

## TERMS OF REFERENCE

### Institutional consultancy to conduct a market research on WASH and Nutrition in the rural areas of Viet Nam

#### Summary

<b>Title</b>	Consumer and Market Research on Rural Water Supply, Sanitation, Hygiene and Nutrition in Viet Nam
<b>Purpose</b>	To (a) understand consumer's behavior, demand and the market supply for safely managed water, sanitation, hygiene and nutrition in rural areas and (b) to develop an evidence-based strategy that includes behavior and social change communication (BCC) and market-based interventions aiming at generating the demands and strengthening supply chains/services for WASH and BCC for nutrition in rural areas
<b>Location</b>	Home-based desk review and primary data collection in Dien Bien, Gia Lai and Soc Trang provinces, targeting UNICEF support areas
<b>Duration</b>	Feb 2022 – Aug 2022
<b>Start Date</b>	15 February 2022
<b>Reporting to</b>	Chief of Child Survival, Development, and Environment

#### 1. Background

Water, sanitation, and hygiene (WASH) are core elements of human capital development that drive Viet Nam's current and future productivity and growth. It is also one of the key elements that need additional focus if Viet Nam is to achieve its Sustainable Development Goals (SDGs). Human capital development consists of knowledge, skills, and health acquired over the course of one's lifetime. It, therefore, requires investment in children – especially in their early years and for those who are most vulnerable – so that they can achieve their full potential when they become adults and be productive.

With a population of 96.2 million (2019), Viet Nam's access to improved water supplies increased from 65 per cent in 2000 to 97 per cent in 2019, while access to basic sanitation jumped from 52 to 89 per cent during the same period<sup>1</sup>. Despite the progress made, 10.7 million people (10.15 million in rural areas and 550,000 in urban areas) still practice open defecation<sup>2</sup>. Additionally, only 13 per cent of the population wash their hands with soap at key moments. In addition, data from WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation & Hygiene shows that the major population without clean water and improved latrines are poor, near-poor and ethnic minorities (EM). Specifically, the 2020 survey measuring SDG indicators on children and women conducted by the General Statistics Office (GSO) with support from UNICEF shows that:

- The prevalence of stunting is high at the national average of 20 per cent while among ethnic minority children is nearly twice (32 per cent). Only 42 per cent of children 6-23 months received a minimum acceptable diet.
- 44 per cent of households whose water source was tested had E. coli contamination, it was also found that in drinking water this rate is 41 per cent of households.
- Only 60 per cent of ethnic minority households had access to improved sanitation compared to almost 90 per cent at a national level.

<sup>1</sup> WHO & UNICEF (2019). Joint Monitoring Program for WASH – JMP ( [link](#)).

<sup>2</sup> GSO (2018). 2018 Viet Nam Household Living Standard Survey.

- Only 8 per cent of household members use an improved on-site sanitation facility from which a service provider has removed waste for treatment off-site.

The lack of access to water and sanitation coupled with poor hygiene practices contributes to high rates of diarrhea, pneumonia, and parasitic infections. As a result, and in addition to other factors, one-fifth of children under the age of five in Viet Nam suffer from stunting<sup>3</sup>. Moreover, **stunting increases dramatically at 6 months** of age in Vietnam when breastmilk alone cannot provide all energy, protein, vitamin, and mineral needs. Following the data from **the 2019 National General Nutrition Survey**:

- 24 per cent of children under five years of age are stunted, 28 per cent have anemia, 13 percent have vitamin A deficiency and 69 per cent are zinc deficient. Appropriate complementary feeding, along with adequate care and disease prevention, can help children grow and develop to their full potential, prevent stunting, and vitamin and mineral deficiencies.
- Currently, more than 50 percent of babies are introduced to complementary foods too early (before 6 months) while 18 percent of children aged 6 months to 2 years do not have a diet that is sufficiently diverse and 36 percent are not fed frequently enough. These children have poor quality diets that are lacking in essential nutrients. A third (35 percent) do not consume animal-based foods daily, 22 percent do not consume vitamin A, and 14 percent do not consume iron-rich foods daily.
- The poorest children and those living in remote areas, **especially from ethnic minority families have the least adequate complementary feeding practices**. In addition to their health being compromised, they are more susceptible to disease and infection and are less likely to grow to their full height or be economically productive when they become adults.

In 2020, UNICEF has carried out a preliminary analysis on the public expenditure for water, sanitation, and hygiene. Data shows that between 2016 and 2018, the total expenditure on basic WASH-related activities in Viet Nam decreased from 1 per cent in 2016 to 0.56 per cent in 2018<sup>4</sup>. Closing the financing gaps and accelerating progress towards achieving SDG 6 on WASH requires urgent measures like increasing the current spending in WASH (at 0.68 per cent in 2017) to 1.1 percent of the 2017 GDP per year (USD 2.331 billion)<sup>5</sup>.

UNICEF is shifting to a new partnership phase with Vietnam for 2022-2026. WASH and nutrition will continuously be among the core components in the partnership strategy. UNICEF will support both at national and provincial levels, particularly supporting the achievements of safely managed water and sanitation and nutrition for hard to reach and vulnerable groups in Dien Bien, Gia Lai, and Soc Trang.

To formulate well the new phase of interventions, UNICEF in partnership with the National Center for Rural Water Supply and Sanitation (NCERWASS), Vietnam Health Environment Management Agency (VIHEMA) and provinces will conduct formative research to understand demand, supply and enabling environment for affordable and climate-resilient water and sanitation-related products and services, infant and young child feeding practices of the main ethnic groups in the project locations, and the barriers behind the unhealthy practices among parents and community in rural Vietnam. Findings of this study will be used to formulate Behavior Change Communication (BCC) strategy and tools, market-based approaches and capacity-building/business development efforts to strengthen the availability of WASH products and services and BCC in nutrition to low-income rural households for the next 5 years.

## 2. Justification

<sup>3</sup> National Institute for Nutrition (2020). Data from 2019 survey on nutrition.

<sup>4</sup> UNICEF Viet Nam (2020). Budget Brief for WASH Financing in Viet Nam

<sup>5</sup> IMF (2020). "Viet Nam's Development Success Story and the Unfinished SDG Agenda."

This assignment requires a high level of technical expertise and intensive human resources to explore insight from the field as well as with national partners. Therefore, UNICEF needs to recruit an institution with relevant qualifications, competencies and skills in consumer and supply chain research in WASH and nutrition through a competitive bidding process.

### 3. Purpose, Objectives and Audiences

The Research insights will be used to:

#### WASH

##### Demand

- a) **Provide a deep understanding of household perceptions, beliefs, commitment, practices and motivations** related to safely managed water and sanitation, including toilet and water product and services design, preferences and barriers to investment
- b) **Provide a strong understanding of households' demands on WASH products and services**

##### Supply and existing market

- a) **Provide data and information on the supply market of WASH products and services:** This includes supply chains, businesses, existing business models, improved water and toilet system designs, existing technologies, and the products and services and operation cost along the value chains

##### Gap analysis and recommendations

- a) **Define the gaps of underserved populations and thus recommend the target market segment(s) for UNICEF support,** focusing on rural hard-to-reach areas, ethnic minorities and populations with low income
- b) **Develop a provincial evidence-based and climate-resilient strategy on WASH,** based on identified opportunities and **with recommendations on the development of (a) appropriate products and services, (b) business models, (c) demand creation and BCC strategies and framework, and (d) enabling environment** for the target market segments (identified under a of this heading)

#### Nutrition

- a) **Provide evidence on barriers and motivations on breastfeeding and complementary feeding practices** among target groups of ethnic mothers, parents, childcare givers of children under 2-year-old.
- b) **Based on the evidence generated, develop a behavior change intervention framework** to promote improved breastfeeding and complementary feeding practices among the above target groups.

##### Key audiences:

UNICEF Viet Nam and government-related ministries (MOH and MARD) to be informed of the demand and supply of the WASH market and key gaps and issues related to nutrition for the formulation of evidence-based strategy on WASH and a behavior change intervention framework for nutrition in rural areas.

### 4. Scope, methodology and technical approach

**Scope:** this work will be undertaken during February – August 2022, at the national level using secondary data, with primary data collection in selected provinces: The work will be implemented with the central government (in Ha Noi) for desk review and fieldwork will be conducted in three provinces of Dien Bien, Gia Lai and Soc Trang. The research is expected to use both quantitative and qualitative

methods to have a comprehensive understanding of the demand and supply of rural WASH and nutrition.

The research will target the following key areas in school and community settings:

- a) Sanitation: Whole chain of safely managed sanitation, including open defecation, adopting hygienic latrines, and human waste treatment and management
- b) Water: Safely managed drinking and domestic use of water, including bottled water, piped schemes, and self-supply water sources/facilities
- a) Handwashing with soap: practice and product access
- b) Nutrition for ethnic minority children under 2 years old

The research should be gender-sensitive and would focus on lower-income populations in EM and groups vulnerable to natural disasters and extreme weather.

This assignment will cover the following tasks:

### **Task 1. Consumer/Household Research for WASH and nutrition**

*To gain an in-depth understanding of the WASH consumer<sup>6</sup>'s perceptions, beliefs, attitudes, knowledge, barriers, commitments, motivations and practices related to adoption and consistent use of safely managed water and sanitation products and services. This includes exploring the cognitive, emotional, social, environmental, cultural, and economic factors that influence adoption, purchase, and usage behaviors of household and school children level WASH. The research would also explore opportunities to integrate or take advantages of relevant current development programs of the government and other players.*

*Provide data and analysis on households' knowledge, practice, perceptions and demands on WASH products and services*

*Key questions:*

#### **Safely managed water and sanitation**

1. What are consumers' current knowledge, perceptions, practice, beliefs in safely managed water and sanitation and why?
2. What is their demand, affordability and preferences on WASH products and services and why?
3. What are their barriers and expectations to address demand in safely managed water and sanitation and how?

#### **Hand hygiene practices**

4. Do mothers, caregivers, and children practice handwashing with soap and water at critical moments?
5. What barriers or incentives are there for handwashing at critical moments and what is needed to overcome those barriers?

#### **Nutrition:**

*Provide data and analysis on barriers and motivations on breastfeeding and complementary feeding practices among target groups of ethnic mothers, parents, childcare givers of children under 2-year-old (refer to Annex 1 for more information)*

6. What are the common practices of mothers, childcare givers on breastfeeding and complementary feeding practices and why?
7. What are the common practices on complementary feeding of parents, childcare givers for their young children of the age 6-24-month-old – in comparison with the WHO standards?

---

<sup>6</sup> Consumer can be understood as populations without improved household sanitation living in the Philippines

8. In case the above common practices are not in line with the standards (above), what are the hindrances a priority order (using the below UNICEF Southeast Asia and Pacific Regional Framework developed for complementary feeding)?
9. What barriers do pregnant women and families with children under 2 have that prevent them from accessing health and nutrition services during pregnancy, childbirth and breastfeeding period?

## **Task 2. WASH products and Services Supply Assessment**

### **National and Local Water and Sanitation Supply Actors**

1. Who are current actors and their chain and what are their availability, capacity and relation among rural WASH actors?
2. What are constraints and opportunities in enabling environment to strengthen WASH products and services for rural communities and schools?
3. What are relevant current programming and WASH business models in vulnerable areas and how to strengthen them for climate-resilient WASH?
4. How could local businesses be more motivated to profitably deliver safely managed water, sanitation and hygiene services/products which is climate resilient and affordable for low-income and EM households?

### **Availability of Products and Services**

5. What are current products and services available to the rural market and its price range? Is there any opportunity to strengthen the rural WASH market?
6. Who are (potential) market segments for these products and services and why?
7. Is there a need to strengthen/improve the current products and services and develop/adopt new climate-resilient and affordable ones for rural market? Why and how?

Note: The consultant team will document the range of WASH products and price ranges in rural areas; photos will be taken to capture local variations.

### **Enabling Environment**

8. What policy frameworks are in place, how effective are they, and to what extent do these policies contribute to ensuring product and services chains reach the poorest?
9. What regulations/standards are in place and are they effective in ensuring the quality of the products on the market? Are regulations/standards facilitating or constraining competition, entry of new products into the market, and affordability?
10. What are the functions, motivations, barriers, and influences of key institutions/players in establishing a conducive business environment?
11. What financing sources and structures are in place for suppliers and households, and are they affordable?
12. What public-private partnerships (PPPs) exist at the local/national level for sanitation, and are they effective?
13. What taxation and tariff structures are in place, and how do these influence the availability and affordability of sanitation commodities and services?

## **Task 3: For future WASH intervention**

1. **Define the gaps of delivering WASH services/product to underserved populations and thus recommend the target market segment(s) for UNICEF support, focusing on rural hard-to-reach areas, ethnic minorities and populations with low income**

2. **Develop a provincial evidence-based and climate-resilient strategy on WASH, based on identified opportunities and with recommendations on the development of (a) demand creation and BCC strategies and framework, (b) appropriate products and services, (c) business models, and (d) enabling environment for the target market segments (identified under this heading, differences in each province will be highlighted and recommended)**

#### **Task 4: For future nutrition intervention**

Based on the evidence generated, develop a behavior change intervention framework to promote improved breastfeeding and complementary feeding practices among the above target groups.

#### **Methodology and technical approach:**

The study will employ a mixed methodology combining literature review, quantitative and qualitative tools. Specifically, the institution is expected to conduct a systematic desk review of current (and from the past five years) evidence on socio-cultural practices and policies related to WASH and nutrition. The firm will use secondary data and collect primary data through key informant interviews, focus group discussions, in-depth interviews, and observation and participatory exploration methods with relevant government agencies in Viet Nam at the national and subnational levels, particularly with households, school children and product and service providers.

**The consultant team is expected to propose the most appropriate methodology, data collection and analysis tools, and the workplan for this assignment including for the survey.** It is expected to deliver the following work in WASH and nutrition. In addition, given the different targets of nutrition (households with children under 2), additional focus groups and or in-depth interviews would be required to cover the key questions. Some of the key steps could be as follows:

- i. Review relevant documents to understand the background and context of the assignment
- ii. Develop research protocol and research tools, pretest research tools are required
- iii. Data collection for both quality and quantity research, closely quality control to ensure timing is respected and quality standards are met.
- iv. Analyze data based on prior agreed analysis plan, summarize top-line findings and present to the client and relevant partners and stakeholders.
- v. Develop Research report and strategy and framework for demand creation/BCC for both WASH and nutrition, market strengthening and enabling environment for WASH meeting international quality standards to enable extensive distribution.

In light of the current COVID-19 context, the institution/firm is expected to prepare a contingency plan which will include the possibility of conducting online interviews and relevant working modalities.

#### **Summary of specific tasks and deliverables with a timeline**

#	Task summary	Deliverables	Deadline	No. of working days
1	<b>Task 1 &amp;2: Consumer/Household Research and WASH products and Services Supply Assessment</b>			
1.1	Analytical framework, detailed methodology and research tools	<ul style="list-style-type: none"> <li>- Inception report</li> <li>- Research tools, methodology and plan</li> <li>- Pretest result</li> </ul>	March 2022	20 days



1.2	Conduct fieldwork, data collection, coding activities and ensure the quality of work	Regular fieldwork report/update	April 2022	40 days
1.3	Analyze and interpret the data	Data analysis table/matrix	April 2022	20 days
1.4	Prepare and present top-line findings and key recommendations	Topline findings	May 2022	20 days
1.5	Final Draft Report, Research Brief	<ul style="list-style-type: none"> <li>- Research Report</li> <li>- Research Brief</li> <li>- All primary data collected should be made available to UNICEF and key counterparts</li> </ul>	June 2022	20 days
2	<b>Task 3: For future WASH intervention</b>			
2.1	Develop a provincial evidence-based and climate-resilient strategy on WASH, based on identified opportunities and with recommendations on the development of (a) demand creation and BCC strategies and framework, (b) appropriate products and services, (c) business models, and (d) enabling environment	Final an evidence-based and climate-resilient WASH strategy	August 2022	20 days
3	<b>Task 4: For future nutrition intervention</b>			
3.1	Develop a BCC intervention framework for nutrition	<ul style="list-style-type: none"> <li>- Final BCC framework for nutrition</li> </ul>	August 2022	10 days
	<b>Total</b>			<b>150 days</b>

**Duration and expected deliverables:** The timeframe for this consultancy is 150 days, between February-August 2022. All deliverables are expected to be developed in both Vietnamese and English, with the responsibility for translation in all the meetings with partners/informants belonging to the contracted institution.

## 5. Management

The assignment will be undertaken under the overall supervision of the Chief of Child Survival and Development (CSD) with the day-to-day supervision of the Water and Sanitation Specialist, C4D Specialist and Nutrition Officer and closely working related UNICEF Programme staff.

UNICEF Viet Nam's focal point will ensure that a consolidated work plan for this assignment facilitates the joint work of both the contracted institution and any personnel assigned by NCERWASS and VIHEMA with quality assurance from UNICEF, NCERWASS, VIHEMA and the provinces.

## 6. Payment Schedule

The payment for the consultancy will be in three installments:

- The 1st payment upon the approval of the inception, desk review report, research protocols and ethical clearance, deliverables task 1.1 (30%)
- The 2nd payment upon the approval of the final report; deliverables of task 1 & task 2 including 1.2, 1.3, 1.4, and 1.5 (40%)

- The last payment upon the approval of the final comprehensive report, policy brief, PowerPoint presentations, and intervention framework; deliverable of task # 3 & task # 4 (30%)

## 7. 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.

## 8. Qualifications

An institution/firm that can deploy a team comprised of a team leader and 4 team members with the following qualifications:

The institution/firm must have the qualifications and experience on (i) Qualitative and quantitative research skills, ideally also skills in geographic information systems (GIS), (ii) understanding WASH, local market contexts and value chain development, (iii) Strong methodology, research plan and question guides and development of intervention framework in behavior change communication and business model development. The following effort level in terms of person-days is foreseen for this assignment and Team members should have the following qualifications and experience but not limited:

### International Research Expert (Team Leader)

- Minimum of Master level degree(s) in the relevant field, such as social sciences or public health, social marketing and at least eight years of relevant experience.
- At least eight years of proven and successful experience in conducting formative research in both qualitative and quantitative and with the design and implementation of rural water and sanitation behavior change programs in developing countries, with experience in both a private and a public sector context being preferable.
- Strong knowledge of rural water, sanitation, and hygiene sector and climate-resilient WASH, especially in the areas of project design, implementation, and evaluation
- Familiarity with the water, sanitation, hygiene, nutrition sector in Vietnam is desirable.
- Ability to effectively and respectfully work with and lead a team of professionals with different cultural and sectoral backgrounds.
- Excellent verbal and written English communication skills.

### National Behavior and Social Change Communication Expert

- Minimum of Master level degree(s) in the relevant field, such as social sciences, public health, or economics, and at least eight years of relevant experience.
- At least eight years of proven and successful experience in the design and implementation of behavior change programs, preferably with at least five years' experience in rural WASH promotion. *(Note that strong experience within behavior change carries the greatest weight).*
- Strong experiences in qualitative research in Vietnam is desirable; familiarity with the water, sanitation, and hygiene sector (including experience with community and school-based WASH)
- Ability to work with a team of professionals effectively and respectfully with different cultural and sectoral backgrounds.
- Native Vietnamese and be fluent in English

### National Business Development/Marketing Expert

- Minimum of Master level degree(s) in the relevant field, such as Business Administrative, Business Studies Economics or Finance, and at least five years of relevant experience
- At least eight years of experience conducting value chain analysis and utilizing the information to inform program design (including rural WASH)



- Strong experiences in qualitative research in Vietnam and familiarity with the water, sanitation, and hygiene sector are desirable
- Ability to work with a team of professionals effectively and respectfully with different cultural and sectoral backgrounds
- Native Vietnamese and be fluent in English

#### **National Rural Water and Sanitation Engineer**

- Minimum of Master level degree(s) in the relevant field, such as water and sanitation engineering and at least eight years of relevant experience
- At least eight years of proven experience in the design, implementation, and/or evaluation of the engineering aspects of rural water and sanitation projects and programs, targeting climate change affected and vulnerable areas
- Proven prior experience with the design of low-cost on-site domestic WASH facilities
- Ability to work with a team of professionals effectively and respectfully with different cultural and sectoral backgrounds
- Native Vietnamese and be fluent in English

#### **A Community Nutrition Specialist/ Public Health Expert**

- Minimum of Master level degree(s) in the relevant field, such as nutrition, public health and at least eight 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.
- Ability to work with a team of professionals effectively and respectfully with different cultural and sectoral backgrounds.
- Native Vietnamese and be fluent in English

In addition, the institution/firm is expected to mobilize other skills/experiences among the team members including on policy and institution, gender and social aspects of water and sanitation, climate change, climate-related statistician, etc.

#### **ASSOCIATION WITH OTHER ORGANIZATION(S)**

The institution/firm 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 institution/firm 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 institution/firm.

### **9. Structure of the Technical Proposal**

Interested institutions/firms are required to submit a detailed technical proposal including the following:

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.
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: economic analysis, public health research/study or social studies, etc.
3. Provide a summary of the approach which the agency would take to meet the specific objectives and deliverables outlined above.
- *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.*

## 10. Evaluation process and methods

### The weighted ratio between the technical and the price criteria: (80:20)

Such the proposed programme is new and not available in Viet Nam. Given the newness, complexity, and strong requirement of innovation and creativity of the assignment, the ratio between the technical and the financial proposal for this task is 80:20 respectively. Only those proposals that score 70% of technical points on the technical proposal will be shortlisted.

Each technical proposal will be assessed first on its technical merits and subsequently on its price. A maximum of 80 points is allocated to the technical component and 20 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 the best value for money and will be recommended for the 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>	5
1.1	Legal Structure (Registration and taxes)	
1.2	Years of expertise and experience	
1.4	Financial capacities (Statement on consolidated sales and revenue in the past 5 years)	
<b>2</b>	<b>Technical Expertise</b>	30
2.1	Relevance of the approach to meet the specific objectives and reach the specific target audience	
2.2	Present/prior similar experience working with high profile customers (name of clients and project engagements)	
2.3	Technical services (Equipment, studio facilities, outsourcing suppliers, placement services)	

<b>3</b>	<b>Personnel</b>	<b>30</b>
3.1	Management position and technical competencies (CV)	
3.2	Number of key staff assigned to the project management	
<b>4</b>	<b>Innovative and Creative portfolio</b>	<b>15</b>
4.1	Samples of innovative research methodologies in emergency/epidemic contexts	
4.2	Samples with demonstrated experience in WASH and nutrition research, studies, and analysis	
	<b>Total</b>	<b>80</b>

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 for the following:

- Strategy and planning
- Creative Conception and Execution
- Field visit, consultation - data collection
- Designing and development process and options
- Consultation and finalization of the products

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 20. (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 whose response is of high quality and meets the specific objectives.
- Both Technical and Financial Proposal must be in pdf. format with letterhead, signature and stamp (if applicable) of the institution/firm.

## Annex 1: Key Questions and Standard Practice on Young Child Feeding

### 1. Standard practices in child breastfeeding

- Breastfeeding an infant within 1 hour after birth
- Breastfeeding an infant exclusively for the first 6 months (first 180 days after birth)
- Breastfeeding exclusively within two days after birth
- Breastfeeding continued until 24 months of age

### 2. Standard practice in complementary feeding (apply for young children 6-24-month old)

- Timely complementary feeding for an infant (at month six)
- Minimum of food diversity
- Minimum frequency of feeding solid food
- Minimum acceptable diet
- Consumption of vegetable
- Frequency consumption of animal protein food
- No consumption of unhealthy food

### 3. The UNICEF Southeast Asia and Pacific Regional Framework for complementary feeding:

#### Behaviors, socio-cultural beliefs and knowledge

- Incorrect beliefs and cultural norms.
- Lack of knowledge.
- Practical barriers.

#### Food system

- Lack of access to a diverse diet.
- Lack of controls on the monitoring of commercial baby foods.
- Inappropriate promotion and marketing of unhealthy products to young children.

#### Health system

- Lack of protocols, standards, and guidelines on complementary feeding.
- Lack of complementary feeding in pre-service and in-service training.
- Limited indicators on complementary service delivery.

#### Social protection

- Poverty and lack of access to social protection services.
- Limited resilience to disasters.

#### WASH system

- Unsafe complementary foods and unhygienic behavior.
- Environmental hygiene.

**Other that might be found:**