

TERMS OF REFERENCE

Institutional consultancy to develop the evidence based social and behavior change communication (SBCC) strategy for the reduction of ethnic children stunting and severe acute malnutrition (SAM) in Viet Nam

1. Summary

Title	National agency/International agency based in Viet Nam to develop the evidence based social and behavior change communication (SBCC) strategy for reduction of ethnic children stunting and severe acute malnutrition (SAM) in Viet Nam
Purpose	The SBCC strategy aims to establish an enabling and supportive environment for ethnic families and child caregivers, empowering them with the capacity and skills to provide safe, nurturing, and responsive nutrition care for their children. This also includes access to high-quality nutrition services for the prevention and reduction of stunting and SAM in their children.
Location	Home-based with field visits to test the strategy and its interventions in provinces with the highest prevalence of children under 5 years old stunting and SAM where ethnic minorities live in the regions of Central Highlands, Central Coastal, Northwest and Mekong River delta.
Duration	Feb. - Jul. 2024
Start Date	Feb. 2024
Reporting to	Nutrition specialist and SBCC specialist, Child Survival, Development and Environment (CSDE) Programme

2. Background

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 girls¹. 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)².

The 2020 survey measuring SDG indicators on children and women conducted by the General Statistics Office (GSO) with support from UNICEF³ shows that the prevalence of stunting is high at the national average of 20% 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 Nam⁴ 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 knowledges 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 centre 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.

Based on the evidences and findings from the existing studies and the WASH and Nutrition formative research 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 strategy⁵ to reduce the stunting and SAM of ethnic children in Viet Nam for the next 5 years.

3. Justification

¹ General Statistics Office. 2014. Viet Nam Multiple Indicator Cluster Survey, MIC.

² National Institute of Nutrition. 2015. National Nutrition Surveillance.

³ General Statistics Office. 2020. Viet Nam Multiple Indicator Cluster Survey, MIC.

⁴ <https://www.unicef.org/vietnam/reports/formative-research-rural-water-supply-sanitation-hygiene-and-nutrition-viet-nam>

⁵ Please refer to the [UNICEF's SBC Guidance](#) and [Social and Behaviour Change Communications \(SBCC\)](#).

The proposed assignment requires a **national agency/international agency based in Viet Nam** that has strong expertise and experience in developing evidence-based SBCC strategy, creative concept, action plans and producing creative, innovative communication products and assets. The agency needs to have relevant experience to Viet Nam's context in the areas of public health, nutrition, children's malnutrition, and communication for ethnic audiences.

UNICEF and government counterparts do not possess all the required expertise, or the time required to dedicate to this assignment, which requires extensive work. Hence it would be time and cost effective to engage a high-quality agency to conduct the assignment. The Child Survival, Development and Environment (CSDE) programmes including Nutrition team and Social and Behaviour Change (SBC) team will provide technical guidance and quality assurance to the consultant in all stages of the designing, developing, and field testing of the strategy's concept and interventions.

4. Objectives

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

Specific outputs of the assignment are to:

1. Use an iterative, rapid prototyping process to design, test and finalize the SBCC strategy, action plans, communication campaign plan, 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 and communication campaign plan by conducting regular meetings, consultation, reviews and documenting outcomes and decisions at each step in the process.

5. Target audience groups

The SBCC strategy to target:

- *National level:*
 - Nutrition, health, and communication officers of Ministry of Health - MOH and other government-related ministries, National Committee for Ethnic Affairs and mass organizations,
 - Journalists who are in charge of Nutrition/health related column/section.
- *Sub-national level:*
 - Household: Parents, child caregivers, young adults, especially ethnic groups and vulnerable groups including people with disabilities.
 - Community: Opinion leaders, influencers and other community motivators including community leaders, religious leaders, etc.

- Service provider: Nutrition, health staff, communication officers, mass organizations' officers (Women Union, etc.)
- Local authorities, National Committee for Ethnic Affairs.
- Journalists who are in charge of a nutrition/health-related column or section.

(*) Note: At sub-national level, the strategy will focus on the provinces where have high rate of ethnic population and high rate of children stunting and SAM among ethnic population, especially in Central Highlands, Central Coastal, Northwest and Mekong River delta.

6. Scope

Specific tasks and activities under each output will include:

Output 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, including 2022 formative research on WASH and nutrition in Viet Nam to understand the programme context and linkages.
- 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.
- Develop initial creative concepts and identify strategic interventions for further testing.
- Iterative, rapid process for testing prototype concepts and interventions (this must include at least 1 rounds of field testing with target audiences, including households, promoters, and businesses).
- Finalize the strategy and the guidelines for sub-national levels to develop and implement provincial SBCC strategy and action plans.

Output 2: Develop the communication campaign and action plans for national and sub-national levels' implementation

- Develop communication campaign plan at national and sub-national levels including creative concept, schedule and locations of activities, budget, monitoring plan, training, and resource allocation for campaign execution.
- 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.

Output 3: Support to garner sector-wide support for finalized SBCC strategy, guidelines, communication campaign 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's approval, communication campaign and action plans implementation at national and sub-national levels. This also include the facilitation of the workshop to hand-over strategy and guidelines for UNICEF implementing partners at national and provincial project levels.

7. Methodology and technical approach

To ensure buy-in from all stakeholders and target audiences, the development of the SBCC Strategy and related documents will be a consultative and participatory process, engaging key stakeholders. The key stakeholders should include key target audience groups, e.g. ethnic parents, child caregivers, young people, community groups/influencers, and community leaders and their inputs on social roles, opportunities for influencing social norms and behaviours, and what they see as their potential engagement in the SBCC Nutrition strategy/action plans/campaigns should be sought from the beginning of the process.

The SBCC principles will be incorporated throughout the intervention package to encourage target audiences to apply this information to adopt healthy personal behavior and invest in nutrition.

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, in order to develop an evidence based SBCC strategy.

Desired Outcomes of Fieldwork Engagement

- Outcome 1: Understanding the lived context and nutrition (children stunting and SAM) realities specific to local levels
- Outcome 2: Uncovering the barriers (environmental, economic, social, cultural) preventing the adoption of nutrition interventions
- Outcome 3: Uncovering and validating the drivers with the potential to enable nutrition interventions
- Outcome 4: 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

The agency is required to submit a fieldwork testing plan that will include the following activities:

- 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.

The agency will work closely with UNICEF CSDE, Communication and Advocacy Section, Social Policy and Governance (SPG) Programme, and related programmes.

The agency will maintain a strong working relation with Maternal and Child Health Department (MNCH), National Institute of Nutrition (NIN) and related MOH's departments, National Committee for Ethnic Affairs, Mass organizations, NGOs, and UN agencies (WHO, UNFPA, etc.).

The agency 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.

The agency 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.

UNICEF will facilitate the meetings of the national and sub-national advisory committee.

8. Summary of specific tasks and deliverables with a timeline

The following tasks and deliverables are expected from the agency over a period of the assignment. The exact timing of deliverables will be determined in close coordination with the UNICEF Team. All reports, documents and deliverables under this assignment will be developed both in Vietnamese, English.

The consultant(s) will be expected to produce the following deliverables:

a) Deliverable 1:

- Assignment workplan, setting out methodology and timeframe for activities.
- Brief reports on results of rapid field testing of strategy concepts, messages, and interventions.
- Final creative concept.

b) Deliverable 2:

- Draft SBCC strategy, action plans, communication campaign plan, and guidelines for sub-national levels to develop and implement provincial SBCC strategy and action plans.

c) Deliverable 3:

- Facilitating national consultative workshop.
- Finalizing the SBCC strategy, communication campaign plan, action plans and guidelines.
- Providing support in the approval process of the SBCC strategy, action plan: participation in review and approval meetings with advisory group and facilitation of the hand-over workshop for UNICEF implementing partners at national and provincial project levels.

No.	Task	Deliverable	Timeframe
1	<u>Workplan</u> <ul style="list-style-type: none"> - Study UNICEF programme documents, review reports of existing formative research, studies, and communication strategies, plans, campaigns and materials. 	(Deliverable 1) <ul style="list-style-type: none"> - Assignment workplan, field-testing plan, setting out methodology, tools and timeframe for activities in <i>English and Vietnamese</i> 	Feb. 2024

No.	Task	Deliverable	Timeframe
	<ul style="list-style-type: none"> - Identify resources people who are experts from related MOH departments (MNCH, NIN, etc.) and other related counterparts/partners for consultation and technical support. - Plan activities, timeline to conduct the assignment, including field-testing plan and tools. - Develop the umbrella concept with key audience groups. 	<ul style="list-style-type: none"> - Inception report in <u>English and Vietnamese</u> - Draft creative concepts of strategy and interventions 	
2	<u>Implementation</u> <ul style="list-style-type: none"> - Develop and consult with resource people, UNICEF, and partners the umbrella concept, strategy's interventions, action plans. - Conduct field visits 4 selected provinces to test with target audience on the umbrella concept, draft strategy, action plans. 	(Deliverable 2) <ul style="list-style-type: none"> - Brief reports on results of fieldworks testing in <u>English and Vietnamese</u> - Final creative concept in <u>English and Vietnamese</u> 	Mar. - Jun. 2024
3	<u>Finalization</u> <ul style="list-style-type: none"> - Finalize the strategy, action plans (2025-2030), communication campaign execution plan and sub-national implementation guideline. <u>Support for the submission/approval process</u> <ul style="list-style-type: none"> - Participate in review and approval meetings with advisory group. - Facilitate the hand-over workshop for UNICEF implementing partners at national and provincial project levels. - Support to submit and advocate the approval of the SBCC strategy, action plan, communication campaign plan, and guidelines by responsible national and local government 	(Deliverable 3): <ul style="list-style-type: none"> - Final SBCC strategy, action plans, communication campaign plan, and sub-national implementation guidelines approved by UNICEF and UNICEF implementing partners in English and Vietnamese - Hand-over workshops for UNICEF implementing partners at national and provincial project levels. 	Jul. 2024

Expected deliverables: All deliverables are expected to be developed in Vietnamese and English, with the responsibility for English-Vietnamese translation in all meetings with partners/informants belonging to the contracted agency. UNICEF will introduce Long-term agreement contract vendors for translation services if needed.

9. Management

The assignment will be undertaken under the overall supervision of the Chief of CSDE with the day-to-day supervision of the Nutrition specialist and SBC Specialist and closely working related UNICEF Programme staff. The Chief of CSDE will facilitate final sign off and approval of the outputs, based on feedback from the review committee.

All deliverables will be approved or rejected with comments within 2 weeks of the submission of outputs, with a standard revision period of an additional 2 weeks by the consultant(s).

UNICEF Viet Nam's focal point will ensure that a consolidated work plan for this assignment facilitates the joint work of both the contracted agency and any personnel assigned by MNCH, NIN, related MOH's departments, National Committee for Ethnic Affairs with quality assurance from UNICEF, MOH and the project provinces.

10. Inputs to be provided by UNICEF

UNICEF will provide reports of existing researches/studies and other programme documents/reports, example communication strategies/campaigns, and available Nutrition materials and tools. UNICEF will support agency for community entry of field testing and accompany the consultant(s) on field trips when needed. UNICEF will facilitate the meetings of the national and provincial advisory committee.

11. Payment Schedule

The payment for the consultancy will be in three installments:

- The 1st payment upon the approval of Deliverable 1 (30% of total contract's value).
- The 2nd payment upon the approval of Deliverable 2 (40% of total contract's value).
- The last payment upon the approval of all deliverables and Deliverable 3 (30% of total contract's value).

12. Performance indicators for evaluation

- The quality of deliverables meets the standards set by UNICEF and specifications outlined in the contract.
- Deliverables are submitted in a timely manner, as per the timeline in the contract.
- Technical assistance is contextualized and draws on inputs provided by the partners.

13. Qualification

The agency needs to have the following qualifications:

- Prior experience and track record of developing SBCC strategy on nutrition/public health in Viet Nam with multi-ethnic composition.
- Relevant expertise in creative communication materials/assets production, nutrition, public health, communication, social sciences, or related areas.
- Demonstrated skills in creative concept design and execution.
- High level of competence in working with people, especially partners in the Government, UN agencies and INGOs is required
- Strong understanding of local government and community contexts, especially ethnic populations in Viet Nam.
- Ability to create relevant and meaningful content across a variety of appropriate mediums.
- Ability and proven experience crafting messages and products in various formats of materials.
- Ability to develop and produce interventions, communication materials and assets targeting ethnic audiences.
- Facilitation skills and ability to manage diversity of views in different cultural contexts.

The agency needs to deploy:

The National SBCC Expert cum Team Leader with following qualifications:

- Minimum of Master level degree(s) in the relevant field, such as 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/IEC 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.

The Community Nutrition Expert and the Public Health Expert:

- 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 Vietnam.
- 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

In addition, the agency is expected to mobilize other skills/experiences among the team members including creative concept/content development, creative design, graphic design, photograph, public health, gender and social aspects of water and sanitation, climate change... etc.

Association with other organization(s)

The consultant agency may associate with other organizations (NGOs/ research and technical institutions/ profit agencies, etc.) to enhance their qualification and expertise for this Consultancy. In such instances, there should be a lead consultant agency and the other agencies should be its sub-consultant(s)/ associate(s). The assignment proposal should indicate the role and other details of the sub-consultant(s)/ associate(s). However, overall responsibility for planning, management, and coordination (technical, financial, administrative), M&E and quality assurance will vest with the lead consultant agency.

14. Structure of the Technical Proposal

Interested agencies are required to submit a brief technical proposal including:

1. Credential document outlining the expertise of the company, detailing general and specific experience with similar clients and assignments, including the samples (e.g., reports, materials, products) of past relevant works.
 - Expertise and previous experience in developing communication strategy, action plans, campaigns and producing communication materials and assets on nutrition, public health in Country.
 - Examples/portfolio of past innovative strategy, creative campaigns/products that are relevant to the assignment.
2. Brief narrative of proposed approach for carrying out tasks indicated above, including particular methods and techniques to be utilized.
3. Details of the proposed team for the assignment including the following information:
 - Title/Designation of each team member on the project
 - Experience in working on similar project and assignments – List similar projects they worked on and their roles on the project.

4. Assignment implementation plan and timeline.

Notes:

- 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.

15. Evaluation process and methods

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

Only 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
1	Company Information	5
1.1	<i>Legal Structure (Registration and taxes)</i>	3
1.2	<i>Years of expertise and experience</i>	2
2	Technical Expertise	25
2.1	<i>Relevance of the approach to meet the specific objectives and reach the specific target audience</i>	10
2.2	<i>Present/prior similar experience working with high profile customers (name of clients and project engagements)</i>	10
2.3	<i>Technical services (equipment, studio facilities, outsourcing suppliers, placement services)</i>	5
3	Personnel	25
3.1	<i>Management position and technical competencies (CV)</i>	15
3.2	<i>Number of key staff assigned to the project management</i>	10
4	Innovative and Creative portfolio	15
4.1	<i>Samples of innovative SBCC strategy/campaign, creative concept development, tools and implementation</i>	10
4.2	<i>Samples with demonstrated experience in the field of nutrition, public health and community communication creative concept development, campaign's development</i>	5
	Total	70

b) Financial Proposal

The Financial Proposal should be broken down for each component of the proposed work. Please make sure to have separate line items in the price proposal based on key tasks/deliverables.

Mandatories

- All prices/rates quoted must be exclusive of all taxes as UNICEF is a tax-exempt organization.
- Financial Proposals must be submitted separately to Technical Proposals.
- The total amount of points allocated for the price component is 30. (The maximum number of points will be allotted to the lowest price proposal of the technically qualified proposals).
- UNICEF will award the contract to the vendor who obtains the overall highest score after adding the scores for the technical and financial proposals.

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