

TERMS OF REFERENCE FOR INDIVIDUAL CONSULTANTS

Title: National consultant to conduct endline assessment of nutrition cash plus project in Gia Lai province	Funding Code:	Type of engagement <input checked="" type="checkbox"/> Individual Consultant (One national consultant)	Duty Station: Viet Nam
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Purpose of Activity/Assignment:
 Support to conduct endline assessment of nutrition cash plus project in Gia Lai province, using randomised control trial approach.

Background

Within social protection, social transfers are defined as predictable direct transfers to protect and prevent individuals and households from being affected by shocks and to support the accumulation of human, productive and financial assets. Cash transfers protect families and communities from shocks and climate change risks. Cash transfers are important not only to help families escape poverty, but also to protect families from economic shocks such as those caused by unemployment, illness, natural disasters or pandemics. When families lack the capacity to cope with shocks, children can suffer from immediate as well as long-term consequences when they have to drop out of school, work in hazardous conditions or lack access to nutrition at critical development stages.

Evidence shows that cash transfers can help address the underlying determinants of malnutrition. For example, cash transfers can increase household access to a diverse range of nutritious foods for children and women. Cash transfers can also facilitate access – to essential nutrition and health services in these contexts – by covering cost of transport for example, including for life-saving treatment for child wasting. Cash transfers can also improve food intake and dietary quality and prevent children with severe wasting from relapsing following recovery in treatment programmes. Over the longer-term, if cash transfers are adequate, sustained and combined with quality nutrition programmes, they can have a positive impact on nutrition outcomes, such as reduction of stunting and wasting.

When combining cash transfers with complementary interventions and links to essential services, it can maximize the effectiveness in addressing long-term well-being and multi-vulnerabilities of children and households facing. The so-called ‘cash plus’ programmes whereby cash transfers are combined with one or more types of complementary support through behaviour change communication, counselling and psychosocial support, supplementary feeding, parenting, case management or strengthening the quality of existing services and facilitating linkages to these.

Over the past decade, the reform agenda of social protection in Viet Nam has seen significant progress. In 2021, the Government issued Decree 20/2021 replacing Decree 136/2013 serving as the most important decree on cash assistance in Viet Nam, with the renewed focus in the first 1,000 days of life. As of 2023, about 3.5 million people received a regular benefit (about 3.5 per cent of the population) of which about 379,000 children receiving monthly cash transfer, accounting for about 1.45% of all children in the country. The Decree 20 reflects an expansion in social assistance coverage for only a small group of children under 3 years old from poor households living in ethnic minority communities in mountainous areas¹. Three years later, Decree 20 was replaced by Decree

¹ According to the latest report of MOLISA on implementation of Decree 20/2021/NĐ-CP, about 146,365 children under 3 from poor households living in ethnic minority communities in mountainous areas receiving monthly cash assistance

76 effectively since 1 July 2024 with minor revision made to increase the assistance rate from VND 360,000 to VND 500,000 and retain the article allowing provinces and cities with an existing and potential fiscal space to have the flexibility to make decisions on the expansion of coverage and value of the benefits to be transferred to beneficiaries. However, the Decree 76 is still categorical, narrowly targeted and without a roadmap for a progressive introduction of universal social assistance for children nor the inclusion of emergency and shock responsive cash assistance for children. Finally, the Decree does not provide guidance to strengthen the linkages between social assistance beneficiaries and access to essential services.

Gia Lai is one of poorest provinces in the central highland of Viet Nam with the high population of ethnic minority people (46.23%), the high rate of stunted under-5-year-old children 31.5%; and the mortality rate of under-1-year-old children at 15.3 per 1,000 live births. Gia Lai issued Resolution 10/2021/NQ-HĐND which stipulated the rolling out of Decree 20 on social assistance policy following the same beneficiary coverage and support value as of Decree 20 from central government. According to this resolution, only a small proportion of children under three living in poor households in ethnic minority communities are eligible for monthly cash assistance, leaving many of those who are malnourished but are not qualified for receiving cash assistance. With enormous global evidence on the linkage between cash and nutrition interventions and upon the request from Gia Lai, UNICEF supported the province to design and pilot the nutrition cash plus model which can help to address child poverty and vulnerability with particular focus on most vulnerable segments of the population in Gia Lai. The project provided support to 245 pregnant women and children under 5 living in poor and near poor households in Lo Pang commune within a duration of 5 months from July to November 2025.

Purpose and Objectives

The purpose of the assignment is to evaluate the impact of the intervention through an endline assessment using randomized control trial approach to inform the scaling up of project based on the project M&E framework.

Key research questions for assessment:

1. Impact

To what extent did the nutrition cash plus programme improve health and nutrition outcomes for children and pregnant women in Gia Lai?

2. Relevance

To what extent was the interventions of the nutrition cash plus programme relevant to EM culture in child rearing?

To what extent was the programme aligned with Gia Lai province's policy and strategy in mother and child health and nutrition, and social protection?

3. Sustainability

To what extent is Gia Lai province capable of maintaining the achievement of the nutrition cash plus programme and continue this programme with their own and/or mobilized resources?

Scope of Work

The assignment will cover the period of 5 months from 1 September 2025 to 30 March 2026 including travel to Gia Lai for field work.

Specific outputs include:

The consultancy is expected to be delivered by one national consultant with technical expertise on monitoring and evaluation, especially on randomised experiment. The consultant is responsible for directly coordinating and communicating with UNICEF and Gia Lai PMU on all matters related to this assignment.

- Output 1: Development of a workplan to carry out the consultancy and design the endline survey, including the sampling procedures, questionnaire, data collection approaches, indicators and other data collection arrangements.
- Output 2: Conduct data collection for the endline study based on agreed survey design in consultation with UNICEF Country office and Regional Office. The consultant will be in charge of field data collection including the recruitment of enumerators (if required and agreed with UNICEF as a part of the survey design in output 2).
- Output 3: Draft endline report which is expected to gather endline information to assess the effect of the program and to compare what happens before and after the program has been implemented through randomized experiments of 2 groups including i) group receiving nutrition interventions only and ii) group receiving cash transfer and plus interventions.
- Output 4: Present key findings of evaluation at the advocacy workshop and finalize endline study report incorporating the feedback received.
- Output 5: Develop a policy brief based on the findings from the endline survey (in conjunction with the results from the baseline survey and other related project documents) to advocate for the nutrition cash transfer model

Deliverables, payments and timelines

Activities	Deliverables	Timeframe	Corresponding payment
1. Development of a workplan to carry out the consultancy and design the endline survey, including the sampling procedures, questionnaire, data collection approaches, indicators and other data collection arrangements.	Availability of consultancy workplan, including survey design and tools for data collection	30 October 2025	50% of total contract value and travel cost
2. Conduct data collection for the endline study based on agreed survey design in consultation with UNICEF.	Field mission report	5 December 2025	
3. Draft endline report which is	Availability of endline study report	25 January 2026	

<p>expected to gather endline information to assess the effect of the program and to compare what happens before and after the program has been implemented through randomized experiment</p>			
<p>4. Present key findings of evaluation at the advocacy workshop and finalize endline study report incorporating the feedback received, and policy brief</p>	<p>Workshop materials for the validation workshop, final report and policy brief</p>	<p>28 February 2026</p>	<p>50% of total contract value and travel cost</p>

Methodology

To carry out the consultancy work, it is expected that the consultant (with support from local enumerators if required) will gather both quantitative and qualitative methods, using the following methods: (1) document review of the relevant materials including the monthly/quarterly reports by Gia Lai PMU and Lo Pang Commune’s health staff (2) KIIs and FGDs with related stakeholders through field visits to collect information required, and (3) consultation workshop with UNICEF Viet Nam country office (SPG, CSDE/Nutrition and PME) as well as MOH and relevant departments of Gia Lai province.

Travel

The consultant is expected to travel to Gia Lai (tentatively 2 trips to Gia Lai, including trip 1: 12 days for training and data collection and trip 2: 2 days for validation workshop of endline study). The consultants will need to organize own travel, including ticketing and accommodation and transportation. The consultant must be fit to travel, be in possession of the valid UN DSS Basic and Advanced Security certificates, obligatory inoculation(s) and have a valid own travel/medical insurance with hospitalization and repatriation coverage. The dates for the trips will be determined in consultation with the Social Policy Officer and the Country Office.

Management

The consultancy will be supervised by the Social Policy Officer under the overall guidance of the Chief of Social Policy and Governance Section. The consultant will work in close collaboration with the colleagues from Nutrition team/CSDE Section, PM&E and Gia Lai PMU.

The consultant will be in charge of recruiting and management of any potential enumerators deemed necessary for data collection (in discussion and agreement with UNICEF).

Child Safeguarding

Is this project/assignment considered as “Elevated Risk Role” from a child safeguarding perspective?

YES NO; If YES, check all that apply:

Direct contact role YES NO

If yes, please indicate the number of hours/months of direct interpersonal contact with children, or work in their immediately physical proximity, with limited supervision by a more senior member of personnel:

Child data role YES NO

If yes, please indicate the number of hours/months of manipulating or transmitting personal-identifiable information of children (name, national ID, location data, photos):

More information is available in the [Child Safeguarding SharePoint](#) and [Child Safeguarding FAQs and Updates](#)

Budget Year: 2025	Requesting Section/Issuing Office: Social Policy and Governance	Reasons why consultancy cannot be done by staff: The development of the endline study and impact evaluation requires high-level expertise and in-depth knowledge about social protection and M&E. As this requirement goes beyond the routine management work UNICEF staff and that of Gia Lai PMU, it is necessary to recruit a national consultant with relevant technical expertise as required.
Included in Annual/Rolling Workplan: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please justify: Under the signed workplan with Gia Lai Child Friendly Province		
Consultant sourcing: <input checked="" type="checkbox"/> National <input type="checkbox"/> International <input type="checkbox"/> Both Competitive Selection: <input checked="" type="checkbox"/> Advertisement <input type="checkbox"/> <input type="checkbox"/> Roster Single Source Selection <input type="checkbox"/> (Emergency - Director's approval)		Request for: <input checked="" type="checkbox"/> New SSA – Individual Contract <input type="checkbox"/> Extension/ Amendment
If Extension, Justification for extension:		
Supervisor:	Start Date: 1 September 2025	End Date: 30 March 2026

- Knowledge of Viet Nam's socio-economic context as well as local context in Gia Lai would be an asset.
- Relevant skills and competencies (20 points)
- Proven capacity to facilitate multi stakeholder consultations and communications.
- Good listening skills as well as written and communication skills in English.
- Excellent teamwork skills particularly with local researchers/enumerators

B) Financial Proposal (e.g. maximum of 25 Points)

- All prices/rates quoted must be exclusive of all taxes as UNICEF is a tax-exempt organization.
- Financial proposal should be all-inclusive lump-sum cost including consultancy fee, costs for domestic travel and communication.

<p>Administrative details:</p> <p>Visa assistance required: <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> Home Based <input type="checkbox"/> Office Based:</p>	<p>If office based, seating arrangement identified:</p> <p><input type="checkbox"/></p> <p>IT and Communication equipment required:</p> <p><input type="checkbox"/></p> <p>Internet access required: <input type="checkbox"/></p>