

## Terms of Reference

**Institutional consultancy to conduct a Knowledge-Attitudes-Practices (KAP) study to inform the development and implementation of a Social and Behaviour Change (SBC<sup>1</sup>) strategy for the prevention of childhood overweight and obesity in Viet Nam**

### Summary

<b>Title</b>	Institutional consultancy to conduct a KAP study to inform the development and implementation of a SBC strategy for the prevention of childhood obesity in Viet Nam.
<b>Purpose</b>	To understand the knowledge, attitudes, and practices, as well as the behavioural and social factors influencing childhood overweight and obesity in Viet Nam.
<b>Location</b>	Based in Hanoi with field visits
<b>Duration</b>	5 months
<b>Start Date</b>	Tentatively in August 2026
<b>Reporting to</b>	The Acting Chief, Social & Behaviour Change (SBC) specialist, and Nutrition Officer, Child Survival and Development (CSD) Programme

### Background

#### Overweight, Obesity, and Imbalanced Diets Among Vietnamese Children

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 amongst children aged 5-19 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%. Among school age children (5-19 year of age), boys are at highest risk: 22.4 percent of boys versus 16.4 per cent of girls<sup>2</sup>. While these are the most recent nationally representative data, evidence suggests that the upward trend in childhood and adolescent overweight and obesity has likely continued. Viet Nam has been identified as one of the ten countries projected to experience the fastest increases in the prevalence of high BMI and obesity among children and adolescents aged 5–19 years between 2010 and 2025. Furthermore, obesity prevalence in this age group is projected to increase by an additional 9.8 percentage points between 2025 and 2040<sup>3</sup>.

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, maternal overweight, endocrine disorders, and metabolic irregularities.

Research findings across 11 Asian countries, including Indonesia and 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

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<sup>1</sup> UNICEF's SBC guidance: [www.sbcguidance.org](http://www.sbcguidance.org)

<sup>2</sup> Source: Landscape Analysis for Childhood Overweight and Obesity in Viet Nam, UNICEF Vietnam, 2021.

<sup>3</sup> World Obesity Federation. World Obesity Atlas 2026, Childhood Obesity 2nd edition. London: World Obesity Federation, 2026. <https://data.worldobesity.org/publications/?cat=24>

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 population. It is crucial for individuals to cultivate regular exercise habits and acquire knowledge about nutrition to achieve a balanced lifestyle.

### Consequences of Overweight, Obesity, and Imbalanced Diets

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 accelerate puberty, impede height attainment in adulthood, and pose 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 21<sup>st</sup> century. The consequences of overweight and obesity may not be immediately apparent but should not be underestimated. When obese children contract diseases like diarrhea or pneumonia, the conditions often exacerbate, leading to increased severity and prolonged treatment times.

### What can be done to prevent and address childhood overweight and obesity?

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 2045. 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 essential to secure the active participation and engagement of children and adolescents, parents and caregivers, and the collaboration of organizations, institutions, service provider, and the private sector, alongside the continued efforts of government and relevant authorities. This

collective approach aims to improve the health, physical development, and cognitive well-being of the Vietnamese population, with a particular focus on children.

A key component of this effort is a comprehensive package of communication interventions designed to raise public awareness, promote accurate understanding, and drive social and individual behaviour change to prevent childhood overweight and obesity.

UNICEF Viet Nam is supporting MOH to develop the Social and Behaviour Change Communication Strategy for the Prevention of Childhood Overweight and Obesity, 2026–2030. However, there is currently limited evidence on the knowledge, attitudes, and practices (KAP) of parents, caregivers, children, and other stakeholders, as well as on the behavioural and social factors influencing the prevention of childhood overweight and obesity in Viet Nam.

To inform the development and implementation of an evidence-based Social and Behaviour Change Communication strategy, UNICEF Viet Nam is supporting a KAP study to generate insights into current knowledge, attitudes, practices, and key behavioural and social determinants related to childhood overweight and obesity.

At a later stage, the findings from the KAP study will be complemented by additional evidence on behavioural, social, environmental, and structural drivers generated through formative and behavioural research. Together, these findings will contribute to the development of a comprehensive Social and Behaviour Change (SBC) strategy.

## Justification

The proposed assignment requires a team of specialized experts in research design, study management, and data processing. Given the large-scale and resource-intensive nature of the study, it is most appropriately managed by an institution/agency. Therefore, engaging a qualified **local-based research institution/agency** would be the most efficient and cost-effective approach for conducting the study.

## Objective

### Overall Objective

To understand the knowledge, attitudes, and practices, as well as the behavioural, environmental and social factors influencing childhood overweight and obesity in Viet Nam.

### Specific Objectives

- To assess the knowledge, attitudes, and practices of children and adolescent, parents and caregivers regarding childhood overweight and obesity;
- To identify the behavioural and social determinants (e.g. social and cultural norms, values, and beliefs), as well as physical, environmental, and institutional factors (including the food, family, school, and policy environment), that influence the prevention of childhood overweight and obesity. Particular attention will be given to understanding the role of families and schools as key settings where children develop nutrition-related knowledge, attitudes, and decision-making skills, and where healthy eating and physical activity habits are established and reinforced;
- To identify enabling and constraining factors affecting individuals, families, service providers, and local authorities in adopting healthier practices and improving knowledge, attitudes, and behaviours;
- To review and assess existing communication materials and activities, including Information, education and communication materials (IEC), communication channels, and key stakeholders related to childhood overweight and obesity, and to identify effective communication approaches;
- To provide recommendations for key stakeholders on how to enhance the effectiveness and efficiency of programme interventions and SBC strategies for the prevention of childhood overweight and obesity in Viet Nam.

*The study findings will inform nutrition programme managers and experts, as well as public health policymakers, in decision-making and the design of key intervention areas within and beyond behaviour change communication that are foundational to nutrition programmes, including community engagement, communication and education, and service quality. The findings will also support the development and implementation of policies aimed at preventing childhood overweight and obesity in Viet Nam.*

## Scope

To fulfil the specific objectives, the following research questions need to be answered by the KAP study:

1. Question 1: *What is the current KAP profile on preventing childhood overweight/obesity among key audiences, and where are the largest gaps?*
2. Question 2: *What behavioural and social determinants drive (or block) healthy practices?*
3. Question 3: *What is the food and policy/service environment shaping behaviours, and what are the main system bottlenecks?*
4. Question 4: *What channels, messages, messengers, and materials are currently used and which are most effective and trusted?*
5. Question 5: *What are the priority recommendations for an evidence-based SBC strategy that, are gender sensitive, by macro-region, urban/rural setting?*

Bidders will need to elaborate each question into sub-questions for designing questionnaires and come up with a list of indicators with full disaggregation as per the study design.

The KAP study consists of a large-scale quantitative survey, complemented by participatory and qualitative components. The KAP study will be designed to be representative at the regional level, which will allow the SBC strategy to be developed tailoring the communication strategies and messages to each region and the specific set of barriers, motivators, skills, knowledge, and context of the people in that region. The purpose of a KAP study is to gain a breadth of information from numerous people who represent all the potential audiences of the strategy.

The KAP study is intended to be representative of people in Viet Nam including children, it is important for the study design to be rigorous and based on sound social and behaviour science. We encourage the research institution to engage with the SBC strategy developers and social scientists and experts to conduct the study.

The scope of this assignment is confined through a desk review and an analysis of quantitative and qualitative data:

- The desk review will cover the existing studies/surveys/research/assessments/evaluations, and local and national mass/social media analysis (TV, print and online) regarding childhood overweight and obesity within the past 5 years. It also includes the review of existing Nutrition strategies (e.g. The National Nutrition Strategy for the 2021 - 2030 period with a vision toward 2045, and the National School Health Programme) and communication strategies, plan, materials and approaches and other examples of relevant and successful communications initiatives in Viet Nam and different countries to gather inspiration.
- Primary data should be collected across 3 macro-regions: the North, Central, and South, with stratification by urban–rural residence, with consideration of sex and age groups disaggregation, to ensure national representativeness and capture regional variations and differences between two sexes in childhood overweight and obesity.

## Methodology and technical approach

### Recommended Sampling Methodology

The study will apply a probability-based, multistage stratified cluster sampling design to ensure representativeness across Viet Nam. To optimize field implementation while maintaining robust statistical power, stratification will be based on 3 macro-geographical regions and urban–rural residence (6 strata). This approach is intended to capture the major socio-economic, cultural, and environmental variations that may influence childhood overweight and obesity.

The three macro-regions include:

1. **The North:** Covering the Northern Midlands and Mountains, and the Red River Delta.
2. **The Central:** Covering the North Central and Central Coastal areas, and the Central Highlands.
3. **The South:** Covering the Southeast and the Mekong River Delta.

Within each macro-region, sampling will be conducted in multiple stages. Provinces will be selected using Probability Proportional to Size (PPS), followed by the selection of communes/wards. As the study targets two distinct population groups (parents/caregivers and children), consultants may propose appropriate and independent final-stage sampling methods for each group, such as household listing for adults/caregivers and school-based sampling for children.

Sample size and allocation

Parents/caregivers and children will be treated as separate and independent study populations; therefore, sample size calculations should be conducted independently for each group.

The study will apply a probability-based, multistage stratified cluster sampling design, with stratification by three macro-regions (North, Central, South) and urban–rural residence, resulting in six primary sampling strata (3 regions × 2 residence strata).

Sex disaggregation will be considered at the national level. Age-group disaggregation is also needed for primary- and secondary/high school-age children (for both the quantitative and qualitative components, or at least for the qualitative component), as older children tend to have greater independence in their food choices.

Other factors guiding sample size calculation and allocation include: Obesity rate among adolescents and children – 19%; Ethnic minority rate: 14%; Disability rate among children is 2% and among adults is 7%.

The research institution is required to calculate and justify the proposed sample sizes in their technical proposals using standard statistical formulas for cross-sectional studies. For planning purposes, the following parameters should be applied to the core probability sample for each stratum of each study population groups (parents/caregivers; children/adolescents):

$$n = \text{Deff} \times \frac{Z^2 \times p(1 - p)}{e^2} \times \frac{1}{1 - r}$$

(Confidence level 95%: Z = 1.96;

Estimated proportion: p = 0.19 (the obesity rate among adolescents and children);

Margin of error 5%: e = 0.05;

Design effect (cluster sampling):

Deff = 2; Non-response rate: r = 5%)

Minimum sample requirements:

**Option 1:** Factoring minority ethnicity (14%) and oversampling for disability (7% of adults and 2% of children)

To ensure sufficient statistical power for comparisons across the three macro-regions and urban–rural strata, the core minimum sample size is:

- Parents/caregivers (500 each x 3 regions x 2 urban/rural + ethnicity minority) + over sampling for disability rate of 7% = 3,600 + 246 (~250 round-up) = 3,750 respondents nationwide.
- Children/adolescents (7–16 years) (500 each x 3 regions x 2 urban/rural + ethnicity minority) + over sampling for disability rate of 2% = 3,600 + 426 (~430 round-up) = 4,030 respondents nationwide.

This results in a minimum total sample size of approximately 7,800 respondents nationwide (~ 3,750 parents/caregivers and 4,050 children). However, the sample size may be further increased to enable disaggregated analyses (e.g., by sex) and to account for design effects associated with cluster sampling.

**Option 2 (to reduce costs and time):** Limited consideration will be given to ethnic minority groups, as current data indicate that the prevalence of child obesity in urban areas (26.8%) is significantly higher than in mountainous areas (6.9%). The core minimum sample size is:

- At least 800 parents/caregivers per macro-region.
- At least 800 children per macro-region.

This results in a minimum total sample size of approximately 4,800 respondents nationwide (2,400 parents/caregivers and 2,400 children). However, the sample size may be further increased to enable disaggregated analyses (e.g., by sex) and to account for design effects associated with cluster sampling.

The research institution/agency is expected to propose a comprehensive study plan that includes: (i) a desk review, with clear criteria for the selection of documents and media assets, such as advertisements, social media content, and KOLs (key opinion leaders/influencers), etc.; (ii) the overall study design, including sample size, sampling approach, and data collection tools; (iii) the qualitative component, specifying the estimated number of respondents (study's participants), criteria for the selection of provinces/cities and communes, and qualitative tools (e.g. interview guides, focus group discussion guides); and (iv) a data analysis and reporting plan.

The consultancy team is required to develop a detailed research protocol and qualitative research tools in compliance with UNICEF ethical standards for research, evaluation, and data collection (<https://www.unicef.org/evaluation/documents/unicef-procedure-ethical-standards-research-evaluation-data-collection-and-analysis>). The team will be responsible for obtaining ethical approval.

In addition, the consultancy team should propose realistic timelines for each phase of the assignment, allowing for potential delays. Key phases may include protocol development and ethical review, data collection, data analysis, and the development of recommendations and dissemination of findings.

The consultancy team is expected to establish and collaborate with a stakeholder group comprising relevant staff from the Ministry of Health (MOH) and its departments and institutes (e.g. Viet Nam Administration of Disease Prevention (VADP), National Institute of Nutrition (NIN), National Centre for Health Education and Communication (NCHE)), Ministry of Education and Training (MOET), as well as partners (e.g. WHO, NGOs) and expert advisors with relevant research expertise. The consultancy team will engage this group, along with local community representatives, throughout the study process, ensuring the meaningful inclusion of disadvantaged groups and people with disabilities.

The consultancy team will be responsible for organizing and implementing fieldwork in the selected sites. UNICEF and MOH will provide support in liaising with local authorities, as needed, to facilitate field activities. The team will also be responsible for all engagements with stakeholders and study's participants (respondents), ensuring that communication is conducted in appropriate languages (English, Vietnamese, and relevant ethnic languages).

### *Data Analysis and Use of Findings*

Data will be quantitatively analyzed using appropriate univariate and multivariate statistical techniques (using SPSS or equivalent software). As a key objective of the study is to establish a baseline of current knowledge, attitudes, beliefs, and practices related to target behaviours and communication objectives, the initial analysis will focus on descriptive statistics (e.g. means, proportions, and percentages).

In addition, the KAP study will serve as formative research to identify key determinants of behaviour. Multivariate techniques, such as regression analysis, will be used to examine factors associated with positive behaviours and to identify key behavioural predictors. Where relevant, comparative analyses across population subgroups (e.g. by region, sex, or urban–rural residence) will be conducted, including the use of methods such as analysis of variance. These analyses will help identify patterns and relationships between variables, contributing to a deeper understanding of behaviours and their underlying drivers.

*The findings of the KAP study will inform the refinement of behavioural and communication objectives, indicators, and strategic approaches within the SBC strategy. The study will also serve as a baseline for subsequent outcome evaluations of the national strategy. In addition, the results will guide the selection of communication channels, activities, message framing, and key influencers or sources of communication.*

## **Human Rights-Based Approach**

A human rights-based approach will be applied throughout the study, with particular attention to the following principles:

- *Participatory approach:* The study will ensure the meaningful participation of diverse stakeholders, including duty bearers (e.g. policymakers, service providers, and local authorities) and rights holders (e.g. children, including those affected by overweight and obesity, as well as parents and caregivers). Different perspectives and experiences will be actively sought and respected.
- *Non-discrimination:* The study will assess the extent to which children, particularly those affected by overweight and obesity, may experience exclusion, stigma, or discrimination based on age, sex, socio-economic status, or other characteristics. It will also examine how knowledge, attitudes, practices, social norms, and service delivery may contribute to such biases.
- *Inclusion:* The study will ensure the meaningful inclusion of disadvantaged and vulnerable groups, including ethnic minorities and people with disabilities, in both the data collection and analysis.
- *Gender perspective:* The study will apply a gender-sensitive approach, ensuring that the perspectives of women and men, girls and boys, are equitably represented and analyzed.

## **Target respondents**

1. Primary respondents (**quantitative and qualitative**)
  - Parents and caregivers, including those of children with overweight and obesity, and including disadvantaged population (e.g. ethnic minorities, persons with disabilities, etc.)
  - Children and adolescents (aged 7–16 years)<sup>4</sup>, including those with overweight and obesity, and those from disadvantaged population groups
2. Service providers (*qualitative*)
  - Health sector staff (e.g. health workers, nutritionists)
  - Education sector staff (e.g. teachers, school administrators, school health focal points)
  - School-based actors, including school canteen operators and food service providers

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<sup>4</sup> In line with PERS and Article 12 of the Convention on the Rights of the Child (CRC), age-appropriate assent will be obtained from children who are capable of providing it, typically those aged 7 years and above, in accordance with national ethical guidance.

3. Community and social influencers (*qualitative*)
  - Community leaders and local authorities at grassroots level
  - Mass organizations
  - Media agencies
  - Social and digital influencers (where relevant)
4. Policy and decision-makers (*qualitative*)
  - National and subnational authorities, including policymakers and programme managers in the health and education sectors
  - Policy implementers and technical experts in health, nutrition, and education sectors
5. Food environment actors, including private sector (*qualitative*)
  - Food companies and industry representatives (e.g. producers, distributors, retailers of food and beverages)
  - Local food vendors and retailers, particularly those operating in and around schools
  - Advertising and marketing agencies (where relevant to food promotion)

### Deliverables and timeframe

No	Task	Deliverable	Timeframe
1	<ul style="list-style-type: none"> <li>- Carry out desk review of the content analysis of existing studies/ surveys/ researches/ assessments/ evaluations, and strategies/plans, regarding the prevention of childhood overweight and obesity in Viet Nam.</li> <li>- Finalize the study design and primary data collection plan including research protocol and ethical considerations, detailed methodology, sampling and respondents' selection, agreed with the stakeholder team.</li> </ul>	<b>(Deliverable 1)</b> <ul style="list-style-type: none"> <li>- Inception report agreed that outlines the overall design for undertaking the study and plan for finalizing the report.</li> <li>- Ethical review approval.</li> <li>- Desk review report of the content analysis to guide the qualitative and quantitative data collection tools.</li> </ul>	August 2026
2	<ul style="list-style-type: none"> <li>- Adapt and pre-test tools in consultation with the stakeholder team: questionnaire, discussion guide of key informant interviews and focus group discussions.</li> <li>- Collect quantitative and qualitative data in provinces represented for 3 macro-regions. <b>It is recommended that the research institution use UNICEF's global data collection platform, InForm.</b></li> </ul>	<b>(Deliverable 2)</b> <ul style="list-style-type: none"> <li>- Questionnaires and Qualitative tools finalized.</li> <li>- Primary data (quantitative and qualitative) collected – Raw data submitted.</li> </ul>	Sept - Oct 2026
3	<ul style="list-style-type: none"> <li>- Quantitative and qualitative data analysis and produce draft report in English and Vietnamese</li> </ul>	<b>(Deliverable 3)</b> <ul style="list-style-type: none"> <li>- Data analysis and draft report.</li> </ul>	Nov. 2026
4	<ul style="list-style-type: none"> <li>- Consult with the stakeholder team, national-subnational counterparts and</li> </ul>	<b>(Deliverable 4)</b> <ul style="list-style-type: none"> <li>- Consultation workshop conducted with report available</li> </ul>	Dec. 2026

	representatives of interviewees (consultation workshop) - Finalize the report and supporting documents (abstract, executive summary, power-point presentation, etc.)	- Revisions to the draft report and deliver Final Report - Final report available in Vietnamese and English including recommendations. - List of indicators with data disaggregated as per study design. - Abstract, and presentation with key findings and recommendations of the research developed in Vietnamese and English. - All micro data collected should be made available to UNICEF and MOH.	
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### Tentative budget composition

This is a lumpsum contract so all costs must be included in the package.

<b>Itemized costs</b>
<b>Lumpsum consultancy fees</b> (National consultants rate applied: VNM3 and VNM4)
<b>Travel costs for field trips by the research institution (consultant team)</b> <ul style="list-style-type: none"> <li>• Air tickets for field trips (at least 6 trips for consultant team, 2 trips per region)</li> <li>• DSA</li> <li>• Vehicle rental</li> </ul>
<b>Primary data collection:</b> Sample Size – Option 1: <b>7,800</b> respondents; Option 2: <b>4,800</b> respondents <ul style="list-style-type: none"> <li>• Travel costs for local surveyors/interviewers</li> <li>• Quantitative data collection costs for surveyors/interviewers</li> <li>• Small tokens of appreciation for respondents</li> </ul>
<b>Misc. expenses</b> (organizing FGDs/key informant interviews as part of the the qualitative component; trainings for local interviewers/surveyors, etc.)

*(\*) Note: UNICEF Viet Nam will cover the costs and collaborate with VADP to organize the consultation workshop, while the research institution will be responsible for facilitating the workshop.*

### Proposed payment schedules

Payment for the assignment will be made based on achievement of the following deliverables with the schedules below:

1. Payment 1-Submission of Deliverable 1 approved by UNICEF and MOH: 30% of total contract value
2. Payment 2-Submission of Deliverable 2 approved by UNICEF and MOH: 45% of total contract value
3. Payment 3-Submission of Deliverable 3 and 4 approved by UNICEF and MOH: 25% of total contract value

### Management

The assignment will be carried out under the overall leadership and supervision of the Acting Chief of CSD Programme, with technical support from the SBC Specialist and the Nutrition Officer.

UNICEF Viet Nam's focal point will coordinate the development of a consolidated work plan for the assignment, ensuring effective collaboration between the contracted institution/agency and relevant personnel assigned by the MOH, with quality assurance provided by UNICEF, MOH, and participating provinces.

## Qualification and experience required

General requirements for the Institution

- **A local-based institution/agency** (Vietnamese institutions and international institutions based in Viet Nam, e.g. institute, company, university, center, or foundation) with a proven track record in conducting large-scale KAP surveys, studies, research, and evaluations, and with in-house expertise in both quantitative and qualitative research, particularly on socio-cultural, behavioural, and social determinants, as well as communication-related themes. International institutions must demonstrate the ability to operate effectively in Viet Nam.
- Proven organizational capacity, including adequate staffing, a capable project team, and a solid track record of delivering similar assignments.
- Expertise in nutrition, especially childhood overweight and obesity, public health and other related health thematic areas.
- Strong knowledge and experience in Social and Behaviour Change, including developing SBC strategy.
- Experience working in Viet Nam, particularly with diverse population groups such as urban and rural communities, disadvantaged and vulnerable groups, including ethnic minorities, migrants, and people with disabilities.
- Experience working with the Government of Viet Nam at both national and sub-national levels.
- Experience working with UNICEF or other United Nations agencies is an asset.
- Excellent written and spoken proficiency in English and Vietnamese within the project team.
- Established quality assurance procedures.

## Structure of the Technical Proposal

Interested institutions/agencies are required to submit a detailed Technical Proposal including the following:

1. Credentials document outlining the expertise of the company, detailing general and specific experience with similar clients and assignments, including but not limited to Business Registration Certificate and the samples (e.g., survey/research reports, materials, products) of past relevant works.
2. Details of the proposed team for the assignment include the following information:
  - Title/Designation of each team member on the project
  - Experience in working on similar projects and assignments – List similar projects they worked on and their roles on the project.
  - The team needs to include different members who have background and working experience in the following key fields: social analysis, public health research/study or social studies, vaccination, etc.
3. Provide a summary of the approach which the institutions/agencies would take to meet the specific objectives and deliverables outlined above.

### **Note:**

- **Submissions must be made in English.**
- **No price information should be contained in the technical proposal.**

- Any submissions made outside of the allotted time frame or without adequate information will be automatically disqualified.

## Evaluation process and methods

### Weighted ratio between the technical and the price criteria: (70:30)

Only institutions/agencies who have technical proposal scores from 49 points (70% of technical points) will be shortlisted. Each technical proposal will be assessed first on its technical merits and subsequently on its price. A maximum of 70 points is allocated to the technical component and 30 points for the price component, with a maximum possible total score of 100 points.

The proposal obtaining the overall highest score after adding the scores for the technical and financial proposals is the proposal that offers best value for money and will be recommended for award of the contract. UNICEF will set up an evaluation panel composed of technical UNICEF staff.

In making the final decision, UNICEF considers both technical and financial aspects. The evaluation panel first reviews the technical aspect of the offer, followed by the review of the financial offer of the technically compliant vendors.

The proposals will be evaluated against the following two elements:

#### a) Technical Proposal

Criteria		Points
<b>1</b>	<b>Company Information</b>	<b>10</b>
1.1	<i>Legal Structure (Registration and taxes)</i>	5
1.2	<i>Years of expertise and experience</i>	5
<b>2</b>	<b>Technical Expertise</b>	<b>35</b>
2.1	<i>Understanding of the TOR and its objectives as reflected in the overall proposal</i>	5
2.2	<i>Study/Research design as per TOR objectives and relevance of the approach to meet the specific objectives</i>	10
2.3	<i>Present/prior similar experience working with high profile customers (name of clients, project engagements and size of projects)</i>	10
2.4	<i>Samples of past relevant works: survey/study/research reports, materials, products, etc.</i>	5
2.5	<i>Innovative approaches proposed</i>	5
<b>3</b>	<b>Personnel</b>	<b>25</b>
3.1	<i>Management position and technical competencies (CV)</i>	10
3.2	<i>Number of key staff and technical competencies (CV) assigned to the project</i>	15
	<b>Total</b>	<b>70</b>

#### b) Financial Proposal

The Financial Proposal should be broken down for each component of the proposed work. Financial proposal should be all-inclusive lump-sum cost. Ensure that the price proposal includes separate line items based on key tasks and deliverables, including:

- Professional fees for different team's positions.
- Field visits, consultations - data collection, travel costs.
- Operating expenses: communication expenses, supplies and materials, equipment, training expenses, other expenses, etc.
- Consultation and finalization of the products.
- Administrative/management fees.

Mandatories

- **Institutions/agencies must submit Financial Proposals including both Sample Options 1 and 2.**
- All prices/rates must be quoted in **Viet Nam Dong (VND)** with taxes separately mentioned.
- Financial Proposals must be submitted separately to Technical Proposals.
- UNICEF applies EU-UN cost norms for local consultancy.
- Proposals must be duly signed and stamped, in pdf. files, and prepared in English.

**Women-owned companies are encouraged to bid. Preference will be given to equally technically qualified women-owned companies.**