



Nourish Life

Terms of Reference for a consultancy to undertake costed roadmap exercise for scaling MMS in Pakistan

Assignment	Terms of Reference for a consultancy to undertake costed roadmap exercise for scaling MMS in Pakistan
Published date	07 March 2025
Concept note submission date	Friday, March 28, 2025 (Eastern Standard Time) Extended to Friday 4th April, 2025
Program	Maternal Newborn Health and Nutrition And Health Economics
Contract Type	Consultancy Contract
Duty Station	Pakistan with travel to relevant provinces/regions and districts where needed
Expected Place of Travel	<ol style="list-style-type: none"> 1) Punjab Province: Lahore and Lodhran District 2) Khyber Pakhtunkhwa Province: Peshawar and Battagram District 3) Islamabad Capital Territory (ICT) and Islamabad (Rural) 4) Azad Jammu Kashmir (AJ&K) region: Muzaffarabad and Hattian district 5) Gilgit Baltistan (GB) region: Gilgit and Nagar district
Contract Duration	May 2025 – March 2026
Version	#2.0
Expression of interest submission	proposals@nutritionintl.org

Consultancy Purpose

The current Terms of Reference are seeking consultants/firms to execute a process to develop comprehensive provincial/regional costed implementation plans for five selected provinces/regions (AJ&K, GB, KPK, Punjab and Islamabad rural) and a five year costed national roadmap of the IFA to MMS transition process to support the Government of Pakistan for the continued and sustainable country-wide scale-up of MMS.

Project Background Information

1. Introduction

Maternal and newborn health and nutrition needs in Pakistan are high. The neonatal mortality rate (estimated at 42 per 1,000 live births)¹ and the prevalence of low birthweight (LBW; 23% in 2018) are among the highest in the world. Rates of micronutrient deficiencies are also high in Pakistan, at least in part due to widespread and extreme food insecurity, with the country ranking 99th out of 129 nations in the 2022 Global Hunger Index report.² According to the 2018 National Nutrition Survey, an estimated 14% of women of reproductive age are underweight, 43% suffer from anaemia, 22% are affected by vitamin A deficiency, and 80% from vitamin D deficiency.³

Antenatal care (ANC), especially in resource-limited settings, plays an important role in preventing malnutrition during pregnancy and ensuring optimal birth outcomes. ANC visits are a key mechanism through which pregnant women can receive counselling, micronutrient supplementation and support regarding nutrition recommendations. According to the PDHS 2017-18, only 52% of pregnant women in Pakistan received a minimum of four ANC visits.⁴ Maternal supplementation programs for prevention of anaemia are often neglected and have poor program success; in 2018, approximately 59% took iron tablets or syrup during pregnancy, and only 29% for 90 days or more during pregnancy as recommended.⁵ COVID-19 exacerbated several existing bottlenecks⁶ in the utilization and uptake of ANC services and recommendations. Continued strengthening of the ANC platform is needed to support the Departments of Health in Provinces and Ministry of NHSR&C, Government of Pakistan (GoP) in increasing ANC coverage and quality service delivery, including antenatal micronutrient supplementation.

To reduce the risk of anaemia in pregnancy, the World Health Organization (WHO) recommends iron-folic acid (IFA) supplementation beginning as early as possible and throughout pregnancy.⁷ In 2020 the WHO updated its *Recommendations on Antenatal Care for a Positive Pregnancy Experience*⁸ to a context specific recommendation that supports the

¹ National Institute of Population Studies (NIPS) [Pakistan] and ICF. *Pakistan Demographic and Health Survey 2017-18*. NIPS and ICF: Islamabad, Pakistan, and Rockville, Maryland, USA; 2019

² von Grebmer, K., J. Bernstein, D. Resnick, M. Wiemers, L. Reiner, M. Bachmeier, A. Hanano, O. Towey, R. Ni Chéillea chair, C. Foley, S. Gitter, G. Larocque, and H. Fritschel. 2022. *2022 Global Hunger Index: Food Systems Transformation and Local Governance*. Bonn: Welthungerhilfe; and Dublin: Concern Worldwide

³ Ministry of National Health Services, Regulations and Coordination, United Nations Children's Fund (UNICEF), and Aga Khan University. *Pakistan National Nutrition Survey 2018*. Government of Pakistan: Islamabad, Pakistan; 2018.; Final Key Findings Report 2019.pdf (unicef.org)

⁴ *ibid*

⁵ National Institute of Population Studies (NIPS) [Pakistan] and ICF. *Pakistan Demographic and Health Survey 2017-18*. NIPS and ICF: Islamabad, Pakistan, and Rockville, Maryland, USA; 2019

⁶ Ministry of National Health Services, Regulations and Coordination, United Nations Children's Fund (UNICEF), and Nutrition International. *Iron Folic Acid (IFA) Bottleneck Analysis Report Pakistan*. Government of Pakistan: Islamabad, Pakistan; 2022

⁷ WHO. *Recommendations on antenatal care for a positive pregnancy experience*. Geneva, Switzerland: World Health Organization; 2016. Available from: <https://apps.who.int/iris/bitstream/handle/10665/250796/9789241549912-eng.pdf?sequence=1>

⁸ WHO. *Recommendations on antenatal care for a positive pregnancy experience*. Geneva, Switzerland: World Health Organization; 2016. Available from: <https://apps.who.int/iris/bitstream/handle/10665/250796/9789241549912-eng.pdf?sequence=1>

use of antenatal Multiple Micronutrient Supplementation (MMS) in the context of rigorous research.

MMS are antenatal supplements that contain 13-15 micronutrients including iron and folic acid combined in one tablet. This update was based on evidence that MMS is more effective and cost-effective than IFA in improving birth outcomes, has equivalent benefits in preventing maternal anaemia, and is safe for mothers and babies.^{9,10}

The *Advancing Maternal Health through MMS Implementation Research in Pakistan* (AMMI) Project was initiated in 2021 by the Nutrition Wing of the Ministry of NHR&C and Nutrition International (NI), guided by a Technical Advisory Group. This implementation research project in Swabi district of Khyber Pakhtunkhwa provinces was designed to answer key implementation questions to support the introduction of antenatal MMS to replace IFA supplementation through ANC. Through the AMMI project, a set of tools, systems and approaches have been developed for scaling MMS and supporting its maximum impact. This mixed-methods study involved participatory research, outcome and process evaluations and a costing study to understand effective implementation approaches for introducing MMS within ANC platform, intended at increasing adherence and quality of care.

Based on the effectiveness and cost-effectiveness of MMS, recent WHO ANC guidance, the maternal and newborn needs in the country, learnings from AMMI, and alignment with Pakistan's newly launched Maternal Nutrition Strategy, the Government of Pakistan (GoP) is scaling MMS through routine public ANC platforms in multiple districts of Pakistan.

2. Project background

Nutrition International in partnership with the NW (Nutrition Wing), MNHR&C, GoP, funded by the Gates Foundation is leading efforts to operationalize the plans for the transitioning and scaling of antenatal MMS for preventative care through the existing ANC platform in five selected districts.

These districts are spread across four provinces/regions, agreed upon with national and provincial/regional governments (Nagar district in Gilgit Baltistan, Hattian district in Azad Jammu and Kashmir, Lodhran district in Punjab province, Battagram district in Khyber Pakhtunkhwa province and Islamabad Rural district).

The transition and scale in these five districts were informed by rapid readiness assessments and will be followed by intensive monitoring of the transition process and development of costed provincial implementation plans to guide the provincial/regional planning processes. The process will culminate in the development of a costed national Roadmap and provincial Costed Implementation Plans (CIPs) for SMART (Sustainable, Measurable, Achievable, Resourced and Tailored) MMS Scale-Up scale up.

3. Costed Implementation Plans (CIPs) for transition and scaling of MMS

The global investment roadmap [Healthier Pregnancies and Brighter Futures for Mothers and Babies](#) highlights the need for countries to establish appropriate policies, strengthen health and procurement systems, and secure financing for the successful transition and long-term scale-up of MMS. However, translating this vision into action requires detailed, strategic

⁹ Smith ER, Shankar AH, Wu LS-F, Aboud S, Adu-Afarwuah S, Ali H, et al. *Modifiers of the effect of maternal multiple micronutrient supplementation on stillbirth, birth outcomes, and infant mortality: a meta-analysis of individual patient data from 17 randomised trials in low-income and middle-income countries*. *Lancet Glob Health*. 2017 Nov;5(11):e1090–100

¹⁰ Keats EC, Haider BA, Tam E, Bhutta ZA. *Multiple-micronutrient supplementation for women during pregnancy*. *Cochrane Database Syst Rev*. 2019 Mar 14;3:CD004905

planning at the country level—plans that are not only well-structured but also costed to ensure smooth transition and sustainability.

CIPs for MMS transition, scale and maintenance are intended to serve as roadmaps and guide a phased and well-financed shift from IFA to MMS through the ANC platform at provincial/regional and national levels. In Pakistan, the development of these CIPs helps support a transition that is strategically planned, well-funded, and aligned with national and provincial/regional health priorities and economic realities. These plans should provide a structured approach, detailing key steps, resource allocation, and financial commitments necessary for full-scale implementation.

Assignment Details

4. Overview of Assignment

To support GoP with their transition from IFA to MMS and MMS scale-up plans, Nutrition International is seeking consultants/firms to support the execution and development provincial/regional CIPs and a costed national roadmap. The primary focus is working alongside government and key stakeholders to develop their provincial/regional CIP that outlines cost-specific information and a detailed implementation strategy for MMS scale-up. The CIPs will support planning processes to ensure all necessary activities are accounted for, appropriately budgeted, and effectively executed within each province or region.

In parallel, a costed national roadmap will be developed to consolidate provincial/regional efforts and align them with national targets. This roadmap will define a structured approach for implementation over a five-year period, ensuring that activities are sequenced appropriately to achieve Pakistan's MMS transition goals. It will serve as a guiding framework for the scale-up process, ensuring that key milestones and strategic priorities are met.

5. Key Activities

The selected consultant/firm will be responsible for completing the following activities:

- Conduct a targeted stakeholder and financial analysis of current ANC services including maternal micronutrient supplements related policies, programs, budget and financing for the five provinces/regions, complementing the readiness assessment recently concluded by Nutrition International.
- Design and execute a collaborative process with key stakeholders to undertake the following:
 - o A series of provincial/regional/national specific planning exercises to map out how MMS will be introduced and scaled in each of their provinces/regions to achieve their desired target.
 - o Detailed provincial/regional level/national projections of using MMS as the new standard of care for preventative care in public ANC.
 - o Validated five-year CIPs for Punjab, KPK, GB, AJ&K and ICT rural.
 - o Validated costed national MMS scaleup roadmap with five-year targets.

6. Methods

The process should follow a structured and iterative process, ensuring continuous refinement based on stakeholder feedback. A collaborative approach is essential, between involved experts including those from Nutrition International, integrating technical and financial

expertise to develop a cohesive and practical costing implementation strategy for MMS transition.

Specifics of the provincial/regional CIP and costing National Roadmap will follow the generalizable costing model/framework developed by Nutrition International which includes all incremental costs associated with switching from IFA to MMS within the health system.

It will also use the Results for Development (R4D) Introduction and Scale-up Roadmap Costing Tool to support detailed costing of national and sub-national MMS introduction and scale-up plans over time ¹¹. Additionally, the Nutrition International's Cost-Benefit tool can be leveraged to gauge the incremental benefits and costs of transitioning from IFAS to MMS at different magnitudes of scale¹²

The process will be finalized after the design workshop.

7. Deliverables and Outputs

- 7.1. Deliverable 1: Workplan and timeline development:** Develop a comprehensive work plan and timeline and process for the overall assignment which aligns with the objectives of the project, explained under section 4 and 5 above. Note: prior to live field work, Nutrition International must give sign-off on workplan, and any protocol and tools.

Outputs:

- Documentation of the design workshop, including key decisions and agreements.
- A comprehensive work plan and timeline, detailing the process, activities, and milestones and including roles and responsibilities.

- 7.2. Deliverable 2: Stakeholder Mapping:** This involves identifying and analyzing key stakeholders involved in maternal nutrition planning and financing at national and subnational levels. The mapping will assess their roles, influence, and interconnections to inform strategic engagement for this assignment.

Output:

- A detailed stakeholder matrix highlighting key players, their roles, and influence levels in planning and financing of maternal nutrition by province/region and national.

- 7.3. Deliverable 3: Financial landscaping for maternal nutrition supplements:** A detailed financial landscaping to evaluate province/region/national specific budget allocations and funding streams for maternal nutrition programs including domestic and external financing. This will also identify gaps in funding coverage for maternal micronutrient supplementation (both preventative and treatment).

Outputs:

- A financial analysis report summarizing Identifying budgetary process, financial requirements, funding sources/options and gaps by province/region and at national level.

¹¹ Results for Development: [Multiple Micronutrient Supplements \(MMS\) Introduction and Scale-up Roadmap Costing Tool](#) |

¹² Nutrition International, The MMS Cost Benefit Tool. URL: <https://www.nutritionintl.org/learning-resources-home/mms-cost-benefit-tool/>

- 7.4. **Deliverable 4: Strategic Prospective Planning for Provincial/regional and National MMS Scale-Up:** Conduct a structured prospective planning process with provincial/regional and federal-level stakeholders to develop actionable implementation plans for MMS transition and scale.

Outputs:

- Provincial/regional-Specific Implementation Plans (IPs) outlining transition goals, strategies, resource allocation, and operational plans.
- A National MMS Roadmap consolidating insights from provincial IPs, providing strategic guidance for a nationwide transition.
- A documented stepwise implementation approach for MMS scale-up, outlining specific five-year targets and phased execution plans.

- 7.5. **Deliverable 5: Programmatic and Cost Data Collection for MMS Implementation:** Gather projected programmatic and cost data for the IPs identified in deliverable 4 both by engaging stakeholders at provincial/regional and federal levels.

Outputs:

- Comprehensive documentation of stakeholder interviews and workshop discussions, highlighting key insights and recommendations.
- Province/region-Specific CIPs at the provincial/regional level (including costing analysis) reflecting government's desired program design, resource allocation, and operationalization.
- A costed National Roadmap outlining the strategic transition from IFA to MMS, including detailed plans for implementation, monitoring, and evaluation.

- 7.6. **Deliverable 6: validate the provincial/regional-specific CIPs and national five-year MMS Roadmap (including costing analysis).** Ensure alignment with provincial/regional planning by engaging stakeholders through provincial/regional and national consultative forums.

Outputs:

- Refined Provincial/regional -Specific CIPs based on insights and recommendations from provincial/regional forums.
- Validated costed National Five-Year MMS Roadmap reflecting stakeholder feedback from the national consultative forum.
- A detailed report from the validation/consultative meetings, documenting methods, key issues, lessons learned, actionable recommendations for future planning and implementation processes.
- A policy brief summarizing key findings, recommendations, and policy implications for MMS scale-up, serving as a guiding document for policymakers and stakeholders.

8. Application Options

Consultants or firms may apply for specific deliverables based on their expertise. Proposals may be submitted for:

- a. **For provincial/regional and national implementation planning and roadmap development:** This requires expertise in program planning, health policy, and implementation strategies to ensure the transition plans/roadmap is both effective and aligned with provincial/regional and national health priorities.

This involves the deliverables related to the program planning of the transition from IFA to MMS and scale up MMS at both the provincial and national levels. It includes:

- Workplan and timeline development
- Stakeholder mapping
- Financial landscaping (input)
- Strategic prospective planning for MMS scale-up
- Programmatic and cost data collection (input)
- Validation of Draft provincial/regional IPs and national roadmap
- Final provincial/regional IP and national roadmap

b. For provincial/regional CIP and costed national roadmap development:
This requires expertise in health financing and health economics.

The deliverables related with this submission ensures a structured financial strategy for MMS transition. It includes:

- Workplan and timeline development
- Stakeholder mapping (input)
- Financial landscaping
- Strategic prospective planning (input)
- Programmatic and cost data collection
- Validation of Draft provincial/regional CIP and national costed roadmap
- Final provincial/regional CIPs and national costed roadmap

c. Both Components – Consultants or firms with expertise in both areas may apply for both.

9. Timeline:

This assignment is expected to take up to 44 weeks (11 months) from May 2025 to March 2026. Note that the consultant/firms will be expected to provide an update to the Nutrition International team at least every two weeks.

Deliverables	Approximate timeline
Inception meeting minutes	Week 1
Deliverable 1: Design workshop, detailed plan/timeline	Weeks 2-3
Deliverable 2: Stakeholder Mapping	Weeks 4-8
Deliverable 3: Financial Landscaping	
Deliverable 4: Strategic Prospective Planning for Provincial/regional and National MMS Scale-Up	Weeks 9-20
Deliverable 5: Draft Provincial/regional CIPs and costed National Roadmap	Weeks 21-34
Deliverable 6: Validation of draft reports through national and provincial/regional consultative forums, followed by final CIP and costed national roadmap	Weeks 35-44

10. Submission Requirements

Qualified* consultants/firms are invited to submit a budgeted proposal that includes the following:

- Indicate whether the proposal is for:
 - Provincial/regional and national implementation planning & Roadmap
 - Provincial/regional CIP and Cost national roadmap development
 - Both Components
- A brief description of consultant/firm's recent health systems/public health experience/health economics on comparable assignments involving costing, health/nutrition financing, or strategy/policy development.
- Any comments or suggestions on the terms of reference.
- A proposed concept note with description of services responding to the TOR (**not more than 4 pages**), and draft workplan for performing the assignment,
- Budget (the budget should include the cost of the assignment and the cost of the meeting logistics/travel in CAD) (see appendix A for-budget template).
Note: Payments to Pakistan based consultants will be made in PKR. Consultants/firms should add cost of travel to five project sites.
- The consultant/firm may propose a schedule for deliverables and payments.
- Recent CV of consultant(s), including management structure in matrix format.

* The selected consultant/firm must have:

- Extensive demonstrated health economics/health planning/public health experience/nutrition financing/public finance (at least 15 years) conducting similar assessments.
- CIP Development: Demonstrated experience in health economics/financing, costing models, budgeting, economic feasibility, public sector financing planning etc.
- Strategic Planning/Roadmap Development: Demonstrated experience in health system strengthening, public health policy, nutrition strategies, and policy implementation.
- Prior experience working in close consultation with government line ministries, particularly the Ministry of Health and provincial health departments, as well as public health workers and community influencers in Pakistan
- Familiarity with the local context, including cultural, political, and health system dynamics in Pakistan, will be an added advantage.
- Strong writing skills with the ability to prepare clear, concise, and well-structured reports.
- Strong communication skills and teamwork abilities to collaborate seamlessly across diverse teams and stakeholders.

Expressions of Interest should be sent by email to Olena Karelina (proposals@nutritionintl.org) with the subject header "**Expression of Interest – costed roadmap exercise for scaling MMS in Pakistan**".

The deadline for submission is Friday March 28, 2025 (EST)

Extended to Friday 4th April, 2025

Annex A. Budget Template

	Particulars	Quantity	Person Days/ Months	Rate CAD	Remarks
A	SALARIES/PROFESSIONAL FEES				
A1					
A2					
	Sub Total of A				
B	TRAVEL, TRANSPORTATION (Vehicle Expenses/Local Conveyance				
B1					
B2					
B3					
	Sub Total of B				
C	In-Country Travel (Travel expenses to states/districts:				
C1					
C2					
	Sub Total of C				
D	DAILY ALLOWANCE/LODGING EXPENSES				
D1					
D2					
	Sub Total of D				
E	OFFICE EXPENSES				
E1					
E2					
	Sub Total of E				
F	MEETING EXPENSES				
F1					
	Sub Total of F				
	TOTAL OF DIRECT COST (A to F)				
G	Management Cost (10%) on Total Direct Cost (excluding professional salaries)				
H	Total (A to F)+G				