



USC-Office of Population Studies Foundation, Inc.  
University of San Carlos  
Talamban, Cebu City, Philippines  
Telefax #: (63-32) 346-6050  
Website: <http://opsusc.org>



14 March 2023


TO ALL INTERESTED PARTIES:

We are currently in need of a **COPY EDITOR** who will proofread and edit written documents produced by OPS and the LCSFC (*LONGITUDINAL COHORT STUDY ON THE FILIPINO CHILD*) research team to improve grammatical quality and content clarity. The **COPY EDITOR** is expected to maintain close communication with the writers of the written documents specified in the Terms of Reference and abide by final decisions from OPS regarding content quality.

In this regard, we would like to invite you to respond to our call for a consultancy work from **April 1-April 30, 2023** . Attached is a copy of the Terms of Reference.

Should you be interested in this consultancy work, please submit your curriculum vitae, references and consultancy fee for this engagement **not later than 29 March 2023**.

Sincerely,

  
Nanette L. Mayol, PhD  
LCSFC Investigator  
Director  
USC-Office of Population Studies Foundation Inc.



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**LONGITUDINAL COHORT STUDY ON THE FILIPINO CHILD (LCSFC)  
Terms of Reference (TOR) for Copy Editor (Revised)  
March 14, 2023**

Please refer to the 2023 TOR Appendix 1 for an overview of LCSFC and its components.

**A. Objectives of Hiring a Copy Editor**

The United Nations Population Fund (UNFPA) has commissioned the USC-OFFICE OF POPULATION STUDIES FOUNDATION, INC (OPS) to implement the Longitudinal Cohort Study on the Filipino Child (LCSFC). A significant aspect of the OPS contract is to prepare written documents which include reports, manuscripts for publication, policy notes and other written forms based on LCSFC study findings intended to inform government agencies, the research community and other relevant stakeholders on the state of the Filipino child and identify areas where programs/policies need to be formulated or strengthened.

The OPS is hiring a COPY EDITOR who will proofread and edit these written documents produced by OPS and the LCSFC research team to improve grammatical quality and content clarity. The Copy Editor is expected to maintain close communication with the writers of the written documents specified in this TOR and abide by final decisions from OPS regarding content quality.

**B. Desired Qualifications**

- A Master's Degree or equivalent in journalism, communication, social sciences, or comparable academic preparation is required
- In lieu of a Master's degree, a first-level university degree (Bachelor's or equivalent) in combination with 2 years experience in copy editing may be accepted
- Experience in professional copy editing of documents written in English is required, supported by referral letters
- Strong communication skills (written and oral) and expertise in using Word are required;
- Mastery of the latest reference listing and citation standards set by the American Psychological Association is required.

**C. Responsibilities, Scope of Work and Deliverables**

The work covered by this consultancy includes the following:

- Primary reading through text and correcting typographical errors, punctuation, spelling and easily corrected grammatical mistakes;
- Editing text for stylistic corrections, which may entail an entire re-writing of full sentences to obtain the best written English;
- Improving the flow and clarity of language so that the document is clear and concise;
- Checking internal consistency of the text, data, figures, tables and boxes, and compliance to publication requirements if any;
- Submitting the work with tracked changes, and provides a list of queries and suggested solutions. Any major changes should be flagged;
- Providing a finished Word file for each written document for OPS review;
- Working within the required deadlines and being available to the OPS team when needed;
- Attending meetings with OPS and the LCSFC team on matters pertaining to the written documents

This consultancy covers completed copy editing work of the **COVID-SDG Report** (250 pages from cover to appendices). The Copy Editor is expected to provide the following deliverables **on or before April 30, 2023**.

1. Final edited copy (as approved by OPS): COVID-SDG Report
2. Proof of attendance in meetings (as needed)

**D. Contract Period:** April 1- April 30, 2023

**E. Application Procedure**

Qualified candidates are hereby requested to send their 'Expression of Interest' letter indicating a financial proposal for this engagement along with a personal CV to **opsfoundation@opsusc.org** by close-of-business on **March 29, 2023** indicating "LCSFC SDG-Report Copy Editor" in the Subject line of the email. Applications can also be delivered to USC-Office of Population Studies Foundation, Inc., University of San Carlos-Talamban Campus, Talamban, Cebu City. Any applications received after the deadline will not be considered.



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**LONGITUDINAL COHORT STUDY ON THE FILIPINO CHILD (LCSFC)  
Study Description**

**Overview**

In 2015, the United Nations formally launched the 17 Sustainable Development Goals (SDG)<sup>1</sup> building upon the progress achieved by the 2000 Millennium Development Goals (MDG)<sup>2</sup>. In fact, the SDG agenda aims to finish the job started by the MDG in terms of ending extreme poverty, fighting inequality and injustice, and ensuring environmental sustainability for all.

In the Philippines, the SDG implementation period (2015-2030) falls within the window (2015-2050) when the demographic phenomenon called the “youth bulge” is expected to occur<sup>3,4</sup>. This phenomenon, marked by a historic increase in the proportion of the population between the ages of 15-29, appears to be a window of economic opportunity with more young people potentially reaching working age, thereby increasing the country’s capacity for growth alongside the subsequent decline in dependency ratio<sup>a</sup>.

An important response to this phenomenon is to ensure that these young people reach working age physically and mentally healthy, sufficiently educated, empowered and ready for work. Correspondingly, necessary infrastructures have to be in place to meet the needs of this growing sector, particularly the increasing number of job seekers. A number of factors threaten the Philippines’ claim to the first “demographic dividend” or the potentials for increased per capita income given the increase in labor force<sup>3</sup>. Among these are the relatively high rate of stunting<sup>5</sup> which is associated with poor human capital in adulthood<sup>6</sup>, high prevalence of risky sexual behavior among adolescents<sup>7</sup>, and increasing rates of adolescent pregnancy particularly among the poor<sup>8</sup>.

To understand how the SDG agenda contributes to the welfare of our young population in the course of its implementation, the United Nations Population Fund (UNFPA) and the Philippine government led by the National Economic and Development Authority (NEDA) launched the Longitudinal Cohort Study on the Filipino Child (LCSFC). The motivation was to obtain a comprehensive perspective from the point of view of Filipinos who transition from childhood to young adulthood or working age within the SDG timeline. The LCSFC is a 14-year prospective cohort study on a nationally representative sample of Filipino children who were age 10 in 2016, when SDG-focused programs started to be implemented, and who are followed through the SDG 2030 endline at age 24. Repeat survey rounds are scheduled covering significant milestones in the lives of the cohort from age 10 thru 24 (i.e., puberty, school completion, entry into labor force, sexual activity initiation, and marriage) in the course of various stages of the SDG agenda implementation. The 2015 Census data show that about 30% of Filipinos are in the 10-24 age group (PSA 2017)<sup>9</sup>. It is therefore crucial that key program intervention points are identified to ensure

<sup>a</sup> ratio of dependents, 0-14, >65 to working age 15-64

that this mass of young Filipinos are primed to reach young adulthood healthy and equipped with high social and human capital.

The study collects multi-level data [individual (cohort and their mothers), household and community] using mixed methods (survey, focus group discussions, in-depth interviews). Data on key outcome variables covering 13 of the 17 goals are collected in the study. The main analytical objectives are a) to identify individual-, household- and community-level factors that significantly influence the key outcomes directly and synergistically, and b) to understand the mechanisms through which exposure to programs and interventions influence these outcomes over time.

The LCSFC is a partnership involving the National Steering Committee which consists of lead government agencies and chaired by NEDA, UNFPA, UNICEF, Department of Foreign Affairs and Trade of Australia and renowned demographic research institutions in the country. The USC-Office of Population Studies Foundation, Inc. (OPS) is the implementing agency for this study in collaboration with the following research institutions, which are based in the country's three main island groups:

Luzon: Demographic Research and Development Foundation (DRDF)

Visayas: Center for Social Research and Education (CSRE)

Mindanao: Research Institute for Mindanao Culture (RIMCU)

Study results will be used by government agencies in their policy planning and in evaluating currently implemented programs. Data use agreements are set up by the UNFPA for researchers and stakeholders interested in LCSFC study data that are available for release.

### **Longitudinal study design and sampling scheme**

The cohort participants who are tracked in this 14-year study, hereinafter referred to as the index children (IC), and their households are the study's main units of analysis. The survey sample was selected to be nationally representative of 10-year old Filipinos from the country's three main island groups: Luzon, Visayas, and Mindanao (sampling domains). The LCSFC aims to retain an endline sample of about 2,000 from among those recruited at baseline. Given projected attrition rates at each survey round (increasing as the cohort reaches college age), we estimate that we need to initially recruit 5,000 10-year old girls and boys, equally distributed across the three island groups or domains. The sampling frame was based on the 2010 Census (PSA 2010)<sup>10</sup> using data on 4-year old children expected to be age 10 in 2016. We used a two-stage sample selection scheme. Barangays (or the IC communities of residence) are the primary sampling units and were selected using probability proportional to size systematic sampling with the number of 10-year old children per barangay as the size measure. In each sample barangay, sample children were selected using equal probability systematic sampling. Implicit stratification was used to ensure selection of urban-rural sample barangays with children considered as vulnerable [indigenous peoples (IP) and children with disabilities]. The final sampling draw yielded 345 barangays. We aimed to enroll 15 households per barangay, or a maximum of 5,175 households to provide enough margin to get at the desired sample size of 5,000 across all domains. Of the 5,175 households recruited at baseline, we interviewed a total of 4,952 households with eligible 10-year old children, giving a response rate of 95.7%.

Data collection protocol: Data collection for each full survey round consists of a household survey and a community (barangay) survey. Household surveys are done through in-person home interviews. Until the cohort participants reach age 18, the household survey respondents are their mothers (or main

## TOR Appendix 1 (2023)

caregivers if the mothers are not home at time of visit). Written consent forms are read to and signed by the household respondents and verbal assents are obtained from the IC prior to the IC interviews. At age 18 and thereafter, the IC will be the main respondents (barring changes in data collection procedures), and will be consented directly. At the completion of the home visit, the respondents are given standardized tokens of appreciation for allocating time for the interview and assessments.

For the community survey, the respondents are mainly the Barangay Captain or any knowledgeable barangay official. For specific questionnaire modules (i.e., on community facilities), relevant key informants are interviewed.

Data collection during the pandemic. Data collection for Wave 4 in early 2020 had to be terminated ahead of schedule as communities started to close their borders due to increasing COVID-19 cases. As a result, we missed 38% of the target sample for that wave. In November 2020, a brief tracking survey (Wave 4A) was done by phone to check on the status and whereabouts of the cohort. For Wave 5 (2021), we were initially given clearance by the government to resume home visits. However, right before data collection was set to begin, there was another surge in COVID-19 cases in the country and data collection was once again done by phone for the safety of both field researchers and respondents. The accompanying Community Survey (Wave 5A) for this wave was deferred for a few months (2022) until it was deemed safe to conduct in-person interviews. While collecting community data, we took the opportunity to visit the households we failed to capture in past phone surveys and update our phone contact/address masterlist . By Wave 6 (2022), it was once again safe to conduct home visits for the household survey. No tandem Community Survey was done given that the last community survey was done just a few months before the Wave 6 household survey. Please refer to Table 1 below for more data collection and IC details.

**TABLE 1. SURVEYS/DATA COLLECTION ACTIVITIES CONDUCTED:**

Study Component	Date Collection Duration	Sample households (Retention rate)	Mean IC age/ Grade levels (majority of IC)
Wave 1 (home visit and community survey)	Nov 2016 to Jan 2017	4,952	10.5/Gr 4-5 (98% enrolled)
Wave 2 (home visit and community survey)	Feb to Apr 2018	4,734 (95.6%)	11.8/Gr 5-6
Wave 3 (home visit and community survey)	Jan to Jun 2019	4,662 (94.1%)	12.8/Gr 6-7
Wave 4 (home visit and community survey)	Jan to Mar 2020	3,079 (62.2%)	13.7/Gr 7-8
Wave 4A (supplemental phone survey; household respondent interview)	Nov 2020	3,182 (64.3%)	14.4/Gr 8-9
Wave 5 (phone survey; household respondent and IC interviews)	Jun to Aug 2021	4, 192 (84.6%)	15.0/Gr 8-9 (same adademic year; 96% enrolled)
Wave 5A (community survey and tracking of households lost to phone survey follow-up)	Mar to May 2022		
Wave 6 (home visit)	Oct to Dec 2022	4,541 (91.7%)	16.1/Gr 9-10
<b>Other data collection activities:</b>			
Baseline Qualitative Study (non-cohort sample)	Aug to Oct 2017	80	10/Gr 4-5 15-19 (FGDs)
<b>Upcoming data collection activities:</b>			
Qualitative Study Follow-up (of Baseline In-depth interviewees)	2023		

## References:

- 1 United Nations. (2017). *The Sustainable Development Goals Report 2017*. New York, New York: Department of Economic and Social Affairs.
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- 3 Mapa, D.S., (2015). *Demographic sweet spot and dividend in the Philippines: The window of opportunity is closing fast*. [Powerpoint presentation]. Retrieved from [http://www.bsp.gov.ph/events/pcls/downloads/2015/BSP\\_2b\\_mapa\\_presentation.pdf](http://www.bsp.gov.ph/events/pcls/downloads/2015/BSP_2b_mapa_presentation.pdf)

## TOR Appendix 1 (2023)

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- 5 Food and Nutrition Research Institute. Department of Science and Technology (DOST) (2013). *8<sup>th</sup> National Nutrition Survey*. Manila, Philippines: DOST.
- 6 Adair, L.S., Fall, C.H.D., Osmond, C., Stein, A.D., Martorell, R., Ramirez-Zea, M.... COHORTS Group. (2013). Associations of linear growth and relative weight gain during early life with adult health and human capital in countries of low- and middle-income: findings from five birth cohort studies. *Lancet*, 382 (9891), 525-34.
- 7 Bongolan, H.R. (2013). More Pinoy youth engage in risky sexual activity, survey confirms. Retrieved from <http://www.pchrd.dost.gov.ph/index.php/news/3896-more-pinoy-youth-engage-in-risky-sexual-activities-survey-confirms>
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- 9 Philippine Statistics Authority (PSA). (2017). *Per capita poverty threshold, poverty incidence and magnitude of poor population, by region and province, (1991, 2006, 2009, 2012, and 2015)*. Retrieved PSA website: November 8, 2017, from [openstat.psa.gov.ph/.../poverty/.../674f1c33-295d-4ef9-8581-9ecf498c5766](https://openstat.psa.gov.ph/.../poverty/.../674f1c33-295d-4ef9-8581-9ecf498c5766)
- 10 Philippine Statistics Authority (PSA). (2015). POPCEN 2015, from <https://www.psa.gov.ph/tags/popcen-2015>