

TERMS OF REFERENCE FOR INDIVIDUAL CONSULTANTS AND CONTRACTORS

Title	Funding Code	Type of engagement	Duty Station:
Development of the social and behaviour change communication (SBCC) ¹ strategy for childhood obesity prevention in Viet Nam	5200/A0/06/881/002/004 SC229903; Expired: 31 December 2025	<input checked="" type="checkbox"/> Individual Consultant	Home-based with field visits to test the strategy and its interventions
Purpose of Activity/Assignment: The national consultant will develop an evidence based national Social and Behaviour Change Communication (SBCC) strategy for childhood obesity prevention in Viet Nam for Ministry of Health (MOH) .			
Context <i>Overweight, Obesity, and Imbalanced Diets Among Vietnamese Children</i> In Viet Nam, there has been a concerning surge in the prevalence of overweight and obese children over the last decade, particularly in major urban centers. According to the 2019-2020 National Nutrition Census conducted by the National Institute of Nutrition (NIN)/ Ministry of Health (MOH), the rate of overweight and obese children in Viet Nam has more than doubled, rising from 8.5% in 2010 to 19% in 2020. In 2020, the rates differed across regions, with urban areas recording 26.8%, rural areas at 18.3%, and mountainous areas at 6.9%. Notably, the obesity rate among inner-city children in Ho Chi Minh City exceeded 50%, while in Hanoi, it surpassed 41%. Overweight and obesity are multifactorial conditions with diverse causes, among which improper nutrition and insufficient physical activity play pivotal roles. Contributing factors include the excessive consumption of refined starches, reliance on processed foods high in sugar, fat, and salt, prolonged use of electronic devices, and various other influences such as genetics, endocrine disorders, and metabolic irregularities... Research findings across 11 Asian countries, including Indonesia, Japan, among others, reveal that the average daily step count for each Vietnamese individual is only 3,600 steps. This figure represents merely one-third of the recommended standard of 10,000 steps. In a comparative analysis among the 11 countries, Viet Nam falls within the group of the three least active nations. Studies conducted by the Department of Preventive Medicine/MOH indicate that a minimum of 30% of adults in Viet Nam lacks sufficient physical activity. According to the United Nations Population Fund (UNFPA), Viet Nam ranks among the top 10 least active countries globally. Particularly noteworthy is the impact of the COVID-19 pandemic, which led to a reduction in exercise and heightened concerns about nutritional imbalances among the populace. It is crucial for individuals to cultivate regular exercise habits and acquire knowledge about nutrition to achieve a balanced lifestyle. <i>Consequences of Overweight, Obesity, and Imbalanced Diets</i> Persistent overweight can lead to bodily dysfunction and the development of various diseases. The progression of these conditions is often silent over an extended period, making treatment and recovery exceptionally challenging and costly. Common diseases associated with excess weight include a weakened immune system, bone and joint disorders, diabetes, cardiovascular diseases, respiratory issues, digestive ailments, infertility, complications during pregnancy, and psychological impacts such as low self-esteem, reduced proactivity, increased susceptibility to psychological effects, and depression. Additionally, the mortality rate among obese individuals is higher than that of those with normal weight. In the case of children, being overweight or obese can impede height growth and puberty, posing numerous risks for adulthood diseases. According to the World Health Organization (WHO), childhood obesity stands as one of the most serious public health challenges of the 21st century. The consequences of overweight and obesity may not be immediately apparent but should not be underestimated. When obese children unfortunately contract diseases like diarrhea or pneumonia, the conditions often exacerbate, leading to increased severity and prolonged treatment times. The detrimental effects of obesity on human health are profound, manifesting in various potentially life-threatening diseases and complications. More alarming is the escalating prevalence of obesity and overweight conditions.			

¹ Please refer to the [UNICEF's SBC Guidance](#) and [Social and Behaviour Change Communications \(SBCC\)](#).

What can be done to address overweight and obesity?

Despite a rapid increase in obesity rates, particularly among children and adolescents, Viet Nam lacks specialized and comprehensive obesity treatment centers. Currently, individuals with obesity are being treated across various departments, including endocrinology, cardiology, oncology, digestive surgery, and nutrition centers. Some resort to self-treatment, whether through informal advice, online information, or peer recommendations, often without professional guidance. A significant obstacle to addressing this issue is the absence of physicians specializing in obesity treatment, coupled with a deficiency in support specialists, including those in nutrition and psychology. Additionally, there is a lack of coordination among these various departments.

To alleviate the burden of disease and enhance the well-being and intelligence of the Vietnamese population, the Prime Minister, on January 5, 2022, signed Decision No. 02/QĐ-TTg, endorsing the National Strategy on Nutrition for the period 2021-2030, with a vision extending to 2045². The overarching objective of this strategy is to implement appropriate nutritional practices tailored to each individual, locality, region, and ethnic group. This approach aims to reduce the prevalence of diseases, raise awareness about physical well-being, and enhance the stature, physical strength, and intelligence of the Vietnamese people.

Consequently, numerous specific goals and targets have been established, with a primary focus on 'Controlling overweight and obesity, preventing chronic non-communicable diseases, and addressing related risk factors in children, adolescents, and adults.' These goals include:

- *Ensuring the controlled rate of overweight and obesity: Children under 5 years old should be below 10% (with urban areas below 11% and rural areas below 7%); children aged 5-18 should be below 19% (with urban areas below 27% and rural areas below 13%); adults aged 19-64 should be below 20% (with urban areas below 23% and rural areas below 17%) by 2025, maintaining these levels until 2030.*
- *Reducing the average salt consumption of the population (aged 15-49) to less than 8 grams/day by 2025 and further reducing it to less than 7 grams/day by 2030.*

To effectively implement these strategic solutions, it is imperative to garner the active participation and collaboration of organizations, units, and businesses, in addition to the ongoing efforts of the government and functional agencies. This collective effort aims to enhance the stature, physical strength, and intelligence of the Vietnamese people, with a particular emphasis on children. Notably, a key component of this strategy is a comprehensive set of communication solutions designed to raise public awareness and foster correct and sufficient understanding about nutrition.

UNICEF is transitioning into a new phase of partnership with Viet Nam as part of its 2022-2026 Country Program. Within this framework, the promotion of nutrition for children and women remains a central pillar of our strategic collaboration. UNICEF Viet Nam is committed to working closely with the national and provincial authorities to advance the shared objective of reducing child obesity and child malnutrition in designated regions.

Objective and Scope of work

In alignment with the National Strategy on Nutrition for the period 2021-2030, and given the prevailing child obesity challenges in Viet Nam, **UNICEF is requested to support MOH and relevant partners for the development and execution of the robust, evidence-based Social and Behavior Change Communication (SBCC) strategy to combat childhood obesity in Viet Nam over the next five years.**

Objective

² <https://thuvienphapluat.vn/van-ban/The-thao-Y-te/Quyết-dinh-02-QĐ-TTg-2022-phe-duyet-Chien-luoc-Quoc-gia-ve-dinh-duong-2021-2030-499683.aspx>

The overall objective of this assignment is to develop an evidence based 5-year SBCC strategy and action plans that create an environment in which families and child caregivers increase awareness and have the capacity and skills to practice safe, nurturing and responsive care in nutrition with their children, and they feel supported to do so by an enabling policy environment and by communities where social norms emphasize the prevention and reduction of childhood obesity are reinforced. Additionally, leaders and service providers are expected to be accountable for delivering high-quality nutrition services.

Specific objectives:

- Create a demand to adopt good nutrition practices among parents, child caregivers, families, school and communities for controlling children’s overweight – obesity and protecting children’s surround environments from unhealthy foods, e.g. sugar-sweetened beverages (SSBs).
- Strengthen the communication and mobilization to policy makers in order to incorporate nutrition work for controlling children’s overweight - obesity into strategies, programs, projects, or plans implemented at national and sub-national levels.
- Advocate for an integrated approach toward reducing the exposure to, marketing of, and purchasing of unhealthy foods (e.g. SSBs, etc.), including taxation, mandated nutrition labelling, front-of-pack labelling, and restriction of marketing and promotion toward children.

Summary of Key Functions/Accountabilities

- Use an iterative, rapid prototyping process to design, test and finalize the SBCC strategy, action plans, including creative concepts, messages, interventions, estimated budget, resourcing needs, and the guidelines for sub-national levels to develop and implement provincial SBCC strategy and action plans.
- Support sector-wide consultation process, stakeholder and target audience engagement for finalized strategy, action plans by conducting regular meetings, consultation, reviews and documenting outcomes and decisions at each step in the process.

Location

The consultant is expected to work from home, preferably in Ha Noi or Ho Chi Minh City, have meetings virtually and/or at UNICEF and partner offices, and conduct field visits to test the strategy and its interventions in provinces with the highest prevalence of childhood obesity.

Tasks

Task 1: Design, test and finalize the SBCC strategy for period of 2025 – 2030 including creative concepts, SBCC’s targets audience groups segmentation, desired behavioural /communications outcomes, key messages, intervention strategies, and the guidelines for sub-national levels to develop and implement provincial SBCC strategy.

- Initial consultations and review of UNICEF programme documents, existing studies/researches to understand the programme context and linkages.
- Rapid review of existing Nutrition strategies (e.g. The National Nutrition Strategy for the 2021 - 2030 period with a vision toward 2045) and communication strategies, plan, materials and approaches and other examples of relevant and successful communications campaigns in Viet Nam and different countries to gather inspiration.
- Develop initial creative concepts and identify strategic interventions for further testing, ensuring equity and inclusive approaches, taking into account issues such as gender preferences, age groups and youth, ethnic minority languages and people with disability.
- Iterative, rapid process for testing prototype concepts and interventions (this must include at least 1 rounds of *fieldwork testing (*)* with target audiences, including households, service providers, community influencers).
- Finalize the strategy and the guidelines for sub-national levels to develop and implement provincial SBCC strategy and action plans.

(*) Fieldwork testing: The purpose is to understand key behaviours and social norms preventing the adoption of SBCC interventions for the prevention of children’s overweight – obesity and co-create the SBCC strategy with target audiences’ groups.

Expected results of Fieldwork Engagement

- Understanding the lived context and nutrition (children's overweight – obesity) realities specific to local levels.
- Uncovering the barriers (environmental, economic, social, cultural) preventing the adoption of nutrition interventions
- Uncovering and validating the drivers with the potential to enable nutrition interventions.
- Iterating and validating key SBCC themes and corresponding messages with end-users and their reference networks. in both communities and schools.

Fieldwork testing methods: The following methods are recommended, but not limited to:

- Observational studies.
- Focus group discussions.
- In-depth interviews.

Fieldwork testing plan that will include:

- Testing of umbrella concepts and intervention strategies to ensure comprehension, attraction, persuasion, identification and acceptability etc., among the target audiences at national and sub-national levels.
- Fieldworks should be tested in at least 3 selected provinces with the highest prevalence children's overweight – obesity in the urban areas (and or rural areas).
- Fieldwork testing participants need to include the representatives of SBCC strategy target audience groups: Household, Community opinion leaders/influencers/motivators, Service provider and Local authorities.
- All products for testing use with community members and children should be very visual and have limited text so that they can be understood by a low-literacy audience. The products will be developed through an iterative process that will include several rounds of development, field testing, and revision.
- All testing activities should include women, men, boys and girls among different ethnic groups so that their needs and aspirations, motivations, breaking barriers, myths, social norms are reflected in the final packages. For media related activities, the agency is also expected to conduct media scoping, based on the literature and their own expertise, of Viet Nam to understand effective and efficient ways to maximize reach and impact in hard to reach, vulnerable and low-income populations.

Task 2: Develop the communication action plans for national and sub-national levels' implementation.

- Develop action plans including activities, budget, monitoring plan, capacity building, and resource allocation for execution. The action plan should articulate how the different elements of the communications plan are linked together, and how different activities are practically integrated with other CSDE programme activities.

Task 3: Support to garner sector-wide support for finalized SBCC strategy, guidelines, and action plans.

- Present during regular meetings of the national and sub-national stakeholder committees to advise and contribute to strategy and plans development.
- Document outcomes and key decisions through the review and approvals process.
- Facilitate the national consultation workshop (organised by UNICEF) to finalise the SBCC strategy, guidelines, and action plans.
- Support UNICEF to advocate national partners for strategy and action plans' approval. This also include the facilitation of the workshop to hand-over strategy and guidelines for UNICEF implementing partners at national and provincial project levels.

Methodology

1. The consultant(s) consist of 01 team leader and 01 team member. UNICEF will sign the contract with the team leader. And the team leader is responsible to hire the team member.
2. During the selection process of the consultant, UNICEF will consult with relevant MOH departments, such as the Maternal and Child Health Department (MNCH) and the National Institute of Nutrition (NIN).
3. The consultant(s) will work under the direct supervision and guidance of the SBC specialist, the Nutrition specialist, and under the overall supervision of the Chief of CSDE.

4. The consultant(s) will work closely with UNICEF CSDE, Communication and Advocacy Section, Social Policy and Governance (SPG) Programme, and related programmes.
5. The consultant(s) will maintain a strong working relation with MNCH, NIN and related MOH's departments, Mass organizations, NGOs, and UN agencies (WHO, UNFPA, etc.).
6. The consultant(s) will be responsible for all administrative arrangement and community entry for field testing. UNICEF may facilitate community entry for field testing in UNICEF project areas and accompany the consultant(s) on field trips when needed.
7. The consultant(s) will be responsible all engagements with stakeholders to be conducted in relevant languages (English, Vietnamese, Ethnic languages) when needed, for accommodating their needs and therefore maintaining the integrity of a co-creative process with national and subnational stakeholders. It includes workshop facilitator, high-quality translation of all workshop materials (English <> Vietnamese), live interpretation during engagements (English <> Vietnamese <> Ethnic languages) to allow agency's team to provide technical expertise, oversight, guidance, and quality assurance.

Management and reporting

The consultant – team leader will report to SBC specialist and Nutrition specialist. The overall quality of this study will be responsible by the Chief of CSDE, with quality assurance support from Nutrition officer. The key products of the study will be consulted with a reference group led by Maternal and Child health Department (MNCH) and National Institute of Nutrition (NIN), MOH.

Child Safeguarding

Is this project/assignment considered as "[Elevated Risk Role](#)" from a child safeguarding perspective? YES NO

Child data role YES NO

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

Included in Annual/Rolling Workplan: <input checked="" type="checkbox"/> Yes: CSDE MOH R 1.2 – activity 2.4.1 <input type="checkbox"/> No		
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
Supervisor: SBC Specialist and Nutrition Specialist, CSDE	Start Date: 5 th July 2024	End Date: 4 th December 2024

Work Assignments Overview	Deliverables/ Outputs	Delivery deadline	
<ol style="list-style-type: none"> 1. Study UNICEF programme documents, review reports of existing formative research, studies, and communication strategies, plans, campaigns and materials. 2. Identify resources people who are experts from related MOH departments (MNCH, NIN, etc.) and other related counterparts/partners for consultation and technical support. 3. Plan activities, timeline to conduct the assignment, including field-testing plan and tools. 4. Develop the umbrella concept with key audience groups. 	<p>Deliverable 1</p> <ul style="list-style-type: none"> - Assignment workplan, field-testing plan, setting out methodology, tools and timeframe for activities in English and Vietnamese (<i>Team leader: 7 working days; Team member: 4 working days</i>). - Inception report in English and Vietnamese (<i>Team leader: 5 working days; Team member: 3 working days</i>). - Draft creative concepts of strategy and interventions (<i>Team leader: 3 working days; Team member: 3 working days</i>). 	4 Aug. 2024	
<ol style="list-style-type: none"> 5. Develop and consult with resource people, UNICEF, and partners the umbrella concept, strategy's interventions, action plans. 6. Conduct field visits 3 selected provinces to test with target audience about the umbrella concept, draft strategy, action plans. 	<p>Deliverable 2</p> <ul style="list-style-type: none"> - Brief reports on results of fieldworks testing in English and Vietnamese (<i>Team leader: 8 working days; Team member: 30 working days</i>). - Final creative strategy concept in English and Vietnamese (<i>Team leader: 5 working days; Team member: 15 working days</i>). 	31 Oct. 2024	
<ol style="list-style-type: none"> 7. Finalize the strategy, action plans (2025-2030), execution plan and sub-national implementation guideline. 8. Facilitate the hand-over workshop for UNICEF implementing partners at national and provincial project levels. 9. Support to submit and advocate for the approval of the SBCC strategy, action plan, and guidelines by responsible national and local government 	<p>Deliverable 3</p> <ul style="list-style-type: none"> - Final SBCC strategy, action plans, and sub-national implementation guidelines approved by UNICEF and UNICEF implementing partners in English and Vietnamese (<i>Team leader: 12 working days; Team member: 25 working days</i>). - Hand-over workshops for UNICEF implementing partners at national and provincial project levels (<i>Team leader: 5 working</i> 	4 Dec. 2024	

	days; Team member: 10 working days).		
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Travel Local (refer to the travel plan attached with this TOR)	01 Team leader and 01 Team member		
Misc. expenses	Organizing review meetings, community consultations, resource people, workshop, Vietnamese-English translations of the workplan, report and relevant documents, etc.		
Payment schedule	<ol style="list-style-type: none"> The 1st payment upon the approval of Deliverable 1: (Consultants' fees). The 2nd payment upon the approval of Deliverable 2: Consultants' fees and Travel costs of fieldwork testing. The last payment upon the approval of all deliverables and Deliverable 3: Consultants' fees and Misc. expenses. 		
Minimum Qualifications required*: <input type="checkbox"/> Bachelors <input checked="" type="checkbox"/> Masters <input type="checkbox"/> PhD <input type="checkbox"/> Other Disciplines: Social and behaviour change communication, behavioural science, social sciences, public health, nutrition. * Minimum requirements to consider candidates for competitive process	Knowledge/Expertise/Skills required *: <i>The National SBCC Expert cum Team Leader with following qualifications:</i> <ul style="list-style-type: none"> Minimum of Master level degree(s) in the relevant field, such as Social and behaviour change communication, behavioural science, social sciences, public health, nutrition, and at least 8 years of relevant experience. At least 8 years of proven and successful experience in the design and implementation of behavior change programs, preferably with at least five years' experience in nutrition. (Note that strong experience within behavior change carries the greatest weight). Strong experiences in development of BCC (Behaviour change communication) materials in Viet Nam is desirable; familiarity with the nutrition and public health (including experience with community-based activities). Strong experiences in strategy and campaign concept design. Ability to effectively and respectfully work with and lead a team of professionals with different cultural and sectoral backgrounds. Native Vietnamese speaking and be fluent in English. <i>The Nutrition Expert (or Public Health Expert) – team member:</i>		

- Minimum of Master level degree(s) in the relevant field, such as nutrition, public health and at least 8 years of relevant experience.
- At least 8 years of proven experience in maternal and child nutrition field.
- Proven experience in providing technical support for the institution in the whole process of desk review, development of tools and methods, data collection and analysis.
- Familiarity with the rural nutrition, maternal health care sector in Viet Nam.
- Strong experiences in theme/message development.
- Ability to work with a team of professionals effectively and respectfully with different cultural and sectoral backgrounds.
- Native Vietnamese speaking and be fluent in English.

Evaluation Criteria (This will be used for the [Selection Report](#) (for clarification see [Guidance](#)))

A) Technical Evaluation: maximum 75 Points

B) Financial Proposal: maximum 25 points

1.1 Educational background: 25 points

1.2 Relevant working experiences: 50 points

- Technical proposal submitted with relevant approach to meet the specific objectives and reach the specific target audience: 20 points.
- Relevant working experience with samples of SBCC strategy/campaign of the team leader: 20 points.
- Technical competencies and working experience of the team member (CV): 10 points.

The maximum number of points shall be allotted to the lowest Financial Proposal that is opened /evaluated and compared among technical qualified candidates who have attained a minimum 50-point score in the technical evaluation. Other Financial Proposals will receive points in inverse proportion to the lowest price.

The Contract shall be awarded to candidate obtaining the highest combined technical and financial scores, subject to the satisfactory result of the verification interview if needed.

Administrative details:

Visa assistance required:

Home Based Office Based:

If office based, seating arrangement identified:

IT and Communication equipment required:

Internet access required:

Notes:

- Costs indicated are estimated. Final rate shall follow the “best value for money” principle, i.e., achieving the desired outcome at the lowest possible fee. Consultants will be asked to stipulate all-inclusive fees, including lump sum travel and subsistence costs, as applicable.
- Payment of professional fees will be based on submission of agreed deliverables. UNICEF reserves the right to withhold payment in case the deliverables submitted are not up to the required standard or in case of delays in submitting the deliverables on the part of the consultant.
- Individuals engaged under a consultancy or individual contract will not be considered “staff members” under the Staff Regulations and Rules of the United Nations and UNICEF’s policies and procedures and will not be entitled to benefits provided therein (such as leave entitlements and medical insurance coverage). Their conditions of service will be governed by their contract and the General Conditions of Contracts for the Services of Consultants and Individual Contractors. Consultants and individual contractors are responsible for determining their tax liabilities and for the payment of any taxes and/or duties, in accordance with local or other applicable laws.
- The selected candidate is solely responsible to ensure that the visa (applicable) and health insurance required to perform the duties of the contract are valid for the entire period of the contract. Selected candidates are subject to confirmation of fully vaccinated status against SARS-CoV-2 (Covid-19) with a World Health Organization (WHO)-endorsed vaccine, which must be met prior to taking up the assignment. It does not apply to consultants who will work remotely and are not expected to work on or visit UNICEF premises, programme delivery locations or directly interact with communities UNICEF works with, nor to travel to perform functions for UNICEF for the duration of their consultancy contracts.
- UNICEF offers [reasonable accommodation](#) for consultants with disabilities. This may include, for example, accessible software, travel assistance for missions or personal attendants. We encourage you to disclose your disability during your application in case you need reasonable accommodation during the selection process and afterwards in your assignment.