

TERMS OF REFERENCE FOR INDIVIDUAL CONSULTANTS AND CONTRACTORS

Title Development of the social and behaviour change communication (SBCC) ¹ strategy for reduction of ethnic children stunting and severe acute malnutrition (SAM) in Viet Nam	Funding Code 5200/A0/06/881/002/004 SC229903; Expired: 31 December 2025	Type of engagement <input checked="" type="checkbox"/> Individual consultant	Duty Station: 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 reduction of ethnic children stunting and severe acute malnutrition (SAM) in Viet Nam **for Ministry of Health (MOH).**

Context
 Stunting refers to low height for age and reflects chronic malnutrition. Recent global evidence indicates that stunting can be significantly reduced by investing in nutrition in the first 1,000 days of a child's life—from conception to the age of 2 years. Once stunting sets in during this period, it is unlikely to be reversed.

SAM refers to very low weight for height (below –3z scores of the median WHO growth standards). The most serious form of SAM is severe wasting/thinness (marasmus), or the presence of nutritional oedema (or kwashiorkor). If left untreated, SAM can result in death.

In Viet Nam, despite significant improvements in a range of health and social indicators in Viet Nam, children under 5 remain exposed to multiple deprivations in health and nutrition, especially the disadvantaged regions of Central Highlands, Central Coastal, and the Northwest. As a result, these areas are characterized by high mortality rates among children both under 1 and under 5 years and high prevalence of stunting among under 5 years old. The causes of these problems are multiple and can be seen on both the supply and demand side. With regards to supply, challenges include funding constraints for children, limited government capacity, lack of quality and inclusive health and nutrition services for children with disabilities and from ethnic minorities, and a disparity in access to healthcare services. On the demand side, poor home health care, poor knowledge on food and maternal and child nutrition feeding practices, and unequal gender norms, all contribute to inadequate nutrition for children, especially in disadvantaged regions where ethnic minorities live. More than 50% of babies are introduced to complementary foods too early (before 6 months) while 18% of children aged 6 months to 2 years do not have a diet that is sufficiently diverse and 36% are not fed frequently enough. These children have poor quality diets that are lacking in essential nutrients. A third (35%) do not consume animal-based foods on a daily basis while 22% do not consume vitamin A and 14% do not consume iron-rich foods on a daily basis. There is some evidence that daily consumption of green vegetables is also low. The poorest children and those living in remote areas and from ethnic minority families have the least adequate complementary feeding practices.

Recent economic progress has improved the well-being of millions of Vietnamese children, but not all have benefited equally from such prosperity. Inequities persist in Viet Nam between girls and boys, rural and urban and different ethnic groups.

Breastfeeding continues to be low country-wide, but boys are more likely to be exclusively breastfed than girls². Progress in reducing malnutrition (stunting), which affects one quarter of the under 5 population has been slow, with the highest prevalence of stunting found in the Central Highlands (34%) and other disadvantaged regions where ethnic minorities live (27.3% in the Central coastal region and 30.3 % in the Northwest)³.

The 2020 survey measuring SDG indicators on children and women conducted by the General Statistics Office (GSO) with support from UNICEF⁴ shows that the prevalence of stunting is high at the national average of 20%

¹ Please refer to the [UNICEF's SBC Guidance](#) and [Social and Behaviour Change Communications \(SBCC\)](#).
² General Statistics Office. 2014. Viet Nam Multiple Indicator Cluster Survey, MIC.
³ National Institute of Nutrition. 2015. National Nutrition Surveillance.
⁴ General Statistics Office. 2020. Viet Nam Multiple Indicator Cluster Survey, MIC.

while among ethnic children is nearly twice (32%). Only 42% of children 6-23 months received a minimum acceptable diet.

The findings from the 2022 formative research on rural water supply, sanitation, hygiene (WASH), and nutrition in Viet Nam⁵ show that, in the researched provinces - Dien Bien, Gia Lai and Soc Trang, all communities, including ethnic minorities, faced three main issues of poor exclusive breastfeeding, inadequate and insufficient complementary feeding and over consumption of sugary and unhealthy foods and drinks which could lead to obesity, diabetes, tooth decay and other conditions. The research's findings also show the existing barriers in community practices in relation to exclusive and continued breastfeeding and appropriate complementary feeding. It includes:

- Lack of knowledge and skills on identification and processing of the local food for meal of young child, existing misconceptions among parents, child caregivers. There still is a number of health care workers, including doctors, nurses, midwives, and community health workers at the district, commune and village levels, strengthened inappropriate beliefs and practices, such as providing babies with water.
- Limited access to markets, local food system and lack of availability of a diversity of affordable, nutritious foods, especially for impoverished ethnic groups.
- Lack of social support for pregnant, breastfeeding women, parents and child caregivers, whose children suffer from malnutrition or stunting.
- Lack of targeted programs to monitor and address stunting, especially in Dien Bien, where ethnic communities do not come to the health center for child malnutrition treatment.

UNICEF is shifting to a new partnership phase with Viet Nam for 2022-2026 Country programme. Nutrition for children and women continues to be one of the core components in the partnership strategy. UNICEF Viet Nam supports the Government at both national and provincial levels, particularly to achieve the goal of child malnutrition reduction in hard to reach and vulnerable groups in Dien Bien (Northwest region), Gia Lai (Central Highlands), and Soc Trang (Mekong River delta) project provinces.

Objective and Scope of work

Based on the evidences and findings from the existing studies and the formative research⁶ to understand demand, supply and enabling environment for affordable and climate-resilient water and sanitation-related products and services conducted by UNICEF in the project locations, **UNICEF supports Ministry of Health (MOH) and project provincial counterparts to develop and implement an evidence based SBCC strategy to reduce the stunting and SAM of ethnic children in Viet Nam for the next 5 years.**

Objective

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 ethnic families and 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 stunting and SAM in ethnic children are reinforced. Additionally, leaders and service providers are expected to be accountable for delivering high-quality nutrition services.

Specific objectives:

1. Create the demands to adopt good infant and young child feeding (IYCF) practices among ethnic communities, e.g., early initiation of breastfeeding (within the first hour) exclusive breastfeeding, continued BF up to 24 months, timely introduction of appropriate complementary feeding; SAM screening and assessment, prevention, treatment, and monitoring, etc.
2. Stimulate desires of ethnic parents, child caregivers, families, and communities for the reduction of child stunting and SAM.

⁵ <https://www.unicef.org/vietnam/reports/formative-research-rural-water-supply-sanitation-hygiene-and-nutrition-viet-nam>

⁶ <https://www.unicef.org/vietnam/reports/formative-research-rural-water-supply-sanitation-hygiene-and-nutrition-viet-nam>

3. Create consumer awareness about locally available nutrition products and services.

Summary of Key Functions/Accountabilities

1. 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.
2. 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 4 selected provinces with the highest prevalence of children under 5 years old stunting and SAM where ethnic population live in the regions of Central Highlands, Central Coastal, Northwest and Mekong River delta.

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.

- 1.1. Initial consultations and review of UNICEF programme documents, existing studies/researches, including 2022 formative research on WASH and nutrition in Viet Nam to understand the programme context and linkages.
- 1.2 Rapid review of existing Nutrition and health communication strategy, plan, materials and approaches and other examples of relevant and successful communications campaigns in Viet Nam and different countries to gather inspiration.
- 1.3 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.
- 1.4 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).
- 1.5 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 reduction of ethnic children stunting and SAM, and co-create the SBCC strategy with target audiences' groups.

Expected results of Fieldwork Engagement

- Understanding the lived context and nutrition (children stunting and SAM) 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 4 selected provinces with the highest prevalence of children under 5 years old stunting and SAM where ethnic population live in the regions of Central Highlands, Central Coastal, Northwest and Mekong River delta.
- 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.

- 2.1 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.

- 3.1 Present during regular meetings of the national and sub-national stakeholder committees to advise and contribute to strategy and plans development.
- 3.2 Document outcomes and key decisions through the review and approvals process.
- 3.3 Facilitate the national consultation workshop (organised by UNICEF) to finalise the SBCC strategy, guidelines, and action plans.
- 3.4 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) maintains a strong working relation with MNCH, NIN and related MOH's departments, National Committee for Ethnic Affairs, 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 agency/consultant(s) on field trips when needed.
7. The consultant(s) will be responsible for 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](#)

<p>Included in Annual/Rolling Workplan: <input checked="" type="checkbox"/> Yes: CSDE MOH R 1.2 – activity 2.4.1 <input type="checkbox"/> No</p>		
<p>Consultant sourcing: <input checked="" type="checkbox"/> National <input type="checkbox"/> International <input type="checkbox"/> Both</p> <p>Competitive Selection: <input checked="" type="checkbox"/> Advertisement <input type="checkbox"/> <input type="checkbox"/> Roster</p> <p>Single Source Selection <input type="checkbox"/> (Emergency - Director's approval)</p>		<p>Request for: <input checked="" type="checkbox"/> New SSA – Individual Contract <input type="checkbox"/> Extension/ Amendment</p>
<p>Supervisor: SBC Specialist and Nutrition Specialist, CSDE</p>	<p>Start Date: 1st July 2024</p>	<p>End Date: 30th November 2024</p>

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>). 	31 Jul. 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 to 4 selected provinces to test with target audience on the umbrella concept, draft strategy, action plans. 	<p>Deliverable 2</p> <ul style="list-style-type: none"> - Fieldwork testing and brief reports on results of fieldworks testing in English and Vietnamese (<i>Team leader: 5 working days; Team member: 30 working days</i>). - Final creative strategy concept in English and Vietnamese (<i>Team leader: 5 working days; Team member: 10 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: 10 working days; Team member: 20 working days</i>). - Hand-over workshops for UNICEF implementing partners at national and provincial project levels (<i>Team leader: 5 working days; Team member: 10 working days</i>). 	30 Nov. 2024	
Total Estimated Budget			

Estimated Consultancy fee		- 01 Team leader, 40 working days - 01 Team member, 80 working days
Travel Local (<i>refer to the travel plan attached with this TOR</i>)	01 Team leader and 01 Team member	
Misc. expenses	<i>Organizing review meetings, community consultations, resource people, workshop, Vietnamese-English translations of the workplan, report and relevant documents, ethnic languages interpretation in fieldwork testing, etc.</i>	
Payment schedule?	<ol style="list-style-type: none"> 1. The 1st payment upon the approval of Deliverable 1: Consultant fees 2. The 2nd payment upon the approval of Deliverable 2: Consultant fees and Travel costs of fieldwork testing 3. The last payment upon the approval of all deliverables and Deliverable 3: Consultant 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. <i>(Note that strong experience within behavior change carries the greatest weight).</i> • 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.