy campaign	Listening campaign	■	■												
	Supply campaign			■	■	■	■	■	■	■	■	■	■	■	■
	Micro campaigns				■		■		■		■		■		■
Future Healthy programs	Small grants			■	■	■	■	■	■	■	■	■	■	■	■
	Large grants			■	■	■	■	■	■	■	■	■	■	■	■
	Major projects			approx 6 major projects											
VicHealth Local Government Partnership	Foundation modules	■	■	■	■	■									
	Core modules			■	■	■	■	■	■	■	■	■	■	■	■
	Stretch Modules			■	■	■	■	■	■	■	■	■	■	■	■
Research Projects			■	■	■	■	■	■	■	■	■	■	■	■	

1.3 VicHealth’s other Major Programs

VicHealth has a range of investments that have a broader scope than just children and young people and address all five of our strategic imperatives - physical activity, healthy eating, mental wellbeing, alcohol and tobacco. These programs include:

- Policy development initiatives including projects related to the Liquor Reform Act and 'Integrating Wellbeing into the Business of Government'
- Alcohol harm reduction programs focusing on young people aged 18-24 and other population groups that are hard to reach or experience significant barriers to good health. This investment is taking a targeted three-pronged approach, focusing on:
 - Engaging young people and hard to reach groups in designing solutions to prevent alcohol harm.
 - Coordinated and targeted support for young people and hard to reach people to drink less.
 - Raising awareness about the harms of alcohol and/or harmful industry tactics among young people and/or other hardly reached groups.

Please note that two other major VicHealth programs, This Girl Can and VicHealth's major tobacco program – QUIT Victoria, already have evaluations underway. The major program evaluations developed as part of this Tender will need to be cognisant of the approaches used in these established evaluations. However, it is not expected that the approaches developed for this Tender replicate the approaches that have been used previously for This Girl Can and QUIT.

1.4 VicHealth's Strategic Plan commencing in 2023

VicHealth's current 10-year Action Agenda will finish in 2023. Work on the development of the next Strategic Plan is about to commence and will be informed by evidence and insights from a range of sources, including the MJA supplement led by VicHealth and launched in May 2021 entitled 'Australia in 2030: what is our path to health for all?' which can be accessed at <https://www.mja.com.au/journal/2021/214/8/australia-2030-what-our-path-health-all> .

The Impact Framework will need to be adapted and integrated into this new multi-year Strategic Plan. In addition, it will inform the development of the Strategic Plan and guide the evaluation of its impact.

2. Scope of the RFT

VicHealth is seeking to appoint a Victorian academic provider to provide the Services. In performing the Services, the successful Tenderer will lead a consortium of approved academic providers to design and deliver VicHealth's Impact Framework and Evaluation of VicHealth's Major Programs

Following is an outline of core requirements for each of the three RFT components –

1. Impact Framework
2. Children and Young People (CYP) Evaluation
3. Application of the Impact Framework and CYP Evaluation to other VicHealth Programs and the new VicHealth Strategic Plan.

2.1 Impact Framework

The Tenderer's proposed approach to the development of the Impact Framework must initially focus on the CYP Programs and demonstrate capacity to extend the approach to

other VicHealth Programs and adapt to new programs and approaches that are developed as part of VicHealth's new Strategic Plan. This capacity to adapt to different types of health promotion programs and strategies will also ensure that the Framework developed can be used by other health promotion organisations and agencies in the future.

In this regard innovative and creative solutions are critical to this work. We want this project to help redefine how we design, implement, monitor, and evaluate public health programs, and inform the development for future programs. This includes using new types of data, innovative data capturing, translation and reporting.

In addition, the development of the Impact Framework must be informed by evidence-based theoretical frameworks and methods from relevant fields of practice such as systems thinking, co-design, implementation science, behavioural science, data science, complex program evaluation methods, and economic evaluation.

2.1.1 Design

- Program logic needs to be the backbone of our programs ensuring that their design is supported by a strong evidence base in relation to community lived experience and need, stakeholder capacity, system context, effective interventions, agile evaluation and scale-up approaches. Examples of our preliminary program logic design for CYP programs is appended (Appendix A) to illustrate our current approach.
- Guidelines or tools are required to systematise the way program logics are developed at the whole of program and the project level, including relevant evidence sources such as population surveillance to determine need, and evidence regarding effective interventions that can address the needs that are regularly updated and accessible. These will need to be adaptable to the context and type of projects undertaken by VicHealth's program areas, that is policy, research, program delivery, social marketing and communications.
- Mechanisms or strategies for addressing evidence gaps such community and stakeholder consultation and use of novel data sources such as Google data, social media data and other commercial or ambient data that are also required. VicHealth will favourably consider a consortium that includes a team member with expertise in the use of novel data.
- The method for the development of program logics must be synergistic with system thinking approaches and consider ways that co-design with funded partners or community end-users can be strategically incorporated into program logic development.
- Strategies for providing simplified program logics to guide and inform the work of stakeholders and funded partners is also required.
- The utility of Phoenix and relevant elements of the Data Strategy must be optimised to support the design approach.

2.1.2 Implementation

- Systems thinking will be the overarching approach to program and project implementation supported by implementation science as needed. Tools to enable easy application of systems thinking to the implementation process are required, either tools currently available or new tools to meet requirements. These will need to be adapted to

the context and type of projects undertaken by VicHealth's program areas, that is policy, research, program delivery, social marketing and communications.

- Guidelines or tools for the selection of optimal implementation strategies to address intervention needs identified through systems thinking or other approaches are also required. This will include strategies for shaping or implementing health promoting policies in various organisation and government settings, strategies for implementing and sustaining new practices to ensure optimal effectiveness, and training or capacity building approaches to enable implementation and sustainment of policy or practice changes by partners if required. Guidelines or tools may be existing or developed to meet requirements.
- The utility of Phoenix and relevant elements of the Data Strategy must be optimised to support the implementation approach to strengthen impact.

2.1.3 Monitoring and response

- A frequently updated impact dashboard that can provide insights into project progress to allow for project monitoring and iterative implementation adjustments is required to maximise the impact of implementation efforts. This monitoring will highlight changes or barriers that may impact on project implementation such as changes in funded partner staffing or resources, difficulties in recruiting participants, lack of partner engagement, or problems with implementation resources such as space and equipment.
- This dashboard will be located within Phoenix and draw upon data covered by the Data Strategy as listed in section 1.1 of the RFT Background, which includes VicHealth data as well as external data from traditional and novel data sources.
- In time VicHealth plan for the frequently updated impact dashboard to be a tool for social good. It will be available to partners and researchers to guide planning and best practice by other stakeholders. Design of the Impact Framework will need to allow for this development in the near future.
- Methods of recording program implementation and adjustment are required to support project replication and scale by VicHealth or our stakeholders.
- The utility of Phoenix and relevant elements of the Data Strategy must be optimised to support the design approach.

2.1.4 Evaluation

- The evaluation approach needs to include process evaluation to examine the input and output activities of the program components, as well as an evaluation of the short term (6-12 months), medium term (up to 2 years), and long-term (up to 5 years) outcomes as defined in the program logic. Alternative approaches will be considered if a strong rationale for their superiority to this form of evaluation is provided.
- A combination of quantitative and qualitative methods must be considered with guidance for the selection of data collection methods that are best fit for purpose.
- Please note that VicHealth prioritises health equity in its work therefore evaluation of differential impact for sub-populations must be included.

- Incorporation of economic evaluation methods is also required to determine the economic value of the programs from a health and social perspective. An approach to systematise Social Return on Investment (SROI) evaluation or Cost Benefit Analysis will be favourably considered. Alternative approaches will be considered if a strong rationale for their superiority is provided.
- The utility of Phoenix and relevant elements of the Data Strategy must be optimised to support the monitoring and response approach.

2.1.5 Reporting

Guidelines and tools for the development and distribution of monitoring and evaluation reports will need to be prepared that correspond to the requirements of different audiences in terms of frequency, content and style of communication. These reports and actionable insights will need to be specific to monitoring and evaluation results for each CYP Program area and the CYP program as a whole. The indicative target audiences and minimum reporting frequency are as follows:

- VicHealth Managers - monthly
- VicHealth Board -6 monthly
- Community Partners – 3 monthly
- Local Government – 3 monthly
- State Government - yearly

The utility of Phoenix and relevant elements of the Data Strategy must be optimised to support reporting, particularly the use of Tableau.

A knowledge translation plan is required as part of reporting component of the Framework to identify a range of processes and products for sharing project learnings and evaluation findings by means other than the reporting requirements identified above.

2.1.6 Additional considerations

- The provider will need to be cognisant of the fact that VicHealth’s CYP programs are at different stages of initial development. The Future Healthy campaign component, the VicHealth Local Government Partnerships and the CYP Research Projects have completed much of their design phase and are in the early implementation phase, whilst the design of the Future Healthy Programs component is in early stages of concept development. It will be essential to liaise with the leaders of these programs to learn from their experience of designing and implementing these projects to date.
- Co-design of the Impact Framework with relevant VicHealth staff and partners will be critical to the successful application and sustainability of the Impact Framework. It will ensure that lessons learnt in project design, implementation, evaluation and organisational context are able to be considered in the design.
- The design of the Impact Framework must include proven and promising emergent best practice approaches and innovations. It must also provide mechanisms to update these to ensure that the Framework drives optimal Impact of VicHealth’s investments into the future.

- A knowledge translation plan developed in conjunction with VicHealth is required that will enable dissemination of learnings about the Impact Framework to VicHealth’s partners, stakeholders and the broader public health and prevention sector.
- The Impact Framework needs to be a ‘living’ Framework that can be adjusted to adapt to changes in VicHealth and our stakeholders contexts and changing project requirements.

2.2 Children and Young People Program Evaluation

The CYP evaluation must be aligned with the systems and structures of the Impact Framework developed by the Tenderer. Details of the evaluation requirements are outlined below. As with the Impact Framework, the Tenderer’s proposed approach to the development of the CYP Evaluation must identify innovative solutions and demonstrate capacity to extend the approach to other VicHealth Programs and adapt to new programs and approaches that are developed as part of VicHealth’s new Strategic Plan. This focus on innovation and capacity to adapt to different types of health promotion programs and strategies, will also ensure that the evaluation approach developed in line with the Impact Framework can be used by other health promotion organisations and agencies in the future.

2.2.1 Design

An evidence-based evaluation design

A sound rationale for the selection of the overarching evaluation design and delivery approach must be clearly articulated. This must be informed by evidence-based theoretical frameworks and methods from relevant fields of practice such as complex program evaluation methods, economic evaluation, data science, behavioural science, systems thinking, implementation science.

Refinement of program logics, evaluation questions and study design

Collaboration with VicHealth staff is required to refine the program logics and define specific evaluation questions and objectives. The evaluation questions and objectives must be segmented to address the requirements of evaluation audiences which include:

- VicHealth managers,
- VicHealth Board,
- CYP Program partners and stakeholders,
- Local and State Governments.

Detailed program logics, specific evaluation questions and objectives will need to be designed for each CYP Program area and the CYP Program as a whole.

A study design aligned with the evaluation questions will need to be developed for each CYP Program area and the CYP Program as a whole. This may include a pre-post design, a between-site design, hybrid design or an alternative recommended by the Tenderer. Where possible, the study design must also consider the relative attribution of effects of the VicHealth CYP Programs, in the context of the impact of other Victorian policies and programs targeting physical activity, social connection and healthy food systems for this age group.

Practical and sustainable evaluation approaches

The evaluation needs to be designed with sustainability in mind so that effective evaluation processes established can continue to be used to evaluate future VicHealth programs. This will include maximising the utility and potential of VicHealth's new organisational records management system '**Phoenix**' which is comprised of three main software platforms – **Salesforce, SharePoint and Tableau**.

VicHealth requires the evaluator to demonstrate an understanding of how these IT platforms work and propose ways to maximise the utility of the Phoenix system in the delivery of the evaluation. This should include identifying ways to minimise burden on VicHealth staff and our partners in relation to data collection, and consideration of the cost-effectiveness of evaluation methods.

The CYP Program evaluation will benefit from work commenced as part of VicHealth's Reimagining Health Grants Evaluation. This evaluation is focusing on the development of a framework that allows VicHealth to evaluate large and complex grant rounds that involve different target groups, interventions/activities and anticipated outcomes, funding tiers, and funded organisations. The successful Tenderer will have access to the framework and learnings from the Reimagining Health Grants Evaluation, including techniques identified for maximising the utility and potential of Phoenix.

2.2.2 Implement

Types of evaluation

The evaluation will need to include process evaluation to examine the input and output activities of the program components, as well as an evaluation of the short term (6-12 months), medium term (up to 2 years), and long-term (up to 5 years) outcomes as defined in the program logic. Alternative approaches will be considered if a strong rationale for their superiority to this form of evaluation is provided. A combination of quantitative and qualitative methods must be used and selected according to best fit for purpose.

Please note that VicHealth prioritises health equity in its work therefore evaluation of differential impact for sub-populations must be included.

An economic evaluation is also required to determine the economic value of the programs from a health and social perspective. A Social Return on Investment (SROI) evaluation proposal will be favourably considered. Alternative approaches will be considered if a strong rationale for their superiority to SROI is provided.

Maximise the use of data resources

VicHealth administrative data such as progress reports, and social marketing and communications data are available to support the evaluation and reduce unnecessary burden and cost through duplication of data capture methods. Data required for the purpose of evaluation other than that listed below will need to be collected or accessed by the Tenderer. Data captured by VicHealth includes:

- Website data - visits, return visits, new visits, time on page, journey
- Email lists - subscribers, opens, clicks
- Events - attendees, engagement
- Social media - reach, engagement, tags
- Paid media results - reach, engagement, views, clicks, costs
- Earned media coverage - coverage, reach, themes
- VicHealth community brand tracker - awareness, perceptions, audience

- Future Healthy community listening - reach, engagement, content captured, qual feedback
- Future Healthy stories and submissions - reach, engagement, content, themes
- Participation and engagement data from medium and large grants and programs
- VicHealth population surveys such as the [VicHealth Coronavirus Victorian Wellbeing Impact Study](#)
- Corporate data from grant making and funding - application, assessment, contract, milestones
- Stakeholder engagement activities
- Portfolio and Program Management Data - tasks, resources, financials, risks, stakeholder plans, and the ability to map and track progress and outcomes.

Other Victorian and national data can also be drawn upon including but not limited to the Victorian Population Health Survey, Victorian Local Government Satisfaction Survey, ABS National Health Survey, the Australian Census and potentially government and partner administrative data. Accessing this data will be the responsibility of the Tenderer unless otherwise negotiated with VicHealth.

VicHealth will favourably consider proposals that maximise the use of novel data sources such as Google data, social media data and other commercial or ambient data that are not traditionally used in evaluation but are potentially an effective untapped resource for monitoring progress and outcomes. Accessing this data will be the responsibility of the Tenderer unless otherwise negotiated with VicHealth. VicHealth will favourably consider a consortium that includes a team member with expertise in this area.

Identify innovations

Based on a sound understanding of usual health promotion or public health policy, practice, and evaluation, identify innovative and effective practices as they emerge to ensure they can be shared or replicated in a timely manner by VicHealth and its stakeholders.

Partnership Commitment

The success of this evaluation program will rely on effective relationships with a range of partners. This will include the CYP Evaluation Governance Group to be established by VicHealth with membership from VicHealth staff, external experts, and the successful Tenderer. In addition, strong relationships will need to be developed with CYP Program partners including VicHealth Staff, VicHealth program partners, key stakeholders, and potentially VicHealth Research Fellows and VicHealth Research Grantees to ensure effective day-to-day delivery of the CYP Program evaluation.

Knowledge Translation and Publication plan

A knowledge translation plan is required to identify a range of processes and products for sharing project learnings, evaluation findings, and new effective evaluation approaches to VicHealth's partners, stakeholders and the broader public health and prevention sector. Evaluation results that are suitable for peer reviewed publications for an academic audience and research summaries for a lay audience are to be developed by the successful Tenderer in collaboration with VicHealth.

2.2.3 Report

Preparation of reports and actionable insights

As outlined in the specifications for the Impact Framework, Evaluation reports will need to be prepared that correspond to the requirements of different audiences in terms of frequency, content and style of communication. These reports and actionable insights will need to be specific to evaluation results for each CYP Program area and the CYP program as a whole. The indicative target audiences and minimum reporting frequency are as follows:

- VicHealth Managers – monthly
- VicHealth Board – 6 monthly
- Community Partners – 3 monthly
- Local Government – 3 monthly
- State Government – yearly

2.3 Application of the Impact Framework and CYP Evaluation to other VicHealth Programs and the new VicHealth Strategic Plan.

2.3.1 Build a sustainable Impact Framework and Evaluation Approach

Based on insights and learnings from RFT Scope components 2.1 and 2.2 and further incorporating innovative approaches, design an expanded version of the Impact Framework and VicHealth’s CYP Programs for application to VicHealth’s other Major Programs, and for future programs that will be developed for VicHealth’s new Strategic Plan.

2.3.2 Evaluate other VicHealth Major Programs

Conduct an evaluation of VicHealth’s other Major Programs aligned with the Scope provided for the CYP Evaluation in section 2.3.

2.3.3 Embed the Impact Framework and major Programs Evaluation approach into VicHealth’s new Strategic Plan commencing 2023

In collaboration with VicHealth staff, develop and implement an approach for embedding the Impact Framework into VicHealth’s new Strategic Plan.

2.3.4 Ongoing consultancy

Provide a road map for ongoing consultancy for one year post completion of the project to support the ongoing implementation and sustainment of the Impact Framework and related Program Evaluation.

3. Project Deliverables

The successful Tenderer will be required to work in partnership with VicHealth and our program partners (e.g., local government, community program providers, research partners) to undertake the required components outlined in the Scope of this RFT.

Deliverables for this RFT are:

1. Guided by the RFT Background and requirements outlined in the Scope, develop a workplan clearly articulating how the Impact Framework and Program Evaluation will be developed, roles and responsibilities of each consortium member in their

delivery (for example, data capture and analysis), VH team member and VH partner proposed roles and responsibilities, and timelines.

2. Develop a risk management plan from a project delivery perspective and an organisational risk register perspective i.e. strategic and operational risks
3. Design and deliver an innovative fit for purpose evidence-based Impact Framework that will optimise the use of VicHealth resources such as Phoenix and Data Systems and guide the design and delivery of VicHealth's programs. This will include the development and delivery of systems, guidelines and tools that strengthen VicHealth's approach to program design, implementation, monitoring of progress and adjustment, evaluation and reporting, as specified in the Scope. A co-design approach with VH staff and partners (where appropriate) must be used and there must be a focus on end-user functionality. In addition, please note that as outlined in section 2.1.3, the design and delivery of a frequently updated impact dashboard is also required that can provide insights into project progress on implementation processes and outcomes to allow for project monitoring and iterative implementation adjustments. Phase one of delivery will be an Impact Framework for the CYP Programs as outlined in section 2.1 of the Scope and Phase two of delivery will be an expanded version of the Impact Framework that applies to all VicHealth Major Programs, as outlined in section 2.3 of the Scope.
4. Design and deliver an innovative fit for purpose evidence-based evaluation methodology, evaluation design and framework including specific evaluation questions and objectives segmented according to program type and target stakeholder or population group to cover the scope of the requirements set out in section 2.2.1 of the Scope. This should include the following:
 - a. Clearly defined methods including, data collection where data is not currently available from VicHealth, analysis approaches for new and existing data, and documentation of the benefits and limitations associated with the proposed approach
 - b. Consider the use of quantitative and/or qualitative approaches to answer evaluation questions
 - c. Use methods suitable for project partners and a range of CYP Program target audiences (e.g., participant surveys) that minimise unnecessary data collection burden
5. Coordinate and deliver an evaluation of VicHealth's CYP Programs as outlined in section 2.2.2 and 2.2.3 of the Scope.
6. Design, coordinate and deliver an evaluation of all VicHealth's Major Programs as outlined in Section 2.3 of the scope, guided by the Impact Framework for all VicHealth Major Programs referred to in section 3 of the deliverables, and informed by the evaluation approach developed for the CYP Evaluation as outlined in section 2.3 of the Scope.
7. Analyse and interpret data for all evaluation components.
8. Advise on implications of evaluation findings to support ongoing VicHealth program development and make recommendations to VicHealth that enable VicHealth to improve its Programs.
9. Report on findings through provision of data summary displays and written reports including plain-English, impactful summaries with clear actionable insights, full reports with detailed methods, results and interpretation of findings at a standard that would be suitable for publication in a peer reviewed journal, and academic publications where appropriate. For details see section 2.2.3 and section 4 of the Scope.

10. Prepare documentation and successfully obtain all ethics, research approvals, and working with children checks required for design or delivery of the Impact Framework or Program evaluations, as well as any relevant information sharing agreements and Privacy Impact Assessments as required for the evaluation.
11. Develop a knowledge translation plan in conjunction with VicHealth, that will enable dissemination of learnings about the Impact Framework and effective evaluation approaches and findings of the project evaluations.
12. Attend meetings with VicHealth team members, the Evaluation Governance Group, and program partners.
13. Design and delivery of an approach for embedding the Impact Framework and Major Programs Evaluation approach into VicHealth's new Strategic Plan, in collaboration with VicHealth staff.
14. Provide ongoing consultancy for one year post project completion to ensure successful implementation of the Impact Framework and Major Programs Evaluation approach in the next Strategic Plan.
15. Undertake logistics and costs associated with the operational delivery of all components of this evaluation project's deliverables.

4. Reporting Requirements

The provider will commit to attending meetings with VicHealth Program and Research teams, the Evaluation Project Governance Group and program partners to provide progress update presentations as required.

At a minimum, the researcher will provide to VicHealth:

- Plain-English quarterly project progress reports regarding progress on the design and development of the Impact Framework and the Major Program evaluations with actionable insights for VicHealth regarding recommended next steps for the project.
- Report on the methods and outcomes of the design and development of the Impact Framework on a biannual basis through provision of data summary displays and written reports including plain-English, impactful summaries with clear actionable insights. Annual full reports regarding the methods and outcomes of the Impact Framework will also be required and must include detailed methods, results and interpretation of findings at a standard that would be suitable for publication in a peer reviewed journal, and academic publications where appropriate.
- Report on evaluation findings on a quarterly basis through provision of data summary displays and written reports including plain-English, impactful summaries with clear actionable insights. Annual full reports regarding evaluation will also be required and must include detailed methods, results and interpretation of findings at a standard that would be suitable for publication in a peer reviewed journal, and academic publications where appropriate. For details see section 2.2.3 and section 4 of the Scope.
- A final report providing a synthesis of findings, overall recommendations to VicHealth regarding ongoing implementation of the Impact Framework and evaluation of VicHealth's Major Programs, and practical guidelines for their implementation by VicHealth staff
- Verbal briefing/presentations with key VicHealth representatives and partners as required throughout the project

- Results able to be disseminated through peer reviewed publications and research summaries for a lay audience. These are to be developed by the successful Tenderer in collaboration with VicHealth
- Assistance in the publication and/or presentation of research findings as agreed
- Upon completion of data collection and analysis, the Tenderer will provide all data and research materials, and associated IP, to VicHealth in an appropriate format.

Further reporting requirements may be negotiated with the successful Tenderer, based on the key deliverables and milestones determined in line with the successful proposal.

5.Important Dates

Date	Action
29 th October 2021	RFT released to potential respondents
10 th November 2021	RFT information webinar session Register by Tuesday 9 th November 12:00pm using the following link: https://sforce.co/3bjQzXc
30 th November 2021	Last day to submit questions and requests for clarification
13 th December 2021	Submission of RFT closes
21 st January 2022	Intended completion of shortlisting process
28 th January 2022	Intended interview of shortlisted Tenderers
4 th February 2022	Intended completion of assessment of Tenders
8 th February 2022	Negotiations with Tenderer(s) (if applicable)
10 th February 2022	Intended formal notification of successful Tenderer(s)
24 th February 2022	Intended execution of Proposed Contract(s)
1 st March 2022	Project establishment meeting with VicHealth and successful Tenderer
3 rd March 2025	Contract close

6.Performance Measures

1. Transparency and appropriateness of Impact Framework design and development methods and Major Program evaluation methods as outlined in Part B section3 Project deliverables
2. Responsiveness and quality of advice from allocated staff
3. Quality of the Impact Framework and Major Program evaluation outputs as outlined in requirements for Part B section 3 Project deliverables
4. All deliverables provided according to VicHealth's schedule

7.Pricing

The budget for this work is up to \$1.8 M over 3 years.

When providing pricing it is important to be aware that the ability to deliver the services within the specified time frame (as outlined in Part B section 5) and to the required level of

quality is a key consideration in appointing a supplier. Value for money is a key assessment criteria.

Please provide a pricing schedule to deliver your Proposal matched to personnel and timeframes. In addition, provide clearly itemised pricing that matches the breakdown of your proposed methodology and approach to this project, see Appendix C - Pricing Spreadsheet.

In addition to your pricing schedule, please list hourly or daily rates, and number of hours or days required of specific personnel, which may be used to calculate variations in the contract should you be successful in securing the project.

Any additional disbursements must be clearly identified, and estimates itemised.

All pricing information must clearly state whether it is inclusive or exclusive of GST.

8. Insurances

Please provide Certificate of Currency for the following insurances:

- 1) Public liability insurance up to \$10,000,000 per event for the Project Period and for 7 years following that period (regardless of any expiration or termination of this engagement).
- 2) Professional indemnity insurance of at least \$5,000,000 per event for the Project Period and for 7 years following that period (regardless of an expiration or termination of this engagement)
- 3) Current Workers Compensation (WorkCover) certification

9. Service Delivery Conditions and Environmental Factors

- Ways of working: The design and development of the Impact Framework and the Major Program evaluation methods will require input and approval by the VicHealth teams and the VicHealth Evaluation Project Team
- The specific details of each Program and the Impact Framework is confidential; VicHealth will share relevant data with the successful Tenderer
- The evaluation must be conducted in accordance with the *Australian Code for the Responsible Conduct of Research (2018)*. Ethics approvals required for the project must be obtained and maintained for the duration of the project and copies of these approvals shall be provided to VicHealth within 30 days of approval or as requested.

APPENDIX A – PROGRAM LOGIC FOR FUTURE HEALTHY & VICHEALTH LOCAL GOVERNMENT PARTNERSHIPS

Program Logic - Future Healthy

Inputs	Outputs: Activities	Outputs: Participation	Short-term outcomes 6-12 months	Medium-term outcomes Up to 2 years	Long-term outcomes Up to 5 years
Campaign					
Part 1 VH and external Consultation expertise	Listening forums, interviews and surveys about level of satisfaction with physical activity and social connection opportunities, and availability of healthy food systems	Young people aged 0-25 and their families	Children and young people have more opportunities to share their needs and have their voice heard- amplified	Young people and their families have improved access to healthy food and opportunities for physical activity and opportunities for social connection that are aligned to their needs	Rates of healthy eating, physical activity and social connection are improved amongst children and young people
Part 2 Insights from Part 1 VH and external campaign design expertise New PA, HE and Soc Conn opportunities developed by FH Programs	Campaign to promote physical activity and social connection opportunities, and availability of healthy food systems	Young people aged 0-25 and their families	Young people and their families are aware of new opportunities emerging in response to their expressed needs		
Part 3 Insights from Part 1 & 2 VH and external campaign design expertise New PA, HE and Soc Conn opportunities developed by FH Programs	Staggered micro campaigns that separately focus on combine listening and responding	Young people aged 0-25 and their families	Young people and their families are aware of action taken by VH Young people and their families are aware of new opportunities emerging in response to their expressed needs		
Programs					
Small Grants \$3-25K Larger Grants \$50-150K Larger investments Community insights & expertise Campaign insights Policy and practitioner expertise and resources VH & local resources TBC	Small, medium and large food system, physical activity and social connection projects TBC VH initiatives to enhance capability and capacity of funded or connected policy and practice partners Partnership engagement with policy makers and practitioners to promote demand for Future Healthy initiatives	Young people aged 0-25 and their families/care givers Policy/practice stakeholders	Partner policy makers & practitioners have support (community, organizational, resources) and capacity (knowledge and skills) to build and deliver CYP programs Partners have increased understanding of the 'Future Healthy' needs of CYP and the mechanisms to address them, and promote this in their organisations		

Program Logic - VicHealth Local Government Partnership

Inputs	Outputs: Activities	Outputs: Participation	Short-term outcomes 6-12 months	Medium-term outcomes Up to 2 years	Long-term outcomes Up to 5 years
Partner Councils					
VicHealth funding to councils	Systems thinking capacity building module	Council workforce and local policy and practice stakeholders	Council workforce and their community partners have organisational support, resources and capability to apply systems thinking and co- design approaches to the planning and delivery of healthy eating, physical activity and social connection priorities Module design is aligned with State, VicHealth and Municipal Public Health and Wellbeing Plans Increased peer-to-peer networking and information sharing between councils	Council workforce and their community partners have consolidated skills and confidence in the application of systems thinking, co-design, module delivery leading to increased opportunities for children and young people to access council activities and spaces Non-fast-track councils adopt modules	Long term evaluation, data and monitoring processes are embedded in council activity Policy and program changes in relation to factors that enable physical activity, healthy eating and social connection are embedded in a sustainable way
Insights and expertise of local children and young people	Children & young people co-design module				
Systems thinking and co-design specialist expertise	VicHealth 'core' and 'stretch' health promotion modules				
Insights and expertise of local councils	Communities of practice				
Council workforce and local partner expertise and resources					
Expert partners					
VicHealth and partner expertise	Development and implementation of health promotion Modules connection and collaboration with local councils and VicHealth in a cohesive manner	Experts in health promotion module development, communities of practice and module implementation	Expert partners have an increased understanding of the needs and context of local councils and community partners Increased council to expert networking and information sharing between councils	Partnership networks amongst different types of expert partners, and between local councils and expert partners, are developed and strengthened	Alignment of evidence-based policy and practice across health promotion expert partners, research institutes, VicHealth and Municipal Public Health and Wellbeing Plan.
Children and young people living in fast-track Local Government Areas					
Council workforce and local partner expertise and resources	Opportunities to co-design local solutions, planning and programs	Children, young people and their families	Children and young people have more opportunities to share their ideas and have their voice heard by Councils Children and young people have increased sense of engagement with and influence of Councils planning and service design Children and young people have increased opportunities to co-design solutions with their Council and communities that are aligned to their needs	Children, young people and their families have improved access to healthy food, physical activity opportunities and social connection opportunities that are aligned to their needs	Rates of healthy eating, physical activity and social connection are improved amongst children and young people
Co-design expertise	Evidence based programs from				
Children and young people's insights and expertise	VicHealth health promotion modules (some will require co-design with young people, others are programs that have been successfully trialled previously)				

The community of fast-track Local Government Areas					
VicHealth funding to council and communities	Evidence-based policy and programs from VicHealth health promotion modules	Local community	Local communities are aware of changes being implemented to support young people's physical activity, healthy eating, and social connection	<p>Local communities have a sense of pride and support for observed community changes in access and opportunities.</p> <p>Local communities experience a flow on effect of improved access to healthy food, physical activity opportunities and social connection opportunities</p> <p>Rates of satisfaction with council achievements in the area of wellbeing increase</p>	<p>Rates of healthy eating, physical activity and social connection are improved amongst the wider community</p> <p>Potentially, life satisfaction and subjective wellbeing in communities has increased</p>

APPENDIX B— SUPPLIER CODE OF CONDUCT COMMITMENT

Tenderer to complete (Mandatory)

[INSERT TENDERER NAME]

[insert tenderer address]

[insert date]

RFQ No: [insert RFQ no]

COMMITMENT TO THE VICTORIAN STATE GOVERNMENT SUPPLIER CODE OF CONDUCT

1. I acknowledge that:
 - a. the Victorian State Government (**the State**) is committed to ethical, sustainable and socially responsible procurement;
 - b. the State has a Supplier Code of Conduct (**Code**) the Code describes the State's minimum expectations of the conduct of its suppliers in relation to:
 - i. integrity
 - ii. ethics and conduct
 - iii. conflicts of interest
 - iv. gifts, benefits and hospitality
 - v. corporate governance
 - vi. labour and human rights
 - vii. health and safety
 - viii. environmental management.
 - c. the expectations set out in the Code are not intended to reduce, alter or supersede any other obligations which may be imposed by any applicable contract, law, regulation or otherwise;
 - d. to ensure that the Code remains current and relevant, it may be amended or updated by the State; and
 - e. the Code includes an ongoing expectation that suppliers (including my organisation) will raise concerns or otherwise seek clarification in relation to any aspects of the Code, including any updates or amendments to the Code.
2. On behalf of my organisation, I:
 - a. confirm that the State's expectations of suppliers as set out in the Code are understood;
 - b. provide a commitment that if selected to supply goods and / or services to any State department or public body my organisation will:
 - i. periodically check with reasonable frequency for updates and amendments to the Code; and
 - ii. aspire to meet the State's expectations of Suppliers as set out in the Code, including as updated or amended by the State.

Signature: _____

Date: _____

Name: _____

Position: _____

Organisation: _____

APPENDIX C – PRICING SPREADSHEET (SEE SEPARATE EXCEL ATTACHMENT IN RFT PACK)